

**North Carolina Division of Health Benefits  
Physician Administered Drug Program Catalog**

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| Category         | HCPCS Code | HCPCS Description  | HCPCS Code Billing Unit | HCPCS Effective Date | Brand Name                | Generic Name  | FDA Approved Indications<br>(See Package Insert for full FDA approved indication descriptions)  | NC Suggested Max Monthly Units | Minimum Age | Maximum Age | Gender Restrictions | NDC Required | Rebating Labeler Required | Comments   | Last Modified Date |
|------------------|------------|--|-------------------------|----------------------|---------------------------|---|---|--------------------------------|-------------|-------------|---------------------|--------------|---------------------------|--|--------------------|
| Immune Globulins | 90291      | Cytomegalovirus immune globulin (CMV-IgV), 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.   | 25.2                           | N/A         | N/A         | N/A                 | Y            | Y                         | 3/2024: Rebating Labeler Required field updated to align with policy that submitted NDCs must come from rebating labelers. Update not due to a change in policy. | 3/28/2024          |
| 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 or 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:<br>• Acute Exposure to Blood Containing HBsAg: Following either parenteral exposure (needlestick, bite, sharps), direct mucous membrane contact (accidental splash), or oral ingestion (spitting accident), involving HBsAg-positive materials such as blood, plasma, or serum.<br>• Perinatal Exposure of Infants Born to HBsAg-positive Mothers: Infants born to mothers positive for HBsAg with or without HBeAg. | 18                             | N/A         | N/A         | N/A                 | Y            | Y                         | 3/2024: Rebating Labeler Required field updated to align with policy that submitted NDCs must come from rebating labelers. Update not due to a change in policy. | 3/28/2024          |
| Immune Globulins | 90375      | Rabies Immune Globulin (Rig), human, for intramuscular and/or subcutaneous use   | 150 IU                  | 1/1/2000             | HyperRAB® S/D, HyperRAB®  | rabies immune globulin, (human) treated with solvent/detergent, for infiltration and intramuscular administration | 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.   | 20                             | N/A         | N/A         | N/A                 | Y            | Y                         |  | 4/8/2020           |
| Immune Globulins | 90376      | Rabies Immune Globulin, heat-treated (Rig-HT), human, for intramuscular and/or   | 150 IU                  | 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 or post exposure treatment series should receive only vaccine. Persons who   | 20                             | N/A         | N/A         | N/A                 | Y            | Y                         |  | 9/21/2018          |
| Immune Globulins | 90377      | Rabies immune globulin, heat- and solvent/detergent-treated (Rig-HT S/D), human, for intramuscular and/or subcutaneous use       | 150 IU                  | 1/1/2000             | Kedrab™                   | rabies immune globulin (human) solution for intramuscular injection   | Indicated for passive, transient post-exposure prophylaxis of rabies infection to persons of all ages when given immediately after contact with a rabid or possibly rabid animal. Kedrab should be administered concurrently with a full course of rabies vaccine.<br>• Do not exceed the recommended dose of Kedrab because this can partially suppress active production of rabies.   | 20                             | N/A         | N/A         | N/A                 | Y            | Y                         |  | 9/21/2022          |
| Vaccines         | 90380      | Respiratory syncytial virus, monoclonal antibody, seasonal dose; 0.5 mL dosage, for intramuscular use                            | 0.5 mL                  | 7/17/2023            | Beyfortus™                | nirsevimab-alip injection, for intramuscular use (0.5 mL dosage)  | Indicated for the prevention of RSV lower respiratory tract disease in:<br>• Neonates and infants born during or entering their first RSV season.<br>• Children up to 24 months of age who remain vulnerable to severe RSV disease through their second RSV season.   | 1                              | N/A         | 24 months   | N/A                 | Y            | N                         |  | 9/28/2023          |
| Vaccines         | 90381      | Respiratory syncytial virus, monoclonal antibody, seasonal dose; 1 mL dosage, for intramuscular use                              | 1 mL                    | 7/17/2023            | Beyfortus™                | nirsevimab-alip injection, for intramuscular use (1 mL dosage)  | Indicated for the prevention of RSV lower respiratory tract disease in:<br>• Neonates and infants born during or entering their first RSV season.<br>• Children up to 24 months of age who remain vulnerable to severe RSV disease through their second RSV season.   | 2                              | N/A         | 24 months   | N/A                 | Y            | N                         |  | 9/28/2023          |
| Immune Globulins | 90389      | Tetanus Immune Globulin (Tig), human, for intramuscular use  | 250 units (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.  | 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:<br>• immunocompromised children and adults,<br>• newborns of mothers with varicella shortly before or after delivery,<br>• premature infants,<br>• infants less than one year of age,<br>• adults without evidence of immunity,<br>• pregnant women.  | 10                             | N/A         | N/A         | N/A                 | Y            | Y                         |  | 7/3/2018           |
| 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.                              | Indicated for the prevention of tuberculosis (TB) in people not previously infected with Mycobacterium tuberculosis, who are at high risk for exposure.   | 1                              | N/A         | N/A         | N/A                 | Y            | N                         |  | 7/2/2018           |
| Vaccines         | 90589      | Chikungunya virus vaccine, live attenuated, for intramuscular use  | 0.5 mL (1 dose)         | 1/1/2024             | Ixchiq                    | Chikungunya vaccine, live solution for intramuscular injection  | Chikungunya Vaccine is indicated for the prevention of disease caused by chikungunya virus (CHIKV) in individuals 18 years of age and older who are at increased risk of exposure to CHIKV.   | 1                              | 18 years    | N/A         | N/A                 | Y            | N                         |  | 3/22/2024          |
| Vaccines         | 90619      | Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, tetanus toxoid carrier (MenACWY-TT), for intramuscular use | 0.5 mL                  | 7/1/2009             | MenQuadfi™                | meningococcal [Groups A, C, Y, W] conjugate vaccine, solution for intramuscular injection                         | Indicated for active immunization for the prevention of invasive meningococcal disease caused by Neisseria meningitidis serogroups A, C, W, and Y. MenQuadfi vaccine is approved for use in individuals 2 years of age and older.<br><br>MenQuadfi does not prevent N. meningitidis serogroup B disease.  | 1                              | 2 years     | N/A         | N/A                 | Y            | N                         |  | 8/5/2021           |

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| 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 <i>Neisseria meningitidis</i> serogroup B. Bexsero is approved for use in individuals 10 through 25 years of age.  | 2                              | 10 years    | 25 years    | N/A                 | Y            | N                         | 12/2023: Maximum age restriction updated to align with FDA-approved and ACIP-recommended maximum age effective 10/1/2023. | 1/26/2024          |
| Vaccines | 90621      | Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB-FHbg), 2 or 3 dose   | 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 <i>Neisseria meningitidis</i> serogroup B. Trumenba is approved for use in individuals 10 through 25 years of age.   | 2                              | 10 years    | 25 years    | N/A                 | Y            | N                         | 12/2023: Maximum age restriction updated to align with FDA-approved and ACIP-   | 1/26/2024          |
| Vaccines | 90623      | Meningococcal pentavalent vaccine, conjugated Men A, C, W, Y- tetanus toxoid carrier, and Men B-FHbg, for intramuscular use         | 0.5 mL                  | 7/1/2023             | Penbraya™       | meningococcal groups A, B, C, W, and Y vaccine, suspension for intramuscular injection          | Meningococcal groups A, B, C, W, and Y vaccine, suspension for intramuscular injection is indicated for active immunization to prevent invasive disease caused by <i>Neisseria meningitidis</i> serogroups A, B, C, W, and Y. Penbraya is approved for use in individuals 10 through 25 years of age.  | 1                              | 10 years    | 25 years    | N/A                 | Y            | N                         |   | 1/26/2024          |
| Vaccines | 90625      | Cholera vaccine, live, adult dosage, 1 dose schedule, for oral use  | 1 adult dosage (100 mL) | 1/1/2016             | Vaxchora®       | cholera vaccine, live, oral suspension for oral administration                                  | Indicated for active immunization against disease caused by <i>Vibrio cholerae</i> serogroup O1. Vaxchora is approved for use in persons 2 through 64 years of age traveling to cholera-affected areas.<br><br>Limitations of Use:<br>• The effectiveness of Vaxchora has not been established in persons living in cholera-affected areas.<br>• The effectiveness of Vaxchora has not been established in persons who have pre-existing immunity due to previous exposure to <i>V. cholerae</i> or receipt of a cholera vaccine.<br>• Vaxchora has not been shown to protect against disease caused by <i>V. cholerae</i> serogroup O139 or other | 1                              | 2 years     | 64 years    | N/A                 | Y            | N                         |   | 10/27/2023         |
| Vaccines | 90626      | Tick-borne encephalitis virus vaccine, inactivated; 0.25 mL dosage, for intramuscular use   | 0.25 mL                 | 7/1/2021             | TicoVac™        | tick-borne encephalitis vaccine, suspension for intramuscular injection (0.25 mL dose)          | Tick-borne encephalitis vaccine is indicated for active immunization to prevent tick-borne encephalitis (TBE). It is approved for use in individuals 1 year of age and older.  | 1                              | 1 year      | 15 years    | N/A                 | Y            | Y                         | 1/2024: Coverage effective 11/10/2023   | 1/4/2024           |
| Vaccines | 90627      | Tick-borne encephalitis virus vaccine, inactivated; 0.5 mL dosage, for intramuscular use  | 0.5 mL                  | 7/1/2021             | TicoVac™        | tick-borne encephalitis vaccine, suspension for intramuscular injection (0.5 mL dose)           | Tick-borne encephalitis vaccine is indicated for active immunization to prevent tick-borne encephalitis (TBE). It is approved for use in individuals 1 year of age and older.  | 2                              | 16 years    | N/A         | N/A                 | Y            | Y                         | 1/2024: Coverage effective 11/10/2023   | 1/4/2024           |
| 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                              | 19 years    | N/A         | N/A                 | Y            | N                         |   | 7/3/2018           |
| Vaccines | 90633      | Hepatitis A vaccine (Hep A), pediatric/adolescent dosage- 2 dose schedule, for  | 0.5 mL                  | 1/1/2000             | Havrix®, Vaqta® | hepatitis a vaccine, pediatric/adolescent dosage- 2 dose schedule, for                          | 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                              | 12 months   | 18 years    | N/A                 | Y            | N                         |   | 7/3/2018           |
| Vaccines | 90636      | Hepatitis A and Hepatitis B Vaccine (HepA-HepB), adult dosage, for intramuscular use  | 1 mL                    | 1/1/2000             | Twinrix®        | hepatitis a & hepatitis b (recombinant) vaccine suspension for intramuscular                    | 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.   | 3                              | 18 years    | N/A         | N/A                 | Y            | N                         |   | 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 B in infants and children 2 – 71 months of age.   | 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                              | 2 months    | 5 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                 | 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:<br>• Cervical, vulvar, vaginal, and anal cancer caused by HPV types 16, 18, 31, 33, 45, 52, and 58<br>• Genital warts (condyloma acuminata) caused by HPV types 6 and 11.<br>The following precancerous or dysplastic lesions caused by HPV types 6, 11, 16, 18, 31, 33, 45, 52, and 58:  | 1                              | 9 years     | 45 years    | N/A                 | Y            | N                         |   | 7/28/2020          |

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| Vaccines | 90662      | Influenza virus vaccine (IV), split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use                   | 0.7 mL                  | 1/1/2008             | Fluzone® High-Dose Quadrivalent  | influenza vaccine suspension for intramuscular injection  | Indicated for active immunization for the prevention of influenza disease caused by influenza A subtype viruses and type B contained in the vaccine for use in persons 65 years of age and older.   | 1                              | 65 years  | N/A         | N/A                 | Y            | N                         |   | 7/26/2023          |
| Vaccines | 90670      | Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use   | 0.5 mL                  | 7/1/2009             | Prenvar 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), Prenvar 13 is indicated for:<br>• Active immunization for the prevention of invasive disease caused by Streptococcus pneumoniae serotypes 1, 3, 4, 5, 6A, 6B, 7F, 9V, 14, 18C, 19A, 19F and 23F.<br>-active immunization for the prevention of otitis media caused by S. pneumoniae serotypes 4, 6B, 9V, 14, 18C, 19F, and 23F. No otitis media efficacy data are available for serotypes 1, 3, 5, 6A, 7F, and 19A.<br><br>In children 6 years through 17 years of age (prior to the 18th birthday), Prenvar 13 is indicated for:<br>• Active immunization for the prevention of invasive disease caused by S. pneumoniae serotypes 1, 3, 4, 5, 6A, 6B, 7F, 9V, 14, 18C, 19A, 19F and 23F.<br><br>In adults 18 years of age and older, Prenvar 13 is indicated for: | 1                              | 6 weeks   | N/A         | N/A                 | Y            | N                         |   | 7/3/2018           |
| Vaccines | 90671      | Pneumococcal conjugate vaccine, 15 valent (PCV15), for intramuscular use   | 0.5 mL (1 dose)         | 7/1/2021             | Vaxneuvance™   | pneumococcal 15-valent conjugate vaccine suspension for intramuscular injection                             | Indicated for active immunization for the prevention of invasive disease caused by Streptococcus pneumoniae serotypes 1, 3, 4, 5, 6A, 6B, 7F, 9V, 14, 18C, 19A, 19F, 22F, 23F, and 33F in individuals 6 weeks of age and older.<br><br>ACIP recommends use of PCV15 as an option for pneumococcal conjugate vaccination of persons aged <19 years, according to currently recommended PCV13 dosing and schedules.   | 1                              | 6 weeks   | N/A         | N/A                 | Y            | N                         | ACIP recommends for 6 weeks of age and older  | 10/20/2022         |
| 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.   | 2                              | 2 years   | 49 years    | N/A                 | Y            | N                         |   | 9/21/2018          |
| Vaccines | 90674      | Influenza virus vaccine, quadrivalent (ccIIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use | 0.5 mL                  | 7/1/2016             | Flucevax® 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.   | 2                              | 6 months  | N/A         | N/A                 | Y            | N                         |   | 11/17/2021         |
| 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.  | 5                              | N/A   | N/A         | N/A                 | Y            | N                         |   | 7/3/2018           |
| Vaccines | 90677      | Pneumococcal conjugate vaccine, 20 valent (PCV20), for intramuscular use   | 0.5 mL                  | 7/1/2021             | Prenvar 20™  | pneumococcal 20-valent conjugate vaccine, suspension for intramuscular injection                            | Prenvar 20 is a vaccine indicated for active immunization for the prevention of:<br>• pneumonia caused by S. pneumoniae serotypes 1, 3, 4, 5, 6A, 6B, 7F, 8, 9V, 10A, 11A, 12F, 14, 15B, 18C, 19A, 19F, 22F, 23F, and 33F in individuals 18 years of age and older.<br>• invasive disease caused by Streptococcus pneumoniae serotypes 1, 3, 4, 5, 6A, 6B, 7F, 8, 9V, 10A, 11A, 12F, 14, 15B, 18C, 19A, 19F, 22F, 23F, and 33F in individuals 6 weeks of age and older.<br>• otitis media caused by S. pneumoniae serotypes 4, 6B, 9V, 14, 18C, 19F, and 23F in individuals 6 weeks through 5 years of age.   | 1                              | See Comments  | N/A         | N/A                 | Y            | N                         | ACIP recommends for 2 months of age and older   | 9/28/2023          |
| Vaccines | 90678      | Respiratory syncytial virus vaccine, pref, subunit, bivalent, for intramuscular use  | 0.5 mL                  | 1/1/2023             | Abrysvo™   | respiratory syncytial virus vaccine solution for intramuscular injection                                    | Indicated for:<br>- active immunization for the prevention of lower respiratory tract disease (LRTD) caused by respiratory syncytial virus (RSV) in individuals 60 years of age and older.<br>- active immunization of pregnant individuals at 32 through 36 weeks gestational age for the prevention of lower respiratory tract disease (LRTD) and severe LRTD caused by respiratory syncytial virus (RSV) in infants from birth through 6 months of age.  | 1                              | Indication Specific Age Restrictions (see comments) | N/A         | N/A                 | Y            | N                         | Indication specific age restrictions:<br>• Active immunization for the prevention of LRTD caused by RSV: 60 years of age and older<br>• Active immunization of pregnant individuals at 32 | 1/26/2024          |

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| Vaccines | 90679      | Respiratory syncytial virus vaccine, preF, recombinant, subunit, adjuvanted, for intramuscular use   | 0.5 mL                  | 5/3/2023             | Arexyv   | respiratory syncytial virus vaccine, adjuvanted suspension for intramuscular injection  | Indicated for active immunization for the prevention of lower respiratory tract disease (LRTD) caused by respiratory syncytial virus in individuals 60 years of age and older.   | 1                              | 60 years   | N/A         | N/A                 | Y            | N                         |   | 9/13/2023          |
| 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.  | 2                              | 6 weeks  | 8 months    | N/A                 | Y            | N                         | ACIP recommends for 6 weeks of age to 8 months of age   | 3/30/2023          |
| 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.   | 2                              | 6 weeks  | 8 months    | N/A                 | Y            | N                         | ACIP recommends for 6 weeks of age to 8 months of age   | 3/30/2023          |
| Vaccines | 90682      | Influenza virus vaccine, quadrivalent (IIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and  | 1 dose (0.5 mL)         | 1/1/2017             | Flublok®   | influenza vaccine, sterile solution for intramuscular injection   | Indicated for active immunization against disease caused by influenza A subtype viruses and type B viruses contained in the vaccine.   | 1                              | 18 years   | N/A         | N/A                 | Y            | N                         |   | 7/26/2023          |
| 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®<br>Quadrivalent,<br>Fluarix®<br>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.   | 2                              | Product Specific Age Restrictions (see comments) | N/A         | N/A                 | Y            | N                         | Product Specific Age Restrictions:<br>Afluria Quad:<br>3 years and up                                     | 8/10/2021          |
| Vaccines | 90687      | Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.25 mL, for intramuscular use  | 0.25 mL                 | 1/1/2013             | Afluria®<br>Quadrivalent,<br>Fluzone®<br>Quadrivalent  | influenza virus vaccine, quadrivalent (IIV4), split virus, 0.25 mL dosage, for intramuscular use  | Indicated for active immunization for the prevention of influenza disease caused by influenza A subtype viruses and type B viruses contained in the vaccine.   | 2                              | 6 months   | 35 months   | N/A                 | Y            | N                         |   | 8/5/2020           |
| Vaccines | 90688      | Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use  | 0.5 mL                  | 1/1/2013             | Afluria®<br>Quadrivalent,<br>Fluzone®<br>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.   | 2                              | Product Specific Age Restrictions (see comments) | N/A         | N/A                 | Y            | N                         | Product Specific Age Restrictions:<br>Afluria Quad:<br>3 years and up<br>Fluzone Quad:<br>6 months and up | 3/28/2023          |
| Vaccines | 90690      | Typhoid vaccine, live, oral  | 4 capsules              | 1/1/2000             | Vivotif®   | typhoid vaccine live oral Ty21a   | Indicated for immunization of adults and children greater than 6 years of age against disease caused by Salmonella typhi. Routine typhoid vaccination is not recommended in the United States of America.<br><br>Selective immunization against typhoid fever is recommended for the following groups:   | 1                              | 6 years  | N/A         | N/A                 | Y            | N                         |   | 10/27/2023         |
| Vaccines | 90691      | Typhoid vaccine, Vi capsular polysaccharide (ViCPS), for intramuscular use   | 0.5 mL                  | 1/1/2000             | Typhim Vi®   | typhoid vi polysaccharide vaccine   | Indicated for active immunization for the prevention of typhoid fever caused by S typhi and is approved for use in persons two years of age or older. Immunization with Typhim Vi vaccine should occur at least two weeks prior to expected exposure to S typhi.<br><br>Typhim Vi vaccine is not indicated for routine immunization of individuals in the United States (US).<br><br>Selective immunization against typhoid fever is recommended under the following circumstances:<br>1) travelers to areas where a recognized risk of exposure to typhoid exists, particularly ones who will have prolonged exposure to potentially contaminated food and water,<br>2) persons with intimate exposure (ie, continued household contact) to a documented typhoid carrier, and<br>3) workers in microbiology laboratories who frequently work with S typhi.<br><br>An optimal reimmunization schedule has not been established. Reimmunization every two years under conditions of repeated or continued exposure to the S typhi organism is recommended at this time. | 1                              | 2 years  | N/A         | N/A                 | Y            | N                         |   | 10/27/2023         |
| Vaccines | 90694      | Influenza virus vaccine, quadrivalent (aIIV4), inactivated, adjuvanted, preservative free, 0.5 mL dosage, for intramuscular use  | 0.5 mL                  | 1/1/2020             | Fluad®   | influenza vaccine, adjuvanted injectable emulsion for intramuscular use   | Indicated for active immunization against influenza disease caused by influenza virus subtypes A and types B contained in the vaccine for use in persons 65 years of age and older.  | 1                              | 65 years   | N/A         | N/A                 | Y            | N                         |   | 8/5/2020           |
| Vaccines | 90696      | Diphtheria, tetanus toxoids, acellular pertussis vaccine and inactivated poliovirus vaccine, (DTaP-IPV), when administered to children 4 years through 6 years of age, for intramuscular use | 0.5 mL                  | 1/1/2008             | Kinrix®,<br>Quadacel™                                  | diphtheria and tetanus toxoids, acellular pertussis adsorbed and inactivated poliovirus vaccine, 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 poliovirus vaccine (IPV) series in children 4 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.<br><br>• Quadacel: Indicated for active immunization against diphtheria, tetanus, pertussis and poliomyelitis. A single dose of Quadacel is approved for use in children four through six years of age as a fifth dose in the   | 1                              | 4 years  | 6 years     | N/A                 | Y            | N                         |   | 7/2/2018           |

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- The HCPCS Code effective date represents the date the HCPCS code was established
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| Category | HCPCS Code | HCPCS Description   | HCPCS Code Billing Unit | HCPCS Effective Date | Brand Name                               | Generic Name   | FDA Approved Indications<br>(See Package Insert for full FDA approved indication descriptions)   | NC Suggested Max Monthly Units | Minimum Age  | Maximum Age                                      | Gender Restrictions | NDC Required | Rebating Labeler Required | Comments  | Last Modified Date |
|----------|------------|---|-------------------------|----------------------|--|--|--|--------------------------------|--|--|---------------------|--------------|---------------------------|---|--------------------|
| Vaccines | 90697      | Diphtheria, tetanus toxoids, acellular pertussis vaccine, inactivated poliovirus vaccine, Haemophilus influenzae type b PRP-OMP conjugate vaccine, and hepatitis B vaccine (DTaP-IPV-Hib-HepB), for intramuscular use | 0.5 mL                  | 1/1/2015             | Vaxelis™                                 | diphtheria and tetanus toxoids and acellular pertussis, inactivated poliovirus, haemophilus b conjugate and hepatitis B vaccine suspension for intramuscular injection | Indicated for active immunization to prevent diphtheria, tetanus, pertussis, poliomyelitis, hepatitis B, and invasive disease due to Haemophilus influenzae type b. Vaxelis is approved for use as a 3-dose series in children from 6 weeks through 4 years of age (prior to the 5th birthday).  | 1                              | 6 weeks  | 4 years  | N/A                 | Y            | N                         |   | 12/20/2022         |
| Vaccines | 90698      | Diphtheria, tetanus toxoids, acellular pertussis vaccine, Haemophilus influenzae type b, and inactivated poliovirus   | 0.5 mL                  | 1/1/2004             | Pentacel®                                | diphtheria and tetanus toxoids and acellular pertussis adsorbed, inactivated poliovirus and  | 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                              | 6 weeks  | 4 years  | N/A                 | Y            | N                         |   | 7/2/2018           |
| 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                              | 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 Toxoids Adsorbed is approved for use in children from 6 weeks through 6 years of age (prior to 7th birthday).   | 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                  | 1/1/2000             | M-M-R® II                                | measles, mumps, and rubella virus vaccine live suspension for intramuscular or subcutaneous injection  | Indicated for simultaneous vaccination against measles, mumps, and rubella in individuals 12 months of age or older.   | 1                              | 12 months  | N/A  | N/A                 | Y            | N                         | 10/2023: HCPCS Effective Date updated from 1/1/2004 to 1/1/2000.                    | 10/27/2023         |
| Vaccines | 90707      | Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use  | 0.5 mL                  | 1/1/2000             | Priorix                                  | measles, mumps, and rubella vaccine, live, suspension for subcutaneous injection   | Indicated for active immunization for the prevention of measles, mumps, and rubella in individuals 12 months of age and older.   | 2                              | 12 months  | N/A  | N/A                 | Y            | N                         |   | 8/16/2022          |
| 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 intramuscular or 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                              | 12 months  | 12 years   | N/A                 | Y            | N                         |   | 3/16/2023          |
| 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.   | 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.  | 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   | Adacel:<br>Indicated for:<br>• active booster immunization against tetanus, diphtheria and pertussis. Adacel is approved for use in persons 10 through 64 years of age.<br>• immunization during the third trimester of pregnancy to prevent pertussis in infants younger than 2 months of age.  | 1                              | Min age restriction updated at the request of the State: 7 years | Product Specific Age Restrictions (see comments) | N/A                 | Y            | N                         | Product specific maximum age restrictions:<br>• Adacel: 64 years<br>• Boostrix: N/A | 2/23/2023          |
| Vaccines | 90716      | Varicella virus vaccine (VAR), Live, for subcutaneous use   | 0.5 mL                  | 1/1/2000             | Varivax®                                 | varicella virus vaccine live suspension for intramuscular or subcutaneous injection  | Indicated for active immunization for the prevention of varicella in individuals 12 months of age and older.   | 2                              | 12 months  | N/A  | N/A                 | Y            | N                         |   | 3/16/2023          |
| Vaccines | 90717      | Yellow fever vaccine, live, for subcutaneous use  | 0.5 mL                  | 1/1/2000             | YF-Vax®                                  | yellow fever vaccine, for subcutaneous use   | Indicated for active immunization for the prevention of yellow fever in persons 9 months of age and older in the following categories:<br>• Persons Living in or Traveling to Endemic Areas: While the actual risk for contracting yellow fever during travel is probably low, variability of itineraries, behaviors and seasonal incidence of disease make it difficult to predict the actual risk for a given individual living in or traveling to a known endemic or epidemic area. Greater risk is associated with living in or traveling to areas of South America and Africa where yellow fever infection is officially reported at the time of travel and with traveling outside the urban areas of countries that do not officially report the disease but that lie in a yellow fever endemic zone.<br>• Persons Traveling Internationally Through Countries with Yellow Fever: Some countries require an individual to have a valid International Certificate of Vaccination or Prophylaxis (ICVP) if the individual has been in countries either known or thought to harbor yellow fever virus. The certificate becomes valid 10 | 1                              | 9 months   | N/A  | N/A                 | Y            | N                         |   | 10/27/2023         |

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| Category | HCPCS Code | HCPCS Description   | HCPCS Code Billing Unit | HCPCS Effective Date | Brand Name                                     | Generic Name  | FDA Approved Indications<br>(See Package Insert for full FDA approved indication descriptions)   | NC Suggested Max Monthly Units | Minimum Age                                      | Maximum Age | Gender Restrictions | NDC Required | Rebating Labeler Required | Comments  | Last Modified Date |
|----------|------------|---|-------------------------|----------------------|--|---|--|--------------------------------|--|-------------|---------------------|--------------|---------------------------|---|--------------------|
| Vaccines | 90723      | Diphtheria, tetanus toxoids, acellular pertussis vaccine, hepatitis B, and inactivated poliovirus 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 B virus, and poliomyelitis. Pediarix is approved for use as a three-dose series in infants born of hepatitis B surface antigen (HBsAg)-negative mothers. Pediarix may be given as early as 6 weeks of age through 6 years of age (prior to the 7th birthday).  | 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   | <ul style="list-style-type: none"> <li>• Indicated for active immunization for the prevention of pneumococcal disease caused by the 23 serotypes contained in the vaccine (1, 2, 3, 4, 5, 6B, 7F, 8, 9N, 9V, 10A, 11A, 12F, 14, 15B, 17F, 18C, 19F, 19A, 20, 22F, 23F, and 33F).</li> <li>•Pneumovax 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.</li> </ul>   | 1                              | 2 years  | N/A         | N/A                 | Y            | N                         |   | 7/3/2018           |
| Vaccines | 90734      | Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, diphtheria toxoid carrier (MenACWY-D) or CRM197 carrier (MenACWY-CRM), for intramuscular use                | 0.5 mL                  | 1/1/2017             | Menactra*, Menveo                              | meningococcal (groups a, c, y, and w-135) polysaccharide diphtheria toxoid conjugate vaccine solution for intramuscular injection                                     | <p>Menactra:</p> <p>Indicated for active immunization to prevent invasive meningococcal disease caused by Neisseria meningitidis serogroups A, C, Y and W-135. Menactra is approved for use in individuals 9 months through 55 years of age. Menactra does not prevent N meningitidis serogroup B disease.</p> <p>Menveo:</p> <p>Indicated for active immunization to prevent invasive meningococcal disease caused by Neisseria meningitidis serogroups A, C, Y, and W-135 in individuals 2 months through 55 years of age. Menveo does not prevent N. meningitidis serogroup B infections.</p> | 1                              | Product Specific Age Restrictions (see comments) | 55 years    | N/A                 | Y            | N                         | <ul style="list-style-type: none"> <li>Product specific age restrictions:</li> <li>• Menactra: 9 months through 55 years of age</li> <li>• Menveo: 2 months through 55 years of age</li> </ul> <p>12/2023: Maximum age restriction updated to align</p> | 1/26/2024          |
| Vaccines | 90738      | Japanese encephalitis virus vaccine, inactivated, for intramuscular use   | 0.5 mL                  | 7/1/2008             | Ixiaro*  | Japanese encephalitis vaccine, inactivated, adsorbed suspension for intramuscular injection   | Indicated for active immunization for the prevention of disease caused by Japanese encephalitis virus (JEV). Ixiaro is approved for use in individuals 2 months of age and older.  | 2                              | 2 months   | N/A         | N/A                 | Y            | N                         |   | 10/27/2023         |
| Vaccines | 90739      | Hepatitis B vaccine (HepB), GcG-adsjuvanted, adult dosage, 2 dose or 4 dose schedule, for intramuscular use   | 0.5 mL                  | 1/1/2013             | Hepelisav-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.   | 2                              | 18 years   | N/A         | N/A                 | Y            | N                         |   | 6/6/2022           |
| 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.   | 2                              | 18 years   | N/A         | N/A                 | Y            | N                         |   | 10/31/2018         |
| Vaccines | 90743      | Hepatitis B vaccine (HepB), adolescent, 2-dose schedule, for intramuscular use  | 1 mL                    | 1/1/2001             | Recombivax HB*                                 | hepatitis B vaccine (recombinant) suspension for intramuscular injection (2 dose schedule)  | <p>Indicated for prevention of infection caused by all known subtypes of hepatitis B virus. Recombivax HB is approved for use in individuals of all ages.</p> <p>Recombivax HB Dialysis Formulation is approved for use in predialysis and dialysis patients 18 years of age and older.</p>  | 1                              | 11 years   | 15 years    | N/A                 | Y            | N                         |   | 9/28/2021          |
| 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.  | 2                              | N/A  | 19 years    | N/A                 | Y            | N                         |   | 10/31/2018         |
| Vaccines | 90746      | Hepatitis B vaccine (HepB), adult dosage, 3 dose schedule, for intramuscular use  | 1 mL                    | 1/1/2000             | Engerix B*, Recombivax HB*                     | 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                              | 20 years   | N/A         | N/A                 | Y            | N                         |   | 9/21/2018          |
| Vaccines | 90747      | Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 4-dose schedule, for intramuscular   | 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.  | 2                              | N/A  | N/A         | N/A                 | Y            | N                         |   | 10/31/2018         |

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|----------|------------|---|-------------------------|----------------------|------------------------|--|---|--------------------------------|-------------|-------------|---------------------|--------------|---------------------------|---|--------------------|
| 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 (HZ) (shingles) in adults aged 50 years and older.<br><br>Indicated for prevention of herpes zoster (HZ) (shingles) in adults aged 18 years and older who are or will be at increased risk of HZ due to immunodeficiency or immunosuppression caused by known disease or therapy.   | 2                              | 19 years    | N/A         | N/A                 | Y            | N                         | ACIP recommends for ≥ 19 years of age in immunodeficient or immunosuppressed adults | 11/4/2021          |
| Vaccines | 90756      | Influenza virus vaccine, quadrivalent (cIIV4), derived from cell cultures, subunit, antibiotic free, 0.5 mL dosage, for intramuscular use   | 0.5 mL                  | 7/1/2017             | Flucevax® 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.   | 2                              | 6 months    | N/A         | N/A                 | Y            | N                         |   | 11/17/2021         |
| Vaccines | 90759      | Hepatitis B vaccine (HepB), 3-antigen (5, Pre-S1, Pre-S2), 10 mcg dosage, 3 dose schedule, for intramuscular use  | 10 mcg                  | 1/1/2022             | PreHevrio™             | hepatitis b vaccine (recombinant) injectable suspension, for intramuscular use   | Indicated for prevention of infection caused by all known subtypes of hepatitis B virus in adults 18 years of age and older.  | 2                              | 18 years    | N/A         | N/A                 | Y            | N                         |   | 3/30/2022          |
| Vaccines | 91304      | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5mL dosage, for intramuscular use | 0.5 mL (5 mcg)          | 7/13/2022            | N/A                    | Novavax COVID-19 Vaccine, Adjuvanted suspension for injection, for intramuscular use (2023-2024 Formula)                               | Emergency Use Authorization:<br>The U.S. Food and Drug Administration (FDA) has issued an Emergency Use Authorization (EUA) for the emergency use of Novavax COVID-19 Vaccine, Adjuvanted (2023-2024 Formula) for active immunization to prevent coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in individuals 12 years of age and older. | 2                              | 12 years    | N/A         | N/A                 | Y            | N                         | 9/2023: Aligned procedure code effective date with CMS effective date.              | 10/26/2023         |
| Vaccines | 91318      | Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 3 mcg/0.3 mL dosage, trisucrose formulation, for intramuscular use                                   | 0.3 mL (3 mcg)          | 9/11/2023            | N/A                    | Pfizer-BioNTech COVID-19 Vaccine suspension for injection, for intramuscular use - 6 months through 4 years of age (2023-2024 Formula) | The U.S. Food and Drug Administration (FDA) has issued an Emergency Use Authorization (EUA) for the emergency use of Pfizer-BioNTech COVID-19 Vaccine (2023-2024 Formula) for active immunization to prevent coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in individuals 6 months through 4 years of age.                               | 2                              | 6 months    | 4 years     | N/A                 | Y            | N                         |   | 9/18/2023          |
| Vaccines | 91319      | Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 10 mcg/0.3 mL dosage, trisucrose formulation, for intramuscular use                                  | 0.3 mL (10 mcg)         | 9/11/2023            | N/A                    | Pfizer-BioNTech COVID-19 Vaccine suspension for injection, for intramuscular use - 5 years through 11 years of age (2023-2024 Formula) | The U.S. Food and Drug Administration (FDA) has issued an Emergency Use Authorization (EUA) for the emergency use of Pfizer-BioNTech COVID-19 Vaccine (2023-2024 Formula) for active immunization to prevent coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in individuals 5 years through 11 years of age.                               | 1                              | 5 years     | 11 years    | N/A                 | Y            | N                         |   | 9/18/2023          |
| Vaccines | 91320      | Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 10 mcg/0.3 mL dosage, trisucrose formulation, for intramuscular use                                  | 0.3 mL                  | 9/11/2023            | Cominaty®              | Pfizer-BioNTech COVID-19 Vaccine, mRNA suspension for injection, for intramuscular use - 12 years of age and older                     | Indicated for active immunization to prevent coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in individuals 12 years of age and older.   | 1                              | 12 years    | N/A         | N/A                 | Y            | N                         |   | 9/18/2023          |
| Vaccines | 91321      | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 25 mcg/0.25 mL dosage, for intramuscular use   | 0.25 mL                 | 9/11/2023            | N/A                    | Moderna COVID-19 Vaccine Suspension for injection, for intramuscular use - 6 months through 11 years of age (2023-2024 Formula)        | The U.S. Food and Drug Administration (FDA) has issued an Emergency Use Authorization (EUA) for the emergency use of Moderna COVID-19 Vaccine (2023-2024 Formula) for active immunization to prevent coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in individuals 6 months through 11 years of age.                                      | 1                              | 6 months    | 11 years    | N/A                 | Y            | N                         |   | 9/18/2023          |
| Vaccines | 91322      | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 25 mcg/0.25 mL dosage, for intramuscular use   | 0.5 mL                  | 9/11/2023            | Spikevax™              | Moderna COVID-19 Vaccine, mRNA Suspension for injection, for intramuscular use - 12 years of age and older                             | Indicated for active immunization to prevent coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in individuals 12 years of age and older.   | 1                              | 12 years    | N/A         | N/A                 | Y            | N                         |   | 9/18/2023          |

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|-----------|------------|--|-------------------------|----------------------|------------------------|---|--|--------------------------------|---|-------------|---------------------|--------------|---------------------------|---|--------------------|
| 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:<br>• Community-acquired bacterial pneumonia (CABP)<br>• Acute bacterial skin and skin structure infections (ABSSSI)  | 1,500                          | 18 years  | N/A         | N/A                 | Y            | Y                         |   | 9/27/2019          |
| 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.<br><br>Limitations of Use:<br>Xerava is not indicated for the treatment of complicated urinary tract infections (cUTI).   | 7,000                          | 18 years  | N/A         | N/A                 | Y            | Y                         |   | 9/27/2019          |
| Biologics | J0129      | Injection, abatacept, 10 mg  | 10 mg                   | 1/1/2007             | Orencia®               | abatacept injection, for intravenous use  | Treatment of:<br>• 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.<br>• 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                                   | 400                            | Indication Specific Age Restrictions (see comments) | N/A         | N/A                 | Y            | Y                         | Indication specific age restrictions:<br>• RA and PsA: 18 years of age and older<br>• JIA and aGVHD: 2 years of age and older   | 1/14/2022          |
| Drugs     | J0133      | Injection, acyclovir, 5 mg   | 5 mg                    | 1/1/2006             | N/A                    | acyclovir sodium, for injection, for intravenous infusion                       | Indicated for:<br>• Herpes simplex infections in immunocompromised patients<br>• Initial episodes of herpes genitalis<br>• Herpes simplex encephalitis<br>• Neonatal herpes simplex virus infection<br>• Varicella-zoster infections in immunocompromised patients   | 8,400                          | Indication Specific Age Restrictions (see comments) | N/A         | N/A                 | Y            | Y                         | Indication specific age restrictions:<br>• Herpes Simplex Infections: Mucosal and Cutaneous Herpes Simplex (HSV-1 and HSV-2) Infections in Immunocompromised Patients: None<br>• Severe Initial Episodes of Herpes Genitalis: 12 years of age and older<br>• Herpes Simplex Encephalitis: 3 months of age and older<br>• Neonatal Herpes Simplex Virus Infections: 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             | Adenocard®, Adenoscan® | adenosine injection, for intravenous use  | Adenoscan: Adjunct to thallium-201 myocardial perfusion scintigraphy in patients unable to exercise adequately.<br><br>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                            | Indication Specific Age Restrictions (see comments) | N/A         | N/A                 | Y            | Y                         | Product specific age restrictions:<br>Adenoscan: 18 years of age and older<br>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                 | Y            | Y                         |   | 10/26/2018         |
| Biologics | J0177      | Injection, aflibercept hd, 1 mg  | 1 mg                    | 4/1/2024             | Eylea® HD              | aflibercept injection, for intravitreal use                                     | Indicated for the treatment of patients with:<br>• Neovascular (Wet) Age-Related Macular Degeneration (nAMD)<br>• Diabetic Macular Edema (DME)   | 32                             | 18 years  | N/A         | N/A                 | Y            | Y                         |   | 4/12/2024          |
| Biologics | J0178      | Injection, aflibercept, 1 mg   | 1 mg                    | 1/1/2013             | Eylea®                 | aflibercept injection for intravitreal injection                                | Indicated for:<br>• Neovascular (Wet) Age-Related Macular Degeneration (AMD)<br>• Macular Edema Following Retinal Vein Occlusion (RVO)<br>• Diabetic Macular Edema (DME)<br>• Diabetic Retinopathy (DR)<br>• Retinopathy of Prematurity (ROP)  | 8                              | Indication Specific Age Restrictions (see comments) | N/A         | N/A                 | Y            | Y                         | AMD, RVO, DME, DR: 18 years of age and older<br>ROP: N/A  | 3/16/2023          |
| Biologics | J0179      | Injection, brolocizumab-dbl, 1 mg  | 1 mg                    | 1/1/2020             | Beovu®                 | brolocizumab-dbl injection, for intravitreal injection                          | Indicated for the treatment of:<br>- Neovascular (Wet) Age-Related Macular Degeneration (AMD)<br>- Diabetic Macular Edema (DME)  | 24                             | 18 years  | N/A         | N/A                 | Y            | Y                         |   | 6/9/2022           |
| 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 treatment of adult and pediatric patients 2 years of age and older with confirmed Fabry disease.   | 420                            | 2 years   | N/A         | N/A                 | Y            | Y                         |   | 4/26/2021          |



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|-----------|------------|--|-------------------------|----------------------|-------------------------------------|--|--|--------------------------------|---------------------------------------|-------------|---------------------|--------------|---------------------------|--|--------------------|
| Drugs     | J0184      | Injection, amisulpride, 1 mg   | 1 mg                    | 1/1/2024             | Barhemsys*                          | amisulpride injection, for intravenous use                                   | Indicated in adults for:<br>• Prevention of postoperative nausea and vomiting (PONV), either alone or in combination with an antiemetic of a different class.<br>• Treatment of PONV in patients who have received antiemetic prophylaxis with an agent of a different class.  | 50                             | 18 years                              | N/A         | N/A                 | Y            | Y                         |  | 12/22/2023         |
| 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:<br>• acute and delayed nausea and vomiting associated with initial and repeat courses of highly emetogenic cancer chemotherapy (HEC) including high-dose cisplatin.<br>• nausea and vomiting associated with initial and repeat courses of moderately emetogenic cancer chemotherapy (MEC).               | 650                            | 18 years                              | N/A         | N/A                 | Y            | Y                         | 9/2023: Max monthly units updated from 390 units to 650 units to allow for 5 doses per 31 day treatment month at DHB request effective | 9/28/2023          |
| Biologics | J0202      | Injection, alemtuzumab, 1 mg   | 1 mg                    | 1/1/2016             | Lemtrada*                           | alemtuzumab injection, for intravenous use                                   | Indicated for the treatment of patients with relapsing forms of multiple sclerosis (MS).   | 60                             | 17 years                              | N/A         | N/A                 | Y            | Y                         |  | 7/2/2018           |
| Drugs     | J0207      | Injection, amifostine, 500 mg  | 500 mg                  | 1/1/2000             | Ethylol*                            | amifostine for injection   | Indicated to:<br>• Reduce the incidence of moderate to severe xerostomia in patients undergoing postoperative radiation  | 155                            | 18 years                              | N/A         | N/A                 | Y            | Y                         |  | 9/25/2018          |
| Drugs     | J0208      | Injection, sodium thiosulfate (pedmark), 100 mg                                | 100 mg                  | 4/1/2023             | Pedmark*                            | sodium thiosulfate injection, for intravenous use                            | Indicated to reduce the risk of ototoxicity associated with cisplatin in pediatric patients 1 month of age and older with localized, non-metastatic solid tumors.<br><br>Limitations of Use:<br>The safety and efficacy of Pedmark have not been established when administered following cisplatin infusions longer than 6 hours. Pedmark may not reduce the risk of ototoxicity when administered | 5,000                          | 1 month                               | 18 years    | N/A                 | Y            | Y                         |  | 3/22/2024          |
| Drugs     | J0210      | Injection, methyldopate HCl, 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 HCl injection.  | 496                            | N/A                                   | N/A         | N/A                 | Y            | Y                         |  | 10/26/2018         |
| Biologics | J0217      | Injection, velmanase alfa-tycv, 1 mg   | 1 mg                    | 1/1/2024             | Lamzede®                            | velmanase alfa-tycv for injection, for intravenous use                       | Indicated for the treatment of non-central nervous system manifestations of alpha-mannosidosis in adult and pediatric patients.  | 700                            | N/A                                   | N/A         | N/A                 | Y            | Y                         |  | 12/21/2023         |
| Biologics | J0218      | Injection, olipudase alfa-rpcp, 1 mg   | 1 mg                    | 4/1/2023             | Xenpozyme™                          | olipudase alfa-rpcp for injection, for intravenous use                       | Indicated for treatment of non-central nervous system manifestations of acid sphingomyelinase deficiency (ASMD) in adult and pediatric patients.   | 1,260                          | N/A                                   | N/A         | N/A                 | Y            | Y                         |  | 3/16/2023          |
| Biologics | J0219      | Injection, avalglucosidase alfa-ngpt, 4 mg                                     | 4 mg                    | 4/1/2022             | Nexviazyme™                         | avalglucosidase alfa-ngpt for injection, for intravenous use                 | Indicated for the treatment of patients 1 year of age and older with late-onset Pompe disease (lysosomal acid alpha-glucosidase [GAA] deficiency).   | 2,100                          | 1 year                                | N/A         | N/A                 | Y            | Y                         |  | 3/17/2022          |
| Biologics | 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).  | 900                            | N/A                                   | N/A         | N/A                 | Y            | Y                         |  | 6/4/2019           |
| Drugs     | J0222      | Injection, Patisiran, 0.1 mg   | 0.1 mg                  | 10/1/2019            | Onpatro™                            | patisiran lipid complex injection, for intravenous use                       | Indicated for the treatment of the polyneuropathy of hereditary transthyretin-mediated amyloidosis in adults.  | 600                            | 18 years                              | N/A         | N/A                 | Y            | Y                         |  | 9/27/2019          |
| Drugs     | J0223      | Injection, givosiran, 0.5 mg   | 0.5 mg                  | 7/1/2020             | Givlaari™                           | givosiran injection, for subcutaneous use                                    | Indicated for the treatment of adults with acute hepatic porphyria (AHP).  | 1,512                          | 18 years                              | N/A         | N/A                 | Y            | Y                         |  | 6/17/2020          |
| Drugs     | J0224      | Injection, lumasiran, 0.5 mg   | 0.5 mg                  | 7/1/2021             | Oxlumo™                             | lumasiran injection, for subcutaneous use                                    | Indicated for the treatment of primary hyperoxaluria type 1 (PH1) to lower urinary and plasma oxalate levels in pediatric and adult patients.  | 1,890                          | N/A                                   | N/A         | N/A                 | Y            | Y                         |  | 11/30/2022         |
| Drugs     | J0225      | Injection, vutrisiran, 1 mg  | 1 mg                    | 1/1/2023             | Amvuttra™                           | vutrisiran injection, for subcutaneous use                                   | Indicated for the treatment of the polyneuropathy of hereditary transthyretin-mediated amyloidosis in adults.  | 25                             | 18 years                              | N/A         | N/A                 | Y            | Y                         |  | 12/6/2022          |
| Drugs     | J0248      | Injection, remdesivir, 1 mg  | 1 mg                    | 12/23/2021           | Veklury®                            | remdesivir injection, for intravenous use                                    | Indicated for the treatment of coronavirus disease 2019 (COVID-19) in adults and pediatric patients (birth to less than 18 years of age weighing at least 1.5 kg) who are:   | 400                            | Pediatric patients from birth to less | N/A         | N/A                 | Y            | Y                         |  | 3/22/2024          |
| Biologics | J0256      | Injection, alpha 1-proteinase inhibitor, human, 10 mg, not otherwise specified | 10 mg                   | 1/1/2000             | Aralast NP®, Prolastin-C®, 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 Alpha1-Pi (alpha1-antitrypsin deficiency).   | 5,000                          | 18 years                              | N/A         | N/A                 | Y            | Y                         |  | 6/6/2019           |
| Biologics | 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.   | 4,200                          | 18 years                              | N/A         | N/A                 | Y            | Y                         |  | 9/25/2018          |

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|----------|------------|---|-------------------------|----------------------|------------|--|---|--------------------------------|---|-------------|---------------------|--------------|---------------------------|--|--------------------|
| 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 <i>Pseudomonas</i> species, <i>Escherichia coli</i> , species of indole-positive and indole-negative <i>Proteus</i> , <i>Providencia</i> species, <i>Klebsiella-Enterobacter-Serratia</i> species, and <i>Acinetobacter</i> ( <i>Mima-Herellea</i> ) species.<br><br>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 meningitis) and skin and soft tissue; intra-abdominal infections (including peritonitis); 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. | 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.  | 217                            | N/A   | N/A         | N/A                 | Y            | Y                         |  | 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: aspergillosis, cryptococcosis (torulosis), North American blastomycosis, systemic candidiasis, coccidioidomycosis, histoplasmosis, zygomycosis including mucormycosis due to susceptible species of the genera <i>absidia</i> , <i>mucor</i> and <i>rhizopus</i> , and infections due to related susceptible species of <i>conidiobolus</i> and  | 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.   | 2,170                          | N/A   | N/A         | N/A                 | Y            | Y                         |  | 5/6/2019           |
| Drugs    | J0289      | Injection, amphotericin B liposome, 10 mg                 | 10 mg                   | 1/1/2003             | AmBisome®  | amphotericin B liposome for injection                                  | Indicated for:<br>• Empirical therapy for presumed fungal infection in febrile, neutropenic patients  | 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  | Indicated in the treatment of infections caused by susceptible strains of the designated organisms in the following conditions:<br>• Respiratory Tract infections caused by <i>Streptococcus pneumoniae</i> , <i>Staphylococcus aureus</i> (penicillinase and nonpenicillinase-producing), <i>H. influenzae</i> , and Group A beta-hemolytic streptococci.<br>• Bacterial Meningitis caused by <i>E. coli</i> , Group B streptococci, and other Gram-negative bacteria ( <i>Listeria monocytogenes</i> , <i>N. meningitidis</i> ). The addition of an aminoglycoside with ampicillin may increase its effectiveness against Gram-negative bacteria.<br>• Septicemia and Endocarditis caused by susceptible Gram-positive organisms including <i>Streptococcus</i> spp., penicillin G-susceptible staphylococci, and enterococci. Gram-negative sepsis caused by <i>E. coli</i> ,  | 1,736                          | N/A   | N/A         | N/A                 | Y            | Y                         |  | 4/10/2019          |
| Drugs    | J0291      | Injection, plazomicin, 5 mg                               | 5 mg                    | 10/1/2019            | Zemdri™    | plazomicin injection, for intravenous use                              | • Indicated for the treatment of patients 18 years of age or older with complicated urinary tract infections (CUTI) including pyelonephritis.<br>• As only limited clinical safety and efficacy data are available, reserve Zemdri for use in patients who have limited or no alternative treatment options.<br>• 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.   | 2,940                          | 18 years  | N/A         | N/A                 | Y            | Y                         |  | 10/3/2019          |
| 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:<br>• Skin and skin structure infections caused by beta-lactamase producing strains of <i>Staphylococcus aureus</i> , <i>Escherichia coli</i> , <i>Klebsiella</i> spp. (including <i>K. pneumoniae</i> ), <i>Proteus mirabilis</i> , <i>Bacteroides fragilis</i> , <i>Enterobacter</i> spp., and <i>Acinetobacter calcoaceticus</i> .<br>• Intra-abdominal infections: caused by beta-lactamase producing strains of <i>Escherichia coli</i> , <i>Klebsiella</i> spp. (including <i>K. pneumoniae</i> ), <i>Bacteroides</i> spp. (including <i>B. fragilis</i> ), and <i>Enterobacter</i> spp.  | 168                            | Indication Specific Age Restrictions (see comments) | N/A         | N/A                 | Y            | Y                         | Indication specific:<br>• Skin and skin structure infections: 1 year of age and older<br>• Intra-abdominal infections: 18 years of age and older | 6/7/2019           |

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|-------------|------------|--|-------------------------|----------------------|--|--|---|--------------------------------|-------------|-------------|---------------------|--------------|---------------------------|--|--------------------|
| Drugs       | J0300      | Injection, amobarbital, up to 125mg                | up to 125 mg            | 1/1/2000             | Amytal®                                | amobarbital sodium for injection   | Indicated for use as a:<br>• Sedative<br>• Hypnotic, for the short-term treatment of insomnia, since it appears to lose its effectiveness for sleep induction and sleep maintenance after 2 weeks<br>• Preanesthetic  | 112                            | 6 years     | N/A         | N/A                 | Y            | Y                         |  | 4/10/2019          |
| Drugs       | J0330      | Injection, succinylcholine chloride, up to 20mg    | up to 20 mg             | 1/1/2000             | Anectine® ,<br>Quelicin™               | 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                              | N/A         | N/A         | N/A                 | Y            | Y                         |  | 9/21/2018          |
| Drugs       | J0349      | Injection, rezafungin, 1 mg                        | 1 mg                    | 10/1/2023            | Rezzayo™                               | rezafungin for injection, for intravenous use                              | Indicated in patients 18 years of age or older who have limited or no alternative options for the treatment of candidemia and invasive candidiasis.   | 1,000                          | 18 years    | N/A         | N/A                 | Y            | Y                         |  | 9/28/2023          |
| Drugs       | J0360      | Injection, hydralazine HCl, up to 20mg             | up to 20 mg             | 1/1/2000             | N/A                                    | hydralazine hydrochloride injection  | Indicated for severe essential hypertension when the drug cannot be given orally or when there is an urgent need to lower blood pressure.   | 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.<br>Indicated for maintenance monotherapy treatment of bipolar I disorder in adults.   | 800                            | 18 years    | N/A         | N/A                 | Y            | Y                         |  | 5/20/2019          |
| Drugs       | J0402      | Injection, aripiprazole (abilify asimtufin), 1 mg  | 1 mg                    | 1/1/2024             | Abilify Asimtufin®                     | aripiprazole extended-release injectable suspension, for intramuscular use | Indicated:<br>• for the treatment of schizophrenia in adults<br>• as maintenance monotherapy treatment of bipolar I disorder in adults  | 960                            | 18 years    | N/A         | N/A                 | Y            | Y                         |  | 12/21/2023         |
| 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.   | 10                             | 16 years    | N/A         | N/A                 | Y            | Y                         |  | 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,                 | Indicated for temporary blockade of severe or life threatening muscarinic effects.  | 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:<br>• Arsenic, gold and mercury poisoning.<br>• Acute lead poisoning when used concomitantly with Edetate Calcium Disodium Injection.<br><br>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  | 252                            | N/A         | N/A         | N/A                 | Y            | Y                         |  | 6/7/2019           |
| Drugs       | J0475      | Injection, baclofen, 10 mg                         | 10 mg                   | 1/1/2000             | Gablofen®,<br>Lioresal®<br>Intrathecal | 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.<br>• Baclofen intrathecal should be reserved for patients unresponsive to oral baclofen therapy, or those who experience intolerable central nervous system side effects at effective doses.<br>• Patients should first respond to a screening dose of intrathecal baclofen prior to consideration for long term infusion via an implantable pump.<br>• Spasticity due to traumatic brain injury: wait at least one year after injury before considering baclofen intrathecal therapy. | 8                              | 4 years     | N/A         | N/A                 | Y            | Y                         | 5/2023: NC Suggested Max Monthly Units updated to align with NCTracks, which has been set to 8 units/month since 9/1/2018. | 9/13/2023          |
| Drugs       | J0476      | Injection, baclofen, 50 mcg, for intrathecal trial | 50 mcg                  | 1/1/2000             | Gablofen®,<br>Lioresal®<br>Intrathecal | baclofen injection, for intrathecal trial                                  | Management of severe 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.  | 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 mofetil, and corticosteroids.<br><br>Limitations of Use:   | 6,000                          | 18 years    | N/A         | N/A                 | Y            | Y                         |  | 6/6/2019           |

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| Biologics | 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.<br>Indicated for the treatment of patients aged 5 years and older with active lupus nephritis who are receiving standard therapy.<br>Limitations of Use:  | 420                            | 5 years     | N/A         | N/A                 | Y            | Y                         |          | 8/16/2022          |
| Biologics | J0491      | Injection, anifrolumab-fnia, 1 mg   | 1 mg                    | 4/1/2022             | Saphnelo™     | anifrolumab-fnia injection, for intravenous use                              | Indicated for the treatment of adult patients with moderate to severe systemic lupus erythematosus (SLE), who are receiving standard therapy.<br>Limitations of Use: The efficacy of Saphnelo has not been evaluated in patients with severe active lupus nephritis or severe active central nervous system lupus. Use of Saphnelo is not recommended in these situations.  | 600                            | 18 years    | N/A         | N/A                 | Y            | Y                         |          | 3/21/2022          |
| 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.   | 8                              | 18 years    | N/A         | N/A                 | Y            | Y                         |          | 4/10/2019          |
| Drugs     | J0515      | Injection, benzotropine mesylate, per 1 mg  | 1 mg                    | 1/1/2000             | Cogentin®     | benztropine mesylate injection   | Indicated:<br>- for use as an adjunct in the therapy of all forms of parkinsonism.<br>- for use in the control of extrapyramidal disorders (except tardive dyskinesia) due to neuroleptic drugs   | 248                            | 3 years     | N/A         | N/A                 | Y            | Y                         |          | 11/17/2021         |
| 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 and pediatric patients:   | 96                             | N/A         | N/A         | N/A                 | Y            | Y                         |          | 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. | 96                             | N/A         | N/A         | N/A                 | Y            | Y                         |          | 8/24/2018          |
| Biologics | J0565      | Injection, bezlotouxumab, 10 mg   | 10 mg                   | 1/1/2018             | Zinplava™     | bezlotouxumab injection, for intravenous use                                 | Indicated to reduce recurrence of <i>Clostridioides difficile</i> infection (CDI) in adult and pediatric patients 1 year of age or older who are receiving antibacterial drug treatment for CDI and are high risk for CDI recurrence.<br>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                            | 1 year      | N/A         | N/A                 | Y            | Y                         |          | 6/19/2023          |
| Biologics | 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.  | 900                            | 3 years     | N/A         | N/A                 | Y            | Y                         |          | 7/2/2018           |
| Drugs     | J0570      | Buprenorphine implant, 74.2 mg  | 74.2 mg = 1 implant     | 1/1/2017             | Probuphine®   | buprenorphine implant for subdermal administration (CII)                     | 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 Subutex® or Suboxone® sublingual tablet)   | 4                              | 16 years    | N/A         | N/A                 | Y            | Y                         |          | 9/27/2018          |
| Drugs     | J0577      | Injection, buprenorphine extended-release (brixadi), less than or equal to 7 days of therapy          | 1 syringe               | 4/1/2024             | Brixadi™      | buprenorphine extended-release injection for subcutaneous use CIII (weekly)  | Indicated for the treatment of moderate to severe opioid use disorder in patients who have initiated treatment with a single dose of a transmucosal buprenorphine product or who are already being treated with buprenorphine.<br>Brixadi should be used as part of a complete treatment plan that includes counseling and psychosocial support.  | 5                              | 18 years    | N/A         | N/A                 | Y            | Y                         |          | 3/22/2024          |
| Drugs     | J0578      | Injection, buprenorphine extended-release (brixadi), greater than 7 days and up to 28 days of therapy | 1 syringe               | 4/1/2024             | Brixadi™      | buprenorphine extended-release injection for subcutaneous use CIII (monthly) | Indicated for the treatment of moderate to severe opioid use disorder in patients who have initiated treatment with a single dose of a transmucosal buprenorphine product or who are already being treated with buprenorphine.<br>Brixadi should be used as part of a complete treatment plan that includes counseling and psychosocial support.  | 2                              | 18 years    | N/A         | N/A                 | Y            | Y                         |          | 3/22/2024          |

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| Biologics | J0584      | Injection, burosumab-twza 1 mg            | 1 mg                    | 1/1/2019             | Crysvita*  | burosumab-twza injection, for subcutaneous use   | Indicated for:<br>• The treatment of X-linked hypophosphatemia (XLH) in adult and pediatric patients 6 months of age and older.<br>• The treatment of FG23-related hypophosphatemia in tumor-induced osteomalacia (TIO) associated with phosphaturic mesenchymal tumors that cannot be curatively resected or localized in adult and pediatric patients 2 years of age and older.  | 540                            | Indication Specific Age Restrictions (see comments) | N/A         | N/A                 | Y            | Y                         | Indication specific age restrictions:<br>• XLH: 6 months of age and older<br>• TIO: 2 years of age and older   | 7/28/2020          |
| Biologics | J0585      | Injection, onabotulinumtoxinA, 1 unit     | 1 unit                  | 1/1/2000             | Botox*     | onabotulinumtoxinA for injection, for intramuscular, intradetrusor, or intradermal use | Indicated for:<br>• 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<br>• Treatment of urinary incontinence due to detrusor overactivity associated with a neurologic condition [e.g., spinal cord injury (SCI), multiple sclerosis (MS)] in adults who have an inadequate response to or are | 600 in 90 day interval         | N/A   | N/A         | N/A                 | Y            | Y                         | 1/2023: NC Suggested Max Monthly Units updated to align with NCTracks, which has been set to 600 units in 90 days since 1/1/2019.<br>9/2023: NC Suggested Max  | 11/3/2023          |
| Biologics | J0586      | implant, 1 microgram                      | 5 units                 | 1/1/2010             | Dysport*   | abobotulinumtoxinA for injection, for intramuscular use                                | • Treatment of adults with cervical dystonia.<br>• 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.<br>• Treatment of spasticity in patients 2 years of age and older.  | 300                            | Indication Specific Age Restrictions (see comments) | N/A         | N/A                 | Y            | Y                         | Indication specific recommendations.<br>• Cervical Dystonia: 18 years of age and older<br>• Glabellar Lines: 18 years of age and older<br>• Upper Limb Spasticity: 2 years of age and older<br>• Lower Limb Spasticity: 2 years of age and older | 8/25/2020          |
| Biologics | J0587      | Injection, rimabotulinumtoxinB, 100 units | 100 units               | 1/1/2002             | Myobloc*   | rimabotulinumtoxin B injection   | Indicated for:<br>- Treatment of adult patients with cervical dystonia to reduce the severity of abnormal head position and neck pain associated with cervical dystonia.<br>- Treatment of chronic sialorrhea in adults.   | 100                            | 18 years  | N/A         | N/A                 | Y            | Y                         |  | 9/27/2019          |
| Biologics | 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:<br>• Chronic sialorrhea in patients 2 years of age and older<br>• Upper limb spasticity in adults<br>• Upper limb spasticity in pediatric patients 2 to 17 years of age, excluding spasticity caused by cerebral  | 600 in a 12-week interval      | Indication Specific Age Restrictions (see comments) | N/A         | N/A                 | Y            | Y                         | Indication specific age restrictions:<br>Cervical dystonia and blepharospasm: 18 years of  | 9/13/2023          |
| 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).   | 1,312                          | N/A   | N/A         | N/A                 | Y            | Y                         | • 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:<br>• As a preoperative or pre-anesthetic medication<br>• As a supplement to balanced anesthesia<br>• For the relief of pain during labor, and<br>• For the management of pain severe enough to require an opioid analgesic and for which alternative  | 992                            | 18 years  | N/A         | N/A                 | Y            | Y                         | • Lower Limb Spasticity: Safety and effectiveness in pediatric patients below the age of 2 years have not been established.  | 9/27/2018          |

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| Biologics | 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).   | 3,360                          | N/A   | N/A         | N/A                 | Y            | Y                         |   | 4/10/2019          |
| Biologics | 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.   | 1,120                          | N/A   | N/A         | N/A                 | Y            | Y                         |   | 4/10/2019          |
| Biologics | 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).   | 2,750                          | 6 years   | N/A         | N/A                 | Y            | Y                         |   | 7/26/2018          |
| 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.  | 15                             | N/A   | N/A         | N/A                 | Y            | Y                         |   | 10/10/2018         |
| 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.<br>Limitations of Use:<br>Parsabiv has not been studied in adult patients with parathyroid carcinoma, primary hyperparathyroidism  | 2,250                          | 18 years  | N/A         | N/A                 | Y            | Y                         |   | 6/4/2019           |
| Drugs     | J0612      | Injection, calcium gluconate, not otherwise specified, 10 mg                                    | 10 mg                   | 4/1/2023             | N/A                        | calcium gluconate injection, for intravenous use   | Indicated for pediatric and adult patients for the treatment of acute symptomatic hypocalcemia.<br>Limitations of Use:<br>The safety of calcium gluconate injection for long term use has not been established.   | 124,000                        | N/A   | N/A         | N/A                 | Y            | Y                         |   | 3/22/2024          |
| Drugs     | J0613      | Injection, calcium gluconate (wg critical care), not therapeutically equivalent to J0612, 10 mg | 10 mg                   | 4/1/2023             | N/A                        | calcium gluconate injection, for intravenous use (WG Critical Care)                            | Calcium Gluconate in Sodium Chloride Injection is a form of calcium indicated for pediatric and adult patients for the treatment of acute symptomatic hypocalcemia.<br>Limitations of Use: The safety of Calcium Gluconate Injection for long term use has not been established.  | 24,800                         | N/A   | N/A         | N/A                 | Y            | Y                         |   | 3/22/2024          |
| 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.  | 560                            | 13 years  | N/A         | N/A                 | Y            | Y                         |   | 9/27/2018          |
| Biologics | J0638      | Injection, canakinumab, 1 mg  | 1 mg                    | 1/1/2011             | Ilaris*                    | canakinumab injection, for subcutaneous use  | Indicated for the treatment of:<br>- Periodic Fever Syndromes:<br>• Cryopyrin-Associated Periodic Syndromes (CAPS), in adults and children 4 years of age and older   | 600                            | Indication Specific Age Restrictions (see comments) | N/A         | N/A                 | Y            | Y                         | Indication specific age restrictions:<br>• SIIA, AOSD, TRAPS, | 9/28/2023          |
| 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:<br>• After high dose methotrexate therapy in osteosarcoma.<br>• To diminish the toxicity and counteract the effects of impaired methotrexate elimination and of inadvertent overdoses of folic acid antagonists.<br>• In the treatment of megaloblastic anemias due to folic acid deficiency when oral therapy is not feasible.<br>• 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. | 80                             | N/A   | N/A         | N/A                 | Y            | Y                         |   | 7/2/2018           |
| Drugs     | J0641      | Injection, levoleucovorin, not otherwise specified, 0.5 mg                                      | 0.5 mg                  | 1/1/2009             | Fusilev*                   | levoleucovorin injection solution for intravenous use  | Indicated for:<br>• Rescue after high-dose methotrexate therapy in osteosarcoma.<br>• Diminishing the toxicity and counteracting the effects of impaired methotrexate elimination and of inadvertent overdoses of folic acid antagonists.<br>• Use in combination chemotherapy with 5-fluorouracil in the palliative treatment of patients with advanced metastatic colorectal cancer.<br>Limitations of Use:<br>Fusilev is not approved for pernicious anemia and megaloblastic anemias. Improper use may cause a  | 10,000                         | N/A   | N/A         | N/A                 | Y            | Y                         |   | 10/3/2019          |

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|----------|------------|---|-------------------------|----------------------|---|---|--|--------------------------------|--|-------------|---------------------|--------------|---------------------------|---|--------------------|
| Drugs    | J0642      | Injection, levoleucovorin (khapsory), 0.5 mg  | 0.5 mg                  | 10/1/2019            | Khapsory™                               | levoleucovorin for injection, for intravenous use   | Indicated for:<br>• Rescue after high-dose methotrexate therapy in patients with osteosarcoma.<br>• Diminishing the toxicity associated with overdosage of folic acid antagonists or impaired methotrexate elimination.<br>• Treatment of patients with metastatic colorectal cancer in combination with fluorouracil.<br><br>Limitations of Use:<br>Khapsory is not indicated for the treatment of pernicious anemia and megaloblastic anemia secondary to lack of vitamin B12 because of the risk of progression of neurologic manifestations despite hematologic remission.   | 4,800                          | N/A  | N/A         | N/A                 | Y            | Y                         |   | 10/3/2019          |
| Drugs    | J0665      | Injection, bupivacaine, not otherwise specified, 0.5 mg                               | 0.5 mg                  | 7/1/2023             | Marcaïne™, Sensorcaïne®                 | bupivacaine hydrochloride injection, for infiltration, perineural, caudal, epidural, or retrolubal use and bupivacaine hydrochloride in dextrose injection for subarachnoid injection | Bupivacaine hydrochloride injection:<br>• Indicated in adults for the production of local or regional anesthesia or analgesia for surgery, dental and oral surgery procedures, diagnostic and therapeutic procedures, and for obstetrical procedures. For each type of block indicated to produce local or regional anesthesia or analgesia, specific concentrations and presentations are recommended.<br>• Limitations of Use: Not all blocks are indicated for use with bupivacaine given clinically significant risks associated with use.<br><br>Bupivacaine hydrochloride in dextrose injection:<br>• Indicated in adults for subarachnoid injection for the production of subarachnoid block (spinal)   | 4,000                          | Formulation-specific age restrictions (see comments) | N/A         | N/A                 | Y            | Y                         | Formulation-specific age restrictions:<br>• Bupivacaine hydrochloride injection: 12 years of age and older<br>• Bupivacaine hydrochloride in dextrose injection: 18 years of age and older                      | 10/26/2023         |
| 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.  | 50                             | N/A  | N/A         | N/A                 | Y            | Y                         |   | 4/10/2019          |
| Drugs    | J0688      | Injection, cefazolin sodium (hikma), not therapeutically equivalent to J0690, 500 mg  | 500 mg                  | 1/1/2024             | N/A                                     | cefazolin for injection, for intravenous use (Hikma)  | Cefazolin for injection is a cephalosporin antibacterial indicated for:<br>• Treatment of the following infections caused by susceptible isolates of the designated microorganisms in adult and pediatric patients 1 month of age and older for whom appropriate dosing with this formulation  | 372                            | 1 month  | N/A         | N/A                 | Y            | Y                         |   | 1/11/2024          |
| Drugs    | J0689      | Injection, cefazolin sodium (baxter), not therapeutically equivalent to J0690, 500 mg | 500 mg                  | 1/1/2023             | N/A                                     | cefazolin injection, for intravenous use (Baxter)   | Indicated for:<br>• Treatment of the following infections caused by susceptible isolates of the designated microorganisms in adult and pediatric patients for whom appropriate dosing with this formulation can be achieved:<br>o Respiratory tract infections<br>o Urinary tract infections<br>o Skin and skin structure infections<br>o Biliary tract infections<br>o Bone and joint infections<br>o Genital infections<br>o Septicemia<br>o Endocarditis<br>• Perioperative prophylaxis in adults and pediatric patients aged 10 to 17 years old for whom appropriate dosing with this formulation can be achieved.<br><br>To reduce the development of drug-resistant bacteria and maintain the effectiveness of cefazolin injection and other antibacterial drugs, cefazolin injection should be used only to treat or prevent infections that are proven or strongly suspected to be caused by bacteria.   | 124                            | Indication Specific Age Restrictions (see comments)  | N/A         | N/A                 | Y            | Y                         | Indication specific age restrictions:<br>• Treatment of infections caused by susceptible isolates of the designated microorganisms: 1 month and older<br>• Perioperative prophylaxis: 10 years of age and older | 3/22/2024          |
| Drugs    | J0690      | Injection, cefazolin sodium, 500 mg   | 500 mg                  | 1/1/2000             | N/A                                     | cefazolin sodium for injection  | Indicated for the treatment of the following serious infections when due to susceptible organisms:<br>• Respiratory Tract Infections: Due to S. pneumoniae, Klebsiella species, H. influenzae, S. aureus (penicillin-sensitive and penicillin-resistant), and group A beta-hemolytic streptococci. Injectable benzathine penicillin is considered the drug of choice in treatment and prevention of streptococcal infections, including the prophylaxis of rheumatic fever. Cefazolin is effective in the eradication of streptococci from the nasopharynx; however, data establishing the efficacy of cefazolin in the subsequent prevention of rheumatic fever are not available at present.<br>• Urinary Tract Infections: Due to E. coli, P. mirabilis, Klebsiella species, and some strains of enterobacter and enterococci.<br>• Skin and Skin Structure Infections: Due to S. aureus (penicillin-sensitive and penicillin-resistant), group A beta-hemolytic streptococci, and other strains of streptococci.<br>• Biliary Tract Infections: Due to E. coli, various strains of streptococci, P. mirabilis, Klebsiella species, and S. aureus.<br>• Bone and Joint Infections: Due to S. aureus.<br>• Genital Infections: (i.e., prostaticitis, epididymitis) due to E. coli, P. mirabilis, Klebsiella species, and some strains of enterococci.<br>• Septicemia: Due to S. pneumoniae, S. aureus (penicillin-sensitive and penicillin-resistant), P. mirabilis, E. coli, and Klebsiella species. | 372                            | 1 month  | N/A         | N/A                 | Y            | Y                         |   | 1/26/2024          |

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|----------|------------|---|-------------------------|----------------------|------------|---|---|--------------------------------|---|-------------|---------------------|--------------|---------------------------|--|--------------------|
| Drugs    | J0691      | Injection, lefamulin, 1 mg                        | 1 mg                    | 7/1/2020             | 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 (methicillin-susceptible isolates), Haemophilus influenzae, Legionella pneumophila, Mycoplasma pneumoniae, and Chlamydia pneumoniae.<br><br>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.   | 2,100                          | 18 years  | N/A         | N/A                 | Y            | Y                         |  | 6/17/2020          |
| Drugs    | J0692      | Injection, cefepime HCl, 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 microorganisms:<br>• Moderate to severe pneumonia<br>• Empiric therapy for febrile neutropenic patients<br>• Uncomplicated and complicated urinary tract infections (including pyelonephritis)<br>• Uncomplicated skin and skin structure infections<br>• Complicated intra-abdominal infections (used in combination with metronidazole) in adults   | 120                            | 2 months  | N/A         | N/A                 | Y            | Y                         |  | 8/5/2021           |
| 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.<br>• Lower respiratory tract infections: including pneumonia and lung abscess, caused by Streptococcus pneumoniae, other streptococci (excluding enterococci, e.g., Enterococcus faecalis [formerly Streptococcus faecalis]), Staphylococcus aureus (including penicillinase-producing strains), Escherichia coli, Klebsiella species, Haemophilus influenzae, and Bacteroides species.<br>• Urinary tract infections caused by Escherichia coli, Klebsiella species, Proteus mirabilis, Morganella morganii, Proteus vulgaris and Providencia species (including P. rettgeri).  | 372                            | 3 months  | N/A         | N/A                 | Y            | 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 in patients 18 years or older for the treatment of the following infections caused by designated susceptible microorganisms:<br>• Complicated intra-abdominal infections (cIAI), used in combination with metronidazole.<br>• Complicated urinary tract infections (cUTI), including pyelonephritis.<br>• Hospital-acquired Bacterial Pneumonia and Ventilator-associated Bacterial Pneumonia (HABP/VABP)<br><br>Indicated in pediatric patients (birth to less than 18 years old) for the treatment of the following infections caused by designated susceptible microorganisms:<br>• Complicated Intra-abdominal Infections (cIAI), used in combination with metronidazole<br>• Complicated Urinary Tract Infections (cUTI), including pyelonephritis<br><br>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. | 1,680                          | Indication Specific Age Restrictions (see comments) | N/A         | N/A                 | Y            | Y                         | cIAI and cUTI: N/A<br>HABP/VABP: 18 years of age and older | 5/9/2022           |



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| Drugs    | J0696      | Injection, ceftriaxone sodium, per 250 mg        | 250 mg                  | 1/1/2000             | Rocephin®  | ceftriaxone sodium injection | Indicated for the treatment of the following infections when caused by susceptible organisms:<br><ul style="list-style-type: none"> <li>• Lower Respiratory Tract Infections: Caused by Streptococcus pneumoniae, Staphylococcus aureus, Haemophilus influenzae, Haemophilus parainfluenzae, Klebsiella pneumoniae, Escherichia coli, Enterobacter aerogenes, Proteus mirabilis or Serratia marcescens.</li> <li>• Acute Bacterial Otitis Media: Caused by Streptococcus pneumoniae, Haemophilus influenzae (including beta-lactamase producing strains) or Moraxella catarrhalis (including beta-lactamase producing strains).</li> <li>• Skin and Skin Structure Infections: Caused by Staphylococcus aureus, Staphylococcus epidermidis, Streptococcus pyogenes, Viridans group streptococci, Escherichia coli, Enterobacter cloacae, Klebsiella oxytoca, Klebsiella pneumoniae, Proteus mirabilis, Morganella morganii, Pseudomonas aeruginosa, Serratia marcescens, Acinetobacter calcoaceticus, Bacteroides fragilis or Peptostreptococcus species.</li> <li>• Urinary Tract Infections: Caused by Escherichia coli, Proteus mirabilis, Proteus vulgaris, Morganella morganii or Klebsiella pneumoniae.</li> <li>• Uncomplicated Gonorrhoea (cervical/urethral and rectal): Caused by Neisseria gonorrhoeae, including both penicillinase- and nonpenicillinase-producing strains, and pharyngeal gonorrhoea caused by nonpenicillinase-producing strains of Neisseria gonorrhoeae.</li> </ul>   | 496                            | Indication Specific Age Restrictions (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:<br><ul style="list-style-type: none"> <li>• Lower Respiratory Tract Infections: including pneumonia, caused by Streptococcus pneumoniae, Haemophilus influenzae (including ampicillin-resistant strains), Klebsiella spp., Staphylococcus aureus (penicillinase- and non-penicillinase-producing strains), Streptococcus pyogenes, and Escherichia coli.</li> <li>• Urinary Tract Infections: caused by Escherichia coli and Klebsiella spp.</li> <li>• Skin and Skin-Structure Infections: caused by Staphylococcus aureus (penicillinase- and non-penicillinase-producing strains), Streptococcus pyogenes, Escherichia coli, Klebsiella spp., and Enterobacter spp.</li> <li>• Septicemia: caused by Staphylococcus aureus (penicillinase- and non-penicillinase-producing strains), Streptococcus pneumoniae, Escherichia coli, Haemophilus influenzae (including ampicillin-resistant strains), and Klebsiella spp.</li> <li>• Meningitis: caused by Streptococcus pneumoniae, Haemophilus influenzae (including ampicillin-resistant strains), Neisseria meningitidis, and Staphylococcus aureus (penicillinase- and non-penicillinase-producing strains).</li> <li>• Gonorrhoeae: Uncomplicated and disseminated gonococcal infections due to Neisseria gonorrhoeae (penicillinase- and non-penicillinase-producing strains) in both males and females.</li> <li>• Bone and Joint Infections: caused by Staphylococcus aureus (penicillinase- and non-penicillinase-producing strains).</li> </ul>   | 372                            | 3 months  | N/A         | N/A                 | Y            | Y                         | 10/4/2018   |                    |
| Drugs    | J0698      | Cefotaxime sodium, per gram                      | 1 g                     | 1/1/2000             | Claforan®  | cefotaxime for injection     | Indicated for the treatment of patients with serious infections caused by susceptible strains of the designated microorganisms in the diseases listed below.<br><ul style="list-style-type: none"> <li>• Lower respiratory tract infections: including pneumonia, caused by Streptococcus pneumoniae (formerly Diplococcus pneumoniae), Streptococcus pyogenes* (Group A streptococci) and other streptococci (excluding enterococci, e.g., Enterococcus faecalis), Staphylococcus aureus (penicillinase and non-penicillinase producing), Escherichia coli, Klebsiella species, Haemophilus influenzae (including ampicillin resistant strains), Haemophilus parainfluenzae, Proteus mirabilis, Serratia marcescens*, Enterobacter species, indole positive Proteus and Pseudomonas species (including P. aeruginosa).</li> <li>• Genitourinary infections: Urinary tract infections caused by Enterococcus species, Staphylococcus epidermidis, Staphylococcus aureus* (penicillinase and non-penicillinase producing), Citrobacter species, Enterobacter species, Escherichia coli, Klebsiella species, Proteus mirabilis, Proteus vulgaris*, Providencia stuartii, Morganella morganii*, Providencia rettgeri*, Serratia marcescens and Pseudomonas species (including P. aeruginosa). Also, uncomplicated gonorrhoea (cervical/urethral and rectal) caused by Neisseria gonorrhoeae, including penicillinase producing strains.</li> <li>• Gynecologic infections: including pelvic inflammatory disease, endometritis and pelvic cellulitis caused by Staphylococcus epidermidis, Streptococcus species, Enterococcus species, Enterobacter species*, Klebsiella species*, Escherichia coli, Proteus mirabilis, Bacteroides species (including Bacteroides fragilis*), Clostridium species, and anaerobic cocci (including Peptostreptococcus species and Peptococcus species) and Fusobacterium species (including F. nucleatum*). Claforan, like other cephalosporins, has no activity against Chlamydia trachomatis. Therefore, when cephalosporins are used in the treatment of patients with pelvic inflammatory disease and C. trachomatis is one of the suspected pathogens, appropriate anti-</li> </ul> | 372                            | N/A   | N/A         | N/A                 | Y            | Y                         | 5/20/2019   |                    |

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|----------|------------|---|-------------------------|----------------------|----------------------|--|--|--------------------------------|---|-------------|---------------------|--------------|---------------------------|--|--------------------|
| Drugs    | J0699      | Injection, cefiderocol, 10 mg   | 10 mg                   | 10/1/2021            | Fetroja*             | cefiderocol for injection, for intravenous use                                 | <p>Indicated in patients 18 years of age or older for the treatment of complicated urinary tract infections (CUTI), including pyelonephritis caused by the following susceptible Gram-negative microorganisms: Escherichia coli, Klebsiella pneumoniae, Proteus mirabilis, Pseudomonas aeruginosa and Enterobacter cloacae complex.</p> <p>Indicated in patients 18 years of age or older for the treatment of hospital-acquired bacterial pneumonia and ventilator-associated bacterial pneumonia, caused by the following susceptible Gram-negative microorganisms: Acinetobacter baumannii complex, Escherichia coli, Enterobacter cloacae complex, Klebsiella pneumoniae, Pseudomonas aeruginosa, and Serratia marcescens.</p> <p>To reduce the development of drug-resistant bacteria and maintain the effectiveness of Fetroja and other antibacterial drugs, Fetroja should be used only to treat or prevent infections that are proven or strongly suspected to be caused by bacteria.</p> | 11,200                         | 18 years  | N/A         | N/A                 | Y            | Y                         |  | 9/29/2021          |
| Drugs    | J0701      | Injection, cefepime hydrochloride (baxter), not therapeutically equivalent to maxipime, 500 mg  | 500 mg                  | 1/1/2023             | N/A                  | cefepime injection for intravenous use (Baxter)                                | <p>Indicated in the treatment of the following infections caused by susceptible isolates of the designated microorganisms: pneumonia; empiric therapy for febrile neutropenic patients; uncomplicated and complicated urinary tract infections; uncomplicated skin and skin structure infections; and complicated intra-abdominal infections (used in combination with metronidazole).</p> <p>To reduce the development of drug-resistant bacteria and maintain the effectiveness of Cefepime Injection and other antibacterial drugs, Cefepime Injection should be used only to treat or prevent infections that are proven or strongly suspected to be caused by bacteria.</p>   | 120                            | Indication Specific Age Restrictions (see comments) | N/A         | N/A                 | Y            | Y                         | <p>Indication specific age restrictions:</p> <ul style="list-style-type: none"> <li>• Complicated intra-abdominal infections: 17 years of age and older</li> <li>• All other indications: 2 months of age and older</li> </ul> | 12/19/2022         |
| 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 | <p>When oral therapy is not feasible, the intramuscular use of Celestone Soluspan is indicated as follows:</p> <ul style="list-style-type: none"> <li>• 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 rhinitis, serum sickness, transfusion reactions.</li> <li>• Dermatologic Diseases: Bullous dermatitis herpetiformis, exfoliative erythroderma, mycosis fungoides, pemphigus, severe erythema multiforme (Stevens-Johnson syndrome).</li> <li>• Endocrine Disorders: Congenital adrenal hyperplasia, hypercalcemia 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</li> </ul>                    | 155                            | N/A   | N/A         | N/A                 | Y            | Y                         |  | 9/25/2018          |
| Drugs    | J0703      | Injection, cefepime hydrochloride (b braun), not therapeutically equivalent to maxipime, 500 mg | 500 mg                  | 1/1/2023             | N/A                  | cefepime for injection and dextrose injection for intravenous use (B. Braun)   | <p>Indicated in the treatment of the following infections caused by susceptible strains of the designated microorganisms:</p> <ul style="list-style-type: none"> <li>• Pneumonia</li> <li>• Empiric therapy for febrile neutropenic patients</li> <li>• Uncomplicated and complicated urinary tract infections</li> <li>• Uncomplicated skin and skin structure infections</li> <li>• Complicated intra-abdominal infections (used in combination with metronidazole)</li> </ul> <p>To reduce the development of drug-resistant bacteria and maintain the effectiveness of Cefepime for Injection and Dextrose Injection and other antibacterial drugs, Cefepime for Injection and Dextrose Injection should be used only to treat or prevent infections that are proven or strongly suspected to be caused by bacteria.</p>   | 120                            | Indication Specific Age Restrictions (see comments) | N/A         | N/A                 | Y            | Y                         | <p>Indication-specific age restrictions:</p> <ul style="list-style-type: none"> <li>• Complicated intra-abdominal infections: 17 years of age and older</li> <li>• All other indications: 2 months of age and older</li> </ul> | 12/12/2022         |

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|-------------|------------|---|-------------------------|----------------------|------------|---|--|--------------------------------|---|-------------|---------------------|--------------|---------------------------|---|--------------------|
| 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:<br>• Community-acquired bacterial pneumonia (CABP) in adult and pediatric patients 2 months of age and older<br>• Acute bacterial skin and skin structure infections (ABSSSI) in adult and pediatric patients (at least 34 weeks gestational age and 12 days postnatal age)  | 1,680                          | Indication Specific Age Restrictions (see comments) | N/A         | N/A                 | Y            | Y                         | Indication specific:<br>CABP: 2 months of age and older<br>ABSSSI: 34 weeks gestational age and 12 days postnatal age and older | 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:<br>• Lower Respiratory Tract Infections: including pneumonia, caused by Pseudomonas aeruginosa and other Pseudomonas spp.; Haemophilus influenzae, including ampicillin-resistant strains; Klebsiella spp.; Enterobacter spp.; Proteus mirabilis; Escherichia coli; Serratia spp.; Citrobacter spp.; Streptococcus pneumoniae; and Staphylococcus aureus (methicillin-susceptible strains).<br>• Skin and Skin-Structure Infections: caused by Pseudomonas aeruginosa; Klebsiella spp.; Escherichia coli; | 372                            | N/A   | N/A         | N/A                 | Y            | Y                         |   | 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  | Indicated for the treatment of the following infections caused by designated susceptible Gram-negative microorganisms in adult and pediatric patients (at least 31 weeks gestational age):<br>• Complicated Intra-abdominal Infections (cIAI), used in combination (an with metronidazole<br>• Complicated Urinary Tract Infections (cUTI), including Pyelonephritis<br>• Hospital-acquired Bacterial Pneumonia and Ventilator-associated Bacterial Pneumonia (HABP/VABP)  | 168                            | 31 weeks gestational age                            | N/A         | N/A                 | Y            | Y                         |   | 2/27/2024          |
| 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) <sup>2</sup> (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                 | 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:<br>• 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.<br>• Treatment of adults with moderately to severely active rheumatoid arthritis.<br>• Treatment of adult patients with active psoriatic arthritis.   | 1,200                          | 18 years  | N/A         | N/A                 | Y            | Y                         |   | 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  | Indicated for:<br>• 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.<br>• Serious infections caused by susceptible strains in accordance with the concepts expressed in the package insert.   | 217                            | N/A   | N/A         | N/A                 | Y            | Y                         |   | 10/4/2018          |

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|-----------|------------|---|-------------------------|----------------------|--------------------|--|---|--------------------------------|-------------|-------------|---------------------|--------------|---------------------------|--|--------------------|
| Biologics | J0725      | Injection, chorionic gonadotropin, per 1,000 USP units  | 1,000 USP units         | 1/1/2000             | Novarel®, Pregnyl® | chorionic gonadotropin for injection                                       | Indicated for:<br>• 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 orchiopexy 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.<br>• Selected cases of hypogonadotropic hypogonadism (hypogonadism secondary to a pituitary deficiency) in males.<br>• 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. | 60                             | 4 years     | N/A         | N/A                 | Y            | Y                         |  | 6/19/2023          |
| Drugs     | J0735      | Injection, clonidine hydrochloride, 1 mg  | 1 mg                    | 1/1/2000             | Duraclon®          | 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                   | N/A         | N/A         | N/A                 | Y            | Y                         | Maximum daily and monthly doses are individualized and patient specific. | 10/4/2018          |
| Drugs     | J0739      | Injection, cabotegravir, 1 mg, FDA approved prescription, only for use as HIV pre-exposure prophylaxis (not for | 1 mg                    | 1/1/2000             | Apretude           | cabotegravir extended-release injectable suspension, for intramuscular use | Indicated in at-risk adults and adolescents weighing at least 35 kg for PrEP to reduce the risk of sexually acquired HIV-1 infection.   | 1,200                          | 12 years    | N/A         | N/A                 | Y            | Y                         |  | 1/4/2024           |
| 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).  | 6                              | 18 years    | N/A         | N/A                 | Y            | Y                         |  | 9/27/2018          |
| Drugs     | J0741      | Injection, cabotegravir and rilpivirine, 2mg/3mg  | 2 mg/3 mg               | 10/1/2021            | Cabenuva™          | cabotegravir extended-release injectable suspension,                       | Indicated as a complete regimen for the treatment of HIV-1 infection in adults and adolescents 12 years of age and older and weighing at least 35 kg to replace the current antiretroviral regimen in those who are indicated in patients 18 years of age and older who have limited or no alternative treatment options, for the treatment of the following infections caused by susceptible gram-negative bacteria:<br>• Complicated urinary tract infections, including pyelonephritis (UTI)<br>• Complicated intra-abdominal infections (cIAI)<br>• Hospital-acquired bacterial pneumonia and ventilator-associated bacterial pneumonia (HABP/VABP)<br><br>To reduce the development of drug-resistant bacteria and maintain the effectiveness of Recarbrio and   | 600                            | 12 years    | N/A         | N/A                 | Y            | Y                         |  | 4/21/2022          |
| Drugs     | J0742      | Injection, imipenem 4 mg, cilastatin 4 mg and relebactam 2 mg   | 10 mg                   | 7/1/2020             | Recarbrio™         | imipenem, cilastatin, and relebactam for injection, for intravenous use    | Indicated for the treatment of the following serious infections caused by designated susceptible bacteria:<br>• Lower respiratory tract infections<br>• Urinary tract infections<br>• Intra-abdominal infections<br>• Gynecologic infections<br>• Bacterial septicemia<br>• Bone and joint infections<br>• Skin and skin structure infections<br>• Endocarditis<br>Limitations of Use:<br>• Not indicated in patients with meningitis because safety and efficacy have not been established.  | 7,000                          | 18 years    | N/A         | N/A                 | Y            | Y                         |  | 7/28/2020          |
| 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:<br>• Lower respiratory tract infections<br>• Urinary tract infections<br>• Intra-abdominal infections<br>• Gynecologic infections<br>• Bacterial septicemia<br>• Bone and joint infections<br>• Skin and skin structure infections<br>• Endocarditis<br>Limitations of Use:<br>• Not indicated in patients with meningitis because safety and efficacy have not been established.  | 496                            | N/A         | N/A         | N/A                 | Y            | Y                         |  | 9/27/2018          |
| Drugs     | J0744      | Injection, ciprofloxacin for intravenous infusion, 200 mg   | 200 mg                  | 1/1/2002             | Cipro IV®          | ciprofloxacin injection for intravenous use                                | Indicated in adults (≥ 18 years of age) with the following infections caused by designated, susceptible bacteria and in pediatric patients where indicated:<br>• Skin and skin structure infections<br>• Bone and joint infections<br>• Complicated intra-abdominal infections<br>• Nosocomial pneumonia<br>• Empirical therapy for febrile neutropenic patients<br>• Inhalational anthrax, post-exposure in adult and pediatric patients<br>• Plaque in adult and pediatric patients<br>• Chronic bacterial prostatitis<br>• Lower respiratory tract infections<br>- Acute exacerbation of chronic bronchitis<br>• Urinary tract infections:<br>- Urinary tract infections (UTI)<br>- Complicated UTI and pyelonephritis in pediatric patients<br>• Acute sinusitis  | 186                            | N/A         | N/A         | N/A                 | Y            | Y                         |  | 4/9/2019           |

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|-----------|------------|--|-------------------------|----------------------|--------------------------|---|--|--------------------------------|-------------|-------------|---------------------|--------------|---------------------------|----------|--------------------|
| 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. | 124                            | N/A         | N/A         | N/A                 | Y            | Y                         |          | 6/4/2019           |
| Biologics | J0775      | Injection, collagenase, clostridium histolyticum, 0.01 mg    | 0.01 mg                 | 1/1/2011             | Xiaflex®                 | collagenase clostridium histolyticum  | • Treatment of adult patients with Dupuytren's contracture with a palpable cord.<br>• 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.  | 360                            | 18 years    | N/A         | N/A                 | Y            | Y                         |          | 6/6/2019           |
| 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.   | 124                            | 2 years     | N/A         | N/A                 | Y            | Y                         |          | 8/24/2018          |
| Biologics | J0791      | Injection, crizanlizumab-tmca, 5 mg                          | 5 mg                    | 7/1/2020             | 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.   | 280                            | 16 years    | N/A         | N/A                 | Y            | Y                         |          | 6/17/2020          |
| Drugs     | J0801      | Injection, corticotropin (acthar gel), up to 40 units        | up to 40 units          | 10/1/2023            | H.P. Acthar® Gel         | repository corticotropin injection, gel for intramuscular or  | • Indicated as monotherapy for the treatment of infantile spasms in infants and children under 2 years of age.<br>• Indicated for the treatment of exacerbations of multiple sclerosis in adults.  | 63                             | N/A         | N/A         | N/A                 | Y            | Y                         |          | 9/28/2023          |
| Drugs     | J0802      | Injection, corticotropin (ani), up to 40 units               | up to 40 units          | 10/1/2023            | Purified Cortrophin® Gel | repository corticotropin injection USP  | Indicated in the following disorders:<br>1. Rheumatic disorders: As adjunctive therapy for short-term administration (to tide the patient over an acute episode or exacerbation) in:<br>• Psoriatic arthritis.<br>• Rheumatoid arthritis, including juvenile rheumatoid arthritis (selected cases may require low-dose   | 63                             | N/A         | N/A         | N/A                 | Y            | Y                         |          | 9/28/2023          |
| 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                              | N/A         | N/A         | N/A                 | Y            | Y                         |          | 2/4/2019           |
| Biologics | J0840      | Injection, crotalidae polyvalent immune fab (Ovine), up to 1 | up to 1 g (1 vial)      | 1/1/2012             | CrOfab®                  | crotalidae polyvalent immune fab (ovine) lyophilized  | 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  | N/A                            | N/A         | N/A         | N/A                 | Y            | N                         |          | 1/4/2019           |
| Biologics | 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                 | Y            | Y                         |          | 12/28/2018         |

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| Drugs    | J0873      | Injection, daptomycin (xellia) not therapeutically equivalent to J0878, 1 mg   | 1 mg                    | 1/1/2024             | N/A        | daptomycin for injection, for intravenous use (Xellia)                | <p>Daptomycin for Injection is a lipopeptide antibacterial indicated for the treatment of:</p> <ul style="list-style-type: none"> <li>• Complicated skin and skin structure infections (cSSSI) in adult and pediatric patients (1 to 17 years of age) and,</li> <li>• Staphylococcus aureus bloodstream infections (bacteremia), in adult patients including those with right-sided infective endocarditis,</li> <li>• Staphylococcus aureus bloodstream infections (bacteremia) in pediatric patients (1 to 17 years of age).</li> </ul> <p>Limitations of Use:</p> <ul style="list-style-type: none"> <li>• Daptomycin for Injection is not indicated for the treatment of pneumonia.</li> <li>• Daptomycin for Injection is not indicated for the treatment of left-sided infective endocarditis due to <i>S. aureus</i>.</li> <li>• Daptomycin for Injection 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 dogs.</li> </ul> <p>To reduce the development of drug-resistant bacteria and maintain the effectiveness of Daptomycin for Injection and other antibacterial drugs, Daptomycin for Injection should be used to treat or prevent infections that are proven or strongly suspected to be caused by bacteria.</p>   | 26,350                         | 1 year      | N/A         | N/A                 | Y            | Y                         |          | 12/22/2023         |
| Drugs    | J0874      | Injection, daptomycin (baxter), not therapeutically equivalent to J0878, 1 mg  | 1 mg                    | 10/1/2023            | N/A        | daptomycin in sodium chloride injection, for intravenous use (Baxter) | <p>Indicated for the treatment of:</p> <ul style="list-style-type: none"> <li>• Complicated skin and skin structure infections (cSSSI) in adult and pediatric patients (1 to 17 years of age) for whom appropriate dosing can be achieved and,</li> <li>• Staphylococcus aureus bloodstream infections (bacteremia), in adult patients for whom appropriate dosing can be achieved, including those with right-sided infective endocarditis,</li> <li>• Staphylococcus aureus bloodstream infections (bacteremia) in pediatric patients (1 to 17 years of age) for whom appropriate dosing can be achieved.</li> </ul> <p>Limitations of Use:</p> <ul style="list-style-type: none"> <li>• Daptomycin in Sodium Chloride Injection is not indicated for the treatment of pneumonia.</li> <li>• Daptomycin in Sodium Chloride Injection is not indicated for the treatment of left-sided infective endocarditis due to <i>S. aureus</i>.</li> <li>• Daptomycin in Sodium Chloride Injection 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 dogs.</li> </ul> <p>To reduce the development of drug-resistant bacteria and maintain the effectiveness of Daptomycin in Sodium Chloride Injection and other antibacterial drugs, Daptomycin in Sodium Chloride Injection should be used to treat or prevent infections that are proven or strongly suspected to be caused by bacteria.</p> | 31,000                         | 1 year      | N/A         | N/A                 | Y            | Y                         |          | 9/28/2023          |
| Drugs    | J0875      | Injection, dalbavancin, 5 mg   | 5 mg                    | 1/1/2016             | Dalvance®  | dalbavancin for injection, for intravenous use                        | <p>Indicated for the treatment of:</p> <ul style="list-style-type: none"> <li>- adult patients with acute bacterial skin and skin structure infections (ABSSSI) caused by designated susceptible strains of Gram-positive microorganisms.</li> <li>- pediatric patients with acute bacterial skin and skin structure infections (ABSSSI) caused by designated susceptible strains of Gram-positive microorganisms.</li> </ul>  | 300                            | N/A         | N/A         | N/A                 | Y            | Y                         |          | 8/25/2021          |
| Drugs    | J0877      | Injection, daptomycin (hospira), not therapeutically equivalent to J0878, 1 mg | 1 mg                    | 1/1/2023             | N/A        | daptomycin for injection, for intravenous use (Hospira)               | <p>Indicated for the treatment of:</p> <ul style="list-style-type: none"> <li>• Complicated skin and skin structure infections (cSSSI) in adult patients</li> <li>• Staphylococcus aureus bloodstream infections (bacteremia), in adult patients including those with right-sided infective endocarditis</li> </ul> <p>Limitations of Use:</p> <ul style="list-style-type: none"> <li>• This Daptomycin for Injection product is not approved for use in pediatric patients.</li> <li>• Daptomycin for Injection is not indicated for the treatment of pneumonia.</li> <li>• Daptomycin for Injection is not indicated for the treatment of left-sided infective endocarditis due to <i>S. aureus</i>.</li> <li>• Daptomycin for Injection 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 dogs.</li> </ul> <p>To reduce the development of drug-resistant bacteria and maintain the effectiveness of Daptomycin for Injection and other antibacterial drugs, Daptomycin for Injection should be used to treat or prevent infections that are proven or strongly suspected to be caused by bacteria.</p>   | 26,350                         | 18 years    | N/A         | N/A                 | Y            | Y                         |          | 12/12/2022         |
| Drugs    | J0878      | Injection, daptomycin, 1 mg  | 1 mg                    | 1/1/2005             | Cubicin®   | daptomycin injection, for intravenous use                             | <p>Indicated for the treatment of:</p> <ul style="list-style-type: none"> <li>- Complicated skin and skin structure infections (cSSSI) in adult and pediatric patients (1 to 17 years of age).</li> <li>- Staphylococcus aureus bloodstream infections (bacteremia), in adult patients including those with right-sided infective endocarditis.</li> <li>- Indicated for the treatment of Staphylococcus aureus bloodstream infections (bacteremia) in pediatric patients (1 to 17 years of age).</li> </ul> <p>Limitations of Use:</p> <ul style="list-style-type: none"> <li>- Cubicin is not indicated for the treatment of pneumonia.</li> <li>- Cubicin is not indicated for the treatment of left-sided infective endocarditis due to <i>S. aureus</i>.</li> <li>- 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 dogs.</li> </ul>  | 26,040                         | 1 year      | N/A         | N/A                 | Y            | Y                         |          | 10/4/2018          |

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|-------------|------------|---|-------------------------|----------------------|-------------------|--|---|--------------------------------|---|-------------|---------------------|--------------|---------------------------|--|--------------------|
| Drugs       | J0879      | Injection, difelikefalin, 0.1 microgram, (for esrd on dialysis) | 0.1 mcg                 | 4/1/2002             | Korsuva™          | difelikefalin injection, for intravenous use   | Indicated for the treatment of moderate-to-severe pruritus associated with chronic kidney disease (CKD-aP) in adults undergoing hemodialysis (HD).<br><br>Limitation of Use: Korsuva has not been studied in patients on peritoneal dialysis and is not recommended for use in this population.   | 19,500                         | 18 years  | N/A         | N/A                 | Y            | Y                         |  | 4/21/2022          |
| 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:<br>• Chronic Kidney Disease (CKD) in patients on dialysis and patient not on dialysis.<br>• The effects of concomitant myelosuppressive chemotherapy, and upon initiation, there is a minimum of two additional months of planned chemotherapy.<br><br>Limitations of Use: Aranesp has not been shown to improve quality of life, fatigue, or patient well-being.<br><br>Aranesp is not indicated for use:<br>• In patients with cancer receiving hormonal agents, biologic products, or radiotherapy, unless also receiving concomitant myelosuppressive chemotherapy.<br>• In patients with cancer receiving myelosuppressive chemotherapy when the anticipated outcome is cure.<br>• In patients with cancer receiving myelosuppressive chemotherapy in whom the anemia can be managed by transfusion.<br>• As a substitute for RBC transfusions in patients who require immediate correction of anemia.   | 1,575                          | Indication Specific Age Restrictions (see comments) | N/A         | N/A                 | Y            | Y                         | Indication specific age restrictions:<br>• CKD: None<br>• Cancer: 18 years of age and older  | 4/10/2019          |
| Biologicals | J0882      | Injection, darbepoetin alfa, 1 microgram (for ESRD on dialysis) | 1 mcg                   | 1/1/2006             | Aranesp®          | darbepoetin alfa injection, for intravenous or subcutaneous use (ESRD use on dialysis)                         | Indicated for the treatment of anemia due to:<br>• Chronic Kidney Disease (CKD) in patients on dialysis and patients not on dialysis.<br>• The effects of concomitant myelosuppressive chemotherapy, and upon initiation, there is a minimum of two additional months of planned chemotherapy.<br><br>Limitations of Use: Aranesp has not been shown to improve quality of life, fatigue, or patient well-being.<br><br>Aranesp is not indicated for use:<br>• In patients with cancer receiving hormonal agents, biologic products, or radiotherapy, unless also receiving concomitant myelosuppressive chemotherapy.<br>• In patients with cancer receiving myelosuppressive chemotherapy when the anticipated outcome is cure.<br>• In patients with cancer receiving myelosuppressive chemotherapy in whom the anemia can be managed by transfusion.<br>• As a substitute for RBC transfusions in patients who require immediate correction of anemia.  | 315                            | N/A   | N/A         | N/A                 | Y            | Y                         |  | 4/10/2019          |
| Biologicals | J0885      | Injection, epoetin alfa, (for non-ESRD use), 1000 units         | 1,000 units             | 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<br>- Chronic Kidney Disease (CKD) in patients on dialysis and not on dialysis.<br>- Zidovudine in patients with HIV-infection.<br>- The effects of concomitant myelosuppressive chemotherapy, and upon initiation, there is a minimum of two additional months of planned chemotherapy.<br>• Reduction of allogeneic RBC transfusions in patients undergoing elective, noncardiac, nonvascular surgery.<br><br>Limitations of Use: Epoetin alfa has not been shown to improve quality of life, fatigue, or patient well-being.<br><br>Not indicated for use:<br>• In patients with cancer receiving hormonal agents, biologic products, or radiotherapy, unless also receiving concomitant myelosuppressive chemotherapy.<br>• In patients with cancer receiving myelosuppressive chemotherapy when the anticipated outcome is cure.<br>• In patients with cancer receiving myelosuppressive chemotherapy in whom the anemia can be managed by transfusion.<br>• In patients scheduled for surgery who are willing to donate autologous blood.<br>• In patients undergoing cardiac or vascular surgery.<br>• As a substitute for RBC transfusions in patients who require immediate correction of anemia. | 630                            | Indication Specific Age Restrictions (see comments) | N/A         | N/A                 | Y            | Y                         | Indication specific age restrictions:<br>• CKD not on dialysis: 1 month of age and older<br>• Anemia due to concomitant myelosuppressive chemotherapy: 5 years of age and older<br>• Zidovudine-treated, anemia, patients with HIV infection: 8 months and older | 1/12/2022          |
| Biologicals | J0887      | Injection, epoetin beta, 1 microgram, (for ESRD on dialysis)    | 1 mcg                   | 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:<br>• adult patients on dialysis and adult patients not on dialysis.<br>• 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.<br><br>Limitations of Use:<br>Mircera is not indicated and is not recommended for use:<br>• In the treatment of anemia due to cancer chemotherapy<br>• As a substitute for RBC transfusions in patients who require immediate correction of anemia.<br>Mircera has not been shown to improve quality of life, fatigue, or patient well-being.  | 720                            | 5 years   | N/A         | N/A                 | Y            | Y                         |  | 10/10/2018         |

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|-----------|------------|--|-------------------------|----------------------|-----------------|--|--|--------------------------------|---|-------------|---------------------|--------------|---------------------------|---|--------------------|
| Biologics | J0888      | Injection, epoetin beta, 1 microgram, (for non-ESRD use)                         | 1 mcg                   | 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:<br>• Adult patients on dialysis and adult patients not on dialysis.<br>• 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.<br><br>Limitations of Use:<br>Mircera is not indicated and is not recommended for use:<br>• In the treatment of anemia due to cancer chemotherapy.<br>• As a substitute for RBC transfusions in patients who require immediate correction of anemia.<br>Mircera has not been shown to improve quality of life, fatigue, or patient well-being.  | 720                            | 18 years  | N/A         | N/A                 | Y            | Y                         |   | 9/14/2021          |
| Drugs     | J0893      | Injection, decitabine (sun pharma) not therapeutically equivalent to J0894, 1 mg | 1 mg                    | 1/1/2023             | N/A             | decitabine for injection, for intravenous use (Sun Pharma)   | Indicated for treatment of adult patients with myelodysplastic syndromes (MDS) including previously treated and untreated, de novo and secondary MDS of all French-American-British subtypes (refractory anemia, refractory anemia with ringed 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.  | 450                            | 18 years  | N/A         | N/A                 | Y            | Y                         |   | 12/6/2022          |
| Drugs     | J0894      | Injection, decitabine, 1 mg  | 1 mg                    | 1/1/2007             | 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 (refractory anemia, refractory anemia with ringed 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.  | 450                            | 18 years  | N/A         | N/A                 | Y            | Y                         |   | 10/4/2018          |
| Drugs     | J0895      | Injection, deferoxamine mesylate, 500 mg   | 500 mg                  | 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.  | 372                            | 3 years   | N/A         | N/A                 | Y            | Y                         |   | 10/4/2018          |
| Biologics | J0896      | Injection, lusparcept-aamt, 0.25 mg  | 0.25 mg                 | 7/1/2020             | Reblozyl*       | lusparcept-aamt for injection, for subcutaneous use  | Indicated for the treatment of:<br>• anemia in adult patients with beta thalassemia who require regular red blood cell (RBC) transfusions.<br>• anemia failing an erythropoiesis stimulating agent and requiring 2 or more RBC units over 8 weeks in adult patients with very low- to intermediate-risk myelodysplastic syndromes with ring sideroblasts (MDS-RS) or with myelodysplastic/myeloproliferative neoplasm with ring sideroblasts and thrombocytosis (MDS/MPN-RS-T).<br>• anemia without previous erythropoiesis stimulating agent use (ESA-naïve) in adult patients with very low- to intermediate-risk myelodysplastic syndromes (MDS) who may require regular red blood cell (RBC) transfusions.<br><br>Limitations of Use:<br>Reblozyl is not indicated for use as a substitute for RBC transfusions in patients who require immediate correction of anemia.  | 2,000                          | 18 years  | N/A         | N/A                 | Y            | Y                         |   | 9/28/2023          |
| Biologics | J0897      | Injection, denosumab, 1 mg (Xgeva, Prolia)                                       | 1 mg                    | 1/1/2012             | Prolia®, Xgeva® | denosumab injection, for subcutaneous use  | Prolia<br>Indicated for:<br>• The treatment in postmenopausal women with osteoporosis at high risk for fracture<br>• The treatment to increase bone mass in men with osteoporosis at high risk for fracture<br>• The treatment to increase bone mass in men at high risk for fracture receiving androgen deprivation therapy for nonmetastatic prostate cancer<br>• The treatment to increase bone mass in women at high risk for fracture receiving adjuvant aromatase inhibitor therapy for breast cancer.<br>• The treatment of glucocorticoid-induced osteoporosis in men and women at high risk for fracture.<br><br>Xgeva<br>Indicated for:<br>• The prevention of skeletal-related events in patients with multiple myeloma and in patients with bone metastases from solid tumors<br>• 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<br>• The treatment of hypercalcemia of malignancy refractory to bisphosphonate therapy | 360                            | Indication Specific Age Restrictions (see comments) | N/A         | N/A                 | Y            | Y                         | Product/indication specific age restrictions:<br>• Prolia: 18 years of age and older<br>• Xgeva: Indication specific.<br>o Giant cell tumor of bone: Only use in skeletally mature adolescents.<br>o All other indications: 18 years of age and older | 10/31/2018         |
| Drugs     | J1000      | Injection, depo-estradiol cypionate, up to 5 mg                                  | up to 5 mg              | 1/1/2000             | Depo®-Estradiol | estradiol cypionate injection  | Indicated in the treatment of hypopituitarism caused by hypogonadism and moderate to severe vasomotor symptoms associated with the menopause.  | 2                              | 18 years  | N/A         | Females Only        | Y            | Y                         |   | 10/4/2018          |



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|----------|------------|---|-------------------------|----------------------|---------------------|--|---|--------------------------------|---|-------------|---------------------|--------------|---------------------------|--|--------------------|
| Drugs    | J1010      | Injection, methylprednisolone acetate, 1 mg   | 1 mg                    | 4/1/2024             | Depo-Medrol®        | methylprednisolone acetate injection, suspension, USP  | Indicated as follows when the oral route is not feasible:<br>Intramuscular Administration<br>• 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, serum sickness, transfusion reactions.<br>• Dermatologic Diseases: Bullous dermatitis herpetiformis, exfoliative dermatitis, mycosis fungoides, pemphigus, severe erythema multiforme (Stevens-Johnson syndrome).<br>• 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.<br>• Gastrointestinal Diseases: To tide the patient over a critical period of the disease in regional enteritis (systemic therapy) and ulcerative colitis.<br>• Hematologic Disorders: Acquired (autoimmune) hemolytic anemia, congenital (erythroid) hypoplastic anemia (Diamond Blackfan anemia), pure red cell aplasia, select cases of secondary thrombocytopenia.<br>• Miscellaneous: Trichinosis with neurologic or myocardial involvement, tuberculous meningitis with subarachnoid block or impending block when used concurrently with appropriate antituberculous chemotherapy.<br>• Neoplastic Diseases: For palliative management of: leukemias and lymphomas.<br>• Nervous System: Acute exacerbations of multiple sclerosis; cerebral edema associated with primary or metastatic brain tumor or craniotomy.<br>• Ophthalmic Diseases: Sympathetic ophthalmia, temporal arteritis, uveitis, ocular inflammatory conditions unresponsive to topical corticosteroids.<br>• Renal Diseases: To induce diuresis or remission of proteinuria in idiopathic nephrotic syndrome, or that due to lupus erythematosus.<br>• Respiratory Diseases: Berylliosis, fulminating or disseminated pulmonary tuberculosis when used concurrently with appropriate antituberculous chemotherapy, idiopathic eosinophilic pneumonias, <del>cryptosporidiosis</del> . | 800                            | N/A   | N/A         | N/A                 | Y            | Y                         |  | 3/22/2024          |
| 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.   | 5,000                          | Indication Specific Age Restrictions (see comments) | N/A         | N/A                 | Y            | Y                         | Indication specific age restrictions:<br>• Endometrial and renal carcinoma: 18 years and older<br>• Prevention of pregnancy: Use after menarche. | 10/26/2018         |
| 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.<br>1. Primary hypogonadism (congenital or acquired)-testicular failure due to cryptorchidism, bilateral torsion, orchitis, vanishing testis syndrome; or orchidectomy.<br>2. Hypogonadotropic hypogonadism (congenital or acquired)- gonadotropin or LHRH deficiency, or pituitary-hypothalamic injury from tumors, trauma, or radiation.<br><br>Safety and efficacy of Depo-Testosterone (testosterone cypionate) in men with "age-related hypogonadism" (also referred to as "late-onset hypogonadism") have not been established.  | 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                                | Indicated for the treatment of postoperative inflammation.  | 1,034                          | 18 years  | N/A         | N/A                 | Y            | Y                         |  | 3/26/2019          |
| 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:<br>• The treatment of ocular inflammation and pain following ophthalmic surgery.<br>• The treatment of ocular itching associated with allergic conjunctivitis.   | 8                              | 18 years  | N/A         | N/A                 | Y            | Y                         |  | 11/17/2021         |
| 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.  | 8                              | N/A   | N/A         | N/A                 | Y            | Y                         |  | 9/27/2019          |

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|----------|------------|--|-------------------------|----------------------|--------------------|--|--|--------------------------------|---|-------------|--|--------------|---------------------------|--|--------------------|
| 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 feasible 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:<br><ul style="list-style-type: none"> <li>• 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), Acute adrenocortical insufficiency (hydrocortisone or cortisone is the drug of choice; mineralocorticoid supplementation may be necessary, particularly when synthetic analogs are used), Preoperatively, 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 thyroiditis, Hypercalcemia associated with cancer.</li> <li>• Rheumatic 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 bursitis, epicondylitis, acute nonspecific tenosynovitis, acute gouty arthritis, psoriatic arthritis, and ankylosing spondylitis.</li> <li>• Collagen Diseases: During an exacerbation or as maintenance therapy in selected cases of systemic lupus erythematosus and acute rheumatic carditis.</li> <li>• Dermatologic Diseases: Pemphigus, severe erythema multiforme (Stevens-Johnson Syndrome), exfoliative dermatitis, bullous dermatitis herpetiformis, severe seborrheic dermatitis, severe psoriasis, and mycosis fungoides.</li> <li>• Allergic States: control of severe or incapacitating allergic conditions intractable to adequate trials of conventional treatment in bronchial asthma, contact dermatitis, atopic dermatitis, serum sickness, seasonal or perennial allergic rhinitis, drug hypersensitivity reactions, urticarial transfusion reactions, acute noninfectious laryngeal edema (epinephrine is the drug of first choice).</li> <li>• Ophthalmic Diseases: severe acute and chronic allergic and inflammatory processes involving the eye, such as severe acute ophthalmic allergic reactions, severe allergic conjunctivitis, severe allergic keratitis, and severe allergic uveitis.</li> </ul> | 310                            | N/A   | N/A         | N/A  | Y            | Y                         |  | 10/4/2018          |
| Drugs    | J1105      | Dexmedetomidine, oral, 1 mcg                     | 1 mcg                   | 1/1/2024             | Igalmi™            | dexmedetomidine sublingual film, for sublingual or buccal use                    | Indicated in adults for the acute treatment of agitation associated with schizophrenia or bipolar I or II disorder.<br><br>Limitations of Use:<br>The safety and effectiveness of Igalmi has not been established beyond 24 hours from the first dose.   | 1,800                          | 18 years  | N/A         | N/A  | Y            | Y                         |  | 12/22/2023         |
| Drugs    | J1110      | Injection, dihydroergotamine mesylate, per 1 mg  | 1 mg                    | 1/1/2000             | DHE 45*            | dihydroergotamine mesylate injection   | Indicated for the acute treatment of migraine headaches with or without aura and the acute treatment of cluster headache episodes.   | 30                             | 18 years  | N/A         | N/A  | Y            | Y                         |  | 10/10/2018         |
| Drugs    | J1120      | Injection, acetazolamide sodium, up to 500 mg    | up to 500 mg            | 1/1/2000             | Diamox®            | acetazolamide sodium injection, powder, lyophilized, for solution                | Indicated for the adjunctive treatment of:<br><ul style="list-style-type: none"> <li>• Edema due to congestive heart failure</li> <li>• Drug-induced edema</li> <li>• Centrencephalic epilepsies (petit mal, unlocalized seizures)</li> <li>• Chronic simple (open-angle) glaucoma</li> <li>• Secondary glaucoma</li> <li>• Preoperatively in acute angle-closure glaucoma where delay of surgery is desired in order to lower intraocular pressure</li> </ul>   | 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:<br><ul style="list-style-type: none"> <li>• Treatment of mild to moderate heart failure in adults.</li> <li>• Increasing myocardial contractility in pediatric patients with heart failure. (Indication added to the portal 10/4/2018)</li> <li>• Control of resting ventricular rate in adults with chronic atrial fibrillation.</li> </ul>  | 35                             | Indication Specific Age Restrictions (see comments) | N/A         | N/A  | Y            | Y                         | Indication specific age restrictions:<br><ul style="list-style-type: none"> <li>• Mild to moderate heart failure and control of resting ventricular rate in chronic atrial fibrillation: 18 years of age and older</li> <li>• Increasing myocardial contractility: None</li> </ul> | 10/10/2018         |
| 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.  | 288                            | N/A   | N/A         | N/A  | Y            | Y                         |  | 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.<br><br>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]:<br><ul style="list-style-type: none"> <li>• Have not been tolerated, or are not expected to be tolerated</li> <li>• Have not provided adequate analgesia, or are not expected to provide adequate analgesia</li> </ul>   | 186                            | 18 years  | N/A         | N/A  | Y            | Y                         |  | 10/26/2018         |
| Drugs    | J1190      | Injection, dexrazoxane hydrochloride, per 250 mg | 250 mg                  | 1/1/2000             | Totect®, Zinecard® | 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/m <sup>2</sup> and who will continue to receive doxorubicin therapy to maintain tumor control. Do not use with doxorubicin initiation.<br><br>Totect: Indicated for the treatment of extravasation resulting from IV anthracycline chemotherapy.<br><ul style="list-style-type: none"> <li>• 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/m<sup>2</sup> and who will continue to receive doxorubicin therapy to maintain tumor control. Do not use Totect with doxorubicin initiation.</li> </ul>   | 20                             | 18 years  | N/A         | Zinecard: Females Only<br>Totect: Extravasation: N/A<br>Cardiomyopathy: Females only | Y            | Y                         |  | 12/28/2020         |

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| Drugs     | J1200      | Injection, diphenhydramine HCl, up to 50 mg     | 50 mg                   | 1/1/2000             | N/A        | diphenhydramine hydrochloride injection                      | 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:<br>• Antihistaminic: For 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, and for other uncomplicated allergic conditions of the immediate type when oral therapy is impossible or contraindicated.<br>• Motion Sickness: For active treatment of motion sickness.<br>• 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.      | 248                            | Indication Specific Age Restrictions (see comments) | N/A         | N/A                 | Y            | Y                         | Contraindicated in newborns or premature infants. | 10/4/2018          |
| Drugs     | J1202      | Miglustat, oral, 65 mg                          | 65 mg                   | 4/1/2024             | Opfolda™   | miglustat capsules, for oral use                             | Miglustat capsule is indicated, in combination with Pombiliti, for the treatment of adult patients with late-onset Pompe disease (lysosomal acid alpha-glucosidase [GAA] deficiency) weighing ≥40 kg and who are not improving on their current enzyme replacement therapy (ERT).   | 12                             | 18 years  | N/A         | N/A                 | Y            | Y                         |   | 3/22/2024          |
| Biologics | J1203      | Injection, cipaglusosidase alfa-atga, 5 mg      | 5 mg                    | 4/1/2024             | Pombiliti™ | cipaglusosidase alfa-atga for injection, for intravenous use | Indicated, in combination with Opfolda, an enzyme stabilizer, for the treatment of adult patients with late-onset Pompe disease (lysosomal acid alpha-glucosidase [GAA] deficiency) weighing ≥40 kg and who are not improving on their current enzyme replacement therapy (ERT).  | 1,701                          | 18 years  | N/A         | N/A                 | Y            | Y                         |   | 3/22/2024          |
| 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.  | 100                            | 18 years  | N/A         | N/A                 | Y            | Y                         |   | 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.  | 3                              | N/A   | N/A         | N/A                 | Y            | Y                         |   | 10/4/2018          |
| Drugs     | J1230      | Injection, methadone HCl, up to 10 mg           | up to 10 mg             | 1/1/2000             | N/A        | methadone hydrochloride injection                            | Indicated for:<br>• The management of pain severe enough to require an opioid analgesic and for which alternative treatment options are inadequate.<br>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):<br>○ Have not been tolerated, or are not expected to be tolerated.<br>○ Have not provided adequate analgesia, or not expected to provide adequate analgesia.<br>• Use in temporary treatment of opioid dependence in patients unable to take oral medication.<br>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. | 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.  | 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.<br>Indicated:<br>• 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.<br>• In patients who have atrial fibrillation with rapid ventricular response, a digitalis preparation should be used prior to institution of therapy with dobutamine.   | 6                              | 18 years  | N/A         | N/A                 | Y            | Y                         |   | 6/10/2019          |
| Drugs     | J1250      | Injection, dobutamine hydrochloride, per 250 mg | 250 mg                  | 1/1/2000             | N/A        | dobutamine injection   | 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.  | 930                            | 18 years  | N/A         | N/A                 | Y            | Y                         |   | 10/4/2018          |
| Drugs     | J1265      | Injection, dopamine hydrochloride, 40 mg        | 40 mg                   | 1/1/2006             | N/A        | dopamine hydrochloride                                       | Indicated for the treatment of secondary hyperparathyroidism in adult patients with chronic kidney disease on dialysis.   | 6,355                          | 18 years  | N/A         | N/A                 | Y            | Y                         |   | 10/4/2018          |
| Drugs     | J1270      | Injection, doxercalciferol, 1 mcg               | 1 mcg                   | 1/1/2002             | Hectorol®  | doxercalciferol injection                                    | Indicated for the treatment of acute attacks of hereditary angioedema in patients 12 years of age and older.  | 90                             | 18 years  | N/A         | N/A                 | Y            | Y                         |   | 10/4/2018          |
| Drugs     | J1290      | Injection, ecallantide, 1 mg                    | 1 mg                    | 1/1/2011             | Kalitor®   | ecallantide injection for subcutaneous use                   | Indicated for treatment of acute attacks of hereditary angioedema in patients 12 years of age and older.  | 120                            | 12 years  | N/A         | N/A                 | Y            | Y                         |   | 10/10/2018         |

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| Biologics | J1300      | Injection, eculizumab, 10 mg        | 10 mg                   | 1/1/2008             | Soliris*         | eculizumab injection, for intravenous use                | Indicated for:<br>• Treatment of patients with paroxysmal nocturnal hemoglobinuria (PNH) to reduce hemolysis.<br>• Treatment of patients with atypical hemolytic uremic syndrome (aHUS) to inhibit complement-mediated thrombotic microangiopathy.<br>• Treatment of adult patients with generalized Myasthenia Gravis (gMG) who are anti-acetylcholine receptor (AChR) antibody positive.<br>• Treatment of neuromyelitis optica spectrum disorder (NMOSD) in adult patients who are anti-aquaporin-4 (AQP4) antibody positive.<br><br>Limitation of Use: Soliris is not indicated for the treatment of patients with Shiga toxin E. coli related hemolytic uremic syndrome (STEC-HUS).         | 480                            | Indication Specific Age Restrictions (see comments) | N/A         | N/A                 | Y            | Y                         | Indication specific age restrictions:<br>• PNH: 18 years of age and older<br>• aHUS: None<br>• Myasthenia Gravis: 18 years of age and older | 7/26/2019          |
| Drugs     | J1301      | Injection, edaravone, 1 mg          | 1 mg                    | 1/1/2019             | Radivava*        | edaravone injection, for intravenous use                 | Indicated for the treatment of amyotrophic lateral sclerosis (ALS).  | 1,020                          | 18 years  | N/A         | N/A                 | Y            | Y                         |   | 10/10/2018         |
| Biologics | J1302      | Injection, sutimlimab-jome, 10 mg   | 10 mg                   | 10/1/2022            | Enjaymo™         | sutimlimab-jome injection, for intravenous use           | Indicated for the treatment of hemolysis in adults with cold agglutinin disease (CAD).   | 2,310                          | 18 years  | N/A         | N/A                 | Y            | Y                         |   | 2/23/2023          |
| Biologics | J1303      | Injection, ravulizumab-cwvz, 10 mg  | 10 mg                   | 10/1/2019            | Ultomiris™       | ravulizumab-cwvz injection, for intravenous use          | Indicated for:<br>- the treatment of adult and pediatric patients one month of age and older with paroxysmal nocturnal hemoglobinuria (PNH).<br>- 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).<br>Limitations of Use:<br>Ultomiris is not indicated for the treatment of patients with Shiga toxin E. coli related hemolytic uremic syndrome (STEC-HUS).<br>- the treatment of adult patients with generalized myasthenia gravis (gMG) who are anti-acetylcholine receptor (AChR) antibody-positive.  | 660                            | Indication Specific Age Restrictions (see comments) | N/A         | N/A                 | Y            | Y                         | PNH and aHUS: 1 month of age and older<br>gMG: 18 years of age and older  | 5/9/2022           |
| Drugs     | J1304      | Injection, tofersen, 1 mg           | 1 mg                    | 1/1/2024             | Qalsody™         | tofersen injection, for intrathecal use                  | Indicated for the treatment of amyotrophic lateral sclerosis (ALS) in adults who have a mutation in the superoxide dismutase 1 (SOD1) gene.  | 300                            | 18 years  | N/A         | N/A                 | Y            | Y                         |   | 12/22/2023         |
| Biologics | J1305      | Injection, evinacumab-dgnb, 5mg     | 5 mg                    | 10/1/2021            | Evkeeza™         | evinacumab-dgnb injection, for intravenous use           | Indicated as an adjunct to other low-density lipoprotein-cholesterol (LDL-C) lowering therapies for the treatment of adult and pediatric patients, aged 5 years and older, with homozygous familial hypercholesterolemia (HoFH).<br><br>Limitations of Use:<br>• The safety and effectiveness of Evkeeza have not been established in patients with other causes of hypercholesterolemia, including those with heterozygous familial hypercholesterolemia (HeFH).<br>• The effects of Evkeeza on cardiovascular morbidity and mortality have not been determined.  | 894                            | 5 years   | N/A         | N/A                 | Y            | Y                         |   | 4/25/2023          |
| Drugs     | J1306      | Injection, inclisiran, 1 mg         | 1 mg                    | 1/1/2000             | Leqvio*          | inclisiran injection, for subcutaneous use               | Indicated as an adjunct to diet and maximally tolerated statin therapy for the treatment of adults with heterozygous familial hypercholesterolemia (HeFH) or clinical atherosclerotic cardiovascular disease (ASCVD), who require additional lowering of low-density lipoprotein cholesterol (LDL-C).  | 284                            | 18 years  | N/A         | N/A                 | Y            | Y                         |   | 9/13/2023          |
| Biologics | J1322      | Injection, elosulfase alfa, 1 mg    | 1 mg                    | 1/1/2015             | Vimizim*         | elosulfase alfa injection, for intravenous use           | Indicated for patients with Mucopolysaccharidosis type IVA (MPS IVA; Morquio A syndrome).  | 1,400                          | 5 years   | N/A         | N/A                 | Y            | Y                         |   | 6/8/2019           |
| Biologics | J1323      | Injection, elranatamab-bcmm, 1 mg   | 1 mg                    | 4/1/2024             | Elexfio™         | elranatamab-bcmm injection, for subcutaneous use         | Indicated for the treatment of adult patients with relapsed or refractory multiple myeloma who have received at least four prior lines of therapy including a proteasome inhibitor, an immunomodulatory agent, and an anti-CD38 monoclonal antibody.   | 380                            | 18 years  | N/A         | N/A                 | Y            | Y                         |   | 4/12/2024          |
| Drugs     | J1325      | Injection, epoprostenol, 0.5 mg     | 0.5 mg                  | 1/1/2000             | Folan®, Veletri* | 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-IV symptoms and etiologies of idiopathic or heritable PAH (49%) or PAH associated with connective tissue diseases (51%).  | 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:<br>• Complicated intra-abdominal infections.<br>• Complicated skin and skin structure infections, including diabetic foot infections without osteomyelitis.<br>• Community-acquired pneumonia.<br>• Complicated urinary tract infections including pyelonephritis.<br>• Acute pelvic infections including postpartum endomyometritis, septic abortion and post surgical gynecologic infections.<br><br>Indicated in adults for the prophylaxis of surgical site infection following elective colorectal surgery. | 28                             | 3 months  | N/A         | N/A                 | Y            | Y                         |   | 10/10/2018         |

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| Drugs       | J1364      | Injection, erythromycin lactobionate, per 500 mg                 | 500 mg                  | 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.<br><ul style="list-style-type: none"> <li>• Upper respiratory tract infections of mild to moderate degree caused by Streptococcus pyogenes (Group A beta-hemolytic streptococci); Streptococcus pneumoniae (Diplococcus pneumoniae); Haemophilus influenzae (when used concomitantly with adequate doses of sulfonamides, since many strains of H. influenzae are not susceptible to the erythromycin concentrations ordinarily achieved).</li> <li>• Lower respiratory tract infections of mild to moderate severity caused by Streptococcus pyogenes (Group A beta-hemolytic streptococci); Streptococcus pneumoniae (Diplococcus pneumoniae).</li> <li>• Respiratory tract infections due to Mycoplasma pneumoniae.</li> <li>• Skin and skin structure infections of mild to moderate severity caused by Streptococcus pyogenes and Staphylococcus aureus (resistant staphylococci may emerge during treatment).</li> <li>• Diphtheria: As an adjunct to antitoxin infections due to Corynebacterium diphtheriae to prevent establishment of carriers and to eradicate the organism in carriers.</li> <li>• Erythrasma: In the treatment of infections due to Corynebacterium minutissimum.</li> <li>• Acute pelvic inflammatory disease caused by Neisseria gonorrhoeae: Erythrocin Lactobionate-IV (erythromycin lactobionate for injection, USP) followed by erythromycin stearate or erythromycin base orally, as an alternative drug in treatment of acute pelvic inflammatory disease caused by N. gonorrhoeae in female patients with a history of sensitivity to penicillin.</li> <li>• Before treatment of gonorrhea, patients who are suspected of also having syphilis should have a microscopic examination for T. pallidum (by immunofluorescence or darkfield) before receiving erythromycin and monthly serologic tests for a minimum of 4 months thereafter.</li> <li>• Legionnaires' Disease caused by Legionella pneumophila. Although no controlled clinical efficacy studies have been conducted, in vitro and limited preliminary clinical data suggest that erythromycin may be effective in treating Legionnaires' Disease.</li> </ul> | 248                            | N/A   | N/A         | N/A                 | Y            | Y                         |   | 10/10/2018         |
| Drugs       | J1380      | Injection, estradiol valerate, up to 10 mg                       | up to 10 mg             | 1/1/2000             | Delestrogen® | estradiol valerate injection   | Indicated in the treatment of:<br><ul style="list-style-type: none"> <li>• Moderate-to-severe vasomotor symptoms associated with the menopause</li> <li>• Hypoestrogenism caused by hypogonadism, castration or primary ovarian failure</li> <li>• Advanced androgen-dependent carcinoma of the prostate (for palliation only)</li> <li>• Vulval and vaginal atrophy associated with the menopause. When prescribing solely for the treatment of symptoms of vulvar and vaginal atrophy, topical vaginal products should be considered.</li> </ul>   | 20                             | 18 years  | N/A         | N/A                 | Y            | Y                         |   | 6/10/2019          |
| Drugs       | J1410      | Injection, estrogens, conjugated, per 25 mg                      | 25 mg                   | 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.   | 62                             | N/A   | N/A         | Females Only        | Y            | Y                         |   | 10/10/2018         |
| Drugs       | J1437      | Injection, ferric derisomaltose, 10 mg                           | 10 mg                   | 10/1/2020            | MonoFerric™  | ferric derisomaltose injection, for intravenous use                      | Indicated for the treatment of iron deficiency anemia in adult patients:<br><ul style="list-style-type: none"> <li>• who have intolerance to oral iron or have had unsatisfactory response to oral iron.</li> <li>• who have non-hemodialysis dependent chronic kidney disease.</li> </ul>   | 100                            | 18 years  | N/A         | N/A                 | Y            | Y                         |   | 12/28/2020         |
| Drugs       | J1439      | Injection, ferric carboxymaltose, 1 mg                           | 1 mg                    | 1/1/2015             | Injectafer®  | ferric carboxymaltose injection, for intravenous use                     | Indicated for the treatment of iron deficiency anemia (IDA) in adult patients:<br><ul style="list-style-type: none"> <li>- Who have intolerance to oral iron or have had unsatisfactory response to oral iron.</li> <li>- Who have non-dialysis dependent chronic kidney disease.</li> <li>- With heart failure and New York Heart Association class II/III to improve exercise capacity.</li> </ul> Indicated for the treatment of iron deficiency anemia in pediatric patients 1 year of age to 17 years of age who have either intolerance to oral iron or an unsatisfactory response to oral iron.   | 1,500                          | Indication Specific Age Restrictions (see comments) | N/A         | N/A                 | Y            | Y                         | Indication specific age restrictions:<br><ul style="list-style-type: none"> <li>• IDA in patients who have either intolerance to oral iron or an unsatisfactory response to oral iron: 1 year of age and older</li> <li>• IDA in patients who have non-dialysis dependent chronic kidney disease, iron deficiency in adult patients with heart failure and New York Heart Association class II/III to improve exercise capacity: 18 years of age and older</li> </ul> | 6/19/2023          |
| Biologicals | J1440      | Fecal microbiota, live - jsfm, 1 ml                              | 1 mL                    | 7/1/2023             | Rebyota™     | fecal microbiota, live - jsfm suspension, for rectal use                 | Indicated for the prevention of recurrence of Clostridioides difficile infection (CDI) in individuals 18 years of age and older, following antibiotic treatment for recurrent CDI.<br><br>Limitation of Use: Rebyota is not indicated for treatment of CDI.  | 150                            | 18 years  | N/A         | N/A                 | Y            | Y                         |   | 6/22/2023          |
| Biologicals | J1442      | Injection, filgrastim (G-CSF), excludes biosimilars, 1 microgram | 1 mcg                   | 1/1/2016             | Neupogen®    | filgrastim injection, for subcutaneous or intravenous use                | Indicated to:<br><ul style="list-style-type: none"> <li>• 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.</li> <li>• Reduce the time to neutrophil recovery and the duration of fever, following induction or consolidation chemotherapy treatment of patients with acute myeloid leukemia (AML).</li> <li>• 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).</li> <li>• Mobilize autologous hematopoietic progenitor cells into the peripheral blood for collection by leukapheresis.</li> <li>• 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.</li> <li>• Increase survival in patients acutely exposed to myelosuppressive doses of radiation (Hematopoietic Syndrome of Acute Radiation Syndrome).</li> </ul>  | 59,520                         | N/A   | N/A         | N/A                 | Y            | Y                         |   | 6/6/2019           |

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|------------------|------------|---|-------------------------|----------------------|------------|--|---|--------------------------------|---|-------------|---------------------|--------------|---------------------------|---|--------------------|
| Drugs            | J1443      | Injection, ferric pyrophosphate citrate solution (Triferic), 0.1 mg of iron   | 0.1 mg of iron          | 10/1/2021            | 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).<br>Limitations of Use:<br>• Triferic is not intended for use in patients receiving peritoneal dialysis.<br>• Triferic has not been studied in patients receiving home hemodialysis.  | 38,080                         | 18 years  | N/A         | N/A                 | Y            | Y                         |   | 9/29/2021          |
| Drugs            | J1444      | Injection, ferric pyrophosphate citrate powder, 0.1 mg of iron (This code would be used with the "JE" modifier, when administered via dialysate.) | 0.1 mg                  | 7/1/2019             | Triferic*  | ferric pyrophosphate citrate powder packet for hemodialysis use  | Indicated for the replacement of iron to maintain hemoglobin in adult patients with hemodialysis-dependent chronic kidney disease (HDD-CKD).<br>Limitations of Use:<br>• Triferic is not intended for use in patients receiving peritoneal dialysis.<br>• Triferic has not been studied in patients receiving home hemodialysis.  | 38,080                         | 18 years  | N/A         | N/A                 | Y            | Y                         |   | 7/26/2019          |
| 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.   | 10,920                         | 1 month   | N/A         | N/A                 | Y            | Y                         |   | 5/20/2019          |
| Drugs            | J1448      | Injection, trilaciclib, 1mg   | 1 mg                    | 10/1/2021            | Cosela*    | trilaciclib for injection, for intravenous use   | Indicated to decrease the incidence of chemotherapy-induced myelosuppression in adult patients when administered prior to a platinum/etoposide-containing regimen or topotecan-containing regimen for extensive-stage small cell lung cancer.   | 9,000                          | 18 years  | N/A         | N/A                 | Y            | Y                         | 12/2023: NC Suggested Max Monthly updated from 1,200 units to 9,000 units effective 5/1/2023 at DHB request.  | 12/1/2023          |
| Biologicals      | J1449      | Injection, eflapegrastim-xnst, 0.1 mg   | 0.1 mg                  | 4/1/2023             | Rolvedon™  | eflapegrastim-xnst injection, for subcutaneous use   | Indicated to decrease the incidence of infection, as manifested by febrile neutropenia, in adult patients with nonmyeloid malignancies receiving myelosuppressive anti-cancer drugs associated with clinically significant incidence of febrile neutropenia.<br>Limitations of Use:<br>Rolvedon is not indicated for the mobilization of peripheral blood progenitor cells for hematopoietic stem cell transplantation.   | 396                            | 18 years  | N/A         | N/A                 | Y            | Y                         |   | 3/16/2023          |
| 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:<br>• acute and delayed nausea and vomiting associated with initial and repeat courses of highly emetogenic cancer chemotherapy (HEC) including high-dose cisplatin.<br>• delayed nausea and vomiting associated with initial and repeat courses of moderately emetogenic cancer chemotherapy (MEC).<br>Limitations of Use: Emend has not been studied for treatment of established nausea and vomiting.   | 750                            | 6 months  | N/A         | N/A                 | Y            | Y                         | 9/2023: NC Suggested Max Monthly Units updated from 600 units to 750 units effective 1/1/2023 at DHB request  | 9/28/2023          |
| Drugs            | J1454      | Injection, fosnetupitant 235 mg and palonosetron 0.25 mg  | 235.25 mg (1 vial)      | 1/1/2019             | Akynzeo®   | fosnetupitant and palonosetron for injection, for intravenous use  | Indicated in combination with dexmethasone in adults for the prevention of acute and delayed nausea and vomiting associated with initial and repeat courses of highly emetogenic cancer chemotherapy.<br>Limitations of Use:<br>Akynzeo for injection has not been studied for the prevention of nausea and vomiting associated with anthracycline plus cyclophosphamide chemotherapy.  | 5                              | 18 years  | N/A         | N/A                 | Y            | Y                         | 9/1/2023: NC Suggested Max Monthly Units updated to align with NTracks, which has been set to 5 units/month since 1/1/2019.   | 9/13/2023          |
| Drugs            | J1455      | Injection, foscarnet sodium, per 1,000 mg   | 1,000 mg                | 1/1/2000             | Foscavir*  | foscarnet sodium injection   | Indicated for the treatment of:<br>• CMV retinitis 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. pneumonitis, gastroenteritis); congenital or neonatal CMV disease, or nonimmunocompromised individuals.<br>• 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. | 996                            | 18 years  | N/A         | N/A                 | Y            | Y                         |   | 6/4/2019           |
| Drugs            | J1456      | Injection, fosaprepitant (teva), not therapeutically equivalent to J1453, 1 mg  | 1 mg                    | 1/1/2023             | N/A        | fosaprepitant for injection, for intravenous use (Teva)  | Indicated in adults, in combination with other antiemetic agents, for the prevention of:<br>• acute and delayed nausea and vomiting associated with initial and repeat courses of highly emetogenic cancer chemotherapy (HEC) including high-dose cisplatin.<br>• delayed nausea and vomiting associated with initial and repeat courses of moderately emetogenic cancer chemotherapy (MEC).<br>Limitations of Use:<br>Fosaprepitant for Injection has not been studied for treatment of established nausea and vomiting.   | 750                            | 18 years  | N/A         | N/A                 | Y            | Y                         | 9/2023: NC Suggested Max Monthly Units updated from 600 units to 750 units effective 1/1/2023 at DHB request  | 9/28/2023          |
| Biologicals      | J1458      | Injection, galsulfase, 1 mg   | 1 mg                    | 1/1/2007             | Naglazyme® | galsulfase injection for intravenous use   | Indicated for patients with Mucopolysaccharidosis VI (MPS VI; Maroteaux-Lamy syndrome). Naglazyme has been shown to improve walking and stair-climbing capacity.  | 700                            | N/A   | N/A         | N/A                 | Y            | Y                         |   | 7/2/2018           |
| 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:<br>• Primary humoral immunodeficiency (PI)<br>• Chronic immune thrombocytopenic purpura (ITP) in patients age 15 years and older<br>• Chronic inflammatory demyelinating polyneuropathy (CIDP) in adults<br>Limitations of Use:<br>Privigen maintenance therapy in CIDP has not been studied beyond 6 months.   | 840                            | Indication Specific Age Restrictions (see comments) | N/A         | N/A                 | Y            | Y                         | Indication specific age restrictions:<br>• Primary Humoral Immunodeficiency: 3 years of age and older<br>• Chronic Immune Thrombocytopenic Purpura: 15 years of age and older<br>• Chronic Inflammatory Demyelinating Polyneuropathy: 18 years of age and older | 7/3/2018           |

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|------------------|------------|---|-------------------------|----------------------|-----------------------------|--|---|---|---|-------------|---------------------|--------------|---------------------------|--|--------------------|
| 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:<br>• For prophylaxis following exposure to hepatitis A.<br>• To prevent or modify measles in a susceptible person exposed fewer than 6 days previously.<br>• To modify varicella.<br>• To modify rubella in exposed women who will not consider a therapeutic abortion.<br>• Not indicated for routine prophylaxis or treatment of viral hepatitis type B, rubella, poliomyelitis, mumps or varicella.   | 10  | 18 years  | N/A         | N/A                 | Y            | Y                         |  | 10/25/2018         |
| Immune Globulins | J1554      | Injection, immune globulin (asceniv), 500 mg  | 500 mg                  | 4/1/2021             | Asceniv™                    | immune globulin intravenous, human – sira 10% liquid   | Indicated for the treatment of primary humoral immunodeficiency (PI) in adults and adolescents (12 to 17 years of age).   | 460   | 12 years  | N/A         | N/A                 | Y            | Y                         |  | 3/25/2021          |
| 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.  | 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 adults and pediatric patients 2 years of age and older with primary humoral immunodeficiency (PI).   | 480   | 2 years   | N/A         | N/A                 | Y            | Y                         |  | 2/16/2024          |
| Immune Globulins | J1557      | Injection, immune globulin, (Gammalex), intravenous, non-lyophilized, (e.g. liquid), 500 mg                                   | 500 mg                  | 1/1/2012             | Gammalex®                   | immune globulin intravenous (human), 5% and 10% liquid, for intravenous use  | Gammalex 5%: Indicated for the treatment of:<br>• Chronic immune thrombocytopenic purpura (ITP).<br>• Primary humoral immunodeficiency (PI) in adults and pediatric patients 2 years of age and older.<br>Gammalex 10%: Indicated for the treatment of:<br>• Primary humoral immunodeficiency (PI) in adults.<br>• Chronic immune thrombocytopenic purpura (ITP) in adults.   | 560   | Indication Specific Age Restrictions (see comments) | N/A         | N/A                 | Y            | Y                         | Product specific age restrictions:<br>Gammalex 5%: 2 years of age and older<br>Gammalex 10%: 18 years of age and older   | 9/21/2018          |
| Immune Globulins | J1558      | Injection, immune globulin (xembify), 100 mg  | 100 mg                  | 7/1/2020             | Xembify®                    | immune globulin subcutaneous, human – kihw 20% solution  | Indicated for treatment of Primary Humoral Immunodeficiency (PI) in patients 2 years of age and older.  | 14,880  | 2 years   | N/A         | N/A                 | Y            | Y                         |  | 6/17/2020          |
| 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, X-linked agammaglobulinemia, Wiskott-Aldrich syndrome and severe combined immunodeficiencies.<br>• Indicated as maintenance therapy for the treatment of adult patients with chronic inflammatory demyelinating polyneuropathy (CIDP) to prevent relapse of neuromuscular disability and impairment.  | 2,800   | Indication Specific Age Restrictions (see comments) | N/A         | N/A                 | Y            | Y                         | Indication specific age restrictions:<br>• PI - 2 years of age and older<br>• CIDP - 18 years of age and older   | 7/16/2018          |
| Immune Globulins | J1560      | 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   | Indicated:<br>• For prophylaxis following exposure to hepatitis A.<br>• To prevent or modify measles in a susceptible person exposed fewer than 6 days previously.<br>• To modify varicella.<br>• To modify rubella in exposed women who will not consider a therapeutic abortion.<br>• Not indicated for routine prophylaxis or treatment of viral hepatitis type B, rubella, poliomyelitis, mumps or varicella.   | 17  | 18 years  | N/A         | N/A                 | Y            | Y                         |  | 9/21/2018          |
| Immune Globulins | J1561      | Injection, immune globulin, (Gamunex-C/Gammaked), non-lyophilized (e.g. liquid), 500 mg                                       | 500 mg                  | 1/1/2013             | Gammaked™, Gamunex®-C       | immune globulin injection (human), 10% caprylate/chromatography purified   | Gamunex-C is indicated for:<br>• Primary Humoral Immunodeficiency (PI) in patients 2 years of age and older<br>• Idiopathic Thrombocytopenic Purpura (ITP) in adults and children<br>• Chronic Inflammatory Demyelinating Polyneuropathy (CIDP) in adults<br>Gammaked is indicated for:<br>• Primary Humoral Immunodeficiency (PI) in patients 2 years of age and older<br>• Idiopathic Thrombocytopenic Purpura (ITP)<br>• Chronic Inflammatory Demyelinating Polyneuropathy (CIDP)  | 840   | Indication Specific Age Restrictions (see comments) | N/A         | N/A                 | Y            | Y                         | Indication specific age restrictions:<br>• Primary Humoral Immunodeficiency (PI): 2 years of age and older<br>• Idiopathic Thrombocytopenic Purpura (ITP): None<br>• 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<br>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.<br>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 Chronic Idiopathic Thrombocytopenic Purpura (ITP) patients and prevention of coronary artery aneurysms associated with Kawasaki syndrome in pediatric patients. | 952   | Indication Specific Age Restrictions (see comments) | N/A         | N/A                 | Y            | Y                         | Indication specific age restrictions:<br>• Carimune NF:<br>- PID: None<br>- ITP: None<br>• Gammagard S/D:<br>- PI: 2 years of age and older<br>- Chronic ITP: 18 years of age and older<br>- Kawasaki Disease: None<br>- CLL: None                       | 9/8/2021           |
| 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.<br>Octagam 10%: Indicated for the treatment of:<br>• Chronic immune thrombocytopenic purpura (ITP) in adults.<br>• Dermatomyositis (DM) in adults.   | • Octagam 5%: 336 units<br>• Octagam 10%: 1,120 units | Indication Specific Age Restrictions (see comments) | N/A         | N/A                 | Y            | Y                         | Product specific age restrictions:<br>• Octagam 5%: 6 years of age and older.<br>• Octagam 10%: 18 years of age and older.   | 8/25/2021          |

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|------------------|------------|---|-------------------------|----------------------|------------------|--|--|--------------------------------|---|-------------|---------------------|--------------|---------------------------|---|--------------------|
| 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 a:<br>- replacement therapy for primary humoral immunodeficiency (PI) in adult and pediatric patients two years of age or older<br>- maintenance therapy to improve muscle strength and disability in adult patients with Multifocal Motor Neuropathy (MMN)<br>- therapy to improve neuromuscular disability and impairment in adult patients with Chronic Inflammatory Demyelinating Polyneuropathy (CIDP)<br><br>Limitations of Use:<br>• Safety and effectiveness of Gammagard Liquid has not been studied in immunoglobulin-naive patients with CIDP.<br>• Gammagard Liquid maintenance therapy in CIDP has not been studied beyond 6 months. | 840                            | Indication Specific Age Restrictions (see comments) | N/A         | N/A                 | Y            | Y                         | Indication specific age restrictions:<br>• PI: 2 years and older<br>• MMN and CIDP: 18 years and older  | 2/27/2024          |
| Drugs            | J1570      | Injection, ganciclovir sodium, 500 mg   | 500 mg                  | 1/1/2000             | Cytovene®-IV     | ganciclovir sodium for injection, for intravenous use  | Indicated for:<br>• Treatment of CMV retinitis in immunocompromised individuals, including patients with acquired immunodeficiency syndrome (AIDS).<br>• Prevention of CMV disease in adult transplant recipients at risk for CMV disease.   | 104                            | 18 years  | N/A         | N/A                 | Y            | Y                         |   | 12/19/2022         |
| 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:<br>• Acute Exposure to Blood Containing HBsAg<br>• Perinatal Exposure of Infants Born to HBsAg-positive Mothers<br>• Sexual Exposure to HBsAg-positive Persons<br>• Household Exposure to Persons with Acute HBV Infection  | 34                             | N/A   | N/A         | N/A                 | Y            | Y                         |   | 9/12/2018          |
| Immune Globulins | J1572      | Injection, immune globulin, (Flebogamma/Flebogamma 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:<br>• Primary (inherited) Immunodeficiency (PI).<br>• Chronic Primary Immune Thrombocytopenia (ITP) in patients 2 years of age and older.   | 560                            | Indication Specific Age Restrictions (see comments) | N/A         | N/A                 | Y            | Y                         | Indication specific age restrictions:<br>• Primary (inherited) Immunodeficiency (PI): None<br>• Chronic Primary Immune Thrombocytopenia (ITP): In patients 2 years of age and older.  | 7/3/2018           |
| 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.  | 1,290                          | N/A   | N/A         | N/A                 | Y            | Y                         |   | 7/3/2018           |
| Drugs            | J1574      | Injection, ganciclovir sodium (exela) not therapeutically equivalent to J1570, 500 mg                       | 500 mg                  | 1/1/2023             | Ganzylk-RTU      | ganciclovir injection, for intravenous use (Exela)   | Indicated for the:<br>• Treatment of CMV retinitis in immunocompromised adult patients, including patients with acquired immunodeficiency syndrome (AIDS).<br>• Prevention of CMV disease in adult transplant recipients at risk for CMV disease.  | 104                            | 18 years  | N/A         | N/A                 | Y            | Y                         |   | 12/6/2022          |
| Immune Globulins | J1575      | Injection, immune globulin/hyaluronidase, (Hyqvia), 100 mg immune globulin                                  | 100 mg                  | 1/1/2016             | HyQvia®          | immune globulin infusion 10% (human) with recombinant human hyaluronidase solution for subcutaneous administration | Indicated for treatment of primary immunodeficiency (PI) in patients two years of age and older.<br><br>Indicated for the treatment of maintenance therapy in adults with chronic inflammatory demyelinating polyneuropathy (CIDP).  | 1,300                          | Indication Specific Age Restrictions (see comments) | N/A         | N/A                 | Y            | Y                         | Indication Specific Age Restrictions:<br>PI: 2 years of age and older<br>CIDP: 18 years of age and older  | 2/27/2024          |
| Immune Globulins | J1576      | Injection, immune globulin (panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg                   | 500 mg                  | 7/1/2023             | Panzyga®         | immune globulin intravenous, human - ifas  | Indicated for the treatment of:<br>• Primary humoral immunodeficiency (PI) in patients 2 years of age and older.<br>• Chronic immune thrombocytopenia (ITP) in adults.<br>• Chronic inflammatory demyelinating polyneuropathy (CIDP) in adults.  | 1,120                          | Indication Specific Age Restrictions (see comments) | N/A         | N/A                 | Y            | Y                         | Indication specific age restrictions:<br>• Primary humoral immunodeficiency (PI) - 2 years of age and older<br>• Chronic immune thrombocytopenia (ITP) and chronic inflammatory demyelinating polyneuropathy (CIDP) - 18 years of age and older | 6/22/2023          |



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| Drugs     | J1580      | Injection, garamyoin, gentamicin, up to 80 mg   | up to 80 mg             | 1/1/2000             | N/A               | gentamicin sulfate injection, for intravenous infusion or intramuscular injection           | <ul style="list-style-type: none"> <li>• Indicated in the treatment of serious infections caused by susceptible strains of the following microorganisms: Pseudomonas aeruginosa, Proteus species (indole-positive and indole-negative), Escherichia coli, Klebsiella-Enterobacter-Serratia species, Citrobacter species, and Staphylococcus species (coagulase-positive and coagulase-negative).</li> <li>• Clinical studies have shown gentamicin to be effective in bacterial neonatal sepsis; bacterial septicemia; and serious bacterial infections of the central nervous system (meningitis), urinary tract, respiratory tract, gastrointestinal tract (including peritonitis), skin, bone and soft tissue (including burns).</li> <li>• Gentamicin sulfate may be considered as initial therapy in suspected or confirmed gram-negative infections, and therapy may be instituted before obtaining results of susceptibility testing. The decision to continue therapy with this drug should be based on the results of susceptibility tests, the severity of the infection, and the important additional concepts. If the causative organisms are resistant to gentamicin, other appropriate therapy should be instituted.</li> <li>• In serious infections when the causative organisms are unknown, gentamicin sulfate may be administered as initial therapy in conjunction with a penicillin-type or cephalosporin-type drug before obtaining results of 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 identification of the organism and its susceptibility, appropriate antibiotic therapy should then be continued.</li> <li>• Gentamicin sulfate has been used effectively in combination with carbenicillin for the treatment of life-threatening infections caused by Pseudomonas aeruginosa. It has also been found effective when used in conjunction with a penicillin-type drug for the treatment of endocarditis caused by group D streptococci.</li> <li>• Gentamicin has also been shown to be effective in the treatment of serious staphylococcal infections. While not the antibiotic of first choice, gentamicin may be considered when penicillins or other less potentially toxic drugs are contraindicated and bacterial susceptibility tests and clinical judgment indicate its use. It may also be considered in mixed infections caused by susceptible strains of staphylococci and gram-negative organisms.</li> <li>• In the presence of a suspected histoplasma or cryptococcal pneumonia, a penicillin-type drug is</li> </ul> | 279                            | N/A   | N/A         | N/A                 | Y            | Y                         |  | 6/4/2019           |
| Biologics | J1602      | Injection, golimumab, 1 mg, for intravenous use   | 1 mg                    | 1/1/2014             | Simponi Aria®     | golimumab injection, for intravenous use  | <ul style="list-style-type: none"> <li>Indicated for treatment of adult patients with: <ul style="list-style-type: none"> <li>• Moderately to severely active Rheumatoid Arthritis (RA) in combination with methotrexate.</li> <li>• Active Ankylosing Spondylitis (AS).</li> </ul> </li> <li>Indicated for treatment in patients 2 years of age and older with: <ul style="list-style-type: none"> <li>• Active Psoriatic Arthritis (PsA).</li> <li>• Active polyarticular Juvenile Idiopathic Arthritis (pJIA)</li> </ul> </li> </ul>   | 560                            | Indication Specific Age Restrictions (see comments) | N/A         | N/A                 | Y            | Y                         | Indication specific age restrictions:<br>Rheumatoid Arthritis and Ankylosing Spondylitis: 18 years of age and older<br>Polyarticular Juvenile Idiopathic Arthritis and Psoriatic Arthritis: 2 years of age and older         | 10/21/2020         |
| Drugs     | J1610      | Injection, glucagon hydrochloride, per 1 mg   | 1 mg                    | 1/1/2000             | GlucaGen®         | glucagon for injection, for subcutaneous, intramuscular, or intravenous use                 | <ul style="list-style-type: none"> <li>Indicated for: <ul style="list-style-type: none"> <li>• Treatment of severe hypoglycemia.</li> <li>• Use as a diagnostic aid for use during radiologic examinations to temporarily inhibit movement of the gastrointestinal tract.</li> </ul> </li> </ul>  | 10                             | Indication Specific Age Restrictions (see comments) | N/A         | N/A                 | Y            | Y                         | Indication specific age restrictions:<br>• Treatment of severe hypoglycemia: None<br>• Diagnostic aid: 18 years of age and old   | 10/26/2018         |
| Drugs     | J1611      | Injection, glucagon hydrochloride (Fresenius kabi), not therapeutically equivalent to J1610, per 1 mg | 1 mg                    | 1/1/2023             | N/A               | glucagon for injection, for subcutaneous, intramuscular or intravenous use (Fresenius Kabi) | <ul style="list-style-type: none"> <li>Indicated: <ul style="list-style-type: none"> <li>• for the treatment of severe hypoglycemia in pediatric and adult patients with diabetes</li> <li>• as a diagnostic aid for use during radiologic examinations to temporarily inhibit movement of the gastrointestinal tract in adult patients</li> </ul> </li> </ul>  | 10                             | Indication Specific Age Restrictions (see comments) | N/A         | N/A                 | Y            | Y                         | Indication specific age restrictions:<br>• Diagnostic aid during radiologic examinations to temporarily inhibit movement of the gastrointestinal tract: 18 years of age and older<br>• Treatment of severe hypoglycemia: N/A | 12/12/2022         |
| Drugs     | J1626      | Injection, granisetron hydrochloride, 100 mcg   | 100 mcg                 | 1/1/2000             | N/A               | granisetron hydrochloride injection, for intravenous use                                    | <ul style="list-style-type: none"> <li>Indicated for: <ul style="list-style-type: none"> <li>• Prevention of nausea and/or vomiting associated with initial and repeat courses of emetogenic cancer therapy including high-dose cisplatin.</li> <li>• Prevention and treatment of postoperative nausea and vomiting in adults.</li> </ul> </li> </ul>   | 294                            | Indication Specific Age Restrictions (see comments) | N/A         | N/A                 | Y            | Y                         | Indication specific:<br>• Chemotherapy induced Nausea and Vomiting: 2 years of age and older<br>• 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                                | <ul style="list-style-type: none"> <li>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</li> </ul>   | 500                            | 18 years  | N/A         | N/A                 | Y            | Y                         |  | 10/26/2018         |
| Drugs     | J1630      | Injection, haloperidol, up to 5 mg  | up to 5 mg              | 1/1/2000             | Haldol®           | haloperidol lactate injection   | <ul style="list-style-type: none"> <li>Indicated for use in the treatment of schizophrenia and for the control of tics and vocal utterances of Tourette's Disorder.</li> </ul>  | 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                                      | <ul style="list-style-type: none"> <li>Indicated for the treatment of schizophrenic patients who require prolonged parenteral antipsychotic therapy.</li> </ul>   | 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   | <ul style="list-style-type: none"> <li>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.</li> <li>Limitations of Use: <ul style="list-style-type: none"> <li>• Before administering Panhematin, consider an appropriate period of carbohydrate loading (i.e., 400 g glucose/day for 1 to 2 days).</li> <li>• Panhematin is not effective in repairing neuronal damage due to progression of porphyria attacks.</li> </ul> </li> </ul>  | 14,700                         | 16 years  | N/A         | Females Only        | Y            | Y                         |  | 11/30/2021         |

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|----------|------------|---|-------------------------|----------------------|-----------------------|--|---|--------------------------------|-------------|-------------|---------------------|--------------|---------------------------|----------|--------------------|
| Drugs    | J1642      | Injection, heparin sodium (heparin lock flush), per 10 units                                | 10 units                | 1/1/2000             | Hep-Flush®, Hep-Lock® | 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.  | 4,500                          | N/A         | N/A         | N/A                 | Y            | Y                         |          | 10/26/2018         |
| Drugs    | J1643      | Injection, heparin sodium (pfizer), not therapeutically equivalent to j1644, per 1000 units | 1,000 units             | 1/1/2023             | N/A                   | heparin sodium injection, for intravenous or subcutaneous use (Pfizer)                         | Indicated for:<br><ul style="list-style-type: none"> <li>• Prophylaxis and treatment of venous thrombosis and pulmonary embolism</li> <li>• Prophylaxis and treatment of the thromboembolic complications associated with atrial fibrillation</li> <li>• Treatment of acute and chronic consumption coagulopathies</li> <li>• Prevention of clotting in arterial and cardiac surgery</li> <li>• Prophylaxis and treatment of peripheral arterial embolism</li> <li>• Anticoagulant use in transfusion, extracorporeal circulation, and dialysis procedures</li> </ul>   | 465                            | N/A         | N/A         | N/A                 | Y            | Y                         |          | 12/12/2022         |
| 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                                  | Indicated for:<br><ul style="list-style-type: none"> <li>• Prophylaxis and treatment of venous thrombosis and pulmonary embolism.</li> <li>• Prevention of postoperative deep venous thrombosis and pulmonary embolism in patients undergoing major abdominothoracic surgery or who, for other reasons, are at risk of developing thromboembolic disease.</li> <li>• Atrial fibrillation with embolization.</li> <li>• Treatment of acute and chronic consumptive coagulopathies (disseminated intravascular coagulation).</li> <li>• Prevention of clotting in arterial and cardiac surgery.</li> <li>• Prophylaxis and treatment of peripheral arterial embolism.</li> <li>• Use as an anticoagulant in blood transfusions, extracorporeal circulation, and dialysis procedures.</li> </ul>   | 465                            | N/A         | N/A         | N/A                 | Y            | Y                         |          | 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:<br><ul style="list-style-type: none"> <li>• Prophylaxis of ischemic complications of unstable angina and non-Q-wave myocardial infarction.</li> <li>• Prophylaxis of deep vein thrombosis (DVT) in abdominal surgery, hip replacement surgery or medical patients with severely restricted mobility during acute illness.</li> <li>• 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.</li> <li>• Treatment of symptomatic venous thromboembolism (VTE) to reduce the recurrence in pediatric patients 1 month of age and older.</li> </ul> <p>Limitations of Use: Fragmin is not indicated for the acute treatment of VTE.</p>  | 372                            | 1 month     | N/A         | N/A                 | Y            | Y                         |          | 6/4/2019           |
| Drugs    | J1650      | Injection, enoxaparin sodium, 10 mg   | 10 mg                   | 1/1/2000             | Lovenox®              | enoxaparin sodium injection, for subcutaneous and intravenous use                              | Indicated for:<br><ul style="list-style-type: none"> <li>• 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.</li> <li>• Inpatient treatment of acute DVT with or without pulmonary embolism.</li> <li>• Outpatient treatment of acute DVT without pulmonary embolism.</li> <li>• Prophylaxis of ischemic complications of unstable angina and non-Q-wave myocardial infarction (MI).</li> <li>• Treatment of acute ST-segment elevation myocardial infarction (STEMI) managed medically or with subsequent percutaneous coronary intervention (PCI).</li> </ul>  | 930                            | 18 years    | N/A         | N/A                 | Y            | Y                         |          | 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:<br><ul style="list-style-type: none"> <li>• Prophylaxis of deep vein thrombosis (DVT) in patients undergoing hip fracture surgery (including extended prophylaxis), hip replacement surgery, knee replacement surgery, or abdominal surgery.</li> <li>• Treatment of DVT or acute pulmonary embolism (PE) when administered in conjunction with Coumadin.</li> </ul>   | 520                            | 18 years    | N/A         | N/A                 | Y            | Y                         |          | 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 intramuscular administration | When oral therapy is not feasible, and the strength, dosage form, and route of administration of the drug reasonably lend the preparation to the treatment of the condition, the intravenous or intramuscular use of Solu-Cortef is indicated as follows:<br><ul style="list-style-type: none"> <li>• 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, serum sickness, transfusion reactions.</li> <li>• Dermatologic Diseases: Bullous dermatitis herpetiformis, exfoliative erythroderma, mycosis fungoides, pemphigus, severe erythema multiforme (Stevens-Johnson syndrome).</li> <li>• 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, nonsuppurative thyroiditis.</li> <li>• Gastrointestinal Diseases: To tide the patient over a critical period of the disease in regional enteritis (systemic therapy) and ulcerative colitis.</li> <li>• Hematologic Disorders: Acquired (autoimmune) hemolytic anemia, congenital (erythroid) hypoplastic anemia (Diamond Blackfan anemia), idiopathic thrombocytopenic purpura in adults (intravenous administration only; intramuscular administration is contraindicated), pure red cell aplasia, select cases of secondary thrombocytopenia.</li> <li>• Miscellaneous: Trichinosis with neurologic or myocardial involvement, tuberculous meningitis with subarachnoid block or impending block when used concurrently with appropriate antituberculous chemotherapy.</li> <li>• Neoplastic Diseases: For the palliative management of leukemias and lymphomas.</li> <li>• Nervous System: Acute exacerbations of multiple sclerosis; cerebral edema associated with primary or metastatic brain tumor, or craniotomy.</li> <li>• Ophthalmic Diseases: Sympathetic ophthalmia, uveitis and ocular inflammatory conditions unresponsive to topical corticosteroids.</li> <li>• Renal Diseases: To induce diuresis or remission of proteinuria in idiopathic nephrotic syndrome, or that due to <del>low nephrotic</del></li> </ul> | 155                            | N/A         | N/A         | N/A                 | Y            | Y                         |          | 6/28/2021          |

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| 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:<br>• For the treatment of advanced adenocarcinoma of the uterine corpus (Stage III or IV)<br>• 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<br>• As a test for endogenous estrogen production and for the production of secretory endometrium and desquamation.  | 3,100                          | N/A         | N/A         | Indicated only for non-pregnant women. | Y            | Y                         |          | 6/4/2019           |
| Drugs       | J1738      | Injection, meloxicam, 1 mg  | 1 mg                    | 10/1/2020            | Arjeso™    | meloxicam injection, for intravenous use                              | Indicated for use in adults for the management of moderate-to-severe pain, alone or in combination with non-NSAID analgesics.<br><br>Limitation of Use:<br>Because of delayed onset of analgesia, Arjeso alone is not recommended for use when rapid onset of analgesia is required.   | 930                            | 18 years    | N/A         | N/A                                    | Y            | Y                         |          | 9/21/2020          |
| 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.<br><br>Limitations of Use:<br>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                              | 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.  | 10                             | 18 years    | N/A         | N/A                                    | Y            | Y                         |          | 10/18/2018         |
| 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.  | 360                            | 16 months   | N/A         | N/A                                    | Y            | Y                         |          | 6/4/2019           |
| Biologicals | J1744      | Injection, icatibant, 1 mg  | 1 mg                    | 1/1/2013             | Firazyr®   | icatibant injection, for subcutaneous use                             | Indicated for the treatment of acute attacks of hereditary angioedema (HAE).   | 2700                           | 18 years    | N/A         | N/A                                    | Y            | Y                         |          | 6/4/2019           |
| Biologicals | J1745      | Injection, infliximab, excludes biosimilar, 10 mg                       | 10 mg                   | 1/1/2017             | Remicade®  | infliximab lyophilized concentrate for injection, for intravenous use | Indicated for:<br>• 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.<br>• 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.<br>• 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.<br>• 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.<br>• Rheumatoid Arthritis in combination with methotrexate: reducing signs and symptoms, inhibiting the progression of structural damage, and improving physical function in patients with moderately to severely active disease.<br>• Ankylosing Spondylitis: reducing signs and symptoms in patients with active disease.<br>• Psoriatic Arthritis: reducing signs and symptoms of active arthritis, inhibiting the progression of structural damage, and improving physical function.<br>• 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. | 140                            | 6 years     | N/A         | N/A                                    | Y            | Y                         |          | 6/6/2019           |
| Biologicals | J1746      | Injection, ibalizumab-uiyk, 10 mg                                       | 10 mg                   | 1/1/2019             | Trogarzo™  | ibalizumab-uiyk injection, for intravenous use                        | Indicated for use in combination with other antiretroviral(s), for the treatment of human immunodeficiency virus type 1 (HIV-1) infection in heavily treatment-experienced adults with multidrug resistant HIV-1 infection failing their current antiretroviral regimen.   | 360                            | 18 years    | N/A         | N/A                                    | Y            | Y                         |          | 2/16/2024          |
| Drugs       | J1750      | Injection, iron dextran, 50 mg  | 50 mg                   | 1/1/2009             | INFeD®     | iron dextran injection  | Indicated for treatment of patients with documented iron deficiency in whom oral administration is unsatisfactory or impossible.   | 62                             | 4 months    | N/A         | N/A                                    | Y            | Y                         |          | 10/26/2018         |
| Drugs       | J1756      | Injection, iron sucrose, 1 mg   | 1 mg                    | 1/1/2003             | Venofer®   | iron sucrose injection for intravenous use                            | Indicated for the treatment of iron deficiency anemia in patients with chronic kidney disease (CKD).   | 2,000                          | 2 years     | N/A         | N/A                                    | Y            | Y                         |          | 7/29/2020          |
| Biologicals | J1786      | Injection, imiglucerase, 10 units                                       | 10 units                | 1/1/2011             | Cerezyme®  | imiglucerase for injection, for intravenous use                       | 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:<br>• anemia<br>• thrombocytopenia<br>• bone disease<br>• hepatomegaly or splenomegaly  | 2,520                          | 2 years     | N/A         | N/A                                    | Y            | Y                         |          | 6/22/2023          |
| Drugs       | J1790      | Injection, droperidol, up to 5 mg                                       | up to 5 mg              | 1/1/2000             | N/A        | droperidol injection for intravenous or intramuscular use             | Indicated to reduce nausea and vomiting associated with surgical and diagnostic procedures.  | 5                              | 2 years     | N/A         | N/A                                    | Y            | 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                            | 18 years    | N/A         | N/A                                    | Y            | Y                         |          | 8/29/2018          |
| Biologicals | J1812      | Insulin (fiasp), per 5 units  | 5 units                 | 7/1/2023             | Fiasp®     | insulin aspart injection for subcutaneous or intravenous use          | Indicated to improve glycemic control in adult and pediatric patients with diabetes mellitus.  | N/A                            | 2 years     | N/A         | N/A                                    | Y            | Y                         |          | 6/19/2023          |

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|-----------|------------|--|-------------------------|----------------------|----------------------------------|---|---|--------------------------------|--|-------------|---|--------------|---------------------------|--|--------------------|
| Biologics | J1814      | Insulin (lyumjev), per 5 units   | 5 units                 | 7/1/2023             | Lyumjev®                         | insulin lispro-aabc injection, for subcutaneous or intravenous use                  | Indicated to improve glycemic control in adult and pediatric patients with diabetes mellitus.   | N/A                            | 1 year   | N/A         | N/A   | Y            | Y                         |  | 6/19/2023          |
| Biologics | 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.  | 3,100                          | N/A  | N/A         | N/A   | Y            | Y                         |  | 6/19/2023          |
| Biologics | J1823      | Injection, inebilizumab-cdon, 1 mg                                     | 1 mg                    | 1/1/2021             | Uplizna™                         | inebilizumab-cdon injection, for intravenous use                                    | Indicated for the treatment of neuromyelitis optica spectrum disorder (NMOSD) in adult patients who are anti-aquaporin-4 (AQP4) antibody positive.  | 600                            | 18 years   | N/A         | N/A   | Y            | Y                         |  | 12/28/2020         |
| Biologics | J1830      | Injection, interferon beta-1b, 0.25 mg                                 | 0.25 mg                 | 1/1/2000             | Betaseron®, Extavia®             | 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.  | 16                             | 18 years   | N/A         | N/A   | Y            | 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 in adults and pediatric patients 1 year of age and older for the treatment of:<br>• Invasive aspergillosis<br>• Invasive mucormycosis   | 13,020                         | 1 year   | N/A         | N/A   | Y            | Y                         |  | 2/16/2024          |
| 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.   | 40                             | 17 years   | N/A         | N/A   | Y            | Y                         |  | 4/9/2019           |
| Drugs     | J1930      | Injection, lanreotide, 1 mg  | 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.<br>Indicated for the treatment of adult patients with unresectable, well- or moderately-differentiated, locally advanced or metastatic gastroenteropancreatic neuroendocrine tumors (GEP-NETs) to improve progression-free survival.<br>Indicated for the treatment of adults with carcinoid syndrome; when used, it reduces the frequency of short-acting somatostatin analogue rescue therapy.  | 240                            | 18 years   | N/A         | N/A   | Y            | Y                         |  | 10/26/2018         |
| Biologics | 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-Scheie forms of Mucopolysaccharidosis I (MPS I) and for patients with the Scheie form who have moderate to severe symptoms. The risks and benefits of treating mildly affected patients with the Scheie form have not been established. Aldurazyme has been shown to improve pulmonary function and walking capacity. Aldurazyme has not been evaluated for effects on the central nervous system manifestations of the disorder.   | 4,060                          | 6 months   | N/A         | N/A   | Y            | Y                         |  | 4/10/2019          |
| Drugs     | J1932      | Injection, lanreotide, (cipra), 1 mg                                   | 1 mg                    | 10/1/2022            | N/A                              | lanreotide injection, for subcutaneous use (Cipra)                                  | Indicated for:<br>• The long-term treatment of acromegalic patients who have had an inadequate response to or cannot be treated with surgery and/or radiotherapy.<br>• The treatment of adult patients with unresectable, well- or moderately differentiated, locally advanced or metastatic gastroenteropancreatic neuroendocrine tumors (GEP-NETs) to improve progression-free survival.  | 240                            | 18 years   | N/A         | N/A   | Y            | Y                         |  | 9/15/2022          |
| 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.<br>- Furosemide is particularly useful when an agent with greater diuretic potential is desired.<br>Indicated as an adjunct in the treatment of pulmonary edema.<br>- 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.   | 310                            | N/A  | N/A         | N/A   | Y            | Y                         |  | 10/26/2018         |
| 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                            | 18 years   | N/A         | N/A   | Y            | Y                         | • Cervical Dystonia: Safety and effectiveness in pediatric patients have not been established.                               | 9/27/2019          |
| Drugs     | J1944      | Injection, aripiprazole lauroxil, (aristada), 1 mg                     | 1 mg                    | 10/1/2019            | Aristada®                        | aripiprazole lauroxil extended-release injectable suspension, for intramuscular use | Indicated for the treatment of schizophrenia.   | 1,064                          | 18 years   | 65 years    | N/A   | Y            | 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®, Lupron Depot-PED® | leuprolide acetate for depot suspension, for intramuscular use                      | Lupron Depot 3.75 mg and 11.25 mg are indicated for:<br>• Endometriosis<br>o Management of endometriosis, including pain relief and reduction of endometriotic lesions.<br>o In combination with a norethindrone acetate for initial management of the painful symptoms of endometriosis and for management of recurrence of symptoms.<br>o Limitations of Use: The total duration of therapy with Lupron Depot 3.75 mg plus add-back therapy should not exceed 12 months due to concerns about adverse impact on bone mineral density.<br>• Luteal Leiomiyomata (Fibroids)<br>o Concomitant use with iron therapy for preoperative hematologic improvement of women with anemia caused by fibroids for whom three months of hormonal suppression is deemed necessary.<br>o Limitations of Use: Lupron Depot 3.75 mg is not indicated for combination use with norethindrone acetate add-back therapy for the preoperative hematologic improvement of women with anemia caused by heavy menstrual bleeding due to fibroids.<br><br>Lupron Depot-PED is indicated for:<br>• Treatment of pediatric patients with central precocious puberty. | 12                             | Product Specific Age Restrictions (see comments) | N/A         | Lupron Depot: Females Only<br>Lupron Depot-PED: N/A | Y            | Y                         | Product specific age restrictions:<br>Lupron Depot: Females of reproductive age<br>Lupron Depot-PED: 1 year of age and older | 2/19/2024          |
| Drugs     | J1951      | Injection, leuprolide acetate for depot suspension (fensolvi), 0.25 mg | 0.25 mg                 | 7/1/2021             | Fensolvi®                        | leuprolide acetate for injectable suspension, for subcutaneous use                  | Indicated for the treatment of pediatric patients 2 years of age and older with central precocious puberty.   | 180                            | 2 years  | N/A         | N/A   | Y            | Y                         |  | 6/28/2021          |

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|----------|------------|--|-------------------------|----------------------|--------------|--|--|--------------------------------|---|-------------|---------------------|--------------|---------------------------|--|--------------------|
| Drugs    | J1952      | Leuprolide injectable, camevi, 1 mg                                  | 1 mg                    | 1/1/2022             | Camcevi™     | leuprolide injectable emulsion, for subcutaneous use | Indicated for the treatment of adult patients with advanced prostate cancer.   | 42                             | 18 years  | N/A         | Males Only          | Y            | Y                         |  | 5/16/2022          |
| Drugs    | J1953      | Injection, levetiracetam, 10 mg                                      | 10 mg                   | 1/1/2009             | Kepra®       | levetiracetam injection, for intravenous use         | Indicated as an adjunctive therapy, as an alternative when oral administration is temporarily not feasible, for the treatment of:<br><ul style="list-style-type: none"> <li>• Partial onset seizures in patients 1 month of age and older with epilepsy</li> <li>• Myoclonic seizures in patients 12 years of age and older with juvenile myoclonic epilepsy</li> <li>• Primary generalized tonic-clonic seizures in patients 6 years of age and older with idiopathic generalized epilepsy</li> </ul>   | 9,300                          | Indication Specific Age Restrictions (see comments) | N/A         | N/A                 | Y            | Y                         | Indication specific age restrictions:<br><ul style="list-style-type: none"> <li>• Partial Onset Seizures: 1 month of age and older</li> <li>• Myoclonic Seizures in Patients with Juvenile Myoclonic Epilepsy: 12 years of age and older</li> <li>• Primary Generalized Tonic-Clonic Seizures: 6 years of age and older</li> </ul> | 10/10/2018         |
| Drugs    | J1954      | Injection, leuprolide acetate for depot suspension (lutrate), 7.5 mg | 7.5 mg                  | 1/1/2023             | Lutate Depot | leuprolide acetate for depot suspension              | Indicated for treatment of advanced prostate cancer.   | 3                              | 18 years  | N/A         | Males Only          | Y            | Y                         |  | 3/16/2023          |
| Drugs    | J1955      | Injection, levocarnitine, per 1 g                                    | 1 g                     | 1/1/2000             | Carnitor®    | levocarnitine injection for intravenous use          | Indicated for:<br><ul style="list-style-type: none"> <li>• the acute and chronic treatment of patients with an inborn error of metabolism which results in secondary carnitine deficiency.</li> <li>• the prevention and treatment of carnitine deficiency in patients with end stage renal disease who are undergoing dialysis.</li> </ul>  | 1,302                          | N/A   | N/A         | N/A                 | Y            | 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:<br><ul style="list-style-type: none"> <li>• Pneumonia: Nosocomial and Community Acquired</li> <li>• Skin and Skin Structure Infections: Complicated and Uncomplicated</li> <li>• Chronic bacterial prostatitis</li> <li>• Inhalational Anthrax, Post-Exposure</li> <li>• Plague</li> <li>• Urinary Tract Infections: Complicated and Uncomplicated</li> <li>• Acute Pyelonephritis</li> <li>• Acute Bacterial Exacerbation of Chronic Bronchitis</li> <li>• Acute Bacterial Sinusitis</li> </ul><br>Usage: To reduce the development of drug-resistant bacteria and maintain the effectiveness of Levaquin and other antibacterial drugs, Levaquin should be used only to treat or prevent infections that are proven or strongly suspected to be caused by bacteria.  | 62                             | Indication Specific Age Restrictions (see comments) | N/A         | N/A                 | Y            | Y                         | Indication specific:<br>Inhalation Anthrax (Post-Exposure): 6 months and older.<br>Plague: 6 months and older.<br>All other indications: 18 years of age and older.  | 6/5/2019           |
| Drugs    | J1961      | Injection, lenacapavir, 1 mg   | 1 mg                    | 7/1/2023             | Sunlenca®    | lenacapavir injection, for subcutaneous use          | Indicated for the treatment of HIV-1 infection in heavily treatment-experienced adults with multidrug resistant HIV-1 infection failing their current antiretroviral regimen due to resistance, intolerance, or safety considerations.   | 927                            | 18 years  | N/A         | N/A                 | Y            | Y                         |  | 6/22/2023          |
| Drugs    | J1980      | Injection, hyoscyamine sulfate, up to 0.25 mg                        | up to 0.25 mg           | 1/1/2000             | Levsin®      | hyoscyamine sulfate injection                        | <ul style="list-style-type: none"> <li>• Is effective as adjunctive therapy in the treatment of peptic ulcer.</li> <li>• In acute episodes, Levsin injection can be used to control gastric secretion, visceral spasm and hypermotility in spastic colitis, spastic bladder, cystitis, pylorospasm, and associated abdominal cramps.</li> <li>• For use as adjunctive therapy in the treatment of irritable bowel syndrome (irritable colon, spastic colon, mucous colitis) and functional gastrointestinal disorders.</li> <li>• Also as adjunctive therapy in the treatment of neurogenic bladder and neurogenic bowel disturbances (including the splenic flexure syndrome and neurogenic colon).</li> <li>• Parenterally administered Levsin is also effective in reducing gastrointestinal motility to facilitate diagnostic procedures such as endoscopy or hypotonic duodenography.</li> <li>• Levsin may be used to reduce pain and hypersecretion in pancreatitis, in certain cases of partial heart block associated with vagal activity, and as an antidote for poisoning by anticholinesterase agents.</li> <li>• Indicated as a pre-operative antimuscarinic to reduce salivary, tracheobronchial, and pharyngeal secretions, to reduce the volume and acidity of gastric secretions, and to block cardiac vagal inhibitory reflexes during induction of anesthesia and intubation.</li> <li>• May also be used intravenously to improve radiologic visibility of the kidneys.</li> <li>• Indicated along with morphine or other narcotics in symptomatic relief of biliary and renal colic.</li> </ul> | 248                            | N/A   | N/A         | N/A                 | Y            | Y                         |  | 7/2/2018           |
| Drugs    | J2001      | Injection, lidocaine HCL for intravenous infusion, 10 mg             | 10 mg                   | 1/1/2004             | N/A          | lidocaine hydrochloride injection, solution          | <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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 lumbar and caudal epidural blocks, when the accepted procedures for these techniques as described in standard textbooks are observed.</li> </ul>   | 35                             | N/A   | N/A         | N/A                 | Y            | Y                         |  | 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.   | 837                            | 1 month   | N/A         | N/A                 | Y            | Y                         |  | 10/26/2018         |
| Drugs    | J2020      | 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, including diabetic foot infections, without concomitant osteomyelitis; uncomplicated skin and skin structure infections; vancomycin-resistant Enterococcus faecium infections.<br><br>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.  | 168                            | N/A   | N/A         | N/A                 | Y            | Y                         |  | 10/26/2018         |

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|----------|------------|---|-------------------------|----------------------|-------------|--|---|--------------------------------|---------------------------|---------------------------|---------------------|--------------|---------------------------|----------|--------------------|
| Drugs    | J2021      | Injection, linezolid (hospira) not therapeutically equivalent to J2020, 200 mg                          | 200 mg                  | 1/1/2023             | N/A         | linezolid injection, for intravenous use (Hospira)                                       | 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, including diabetic foot infections, without concomitant osteomyelitis; Vancomycin-resistant Enterococcus faecium infections.<br><br>Limitations of Use:<br>• Linezolid is not indicated for the treatment of Gram-negative infections.<br>• The safety and efficacy of Linezolid formulations given for longer than 28 days have not been evaluated in controlled clinical trials.   | 168                            | N/A                       | N/A                       | N/A                 | Y            | Y                         |          | 12/12/2022         |
| Drugs    | J2060      | Injection, lorazepam, 2 mg  | 2 mg                    | 1/1/2000             | Ativan®     | lorazepam injection for intravenous or intramuscular use                                 | Indicated:<br>• 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.<br>• For treatment of status epilepticus.  | 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, for intravenous use  | Indicated for the reduction of:<br>• Intracranial pressure and treatment of cerebral edema<br>• Elevated intraocular pressure   | 713                            | N/A                       | N/A                       | N/A                 | Y            | Y                         |          | 11/29/2021         |
| Drugs    | J2175      | Injection, meperidine hydrochloride, per 100 mg   | 100 mg                  | 1/1/2000             | Demerol™    | 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.<br><br>Limitations of Use:<br>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.  | 124                            | N/A                       | N/A                       | N/A                 | Y            | 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.  | 8,400                          | 18 years                  | N/A                       | N/A                 | Y            | Y                         |          | 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<br>• Following delivery of the placenta, for routine management of uterine atony, hemorrhage, and subinvolution of the uterus.<br>• For control of uterine hemorrhage in the second stage of labor following delivery of the anterior shoulder.   | 5                              | Women of childbearing age | Women of childbearing age | Females Only        | Y            | Y                         |          | 10/31/2018         |
| Drugs    | J2249      | Injection, remimazolam, 1 mg  | 1 mg                    | 7/1/2023             | Byfavo™     | remimazolam for injection, for intravenous use   | Indicated for the induction and maintenance of procedural sedation in adults undergoing procedures lasting 30 minutes or less.  | 200                            | 18 years                  | N/A                       | N/A                 | Y            | Y                         |          | 6/22/2023          |
| Drugs    | J2250      | Injection, midazolam hydrochloride, per 1 mg  | 1 mg                    | 1/1/2000             | N/A         | midazolam hydrochloride injection for intravenous or intramuscular use                   | Indicated:<br>• Intramuscularly or intravenously for preoperative sedation/analxiolysis/amnesia<br>• Intravenously as an agent for sedation/analxiolysis/amnesia prior to or during diagnostic, therapeutic or endoscopic procedures, such as bronchoscopy, gastroscopy, cystoscopy, coronary angiography, cardiac catheterization, oncology procedures, radiologic procedures, suture of lacerations and other procedures either alone or in combination with other CNS depressants;<br>• 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);<br>• Continuous intravenous infusion for sedation of intubated and mechanically ventilated patients as a component of anesthesia or during treatment in a critical care setting. | 25                             | N/A                       | N/A                       | N/A                 | Y            | Y                         |          | 10/31/2018         |
| Drugs    | J2251      | Injection, midazolam hydrochloride (wg critical care) not therapeutically equivalent to J2250, per 1 mg | 1 mg                    | 1/1/2023             | N/A         | midazolam in sodium chloride injection for intravenous use (WG Critical Care)            | Indicated for:<br>• Continuous intravenous infusion for sedation of intubated and mechanically ventilated adult, pediatric, and neonatal patients as a component of anesthesia or during treatment in a critical care setting.  | 500                            | N/A                       | N/A                       | N/A                 | Y            | Y                         |          | 12/12/2022         |
| 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.  | 64                             | 18 years                  | N/A                       | N/A                 | Y            | Y                         |          | 6/6/2019           |

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|----------|------------|--|-------------------------|----------------------|--------------------------------|---|---|--------------------------------|-------------|-------------|---------------------|--------------|---------------------------|----------|--------------------|
| 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.<br><br>Limitations of Use: Because of the risks of addiction, abuse, and misuse with opioids, even at recommended doses, reserve Morphine Sulfate Injection, for use in patients for whom alternative treatment options [e.g., non-opioid analgesics or opioid combination products]:<br>• Have not been tolerated, or are not expected to be tolerated,<br>• Have not provided adequate analgesia, or are not expected to provide adequate analgesia<br><br>Prior: Indicated for:<br>• the relief of severe acute and chronic pain<br>• to relieve preoperative apprehension<br>• to facilitate anesthesia induction<br>• the treatment of dyspnea associated with acute left ventricular failure and pulmonary edema<br>• analgesia during labor<br>• anxiety<br>• anesthesia<br>• to control postoperative pain.  | 527                            | N/A         | N/A         | N/A                 | Y            | Y                         |          | 6/7/2019           |
| Drugs    | J2272      | Injection, morphine sulfate (fresenius kab) not therapeutically equivalent to J2270, up to 10 mg | 10 mg                   | 1/1/2023             | N/A                            | morphine sulfate injection, for intravenous or intramuscular use, CII (Fresenius Kab) | Indicated for the management of pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate.<br><br>Limitations of Use<br>Because of the risks of addiction, abuse, and misuse with opioids, even at recommended doses, reserve Morphine Sulfate Injection, for use in patients for whom alternative treatment options [e.g., non-opioid analgesics or opioid combination products]:<br>• Have not been tolerated, or are not expected to be tolerated,<br>• Have not provided adequate analgesia, or are not expected to provide adequate analgesia  | 527                            | 18 years    | N/A         | N/A                 | Y            | Y                         |          | 12/12/2022         |
| 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  | • Mitigo: 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.<br>• 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.<br>• Duramorph: Indicated for:<br>o the 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.<br>o the epidural or intrathecal management of pain without attendant loss of motor, sensory, or sympathetic function.<br>o Limitation of Use: Duramorph is not for use in continuous microinfusion devices.<br><br>Prior to 10/30/2018: Morphine sulfate (preservative-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.<br><br>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 overdose. | 100                            | 18 years    | N/A         | N/A                 | Y            | Y                         |          | 4/9/2022           |
| Drugs    | J2277      | Injection, motixafortide, 0.25 mg  | 0.25 mg                 | 4/1/2024             | Aphexda™                       | motixafortide for injection, for subcutaneous use                                     | Indicated in combination with filgrastim (G-CSF) to mobilize hematopoietic stem cells to the peripheral blood for collection and subsequent autologous transplantation in patients with multiple myeloma.   | 1,488                          | 18 years    | N/A         | N/A                 | Y            | Y                         |          | 3/22/2024          |
| 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 morphine.  | 620                            | 18 years    | N/A         | N/A                 | Y            | Y                         |          | 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.<br><br>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):<br>• have not been tolerated, or are not expected to be tolerated.<br>• have not provided adequate analgesia, or are not expected to provide adequate analgesia.   | 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: propoxyphene, 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                 | Y            | Y                         |          | 10/26/2018         |
| Drugs    | J2311      | Injection, naloxone hydrochloride (zimhi), 1 mg  | 1 mg                    | 1/1/2023             | Zimhi™                         | naloxone hydrochloride injection for intramuscular or subcutaneous use                | Indicated in adult and pediatric patients for the emergency treatment of known or suspected opioid overdose, as manifested by respiratory and/or central nervous system depression.   | 50                             | N/A         | N/A         | N/A                 | Y            | Y                         |          | 12/6/2022          |

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|-----------|------------|---|-------------------------|----------------------|----------------------------|--|---|--------------------------------|-------------|-------------|---------------------|--------------|---------------------------|---|--------------------|
| Drugs     | J2315      | Injection, naltrexone, depot form, 1 mg   | 1 mg                    | 1/1/2007             | Vivitrol®                  | naltrexone for extended-release injectable suspension, for intramuscular use | <ul style="list-style-type: none"> <li>• 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.</li> <li>• Indicated for the prevention of relapse to opioid dependence, following opioid detoxification.</li> <li>• Vivitrol should be part of a comprehensive management program that includes psychosocial support.</li> </ul>   | 760                            | 18 years    | N/A         | N/A                 | Y            | Y                         | 9/1/2023: Generic Name updated to align with Prescribing Information. | 9/13/2023          |
| Biologics | J2323      | Injection, natalizumab, 1 mg  | 1 mg                    | 1/1/2008             | Tysabri®                   | natalizumab injection, for intravenous use                                   | <p>Indicated for treatment of:</p> <p>Multiple Sclerosis (MS)</p> <ul style="list-style-type: none"> <li>• Tysabri is indicated as monotherapy for the treatment of patients with relapsing forms of multiple sclerosis. Tysabri increases the risk of PML. When initiating and continuing treatment with Tysabri, physicians should consider whether the expected benefit of Tysabri is sufficient to offset this risk. See important information regarding the risk of PML with Tysabri. Crohn's Disease (CD)</li> <li>• Tysabri is indicated 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.</li> </ul> <p>Important Limitations:</p> <ul style="list-style-type: none"> <li>• In CD, Tysabri should not be used in combination with immunosuppressants or inhibitors of TNF-α.</li> </ul> | 600                            | 18 years    | N/A         | N/A                 | Y            | Y                         |   | 10/26/2018         |
| Drugs     | J2326      | Injection, nusinersen, 0.1 mg   | 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.   | 360                            | N/A         | N/A         | N/A                 | Y            | Y                         |   | 5/6/2021           |
| Biologics | J2327      | Injection, risankizumab-raa, intravenous, 1 mg  | 1 mg                    | 1/1/2023             | Skyrizi®                   | risankizumab-raa injection, for intravenous use                              | Indicated for the treatment of moderately to severely active Crohn's disease in adults.   | 1,200                          | 18 years    | N/A         | N/A                 | Y            | Y                         |   | 12/6/2022          |
| Biologics | J2329      | Injection, ublituximab-xiyi, 1mg  | 1 mg                    | 7/1/2023             | Briumvi™                   | ublituximab-xiyi injection, for intravenous use                              | Indicated for the treatment of relapsing forms of multiple sclerosis (MS), to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease, in adults.   | 600                            | 18 years    | N/A         | N/A                 | Y            | Y                         |   | 6/22/2023          |
| Drugs     | J2353      | Injection, octreotide, depot form for intramuscular injection, 1 mg                     | 1 mg                    | 1/1/2004             | Sandostatin® LAR Depot     | octreotide acetate for injectable suspension                                 | <p>Indicated for treatment in patients who have responded to and tolerated sandostatin injection subcutaneous injection for:</p> <ul style="list-style-type: none"> <li>• Acromegaly</li> <li>• Severe diarrhea/flushing episodes associated with metastatic carcinoid tumors</li> <li>• Profuse watery diarrhea associated with VIP-secreting tumors</li> </ul>  | 40                             | 18 years    | N/A         | N/A                 | Y            | Y                         |   | 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  | <p>Indicated:</p> <ul style="list-style-type: none"> <li>• To reduce blood levels of growth hormone and IGF-I (somatomedin C) in acromegaly patients who have had inadequate response to or cannot be treated with surgical resection, pituitary irradiation, and bromocriptine mesylate at maximally tolerated doses.</li> <li>• 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.</li> <li>• For the treatment of the profuse watery diarrhea associated with VIP-secreting tumors. Sandostatin studies were not designed to show an effect on the size, rate of growth or development of metastases.</li> </ul>  | 1,860                          | 18 years    | N/A         | N/A                 | Y            | Y                         |   | 7/16/2018          |
| 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.   | 900                            | 18 years    | N/A         | N/A                 | Y            | Y                         |   | 9/21/2018          |
| Drugs     | J2359      | Injection, olanzapine, 0.5 mg   | 0.5 mg                  | 10/1/2023            | Zyprexa® Intramuscular     | olanzapine injection, powder, for solution                                   | Indicated for the treatment of acute agitation associated with schizophrenia and bipolar I mania.   | 1,860                          | 13 years    | N/A         | N/A                 | Y            | Y                         |   | 9/28/2023          |
| 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.  | 20                             | 18 years    | N/A         | N/A                 | Y            | Y                         |   | 7/16/2018          |
| Drugs     | J2371      | Injection, phenylephrine hydrochloride, 20 micrograms                                   | 20 mcg                  | 7/1/2023             | Vazculep®                  | phenylephrine hydrochloride injection for intravenous use                    | Indicated for the treatment of clinically important hypotension resulting primarily from vasodilation in the setting of anesthesia.   | 31,000                         | 18 years    | N/A         | N/A                 | Y            | Y                         |   | 6/22/2023          |
| Drugs     | J2372      | Injection, phenylephrine hydrochloride (Biorphen), 20 micrograms                        | 20 mcg                  | 7/1/2023             | Biorphen®                  | phenylephrine hydrochloride injection, for intravenous use                   | Indicated for the treatment of clinically important hypotension resulting primarily from vasodilation in the setting of anesthesia.   | 31,000                         | 18 years    | N/A         | N/A                 | Y            | Y                         |   | 6/22/2023          |
| Drugs     | J2401      | Injection, chloroprocaine hydrochloride, per 1 mg                                       | 1 mg                    | 1/1/2023             | Nesacaine®, Nesacaine®-MPF | chloroprocaine HCl injection   | <p>Multidose vial with preservatives: Indicated for the production of local anesthesia by infiltration and peripheral nerve block.</p> <p>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.</p> <p>Nesacaine and Nesacaine-MPF injections are not to be used for subarachnoid administration.</p>  | 1,000                          | N/A         | N/A         | N/A                 | Y            | Y                         |   | 12/6/2022          |
| Drugs     | J2402      | Injection, chloroprocaine hydrochloride (Clorotekal), per 1 mg                          | 1 mg                    | 1/1/2023             | Clorotekal®                | chloroprocaine hydrochloride injection, for intrathecal use                  | Indicated for intrathecal injection in adults for the production of subarachnoid block (spinal anesthesia).   | 50                             | 18 years    | N/A         | N/A                 | Y            | Y                         |   | 12/6/2022          |
| Drugs     | J2403      | Chloroprocaine hcl ophthalmic, 3% gel, 1 mg   | 1 mg                    | 4/1/2023             | Iheezo™                    | chloroprocaine hydrochloride ophthalmic gel 3%, for topical ophthalmic use   | Chloroprocaine hydrochloride ophthalmic gel is indicated for ocular surface anesthesia.   | 4,000                          | 18 years    | N/A         | N/A                 | Y            | Y                         |   | 12/1/2023          |



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| 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:<br>• Nausea and vomiting associated with initial and repeat courses of emetogenic cancer chemotherapy.<br>• Postoperative nausea and/or vomiting.  | 720                            | Indication Specific Age Restrictions (see comments) | N/A         | N/A                 | Y            | Y                         | Indication specific age restrictions:<br>• Prevention of nausea and vomiting associated with emetogenic chemotherapy; 6 months of age and older<br>• Prevention of postoperative nausea and vomiting; 1 month of age and older | 9/27/2018          |
| Drugs    | J2406      | Injection, oritavancin (kimyrsa), 10 mg   | 10 mg                   | 10/1/2021            | Kimyrsa™                        | oritavancin for injection, for intravenous use                                       | Indicated for the treatment of adult patients with acute bacterial skin and skin structure infections (ABSSSI) caused by susceptible isolates of the following Gram-positive microorganisms: Staphylococcus aureus (including methicillin-susceptible and methicillin-resistant isolates), Streptococcus pyogenes, Streptococcus agalactiae, Streptococcus dysgalactiae, Streptococcus anginosus group (includes S. anginosus, S. intermedius, and S. constellatus), and Enterococcus faecalis (vancomycin-susceptible isolates only).<br><br>To reduce the development of drug-resistant bacteria and maintain the effectiveness of Kimyrsa and other antibacterial drugs, Kimyrsa should be used only to treat or prevent infections that are proven or strongly suspected to be caused by bacteria.                                      | 120                            | 18 years  | N/A         | N/A                 | Y            | Y                         |  | 9/29/2021          |
| Drugs    | J2407      | Injection, oritavancin (orbactiv), 10 mg  | 10 mg                   | 10/1/2021            | 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                            | 18 years  | N/A         | N/A                 | Y            | Y                         |  | 9/29/2021          |
| 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 ≥ WHO Grade 3 mucositis in the majority of patients.<br><br>Limitations of Use:<br>• The safety and efficacy of Kepivance have not been established in patients with non-hematologic malignancies.<br>• 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.<br>• Kepivance is not recommended for use with melphalan 200 mg/m <sup>2</sup> as a conditioning regimen. | 1,008                          | 18 years  | N/A         | N/A                 | Y            | Y                         |  | 4/9/2019           |
| Drugs    | J2426      | Injection, paliperidone palmitate extended release (invega sustenna), 1 mg                  | 1 mg                    | 1/1/2011             | Invega Sustenna®                | paliperidone palmitate extended-release injectable suspension, for intramuscular use | Indicated for:<br>• Treatment of schizophrenia in adults.<br>• Treatment of schizoaffective disorder in adults as monotherapy and as an adjunct to mood stabilizers or antidepressants.   | 624                            | 18 years  | N/A         | N/A                 | Y            | Y                         |  | 6/22/2023          |
| Drugs    | J2427      | Injection, paliperidone palmitate extended release (invega hafyera, or invega trinza), 1 mg | 1 mg                    | 7/1/2023             | Invega Hafyera™, Invega Trinza® | paliperidone palmitate extended-release injectable suspension, for intramuscular use | Invega Trinza:<br>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.<br><br>Invega Hafyera:<br>Indicated for the treatment of schizophrenia in adults after they have been adequately treated with:<br>• A once-a-month paliperidone palmitate extended-release injectable suspension (e.g., Invega Sustenna) for at least four months or<br>• An every-three-month paliperidone palmitate extended-release injectable suspension (e.g., Invega Trinza) for at least one three-month cycle  | 1,560                          | 18 years  | N/A         | N/A                 | Y            | Y                         |  | 6/22/2023          |
| Drugs    | J2430      | Injection, pamidronate disodium, per 30 mg  | 30 mg                   | 1/1/2000             | Aredia®                         | pamidronate disodium for injection for intravenous infusion                          | Indicated for:<br>• Hypercalcemia of malignancy<br>• Paget's disease<br>• Osteolytic bone metastases of breast cancer and osteolytic lesions of multiple myeloma  | 6                              | 18 years  | N/A         | N/A                 | Y            | Y                         |  | 9/21/2018          |
| Drugs    | J2440      | Injection, papaverine HCl, 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 vasospastic element, or certain cerebral angiospastic states; and visceral spasm, as in ureteral, biliary, or gastrointestinal colic.   | 80                             | 18 years  | N/A         | N/A                 | Y            | Y                         |  | 7/16/2018          |
| Drugs    | J2469      | Injection, palonosetron HCl, 25 mcg   | 25 mcg                  | 1/1/2005             | Aloxi®                          | palonosetron HCl injection for intravenous use                                       | Indicated in adults for:<br>• Moderately emetogenic cancer chemotherapy -- prevention of acute and delayed nausea and vomiting associated with initial and repeat courses.<br>• Highly emetogenic cancer chemotherapy -- prevention of acute nausea and vomiting associated with initial and repeat courses.<br>• Prevention of postoperative nausea and vomiting (PONV) for up to 24 hours following surgery. Efficacy beyond 24 hours has not been demonstrated.<br><br>Indicated in pediatric patients aged 1 month to less than 17 years for:<br>• Prevention of acute nausea and vomiting associated with initial and repeat courses of emetogenic cancer chemotherapy, including highly emetogenic cancer chemotherapy.   | 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).   | 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 intramuscular use                         | Indicated for the treatment of:<br>• Patients with acromegaly who have had an inadequate response to surgery and/or for whom surgery is not an option.<br>• Patients with Cushing's disease for whom pituitary surgery is not an option or has not been curative.   | 120                            | 18 years  | N/A         | N/A                 | Y            | Y                         |  | 7/26/2018          |

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|-----------|------------|--|-------------------------|----------------------|-----------------------------|---|---|--------------------------------|-------------|-------------|---------------------|--------------|---------------------------|----------|--------------------|
| Biologics | J2506      | Injection, pegfilgrastim, excludes biosimilar, 0.5 mg  | 0.5 mg                  | 1/1/2022             | Neulasta®, Neulasta® Onpro® | pegfilgrastim injection, for subcutaneous use                   | Indicated to:<br>- To decrease the incidence of infection, as manifested by febrile neutropenia, in patients with nonmyeloid malignancies receiving myelosuppressive anticancer drugs associated with a clinically significant incidence of febrile neutropenia.<br>- Increase survival in patients acutely exposed to myelosuppressive doses of radiation (Hematopoietic Subsyndrome of Acute Radiation Syndrome).<br><br>Limitations of Use:<br>- Neulasta is not indicated for the mobilization of peripheral blood progenitor cells for hematopoietic stem cell transplantation.  | 36                             | N/A         | N/A         | N/A                 | Y            | Y                         |          | 12/14/2021         |
| Biologics | 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.   | 24                             | 18 years    | N/A         | N/A                 | Y            | Y                         |          | 6/4/2019           |
| Biologics | J2508      | Injection, pegunigalsidase alfa-ixwj, 1 mg   | 1 mg                    | 1/1/2024             | Elfabrio®                   | pegunigalsidase alfa-ixwj injection, for intravenous use        | Indicated for the treatment of adults with confirmed Fabry disease.   | 420                            | 18 years    | N/A         | N/A                 | Y            | Y                         |          | 12/22/2023         |
| 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.   | 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:<br>• Sedatives<br>• Hypnotics, for the short-term treatment of insomnia, since they appear to lose their effectiveness for sleep induction and sleep maintenance after 2 weeks<br>• Preanesthetics<br>• Anticonvulsant, 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 anesthetics   | 150                            | N/A         | N/A         | N/A                 | Y            | Y                         |          | 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.  | 1,240                          | N/A         | N/A         | N/A                 | Y            | Y                         |          | 8/24/2018          |
| Drugs     | J2543      | Injection, piperacillin sodium/azobactam sodium, 1 g/0.125 g (1.125 g)   | 1.125 g                 | 1/1/2000             | Zosyn®                      | piperacillin and tazobactam for injection, for intravenous use  | Indicated for treatment of:<br>• Intra-abdominal infections<br>• Skin and skin structure infections<br>• Female pelvic infections<br>• Community-acquired pneumonia<br>• Nosocomial pneumonia<br>• Usage<br>To reduce the development of drug-resistant bacteria and maintain the effectiveness of Zosyn and other antibacterial drugs, Zosyn should be used only to treat or prevent infections that are proven or strongly suspected to be caused by bacteria.  | 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:<br>• a history of one or more episodes of PJP<br>• a peripheral CD4+ (T4 helper/inducer) lymphocyte count less than or equal to 200/mm3   | 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 6 months and older who have been symptomatic for no more than two days.<br><br>Limitations of Use:<br>• 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.<br>• Consider available information on influenza drug susceptibility patterns and treatment effects when deciding whether to use.<br>• Efficacy could not be established in patients with serious influenza requiring hospitalization.  | 600                            | 6 months    | N/A         | N/A                 | Y            | Y                         |          | 2/25/2021          |
| Drugs     | J2550      | Injection, promethazine HCl, up to 50 mg   | up to 50 mg             | 1/1/2000             | Phenergan                   | promethazine hydrochloride injection                            | Indicated for the following conditions:<br>• Amelioration of allergic reactions to blood or plasma.<br>• In anaphylaxis as an adjunct to epinephrine and other standard measures after the acute symptoms have been controlled.<br>• For other uncomplicated allergic conditions of the immediate type when oral therapy is impossible or contraindicated.<br>• For sedation and relief of apprehension and to produce light sleep from which the patient can be easily aroused.<br>• Active treatment of motion sickness.<br>• Prevention and control of nausea and vomiting associated with certain types of anesthesia and surgery.<br>• As an adjunct to analgesics for the control of postoperative pain.<br>• Preoperative, postoperative, and obstetric (during labor) sedation.<br>• Intravenously in special surgical situations, such as repeated bronchoscopy, ophthalmic surgery, and poor-risk patients, with reduced amounts of meperidine or other narcotic analgesic as an adjunct to anesthesia and analgesia. | 93                             | 2 years     | N/A         | N/A                 | Y            | Y                         |          | 8/24/2018          |

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| 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:<br>• 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 anxiety-tension states, hyperthyroidism, essential hypertension, nausea 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 gastrointestinal tract. Phenobarbital controls anxiety, decreases muscular activity and lessens nervous excitability in hyperthyroid patients. However, thyrotoxic individuals occasionally react poorly to barbiturates.<br>• Hypnotic, for the short-term treatment of insomnia, since it appears to lose its effectiveness for sleep induction and sleep maintenance after 2 weeks.<br>• Preanesthetic.<br>• Long-term anticonvulsant, (phenobarbital, mephobarbital and metharbital) for the treatment of generalized tonic-clonic and cortical 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 strychnine or local anesthetics. Phenobarbital sodium may be administered intramuscularly or intravenously as an anticonvulsant for emergency use. When administered intravenously, it may require 15 or more minutes before reaching peak concentrations in the brain. Therefore, injecting phenobarbital sodium until the convulsions stop may cause the brain level to exceed that required to control the convulsions and lead to severe barbiturate-induced depression.<br>• 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                 | 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-Hodgkin's lymphoma and multiple myeloma.  | 160                            | 18 years  | N/A         | N/A                 | Y            | Y                         |  | 6/6/2019           |
| Drugs     | J2590      | Injection, oxytocin, up to 10 units                         | up to 10 units          | 1/1/2000             | Pitocin®              | oxytocin injection, USP synthetic   | Indicated for:<br>• Antepartum<br>- 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.<br>- Induction of labor in patients with a medical indication for the initiation of labor.<br>- Stimulation or reinforcement of labor, as in selected cases of uterine inertia.<br>- Adjunctive therapy in the management of incomplete or inevitable abortion.<br><br>• Postpartum<br>- Produce uterine contractions during the third stage of labor and to control postpartum bleeding or hemorrhage.   | 12                             | N/A   | N/A         | Females Only        | Y            | Y                         |  | 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 (Type 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 polydipsia following head trauma or surgery in the pituitary region. DDAVP is ineffective for the treatment of nephrogenic diabetes insipidus.   | 660                            | Indication Specific Age Restrictions (see comments) | N/A         | N/A                 | Y            | Y                         | Indication age specific: Hemophilia A and von Willebrand's Disease: 3 months of age and older<br>Diabetes Insipidus: 12 years of age and older | 7/2/2018           |
| 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.   | 2                              | 18 years  | N/A         | Females Only        | Y            | Y                         |  | 6/6/2019           |
| Drugs     | J2679      | Injection, fluphenazine hcl, 1.25 mg                        | 1.25 mg                 | 1/1/2024             | N/A                   | fluphenazine hydrochloride injection, solution  | Fluphenazine Hydrochloride Injection, USP is indicated in the management of manifestations of psychotic disorders.<br>• Fluphenazine hydrochloride has not been shown effective in the management of behavioral complications in patients with mental retardation.  | 248                            | 18 years  | N/A         | N/A                 | Y            | Y                         |  | 12/22/2023         |
| 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.   | 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 judgment 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                              | 18 years  | N/A         | N/A                 | Y            | Y                         |  | 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.   | 744                            | N/A   | N/A         | N/A                 | Y            | Y                         |  | 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.   | 50                             | N/A   | N/A         | N/A                 | Y            | Y                         |  | 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 overdose.  | 5                              | 18 years  | N/A         | N/A                 | Y            | Y                         |  | 8/29/2018          |
| Biologics | J2724      | Injection, protein C concentrate, intravenous, human, 10 IU | 10 IU                   | 1/1/2008             | Ceprotrin             | protein c concentrate (human) lyophilized powder 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 fulminans.   | 105,840                        | N/A   | N/A         | N/A                 | Y            | Y                         |  | 6/4/2019           |

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| 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:<br>• In the treatment of poisoning caused by those pesticides and chemicals of the organophosphate class which have anticholinesterase activity.<br>• In the control of overdose by anticholinesterase drugs used in the treatment of myasthenia gravis.   | 20                             | N/A   | N/A         | N/A                    | Y            | Y                         |   | 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:<br>• 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.<br>• The prevention or treatment of dermal necrosis and sloughing following intravenous administration or extravasation of norepinephrine.<br>• The diagnosis of pheochromocytoma by the phentolamine mesylate for injection blocking test.  | 372                            | N/A   | N/A         | N/A                    | Y            | Y                         |   | 8/24/2018          |
| Drugs            | J2765      | Injection, metoclopramide HCl, up to 10 mg                                   | up to 10 mg             | 1/1/2000             | N/A                                 | metoclopramide hydrochloride injection                               | Indicated for:<br>• The relief of symptoms associated with acute and recurrent diabetic gastric stasis<br>• The prophylaxis of vomiting associated with emetogenic cancer chemotherapy<br>• The prophylaxis of postoperative nausea and vomiting in those circumstances where nasogastric suction is undesirable<br>• Facilitating small bowel intubation in adults and pediatric patients in whom the tube does not pass the pylorus with conventional maneuvers<br>• Stimulating gastric emptying and intestinal transit of barium in cases where delayed emptying interferes with radiological examination of the stomach and/or small intestine  | 560                            | Indication Specific Age Restrictions (see comments) | N/A         | N/A                    | Y            | Y                         | Indication specific:<br>• Facilitating Small Bowel Intubation: 18 years of age and older<br>• All other indications: None | 6/6/2019           |
| Biologicals      | J2777      | Injection, faricimab-svoa, 0.1 mg  | 0.1 mg                  | 10/1/2022            | Vabysmo®                            | faricimab-svoa injection, for intravitreal use                       | Indicated for the treatment of patients with:<br>• Neovascular (Wet) Age-Related Macular Degeneration (nAMD)<br>• Diabetic Macular Edema (DME)<br>• Macular Edema Following Retinal Vein Occlusion (RVO)   | 240                            | 18 years  | N/A         | N/A                    | Y            | Y                         |   | 12/1/2023          |
| 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:<br>• Neovascular (Wet) Age-Related Macular Degeneration (AMD)<br>• Macular Edema Following Retinal Vein Occlusion (RVO)<br>• Diabetic Macular Edema (DME)<br>• Diabetic Retinopathy (DR)<br>• Myopic Choroidal Neovascularization (mCNV)   | 20                             | 18 years  | N/A         | N/A                    | Y            | Y                         |   | 10/31/2018         |
| Biologicals      | J2779      | Injection, ranibizumab, via intravitreal implant (susvimo), 0.1 mg           | 0.1 mg                  | 1/1/2002             | Susvimo™                            | ranibizumab injection for intravitreal use via ocular implant        | Indicated for the treatment of patients with Neovascular (wet) Age-related Macular Degeneration (AMD) who have previously responded to at least two intravitreal injections of a VEGF inhibitor.   | 100                            | 18 years  | N/A         | N/A                    | Y            | Y                         |   | 6/6/2022           |
| Drugs            | J2781      | Injection, pegcetacoplan, intravitreal, 1 mg                                 | 1 mg                    | 10/1/2023            | Syfove®                             | pegcetacoplan injection, for intravitreal use                        | Indicated for the treatment of geographic atrophy (GA) secondary to age-related macular degeneration (AMD).  | 60                             | 18 years  | N/A         | N/A                    | Y            | Y                         |   | 9/28/2023          |
| Drugs            | J2782      | Injection, avacincaptad pegol, 0.1 mg  | 0.1 mg                  | 4/1/2024             | Itervay™                            | avacincaptad pegol intravitreal solution                             | Indicated for the treatment of geographic atrophy (GA) secondary to age-related macular degeneration (AMD).  | 80                             | 18 years  | N/A         | N/A                    | Y            | Y                         |   | 4/12/2024          |
| Biologicals      | J2783      | Injection, rasburicase, 0.5 mg   | 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.<br><br>Limitation of Use: Elitek is indicated for a single course of treatment.  | 280                            | N/A   | N/A         | N/A                    | Y            | Y                         |   | 6/4/2019           |
| Drugs            | J2785      | Injection, regadenoson, 0.1 mg   | 0.1 mg                  | 1/1/2009             | Lexiscan®                           | regadenoson injection for intravenous use                            | Indicated for radionuclide myocardial perfusion imaging (MPI) in patients unable to undergo adequate exercise stress.  | 4                              | 18 years  | N/A         | N/A                    | Y            | Y                         |   | 6/4/2021           |
| Biologicals      | J2786      | Injection, reslizumab, 1 mg  | 1 mg                    | 1/1/2017             | Cinqair®                            | reslizumab injection, for intravenous use                            | Indicated for add-on maintenance treatment of patients with severe asthma aged 18 years and older, and with an eosinophilic phenotype.<br><br>Limitations of Use: Cinqair is not indicated for:<br>• Treatment of other eosinophilic conditions.<br>• Relief of acute bronchospasm or status asthmaticus.  | 840                            | 18 years  | N/A         | N/A                    | Y            | Y                         |   | 7/2/2018           |
| Immune Globulins | J2788      | Injection, Rho d immune globulin, human, mini-dose, 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:<br>1. The mother must be Rho(D) negative and must not already be sensitized to the Rho(D) antigen.<br>2. The father is not known to be Rho(D) negative.<br>3. Gestation is not more than 12 weeks at termination.<br>**See package insert for full usage criteria.**<br>MICRhoGAM: For use in preventing Rh immunization.<br>• Pregnancy 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 hemorrhage (suspected or proven), actual or threatened pregnancy loss at any stage of gestation and ectopic pregnancy.<br>• Prevention of Rh immunization in any Rh-negative person after incompatible transfusion of Rh-positive blood or blood products. | 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:<br>• In pregnancy and other obstetrical conditions (see full prescribing information).<br>• In any Rh-negative person after incompatible transfusion of Rh-positive blood or blood products.  | 3                              | N/A   | N/A         | N/A                    | Y            | Y                         |   | 4/9/2022           |

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| Category         | HCPCS Code | HCPCS Description  | HCPCS Code Billing Unit | HCPCS Effective Date | Brand Name        | Generic Name   | FDA Approved Indications<br>(See Package Insert for full FDA approved indication descriptions)   | NC Suggested Max Monthly Units | Minimum Age   | Maximum Age | Gender Restrictions | NDC Required | Rebating Labeler Required | Comments   | Last Modified Date |
|------------------|------------|--|-------------------------|----------------------|-------------------|--|--|--------------------------------|---|-------------|---------------------|--------------|---------------------------|--|--------------------|
| 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 | Indicated for:<br>Suppression of Rhesus (Rh) Isoimmunization in:<br>• Pregnancy and obstetric conditions in non-sensitized, Rho (D)-negative women with an Rh-incompatible pregnancy, including:<br>-Routine antepartum and postpartum Rh prophylaxis<br>-Rh prophylaxis in obstetric complications or invasive procedures<br>• Incompatible transfusions in Rho (D)-negative individuals transfused with blood components containing Rho (D)-positive red blood cells (RBCs).<br>Immune Thrombocytopenic Purpura (ITP)<br>• Raising platelet counts in Rho (D)-positive, non-splenectomized adults with chronic ITP.  | 350                            | N/A   | N/A         | N/A                 | Y            | Y                         | 12/2023: Age restrictions updated to align with other rho(D) immune globulin products effective 12/20/2023.                                    | 1/26/2024          |
| 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) solution for intravenous or intramuscular injection                             | Indicated for:<br>Immune Thrombocytopenic Purpura (ITP)<br>Raising platelet counts in Rho(D) positive, non-splenectomized:<br>• Children with chronic or acute ITP,<br>• Adults with chronic ITP and<br>• Children and adults with ITP secondary to HIV infection<br>Suppression of Rhesus (Rh) Isoimmunization<br>• Pregnancy and other obstetric conditions in non-sensitized, Rho(D)-negative women with an Rh-incompatible pregnancy including:<br>o Routine antepartum and postpartum Rh prophylaxis<br>o Rh prophylaxis in obstetric complications or invasive procedures<br>• Incompatible transfusions in Rho(D)-negative individuals transfused with blood components containing Rho(D)-positive red blood cells (RBCs).  | 1,500                          | N/A   | N/A         | N/A                 | Y            | Y                         |  | 9/12/2018          |
| Biologics        | J2793      | Injection, rilonecept, 1 mg  | 1 mg                    | 1/1/2010             | Arcalyst®         | rilonecept injection for subcutaneous use  | Indicated for:<br>- 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.<br>- maintenance of remission of Deficiency of Interleukin-1 Receptor Antagonist (DIRA) in adults and pediatric patients weighing at least 10 kg.<br>- the treatment of recurrent pericarditis (RP) and reduction in risk of recurrence in adults and children 12 years and older.   | 1,600                          | Indication Specific Age Restrictions (see comments) | N/A         | N/A                 | Y            | Y                         | Indication specific age restrictions:<br>CAPS and RP: 12 years of age and older<br>DIRA: N/A   | 4/26/2021          |
| Drugs            | J2794      | Injection, risperidone (risperdal consta), 0.5 mg  | 0.5 mg                  | 1/1/2005             | Risperdal Consta® | risperidone long-acting injection  | Indicated:<br>• for the treatment of schizophrenia.<br>• as monotherapy or as adjunctive therapy to lithium or valproate for the maintenance treatment of Bipolar I Disorder.  | 300                            | N/A   | N/A         | N/A                 | Y            | 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.<br>Surgical Anesthesia: epidural block for surgery including cesarean section; major nerve block; local infiltration.<br>Acute pain management: epidural continuous infusion or intermittent bolus, eg, postoperative or labor; local infiltration.  | 2,166                          | 18 years  | N/A         | N/A                 | Y            | Y                         |  | 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 in:<br>• Adult patients with immune thrombocytopenia (ITP) who have had an insufficient response to corticosteroids, immunoglobulins, or splenectomy.<br>• 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.<br>Nplate is indicated to increase survival in adults and in pediatric patients (including term neonates) acutely exposed to myelosuppressive doses of radiation (Hematopoietic Syndrome of Acute Radiation Syndrome [HSARS]).<br><br>Limitations of Use:<br>• Nplate is not indicated for the treatment of thrombocytopenia due to myelodysplastic syndrome (MDS) or any cause of thrombocytopenia other than ITP.<br>• Nplate should be used only in patients with ITP whose degree of thrombocytopenia and clinical condition increases the risk for bleeding.<br>• Nplate should not be used in an attempt to normalize platelet counts. | 700                            | Indication Specific Age Restrictions (see comments) | N/A         | N/A                 | Y            | Y                         | Indication Specific Age Restrictions:<br>ITP: 1 year of age and older<br>HS-ARS: None  | 2/25/2021          |
| 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.  | 480                            | 18 years  | N/A         | N/A                 | Y            | Y                         |  | 10/3/2019          |
| Drugs            | J2799      | Injection, risperidone (uzedy), 1 mg   | 1 mg                    | 1/1/2024             | Uzedy™            | risperidone extended-release injectable suspension, for subcutaneous use   | Indicated for the treatment of schizophrenia in adults.  | 250                            | 18 years  | N/A         | N/A                 | Y            | Y                         |  | 12/22/2023         |
| 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.  | 54                             | Indication Specific Age Restrictions (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            | J2801      | Injection, risperidone (rykindo), 0.5 mg   | 0.5 mg                  | 4/1/2024             | Rykindo®          | risperidone for extended-release injectable suspension, for intramuscular use  | Risperidone for extended-release injectable suspension is indicated:<br>• for the treatment of schizophrenia in adults.<br>• as monotherapy or as adjunctive therapy to lithium or valproate for the maintenance treatment of bipolar I disorder in adults.  | 300                            | 18 years  | N/A         | N/A                 | Y            | Y                         |  | 4/12/2024          |

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|-----------|------------|--|-------------------------|----------------------|----------------------------------|--|---|--------------------------------|---|------------------------------------|---------------------|--------------|---------------------------|--|--------------------|
| Biologics | J2820      | Injection, sargramostim (GM-CSF), 50 mcg                                 | 50 mcg                  | 1/1/2000             | Leukine®                         | sargramostim injection, for subcutaneous or intravenous use                    | Indicated:<br><ul style="list-style-type: none"> <li>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).</li> <li>For the mobilization of hematopoietic progenitor cells into peripheral blood for collection by leukapheresis and autologous transplantation in adults.</li> <li>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.</li> <li>For the acceleration of myeloid reconstitution following allogeneic bone marrow transplantation in adult and pediatric patients 2 years of age and older.</li> <li>For treatment of delayed neutrophil recovery or graft failure after autologous or allogeneic bone marrow transplantation in adult and pediatric patients 2 years of age and older.</li> <li>To increase survival in adult and pediatric patients from birth to 17 years of age acutely exposed to myelosuppressive doses of radiation (Hematopoietic Syndrome of Acute Radiation Syndrome [H-ARS]).</li> </ul>  | 620                            | Indication Specific Age Restrictions (see comments) | Indication Specific (see comments) | N/A                 | Y            | Y                         | <ul style="list-style-type: none"> <li>Indication specific age restrictions:</li> <li>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).</li> <li>For the mobilization of hematopoietic progenitor cells into peripheral blood for collection by leukapheresis and autologous transplantation in adults.</li> <li>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.</li> <li>For the acceleration of myeloid reconstitution following allogeneic bone marrow or peripheral blood progenitor cell transplantation in adult and pediatric patients 2 years of age and older.</li> </ul> | 8/29/2018          |
| Biologics | 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.   | 1,260                          | 1 month   | N/A                                | N/A                 | Y            | Y                         |  | 12/16/2021         |
| Biologics | J2860      | Injection, siltuximab, 10 mg   | 10 mg                   | 1/1/2016             | Sylvant®                         | siltuximab for injection, for intravenous use                                  | Indicated for treatment of patients with multicentric Castlemans disease (MCD) who are human immunodeficiency virus (HIV) negative and human herpesvirus-8 (HHV-8) negative.<br><br>Limitations 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 IL-6 in a non-clinical study.  | 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             | Ferriect®                        | 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.   | 80                             | 6 years   | N/A                                | N/A                 | Y            | Y                         |  | 9/21/2018          |
| Drugs     | J2919      | Injection, methylprednisolone sodium succinate, 5 mg                     | 5 mg                    | 4/1/2024             | Solu-Medrol®                     | methylprednisolone sodium succinate for injection                              | When oral therapy is not reasonable, and the strength, dosage form, and route of administration or the drug reasonably lend the preparation to the treatment of the condition, the intravenous or intramuscular use of Solu-Medrol is indicated as follows:<br><ul style="list-style-type: none"> <li>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, serum sickness, transfusion reactions.</li> <li>Dermatologic diseases: Bullous dermatitis herpetiformis, exfoliative erythroderma, mycosis fungoides, pemphigus, severe erythema multiforme (Stevens-Johnson syndrome).</li> <li>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, nonsuppurative thyroiditis.</li> <li>Gastrointestinal diseases: To tide the patient over a critical period of the disease in regional enteritis (systemic therapy) and ulcerative colitis.</li> <li>Hematologic disorders: Acquired (autoimmune) hemolytic anemia, congenital (erythroid) hypoplastic anemia (Diamond-Blackfan anemia), idiopathic thrombocytopenic purpura in adults (intravenous administration only; intramuscular administration is contraindicated), pure red cell aplasia, selected cases of secondary thrombocytopenia.</li> <li>Miscellaneous: Trichinosis with neurologic or myocardial involvement, tuberculous meningitis with subarachnoid block or impending block when used concurrently with appropriate antituberculous chemotherapy.</li> <li>Neoplastic diseases: For the palliative management of leukemias and lymphomas.</li> <li>Nervous System: Acute exacerbations of multiple sclerosis; cerebral edema associated with primary or metastatic brain tumor, or craniotomy.</li> <li>Ophthalmic diseases: Sympathetic ophthalmia, uveitis and ocular inflammatory conditions unresponsive to topical corticosteroids.</li> <li>Renal diseases: To induce diuresis or remission of proteinuria in idiopathic nephrotic syndrome or that due to glomerulonephritis.</li> </ul> | 4,500                          | N/A   | N/A                                | N/A                 | Y            | Y                         |  | 3/22/2024          |
| Biologics | J2993      | Injection, reteplase, 18.1 mg  | 18.1 mg                 | 1/1/2002             | Retavase®                        | reteplase for injection, for intravenous use                                   | Indicated for treatment of acute ST-elevation myocardial infarction (STEMI) to reduce the risk of death and heart failure.<br><br>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                              | 18 years  | N/A                                | N/A                 | Y            | Y                         |  | 10/31/2018         |
| Biologics | J2997      | Injection, alteplase recombinant, 1 mg                                   | 1 mg                    | 1/1/2001             | Activase®, Cathflo®<br>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.<br><br>Activase: Indicated for the treatment of:<br><ul style="list-style-type: none"> <li>Acute Ischemic Stroke (AIS)</li> <li>Acute Myocardial 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.</li> <li>Acute Massive Pulmonary Embolism (PE) for lysis.</li> </ul>  | 3,100                          | 18 years  | N/A                                | N/A                 | Y            | Y                         | 1/2024: Category corrected from Drugs to Biologics.  | 1/26/2024          |

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|-----------|------------|--|-------------------------|----------------------|------------|--|---|--------------------------------|-------------------------------------|-------------|---------------------|--------------|---------------------------|----------|--------------------|
| Biologics | J2998      | Injection, plasminogen, human-tvmb, 1 mg   | 1 mg                    | 1/1/2002             | Ryplazim*  | plasminogen, human-tvmb lyophilized powder for reconstitution, for intravenous use | Indicated for the treatment of patients with plasminogen deficiency type 1 (hypoplasminogenemia).   | 15,411.2                       | 11 months                           | N/A         | N/A                 | Y            | Y                         |          | 6/6/2022           |
| Drugs     | J3000      | Injection, streptomycin, up to 1 gram      | up to 1 g               | 1/1/2000             | N/A        | streptomycin for injection for 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 (tularemia); Brucella; Calymmatobacterium granulomatis (donovanosis, granuloma inguinale); H. ducreyi (chancroid); H. influenzae (in respiratory, endocardial, and meningial infections, concomitantly with another antibacterial agent); K. pneumoniae pneumonia (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). | 62                             | N/A                                 | N/A         | N/A                 | Y            | Y                         |          | 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:<br>• 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.<br>• use as an opioid analgesic supplement in general or regional anesthesia.<br>• administration with a neuroleptic as an anesthetic premedication, for the induction of anesthesia and as an adjunct in the maintenance of general and regional anesthesia.<br>• 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                            | 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:<br>• Acute treatment of migraine with or without aura in adults<br>• Acute treatment of cluster headache in adults   | 8                              | 18 years                            | N/A         | N/A                 | Y            | Y                         |          | 9/21/2018          |
| Biologics | J3055      | Injection, talquetamab-tgvs, 0.25 mg       | 0.25 mg                 | 4/1/2024             | Talvey™    | talquetamab-tgvs injection, for subcutaneous use                                   | Indicated for the treatment of adult patients with relapsed or refractory multiple myeloma who have received at least four prior lines of therapy, including a proteasome inhibitor, an immunomodulatory agent and an anti-CD38 monoclonal antibody.  | 1,808                          | 18 years                            | N/A         | N/A                 | Y            | Y                         |          | 4/12/2024          |
| Biologics | 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.   | 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 and pediatric patients 12 years of age and older for the treatment of acute bacterial skin and skin structure infections (ABSSSI) caused by designated susceptible bacteria.  | 1,200                          | 12 years                            | N/A         | N/A                 | Y            | Y                         |          | 7/28/2020          |
| 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:<br>• Complicated skin and skin structure infections (cSSSI)<br>• Hospital-acquired and ventilator-associated bacterial pneumonia (HABP/VABP) caused by susceptible isolates of Staphylococcus aureus. Vibativ should be reserved for use when alternative treatments are not suitable.   | 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.   | 45                             | 12 years                            | N/A         | N/A                 | Y            | Y                         |          | 9/12/2018          |
| Biologics | 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 to other available osteoporosis therapy.   | 420                            | Not for use in premenopausal women. | N/A         | Females Only        | Y            | Y                         |          | 10/3/2019          |
| 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), hypogonadotropic hypogonadism (congenital or acquired), and delayed puberty. Testosterone Enanthate injection may be used secondarily in women with advancing inoperable metastatic (skeletal) mammary cancer who are 1 – 5 years postmenopausal.   | 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:<br>primary hypogonadism (congenital or acquired) or hypogonadotropic hypogonadism (congenital or acquired).  | 1,500                          | 18 years                            | N/A         | Males Only          | Y            | Y                         |          | 9/21/2018          |
| Drugs     | J3230      | Injection, chlorpromazine HCl, 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 manic 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 hyperexcitable 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 frustration tolerance.   | 248                            | 6 months                            | N/A         | N/A                 | Y            | Y                         |          | 9/27/2018          |

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•The Max Daily Units for radiopharmaceuticals represents one therapeutic dose or diagnostic dose.

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

•Vaccines are covered devices and vaccines are not required to be from a rebating labeler/manufacture as they are not classified as covered outpatient drugs.

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| Category  | HCPCS Code | HCPCS Description   | HCPCS Code Billing Unit | HCPCS Effective Date | Brand Name  | Generic Name  | FDA Approved Indications<br>(See Package Insert for full FDA approved indication descriptions)   | NC Suggested Max Monthly Units | Minimum Age   | Maximum Age | Gender Restrictions | NDC Required | Rebating Labeler Required | Comments  | Last Modified Date |
|-----------|------------|---|-------------------------|----------------------|-------------|---|--|--------------------------------|---|-------------|---------------------|--------------|---------------------------|---|--------------------|
| Biologics | 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 use                 | Indicated for:<br>• 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.<br>• 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.<br><br>Limitations of Use:<br>• Diagnostic:<br>- Thyrogen-stimulated Tg levels are generally lower than, and do not correlate with Tg levels after thyroid hormone withdrawal.<br>- 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.<br>- Anti-Tg Antibodies may confound the Tg assay and render Tg levels uninterpretable.<br><br>•Ablation:<br>- The effect of Thyrogen on long term thyroid cancer outcomes has not been determined. | 2                              | 18 years  | N/A         | N/A                 | Y            | Y                         |   | 6/19/2023          |
| Biologics | J3241      | Injection, teprotumumab-trbw, 10 mg   | 10 mg                   | 10/1/2020            | Tepezza®    | teprotumumab-trbw for injection, for intravenous use                  | Indicated for the treatment of Thyroid Eye Disease regardless of Thyroid Eye Disease activity or duration.   | 600                            | 18 years  | N/A         | N/A                 | Y            | Y                         |   | 5/25/2023          |
| Drugs     | J3243      | Injection, tigecycline, 1 mg  | 1 mg                    | 1/1/2007             | Tyggaci®    | tigecycline for injection, for intravenous use                        | Indicated in patients 18 years of age and older for:<br>• Complicated skin and skin structure infections<br>• Complicated intra-abdominal infections<br>• Community-acquired bacterial pneumonia<br><br>Limitations of Use: Tyggaci is not indicated for treatment of diabetic foot infection or hospital-acquired pneumonia, including ventilator-associated pneumonia.   | 1,450                          | 18 years  | N/A         | N/A                 | Y            | Y                         |   | 9/21/2018          |
| Drugs     | J3244      | Injection, tigecycline (accord) not therapeutically equivalent to J3243, 1 mg | 1 mg                    | 1/1/2023             | N/A         | tigecycline for injection, for intravenous use (Accord)               | Indicated in patients 18 years of age and older for:<br>• Complicated skin and skin structure infections<br>• Complicated intra-abdominal infections<br>• Community-acquired bacterial pneumonia<br><br>Limitations of Use: Tigecycline for injection is not indicated for treatment of diabetic foot infection or hospital-acquired pneumonia, including ventilator-associated pneumonia.<br><br>To reduce the development of drug-resistant bacteria and maintain the effectiveness of tigecycline for injection and other antibacterial drugs, Tigecycline for injection should be used only to treat infections that are proven or strongly suspected to be caused by bacteria.  | 1,450                          | 18 years  | N/A         | N/A                 | Y            | Y                         |   | 12/12/2022         |
| 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.   | 124                            | 18 years  | N/A         | N/A                 | Y            | 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:<br>• Septicemia in the neonate, child, and adult caused by P. aeruginosa, E. coli, and Klebsiella sp<br>• Lower respiratory tract infections caused by P. aeruginosa, Klebsiella sp, Enterobacter sp, Serratia sp, E. coli, and S. aureus (penicillinase and non-penicillinase-producing strains)<br>• Serious central nervous system infections (meningitis) caused by susceptible organisms<br>• Intra-abdominal infections, including peritonitis, caused by E. coli, Klebsiella sp, and Enterobacter sp<br>• Skin, bone, and skin-structure infections caused by P. aeruginosa, Proteus sp, E. coli, Klebsiella sp, Enterobacter sp, and S. aureus  | 558                            | N/A   | N/A         | N/A                 | Y            | Y                         |   | 9/12/2018          |
| Biologics | J3262      | Injection, tocilizumab, 1 mg  | 1 mg                    | 1/1/2011             | Actemra®    | tocilizumab injection, for intravenous use                            | Indicated for the treatment of:<br>• Adult patients with moderately to severely active rheumatoid arthritis (RA) who have had an inadequate response to one or more Disease-Modifying Anti-Rheumatic Drugs (DMARDs).<br>• Active systemic juvenile idiopathic arthritis in patients two years of age and older.<br>• Active polyarticular juvenile idiopathic arthritis in patients two years of age and older.<br>• Adult and pediatric patients 2 years of age and older with chimeric antigen receptor (CAR) T cell-induced severe or life-threatening cytokine release syndrome.<br>• Adult patients with giant cell arteritis.  | 3,200                          | Indication Specific Age Restrictions (see comments) | N/A         | N/A                 | Y            | Y                         | Indication specific age restrictions:<br>• 2 years of age and older: systemic juvenile idiopathic arthritis, polyarticular juvenile idiopathic arthritis, CAR T cell-induced CRS<br>• 18 years of age and older: rheumatoid arthritis, giant cell arteritis | 3/17/2022          |
| 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.  | 1,813                          | 17 years  | N/A         | N/A                 | Y            | Y                         |   | 5/14/2019          |
| Drugs     | J3299      | Injection, triamcinolone acetonide (xipere), 1 mg                             | 1 mg                    | 1/1/2000             | Xipere™     | triamcinolone acetonide injectable suspension, for suprachoroidal use | Indicated for the treatment of macular edema associated with uveitis.  | 80                             | 18 years  | N/A         | N/A                 | Y            | Y                         |   | 6/6/2022           |
| Drugs     | J3300      | Injection, triamcinolone acetonide, preservative free, 1 mg                   | 1 mg                    | 1/1/2009             | Triescence® | triamcinolone acetonide injectable suspension                         | Indicated for:<br>• Treatment of the following ophthalmic diseases: sympathetic ophthalmia, temporal arteritis, uveitis, and ocular inflammatory conditions unresponsive to topical corticosteroids.<br>• Visualization during vitrectomy  | 8                              | N/A   | N/A         | N/A                 | Y            | Y                         |   | 6/7/2019           |



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|-----------|------------|--|-------------------------|----------------------|-------------------------------|--|---|--------------------------------|---|-------------|---------------------|--------------|---------------------------|--|--------------------|
| 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 | <p>Kenalog-40<br/>Indicated for intramuscular use as follows:</p> <ul style="list-style-type: none"> <li>• 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 rhinitis, serum sickness, transfusion reactions.</li> <li>• Dermatologic diseases: Bullous dermatitis herpetiformis, exfoliative erythroderma, mycosis fungoides, pemphigus, severe erythema multiforme (Stevens-Johnson syndrome).</li> <li>• 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, nonsuppurative thyroiditis.</li> <li>• Gastrointestinal diseases: To tide the patient over a critical period of the disease in regional enteritis and ulcerative colitis.</li> <li>• Hematologic disorders: Acquired (autoimmune) hemolytic anemia, Diamond-Blackfan anemia, pure red cell aplasia, selected cases of secondary thrombocytopenia.</li> <li>• Miscellaneous: Trichinosis with neurologic or myocardial involvement, tuberculous meningitis with subarachnoid block or impending block when used with appropriate antituberculous chemotherapy.</li> <li>• Neoplastic diseases: For the palliative management of leukemias and lymphomas.</li> <li>• Nervous system: Acute exacerbations of multiple sclerosis; cerebral edema associated with primary or metastatic brain tumor or craniotomy.</li> <li>• Ophthalmic diseases: Sympathetic ophthalmia, temporal arteritis, uveitis, and ocular inflammatory conditions unresponsive to topical corticosteroids.</li> <li>• Renal diseases: To induce diuresis or remission of proteinuria in idiopathic nephrotic syndrome or that due to lupus erythematosus.</li> <li>• Respiratory diseases: Berylliosis, fulminating or disseminated pulmonary tuberculosis when used concurrently with appropriate antituberculous chemotherapy, idiopathic eosinophilic pneumonias, symptomatic sarcoidosis.</li> </ul> <p>*Rheumatic disorders: Indicated for short-term administration to tide the patient over an acute phase of the disease.</p> | 150                            | N/A   | N/A         | N/A                 | Y            | 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      | <p>Indicated as an intra-articular injection for the management of osteoarthritis pain of the knee.</p> <p>Limitation of Use: Zilretta is not intended for repeat administration.</p>   | 64                             | 18 years  | N/A         | N/A                 | Y            | 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                              | 18 years  | N/A         | Males Only          | Y            | Y                         |  | 2/19/2024          |
| 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                              | 2 years   | N/A         | N/A                 | Y            | Y                         |  | 2/19/2024          |
| Biologics | J3357      | Ustekinumab, for subcutaneous injection, 1 mg  | 1 mg                    | 1/1/2017             | Stelara® for subcutaneous use | ustekinumab injection, for subcutaneous use  | <p>Indicated for the treatment of:</p> <p>Adult patients with:</p> <ul style="list-style-type: none"> <li>• Moderate to severe plaque psoriasis (Ps) who are candidates for phototherapy or systemic therapy</li> <li>• Active psoriatic arthritis (PsA)</li> <li>• Moderately to severely active Crohn's disease (CD)</li> <li>• Moderately to severely active ulcerative colitis</li> </ul> <p>Pediatric patients 6 to 17 years of age with:</p> <ul style="list-style-type: none"> <li>• Moderate to severe plaque psoriasis, who are candidates for phototherapy or systemic therapy</li> <li>• Active psoriatic arthritis (PsA)</li> </ul>   | 180                            | Indication Specific Age Restrictions (see comments) | N/A         | N/A                 | Y            | Y                         | <p>Indication specific age restrictions.</p> <ul style="list-style-type: none"> <li>• 6 years of age and older: plaque psoriasis (Ps), psoriatic arthritis (PsA)</li> <li>• 18 years of age and older: Crohn's disease (CD), ulcerative colitis</li> </ul> | 8/16/2022          |
| Biologics | J3358      | Ustekinumab, for intravenous injection, 1 mg   | 1 mg                    | 1/1/2018             | Stelara® for intravenous use  | ustekinumab injection, for intravenous use   | <p>Indicated for the treatment of adult patients with:</p> <ul style="list-style-type: none"> <li>• Moderately to severely active Crohn's disease (CD)</li> <li>• Moderately to severely active ulcerative colitis</li> </ul>   | 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   | <p>Indicated:</p> <ul style="list-style-type: none"> <li>• 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 anxiolytic.</li> <li>• In acute alcohol withdrawal, diazepam may be useful in the symptomatic relief of acute agitation, tremor, impending or acute delirium tremens and hallucinosis.</li> <li>• 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.</li> <li>• 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.</li> <li>• As a useful adjunct in status epilepticus and severe recurrent convulsive seizures.</li> <li>• As a useful premedication (the I.M. route is preferred) for relief of anxiety and tension in patients who are to undergo surgical procedures. Intravenously, prior to cardioversion for the relief of anxiety and tension and to diminish the patient's recall of the procedure.</li> </ul>  | 250                            | 31 days   | N/A         | N/A                 | Y            | Y                         |  | 10/10/2018         |

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|-----------|------------|---|-------------------------------|----------------------|------------|---|---|--------------------------------|-------------|-------------|---------------------|--------------|---------------------------|---|--------------------|
| Drugs     | J3370      | Injection, vancomycin HCl, 500 mg   | 500 mg                        | 1/1/2000             | N/A        | vancomycin hydrochloride for injection, 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 when methicillin-resistant staphylococci are suspected, but after susceptibility data are available, therapy should be adjusted accordingly.<br><br>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.<br><br>See package insert for list of infections. | 124                            | N/A         | N/A         | N/A                 | Y            | Y                         |   | 6/8/2019           |
| Drugs     | J3371      | Injection, vancomycin hcl (mylan) not therapeutically equivalent to J3370, 500 mg   | 500 mg                        | 1/1/2023             | N/A        | vancomycin hydrochloride for injection, for intravenous use (Mylan)                               | Indicated in adult and pediatric patients (neonates and older) for the treatment of:<br>• Septicemia<br>• Infective Endocarditis<br>• Skin and Skin Structure Infections<br>• Bone Infections<br>• Lower Respiratory Tract Infections<br><br>To reduce the development of drug-resistant bacteria and maintain the effectiveness of Vancomycin Hydrochloride for Injection 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.   | 124                            | N/A         | N/A         | N/A                 | Y            | Y                         |   | 12/6/2022          |
| Drugs     | J3372      | Injection, vancomycin hcl (xellia) not therapeutically equivalent to J3370, 500 mg  | 500 mg                        | 1/1/2023             | N/A        | vancomycin injection, for intravenous use (Xellia)  | Indicated in adult and pediatric patients less than 18 years of age as follows:<br>• Vancomycin Injection administered intravenously is indicated for the treatment of:<br>• Septicemia<br>• Infective Endocarditis<br>• Skin and Skin Structure Infections<br>• Bone Infections<br>• Lower Respiratory Tract Infections<br><br>Limitations of Use:<br>• Vancomycin Injection administered intravenously is not approved for the treatment of C. difficile-associated diarrhea and enterocolitis caused by susceptible isolates of Staphylococcus aureus because it is not effective.<br>• Vancomycin Injection administered orally is not approved for the treatment of septicemia, infective endocarditis, skin and skin structure infections, bone infections and lower respiratory tract infections because it is not effective.<br><br>To reduce the development of drug-resistant bacteria and maintain the effectiveness of Vancomycin Injection and other antibacterial drugs, Vancomycin Injection should be used only to treat or prevent infections that are proven or strongly suspected to be caused by susceptible bacteria.  | 124                            | N/A         | N/A         | N/A                 | Y            | Y                         |   | 12/6/2022          |
| Biologics | J3380      | Injection, vedolizumab, intravenous, 1 mg   | 1 mg                          | 1/1/2016             | Entyvio®   | vedolizumab for injection, for intravenous use  | Indicated in adults for the treatment of:<br>• moderately to severely active ulcerative colitis (UC).<br>• moderately to severely active Crohn's disease (CD).  | 600                            | 18 years    | N/A         | N/A                 | Y            | Y                         | 4/2024: Subcutaneous formulation removed from coverage effective 3/31/2024 due to HCPCS code description change effective 4/1/2024. | 3/22/2024          |
| Biologics | J3385      | Injection, velaglucerase alfa, 100 units  | 100 units                     | 1/1/2011             | VPRIV®     | velaglucerase alfa for injection, for intravenous use   | Indicated for long-term enzyme replacement therapy (ERT) for patients with type 1 Gaucher disease.  | 252                            | 4 years     | N/A         | N/A                 | Y            | Y                         |   | 6/8/2019           |
| Drugs     | J3396      | Injection, verteporfin, 0.1 mg  | 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                            | 18 years    | N/A         | N/A                 | Y            | Y                         |   | 9/12/2018          |
| Biologics | J3397      | Injection, vestronidase alfa-vjkb, 1 mg   | 1 mg                          | 1/1/2019             | Mepsevii™  | vestronidase alfa-vjkb injection, for intravenous use   | Indicated in pediatric and adult patients for the treatment of Mucopolysaccharidosis VII (MPS VII, Sly syndrome).<br>Limitations of Use:<br>The effect of Mepsevii on the central nervous system manifestations of MPS VII has not been determined.   | 1,680                          | N/A         | N/A         | N/A                 | Y            | Y                         |   | 8/5/2021           |
| Biologics | J3398      | Injection, voretigene neparvovec-rzyl, 1 billion vector genomes (vg)  | 1 billion vector genomes (vg) | 1/1/2019             | Luxturna™  | voretigene neparvovec-rzyl intraocular suspension for subretinal injection                        | Indicated for the treatment of patients with confirmed biallelic RPE65 mutation-associated retinal dystrophy. Patients must have viable retinal cells as determined by the treating physician(s).   | 300                            | 1 year      | N/A         | N/A                 | Y            | Y                         |   | 9/17/2021          |
| Biologics | J3401      | Beremagene geparpavec-svdt for topical administration, containing nominal 5 x 10 <sup>9</sup> pfu/ml vector genomes, per 0.1 ml | 0.1 mL                        | 1/1/2024             | Vyjuvek™   | beremagene geparpavec-svdt biological suspension mixed with excipient gel for topical application | Indicated for the treatment of wounds in patients 6 months of age and older with dystrophic epidermolysis bullosa with mutation(s) in the collagen type VII alpha 1 chain [COL7A1] gene.  | 125                            | 6 months    | N/A         | N/A                 | Y            | Y                         |   | 12/22/2023         |

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|-------------|------------|---|-------------------------|----------------------|----------------------|---|---|--------------------------------|-------------|-------------|---------------------|--------------|---------------------------|----------|--------------------|
| Drugs       | J3410      | Injection, hydroxyzine HCL up to 25 mg                  | up to 25 mg             | 1/1/2000             | Vistaril®            | hydroxyzine hydrochloride injection for intramuscular use   | <ul style="list-style-type: none"> <li>• 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 clearly demonstrated cases of depression.</li> <li>• 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 adjunctive therapy in alcoholism and allergic conditions with strong emotional overlay, such as in asthma, chronic urticaria, and pruritus.</li> <li>• Hydroxyzine hydrochloride intramuscular solution is useful in treating the following types of patients when intramuscular administration is indicated:<br/>--The acutely disturbed or hysterical patient.<br/>--The acute or chronic alcoholic with anxiety withdrawal symptoms or delirium tremens.<br/>--As pre- and postoperative and pre- and postpartum adjunctive medication to permit reduction in narcotic dosage, allay anxiety and control emesis.</li> <li>• Hydroxyzine hydrochloride has also demonstrated effectiveness in controlling nausea and vomiting, excluding nausea and vomiting of pregnancy.</li> <li>• 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.</li> </ul> | 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)  | <ul style="list-style-type: none"> <li>Indicated for vitamin B12 deficiencies due to malabsorption which may be associated with the following conditions: <ul style="list-style-type: none"> <li>• Addisonian (pernicious) anemia</li> <li>• Gastrointestinal pathology, dysfunction, or surgery, including gluten enteropathy or sprue, small bowel bacteria overgrowth, total or partial gastrectomy</li> <li>• Fish tapeworm infestation</li> <li>• Malignancy of pancreas or bowel</li> <li>• Folic acid deficiency</li> </ul> </li> <li>Cyanocobalamin injection is also suitable for the vitamin B12 absorption test (Schilling test).</li> </ul>   | 10                             | N/A         | N/A         | N/A                 | Y            | Y                         |          | 9/27/2018          |
| Drugs       | J3430      | Injection, phytanadione (vitamin K) per 1 mg            | 1 mg                    | 1/1/2000             | Mephyton®            | phytonadione injectable emulsion, USP   | <ul style="list-style-type: none"> <li>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: <ul style="list-style-type: none"> <li>• anticoagulant-induced prothrombin deficiency caused by coumarin or indanedione derivatives;</li> <li>• prophylaxis and therapy of hemorrhagic disease of the newborn;</li> <li>• hypoprothrombinemia due to antibacterial therapy;</li> <li>• hypoprothrombinemia secondary to factors limiting absorption or synthesis of vitamin K, e.g., obstructive jaundice, biliary fistula, sprue, ulcerative colitis, celiac disease, intestinal resection, cystic fibrosis of the pancreas, and regional enteritis;</li> <li>• other drug-induced hypoprothrombinemia where it is definitely shown that the result is due to interference with vitamin K metabolism, e.g., salicylates.</li> </ul> </li> </ul>  | 50                             | N/A         | N/A         | N/A                 | Y            | Y                         |          | 6/5/2019           |
| Biologicals | J3470      | Injection, hyaluronidase, up to 150 units               | up to 150 units         | 1/1/2000             | Amphadase®           | hyaluronidase injection   | <ul style="list-style-type: none"> <li>Indicated as an adjuvant: <ul style="list-style-type: none"> <li>• In subcutaneous fluid administration for achieving hydration.</li> <li>• To increase absorption and dispersion of other injected drugs.</li> <li>• In subcutaneous urography for improving resorption of radiopaque agents.</li> </ul> </li> </ul>  | 93                             | N/A         | N/A         | N/A                 | Y            | Y                         |          | 6/19/2023          |
| Biologicals | J3473      | Injection, hyaluronidase, recombinant, 1 USP unit       | 1 USP unit              | 1/1/2007             | Hylenex® Recombinant | hyaluronidase human injection, for infiltration use, for interstitial use, for intramuscular use, for intraocular use, for peribulbar use, for retrobulbar use, for soft tissue use, and for subcutaneous use | <ul style="list-style-type: none"> <li>Indicated as an: <ul style="list-style-type: none"> <li>• Adjuvant to increase the dispersion and absorption of other injected drugs.</li> <li>• In subcutaneous fluid administration for achieving hydration.</li> <li>• In subcutaneous urography for improving resorption of radiopaque agents.</li> </ul> </li> </ul>  | 2,250                          | N/A         | N/A         | N/A                 | Y            | Y                         |          | 6/19/2023          |
| Drugs       | J3475      | Injection, magnesium sulfate, per 500 mg                | 500 mg                  | 1/1/2000             | N/A                  | magnesium sulfate injection   | <ul style="list-style-type: none"> <li>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 mEq/L) and the serum calcium level is normal (4.2 to 5.3 mEq/L) or elevated. Magnesium sulfate injection is also indicated for the prevention and control of seizures in pre-eclampsia and eclampsia, respectively and for use in hyperalimentation.</li> </ul>  | 560                            | N/A         | N/A         | N/A                 | Y            | Y                         |          | 6/5/2019           |
| Drugs       | J3480      | Injection, potassium chloride, per 2 mEq                | 2 mEq                   | 1/1/2000             | N/A                  | potassium chloride injection  | <ul style="list-style-type: none"> <li>Indicated for the treatment or prevention of hypokalemia when oral treatment is not feasible.</li> </ul>   | 1,240                          | N/A         | N/A         | N/A                 | Y            | Y                         |          | 8/24/2018          |
| Drugs       | J3486      | Injection, ziprasidone mesylate, 10 mg                  | 10 mg                   | 1/1/2004             | Geodon®              | ziprasidone mesylate for injection, for intramuscular use   | <ul style="list-style-type: none"> <li>Indicated for the acute treatment of agitation in schizophrenic patients.</li> </ul>   | 124                            | 18 years    | N/A         | N/A                 | Y            | Y                         |          | 3/17/2022          |

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| Drugs    | J3489      | Injection, zoledronic acid, 1 mg | 1 mg                    | 1/1/2014             | Reclast*; Zometa*                        | zoledronic acid injection, for intravenous use             | Reclast is indicated for:<br>• Treatment and prevention of postmenopausal osteoporosis<br>• Treatment to increase bone mass in men with osteoporosis<br>• Treatment and prevention of glucocorticoid-induced osteoporosis<br>• Treatment of Paget's disease of bone in men and women<br>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.<br><br>Zometa is indicated for the treatment of:<br>• Hypercalcemia of malignancy.<br>• 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.<br>Limitations of Use: The safety and efficacy of Zometa has not been established for use in hyperparathyroidism or non-tumor-related hypercalcemia.   | 20                             | 18 years    | N/A         | N/A                 | Y            | Y                         |  | 9/21/2018          |
| Drugs    | J3490      | Unclassified drugs               | 1 mg                    | 1/1/2000             | Aponvie™                                 | aprepitant injectable emulsion, for intravenous use        | Indicated for the prevention of postoperative nausea and vomiting (PONV) in adults.<br>Limitations of Use: Aponvie has not been studied for treatment of established nausea and vomiting.  | 160                            | 18 years    | N/A         | N/A                 | Y            | Y                         |  | 3/16/2023          |
| Drugs    | J3490      | 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:<br>- Gram-positive organisms: Staphylococcus aureus (including methicillin-resistant [MRSA] and methicillin-susceptible [MSSA] isolates), Staphylococcus haemolyticus, Staphylococcus lugdunensis, Streptococcus agalactiae, Streptococcus anginosus Group (including Streptococcus anginosus, Streptococcus intermedius, and Streptococcus constellatus), Streptococcus pyogenes, and Enterococcus faecalis.<br>- Gram-negative organisms: Escherichia coli, Enterobacter cloacae, Klebsiella pneumoniae, and Pseudomonas aeruginosa.<br><br>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, Haemophilus parainfluenzae, Chlamydia pneumoniae, Legionella pneumophila, and Mycoplasma pneumoniae. | 8,400                          | 18 years    | N/A         | N/A                 | Y            | Y                         |  | 12/3/2019          |
| Drugs    | J3490      | Unclassified drugs               | 1 mg                    | 1/1/2000             | Bludigo™                                 | indigotindisulfonate sodium injection, for intravenous use | Indicated for use as a visualization aid in the cystoscopic assessment of the integrity of the ureters in adults following urological and gynecological open, robotic, or endoscopic surgical procedures.  | 40                             | 18 years    | N/A         | N/A                 | Y            | Y                         |  | 10/20/2022         |
| 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 in adults undergoing surgery.  | 12,500                         | 18 years    | N/A         | N/A                 | Y            | Y                         |  | 11/14/2019         |
| Drugs    | J3490      | Unclassified drugs               | 1 mg                    | 1/1/2000             | Cleviprex®                               | clevipidine injectable emulsion, for intravenous use       | Indicated for the reduction of blood pressure when oral therapy is not feasible or not desirable.  | 1,500                          | 18 years    | N/A         | N/A                 | Y            | Y                         |  | 10/4/2018          |
| 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 (SOS), with renal or pulmonary dysfunction following hematopoietic stem-cell transplantation (HSCT).  | 1,395                          | 18 years    | N/A         | N/A                 | Y            | Y                         |  | 6/10/2019          |
| 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:<br>• Monotherapy and adjunctive therapy of complex partial seizures and simple and complex absence seizures; adjunctive therapy in patients with multiple seizure types that include absence seizures.  | 119,000                        | 2 years     | N/A         | N/A                 | Y            | Y                         |  | 5/30/2019          |
| 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.   | 31,000                         | N/A         | N/A         | N/A                 | Y            | Y                         |  | 10/26/2018         |
| Drugs    | J3490      | Unclassified drugs               | 1 mg                    | 1/1/2000             | N/A                                      | nalmeferne hydrochloride injection                         | Indicated:<br>- for the complete or partial reversal of opioid drug effects, including respiratory depression, induced by either natural or synthetic opioids<br>- in the management of known or suspected opioid overdose   | 20                             | 18 years    | N/A         | N/A                 | Y            | Y                         | 12/2023: Due to NDA product Revex no longer being marketed, recommended dosing updated to align with ANDA product Prescribing Information and brand name Revex updated to N/A effective 6/22/2022. | 1/26/2024          |

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|----------|------------|--------------------|-------------------------|----------------------|-------------|--|---|--------------------------------|---|-------------|---------------------|--------------|---------------------------|---|--------------------|
| Drugs    | J3490      | Unclassified drugs | 50 mL                   | 1/1/2000             | N/A         | sodium bicarbonate injection, solution   | Indicated in:<br><ul style="list-style-type: none"> <li>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.</li> <li>The treatment of certain drug intoxications, including barbiturates (where dissociation of the barbiturate protein complex is desired), in poisoning by salicylates or methyl alcohol and in hemolytic reactions requiring alkalinization of the urine to diminish nephrotoxicity of blood pigments.</li> <li>Severe diarrhea which is often accompanied by a significant loss of bicarbonate.</li> <li>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.</li> <li>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.</li> </ul> | 403                            | N/A   | N/A         | N/A                 | Y            | Y                         |   | 10/31/2018         |
| Drugs    | J3490      | Unclassified drugs | 1 mg                    | 1/1/2000             | Noxafi®     | 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. Indicated for the treatment of invasive aspergillosis in adults and pediatric patients 13 years of age and older.  | 9,600                          | Indication Specific Age Restrictions (see comments) | N/A         | N/A                 | Y            | Y                         | Indication specific age restrictions:<br>Prophylaxis of invasive Aspergillus and Candida infections: 2 years of age and older<br>Treatment of invasive aspergillosis: 13 years of age and older | 7/27/2021          |
| Drugs    | J3490      | Unclassified drugs | 1 mg                    | 1/1/2000             | Opvee®      | nalmeferne nasal spray   | Indicated for the emergency treatment of known or suspected overdose induced by natural or synthetic opioids in adults and pediatric patients aged 12 years and older, as manifested by respiratory and/or central nervous system depression.   | 27                             | 12 years  | N/A         | N/A                 | Y            | Y                         |   | 10/26/2023         |
| Drugs    | J3490      | Unclassified drugs | 1 vial                  | 1/1/2000             | Prevymis®   | letermovir injection, for intravenous use  | Indicated for:<br><ul style="list-style-type: none"> <li>prophylaxis of cytomegalovirus (CMV) infection and disease in adult CMV-seropositive recipients [R+] of an allogeneic hematopoietic stem cell transplant (HSCT).</li> <li>prophylaxis of CMV disease in adult kidney transplant recipients at high risk (Donor CMV seropositive/Recipient CMV seronegative [D+/R-]).</li> </ul>  | 31                             | 18 years  | N/A         | N/A                 | Y            | Y                         |   | 7/26/2023          |
| Drugs    | J3490      | Unclassified drugs | 1 mL                    | 1/1/2000             | 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                             | N/A   | N/A         | N/A                 | Y            | Y                         |   | 3/17/2022          |
| Drugs    | J3490      | Unclassified drugs | 10 mg                   | 1/1/2000             | Revatio®    | sildenafil injection, for intravenous use  | Indicated for the treatment of pulmonary arterial hypertension (PAH) (WHO Group I) in adults to improve exercise ability and delay clinical worsening. Studies establishing effectiveness were short-term (12 to 16 weeks), and included predominately patients with NYHA Functional Class II-III symptoms. Etiologies were idiopathic (71%) or associated with connective tissue disease (25%).<br><br>Limitation of Use: Adding sildenafil to bosentan therapy does not result in any beneficial effect on exercise capacity.   | 93                             | 3 years   | N/A         | N/A                 | Y            | Y                         |   | 3/17/2022          |
| Drugs    | J3490      | Unclassified drugs | 1 mg                    | 1/1/2000             | Rezipres®   | ephedrine hydrochloride injection, for intravenous use   | Indicated for the treatment of clinically important hypotension occurring in the setting of anesthesia.   | 1,457                          | 18 years  | N/A         | N/A                 | Y            | Y                         |   | 4/17/2022          |
| Drugs    | J3490      | Unclassified drugs | 1 mcg                   | 1/1/2000             | Upravi®     | selexipag for injection, for intravenous use   | Indicated for the treatment of pulmonary arterial hypertension (PAH, WHO Group I) to delay disease progression and reduce the risk of hospitalization for PAH.<br><br>Note: Use Upravi for injection in patients who are temporarily unable to take oral therapy.   | 111,600                        | 18 years  | N/A         | N/A                 | Y            | Y                         |   | 9/28/2021          |
| Drugs    | J3490      | Unclassified drugs | 10 mg                   | 1/1/2000             | Vimpat®     | lacosamide injection, for intravenous use  | Vimpat is indicated for:<br><ul style="list-style-type: none"> <li>Treatment of partial-onset seizures in patients 1 month of age and older.</li> <li>Adjunctive therapy in the treatment of primary generalized tonic-clonic seizures in patients 4 years of age and older.</li> </ul>   | 1,240                          | Indication Specific Age Restrictions (see comments) | N/A         | N/A                 | Y            | Y                         | Indication specific age restrictions:<br>Partial-onset seizures: 1 month of age and older<br>Primary generalized tonic-clonic seizures: 4 years of age and older                                | 11/17/2021         |
| Drugs    | J3490      | Unclassified drugs | 0.6 mg                  | 1/1/2000             | Zegalogue®  | dasiglucagon injection, for subcutaneous use   | Indicated for the treatment of severe hypoglycemia in pediatric and adult patients with diabetes aged 6 years and above.  | 10                             | 6 years   | N/A         | N/A                 | Y            | Y                         |   | 7/27/2021          |
| Drugs    | J3490      | Unclassified drugs | 1 mL                    | 1/1/2000             | Zynrele®    | bupivacaine and meloxicam extended-release solution, for soft tissue or periarticular instillation use | Indicated in adults for postsurgical analgesia for up to 72 hours after:<br><ul style="list-style-type: none"> <li>soft tissue surgical procedures</li> <li>orthopedic surgical procedures</li> <li>foot and ankle procedures</li> <li>other orthopedic surgical procedures (e.g., total joint arthroplasty) in which direct exposure to articular cartilage is avoided</li> </ul> Limitations of Use: Safety and efficacy have not been established in highly vascular surgeries, such as intrathoracic, large 4 or more level spinal, and head and neck procedures  | 28                             | 18 years  | N/A         | N/A                 | Y            | Y                         |   | 2/27/2024          |
| Drugs    | J3490      | Unclassified drugs | 1 mcg                   | 1/1/2000             | iDose® TR   | travoprost intracameral implant, for intracameral administration                                       | Travoprost intracameral implant is indicated for the reduction of intraocular pressure (IOP) in patients with open-angle glaucoma (OAG) or ocular hypertension (OHT).   | 150                            | 18 years  | N/A         | N/A                 | Y            | Y                         |   | 2/27/2024          |
| Drugs    | J3490      | Unclassified drugs | 1 mg                    | 1/1/2000             | Wainua™     | epilontersen injection, for subcutaneous use   | Epilontersen injection is indicated for the treatment of the polyneuropathy of hereditary transthyretin-mediated amyloidosis in adults.   | 45                             | 18 years  | N/A         | N/A                 | Y            | Y                         |   | 3/25/2024          |

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| Biologics | J3590      | Unclassified biologics  | 1 IU                    | 1/1/2002             | Adzyna     | ADAMTS13, recombinant-krhn lyophilized powder for injection, for intravenous use                               | ADAMTS13, recombinant-krhn lyophilized powder for injection is indicated for prophylactic or on demand enzyme replacement therapy (ERT) in adult and pediatric patients with congenital thrombotic thrombocytopenic purpura (cTTP).   | 30,000                         | 2 years     | N/A         | N/A                 | Y            | Y                         |   | 12/21/2023         |
| Biologics | 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.  | 32                             | 18 years    | N/A         | N/A                 | Y            | Y                         |   | 3/26/2019          |
| Biologics | J3590      | Unclassified biologics  | 1 mg                    | 1/1/2002             | Cosentyx*  | secukinumab injection, for intravenous use   | Secukinumab intravenous injection is indicated for the treatment of:<br>• Adults with active psoriatic arthritis (PSA)<br>• Adults with active ankylosing spondylitis (AS).<br>• Adults with active non-radiographic axial spondyloarthritis (nr-axSpA) with objective signs of inflammation.                 | 1,125                          | 18 years    | N/A         | N/A                 | Y            | Y                         | 3/2024: Removal of subcutaneous formulations from PADP effective 3/31/2024 per DHB request 3/20/2024.   | 4/12/2024          |
| Biologics | J3590      | Unclassified biologics  | 1 mg                    | 1/1/2002             | Omvoh™     | mirikizumab-mrzk injection, for intravenous or subcutaneous use  | Mirikizumab-mrzk injection is indicated for the treatment of moderately to severely active ulcerative colitis in adults.  | 600                            | 18 years    | N/A         | N/A                 | Y            | Y                         |   | 12/1/2023          |
| Biologics | J3590      | Unclassified biologics  | per daily dose          | 1/1/2002             | Palforzia™ | peanut (Arachis hypogaea) allergen powder- dflp powder for oral administration                                 | Indicated for the mitigation of allergic reactions, including anaphylaxis, that may occur with accidental exposure to peanut.<br><br>Limitation of Use: Not indicated for the emergency treatment of allergic reactions, including anaphylaxis.   | 31                             | 4 years     | N/A         | N/A                 | Y            | Y                         | Initial Dose Escalation may be administered to patients aged 4 through 17 years. Up-Dosing and Maintenance may be continued in patients 4 years of age and older. | 4/29/2020          |
| Biologics | J3590      | Unclassified biologics  | 0.5 mL                  | 1/1/2002             | Plegriby™  | peginterferon beta-1a injection, for subcutaneous or intramuscular use   | Indicated for the treatment of patients with relapsing forms of multiple sclerosis.   | 3                              | 18 years    | N/A         | N/A                 | Y            | Y                         |   | 2/25/2021          |
| Biologics | 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:<br>• For emergency surgery/urgent procedures<br>• In life-threatening or uncontrolled bleeding   | 4                              | 18 years    | N/A         | N/A                 | Y            | Y                         |   | 7/16/2018          |
| Biologics | 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.                    | 80,000                         | 1 month     | N/A         | N/A                 | Y            | Y                         |   | 4/10/2019          |
| Biologics | J3590      | Unclassified biologics  | 1 mg                    | 1/1/2002             | Revcovi™   | elapegedemase-lvr injection, for intramuscular use   | Indicated for the treatment of adenosine deaminase severe combined immune deficiency (ADA-SCID) in pediatric and adult patients.  | 288                            | N/A         | N/A         | N/A                 | Y            | Y                         |   | 12/28/2018         |
| Biologics | 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).   | 5,460                          | N/A         | N/A         | N/A                 | Y            | Y                         |   | 4/10/2019          |
| Biologics | 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.  | 4,500                          | 18 years    | N/A         | N/A                 | Y            | Y                         |   | 6/7/2019           |
| 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                 | Y            | 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.   | 186                            | N/A         | N/A         | N/A                 | Y            | 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.  | 200                            | N/A         | N/A         | N/A                 | Y            | 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.   | 186                            | N/A         | N/A         | N/A                 | Y            | 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.  | 200                            | N/A         | N/A         | N/A                 | Y            | 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.   | 124                            | N/A         | N/A         | N/A                 | Y            | 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.  | 124                            | N/A         | N/A         | N/A                 | Y            | 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        | DSLR (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.  | 124                            | N/A         | N/A         | N/A                 | Y            | Y                         |   | 10/4/2018          |
| Biologics | J7165      | Injection, prothrombin complex concentrate, human-lans, per i.u. of factor ix activity                                    | 1 IU                    | 4/1/2024             | Balfaxar*  | prothrombin complex concentrate, human-lans lyophilized powder for solution, for intravenous use               | Prothrombin complex concentrate, human-lans is a blood coagulation factor replacement product indicated for the urgent reversal of acquired coagulation factor deficiency induced by Vitamin K antagonist (VKA, e.g., warfarin) therapy in adult patients with need for an urgent surgery/invasive procedure. | 5,000                          | 18 years    | N/A         | N/A                 | Y            | Y                         |   | 3/22/2024          |
| Biologics | J7168      | Prothrombin complex concentrate (human), kcentra, per i.u. of factor ix activity  | 1 IU                    | 7/1/2021             | 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                          | 18 years    | N/A         | N/A                 | Y            | Y                         |   | 6/28/2021          |
| Biologics | J7169      | Injection, coagulation factor xa (recombinant), inactivated-zho lyophilized powder for solution for intravenous injection | 10 mg                   | 7/1/2020             | Andexxa*   | coagulation factor Xa (recombinant), inactivated-zho 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.  | 180                            | 18 years    | N/A         | N/A                 | Y            | Y                         |   | 6/17/2020          |

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|-------------|------------|---|-------------------------|----------------------|------------|---|--|--------------------------------|---|-------------|---------------------|--------------|---------------------------|--|--------------------|
| 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.   | 5,040                          | N/A   | N/A         | N/A                 | Y            | Y                         |  | 7/2/2018           |
| Biologicals | J7175      | Injection, factor X, (human), 1 IU  | 1 IU                    | 1/1/2017             | Coagadex*  | coagulation factor X (human) lyophilized powder for solution for intravenous injection                                      | Indicated in adults and children with hereditary Factor X deficiency for:<br>• On-demand treatment and control of bleeding episodes<br>• Perioperative management of bleeding in patients with mild, moderate and severe hereditary Factor X deficiency<br>• Routine prophylaxis to reduce the frequency of bleeding episodes  | 84,000                         | N/A   | N/A         | N/A                 | Y            | Y                         |  | 5/25/2023          |
| Biologicals | J7177      | Injection, human fibrinogen concentrate (fibryga), 1 mg   | 1 mg                    | 1/1/2019             | Fibryga*   | fibrinogen (human) lyophilized powder for reconstitution, for intravenous use   | Indicated for the treatment of acute bleeding episodes in adults and children with congenital fibrinogen deficiency, including afibrinogenemia and hypofibrinogenemia. Fibryga is not indicated for dysfibrinogenemia.   | 9,800                          | N/A   | N/A         | N/A                 | Y            | Y                         |  | 11/29/2021         |
| 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                          | 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 use in adults (age 18 and older) diagnosed with von Willebrand disease (VWD) for:<br>• On-demand treatment and control of bleeding episodes.<br>• Perioperative management of bleeding.<br>• Routine prophylaxis to reduce the frequency of bleeding episodes in patients with severe Type 3 von Willebrand disease receiving on-demand therapy.   | 254,800                        | 18 years  | N/A         | N/A                 | Y            | Y                         |  | 2/11/2022          |
| Biologicals | J7180      | Injection, factor XIII (antihemophilic factor, human), 1 IU                                     | 1 IU                    | 1/1/2012             | Corifact   | factor XIII concentrate (human) injection for intravenous use   | Indicated for adult and pediatric patients with congenital Factor XIII deficiency for:<br>• Routine prophylactic treatment<br>• Peri-operative management of surgical bleeding.  | 10,000                         | N/A   | N/A         | N/A                 | Y            | 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.<br><br>Not for use in patients with congenital factor XIII B-subunit deficiency.   | 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.  | 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     | Von Willebrand disease:<br>Indicated in children and adults with von Willebrand disease for:<br>• On-demand treatment and control of bleeding episodes.<br>• Perioperative management of bleeding.<br>• Routine prophylaxis to reduce the frequency of bleeding episodes.<br>- Wilate is indicated for routine prophylaxis in children 6 years of age and older and adults with von Willebrand disease.<br>Hemophilia A:<br>Indicated in adolescents and adults with hemophilia A for:<br>• Routine prophylaxis to reduce the frequency of bleeding episodes.<br>• On-demand treatment and control of bleeding episodes. | 90,000                         | N/A   | N/A         | N/A                 | Y            | Y                         |  | 2/16/2024          |
| 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.<br>• Indicated in adults and children with hemophilia A for routine prophylaxis to reduce the frequency of bleeding episodes.<br>• Xyntha is not indicated in patients with von Willebrand's disease.   | 58,800                         | N/A   | N/A         | N/A                 | Y            | Y                         |  | 9/21/2020          |
| 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:<br>• Control and prevention of bleeding in adult and pediatric patients with hemophilia A.<br>• 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.  | 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:<br>• Hemophilia A – Treatment and prevention of bleeding in adults.<br>• 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.<br>This applies to patients with severe VWD as well as patients 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.  | 136,250                        | Indication Specific Age Restrictions (see comments) | N/A         | N/A                 | Y            | Y                         | Indication specific age restrictions:<br>• Hemophilia A: 18 years of age and older<br>• Von Willebrand disease (VWD): None<br><br>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), (Dbizur), 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.   | 630,000                        | 18 years  | N/A         | N/A                 | Y            | Y                         |  | 4/10/2019          |

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| Biologicals | J7189      | Factor vilia (antihemophilic factor, recombinant), (novoseven rt), 1 microgram           | 1 mcg                   | 1/1/2006             | NovoSeven*, NovoSeven* RT   | coagulation factor VIIa (recombinant) for intravenous use                              | Indicated for:<br>• 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 transfusions, with or without antibodies to platelets.<br>• Treatment of bleeding episodes and peri-operative management in adults with acquired hemophilia.  | 96,000                         | N/A         | N/A         | N/A                 | Y            | Y                         |          | 12/28/2020         |
| 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).<br>Limitation of Use: Koate is not indicated for the treatment of von Willebrand disease.<br><br>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.<br><br>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.   | 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         | 1 IU                    | 1/1/2000             | Advate*, Bioclata*, Helixate* FS, Kogenate* FS, Recombinate**, ReFacto* | factor VIII (antihemophilic factor, recombinant) for intravenous use                   | Kogenate: Indicated for:<br>• On-demand treatment and control of bleeding episodes in adults and children with hemophilia A.<br>• Perioperative management of bleeding in adults and children with hemophilia A.<br>• 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.<br>• Routine prophylaxis to reduce the frequency of bleeding episodes in adults with hemophilia A.<br>Kogenate is not indicated for the treatment of von Willebrand disease.<br><br>Advate: Indicated for use in children and adults with hemophilia A for:<br>• Control and prevention of bleeding episodes.<br>• Perioperative management.<br>• Routine prophylaxis to prevent or reduce the frequency of bleeding episodes.<br>Advate is not indicated for the treatment of von Willebrand disease.<br><br>Recombine: Indicated in hemophilia A:<br>• For the prevention and control of hemorrhagic episodes.<br>• Perioperative management.<br>Recombine is not indicated in von Willebrand's disease. | 54,000                         | N/A         | N/A         | N/A                 | Y            | Y                         |          | 10/10/2018         |
| Biologicals | J7193      | Factor IX (antihemophilic factor, purified, non-recombinant) per IU                      | 1 IU                    | 1/1/2002             | AlphaNine* SD, Mononine*  | coagulation factor IX (human)  | Indicated for the prevention and control of bleeding episodes in patients with Factor IX deficiency (hemophilia B, Christmas disease).  | 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, Profilin* SD, Profilin*                                    | 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 VII deficiency. No clinical studies have been conducted to show benefit from this product for treating deficiencies other than Factor IX deficiency.<br><br>Profilin: Indicated for the prevention and control of bleeding in patients with factor IX deficiency (hemophilia B). Profilin contains non-therapeutic levels of factor VII and is not indicated for use in the treatment of factor VII deficiency.  | 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 | 1 IU                    | 1/1/2002             | BeneFIX*  | coagulation factor IX (recombinant) for intravenous use                                | Indicated for:<br>• Control and prevention of bleeding episodes in adult and pediatric patients with hemophilia B.<br>• Peri-operative management in adult and pediatric patients with hemophilia B.<br><br>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 coumarin-induced anticoagulation, and bleeding due to low levels of liver-dependent coagulation factors.   | 42,000                         | N/A         | N/A         | N/A                 | Y            | Y                         |          | 10/10/2018         |
| 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.   | 1,100                          | 18 years    | N/A         | N/A                 | Y            | Y                         |          | 9/25/2018          |
| Biologicals | J7197      | Antithrombin III (human), per IU   | 1 IU                    | 1/1/2000             | Thrombate III*  | antithrombin III (human) lyophilized powder for solution for intravenous injection     | Indicated in patients with hereditary antithrombin deficiency for:<br>• Treatment and prevention of thromboembolism<br>• Prevention of peri-operative and peri-partum thromboembolism   | 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:<br>• Control and prevention of bleeding episodes<br>• Perioperative management<br>• Routine prophylaxis to prevent or reduce the frequency of bleeding episodes.<br><br>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.  | 560,000                        | N/A         | N/A         | N/A                 | Y            | Y                         |          | 9/21/2018          |



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| Category  | HCPCS Code | HCPCS Description  | HCPCS Code Billing Unit | HCPCS Effective Date | Brand Name | Generic Name  | FDA Approved Indications<br>(See Package Insert for full FDA approved indication descriptions)  | NC Suggested Max Monthly Units | Minimum Age | Maximum Age | Gender Restrictions | NDC Required | Rebating Labeler Required | Comments | Last Modified Date |
|-----------|------------|--|-------------------------|----------------------|------------|---|---|--------------------------------|-------------|-------------|---------------------|--------------|---------------------------|----------|--------------------|
| Biologics | J7200      | Injection, factor IX, (antihemophilic factor, recombinant), Rixubis, per IU                          | 1 IU                    | 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.  | 60,300                         | N/A         | N/A         | N/A                 | Y            | Y                         |          | 10/10/2018         |
| Biologics | J7201      | Injection, factor IX, Fc fusion protein, (recombinant), Alprolix, 1 IU                               | 1 IU                    | 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:<br>• On-demand treatment and control of bleeding episodes.<br>• Perioperative management of bleeding.<br>• Routine prophylaxis to reduce the frequency of bleeding episodes.<br>Limitations of Use: Alprolix is not indicated for induction of immune tolerance in patients with hemophilia B.   | 72,000                         | N/A         | N/A         | N/A                 | Y            | Y                         |          | 4/10/2019          |
| Biologics | J7202      | Injection, factor IX, albumin fusion protein, (recombinant), Idelvion, 1 IU                          | 1 IU                    | 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:<br>• On-demand treatment and control and prevention of bleeding episodes<br>• Perioperative management of bleeding<br>• Routine prophylaxis to reduce the frequency of bleeding episodes<br>Limitations of Use: Idelvion is not indicated for immune tolerance induction in patients with Hemophilia B.   | 96,921                         | N/A         | N/A         | N/A                 | Y            | Y                         |          | 6/6/2019           |
| Biologics | J7203      | Injection factor ix, (antihemophilic factor, recombinant), glycopegylated, (rebiny), 1 iu            | 1 IU                    | 1/1/2019             | Rebiny*    | coagulation factor IX (recombinant), glycoPEGylated, lyophilized powder for solution for intravenous injection    | Indicated for use in adults and children with hemophilia B for:<br>• On-demand treatment and control of bleeding episodes<br>• Perioperative management of bleeding<br>Limitations of Use: Rebiny is not indicated for routine prophylaxis in the treatment of patients with hemophilia B or for immune tolerance induction in patients with hemophilia B.  | 67,200                         | N/A         | N/A         | N/A                 | Y            | Y                         |          | 7/2/2018           |
| Biologics | J7204      | Injection, factor viii, antihemophilic factor (recombinant), (esperoct), glycopegylated-exei, per iu | 1 IU                    | 7/1/2020             | Esperoct*  | antihemophilic factor (recombinant), glycopegylated-exei lyophilized powder for solution, for intravenous use     | Indicated for use in adults and children with hemophilia A for:<br>• On-demand treatment and control of bleeding episodes<br>• Perioperative management of bleeding<br>• Routine prophylaxis to reduce the frequency of bleeding episodes<br>Limitation of Use: Esperoct is not indicated for the treatment of von Willebrand disease.  | 133,000                        | N/A         | N/A         | N/A                 | Y            | Y                         |          | 6/17/2020          |
| Biologics | 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:<br>• On-demand treatment and control of bleeding episodes.<br>• Perioperative management of bleeding.<br>• Routine prophylaxis to reduce the frequency of bleeding episodes.<br>Limitation of Use: Eloctate is not indicated for the treatment of von Willebrand disease.   | 140,000                        | N/A         | N/A         | N/A                 | Y            | Y                         |          | 7/2/2018           |
| Biologics | J7207      | Injection, factor VIII, (antihemophilic factor, recombinant), pegylated, 1 IU                        | 1 IU                    | 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:<br>• On-demand treatment and control of bleeding episodes<br>• Perioperative management<br>• Routine prophylaxis to reduce the frequency of bleeding episodes<br>Adynovate is not indicated for the treatment of von Willebrand disease.  | 210,000                        | N/A         | N/A         | N/A                 | Y            | Y                         |          | 9/25/2018          |
| Biologics | J7208      | Injection, factor viii, (antihemophilic factor, recombinant), pegylated-auc, (jivi), 1 i.u.          | 1 IU                    | 7/1/2019             | Jivi*      | antihemophilic factor (recombinant) PEGylated-auc, 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:<br>• On-demand treatment and control of bleeding episodes<br>• Perioperative management of bleeding<br>• Routine prophylaxis to reduce the frequency of bleeding episodes<br>Limitations of use:<br>- Jivi is not indicated for use in children < 12 years of age due to a greater risk for hypersensitivity reactions.<br>- Jivi is not indicated for use in previously untreated patients (PUPs).<br>- Jivi is not indicated for the treatment of von Willebrand disease. | 180,000                        | 12 years    | N/A         | N/A                 | Y            | Y                         |          | 9/25/2018          |
| Biologics | J7209      | Injection, factor VIII, (antihemophilic factor, recombinant), (Nuwig), 1 IU                          | 1 IU                    | 1/1/2017             | Nuwig*     | antihemophilic factor (recombinant), lyophilized powder for solution for intravenous injection                    | Indicated in adults and children with Hemophilia A for:<br>• On-demand treatment and control of bleeding episodes<br>• Perioperative management of bleeding<br>• Routine prophylaxis to reduce the frequency of bleeding episodes<br>Nuwig is not indicated for the treatment of von Willebrand Disease.  | 210,000                        | N/A         | N/A         | N/A                 | Y            | Y                         |          | 4/10/2019          |
| Biologics | J7210      | Injection, factor VIII, (antihemophilic factor, recombinant), (Afstyla), 1 IU                        | 1 IU                    | 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:<br>• On-demand treatment and control of bleeding episodes.<br>• Routine prophylaxis to reduce the frequency of bleeding episodes.<br>• Perioperative management of bleeding.<br>Limitation of Use: Afstyla is not indicated for the treatment of von Willebrand disease.  | 210,000                        | N/A         | N/A         | N/A                 | Y            | Y                         |          | 4/10/2019          |
| Biologics | J7211      | Injection, factor VIII, (antihemophilic factor, recombinant), (Kovaltry), 1 IU                       | 1 IU                    | 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:<br>• On-demand treatment and control of bleeding episodes<br>• Perioperative management of bleeding<br>• Routine prophylaxis to reduce the frequency of bleeding episodes<br>Kovaltry is not indicated for the treatment of von Willebrand disease.   | 210,000                        | N/A         | N/A         | N/A                 | Y            | Y                         |          | 10/10/2018         |
| Biologics | J7212      | Factor viia (antihemophilic factor, recombinant)-jncw (sevenfact), 1 microgram                       | 1 mcg                   | 1/1/2021             | Sevenfact* | [coagulation factor VIIa (recombinant)-jncw] lyophilized powder for solution, for intravenous use                 | Indicated for the treatment and control of bleeding episodes occurring in adults and adolescents (12 years of age and older) with hemophilia A or B with inhibitors.<br>Limitation of Use: Sevenfact is not indicated for treatment of congenital factor VII deficiency.  | 1,260,000                      | 12 years    | N/A         | N/A                 | Y            | Y                         |          | 12/28/2020         |

## North Carolina Division of Health Benefits Physician Administered Drug Program Catalog

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•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/manufacture participating in the Medicaid Drug Rebate Program (MDRP).

•The Max Daily Units for radiopharmaceuticals represents one therapeutic dose or diagnostic dose.

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

•Procedure codes for covered devices and vaccines are not required to be from a rebating labeler/manufacture as they are not classified as covered outpatient drugs.

•Medically Unlikely Edits (MUEs) are used by NC Medicaid to reduce the improper payment for medical drug claims. A MUE for a HCPCS/CPT code is the maximum units of service that a provider would report under most circumstances for a single beneficiary on a single date of service. Not all HCPCS/CPT codes have a MUE. CMS publishes MUE values on its website: <https://www.cms.gov/medicare/coding-billing/nccli-medicaid/medicaid-nccli-edit-files>

| Category         | HCPCS Code | HCPCS Description   | HCPCS Code Billing Unit | HCPCS Effective Date | Brand Name          | Generic Name   | FDA Approved Indications<br>(See Package Insert for full FDA approved indication descriptions)  | NC Suggested Max Monthly Units | Minimum Age    | Maximum Age | Gender Restrictions | NDC Required | Rebating Labeler Required | Comments | Last Modified Date |
|------------------|------------|---|-------------------------|----------------------|---------------------|--|---|--------------------------------|----------------|-------------|---------------------|--------------|---------------------------|----------|--------------------|
| Biologicals      | J7213      | Injection, coagulation factor ix (recombinant), ixinity, 1 I.u.                                     | 1 IU                    | 7/1/2023             | Ixinity*            | coagulation factor IX (recombinant) lyophilized powder for solution for intravenous injection                              | Indicated in adults and children ≥ 12 years of age with hemophilia B for:<br>• On-demand treatment and control of bleeding episodes of bleeding episodes<br>• Perioperative management<br>• Routine prophylaxis to reduce the frequency of bleeding episodes<br><br>Ixinity is not indicated for induction of immune tolerance in patients with hemophilia B.   | 322,000                        | 12 years       | N/A         | N/A                 | Y            | Y                         |          | 6/22/2023          |
| Biologicals      | J7214      | Injection, factor viii/von willebrand factor complex, recombinant (altuviiio), per factor viii i.u. | 1 IU                    | 10/1/2023            | Altuviiio™          | antihemophilic factor (recombinant), Fc-VWF-XTEN fusion protein-ehtl, lyophilized powder for solution, for intravenous use | Indicated for use in adults and children with hemophilia A (congenital factor VIII deficiency) for:<br>• Routine prophylaxis to reduce the frequency of bleeding episodes<br>• On-demand treatment & control of bleeding episodes<br>• Perioperative management of bleeding<br>Limitation of Use:<br>Altuviiio is not indicated for the treatment of von Willebrand disease.  | 112,000                        | N/A            | N/A         | N/A                 | Y            | Y                         |          | 9/28/2023          |
| 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                              | 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 8 years.<br><br>Indicated for treatment of heavy menstrual bleeding for up to 5 years in patients who choose intrauterine contraception as their method of contraception.   | 1                              | After menarche | N/A         | Females Only        | Y            | Y                         |          | 7/26/2023          |
| Drugs            | J7298      | Levonorgestrel-releasing intrauterine contraceptive system (Mirena), 52 mg                          | 52 mg                   | 1/1/2017             | Mirena*             | levonorgestrel-releasing intrauterine system   | Indicated for:<br>• Pregnancy prevention for up to 8 years.<br>• Treatment of heavy menstrual bleeding in women who choose to use intrauterine contraception as their method of contraception for up to 5 years.  | 1                              | After menarche | N/A         | Females Only        | Y            | Y                         |          | 9/15/2022          |
| 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                              | 16 years       | N/A         | Females Only        | Y            | Y                         |          | 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                              | After menarche | N/A         | Females Only        | Y            | Y                         |          | 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                              | 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                              | 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                            | 12 years       | N/A         | N/A                 | Y            | 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                             | 18 years       | N/A         | N/A                 | Y            | Y                         |          | 6/6/2019           |
| Drugs            | J7313      | Injection, fluocinolone acetonide, intravitreal implant (Iluvien), 0.01 mg                          | 0.01 mg                 | 1/1/2016             | Iluvien*            | 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                             | 18 years       | N/A         | N/A                 | Y            | Y                         |          | 10/16/2019         |
| 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  | Indicated for the treatment of non-infectious uveitis affecting the posterior segment of the eye.   | 36                             | 18 years       | N/A         | N/A                 | Y            | Y                         |          | 9/27/2019          |
| 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).<br>• Indicated for the treatment of neuropathic pain associated with diabetic peripheral neuropathy (DPN) of the feet.   | 1,120                          | 18 years       | N/A         | N/A                 | Y            | Y                         |          | 8/25/2020          |
| 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.<br>• Indicated for the treatment of acute otitis externa in patients 6 months of age and older due to Pseudomonas aeruginosa and Staphylococcus aureus.  | 10                             | 6 months       | N/A         | N/A                 | Y            | Y                         |          | 9/27/2018          |
| Drugs            | J7351      | Injection, bimatoprost, intracameral implant, 1 microgram   | 1 mcg                   | 10/1/2020            | Durysta™            | bimatoprost implant, for intracameral administration   | Indicated for the reduction of intraocular pressure (IOP) in patients with open angle glaucoma (OAG) or ocular hypertension (OHT).  | 20                             | 18 years       | N/A         | N/A                 | Y            | Y                         |          | 9/21/2020          |
| Drugs            | J7352      | Afamelanotide implant, 1 mg   | 1 mg                    | 1/1/2021             | Scenesse®           | afamelanotide implant, for subcutaneous use  | Indicated to increase pain free light exposure in adult patients with a history of phototoxic reactions from erythropoietic protoporphyria (EPP).   | 16                             | 18 years       | N/A         | N/A                 | Y            | Y                         |          | 11/17/2021         |
| Drugs            | J7354      | Cantharidin for topical administration, 0.7%, single unit dose applicator (3.2 mg)                  | 3.2 mg (1 ampule)       | 4/1/2024             | Ycanth™             | cantharidin topical solution   | Indicated for the topical treatment of molluscum contagiosum in adult and pediatric patients 2 years of age and older.  | 4                              | 2 years        | N/A         | N/A                 | Y            | Y                         |          | 3/22/2024          |
| Drugs            | J7402      | Mometasone furoate sinus implant, (Sinuva), 10 micrograms   | 10 mcg                  | 4/1/2021             | Sinuva™             | mometasone furoate sinus implant   | Indicated for the treatment of chronic rhinosinusitis with nasal polyps in patients ≥ 18 years of age who have had ethmoid sinus surgery.   | 270                            | 18 years       | N/A         | N/A                 | Y            | Y                         |          | 2/23/2023          |
| 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:<br>•Renal transplant rejection.<br>•Aplastic anemia (moderate to severe) in patients unsuitable for bone marrow transplantation.<br><br>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. | 235.2                          | N/A            | N/A         | N/A                 | Y            | Y                         |          | 9/12/2018          |

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Physician Administered Drug Program Catalog**

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- Procedure codes for covered devices and vaccines are not required to be from a rebating labeler/manufacture as they are not classified as covered outpatient drugs.
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|-------------|------------|---|-------------------------|----------------------|------------------|---|---|--------------------------------|---|--|---------------------|--------------|---------------------------|---|--------------------|
| Drugs       | J7613      | Albuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose, 1 mg                         | 1 mg                    | 4/1/2008             | N/A              | albuterol sulfate inhalation solution (0.021%, 0.042% and 0.083%)                               | 0.63 mg/3 mL solution (0.021%) and 1.25 mg/3 mL solution (0.042%) formulations: Indicated for the relief of bronchospasm in patients 2 to 12 years of age with asthma (reversible obstructive airway disease).<br>2.5 mg/3 mL solution (0.083%) formulation: Indicated for the relief of bronchospasm in patients 2 years of age and older with reversible obstructive airway disease and acute attacks of bronchospasm.  | 310                            | 2 years   | Formulation Specific Age Restrictions (see comments) | N/A                 | Y            | Y                         | Formulation Specific: 0.63 mg/3 mL solution (0.021%) and 1.25 mg/3 mL solution (0.042%) formulations: 2 to 12 years of age<br>2.5 mg/3 mL solution (0.083%) formulation: 2 years of age and older | 9/21/2022          |
| Drugs       | J7614      | Levalbuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose, 0.5 mg                    | 0.5 mg                  | 4/1/2008             | Xopenex®         | levalbuterol hydrochloride inhalation solution  | Indicated for the treatment or prevention of bronchospasm in adults, adolescents, and children 6 years of age and older with reversible obstructive airway disease.   | 310                            | 6 years   | N/A  | N/A                 | Y            | Y                         |   | 9/23/2022          |
| Drugs       | J7620      | Albuterol, up to 2.5 mg and ipratropium bromide, up to 0.5 mg, FDA-approved final product, non-compounded, administered through DME           | 2.5 mg/0.5 mg           | 1/1/2006             | N/A              | ipratropium bromide/albuterol sulfate inhalation solution                                       | FDA Approved Indication: Indicated for the treatment of bronchospasm associated with COPD in patients requiring more than one bronchodilator.<br>Recommended Uses from the National Heart, Lung, and Blood Institute: Asthma exacerbations for children through 12 years of age and adults.   | 186                            | Indication Specific Age Restrictions (see comments) | N/A  | N/A                 | Y            | Y                         | Indication Specific Age Restrictions: Treatment of bronchospasm associated with COPD: 18 years of age and older<br>Asthma exacerbations: N/A  | 9/21/2022          |
| Drugs       | J7644      | Ipratropium bromide, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per milligram | 1 mg                    | 1/1/2000             | N/A              | ipratropium bromide inhalation solution, 0.02%  | FDA Approved Indication: Indicated as a bronchodilator for maintenance treatment of bronchospasm associated with chronic obstructive pulmonary disease, including chronic bronchitis and emphysema.<br>Recommended Uses from the National Heart, Lung, and Blood Institute: Asthma exacerbations for children through 12 years of age and adults.   | 93                             | Indication Specific Age Restrictions (see comments) | N/A  | N/A                 | Y            | Y                         | Indication Specific Age Restrictions: Maintenance treatment of bronchospasm associated with chronic obstructive pulmonary disease: 18 years of age and older<br>Asthma exacerbations: N/A         | 9/23/2022          |
| Drugs       | J8499      | Prescription drug, oral, non-chemotherapeutic, Not Otherwise Specified  | 2 grams                 | 1/1/2000             | Flagyl®, Likmez™ | metronidazole, oral   | Approved indications for use in the PADP:<br>• Symptomatic Trichomoniasis: Metronidazole is indicated for the treatment of <i>T. vaginalis</i> infection in females and males when the presence of the trichomonad has been confirmed by appropriate laboratory procedures (wet smears and/or cultures).<br>• Asymptomatic Trichomoniasis: Metronidazole is indicated in the treatment of asymptomatic <i>T. vaginalis</i> infection in females when the organism is associated with endocervicitis, cervicitis, or cervical erosion. Since there is evidence that presence of the trichomonad can interfere with accurate assessment of abnormal cytological smears, additional smears should be performed after eradication of the parasite.<br>• Treatment of Asymptomatic Sexual Partners: <i>T. vaginalis</i> infection is a venereal disease. Therefore, asymptomatic sexual partners of treated patients should be treated simultaneously if the organism has been found to be present, in order to prevent reinfection of the partner. The decision as to whether to treat an asymptomatic male partner who has a negative culture or one for whom no culture has been attempted is an individual one. In making this decision, it should be noted that there is evidence that a woman may become reinfected if her sexual partner is not treated. Also, since there can be considerable difficulty in isolating the organism from the asymptomatic male carrier, negative smears and cultures cannot be relied upon in this regard. In any event, the sexual partner should be treated with Metronidazole in cases of reinfection. | 2                              | N/A   | N/A  | N/A                 | Y            | Y                         |   | 12/1/2023          |
| Drugs       | J9000      | Injection, doxorubicin hydrochloride, 10 mg   | 10 mg                   | 1/1/2000             | Adriamycin®      | doxorubicin hydrochloride for injection, for intravenous use                                    | Indicated:<br>• As a component of multiagent adjuvant chemotherapy for treatment of women with axillary lymph node involvement following resection of primary breast cancer.<br>• For the treatment of: acute lymphoblastic leukemia, acute myeloblastic leukemia, Hodgkin lymphoma, Non-Hodgkin lymphoma, metastatic breast cancer, metastatic Wilms' tumor, metastatic neuroblastoma, metastatic soft tissue sarcoma, metastatic bone sarcoma, metastatic ovarian carcinoma, metastatic transitional cell bladder carcinoma, metastatic thyroid carcinoma, metastatic gastric carcinoma, metastatic bronchogenic carcinoma.   | 38                             | N/A   | N/A  | N/A                 | Y            | Y                         |   | 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.   | 112                            | 18 years  | N/A  | N/A                 | Y            | Y                         |   | 6/6/2019           |
| Drugs       | J9017      | Injection, arsenic trioxide, 1 mg   | 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 t(15;17) translocation or PML/RAR-alpha gene expression.<br>• 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.   | 651                            | Indication Specific Age Restrictions (see comments) | N/A  | N/A                 | Y            | Y                         | Indication specific age restrictions:<br>• In combination with tretinoin: 18 years of age and older<br>• 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.   | 420                            | 1 year  | N/A  | N/A                 | Y            | Y                         |   | 6/4/2019           |
| Biologicals | J9021      | Injection, asparaginase, recombinant, (rylaze), 0.1 mg  | 0.1 mg                  | 1/1/2022             | Rylaze™          | asparaginase erwinia chrysanthemi (recombinant)-rywn injection, for intramuscular use           | Indicated as a component of a multi-agent chemotherapeutic regimen for the treatment of acute lymphoblastic leukemia (ALL) and lymphoblastic lymphoma (LBL) in adult and pediatric patients 1 month or older who have developed hypersensitivity to E. coli-derived asparaginase.   | 12,200                         | 1 month   | N/A  | N/A                 | Y            | Y                         |   | 12/20/2022         |

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| Category  | HCPCS Code | HCPCS Description  | HCPCS Code Billing Unit | HCPCS Effective Date | Brand Name   | Generic Name   | FDA Approved Indications<br>(See Package Insert for full FDA approved indication descriptions)   | NC Suggested Max Monthly Units | Minimum Age   | Maximum Age | Gender Restrictions | NDC Required | Rebating Labeler Required | Comments   | Last Modified Date |
|-----------|------------|--|-------------------------|----------------------|--------------|--|--|--------------------------------|---|-------------|---------------------|--------------|---------------------------|--|--------------------|
| Biologics | J9022      | Injection, atezolizumab, 10 mg   | 10 mg                   | 1/1/2018             | Tecentriq®   | atezolizumab injection, for intravenous use                    | Indicated for the treatment of patients with:<br><ul style="list-style-type: none"> <li>• Non-Small Cell Lung Cancer (NSCLC) <ul style="list-style-type: none"> <li>o Metastatic non-small cell lung cancer who have disease progression during or following 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 Tecentriq.</li> <li>o in combination with bevacizumab, paclitaxel, and carboplatin, for the first-line treatment of patients with metastatic non-squamous NSCLC with no EGFR or ALK genomic tumor aberrations.</li> <li>o in combination with paclitaxel protein-bound and carboplatin for the first-line treatment of adult patients with metastatic non-squamous NSCLC with no EGFR or ALK genomic tumor aberrations.</li> <li>o for the first-line treatment of adult patients with metastatic NSCLC whose tumors have high PD-L1 expression (PD-L1 stained <math>\geq 50\%</math> of tumor cells [TC <math>\geq 50\%</math>] or PD-L1 stained tumor-infiltrating immune cells [IC] covering <math>\geq 10\%</math> of the tumor area [IC <math>\geq 10\%</math>]), as determined by an FDA-approved test, with no EGFR or ALK genomic tumor aberrations.</li> </ul> </li> <li>• in combination with carboplatin and etoposide, for the first-line treatment of adult patients with extensive-stage small cell lung cancer (ES-SCLC).</li> <li>• in combination with bevacizumab for the treatment of patients with unresectable or metastatic hepatocellular carcinoma (HCC) who have not received prior systemic therapy.</li> <li>• in combination with cobimetinib and vemurafenib for the treatment of patients with BRAF V600 mutation-positive unresectable or metastatic melanoma.</li> <li>• as adjuvant treatment following resection and platinum-based chemotherapy for adult patients with Stage II to IIIA NSCLC whose tumors have PD-L1 expression on <math>\geq 1\%</math> of tumor cells, as determined by an FDA-approved test.</li> <li>• Alveolar Soft Part Sarcoma (ASPS)</li> <li>o for the treatment of adult and pediatric patients 2 years of age and older with unresectable or metastatic ASPS.</li> </ul> | 336                            | Indication Specific Age Restrictions (see comments) | N/A         | N/A                 | Y            | Y                         | NSCLC, SCLC, HCC, melanoma: 18 years of age and older<br>ASPS: 2 years of age and older  | 1/23/2023          |
| Biologics | J9023      | Injection, avelumab, 10 mg   | 10 mg                   | 1/1/2018             | Bavencio®    | avelumab injection, for intravenous use                        | Indicated for:<br><ul style="list-style-type: none"> <li>• Adults and pediatric patients 12 years and older with metastatic Merkel cell carcinoma (MCC).</li> <li>• 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.</li> <li>• Maintenance treatment of patients with locally advanced or metastatic UC that has not progressed with first-line platinum-containing chemotherapy.</li> <li>• First-line treatment, in combination with axitinib, of patients with advanced renal cell carcinoma (RCC).</li> </ul>  | 240                            | 12 years  | N/A         | N/A                 | Y            | Y                         |  | 7/28/2020          |
| 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:<br><ul style="list-style-type: none"> <li>- Adult 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 excess blasts (RAEB), refractory anemia with excess blasts in transformation (RAEB-T) and chronic myelomonocytic leukemia (CMML).</li> <li>- Pediatric patients aged 1 month and older with newly diagnosed Juvenile Myelomonocytic Leukemia (JMML).</li> </ul>   | 3,000                          | Indication Specific Age Restrictions (see comments) | N/A         | N/A                 | Y            | Y                         | Indication specific age restrictions:<br><ul style="list-style-type: none"> <li>• Adult patients with FAB myelodysplastic syndrome (MDS) subtypes - 18 years of age and older</li> <li>• Pediatric patients with JMML - 1 month and older</li> </ul> | 6/9/2022           |
| Biologics | J9029      | Intravesical instillation, nadofaragene firadenovec-vncg, per therapeutic dose | 1 therapeutic dose      | 7/1/2023             | Adstiladrin® | nadofaragene firadenovec-vncg suspension, for intravesical use | Indicated for the treatment of adult patients with high-risk Bacillus Calmette-Guérin (BCG)-unresponsive non-muscle invasive bladder cancer (NMIBC) with carcinoma in situ (CIS) with or without papillary tumors.   | 1                              | 18 years  | N/A         | N/A                 | Y            | Y                         |  | 3/22/2024          |
| Biologics | 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). Tice 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.   | 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).   | 2,500                          | 18 years  | N/A         | N/A                 | Y            | Y                         |  | 4/10/2019          |
| Drugs     | J9033      | Injection, bendamustine HCl (Treanda), 1 mg                                    | 1 mg                    | 1/1/2017             | Treanda®     | bendamustine hydrochloride injection, for intravenous use      | Indicated for treatment of patients with:<br><ul style="list-style-type: none"> <li>• Chronic lymphocytic leukemia (CLL). Efficacy relative to first line therapies other than chlorambucil has not been established.</li> <li>• Indolent B-cell non-Hodgkin lymphoma (NHL) that has progressed during or within six months of treatment with rituximab or a rituximab-containing regimen.</li> </ul>  | 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:<br><ul style="list-style-type: none"> <li>• Chronic lymphocytic leukemia (CLL). Efficacy relative to first line therapies other than chlorambucil has not been established.</li> <li>• Indolent B-cell non-Hodgkin lymphoma (NHL) that has progressed during or within six months of treatment with rituximab or a rituximab-containing regimen.</li> </ul>  | 1,200                          | 18 years  | N/A         | N/A                 | Y            | Y                         |  | 9/25/2018          |

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|-----------|------------|---|-------------------------|----------------------|------------|---|--|--------------------------------|---|-------------|---------------------|--------------|---------------------------|---|--------------------|
| Biologics | J9035      | Injection, bevacizumab, 10 mg   | 10 mg                   | 1/1/2005             | Avastin®   | bevacizumab injection, for intravenous use                    | Indicated for the treatment of:<br><ul style="list-style-type: none"> <li>Metastatic colorectal cancer, in combination with intravenous 5-fluorouracil-based chemotherapy for first- or second-line treatment.</li> <li>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 bevacizumab product-containing regimen.</li> <li>Unresectable, locally advanced, recurrent or metastatic non-squamous non-small cell lung cancer, in combination with carboplatin and paclitaxel for first-line treatment.</li> <li>Recurrent glioblastoma in adults.</li> <li>Metastatic renal cell carcinoma in combination with interferon alfa.</li> <li>Persistent, recurrent, or metastatic cervical cancer, in combination with paclitaxel and cisplatin, or paclitaxel and topotecan.</li> <li>Epithelial ovarian, fallopian tube, or primary peritoneal cancer: <ul style="list-style-type: none"> <li>In combination with paclitaxel, pegylated liposomal doxorubicin, or topotecan for platinum-resistant recurrent disease who received no more than 2 prior chemotherapy regimens.</li> <li>In combination with carboplatin and paclitaxel or carboplatin and gemcitabine, followed by Avastin as a single agent, for platinum sensitive recurrent disease.</li> <li>In combination with carboplatin and paclitaxel, followed by Avastin as a single agent, for stage III or IV disease following initial surgical resection.</li> </ul> </li> <li>In combination with atezolizumab for the treatment of patients with unresectable or metastatic hepatocellular carcinoma (HCC) who have not received prior systemic therapy.</li> </ul> <p>Limitation of Use: Avastin is not indicated for adjuvant treatment of colon cancer.</p> <p>**Macular edema (non-FDA approved indication)</p> | 420                            | 18 years  | N/A         | N/A                 | Y            | Y                         |   | 10/20/2022         |
| Drugs     | J9036      | Injection, bendamustine hydrochloride, (Belrapzo/bendamustine), 1 mg                  | 1 mg                    | 7/1/2019             | Belrapzo™  | bendamustine hydrochloride injection for intravenous use      | Indicated for treatment of patients with:<br><ul style="list-style-type: none"> <li>Chronic lymphocytic leukemia (CLL). Efficacy relative to first line therapies other than chlorambucil has not been established.</li> <li>Indolent B-cell non-Hodgkin lymphoma (NHL) that has progressed during or within six months of treatment with rituximab or a rituximab-containing regimen.</li> </ul>  | 1,200                          | 18 years  | N/A         | N/A                 | Y            | Y                         |   | 8/26/2019          |
| Biologics | J9039      | Injection, blinatumomab, 1 mcg  | 1 mcg                   | 1/1/2016             | Blinicyto® | blinatumomab for injection, for intravenous use               | Treatment of adults and children with:<br><ul style="list-style-type: none"> <li>Relapsed or refractory CD19-positive B-cell precursor acute lymphoblastic leukemia (ALL).</li> <li>CD19-positive B-cell precursor acute lymphoblastic leukemia (ALL) in first or second complete remission with minimal residual disease (MRD) greater than or equal to 0.1%.</li> </ul>  | 784                            | N/A   | N/A         | N/A                 | Y            | Y                         |   | 4/26/2021          |
| 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:<br><ul style="list-style-type: none"> <li>Squamous Cell Carcinoma: Head and neck (including mouth, tongue, tonsil, nasopharynx, oropharynx, sinus, palate, lip, buccal mucosa, gingivae, epiglottis, skin, larynx), penis, cervix, and vulva. The response to bleomycin is poorer in patients with previously irradiated head and neck cancer.</li> <li>Lymphomas: Hodgkin's disease, non-Hodgkin's disease</li> <li>Testicular Carcinoma: Embryonal cell, choriocarcinoma, and teratocarcinoma</li> <li>Malignant Pleural Effusion: Bleomycin is effective as a sclerosing agent for the treatment of malignant pleural effusion and prevention of recurrent pleural effusions.</li> </ul>   | 27                             | N/A   | N/A         | N/A                 | Y            | Y                         |   | 4/10/2019          |
| Drugs     | J9041      | Injection, bortezomib, 0.1 mg   | 0.1 mg                  | 1/1/2005             | Velcade®   | bortezomib for injection, for subcutaneous or intravenous use | Indicated for treatment of patients with:<br><ul style="list-style-type: none"> <li>Multiple myeloma</li> <li>Mantle cell lymphoma</li> </ul>  | 245                            | 18 years  | N/A         | N/A                 | Y            | Y                         |   | 12/12/2022         |
| Biologics | J9042      | Injection, brentuximab vedotin, 1 mg  | 1 mg                    | 1/1/2013             | Adcetris®  | brentuximab vedotin for injection, for intravenous use        | Indicated for:<br><ul style="list-style-type: none"> <li>Previously untreated Stage III or IV classical Hodgkin lymphoma (cHL), in combination with doxorubicin, vinblastine, and dacarbazine.</li> <li>Classical Hodgkin lymphoma (cHL) at high risk of relapse or progression as post-autologous hematopoietic stem cell transplantation (auto-HSCT) consolidation.</li> <li>Classical Hodgkin lymphoma (cHL) after failure of auto-HSCT or after failure of at least two prior multi-agent chemotherapy regimens in patients who are not auto-HSCT candidates.</li> <li>Previously untreated systemic anaplastic large cell lymphoma (sALCL) or other CD30-expressing peripheral T-cell lymphomas (PTCL), including angioimmunoblastic T-cell lymphoma and PTCL not otherwise specified, in combination with cyclophosphamide, doxorubicin, and prednisone.</li> <li>Systemic anaplastic large cell lymphoma (sALCL) after failure of at least one prior multi-agent chemotherapy regimen.</li> <li>Primary cutaneous anaplastic large cell lymphoma (pcALCL) or CD30-expressing mycosis fungoides (MF) who have received prior systemic therapy.</li> </ul> <p>Indicated for:<br/> <ul style="list-style-type: none"> <li>Pediatric patients 2 years and older with previously untreated high risk classical Hodgkin lymphoma (cHL), in combination with doxorubicin, vincristine, etoposide, prednisone, and cyclophosphamide.</li> </ul> </p>  | 360                            | Indication Specific Age Restrictions (see comments) | N/A         | N/A                 | Y            | Y                         | Indication specific age restrictions:<br><ul style="list-style-type: none"> <li>Previously untreated high risk classical Hodgkin lymphoma (cHL): 2 years and older</li> <li>Other indications: 18 years of age and older</li> </ul> | 12/20/2022         |
| 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.  | 240                            | 18 years  | N/A         | Males Only          | Y            | Y                         |   | 9/27/2018          |
| 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.   | 36                             | 18 years  | N/A         | N/A                 | Y            | Y                         |   | 4/10/2019          |
| Drugs     | J9046      | Injection, bortezomib, (Dr. Reddy's), not therapeutically equivalent to J9041, 0.1 mg | 0.1 mg                  | 1/1/2023             | N/A        | bortezomib for injection, for intravenous use (Dr. Reddy's)   | Indicated for:<br><ul style="list-style-type: none"> <li>treatment of adult patients with multiple myeloma</li> <li>treatment of adult patients with mantle cell lymphoma who have received at least 1 prior therapy</li> </ul>  | 245                            | 18 years  | N/A         | N/A                 | Y            | Y                         |   | 12/12/2022         |

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|-----------|------------|---|-------------------------|----------------------|------------|---|--|--------------------------------|-------------|-------------|---------------------|--------------|---------------------------|----------|--------------------|
| Drugs     | J9047      | Injection, carfilzomib, 1 mg  | 1 mg                    | 1/1/2014             | Kyprolis*  | carfilzomib for injection, for intravenous use                          | Indicated for the treatment of adult patients with relapsed or refractory multiple myeloma who have received one to three lines of therapy in combination with:<br>o Lenalidomide and dexamethasone; or<br>o Dexamethasone; or<br>o Daratumumab and dexamethasone; or<br>o Daratumumab and hyaluronidase-fihj and dexamethasone; or<br>o Isatuximab and dexamethasone<br>Indicated as a single agent for the treatment of patients with relapsed or refractory multiple myeloma who have received one or more lines of therapy.  | 1060                           | 18 years    | N/A         | N/A                 | Y            | Y                         |          | 7/20/2022          |
| Drugs     | J9048      | Injection, bortezomib (fresenius kabi), not therapeutically equivalent to J9041, 0.1 mg | 0.1 mg                  | 1/1/2023             | N/A        | bortezomib for injection, for intravenous use (Fresenius Kab)           | Indicated for:<br>• treatment of adult patients with multiple myeloma<br>• treatment of adult patients with mantle cell lymphoma who have received at least 1 prior therapy  | 245                            | 18 years    | N/A         | N/A                 | Y            | Y                         |          | 12/12/2022         |
| Drugs     | J9049      | Injection, bortezomib (hospira), not therapeutically equivalent to J9041, 0.1 mg        | 0.1 mg                  | 1/1/2023             | N/A        | bortezomib for injection, for subcutaneous or intravenous use (Hospira) | Indicated for:<br>• treatment of adult patients with multiple myeloma<br>• treatment of adult patients with mantle cell lymphoma   | 245                            | 18 years    | N/A         | N/A                 | Y            | Y                         |          | 12/19/2022         |
| Drugs     | J9050      | 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:<br>• Brain tumors - glioblastoma, brainstem glioma, medulloblastoma, astrocytoma, ependymoma, and metastatic brain tumors.<br>• Multiple myeloma - in combination with prednisone.<br>• Hodgkin's disease - as secondary therapy in combination with other approved drugs in patients who relapse while being treated with primary therapy, or who fail to respond to primary therapy.<br>• Non-Hodgkin's lymphomas - as secondary 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                              | 18 years    | N/A         | N/A                 | Y            | Y                         |          | 5/20/2019          |
| Drugs     | J9051      | Injection, bortezomib (maia), not therapeutically equivalent to J9041, 0.1 mg           | 0.1 mg                  | 10/1/2023            | N/A        | bortezomib injection, for intravenous use (Maia)                        | Indicated for:<br>• treatment of adult patients with multiple myeloma<br>• treatment of adult patients with mantle cell lymphoma   | 245                            | 18 years    | N/A         | N/A                 | Y            | Y                         |          | 9/28/2023          |
| Drugs     | J9052      | Injection, carmustine (accord), not therapeutically equivalent to J9050, 100 mg         | 100 mg                  | 1/1/2024             | N/A        | carmustine for injection, for intravenous use (Accord)                  | Carmustine for injection is indicated as palliative therapy as a single agent or in established combination therapy with other approved chemotherapeutic agents in the following:<br>• Brain tumors glioblastoma, brainstem glioma, medulloblastoma, astrocytoma, ependymoma, and metastatic brain tumors<br>• Multiple myeloma-in combination with prednisone<br>• Relapsed or refractory Hodgkin's lymphoma in combination with other approved drugs<br>• Relapsed or refractory non-Hodgkin's lymphomas in combination with other approved drugs  | 5                              | 18 years    | N/A         | N/A                 | Y            | Y                         |          | 12/22/2023         |
| Biologics | J9055      | Injection, cetuximab, 10 mg   | 10 mg                   | 1/1/2005             | Erbix*     | cetuximab injection, for intravenous use                                | Indicated for:<br>• Squamous Cell Carcinoma of the Head and Neck (SCCHN):<br>- Locally or regionally advanced squamous cell carcinoma of the head and neck in combination with radiation therapy.<br>- Recurrent locoregional disease or metastatic squamous cell carcinoma of the head and neck in combination with platinum-based therapy with fluorouracil.<br>- Recurrent or metastatic squamous cell carcinoma of the head and neck progressing after platinum-based therapy.<br>• K-Ras Wild-type, EGFR-expressing Colorectal Cancer (CRC) as determined by an FDA-approved test:<br>- In combination with Folfiri for first-line treatment,<br>- In combination with irinotecan in patients who are refractory to irinotecan-based chemotherapy,<br>- As a single agent in patients who have failed oxaliplatin- and irinotecan-based chemotherapy or who are intolerant to irinotecan.<br><br>Limitations of Use: Erbix is not indicated for treatment of Ras-mutant colorectal cancer or when the results of the Ras mutation tests are unknown.<br><br>• BRAF V600E Mutation-Positive Metastatic Colorectal Cancer (CRC)<br>- in combination with encorafenib, for the treatment of adult patients with metastatic colorectal cancer (CRC) with a BRAF V600E mutation, as detected by an FDA-approved test, after prior therapy. | 390                            | 18 years    | N/A         | N/A                 | Y            | Y                         |          | 10/26/2021         |
| Drugs     | J9056      | Injection, bendamustine hydrochloride (vivimusta), 1 mg                                 | 1 mg                    | 7/1/2023             | Vivimusta  | bendamustine hydrochloride injection, for intravenous use               | Indicated for treatment of patients with:<br>• Chronic lymphocytic leukemia (CLL). Efficacy relative to first line therapies other than chlorambucil has not been established.<br>• Indolent B-cell non-Hodgkin lymphoma (NHL) that has progressed during or within six months of treatment with rituximab or a rituximab-containing regimen.  | 1,200                          | 18 years    | N/A         | N/A                 | Y            | Y                         |          | 6/22/2023          |
| Drugs     | J9057      | Injection, copanlisib, 1 mg   | 1 mg                    | 1/1/2019             | Aliqopa™   | copanlisib injection, for intravenous use                               | 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.   | 240                            | 18 years    | N/A         | N/A                 | Y            | Y                         |          | 8/5/2021           |
| Drugs     | J9058      | Injection, bendamustine hydrochloride (apotex), 1 mg                                    | 1 mg                    | 7/1/2023             | N/A        | bendamustine hydrochloride injection, for intravenous use (Apotex)      | Indicated for treatment of adult patients with:<br>• Chronic lymphocytic leukemia (CLL). Efficacy relative to first line therapies other than chlorambucil has not been established.<br>• Indolent B-cell non-Hodgkin lymphoma (NHL) that has progressed during or within six months of treatment with rituximab or a rituximab-containing regimen.  | 1,200                          | 18 years    | N/A         | N/A                 | Y            | Y                         |          | 6/22/2023          |

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|-------------|------------|--|-------------------------|----------------------|------------|--|--|--------------------------------|-------------|-------------|---------------------|--------------|---------------------------|----------|--------------------|
| Drugs       | J9059      | Injection, bendamustine hydrochloride (baxter), 1 mg       | 1 mg                    | 7/1/2023             | N/A        | bendamustine hydrochloride injection, for intravenous use (Baxter) | Indicated for treatment of adult patients with:<br>• Chronic lymphocytic leukemia (CLL). Efficacy relative to first line therapies other than chlorambucil has not been established.<br>• Indolent B-cell non-Hodgkin lymphoma (NHL) that has progressed during or within six months of treatment with rituximab or a rituximab-containing regimen.  | 1,200                          | 18 years    | N/A         | N/A                 | Y            | Y                         |          | 6/22/2023          |
| Drugs       | J9060      | Injection, cisplatin, powder or solution, per 10 mg        | 10 mg                   | 1/1/2000             | N/A        | cisplatin injection  | Indicated as therapy for:<br>• 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.<br>• 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.<br>• 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. | 50                             | 18 years    | N/A         | N/A                 | Y            | Y                         |          | 9/27/2018          |
| Biologicals | J9061      | Injection, amivantamab-vmjw, 2 mg                          | 2 mg                    | 1/1/2022             | Rybrevent™ | amivantamab-vmjw injection, for intravenous use                    | Indicated for the treatment of adult patients with locally advanced or metastatic non-small cell lung cancer (NSCLC) with epidermal growth factor receptor (EGFR) exon 20 insertion mutations, as detected by an FDA-approved test, whose disease has progressed on or after platinum-based chemotherapy.  | 2,800                          | 18 years    | N/A         | N/A                 | Y            | Y                         |          | 12/14/2021         |
| Biologicals | J9063      | Injection, mirvetuximab soravtansine-gynx, 1 mg            | 1 mg                    | 7/1/2023             | Elahere™   | mirvetuximab soravtansine-gynx injection, for intravenous use      | Indicated for the treatment of adult patients with FRα positive, platinum-resistant epithelial ovarian, fallopian tube, or primary peritoneal cancer, who have received one to three prior systemic treatment regimens. Select patients for therapy based on an FDA-approved test.   | 1,800                          | 18 years    | N/A         | N/A                 | Y            | Y                         |          | 6/22/2023          |
| 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.   | 91                             | 18 years    | N/A         | N/A                 | Y            | Y                         |          | 6/4/2019           |
| Drugs       | J9071      | Injection, cyclophosphamide (auromedics), 5 mg             | 5 mg                    | 4/1/2022             | N/A        | cyclophosphamide for injection, for intravenous use (AuroMedics)   | Indicated for the treatment of:<br>Malignant Diseases: malignant lymphomas, Hodgkin's disease, lymphocytic lymphoma, mixed-cell type lymphoma, histiocytic lymphoma, Burkitt's lymphoma; multiple myeloma, leukemias, mycosis fungoides, neuroblastoma, adenocarcinoma of ovary, retinoblastoma, breast carcinoma.   | 2,500                          | N/A         | N/A         | N/A                 | Y            | Y                         |          | 3/17/2022          |
| Drugs       | J9072      | Injection, cyclophosphamide (dr. reddy's), 5 mg            | 5 mg                    | 1/1/2024             | N/A        | cyclophosphamide injection, for intravenous use (Dr. Reddy's)      | Cyclophosphamide injection is indicated for treatment of adult and pediatric patients with:<br>• Malignant Diseases:<br>- malignant lymphomas: Hodgkin's disease, lymphocytic lymphoma, mixed-cell type lymphoma, histiocytic lymphoma, Burkitt's lymphoma;<br>- multiple myeloma, leukemias, mycosis fungoides, neuroblastoma, adenocarcinoma of ovary, retinoblastoma, breast carcinoma.<br><br>Limitations of Use:<br>The safety and effectiveness for the treatment of nephrotic syndrome in adults or other renal disease has not been established.   | 2,500                          | N/A         | N/A         | N/A                 | Y            | Y                         |          | 12/22/2023         |
| Drugs       | J9073      | Injection, cyclophosphamide (ingenus), 5 mg                | 5 mg                    | 4/1/2024             | N/A        | cyclophosphamide injection, for intravenous use (Ingenus)          | Cyclophosphamide is indicated for treatment of:<br>• Malignant Diseases: malignant lymphomas: Hodgkin's disease, lymphocytic lymphoma, mixed-cell type lymphoma, histiocytic lymphoma, Burkitt's lymphoma; multiple myeloma, leukemias, mycosis fungoides, neuroblastoma, adenocarcinoma of ovary, retinoblastoma, breast carcinoma.   | 2,100                          | N/A         | N/A         | N/A                 | Y            | Y                         |          | 3/27/2024          |
| Drugs       | J9075      | Injection, cyclophosphamide, not otherwise specified, 5 mg | 5 mg                    | 4/1/2024             | N/A        | cyclophosphamide for injection, for intravenous use                | Indicated for the treatment of:<br>Malignant Diseases: malignant lymphomas: Hodgkin's disease, lymphocytic lymphoma, mixed-cell type lymphoma, histiocytic lymphoma, Burkitt's lymphoma; multiple myeloma, leukemias, mycosis fungoides, neuroblastoma, adenocarcinoma of ovary, retinoblastoma, breast carcinoma.   | 2,500                          | N/A         | N/A         | N/A                 | Y            | Y                         |          | 3/22/2024          |
| 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.   | 35                             | N/A         | N/A         | N/A                 | Y            | Y                         |          | 7/2/2018           |
| Biologicals | J9118      | Injection, calaspargase pegol-mknl, 10 units               | 10 units                | 10/1/2019            | Asparlas™  | calaspargase pegol-mknl injection, for intravenous use             | Indicated for the treatment of acute lymphoblastic leukemia in pediatric and young adult patients age 1 month to 21 years.   | 1,500                          | 1 month     | 21 years    | N/A                 | Y            | Y                         |          | 12/3/2019          |

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| Biologicals | J9119      | Injection, cemiplimab-rwlc, 1 mg                     | 1 mg                    | 10/1/2019            | Libtayo®         | cemiplimab-rwlc injection, for intravenous use                     | Indicated<br><ul style="list-style-type: none"> <li>• 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.</li> <li>• for the treatment of patients with locally advanced BCC (laBCC) previously treated with a hedgehog pathway inhibitor or for whom a hedgehog pathway inhibitor is not appropriate.</li> <li>• for the treatment of patients with metastatic BCC (mBCC) previously treated with a hedgehog pathway inhibitor or for whom a hedgehog pathway inhibitor is not appropriate.</li> <li>• for the first-line treatment of patients with non-small cell lung cancer (NSCLC) whose tumors have high PD-L1 expression [Tumor Proportion Score (TPS) ≥ 50%] as determined by an FDA-approved test, with no EGFR, ALK or ROS1 aberrations, and is: <ul style="list-style-type: none"> <li>- locally advanced where patients are not candidates for surgical resection or definitive chemoradiation OR</li> <li>- metastatic.</li> </ul> </li> <li>• in combination with platinum-based chemotherapy for the first-line treatment of adult patients with non-small cell lung cancer (NSCLC) with no EGFR, ALK or ROS1 aberrations and is: <ul style="list-style-type: none"> <li>- locally advanced where patients are not candidates for surgical resection or definitive chemoradiation OR</li> <li>- metastatic.</li> </ul> </li> </ul>  | 700                            | 18 years    | N/A         | N/A                 | Y            | Y                         |          | 12/20/2022         |
| 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:<br><ul style="list-style-type: none"> <li>• adult and pediatric patients with Wilms tumor, as part of a multi-phase, combination chemotherapy regimen</li> <li>• adult and pediatric patients with rhabdomyosarcoma, as part of a multi-phase, combination chemotherapy regimen</li> <li>• adult and pediatric patients with Ewing sarcoma, as part of a multi-phase, combination chemotherapy regimen</li> <li>• adult and pediatric patients with metastatic, nonseminomatous testicular cancer, as part of a multi-phase, combination chemotherapy regimen</li> <li>• post-menarchal patients with gestational trophoblastic neoplasia, as a single agent or as part of a combination chemotherapy regimen</li> <li>• adult patients with locally recurrent or locoregional solid malignancies, as a component of palliative or adjunctive regional perfusion</li> </ul>  | 42                             | N/A         | N/A         | N/A                 | Y            | 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 Hodgkin's disease.   | 91                             | N/A         | N/A         | N/A                 | Y            | Y                         |          | 6/10/2019          |
| Biologicals | J9144      | Injection, daratumumab, 10 mg and hyaluronidase-fihj | 10 mg                   | 1/1/2021             | Darzalex Faspro™ | daratumumab and hyaluronidase-fihj injection, for subcutaneous use | Indicated for the treatment of adult patients with:<br><ul style="list-style-type: none"> <li>• multiple myeloma in combination with bortezomib, melphalan and prednisone in newly diagnosed patients who are ineligible for autologous stem cell transplant</li> <li>• multiple myeloma in combination with lenalidomide and dexamethasone in newly diagnosed patients who are ineligible for autologous stem cell transplant and in patients with relapsed or refractory multiple myeloma who have received at least one prior therapy</li> <li>• multiple myeloma in combination with bortezomib and dexamethasone in patients who have received at least one prior therapy</li> <li>• multiple myeloma as monotherapy, in patients who 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</li> <li>• multiple myeloma in combination with bortezomib, thalidomide, and dexamethasone in newly diagnosed patients who are eligible for autologous stem cell transplant</li> <li>• multiple myeloma in combination with pomalidomide and dexamethasone in patients who have received at least one prior line of therapy including lenalidomide and a proteasome inhibitor</li> <li>• multiple myeloma in combination with carfilzomib and dexamethasone in patients with relapsed or refractory multiple myeloma who have received one to three prior lines of therapy</li> <li>• light chain (AL) amyloidosis in combination with bortezomib, cyclophosphamide and dexamethasone in newly diagnosed patients</li> </ul> <p>Limitations of Use: Darzalex Faspro is not indicated and is not recommended for the treatment of patients with light chain (AL) amyloidosis who have NYHA Class IIIb or Class IV cardiac disease or Mayo Stage IIIb outside of controlled clinical trials.</p> | 900                            | 18 years    | N/A         | N/A                 | Y            | Y                         |          | 12/16/2021         |
| Biologicals | J9145      | Injection, daratumumab, 10 mg                        | 10 mg                   | 1/1/2017             | Darzalex®        | daratumumab injection, for intravenous use                         | Indicated for the treatment of adult patients with multiple myeloma:<br><ul style="list-style-type: none"> <li>• in combination with lenalidomide and dexamethasone in patients with relapsed or refractory multiple myeloma who have received at least one prior therapy.</li> <li>• in combination with bortezomib and dexamethasone in patients who have received at least one prior therapy.</li> <li>• as monotherapy, in patients who 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.</li> <li>• in combination with pomalidomide and dexamethasone in patients who have received at least two prior therapies including lenalidomide and a proteasome inhibitor.</li> <li>• in combination with bortezomib, melphalan and prednisone in newly diagnosed patients who are ineligible for autologous stem cell transplant (ASCT).</li> <li>• in combination with lenalidomide and dexamethasone in newly diagnosed patients who are ineligible for autologous stem cell transplant.</li> <li>• in combination with bortezomib, thalidomide, and dexamethasone in newly diagnosed patients who are eligible for autologous stem cell transplant.</li> <li>• in combination with carfilzomib and dexamethasone in patients who have received one to three prior lines of therapy.</li> </ul>  | 1,120                          | 18 years    | N/A         | N/A                 | Y            | Y                         |          | 9/21/2020          |



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| 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.   | 60                             | N/A         | N/A         | N/A                 | Y            | Y                         |          | 6/10/2019          |
| 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:<br>• the treatment of adults with newly-diagnosed therapy-related acute myeloid leukemia (t-AML) or AML with myelodysplasia-related changes (AML-MRC).<br>• the treatment of newly-diagnosed therapy-related acute myeloid leukemia (t-AML) or AML with myelodysplasia-related changes (AML-MRC) in pediatric patients 1 year and older.   | 660                            | 1 year      | N/A         | N/A                 | Y            | Y                         |          | 4/26/2021          |
| 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.  | 320                            | 18 years    | N/A         | Males Only          | Y            | Y                         |          | 10/4/2018          |
| Drugs       | J9171      | Injection, docetaxel, 1 mg                                     | 1 mg                    | 1/1/2010             | Docetaxel*, Taxotere® | docetaxel injection concentrate, intravenous infusion               | Indicated for:<br>• Breast Cancer (BC): single agent for locally advanced or metastatic BC after chemotherapy failure; and with doxorubicin and cyclophosphamide as adjuvant treatment of operable node-positive BC.<br>• 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 NSCLC.<br>• Hormone Refractory Prostate Cancer (HRPC): with prednisone in androgen independent (hormone refractory) metastatic prostate cancer.<br>• Gastric Adenocarcinoma (GC): with cisplatin and fluorouracil for untreated, advanced GC, including the gastroesophageal junction.<br>• Squamous Cell Carcinoma of the Head and Neck Cancer (SCCHN): with cisplatin and fluorouracil for induction treatment of locally advanced SCCHN.   | 500                            | N/A         | N/A         | N/A                 | Y            | Y                         |          | 6/8/2019           |
| Biologicals | J9173      | Injection, durvalumab, 10 mg                                   | 10 mg                   | 1/1/2019             | Imfinzi®              | durvalumab injection, for intravenous use                           | Imfinzi is a programmed death-ligand 1 (PD-L1) blocking antibody indicated for the treatment of patients with:<br>• unresectable, Stage III non-small cell lung cancer (NSCLC) whose disease has not progressed following concurrent platinum-based chemotherapy and radiation therapy<br>• in combination with etoposide and either carboplatin or cisplatin, as first-line treatment of adult patients with extensive-stage small cell lung cancer (ES-SCLC).<br>• in combination with gemcitabine and cisplatin, as treatment of adult patients with locally advanced or metastatic biliary tract cancer (BTC).<br>• in combination with tremelimumab-actl, for the treatment of adult patients with unresectable hepatocellular carcinoma (uHCC).<br>• Metastatic non-small cell lung cancer (NSCLC) with no sensitizing epidermal growth factor receptor (EGFR) mutations or anaplastic lymphoma kinase (ALK) genomic tumor aberrations in combination with tremelimumab-actl and platinum-based chemotherapy. | 420                            | 18 years    | N/A         | N/A                 | Y            | Y                         |          | 12/20/2022         |
| Biologicals | J9176      | Injection, elotuzumab, 1 mg                                    | 1 mg                    | 1/1/2017             | Empliciti®            | elotuzumab for injection, for intravenous use                       | Indicated in:<br>• combination with lenalidomide and dexamethasone for the treatment of adult patients with multiple myeloma who have received one to three prior therapies.<br>• 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.   | 5,600                          | 18 years    | N/A         | N/A                 | Y            | Y                         |          | 5/20/2019          |
| Biologicals | J9177      | Injection, enfortumab vedotin-efv, 0.25 mg                     | 0.25 mg                 | 7/1/2020             | Padcev®               | enfortumab vedotin-efv for injection, for intravenous use           | Indicated:<br>- as a single agent for the treatment of adult patients with locally advanced or metastatic urothelial cancer who:<br>1. have previously received a programmed death receptor-1 (PD-1) or programmed death-ligand 1 (PD-L1) inhibitor, and a platinum-containing chemotherapy.<br>2. are ineligible for cisplatin-containing chemotherapy and have previously received one or more prior lines of therapy.<br>- in combination with pembrolizumab for the treatment of adult patients with locally advanced or metastatic urothelial cancer.  | 2,080                          | 18 years    | N/A         | N/A                 | Y            | Y                         |          | 2/16/2024          |
| 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.   | 300                            | 18 years    | N/A         | N/A                 | Y            | Y                         |          | 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:<br>• 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.<br>• Unresectable or metastatic liposarcoma who have received a prior anthracycline-containing regimen.   | 160                            | 18 years    | N/A         | N/A                 | Y            | Y                         |          | 6/4/2019           |
| Drugs       | J9181      | Injection, etoposide, 10 mg                                    | 10 mg                   | 1/1/2000             | Etopophos®, Toposar™  | etoposide phosphate for injection, for intravenous use              | Indicated for the treatment of patients with:<br>• Refractory testicular tumors, in combination with other chemotherapeutic drugs.<br>• Small cell lung cancer, in combination with cisplatin, as first-line treatment.   | 300                            | 18 years    | N/A         | N/A                 | Y            | Y                         |          | 6/10/2019          |
| Drugs       | J9185      | Injection, fludarabine phosphate, 50 mg                        | 50 mg                   | 1/1/2000             | N/A                   | fludarabine phosphate for injection for intravenous use             | 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.   | 16                             | 18 years    | N/A         | N/A                 | Y            | Y                         |          | 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:<br>• Adenocarcinoma of the colon and rectum<br>• Adenocarcinoma of the breast<br>• Gastric adenocarcinoma<br>• Pancreatic adenocarcinoma  | 45                             | 18 years    | N/A         | N/A                 | Y            | Y                         |          | 4/10/2019          |

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| Drugs     | J9196      | Injection, gemcitabine hydrochloride (accord), not therapeutically equivalent to J9201, 200 mg | 200 mg                  | 4/1/2023             | N/A        | gemcitabine injection, for intravenous use (Accord)           | Indicated:<br>• in combination with carboplatin, for the treatment of advanced ovarian cancer that has relapsed at least 6 months after completion of platinum-based therapy.<br>• in combination with paclitaxel, for first-line treatment of metastatic breast cancer after failure of prior anthracycline-containing adjuvant chemotherapy, unless anthracyclines were clinically contraindicated.<br>• in combination with cisplatin for the treatment of non-small cell lung cancer.<br>• as a single agent for the treatment of pancreatic cancer. | 64                             | 18 years  | N/A         | N/A                 | Y            | Y                         |   | 3/16/2023          |
| Drugs     | J9198      | Injection, gemcitabine hydrochloride, (infugem), 100 mg  | 100 mg                  | 7/1/2020             | Infugem™   | gemcitabine in sodium chloride injection, for intravenous use | Indicated:<br>• in combination with carboplatin, for the treatment of advanced ovarian cancer that has relapsed at least 6 months after completion of platinum-based therapy.<br>• in combination with paclitaxel, for first-line treatment of metastatic breast cancer after failure of prior anthracycline-containing adjuvant chemotherapy, unless anthracyclines were clinically contraindicated.<br>• in combination with cisplatin for the treatment of non-small cell lung cancer.<br>• as a single agent for the treatment of pancreatic cancer. | 128                            | 18 years  | N/A         | N/A                 | Y            | Y                         |   | 6/17/2020          |
| 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-arterial 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.   | 5                              | 18 years  | N/A         | N/A                 | Y            | 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:<br>• in combination with carboplatin, for the treatment of advanced ovarian cancer that has relapsed at least 6 months after completion of platinum-based therapy.<br>• in combination with paclitaxel, for first-line treatment of metastatic breast cancer after failure of prior anthracycline-containing adjuvant chemotherapy, unless anthracyclines were clinically contraindicated.<br>• in combination with cisplatin for the treatment of non-small cell lung cancer.<br>• As a single agent for the treatment of pancreatic cancer. | 64                             | 18 years  | N/A         | N/A                 | Y            | Y                         |   | 1/9/2020           |
| Biologics | J9203      | Injection, gemtuzumab ozogamicin, 0.1 mg   | 0.1 mg                  | 1/1/2018             | Mylotarg™  | gemtuzumab ozogamicin injection, for intravenous use          | Indicated for:<br>• the treatment of newly-diagnosed CD33-positive acute myeloid leukemia (AML) in adults.<br>• the treatment of newly-diagnosed CD33-positive acute myeloid leukemia (AML) in pediatric patients 1 month and older.<br>• the treatment of relapsed or refractory CD33-positive AML in adults and in pediatric patients 2 years and older.   | 275                            | Indication Specific Age Restrictions (see comments) | N/A         | N/A                 | Y            | Y                         | Indication specific age restrictions:<br>• Newly-diagnosed CD33-positive acute myeloid leukemia: 1 month of age and older<br>• Relapsed or refractory CD33-positive AML: 2 years of age and older | 7/28/2020          |
| Biologics | J9204      | Injection, mogamulizumab-kpkc, 1 mg  | 1 mg                    | 10/1/2019            | Poteligeo® | mogamulizumab-kpkc injection, for intravenous use             | Indicated for the treatment of adult patients with relapsed or refractory mycosis fungoides or Sézary syndrome after at least one prior systemic therapy.  | 700                            | 18 years  | N/A         | N/A                 | Y            | Y                         |   | 9/27/2019          |
| Drugs     | J9205      | Injection, irinotecan liposome, 1 mg   | 1 mg                    | 1/1/2017             | Onivyde™   | irinotecan liposome injection, for intravenous use            | Indicated:<br>- in combination with fluorouracil and leucovorin, for the treatment of patients with metastatic adenocarcinoma of the pancreas after disease progression following gemcitabine-based therapy.<br>- in combination with oxaliplatin, fluorouracil and leucovorin, for the first-line treatment of adult patients with metastatic pancreatic adenocarcinoma.<br>Limitation of Use: Onivyde is not indicated as a single agent for the treatment of patients with metastatic adenocarcinoma of the pancreas.                                 | 645                            | 18 years  | N/A         | N/A                 | Y            | Y                         |   | 3/22/2024          |
| Drugs     | J9206      | Injection, irinotecan, 20 mg   | 20 mg                   | 1/1/2000             | Camptosar® | irinotecan injection, intravenous infusion                    | Indicated for:<br>• First-line therapy in combination with 5-fluorouracil and leucovorin for patients with metastatic carcinoma of the colon or rectum.<br>• Patients with metastatic carcinoma of the colon or rectum whose disease has recurred or progressed following initial fluorouracil-based therapy.  | 88                             | 18 years  | N/A         | N/A                 | Y            | Y                         |   | 4/10/2019          |
| Drugs     | J9207      | Injection, ixabepilone, 1 mg   | 1 mg                    | 1/1/2009             | Ixempra®   | ixabepilone for injection, for intravenous use                | Indicated for the treatment:<br>• in combination with capecitabine for patients with metastatic or locally advanced breast cancer resistant to treatment with an anthracycline and a taxane, or whose cancer is taxane resistant and for whom further anthracycline therapy is contraindicated.<br>• As a single agent for patients with metastatic or locally advanced breast cancer after failure of an anthracycline, a taxane, and capecitabine.   | 180                            | 18 years  | N/A         | N/A                 | Y            | Y                         |   | 2/23/2023          |
| 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.  | 30                             | 18 years  | N/A         | N/A                 | Y            | 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.  | 90                             | 18 years  | N/A         | N/A                 | Y            | Y                         |   | 8/5/2021           |
| Biologics | J9210      | Injection, emapalumab-lzsg, 1 mg   | 1 mg                    | 10/1/2019            | Gamifant™  | emapalumab-lzsg injection, for intravenous use                | Indicated for the treatment of adult and pediatric (newborn and older) patients with primary hemophagocytic lymphohistiocytosis (HLH) with refractory, recurrent or progressive disease or intolerance with conventional HLH therapy.  | 14,000                         | N/A   | N/A         | N/A                 | Y            | Y                         |   | 5/27/2020          |
| 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.  | 36                             | 18 years  | N/A         | N/A                 | Y            | Y                         |   | 10/31/2018         |
| Biologics | 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.   | 1,050                          | Indication Specific Age Restrictions (see comments) | N/A         | N/A                 | Y            | Y                         | Indication specific: 18 years and older for all indications except chronic Hepatitis B and C.<br>Hepatitis B - 1 year of age and older<br>Hepatitis C - 3 years of age and older                  | 6/4/2019           |

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| Biologics | 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.   | 100                            | 18 years  | N/A         | N/A                 | Y            | Y                         |  | 10/4/2018          |
| Biologics | J9216      | Injection, interferon, gamma-1b, 3 million units                      | 3 million units         | 1/1/2000             | Actimmune®              | interferon gamma-1b injection, for subcutaneous use                        | Indicated for:<br>• Reducing the frequency and severity of serious infections associated with Chronic Granulomatous Disease (CGD)<br>• Delaying time to disease progression in patients with severe, malignant osteoporosis (SMO)  | 18.67                          | Indication Specific Age Restrictions (see comments) | N/A         | N/A                 | Y            | Y                         | Indication specific age restrictions:<br>CGD: 1 year and older<br>SMO: 1 month and older   | 5/6/2019           |
| Drugs     | J9217      | Leuprolide acetate (for depot suspension), 7.5 mg                     | 7.5 mg                  | 1/1/2000             | Eligard®, Lupron Depot® | leuprolide acetate for injectable suspension, for doses 7.5 mg and greater | Eligard: Indicated for the treatment of advanced prostate cancer.<br>Lupron Depot: Indicated for the treatment of advanced prostatic cancer.   | 6                              | 18 years  | N/A         | Males Only          | Y            | Y                         |  | 2/19/2024          |
| Drugs     | J9218      | Leuprolide acetate, per 1 mg  | per 1 mg                | 1/1/2000             | N/A                     | leuprolide acetate injection   | Indicated in the palliative treatment of advanced prostatic cancer.  | 31                             | N/A   | N/A         | Males Only          | Y            | Y                         |  | 2/19/2024          |
| Drugs     | J9223      | Injection, lurbinectedin, 0.1 mg                                      | 0.1 mg                  | 1/1/2021             | Zepzelca™               | lurbinectedin for injection, for intravenous use                           | Indicated for the treatment of adult patients with metastatic small cell lung cancer (SCLC) with disease progression on or after platinum-based chemotherapy.  | 160                            | 18 years  | N/A         | N/A                 | Y            | Y                         |  | 12/28/2020         |
| Drugs     | J9225      | Histrelin implant (Vantas), 50 mg                                     | 50 mg                   | 1/1/2006             | Vantas®                 | histrelin acetate subcutaneous implant                                     | Indicated for the palliative treatment of advanced prostate cancer.  | 1                              | 18 years  | N/A         | Males Only          | Y            | Y                         |  | 2/19/2024          |
| Drugs     | J9226      | Histrelin implant (Supprelin LA), 50 mg                               | 50 mg                   | 1/1/2008             | Supprelin® LA           | histrelin acetate subcutaneous implant                                     | Indicated for the treatment of children with central precocious puberty (CPP).   | 1                              | 2 years   | N/A         | N/A                 | Y            | Y                         |  | 2/19/2024          |
| Biologics | J9227      | Injection, isatuximab-irfc, 10 mg                                     | 10 mg                   | 10/1/2020            | Sarclisa®               | isatuximab-irfc injection, for intravenous use                             | Indicated<br>• in 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.<br>• in combination with carfilzomib and dexamethasone, for the treatment of adult patients with relapsed or refractory multiple myeloma who have received 1 to 3 prior lines of therapy.   | 700                            | 18 years  | N/A         | N/A                 | Y            | Y                         |  | 4/26/2021          |
| Biologics | J9228      | Injection, ipilimumab, 1 mg   | 1 mg                    | 1/1/2012             | Yervoy®                 | ipilimumab injection, for intravenous use                                  | Indicated for:<br>• 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.<br>• Treatment of unresectable or metastatic melanoma in adults and pediatric patients 12 years and older as a single agent or in combination with nivolumab.<br>• Treatment of patients with intermediate or poor risk, previously untreated advanced renal cell carcinoma (RCC), in combination with nivolumab.<br>• 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.<br>• Indicated for the treatment of patients with hepatocellular carcinoma who have been previously treated with sorafenib, in combination with nivolumab.<br>• Treatment of adult patients with metastatic non-small cell lung cancer expressing PD-L1 (≥1%) as determined by an FDA-approved test, with no EGFR or ALK genomic tumor aberrations, as first-line treatment in combination with nivolumab.<br>• Treatment of adult patients with metastatic or recurrent non-small cell lung cancer with no EGFR or ALK genomic tumor aberrations as first-line treatment, in combination with ipilimumab and 2 cycles of platinum-doublet chemotherapy.<br>• Treatment of adult patients with unresectable malignant pleural mesothelioma, as first-line treatment in combination with nivolumab.<br>• Treatment of adult patients with unresectable advanced or metastatic esophageal squamous cell carcinoma, as first line treatment in combination with nivolumab. | 2,800                          | Indication Specific Age Restrictions (see comments) | N/A         | N/A                 | Y            | Y                         | Indication specific age restrictions:<br>• Melanoma as a single agent or in combination with nivolumab, MSI-H or dMMR mCRC - 12 years of age and older<br>• Adjuvant treatment of cutaneous melanoma, renal cell carcinoma, NSCLC, pleural mesothelioma, esophageal cancer - 18 years of age and older<br>• Hepatocellular carcinoma - N/A | 3/21/2023          |
| Biologics | J9229      | Injection, inotuzumab ozogamicin, 0.1 mg                              | 0.1 mg                  | 1/1/2019             | Besponsa™               | inotuzumab ozogamicin injection, for intravenous use                       | Indicated for the treatment of adults with relapsed or refractory B-cell precursor acute lymphoblastic leukemia (ALL).   | 108                            | 18 years  | N/A         | N/A                 | Y            | Y                         |  | 5/6/2019           |
| Drugs     | J9245      | Injection, melphalan hydrochloride, not otherwise specified, 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.   | 3                              | 18 years  | N/A         | N/A                 | Y            | Y                         |  | 6/17/2020          |
| Drugs     | J9246      | Injection, melphalan (evomela), 1 mg                                  | 1 mg                    | 7/1/2020             | Evomela®                | melphalan for injection, for intravenous use                               | Indicated for:<br>• use as a high-dose conditioning treatment prior to hematopoietic progenitor (stem) cell transplantation in patients with multiple myeloma.   | 500                            | 18 years  | N/A         | N/A                 | Y            | Y                         |  | 9/28/2021          |

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| Drugs       | J9259      | Injection, paclitaxel protein-bound particles (american regent) not therapeutically equivalent to J9264, 1 mg | 1 mg                            | 7/1/2023             | N/A        | paclitaxel protein-bound particles for injectable suspension, (albumin-bound), for intravenous use (American Regent) | Indicated for the treatment of:<br><ul style="list-style-type: none"> <li>• Metastatic breast cancer, after failure of combination chemotherapy for metastatic disease or relapse within 6 months of adjuvant chemotherapy. Prior therapy should have included an anthracycline unless clinically contraindicated.</li> <li>• 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.</li> <li>• Metastatic adenocarcinoma of the pancreas as first-line treatment, in combination with gemcitabine.</li> </ul>   | 1,600                          | 18 years  | N/A         | N/A                 | Y            | Y                         |   | 6/22/2023          |
| Drugs       | J9260      | Methotrexate sodium, 50 mg  | 50 mg                           | 1/1/2000             | N/A        | methotrexate sodium injection, 50 mg   | <ul style="list-style-type: none"> <li>• Methotrexate is indicated in the treatment of gestational choriocarcinoma, chorionadenoma destruens and hydatidiform mole.</li> <li>• 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.</li> <li>• 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 types. Methotrexate is also used in combination with other chemotherapeutic agents in the treatment of advanced stage non-Hodgkin's lymphomas.</li> <li>• 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 undergone surgical resection or amputation for the primary tumor.</li> <li>• 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 dermatologic consultation. It is important to ensure that a psoriasis "flare" is not due to an undiagnosed concomitant disease affecting immune responses.</li> <li>• 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 intolerant of, an adequate trial of first-line therapy including full dose non-steroidal anti-inflammatory agents (NSAIDs). Aspirin, NSAIDs, and/or low-dose steroids may be continued, although the possibility of increased toxicity with concomitant use of NSAIDs including salicylates has not been fully explored. Steroids may be reduced gradually in patients who respond to methotrexate. Combined use of methotrexate with gold, penicillamine, hydroxychloroquine, sulfasalazine, or cytotoxic agents, has not been studied and may increase the incidence of adverse effects. Rest and physiotherapy as indicated should be continued.</li> </ul> <p><del>Recommended Use from the American College of Obstetricians and Gynecologists and the American</del></p> | 3,000                          | Indication Specific Age Restrictions (see comments) | N/A         | N/A                 | Y            | Y                         | Indication specific age restrictions:<br><ul style="list-style-type: none"> <li>• Cancer chemotherapy: None</li> <li>• Polyarticular-course juvenile rheumatoid arthritis: 2 years of age and older</li> <li>• Ectopic pregnancy: After menarche</li> <li>• All other indications: 18 years of age and older</li> </ul> | 1/26/2024          |
| 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 in adult and pediatric patients age 1 year and older whose disease has not responded to or has relapsed following treatment with at least two chemotherapy regimens.   | 450                            | 1 year  | N/A         | N/A                 | Y            | Y                         |   | 12/16/2021         |
| 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.  | 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:<br><ul style="list-style-type: none"> <li>• Adjuvant treatment of stage III colon cancer in patients who have undergone complete resection of the primary tumor.</li> <li>• Treatment of advanced colorectal cancer.</li> </ul>  | 1,500                          | 18 years  | N/A         | N/A                 | Y            | 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), for intravenous use                   | Indicated for the treatment:<br><ul style="list-style-type: none"> <li>• Metastatic breast cancer, after failure of combination chemotherapy for metastatic disease or relapse within six months of adjuvant chemotherapy. Prior therapy should have included an anthracycline unless clinically contraindicated.</li> <li>• 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.</li> <li>• Metastatic adenocarcinoma of the pancreas as first-line treatment, in combination with gemcitabine.</li> </ul>  | 1,600                          | 18 years  | N/A         | N/A                 | Y            | Y                         |   | 5/25/2023          |
| 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:<br><ul style="list-style-type: none"> <li>• First line acute lymphoblastic leukemia</li> <li>• Acute lymphoblastic leukemia and hypersensitivity to asparaginase</li> </ul>  | 6                              | 1 year  | N/A         | N/A                 | Y            | 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 kaposi sarcoma. See package insert for full details of each indication.   | 875                            | 18 years  | N/A         | N/A                 | Y            | 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.  | 3                              | 18 years  | N/A         | N/A                 | Y            | Y                         |   | 9/21/2018          |
| 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.  | 2,000                          | 2 years   | N/A         | N/A                 | Y            | Y                         |   | 10/3/2019          |

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| Biologics | J9271      | Injection, pembrolizumab, 1 mg                  | 1 mg                    | 1/1/2016             | Keytruda*  | pembrolizumab injection, for intravenous use          | <p><b>Melanoma:</b></p> <p>1. Indicated for the treatment of patients with unresectable or metastatic melanoma.</p> <p>2. Indicated for the adjuvant treatment of adult and pediatric (12 years and older) patients with Stage IIB, IIC, or III melanoma following complete resection.</p> <p><b>Non-Small Cell Lung Cancer (NSCLC):</b></p> <p>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.</p> <p>2. Indicated as a single agent for the treatment of patients with metastatic NSCLC whose tumors express PD-L1 (TPS ≥ 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.</p> <p>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) ≥ 1%) as determined by an FDA-approved test, with no EGFR or ALK genomic tumor aberrations.</p> <p>4. Indicated in combination with carboplatin and either paclitaxel or nab-paclitaxel, as first-line treatment of patients with metastatic squamous NSCLC.</p> <p>5. Indicated as a single agent, for adjuvant treatment following resection and platinum-based chemotherapy for adult patients with stage IB (T2a ≥ 4 cm), II, or IIIA NSCLC.</p> <p>6. Indicated for the treatment of patients with resectable (tumors ≥ 4 cm or node positive) NSCLC in combination with platinum-containing chemotherapy as neoadjuvant treatment, and then continued as a single agent as adjuvant treatment after surgery.</p> <p><b>Head and Neck Squamous Cell Cancer (HNSCC):</b></p> <p>1. Indicated for the treatment of patients with recurrent or metastatic HNSCC with disease progression on or after platinum-containing chemotherapy.</p> <p>2. Indicated in combination with platinum and FU for the first-line treatment of patients with metastatic</p> | 400                            |             | N/A         | N/A  | Y            | Y                         | The safety and effectiveness of Keytruda as a single agent have been established in pediatric patients with melanoma, CHL, PMBCL, MCC, MSI-H or dMMR cancer, and TMB-H cancer. The safety and effectiveness of Keytruda in pediatric patients have not been established in the other approved indications. | 2/27/2024          |
| Biologics | J9272      | Injection, dostarlimab-gxly, 10 mg              | 10 mg                   | 1/1/2022             | Jemperli   | dostarlimab-gxly injection, for intravenous use       | <p><b>Endometrial Cancer (EC)</b></p> <p>• Indicated for the treatment of adult patients with mismatch repair deficient (dMMR) recurrent or advanced endometrial cancer, as determined by an FDA-approved test, that has progressed on or following prior treatment with a platinum-containing regimen in any setting and are not candidates for curative surgery or radiation.</p> <p>• Indicated in combination with carboplatin and paclitaxel, followed by Jemperli as a single agent, for the treatment of adult patients with primary advanced or recurrent endometrial cancer that is mismatch repair deficient (dMMR), as determined by an FDA-approved test, or microsatellite instability-high (MSI-H).</p> <p><b>Mismatch Repair Deficient Recurrent or Advanced Solid Tumors</b></p> <p>• Indicated for the treatment of adult patients with mismatch repair deficient (dMMR) recurrent or advanced as a single agent, for solid tumors, as determined by an FDA-approved test, that have progressed on or following prior treatment and who have no satisfactory alternative treatment options.</p>   | 150                            | 18 years    | N/A         | Endometrial Cancer: Females only<br>Solid Tumors: None | Y            | Y                         |  | 9/13/2023          |
| Biologics | J9273      | Injection, tisotumab vedotin-tftv, 1 mg         | 1 mg                    | 4/1/2022             | Tivdak™    | tisotumab vedotin-tftv injection, for intravenous use | Indicated for the treatment of adult patients with recurrent or metastatic cervical cancer with disease progression on or after chemotherapy.  | 400                            | 18 years    | N/A         | N/A  | Y            | Y                         |  | 3/21/2022          |
| Biologics | J9274      | Injection, tebentafusp-tebn, 1 microgram        | 1 mcg                   | 10/1/2022            | Kimtrak*   | tebentafusp-tebn injection, for intravenous use       | Indicated for the treatment of HLA-A*02:01-positive adult patients with unresectable or metastatic uveal melanoma.   | 500                            | 18 years    | N/A         | N/A  | Y            | Y                         |  | 9/15/2022          |
| 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                             | 18 years    | N/A         | N/A  | Y            | Y                         |  | 6/7/2019           |
| Drugs     | J9281      | Mitomycin pyelocalyceal instillation, 1 mg      | 1 mg                    | 1/1/2021             | Jelmyto™   | mitomycin for pyelocalyceal solution                  | Indicated for the treatment of adult patients with low-grade Upper Tract Urothelial Cancer (LG-UTUC).  | 400                            | 18 years    | N/A         | N/A  | Y            | Y                         |  | 12/28/2020         |
| Biologics | J9286      | Injection, glofitamab-gxhm, 2.5 mg              | 2.5 mg                  | 1/1/2024             | Columvi™   | glofitamab-gxhm injection, for intravenous use        | Indicated for the treatment of adult patients with relapsed or refractory diffuse large B-cell lymphoma, not otherwise specified (DLBCL, NOS) or large B-cell lymphoma (LBCL) arising from follicular lymphoma, after two or more lines of systemic therapy.   | 24                             | 18 years    | N/A         | N/A  | Y            | Y                         |  | 12/22/2023         |
| Drugs     | J9293      | Injection, mitoxantrone hydrochloride, per 5 mg | 5 mg                    | 1/1/2000             | N/A        | mitoxantrone hydrochloride injection, solution        | <p>Indicated:</p> <p>• 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).</p> <p>Mitoxantrone is not indicated in the treatment of patients with primary progressive multiple sclerosis.</p> <p>• In combination with corticosteroids is indicated as initial chemotherapy for the treatment of patients with pain related to advanced hormone-refractory prostate cancer.</p> <p>• In combination with other approved drugs is indicated in the initial therapy of acute nonlymphocytic leukemia (ANLL) in adults. This category includes myelogenous, promyelocytic, monocytic, and erythroid acute leukemias.</p>   | 30                             | 18 years    | N/A         | N/A  | Y            | Y                         | Lifetime Maximum Dose: 70 units  | 10/31/2018         |

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| Drugs     | J9294      | Injection, pemetrexed (hospira) not therapeutically equivalent to J9305, 10 mg | 10 mg                   | 4/1/2023             | N/A        | pemetrexed for injection, for intravenous use (Hospira)      | Indicated:<br>• In combination with cisplatin for the initial treatment of patients with locally advanced or metastatic, non-squamous, non-small cell lung cancer (NSCLC).<br>• 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.<br>• As a single agent for the treatment of patients with recurrent, metastatic non-squamous, NSCLC after prior chemotherapy.<br>Limitations of Use: Pemetrexed for Injection is not indicated for the treatment of patients with squamous cell, non-small cell lung cancer.<br>• Initial treatment, in combination with cisplatin, of patients with malignant pleural mesothelioma whose disease is unresectable or who are otherwise not candidates for curative surgery.  | 300                            | 18 years  | N/A         | N/A                 | Y            | Y                         |   | 3/16/2023          |
| Biologics | 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.<br>Limitation of Use: Portrazza is not indicated for treatment of non-squamous non-small cell lung cancer.   | 3,200                          | 18 years  | N/A         | N/A                 | Y            | Y                         |   | 7/2/2018           |
| Drugs     | J9296      | Injection, pemetrexed (accord) not therapeutically equivalent to J9305, 10 mg  | 10 mg                   | 4/1/2023             | N/A        | pemetrexed injection, for intravenous use (Accord)           | Indicated:<br>• in combination with pembrolizumab and platinum chemotherapy, for the initial treatment of patients with metastatic non-squamous non-small cell lung cancer (NSCLC), with no EGFR or ALK genomic tumor aberrations.<br>• in combination with cisplatin for the initial treatment of patients with locally advanced or metastatic, non-squamous, NSCLC.<br>• 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.<br>• as a single agent for the treatment of patients with recurrent, metastatic non-squamous, NSCLC after prior chemotherapy.<br>Limitations of Use: Pemetrexed Injection is not indicated for the treatment of patients with squamous cell, non-small cell lung cancer.<br>• initial treatment, in combination with cisplatin, of patients with malignant pleural mesothelioma whose disease is unresectable or who are otherwise not candidates for curative surgery.   | 300                            | 18 years  | N/A         | N/A                 | Y            | Y                         |   | 3/16/2023          |
| Drugs     | J9297      | Injection, pemetrexed (sandoz), not therapeutically equivalent to J9305, 10 mg | 10 mg                   | 4/1/2023             | N/A        | pemetrexed injection, for intravenous use (Sandoz)           | Indicated:<br>• in combination with pembrolizumab and platinum chemotherapy, for the initial treatment of patients with metastatic non-squamous non-small cell lung cancer (NSCLC), with no EGFR or ALK genomic tumor aberrations.<br>• in combination with cisplatin for the initial treatment of patients with locally advanced or metastatic, non-squamous, NSCLC.<br>• 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.<br>• as a single agent for the treatment of patients with recurrent, metastatic non-squamous, NSCLC after prior chemotherapy.<br>Limitations of Use: Pemetrexed Injection is not indicated for the treatment of patients with squamous cell, non-small cell lung cancer.<br>• initial treatment, in combination with cisplatin, of patients with malignant pleural mesothelioma whose disease is unresectable or who are otherwise not candidates for curative surgery.   | 300                            | 18 years  | N/A         | N/A                 | Y            | Y                         |   | 3/16/2023          |
| Biologics | J9298      | Injection, nivolumab and relatlimab-rmbw, 3 mg/1 mg                            | 3 mg/1 mg               | 10/1/2022            | Opdualag™  | nivolumab and relatlimab-rmbw injection, for intravenous use | Indicated for the treatment of adult and pediatric patients 12 years of age or older with unresectable or metastatic melanoma.   | 320                            | 12 years  | N/A         | N/A                 | Y            | Y                         |   | 9/15/2022          |
| Biologics | J9299      | Injection, nivolumab, 1 mg   | 1 mg                    | 1/1/2016             | Opdivo®    | nivolumab injection, for intravenous use                     | Indicated for:<br>Melanoma:<br>• adult and pediatric (12 years and older) patients with unresectable or metastatic melanoma, as a single agent or in combination with ipilimumab.<br>• for the adjuvant treatment of adult and pediatric patients 12 years and older with completely resected Stage IIB, Stage IIC, Stage III, or Stage IV melanoma.<br>NSCLC:<br>• the treatment of patients with metastatic non-small cell lung cancer (NSCLC) and progression on or after platinum-based chemotherapy. Patients with EGFR or ALK genomic tumor aberrations should have disease progression on FDA-approved therapy for these aberrations prior to receiving Opdivo.<br>• adult patients with metastatic non-small cell lung cancer expressing PD-L1(≥1%) as determined by an FDA-approved test, with no EGFR or ALK genomic tumor aberrations, as first-line treatment in combination with ipilimumab.<br>• adult patients with metastatic or recurrent non-small cell lung cancer with no EGFR or ALK genomic tumor aberrations as first-line treatment, in combination with ipilimumab and 2 cycles of platinum-doublet chemotherapy.<br>• adult patients with resectable (tumors ≥4 cm or node positive) non-small cell lung cancer in the neoadjuvant setting, in combination with platinum-doublet chemotherapy.<br>Renal Cell Carcinoma:<br>• the treatment of patients with advanced renal cell carcinoma who have received prior anti-angiogenic therapy.<br>• patients with intermediate or poor risk, previously untreated advanced renal cell carcinoma, in combination with ipilimumab.<br>• patients with advanced renal cell carcinoma, as a first-line treatment in combination with cabozantinib.<br>Squamous Cell Carcinoma:<br>• the treatment of patients with recurrent or metastatic squamous cell carcinoma of the head and neck with disease progression on or after a platinum-based therapy. | 1,260                          | Indication Specific Age Restrictions (see comments) | N/A         | N/A                 | Y            | Y                         | Indication specific age restrictions:<br>• MSI-H or dMMR mCRC - 12 years of age and older<br>• Melanoma, as a single agent, in combination with ipilimumab, or in the adjuvant setting - 12 years and older<br>• Other approved indications - 18 years of age and older | 12/11/2023         |

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| Biologicals | J9301      | Injection, obinutuzumab, 10 mg                        | 10 mg                   | 1/1/2015             | Gazyva®    | obinutuzumab injection, for intravenous use   | Indicated:<br>• In combination with chlorambucil, for the treatment of patients with previously untreated chronic lymphocytic leukemia.<br>• In combination with bendamustine followed by Gazyva monotherapy, for the treatment of patients with follicular lymphoma who relapsed after, or are refractory to, a rituximab-containing regimen.<br>• 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.   | 400                            | 18 years    | N/A         | N/A                 | Y            | Y                         |  | 7/16/2018          |
| Biologicals | J9302      | Injection, ofatumumab, 10 mg                          | 10 mg                   | 1/1/2011             | Arzerra®   | ofatumumab injection, for intravenous use     | Indicated for the treatment of chronic lymphocytic leukemia (CLL):<br>• in combination with chlorambucil, for the treatment of previously untreated patients with CLL for whom fludarabine-based therapy is considered inappropriate.<br>• in combination with fludarabine and cyclophosphamide for the treatment of patients with relapsed CLL<br>• for extended treatment of patients who are in complete or partial response after at least two lines of therapy for recurrent or progressive CLL.<br>• for the treatment of patients with CLL refractory to fludarabine and alemtuzumab.   | 1,000                          | 18 years    | N/A         | N/A                 | Y            | Y                         | Pregnancy: May cause fetal B-cell depletion. | 7/16/2018          |
| Biologicals | J9303      | 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):<br>- In combination with Folfex for first-line treatment.<br>- As monotherapy following disease progression after prior treatment with fluoropyrimidine, oxaliplatin, and irinotecan-containing chemotherapy.<br><br>Limitation of Use: Vectibix is not indicated for the treatment of patients with RAS-mutant mCRC or for whom RAS mutation status is unknown.   | 270                            | 18 years    | N/A         | N/A                 | Y            | Y                         |  | 6/4/2019           |
| Drugs       | J9304      | Injection, pemetrexed (pemetrexed), 10 mg             | 10 mg                   | 10/1/2020            | Pemfexy™   | pemetrexed injection, for intravenous use     | Indicated:<br>• in combination with cisplatin for the initial treatment of patients with locally advanced or metastatic non-squamous, non-small cell lung cancer (NSCLC).<br>• 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.<br>• as a single agent for the treatment of patients with recurrent, metastatic non-squamous NSCLC after prior chemotherapy.<br>- Limitations of Use: Pemfexy is not indicated for the treatment of patients with squamous cell non-small cell lung cancer.<br>• in combination with cisplatin for the initial treatment, of patients with malignant pleural mesothelioma whose disease is unresectable or who are otherwise not candidates for curative surgery.<br>• in combination with pembrolizumab and platinum chemotherapy, for the initial treatment of patients with metastatic non-squamous NSCLC, with no EGFR or ALK genomic tumor aberrations. | 300                            | 18 years    | N/A         | N/A                 | Y            | Y                         |  | 1/23/2023          |
| Drugs       | J9305      | Injection, pemetrexed, not otherwise specified, 10 mg | 10 mg                   | 10/1/2020            | Alimta®    | pemetrexed for injection, for intravenous use | Indicated:<br>• In combination with cisplatin for the initial treatment of patients with locally advanced or metastatic, non-squamous, non-small cell lung cancer (NSCLC).<br>• 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.<br>• As a single agent for the treatment of patients with recurrent metastatic non-squamous, NSCLC after prior chemotherapy.<br>• Initial treatment, in combination with cisplatin, of patients with malignant pleural mesothelioma whose disease is unresectable or who are otherwise not candidates for curative surgery.<br>• In combination with carboplatin and pembrolizumab for the initial treatment of patients with metastatic, non-squamous NSCLC.<br><br>Limitations of Use: Not indicated for the treatment of patients with squamous cell, non-small cell lung cancer.   | 300                            | 18 years    | N/A         | N/A                 | Y            | Y                         |  | 12/12/2022         |
| Biologicals | J9306      | Injection, pertuzumab, 1 mg                           | 1 mg                    | 1/1/2014             | Perjeta®   | pertuzumab injection, for intravenous use     | Indicated for:<br>• 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.<br>• Use in combination with trastuzumab and chemotherapy as<br>o Neoadjuvant 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.<br>o Adjuvant treatment of patients with HER2-positive early breast cancer at high risk of recurrence.   | 1,260                          | 18 years    | N/A         | N/A                 | Y            | Y                         |  | 7/2/2018           |
| Drugs       | J9307      | Injection, pralatrexate, 1 mg                         | 1 mg                    | 1/1/2011             | Foloty®    | pralatrexate injection, for intravenous use   | Indicated for the treatment of patients with relapsed or refractory peripheral T-cell lymphoma.  | 400                            | 18 years    | N/A         | N/A                 | Y            | Y                         |  | 8/24/2018          |

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| Biologics | J9308      | Injection, ramucirumab, 5 mg                 | 5 mg                    | 1/1/2016             | Cyramza®        | ramucirumab injection, for intravenous use                        | Indicated:<br><ul style="list-style-type: none"> <li>As a single agent or in combination with paclitaxel, for treatment of advanced gastric or gastro-esophageal junction adenocarcinoma, with disease progression on or after prior fluoropyrimidine- or platinum-containing chemotherapy.</li> <li>In combination with docetaxel, for treatment of metastatic non-small cell lung cancer with disease progression on or after platinum-based chemotherapy. Patients with EGFR or ALK genomic tumor aberrations should have disease progression on FDA-approved therapy for these aberrations prior to receiving Cyramza.</li> <li>In combination with erlotinib, for first-line treatment of metastatic non-small cell lung cancer with epidermal growth factor receptor (EGFR) exon 19 deletions or exon 21 (L858R) mutations.</li> <li>In combination with FOLFIRI, for the treatment of metastatic colorectal cancer with disease progression on or after prior therapy with bevacizumab, oxaliplatin, and a fluoropyrimidine.</li> <li>As a single agent, for the treatment of hepatocellular carcinoma in patients who have an alpha fetoprotein of ≥400 ng/mL and have been treated with sorafenib.</li> </ul>   | 900                            | 18 years  | N/A         | N/A                 | Y            | Y                         |  | 6/17/2020          |
| Biologics | J9309      | Injection, polatuzumab vedotin-piiq, 1 mg    | 1 mg                    | 1/1/2020             | Polivy®         | polatuzumab vedotin-piiq for injection, for intravenous use       | Indicated:<br><ul style="list-style-type: none"> <li>In combination with bendamustine and a rituximab product for the treatment of adult patients with relapsed or refractory diffuse large B-cell lymphoma, not otherwise specified, after at least two prior therapies.</li> <li>In combination with a rituximab product, cyclophosphamide, doxorubicin, and prednisone (R-CHP) for the treatment of adult patients who have previously untreated diffuse large B-cell lymphoma (DLBCL), not otherwise specified (NOS) or high-grade B-cell lymphoma (HGBL) and who have an International Prognostic Index score of 2 or greater.</li> </ul>   | 560                            | 18 years  | N/A         | N/A                 | Y            | Y                         |  | 5/25/2023          |
| Biologics | 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:<br><ul style="list-style-type: none"> <li>Follicular Lymphoma (FL): <ul style="list-style-type: none"> <li>Relapsed or refractory, follicular lymphoma as a single agent</li> <li>Previously untreated follicular lymphoma in combination with first line chemotherapy and, in patients achieving a complete or partial response to rituximab in combination with chemotherapy, as single-agent maintenance therapy</li> <li>Non-progressing (including stable disease), follicular lymphoma as a single agent after first-line cyclophosphamide, vincristine, and prednisone (CVP) chemotherapy</li> </ul> </li> <li>Diffuse Large B-cell Lymphoma (DLBCL): <ul style="list-style-type: none"> <li>Previously untreated diffuse large B-cell lymphoma in combination with cyclophosphamide, doxorubicin, vincristine, prednisone (CHOP) or other anthracycline-based chemotherapy regimens</li> </ul> </li> <li>Chronic Lymphocytic Leukemia (CLL): <ul style="list-style-type: none"> <li>Previously untreated and previously treated CLL in combination with fludarabine and cyclophosphamide (FC)</li> </ul> </li> </ul> <p>Limitations of Use:</p> <ul style="list-style-type: none"> <li>Initiate treatment with Rituxan Hycela only after patients have received at least one full dose of rituximab product by intravenous infusion.</li> <li>Rituxan Hycela is not indicated for the treatment of non-malignant conditions.</li> </ul>  | 700                            | 18 years  | N/A         | N/A                 | Y            | Y                         |  | 4/19/2019          |
| Biologics | J9312      | Injection, rituximab, 10 mg                  | 10 mg                   | 1/1/2019             | Rituxan®        | rituximab injection, for intravenous use                          | Indicated for the treatment of adult patients with:<br><ul style="list-style-type: none"> <li>Non-Hodgkin's Lymphoma (NHL) <ul style="list-style-type: none"> <li>Relapsed or refractory, low grade or follicular, CD20-positive B-cell NHL as a single agent.</li> <li>Previously untreated follicular, CD20-positive, B-cell NHL in combination with first line chemotherapy and, in patients achieving a complete or partial response to Rituxan in combination with chemotherapy, as single-agent maintenance therapy.</li> <li>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.</li> <li>Previously untreated diffuse large B-cell, CD20-positive NHL in combination with (cyclophosphamide, doxorubicin, vincristine, and prednisone) (CHOP) or other anthracycline-based chemotherapy regimens.</li> </ul> </li> <li>Indicated for the treatment of pediatric patients aged 6 months and older with mature B-cell NHL and mature B-cell acute leukemia (B-AL). <ul style="list-style-type: none"> <li>Previously untreated, advanced stage, CD20-positive, diffuse large B-cell lymphoma (DLBCL), Burkitt lymphoma (BL), Burkitt-like lymphoma (BLI) or mature B-cell acute leukemia (B-AL) in combination with chemotherapy.</li> </ul> </li> <li>Chronic Lymphocytic Leukemia (CLL) <ul style="list-style-type: none"> <li>Previously untreated and previously treated CD20-positive CLL in combination with fludarabine and cyclophosphamide (FC).</li> </ul> </li> <li>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.</li> <li>Moderate to severe pemphigus vulgaris (PV) in adult patients.</li> <li>Granulomatosis with Polyangiitis (GPA) [Wegener's Granulomatosis] and Microscopic Polyangiitis (MPA) in adult and pediatric patients 2 years of age and older in combination with glucocorticoids.</li> </ul> | 500                            | Indication Specific Age Restrictions (see comments) | N/A         | N/A                 | Y            | Y                         | Indication Specific:<br><ul style="list-style-type: none"> <li>CLL, RA, PV: 18 years of age and older</li> <li>GPA and MPA: 2 years of age and older</li> <li>NHL and B-AL: 6 months of age and older</li> </ul> | 1/13/2022          |



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|-------------|------------|--|-------------------------|----------------------|------------|---|--|--------------------------------|-------------|-------------|---------------------|--------------|---------------------------|----------|--------------------|
| Drugs       | J9314      | Injection, pemtrexed (teva) not therapeutically equivalent to J9305, 10 mg | 10 mg                   | 1/1/2023             | N/A        | pemtrexed for injection, for intravenous use (Teva)                             | Indicated:<br><ul style="list-style-type: none"> <li>• in combination with pembrolizumab and platinum chemotherapy, for the initial treatment of patients with metastatic non-squamous non-small cell lung cancer (NSCLC), with no epidermal growth factor receptor (EGFR) or anaplastic lymphoma kinase (ALK) genomic tumor aberrations.</li> <li>• in combination with cisplatin for the initial treatment of patients with locally advanced or metastatic, non-squamous NSCLC.</li> <li>• 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.</li> <li>• as a single agent for the treatment of patients with recurrent, metastatic non-squamous, NSCLC after prior chemotherapy.</li> <li>• initial treatment, in combination with cisplatin, of patients with malignant pleural mesothelioma whose disease is unresectable or who are otherwise not candidates for curative surgery.</li> </ul> Limitations of Use:<br>Pemtrexed Injection is not indicated for the treatment of patients with squamous cell, non-small cell lung cancer. | 300                            | 18 years    | N/A         | N/A                 | Y            | Y                         |          | 12/12/2022         |
| Biologicals | J9316      | Injection, pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg      | 10 mg                   | 1/1/2021             | Phesgo™    | pertuzumab, trastuzumab, and hyaluronidase-zzxf injection, for subcutaneous use | Indicated for:<br><ul style="list-style-type: none"> <li>• Use in combination with chemotherapy as:<br/>                             o neoadjuvant 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.</li> <li>o adjuvant treatment of patients with HER2-positive early breast cancer at high risk of recurrence.</li> </ul> <ul style="list-style-type: none"> <li>• Use in combination with 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.</li> </ul>   | 300                            | 18 years    | N/A         | N/A                 | Y            | Y                         |          | 12/28/2020         |
| Biologicals | J9317      | Injection, sacituzumab govitecan-hziy, 2.5 mg                              | 2.5 mg                  | 1/1/2021             | Trodelyv™  | sacituzumab govitecan-hziy for injection, for intravenous use                   | Indicated for the treatment of adult patients with:<br><ul style="list-style-type: none"> <li>• Unresectable locally advanced or metastatic triple-negative breast cancer (mTNBC) who have received two or more prior systemic therapies, at least one of them for metastatic disease.</li> <li>• Locally advanced or metastatic urothelial cancer (mUC) who have previously received a platinum-containing chemotherapy and either programmed death receptor-1 (PD-1) or programmed death-ligand 1 (PD-L1) inhibitor.</li> <li>• Unresectable locally advanced or metastatic hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative (IHC 0, IHC 1+ or IHC 2+/SH-) breast cancer who have received endocrine-based therapy and at least two additional systemic therapies in the metastatic setting.</li> </ul>  | 2,304                          | 18 years    | N/A         | N/A                 | Y            | Y                         |          | 3/16/2023          |
| Drugs       | J9318      | Injection, romidepsin, non-lyophilized, 0.1 mg                             | 0.1 mg                  | 10/1/2021            | N/A        | romidepsin for injection, for intravenous use (non-lyophilized)                 | Indicated for:<br><ul style="list-style-type: none"> <li>• The treatment of cutaneous T-cell lymphoma (CTCL) in adult patients who have received at least one prior systemic therapy.</li> </ul>   | 2,200                          | 18 years    | N/A         | N/A                 | Y            | Y                         |          | 1/13/2022          |
| Drugs       | J9319      | Injection, romidepsin, lyophilized, 0.1 mg                                 | 0.1 mg                  | 10/1/2021            | Istodax®   | romidepsin for injection, for intravenous use (lyophilized)                     | Indicated for:<br><ul style="list-style-type: none"> <li>• Treatment of cutaneous T-cell lymphoma (CTCL) in patients who have received at least one prior systemic therapy.</li> </ul>   | 1600                           | 18 years    | N/A         | N/A                 | Y            | Y                         |          | 9/29/2021          |
| 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.  | 20                             | N/A         | N/A         | N/A                 | Y            | Y                         |          | 6/7/2019           |
| Biologicals | J9321      | Injection, epcoritamab-bysp, 0.16 mg                                       | 0.16 mg                 | 1/1/2024             | Epkinly™   | epcoritamab-bysp injection, for subcutaneous use                                | Indicated for the treatment of adult patients with relapsed or refractory diffuse large B-cell lymphoma (DLBCL), not otherwise specified, including DLBCL arising from indolent lymphoma, and high-grade B-cell lymphoma after two or more lines of systemic therapy.  | 1,500                          | 18 years    | N/A         | N/A                 | Y            | Y                         |          | 12/22/2023         |
| Drugs       | J9323      | Injection, pemtrexed ditromethamine, 10 mg                                 | 10 mg                   | 7/1/2023             | N/A        | pemtrexed ditromethamine for injection, for intravenous use (Hospira)           | Indicated:<br><ul style="list-style-type: none"> <li>• In combination with cisplatin for the initial treatment of patients with locally advanced or metastatic, non-squamous, non-small cell lung cancer (NSCLC).</li> <li>• 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.</li> <li>• As a single agent for the treatment of patients with recurrent, metastatic non-squamous, NSCLC after prior chemotherapy.</li> </ul> Limitations of Use: Pemtrexed for Injection is not indicated for the treatment of patients with squamous cell, non-small cell lung cancer.<br><ul style="list-style-type: none"> <li>• Initial treatment, in combination with cisplatin, of patients with malignant pleural mesothelioma whose disease is unresectable or who are otherwise not candidates for curative surgery.</li> </ul>  | 300                            | 18 years    | N/A         | N/A                 | Y            | Y                         |          | 6/22/2023          |
| 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.<br><br>Limitations of Use: Imlygic has not been shown to improve overall survival or have an effect on visceral metastases.  | 800                            | 18 years    | N/A         | N/A                 | Y            | Y                         |          | 7/16/2018          |
| Drugs       | J9328      | Injection, temozolomide, 1 mg  | 1 mg                    | 1/1/2010             | Temodar®   | temozolomide for injection, for intravenous use                                 | Indicated in adult patients for:<br><ul style="list-style-type: none"> <li>• Treatment of newly diagnosed glioblastoma multiforme (GBM) concomitantly with radiotherapy and then as maintenance treatment.</li> <li>• Treatment of refractory anaplastic astrocytoma.</li> <li>• Adjuvant treatment of newly diagnosed anaplastic astrocytoma. (Recommended dosing is for oral Temodar only.)</li> </ul>   | 6,200                          | 18 years    | N/A         | N/A                 | Y            | Y                         |          | 10/26/2023         |
| 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.  | 125                            | N/A         | N/A         | N/A                 | Y            | Y                         |          | 9/25/2018          |

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|-----------|------------|---|-------------------------|----------------------|--------------------|--|--|--------------------------------|-------------|-------------|---------------------|--------------|---------------------------|--|--------------------|
| Drugs     | J9331      | Injection, sirolimus protein-bound particles, 1 mg        | 1 mg                    | 1/1/2000             | Fyarro™            | sirolimus protein-bound particles for injectable suspension (albumin-bound), for intravenous use | Indicated for the treatment of adult patients with locally advanced unresectable or metastatic malignant perivascular epithelioid cell tumor (PEComa).   | 1,200                          | 18 years    | N/A         | N/A                 | Y            | Y                         |  | 6/6/2022           |
| Biologics | J9332      | Injection, efgartigimod alfa-fcab, 2mg                    | 2 mg                    | 1/1/2002             | Vyvgart™           | efgartigimod alfa-fcab injection, for intravenous use  | Indicated for the treatment of generalized myasthenia gravis (gMG) in adult patients who are anti-acetylcholine receptor (AChR) antibody positive.   | 2,400                          | 18 years    | N/A         | N/A                 | Y            | Y                         |  | 6/6/2022           |
| Biologics | J9333      | Injection, rozanolixizumab-noli, 1 mg                     | 1 mg                    | 1/1/2024             | Rystiggo®          | rozanolixizumab-noli injection, for subcutaneous use   | Indicated for the treatment of generalized myasthenia gravis (gMG) in adult patients who are anti-acetylcholine receptor (AChR) or antimuscle-specific tyrosine kinase (MuSK) antibody positive.   | 4,200                          | 18 years    | N/A         | N/A                 | Y            | Y                         |  | 12/22/2023         |
| Biologics | J9334      | Injection, efgartigimod alfa, 2 mg and hyaluronidase-qyfc | 2 mg                    | 1/1/2024             | Vyvgart® Hytrulo   | efgartigimod alfa and hyaluronidase-qyfc injection, for subcutaneous use                         | Indicated for the treatment of generalized myasthenia gravis (gMG) in adult patients who are anti-acetylcholine receptor (AChR) antibody positive.   | 2,016                          | 18 years    | N/A         | N/A                 | Y            | Y                         |  | 12/22/2023         |
| Drugs     | J9340      | Injection, thiotepea, 15 mg                               | 15 mg                   | 1/1/2000             | N/A                | thiotepea injection, powder, lyophilized, for solution   | Thiotepea 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. Thiotepea has been effective against other lymphomas, such as lymphosarcoma and Hodgkin's disease. | 20                             | 18 years    | N/A         | N/A                 | Y            | Y                         |  | 9/21/2018          |
| Biologics | J9345      | Injection, retifanlimab-dlwr, 1 mg                        | 1 mg                    | 10/1/2023            | Zynyz™             | retifanlimab-dlwr injection, for intravenous use   | Indicated for the treatment of adult patients with metastatic or recurrent locally advanced Merkel cell carcinoma.   | 1,000                          | 18 years    | N/A         | N/A                 | Y            | Y                         | 9/2023: NC Suggested Max Monthly Units updated from 500 units to 1,000 units effective 4/5/2023. | 9/28/2023          |
| Biologics | J9347      | Injection, tremelimumab-actl, 1 mg                        | 1 mg                    | 7/1/2023             | Imjudo®            | tremelimumab-actl injection, for intravenous use   | Indicated:<br>• in combination with durvalumab, for the treatment of adult patients with unresectable hepatocellular carcinoma (uHCC).<br>• in combination with durvalumab and platinum-based chemotherapy for the treatment of adult patients with metastatic non-small cell lung cancer (NSCLC) with no sensitizing epidermal growth factor receptor (EGFR) mutation or anaplastic lymphoma kinase (ALK) genomic tumor aberrations.  | 300                            | 18 years    | N/A         | N/A                 | Y            | Y                         |  | 6/22/2023          |
| Biologics | J9348      | Injection, naxitamab-gagk, 1 mg                           | 1 mg                    | 7/1/2021             | Danyelza®          | naxitamab-gagk injection, for intravenous use  | Indicated, in combination with granulocyte-macrophage colony-stimulating factor (GM-CSF), for the treatment of pediatric patients 1 year of age and older and adult patients with relapsed or refractory high-risk neuroblastoma in the bone or bone marrow who have demonstrated a partial response, minor response, or stable disease to prior therapy.  | 800                            | 1 year      | N/A         | N/A                 | Y            | Y                         |  | 6/28/2021          |
| Biologics | J9349      | Injection, tafasitamab-cxix, 2 mg                         | 2 mg                    | 4/1/2021             | Monjuvi®           | tafasitamab-cxix for injection, for intravenous use  | Indicated in combination with lenalidomide for the treatment of adult patients with relapsed or refractory diffuse large B-cell lymphoma (DLBCL) not otherwise specified, including DLBCL arising from low grade lymphoma, and who are not eligible for autologous stem cell transplant (ASCT).  | 5,400                          | 18 years    | N/A         | N/A                 | Y            | Y                         |  | 3/25/2021          |
| Biologics | J9350      | Injection, mosunetuzumab-axgb, 1 mg                       | 1 mg                    | 7/1/2023             | Lunsumio™          | mosunetuzumab-axgb injection, for intravenous use  | Indicated for the treatment of adult patients with relapsed or refractory follicular lymphoma after two or more lines of systemic therapy.   | 123                            | 18 years    | N/A         | N/A                 | Y            | Y                         |  | 6/22/2023          |
| Drugs     | J9351      | Injection, topotecan, 0.1 mg                              | 0.1 mg                  | 1/1/2011             | Hycamtin®          | topotecan for injection  | Indicated for:<br>• Metastatic carcinoma of the ovary after disease progression on or after initial or subsequent chemotherapy.<br>• Small cell lung cancer platinum-sensitive disease in patients who progressed after first-line chemotherapy.<br>• Combination therapy with cisplatin for Stage IV-B, recurrent, or persistent carcinoma of the cervix which is not amenable to curative treatment.   | 400                            | 18 years    | N/A         | N/A                 | Y            | Y                         |  | 9/12/2018          |
| Drugs     | J9352      | Injection, trabectedin, 0.1 mg                            | 0.1 mg                  | 1/1/2017             | Yondelis®          | trabectedin for injection, for intravenous use   | Indicated for the treatment of patients with unresectable or metastatic liposarcoma or leiomyosarcoma who received a prior anthracycline-containing regimen.   | 80                             | 18 years    | N/A         | N/A                 | Y            | Y                         |  | 9/12/2018          |
| Biologics | J9353      | Injection, margetuximab-cmkb, 5 mg                        | 5 mg                    | 7/1/2021             | Margenza™          | margetuximab-cmkb injection, for intravenous use   | Indicated, in combination with chemotherapy, for the treatment of adult patients with metastatic HER2-positive breast cancer who have received two or more prior anti-HER2 regimens, at least one of which was for metastatic disease.   | 900                            | 18 years    | N/A         | N/A                 | Y            | Y                         |  | 6/28/2021          |
| Biologics | J9354      | Injection, ado-trastuzumab emtansine, 1 mg                | 1 mg                    | 1/1/2014             | Kadcyla®           | ado-trastuzumab emtansine for injection, for intravenous use                                     | 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:<br>• received prior therapy for metastatic disease, or<br>• developed disease recurrence during or within six months of completing adjuvant therapy.<br>• The adjuvant treatment of patients with HER2-positive early breast cancer who have residual invasive disease after neoadjuvant taxane and trastuzumab-based treatment.       | 1,160                          | 18 years    | N/A         | N/A                 | Y            | Y                         |  | 6/4/2019           |
| Biologics | J9355      | Injection, trastuzumab, excludes biosimilar, 10 mg        | 10 mg                   | 1/1/2000             | Herceptin®         | trastuzumab for injection, for intravenous use   | Indicated for:<br>• The treatment of HER2-overexpressing breast cancer.<br>• The treatment of HER2-overexpressing metastatic gastric or gastroesophageal junction adenocarcinoma.<br>Select patients for therapy based on an FDA-approved companion diagnostic for Herceptin.  | 196                            | 18 years    | N/A         | N/A                 | Y            | Y                         |  | 9/12/2018          |
| Biologics | 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.   | 120                            | 18 years    | N/A         | N/A                 | Y            | Y                         |  | 6/3/2019           |
| 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.  | 20                             | 18 years    | N/A         | N/A                 | Y            | Y                         |  | 9/12/2018          |

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|-----------|------------|--|-------------------------|----------------------|---------------|--|--|--------------------------------|-------------|-------------|---------------------|--------------|---------------------------|----------|--------------------|
| Biologics | J9358      | Injection, fam-trastuzumab deruxtecan-nxki, 1 mg                                       | 1 mg                    | 7/1/2020             | Enhertu*      | fam-trastuzumab deruxtecan ncki for injection, for intravenous use | Indicated for the treatment of:<br>• adult patients with unresectable or metastatic HER2-positive breast cancer who have received a prior anti-HER2-based regimen either:<br>- in the metastatic setting, OR<br>- in the neoadjuvant or adjuvant setting and have developed disease recurrence during or within six months of completing therapy.<br>• adult patients with locally advanced or metastatic HER2-positive gastric or gastroesophageal junction adenocarcinoma who have received a prior trastuzumab-based regimen.<br>• adult patients with unresectable or metastatic HER2-low (IHC 1+ or IHC 2+/IHC-) breast cancer, as determined by an FDA-approved test, who have received a prior chemotherapy in the metastatic setting or developed disease recurrence during or within 6 months of completing adjuvant chemotherapy.<br>• adult patients with unresectable or metastatic non-small cell lung cancer (NSCLC) whose tumors have activating HER2 (ERBB2) mutations, as detected by an FDA-approved test, and who have received a prior systemic therapy. | 1,800                          | 18 years    | N/A         | N/A                 | Y            | Y                         |          | 12/20/2022         |
| Biologics | J9359      | Injection, loncastumab tesirine-lpyl, 0.075 mg   | 0.075 mg                | 4/1/2022             | Zynlonta™     | loncastumab tesirine-lpyl for injection, for intravenous use       | Indicated for the treatment of adult patients with relapsed or refractory large B-cell lymphoma after two or more lines of systemic therapy, including diffuse large B-cell lymphoma (DLBCL) not otherwise specified, DLBCL arising from low grade lymphoma, and high-grade B-cell lymphoma.   | 800                            | 18 years    | N/A         | N/A                 | Y            | Y                         |          | 3/17/2022          |
| 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:<br>Frequently Responsive Malignancies -<br>• Generalized Hodgkin's disease (Stages III and IV, Ann Arbor modification of Rye staging system)<br>• Lymphocytic lymphoma (nodular and diffuse, poorly and well differentiated)<br>• Histiocytic lymphoma<br>• Mucositis fungoides (advanced stages)<br>• Advanced carcinoma of the testis<br>• Kaposi's sarcoma<br>• Letterer-Siwe disease (histiocytosis X)<br>Less Frequently Responsive Malignancies -<br>• Chorioncarcinoma resistant to other chemotherapeutic agents<br>• Carcinoma of the breast, unresponsive to appropriate endocrine surgery and hormonal therapy  | 250                            | N/A         | N/A         | N/A                 | Y            | Y                         |          | 9/12/2018          |
| 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' tumor.  | 20                             | N/A         | N/A         | N/A                 | Y            | Y                         |          | 9/12/2018          |
| Drugs     | J9371      | Injection, vincristine sulfate liposome, 1 mg  | 1 mg                    | 1/1/2014             | Margibo*      | 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.  | 30                             | 18 years    | N/A         | N/A                 | Y            | Y                         |          | 8/5/2021           |
| Biologics | J9376      | Injection, pozelimab-bbfg, 1 mg  | 1 mg                    | 4/1/2024             | Veopoz™       | pozelimab-bbfg injection, for intravenous or subcutaneous use      | Indicated for the treatment of adult and pediatric patients 1 year of age and older with CD55-deficient protein-losing enteropathy (PLE), also known as CHAPLE disease.  | 4,000                          | 1 year      | N/A         | N/A                 | Y            | Y                         |          | 4/12/2024          |
| Biologics | J9381      | Injection, teplizumab-mzwv, 5 mcg  | 5 mcg                   | 7/1/2023             | Tziel™        | teplizumab-mzwv injection, for intravenous use                     | Indicated to delay the onset of Stage 3 type 1 diabetes (T1D) in adults and pediatric patients aged 8 years and older with Stage 2 T1D.  | 9,600                          | 8 years     | N/A         | N/A                 | Y            | Y                         |          | 6/22/2023          |
| Drugs     | J9390      | Injection, vinorelbine tartrate, per 10 mg   | 10 mg                   | 1/1/2000             | Navelbine*    | vinorelbine tartrate injection, for intravenous use                | Indicated:<br>• In combination with cisplatin for first-line treatment of patients with locally advanced or metastatic non-small cell lung cancer (NSCLC).<br>• As a single agent for first-line treatment of patients with metastatic NSCLC.  | 40                             | 18 years    | N/A         | N/A                 | Y            | Y                         |          | 9/27/2018          |
| Drugs     | J9393      | Injection, fulvestrant (teva) not therapeutically equivalent to J9395, 25 mg           | 25 mg                   | 1/1/2023             | N/A           | fulvestrant injection, for intramuscular use (Teva)                | Indicated for the treatment of:<br>• Hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative advanced breast cancer in postmenopausal women not previously treated with endocrine therapy.<br>• HR-positive advanced breast cancer in postmenopausal women with disease progression following endocrine therapy.<br>• HR-positive, HER2-negative advanced or metastatic breast cancer in postmenopausal women in combination with ribociclib, as initial endocrine based therapy or following disease progression on endocrine therapy.<br>• HR-positive, HER2-negative advanced or metastatic breast cancer in combination with palbociclib or abemaciclib in women with disease progression after endocrine therapy.  | 60                             | 18 years    | N/A         | Females Only        | Y            | Y                         |          | 12/6/2022          |
| Drugs     | J9394      | Injection, fulvestrant (fresenius kabi) not therapeutically equivalent to J9395, 25 mg | 25 mg                   | 1/1/2023             | N/A           | fulvestrant injection, for intramuscular use (Fresenius Kabi)      | Monotherapy<br>Fulvestrant injection is indicated for the treatment of:<br>• Hormone receptor(HR)-positive, human epidermal growth factor receptor2 (HER2)-negative advanced breast cancer in postmenopausal women not previously treated with endocrine therapy, or<br>• HR-positive advanced breast cancer in postmenopausal women with disease progression following endocrine therapy.<br>Combination Therapy<br>Fulvestrant injection is indicated for the treatment of:<br>• HR-positive,HER2-negative advanced or metastatic breast cancer in postmenopausal women in combination with ribociclib as initial endocrine based therapy or following disease progression on endocrine therapy.<br>• HR-positive,HER2-negative advanced or metastatic breast cancer in combination with palbociclib or abemaciclib in women with disease progression after endocrine therapy.   | 60                             | 18 years    | N/A         | Females Only        | Y            | Y                         |          | 12/6/2022          |

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| Drugs     | J9395      | Injection, fulvestrant, 25 mg                  | 25 mg                   | 1/1/2004             | Faslodex®   | fulvestrant injection, for intramuscular use                 | Indicated for the treatment of HR-positive advanced breast cancer in postmenopausal women with disease progression following endocrine therapy.<br><br>Indicated for the treatment of HR-positive, HER2-negative advanced or metastatic breast cancer in combination with palbociclib in women with disease progression after endocrine therapy.<br><br>Indicated for the treatment of hormone receptor (HR)-positive, human epidermal growth receptor 2 (HER2)-negative advanced breast cancer in postmenopausal women not previously treated with endocrine therapy.<br><br>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. | 60                             | 18 years  | N/A         | Females only        | Y            | Y                         |   | 10/10/2018         |
| Biologics | 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.  | 1,800                          | 18 years  | N/A         | N/A                 | Y            | Y                         |   | 6/7/2019           |
| Drugs     | J9600      | Injection, porfimer sodium, 75 mg              | 75 mg                   | 1/1/2000             | Photofrin®  | porfimer sodium injection                                    | Indicated for:<br>Esophageal Cancer<br>• 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<br>Endobronchial Cancer<br>• Treatment of microinvasive endobronchial non-small cell lung cancer (NSCLC) in patients for whom surgery and radiotherapy are not indicated<br>• Reduction of obstruction and palliation of symptoms in patients with completely or partially obstructing endobronchial NSCLC<br>High-Grade Dysplasia in Barrett's Esophagus<br>• Ablation of high-grade dysplasia (HGD) in Barrett's esophagus (BE) patients who do not undergo esophagectomy               | 8                              | 18 years  | N/A         | N/A                 | Y            | Y                         |   | 6/6/2019           |
| Biologics | J9999      | Not otherwise classified, antineoplastic drugs | 1 mg                    | 1/1/2000             | Loqtorzi™   | toripalimab-tpzi injection, for intravenous use              | Toripalimab-tpzi injection is indicated:<br>• in combination with cisplatin and gemcitabine, for first-line treatment of adults with metastatic or with recurrent locally advanced nasopharyngeal carcinoma (NPC).<br>• as a single agent for the treatment of adults with recurrent unresectable or metastatic NPC with disease progression on or after a platinum-containing chemotherapy.  | 1,440                          | 18 years  | N/A         | N/A                 | Y            | Y                         |   | 12/22/2023         |
| Biologics | J9999      | Not otherwise classified, antineoplastic drugs | 1 mcg                   | 1/1/2000             | Besremi®  | ropeginterferon alfa-2b-njft injection, for subcutaneous use | Indicated for the treatment of adults with polycythemia vera.   | 1,500                          | 18 years  | N/A         | N/A                 | Y            | Y                         | 1/2024: Procedure code updated from J3590 to J9999 to align with product's FDA-approved indication effective 2/1/2024.  | 1/26/2024          |
| Biologics | P9041      | Infusion, albumin (human), 5%, 50 mL           | 50 mL                   | 1/1/2001             | Albutein®, Plasbumin®                                 | albumin (human), 5%  | Plasbumin: Indicated for:<br>• Emergency treatment of hypovolemic shock<br>• Burn therapy<br>• Cardiopulmonary bypass<br>• Acute liver failure<br>• Sequestration of protein rich fluids<br><br>Albutein: Indicated for:<br>• Hypovolemia<br>• Cardiopulmonary bypass procedures<br>• Hypoalbuminemia<br>• Plasma exchange  | 1,550                          | Indication Specific Age Restrictions (see comments) | N/A         | N/A                 | Y            | Y                         | Product specific age restrictions:<br>• Plasbumin: 18 years of age and older<br>• Albutein: None (use only if clearly needed)   | 9/25/2018          |
| Biologics | P9045      | Infusion, albumin (human), 5%, 250 mL          | 250 mL                  | 1/1/2002             | Albuked™-5, Albuminex®, AlbuRx®, Albutein®, Flexbumin | albumin (human) U.S.P., 5% solution for injection - 250 mL   | Albuked-5 is indicated for:<br>• Emergency treatment of hypovolemic shock<br>• Burn therapy<br>• Cardiopulmonary bypass<br>• Acute liver failure<br>• Sequestration of protein rich fluids<br><br>Albuminex:<br>Albuminex 5% is a 5% albumin solution indicated for adults and children:<br>• Hypovolemia<br>• Ascites<br>• Hypoalbuminemia including from burns<br>• Acute nephrosis<br>• Acute Respiratory Distress Syndrome (ARDS)<br>• Cardiopulmonary Bypass<br><br>AlbuRx:<br>• Shock<br>• Burns<br>• Pancreatitis and peritonitis<br>• Postoperative albumin loss<br>• Hypoproteinemia with an oncotic deficit<br><br>Albutein:<br>Albutein 5% is an albumin solution indicated for:<br>• Hypovolemia<br>• Cardiopulmonary bypass                                | 620                            |   | N/A         | N/A                 | Y            | Y                         | Pediatric Use: Ensure dose is appropriate for body weight. The safety of albumin solutions has been demonstrated in children provided the dose is appropriate for body weight; however, the safety of Albumin 5% has not been evaluated in sponsor conducted pediatric studies. | 4/23/2024          |

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| Biologics | P9046      | Infusion, albumin (human), 25%, 20 mL  | 20 mL                   | 1/1/2002             | Albutein*   | albumin (human) U.S.P., 25% solution for injection - 20 mL | <p>Albutein 25% is indicated for:</p> <ul style="list-style-type: none"> <li>• Hypovolemia</li> <li>• Cardiopulmonary bypass procedures</li> <li>• Acute nephrosis</li> <li>• Hypoalbuminemia</li> <li>• Ovarian hyperstimulation syndrome</li> <li>• Neonatal hyperbilirubinemia</li> <li>• Adult respiratory distress syndrome (ARDS)</li> <li>• Prevention of central volume depletion after paracentesis due to cirrhotic ascites</li> </ul>  | 775                            | Pediatric Use: No human or animal data. Use only if clearly needed. | N/A         | N/A                 | Y            | Y                         |  | 4/23/2024          |
| Biologics | P9047      | Infusion, albumin (human), 25%, 50 mL  | 50 mL                   | 1/1/2002             | Albuked, Albuminar*, Albutein*, Flexbumin, Kedbumin**, Plasbumin* | albumin (human), 25%                                       | <p>Plasbumin and Albuked: Indicated for:</p> <ul style="list-style-type: none"> <li>• Emergency treatment of hypovolemic shock</li> <li>• Burn therapy</li> <li>• Hypoproteinemia with or without edema</li> <li>• Adult respiratory distress syndrome (ARDS)</li> <li>• Cardiopulmonary bypass</li> <li>• Acute liver failure</li> <li>• Neonatal hemolytic disease</li> <li>• Sequestration of protein rich fluids</li> <li>• Erythrocyte resuspension</li> <li>• Acute nephrosis</li> <li>• Renal dialysis</li> </ul> <p>Flexbumin: Indicated for:</p> <ul style="list-style-type: none"> <li>• Hypovolemia</li> <li>• Hypoalbuminemia: Burns, Adult Respiratory Distress Syndrome (ARDS) and Nephrosis</li> <li>• Cardiopulmonary bypass surgery</li> <li>• Hemolytic disease of the newborn (HDN)</li> </ul> <p>Limitation of Use: Albumin is not indicated as an intravenous nutrient.</p> <p>Albutein: Indicated for:</p> <ul style="list-style-type: none"> <li>• Hypovolemia</li> <li>• Cardiopulmonary bypass</li> <li>• Acute nephrosis</li> <li>• Hypoalbuminemia</li> <li>• Ovarian hyperstimulation syndrome</li> <li>• Neonatal hyperbilirubinemia</li> <li>• Adult respiratory distress syndrome (ARDS)</li> </ul>  | 310                            | Indication Specific Age Restrictions (see comments)                 | N/A         | N/A                 | Y            | Y                         | <p>Product specific age restrictions:</p> <ul style="list-style-type: none"> <li>• Kedbumin: 12 years of age and older</li> <li>• Albuked: 18 years of age and older</li> <li>• Albuminar: None</li> <li>• Albutein: 18 years of age and older</li> <li>• Flexbumin: None</li> <li>• Plasbumin: 18 years of age and older</li> </ul> | 9/25/2018          |
| Drugs     | Q0138      | Injection, ferumoxyl, for treatment of iron deficiency anemia, 1 mg (non-ESRD use)         | 1 mg                    | 1/1/2010             | Feraheme®   | ferumoxyl injection, for intravenous use (non-ESRD use)    | <ul style="list-style-type: none"> <li>• Indicated for the treatment of iron deficiency anemia in adult patients with chronic kidney disease (CKD).</li> <li>• Treatment of iron deficiency anemia in adult patients who have intolerance to oral iron or have had unsatisfactory response to oral iron.</li> </ul>   | 1,020                          | 18 years  | N/A         | N/A                 | Y            | Y                         |  | 10/26/2018         |
| Drugs     | Q0139      | Injection, ferumoxyl, for treatment of iron deficiency anemia, 1 mg (for ESRD on dialysis) | 1 mg                    | 1/1/2010             | Feraheme®   | ferumoxyl injection, for intravenous use (ESRD use)        | <ul style="list-style-type: none"> <li>• Indicated for the treatment of iron deficiency anemia in adult patients</li> <li>• With chronic kidney disease (CKD) or</li> <li>• Who have intolerance to oral iron or have had unsatisfactory response to oral iron.</li> </ul>  | 1,020                          | 18 years  | N/A         | N/A                 | Y            | Y                         |  | 10/26/2018         |
| Drugs     | Q0144      | Azithromycin dihydrate, oral, capsule/powder, 1 g  | 1 g                     | 1/1/2000             | Zithromax®  | azithromycin, oral   | <p>Approved indication for use in the PADP:</p> <ul style="list-style-type: none"> <li>• Sexually Transmitted Diseases</li> </ul> <p>Other FDA approved indications:</p> <p>Indicated for the treatment of mild to moderate infections caused by designated, susceptible bacteria:</p> <ul style="list-style-type: none"> <li>• Acute bacterial exacerbations of chronic bronchitis in adults</li> <li>• Acute bacterial sinusitis in adults</li> <li>• Uncomplicated skin and skin structure infections in adults</li> <li>• Urethritis and cervicitis in adults</li> <li>• Genital ulcer disease in men</li> <li>• Acute otitis media in pediatric patients</li> <li>• Community-acquired pneumonia in adults and pediatric patients</li> <li>• Pharyngitis/tonsillitis in adults and pediatric patients</li> <li>• Mycobacterial Infections</li> </ul> <p>Limitations of Use:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• To reduce the development of drug-resistant bacteria and maintain the effectiveness of azithromycin and other antibacterial drugs, azithromycin should be used only to treat infections that are proven or strongly suspected to be caused by susceptible bacteria.</li> </ul> | 2                              | N/A   | N/A         | N/A                 | Y            | Y                         |  | 6/7/2019           |

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| Drugs     | Q2009      | Injection, fosphenytoin, 50 mg phenytoin equivalent  | 50 mg                   | 1/1/2001             | Cerebyx®          | fosphenytoin 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. Cerebyx can also be substituted, as short-term use, for oral phenytoin. Cerebyx should be used only when oral phenytoin administration is not possible.  | 164                            | N/A         | N/A         | N/A                 | Y            | Y                         |          | 3/21/2022          |
| Biologics | 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.  | 3                              | N/A         | N/A         | Males Only          | Y            | Y                         |          | 7/16/2018          |
| 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:<br>• Ovarian cancer after failure of platinum-based chemotherapy.<br>• AIDS-related Kaposi's Sarcoma after failure of prior systemic chemotherapy or intolerance to such therapy.<br>• Multiple Myeloma in combination with bortezomib in patients who have not previously received bortezomib and have received at least one prior therapy.   | 30                             | 18 years    | N/A         | N/A                 | Y            | Y                         |          | 6/10/2019          |
| Biologics | 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<br>- Chronic Kidney Disease (CKD) in patients on dialysis and not on dialysis.<br>- Zidovudine in patients with HIV-infection.<br>- The effects of concomitant myelosuppressive chemotherapy, and upon initiation, there is a minimum of two additional months of planned chemotherapy.<br>• Reduction of allogeneic RBC transfusions in patients undergoing elective, noncardiac, nonvascular surgery.<br><br>Limitations of Use: Epoetin alfa has not been shown to improve quality of life, fatigue, or patient wellbeing.<br><br>Not indicated for use:<br>• In patients with cancer receiving hormonal agents, biologic products, or radiotherapy, unless also receiving concomitant myelosuppressive chemotherapy.<br>• In patients with cancer receiving myelosuppressive chemotherapy when the anticipated outcome is cure.<br>• In patients with cancer receiving myelosuppressive chemotherapy in whom the anemia can be managed by transfusion.<br>• In patients scheduled for surgery who are willing to donate autologous blood.<br>• In patients undergoing cardiac or vascular surgery.<br>• As a substitute for RBC transfusions in patients who require immediate correction of anemia. | 1,960                          | 1 month     | N/A         | N/A                 | Y            | Y                         |          | 1/12/2022          |
| Biologics | Q5101      | Injection, filgrastim-sndz, biosimilar, (Zarxio), 1 microgram  | 1 mcg                   | 4/1/2018             | Zarxio®           | filgrastim-sndz injection, for subcutaneous or intravenous use                     | Indicated to:<br>• 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 fever.<br>• Reduce the time to neutrophil recovery and the duration of fever, following induction or consolidation chemotherapy treatment of patients with acute myeloid leukemia (AML).<br>• 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).<br>• Mobilize autologous hematopoietic progenitor cells into the peripheral blood for collection by leukapheresis.<br>• 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.  | 59,520                         | N/A         | N/A         | N/A                 | Y            | Y                         |          | 6/6/2019           |

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| Category  | HCPCS Code | HCPCS Description  | HCPCS Code Billing Unit | HCPCS Effective Date | Brand Name | Generic Name  | FDA Approved Indications<br>(See Package Insert for full FDA approved indication descriptions)   | NC Suggested Max Monthly Units | Minimum Age   | Maximum Age | Gender Restrictions | NDC Required | Rebating Labeler Required | Comments  | Last Modified Date |
|-----------|------------|--|-------------------------|----------------------|------------|---|--|--------------------------------|---|-------------|---------------------|--------------|---------------------------|---|--------------------|
| Biologics | Q5103      | Injection, infliximab-dyyb, biosimilar, (Inflixtra), 10 mg                             | 10 mg                   | 4/1/2018             | Inflixtra* | infliximab-dyyb lyophilized concentrate for injection, for intravenous use              | <p>Indicated for:<br/>Crohn's Disease:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• reducing the number of draining enterocutaneous and rectovaginal fistulas and maintaining fistula closure in adult patients with fistulizing disease.</li> </ul> <p>Pediatric Crohn's Disease:</p> <ul style="list-style-type: none"> <li>• 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.</li> </ul> <p>Ulcerative Colitis:</p> <ul style="list-style-type: none"> <li>• 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.</li> </ul> <p>Pediatric Ulcerative Colitis:</p> <ul style="list-style-type: none"> <li>• 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.</li> </ul> <p>Rheumatoid Arthritis in combination with methotrexate:</p> <ul style="list-style-type: none"> <li>• reducing signs and symptoms, inhibiting the progression of structural damage, and improving physical function in patients with moderately to severely active disease.</li> </ul> <p>Ankylosing Spondylitis:</p> <ul style="list-style-type: none"> <li>• reducing signs and symptoms in patients with active disease.</li> </ul> <p>Psoriatic Arthritis:</p> <ul style="list-style-type: none"> <li>• reducing signs and symptoms of active arthritis, inhibiting the progression of structural damage, and improving physical function.</li> </ul> <p>Plaque Psoriasis:</p> <ul style="list-style-type: none"> <li>• 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.</li> </ul> | 140                            | Indication Specific Age Restrictions (see comments) | N/A         | N/A                 | Y            | Y                         | Crohn's Disease and Ulcerative Colitis: 6 years of age and older<br>Plaque Psoriasis, Psoriatic Arthritis, Ankylosing Spondylitis: 18 years of age and older  | 7/26/2019          |
| Biologics | Q5104      | Injection, infliximab-abda, biosimilar, (Renflexis), 10 mg                             | 10 mg                   | 4/1/2018             | Renflexis* | infliximab-abda for injection, for intravenous use                                      | <p>Indicated for:<br/>Crohn's Disease:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Reducing the number of draining enterocutaneous and rectovaginal fistulas and maintaining fistula closure in adult patients with fistulizing disease.</li> </ul> <p>Pediatric Crohn's Disease:</p> <ul style="list-style-type: none"> <li>• 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.</li> </ul> <p>Ulcerative Colitis:</p> <ul style="list-style-type: none"> <li>• 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.</li> </ul> <p>Pediatric Ulcerative Colitis:</p> <ul style="list-style-type: none"> <li>• 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.</li> </ul> <p>Rheumatoid Arthritis in combination with methotrexate:</p> <ul style="list-style-type: none"> <li>• Reducing signs and symptoms, inhibiting the progression of structural damage, and improving physical function in patients with moderately to severely active disease.</li> </ul> <p>Ankylosing Spondylitis:</p> <ul style="list-style-type: none"> <li>• Reducing signs and symptoms in patients with active disease.</li> </ul> <p>Psoriatic Arthritis:</p> <ul style="list-style-type: none"> <li>• Reducing signs and symptoms of active arthritis, inhibiting the progression of structural damage, and improving physical function.</li> </ul> <p>Plaque Psoriasis:</p> <ul style="list-style-type: none"> <li>• 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.</li> </ul> | 140                            | Indication Specific Age Restrictions (see comments) | N/A         | N/A                 | Y            | Y                         | Indication specific.<br>• Crohn's Disease: 6 years and older<br>• Ulcerative Colitis: 6 years and older<br>• Rheumatoid Arthritis in combination with methotrexate: 18 years and older<br>• Ankylosing Spondylitis: 18 years and older<br>• Psoriatic Arthritis: 18 years and older<br>• Plaque Psoriasis: 18 years and older | 7/26/2019          |
| Biologics | 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) | <ul style="list-style-type: none"> <li>• Indicated for the treatment of anemia due to: <ul style="list-style-type: none"> <li>○ Chronic kidney disease (CKD) in patients on dialysis and not on dialysis.</li> <li>○ Zidovudine in patients with HIV-infection.</li> <li>○ The effects of concomitant myelosuppressive chemotherapy, and upon initiation, there is a minimum of two additional months of planned chemotherapy.</li> </ul> </li> <li>• Indicated for the reduction of allogeneic RBC transfusions in patients undergoing elective, noncardiac, nonvascular surgery.</li> </ul> <p>Limitations of Use: Retacrit has not been shown to improve quality of life, fatigue, or patient well-being. Not indicated for use in:</p> <ul style="list-style-type: none"> <li>• In patients with cancer receiving hormonal agents, biologic products, or radiotherapy, unless also receiving concomitant myelosuppressive chemotherapy.</li> <li>• In patients with cancer receiving myelosuppressive chemotherapy when the anticipated outcome is cure.</li> <li>• In patients with cancer receiving myelosuppressive chemotherapy in whom the anemia can be managed by transfusion.</li> <li>• In patients scheduled for surgery who are willing to donate autologous blood.</li> <li>• In patients undergoing cardiac or vascular surgery.</li> <li>• As a substitute for RBC transfusions in patients who require immediate correction of anemia.</li> </ul>   | 1,960                          | 1 month   | N/A         | N/A                 | Y            | Y                         |   | 1/12/2022          |

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|-------------|------------|---|-------------------------|----------------------|------------|---|---|--------------------------------|---|-------------|---------------------|--------------|---------------------------|--|--------------------|
| 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) | <ul style="list-style-type: none"> <li>Indicated for the treatment of anemia due to:                             <ul style="list-style-type: none"> <li>o Chronic kidney disease (CKD) in patients on dialysis and not on dialysis.</li> <li>o Zidovudine in patients with HIV-infection.</li> <li>o The effects of concomitant myelosuppressive chemotherapy, and upon initiation, there is a minimum of two additional months of planned chemotherapy.</li> </ul> </li> <li>Indicated for the reduction of allogeneic RBC transfusions in patients undergoing elective, noncardiac, nonvascular surgery.</li> </ul> <p>Limitations of Use: Retacrit has not been shown to improve quality of life, fatigue, or patient well-being.</p> <p>Not indicated for use in:</p> <ul style="list-style-type: none"> <li>• In patients with cancer receiving hormonal agents, biologic products, or radiotherapy, unless also receiving concomitant myelosuppressive chemotherapy.</li> <li>• In patients with cancer receiving myelosuppressive chemotherapy when the anticipated outcome is cure.</li> <li>• In patients with cancer receiving myelosuppressive chemotherapy in whom the anemia can be managed by transfusion.</li> <li>• In patients scheduled for surgery who are willing to donate autologous blood.</li> <li>• In patients undergoing cardiac or vascular surgery.</li> <li>• As a substitute for RBC transfusions in patients who require immediate correction of anemia.</li> </ul>   | 630                            | Indication Specific Age Restrictions (see comments) | N/A         | N/A                 | Y            | Y                         | Indication specific age restrictions:<br>• CKD not on dialysis: 1 month of age and older<br>• Anemia due to concomitant myelosuppressive chemotherapy: 5 years of age and older<br>• Zidovudine-treated, anemia, patients with HIV infection: 8 months and older | 1/12/2022          |
| Biologicals | Q5107      | Injection, bevacizumab, (mvasi), 10 mg  | 10 mg                   | 1/1/2019             | Mvasi™     | bevacizumab-awwb injection, for intravenous use                                     | <p>Indicated for the treatment of:</p> <ul style="list-style-type: none"> <li>• Metastatic colorectal cancer, in combination with intravenous fluorouracil-based chemotherapy for first- or second-line treatment.</li> <li>• 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 bevacizumab product-containing regimen.</li> </ul> <p>- Limitations of Use: Mvasi is not indicated for adjuvant treatment of colon cancer.</p> <ul style="list-style-type: none"> <li>• Unresectable, locally advanced, recurrent or metastatic non-squamous non-small cell lung cancer, in combination with carboplatin and paclitaxel for first-line treatment.</li> <li>• Recurrent glioblastoma in adults.</li> <li>• Metastatic renal cell carcinoma in combination with interferon-alfa.</li> <li>• Persistent, recurrent, or metastatic cervical cancer, in combination with paclitaxel and cisplatin, or paclitaxel and topotecan.</li> <li>• Epithelial ovarian, fallopian tube, or primary peritoneal cancer:                             <ul style="list-style-type: none"> <li>o in combination with carboplatin and paclitaxel, followed by Mvasi as a single agent, for stage III or IV disease following initial surgical resection</li> <li>o in combination with paclitaxel, pegylated liposomal doxorubicin, or topotecan for platinum-resistant recurrent disease who received no more than 2 prior chemotherapy regimens</li> <li>o in combination with carboplatin and paclitaxel or carboplatin and gemcitabine, followed by Mvasi as a single agent, for platinum-sensitive recurrent disease</li> </ul> </li> </ul> <p>Added at Request of the State Per NCCN Guidelines:</p> <ul style="list-style-type: none"> <li>o in combination with atezolizumab for the treatment of patients with unresectable or metastatic hepatocellular carcinoma (HCC) who have not received prior systemic therapy.</li> </ul> | 420                            | 18 years  | N/A         | N/A                 | Y            | Y                         | 7/20/2022  |                    |
| Biologicals | Q5108      | Injection, pegfilgrastim-jmdb (fulphila), biosimilar, 0.5 mg                        | 0.5 mg                  | 10/1/2018            | Fulphila™  | pegfilgrastim-jmdb injection, for subcutaneous use                                  | <p>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 febrile neutropenia.</p> <p>Limitations of Use:<br/>Fulphila is not indicated for the mobilization of peripheral blood progenitor cells for hematopoietic stem cell transplantation.</p>  | 36                             | N/A   | N/A         | N/A                 | Y            | Y                         | 3/21/2023  |                    |
| Biologicals | Q5110      | Injection, filgrastim-aafi, biosimilar, (Nivestym), 1 microgram                     | 1 mcg                   | 10/1/2018            | Nivestym™  | filgrastim-aafi injection, for subcutaneous or intravenous use                      | <p>Indicated to:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Reduce the time to neutrophil recovery and the duration of fever, following induction or consolidation chemotherapy treatment of patients with acute myeloid leukemia (AML).</li> <li>• Reduce the duration of neutropenia and neutropenia-related sequelae, e.g., febrile neutropenia, in patients with nonmyeloid malignancies undergoing myeloablative chemotherapy followed by bone marrow transplantation (BMT).</li> <li>• Mobilize autologous hematopoietic progenitor cells into the peripheral blood for collection by leukapheresis.</li> <li>• 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.</li> </ul>  | 59,520                         | N/A   | N/A         | N/A                 | Y            | Y                         | 12/28/2018   |                    |
| Biologicals | Q5111      | Injection, pegfilgrastim-cbqv (udenycya), biosimilar, 0.5 mg                        | 0.5 mg                  | 1/1/2019             | Udenycya®  | pegfilgrastim-cbqv injection, for subcutaneous use                                  | <ul style="list-style-type: none"> <li>• 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 febrile neutropenia.</li> <li>• Increase survival in patients acutely exposed to myelosuppressive doses of radiation (Hematopoietic Subsyndrome of Acute Radiation Syndrome).</li> </ul> <p>Limitations of use:<br/>Udenycya is not indicated for the mobilization of peripheral blood progenitor cells for hematopoietic stem cell transplantation.</p>  | 36                             | N/A   | N/A         | N/A                 | Y            | Y                         | 2/27/2024  |                    |



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•The Max Daily Units for radiopharmaceuticals represents one therapeutic dose or diagnostic dose.

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|-------------|------------|---|-------------------------|----------------------|------------|---|---|--------------------------------|-------------|-------------|---------------------|--------------|---------------------------|----------|--------------------|
| Biologicals | Q5112      | Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg | 10 mg                   | 7/1/2019             | Ontruzant® | trastuzumab-dttb for injection, for intravenous use | Indicated for:<br>• The treatment of HER2-overexpressing breast cancer.<br>• The treatment of HER2-overexpressing metastatic gastric or gastroesophageal junction adenocarcinoma.<br>Select patients for therapy based on an FDA-approved companion diagnostic for a trastuzumab product.   | 196                            | 18 years    | N/A         | N/A                 | Y            | Y                         |          | 5/25/2020          |
| Biologicals | Q5113      | Injection, trastuzumab-pkrb, biosimilar, (Herzuma), 10 mg   | 10 mg                   | 7/1/2019             | Herzuma®   | trastuzumab-pkrb for injection, for intravenous use | Indicated for:<br>• the treatment of HER2-overexpressing breast cancer.<br>• the treatment of HER2-overexpressing metastatic gastric or gastroesophageal junction adenocarcinoma.<br>Select patients for therapy based on an FDA-approved companion diagnostic for a trastuzumab product.   | 196                            | 18 years    | N/A         | N/A                 | Y            | Y                         |          | 4/29/2020          |
| Biologicals | Q5114      | Injection, Trastuzumab-dkst, biosimilar, (Ogivri), 10 mg    | 10 mg                   | 7/1/2019             | Ogivri™    | trastuzumab-dkst for injection, for intravenous use | Indicated for:<br>• The treatment of HER2-overexpressing breast cancer.<br>• The treatment of HER2-overexpressing metastatic gastric or gastroesophageal junction adenocarcinoma.<br>Select patients for therapy based on an FDA-approved companion diagnostic for a trastuzumab product.   | 196                            | 18 years    | N/A         | N/A                 | Y            | Y                         |          | 12/4/2019          |
| 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:<br>• Non-Hodgkin's Lymphoma (NHL)<br>- Relapsed or refractory, low grade or follicular, CD20-positive B-cell NHL as a single agent.<br>- 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 rituximab product in combination with chemotherapy, as single-agent maintenance therapy.<br>- 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.<br>- Previously untreated diffuse large B-cell, CD20-positive NHL in combination with cyclophosphamide, doxorubicin, vincristine, and prednisone (CHOP) or other anthracycline-based chemotherapy regimens.<br>• Chronic Lymphocytic Leukemia (CLL)<br>- Previously untreated and previously treated CD20-positive CLL in combination with fludarabine and cyclophosphamide (FC)<br>• 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.<br>• Granulomatosis with Polyangiitis (GPA) (Wegener's Granulomatosis) and Microscopic Polyangiitis (MPA) in adult patients in combination with glucocorticoids.  | 500                            | 18 years    | N/A         | N/A                 | Y            | Y                         |          | 12/4/2019          |
| Biologicals | Q5116      | Injection, trastuzumab-qyyp, biosimilar, (Trazimera), 10 mg | 10 mg                   | 10/1/2019            | Trazimera™ | trastuzumab-qyyp for injection, for intravenous use | Indicated for:<br>• The treatment of HER2-overexpressing breast cancer.<br>• The treatment of HER2-overexpressing metastatic gastric or gastroesophageal junction adenocarcinoma.   | 196                            | 18 years    | N/A         | N/A                 | Y            | Y                         |          | 3/26/2020          |
| Biologicals | Q5117      | Injection, trastuzumab-anns, biosimilar, (kanjinti), 10 mg  | 10 mg                   | 10/1/2019            | Kanjinti™  | trastuzumab-anns for injection, for intravenous use | Indicated for:<br>• The treatment of HER2 overexpressing breast cancer.<br>• The treatment of HER2 overexpressing metastatic gastric or gastroesophageal junction adenocarcinoma.<br>Select patients for therapy based on an FDA-approved companion diagnostic for a trastuzumab product.   | 196                            | 18 years    | N/A         | N/A                 | Y            | Y                         |          | 12/14/2021         |
| Biologicals | Q5118      | Injection, bevacizumab-bvzz, biosimilar, (Zirabev), 10 mg   | 10 mg                   | 10/1/2019            | Zirabev™   | bevacizumab-bvzz injection, for intravenous use     | Indicated for the treatment of:<br>• Metastatic colorectal cancer, in combination with intravenous fluorouracil-based chemotherapy for first- or second-line treatment.<br>• 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 bevacizumab product-containing regimen.<br>• Unresectable, locally advanced, recurrent or metastatic non-squamous non-small cell lung cancer, in combination with carboplatin and paclitaxel for first-line treatment.<br>• Recurrent glioblastoma in adults.<br>• Metastatic renal cell carcinoma in combination with interferon alfa.<br>• Persistent, recurrent, or metastatic cervical cancer, in combination with paclitaxel and cisplatin or paclitaxel and topotecan.<br>• Epithelial ovarian, fallopian tube, or primary peritoneal cancer:<br>o in combination with carboplatin and paclitaxel, followed by Zirabev as a single agent, for stage III or IV disease following initial surgical resection.<br>o in combination with paclitaxel, pegylated liposomal doxorubicin, or topotecan for platinum-resistant recurrent disease who received no more than 2 prior chemotherapy regimens.<br>o in combination with carboplatin and paclitaxel or carboplatin and gemcitabine, followed by Zirabev as a single agent, for platinum-sensitive recurrent disease.<br>Added at Request of the State Per NCCN Guidelines:<br>o in combination with atezolizumab for the treatment of patients with unresectable or metastatic hepatocellular carcinoma (HCC) who have not received prior systemic therapy.<br>Limitations of Use: Zirabev is not indicated for adjuvant treatment of colon cancer. | 420                            | 18 years    | N/A         | N/A                 | Y            | Y                         |          | 7/20/2022          |

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|-----------|------------|---|-------------------------|----------------------|------------|--|---|--------------------------------|---|-------------|---------------------|--------------|---------------------------|--|--------------------|
| Biologics | Q5119      | Injection, rituximab-pvvr, biosimilar, (ruxiace), 10 mg       | 10 mg                   | 7/1/2020             | Ruxience™  | rituximab-pvvr injection, for intravenous use      | Indicated for the treatment of adult patients with:<br><ul style="list-style-type: none"> <li>• Non-Hodgkin's Lymphoma (NHL): <ul style="list-style-type: none"> <li>o Relapsed or refractory, low grade or follicular, CD20-positive B-cell NHL as a single agent.</li> <li>o 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 rituximab product in combination with chemotherapy, as single-agent maintenance therapy.</li> <li>o 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.</li> </ul> </li> <li>• Previously untreated diffuse large B-cell, CD20-positive NHL in combination with (cyclophosphamide, doxorubicin, vincristine, and prednisone) (CHOP) or other anthracycline-based chemotherapy regimens.</li> <li>• Chronic Lymphocytic Leukemia (CLL): <ul style="list-style-type: none"> <li>o Previously untreated and previously treated CD20-positive CLL in combination with fludarabine and cyclophosphamide (FC).</li> </ul> </li> <li>• Granulomatosis with Polyangiitis (GPA) (Wegener's Granulomatosis) and Microscopic Polyangiitis (MPA) in adult patients in combination with glucocorticoids.</li> <li>• 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.</li> </ul>   | 500                            | 18 years  | N/A         | N/A                 | Y            | Y                         |  | 12/16/2021         |
| Biologics | Q5120      | Injection, pegfilgrastim-bmez (ziextenzo), biosimilar, 0.5 mg | 0.5 mg                  | 7/1/2020             | Ziextenzo™ | pegfilgrastim-bmez injection, for subcutaneous use | Indicated to:<br><ul style="list-style-type: none"> <li>• decrease the incidence of infection, as manifested by febrile neutropenia, in patients with nonmyeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a clinically significant incidence of febrile neutropenia.</li> <li>• Increase survival in patients acutely exposed to myelosuppressive doses of radiation (Hematopoietic Subsyndrome of Acute Radiation Syndrome).</li> </ul> Limitations of Use:<br>Ziextenzo is not indicated for the mobilization of peripheral blood progenitor cells for hematopoietic stem cell transplantation.  | 36                             | N/A   | N/A         | N/A                 | Y            | Y                         |  | 3/22/2024          |
| Biologics | Q5121      | Injection, infliximab-axxq, biosimilar, (avsoola), 10 mg      | 10 mg                   | 7/1/2020             | Avsoola™   | infliximab-axxq for injection, for intravenous use | Indicated for:<br>Crohn's Disease:<br><ul style="list-style-type: none"> <li>• 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.</li> <li>• reducing the number of draining enterocutaneous and rectovaginal fistulas and maintaining fistula closure in adult patients with fistulizing disease.</li> </ul> Pediatric Crohn's Disease:<br><ul style="list-style-type: none"> <li>• 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.</li> </ul> Ulcerative Colitis:<br><ul style="list-style-type: none"> <li>• 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.</li> </ul> Pediatric Ulcerative Colitis:<br><ul style="list-style-type: none"> <li>• 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.</li> </ul> Rheumatoid Arthritis in combination with methotrexate:<br><ul style="list-style-type: none"> <li>• reducing signs and symptoms, inhibiting the progression of structural damage, and improving physical function in patients with moderately to severely active disease.</li> </ul> Ankylosing Spondylitis:<br><ul style="list-style-type: none"> <li>• reducing signs and symptoms in patients with active disease.</li> </ul> Psoriatic Arthritis:<br><ul style="list-style-type: none"> <li>• reducing signs and symptoms of active arthritis, inhibiting the progression of structural damage, and improving physical function.</li> </ul> Plaque Psoriasis:<br><ul style="list-style-type: none"> <li>• 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.</li> </ul> | 140                            | Indication Specific Age Restrictions (see comments) | N/A         | N/A                 | Y            | Y                         | Indication specific age restrictions:<br>Crohn's disease and ulcerative colitis: 6 years of age and older<br>RA, ankylosing spondylitis, psoriatic arthritis and plaque psoriasis: 18 years of age and older | 9/21/2020          |
| Biologics | Q5122      | Injection, pegfilgrastim-apgf (nyvepria), biosimilar, 0.5 mg  | 0.5 mg                  | 1/1/2021             | Nyvepria™  | pegfilgrastim-apgf 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 febrile neutropenia.<br><br>Limitations of Use:<br>Nyvepria is not indicated for the mobilization of peripheral blood progenitor cells for hematopoietic stem cell transplantation.  | 36                             | N/A   | N/A         | N/A                 | Y            | Y                         |  | 3/21/2023          |

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| Category  | HCPCS Code | HCPCS Description  | HCPCS Code Billing Unit | HCPCS Effective Date | Brand Name | Generic Name   | FDA Approved Indications<br>(See Package Insert for full FDA approved indication descriptions)   | NC Suggested Max Monthly Units | Minimum Age | Maximum Age | Gender Restrictions | NDC Required | Rebating Labeler Required | Comments | Last Modified Date |
|-----------|------------|--|-------------------------|----------------------|------------|--|--|--------------------------------|-------------|-------------|---------------------|--------------|---------------------------|----------|--------------------|
| Biologics | Q5123      | Injection, rituximab-arrx, biosimilar, (riabni), 10 mg         | 10 mg                   | 7/1/2021             | Riabni™    | rituximab-arrx injection, for intravenous use                  | Indicated for the treatment of:<br><ul style="list-style-type: none"> <li>• Adult patients with non-Hodgkin's Lymphoma (NHL). <ul style="list-style-type: none"> <li>o Relapsed or refractory, low grade or follicular, CD20-positive B-cell NHL as a single agent.</li> <li>o 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 rituximab product in combination with chemotherapy, as single-agent maintenance therapy.</li> <li>o 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.</li> <li>o Previously untreated diffuse large B-cell, CD20-positive NHL in combination with cyclophosphamide, doxorubicin, vincristine, and prednisone (CHOP) or other anthracycline-based chemotherapy regimens.</li> </ul> </li> <li>• Adult patients with Chronic Lymphocytic Leukemia (CLL). <ul style="list-style-type: none"> <li>o Previously untreated and previously treated CD20-positive CLL in combination with fludarabine and cyclophosphamide (FC).</li> </ul> </li> <li>• Granulomatosis with Polyangiitis (GPA) (Wegener's Granulomatosis) and Microscopic Polyangiitis (MPA) in adult patients in combination with glucocorticoids</li> <li>• 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.</li> </ul>                       | 500                            | 18 years    | N/A         | N/A                 | Y            | Y                         |          | 7/20/2022          |
| Biologics | Q5124      | Injection, ranibizumab-nuna, biosimilar, (byooviz), 0.1 mg     | 0.1 mg                  | 4/1/2022             | Byooviz™   | ranibizumab-nuna injection, for intravitreal use               | Indicated for the treatment of patients with:<br><ul style="list-style-type: none"> <li>- Neovascular (Wet) Age-Related Macular Degeneration (AMD)</li> <li>- Macular Edema Following Retinal Vein Occlusion (RVO)</li> <li>- Myopic Choroidal Neovascularization (mCNV)</li> </ul>  | 20                             | 18 years    | N/A         | N/A                 | Y            | Y                         |          | 6/20/2022          |
| Biologics | Q5125      | Injection, filgrastim-ayow, biosimilar, (releuko), 1 microgram | 1 mcg                   | 10/1/2022            | Releuko®   | filgrastim-ayow injection, for subcutaneous or intravenous use | Indicated to:<br><ul style="list-style-type: none"> <li>• 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.</li> <li>• Reduce the time to neutrophil recovery and the duration of fever, following induction or consolidation chemotherapy treatment of patients with acute myeloid leukemia (AML).</li> <li>• Reduce the duration of neutropenia and neutropenia-related sequelae, e.g., febrile neutropenia, in patients with nonmyeloid malignancies undergoing myeloablative chemotherapy followed by bone marrow transplantation (BMT).</li> <li>• 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.</li> </ul>   | 59,520                         | N/A         | N/A         | N/A                 | Y            | Y                         |          | 9/15/2022          |
| Biologics | Q5126      | Injection, bevacizumab-maly, biosimilar, (alymys), 10 mg       | 10 mg                   | 1/1/2023             | Alymys®    | bevacizumab-maly injection, for intravenous use                | Indicated for the treatment of:<br><ul style="list-style-type: none"> <li>• Metastatic colorectal cancer, in combination with intravenous fluorouracil-based chemotherapy for first- or second-line treatment.</li> <li>• 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 bevacizumab product-containing regimen.</li> </ul> Limitations of Use: Alymys is not indicated for adjuvant treatment of colon cancer.<br><ul style="list-style-type: none"> <li>• Unresectable, locally advanced, recurrent or metastatic non-squamous non-small cell lung cancer, in combination with carboplatin and paclitaxel for first-line treatment.</li> <li>• Recurrent glioblastoma in adults.</li> <li>• Metastatic renal cell carcinoma in combination with interferon alfa.</li> <li>• Persistent, recurrent, or metastatic cervical cancer, in combination with paclitaxel and cisplatin, or paclitaxel and topotecan.</li> <li>• Epithelial ovarian, fallopian tube, or primary peritoneal cancer in combination with paclitaxel, pegylated liposomal doxorubicin, or topotecan for platinum-resistant recurrent disease who received no more than 2 prior chemotherapy regimens.</li> </ul> Added at Request of the State Per NCCN Guidelines:<br><ul style="list-style-type: none"> <li>• In combination with atezolizumab for the treatment of patients with unresectable or metastatic hepatocellular carcinoma (HCC) who have not received prior systemic therapy.</li> </ul> | 420                            | 18 years    | N/A         | N/A                 | Y            | Y                         |          | 12/12/2022         |
| Biologics | Q5127      | Injection, pegfilgrastim-fpgk (stimufend), biosimilar, 0.5 mg  | 0.5 mg                  | 4/1/2023             | Stimufend® | pegfilgrastim-fpgk injection, for subcutaneous use             | Indicated to:<br><ul style="list-style-type: none"> <li>• 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 febrile neutropenia.</li> <li>• Increase survival in patients acutely exposed to myelosuppressive doses of radiation (Hematopoietic Subsyndrome of Acute Radiation Syndrome).</li> </ul> Limitations of Use<br>Stimufend is not indicated for the mobilization of peripheral blood progenitor cells for hematopoietic stem cell transplantation.   | 36                             | N/A         | N/A         | N/A                 | Y            | Y                         |          | 10/26/2023         |
| Biologics | Q5128      | Injection, ranibizumab-eqrn (cimerli), biosimilar, 0.1 mg      | 0.1 mg                  | 4/1/2023             | Cimerli™   | ranibizumab-eqrn injection, for intravitreal use               | Indicated for the treatment of patients with:<br><ul style="list-style-type: none"> <li>- Neovascular (Wet) Age-Related Macular Degeneration (AMD)</li> <li>- Macular Edema Following Retinal Vein Occlusion (RVO)</li> <li>- Diabetic Macular Edema (DME)</li> <li>- Diabetic Retinopathy (DR)</li> <li>- Myopic Choroidal Neovascularization (mCNV)</li> </ul>   | 20                             | 18 years    | N/A         | N/A                 | Y            | Y                         |          | 3/16/2023          |

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|-----------|------------|---|------------------------------|----------------------|-------------|--|--|--------------------------------|-------------|-------------|---------------------|--------------|---------------------------|--|--------------------|
| Biologics | Q5129      | Injection, bevacizumab-adcd (vegzelma), biosimilar, 10 mg                           | 10 mg                        | 4/1/2023             | Vegzelma®   | bevacizumab-adcd injection, for intravenous use  | Indicated for the treatment of:<br><ul style="list-style-type: none"> <li>Metastatic colorectal cancer, in combination with intravenous fluorouracil-based chemotherapy for first- or second-line treatment.</li> <li>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 bevacizumab product-containing regimen.</li> <li>Limitations of Use: Vegzelma is not indicated for adjuvant treatment of colon cancer.</li> <li>Unresectable, locally advanced, recurrent or metastatic non-squamous non-small cell lung cancer, in combination with carboplatin and paclitaxel for first-line treatment.</li> <li>Recurrent glioblastoma in adults.</li> <li>Metastatic renal cell carcinoma in combination with interferon alfa.</li> <li>Persistent, recurrent, or metastatic cervical cancer, in combination with paclitaxel and cisplatin, or paclitaxel and topotecan.</li> <li>Epithelial ovarian, fallopian tube, or primary peritoneal cancer:<br/> <ul style="list-style-type: none"> <li>o in combination with carboplatin and paclitaxel, followed by Vegzelma as a single agent, for stage III or IV disease following initial surgical resection</li> <li>o in combination with paclitaxel, pegylated liposomal doxorubicin, or topotecan for platinum-resistant recurrent disease who received no more than 2 prior chemotherapy regimens</li> <li>o in combination with carboplatin and paclitaxel or carboplatin and gemcitabine, followed by Vegzelma as a single agent, for platinum-sensitive recurrent disease</li> </ul> </li> </ul> Added at Request of the State Per NCCN Guidelines:<br><ul style="list-style-type: none"> <li>In combination with atezolizumab for the treatment of patients with unresectable or metastatic hepatocellular carcinoma (HCC) who have not received prior systemic therapy.</li> </ul> | 420                            | 18 years    | N/A         | N/A                 | Y            | Y                         |  | 5/25/2023          |
| Biologics | Q5130      | Injection, pegfilgrastim-pbbk (flynetra), biosimilar, 0.5 mg                        | 0.5 mg                       | 4/1/2023             | Flynetra®   | pegfilgrastim-pbbk injection, for subcutaneous 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 clinically significant incidence of febrile neutropenia.<br><br>Limitations of Use:<br>Flynetra is not indicated for the mobilization of peripheral blood progenitor cells for hematopoietic stem cell transplantation.  | 36                             | N/A         | N/A         | N/A                 | Y            | Y                         |  | 5/25/2023          |
| 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.  | 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.  | 2                              | 18 years    | N/A         | N/A                 | Y            | Y                         |  | 9/27/2018          |
| Drugs     | S0013      | Esketamine, nasal spray, 1 mg   | 1 mg                         | 1/1/2021             | Spravato™   | esketamine nasal spray   | <ul style="list-style-type: none"> <li>Indicated, in conjunction with an oral antidepressant, for the treatment of treatment-resistant depression (TRD) in adults.</li> <li>Indicated for depressive symptoms in adults with major depressive disorder (MDD) with acute suicidal ideation or behavior.</li> </ul> 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.  | 728                            | 18 years    | N/A         | N/A                 | Y            | Y                         |  | 12/28/2020         |
| Drugs     | S0028      | Injection, famotidine, 20 mg  | 20 mg                        | 1/1/2000             | Pepcid®     | famotidine injection   | Indicated in some hospitalized patients with pathological hypersecretory conditions or intractable ulcers, or as an alternative to the oral dosage forms for short term use in patients who are unable to take oral medication for the following conditions:<br>1. Short term treatment of active duodenal ulcer. Most adult patients heal within 4 weeks; there is rarely reason to use famotidine at full dosage for longer than 6 to 8 weeks. Studies have not assessed the safety of famotidine in uncomplicated active duodenal ulcer for periods of more than eight weeks.<br>2. Maintenance therapy for duodenal ulcer patients at reduced dosage after healing of an active ulcer. Controlled studies in adults have not extended beyond one year.<br>3. Short term treatment of active benign gastric ulcer. Most adult patients heal within 6 weeks. Studies have not assessed the safety or efficacy of famotidine in uncomplicated active benign gastric ulcer for periods of more than 8 weeks.<br>4. Short term treatment of gastroesophageal reflux disease (GERD). Famotidine is indicated for short term treatment of patients with symptoms of GERD.<br>5. Famotidine is also indicated for the short term treatment of esophagitis due to GERD including erosive or ulcerative disease diagnosed by endoscopy.<br>6. Treatment of pathological hypersecretory conditions (e.g., Zollinger-Ellison Syndrome, multiple endocrine adenomas).   | 62                             | 1 year      | N/A         | N/A                 | Y            | Y                         | 11/2020 Coverage effective 1/1/2019 per DHB request 11/2023 Permanent code S0028 effective 12/1/2023 per DHB request | 11/10/2023         |
| 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.  | 42                             | 4 months    | N/A         | N/A                 | Y            | Y                         |  | 8/24/2018          |

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|-------------|------------|---|-------------------------|----------------------|------------|---|---|--------------------------------|---|-------------|---------------------|--------------|---------------------------|---|--------------------|
| Biologicals | S0145      | 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):<br>•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.<br>•Pediatric Patients: In combination with ribavirin for pediatric patients 5 years of age and older with compensated liver disease.<br><br>Chronic Hepatitis B (CHB):<br>•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.<br>•Pediatric Patients: Treatment of non-cirrhotic pediatric patients 3 years of age and older with HBeAg-positive CHB and evidence of viral replication and elevations in serum alanine aminotransferase (ALT). | 5                              | Indication Specific Age Restrictions (see comments) | N/A         | N/A                 | Y            | Y                         | Indication specific age restrictions:<br>• Chronic Hepatitis C: 5 years of age and older<br>• Chronic Hepatitis B: 3 years of age and older | 7/2/2018           |
| Biologicals | S0148      | Injection, pegylated interferon alfa-2b, 10 mcg         | 10 mcg                  | 10/1/2010            | PegIntron® | peginterferon alfa-2b injection, for subcutaneous use | Indicated for treatment of Chronic Hepatitis C (CHC) in patients with compensated liver disease.  | 105                            | 3 years   | N/A         | N/A                 | Y            | Y                         |   | 6/7/2019           |
| Drugs       | S0189      | Testosterone pellet, 75 mg                              | 75 mg                   | 1/1/2002             | Testopel®  | testosterone pellets for subcutaneous implantation    | Indicated for replacement therapy in conditions associated with a deficiency or absence of endogenous testosterone:<br>• Primary hypogonadism (congenital or acquired) - testicular failure due to cryptorchidism, bilateral torsion, orchitis, vanishing testes syndrome; or orchiectomy.<br>• Hypogonadotropic hypogonadism (congenital or acquired) - gonadotropic LHRH deficiency, or pituitary - hypothalamic injury from tumors, trauma or radiation.   | 6                              | N/A   | N/A         | Males Only          | Y            | Y                         |   | 9/21/2018          |
| Drugs       | S0190      | Mifepristone, oral, 200 mg                              | 200 mg                  | 1/1/2000             | Mifeprex®  | mifepristone tablets, for oral use                    | Indicated, in a regimen with misoprostol, for the medical termination of intrauterine pregnancy through 70 days gestation.  | 1                              | N/A   | N/A         | Females Only        | Y            | Y                         |   | 3/15/2019          |
| Drugs       | S0191      | Misoprostol, oral, 200 mcg                              | 200 mcg                 | 1/1/2000             | Cytotec®   | misoprostol tablets, for oral use                     | Indicated, in a regimen with mifepristone, for the medical termination of intrauterine pregnancy through 70 days gestation.   | 4                              | N/A   | N/A         | Females Only        | Y            | Y                         | Only covered for non-FDA approved indication in the PADP program  | 11/30/2021         |
| Drugs       | S4993      | Contraceptive pills for birth control                   | 1 pack                  | 4/1/2002             | N/A        | contraceptive pills for birth control                 | Indicated as birth control.   | 2                              | 8 years   | 55 years    | Females Only        | Y            | Y                         |   | 5/5/2021           |