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Category	HCPCS Code	HCPCS Description	HCPCS Code Billing Unit	HCPCS Effective Date	Brand Name	Generic Name	FDA Approved Indications (See Package Insert for full FDA approved indication descriptions)	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-IgIV), 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 of infants born to HBsAg-positive mothers, sexual exposure to HBsAg-positive persons and household exposure to persons with acute HBV infection in the following settings: • Acute Exposure to Blood Containing HBsAg: Following either parenteral exposure (needlestick, bite, sharps), direct mucous membrane contact (accidental splash), or oral ingestion (pipetting accident), involving HBsAg-positive materials such as blood, plasma, or serum. • Perinatal Exposure of Infants Born to HBsAg-positive Mothers: Infants born to mothers positive for HBsAg with or without HBeAg. • Sexual Exposure to HBsAg-positive Persons: Sexual partners of HBsAg-positive persons. • Household Exposure to Persons with Acute HBV Infection: Infants less than 12 months old whose mother or primary caregiver is positive for HBsAg. Other household contacts with an identifiable blood exposure to the index patient.	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 rabies immune globulin, (human) solution for infiltration and intramuscular injection	HyperRAB S/D: Rabies vaccine and HyperRAB S/D should be given to all persons suspected of exposure to rabies with one exception: persons who have been previously immunized with rabies vaccine and have a confirmed adequate rabies antibody titer should receive only vaccine. HyperRAB S/D should be administered as promptly as possible after exposure, but can be administered up to the eighth day after the first dose of vaccine is given. HyperRAB: Indicated for post exposure prophylaxis, along with rabies vaccine, for all persons suspected of exposure to rabies. Limitations of use: -Persons previously immunized with rabies vaccine that have a confirmed adequate rabies antibody titer should receive only vaccine. -For unvaccinated persons, the combination of HyperRAB and vaccine is recommended for both bite and nonbite exposures regardless of the time interval between exposure and initiation of post-exposure prophylaxis. -Beyond 7 days (after the first vaccine dose), HyperRAB is not indicated since an antibody response to vaccine is presumed to have occurred.	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 subcutaneous use	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 have been previously immunized with rabies vaccines other than HDCV, RVA (Rabies Vaccine Adsorbed), or PCEC (Purified Chick Embryo Cell Vaccine) vaccines should have confirmed adequate rabies antibody titers if they are to receive only vaccine.	20	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	1/1/2021	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. • Do not exceed the recommended dose of Kedrab because this can partially suppress active production of rabies. • Do not administer additional doses of Kedrab, even if the antibody response to vaccination is delayed.	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: • Neonates and infants born during or entering their first RSV season. • 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: • Neonates and infants born during or entering their first RSV season. • 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
Vaccines	90382	Respiratory syncytial virus, monoclonal antibody, seasonal dose, 0.7 mL, for intramuscular use	0.7 mL	7/1/2025	Enflonsia™	clesrovimab-cfor injection, for intramuscular use	Clesrovimab-cfor injection is indicated for the prevention of RSV lower respiratory tract disease in neonates and infants who are born during or entering their first RSV season. ACIP recommends infants aged < 8 months born during or entering their first RSV season who are not protected by maternal vaccination receive one dose of clesrovimab.	1	Neonate	8 months of age	N/A	Y	N		8/28/2025
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: • immunocompromised children and adults, • newborns of mothers with varicella shortly before or after delivery, • premature infants, • infants less than one year of age, • adults without evidence of immunity, • pregnant women. Administration is intended to reduce the severity of varicella.	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	90593	Chikungunya virus vaccine, recombinant, for intramuscular use	0.8 mL	1/1/2025	Vimkunya™	Chikungunya vaccine, recombinant injectable suspension, for intramuscular use	Chikungunya vaccine, recombinant is indicated for the prevention of disease caused by chikungunya virus in individuals 12 years of age and older.	1	18 years	N/A	N/A	Y	N	ACIP recommends chikungunya vaccine for persons aged ≥18 years traveling to a country or territory where there is a chikungunya outbreak	4/3/2025

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Vaccines	90611	Smallpox and monkeypox vaccine, attenuated vaccinia virus, live, non-replicating, preservative free, 0.5 mL dosage, suspension, for subcutaneous use	0.5 mL	7/26/2022	Jynneos™	smallpox and monkeypox vaccine, live, non-replicating suspension for subcutaneous and intradermal injection	FDA-Approved Indications: Indicated for prevention of smallpox and monkeypox disease in adults 18 years of age and older determined to be at high risk for smallpox or monkeypox infection. Emergency Use Authorization: The US Food and Drug Administration (FDA) has issued an Emergency Use Authorization (EUA) for the emergency use of Jynneos for: • active immunization by subcutaneous injection for prevention of monkeypox disease in individuals less than 18 years of age determined to be at high risk for monkeypox infection, and • active immunization by intradermal injection for prevention of monkeypox disease in individuals 18 years of age and older determined to be at high risk for monkeypox infection. Justification for Emergency Use of Jynneos During the Monkeypox Public Health Emergency There is currently an outbreak of monkeypox disease caused by monkeypox virus, an orthopoxvirus related to variola (the virus that causes smallpox disease). Following a 3-17 day incubation period, individuals infected with monkeypox virus develop painful lesions that progress sequentially through macular, papular, vesicular, and pustular stages, followed by scabbing over and desquamation. Lesions may occur anywhere on the body and may be limited to a single site or may be disseminated across many sites. Individuals may or may not experience prodromal symptoms (e.g., chills, lymphadenopathy, malaise, myalgias, or headache). Respiratory symptoms (e.g., sore throat, nasal congestion, or cough) can also occur. The clinical presentation of monkeypox disease is typically milder than smallpox disease but can be fatal, particularly in severely immunocompromised individuals who do not receive antiviral therapy. During the current monkeypox outbreak, monkeypox cases and exposures have occurred in individuals across a wide range of ages, including infants and children. Jynneos is not approved for these uses.	2	Indication Specific Age Restrictions (see comments)	N/A	N/A	Y	N	Indication Specific Age Restrictions: FDA-Approved Indications: 18 years of age and older Emergency Use Authorization: N/A	5/31/2024
Vaccines	90619	Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, tetanus toxoid carrier (MenACWY-TT), for intramuscular use	0.5 mL	7/1/2019	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 6 weeks of age and older. MenQuadfi does not prevent *N. meningitidis* serogroup B disease.	1	2 years	N/A	N/A	Y	N		6/26/2025
Vaccines	90620	Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB-4C), 2 dose schedule, for intramuscular use	0.5 mL	2/1/2015	Bexsero®	meningococcal group b vaccine injectable suspension, for intramuscular use	Indicated for active immunization to prevent invasive disease caused by Neisseria meningitidis serogroup B. Bexsero is approved for use in individuals 10 through 25 years of age.	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.	9/24/2024
Vaccines	90621	Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB-FHbp), 2 or 3 dose schedule, for intramuscular use	0.5 mL	2/1/2015	Trumenba®	meningococcal group b vaccine suspension for intramuscular injection	Indicated for active immunization to prevent invasive disease caused by Neisseria meningitidis serogroup B. Trumenba is approved for use in individuals 10 through 25 years of age.	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	90623	Meningococcal pentavalent vaccine, conjugated Men A, C, W, Y- tetanus toxoid carrier, and Men B-FHbp, for intramuscular use	0.5 mL	1/1/2024	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 *Neisseria meningitidis* 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	7/2024: Addition to VFC effective 7/18/2024 per DHB request 7/23/2024.	7/29/2024
Vaccines	90624	Meningococcal pentavalent vaccine, Men B-4C recombinant proteins and outer membrane vesicle and conjugated Men A, C, W, Y-diphtheria toxoid carrier, for intramuscular use	0.5 mL	10/1/2024	Penmenvy	meningococcal groups A, B, C, W, and Y vaccine for injectable suspension, for intramuscular use	Meningococcal Groups A, B, C, W, and Y Vaccine for injectable suspension is indicated for active immunization to prevent invasive disease caused by Neisseria meningitidis serogroups A, B, C, W, and Y in individuals 10 through 25 years of age.	1	10 years	25 years	N/A	Y	N		8/28/2025
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 Vibrio cholerae serogroup O1. Vaxchora is approved for use in persons 2 through 64 years of age traveling to cholera-affected areas. Limitations of Use: • The effectiveness of Vaxchora has not been established in persons living in cholera-affected areas. • The effectiveness of Vaxchora has not been established in persons who have pre-existing immunity due to previous exposure to V. cholerae or receipt of a cholera vaccine. • Vaxchora has not been shown to protect against disease caused by V. cholerae serogroup O139 or other non-O1 serogroups.	1	2 years	64 years	N/A	Y	N		10/27/2023

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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	N	1/2024: Coverage effective 11/10/2023 6/2024: Rebating Labeler Required field updated to align with policy that submitted vaccine NDCs do not need to come from rebating labelers. Update not due to a change in policy.	6/7/2024
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	N	1/2024: Coverage effective 11/10/2023 6/2024: Rebating Labeler Required field updated to align with policy that submitted vaccine NDCs do not need to come from rebating labelers. Update not due to a change in policy.	6/7/2024
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 intramuscular use	0.5 mL	1/1/2000	Havrix®, Vaqta®	hepatitis a vaccine, pediatric/adolescent dosage-2 dose schedule, for intramuscular injection	Indicated for active immunization against disease caused by hepatitis A virus (HAV). Approved for use in persons 12 months of age and older. Primary immunization should be administered at least 2 weeks prior to expected exposure to HAV.	1	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 injection	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 intramuscular use	0.5 mL	7/1/2017	Gardasil® 9	human papillomavirus 9-valent vaccine, recombinant suspension for intramuscular injection	Indicated in girls and women 9 through 45 years of age for the prevention of the following diseases: • Cervical, vulvar, vaginal, and anal cancer caused by HPV types 16, 18, 31, 33, 45, 52, and 58 • Genital warts (condyloma acuminata) caused by HPV types 6 and 11. The following precancerous or dysplastic lesions caused by HPV types 6, 11, 16, 18, 31, 33, 45, 52, and 58: • Cervical intraepithelial neoplasia (CIN) grade 2/3 and cervical adenocarcinoma in situ (AIS). • Cervical intraepithelial neoplasia (CIN) grade 1. • Vulvar intraepithelial neoplasia (VIN) grade 2 and grade 3. • Vaginal intraepithelial neoplasia (VaIN) grade 2 and grade 3. • Anal intraepithelial neoplasia (AIN) grades 1, 2, and 3. Indicated in boys and men 9 through 45 years of age for the prevention of the following diseases: • Anal cancer caused by HPV types 16, 18, 31, 33, 45, 52, and 58. • Genital warts (condyloma acuminata) caused by HPV types 6 and 11. And the following precancerous or dysplastic lesions caused by HPV types 6, 11, 16, 18, 31, 33, 45, 52, and 58. • Anal intraepithelial neoplasia (AIN) grades 1, 2, and 3. • Indicated in girls and women 9 through 45 years of age for the prevention of oropharyngeal and other head and neck cancers caused by HPV types 16, 18, 31, 33, 45, 52, and 58. • Indicated in boys and men 9 through 45 years of age for the prevention of oropharyngeal and other head and neck cancers caused by HPV types 16, 18, 31, 33, 45, 52, and 58.	2	9 years	45 years	N/A	Y	N		6/25/2024

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Vaccines	90653	Influenza vaccine, inactivated (IIV), subunit, adjuvanted, for intramuscular use	0.5 mL	1/1/2013	Fluad®	influenza vaccine, inactivated (IIV), subunit, adjuvanted, for intramuscular use, 2025-2026 Formula	Indicated for active immunization for the prevention of influenza disease caused by influenza A subtype viruses and type B virus contained in the vaccine for use in persons 65 years of age and older. **Recommended off-label use based on ACIP Recommendations for Vaccination for Immunocompromised Persons: • Immunocompromised persons should receive IIV3 or RIV3. LAIV3 should not be used. • Solid organ transplant recipients aged 18 through 64 years who are receiving immunosuppressive medication regimens may receive HD-IIV3 or aIIV3 as acceptable options (without a preference over other age-appropriate IIV3s or RIV3).	1	18 years	N/A	N/A	Y	N	7/2025: ACIP recommends for solid organ transplant recipients aged 18 through 64 years who are receiving immunosuppressive medication regimens.	7/24/2025
Vaccines	90656	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.5 mL dosage, for intramuscular use	0.5 mL	1/1/2005	Afluria®, Fluarix, FluLaval, Fluzone®	influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.5 mL dosage, for intramuscular use, 2025-2026 Formula	Indicated for active immunization for the prevention of disease caused by influenza A subtype viruses and type B virus contained in the vaccine. Afluria (0.5 mL): Approved for use in persons 36 months of age and older. Fluarix: Approved for use in persons 6 months of age and older. FluLaval: Approved for use in persons 6 months of age and older. Fluzone: Approved for use in persons 6 months of age and older.	2	6 months	N/A	N/A	Y	N		7/24/2025
Vaccines	90657	Influenza virus vaccine, trivalent (IIV3), split virus, 0.25 mL dosage, for intramuscular use	0.25 mL	1/1/1999	Afluria®, Fluzone®	influenza virus vaccine, trivalent (IIV3), split virus, 0.25 mL dosage, for intramuscular use, 2025-2026 Formula	Vaccination against influenza types A and B in children 6-35 months of age.	2	6 months	35 months	N/A	Y	N		7/24/2025
Vaccines	90658	Influenza virus vaccine, trivalent (IIV3), split virus, 0.5 mL dosage, for intramuscular use	0.5 mL	1/1/1999	Afluria®, Fluzone®	influenza virus vaccine, trivalent (IIV3), split virus, 0.5 mL dosage, for intramuscular use, 2025-2026 Formula	Indicated for active immunization for the prevention of disease caused by influenza A subtype viruses and type B virus contained in the vaccine. Afluria (0.5 mL dose): Approved for use in persons 36 months of age and older. Fluzone: Approved for use in persons 6 months of age and older.	2	6 months	N/A	N/A	Y	N		7/24/2025
Vaccines	90660	Influenza virus vaccine, trivalent, live (LAIV3), for intranasal use	0.2 mL	1/1/1999	FluMist®	influenza virus vaccine, trivalent, live (LAIV3), for intranasal use, 2025-2026 Formula	Influenza Vaccine Live is indicated for active immunization for the prevention of influenza disease caused by influenza virus subtypes A and type B contained in the vaccine in persons 2 through 49 years of age.	2	2 years	49 years	N/A	Y	N		7/24/2025
Vaccines	90661	Influenza virus vaccine (ccIIV3), derived from cell cultures, subunit, antibiotic free, for intramuscular use	0.5 mL	1/1/2008	Flucelvax®	influenza virus vaccine, trivalent (ccIIV3), derived from cell cultures, subunit, antibiotic free, 0.5 mL dosage, for intramuscular use, 2025-2026 Formula	Influenza Vaccine Injectable Suspension is indicated for active immunization for the prevention of influenza disease caused by influenza virus subtypes A and type B contained in the vaccine. Flucelvax is approved for use in persons 6 months of age and older.	2	6 months	N/A	N/A	Y	N		7/24/2025
Vaccines	90662	Influenza virus vaccine (IIV), split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use	0.5 mL	1/1/2008	Fluzone® High-Dose	influenza virus vaccine (IIV), split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use, 2025-2026 Formula	Indicated for active immunization for the prevention of influenza disease caused by influenza A subtype viruses and type B virus contained in the vaccine for use in persons 65 years of age and older. **Recommended off-label use based on ACIP Recommendations for Vaccination for Immunocompromised Persons: • Immunocompromised persons should receive IIV3 or RIV3. LAIV3 should not be used. • Solid organ transplant recipients aged 18 through 64 years who are receiving immunosuppressive medication regimens may receive HD-IIV3 or aIIV3 as acceptable options (without a preference over other age-appropriate IIV3s or RIV3).	1	18 years	N/A	N/A	Y	N	7/2025: ACIP recommends for solid organ transplant recipients aged 18 through 64 years who are receiving immunosuppressive medication regimens.	7/24/2025
Vaccines	90670	Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use	0.5 mL	7/1/2009	Prevnar 13®	pneumococcal 13-valent conjugate vaccine (diphtheria CRM197 protein) suspension for intramuscular injection	In children 6 weeks through 5 years of age (prior to the 6th birthday), Prevnar 13 is indicated for: • Active immunization for the prevention of invasive disease caused by Streptococcus pneumoniae serotypes 1, 3, 4, 5, 6A, 6B, 7F, 9V, 14, 18C, 19A, 19F and 23F. -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. In children 6 years through 17 years of age (prior to the 18th birthday), Prevnar 13 is indicated for: • Active immunization for the prevention of invasive disease caused by S. pneumoniae serotypes 1, 3, 4, 5, 6A, 6B, 7F, 9V, 14, 18C, 19A, 19F and 23F. In adults 18 years of age and older, Prevnar 13 is indicated for: • Active immunization for the prevention of pneumonia and invasive disease caused by S. pneumoniae serotypes 1, 3, 4, 5, 6A, 6B, 7F, 9V, 14, 18C, 19A, 19F and 23F.	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. 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	90673	Influenza virus vaccine, trivalent (RIV3), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use	0.5 mL	1/1/2014	Flublok®	influenza virus vaccine, trivalent (RIV3), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use, 2025-2026 Formula	Indicated for active immunization against disease caused by influenza A virus subtypes and influenza type B virus contained in the vaccine. Flublok is approved for use in persons 9 years of age and older.	1	9 years	N/A	N/A	Y	N		7/24/2025
Vaccines	90675	Rabies vaccine, for intramuscular use	1 mL	1/1/2000	Imovax® Rabies, RabAvert®	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		8/28/2025

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 (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	90677	Pneumococcal conjugate vaccine, 20 valent (PCV20), for intramuscular use	0.5 mL	7/1/2021	Prevnar 20™	pneumococcal 20-valent conjugate vaccine, suspension for intramuscular injection	Prevnar 20 is a vaccine indicated for active immunization for the prevention of: • 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. • 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. • 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 for injection, for intramuscular use	Indicated for: - 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. - 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. - active immunization for the prevention of LRTD caused by RSV in individuals 18 through 59 years of age who are at increased risk for LRTD caused by RSV.	1	Indication Specific Age Restrictions (see comments)	N/A	N/A	Y	N	Indication specific age restrictions: • Active immunization for the prevention of LRTD caused by RSV: 60 years of age and older • Active immunization of pregnant individuals at 32 through 36 weeks gestational age for the prevention of LRTD and severe LRTD caused by RSV in infants from birth through 6 months of age: use after menarche 1/2024: Addition to VFC Effective 1/2/2024 per DHB Request 12/21/2023	11/26/2024
Vaccines	90679	Respiratory syncytial virus vaccine, preF, recombinant, subunit, adjuvanted, for intramuscular use	0.5 mL	5/3/2023	Arexvy	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; - individuals 50 through 59 years of age who are at increased risk for LRTD caused by RSV.	1	50 years	N/A	N/A	Y	N		7/24/2025
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	90683	Respiratory syncytial virus vaccine, mRNA lipid nanoparticles, for intramuscular use	0.5 mL	1/1/2024	mRESVIA™	respiratory syncytial virus vaccine injectable suspension, for intramuscular use	Respiratory Syncytial Virus Vaccine is a vaccine indicated for 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. - individuals 18 through 59 years of age who are at increased risk for LRTD caused by RSV.	1	50 years	N/A	N/A	Y	N	7/2025: ACIP recommends for adults 50–59 years of age who are at increased risk of severe RSV disease.	7/24/2025
Vaccines	90684	Pneumococcal conjugate vaccine, 21 valent (PCV21), for intramuscular use	0.5 mL	6/17/2024	Capvaxive™	pneumococcal 21-valent conjugate vaccine injection, for intramuscular use	Pneumococcal 21-valent conjugate vaccine is a vaccine indicated for: • active immunization for the prevention of invasive disease caused by *Streptococcus pneumoniae* serotypes 3, 6A, 7F, 8, 9N, 10A, 11A, 12F, 15A, 15B, 15C, 16F, 17F, 19A, 20A, 22F, 23A, 23B, 24F, 31, 33F, and 35B in individuals 18 years of age and older. • active immunization for the prevention of pneumonia caused by *S. pneumoniae* serotypes 3, 6A, 7F, 8, 9N, 10A, 11A, 12F, 15A, 15C, 16F, 17F, 19A, 20A, 22F, 23A, 23B, 24F, 31, 33F, and 35B in individuals 18 years of age and older. ACIP recommends PCV21 as an option for adults aged ≥19 years who currently have a recommendation to receive a dose of PCV.	1	19 years	N/A	N/A	Y	N	ACIP recommends for ≥ 19 years of age	9/6/2024
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. Selective immunization against typhoid fever is recommended for the following groups: 1) travelers to areas in which there is a recognized risk of exposure to S. typhi, 2) persons with intimate exposure (e.g. household contact) to a S. typhi carrier, and 3) microbiology laboratorians who work frequently with S. typhi. There is no evidence to support the use of typhoid vaccine to control common source outbreaks, disease following natural disasters or in persons attending rural summer camps.	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. Typhim Vi vaccine is not indicated for routine immunization of individuals in the United States (US). Selective immunization against typhoid fever is recommended under the following circumstances: 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, 2) persons with intimate exposure (ie, continued household contact) to a documented typhoid carrier, and 3) workers in microbiology laboratories who frequently work with S typhi. 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

North Carolina Division of Health Benefits
Physician Administered Drug Program Catalog

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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®, Quadracel™	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. • Quadracel: Indicated for active immunization against diphtheria, tetanus, pertussis and poliomyelitis. A single dose of Quadracel is approved for use in children four through six years of age as a fifth dose in the diphtheria, tetanus, pertussis vaccination (DTaP) series, and as a fourth or fifth dose in the inactivated poliovirus vaccination (IPV) series, in children who have received four doses of Pentacel and/or Daptacel vaccine.	1	4 years	6 years	N/A	Y	N		7/2/2018
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 vaccine, (DTaP-IPV / Hib), for intramuscular use	0.5 mL	1/1/2004	Pentacel®	diphtheria and tetanus toxoids and acellular pertussis adsorbed, inactivated poliovirus and haemophilus b conjugate (tetanus toxoid conjugate) vaccine, suspension for intramuscular injection	Indicated for active immunization against diphtheria, tetanus, pertussis, poliomyelitis, and invasive disease due to Haemophilus influenzae type b. Pentacel vaccine is approved for use as a four dose series in children 6 weeks through 4 years of age (prior to fifth birthday).	1	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

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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: Indicated for: • active booster immunization against tetanus, diphtheria and pertussis. Adacel is approved for use in persons 10 through 64 years of age. • immunization during the third trimester of pregnancy to prevent pertussis in infants younger than 2 months of age. Boostrix:	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: • Adacel: 64 years • 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: • 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. • 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
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	0.5 mL	1/1/2002	Pneumovax® 23	pneumococcal vaccine polyvalent sterile, liquid vaccine for intramuscular or subcutaneous injection	• Indicated for active immunization for the prevention of pneumococcal disease caused by the 23 serotypes contained in the vaccine (1, 2, 3, 4, 5, 6B, 7F, 8, 9N, 9V, 10A, 11A, 12F, 14, 15B, 17F, 18C, 19F, 19A, 20, 22F, 23F, and 33F). •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.	1	2 years	N/A	N/A	Y	N		7/3/2018
Vaccines	90734	Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, diptheria 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	Menactra: 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. Menveo: Indicated for active immunization to prevent invasive meningococcal disease caused by Neisseria	1	Product Specific Age Restrictions (see comments)	55 years	N/A	Y	N	Product specific age restrictions: • Menactra: 9 months through 55 years of age • Menveo: 2 months through 55 years of age	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), CpG-adjuvanted, adult dosage, 2 dose or 4 dose schedule, for intramuscular use	0.5 mL	1/1/2013	Heplisav-B®	hepatitis b vaccine (recombinant), adjuvanted solution for intramuscular injection	Indicated for prevention of infection caused by all known subtypes of hepatitis B virus in adults 18 years of age and older.	2	18 years	N/A	N/A	Y	N		6/6/2022

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Physician Administered Drug Program Catalog

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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)	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. Recombivax HB Dialysis Formulation is approved for use in predialysis and dialysis patients 18 years of age and older.	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 use	40 mcg	1/1/2000	Engerix B®	hepatitis b vaccine, dialysis or immunosuppressed patient dosage (4 dose schedule), for intramuscular use	This schedule is designed for certain populations (e.g. dialysis patients, neonates born of hepatitis B-infected mothers, others who have or might have been recently exposed to the virus, certain travelers to high-risk areas) for immunization against infection caused by all known subtypes of hepatitis B virus.	2	N/A	N/A	N/A	Y	N		10/31/2018
Vaccines	90750	Zoster (shingles) vaccine, (HZV), recombinant, sub-unit, adjuvanted, for intramuscular injection	0.5 mL	1/1/2017	Shingrix	zoster vaccine recombinant, adjuvanted, suspension for intramuscular injection	Indicated for prevention of herpes zoster (HZ) (shingles) in adults aged 50 years and older. 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. Limitations of Use: • Shingrix is not indicated for prevention of primary varicella infection (chickenpox).	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	90759	Hepatitis B vaccine (HepB), 3-antigen (S, Pre-S1, Pre-S2), 10 mcg dosage, 3 dose schedule, for intramuscular use	10 mcg	1/1/2022	PreHevbrio™	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	Nuvaxovid®	COVID-19 vaccine, adjuvanted injectable suspension, for intramuscular use	COVID-19 vaccine, adjuvanted injectable suspension is indicated for active immunization to prevent coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Nuvaxovid is approved for use in individuals who are: • 65 years of age and older, or • 12 years through 64 years of age with at least one underlying condition that puts them at high risk for severe outcomes from COVID-19.	2	12 years	N/A	N/A	Y	N	9/2023: Aligned procedure code effective date with CMS effective date.	9/26/2025
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, tris-sucrose 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 (2024-2025 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 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		9/24/2024
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, tris-sucrose formulation, for intramuscular use	0.3 mL (10 mcg)	9/11/2023	Comirnaty®	COVID-19 vaccine, mRNA injectable suspension, for intramuscular use - 5 years through 11 years of age	Pfizer-BioNTech COVID-19 Vaccine is indicated for active immunization to prevent coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in individuals who are 5 years through 11 years of age with at least one underlying condition that puts them at high risk for severe outcomes from COVID-19.	1	5 years	11 years	N/A	Y	N		9/26/2025

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Vaccines	91320	Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use	0.3 mL	9/11/2023	Comirnaty®	COVID-19 vaccine, mRNA injectable suspension, for intramuscular use - 12 years of age and older	Pfizer-BioNTech COVID-19 Vaccine is indicated for active immunization to prevent coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). It is approved in individuals who are: • 65 years of age and older, or • 12 years through 64 years of age with at least one underlying condition that puts them at high risk for severe outcomes from COVID-19.	1	12 years	N/A	N/A	Y	N		9/26/2025
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	Spikevax™	COVID-19 vaccine, mRNA injectable suspension, for intramuscular use - 6 months through 11 years of age	Spikevax is a vaccine indicated for active immunization to prevent coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Spikevax is approved for use in individuals who are 6 months through 11 years of age with at least one underlying condition that puts them at high risk for severe outcomes from COVID-19.	1	6 months	11 years	N/A	Y	N		9/26/2025
Vaccines	91322	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA	0.5 mL	9/11/2023	Spikevax™	COVID-19 vaccine, mRNA injectable suspension, for intramuscular use - 12 years of age and older	COVID-19 vaccine, mRNA vaccine is indicated for active immunization to prevent coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Spikevax is approved for use in individuals who are:	1	12 years	N/A	N/A	Y	N		9/26/2025
Vaccines	91323	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) (coronavirus disease [COVID-19]) vaccine, mRNA	0.2 mL	7/1/2025	mNEXSPIKE®	COVID-19 vaccine, mRNA injectable suspension, for intramuscular use - 12 years of age and older	COVID-19 vaccine, mRNA injectable suspension is indicated for active immunization to prevent coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). mNEXSPIKE is approved for use in individuals who are:	1	12 years	N/A	N/A	Y	N		9/26/2025
Drugs	J0121	Injection, omadacycline, 1 mg	1 mg	10/1/2019	Nuzyra™	omadacycline for injection, for intravenous use	Indicated for the treatment of adult patients with the following infections caused by susceptible microorganisms: • Community-acquired bacterial pneumonia (CABP) • Acute bacterial skin and skin structure infections (ABSSSI) To reduce the development of drug-resistant bacteria and maintain the effectiveness of Nuzyra and other antibacterial drugs, Nuzyra should be used only to treat or prevent infections that are proven or strongly suspected to be caused by susceptible bacteria.	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. Limitations of Use: 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
Biologicals	J0129	Injection, abatacept, 10 mg	10 mg	1/1/2007	Orencia®	abatacept injection, for intravenous use	Treatment of: • Adult Rheumatoid Arthritis (RA): moderately to severely active RA in adults. Orencia may be used as monotherapy or concomitantly with DMARDs other than TNF antagonists. • Juvenile Idiopathic Arthritis: moderately to severely active polyarticular juvenile idiopathic arthritis in patients 2 years of age and older. Orencia may be used as monotherapy or concomitantly with	400	Indication Specific Age Restrictions (see comments)	N/A	N/A	Y	Y	Indication specific age restrictions: • RA and PsA: 18 years of age and older • JIA and aGVHD: 2 years of	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: • Herpes simplex infections in immunocompromised patients • Initial episodes of herpes genitalis • Herpes simplex encephalitis • Neonatal herpes simplex virus infection • Varicella-zoster infections in immunocompromised patients	8,400	Indication Specific Age Restrictions (see comments)	N/A	N/A	Y	Y	Indication specific age restrictions: • Herpes Simplex Infections: Mucosal and Cutaneous Herpes Simplex (HSV-1 and HSV-2) Infections in	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. 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: Adenoscan: 18 years of age and older Adenocard: None	5/6/2019
Drugs	J0163	Injection, epinephrine in sodium chloride (endo), 0.1 mg	0.1 mg	10/1/2025	Adrenalin®	epinephrine in sodium chloride injection, for intravenous use (Endo)	Epinephrine in sodium chloride injection is indicated to increase mean arterial blood pressure in adult patients with hypotension associated with septic shock.	N/A	18 years	N/A	N/A	Y	Y		9/26/2025
Drugs	J0164	Injection, epinephrine in sodium chloride (baxter), 0.1 mg	0.1 mg	10/1/2025	N/A	epinephrine in sodium chloride injection, for intravenous use (Baxter)	Epinephrine in 0.9% Sodium Chloride Injection is indicated to increase mean arterial blood pressure in adult patients with hypotension associated with septic shock.	N/A	18 years	N/A	N/A	Y	Y		9/26/2025
Drugs	J0165	Injection, epinephrine, not otherwise specified, 0.1 mg	0.1 mg	7/1/2025	N/A	epinephrine injection, for intravenous, intramuscular, subcutaneous use	Epinephrine injection is indicated: • For emergency treatment of allergic reactions (Type 1), including anaphylaxis, in adults and pediatric patients. • To increase mean arterial blood pressure in adult patients with hypotension associated with septic shock.	N/A	N/A	N/A	N/A	Y	Y		6/26/2025

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Drugs	J0166	Injection, epinephrine (bpi), not therapeutically equivalent to j0165, 0.1 mg	0.1 mg	7/1/2025	N/A	epinephrine injection, usp for intravenous, intramuscular and subcutaneous use only (BPI)	Epinephrine injection is indicated: - To increase mean arterial blood pressure in adult patients with hypotension associated with septic shock - For emergency treatment of allergic reactions (Type 1), including anaphylaxis	N/A	N/A	N/A	N/A	Y	Y		6/26/2025
Drugs	J0167	Injection, epinephrine (hospira), not therapeutically equivalent to j0165, 0.1 mg	0.1 mg	7/1/2025	N/A	epinephrine injection, for intravenous use (Hospira)	Epinephrine injection is indicated to increase mean arterial blood pressure in adult patients with hypotension associated with septic shock.	N/A	N/A	N/A	N/A	Y	Y		6/26/2025
Drugs	J0168	Injection, epinephrine (international medication systems), not therapeutically equivalent to j0165, 0.1 mg	0.1 mg	7/1/2025	N/A	epinephrine injection USP, for intravenous use (International Medication Systems)	Epinephrine injection is indicated to increase mean arterial blood pressure in adult patients with hypotension associated with septic shock.	N/A	N/A	N/A	N/A	Y	Y		6/26/2025
Drugs	J0169	Injection, epinephrine (adrenalin), not therapeutically equivalent to j0165, 0.1 mg	0.1 mg	7/1/2025	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		6/26/2025
Biologicals	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: • Neovascular (Wet) Age-Related Macular Degeneration (nAMD) • Diabetic Macular Edema (DME) • Diabetic Retinopathy (DR)	32	18 years	N/A	N/A	Y	Y		4/12/2024
Biologicals	J0178	Injection, aflibercept, 1 mg	1 mg	1/1/2013	Eylea®	aflibercept injection for intravitreal injection	Indicated for: • Neovascular (Wet) Age-Related Macular Degeneration (AMD) • Macular Edema Following Retinal Vein Occlusion (RVO) • Diabetic Macular Edema (DME) • Diabetic Retinopathy (DR) • 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 ROP: N/A	3/16/2023
Biologicals	J0179	Injection, brolucizumab-dbll, 1 mg	1 mg	1/1/2020	Beovu®	brolucizumab-dbll injection, for intravitreal injection	Indicated for the treatment of: - Neovascular (Wet) Age-Related Macular Degeneration (AMD) - 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
Drugs	J0184	Injection, amisulpride, 1 mg	1 mg	1/1/2024	Barhemsys®	amisulpride injection, for intravenous use	Indicated in adults for: • Prevention of postoperative nausea and vomiting (PONV), either alone or in combination with an antiemetic of a different class. • Treatment of PONV in patients who have received antiemetic prophylaxis with an agent of a different class or have not received prophylaxis.	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: • acute and delayed nausea and vomiting associated with initial and repeat courses of highly emetogenic cancer chemotherapy (HEC) including high-dose cisplatin. • nausea and vomiting associated with initial and repeat courses of moderately emetogenic cancer chemotherapy (MEC). • delayed nausea and vomiting associated with initial and repeat courses of moderately emetogenic cancer chemotherapy (MEC) as a single-dose regimen. Limitations of Use: Cinvanti has not been studied for treatment of established nausea and vomiting.	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 8/14/2023	9/28/2023
Biologicals	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	Ethyol®	amifostine for injection	Indicated to: • Reduce the incidence of moderate to severe xerostomia in patients undergoing postoperative radiation treatment of head and neck cancer. • Reduce the cumulative renal toxicity associated with repeated administration of cisplatin in patients with advanced ovarian cancer, where the radiation port includes a substantial portion of the parotid glands.	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. Limitations of Use: 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 following longer cisplatin infusions, because irreversible ototoxicity may have already occurred.	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
Biologicals	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
Biologicals	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
Biologicals	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
Biologicals	J0221	Injection, alglucosidase alfa, (Lumizyme), 10 mg	10 mg	1/1/2012	Lumizyme®	alglucosidase alfa for injection, for intravenous use	A hydrolytic lysosomal glycogen-specific enzyme indicated for patients with Pompe disease (GAA deficiency).	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	Onpattro™	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

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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. - the cardiomyopathy of wild-type or hereditary transthyretin-mediated amyloidosis in adults to reduce cardiovascular mortality, cardiovascular hospitalizations and urgent heart failure visits	25	18 years	N/A	N/A	Y	Y		5/5/2025
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: • Hospitalized, or • Not hospitalized and have mild-to-moderate COVID-19, and are at high risk for progression to severe COVID-19, including hospitalization or death.	400	Pediatric patients from birth to less than 28 days of age weighing at least 1.5 kg	N/A	N/A	Y	Y		3/22/2024
Biologicals	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
Biologicals	J0257	Injection, alpha-1 proteinase inhibitor (human), (Glassia), 10 mg	10 mg	1/1/2012	Glassia™	alpha 1-proteinase inhibitor (human) injection solution, for intravenous use	Indicated for chronic augmentation and maintenance therapy in adults with clinically evident emphysema due to severe hereditary deficiency of Alpha1-PI (alpha1-antitrypsin deficiency). Glassia increases antigenic and functional (anti-neutrophil elastase capacity, ANEC) serum levels and antigenic lung epithelial lining fluid levels of alpha1-PI. Limitations of Use: • The effect of augmentation therapy with any Alpha1-PI, including Glassia, on pulmonary exacerbations and on the progression of emphysema in alpha1-antitrypsin deficiency has not been conclusively demonstrated in randomized, controlled clinical trials. • Clinical data demonstrating the long-term effects of chronic augmentation and maintenance therapy of individuals with Glassia are not available. • Glassia is not indicated as therapy for lung disease in patients in whom severe Alpha1-PI deficiency has not been established.	4,200	18 years	N/A	N/A	Y	Y		9/25/2018
Drugs	J0278	Injection, amikacin sulfate, 100 mg	100 mg	1/1/2006	N/A	amikacin sulfate injection, solution	Indicated in the short-term treatment of serious infections due to susceptible strains of Gram-negative bacteria, including Pseudomonas species, Escherichia coli, species of indole-positive and indole-negative Proteus, Providencia species, Klebsiella-Enterobacter-Serratia species, and Acinetobacter (Mima-Herellea) species. Clinical studies have shown amikacin sulfate injection to be effective in bacterial septicemia (including neonatal sepsis); in serious infections of the respiratory tract, bones and joints, central nervous system (including 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 absidia, mucor and rhizopus, and infections due to related susceptible species of conidiobolus and basidiobolus, and sporotrichosis. May be useful to treat American mucocutaneous leishmaniasis, but it is not the drug of choice as primary therapy.	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: • Empirical therapy for presumed fungal infection in febrile, neutropenic patients • Treatment of patients with Aspergillus species, Candida species, and/or Cryptococcus species infections refractory to amphotericin B desoxycholate, or in patients where renal impairment or unacceptable toxicity precludes the use of amphotericin B desoxycholate • Treatment of Cryptococcal Meningitis in HIV-infected patients • Treatment of visceral leishmaniasis. In immunocompromised patients with visceral leishmaniasis treated with AmBisome, relapse rates were high following initial clearance of parasites.	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: • Respiratory Tract Infections caused by Streptococcus pneumoniae, Staphylococcus aureus (penicillinase and nonpenicillinase-producing), H. influenzae, and Group A beta-hemolytic streptococci. • Bacterial Meningitis caused by E. coli, Group B streptococci, and other Gram-negative bacteria (Listeria monocytogenes, N. meningitidis). The addition of an aminoglycoside with ampicillin may increase its effectiveness against Gram-negative bacteria. • Septicemia and Endocarditis caused by susceptible Gram-positive organisms including Streptococcus spp., penicillin G-susceptible staphylococci, and enterococci. Gram-negative sepsis caused by E. coli, Proteus mirabilis and Salmonella spp. responds to ampicillin. Endocarditis due to enterococcal strains usually respond to intravenous therapy. The addition of an aminoglycoside may enhance the effectiveness of ampicillin when treating streptococcal endocarditis. • Urinary Tract Infections caused by sensitive strains of E. coli and Proteus mirabilis. • Gastrointestinal Infections caused by Salmonella typhi (typhoid fever), other Salmonella spp., and Shigella spp. (dysentery) usually respond to oral or intravenous therapy.	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. • As only limited clinical safety and efficacy data are available, reserve Zemdri for use in patients who have limited or no alternative treatment options. • To reduce the development of drug-resistant bacteria and maintain effectiveness of Zemdri and other antibacterial drugs, Zemdri should be used only to treat infections that are proven or strongly suspected to be caused by susceptible microorganisms.	2,940	18 years	N/A	N/A	Y	Y		10/3/2019

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Drugs	J0295	Injection, ampicillin sodium/sulbactam sodium, per 1.5 gm	per 1.5 gm	1/1/2000	Unasyn®	ampicillin sodium and sulbactam sodium injection, powder, for solution	Indicated for the treatment of infection due to susceptible strains of the designated microorganisms in the conditions listed below: • Skin and skin structure infections caused by beta-lactamase producing strains of Staphylococcus aureus, Escherichia coli, Klebsiella spp. (including K. pneumoniae), Proteus mirabilis, Bacteroides fragilis, Enterobacter spp., and Acinetobacter calcoaceticus. • Intra-abdominal infections: caused by beta-lactamase producing strains of Escherichia coli, Klebsiella spp. (including K. pneumoniae), Bacteroides spp. (including B. fragilis), and Enterobacter spp. • Gynecological Infections caused by beta-lactamase producing strains of Escherichia coli, and Bacteroides spp. (including B. fragilis). • While Unasyn is indicated only for the conditions listed above, infections caused by ampicillin-susceptible organisms are also amenable to treatment with Unasyn due to its ampicillin content. Therefore, mixed infections caused by ampicillin-susceptible organisms and beta-lactamase producing organisms susceptible to Unasyn should not require the addition of another antibacterial. • Appropriate culture and susceptibility tests should be performed before treatment in order to isolate and identify the organisms causing infection and to determine their susceptibility to Unasyn.	168	Indication Specific Age Restrictions (see comments)	N/A	N/A	Y	Y	Indication specific: • Skin and skin structure infections: 1 year of age and older • Intra-abdominal infections: 18 years of age and older	6/7/2019
Drugs	J0300	Injection, amobarbital, up to 125mg	up to 125 mg	1/1/2000	Amytal®	amobarbital sodium for injection	Indicated for use as a: • Sedative • Hypnotic, for the short-term treatment of insomnia, since it appears to lose its effectiveness for sleep induction and sleep maintenance after 2 weeks • 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® , 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. Limitations of Use: Rezzayo has not been studied in patients with endocarditis, osteomyelitis, and meningitis due to *Candida*.	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 (abilify maintena), 1 mg	1 mg	1/1/2014	Abilify Maintena®	aripiprazole extended-release injectable suspension, for intramuscular use	Indicated for the treatment of schizophrenia in adults. Indicated for maintenance monotherapy treatment of bipolar I disorder in adults.	1,200	18 years	N/A	N/A	Y	Y		5/5/2025
Drugs	J0402	Injection, aripiprazole (abilify asimtufii), 1 mg	1 mg	1/1/2024	Abilify Asimtufii®	aripiprazole extended-release injectable suspension, for intramuscular use	Indicated: • for the treatment of schizophrenia in adults • 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	J0458	Injection, aztreonam/avibactam, 7.5 mg/2.5 mg (10 mg)	10 mg (7.5 mg/2.5 mg)	10/1/2025	Emblaveo™	aztreonam and avibactam for injection, for intravenous use	Aztreonam and avibactam for injection is, when used in combination with metronidazole, is indicated in patients 18 years and older who have limited or no alternative options for the treatment of complicated intra-abdominal infections (cIAI) including those caused by the following susceptible gram-negative microorganisms: *Escherichia coli, Klebsiella pneumoniae, Klebsiella oxytoca, Enterobacter cloacae complex, Citrobacter freundii complex,* and *Serratia marcescens.* Usage to Reduce Development of Drug-Resistant Bacteria To reduce the development of drug-resistant bacteria and maintain the effectiveness of Emblaveo and other antibacterial drugs, Emblaveo should be used only to treat infections that are proven or strongly suspected to be caused by bacteria.	11,267	18 years	N/A	N/A	Y	Y		9/26/2025
Drugs	J0461	Injection, atropine sulfate, 0.01 mg	0.01 mg	1/1/2010	N/A	atropine sulfate injection for intravenous, intramuscular, subcutaneous, intraosseous, or endotracheal use	Indicated for temporary blockade of severe or life threatening muscarinic effects.	6,200	N/A	N/A	N/A	Y	Y		9/26/2025
Drugs	J0462	Injection, atropine sulfate, not therapeutically equivalent to J0461, 0.01 mg	0.01 mg	10/1/2025	N/A	atropine sulfate injection for intravenous use	Atropine sulfate injection is indicated for temporary blockade of severe or life threatening muscarinic effects.	6,200	N/A	N/A	N/A	Y	Y		9/26/2025
Drugs	J0470	Injection, dimercaprol, per 100mg	per 100 mg	1/1/2000	BAL in oil™	dimercaprol injection	Indicated in the treatment of: • Arsenic, gold and mercury poisoning. • Acute lead poisoning when used concomitantly with Edetate Calcium Disodium Injection. Dimercaprol is effective for use in acute poisoning by mercury salts if therapy is begun within one or two hours following ingestion. It is not very effective for chronic mercury poisoning. Dimercaprol is of questionable value in poisoning by other heavy metals such as antimony and bismuth. It should not be used in iron, cadmium, or selenium poisoning because the resulting dimercaprol-metal complexes are more toxic than the metal alone, especially to the kidneys.	252	N/A	N/A	N/A	Y	Y		6/7/2019
Drugs	J0475	Injection, baclofen, 10 mg	10 mg	1/1/2000	Gablofen®, Lioresal® 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. • 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. • Patients should first respond to a screening dose of intrathecal baclofen prior to consideration for long term infusion via an implantable pump. • 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®, Lioresal® 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

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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. Limitations of Use: • Use only in patients who are EBV seropositive. • Use has not been established for the prophylaxis of organ rejection in transplanted organs other than the kidney.	6,000	18 years	N/A	N/A	Y	Y		6/6/2019
Biologicals	J0490	Injection, belimumab, 10 mg	10 mg	1/1/2012	Benlysta®	belimumab injection, for intravenous use	Indicated for the treatment of patients aged 5 years and older with active, autoantibody-positive, systemic lupus erythematosus who are receiving standard therapy. Indicated for the treatment of patients aged 5 years and older with active lupus nephritis who are receiving standard therapy. Limitations of Use: The efficacy of Benlysta has not been evaluated in patients with severe active central nervous system lupus. Use of Benlysta is not recommended in this situation.	420	5 years	N/A	N/A	Y	Y		8/16/2022
Biologicals	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. 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, benztropine mesylate, per 1 mg	1 mg	1/1/2000	Cogentin®	benztropine mesylate injection	Indicated: - for use as an adjunct in the therapy of all forms of parkinsonism. - for use in the control of extrapyramidal disorders (except tardive dyskinesia) due to neuroleptic drugs (e.g., phenothiazines).	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: • Moderately severe to severe infections of the upper-respiratory tract, scarlet fever, erysipelas, and skin and soft-tissue infections due to susceptible streptococci. NOTE: Streptococci in Groups A, C, G, H, L, and M are very sensitive to penicillin G. Other groups, including Group D (enterococci), are resistant. Penicillin G sodium or potassium is recommended for streptococcal infections with bacteremia. • Moderately severe pneumonia and otitis media due to susceptible Streptococcus pneumoniae. NOTE: Severe pneumonia, empyema, bacteremia, pericarditis, meningitis, peritonitis, and arthritis of pneumococcal etiology are better treated with penicillin G sodium or potassium during the acute stage. • When high, sustained serum levels are required, penicillin G sodium or potassium, either IM or IV, should be used. This drug should not be used in the treatment of venereal diseases, including syphilis, gonorrhea, yaws, bejel, and pinta.	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
Biologicals	J0565	Injection, bezlotoxumab, 10 mg	10 mg	1/1/2018	Zinplava™	bezlotoxumab injection, for intravenous use	Indicated to reduce recurrence of *Clostridioides difficile* 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. 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
Biologicals	J0567	Injection, cerliponase alfa, 1 mg	1 mg	1/1/2019	Brineura®	cerliponase alfa injection, for intraventricular use	Cerliponase alfa injection is indicated to slow the loss of ambulation in pediatric patients with neuronal ceroid lipofuscinosis type 2 (CLN2 disease), also known as tripeptidyl peptidase 1 (TPP1) deficiency.	900	N/A	N/A	N/A	Y	Y		9/6/2024
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. 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. 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
Biologicals	J0584	Injection, burosumab-twza 1 mg	1 mg	1/1/2019	Crysvita®	burosumab-twza injection, for subcutaneous use	Indicated for: • The treatment of X-linked hypophosphatemia (XLH) in adult and pediatric patients 6 months of age and older. • The treatment of FGF23-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: • XLH: 6 months of age and older • TIO: 2 years of age and older	7/28/2020

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Biologicals	J0585	Injection, onabotulinumtoxinA, 1 unit	1 unit	1/1/2000	Botox®	onabotulinumtoxinA for injection, for intramuscular, intradetrusor, or intradermal use	Indicated for: • Treatment of overactive bladder (OAB) with symptoms of urge urinary incontinence, urgency, and frequency, in adults who have an inadequate response to or are intolerant of an anticholinergic medication • Treatment of urinary incontinence due to detrusor overactivity associated with a neurologic condition [e.g., spinal cord injury (SCI), multiple sclerosis (MS)] in adults who have an inadequate response to or are intolerant of an anticholinergic medication • Treatment of neurogenic detrusor overactivity (NDO) in pediatric patients 5 years of age and older who have an inadequate response to or are intolerant of anticholinergic medication. • Prophylaxis of headaches in adult patients with chronic migraine (≥15 days per month with headache lasting 4 hours a day or longer) • Treatment of spasticity in patients 2 years of age and older. • Treatment of cervical dystonia in adult patients, to reduce the severity of abnormal head position and neck pain • Treatment of severe axillary hyperhidrosis that is inadequately managed by topical agents in adult patients • Treatment of blepharospasm associated with dystonia in patients 12 years of age and older • Treatment of strabismus in patients 12 years of age and older Important Limitations: Safety and effectiveness of Botox have not been established for: • Prophylaxis of episodic migraine (14 headache days or fewer per month) • Treatment of hyperhidrosis in body areas other than axillary	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. 9/2023: NC Suggested Max Monthly Units updated from 3 month interval to 90 day interval to align with NCTracks. 11/2023: Edited 1/2023 and 9/2023 comments for clarity.	11/3/2023
Biologicals	J0586	implant, 1 microgram	5 units	1/1/2010	Dysport®	abobotulinumtoxinA for injection, for intramuscular use	• Treatment of adults with cervical dystonia. • The temporary improvement in the appearance of moderate to severe glabellar lines associated with procerus and corrugator muscle activity in adult patients <65 years of age. • 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. • Cervical Dystonia: 18 years of age and older • Glabellar Lines: 18 years of age and older • Upper Limb Spasticity: 2 years of age and older • Lower Limb Spasticity: 2 years of age and older	8/25/2020
Biologicals	J0587	Injection, rimabotulinumtoxinB, 100 units	100 units	1/1/2002	Myobloc®	rimabotulinumtoxin B injection	Indicated for: - Treatment of adult patients with cervical dystonia to reduce the severity of abnormal head position and neck pain associated with cervical dystonia. - Treatment of chronic sialorrhea in adults.	100	18 years	N/A	N/A	Y	Y		9/27/2019
Biologicals	J0588	Injection, incobotulinumtoxinA, 1 unit	1 unit	1/1/2012	Xeomin®	incobotulinumtoxinA for injection, for intramuscular or intraglandular use	Indicated for the treatment or improvement of: • Chronic sialorrhea in patients 2 years of age and older • Upper limb spasticity in adults • Upper limb spasticity in pediatric patients 2 to 17 years of age, excluding spasticity caused by cerebral palsy • Cervical dystonia in adults • Blepharospasm in adults	600 in a 12-week interval	Indication Specific Age Restrictions (see comments)	N/A	N/A	Y	Y	Indication specific age restrictions: Cervical dystonia and blepharospasm: 18 years of age and older Upper limb spasticity and chronic sialorrhea: 2 years of age and older 1/2023: NC Suggested Max Monthly Units updated to align with MUE values. (Previously set to 400 units.)	9/13/2023
Biologicals	J0589	Injection, daxibotulinumtoxina-lanm, 1 unit	1 Unit	4/1/2024	Daxxify®	daxibotulinumtoxinA-lanm for injection, for intramuscular use	DaxibotulinumtoxinA-lanm for injection is indicated for the treatment of cervical dystonia in adult patients.	250 in a 3-month interval	18 years	N/A	N/A	Y	Y		9/6/2024
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: • As a preoperative or pre-anesthetic medication • As a supplement to balanced anesthesia • For the relief of pain during labor, and • For the management of pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate Limitations of Use: • Because of the risks of addiction, abuse, and misuse, with opioids, even at recommended doses, reserve butorphanol tartrate for us in patients for whom alternative treatment option (e.g. non-opioid analgesics): - Have not been tolerated, or at not expected to be tolerate - Have no provided adequate analgesia, or are not expected to provide adequate analgesia	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
Biologicals	J0596	Injection, c-1 esterase inhibitor (recombinant), Ruconest, 10 units	10 units	1/1/2016	Ruconest®	c1 esterase inhibitor (recombinant) for intravenous use, lyophilized powder for reconstitution	Indicated for treatment of acute attacks in adult and adolescent patients with hereditary angioedema (HAE).	3,360	N/A	N/A	N/A	Y	Y		4/10/2019
Biologicals	J0597	Injection, C-1 esterase inhibitor (human), Berinert, 10 units	10 units	1/1/2011	Berinert®	c1 esterase inhibitor (human) for intravenous use	Treatment of acute abdominal, facial, or laryngeal hereditary angioedema (HAE) attacks in adult and pediatric patients.	1,120	N/A	N/A	N/A	Y	Y		4/10/2019
Biologicals	J0598	Injection, C1 esterase inhibitor (human), Cinryze, 10 units	10 units	1/1/2010	Cinryze®	c1 esterase inhibitor (human) for intravenous use	Indicated for routine prophylaxis against angioedema attacks in adults, adolescents and pediatric patients (6 years of age and older) with hereditary angioedema (HAE).	2,750	6 years	N/A	N/A	Y	Y		7/26/2018

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Physician Administered Drug Program Catalog

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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. Limitations of Use: Parsabiv has not been studied in adult patients with parathyroid carcinoma, primary hyperparathyroidism or with CKD who are not on hemodialysis and is not recommended for use in these populations.	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. Limitations of Use: 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. 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	J0614	Injection, treosulfan, 50 mg	50 mg	10/1/2025	Grafapex™	treosulfan for injection, for intravenous use	Treosulfan for injection is indicated for: • Use in combination with fludarabine as a preparative regimen for allogeneic hematopoietic stem cell transplantation (alloHSCT) in adult and pediatric patients 1 year of age and older with acute myeloid leukemia (AML). • Use in combination with fludarabine as a preparative regimen for allogeneic hematopoietic stem cell transplantation in adult and pediatric patients 1 year of age and older with myelodysplastic syndrome (MDS).	1,800	1 year	N/A	N/A	Y	Y		9/26/2025
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
Biologicals	J0638	Injection, canakinumab, 1 mg	1 mg	1/1/2011	Ilaris®	canakinumab injection, for subcutaneous use	Indicated for the treatment of: - Periodic Fever Syndromes: • Cryopyrin-Associated Periodic Syndromes (CAPS), in adults and children 4 years of age and older including: Familial Cold Autoinflammatory Syndrome (FCAS) and Muckle-Wells Syndrome (MWS). • Tumor Necrosis Factor Receptor Associated Periodic Syndrome (TRAPS) in adult and pediatric patients. • Hyperimmunoglobulin D Syndrome (HIDS)/Mevalonate Kinase Deficiency (MKD) in adult and pediatric patients. • Familial Mediterranean Fever (FMF) in adult and pediatric patients. - Active Still's Disease: • Active Systemic Juvenile Idiopathic Arthritis (SJIA) in patients aged 2 years and older. • Adult-Onset Still's Disease (AOSD) - Gout flares in adults in whom non-steroidal anti-inflammatory drugs (NSAIDs) and colchicine are contraindicated, are not tolerated, or do not provide an adequate response, and in whom repeated courses of corticosteroids are not appropriate.	600	Indication Specific Age Restrictions (see comments)	N/A	N/A	Y	Y	Indication specific age restrictions: • SJIA, AOSD, TRAPS, HIDS/MKD, and FMF: 2 years of age and older • CAPS (FCAS and MWS): 4 years of age and older • Gout flares: 18 years of age and older	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: • After high dose methotrexate therapy in osteosarcoma. • To diminish the toxicity and counteract the effects of impaired methotrexate elimination and of inadvertent overdosages of folic acid antagonists. • In the treatment of megaloblastic anemias due to folic acid deficiency when oral therapy is not feasible. • For use in combination with 5-fluorouracil to prolong survival in the palliative treatment of patients with advanced colorectal cancer. Leucovorin should not be mixed in the same infusion as 5-fluorouracil because a precipitate may form.	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: • Rescue after high-dose methotrexate therapy in osteosarcoma. • Diminishing the toxicity and counteracting the effects of impaired methotrexate elimination and of inadvertent overdosage of folic acid antagonists. • Use in combination chemotherapy with 5-fluorouracil in the palliative treatment of patients with advanced metastatic colorectal cancer. Limitations of Use: Fusilev is not approved for pernicious anemia and megaloblastic anemias. Improper use may cause a hematologic remission while neurologic manifestations continue to progress.	10,000	N/A	N/A	N/A	Y	Y		10/3/2019
Drugs	J0642	Injection, levoleucovorin (khapzory), 0.5 mg	0.5 mg	10/1/2019	Khapzory™	levoleucovorin for injection, for intravenous use	Indicated for: • Rescue after high-dose methotrexate therapy in patients with osteosarcoma. • Diminishing the toxicity associated with overdosage of folic acid antagonists or impaired methotrexate elimination. • Treatment of patients with metastatic colorectal cancer in combination with fluorouracil. Limitations of Use: Khapzory 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

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Drugs	J0665	Injection, bupivacaine, not otherwise specified, 0.5 mg	0.5 mg	7/1/2023	Marcaine™, Sensorcaine®	bupivacaine hydrochloride injection, for infiltration, perineural, caudal, epidural, or retrobulbar use and bupivacaine hydrochloride in dextrose injection for subarachnoid injection	Bupivacaine hydrochloride injection: • 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. • Limitations of Use: Not all blocks are indicated for use with bupivacaine given clinically significant risks associated with use. Bupivacaine hydrochloride in dextrose injection: • Indicated in adults for subarachnoid injection for the production of subarachnoid block (spinal anesthesia).	4,000	Formulation-specific age restrictions (see comments)	N/A	N/A	Y	Y	Formulation-specific age restrictions: • Bupivacaine hydrochloride injection: 12 years of age and older • Bupivacaine hydrochloride in dextrose injection: 18 years of age and older	10/26/2023
Drugs	J0666	Injection, bupivacaine liposome, 1 mg	1 mg	1/1/2025	Exparel®	bupivacaine liposome injectable suspension for infiltration or perineural use	Indicated to produce postsurgical: • Local analgesia via infiltration in patients aged 6 years and older. • Regional analgesia via an interscalene brachial plexus nerve block in adults. • Regional analgesia via a sciatic nerve block in the popliteal fossa in adults. • Regional analgesia via an adductor canal block in adults. Limitations of Use: The safety and effectiveness of Exparel have not been established to produce postsurgical regional analgesia via other nerve blocks besides an interscalene brachial plexus nerve block, a sciatic nerve block in the popliteal fossa, or an adductor canal block.	1,330	Indication Specific Age Restrictions (see comments)	N/A	N/A	Y	Y	1/2025: Coverage effective 12/6/2022 per DHB request Indication specific age restrictions: • Local analgesia via infiltration: 6 years and older • Regional analgesia: 18 years and older	4/30/2025
Drugs	J0668	Instillation, bupivacaine and meloxicam, 1 mg/0.03 mg	1 mg/0.03 mg	10/1/2025	Zynrelef®	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: • soft tissue surgical procedures • orthopedic surgical procedures – foot and ankle procedures – other orthopedic surgical procedures (e.g., total joint arthroplasty) in which direct exposure to articular cartilage is avoided 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	800	18 years	N/A	N/A	Y	Y	1/2025: Coverage effective 7/1/2021 per DHB request	9/26/2025
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	J0687	Injection, cefazolin sodium (wg critical care), not therapeutically equivalent to j0690, 500 mg	500 mg	7/1/2024	N/A	cefazolin for injection, for intravenous use (WG Critical Care)	Cefazolin for injection is indicated for perioperative prophylaxis in adult patients. To reduce the development of drug-resistant bacteria and maintain the effectiveness of Cefazolin for Injection and other antibacterial drugs, Cefazolin for Injection should be used only to treat or prevent infections that are proven or strongly suspected to be caused by bacteria.	496	18 years	N/A	N/A	Y	Y		6/24/2024
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: • 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 can be achieved: o Respiratory tract infections o Urinary tract infections o Skin and skin structure infections o Biliary tract infections o Bone and joint infections o Genital infections o Septicemia o Endocarditis • Perioperative prophylaxis in adult patients To reduce the development of drug-resistant bacteria and maintain the effectiveness of cefazolin for injection and other antibacterial drugs, cefazolin for injection should be used only to treat or prevent infections that are proven or strongly suspected to be caused by bacteria.	496	1 month	N/A	N/A	Y	Y		6/25/2024
Drugs	J0689	Injection, cefazolin sodium (baxter), not therapeutically equivalent to j0690, 500 mg	500 mg	1/1/2023	N/A	cefazolin in dextrose injection, for intravenous use (Baxter)	Indicated for: • 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: o Respiratory tract infections o Urinary tract infections o Skin and skin structure infections o Biliary tract infections o Bone and joint infections o Genital infections o Septicemia o Endocarditis • Perioperative prophylaxis in adults and pediatric patients aged 10 to 17 years old for whom appropriate dosing with this formulation can be achieved. 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.	496	Indication Specific Age Restrictions (see comments)	N/A	N/A	Y	Y	Indication specific age restrictions: • Treatment of infections caused by susceptible isolates of the designated microorganisms: 1 month and older • Perioperative prophylaxis: 10 years of age and older	6/25/2024

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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: • 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. • Urinary Tract Infections: Due to E. coli, P. mirabilis, Klebsiella species, and some strains of enterobacter and enterococci. • Skin and Skin Structure Infections: Due to S. aureus (penicillin-sensitive and penicillin-resistant), group A beta-hemolytic streptococci, and other strains of streptococci. • Biliary Tract Infections: Due to E. coli, various strains of streptococci, P. mirabilis, Klebsiella species, and S. aureus. • Bone and Joint Infections: Due to S. aureus. • Genital Infections: (i.e., prostatitis, epididymitis) due to E. coli, P. mirabilis, Klebsiella species, and some strains of enterococci. • Septicemia: Due to S. pneumoniae, S. aureus (penicillin-sensitive and penicillin-resistant), P. mirabilis, E. coli, and Klebsiella species. • Endocarditis: Due to S. aureus (penicillin-sensitive and penicillin-resistant) and group A betahemolytic streptococci. Perioperative Prophylaxis: The prophylactic administration of cefazolin preoperatively, intraoperatively, and postoperatively may reduce the incidence of certain postoperative infections in patients undergoing surgical procedures which are classified as contaminated or potentially contaminated (e.g., vaginal hysterectomy, and cholecystectomy in high-risk patients such as those older than 70 years, with acute cholecystitis, obstructive jaundice, or common duct bile stones). The perioperative use of cefazolin may also be effective in surgical patients in whom infection at the operative site would present a serious risk (e.g., during open-heart surgery and prosthetic arthroplasty).	496	1 month	N/A	N/A	Y	Y		6/25/2024
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 Chlamydophila pneumoniae. To reduce the development of drug resistant bacteria and maintain the effectiveness of Xenleta and other antibacterial drugs, Xenleta should be used only to treat or prevent infections that are proven or strongly suspected to be caused by bacteria.	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: • Moderate to severe pneumonia • Empiric therapy for febrile neutropenic patients • Uncomplicated and complicated urinary tract infections (including pyelonephritis) • Uncomplicated skin and skin structure infections • 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. • 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. • Urinary tract infections caused by Escherichia coli, Klebsiella species, Proteus mirabilis, Morganella morganii, Proteus vulgaris and Providencia species (including P. rettgeri). • Intra-abdominal infections, including peritonitis and intra-abdominal abscess, caused by Escherichia coli, Klebsiella species, Bacteroides species including Bacteroides fragilis, and Clostridium species. • Gynecological infections: including endometritis, pelvic cellulitis, and pelvic inflammatory disease caused by Escherichia coli, Neisseria gonorrhoeae (including penicillinase-producing strains), Bacteroides species including B. fragilis, Clostridium species, Peptococcus niger, Peptostreptococcus species, and Streptococcus agalactiae. Cefoxitin, like cephalosporins, has no activity against Chlamydia trachomatis. Therefore, when cefoxitin is used in the treatment of patients with pelvic inflammatory disease and C. trachomatis is one of the suspected pathogens, appropriate anti-chlamydial coverage should be added. • Septicemia: caused by Streptococcus pneumoniae, Staphylococcus aureus (including penicillinase producing strains), Escherichia coli, Klebsiella species, and Bacteroides species including B. fragilis. • Bone and joint infections: caused by Staphylococcus aureus (including penicillinase-producing strains). • Skin and skin structure infections: caused by Staphylococcus aureus (including penicillinase producing strains), Staphylococcus epidermidis, Streptococcus pyogenes and other streptococci (excluding enterococci e.g., Enterococcus faecalis [formerly Streptococcus faecalis]), Escherichia coli, Proteus mirabilis, Klebsiella species, Bacteroides species including B. fragilis, Clostridium species, Peptococcus niger, and Peptostreptococcus species. Indicated for the prophylaxis of infection in patients undergoing uncontaminated gastrointestinal surgery, vaginal hysterectomy, abdominal hysterectomy, or cesarean section.	372	3 months	N/A	N/A	Y	Y		9/27/2018

North Carolina Division of Health Benefits
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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: • Complicated intra-abdominal infections (cIAI), used in combination with metronidazole. • Complicated urinary tract infections (cUTI), including pyelonephritis. • Hospital-acquired Bacterial Pneumonia and Ventilator-associated Bacterial Pneumonia (HABP/VABP) Indicated in pediatric patients (birth to less than 18 years old) for the treatment of the following infections caused by designated susceptible microorganisms: • Complicated Intra-abdominal Infections (cIAI), used in combination with metronidazole • Complicated Urinary Tract Infections (cUTI), including pyelonephritis 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 HABP/VABP: 18 years of age and older	5/9/2022
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: • 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. • Acute Bacterial Otitis Media: Caused by Streptococcus pneumoniae, Haemophilus influenzae (including beta-lactamase producing strains) or Moraxella catarrhalis (including beta-lactamase producing strains). • 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. • Urinary Tract Infections: Caused by Escherichia coli, Proteus mirabilis, Proteus vulgaris, Morganella morganii or Klebsiella pneumoniae. • Uncomplicated Gonorrhea (cervical/urethral and rectal): Caused by Neisseria gonorrhoeae, including both penicillinase- and nonpenicillinase-producing strains, and pharyngeal gonorrhea caused by nonpenicillinase-producing strains of Neisseria gonorrhoeae. • Pelvic Inflammatory Disease: Caused by Neisseria gonorrhoeae. Ceftriaxone sodium, like other cephalosporins, has no activity against Chlamydia trachomatis. Therefore, when cephalosporins are used in the treatment of patients with pelvic inflammatory disease and Chlamydia trachomatis is one of the suspected pathogens, appropriate antichlamydial coverage should be added. • Bacterial Septicemia: Caused by Staphylococcus aureus, Streptococcus pneumoniae, Escherichia coli, Haemophilus influenzae or Klebsiella pneumoniae. • Bone and Joint Infections: Caused by Staphylococcus aureus, Streptococcus pneumoniae, Escherichia coli, Proteus mirabilis, Klebsiella pneumoniae or Enterobacter species. • Intra-abdominal Infections: Caused by Escherichia coli, Klebsiella pneumoniae, Bacteroides fragilis, Clostridium species (Note: most strains of Clostridium difficile are resistant) or Peptostreptococcus species. • Meningitis: Caused by Haemophilus influenzae, Neisseria meningitidis or Streptococcus pneumoniae. Ceftriaxone has also been used successfully in a limited number of cases of meningitis and shunt infection caused by Staphylococcus epidermidis and Escherichia coli. •Surgical Prophylaxis (see package insert for full recommendations)	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: • 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. • Urinary Tract Infections: caused by Escherichia coli and Klebsiella spp. • Skin and Skin-Structure Infections: caused by Staphylococcus aureus (penicillinase- and non–penicillinase-producing strains), Streptococcus pyogenes, Escherichia coli, Klebsiella spp., and Enterobacter spp. • Septicemia: caused by Staphylococcus aureus (penicillinase- and non–penicillinase-producing strains), Streptococcus pneumoniae, Escherichia coli, Haemophilus influenzae (including ampicillin-resistant strains), and Klebsiella spp. • Meningitis: caused by Streptococcus pneumoniae, Haemophilus influenzae (including ampicillin-resistant strains), Neisseria meningitidis, and Staphylococcus aureus (penicillinase- and non–penicillinase-producing strains). • Gonorrhoeae: Uncomplicated and disseminated gonococcal infections due to Neisseria gonorrhoeae (penicillinase- and non–penicillinase-producing strains) in both males and females. • Bone and Joint Infections: caused by Staphylococcus aureus (penicillinase- and non–penicillinase-producing strains).	372	3 months	N/A	N/A	Y	Y		10/4/2018

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Physician Administered Drug Program Catalog

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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. • 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). • 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 gonorrhea (cervical/urethral and rectal) caused by Neisseria gonorrhoeae, including penicillinase producing strains. • 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-chlamydial coverage should be added. • Bacteremia/Septicemia: caused by Escherichia coli, Klebsiella species, and Serratia marcescens, Staphylococcus aureus and Streptococcus species (including S. pneumonia). • Skin and skin structure infections: caused by Staphylococcus aureus (penicillinase and nonpenicillinase producing), Staphylococcus epidermidis, Streptococcus pyogenes (Group A streptococci) and other streptococci, Enterococcus species, Acinetobacter species*, Escherichia coli, Citrobacter species (including C. freundii*), Enterobacter species, Klebsiella species, Proteus mirabilis, Proteus vulgaris*, Morganella morganii, Providencia rettgeri*, Pseudomonas species, Serratia marcescens, Bacteroides species, and	372	N/A	N/A	N/A	Y	Y		5/20/2019
Drugs	J0699	Injection, cefiderocol, 10 mg	10 mg	10/1/2021	Fetroja®	cefiderocol for injection, for intravenous use	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. 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. 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.	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)	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). 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.	120	Indication Specific Age Restrictions (see comments)	N/A	N/A	Y	Y	Indication specific age restrictions: • Complicated intra-abdominal infections: 17 years of age and older • All other indications: 2 months of age and older	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	When oral therapy is not feasible, the intramuscular use of Celestone Soluspan is indicated as follows: • Allergic States: Control of severe or incapacitating allergic conditions intractable to adequate trials of conventional treatment in asthma, atopic dermatitis, contact dermatitis, drug hypersensitivity reactions, perennial or seasonal allergic rhinitis, serum sickness, transfusion reactions. • Dermatologic Diseases: Bullous dermatitis herpetiformis, exfoliative erythroderma, mycosis fungoides, pemphigus, severe erythema multiforme (Stevens-Johnson syndrome). • 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 applicable; in infancy mineralocorticoid supplementation is of particular importance. • Gastrointestinal Diseases: To tide the patient over a critical period of the disease in regional enteritis and ulcerative colitis. • Hematologic Disorders: Acquired (autoimmune) hemolytic anemia, Diamond-Blackfan anemia, pure red cell aplasia, selected cases of secondary thrombocytopenia. • Miscellaneous: Trichinosis with neurologic or myocardial involvement, tuberculous meningitis with subarachnoid block or impending block when used with appropriate antituberculous chemotherapy. • Neoplastic Diseases: For palliative management of leukemias and lymphomas. • Nervous System: Acute exacerbations of multiple sclerosis; cerebral edema associated with primary or metastatic brain tumor or craniotomy. • Ophthalmic Diseases: Sympathetic ophthalmia, temporal arteritis, uveitis and ocular inflammatory conditions unresponsive to topical corticosteroids. • Renal Diseases: To induce diuresis or remission of proteinuria in idiopathic nephrotic syndrome or that due to lupus erythematosus. • Respiratory Diseases: Berylliosis, fulminating or disseminated pulmonary tuberculosis when used concurrently with appropriate antituberculous chemotherapy, idiopathic eosinophilic pneumonias, symptomatic sarcoidosis. • Rheumatic Disorders: As adjunctive therapy for short-term administration (to tide the patient over an acute episode or exacerbation) in acute gouty arthritis; acute rheumatic carditis; ankylosing spondylitis; psoriatic arthritis; rheumatoid arthritis, including juvenile rheumatoid arthritis (selected cases may require	155	N/A	N/A	N/A	Y	Y		9/25/2018

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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)	Indicated in the treatment of the following infections caused by susceptible strains of the designated microorganisms: • Pneumonia • Empiric therapy for febrile neutropenic patients • Uncomplicated and complicated urinary tract infections • Uncomplicated skin and skin structure infections • Complicated intra-abdominal infections (used in combination with metronidazole) 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.	120	Indication Specific Age Restrictions (see comments)	N/A	N/A	Y	Y	Indication-specific age restrictions: • Complicated intra-abdominal infections: 17 years of age and older • All other indications: 2 months of age and older	12/12/2022
Drugs	J0712	Injection, ceftaroline fosamil, 10 mg	10 mg	1/1/2012	Teflaro®	ceftaroline fosamil for injection, for intravenous use	Indicated for the treatment of the following infection caused by designated susceptible bacteria: • Community-acquired bacterial pneumonia (CABP) in adult and pediatric patients 2 months of age and older • Acute bacterial skin and skin structure infections (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: CABP: 2 months of age and older 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: • 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). • Skin and Skin-Structure Infections: caused by Pseudomonas aeruginosa; Klebsiella spp.; Escherichia coli; Proteus spp., including Proteus mirabilis and indole-positive Proteus; Enterobacter spp.; Serratia spp.; Staphylococcus aureus (methicillin-susceptible strains); and Streptococcus pyogenes (group A beta-hemolytic streptococci). • Urinary Tract Infections: both complicated and uncomplicated, caused by Pseudomonas aeruginosa; Enterobacter spp.; Proteus spp., including Proteus mirabilis and indole-positive Proteus; Klebsiella spp.; and Escherichia coli. • Bacterial Septicemia: caused by Pseudomonas aeruginosa, Klebsiella spp., Haemophilus influenzae, Escherichia coli, Serratia spp., Streptococcus pneumoniae, and Staphylococcus aureus (methicillinsusceptible strains). • Bone and Joint Infections: caused by Pseudomonas aeruginosa, Klebsiella spp., Enterobacter spp., and Staphylococcus aureus (methicillin-susceptible strains). • Gynecologic Infections: including endometritis, pelvic cellulitis, and other infections of the female genital tract caused by Escherichia coli. • Intra-abdominal Infections: including peritonitis caused by Escherichia coli, Klebsiella spp., and Staphylococcus aureus (methicillin-susceptible strains) and polymicrobial infections caused by aerobic and anaerobic organisms and Bacteroides spp. (many strains of Bacteroides fragilis are resistant). • Central Nervous System Infections: including meningitis, caused by Haemophilus influenzae and Neisseria meningitidis. Ceftazidime has also been used successfully in a limited number of cases of meningitis due to Pseudomonas aeruginosa and Streptococcus pneumoniae.	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): • Complicated Intra-abdominal Infections (cIAI), used in combination with metronidazole • Complicated Urinary Tract Infections (cUTI), including Pyelonephritis • 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')^2 (equine) injection lyophilized for solution, for intravenous use only	Antivenom indicated for treatment of clinical signs of scorpion envenomation.	N/A	N/A	N/A	N/A	Y	Y		4/10/2019
Biologicals	J0717	Injection, certolizumab pegol, 1 mg	1 mg	1/1/2014	Cimzia®	certolizumab pegol for injection, for subcutaneous use	Indicated for: • Reducing signs and symptoms of Crohn's disease and maintaining clinical response in adult patients with moderately to severely active disease who have had an inadequate response to conventional therapy. • Treatment of adults with moderately to severely active rheumatoid arthritis. • Treatment of adult patients with active psoriatic arthritis. • Treatment of adults with active ankylosing spondylitis. • Treatment of adults with moderate-to-severe plaque psoriasis who are candidates for systemic therapy or phototherapy. • Treatment of adults with active non-radiographic axial spondyloarthritis who have objective signs of inflammation. • Treatment of active polyarticular juvenile idiopathic arthritis (pJIA) in patients 2 years of age and older.	1,200	Indication Specific Age Restrictions (see comments)	N/A	N/A	Y	Y	• Crohn's disease, rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis, non-radiographic axial spondyloarthritis, plaque psoriasis: 18 years of age and older • Polyarticular juvenile idiopathic arthritis: 2 years of age and older	10/22/2024

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Drugs	J0720	Injection, chloramphenicol sodium succinate, up to 1 g	up to 1 g	1/1/2000	N/A	chloramphenicol sodium succinate for injection, for intravenous administration	**Chloramphenicol must be used only in those serious infections for which less potentially dangerous drugs are ineffective or contraindicated. (See package insert for recommendations and warnings associated with chloramphenicol.) Indicated for: • Acute infections caused by Salmonella typhi. In treatment of typhoid fever some authorities recommend that chloramphenicol be administered at therapeutic levels for 8 to 10 days after the patient has become afebrile to lessen the possibility of relapse. It is not recommended for the routine treatment of the typhoid carrier state. • Serious infections caused by susceptible strains in accordance with the concepts expressed in the package insert: - Salmonella species - H. influenzae, specifically meningeal infections - Rickettsia - Lymphogranuloma-psittacosis group - Various gram-negative bacteria causing bacteremia, meningitis or other serious gram-negative infections. - Other susceptible organisms which have been demonstrated to be resistant to all other appropriate antimicrobial agents. • Cystic fibrosis regimens	217	N/A	N/A	N/A	Y	Y		10/4/2018
Biologicals	J0725	Injection, chorionic gonadotropin, per 1,000 USP units	1,000 USP units	1/1/2000	Novarel®, Pregnyl®	chorionic gonadotropin for injection	Indicated for: • Prepubertal cryptorchidism not due to anatomic obstruction. In general, HCG is thought to induce testicular descent in situations when descent would have occurred at puberty. HCG thus may help to predict whether or not 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. • Selected cases of hypogonadotropic hypogonadism (hypogonadism secondary to a pituitary deficiency) in males. • Induction of ovulation and pregnancy in the anovulatory, infertile woman in whom the cause of anovulation is secondary and not due to primary ovarian failure, and who has been appropriately pretreated with human menotropins.	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	J0738	Injection, lenacapavir, 1 mg, FDA approved prescription, only for use as HIV pre-exposure prophylaxis (not for use as treatment for HIV)	1 mg	10/1/2025	Yeztugo®	lenacapavir injection, for subcutaneous use	Lenacapavir injection is indicated for pre-exposure prophylaxis (PrEP) to reduce the risk of sexually acquired HIV-1 in adults and adolescents weighing at least 35 kg who are at risk for HIV-1 acquisition. Individuals must have a negative HIV-1 test prior to initiating Yeztugo.	927	16 years	N/A	N/A	Y	N		9/26/2025
Drugs	J0739	Injection, cabotegravir, 1 mg, FDA approved prescription, only for use as HIV pre-exposure prophylaxis (not for use as treatment for HIV)	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; rilpivirine extended-release injectable suspension, co-packaged for intramuscular use	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 virologically suppressed (HIV-1 RNA less than 50 copies per mL) on a stable antiretroviral regimen with no history of treatment failure and with no known or suspected resistance to either cabotegravir or rilpivirine.	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 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: • Complicated urinary tract infections, including pyelonephritis (cUTI) • Complicated intra-abdominal infections (cIAI) • Hospital-acquired bacterial pneumonia and ventilator-associated bacterial pneumonia (HABP/VABP) To reduce the development of drug-resistant bacteria and maintain the effectiveness of Recarbrio and other antibacterial drugs, Recarbrio should be used only to treat or prevent infections that are proven or strongly suspected to be caused by bacteria.	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: • Lower respiratory tract infections • Urinary tract infections • Intra-abdominal infections • Gynecologic infections • Bacterial septicemia • Bone and joint infections • Skin and skin structure infections • Endocarditis Limitations of Use: • Not indicated in patients with meningitis because safety and efficacy have not been established. • Not recommended in pediatric patients with CNS infections because of the risk of seizures. • Not recommended in pediatric patients weighing less than 30 kg with impaired renal function.	496	N/A	N/A	N/A	Y	Y		9/27/2018

North Carolina Division of Health Benefits
Physician Administered Drug Program Catalog

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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: • Skin and skin structure infections • Bone and joint infections • Complicated intra-abdominal infections • Nosocomial pneumonia • Empirical therapy for febrile neutropenic patients • Inhalational anthrax post-exposure in adult and pediatric patients • Plague in adult and pediatric patients • Chronic bacterial prostatis • Lower respiratory tract infections - Acute exacerbation of chronic bronchitis • Urinary tract infections: - Urinary tract infections (UTI) - Complicated UTI and pyelonephritis in pediatric patients • Acute sinusitis	186	N/A	N/A	N/A	Y	Y		4/9/2019
Drugs	J0759	Injection, clevidipine butyrate, 1 mg	1 mg	10/1/2025	Cleviprex®	clevidipine 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		9/26/2025
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
Biologicals	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. • 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
Biologicals	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	Acthar® Gel	repository corticotropin injection, gel for intramuscular or subcutaneous use	• Indicated as monotherapy for the treatment of infantile spasms in infants and children under 2 years of age. • Indicated for the treatment of exacerbations of multiple sclerosis in adults. • May be used for the following disorders and diseases: rheumatic, collagen, dermatologic, allergic states, ophthalmic, respiratory, and edematous state.	63	N/A	N/A	N/A	Y	Y		7/29/2024
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: 1. Rheumatic disorders: As adjunctive therapy for short-term administration (to tide the patient over an acute episode or exacerbation) in: • Psoriatic arthritis. • Rheumatoid arthritis, including juvenile rheumatoid arthritis (selected cases may require low-dose maintenance therapy). • Ankylosing spondylitis. • Acute gouty arthritis. 2. Collagen diseases: During an exacerbation or as maintenance therapy in selected cases of: • Systemic lupus erythematosus. • Systemic dermatomyositis (polymyositis). 3. Dermatologic diseases: • Severe erythema multiforme (Stevens-Johnson syndrome). • Severe psoriasis. 4. Allergic states: • Atopic dermatitis. • Serum sickness. 5. Ophthalmic diseases: Severe acute and chronic allergic and inflammatory processes involving the eye and its adnexa such as: • Allergic conjunctivitis. • Keratitis. • Iritis and iridocyclitis. • Diffuse posterior uveitis and choroiditis. • Optic neuritis. • Chorioretinitis	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
Biologicals	J0840	Injection, crotalidae polyvalent immune fab (Ovine), up to 1 gram	up to 1 g (1 vial)	1/1/2012	CroFab®	crotalidae polyvalent immune fab (ovine) lyophilized powder for solution for intravenous injection	Indicated for the management of adult and pediatric patients with North American crotalid envenomation. The term crotalid is used to describe the Crotalinae subfamily (formerly known as Crotalidae) of venomous snakes which includes rattlesnakes, copperheads and cottonmouths/water moccasins.	N/A	N/A	N/a	N/A	Y	N		1/4/2019
Biologicals	J0841	Injection, crotalidae immune f(ab')2 (equine), 120 mg	120 mg	1/1/2019	Anavip®	crotalidae immune f(ab')2 (equine), lyophilized powder for solution for injection for intravenous use	Indicated for the management of adult and pediatric patients with North American rattlesnake envenomation.	N/A	N/A	N/A	N/A	Y	Y		12/28/2018
Drugs	J0870	Injection, imetelstat, 1 mg	1 mg	1/1/2025	Rytelo™	imetelstat for injection, for intravenous use	Imetelstat for injection is indicated for the treatment of adult patients with low- to intermediate-1 risk myelodysplastic syndromes (MDS) with transfusion-dependent anemia requiring 4 or more red blood cell units over 8 weeks who have not responded to or have lost response to or are ineligible for erythropoiesis-stimulating agents (ESA).	2,162	18 years	N/A	N/A	Y	Y		12/20/2024

North Carolina Division of Health Benefits
Physician Administered Drug Program Catalog

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Drugs	J0872	Injection, daptomycin (xellia), unrefrigerated, not therapeutically equivalent to j0878 or j0873, 1 mg	1 mg	7/1/2024	N/A	daptomycin for injection, for intravenous use (Xellia) - unrefrigerated storage permitted	Daptomycin for Injection is indicated for the treatment of: • Complicated skin and skin structure infections (cSSSI) in adult and pediatric patients (1 to 17 years of age) and, • Staphylococcus aureus bloodstream infections (bacteremia), in adult patients including those with right-sided infective endocarditis, • Staphylococcus aureus bloodstream infections (bacteremia) in pediatric patients (1 to 17 years of age). Limitations of Use: • Daptomycin for Injection is not indicated for the treatment of pneumonia. • Daptomycin for Injection is not indicated for the treatment of left-sided infective endocarditis due to S. aureus. • 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. 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.	31,000	1 year	N/A	N/A	Y	Y		6/24/2024
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) - refrigerated storage required	Daptomycin for Injection is a lipopeptide antibacterial indicated for the treatment of: • Complicated skin and skin structure infections (cSSSI) in adult and pediatric patients (1 to 17 years of age) and, • Staphylococcus aureus bloodstream infections (bacteremia), in adult patients including those with right-sided infective endocarditis, • Staphylococcus aureus bloodstream infections (bacteremia) in pediatric patients (1 to 17 years of age). Limitations of Use: • Daptomycin for Injection is not indicated for the treatment of pneumonia. • Daptomycin for Injection is not indicated for the treatment of left-sided infective endocarditis due to S. aureus. • 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. 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.	31,000	1 year	N/A	N/A	Y	Y		6/25/2024
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)	Indicated for the treatment of: • 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, • Staphylococcus aureus bloodstream infections (bacteremia), in adult patients for whom appropriate dosing can be achieved, including those with right-sided infective endocarditis, • Staphylococcus aureus bloodstream infections (bacteremia) in pediatric patients (1 to 17 years of age) for whom appropriate dosing can be achieved. Limitations of Use: • Daptomycin in Sodium Chloride Injection is not indicated for the treatment of pneumonia. • Daptomycin in Sodium Chloride Injection is not indicated for the treatment of left-sided infective endocarditis due to *S. aureus.* • 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. 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.	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	Indicated for the treatment of: - adult patients with acute bacterial skin and skin structure infections (ABSSSI) caused by designated susceptible strains of Gram-positive microorganisms. - pediatric patients with acute bacterial skin and skin structure infections (ABSSSI) caused by designated susceptible strains of Gram-positive microorganisms.	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)	Indicated for the treatment of: • Complicated skin and skin structure infections (cSSSI) in adult patients • Staphylococcus aureus bloodstream infections (bacteremia), in adult patients including those with right-sided infective endocarditis Limitations of Use: • This Daptomycin for Injection product is not approved for use in pediatric patients. • Daptomycin for Injection is not indicated for the treatment of pneumonia. • Daptomycin for Injection is not indicated for the treatment of left-sided infective endocarditis due to S. aureus. • 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. 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.	27,900	18 years	N/A	N/A	Y	Y		6/25/2024

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Drugs	J0878	Injection, daptomycin, 1 mg	1 mg	1/1/2005	Cubicin®	daptomycin injection, for intravenous use	Indicated for the treatment of: - Complicated skin and skin structure infections (cSSSI) in adult and pediatric patients (1 to 17 years of age). - Staphylococcus aureus bloodstream infections (bacteremia), in adult patients including those with right-sided infective endocarditis. - Indicated for the treatment of Staphylococcus aureus bloodstream infections (bacteremia) in pediatric patients (1 to 17 years of age). Limitations of Use: - Cubicin is not indicated for the treatment of pneumonia. - Cubicin is not indicated for the treatment of left-sided infective endocarditis due to S. aureus. - Cubicin is not recommended in pediatric patients younger than one year of age due to the risk of potential effects on muscular, neuromuscular, and/or nervous systems (either peripheral and/or central) observed in neonatal dogs.	31,000	1 year	N/A	N/A	Y	Y		6/25/2024
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). 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: • Chronic Kidney Disease (CKD) in patients on dialysis and patient not on dialysis. • The effects of concomitant myelosuppressive chemotherapy, and upon initiation, there is a minimum of two additional months of planned chemotherapy. Limitations of Use: Aranesp has not been shown to improve quality of life, fatigue, or patient well-being. Aranesp is not indicated for use: • In patients with cancer receiving hormonal agents, biologic products, or radiotherapy, unless also receiving concomitant myelosuppressive chemotherapy. • In patients with cancer receiving myelosuppressive chemotherapy when the anticipated outcome is cure. • In patients with cancer receiving myelosuppressive chemotherapy in whom the anemia can be managed by transfusion. • As a substitute for RBC transfusions in patients who require immediate correction of anemia.	1,575	Indication Specific Age Restrictions (see comments)	N/A	N/A	Y	Y	Indication specific age restrictions: • CKD: None • 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: • Chronic Kidney Disease (CKD) in patients on dialysis and patients not on dialysis. • The effects of concomitant myelosuppressive chemotherapy, and upon initiation, there is a minimum of two additional months of planned chemotherapy. Limitations of Use: Aranesp has not been shown to improve quality of life, fatigue, or patient well-being. Aranesp is not indicated for use: • In patients with cancer receiving hormonal agents, biologic products, or radiotherapy, unless also receiving concomitant myelosuppressive chemotherapy. • In patients with cancer receiving myelosuppressive chemotherapy when the anticipated outcome is cure. • In patients with cancer receiving myelosuppressive chemotherapy in whom the anemia can be managed by transfusion. • As a substitute for RBC transfusions in patients who require immediate correction of anemia.	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 - Chronic Kidney Disease (CKD) in patients on dialysis and not on dialysis. - Zidovudine in patients with HIV-infection. - The effects of concomitant myelosuppressive chemotherapy, and upon initiation, there is a minimum of two additional months of planned chemotherapy. • Reduction of allogeneic RBC transfusions in patients undergoing elective, noncardiac, nonvascular surgery. Limitations of Use: Epoetin alfa has not been shown to improve quality of life, fatigue, or patient wellbeing. Not indicated for use: • In patients with cancer receiving hormonal agents, biologic products, or radiotherapy, unless also receiving concomitant myelosuppressive chemotherapy. • In patients with cancer receiving myelosuppressive chemotherapy when the anticipated outcome is cure. • In patients with cancer receiving myelosuppressive chemotherapy in whom the anemia can be managed by transfusion. • In patients scheduled for surgery who are willing to donate autologous blood. • In patients undergoing cardiac or vascular surgery. • As a substitute for RBC transfusions in patients who require immediate correction of anemia.	630	Indication Specific Age Restrictions (see comments)	N/A	N/A	Y	Y	Indication specific age restrictions: • CKD not on dialysis: 1 month of age and older • Anemia due to concomitant myelosuppressive chemotherapy: 5 years of age and older • Zidovudine-treated, anemia, patients with HIV infection: 8 months and older	1/12/2022

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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: • adult patients on dialysis and adult patients not on dialysis. • pediatric patients 3 months to 17 years of age on dialysis or not on dialysis who are converting from another ESA after their hemoglobin level was stabilized with an ESA. Limitations of Use: Mircera is not indicated and is not recommended for use: • In the treatment of anemia due to cancer chemotherapy • As a substitute for RBC transfusions in patients who require immediate correction of anemia. Mircera has not been shown to improve quality of life, fatigue, or patient well-being.	720	Indication Specific Age Restrictions (see comments)	N/A	N/A	Y	Y	Patients converting from another ESA after their hemoglobin level was stabilized with an ESA: 3 months of age and older Patients not converting from another ESA after their hemoglobin level was stabilized with an ESA: 18 years of age and older	5/23/2024
Biologicals	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: • adult patients on dialysis and adult patients not on dialysis. • pediatric patients 3 months to 17 years of age on dialysis or not on dialysis who are converting from another ESA after their hemoglobin level was stabilized with an ESA. Limitations of Use: Mircera is not indicated and is not recommended for use: • In the treatment of anemia due to cancer chemotherapy • As a substitute for RBC transfusions in patients who require immediate correction of anemia. Mircera has not been shown to improve quality of life, fatigue, or patient well-being.	720	Indication Specific Age Restrictions (see comments)	N/A	N/A	Y	Y	Patients converting from another ESA after their hemoglobin level was stabilized with an ESA: 3 months of age and older Patients not converting from another ESA after their hemoglobin level was stabilized with an ESA: 18 years of age and older	5/23/2024
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
Biologicals	J0896	Injection, luspatercept-aamt, 0.25 mg	0.25 mg	7/1/2020	Reblozyl®	luspatercept-aamt for injection, for subcutaneous use	Indicated for the treatment of: • anemia in adult patients with beta thalassemia who require regular red blood cell (RBC) transfusions. • 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). • 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. Limitations of Use: 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
Biologicals	J0897	Injection, denosumab, 1 mg (Xgeva, Prolia)	1 mg	1/1/2012	Prolia®, Xgeva®	denosumab injection, for subcutaneous use	Prolia Indicated for: • The treatment in postmenopausal women with osteoporosis at high risk for fracture • The treatment to increase bone mass in men with osteoporosis at high risk for fracture • The treatment to increase bone mass in men at high risk for fracture receiving androgen deprivation therapy for nonmetastatic prostate cancer • The treatment to increase bone mass in women at high risk for fracture receiving adjuvant aromatase inhibitor therapy for breast cancer. • The treatment of glucocorticoid-induced osteoporosis in men and women at high risk for fracture. Xgeva Indicated for: • The prevention of skeletal-related events in patients with multiple myeloma and in patients with bone metastases from solid tumors • The treatment of adults and skeletally mature adolescents with giant cell tumor of bone that is unresectable or where surgical resection is likely to result in severe morbidity • The treatment of hypercalcemia of malignancy refractory to bisphosphonate therapy	480	Indication Specific Age Restrictions (see comments)	N/A	N/A	Y	Y	Product/indication specific age restrictions: • Prolia: 18 years of age and older • Xgeva: Indication specific. ○ Giant cell tumor of bone: Only use in skeletally mature adolescents. ○ All other indications: 18 years of age and older 9/2024: NC Suggested Max Monthly Units updated to align with PI effective 5/22/2024. (Previously set to 360 units.)	9/6/2024
Drugs	J0911	Instillation, taurolidine 1.35 mg and heparin sodium 100 units (central venous catheter lock for adult patients receiving chronic hemodialysis)	taurolidine 1.35 mg and heparin sodium 100 units (0.1 mL)	7/1/2024	DefenCath®	taurolidine and heparin catheter lock solution, for central venous catheter instillation use	Taurolidine and heparin catheter lock solution is indicated to reduce the incidence of catheter-related bloodstream infections (CRBSI) in adult patients with kidney failure receiving chronic hemodialysis (HD) through a central venous catheter (CVC). This drug is indicated for use in a limited and specific population of patients. Limitations of Use The safety and effectiveness of DefenCath have not been established for use in populations other than adult patients with kidney failure receiving chronic HD through a CVC.	700	18 years	N/A	N/A	Y	Y		7/29/2024
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 hypoestrogenism 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: Intramuscular Administration • Allergic States: Control of severe or incapacitating allergic conditions intractable to adequate trials of conventional treatment in asthma, atopic dermatitis, contact dermatitis, drug hypersensitivity reactions, serum sickness, transfusion reactions. • Dermatologic Diseases: Bullous dermatitis herpetiformis, exfoliative dermatitis, mycosis fungoides, pemphigus, severe erythema multiforme (Stevens-Johnson syndrome). • Endocrine Disorders: Primary or secondary adrenocortical insufficiency (hydrocortisone or cortisone is the drug of choice; synthetic analogs may be used in conjunction with mineralocorticoids where applicable; in infancy, mineralocorticoid supplementation is of particular importance), congenital adrenal hyperplasia, hypercalcemia associated with cancer, nonsupportive thyroiditis. • Gastrointestinal Diseases: To tide the patient over a critical period of the disease in regional enteritis (systemic therapy) and ulcerative colitis. • Hematologic Disorders: Acquired (autoimmune) hemolytic anemia, congenital (erythroid) hypoplastic anemia (Diamond Blackfan anemia), pure red cell aplasia, select cases of secondary thrombocytopenia. • Miscellaneous: Trichinosis with neurologic or myocardial involvement, tuberculous meningitis with subarachnoid block or impending block when used concurrently with appropriate antituberculous chemotherapy. • Neoplastic Diseases: For palliative management of: leukemias and lymphomas. • Nervous System: Acute exacerbations of multiple sclerosis; cerebral edema associated with primary or metastatic brain tumor or craniotomy. • Ophthalmic Diseases: Sympathetic ophthalmia, temporal arteritis, uveitis, ocular inflammatory conditions unresponsive to topical corticosteroids. • Renal Diseases: To induce diuresis or remission of proteinuria in idiopathic nephrotic syndrome, or that due to lupus erythematosus. • Respiratory Diseases: Berylliosis, fulminating or disseminated pulmonary tuberculosis when used concurrently with appropriate antituberculous chemotherapy, idiopathic eosinophilic pneumonias, symptomatic sarcoidosis. • Rheumatic Disorders: As adjunctive therapy for short-term administration (to tide the patient over an	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: • Endometrial and renal carcinoma: 18 years and older • 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. 1. Primary hypogonadism (congenital or acquired)-testicular failure due to cryptorchidism, bilateral torsion, orchitis, vanishing testis syndrome; or orchidectomy. 2. Hypogonadotropic hypogonadism (congenital or acquired)- gonadotropin or LHRH deficiency, or pituitary-hypothalamic injury from tumors, trauma, or radiation. Safety and efficacy of Depo-Testosterone (testosterone cypionate) in men with “age-related 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: • The treatment of ocular inflammation and pain following ophthalmic surgery in adults and pediatric patients. • The treatment of ocular itching associated with allergic conjunctivitis in adults and pediatric patients aged 2 years and older. - The use of Dextenza is not recommended for the treatment of ocular itching associated with allergic conjunctivitis in pediatric patients who require sedation for the insertion procedure.	8	Indication Specific Age Restrictions (see comments)	N/A	N/A	Y	Y	Indication Specific Age Restrictions Ocular inflammation and pain following ophthalmic surgery: N/A Ocular itching associated with allergic conjunctivitis: 2 years of age and older	5/28/2025
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: • 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. • 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 akylosing spondylitis. • Collagen Diseases: During an exacerbation or as maintenance therapy in selected cases of systemic lupus erythematosus and acute rheumatic carditis. • Dermatologic Diseases: Pemphigus, severe erythema multiforme (Stevens-Johnson Syndrome), exfoliative dermatitis, bullous dermatitis herpetiformis, severe seborrheic dermatitis, severe psoriasis, and mycosis fungoides. • 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). • Ophthalmic Diseases: severe acute and chronic allergic and inflammatory processes involving the eye, such as herpes zoster ophthalmicus, iritis, iridocyclitis, chorioretinitis, diffuse posterior uveitis and choroiditis, optic neuritis, sympathetic ophthalmia, anterior segment inflammation, allergic conjunctivitis, allergic corneal marginal ulcers, keratitis	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. Limitations of Use: 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: • Edema due to congestive heart failure • Drug-induced edema • Centrencephalic epilepsies (petit mal, unlocalized seizures) • Chronic simple (open-angle) glaucoma • Secondary glaucoma • Preoperatively in acute angle-closure glaucoma where delay of surgery is desired in order to lower intraocular pressure	62	18 years	N/A	N/A	Y	Y		10/31/2018
Drugs	J1160	Injection, digoxin, up to 0.5 mg	up to 0.5 mg	1/1/2000	Lanoxin®	digoxin injection, for intravenous or intramuscular use	Indicated for: • Treatment of mild to moderate heart failure in adults. • Increasing myocardial contractility in pediatric patients with heart failure. • Control of resting ventricular rate in adults with chronic atrial fibrillation.	35	Indication Specific Age Restrictions (see comments)	N/A	N/A	Y	Y	Indication specific age restrictions: • Mild to moderate heart failure and control of resting ventricular rate in chronic atrial fibrillation: 18 years of age and older • Increasing myocardial contractility: None	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	J1171	Injection, hydromorphone, 0.1 mg	0.1 mg	10/1/2024	Dilaudid®	hydromorphone hydrochloride for intravenous, intramuscular, and subcutaneous use	Indicated for the management of pain severe enough to require an opioid analgesic and for which alternate treatments are inadequate. Limitations of Use: Because of the risks of addiction, abuse, and misuse with opioids, even at recommended doses, reserve hydromorphone injection for use in patients for whom alternative treatment options [e.g., nonopioid analgesics or opioid combination products]: • Have not been tolerated, or are not expected to be tolerated • Have not provided adequate analgesia, or are not expected to provide adequate analgesia	7,440	18 years	N/A	N/A	Y	Y		9/24/2024
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/m² and who will continue to receive doxorubicin therapy to maintain tumor control. Do not use with doxorubicin initiation. Totect: Indicated for the treatment of extravasation resulting from IV anthracycline chemotherapy. • Reducing the incidence and severity of cardiomyopathy associated with doxorubicin administration in women with metastatic breast cancer who have received a cumulative doxorubicin dose of 300 mg/m2 and who will continue to receive doxorubicin therapy to maintain tumor control. Do not use Totect with doxorubicin initiation.	20	18 years	N/A	Zinecard: Females Only Totect: Extravasation: N/A 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: • 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. • Motion Sickness: For active treatment of motion sickness. • Antiparkinsonism: For use in parkinsonism, when oral therapy is impossible or contraindicated, as follows: parkinsonism in the elderly who are unable to tolerate more potent agents; mild cases of parkinsonism in other age groups, and in other cases of parkinsonism in combination with centrally acting anticholinergic agents.	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
Biologicals	J1203	Injection, cipaglucosidase alfa-atga, 5 mg	5 mg	4/1/2024	Pombiliti™	cipaglucosidase 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: • The management of pain severe enough to require an opioid analgesic and for which alternative treatment options are inadequate. Limitations of Use: Because of the risks of addiction, abuse, and misuse with opioids, even at recommended doses, reserve methadone injection for use in patients for whom alternative treatment options (e.g. non-opioid analgesics or opioid combination products): ○ Have not been tolerated, or are not expected to be tolerated. ○ Have not provided adequate analgesia, or not expected to provide adequate analgesia. • Use in temporary treatment of opioid dependence in patients unable to take oral medication. Limitations of Use: Injectable methadone products are not approved for the outpatient treatment of opioid dependence. In this patient population, parenteral methadone is to be used only for patients unable to take oral medication, such as hospitalized patients.	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.	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: • When parenteral therapy is necessary for inotropic support in the short-term treatment of adults with cardiac decompensation due to depressed contractility resulting either from organic heart disease or from cardiac surgical procedures. • In patients who have atrial fibrillation with rapid ventricular response, a digitalis preparation should be used prior to institution of therapy with dobutamine.	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 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.	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 secondary hyperparathyroidism in adult patients with chronic kidney disease on dialysis.	90	18 years	N/A	N/A	Y	Y		10/4/2018
Drugs	J1290	Injection, ecallantide, 1 mg	1 mg	1/1/2011	Kalbitor®	ecallantide injection for subcutaneous use	Indicated for treatment of acute attacks of hereditary angioedema in patients 12 years of age and older.	120	12 years	N/A	N/A	Y	Y		10/10/2018
Biologicals	J1299	Injection, eculizumab, 2 mg	2 mg	4/1/2025	Soliris®	eculizumab injection, for intravenous use	Indicated for: • Treatment of patients with paroxysmal nocturnal hemoglobinuria (PNH) to reduce hemolysis. • Treatment of patients with atypical hemolytic uremic syndrome (aHUS) to inhibit complement-mediated thrombotic microangiopathy. • Treatment of generalized Myasthenia Gravis (gMG) in adult and pediatric patients six years of age and older who are anti-acetylcholine receptor (AchR) antibody positive. • Treatment of neuromyelitis optica spectrum disorder (NMOSD) in adult patients who are anti-aquaporin-4 (AQP4) antibody positive. Limitation of Use: Soliris is not indicated for the treatment of patients with Shiga toxin E. coli related hemolytic uremic syndrome (STEC-HUS).	2,400	Indication Specific Age Restrictions (see comments)	N/A	N/A	Y	Y	Indication specific age restrictions: • PNH, NMOSD: 18 years of age and older • aHUS: None • gMG: 6 years of age and older	4/4/2025
Drugs	J1301	Injection, edaravone, 1 mg	1 mg	1/1/2019	Radicava®	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
Biologicals	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
Biologicals	J1303	Injection, ravulizumab-cwvz, 10 mg	10 mg	10/1/2019	Ultomiris®	ravulizumab-cwvz injection, for intravenous use	Indicated for: - the treatment of adult and pediatric patients one month of age and older with paroxysmal nocturnal hemoglobinuria (PNH). - the treatment of adults and pediatric patients one month of age and older with atypical hemolytic uremic syndrome (aHUS) to inhibit complement-mediated thrombotic microangiopathy (TMA). Limitations of Use: Ultomiris is not indicated for the treatment of patients with Shiga toxin E. coli related hemolytic uremic syndrome (STEC-HUS). - the treatment of adult patients with generalized myasthenia gravis (gMG) who are anti-acetylcholine receptor (AChR) antibody-positive. - the treatment of adult patients with neuromyelitis optica spectrum disorder (NMOSD) who are anti-aquaporin-4 (AQP4) antibody positive.	660	Indication Specific Age Restrictions (see comments)	N/A	N/A	Y	Y	PNH and aHUS: 1 month of age and older gMG and NMOSD: 18 years of age and older	5/5/2025
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

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 (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	J1305	Injection, evinacumab-dgnb, 5mg	5 mg	10/1/2021	Evkeeza®	evinacumab-dgnb injection, for intravenous use	Evinacumab-dgnb injection is indicated as an adjunct to diet and exercise and other low-density lipoprotein-cholesterol (LDL-C) lowering therapies to reduce LDL-C in adults and pediatric patients, aged 1 year and older, with homozygous familial hypercholesterolemia (HoFH).	960	1 year	N/A	N/A	Y	Y		10/29/2025
Drugs	J1306	Injection, inclisiran, 1 mg	1 mg	1/1/2000	Leqvio®	inclisiran injection, for subcutaneous use	Inclisiran injection is indicated as an adjunct to diet and exercise to reduce low-density lipoprotein cholesterol (LDL-C) in adults with hypercholesterolemia, including heterozygous familial hypercholesterolemia (HeFH).	284	18 years	N/A	N/A	Y	Y		8/28/2025
Biologicals	J1307	Injection, crovalimab-akkz, 10 mg	10 mg	1/1/2025	PiaSky®	crovalimab-akkz injection, for intravenous or subcutaneous use	Crovalimab-akkz injection is indicated for the treatment of adult and pediatric patients 13 years and older with paroxysmal nocturnal hemoglobinuria (PNH) and body weight of at least 40 kg.	388	13 years	N/A	N/A	Y	Y		12/20/2024
Drugs	J1308	Injection, famotidine, 0.25 mg	0.25 mg	4/1/2025	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: 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. 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. 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. 4. Short term treatment of gastroesophageal reflux disease (GERD). Famotidine is indicated for short term treatment of patients with symptoms of GERD. 5. Famotidine is also indicated for the short term treatment of esophagitis due to GERD including erosive or ulcerative disease diagnosed by endoscopy. 6. Treatment of pathological hypersecretory conditions (e.g., Zollinger-Ellison Syndrome, multiple endocrine adenomas).	4,960	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	4/4/2025
Biologicals	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
Biologicals	J1323	Injection, elranatamab-bcmm, 1 mg	1 mg	4/1/2024	Elrexfio™	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	Flolan®, 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
Biologicals	J1326	Injection, zolbetuximab-clzb, 2 mg	2 mg	7/1/2025	Vyloy®	zolbetuximab-clzb for injection, for intravenous use	Zolbetuximab-clzb for injection is indicated in combination with fluoropyrimidine- and platinum-containing chemotherapy for the first-line treatment of adults with locally advanced unresectable or metastatic human epidermal growth factor receptor 2 (HER2)-negative gastric or gastroesophageal junction adenocarcinoma whose tumors are claudin (CLDN) 18.2 positive as determined by an FDA-approved test.	2,400	18 years	N/A	N/A	Y	Y		6/26/2025
Drugs	J1335	Injection, ertapenem sodium, 500 mg	500 mg	1/1/2004	Invanz®	ertapenem injection for intravenous or intramuscular use	Indicated in adult patients and pediatric patients (3 months of age and older) for the treatment of the following moderate to severe infections caused by susceptible bacteria: • Complicated intra-abdominal infections. • Complicated skin and skin structure infections, including diabetic foot infections without osteomyelitis. • Community-acquired pneumonia. • Complicated urinary tract infections including pyelonephritis. • Acute pelvic infections including postpartum endomyometritis, septic abortion and post surgical gynecologic infections. Indicated in adults for the prophylaxis of surgical site infection following elective colorectal surgery.	28	3 months	N/A	N/A	Y	Y		10/10/2018
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. • 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). • Lower respiratory tract infections of mild to moderate severity caused by Streptococcus pyogenes (Group A beta-hemolytic streptococci); Streptococcus pneumoniae (Diplococcus pneumoniae). • Respiratory tract infections due to Mycoplasma pneumoniae. • Skin and skin structure infections of mild to moderate severity caused by Streptococcus pyogenes and Staphylococcus aureus (resistant staphylococci may emerge during treatment). • Diphtheria: As an adjunct to antitoxin infections due to Corynebacterium diphtheriae to prevent establishment of carriers and to eradicate the organism in carriers. • Erythrasma: In the treatment of infections due to Corynebacterium minutissimum. • 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. • 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. • 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.	248	N/A	N/A	N/A	Y	Y		10/10/2018

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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 (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
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: • Moderate-to-severe vasomotor symptoms associated with the menopause • Hypoestrogenism caused by hypogonadism, castration or primary ovarian failure • Advanced androgen-dependent carcinoma of the prostate (for palliation only) • 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.	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	J1434	Injection, fosaprepitant (focinvez), 1 mg	1 mg	4/1/2024	Focinvez™	fosaprepitant injection for intravenous use	Fosaprepitant injection is indicated in adults and pediatric patients 6 months of age and older, in combination with other antiemetic agents, for the prevention of: • acute and delayed nausea and vomiting associated with initial and repeat courses of highly emetogenic cancer chemotherapy (HEC) including high-dose cisplatin. • delayed nausea and vomiting associated with initial and repeat courses of moderately emetogenic cancer chemotherapy (MEC). Limitations of Use • Focinvez has not been studied for treatment of established nausea and vomiting.	750	6 months	N/A	N/A	Y	Y		9/6/2024
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: • who have intolerance to oral iron or have had unsatisfactory response to oral iron. • who have non-hemodialysis dependent chronic kidney disease.	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: - Who have intolerance to oral iron or have had unsatisfactory response to oral iron. - Who have non-dialysis dependent chronic kidney disease. - With heart failure and New York Heart Association class II/III to improve exercise capacity. 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: • IDA in patients who have either intolerance to oral iron or an unsatisfactory response to oral iron: 1 year of age and older • 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	6/19/2023
Biologicals	J1440	Fecal microbiota, live - jslm, 1 ml	1 mL	7/1/2023	Rebyota™	fecal microbiota, live - jslm 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. 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: • Decrease the incidence of infection, as manifested by febrile neutropenia, in patients with nonmyeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a significant incidence of severe neutropenia with fever. • Reduce the time to neutrophil recovery and the duration of fever, following induction or consolidation chemotherapy treatment of patients with acute myeloid leukemia (AML). • Reduce the duration of neutropenia and neutropenia-related clinical sequelae, e.g., febrile neutropenia, in patients with nonmyeloid malignancies undergoing myeloablative chemotherapy followed by bone marrow transplantation (BMT). • Mobilize autologous hematopoietic progenitor cells into the peripheral blood for collection by leukapheresis. • Reduce the incidence and duration of sequelae of severe neutropenia (e.g., fever, infections, oropharyngeal ulcers) in symptomatic patients with congenital neutropenia, cyclic neutropenia, or idiopathic neutropenia. • Increase survival in patients acutely exposed to myelosuppressive doses of radiation (Hematopoietic Syndrome of Acute Radiation Syndrome).	59,520	N/A	N/A	N/A	Y	Y		6/6/2019
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). Limitations of Use: • Triferic is not intended for use in patients receiving peritoneal dialysis. • 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). Limitations of Use: • Triferic is not intended for use in patients receiving peritoneal dialysis. • 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. Limitations of Use: 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

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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: • acute and delayed nausea and vomiting associated with initial and repeat courses of highly emetogenic cancer chemotherapy (HEC) including high-dose cisplatin. • delayed nausea and vomiting associated with initial and repeat courses of moderately emetogenic cancer chemotherapy (MEC). 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 dexamethasone in adults for the prevention of acute and delayed nausea and vomiting associated with initial and repeat courses of highly emetogenic cancer chemotherapy. Limitations of Use: 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 NCTracks, 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: • 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. penumonitis, gastroenteritis); congenital or neonatal CMV disease, or nonimmunocompromised individuals. • Acyclovir-resistant mucocutaneous HSV infections in immunocompromised patients. Safety and efficacy of Foscavir have not been established for treatment of other HSV infections (e.g. retinitis, encephalitis), congenital or neonatal HSV disease, or HSV in nonimmunocompromised individuals.	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: • acute and delayed nausea and vomiting associated with initial and repeat courses of highly emetogenic cancer chemotherapy (HEC) including high-dose cisplatin. • delayed nausea and vomiting associated with initial and repeat courses of moderately emetogenic cancer chemotherapy (MEC). Limitations of Use: 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: • Primary humoral immunodeficiency (PI) • Chronic immune thrombocytopenic purpura (ITP) in patients age 15 years and older • Chronic inflammatory demyelinating polyneuropathy (CIDP) in adults Limitations of Use: Privigen maintenance therapy in CIDP has not been studied beyond 6 months.	840	Indication Specific Age Restrictions (see comments)	N/A	N/A	Y	Y	Indication specific age restrictions: • Primary Humoral Immunodeficiency: 3 years of age and older • Chronic Immune Thrombocytopenic Purpura: 15 years of age and older • Chronic Inflammatory Demyelinating Polyneuropathy: 18 years of age and older	7/3/2018
Immune Globulins	J1460	Injection, gamma globulin, intramuscular, 1 cc	1 cc	1/1/2000	GamaSTAN® S/D, GamaSTAN®	immune globulin (human), solution for intramuscular injection, less than 10 cc	Indicated: • For prophylaxis following exposure to hepatitis A. • To prevent or modify measles in a susceptible person exposed fewer than 6 days previously. • To modify varicella. • To modify rubella in exposed women who will not consider a therapeutic abortion. • Not indicated for routine prophylaxis or treatment of viral hepatitis type B, rubella, poliomyelitis, mumps or varicella.	10	18 years	N/A	N/A	Y	Y		10/25/2018
Immune Globulins	J1552	Injection, immune globulin (alyglo), 500 mg	500 mg	1/1/2025	Alyglo™	immune globulin intravenous, human-stwk, 10% liquid	Immune globulin intravenous, human-stwk is indicated for the treatment of primary humoral immunodeficiency (PI) in adults.	600	17 years	N/A	N/A	Y	Y		12/20/2024
Immune Globulins	J1554	Injection, immune globulin (asceniv), 500 mg	500 mg	4/1/2021	Asceniv™	immune globulin intravenous, human – slra 10% liquid	Indicated for the treatment of primary humoral immunodeficiency (PI) in adults and adolescents (12 to 17 years of age).	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, (Gammaplex), intravenous, non-lyophilized, (e.g. liquid), 500 mg	500 mg	1/1/2012	Gammaplex®	immune globulin intravenous (human), 5% and 10% liquid, for intravenous use	Gammaplex 5%: Indicated for the treatment of: • Chronic immune thrombocytopenic purpura (ITP). • Primary humoral immunodeficiency (PI) in adults and pediatric patients 2 years of age and older. Gammaplex 10%: Indicated for the treatment of: • Primary humoral immunodeficiency (PI) in adults. • Chronic immune thrombocytopenic purpura (ITP) in adults.	560	Indication Specific Age Restrictions (see comments)	N/A	N/A	Y	Y	Product specific age restrictions: Gammaplex 5%: 2 years of age and older Gammaplex 10%: 18 years of age and older	9/21/2018
Immune Globulins	J1558	Injection, immune globulin (xembify), 100 mg	100 mg	7/1/2020	Xembify®	immune globulin subcutaneous, human – klhw 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. • 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: • PI - 2 years of age and older • CDIP - 18 years of age and older	7/16/2018

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Category	HCPCS Code	HCPCS Description	HCPCS Code Billing Unit	HCPCS Effective Date	Brand Name	Generic Name	FDA Approved Indications (See Package Insert for full FDA approved indication descriptions)	NC Suggested Max Monthly Units	Minimum Age	Maximum Age	Gender Restrictions	NDC Required	Rebating Labeler Required	Comments	Last Modified Date
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: • For prophylaxis following exposure to hepatitis A. • To prevent or modify measles in a susceptible person exposed fewer than 6 days previously. • To modify varicella. • To modify rubella in exposed women who will not consider a therapeutic abortion. • Not indicated for routine prophylaxis or treatment of viral hepatitis type B, rubella, poliomyelitis, mumps or varicella.	17	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: • Primary Humoral Immunodeficiency (PI) in patients 2 years of age and older • Idiopathic Thrombocytopenic Purpura (ITP) in adults and children • Chronic Inflammatory Demyelinating Polyneuropathy (CIDP) in adults Gammaked is indicated for: • Primary Humoral Immunodeficiency (PI) in patients 2 years of age and older • Idiopathic Thrombocytopenic Purpura (ITP) • Chronic Inflammatory Demyelinating Polyneuropathy (CIDP)	840	Indication Specific Age Restrictions (see comments)	N/A	N/A	Y	Y	Indication specific age restrictions: • Primary Humoral Immunodeficiency (PI): 2 years of age and older • Idiopathic Thrombocytopenic Purpura (ITP): None • Chronic Inflammatory Demyelinating Polyneuropathy (CIDP): 18 years of age and older	9/12/2018
Immune Globulins	J1566	Injection, immune globulin, intravenous, lyophilized (e.g. powder), not otherwise specified, 500mg	500 mg	1/1/2006	Carimune NF®, Gammagard S/D	immune globulin intravenous (human), lyophilized, nanofiltered - Carimune NF immune globulin intravenous (human), solvent detergent treated - Gammagard S/D	Carimune NF: Indicated for the maintenance treatment of patients with primary immunodeficiencies (PID), e.g., common variable immunodeficiency, X-linked agammaglobulinemia, severe combined immunodeficiency. Gammagard S/D: Indicated for the treatment of Primary Immunodeficiency (PI) in adults and pediatric patients two years of age or older, prevention of bacterial infections in hypogammaglobulinemia and/or recurrent bacterial infections associated with B-cell Chronic Lymphocytic Leukemia (CLL), prevention and/or control of bleeding in adult 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: • Carimune NF: - PID: None - ITP: None • Gammagard S/D: - PI: 2 years of age and older - Chronic ITP: 18 years of age and older - Kawasaki Disease: None - 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. Octagam 10%: Indicated for the treatment of: • Chronic immune thrombocytopenic purpura (ITP) in adults. • Dermatomyositis (DM) in adults.	• Octagam 5%: 336 units • Octagam 10%: 1,120 units	Indication Specific Age Restrictions (see comments)	N/A	N/A	Y	Y	Product specific age restrictions: • Octagam 5%: 6 years of age and older. • Octagam 10%: 18 years of age and older.	8/25/2021
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: - replacement therapy for primary humoral immunodeficiency (PI) in adult and pediatric patients two years of age or older - maintenance therapy to improve muscle strength and disability in adult patients with Multifocal Motor Neuropathy (MMN) - therapy to improve neuromuscular disability and impairment in adult patients with Chronic Inflammatory Demyelinating Polyneuropathy (CIDP) Limitations of Use: • Safety and effectiveness of Gammagard Liquid has not been studied in immunoglobulin-naïve patients with CIDP. • 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: • PI: 2 years and older • 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: • Treatment of CMV retinitis in immunocompromised individuals, including patients with acquired immunodeficiency syndrome (AIDS). • 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: • Acute Exposure to Blood Containing HBsAg • Perinatal Exposure of Infants Born to HBsAg-positive Mothers • Sexual Exposure to HBsAg-positive Persons • 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: • Primary (inherited) Immunodeficiency (PI). • 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: • Primary (inherited) Immunodeficiency (PI): None • 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	Ganzyk-RTU	ganciclovir injection, for intravenous use (Exela)	Indicated for the: • Treatment of CMV retinitis in immunocompromised adult patients, including patients with acquired immunodeficiency syndrome (AIDS). • 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. 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: PI: 2 years of age and older CIDP: 18 years of age and older	2/27/2024

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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: • Primary humoral immunodeficiency (PI) in patients 2 years of age and older. • Chronic immune thrombocytopenia (ITP) in adults. • 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: • Primary humoral immunodeficiency (PI) - 2 years of age and older • Chronic immune thrombocytopenia (ITP) and chronic inflammatory demyelinating polyneuropathy (CIDP) - 18 years of age and older	6/22/2023
Drugs	J1580	Injection, garamycin, gentamicin, up to 80 mg	up to 80 mg	1/1/2000	Garamycin®	gentamicin sulfate injection, for intravenous infusion or intramuscular injection	• Indicated in the treatment of serious infections caused by susceptible strains of the following microorganisms: Pseudomonas aeruginosa, Proteus species (indolepositive and indole-negative), Escherichia coli, Klebsiella-Enterobacter-Serratia species, Citrobacter species, and Staphylococcus species (coagulase-positive and coagulase-negative). • Clinical studies have shown gentamicin to be effective in bacterial neonatal sepsis; bacterial septicemia; and serious bacterial infections of the central nervous system (meningitis), urinary tract, respiratory tract, gastrointestinal tract (including peritonitis), skin, bone and soft tissue (including burns). • 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. • 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. • 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. • 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. • In the neonate with suspected bacterial sepsis or staphylococcal pneumonia, a penicillin-type drug is also usually indicated as concomitant therapy with gentamicin. • Aminoglycosides, including gentamicin, are not indicated in uncomplicated initial episodes of urinary tract	279	N/A	N/A	N/A	Y	Y		6/4/2019
Biologicals	J1602	Injection, golimumab, 1 mg, for intravenous use	1 mg	1/1/2014	Simponi Aria®	golimumab injection, for intravenous use	Indicated for treatment of adult patients with: • Moderately to severely active Rheumatoid Arthritis (RA) in combination with methotrexate. • Active Ankylosing Spondylitis (AS). Indicated for treatment in patients 2 years of age and older with: • Active Psoriatic Arthritis (PsA). • Active polyarticular Juvenile Idiopathic Arthritis (pJIA)	560	Indication Specific Age Restrictions (see comments)	N/A	N/A	Y	Y	Indication specific age restrictions: Rheumatoid Arthritis and Ankylosing Spondylitis: 18 years of age and older 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	Indicated for: • Treatment of severe hypoglycemia. • Use as a diagnostic aid for use during radiologic examinations to temporarily inhibit movement of the gastrointestinal tract.	10	Indication Specific Age Restrictions (see comments)	N/A	N/A	Y	Y	Indication specific age restrictions: • Treatment of severe hypoglycemia: None • 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)	Indicated: • for the treatment of severe hypoglycemia in pediatric and adult patients with diabetes • as a diagnostic aid for use during radiologic examinations to temporarily inhibit movement of the gastrointestinal tract in adult patients	10	Indication Specific Age Restrictions (see comments)	N/A	N/A	Y	Y	Indication specific age restrictions: • Diagnostic aid during radiologic examinations to temporarily inhibit movement of the gastrointestinal tract: 18 years of age and older • Treatment of severe hypoglycemia: N/A	12/12/2022
Drugs	J1612	Injection, glucagon (gvoke), 0.01 mg	0.01 mg	10/1/2025	Gvoke, Gvoke VialDx	glucagon injection, for subcutaneous and intravenous use	Glucagon injection for subcutaneous use is indicated for the treatment of severe hypoglycemia in adult and pediatric patients aged 2 years and older with diabetes. Glucagon injection for intravenous use is indicated as a diagnostic aid during radiologic examinations to temporarily inhibit movement of the gastrointestinal tract in adult patients.	1,000	2 years	N/A	N/A	Y	Y		9/26/2025
Drugs	J1626	Injection, granisetron hydrochloride, 100 mcg	100 mcg	1/1/2000	N/A	granisetron hydrochloride injection, for intravenous use	Indicated for: • Prevention of nausea and/or vomiting associated with initial and repeat courses of emetogenic cancer therapy including high-dose cisplatin. • Prevention and treatment of postoperative nausea and vomiting in adults.	294	Indication Specific Age Restrictions (see comments)	N/A	N/A	Y	Y	Indication specific: • Chemotherapy Induced Nausea and Vomiting: 2 years of age and older • Postoperative Nausea and Vomiting: 18 years of age and older	6/4/2019
Drugs	J1627	Injection, granisetron, extended-release, 0.1 mg	0.1 mg	1/1/2018	Sustol®	granisetron extended-release injection, for subcutaneous use	Indicated in combination with other antiemetics in adults for the prevention of acute and delayed nausea and vomiting associated with initial and repeat courses of moderately emetogenic chemotherapy (MEC) or anthracycline and cyclophosphamide (AC) combination chemotherapy regimens	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	Indicated for use in the treatment of schizophrenia and for the control of tics and vocal utterances of Tourette's Disorder.	124	18 years	N/A	N/A	Y	Y		10/26/2018

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Drugs	J1631	Injection, haloperidol decanoate, per 50 mg	per 50 mg	1/1/2000	Haldol® Decanoate	haloperidol decanoate injection, for intramuscular use	Indicated for the treatment of schizophrenic patients who require prolonged parenteral antipsychotic therapy.	18	18 years	N/A	N/A	Y	Y		6/4/2019
Drugs	J1640	Injection, hemin, 1 mg	1 mg	1/1/2006	Panhematin®	hemin for injection	Indicated for amelioration of recurrent attacks of acute intermittent porphyria temporally related to the menstrual cycle in susceptible women, after initial carbohydrate therapy is known or suspected to be inadequate. Limitations of Use: • Before administering Panhematin, consider an appropriate period of carbohydrate loading (i.e., 400 g glucose/day for 1 to 2 days). • Panhematin is not effective in repairing neuronal damage due to progression of porphyria attacks.	14,700	16 years	N/A	Females Only	Y	Y		11/30/2021
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: • Prophylaxis and treatment of venous thrombosis and pulmonary embolism • Prophylaxis and treatment of the thromboembolic complications associated with atrial fibrillation • Treatment of acute and chronic consumption coagulopathies • Prevention of clotting in arterial and cardiac surgery • Prophylaxis and treatment of peripheral arterial embolism • Anticoagulant use in transfusion, extracorporeal circulation, and dialysis procedures	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: • Prophylaxis and treatment of venous thrombosis and pulmonary embolism. • 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. • Atrial fibrillation with embolization. • Treatment of acute and chronic consumptive coagulopathies (disseminated intravascular coagulation). • Prevention of clotting in arterial and cardiac surgery. • Prophylaxis and treatment of peripheral arterial embolism. • Use as an anticoagulant in blood transfusions, extracorporeal circulation, and dialysis procedures.	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: • Prophylaxis of ischemic complications of unstable angina and non-Q-wave myocardial infarction. • Prophylaxis of deep vein thrombosis (DVT) in abdominal surgery, hip replacement surgery or medical patients with severely restricted mobility during acute illness. • Extended treatment of symptomatic venous thromboembolism (VTE) to reduce the recurrence in patients with cancer. In these patients, the Fragmin therapy begins with the initial VTE treatment and continues for six months. • Treatment of symptomatic venous thromboembolism (VTE) to reduce the recurrence in pediatric patients 1 month of age and older. • Treatment of symptomatic venous thromboembolism (VTE) to reduce the recurrence in pediatric patients from birth (gestational age at least 35 weeks) to 1 month of age. Limitations of Use: Fragmin is not indicated for the acute treatment of VTE.	372	N/A	N/A	N/A	Y	Y		11/26/2024
Drugs	J1650	Injection, enoxaparin sodium, 10 mg	10 mg	1/1/2000	Lovenox®	enoxaparin sodium injection, for subcutaneous and intravenous use	Indicated for: • Prophylaxis of deep vein thrombosis (DVT) in abdominal surgery, hip replacement surgery, knee replacement surgery, or medical patients with severely restricted mobility during acute illness. • Inpatient treatment of acute DVT with or without pulmonary embolism. • Outpatient treatment of acute DVT without pulmonary embolism. • Prophylaxis of ischemic complications of unstable angina and non–Q-wave myocardial infarction (MI). • Treatment of acute ST-segment elevation myocardial infarction (STEMI) managed medically or with subsequent percutaneous coronary intervention (PCI).	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: • Prophylaxis of deep vein thrombosis (DVT) in patients undergoing hip fracture surgery (including extended prophylaxis), hip replacement surgery, knee replacement surgery, or abdominal surgery. • Treatment of DVT or acute pulmonary embolism (PE) when administered in conjunction with Coumadin.	520	18 years	N/A	N/A	Y	Y		10/10/2018

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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: • 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. • Dermatologic Diseases: Bullous dermatitis herpetiformis, exfoliative erythroderma, mycosis fungoides, pemphigus, severe erythema multiforme (Stevens-Johnson syndrome). • Endocrine Disorders: Primary or secondary adrenocortical insufficiency (hydrocortisone or cortisone is the drug of choice; synthetic analogs may be used in conjunction with mineralocorticoids where applicable; in infancy, mineralocorticoid supplementation is of particular importance), congenital adrenal hyperplasia, hypercalcemia associated with cancer, nonsuppurative thyroiditis. • Gastrointestinal Diseases: To tide the patient over a critical period of the disease in regional enteritis (systemic therapy) and ulcerative colitis. • 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. • Miscellaneous: Trichinosis with neurologic or myocardial involvement, tuberculous meningitis with subarachnoid block or impending block when used concurrently with appropriate antituberculous chemotherapy. • Neoplastic Diseases: For the palliative management of leukemias and lymphomas. • Nervous System: Acute exacerbations of multiple sclerosis; cerebral edema associated with primary or metastatic brain tumor, or craniotomy. • Ophthalmic Diseases: Sympathetic ophthalmia, uveitis and ocular inflammatory conditions unresponsive to topical corticosteroids. • Renal Diseases: To induce diuresis or remission of proteinuria in idiopathic nephrotic syndrome, or that due to lupus erythematosus. • Respiratory Diseases: Beryllosis, fulminating or disseminated pulmonary tuberculosis when used	155	N/A	N/A	N/A	Y	Y		6/28/2021
Drugs	J1729	Injection, hydroxyprogesterone caproate, Not Otherwise Specified, 10 mg	10 mg	1/1/2018	N/A	hydroxyprogesterone caproate injection	Indicated in non-pregnant women: • For the treatment of advanced adenocarcinoma of the uterine corpus (Stage III or IV) • In the management of amenorrhea (primary and secondary) and abnormal uterine bleeding due to hormonal imbalance in the absence of organic pathology, such as submucous fibroids or uterine cancer • As a test for endogenous estrogen production and for the production of secretory endometrium and desquamation.	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	Anjeso™	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. Limitation of Use: Because of delayed onset of analgesia, Anjeso 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. Limitations of Use: Optimal duration of use has not been determined. For patients at low-risk form fracture, consider drug discontinuation after 3 to 5 years of use.	3	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

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Biologicals	J1745	Injection, infliximab, excludes biosimilar, 10 mg	10 mg	1/1/2017	Remicade®	infliximab for injection, for intravenous use	Indicated for: • Crohn's Disease: reducing signs and symptoms and inducing and maintaining clinical remission in adult patients with moderately to severely active disease who have had an inadequate response to conventional therapy and reducing the number of draining enterocutaneous and rectovaginal fistulas and maintaining fistula closure in adult patients with fistulizing disease. • Pediatric Crohn's Disease: reducing signs and symptoms and inducing and maintaining clinical remission in pediatric patients with moderately to severely active disease who have had an inadequate response to conventional therapy. • Ulcerative Colitis: reducing signs and symptoms, inducing and maintaining clinical remission and mucosal healing, and eliminating corticosteroid use in adult patients with moderately to severely active disease who have had an inadequate response to conventional therapy. • 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. • 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. • Ankylosing Spondylitis: reducing signs and symptoms in patients with active disease. • Psoriatic Arthritis: reducing signs and symptoms of active arthritis, inhibiting the progression of structural damage, and improving physical function. • Plaque Psoriasis: treatment of adult patients with chronic severe (i.e., extensive and/or disabling) plaque psoriasis who are candidates for systemic therapy and when other systemic therapies are medically less appropriate. **Recommended off-label use based on Class IIb evidence from clinical reference source DrugDex (Micromedex): • Treatment of hidradenitis suppurativa (HS), severe, refractory **Recommended off-label use based on Class IIb evidence from clinical reference source DrugDex (Micromedex):	300	6 years	N/A	N/A	Y	Y	5/2024: NC Suggested Max Monthly Units updated to align with MUE values effective 5/6/2024. 9/2024: Addition of severe, refractory HS indication for off-label use effective 1/1/2023. 12/2024: Effective date of max monthly units updated from 5/6/2024 to 4/24/2024 per DHB request 12/9/2024.	12/20/2024
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: • anemia • thrombocytopenia • bone disease • 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
Biologicals	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
Biologicals	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.	N/A	N/A	N/A	N/A	Y	Y	6/2024: NC Suggested Max Monthly Units updated to align with NCTracks, which has been set to N/A since 1/1/2023.	6/7/2024
Biologicals	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. - the treatment of Immunoglobulin G4-related disease (IgG4-RD) in adult patients.	600	18 years	N/A	N/A	Y	Y		5/28/2025
Biologicals	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: • Invasive aspergillosis • 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. Indicated for the treatment of adult patients with unresectable, well- or moderately-differentiated, locally advanced or metastatic gastoenteropancreatic neuroendocrine tumors (GEP-NETs) to improve progression-free survival. Indicated for the treatment of adults with carcinoid syndrome; when used, it reduces the frequency of short-acting somatostatin analogue rescue therapy.	240	18 years	N/A	N/A	Y	Y		10/26/2018

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Biologicals	J1931	Injection, laronidase, 0.1 mg	0.1 mg	1/1/2005	Aldurazyme®	laronidase solution for intravenous infusion only	Indicated for patients with Hurler and Hurler-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, (cipla), 1 mg	1 mg	10/1/2022	N/A	lanreotide injection, for subcutaneous use (Cipla)	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. • 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. • The treatment of adults with carcinoid syndrome; when used, it reduces the frequency of short-acting somatostatin analog rescue therapy.	240	18 years	N/A	N/A	Y	Y		10/22/2024
Drugs	J1938	Injection, furosemide, 1 mg	1 mg	4/1/2025	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. - Furosemide is particularly useful when an agent with greater diuretic potential is desired. Indicated as an adjunct in the treatment of pulmonary edema. - The intravenous administration of furosemide is indicated when a rapid onset of diuresis is desired. If gastrointestinal absorption is impaired or oral medication is not practical for any reason, furosemide is indicated by the intravenous or intramuscular route. Parenteral use should be replaced with oral furosemide as soon as practical.	6,200	N/A	N/A	N/A	Y	Y		4/3/2025
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: • Endometriosis o Management of endometriosis, including pain relief and reduction of endometriotic lesions. o In combination with a norethindrone acetate for initial management of the painful symptoms of endometriosis and for management of recurrence of symptoms. 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. • Uterine Leiomyomata (Fibroids) o Concomitant use with iron therapy for preoperative hematologic improvement of women with anemia cause by fibroids for whom three months of hormonal suppression is deemed necessary. 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. Lupron Depot-PED is indicated for: • Treatment of pediatric patients with central precocious puberty.	12	Product Specific Age Restrictions (see comments)	N/A	Lupron Depot: Females Only Lupron Depot-PED: N/A	Y	Y	Product specific age restrictions: Lupron Depot: Females of reproductive age 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
Drugs	J1952	Leuprolide injectable, camcevi, 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	Keppra®	levetiracetam injection, for intravenous use	Indicated as an adjunctive therapy, as an alternative when oral administration is temporarily not feasible, for the treatment of: • Partial onset seizures in patients 1 month of age and older with epilepsy • Myoclonic seizures in patients 12 years of age and older with juvenile myoclonic epilepsy • Primary generalized tonic-clonic seizures in patients 6 years of age and older with idiopathic generalized epilepsy	9,300	Indication Specific Age Restrictions (see comments)	N/A	N/A	Y	Y	Indication specific age restrictions: • Partial Onset Seizures: 1 month of age and older • Myoclonic Seizures in Patients with Juvenile Myoclonic Epilepsy: 12 years of age and older • Primary Generalized Tonic-Clonic Seizures: 6 years of age and older	10/10/2018
Drugs	J1954	Injection, leuprolide acetate for depot suspension (lutrate depot), 7.5 mg	7.5 mg	1/1/2023	Lutrate Depot	leuprolide acetate for depot suspension	Indicated for treatment of advanced prostate cancer.	3	18 years	N/A	Males Only	Y	Y		6/26/2025
Drugs	J1955	Injection, levocarnitine, per 1 g	1 g	1/1/2000	Carnitor®	levocarnitine injection for intravenous use	Indicated for: • the acute and chronic treatment of patients with an inborn error of metabolism which results in secondary carnitine deficiency. • the prevention and treatment of carnitine deficiency in patients with end stage renal disease who are undergoing dialysis.	1,302	N/A	N/A	N/A	Y	Y		4/10/2019

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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: • Pneumonia: Nosocomial and Community Acquired • Skin and Skin Structure Infections: Complicated and Uncomplicated • Chronic bacterial prostatitis • Inhalational Anthrax, Post-Exposure • Plague • Urinary Tract Infections: Complicated and Uncomplicated • Acute Pyelonephritis • Acute Bacterial Exacerbation of Chronic Bronchitis • Acute Bacterial Sinusitis 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: Inhalation Anthrax (Post-Exposure): 6 months and older. Plague: 6 months and older. All other indications: 18 years of age and older.	6/5/2019
Drugs	J1961	Injection, lenacapavir (only for use as HIV treatment), 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		8/28/2025
Drugs	J2002	Injection, lidocaine hcl in 5% dextrose, 1 mg	1 mg	10/1/2024	N/A	lidocaine hydrochloride and 5% dextrose injection USP	• Administered intravenously or intramuscularly, is specifically indicated in the acute management of ventricular arrhythmias such as those occurring in relation to acute myocardial infarction, or during cardiac manipulation, such as cardiac surgery. • Indicated for production of local or regional anesthesia by infiltration techniques such as percutaneous injection and intravenous regional anesthesia by peripheral nerve block techniques such as brachial plexus and intercostal and by central neural techniques such as lumbar and caudal epidural blocks, when the accepted procedures for these techniques as described in standard textbooks are observed.	350	N/A	N/A	N/A	Y	Y		9/24/2024
Drugs	J2003	Injection, lidocaine hydrochloride, 1 mg	1 mg	10/1/2024	Lidocaine (various topical injection formulations)	lidocaine (various topical injection 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		9/24/2024
Drugs	J2004	Injection, lidocaine hcl with epinephrine, 1 mg	1 mg	10/1/2024	Xylocaine® with Epinephrine	lidocaine HCl and epinephrine injection, USP (local and regional)	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.	15,500	N/A	N/A	N/A	Y	Y		9/24/2024
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. 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
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. Limitations of Use: • Linezolid is not indicated for the treatment of Gram-negative infections. • 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: • In adult patients for preanesthetic medication, producing sedation (sleepiness or drowsiness), relief of anxiety and a decreased ability to recall events related to the day of surgery. • For treatment of status epilepticus.	124	18 years	N/A	N/A	Y	Y		4/10/2019
Drugs	J2151	Injection, mannitol, 250 mg	250 mg	10/1/2025	N/A	mannitol injection, for intravenous use	Indicated for the reduction of: • Intracranial pressure and treatment of cerebral edema • Elevated intraocular pressure	37,200	N/A	N/A	N/A	Y	Y		9/26/2025
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. Limitations of Use: Because of the risks of addiction, abuse, and misuse with opioids, even at recommended doses, reserve for use in patients for whom alternative treatment options [e.g., non-opioid analgesics or opioid combination products] have not been tolerated, or are not expected to be tolerated or have not provided adequate analgesia, or are not expected to provide adequate analgesia.	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 • Following delivery of the placenta, for routine management of uterine atony, hemorrhage, and subinvolution of the uterus. • For control of uterine hemorrhage in the second stage of labor following delivery of the anterior shoulder.	5	Women of childbearing age	Women of childbearing age	Females Only	Y	Y		10/31/2018

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 (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
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: • Intramuscularly or intravenously for preoperative sedation/anxiolysis/amnesia • Intravenously as an agent for sedation/anxiolysis/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; • Intravenously for induction of general anesthesia, before administration of other anesthetic agents. With the use of narcotic premedication, induction of anesthesia can be attained within a relatively narrow dose range and in a short period of time. Intravenous midazolam can also be used as a component of intravenous supplementation of nitrous oxide and oxygen (balanced anesthesia); • Continuous intravenous infusion for sedation of intubated and mechanically ventilated patients as a component of anesthesia or during treatment in a critical care setting.	25	N/A	N/A	N/A	Y	Y		10/31/2018
Drugs	J2260	Injection, milrinone lactate, per 5 mg	per 5 mg	1/1/2000	N/A	milrinone lactate injection	Indicated for the short-term intravenous treatment of patients with acute decompensated heart failure.	64	18 years	N/A	N/A	Y	Y		6/6/2019
Biologicals	J2267	Injection, mirikizumab-mrkz, 1 mg	1 mg	7/1/2024	Omvoh®	mirikizumab-mrkz injection, for intravenous or subcutaneous use	Mirikizumab-mrkz injection is indicated for the treatment of: • moderately to severely active ulcerative colitis in adults • moderately to severely active Crohn's disease in adults	1,800	18 years	N/A	N/A	Y	Y		2/24/2025
Drugs	J2270	Injection, morphine sulfate, up to 10 mg	up to 10 mg	1/1/2000	N/A	morphine sulfate injection, up to 10 mg	Indicated for the management of pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate. Limitations of Use: Because of the risks of addiction, abuse, and misuse with opioids, even at recommended doses, reserve Morphine Sulfate Injection, for use in patients for whom alternative treatment options [e.g., non-opioid analgesics or opioid combination products]: • Have not been tolerated, or are not expected to be tolerated, • Have not provided adequate analgesia, or are not expected to provide adequate analgesia Prior: Indicated for: • the relief of severe acute and chronic pain • to relieve preoperative apprehension • to facilitate anesthesia induction • the treatment of dyspnea associated with acute left ventricular failure and pulmonary edema • analgesia during labor • anxiety • anesthesia • to control postoperative pain.	527	N/A	N/A	N/A	Y	Y		6/7/2019
Drugs	J2272	Injection, morphine sulfate (fresenius kabi), 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 Kabi)	Indicated for the management of pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate. Limitations of Use Because of the risks of addiction, abuse, and misuse with opioids, even at recommended doses, reserve Morphine Sulfate Injection, for use in patients for whom alternative treatment options [e.g., non-opioid analgesics or opioid combination products]: • Have not been tolerated, or are not expected to be tolerated, • Have not provided adequate analgesia, or are not expected to provide adequate analgesia	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. • Infumorph: for use in continuous microinfusion devices and indicated only for intrathecal or epidural infusion in the management of intractable chronic pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate. • Duramorph: Indicated for: 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. o the epidural or intrathecal management of pain without attendant loss of motor, sensory, or sympathetic function. o Limitation of Use: Duramorph is not for use in continuous microinfusion devices. Prior to 10/30/2018: Morphine sulfate (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. Infumorph® is indicated only for intrathecal or epidural infusion in the treatment of intractable chronic pain. It is not recommended for single-dose intravenous, intramuscular, or subcutaneous administration due to the large amount of morphine in the ampule and the associated risk of overdosage.	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

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Drugs	J2300	Injection, nalbuphine hydrochloride, per 10 mg	10 mg	1/1/2000	N/A	nalbuphine hydrochloride injection, solution	Indicated for management of pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate. Also can be used as a supplement to balanced anesthesia, for pre/post operative analgesia and obstetrical analgesia during labor and delivery. Limitations of Use: Because of the risks of addiction, abuse, and misuse with opioids, even at recommended doses, reserve nalbuphine injection for use in patients for whom alternative treatment options (e.g. non-opioid analgesics): • have not been tolerated, or are not expected to be tolerated. • have not provided adequate analgesia, or are not expected to provide adequate analgesia.	248	18 years	N/A	N/A	Y	Y		10/26/2018
Drugs	J2312	Injection, naloxone hydrochloride, not otherwise specified, 0.01 mg	0.01 mg	7/1/2025	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		6/26/2025
Drugs	J2313	Injection, naloxone hydrochloride (zimhi), 0.01 mg	0.01 mg	7/1/2025	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.	5,000	N/A	N/A	N/A	Y	Y		6/26/2025
Drugs	J2315	Injection, naltrexone, depot form, 1 mg	1 mg	1/1/2007	Vivitrol®	naltrexone for extended-release injectable suspension, for intramuscular use	• Indicated for the treatment of alcohol dependence in patients who are able to abstain from alcohol in an outpatient setting prior to initiation of treatment with Vivitrol. Patients should not be actively drinking at the time of initial Vivitrol administration. • Indicated for the prevention of relapse to opioid dependence, following opioid detoxification. • Vivitrol should be part of a comprehensive management program that includes psychosocial support.	760	18 years	N/A	N/A	Y	Y	9/1/2023: Generic Name updated to align with Prescribing Information.	9/13/2023
Biologicals	J2323	Injection, natalizumab, 1 mg	1 mg	1/1/2008	Tysabri®	natalizumab injection, for intravenous use	Indicated for treatment of: Multiple Sclerosis (MS) • 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) • 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. Important Limitations: • In CD, Tysabri should not be used in combination with immunosuppressants or inhibitors of TNF-α.	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
Biologicals	J2327	Injection, risankizumab-rzaa, intravenous, 1 mg	1 mg	1/1/2023	Skyrizi®	risankizumab-rzaa injection, for intravenous use	Indicated for the treatment of: • moderately to severely active Crohn's disease in adults. • moderately to severely active ulcerative colitis (UC) in adults.	2,400	18 years	N/A	N/A	Y	Y		7/29/2024
Biologicals	J2329	Injection, ublituximab-xiiy, 1mg	1 mg	7/1/2023	Briumvi™	ublituximab-xiiy 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	Indicated for treatment in patients who have responded to and tolerated sandostatin injection subcutaneous injection for: • Acromegaly • Severe diarrhea/flushing episodes associated with metastatic carcinoid tumors • Profuse watery diarrhea associated with VIP-secreting tumors	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	Indicated: • 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. • For the symptomatic treatment of patients with metastatic carcinoid tumors where it suppresses or inhibits the severe diarrhea and flushing episodes associated with the disease. • For the treatment of the profuse watery diarrhea associated with VIP-secreting tumors. Sandostatin studies were not designed to show an effect on the size, rate of growth or development of metastases.	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	J2401	Injection, chloroprocaine hydrochloride, per 1 mg	1 mg	1/1/2023	Nesacaine®, Nesacaine® -MPF	chloroprocaine HCl injection	Multidose vial with preservatives: Indicated for the production of local anesthesia by infiltration and peripheral nerve block. Single dose vial without preservatives and without EDTA: Indicated for the production of local anesthesia by infiltration, peripheral, and central nerve block, including lumbar and caudal epidural blocks. Nesacaine and Nesacaine-MPF Injections are not to be used for subarachnoid administration.	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: • Nausea and vomiting associated with initial and repeat courses of emetogenic cancer chemotherapy. • Postoperative nausea and/or vomiting.	720	Indication Specific Age Restrictions (see comments)	N/A	N/A	Y	Y	Indication specific age restrictions: • Prevention of nausea and vomiting associated with emetogenic chemotherapy: 6 months of age and older • Prevention of postoperative nausea and vomiting: 1 month of age and older	9/27/2018
Drugs	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). 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 for 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. Limitations of Use: • The safety and efficacy of Kepivance have not been established in patients with non-hematologic malignancies. • Kepivance was not effective in decreasing the incidence of severe mucositis in patients with hematologic malignancies receiving myelotoxic therapy in the setting of allogeneic hematopoietic stem cell support. • Kepivance is not recommended for use with melphalan 200 mg/m^2 as a conditioning regimen.	750	1 year	N/A	N/A	Y	Y		9/24/2024
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: • Treatment of schizophrenia in adults. • 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: 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. Invega Hafyera: Indicated for the treatment of schizophrenia in adults after they have been adequately treated with: • A once-a-month paliperidone palmitate extended-release injectable suspension (e.g., Invega Sustenna) for at least four months or • 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	J2428	Injection, paliperidone palmitate extended release (erzofri), 1 mg	1 mg	4/1/2025	Erzofri®	paliperidone palmitate extended-release injectable suspension, for intramuscular use	Paliperidone palmitate extended-release injectable suspension is indicated for: • Treatment of schizophrenia in adults. • Treatment of schizoaffective disorder in adults as monotherapy and as an adjunct to mood stabilizers or antidepressants.	585	18 years	N/A	N/A	Y	Y		4/3/2025
Drugs	J2430	Injection, pamidronate disodium, per 30 mg	30 mg	1/1/2000	Aredia®	pamidronate disodium for injection for intravenous infusion	Indicated for: • Hypercalcemia of malignancy • Paget's disease • 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	J2468	Injection, palonosetron hydrochloride (posfrea), 25 micrograms	25 mcg	7/1/2024	Posfrea™	palonosetron injection, for intravenous use	Palonosetron injection is indicated in adults for: • Moderately emetogenic cancer chemotherapy -- prevention of acute and delayed nausea and vomiting associated with initial and repeat courses. • Highly emetogenic cancer chemotherapy -- prevention of acute nausea and vomiting associated with initial and repeat courses. • Prevention of postoperative nausea and vomiting (PONV) for up to 24 hours following surgery. Efficacy beyond 24 hours has not been demonstrated. Palonosetron injection is indicated in pediatric patients 1 month to less than 17 years of age for: • Prevention of acute nausea and vomiting associated with initial and repeat courses of emetogenic cancer chemotherapy, including highly emetogenic cancer chemotherapy (HEC).	50	Indication Specific Age Restrictions (see comments)	N/A	N/A	Y	Y	Indication Specific Age Restrictions N/V associated with HEC: 1 month and older All other indications: 18 years of age and older	5/28/2025
Drugs	J2469	Injection, palonosetron HCl, 25 mcg	25 mcg	1/1/2005	Aloxi®	palonosetron HCl injection for intravenous use	Indicated in adults for: • Moderately emetogenic cancer chemotherapy -- prevention of acute and delayed nausea and vomiting associated with initial and repeat courses. • Highly emetogenic cancer chemotherapy -- prevention of acute nausea and vomiting associated with initial and repeat courses. • Prevention of postoperative nausea and vomiting (PONV) for up to 24 hours following surgery. Efficacy beyond 24 hours has not been demonstrated. Indicated in pediatric patients aged 1 month to less than 17 years for: • Prevention of acute nausea and vomiting associated with initial and repeat courses of emetogenic cancer chemotherapy, including highly emetogenic cancer chemotherapy.	50	1 month	N/A	N/A	Y	Y		7/16/2018

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Category	HCPCS Code	HCPCS Description	HCPCS Code Billing Unit	HCPCS Effective Date	Brand Name	Generic Name	FDA Approved Indications (See Package Insert for full FDA approved indication descriptions)	NC Suggested Max Monthly Units	Minimum Age	Maximum Age	Gender Restrictions	NDC Required	Rebating Labeler Required	Comments	Last Modified Date
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: • Patients with acromegaly who have had an inadequate response to surgery and/or for whom surgery is not an option. • Patients with Cushing's disease for whom pituitary surgery is not an option or has not been curative.	120	18 years	N/A	N/A	Y	Y		7/26/2018
Biologicals	J2506	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg	0.5 mg	1/1/2022	Neulasta®, Neulasta® Onpro®	pegfilgrastim injection, for subcutaneous use	Indicated to: - 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. - Increase survival in patients acutely exposed to myelosuppressive doses of radiation (Hematopoietic Subsyndrome of Acute Radiation Syndrome). Limitations of Use: - Neulasta is not indicated for the mobilization of peripheral blood progenitor cells for hematopoietic stem cell transplantation.	36	N/A	N/A	N/A	Y	Y		12/14/2021
Biologicals	J2507	Injection, pegloticase, 1 mg	1 mg	1/1/2012	Krystexxa®	pegloticase injection, for intravenous infusion	Indicated for the treatment of chronic gout in adult patients refractory to conventional therapy.	24	18 years	N/A	N/A	Y	Y		6/4/2019
Biologicals	J2508	Injection, pegunigalsidase alfa-iwxj, 1 mg	1 mg	1/1/2024	Elfabrio®	pegunigalsidase alfa-iwxj 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: • Sedatives • Hypnotics, for the short-term treatment of insomnia, since they appear to lose their effectiveness for sleep induction and sleep maintenance after 2 weeks • Preanesthetics • 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/tazobactam sodium, 1 g/0.125 g (1.125 g)	1.125 g	1/1/2000	Zosyn®	piperacillin and tazobactam for injection, for intravenous use	Indicated for treatment of: • Intra-abdominal infections • Skin and skin structure infections • Female pelvic infections • Community-acquired pneumonia • Nosocomial pneumonia • Usage 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: • a history of one or more episodes of PJP • 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. Limitations of Use: • Efficacy based on clinical trials in which the predominant influenza virus type was influenza A; a limited number of subjects infected with influenza B virus were enrolled. • Consider available information on influenza drug susceptibility patterns and treatment effects when deciding whether to use. • Efficacy could not be established in patients with serious influenza requiring hospitalization.	600	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: • Amelioration of allergic reactions to blood or plasma. • In anaphylaxis as an adjunct to epinephrine and other standard measures after the acute symptoms have been controlled. • For other uncomplicated allergic conditions of the immediate type when oral therapy is impossible or contraindicated. • For sedation and relief of apprehension and to produce light sleep from which the patient can be easily aroused. • Active treatment of motion sickness. • Prevention and control of nausea and vomiting associated with certain types of anesthesia and surgery. • As an adjunct to analgesics for the control of postoperative pain. • Preoperative, postoperative, and obstetric (during labor) sedation. • Intravenously in special surgical situations, such as repeated bronchoscopy, ophthalmic surgery, and poor-risk patients, with reduced amounts of meperidine or other narcotic 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: • 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. • Hypnotic, for the short-term treatment of insomnia, since it appears to lose its effectiveness for sleep induction and sleep maintenance after 2 weeks. • Preanesthetic. • 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. • 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: • Antepartum - The initiation or improvement of uterine contractions, where there is desirable and considered suitable for reasons of fetal or maternal concern, in order to achieve vaginal delivery. - Induction of labor in patients with a medical indication for the initiation of labor. - Stimulation or reinforcement of labor, as in selected cases of uterine inertia. - Adjunctive therapy in the management of incomplete or inevitable abortion. • Postpartum - Produce uterine contractions during the third stage of labor and to control postpartum bleeding or hemorrhage.	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 int he 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 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. • 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 judgement of the physician, are life-threatening. Because of the proarrhythmic effects of procainamide, its use with lesser arrhythmias is generally not recommended. Treatment of patients with asymptomatic ventricular premature contractions should be avoided.	7	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 overdosage.	5	18 years	N/A	N/A	Y	Y		8/29/2018
Biologicals	J2724	Injection, protein C concentrate, intravenous, human, 10 IU	10 IU	1/1/2008	Ceprotin	protein c concentrate (human) lyophilized power for solution for injection	Indicated for pediatric and adult patients with severe congenital Protein C deficiency for the prevention and treatment of venous thrombosis and purpura fulminans.	105,840	N/A	N/A	N/A	Y	Y		6/4/2019
Drugs	J2730	Injection, pralidoxime chloride, up to 1 g	up to 1 g	1/1/2000	Protopam®	pralidoxime chloride for injection	Indicated as an antidote: • In the treatment of poisoning caused by those pesticides and chemicals of the organophosphate class which have anticholinesterase activity. • In the control of overdosage by anticholinesterase drugs used in the treatment of myasthenia gravis.	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: • The prevention or control of hypertensive episodes that may occur in a patient with pheochromocytoma as a result of stress or manipulation during preoperative preparation and surgical excision. • The prevention or treatment of dermal necrosis and sloughing following intravenous administration or extravasation of norepinephrine. • The diagnosis of pheochromocytoma by the phentolamine mesylate for injection blocking test.	372	N/A	N/A	N/A	Y	Y		8/24/2018

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Drugs	J2765	Injection, metoclopramide HCl, up to 10 mg	up to 10 mg	1/1/2000	N/A	metoclopramide hydrochloride injection	Indicated for: • The relief of symptoms associated with acute and recurrent diabetic gastric stasis • The prophylaxis of vomiting associated with emetogenic cancer chemotherapy • The prophylaxis of postoperative nausea and vomiting in those circumstances where nasogastric suction is undesirable • Facilitating small bowel intubation in adults and pediatric patients in whom the tube does not pass the pylorus with conventions maneuvers • Stimulating gastric emptying and intestinal transit of barium in cases where delayed emptying interferes with radiological examination of the stomach and/or small intestine	560	Indication Specific Age Restrictions (see comments)	N/A	N/A	Y	Y	Indication specific: • Facilitating Small Bowel Intubation: 18 years of age and older • All other indications: None	6/6/2019
Biologicals	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: • Neovascular (Wet) Age-Related Macular Degeneration (nAMD) • Diabetic Macular Edema (DME) • 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: • Neovascular (Wet) Age-Related Macular Degeneration (AMD) • Macular Edema Following Retinal Vein Occlusion (RVO) • Diabetic Macular Edema (DME) • Diabetic Retinopathy (DR) • 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	7/1/2022	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. - Diabetic Macular Edema (DME) who have previously responded to at least two intravitreal injections of a VEGF inhibitor. - Diabetic Retinopathy (DR) who have previously responded to at least two intravitreal injections of a VEGF inhibitor.	200	18 years	N/A	N/A	Y	Y		6/26/2025
Drugs	J2781	Injection, pegcetacoplan, intravitreal, 1 mg	1 mg	10/1/2023	Syfovre™	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	Izervay™	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. 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. Limitations of Use: Cinqair is not indicated for: • Treatment of other eosinophilic conditions. • 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, minidose, 50 micrograms (250 IU)	50 mcg	1/1/2003	HyperRHO® S/D Mini Dose, MICRhoGAM®,	rho(D) immune globulin (human), mini dose	HyperRHO S/D Mini Dose: recommended to prevent the isoimmunization of Rho(D) negative women at the time of spontaneous or induced abortion of up to 12 weeks' gestation provided the following criteria are met: 1. The mother must be Rho(D) negative and must not already be sensitized to the Rho(D) antigen. 2. The father is not known to be Rho(D) negative. 3. Gestation is not more than 12 weeks at termination. **See package insert for full usage criteria.** MICRhoGAM: For use in preventing Rh immunization. • 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. • 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: • In pregnancy and other obstetrical conditions (see full prescribing information). • In any Rh-negative person after incompatible transfusion of Rh-positive blood or blood products.	3	N/A	N/A	N/A	Y	Y		4/9/2022
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 or intramuscular injection	Indicated for: Suppression of Rhesus (Rh) Isoimmunization in: • Pregnancy and obstetric conditions in non-sensitized, Rho (D)-negative women with an Rh-incompatible pregnancy, including: -Routine antepartum and postpartum Rh prophylaxis -Rh prophylaxis in obstetric complications or invasive procedures • Incompatible transfusions in Rho (D)-negative individuals transfused with blood components containing Rho (D)-positive red blood cells (RBCs). Immune Thrombocytopenic Purpura (ITP) • 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

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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: Immune Thrombocytopenic Purpura (ITP) Raising platelet counts in Rho(D) positive, non-splenectomized: • Children with chronic or acute ITP, • Adults with chronic ITP and • Children and adults with ITP secondary to HIV infection Suppression of Rhesus (Rh) Isoimmunization • Pregnancy and other obstetric conditions in non-sensitized, Rho(D)-negative women with an Rh-incompatible pregnancy including: ○ Routine antepartum and postpartum Rh prophylaxis ○ Rh prophylaxis in obstetric complications or invasive procedures • Incompatible transfusions in Rho(D)-negative individuals transfused with blood components containing Rho(D)-positive red blood cells (RBCs).	1,500	N/A	N/A	N/A	Y	Y		9/12/2018
Biologicals	J2793	Injection, rilonacept, 1 mg	1 mg	1/1/2010	Arcalyst®	rilonacept injection for subcutaneous use	Indicated for: · the treatment of patients with Cryopyrin-Associated Periodic Syndromes (CAPS), including Familial Cold Autoinflammatory Syndrome (FACS) and Muckle-Wells Syndrome (MWS) in adults and children 12 years of age and older. ·maintenance of remission of Deficiency of Interleukin-1 Receptor Antagonist (DIRA) in adults and pediatric patients weighing at least 10 kg. · 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: CAPS and RP: 12 years of age and older 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: • for the treatment of schizophrenia. • 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. Surgical Anesthesia: epidural block for surgery including cesarean section; major nerve block; local infiltration. Acute pain management: epidural continuous infusion or intermittent bolus, eg, postoperative or labor; local infiltration.	2,166	18 years	N/A	N/A	Y	Y		8/29/2018
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: • for the treatment of schizophrenia in adults. • 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
Drugs	J2802	Injection, romiplostim, 1 microgram	1 mcg	1/1/2025	Nplate®	romiplostim for injection, for subcutaneous use	Indicated for the treatment of thrombocytopenia in: • Adult patients with immune thrombocytopenia (ITP) who have had an insufficient response to corticosteroids, immunoglobulins, or splenectomy. • Pediatric patients 1 year of age and older with ITP for at least 6 months who have had an insufficient response to corticosteroids, immunoglobulins, or splenectomy. 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]). Limitations of Use: • Nplate is not indicated for the treatment of thrombocytopenia due to myelodysplastic syndrome (MDS) or any cause of thrombocytopenia other than ITP. • Nplate should be used only in patients with ITP whose degree of thrombocytopenia and clinical condition increases the risk for bleeding. • Nplate should not be used in an attempt to normalize platelet counts.	7,500	Indication Specific Age Restrictions (see comments)	N/A	N/A	Y	Y	Indication Specific Age Restrictions: ITP: 1 year of age and older HS-ARS: None	12/20/2024

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Biologicals	J2820	Injection, sargramostim (GM-CSF), 50 mcg	50 mcg	1/1/2000	Leukine®	sargramostim injection, for subcutaneous or intravenous use	Indicated: • To shorten time to neutrophil recovery and to reduce the incidence of severe and life-threatening infections and infections resulting in death following induction chemotherapy in adult patients 55 years and older with acute myeloid leukemia (AML). • For the mobilization of hematopoietic progenitor cells into peripheral blood for collection by leukapheresis and autologous transplantation in adults. • For the acceleration of myeloid reconstitution following autologous bone marrow or peripheral blood progenitor cell transplantation in adult and pediatric patients 2 years of age and older. • For the acceleration of myeloid reconstitution following allogeneic bone marrow transplantation in adult and pediatric patients 2 years of age and older. • 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. • 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]).	620	Indication Specific Age Restrictions (see comments)	Indication Specific (see comments)	N/A	Y	Y	Indication specific age restrictions: • To shorten time to neutrophil recovery and to reduce the incidence of severe and life-threatening infections and infections resulting in death following induction chemotherapy in adult patients 55 years and older with acute myeloid leukemia (AML). • For the mobilization of hematopoietic progenitor cells into peripheral blood for collection by leukapheresis and autologous transplantation in adults. • For the acceleration of myeloid reconstitution following autologous bone marrow or peripheral blood progenitor cell transplantation in adult and pediatric patients 2 years of age and older. • For the acceleration of myeloid reconstitution following allogeneic bone marrow transplantation in adult and pediatric patients 2	8/29/2018
Biologicals	J2840	Injection, sebelipase alfa, 1 mg	1 mg	1/1/2017	Kanuma®	sebelipase alfa injection, for intravenous use	Indicated for the treatment of patients with a diagnosis of Lysosomal Acid Lipase (LAL) deficiency.	1,260	1 month	N/A	N/A	Y	Y		12/16/2021
Biologicals	J2860	Injection, siltuximab, 10 mg	10 mg	1/1/2016	Sylvant®	siltuximab for injection, for intravenous use	Indicated for treatment of patients with multicentric Castleman's disease (MCD) who are human immunodeficiency virus (HIV) negative and human herpesvirus-8 (HHV-8) negative. 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	Ferrlecit®	sodium ferric gluconate complex in sucrose injection, for intravenous-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 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-Medrol is indicated as follows: • Allergic states: Control of severe or incapacitating allergic conditions intractable to adequate trials of conventional treatment in asthma, atopic dermatitis, contact dermatitis, drug hypersensitivity reactions, serum sickness, transfusion reactions. • Dermatologic diseases: Bullous dermatitis herpetiformis, exfoliative erythroderma, mycosis fungoides, pemphigus, severe erythema multiforme (Stevens-Johnson syndrome). • Endocrine disorders: Primary or secondary adrenocortical insufficiency (hydrocortisone or cortisone is the drug of choice; synthetic analogs may be used in conjunction with mineralocorticoids where applicable; in infancy, mineralocorticoid supplementation is of particular importance), congenital adrenal hyperplasia, hypercalcemia associated with cancer, nonsuppurative thyroiditis. • Gastrointestinal diseases: To tide the patient over a critical period of the disease in regional enteritis (systemic therapy) and ulcerative colitis. • 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. • Miscellaneous: Trichinosis with neurologic or myocardial involvement, tuberculous meningitis with subarachnoid block or impending block when used concurrently with appropriate antituberculous chemotherapy. • Neoplastic diseases: For the palliative management of leukemias and lymphomas. • Nervous System: Acute exacerbations of multiple sclerosis; cerebral edema associated with primary or metastatic brain tumor, or craniotomy. • Ophthalmic diseases: Sympathetic ophthalmia, uveitis and ocular inflammatory conditions unresponsive to topical corticosteroids. • Renal diseases: To induce diuresis or remission of proteinuria in idiopathic nephrotic syndrome or that due to lupus erythematosus. • Respiratory diseases: Berylliosis, fulminating or disseminated pulmonary tuberculosis when used	4,500	N/A	N/A	N/A	Y	Y		3/22/2024
Biologicals	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. 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
Biologicals	J2997	Injection, alteplase recombinant, 1 mg	1 mg	1/1/2001	Activase®, Cathflo® Activase®	alteplase for injection, for intravenous use	Cathflo Activase: Indicated for the restoration of function to central venous access devices as assessed by the ability to withdraw blood. Activase: Indicated for the treatment of: • Acute Ischemic Stroke (AIS) • Acute 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. • Acute Massive Pulmonary Embolism (PE) for lysis.	3,100	18 years	N/A	N/A	Y	Y	1/2024: Category corrected from Drugs to Biologicals.	1/26/2024

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Biologicals	J2998	Injection, plasminogen, human-tvmh, 1 mg	1 mg	1/1/2002	Ryplazim®	plasminogen, human-tvmh 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 meningeal 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: • analgesic action of short duration during the anesthetic periods, premedication, induction and maintenance, and in the immediate postoperative period (recovery room) as the need arises. • use as an opioid analgesic supplement in general or regional anesthesia. • administration with a neuroleptic as an anesthetic premedication, for the induction of anesthesia and as an adjunct in the maintenance of general and regional anesthesia. • use as an anesthetic agent with oxygen in selected high risk patients, such as those undergoing open heart surgery or certain complicated neurological or orthopedic procedures.	210	2 years	N/A	N/A	Y	Y		6/4/2019
Drugs	J3030	Injection, sumatriptan, succinate, 6 mg	6 mg	1/1/2000	Imitrex®	sumatriptan succinate injection, for subcutaneous use	Indicated for: • Acute treatment of migraine with or without aura in adults • Acute treatment of cluster headache in adults Limitations of Use: Use only if a clear diagnosis of migraine or cluster headache has been established. Not indicated for the prophylactic therapy of migraine or cluster headache attacks.	8	18 years	N/A	N/A	Y	Y		9/21/2018
Biologicals	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
Biologicals	J3060	Injection, taliglucerase alfa, 10 units	10 units	1/1/2014	Elelyso®	taliglucerase alfa for injection, for intravenous use	Indicated for the treatment of patients with a confirmed diagnosis of Type 1 Gaucher disease.	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	Tedizolid phosphate for injection is indicated for the treatment of acute bacterial skin and skin structure infections (ABSSSI) caused by designated susceptible microorganisms in adult and pediatric patients (at least 26 weeks gestational age and weighing at least 1 kg).	1,200	26 weeks gestational age and weighing at least 1 kg	N/A	N/A	Y	Y		5/28/2025
Drugs	J3095	Injection, telavancin, 10 mg	10 mg	1/1/2011	Vibativ®	telavancin for injection, for intravenous use	Indicated for the treatment of the following infections in adult patients caused by designated susceptible bacteria: • Complicated skin and skin structure infections (cSSSI) • Hospital-acquired and ventilator-associated bacterial pneumonia (HABP/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
Biologicals	J3111	Injection, romosozumab-aqqg, 1 mg	1 mg	10/1/2019	Evenity™	romosozumab-aqqg injection, for subcutaneous use	Indicated for the treatment of osteoporosis in postmenopausal women at high risk for fracture, defined as a history of osteoporotic fracture, or multiple risk factors for fracture; or patients who have failed or are intolerant to other available osteoporosis therapy. Limitations of Use: Limit duration of use to 12 monthly doses. If osteoporosis therapy remains warranted, continued therapy with an anti-resorptive agent should be considered	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: primary hypogonadism (congenital or acquired) or hypogonadotropic hypogonadism (congenital or acquired). Limitations of Use: • Safety and efficacy of Aveed in men with “age-related hypogonadism” have not been established. • Safety and efficacy of Aveed in males less than 18 years old have not been established.	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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Biologicals	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: • Diagnostic: Use as an adjunctive diagnostic tool for serum thyroglobulin (Tg) testing with or without radioiodine imaging in the follow-up of patients with well-differentiated thyroid cancer who have previously undergone thyroidectomy. • Ablation: Use as an adjunctive treatment for radioiodine ablation of thyroid tissue remnants in patients who have undergone a near-total or total thyroidectomy for well-differentiated thyroid cancer and who do not have evidence of distant metastatic thyroid cancer. Limitations of Use: • Diagnostic: - Thyrogen-stimulated Tg levels are generally lower than, and do not correlate with Tg levels after thyroid hormone withdrawal. - Even when Thyrogen-Tg testing is performed in combination with radioiodine imaging , there remains a risk of missing a diagnosis of thyroid cancer or underestimating the extent of the disease. - Anti-Tg Antibodies may confound the Tg assay and render Tg levels uninterpretable. •Ablation: - 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
Biologicals	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	Tygacil®	tigecycline for injection, for intravenous use	Indicated in patients 18 years of age and older for: • Complicated skin and skin structure infections • Complicated intra-abdominal infections • Community-acquired bacterial pneumonia Limitations of Use: Tygacil 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: • Complicated skin and skin structure infections • Complicated intra-abdominal infections • Community-acquired bacterial pneumonia Limitations of Use: Tigecycline for injection is not indicated for treatment of diabetic foot infection or hospital-acquired pneumonia, including ventilator-associated pneumonia. 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
Biologicals	J3247	Injection, secukinumab, intravenous, 1 mg	1 mg	7/1/2024	Cosentyx®	secukinumab injection, for intravenous use	Secukinumab intravenous injection is indicated for the treatment of: • Adults with active psoriatic arthritis (PsA) • Adults with active ankylosing spondylitis (AS). • 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.	6/24/2024
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: • Septicemia in the neonate, child, and adult caused by P. aeruginosa, E. coli, and Klebsiella sp • Lower respiratory tract infections caused by P. aeruginosa, Klebsiella sp, Enterobacter sp, Serratia sp, E. coli, and S. aureus (penicillinase and non-penicillinase-producing strains) • Serious central nervous system infections (meningitis) caused by susceptible organisms • Intra-abdominal infections, including peritonitis, caused by E. coli, Klebsiella sp, and Enterobacter sp • Skin, bone, and skin-structure infections caused by P. aeruginosa, Proteus sp, E. coli, Klebsiella sp, Enterobacter sp, and S. aureus	558	N/A	N/A	N/A	Y	Y		9/12/2018
Biologicals	J3262	Injection, tocilizumab, 1 mg	1 mg	1/1/2011	Actemra®	tocilizumab injection, for intravenous use	Indicated for the treatment of: • Adult patients with moderately to severely active rheumatoid arthritis (RA) who have had an inadequate response to one or more Disease-Modifying Anti-Rheumatic Drugs (DMARDs). • Active systemic juvenile idiopathic arthritis in patients two years of age and older. • Active polyarticular juvenile idiopathic arthritis in patients two years of age and older. • 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. • Adult patients with giant cell arteritis.	3,200	Indication Specific Age Restrictions (see comments)	N/A	N/A	Y	Y	Indication specific age restrictions: • 2 years of age and older: systemic juvenile idiopathic arthritis, polyarticular juvenile idiopathic arthritis, CAR T cell-induced CRS • 18 years of age and older: rheumatoid arthritis, giant cell arteritis	3/17/2022
Biologicals	J3263	Injection, toripalimab-tpzi, 1 mg	1 mg	7/1/2024	Loqtorzi™	toripalimab-tpzi injection, for intravenous use	Toripalimab-tpzi injection is indicated: • in combination with cisplatin and gemcitabine, for first-line treatment of adults with metastatic or with recurrent locally advanced nasopharyngeal carcinoma (NPC). • 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		6/24/2024
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	Triesence®	triamcinolone acetonide injectable suspension	Indicated for: • Treatment of the following ophthalmic diseases: sympathetic ophthalmia, temporal arteritis, uveitis, and ocular inflammatory conditions unresponsive to topical corticosteroids. • 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®	triamcinolone acetonide injectable suspension, USP for intra-articular, intralesional, or intramuscular use	Kenalog-40 and Kenalog-80 Indicated for intramuscular use as follows: • Allergic states: Control of severe or incapacitating allergic conditions intractable to adequate trials of conventional treatment in asthma, atopic dermatitis, contact dermatitis, drug hypersensitivity reactions, perennial or seasonal allergic rhinitis, serum sickness, transfusion reactions. • Dermatologic diseases: Bullous dermatitis herpetiformis, exfoliative erythroderma, mycosis fungoides, pemphigus, severe erythema multiforme (Stevens-Johnson syndrome). • Endocrine disorders: Primary or secondary adrenocortical insufficiency (hydrocortisone or cortisone is the drug of choice; synthetic analogs may be used in conjunction with mineralocorticoids where applicable; in infancy, mineralocorticoid supplementation is of particular importance), congenital adrenal hyperplasia, hypercalcemia associated with cancer, nonsuppurative thyroiditis. • Gastrointestinal diseases: To tide the patient over a critical period of the disease in regional enteritis and ulcerative colitis. • Hematologic disorders: Acquired (autoimmune) hemolytic anemia, Diamond-Blackfan anemia, pure red cell aplasia, selected cases of secondary thrombocytopenia. • Miscellaneous: Trichinosis with neurologic or myocardial involvement, tuberculous meningitis with subarachnoid block or impending block when used with appropriate antituberculous chemotherapy. • Neoplastic diseases: For the palliative management of leukemias and lymphomas. • Nervous system: Acute exacerbations of multiple sclerosis; cerebral edema associated with primary or metastatic brain tumor or craniotomy. • Ophthalmic diseases: Sympathetic ophthalmia, temporal arteritis, uveitis, and ocular inflammatory conditions unresponsive to topical corticosteroids. • Renal diseases: To induce diuresis or remission of proteinuria in idiopathic nephrotic syndrome or that due to lupus erythematosus. • Respiratory diseases: Berylliosis, fulminating or disseminated pulmonary tuberculosis when used concurrently with appropriate antituberculous chemotherapy, idiopathic eosinophilic pneumonias, symptomatic sarcoidosis. • Rheumatic disorders: As adjunctive therapy for short-term administration (to tide the patient over an acute episode or exacerbation) in acute gouty arthritis; acute rheumatic carditis; ankylosing spondylitis;	240	N/A	N/A	N/A	Y	Y		8/28/2025
Drugs	J3304	Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg	1 mg	1/1/2019	Zilretta™	triamcinolone acetonide extended-release injectable suspension, for intra-articular use	Indicated as an intra-articular injection for the management of osteoarthritis pain of the knee. Limitation of Use: Zilretta is not intended for repeat administration.	64	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
Biologicals	J3357	Ustekinumab, for subcutaneous injection, 1 mg	1 mg	1/1/2011	Stelara®SC	ustekinumab injection, for subcutaneous use	Indicated for the treatment of: Adult patients with: • Moderate to severe plaque psoriasis (Ps) who are candidates for phototherapy or systemic therapy • Active psoriatic arthritis (PsA) • Moderately to severely active Crohn's disease (CD) • Moderately to severely active ulcerative colitis Pediatric patients 6 to 17 years of age with: • Moderate to severe plaque psoriasis, who are candidates for phototherapy or systemic therapy • Active psoriatic arthritis (PsA)	180	Indication Specific Age Restrictions (see comments)	N/A	N/A	Y	Y	Indication specific age restrictions. • 6 years of age and older: plaque psoriasis (Ps), psoriatic arthritis (PsA) • 18 years of age and older: Crohn's disease (CD), ulcerative colitis	5/28/2025
Biologicals	J3358	Ustekinumab, for intravenous injection, 1 mg	1 mg	1/1/2018	Stelara® IV	ustekinumab injection, for intravenous use	Indicated for the treatment of adult patients with: • Moderately to severely active Crohn's disease (CD) • Moderately to severely active ulcerative colitis	520	18 years	N/A	N/A	Y	Y		5/28/2025
Drugs	J3360	Injection, diazepam, up to 5 mg	up to 5 mg	1/1/2000	N/A	diazepam injection	Indicated: • For the management of anxiety disorders or for the short-term relief of the symptoms of anxiety. Anxiety or tension associated with the stress of everyday life usually does not require treatment with an anxiolytic. • In acute alcohol withdrawal, diazepam may be useful in the symptomatic relief of acute agitation, tremor, impending or acute delirium tremens and hallucinosis. • As an adjunct prior to endoscopic procedures if apprehension, anxiety or acute stress reactions are present, and to diminish the patient's recall of the procedures. • As a useful adjunct for the relief of skeletal muscle spasm due to reflex spasm to local pathology (such as inflammation of the muscles or joints, or secondary to trauma); spasticity caused by upper motor neuron disorders (such as cerebral palsy and paraplegia); athetosis; stiff-man syndrome; and tetanus. • As a useful adjunct in status epilepticus and severe recurrent convulsive seizures. • 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.	250	31 days	N/A	N/A	Y	Y		10/10/2018

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Drugs	J3373	Injection, vancomycin hydrochloride, 10 mg	10 mg	7/1/2025	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 (ß-lactam-resistant) staphylococci. - 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. - initial therapy when methicillin-resistant staphylococci are suspected, but after susceptibility data are available, therapy should be adjusted accordingly. To reduce the development of drug-resistant bacteria and maintain the effectiveness of vancomycin hydrochloride for injection USP and other antibacterial drugs, vancomycin hydrochloride for injection should be used only to treat or prevent infections that are proven or strongly suspected to be caused by susceptible bacteria. When culture and susceptibility information are available, they should be considered in selecting or modifying antibacterial therapy. In the absence of such data, local epidemiology and susceptibility patterns may contribute to the empiric selection of therapy. See package insert for list of infections.	6,200	N/A	N/A	N/A	Y	Y		6/26/2025
Drugs	J3374	Injection, vancomycin hydrochloride (mylan) not therapeutically equivalent to j3373, 10 mg	10 mg	7/1/2025	N/A	vancomycin hydrochloride for injection, for intravenous use (Mylan)	Indicated in adult and pediatric patients (neonates and older) for the treatment of: • Septicemia • Infective Endocarditis • Skin and Skin Structure Infections • Bone Infections • Lower Respiratory Tract Infections 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.	6,200	N/A	N/A	N/A	Y	Y		6/26/2025
Drugs	J3375	Injection, vancomycin hydrochloride (xellia), not therapeutically equivalent to j3373, 10 mg	10 mg	7/1/2025	N/A	vancomycin injection, for intravenous use (Xellia)	Indicated in adult and pediatric patients less than 18 years of age as follows: • Vancomycin Injection administered intravenously is indicated for the treatment of: • Septicemia • Infective Endocarditis • Skin and Skin Structure Infections • Bone Infections • Lower Respiratory Tract Infections Limitations of Use: • 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. • 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. 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.	6,200	N/A	N/A	N/A	Y	Y		6/26/2025
Biologicals	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: • moderately to severely active ulcerative colitis (UC). • 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
Biologicals	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
Biologicals	J3397	Injection, vestronidase alfa-vjbk, 1 mg	1 mg	1/1/2019	Mepsevii™	vestronidase alfa-vjbk injection, for intravenous use	Indicated in pediatric and adult patients for the treatment of Mucopolysaccharidosis VII (MPS VII, Sly syndrome). Limitations of Use: 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
Biologicals	J3401	Beremagene geperpavec-svdt for topical administration, containing nominal 5 x 10^9 pfu/ml vector genomes, per 0.1 ml	0.1 mL	1/1/2024	Vyjuvek®	beremagene geperpavec-svdt biological suspension mixed with excipient gel for topical application	Beremagene geperpavec-svdt is indicated for the treatment of wounds in adult and pediatric patients (0 years of age and older) with dystrophic epidermolysis bullosa with mutation(s) in the *collagen type VII alpha 1 chain (COL7A1)* gene.	125	N/A	N/A	N/A	Y	Y		10/29/2025
Biologicals	J3402	Injection, remestemcel-l-rknd, per therapeutic dose	1 dose	10/1/2025	Ryoncil®	remestemcel-l-rknd suspension for intravenous infusion	Remestemcel-L-rknd is indicated for the treatment of steroid-refractory acute graft versus host disease (SR-aGvHD) in pediatric patients 2 months of age and older.	9	2 months	N/A	N/A	Y	Y		9/26/2025

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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	• 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. • 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. • Hydroxyzine hydrochloride intramuscular solution is useful in treating the following types of patients when intramuscular administration is indicated: --The acutely disturbed or hysterical patient. --The acute or chronic alcoholic with anxiety withdrawal symptoms or delirium tremens. --As pre-and postoperative and pre- and postpartum adjunctive medication to permit reduction in narcotic dosage, allay anxiety and control emesis. • Hydroxyzine hydrochloride has also demonstrated effectiveness in controlling nausea and vomiting, excluding nausea and vomiting of pregnancy. • Hydroxyzine benefits the cardiac patient by its ability to allay the associated anxiety and apprehension attendant to certain types of heart disease. Hydroxyzine is not known to interfere with the action of digitalis in any way and may be used concurrently with this agent.	240	N/A	N/A	N/A	Y	Y		10/26/2018
Drugs	J3420	Injection, vitamin B-12 cyanocobalamin, up to 1,000 mcg	up to 1,000 mcg	1/1/2000	N/A	cyanocobalamin injection, USP (vitamin B-12)	Indicated for vitamin B12 deficiencies due to malabsorption which may be associated with the following conditions: • Addisonian (pernicious) anemia • Gastrointestinal pathology, dysfunction, or surgery, including gluten enteropathy or sprue, small bowel bacteria overgrowth, total or partial gastrectomy • Fish tapeworm infestation • Malignancy of pancreas or bowel • Folic acid deficiency Cyanocobalamin injection is also suitable for the vitamin B12 absorption test (Schilling test).	10	N/A	N/A	N/A	Y	Y		9/27/2018
Drugs	J3430	Injection, phytonadione (vitamin K) per 1 mg	1 mg	1/1/2000	Mephyton®	phytonadione injectable emulsion, USP	Indicated in the following coagulation disorders which are due to faulty formation of factors II, VII, IX and X when caused by vitamin K deficiency or interference with vitamin K activity: • anticoagulant-induced prothrombin deficiency caused by coumarin or indanedione derivatives; • prophylaxis and therapy of hemorrhagic disease of the newborn; • hypoprothrombinemia due to antibacterial therapy; • hypoprothrombinemia 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; • other drug-induced hypoprothrombinemia where it is definitely shown that the result is due to interference with vitamin K metabolism, e.g., salicylates.	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	Indicated as an adjuvant: • In subcutaneous fluid administration for achieving hydration. • To increase absorption and dispersion of other injected drugs. • In subcutaneous urography for improving resorption of radiopaque agents.	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	Indicated as an: • Adjuvant to increase the dispersion and absorption of other injected drugs. • In subcutaneous fluid administration for achieving hydration. • In subcutaneous urography for improving resorption of radiopaque agents.	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	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 (4.3 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.	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	Indicated for the treatment or prevention of hypokalemia when oral treatment is not feasible.	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	Indicated for the acute treatment of agitation in schizophrenic patients.	124	18 years	N/A	N/A	Y	Y		3/17/2022
Drugs	J3489	Injection, zoledronic acid, 1 mg	1 mg	1/1/2014	Reclast®; Zometa®	zoledronic acid injection, for intravenous use	Reclast is indicated for: • Treatment and prevention of postmenopausal osteoporosis • Treatment to increase bone mass in men with osteoporosis • Treatment and prevention of glucocorticoid-induced osteoporosis • Treatment of Paget's disease of bone in men and women Limitations of Use: Optimal duration of use has not been determined. For patients at low-risk for fracture, consider drug discontinuation after 3 to 5 years of use. Zometa is indicated for the treatment of: • Hypercalcemia of malignancy. • Patients with multiple myeloma and patients with documented bone metastases from solid tumors, in conjunction with standard antineoplastic therapy. Prostate cancer should have progressed after treatment with at least one hormonal therapy. Limitations of Use: The safety and efficacy of Zometa has not been established for use in hyperparathyroidism or non-tumor-related hypercalcemia.	20	18 years	N/A	N/A	Y	Y		9/21/2018

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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. 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: - 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. - Gram-negative organisms: Escherichia coli, Enterobacter cloacae, Klebsiella pneumoniae, and Pseudomonas aeruginosa. Indicated in adults for the treatment of community-acquired bacterial pneumonia (CABP) caused by the following susceptible microorganisms: Streptococcus pneumoniae, Staphylococcus aureus (methicillin-susceptible [MSSA] isolates only), Klebsiella pneumoniae, Escherichia coli, Pseudomonas aeruginosa, Haemophilus influenzae, 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	Bridion®	sugammadex injection, for intravenous use	Sugammadex injection is indicated for the reversal of neuromuscular blockade induced by rocuronium bromide and vecuronium bromide in adult and pediatric patients undergoing surgery.	12,500	N/A	N/A	N/A	Y	Y		1/22/2025
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: • 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	1/1/2000	Lidocaine (various topical formulations)	lidocaine topical cream, jelly, ointment, solution USP	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		11/26/2024
Drugs	J3490	Unclassified drugs	1 mg	1/1/2000	N/A	nalmefene hydrochloride injection	Indicated: - for the complete or partial reversal of opioid drug effects, including respiratory depression, induced by either natural or synthetic opioids - 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
Drugs	J3490	Unclassified drugs	50 mL	1/1/2000	N/A	sodium bicarbonate injection, solution	Indicated in: • The treatment of metabolic acidosis which may occur in severe renal disease, uncontrolled diabetes, circulatory insufficiency due to shock or severe dehydration, extracorporeal circulation of blood, cardiac arrest and severe primary lactic acidosis. • The treatment of certain drug intoxications, including barbiturates (where dissociation of the barbiturate-protein complex is desired), in poisoning by salicylates or methyl alcohol and in hemolytic reactions requiring alkalinization of the urine to diminish nephrotoxicity of blood pigments. • Severe diarrhea which is often accompanied by a significant loss of bicarbonate. • Treatment of metabolic acidosis should, if possible, be superimposed on measures designed to control the basic cause of the acidosis — e.g., insulin in uncomplicated diabetes, blood volume restoration in shock. But since an appreciable time interval may elapse before all of the ancillary effects are brought about, bicarbonate therapy is indicated to minimize risks inherent to the acidosis itself. • Vigorous bicarbonate therapy is required in any form of metabolic acidosis where a rapid increase in plasma total CO content is crucial — e.g., cardiac arrest, circulatory insufficiency due to shock or severe dehydration, and in severe primary lactic acidosis or severe diabetic acidosis.	403	N/A	N/A	N/A	Y	Y		10/31/2018
Drugs	J3490	Unclassified drugs	1 mg	1/1/2000	Neffy®	epinephrine nasal spray	Epinephrine nasal spray is indicated for emergency treatment of type I allergic reactions, including anaphylaxis, in patients 4 years of age and older who weigh 15 kg to <30 kg.	20	4 years	N/A	N/A	Y	Y		5/5/2025
Drugs	J3490	Unclassified drugs	1 mg	1/1/2000	Noxafil®	posaconazole injection, for intravenous use	Indicated for the prophylaxis of invasive Aspergillus and Candida infections in patients who are at high risk of developing these infections due to being severely immunocompromised, such as HSCT recipients with GVHD or those with hematologic malignancies with prolonged neutropenia from chemotherapy. 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: Prophylaxis of invasive Aspergillus and Candida infections: 2 years of age and older Treatment of invasive aspergillosis: 13 years of age and older	7/27/2021
Drugs	J3490	Unclassified drugs	1 vial	1/1/2000	Prevymis®	letermovir injection, for intravenous use	Indicated for: - prophylaxis of cytomegalovirus (CMV) infection and disease in adult and pediatric patients 6 months of age and older and weighing at least 6 kg who are CMV-seropositive recipients [R+] of an allogeneic hematopoietic stem cell transplant (HSCT). - prophylaxis of CMV disease in adult and pediatric patients 12 years of age and older and weighing at least 40 kg who are kidney transplant recipients at high risk (Donor CMV seropositive/Recipient CMV seronegative [D+/R-]).	31	6 months	N/A	N/A	Y	Y		9/27/2024
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

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Category	HCPCS Code	HCPCS Description	HCPCS Code Billing Unit	HCPCS Effective Date	Brand Name	Generic Name	FDA Approved Indications (See Package Insert for full FDA approved indication descriptions)	NC Suggested Max Monthly Units	Minimum Age	Maximum Age	Gender Restrictions	NDC Required	Rebating Labeler Required	Comments	Last Modified Date
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%). 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	Uptravi®	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. Note: Use Uptravi 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: • Treatment of partial-onset seizures in patients 1 month of age and older. • Adjunctive therapy in the treatment of primary generalized tonic-clonic seizures in patients 4 years of age and older.	1,240	Indication Specific Age Restrictions (see comments)	N/A	N/A	Y	Y	Indication specific age restrictions: Partial-onset seizures: 1 month of age and older Primary generalized tonic-clonic seizures: 4 years of age and older	11/17/2021
Drugs	J3490	Unclassified drugs	1 mg	1/1/2000	Xifyrm	meloxicam injection, for intravenous use	Meloxicam injection is indicated for use in adults for the management of moderate-to-severe pain, alone or in combination with non-NSAID analgesics. Limitation of Use: Because of delayed onset of analgesia, Xifyrm alone is not recommended for use when rapid onset of analgesia is required.	930	18 years	N/A	N/A	Y	Y		7/24/2025
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	Lidocaine Viscous 2%	lidocaine hydrochloride oral topical solution USP	Indicated for the production of topical anesthesia of irritated or inflamed mucous membranes of the mouth and pharynx. It is also useful for reducing gagging during the taking of X-ray pictures and dental impressions.	3,720	N/A	N/A	N/A	Y	Y		11/26/2024
Drugs	J3490	Unclassified drugs	0.5 mg	1/1/2000	Marcaine™ with Epinephrine, Sensorcaine® with Epinephrine	bupivacaine hydrochloride and epinephrine injection, for infiltration, perineural, caudal, or epidural use	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. Limitations of Use: Not all blocks are indicated for use with bupivacaine hydrochloride and epinephrine given clinically significant risks associated with use.	4,000	12 years	N/A	N/A	Y	Y		11/26/2024
Drugs	J3490	Unclassified drugs	1 g	1/1/2000	N/A	lidocaine 2.5% and prilocaine 2.5% cream	Indicated as a topical anesthetic for use on: • normal intact skin for local analgesia. • genital mucous membranes for superficial minor surgery and as pretreatment for infiltration anesthesia. Lidocaine 2.5% and prilocaine 2.5% cream is not recommended in any clinical situation when penetration or migration beyond the tympanic membrane into the middle ear is possible because of the ototoxic effects observed in animal studies.	1,860	N/A	N/A	N/A	Y	Y		11/26/2024
Drugs	J3490	Unclassified drugs	1 mg	1/1/2000	Wainua™	eplontersen injection, for subcutaneous use	Eplontersen 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
Biologicals	J3590	Unclassified biologics	1 mg	1/1/2002	Bildyos®, Bilprevda®	denosumab-nxxp injection, for subcutaneous use	Bildyos: Denosumab-nxxp is indicated for treatment: • of postmenopausal women with osteoporosis at high risk for fracture. • to increase bone mass in men with osteoporosis at high risk for fracture. • of glucocorticoid-induced osteoporosis in men and women at high risk for fracture. • to increase bone mass in men at high risk for fracture receiving androgen deprivation therapy for nonmetastatic prostate cancer. • to increase bone mass in women at high risk for fracture receiving adjuvant aromatase inhibitor therapy for breast cancer. Bilprevda: Denosumab-nxxp is indicated for: • Prevention of skeletal-related events in patients with multiple myeloma and in patients with bone metastases from solid tumors. • 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. • Treatment of hypercalcemia of malignancy refractory to bisphosphonate therapy.	480	Product Specific Age Restrictions (see comments)	N/A	N/A	Y	Y	Product Specific Age Restrictions : Bildyos: 18 years of age and older Bilprevda: Giant cell tumor of bone: Skeletally mature adolescents (aged 12–16 years) All other indications: 18 years of age and older	10/29/2025
Biologicals	J3590	Unclassified biologics	11 mg (1 kit)	1/1/2002	Cablivi®	caplacizumab-yhdp for injection, for intravenous or subcutaneous use	Indicated for the treatment of adult patients with acquired thrombotic thrombocytopenic purpura (aTTP), in combination with plasma exchange and immunosuppressive therapy.	32	18 years	N/A	N/A	Y	Y		3/26/2019
Biologicals	J3590	Unclassified biologics	per daily dose	1/1/2002	Palforzia™	peanut (Arachis hypogaea) allergen powder-dnfp powder for oral administration	Indicated for the mitigation of allergic reactions, including anaphylaxis, that may occur with accidental exposure to peanut. Palforzia is approved for use in patients with a confirmed diagnosis of peanut allergy. Initial Dose Escalation may be administered to patients aged 1 through 17 years. Up-Dosing and Maintenance may be continued in patients 1 year of age and older. Limitation of Use: Not indicated for the emergency treatment of allergic reactions, including anaphylaxis.	31	1 year	N/A	N/A	Y	Y	Initial Dose Escalation may be administered to patients aged 1 through 17 years. Up-Dosing and Maintenance may be continued in patients 4 years of age and older.	9/6/2024
Biologicals	J3590	Unclassified biologics	0.5 mL	1/1/2002	Plegridy™	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
Biologicals	J3590	Unclassified biologics	50 mL	1/1/2002	Praxbind®	idarucizumab injection, for intravenous use	Indicated in patients treated with Pradaxa when reversal of the anticoagulant effects of dabigatran is needed: • For emergency surgery/urgent procedures • In life-threatening or uncontrolled bleeding	4	18 years	N/A	N/A	Y	Y		7/16/2018

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Biologicals	J3590	Unclassified biologics	1 IU	1/1/2002	Recothrom®	thrombin topical (recombinant) lyophilized powder for solution - for topical use only	Indicated to aid hemostasis whenever oozing blood and minor bleeding from capillaries and small venules is accessible and control of bleeding by standard surgical techniques is ineffective or impractical in adults and pediatric populations greater than or equal to one month of age.	80,000	1 month	N/A	N/A	Y	Y		4/10/2019
Biologicals	J3590	Unclassified biologics	1 mg	1/1/2002	Revcovi™	elapegademase-lvlr injection, for intramuscular use	Indicated for the treatment of adenosine deaminase severe combined immune deficiency (ADA-SCID) in pediatric and adult patients.	288	N/A	N/A	N/A	Y	Y		12/28/2018
Biologicals	J3590	Unclassified biologics	1 mg	1/1/2002	Strensiq®	asfotase alfa injection, for subcutaneous use	Treatment of patients with perinatal/infantile-onset and juvenile-onset hypophosphatasia (HPP).	5,460	N/A	N/A	N/A	Y	Y		4/10/2019
Biologicals	J3590	Unclassified biologics	1 mg	1/1/2002	Imaavy™	nipocalimab-aahu injection, for intravenous use	Nipocalimab-aahu injection is indicated for the treatment of generalized myasthenia gravis (gMG) in adult and pediatric patients 12 years of age and older who are anti-acetylcholine receptor (AChR) or anti-musclespecific tyrosine kinase (MuSK) antibody positive.	9,000	12 years	N/A	N/A	Y	Y		5/28/2025
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	D5LR (5% dextrose in lactated ringer's injection)	Indicated for parenteral replacement of extracellular losses of fluid and electrolytes, with or without minimal carbohydrate calories, as required by the clinical condition of the patient.	124	N/A	N/A	N/A	Y	Y		10/4/2018
Biologicals	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
Biologicals	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
Biologicals	J7169	Injection, coagulation factor xa (recombinant), inactivated-zhzo (andexxa), 10 mg	10 mg	7/1/2020	Andexxa®	coagulation factor Xa (recombinant), inactivated-zhzo lyophilized powder for solution for intravenous injection	Indicated for patients treated with rivaroxaban and apixaban, when reversal of anticoagulation is needed due to life-threatening or uncontrolled bleeding.	180	18 years	N/A	N/A	Y	Y		6/17/2020
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	J7171	Injection, adamts13, recombinant-krhn, 10 iu	10 IU	7/1/2024	Adzynma	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).	3,000	2 years	N/A	N/A	Y	Y		6/24/2024
Biologicals	J7172	Injection, marstacimab-hncq, 0.5 mg	0.5 mg	7/1/2025	Hympavzi™	marstacimab-hncq injection, for subcutaneous use	Marstacimab-hncq injection is indicated for routine prophylaxis to prevent or reduce the frequency of bleeding episodes in adult and pediatric patients 12 years of age and older with: • hemophilia A (congenital factor VIII deficiency) without factor VIII inhibitors, or • hemophilia B (congenital factor IX deficiency) without factor IX inhibitors.	3,000	12 years	N/A	N/A	Y	Y		6/26/2025
Biologicals	J7173	Injection, concizumab-mtci, 0.5 mg	0.5 mg	10/1/2025	Alhemo®	concizumab-mtci injection, for subcutaneous use	Concizumab-mtci injection is indicated for routine prophylaxis to prevent or reduce the frequency of bleeding episodes in adult and pediatric patients 12 years of age and older with: • hemophilia A (congenital factor VIII deficiency) with or without FVIII inhibitors • hemophilia B (congenital factor IX deficiency) with or without FIX inhibitors	2,700	12 years	N/A	N/A	Y	Y		9/26/2025
Drugs	J7174	Injection, fitusiran, 0.04 mg	0.04 mg	10/1/2025	Qfitlia™	fitusiran injection, for subcutaneous use	Fitusiran injection is indicated for routine prophylaxis to prevent or reduce the frequency of bleeding episodes in adult and pediatric patients aged 12 years and older with hemophilia A or B with or without factor VIII or IX inhibitors.	2,500	12 years	N/A	N/A	Y	Y		9/26/2025
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: • On-demand treatment and control of bleeding episodes • Perioperative management of bleeding in patients with mild, moderate and severe hereditary Factor X deficiency • 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	Fibrinogen (human) is indicated for: • fibrinogen supplementation in bleeding patients with acquired fibrinogen deficiency • treatment of acute bleeding episodes in patients with congenital fibrinogen deficiency, including afibrinogenemia and hypofibrinogenemia Limitation of Use: • Fibryga is not indicated for dysfibrinogenemia.	52,500	N/A	N/A	N/A	Y	Y		9/6/2024
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

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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	von Willebrand factor (recombinant) for intravenous injection is indicated: 1. In adult and pediatric patients with von Willebrand disease (VWD) for: • On-demand treatment and control of bleeding episodes. • Perioperative management of bleeding. 2. In adult patients only for: • Routine prophylaxis to reduce the frequency of bleeding episodes.	273,000	Indication Specific Age Restrictions (see comments)	N/A	N/A	Y	Y	Indication specific age restrictions: 1 year of age and older: On-demand treatment and control of bleeding episodes, perioperative management of bleeding 18 years of age and older: Routine prophylaxis to reduce the frequency of bleeding episodes	10/29/2025
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: • Routine prophylactic treatment • 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. 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: Indicated in children and adults with von Willebrand disease for: • On-demand treatment and control of bleeding episodes. • Perioperative management of bleeding. • Routine prophylaxis to reduce the frequency of bleeding episodes. - Wilate is indicated for routine prophylaxis in children 6 years of age and older and adults with von Willebrand disease. Hemophilia A: Indicated in adolescents and adults with hemophilia A for: • Routine prophylaxis to reduce the frequency of bleeding episodes. • On-demand treatment and control of bleeding episodes.	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. • Indicated in adults and children with hemophilia A for routine prophylaxis to reduce the frequency of bleeding episodes. • 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: • Control and prevention of bleeding in adult and pediatric patients with hemophilia A. • Surgical and/or invasive procedures in adult and pediatric patients with von Willebrand Disease in whom desmopressin (DDAVP) is either ineffective or contraindicated. It is not indicated for patients with severe VWD (Type 3) undergoing major surgery.	133,250	N/A	N/A	N/A	Y	Y	Max Units: Although the monthly dose can exceed this amount, use of higher doses administered by a provider must be supported with adequate documentation supplied to DMA and established in the medical record.	9/21/2018
Biologicals	J7187	Injection, Von Willebrand factor complex (Humate-P), per IU, VWF:RCO	1 IU	1/1/2007	Humate-P®	antihemophilic factor/von Willebrand factor complex (human), lyophilized powder for reconstitution for intravenous use only	Indicated for: • Hemophilia A – Treatment and prevention of bleeding in adults. • Von Willebrand disease (VWD) – in adults and pediatric patients in the (1) Treatment of spontaneous and trauma-induced bleeding episodes, and (2) Prevention of excessive bleeding during and after surgery. This applies to patients with severe VWD as well as 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: • Hemophilia A: 18 years of age and older • Von Willebrand disease (VWD): None Max Units: Although the daily dose can exceed this amount, use of higher doses administered by a provider must be supported with adequate documentation supplied to DMA and established in the medical record.	9/21/2018
Biologicals	J7188	Injection, factor VIII (antihemophilic factor, recombinant), (Obizur), per IU	1 IU	1/1/2016	Obizur®	antihemophilic factor (recombinant), porcine sequence lyophilized powder for solution for intravenous injection	Treatment of bleeding episodes in adults with acquired hemophilia A.	630,000	18 years	N/A	N/A	Y	Y		4/10/2019
Biologicals	J7189	Factor viia (antihemophilic factor, recombinant), (novoseven rt), 1 microgram	1 mcg	1/1/2006	NovoSeven®, NovoSeven® RT	coagulation factor VIIa (recombinant) for intravenous use	Indicated for: • Treatment of bleeding episodes and peri-operative management in adults and children with hemophilia A or B with inhibitors, congenital Factor VII (FVII) deficiency, and Glanzmann's thrombasthenia with refractoriness to platelet transfusions, with or without antibodies to platelets. • 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

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Physician Administered Drug Program Catalog

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Biologicals	J7190	Factor VIII (antihemophilic factor [human]) per IU	1 IU	1/1/2000	Hemofil® M, Koate®-DVI, Monoclate-P®	factor VIII (antihemophilic factor, human) for intravenous injection	Koate: Indicated for the control and prevention of bleeding episodes or in order to perform emergency and elective surgery in patients with hemophilia A (hereditary Factor VIII deficiency). Limitation of Use: Koate is not indicated for the treatment of von Willebrand disease. Monoclate-P: Indicated for treatment of classical hemophilia (Hemophilia A). Affected individuals frequently require therapy following minor accidents. Surgery, when required in such individuals, must be preceded by temporary corrections of the clotting abnormality. Surgical prophylaxis in severe AHF deficiency can be accomplished with an appropriately-dosed pre-surgical IV bolus of Monoclate-P followed by intermittent maintenance doses. Monoclate P is not effective in controlling the bleeding of patients with von Willebrand disease. Hemofil M: Indicated in hemophilia A (classical hemophilia) for the prevention and control of hemorrhagic episodes. Hemofil M is not indicated in von Willebrand disease.	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®, Bioclate®, Helixate® FS, Kogenate® FS, Recombinate™, ReFacto®	factor VIII (antihemophilic factor, recombinant) for intravenous use	Kogenate: Indicated for: • On-demand treatment and control of bleeding episodes in adults and children with hemophilia A. • Perioperative management of bleeding in adults and children with hemophilia A. • Routine prophylaxis to reduce the frequency of bleeding episodes in children with hemophilia A and to reduce the risk of joint damage in children without pre-existing joint damage. • Routine prophylaxis to reduce the frequency of bleeding episodes in adults with hemophilia A. Kogenate is not indicated for the treatment of von Willebrand disease. Advate: Indicated for use in children and adults with hemophilia A for: • Control and prevention of bleeding episodes. • Perioperative management. • Routine prophylaxis to prevent or reduce the frequency of bleeding episodes. Advate is not indicated for the treatment of von Willebrand disease. Recombinate: Indicated in hemophilia A: • For the prevention and control of hemorrhagic episodes. • Perioperative management. Recombinate is not indicated in von Willebrand's disease.	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, Profilnine® SD, Profilnine®	factor IX complex for intravenous administration	Bebulin: Indicated for the prevention and control of bleeding episodes in adult patients with hemophilia B (congenital Factor IX deficiency or Christmas disease). Bebulin is not indicated for use in the treatment of Factor VII deficiency. No clinical studies have been conducted to show benefit from this product for treating deficiencies other than Factor IX deficiency. Profilnine: Indicated for the prevention and control of bleeding in patients with factor IX deficiency (hemophilia B). Profilnine contains non-therapeutic levels of factor VII and is not indicated for use in the treatment of factor VII deficiency.	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: • Control and prevention of bleeding episodes in adult and pediatric patients with hemophilia B. • Peri-operative management in adult and pediatric patients with hemophilia B. Limitations of Use: Benefix is not indicated for the treatment of other factor deficiencies (e.g. factors II, VII, VIII, and X), hemophilia A patients with inhibitors to factor VIII, reversal of 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	Antithrombin III (human) lyophilized powder for solution is indicated in adult and pediatric patients with hereditary antithrombin deficiency for: • Treatment and prevention of thromboembolism • Prevention of peri-operative and peri-partum thromboembolism	50,400	N/A	N/A	N/A	Y	Y		9/26/2025
Biologicals	J7198	Anti-inhibitor, per IU	per IU	1/1/2000	Feiba	anti-inhibitor coagulant complex, for intravenous use, lyophilized powder for solution	Indicated for use in hemophilia A and B patients with inhibitors for: • Control and prevention of bleeding episodes • Perioperative management • Routine prophylaxis to prevent or reduce the frequency of bleeding episodes. Feiba is not indicated for the treatment of bleeding episodes resulting from coagulation factor deficiencies in the absence of inhibitors to factor VIII or factor IX.	560,000	N/A	N/A	N/A	Y	Y		9/21/2018
Biologicals	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
Biologicals	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: • On-demand treatment and control of bleeding episodes. • Perioperative management of bleeding. • Routine prophylaxis to reduce the frequency of bleeding episodes. Limitations of Use: Alprolix is not indicated for induction of immune tolerance in patients with hemophilia B.	72,000	N/A	N/A	N/A	Y	Y		4/10/2019
Biologicals	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: • On-demand treatment and control and prevention of bleeding episodes • Perioperative management of bleeding • Routine prophylaxis to reduce the frequency of bleeding episodes Limitations of Use: Idelvion is not indicated for immune tolerance induction in patients with Hemophilia B.	96,921	N/A	N/A	N/A	Y	Y		6/6/2019

North Carolina Division of Health Benefits
Physician Administered Drug Program Catalog

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Biologicals	J7203	Injection factor ix, (antihemophilic factor, recombinant), glycopegylated, (rebinyn), 1 iu	1 IU	1/1/2019	Rebinyn®	coagulation factor IX (recombinant), glycoPEGylated, lyophilized powder for solution for intravenous injection	Indicated for use in adults and children with hemophilia B for: • On-demand treatment and control of bleeding episodes • Perioperative management of bleeding Limitations of Use: Rebinyn is not indicated for routine prophylaxis in the treatment of patients with hemophilia B or for immune tolerance induction in patients with hemophilia B.	67,200	N/A	N/A	N/A	Y	Y		7/2/2018
Biologicals	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: • On-demand treatment and control of bleeding episodes • Perioperative management of bleeding • Routine prophylaxis to reduce the frequency of bleeding episodes Limitation of Use: Esperoct is not indicated for the treatment of von Willebrand disease.	146,250	N/A	N/A	N/A	Y	Y		2/24/2025
Biologicals	J7205	Injection, factor VIII Fc fusion protein (recombinant), per IU	1 IU	1/1/2016	Eloctate®	antihemophilic factor (recombinant) Fc fusion protein lyophilized powder for solution for intravenous injection	Indicated in adults and children with Hemophilia A (congenital Factor VIII deficiency) for: • On-demand treatment and control of bleeding episodes. • Perioperative management of bleeding. • Routine prophylaxis to reduce the frequency of bleeding episodes. Limitation of Use: Eloctate is not indicated for the treatment of von Willebrand disease.	140,000	N/A	N/A	N/A	Y	Y		7/2/2018
Biologicals	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: • On-demand treatment and control of bleeding episodes • Perioperative management • Routine prophylaxis to reduce the frequency of bleeding episodes Adynovate is not indicated for the treatment of von Willebrand disease.	210,000	N/A	N/A	N/A	Y	Y		9/25/2018
Biologicals	J7208	Injection, factor viii, (antihemophilic factor, recombinant), pegylated-aucl, (jivi), 1 i.u.	1 IU	7/1/2019	Jivi®	antihemophilic factor (recombinant) PEGylated-aucl, for intravenous use	Indicated for use in previously treated adults and adolescents (12 years of age and older) with hemophilia A (congenital Factor VIII deficiency) for: • On-demand treatment and control of bleeding episodes • Perioperative management of bleeding • Routine prophylaxis to reduce the frequency of bleeding episodes Limitations of use: - Jivi is not indicated for use in children < 12 years of age due to a greater risk for hypersensitivity reactions. - Jivi is not indicated for use in previously untreated patients (PUPs). - Jivi is not indicated for the treatment of von Willebrand disease.	180,000	12 years	N/A	N/A	Y	Y		9/25/2018
Biologicals	J7209	Injection, factor VIII, (antihemophilic factor, recombinant), (Nuwiq), 1 IU	1 IU	1/1/2017	Nuwiq®	antihemophilic factor (recombinant), lyophilized powder for solution for intravenous injection	Indicated in adults and children with Hemophilia A for: • On-demand treatment and control of bleeding episodes • Perioperative management of bleeding • Routine prophylaxis to reduce the frequency of bleeding episodes Nuwiq is not indicated for the treatment of von Willebrand Disease.	210,000	N/A	N/A	N/A	Y	Y		4/10/2019
Biologicals	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: • On-demand treatment and control of bleeding episodes. • Routine prophylaxis to reduce the frequency of bleeding episodes. • Perioperative management of bleeding. 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
Biologicals	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: • On-demand treatment and control of bleeding episodes • Perioperative management of bleeding • Routine prophylaxis to reduce the frequency of bleeding episodes Kovaltry is not indicated for the treatment of von Willebrand disease.	210,000	N/A	N/A	N/A	Y	Y		10/10/2018
Biologicals	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. Limitation of Use: Sevenfact is not indicated for treatment of congenital factor VII deficiency.	1,350,000	12 years	N/A	N/A	Y	Y		4/4/2025
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: • On-demand treatment and control of bleeding episodes • Perioperative management • Routine prophylaxis to reduce the frequency of bleeding episodes Ixinity is not indicated for induction of immune tolerance in patients with hemophilia B.	322,000	N/A	N/A	N/A	Y	Y		5/3/2024
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: • Routine prophylaxis to reduce the frequency of bleeding episodes • On-demand treatment & control of bleeding episodes • Perioperative management of bleeding Limitation of Use: 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. 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: • Pregnancy prevention for up to 8 years. • 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 (paragard)	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		9/26/2025

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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, 0.19 mg, for intravitreal use	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. - the treatment of chronic non-infectious uveitis affecting the posterior segment of the eye.	38	18 years	N/A	N/A	Y	Y		5/5/2025
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). • 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. • 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	J7355	Injection, travoprost, intracameral implant, 1 microgram	1 mcg	7/1/2024	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		6/24/2024
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: •Renal transplant rejection. •Aplastic anemia (moderate to severe) in patients unsuitable for bone marrow transplantation. Limitations of Use: The usefulness of Atgam has not been demonstrated in patients with aplastic anemia who are suitable candidates for bone marrow transplantation or in patients with aplastic anemia secondary to neoplastic disease, storage disease, myelofibrosis, Fanconi's syndrome, or in patients known to have been exposed to myelotoxic agents or radiation.	235.2	N/A	N/A	N/A	Y	Y		9/12/2018
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). 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 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. 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 Asthma exacerbations: N/A	9/21/2022

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Category	HCPCS Code	HCPCS Description	HCPCS Code Billing Unit	HCPCS Effective Date	Brand Name	Generic Name	FDA Approved Indications (See Package Insert for full FDA approved indication descriptions)	NC Suggested Max Monthly Units	Minimum Age	Maximum Age	Gender Restrictions	NDC Required	Rebating Labeler Required	Comments	Last Modified Date
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. 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 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: • Symptomatic Trichomoniasis: Metronidazole is indicated for the treatment of *T. vaginalis* infection in females and males when the presence of the trichomonad has been confirmed by appropriate laboratory procedures (wet smears and/or cultures). • Asymptomatic Trichomoniasis: Metronidazole is indicated in the treatment of asymptomatic *T. vaginalis* 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	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: • As a component of multiagent adjuvant chemotherapy for treatment of women with axillary lymph node involvement following resection of primary breast cancer. • 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 sarcomas, 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
Biologicals	J9011	Injection, datopotamab deruxtecan-dlnk, 1 mg	1 mg	10/1/2025	Datroway®	datopotamab deruxtecan-dlnk for injection, for intravenous use	Datopotamab deruxtecan-dlnk for injection is indicated for the treatment of: - adult patients with unresectable or metastatic, hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative (IHC 0, IHC 1+ or IHC 2+/ISH-) breast cancer who have received prior	1,080	18 years	N/A	N/A	Y	Y		9/26/2025
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. • Indicated in combination with tretinoin for treatment of adults with newly diagnosed low-risk acute	651	Indication Specific Age Restrictions (see comments)	N/A	N/A	Y	Y	Indication specific age restrictions: • In combination with tretinoin: 18 years of age and	9/25/2018
Drugs	J9019	Injection, asparaginase (Erwinaze), 1,000 IU	1,000 units	1/1/2013	Erwinaze®	asparaginase *Erwinia chrysanthemi* for injection, intramuscular or intravenous 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
Biologicals	J9022	Injection, atezolizumab, 10 mg	10 mg	1/1/2018	Tecentriq®	atezolizumab injection, for intravenous use	Indicated for the treatment of patients with: • Non-Small Cell Lung Cancer (NSCLC) 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. o in combination with bevacizumab, paclitaxel, and carboplatin, for the firstline treatment of patients with	336	Indication Specific Age Restrictions (see comments)	N/A	N/A	Y	Y	NSCLC, SCLC, HCC, melanoma: 18 years of age and older ASPS: 2 years of age and older	1/23/2023
Biologicals	J9023	Injection, avelumab, 10 mg	10 mg	1/1/2018	Bavencio®	avelumab injection, for intravenous use	Indicated for: • Adults and pediatric patients 12 years and older with metastatic Merkel cell carcinoma (MCC). • 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. • Maintenance treatment of patients with locally advanced or metastatic UC that has not progressed with first-line platinum-containing chemotherapy. • First-line treatment, in combination with axitinib, of patients with advanced renal cell carcinoma (RCC).	240	12 years	N/A	N/A	Y	Y		7/28/2020
Biologicals	J9024	Injection, atezolizumab, 5 mg and hyaluronidase-tqjs	5 mg	4/1/2025	Tecentriq Hybreza™	atezolizumab and hyaluronidase-tqjs injection, for subcutaneous use	Atezolizumab and hyaluronidase-tqjs injection is indicated: Non-Small Cell Lung Cancer (NSCLC) • 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 ≥ 1% of tumor cells, as determined by an FDA-approved test. • for the first-line treatment of adult patients with metastatic NSCLC whose tumors have high PD-L1 expression (PD-L1 stained ≥ 50% of tumor cells [TC ≥ 50%] or PD-L1 stained tumor-infiltrating immune cells [IC] covering ≥ 10% of the tumor area [IC ≥ 10%]), as determined by an FDA-approved test, with no EGFR or ALK genomic tumor aberrations. • in combination with bevacizumab, paclitaxel, and carboplatin, for the first-line treatment of adult	750	18 years	N/A	N/A	Y	Y		4/4/2025
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: - 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	3,000	Indication Specific Age Restrictions (see comments)	N/A	N/A	Y	Y	Indication specific age restrictions: • Adult patients with FAB myelodysplastic syndrome	6/9/2022

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Biologicals	J9026	Injection, tarlatamab-dlle, 1 mg	1 mg	1/1/2025	Imdelltra™	tarlatamab-dlle for injection, for intravenous use	Tarlatamab-dlle for injection is indicated for the treatment of adult patients with extensive stage small cell lung cancer (ES-SCLC) with disease progression on or after platinum-based chemotherapy.	31	18 years	N/A	N/A	Y	Y		12/20/2024
Biologicals	J9028	Injection, nogapendekin alfa inbakicept-pmln, for intravesical use, 1 microgram	1 mcg	1/1/2025	Anktiva®	nogapendekin alfa inbakicept-pmln solution, for intravesical use	Nogapendekin alfa inbakicept-pmln solution is indicated with Bacillus Calmette-Guérin (BCG) for the treatment of adult patients with BCG-unresponsive non-muscle invasive bladder cancer (NMIBC) with carcinoma in situ (CIS) with or without papillary tumors.	2,000	18 years	N/A	N/A	Y	Y		12/20/2024
Biologicals	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
Biologicals	J9030	Bcg live intravesical instillation, 1 mg	per installation	1/1/2000	Tice BCG®	BCG Live (intravesical)	Indicated for the treatment and prophylaxis of carcinoma in situ (CIS) of the urinary bladder, and for the prophylaxis of primary or recurrent stage Ta and/or T1 papillary tumors following transurethral resection (TUR). 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.	250	18 years	N/A	N/A	Y	Y	6/2024: NC Suggested Max Monthly Units updated to align with NCTracks, which has been set to 250 units/month since	6/7/2024
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 hydrochloride, 1 mg	1 mg	1/1/2017	Treanda®	bendamustine hydrochloride injection, for intravenous use	Indicated for treatment of patients with: • Chronic lymphocytic leukemia (CLL). Efficacy relative to first line therapies other than chlorambucil has not been established. • Indolent B-cell non-Hodgkin lymphoma (NHL) that has progressed during or within six months of treatment with rituximab or a rituximab-containing regimen.	1,200	18 years	N/A	N/A	Y	Y		12/20/2024
Drugs	J9034	Injection, bendamustine HCl (Bendeka), 1 mg	1 mg	1/1/2017	Bendeka®	bendamustine hydrochloride injection, for intravenous use	Indicated for treatment of patients with: • Chronic lymphocytic leukemia (CLL). Efficacy relative to first line therapies other than chlorambucil has not been established. • Indolent B-cell non-Hodgkin lymphoma (NHL) that has progressed during or within six months of treatment with rituximab or a rituximab-containing regimen.	1,200	18 years	N/A	N/A	Y	Y		9/25/2018
Biologicals	J9035	Injection, bevacizumab, 10 mg	10 mg	1/1/2005	Avastin®	bevacizumab injection, for intravenous use	Indicated for the treatment of: • Metastatic colorectal cancer, in combination with intravenous 5-fluorouracil-based chemotherapy for first- or second-line treatment. • Metastatic colorectal cancer, in combination with fluoropyrimidine-irinotecan- or fluoropyrimidine-oxaliplatin-based chemotherapy for second-line treatment in patients who have progressed on a first-line bevacizumab product-containing regimen. • Unresectable, locally advanced, recurrent or metastatic non-squamous non-small cell lung cancer, in combination with carboplatin and paclitaxel for first-line treatment. • Recurrent glioblastoma in adults.	460	18 years	N/A	N/A	Y	Y		9/26/2025
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: • Chronic lymphocytic leukemia (CLL). Efficacy relative to first line therapies other than chlorambucil has not been established. • Indolent B-cell non-Hodgkin lymphoma (NHL) that has progressed during or within six months of treatment with rituximab or a rituximab-containing regimen.	1,440	18 years	N/A	N/A	Y	Y		12/20/2024
Biologicals	J9038	Injection, axatilimab-csfr, 0.1 mg	0.1 mg	4/1/2025	Niktimvo™	axatilimab-csfr injection, for intravenous use	Axatilimab-csfr injection is indicated for the treatment of chronic graft-versus-host disease (cGVHD) after failure of at least two prior lines of systemic therapy in adult and pediatric patients weighing at least 40 kg.	1,050	6 years	N/A	N/A	Y	Y		4/3/2025
Biologicals	J9039	Injection, blinatumomab, 1 mcg	1 mcg	1/1/2016	Blincyto®	blinatumomab for injection, for intravenous use	Indicated for the treatment of adult and pediatric patients one month and older with: • Relapsed or refractory CD19-positive B-cell precursor acute lymphoblastic leukemia (ALL). • 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%. • CD19-positive Philadelphia chromosome-negative B-cell precursor acute lymphoblastic leukemia (ALL) in the consolidation phase of multiphase chemotherapy.	980	1 month	N/A	N/A	Y	Y		7/29/2024
Drugs	J9040	Injection, bleomycin sulfate, 15 units	15 units	1/1/2000	N/A	bleomycin for injection	Considered a palliative treatment shown to be useful in the management of: • Squamous Cell Carcinoma: Head and neck (including mouth, tongue, tonsil, nasopharynx, oropharynx, sinus, palate, lip, buccal mucosa, gingivae, epiglottis, skin, larynx), penis, cervix, and vulva. The response to bleomycin is poorer in patients with previously irradiated head and neck cancer. • Lymphomas: Hodgkin's disease, non-Hodgkin's disease • Testicular Carcinoma: Embryonal cell, choriocarcinoma, and teratocarcinoma • Malignant Pleural Effusion: Bleomycin is effective as a sclerosing agent for the treatment of malignant	27	N/A	N/A	N/A	Y	Y		4/10/2019

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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: • Multiple myeloma • Mantle cell lymphoma	245	18 years	N/A	N/A	Y	Y		12/12/2022
Biologicals	J9042	Injection, brentuximab vedotin, 1 mg	1 mg	1/1/2013	Adcetris®	brentuximab vedotin for injection, for intravenous use	Indicated for: • Previously untreated Stage III or IV classical Hodgkin lymphoma (cHL), in combination with doxorubicin, vinblastine, and dacarbazine. • Classical Hodgkin lymphoma (cHL) at high risk of relapse or progression as post-autologous hematopoietic stem cell transplantation (auto-HSCT) consolidation. • 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	400	Indication Specific Age Restrictions (see comments)	N/A	N/A	Y	Y	Indication specific age restrictions: • Previously untreated high risk classical Hodgkin lymphoma (cHL): 2 years and older • Other indications: 18 years of age and older	4/4/2025
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.	44	18 years	N/A	N/A	Y	Y		9/26/2025
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: • treatment of adult patients with multiple myeloma • 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	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: o Lenalidomide and dexamethasone; or o Dexamethasone; or	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 Kabi)	Indicated for: • treatment of adult patients with multiple myeloma • 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: • treatment of adult patients with multiple myeloma • 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: • Brain tumors - glioblastoma, brainstem glioma, medulloblastoma, astrocytoma, ependymoma, and metastatic brain tumors. • Multiple myeloma - in combination with prednisone. • Hodgkin's disease - as secondary therapy in combination with other approved drugs in patients who relapse while being treated with primary therapy, or who fail to respond to primary therapy. • 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: • treatment of adult patients with multiple myeloma • 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: • Brain tumors glioblastoma, brainstem glioma, medulloblastoma, astrocytoma, ependymoma, and metastatic brain tumors • Multiple myeloma-in combination with prednisone • Relapsed or refractory Hodgkin's lymphoma in combination with other approved drugs • 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

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Drugs	J9054	Injection, bortezomib (boruzu), 0.1 mg	0.1 mg	4/1/2025	Boruzu®	bortezomib injection, for subcutaneous or intravenous use	Bortezomib injection is indicated for: • treatment of adult patients with multiple myeloma • treatment of adult patients with mantle cell lymphoma	245	18 years	N/A	N/A	Y	Y		4/3/2025
Biologicals	J9055	Injection, cetuximab, 10 mg	10 mg	1/1/2005	Erbitux®	cetuximab injection, for intravenous use	Indicated for: • Squamous Cell Carcinoma of the Head and Neck (SCCHN): - Locally or regionally advanced squamous cell carcinoma of the head and neck in combination with radiation therapy. - Recurrent locoregional disease or metastatic squamous cell carcinoma of the head and neck in	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: • Chronic lymphocytic leukemia (CLL). Efficacy relative to first line therapies other than chlorambucil has not been established. • Indolent B-cell non-Hodgkin lymphoma (NHL) that has progressed during or within six months of treatment with 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	J9060	Injection, cisplatin, powder or solution, per 10 mg	10 mg	1/1/2000	N/A	cisplatin injection	Indicated as therapy for: • Metastatic Testicular Tumors: In established combination therapy with other approved chemotherapeutic agents in patients with metastatic testicular tumors who have already received appropriate surgical and/or	50	18 years	N/A	N/A	Y	Y		9/27/2018
Biologicals	J9061	Injection, amivantamab-vmjw, 2 mg	2 mg	1/1/2022	Rybrevant™	amivantamab-vmjw injection, for intravenous use	Indicated: - as a single agent 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	3,500	18 years	N/A	N/A	Y	Y		10/22/2024
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: Malignant Diseases: malignant lymphomas, Hodgkin's disease, lymphocytic lymphoma, mixed-cell type lymphoma, histiocytic lymphoma, Burkitt's lymphoma; multiple myeloma, leukemias, mycosis fungoides,	2,500	N/A	N/A	N/A	Y	Y		3/17/2022
Drugs	J9072	Injection, cyclophosphamide (frindovyx), 5 mg	5 mg	1/1/2024	Frindovyx™	cyclophosphamide injection, for intravenous use (Avyxa)	Cyclophosphamide injection is indicated for treatment of adult and pediatric patients with: • Malignant Diseases: - malignant lymphomas: Hodgkin's disease, lymphocytic lymphoma, mixed-cell type lymphoma, histiocytic lymphoma, Burkitt's lymphoma;	2,500	N/A	N/A	N/A	Y	Y		9/26/2025
Drugs	J9073	Injection, cyclophosphamide (dr. reddy's), 5 mg	5 mg	4/1/2024	N/A	cyclophosphamide injection, for intravenous use (Dr. Reddy's)	Cyclophosphamide is indicated for treatment of: • 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.	2,250	N/A	N/A	N/A	Y	Y		4/3/2025
Drugs	J9074	Injection, cyclophosphamide (sandoz), 5 mg	5 mg	4/1/2024	N/A	cyclophosphamide injection, for intravenous use (Sandoz)	Cyclophosphamide injection is an alkylating drug indicated for treatment of adult patients with: Malignant Diseases: malignant lymphomas: Hodgkin's lymphoma, lymphocytic lymphoma, mixed-cell type lymphoma, histiocytic lymphoma, Burkitt's lymphoma; multiple myeloma, leukemias, mycosis fungoides,	2,100	18 years	N/A	N/A	Y	Y		5/3/2024
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: 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

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Drugs	J9076	Injection, cyclophosphamide (baxter), 5 mg	5 mg	1/1/2025	N/A	cyclophosphamide for injection, for intravenous use (Baxter)	Cyclophosphamide Injection is indicated for treatment of adult and pediatric patients with: • 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.	2,250	N/A	N/A	N/A	Y	Y		12/20/2024
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
Biologicals	J9119	Injection, cemiplimab-rwlc, 1 mg	1 mg	10/1/2019	Libtayo®	cemiplimab-rwlc injection, for intravenous use	Indicated • for the treatment of patients with metastatic cutaneous squamous cell carcinoma (CSCC) or locally advanced CSCC who are not candidates for curative surgery or curative radiation. • 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. • 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. • 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: - locally advanced where patients are not candidates for surgical resection or definitive chemoradiation OR - metastatic. • 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: - locally advanced where patients are not candidates for surgical resection or definitive chemoradiation OR - metastatic.	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: • adult and pediatric patients with Wilms tumor, as part of a multi-phase, combination chemotherapy regimen • adult and pediatric patients with rhabdomyosarcoma, as part of a multi-phase, combination chemotherapy regimen • adult and pediatric patients with Ewing sarcoma, as part of a multi-phase, combination chemotherapy regimen • adult and pediatric patients with metastatic, nonseminomatous testicular cancer, as part of a multi-phase, combination chemotherapy regimen • post-menarchal patients with gestational trophoblastic neoplasia, as a single agent or as part of a combination chemotherapy regimen • adult patients with locally recurrent or locoregional solid malignancies, as a component of palliative or adjunctive regional perfusion	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 Hodkin'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: • multiple myeloma in combination with bortezomib, lenalidomide, and dexamethasone for induction and consolidation in newly diagnosed patients who are eligible for autologous stem cell transplant • multiple myeloma in combination with bortezomib, melphalan and prednisone in newly diagnosed patients who are ineligible for autologous stem cell transplant • 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 • multiple myeloma in combination with bortezomib, thalidomide, and dexamethasone in newly diagnosed patients who are eligible for autologous stem cell transplant	900	18 years	N/A	N/A	Y	Y		9/6/2024

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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: • in combination with lenalidomide and dexamethasone in patients with relapsed or refractory multiple myeloma who have received at least one prior therapy. • in combination with bortezomib and dexamethasone in patients who have received at least one prior therapy. • 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. • in combination with pomalidomide and dexamethasone in patients who have received at least two prior therapies including lenalidomide and a proteasome inhibitor	1,120	18 years	N/A	N/A	Y	Y		9/21/2020
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: · the treatment of adults with newly-diagnosed therapy-related acute myeloid leukemia (t-AML) or AML with myelodysplasia-related changes (AML-MRC). · 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	Docefrez®, Taxotere®	docetaxel injection concentrate, intravenous infusion	Indicated for: • 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. • 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. • Hormone Refractory Prostate Cancer (HRPC): with prednisone in androgen independent (hormone refractory) metastatic prostate cancer. • Gastric Adenocarcinoma (GC): with cisplatin and fluorouracil for untreated, advanced GC, including the gastroesophageal junction. • Squamous Cell Carcinoma of the Head and Neck Cancer (SCCHN): with cisplatin and fluorouracil for induction treatment of locally advanced SCCHN	500	N/A	N/A	N/A	Y	Y		6/8/2019
Drugs	J9172	Injection, docetaxel (docivyx), 1 mg	1 mg	1/1/2024	Docivyx	docetaxel injection, for intravenous use	Docetaxel injection is indicated for: • 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 • 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 • Castration-Resistant Prostate Cancer (CRPC): with prednisone in metastatic CRPC • Gastric Adenocarcinoma (GC): with cisplatin and fluorouracil for untreated, advanced GC, including the gastroesophageal junction • Squamous Cell Carcinoma of the Head and Neck (SCCHN): with cisplatin and fluorouracil for induction treatment of locally advanced SCCHN	600	N/A	N/A	N/A	Y	Y		9/24/2024
Biologicals	J9173	Injection, durvalumab, 10 mg	10 mg	1/1/2019	Imfinzi®	durvalumab injection, for intravenous use	Indicated for the treatment of patients with: NSCLC: • unresectable, Stage III non-small cell lung cancer (NSCLC) whose disease has not progressed following concurrent platinum-based chemotherapy and radiation therapy • 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. • In combination with platinum-containing chemotherapy as neoadjuvant treatment, followed by Imfinzi continued as a single agent as adjuvant treatment after surgery, for the treatment of adult patients with resectable (tumors ≥ 4 cm and/or node positive) non-small cell lung cancer (NSCLC) and no known epidermal growth factor receptor (EGFR) mutations or anaplastic lymphoma kinase (ALK) rearrangements. SCLC: • 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). • as a single agent, for the treatment of adult patients with limited-stage small cell lung cancer (LS-SCLC) whose disease has not progressed following concurrent platinum-based chemotherapy and radiation therapy. BTC: • in combination with gemcitabine and cisplatin, as treatment of adult patients with locally advanced or	450	18 years	N/A	N/A	Y	Y		5/5/2025

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Biologicals	J9176	Injection, elotuzumab, 1 mg	1 mg	1/1/2017	Empliciti®	elotuzumab for injection, for intravenous use	Indicated in: • combination with lenalidomide and dexamethasone for the treatment of adult patients with multiple myeloma who have received one to three prior therapies. • combination with pomalidomide and dexamethasone for the treatment of adult patients with multiple myeloma who have received at least two prior therapies including lenalidomide and a proteasome inhibitor.	5,600	18 years	N/A	N/A	Y	Y		5/20/2019
Biologicals	J9177	Injection, enfortumab vedotin-ejfv, 0.25 mg	0.25 mg	7/1/2020	Padcev®	enfortumab vedotin-ejfv for injection, for intravenous use	Indicated: - as a single agent for the treatment of adult patients with locally advanced or metastatic urothelial cancer who: 1. have previously received a programmed death receptor-1 (PD-1) or programmed death-ligand 1 (PD-L1) inhibitor, and a platinum-containing chemotherapy. 2. are ineligible for cisplatin-containing chemotherapy and have previously received one or more prior lines of therapy. - 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: • Metastatic breast cancer who have previously received at least two chemotherapeutic regimens for the treatment of metastatic disease. Prior therapy should have included an anthracycline and a taxane in either the adjuvant or metastatic setting. • Unresectable or metastatic liposarcoma who have received a prior anthracycline-containing regimen.	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: • Refractory testicular tumors, in combination with other chemotherapeutic drugs. • 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: 1. for the treatment of adults with B-cell CLL who have not responded to, or whose disease has progressed during treatment with at least one alkylating agent containing regimen. 2. as a component of a combination regimen for the treatment of adults with B-cell chronic lymphocytic leukemia (CLL).	16	18 years	N/A	N/A	Y	Y		12/20/2024
Drugs	J9190	Injection, fluorouracil, 500 mg	500 mg	1/1/2000	Adrucil®	fluorouracil injection for intravenous use	Indicated for the treatment of patients with: • Adenocarcinoma of the colon and rectum • Adenocarcinoma of the breast	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: • in combination with carboplatin, for the treatment of advanced ovarian cancer that has relapsed at least 6 months after completion of platinum-based therapy. • in combination with paclitaxel, for first-line treatment of metastatic breast cancer after failure of prior anthracycline-containing adjuvant chemotherapy, unless anthracyclines were clinically contraindicated. • in combination with cisplatin for the treatment of non-small cell lung cancer.	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: • in combination with carboplatin, for the treatment of advanced ovarian cancer that has relapsed at least 6 months after completion of platinum-based therapy. • in combination with paclitaxel, for first-line treatment of metastatic breast cancer after failure of prior anthracycline-containing adjuvant chemotherapy, unless anthracyclines were clinically contraindicated. • in combination with cisplatin for the treatment of non-small cell lung cancer. • as a single agent for the treatment of pancreatic cancer.	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: • In combination with carboplatin, for the treatment of advanced ovarian cancer that has relapsed at least 6 months after completion of platinum-based therapy. • In combination with paclitaxel, for first-line treatment of metastatic breast cancer after failure of prior anthrocycline-containing adjuvant chemotherapy, unless anthracyclines were clinically contraindicated. • In combination with cisplatin for the treatment of non-small cell lung cancer. • As a single agent for the treatment of pancreatic cancer.	64	18 years	N/A	N/A	Y	Y		1/9/2020
Biologicals	J9203	Injection, gemtuzumab ozogamicin, 0.1 mg	0.1 mg	1/1/2018	Mylotarg™	gemtuzumab ozogamicin injection, for intravenous use	Indicated for: • the treatment of newly-diagnosed CD33-positive acute myeloid leukemia (AML) in adults. • the treatment of newly-diagnosed CD33-positive acute myeloid leukemia (AML) in pediatric patients 1 month and older. • 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: • Newly-diagnosed CD33-positive acute myeloid leukemia: 1 month of age and older • Relapsed or refractory CD33-positive AML: 2 years of age and older	7/28/2020
Biologicals	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: - in combination with fluorouracil and leucovorin, for the treatment of patients with metastatic adenocarcinoma of the pancreas after disease progression following gemcitabine-based therapy. - in combination with oxaliplatin, fluorouracil and leucovorin, for the first-line treatment of adult patients	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: • First-line therapy in combination with 5-fluorouracil and leucovorin for patients with metastatic carcinoma of the colon or rectum. • Patients with metastatic carcinoma of the colon or rectum whose disease has recurred or progressed following initial fluorouracil-based therapy.	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 • 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. • 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
Biologicals	J9210	Injection, emapalumab-lzsg, 1 mg	1 mg	10/1/2019	Gamifant®	emapalumab-lzsg injection, for intravenous use	Indicated for the treatment of: 1. adult and pediatric (newborn and older) patients with primary hemophagocytic lymphohistiocytosis (HLH) with refractory, recurrent or progressive disease or intolerance with conventional HLH therapy. 2. adult and pediatric (newborn and older) patients with HLH/macrophage activation syndrome (MAS) in known or suspected Still's disease, including systemic Juvenile Idiopathic Arthritis (sJIA), with an inadequate response or intolerance to glucocorticoids, or with recurrent MAS.	15,000	N/A	N/A	N/A	Y	Y		7/24/2025

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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
Biologicals	J9214	Injection, interferon, alfa-2b, recombinant, 1 million units	1 million units	1/1/2000	Intron® A	interferon alfa-2b recombinant for injection	Indicated for: hairy cell leukemia, malignant melanoma, follicular lymphoma, condylomata acuminata, AIDS-related Kaposi's sarcoma, chronic hepatitis C and chronic hepatitis B. Please see package insert for additional information on each indication.	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. Hepatitis B - 1 year of age and older Hepatitis C - 3 years of age and	6/4/2019
Biologicals	J9215	Injection, interferon, alfa-n3, (human leukocyte derived), 250,000 IU	250,000 IU	1/1/2000	Alferon® N	interferon alfa-n3 injection	Indicated for condyloma acuminata.	100	18 years	N/A	N/A	Y	Y		10/4/2018
Biologicals	J9216	Injection, interferon, gamma-1b, 3 million units	3 million units	1/1/2000	Actimmune®	interferon gamma-1b injection, for subcutaneous use	Indicated for: • Reducing the frequency and severity of serious infections associated with Chronic Granulomatous Disease (CGD) • Delaying time to disease progression in patients with severe, malignant osteoporosis (SMO)	18.67	Indication Specific Age Restrictions (see comments)	N/A	N/A	Y	Y	Indication specific age restrictions: CGD: 1 year and older SMO: 1 month and older	5/6/2019
Drugs	J9217	Leuprolide acetate (for depot suspension), 7.5 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. 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	J9220	Injection, indigotindisulfonate sodium, 1 mg	1 mg	7/1/2025	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		6/26/2025
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	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
Biologicals	J9227	Injection, isatuximab-irfc, 10 mg	10 mg	10/1/2020	Sarclisa®	isatuximab-irfc injection, for intravenous use	Indicated • 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. • in combination with carfilzomib and dexamethasone, for the treatment of adult patients with relapsed or	750	18 years	N/A	N/A	Y	Y		10/22/2024
Biologicals	J9228	Injection, ipilimumab, 1 mg	1 mg	1/1/2012	Yervoy®	ipilimumab injection, for intravenous use	Indicated for: Melanoma: • Adjuvant treatment of patients with cutaneous melanoma with pathologic involvement of regional lymph nodes of more than 1 mm who have undergone complete resection, including total lymphadenectomy. • Treatment of unresectable or metastatic melanoma in adults and pediatric patients 12 years and older as a single agent or in combination with nivolumab. RCC: • Treatment of patients with intermediate or poor risk, previously untreated advanced renal cell carcinoma (RCC), in combination with nivolumab. Colorectal Cancer: • 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. HCC: • Treatment of patients with hepatocellular carcinoma who have been previously treated with sorafenib, in combination with nivolumab. • Adult patients with unresectable or metastatic hepatocellular carcinoma (HCC) as first-line treatment in	900	Indication Specific Age Restrictions (see comments)	N/A	N/A	Y	Y	Indication specific age restrictions: Adjuvant treatment of cutaneous melanoma, RCC, NSCLC, pleural mesothelioma, esophageal cancer, HCC: 18 years of age and older Unresectable or metastatic melanoma as a single agent or in combination with nivolumab, MSI-H or dMMR mCRC: 12 years of age and older	6/26/2025
Biologicals	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 relapsed or refractory CD22-positive B-cell precursor acute lymphoblastic leukemia (ALL) in adult and pediatric patients 1 year and older.	108	1 year	N/A	N/A	Y	Y		5/3/2024

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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: • 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
Drugs	J9249	Injection, melphalan (apotex), 1 mg	1 mg	4/1/2024	Ivra	melphalan injection, for intravenous use	Melphalan injection is indicated for palliative treatment of patients with multiple myeloma for whom oral therapy is not appropriate.	144	18 years	N/A	N/A	Y	Y		4/3/2025
Drugs	J9260	Methotrexate sodium, 50 mg	50 mg	1/1/2000	N/A	methotrexate sodium injection, 50 mg	• Methotrexate is indicated in the treatment of gestational choriocarcinoma, chorioadenoma destruens and hydatidiform mole. • In acute lymphocytic leukemia, methotrexate is indicated in the prophylaxis of meningeal leukemia and is used in maintenance therapy in combination with other chemotherapeutic agents. Methotrexate is also indicated in the treatment of meningeal leukemia. • Methotrexate is used alone or in combination with other anticancer agents in the treatment of breast cancer, epidermoid cancers of the head and neck, advanced mycosis fungoides (cutaneous T cell lymphoma), and lung cancer, particularly squamous cell and small cell types. Methotrexate is also used in combination with other chemotherapeutic agents in the treatment of advanced stage non-Hodgkin's lymphomas. • Methotrexate in high doses followed by leucovorin rescue in combination with other chemotherapeutic agents is effective in prolonging relapse-free survival in patients with non-metastatic osteosarcoma who have undergone surgical resection or amputation for the primary tumor. • Methotrexate is indicated in the symptomatic control of severe, recalcitrant, disabling psoriasis that is not adequately responsive to other forms of therapy, but only when the diagnosis has been established, as by biopsy and/or after dermatologic consultation. It is important to ensure that a psoriasis "flare" is not due to an undiagnosed concomitant disease affecting immune responses. • Methotrexate is indicated in the management of selected adults with severe, active rheumatoid arthritis (ACR criteria), or children with active polyarticular-course juvenile rheumatoid arthritis, who have had an insufficient therapeutic response to, or are intolerant of, an adequate trial of first-line therapy including full	3,000	Indication Specific Age Restrictions (see comments)	N/A	N/A	Y	Y	Indication specific age restrictions: • Cancer chemotherapy: None • Polyarticular-course juvenile rheumatoid arthritis: 2 years of age and older • Ectopic pregnancy: After menarche • All other indications: 18 years of age and older	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	J9263	Injection, oxaliplatin, 0.5 mg	0.5 mg	1/1/2004	Eloxatin®	oxaliplatin injection for intravenous use	Indicated for: • Adjuvant treatment of stage III colon cancer in patients who have undergone complete resection of the primary tumor. • Treatment of advanced colorectal cancer.	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: • 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. • Locally advanced or metastatic non-small cell lung cancer (NSCLC), as first-line treatment in combination with carboplatin, in patients who are not candidates for curative surgery or radiation therapy. • Metastatic adenocarcinoma of the pancreas as first-line treatment, in combination with gemcitabine.	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: • First line acute lymphoblastic leukemia • Acute lymphoblastic leukemia and hypersensitivity to asparaginase	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 karposi sarcoma. See package insert for full details of each indication.	875	18 years	N/A	N/A	Y	Y		9/27/2018

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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
Biologicals	J9271	Injection, pembrolizumab, 1 mg	1 mg	1/1/2016	Keytruda®	pembrolizumab injection, for intravenous use	Melanoma: 1. Indicated for the treatment of patients with unresectable or metastatic melanoma. 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. Non-Small Cell Lung Cancer (NSCLC): 1. Indicated in combination with pemetrexed and platinum chemotherapy, as first-line treatment of	400	Indication Specific Age Restrictions (see comments)	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	7/24/2025
Biologicals	J9272	Injection, dostarlimab-gxly, 10 mg	10 mg	1/1/2022	Jemperli	dostarlimab-gxly injection, for intravenous use	Endometrial Cancer (EC) • 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. • 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. Mismatch Repair Deficient Recurrent or Advanced Solid Tumors • 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.	150	18 years	N/A	Endometrial Cancer: Females only Solid Tumors: None	Y	Y		9/24/2024
Biologicals	J9273	Injection, tisotumab vedotin-tftv, 1 mg	1 mg	4/1/2022	Tivdak™	tisotumab vedotin-tftv for 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

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Biologicals	J9274	Injection, tebentafusp-tebn, 1 microgram	1 mcg	10/1/2022	Kimmtrak®	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
Biologicals	J9276	Injection, zanidatamab-hrii, 2 mg	2 mg	7/1/2025	Ziihera®	zanidatamab-hrii for injection, for intravenous use	Zanidatamab-hrii for injection is indicated for the treatment of adults with previously treated, unresectable or metastatic HER2-positive (IHC 3+) biliary tract cancer (BTC), as detected by an FDA-approved test.	4,500	18 years	N/A	N/A	Y	Y		6/26/2025
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
Biologicals	J9286	Injection, glofitamab-gxbm, 2.5 mg	2.5 mg	1/1/2024	Columvi™	glofitamab-gxbm 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

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Biologicals	J9289	Injection, nivolumab, 2 mg and hyaluronidase-nvhy	2 mg	7/1/2025	Opdivo Qvantig™	nivolumab and hyaluronidase-nvhy injection, for subcutaneous use	Nivolumab and hyaluronidase-nvhy injection is indicated for the treatment of: Renal Cell Carcinoma (RCC) • adult patients with intermediate or poor risk advanced RCC, as a first-line treatment following combination treatment with intravenous nivolumab and ipilimumab.	1,200	18 years	N/A	N/A	Y	Y		6/26/2025
Drugs	J9292	Injection, pemetrexed dipotassium, 10 mg	10 mg	1/1/2025	AXTLE™	pemetrexed for injection, for intravenous use	Pemetrexed for injection is indicated: • in combination with cisplatin for the initial treatment of patients with locally advanced or metastatic, non-squamous NSCLC. • as a single agent for the maintenance treatment of patients with locally advanced or metastatic, non-squamous NSCLC whose disease has not progressed after four cycles of platinum-based first-line chemotherapy. • as a single agent for the treatment of patients with recurrent, metastatic non-squamous, NSCLC after prior chemotherapy.	300	18 years	N/A	N/A	Y	Y		6/26/2025
Drugs	J9293	Injection, mitoxantrone hydrochloride, per 5 mg	5 mg	1/1/2000	N/A	mitoxantrone hydrochloride injection, solution	Indicated: • For reducing neurologic disability and/or the frequency of clinical relapses in patients with secondary (chronic) progressive, progressive relapsing, or worsening relapsing-remitting multiple sclerosis (i.e., patients whose neurologic status is significantly abnormal between relapses). Mitoxantrone is not indicated in the treatment of patients with primary progressive multiple sclerosis. • In combination with corticosteroids is indicated as initial chemotherapy for the treatment of patients with pain related to advanced hormone-refractory prostate cancer.	30	18 years	N/A	N/A	Y	Y	Lifetime Maximum Dose: 70 units	10/31/2018
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: • In combination with cisplatin for the initial treatment of patients with locally advanced or metastatic, non-squamous, non-small cell lung cancer (NSCLC). • As a single agent for the maintenance treatment of patients with locally advanced or metastatic, non -squamous NSCLC whose disease has not progressed after four cycles of platinum-based first-line chemotherapy. • As a single agent for the treatment of patients with recurrent, metastatic non-squamous, NSCLC after prior chemotherapy. Limitations of Use: Pemetrexed for Injection is not indicated for the treatment of patients with squamous cell, non-small cell lung cancer. • 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
Biologicals	J9295	Injection, necitumumab, 1 mg	1 mg	1/1/2017	Portrazza™	necitumumab injection, for intravenous use	Indicated, in combination with gemcitabine and cisplatin, for first-line treatment of patients with metastatic squamous non-small cell lung cancer. Limitation of Use: Portrazza is not indicated for treatment of non-squamous non-small cell lung cancer.	3,200	18 years	N/A	N/A	Y	Y		7/2/2018

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Physician Administered Drug Program Catalog

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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: • 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. • in combination with cisplatin for the initial treatment of patients with locally advanced or metastatic, non-squamous, NSCLC. • as a single agent for the maintenance treatment of patients with locally advanced or metastatic, non-squamous NSCLC whose disease has not progressed after four cycles of platinum-based first-line chemotherapy. • as a single agent for the treatment of patients with recurrent, metastatic non-squamous, NSCLC after prior chemotherapy. Limitations of Use: Pemetrexed Injection is not indicated for the treatment of patients with squamous cell, non-small cell lung cancer. • 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: • 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. • in combination with cisplatin for the initial treatment of patients with locally advanced or metastatic, non-squamous, NSCLC. • as a single agent for the maintenance treatment of patients with locally advanced or metastatic, non-squamous NSCLC whose disease has not progressed after four cycles of platinum-based first-line chemotherapy. • as a single agent for the treatment of patients with recurrent, metastatic non-squamous, NSCLC after prior chemotherapy. Limitations of Use: Pemetrexed Injection is not indicated for the treatment of patients with squamous cell, non-small cell lung cancer. • 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
Biologicals	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

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Biologicals	J9299	Injection, nivolumab, 1 mg	1 mg	1/1/2016	Opdivo®	nivolumab injection, for intravenous use	Indicated for: Melanoma: • adult and pediatric (12 years and older) patients with unresectable or metastatic melanoma, as a single agent or in combination with ipilimumab. • 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. NSCLC: • 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. • 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. • 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. • 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. • adult patients with resectable (tumors ≥4 cm or node positive) non-small cell lung cancer and no known EGFR mutations or ALK rearrangements, for neoadjuvant treatment, in combination with platinum-doublet chemotherapy, followed by single-agent Opdivo as adjuvant treatment after surgery.	1,260	Indication Specific Age Restrictions (see comments)	N/A	N/A	Y	Y	Indication specific age restrictions: • MSI-H or dMMR mCRC - 12 years of age and older • Melanoma, as a single agent, in combination with ipilimumab, or in the adjuvant setting - 12 years and older • Other approved indications - 18 years of age and older	6/26/2025
Biologicals	J9301	Injection, obinutuzumab, 10 mg	10 mg	1/1/2015	Gazyva®	obinutuzumab Injection, for intravenous use	Indicated: • In combination with chlorambucil, for the treatment of patients with previously untreated chronic lymphocytic leukemia. • In combination with bendamustine followed by Gazyva monotherapy, for the treatment of patients with follicular lymphoma who relapsed after, or are refractory to, a rituximab-containing regimen. • In combination with chemotherapy followed by Gazyva monotherapy in patients achieving at least a partial remission, for the treatment of adult patients with previously untreated stage II bulky, III or IV follicular lymphoma.	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): • in combination with chlorambucil, for the treatment of previously untreated patients with CLL for whom fludarabine-based therapy is considered inappropriate. • in combination with fludarabine and cyclophosphamide for the treatment of patients with relapsed CLL • for extended treatment of patients who are in complete or partial response after at least two lines of therapy for recurrent or progressive CLL. • for the treatment of patients with CLL refractory to fludarabine and alemtuzumab	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: Adult patients with wild-type *RAS* (defined as wild-type in both *KRAS* and *NRAS* as determined by an FDA-approved test Metastatic Colorectal Cancer (mCRC): • In combination with FOLFOX for first-line treatment. • As monotherapy following disease progression after prior treatment with fluoropyrimidine, oxaliplatin, and irinotecan-containing chemotherapy. *KRAS* G12C-mutated Metastatic Colorectal Cancer (mCRC) • In combination with sotorasib, for the treatment of adult patients with *KRAS G12C*-mutated mCRC, as determined by an FDA-approved test, who have received prior treatment with fluoropyrimidine-, oxaliplatin-, and irinotecan-based chemotherapy. Limitations of Use: Vectibix is not indicated for the treatment of patients with *RAS*-mutant mCRC unless used in combination with sotorasib in *KRAS G12C*-mutated mCRC. Vectibix is not indicated for the treatment of patients with mCRC for whom *RAS* mutation status is unknown.	270	18 years	N/A	N/A	Y	Y		2/24/2025
Drugs	J9304	Injection, pemetrexed (pemfexy), 10 mg	10 mg	10/1/2020	Pemfexy™	pemetrexed injection, for intravenous use	Indicated: • in combination with cisplatin for the initial treatment of patients with locally advanced or metastatic non-squamous, non-small cell lung cancer (NSCLC). • as a single agent for the maintenance treatment of patients with locally advanced or metastatic non-squamous NSCLC whose disease has not progressed after four cycles of platinum-based first-line chemotherapy. • as a single agent for the treatment of patients with recurrent, metastatic non-squamous NSCLC after prior chemotherapy. - Limitations of Use: Pemfexy 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		1/23/2023

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Drugs	J9305	Injection, pemetrexed, not otherwise specified, 10 mg	10 mg	10/1/2020	Alimta®	pemetrexed for injection, for intravenous use	Indicated: • In combination with cisplatin for the initial treatment of patients with locally advanced or metastatic, non-squamous, non-small cell lung cancer (NSCLC). • As a single agent for the maintenance treatment of patients with locally advanced or metastatic, non-squamous NSCLC whose disease has not progressed after four cycles of platinum-based first-line chemotherapy. • As a single agent for the treatment of patients with recurrent metastatic non-squamous, NSCLC after prior chemotherapy.	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: • Use in combination with trastuzumab and docetaxel for treatment of patients with HER2-positive metastatic breast cancer (MBC) who have not received prior anti-HER2 therapy or chemotherapy for metastatic disease. • Use in combination with trastuzumab and chemotherapy as 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	1,260	18 years	N/A	N/A	Y	Y		7/2/2018
Drugs	J9307	Injection, pralatrexate, 1 mg	1 mg	1/1/2011	Folotyn®	pralatrexate injection, for intravenous use	Indicated for the treatment of patients with relapsed or refractory peripheral T-cell lymphoma.	400	18 years	N/A	N/A	Y	Y		8/24/2018
Biologicals	J9308	Injection, ramucirumab, 5 mg	5 mg	1/1/2016	Cyramza®	ramucirumab injection, for intravenous use	Indicated: • 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. • 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. • 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. • 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. • 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.	900	18 years	N/A	N/A	Y	Y		6/17/2020
Biologicals	J9309	Injection, polatuzumab vedotin-piiq, 1 mg	1 mg	1/1/2020	Polivy®	polatuzumab vedotin-piiq for injection, for intravenous use	Indicated: • 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. • in combination with a rituximab product, cyclophosphamide, doxorubicin, and prednisone (R-CHP) for the	560	18 years	N/A	N/A	Y	Y		5/25/2023
Biologicals	J9311	Injection, rituximab 10 mg and hyaluronidase	10 mg	1/1/2019	Rituxan Hycela®	rituximab and hyaluronidase human injection, for subcutaneous use	Indicated for the treatment of adult patients with: • Follicular Lymphoma (FL): o Relapsed or refractory, follicular lymphoma as a single agent o 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 o Non-progressing (including stable disease), follicular lymphoma as a single agent after first-line cyclophosphamide, vincristine, and prednisone (CVP) chemotherapy • Diffuse Large B-cell Lymphoma (DLBCL): o Previously untreated diffuse large B-cell lymphoma in combination with cyclophosphamide, doxorubicin, vincristine, prednisone (CHOP) or other anthracycline-based chemotherapy regimens • Chronic Lymphocytic Leukemia (CLL): o Previously untreated and previously treated CLL in combination with fludarabine and cyclophosphamide (FC) Limitations of Use: • Initiate treatment with Rituxan Hycela only after patients have received at least one full dose of rituximab product by intravenous infusion. • Rituxan Hycela is not indicated for the treatment of non-malignant conditions.	700	18 years	N/A	N/A	Y	Y		4/19/2019

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Biologicals	J9312	Injection, rituximab, 10 mg	10 mg	1/1/2019	Rituxan®	rituximab injection, for intravenous use	Indicated for the treatment of adult patients with: • Non-Hodgkin's Lymphoma (NHL) - Relapsed or refractory, low grade or follicular, CD20-positive B-cell NHL as a single agent. - Previously untreated follicular, CD20-positive, B-cell NHL in combination with first line chemotherapy and, in patients achieving a complete or partial response to Rituxan in combination with chemotherapy, as single agent maintenance therapy. - Non-progressing (including stable disease), low-grade, CD20-positive, B-cell NHL as a single agent after first-line cyclophosphamide, vincristine, and prednisone (CVP) chemotherapy. - Previously untreated diffuse large B-cell, CD20-positive NHL in combination with (cyclophosphamide, doxorubicin, vincristine, and prednisone) (CHOP) or other anthracycline-based chemotherapy regimens. 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). o Previously untreated, advanced stage, CD20-positive, diffuse large B-cell lymphoma (DLBCL), Burkitt lymphoma (BL), Burkitt-like lymphoma (BLL) or mature B-cell acute leukemia (B-AL) in combination with chemotherapy. • Chronic Lymphocytic Leukemia (CLL) - Previously untreated and previously treated CD20-positive CLL in combination with fludarabine and cyclophosphamide (FC). • Rheumatoid Arthritis (RA) in combination with methotrexate in adult patients with moderately- to severely-active RA who have inadequate response to one or more TNF antagonist therapies. • Moderate to severe pemphigus vulgaris (PV) in adult patients. • 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.	600	Indication Specific Age Restrictions (see comments)	N/A	N/A	Y	Y	Indication Specific: • CLL, RA, PV: 18 years of age and older • GPA and MPA: 2 years of age and older • NHL and B-AL: 6 months of age and older	12/20/2024
Drugs	J9314	Injection, pemetrexed (teva), not therapeutically equivalent to J9305, 10 mg	10 mg	1/1/2023	N/A	pemetrexed for injection, for intravenous use (Teva)	Indicated: • 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. • in combination with cisplatin for the initial treatment of patients with locally advanced or metastatic, non-squamous NSCLC. • as a single agent for the maintenance treatment of patients with locally advanced or metastatic, non-squamous NSCLC whose disease has not progressed after four cycles of platinum-based first-line chemotherapy. • as a single agent for the treatment of patients with recurrent, metastatic non-squamous, NSCLC after prior chemotherapy. • 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. Limitations of Use: Pemetrexed 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: • Use in combination with chemotherapy as: 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. o adjuvant treatment of patients with HER2-positive early breast cancer at high risk of recurrence. • 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.	300	18 years	N/A	N/A	Y	Y		12/28/2020

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Biologicals	J9317	Injection, sacituzumab govitecan-hziy, 2.5 mg	2.5 mg	1/1/2021	Trodelvy®	sacituzumab govitecan-hziy for injection, for intravenous use	Indicated for the treatment of adult patients with: • 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. • Unresectable locally advanced or metastatic hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative (IHC 0, IHC 1+ or IHC 2+/ISH–) breast cancer who have received endocrine-based therapy and at least two additional systemic therapies in the metastatic setting.	2,592	18 years	N/A	N/A	Y	Y		12/20/2024
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: • The treatment of cutaneous T-cell lymphoma (CTCL) in adult patients who have received at least one prior systemic therapy.	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: • Treatment of cutaneous T-cell lymphoma (CTCL) in patients who have received at least one prior systemic therapy.	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: Diffuse Large B-cell Lymphoma and High-grade B-cell Lymphoma • 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. Follicular Lymphoma • adult patients with relapsed or refractory follicular lymphoma (FL) after two or more lines of systemic therapy.	1,500	18 years	N/A	N/A	Y	Y		7/29/2024

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Drugs	J9323	Injection, pemetrexed ditromethamine, 10 mg	10 mg	7/1/2023	N/A	pemetrexed ditromethamine for injection, for intravenous use (Hospira)	Indicated: • In combination with cisplatin for the initial treatment of patients with locally advanced or metastatic, non-squamous, non-small cell lung cancer (NSCLC). • As a single agent for the maintenance treatment of patients with locally advanced or metastatic, non-squamous NSCLC whose disease has not progressed after four cycles of platinum-based first-line chemotherapy. • As a single agent for the treatment of patients with recurrent, metastatic non-squamous, NSCLC after prior chemotherapy. • Limitations of Use: Pemetrexed for Injection is not indicated for the treatment of patients with squamous cell, non-small cell lung cancer. • 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		6/22/2023
Drugs	J9324	Injection, pemetrexed (pemrydi rtu), 10 mg	10 mg	1/1/2024	Pemrydi RTU®	pemetrexed injection, for intravenous use (Shilpa)	Pemetrexed Injection is indicated: - 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. - in combination with cisplatin for the initial treatment of patients with locally advanced or metastatic, non-squamous NSCLC. - as a single agent for the maintenance treatment of patients with locally advanced or metastatic, non-squamous NSCLC whose disease has not progressed after four cycles of platinum-based first-line chemotherapy. - as a single agent for the treatment of patients with recurrent, metastatic non-squamous, NSCLC after prior chemotherapy.	300	18 years	N/A	N/A	Y	Y		5/3/2024
Biologicals	J9325	Injection, talimogene laherparepvec, per 1 million plaque forming units	1 million PFU	1/1/2017	Imlygic®	talimogene laherparepvec suspension for intralesional injection	Indicated for the local treatment of unresectable cutaneous, subcutaneous, and nodal lesions in patients with melanoma recurrent after initial surgery. Limitations of Use: 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: • Treatment of newly diagnosed glioblastoma multiforme (GBM) concomitantly with radiotherapy and then as maintenance treatment. • Treatment of refractory anaplastic astrocytoma. • Adjuvant treatment of newly diagnosed anaplastic astrocytoma. (Recommended dosing is for oral Temodar only.)	6,200	18 years	N/A	N/A	Y	Y		10/26/2023
Biologicals	J9329	Injection, tislelizumab-jsgr, 1mg	1 mg	10/1/2024	Tevimbra®	tislelizumab-jsgr injection, for intravenous use	Tislelizumab-jsgr injection is indicated for: Esophageal Cancer • as a single agent in adult patients with unresectable or metastatic esophageal squamous cell carcinoma (ESCC) after prior systemic chemotherapy that did not include a PD-(L)1 inhibitor. • in combination with platinum-containing chemotherapy for the first-line treatment of adults with unresectable or metastatic esophageal squamous cell carcinoma (ESCC) whose tumors express PD-L1 (≥1). Gastric Cancer • in combination with platinum and fluoropyrimidine-based chemotherapy in adults for the first line	600	18 years	N/A	N/A	Y	Y		5/28/2025
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
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

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Biologicals	J9332	Injection, efgartigimod alfa-fcab, 2mg	2 mg	7/1/2022	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
Biologicals	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
Biologicals	J9334	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc	2 mg	1/1/2024	Vyvgart® Hytrulo	efgartigimod alfa and hyaluronidase-qvfc injection, for subcutaneous use	Indicated for the treatment of adult patients with: - generalized myasthenia gravis (gMG) who are anti-acetylcholine receptor (AChR) antibody positive - chronic inflammatory demyelinating polyneuropathy (CIDP)	2,016	18 years	N/A	N/A	Y	Y		7/29/2024
Drugs	J9341	Injection, thiotepa (tepylute), 1 mg	1 mg	7/1/2025	Tepylute	thiotepa injection, for intravenous use	Thiotepa injection is indicated for treatment of adenocarcinoma of the breast or ovary.	300	18 years	N/A	N/A	Y	Y		5/28/2025
Drugs	J9342	Injection, thiotepa, not otherwise specified, 1 mg	1 mg	7/1/2025	N/A	thiotepa for injection, for intravenous, intracavitary, or intravesical use	Thiotepa has been tried with varying results in the palliation of a wide variety of neoplastic diseases. However, the most consistent results have been seen in the following tumors: adenocarcinoma of the breast; adenocarcinoma of the ovary; for controlling intracavitary effusions secondary to diffuse or localized neoplastic diseases of various serosal cavities; for the treatment of superficial papillary carcinoma of the urinary bladder. Thiotepa has been effective against other lymphomas, such as lymphosarcoma and Hodgkin's disease.	600	18 years	N/A	N/A	Y	Y		6/26/2025
Biologicals	J9345	Injection, retifanlimab-dlwr, 1 mg	1 mg	10/1/2023	Zynyz®	retifanlimab-dlwr injection, for intravenous use	Indicated: Merkel Cell Carcinoma (MCC) • for the treatment of adult patients with metastatic or recurrent locally advanced Merkel cell carcinoma. Squamous Cell Carcinoma of the Anal Canal (SCAC) • in combination with carboplatin and paclitaxel for the first-line treatment of adult patients with inoperable locally recurrent or metastatic squamous cell carcinoma of the anal canal (SCAC). • as a single agent for the treatment of adult patients with locally recurrent or metastatic SCAC with disease progression on or intolerance to platinum-based chemotherapy.	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.	6/26/2025
Biologicals	J9347	Injection, tremelimumab-actl, 1 mg	1 mg	7/1/2023	Imjudo®	tremelimumab-actl injection, for intravenous use	Indicated: • in combination with durvalumab, for the treatment of adult patients with unresectable hepatocellular carcinoma (uHCC). • 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
Biologicals	J9348	Injection, naxitamab-gqgk, 1 mg	1 mg	7/1/2021	Danyelza®	naxitamab-gqgk 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
Biologicals	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). • in combination with lenalidomide and rituximab for the treatment of adult patients with relapsed or refractory follicular lymphoma (FL). Limitations of Use: Monjuvi is not indicated and is not recommended for the treatment of patients with relapsed or refractory marginal zone lymphoma outside of controlled clinical trials.	5,400	18 years	N/A	N/A	Y	Y		7/24/2025
Biologicals	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

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Drugs	J9351	Injection, topotecan, 0.1 mg	0.1 mg	1/1/2011	Hycamtin®	topotecan for injection	Indicated for: • Metastatic carcinoma of the ovary after disease progression on or after initial or subsequent chemotherapy. • Small cell lung cancer platinum-sensitive disease in patients who progressed after first-line chemotherapy. • Combination therapy with cisplatin for Stage IV-B, recurrent, or persistent carcinoma of the cervix which is not amenable to curative treatment.	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
Biologicals	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
Biologicals	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: • received prior therapy for metastatic disease, or • developed disease recurrence during or within six months of completing adjuvant therapy. • The adjuvant treatment of patients with HER2-positive early breast cancer who have residual invasive disease after neoadjuvant taxane and trastuzumab-based treatment.	1,160	18 years	N/A	N/A	Y	Y		6/4/2019
Biologicals	J9355	Injection, trastuzumab, excludes biosimilar, 10 mg	10 mg	1/1/2000	Herceptin®	trastuzumab for injection, for intravenous use	Indicated for: • The treatment of HER2-overexpressing breast cancer. • The treatment of HER2-overexpressing metastatic gastric or gastroesophageal junction adenocarcinoma. Select patients for therapy based on an FDA-approved companion diagnostic for Herceptin.	196	18 years	N/A	N/A	Y	Y		9/12/2018
Biologicals	J9356	Injection, trastuzumab, 10 mg and Hyaluronidase-oysk	10 mg	7/1/2019	Herceptin Hylecta™	trastuzumab and hyaluronidase-oysk injection, for subcutaneous use	Indicated in adults for the treatment of HER2-overexpressing breast cancer. Select patients for therapy based on an FDA-approved companion diagnostic for trastuzumab.	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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Biologicals	J9358	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg	1 mg	7/1/2020	Enhertu®	fam-trastuzumab deruxtecan-nxki for injection, for intravenous use	Indicated for the treatment of: • adult patients with unresectable or metastatic HER2-positive (IHC 3+ or ISH positive) breast cancer who have received a prior anti-HER2-based regimen either: - in the metastatic setting, OR - in the neoadjuvant or adjuvant setting and have developed disease recurrence during or within six months of completing therapy. • adult patients with unresectable or metastatic - Hormone receptor (HR)-positive, HER2-low (IHC 1+ or IHC 2+/ISH-) or HER2-ultralow (IHC 0 with membrane staining) breast cancer, as determined by an FDA-approved test, that has progressed on one or more endocrine therapies in the metastatic setting. - HER2-low (IHC 1+ or IHC 2+/ISH-) 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. • 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. • adult patients with locally advanced or metastatic HER2-positive (IHC 3+ or IHC 2+/ISH positive) gastric or gastroesophageal junction adenocarcinoma who have received a prior trastuzumab-based regimen. • adult patients with unresectable or metastatic HER2-positive (IHC 3+) solid tumors who have received prior systemic treatment and have no satisfactory alternative treatment options.	1,800	18 years	N/A	N/A	Y	Y		2/24/2025
Biologicals	J9359	Injection, loncastuximab tesirine-lpyl, 0.075 mg	0.075 mg	4/1/2022	Zynlonta™	loncastuximab 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: Frequently Responsive Malignancies - • Generalized Hodgkin's disease (Stages III and IV, Ann Arbor modification of Rye staging system) • Lymphocytic lymphoma (nodular and diffuse, poorly and well differentiated) • Histiocytic lymphoma • Mycosis fungoides (advanced stages) • Advanced carcinoma of the testis • Kaposi's sarcoma • Letterer-Siwe disease (histiocytosis X) Less Frequently Responsive Malignancies - • Choriocarcinoma resistant to other chemotherapeutic agents • Carcinoma of the breast, unresponsive to appropriate endocrine surgery and hormonal therapy	250	N/A	N/A	N/A	Y	Y		9/12/2018
Biologicals	J9361	Injection, efbemalenograstim alfa-vuxw, 0.5 mg	0.5 mg	7/1/2024	Ryzneuta®	efbemalenograstim alfa-vuxw injection, for subcutaneous use	Efbemalenograstim alfa-vuxw injection is indicated to decrease the incidence of infection, as manifested by febrile neutropenia, in adult patients with non-myeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a clinically significant incidence of febrile neutropenia. Limitations of Use Ryzneuta is not indicated for the mobilization of peripheral blood progenitor cells for hematopoietic stem cell transplantation.	120	18 years	N/A	N/A	Y	Y		6/26/2025
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
Biologicals	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
Biologicals	J9381	Injection, teplizumab-mzwv, 5 mcg	5 mcg	7/1/2023	Tzield™	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
Biologicals	J9382	Injection, zenocutuzumab-zbco, 1 mg	1 mg	7/1/2025	Bizengri®	zenocutuzumab-zbco injection, for intravenous use	Zenocutuzumab-zbco injection is indicated for the treatment of: • Adults with advanced, unresectable or metastatic non-small cell lung cancer (NSCLC) harboring a neuregulin 1 (NRG1) gene fusion with disease progression on or after prior systemic therapy. • Adults with advanced, unresectable or metastatic pancreatic adenocarcinoma harboring a neuregulin 1 (NRG1) gene fusion with disease progression on or after prior systemic therapy.	2,250	18 years	N/A	N/A	Y	Y		1/22/2025
Drugs	J9390	Injection, vinorelbine tartrate, per 10 mg	10 mg	1/1/2000	Navelbine®	vinorelbine tartrate injection, for intravenous use	Indicated: • In combination with cisplatin for first-line treatment of patients with locally advanced or metastatic non-small cell lung cancer (NSCLC). • As a single agent for first-line treatment of patients with metastatic NSCLC.	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: • Hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative advanced breast cancer in postmenopausal women not previously treated with endocrine therapy. • HR-positive advanced breast cancer in postmenopausal women with disease progression following endocrine therapy. • 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. • 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	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 Fulvestrant Injection is indicated forthe treatment of: • Hormone receptor(HR)-positive, human epidermal growth factor receptor2 (HER2)-negative advanced breast cancer in postmenopausal women not previously treated with endocrine therapy, or • HR-positive advanced breast cancer in postmenopausal women with disease progression following endocrine therapy. Combination Therapy Fulvestrant Injection is indicated for the treatment of: • 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. • 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	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. 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. 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. 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
Biologicals	J9400	Injection, ziv-aflibercept, 1 mg	1 mg	1/1/2014	Zaltrap®	ziv-aflibercept injection for intravenous infusion	Indicated in combination with 5-fluorouracil, leucovorin, irinotecan-(FOLFIRI), for the treatment of patients with metastatic colorectal cancer (mCRC) that is resistant to or has progressed following an oxaliplatin-containing regimen.	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: Esophageal Cancer • Palliation of patients with completely obstructing esophageal cancer, or of patients with partially obstructing esophageal cancer who, in the opinion of their physician, cannot be satisfactorily treated with Nd:YAG laser therapy Endobronchial Cancer • Treatment of microinvasive endobronchial non-small cell lung cancer (NSCLC) in patients for whom surgery and radiotherapy are not indicated • Reduction of obstruction and palliation of symptoms in patients with completely or partially obstructing endobronchial NSCLC High-Grade Dysplasia in Barrett's Esophagus • 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
Biologicals	J9999	Not otherwise classified, antineoplastic drugs	1 mg	1/1/1986	Emrelis™	telisotuzumab vedotin-tllv for injection, for intravenous use	Telisotuzumab vedotin-tllv for injection is indicated for the treatment of adult patients with locally advanced or metastatic non-squamous non-small cell lung cancer (NSCLC) with high c-Met protein overexpression [≥50% of tumor cells with strong (3+) staining], as determined by an FDA-approved test, who have received a prior systemic therapy.	855	18 years	N/A	N/A	Y	Y		6/26/2025
Drugs	J9999	Not otherwise classified, antineoplastic drugs	1 implant (225 mg)	1/1/1986	Inlexzo™	gemcitabine intravesical system	Gemcitabine intravesical system is indicated for the treatment of adult patients with Bacillus Calmette-Guérin (BCG)-unresponsive, non-muscle invasive bladder cancer (NMIBC) with carcinoma in situ (CIS) with or without papillary tumors.	2	18 years	N/A	N/A	Y	Y		10/29/2025
Biologicals	J9999	Not otherwise classified, antineoplastic drugs	1 mL (165 mg/2,000 units)	1/1/1986	Keytruda Qlex™	pembrolizumab and berahyaluronidase alfa-pmph injection, for subcutaneous use	Pembrolizumab and berahyaluronidase alfa-pmph injection is indicated: Melanoma • for the treatment of adult patients with unresectable or metastatic melanoma. • for the adjuvant treatment of adult and pediatric patients 12 years and older with Stage IIB, IIC, or III melanoma following complete resection. Non-Small Cell Lung Cancer (NSCLC) • in combination with pemetrexed and platinum chemotherapy, as first-line treatment of adult patients with metastatic nonsquamous NSCLC, with no EGFR or ALK genomic tumor aberrations. • in combination with carboplatin and either paclitaxel or paclitaxel protein-bound, as first-line treatment of adult patients with metastatic squamous NSCLC. • as a single agent for the first-line treatment of adult patients with NSCLC expressing PD-L1 [Tumor Proportion Score (TPS) ≥1%] as determined by an FDA-approved test, with no EGFR or ALK genomic tumor aberrations, and is: o Stage III where patients are not candidates for surgical resection or definitive chemoradiation, or o metastatic. • as a single agent for the treatment of adult 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 Qlex. • for the treatment of adult 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. • 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. Malignant Pleural Mesothelioma (MPM) • in combination with pemetrexed and platinum chemotherapy, as first-line treatment of adult patients with unresectable advanced or metastatic MPM. Head and Neck Squamous Cell Cancer (HNSCC) • in combination with platinum and FU for the first-line treatment of adult patients with metastatic or with	4.8	Indication Specific Age Restrictions (see comments)	N/A	N/A	Y	Y	Indication specific age restrictions: 12 years of age and older: - adjuvant treatment of Stage IIB, IIC, or III melanoma following complete resection - unresectable or metastatic MSI-H or dMMR solid tumors, as determined by an FDA-approved test, that have progressed following prior treatment and who have no satisfactory alternative treatment options - recurrent locally advanced or metastatic Merkel cell carcinoma - unresectable or metastatic tumor mutational burden-high solid tumors, as determined by an FDA-approved test, that have progressed following prior treatment and who have no satisfactory alternative treatment options 18 years of age and older: all other indications	10/29/2025
Drugs	J9999	Not otherwise classified, antineoplastic drugs	50 mg	1/1/1986	Kyxata™	carboplatin injection, for intravenous use	Carboplatin injection is indicated in adults: • As part of a combination regimen, for the initial treatment of advanced ovarian carcinoma. • As a single-agent for the treatment of ovarian carcinoma recurrent after prior chemotherapy.	44	18 years	N/A	N/A	Y	Y		9/26/2025

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Biologicals	J9999	Not otherwise classified, antineoplastic drugs	1 mcg	1/1/1986	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
Biologicals	J9999	Not otherwise classified, antineoplastic drugs	10 mg	1/1/1986	Jobevne™	bevacizumab-nwgd injection, for intravenous use	Bevacizumab-nwgd injection is indicated for the treatment of: • Metastatic colorectal cancer, in combination with intravenous fluorouracil-based chemotherapy for first- or second-line treatment. • Metastatic colorectal cancer, in combination with fluoropyrimidine-irinotecan-or fluoropyrimidine-oxaliplatin-based chemotherapy for second-line treatment in patients who have progressed on a first-line bevacizumab product-containing regimen. Limitations of Use: Jobevne is not indicated for adjuvant treatment of colon cancer. • Unresectable, locally advanced, recurrent or metastatic non-squamous non-small cell lung cancer, in combination with carboplatin and paclitaxel for first-line treatment. • Recurrent glioblastoma in adults. • Metastatic renal cell carcinoma in combination with interferon alfa. • Persistent, recurrent, or metastatic cervical cancer, in combination with paclitaxel and cisplatin, or paclitaxel and topotecan. • Epithelial ovarian, fallopian tube, or primary peritoneal cancer: o in combination with carboplatin and paclitaxel, followed by Jobevne as a single agent, for stage III or IV disease following initial surgical resection o in combination with paclitaxel, pegylated liposomal doxorubicin, or topotecan for platinum-resistant recurrent disease who received no more than 2 prior chemotherapy regimens o in combination with carboplatin and paclitaxel or carboplatin and gemcitabine, followed by Jobevne as a single agent, for platinum-sensitive recurrent disease	460	18 years	N/A	N/A	Y	Y		9/26/2025
Drugs	J9999	Not otherwise classified, antineoplastic drugs	1 kit	1/1/1986	Zusduri™	mitomycin for intravesical solution	Mitomycin for intravesical solution is an alkylating drug indicated for the treatment of adult patients with recurrent low-grade intermediate-risk non-muscle invasive bladder cancer (LG-IR-NMIBC).	1	18 years	N/A	N/A	Y	Y		7/24/2025
Biologicals	P9041	Infusion, albumin (human), 5%, 50 mL	50 mL	1/1/2001	Albutein®	albumin (human), 5%	Albutein: Indicated for: • Hypovolemia • Cardiopulmonary bypass procedures • Hypoalbuminemia • Plasma exchange	1,550	None (use only if clearly needed)	N/A	N/A	Y	Y		5/23/2024
Biologicals	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: Albuked-5 is indicated for: • Emergency treatment of hypovolemic shock • Burn therapy • Cardiopulmonary bypass • Acute liver failure • Sequestration of protein rich fluids Albuminex: Albuminex 5% is a 5% albumin solution indicated for adults and children: • Hypovolemia • Ascites • Hypoalbuminemia including from burns • Acute nephrosis • Acute Respiratory Distress Syndrome (ARDS) • Cardiopulmonary Bypass AlbuRx: • Shock • Burns • Pancreatitis and peritonitis • Postoperative albumin loss • Hypoproteinemia with an oncotic deficit Albutein: Albutein 5% is an albumin solution indicated for: • Hypovolemia • Cardiopulmonary bypass • Hypoalbumenia	620	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.	N/A	N/A	Y	Y		4/23/2024
Biologicals	P9046	Infusion, albumin (human), 25%, 20 mL	20 mL	1/1/2002	Albutein®	albumin (human) U.S.P., 25% solution for injection - 20 mL	Albutein 25% is indicated for: • Hypovolemia • Cardiopulmonary bypass procedures • Acute nephrosis • Hypoalbuminemia • Ovarian hyperstimulation syndrome • Neonatal hyperbilirubinemia • Adult respiratory distress syndrome (ARDS) • Prevention of central volume depletion after paracentesis due to cirrhotic ascites	775	Pediatric Use: No human or animal data. Use only if clearly needed.	N/A	N/A	Y	Y		4/23/2024

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Biologicals	P9047	Infusion, albumin (human), 25%, 50 mL	50 mL	1/1/2002	Albuked, Albuminar®, Albutein®, Flexbumin, Kedbumin™	albumin (human), 25%	Albuked: Indicated for: • Emergency treatment of hypovolemic shock • Burn therapy • Hypoproteinemia with or without edema • Adult respiratory distress syndrome (ARDS) • Cardiopulmonary bypass • Acute liver failure • Neonatal hemolytic disease • Sequestration of protein rich fluids • Erythrocyte resuspension • Acute nephrosis • Renal dialysis Flexbumin: Indicated for: • Hypovolemia • Hypoalbuminemia: Burns, Adult Respiratory Distress Syndrome (ARDS) and Nephrosis • Cardiopulmonary bypass surgery • Hemolytic disease of the newborn (HDN) Limitation of Use: Albumin is not indicated as an intravenous nutrient. Albutein: Indicated for: • Hypovolemia • Cardiopulmonary bypass • Acute nephrosis • Hypoalbumenia • Ovarian hyperstimulation syndrome • Neonatal hyperbilirubinemia • Adult respiratory distress syndrome (ARDS) • Prevention of central volume depletion after paracentesis due to cirrhotic ascites	310	Product Specific Age Restrictions (see comments)	N/A	N/A	Y	Y	Product specific age restrictions: • Kedbumin: 12 years of age and older • Albuked: 18 years of age and older • Albuminar: None • Albutein: 18 years of age and older • Flexbumin: None 5/2024: Plasbumin removed per DHB request 4/26/2024 due to product inactivation.	5/23/2024
Drugs	Q0138	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-ESRD use)	1 mg	1/1/2010	Feraheme®	ferumoxytol injection, for intravenous use (non-ESRD use)	• Indicated for the treatment of iron deficiency anemia in adult patients with chronic kidney disease (CKD). • Treatment of iron deficiency anemia in adult patients who have intolerance to oral iron or have had unsatisfactory response to oral iron.	1,020	18 years	N/A	N/A	Y	Y		10/26/2018
Drugs	Q0139	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (for ESRD on dialysis)	1 mg	1/1/2010	Feraheme®	ferumoxytol injection, for intravenous use (ESRD use)	Indicated for the treatment of iron deficiency anemia in adult patients • With chronic kidney disease (CKD) or • Who have intolerance to oral iron or have had unsatisfactory response to oral iron.	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	Approved indication for use in the PADP: • Sexually Transmitted Diseases Other FDA approved indications: Indicated for the treatment of mild to moderate infections caused by designated, susceptible bacteria: • Acute bacterial exacerbations of chronic bronchitis in adults • Acute bacterial sinusitis in adults • Uncomplicated skin and skin structure infections in adults • Urethritis and cervicitis in adults • Genital ulcer disease in men • Acute otitis media in pediatric patients • Community-acquired pneumonia in adults and pediatric patients • Pharyngitis/tonsillitis in adults and pediatric patients • Mycobacterial Infections Limitations of Use: • Azithromycin should not be used in patients with pneumonia who are judged to be inappropriate for oral therapy because of moderate to severe illness or risk factors. • To reduce the development of drug-resistant bacteria and maintain the effectiveness of azithromycin and other antibacterial drugs, azithromycin should be used only to treat infections that are proven or strongly suspected to be caused by susceptible bacteria.	2	N/A	N/A	N/A	Y	Y		6/7/2019
Biologicals	Q0224	Injection, pemivibart, for the pre-exposure prophylaxis only, for certain adults and adolescents (12 years of age and older weighing at least 40 kg) with no known SARS-CoV-2 exposure, and who either have moderate-to-severe immune compromise due to a medical condition or receipt of immunosuppressive medications or treatments, and are unlikely to mount an adequate immune response to COVID-19 vaccination, 4500 mg	4500 mg (1 dose)	3/22/2024	Pemgarda	pemivibart injection, for intravenous use	The U.S. FDA has issued an EUA for the emergency use of the unapproved product Pemgarda (pemivibart), a SARS-CoV-2 spike protein-directed attachment inhibitor, for the pre-exposure prophylaxis of coronavirus disease 2019 (COVID-19) in adults and adolescents (12 years of age and older weighing at least 40 kg): • who are not currently infected with SARS-CoV-2 and who have not had a known recent exposure to an individual infected with SARS-CoV-2 and: • who have moderate-to-severe immune compromise due to a medical condition or receipt of immunosuppressive medications or treatments and are unlikely to mount an adequate immune response to COVID-19 vaccination. Pemgarda has been authorized by FDA for the emergency use described above. Pemgarda is not FDA-approved for any use, including use for pre-exposure prophylaxis of COVID-19.	1	12 years	N/A	N/A	Y	N		5/3/2024
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

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Biologicals	Q2043	Sipuleucel-T, minimum of 50 million autologous CD54+ cells activated with PAP-GM-CSF, including leukapheresis and all other preparatory procedures, per infusion	250 mL	7/1/2011	Provenge®	sipuleucel-T, suspension for intravenous infusion	Indicated for the treatment of asymptomatic or minimally symptomatic metastatic castrate-resistant (hormone refractory) prostate cancer.	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: • Ovarian cancer after failure of platinum-based chemotherapy. • AIDS-related Kaposi's Sarcoma after failure of prior systemic chemotherapy or intolerance to such therapy. • Multiple Myeloma in combination with bortezomib in patients who have not previously received bortezomib and have received at least one prior therapy.	30	18 years	N/A	N/A	Y	Y		6/10/2019
Biologicals	Q4081	Injection, epoetin alfa, 100 units (for ESRD on dialysis) (for renal dialysis facilities and hospital use)	100 units	1/1/2007	Epogen®, Procrit®	epoetin alfa injection, for intravenous or subcutaneous use (for ESRD on dialysis)	Indicated for treatment of anemia due to - Chronic Kidney Disease (CKD) in patients on dialysis and not on dialysis. - Zidovudine in patients with HIV-infection. - The effects of concomitant myelosuppressive chemotherapy, and upon initiation, there is a minimum of two additional months of planned chemotherapy. • Reduction of allogeneic RBC transfusions in patients undergoing elective, noncardiac, nonvascular surgery. Limitations of Use: Epoetin alfa has not been shown to improve quality of life, fatigue, or patient wellbeing. Not indicated for use: • In patients with cancer receiving hormonal agents, biologic products, or radiotherapy, unless also receiving concomitant myelosuppressive chemotherapy. • In patients with cancer receiving myelosuppressive chemotherapy when the anticipated outcome is cure. • In patients with cancer receiving myelosuppressive chemotherapy in whom the anemia can be managed by transfusion. • In patients scheduled for surgery who are willing to donate autologous blood. • In patients undergoing cardiac or vascular surgery. • As a substitute for RBC transfusions in patients who require immediate correction of anemia.	1,960	1 month	N/A	N/A	Y	Y		1/12/2022
Biologicals	Q5098	Injection, ustekinumab-srlf (imuldosa), biosimilar, 1 mg	1 mg	7/1/2025	Imuldosa® IV	ustekinumab-srlf injection, for intravenous use	Ustekinumab-srlf injection is indicated for the treatment of: Adult patients with: • moderately to severely active Crohn's disease (CD). • moderately to severely active ulcerative colitis.	520	18 years	N/A	N/A	Y	Y		7/24/2025
Biologicals	Q5098	Injection, ustekinumab-srlf (imuldosa), biosimilar, 1 mg	1 mg	7/1/2025	Imuldosa® SC	ustekinumab-srlf injection, for subcutaneous use	Ustekinumab-srlf injection is indicated for the treatment of: Adult patients with: • moderate to severe plaque psoriasis (PsO) who are candidates for phototherapy or systemic therapy. • active psoriatic arthritis (PsA). • moderately to severely active Crohn's disease (CD). • moderately to severely active ulcerative colitis. Pediatric patients 6 years and older with: • moderate to severe plaque psoriasis, who are candidates for phototherapy or systemic therapy. • active psoriatic arthritis (PsA).	180	Indication Specific Age Restrictions (see comments)	N/A	N/A	Y	Y	Indication-specific age restrictions: • PsO, PsA: 6 years of age and older • CD, UC: 18 years of age and older	7/24/2025
Biologicals	Q5099	Injection, ustekinumab-stba (steqeyma), biosimilar, 1 mg	1 mg	7/1/2025	SteQeyma® IV	ustekinumab-stba injection, for intravenous use	Ustekinumab-stba injection is indicated for the treatment of: Adult patients with: • moderately to severely active Crohn's disease (CD). • moderately to severely active ulcerative colitis.	520	18 years	N/A	N/A	Y	Y		4/3/2025
Biologicals	Q5099	Injection, ustekinumab-stba (steqeyma), biosimilar, 1 mg	1 mg	7/1/2025	SteQeyma® SC	ustekinumab-stba injection, for subcutaneous use	Ustekinumab-stba injection is indicated for the treatment of: Adult patients with: • moderate to severe plaque psoriasis (PsO) who are candidates for phototherapy or systemic therapy. • active psoriatic arthritis (PsA). • moderately to severely active Crohn's disease (CD). • moderately to severely active ulcerative colitis. Pediatric patients 6 years and older with: • moderate to severe plaque psoriasis, who are candidates for phototherapy or systemic therapy. • active psoriatic arthritis (PsA).	180	Indication Specific Age Restrictions (see comments)	N/A	N/A	Y	Y	Indication-specific age restrictions: • PsO, PsA: 6 years of age and older • CD, UC: 18 years of age and older	4/3/2025
Biologicals	Q5100	Injection, ustekinumab-kfce (yesintek), biosimilar, 1 mg	1 mg	7/1/2025	Yesintek™ IV	ustekinumab-kfce injection, for intravenous use	Ustekinumab-stba injection is indicated for the treatment of: Adult patients with: • moderately to severely active Crohn's disease (CD). • moderately to severely active ulcerative colitis.	520	18 years	N/A	N/A	Y	Y		6/26/2025
Biologicals	Q5100	Injection, ustekinumab-kfce (yesintek), biosimilar, 1 mg	1 mg	7/1/2025	Yesintek™ SC	ustekinumab-kfce injection, for subcutaneous use	Ustekinumab-stba injection is indicated for the treatment of: Adult patients with: • moderate to severe plaque psoriasis (PsO) who are candidates for phototherapy or systemic therapy. • active psoriatic arthritis (PsA). • moderately to severely active Crohn's disease (CD). • moderately to severely active ulcerative colitis. Pediatric patients 6 years and older with: • moderate to severe plaque psoriasis, who are candidates for phototherapy or systemic therapy. • active psoriatic arthritis (PsA).	180	Indication Specific Age Restrictions (see comments)	N/A	N/A	Y	Y	Indication-specific age restrictions: • PsO, PsA: 6 years of age and older • CD, UC: 18 years of age and older	6/26/2025

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Biologicals	Q5101	Injection, filgrastim-sndz, biosimilar, (Zarxio), 1 microgram	1 mcg	4/1/2018	Zarxio®	filgrastim-sndz injection, for subcutaneous or intravenous use	Indicated to: • Decrease the incidence of infection, as manifested by febrile neutropenia, in patients with nonmyeloid malignancies receiving myelosuppressive anticancer drugs associated with a significant incidence of severe neutropenia with feve. • Reduce the time to neutrophil recovery and the duration of fever, following induction or consolidation chemotherapy treatment of patients with acute myeloid leukemia (AML). • Reduce the duration of neutropenia and neutropenia-related clinicalsequelae, e.g., febrile neutropenia, in patients with nonmyeloid malignancies undergoing myeloablative chemotherapy followed by bone marrow transplantation (BMT). • Mobilize autologous hematopoietic progenitor cells into the peripheral blood for collection by leukapheresis. • Reduce the incidence and duration of sequelae of severe neutropenia (e.g., fever, infections, oropharyngeal ulcers) in symptomatic patients with congenital neutropenia, cyclic neutropenia, or idiopathic neutropenia. • Increase survival in patients acutely exposed to myelosuppressive doses of radiation (Hematopoietic Syndrome of Acute Radiation Syndrome).	46,500	N/A	N/A	N/A	Y	Y		11/26/2024
Biologicals	Q5103	Injection, infliximab-dyyb, biosimilar, (Inflectra), 10 mg	10 mg	4/1/2018	Inflectra®	infliximab-dyyb for injection, for intravenous use	Indicated for: Crohn's Disease: • reducing signs and symptoms and inducing and maintaining clinical remission in adult patients with moderately to severely active disease who have had an inadequate response to conventional therapy. • reducing the number of draining enterocutaneous and rectovaginal fistulas and maintaining fistula closure in adult patients with fistulizing disease. Pediatric Crohn's Disease: • reducing signs and symptoms and inducing and maintaining clinical remission in pediatric patients with moderately to severely active disease who have had an inadequate response to conventional therapy. Ulcerative Colitis: • reducing signs and symptoms, inducing and maintaining clinical remission and mucosal healing, and eliminating corticosteroid use in adult patients with moderately to severely active disease who have had an inadequate response to conventional therapy. Pediatric Ulcerative Colitis: • reducing signs and symptoms and inducing and maintaining clinical remission in pediatric patients with moderately to severely active disease who have had an inadequate response to conventional therapy. 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. Ankylosing Spondylitis: • reducing signs and symptoms in patients with active disease. Psoriatic Arthritis: • reducing signs and symptoms of active arthritis, inhibiting the progression of structural damage, and improving physical function. Plaque Psoriasis: • treatment of adult patients with chronic severe (i.e., extensive and/or disabling) plaque psoriasis who are candidates for systemic therapy and when other systemic therapies are medically less appropriate. **Recommended off-label use based on Class IIb evidence from clinical reference source DrugDex	300	Indication Specific Age Restrictions (see comments)	N/A	N/A	Y	Y	Indication specific age restrictions: Crohn's Disease and Ulcerative Colitis: 6 years of age and older Plaque Psoriasis, Psoriatic Arthritis, Ankylosing Spondylitis: 18 years of age and older 5/2024: NC Suggested Max Monthly Units updated to align with MUE values effective 5/6/2024. 9/2024: Addition of severe, refractory HS indication for off-label use effective 1/1/2023. 12/2024: Effective date of max monthly units updated from 5/6/2024 to 4/24/2024 per DHB request 12/9/2024.	12/20/2024
Biologicals	Q5104	Injection, infliximab-abda, biosimilar, (Renflexis), 10 mg	10 mg	4/1/2018	Renflexis®	infliximab-abda for injection, for intravenous use	Indicated for: Crohn's Disease: • Reducing signs and symptoms and inducing and maintaining clinical remission in adult patients with moderately to severely active disease who have had an inadequate response to conventional therapy. • Reducing the number of draining enterocutaneous and rectovaginal fistulas and maintaining fistula closure in adult patients with fistulizing disease. Pediatric Crohn's Disease: • Reducing signs and symptoms and inducing and maintaining clinical remission in pediatric patients with moderately to severely active disease who have had an inadequate response to conventional therapy. Ulcerative Colitis: • Reducing signs and symptoms, inducing and maintaining clinical remission and mucosal healing, and eliminating corticosteroid use in adult patients with moderately to severely active disease who have had an inadequate response to conventional therapy. Pediatric Ulcerative Colitis: • Reducing signs and symptoms and inducing and maintaining clinical remission in pediatric patients with moderately to severely active disease who have had an inadequate response to conventional therapy. 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. Ankylosing Spondylitis: • Reducing signs and symptoms in patients with active disease. Psoriatic Arthritis: • Reducing signs and symptoms of active arthritis, inhibiting the progression of structural damage, and improving physical function. Plaque Psoriasis: • Treatment of adult patients with chronic severe (i.e., extensive and/or disabling) plaque psoriasis who are candidates for systemic therapy and when other systemic therapies are medically less appropriate. **Recommended off-label use based on Class IIb evidence from clinical reference source DrugDex	300	Indication Specific Age Restrictions (see comments)	N/A	N/A	Y	Y	Indication specific age restrictions: • Crohn's Disease: 6 years and older • Ulcerative Colitis: 6 years and older • Rheumatoid Arthritis in combination with methotrexate: 18 years and older • Ankylosing Spondylitis: 18 years and older • Psoriatic Arthritis: 18 year and older • Plaque Psoriasis: 18 years and older 5/2024: NC Suggested Max Monthly Units updated to align with MUE values effective 5/6/2024. 9/2024: Addition of severe, refractory HS indication for off-label use effective 1/1/2023. 12/2024: Effective date of max monthly units updated from 5/6/2024 to 4/24/2024 per	12/20/2024

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Biologicals	Q5105	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for esrd on dialysis), 100 units	100 units	7/1/2018	Retacrit™	epoetin alfa-epbx injection, for intravenous or subcutaneous use (for ESRD on dialysis)	• Indicated for the treatment of anemia due to: o Chronic kidney disease (CKD) in patients on dialysis and not on dialysis. o Zidovudine in patients with HIV-infection. o The effects of concomitant myelosuppressive chemotherapy, and upon initiation, there is a minimum of two additional months of planned chemotherapy. • Indicated for the reduction of allogeneic RBC transfusions in patients undergoing elective, noncardiac, nonvascular surgery. Limitations of Use: Retacrit has not been shown to improve quality of life, fatigue, or patient well-being. Not indicated for use in: • In patients with cancer receiving hormonal agents, biologic products, or radiotherapy, unless also receiving concomitant myelosuppressive chemotherapy. • In patients with cancer receiving myelosuppressive chemotherapy when the anticipated outcome is cure. • In patients with cancer receiving myelosuppressive chemotherapy in whom the anemia can be managed by transfusion. • In patients scheduled for surgery who are willing to donate autologous blood. • In patients undergoing cardiac or vascular surgery. • As a substitute for RBC transfusions in patients who require immediate correction of anemia.	1,960	1 month	N/A	N/A	Y	Y		1/12/2022
Biologicals	Q5106	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for non-esrd use), 1000 units	1,000 units	7/1/2018	Retacrit™	epoetin alfa-epbx injection, for intravenous or subcutaneous use (for non-ESRD use)	•Indicated for the treatment of anemia due to: o Chronic kidney disease (CKD) in patients on dialysis and not on dialysis. o Zidovudine in patients with HIV-infection. o The effects of concomitant myelosuppressive chemotherapy, and upon initiation, there is a minimum of two additional months of planned chemotherapy. •Indicated for the reduction of allogeneic RBC transfusions in patients undergoing elective, noncardiac, nonvascular surgery. Limitations of Use: Retacrit has not been shown to improve quality of life, fatigue, or patient well-being. Not indicated for use in: • In patients with cancer receiving hormonal agents, biologic products, or radiotherapy, unless also receiving concomitant myelosuppressive chemotherapy. • In patients with cancer receiving myelosuppressive chemotherapy when the anticipated outcome is cure. • In patients with cancer receiving myelosuppressive chemotherapy in whom the anemia can be managed by transfusion. • In patients scheduled for surgery who are willing to donate autologous blood. • In patients undergoing cardiac or vascular surgery. • As a substitute for RBC transfusions in patients who require immediate correction of anemia.	630	Indication Specific Age Restrictions (see comments)	N/A	N/A	Y	Y	Indication specific age restrictions: • CKD not on dialysis: 1 month of age and older • Anemia due to concomitant myelosuppressive chemotherapy: 5 years of age and older • 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	Indicated for the treatment of: • Metastatic colorectal cancer, in combination with intravenous fluorouracil-based chemotherapy for first- or second-line treatment. • Metastatic colorectal cancer, in combination with fluoropyrimidine-irinotecan- or fluoropyrimidine-oxaliplatin-based chemotherapy for second-line treatment in patients who have progressed on a first-line bevacizumab product-containing regimen. - Limitations of Use: Mvasi is not indicated for adjuvant treatment of colon cancer. • Unresectable, locally advanced, recurrent or metastatic non-squamous non-small cell lung cancer, in combination with carboplatin and paclitaxel for first-line treatment. • Recurrent glioblastoma in adults. • Metastatic renal cell carcinoma in combination with interferon-alfa. • Persistent, recurrent, or metastatic cervical cancer, in combination with paclitaxel and cisplatin, or paclitaxel and topotecan. • Epithelial ovarian, fallopian tube, or primary peritoneal cancer: o in combination with carboplatin and paclitaxel, followed by Mvasi as a single agent, for stage III or IV disease following initial surgical resection o in combination with paclitaxel, pegylated liposomal doxorubicin, or topotecan for platinum-resistant recurrent disease who received no more than 2 prior chemotherapy regimens o in combination with carboplatin and paclitaxel or carboplatin and gemcitabine, followed by Mvasi as a single agent, for platinum-sensitive recurrent disease **Added at Request of the State Per NCCN Guidelines: o in combination with atezolizumab for the treatment of patients with unresectable or metastatic hepatocellular carcinoma (HCC) who have not received prior systemic therapy.	460	18 years	N/A	N/A	Y	Y		9/26/2025
Biologicals	Q5108	Injection, pegfilgrastim-jmdb (fulphila), biosimilar, 0.5 mg	0.5 mg	10/1/2018	Fulphila™	pegfilgrastim-jmdb injection, for subcutaneous use	Indicated to decrease the incidence of infection, as manifested by febrile neutropenia, in patients with non-myeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a clinically significant incidence of febrile neutropenia. Limitations of Use: Fulphila 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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Biologicals	Q5110	Injection, filgrastim-aafi, biosimilar, (Nivestym), 1 microgram	1 mcg	10/1/2018	Nivestym™	filgrastim-aafi injection, for subcutaneous or intravenous use	Indicated to: • Decrease the incidence of infection, as manifested by febrile neutropenia, in patients with nonmyeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a significant incidence of severe neutropenia with fever. • Reduce the time to neutrophil recovery and the duration of fever, following induction or consolidation chemotherapy treatment of patients with acute myeloid leukemia (AML). • Reduce the duration of neutropenia and neutropenia-related clinical sequelae, e.g., febrile neutropenia, in patients with nonmyeloid malignancies undergoing myeloablative chemotherapy followed by bone marrow transplantation (BMT). • Mobilize autologous hematopoietic progenitor cells into the peripheral blood for collection by leukapheresis. • Reduce the incidence and duration of sequelae of severe neutropenia (e.g., fever, infections, oropharyngeal ulcers) in symptomatic patients with congenital neutropenia, cyclic neutropenia, or idiopathic neutropenia.	59,520	N/A	N/A	N/A	Y	Y		12/28/2018
Biologicals	Q5111	Injection, pegfilgrastim-cbqv (udenyca), biosimilar, 0.5 mg	0.5 mg	1/1/2019	Udenyca®, Udenyca® OnBody	pegfilgrastim-cbqv injection, for subcutaneous use	• Indicated to decrease the incidence of infection, as manifested by febrile neutropenia, in patients with non-myeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a clinically significant incidence of febrile neutropenia. • Increase survival in patients acutely exposed to myelosuppressive doses of radiation (Hematopoietic Subsyndrome of Acute Radiation Syndrome). Limitations of use: Udenyca 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		5/23/2024
Biologicals	Q5112	Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg	10 mg	7/1/2019	Ontruzant®	trastuzumab-dttb for injection, for intravenous use	Indicated for: • The treatment of HER2-overexpressing breast cancer. • The treatment of HER2-overexpressing metastatic gastric or gastroesophageal junction adenocarcinoma. Select patients for therapy based on an FDA-approved companion diagnostic for a trastuzumab product.	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: • the treatment of HER2-overexpressing breast cancer. • the treatment of HER2-overexpressing metastatic gastric or gastroesophageal junction adenocarcinoma. Select patients for therapy based on an FDA-approved companion diagnostic for a trastuzumab product.	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: • The treatment of HER2-overexpressing breast cancer. • The treatment of HER2-overexpressing metastatic gastric or gastroesophageal junction adenocarcinoma. Select patients for therapy based on an FDA-approved companion diagnostic for a trastuzumab product.	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: • Non-Hodgkin's Lymphoma (NHL) - Relapsed or refractory, low grade or follicular, CD20-positive B-cell NHL as a single agent. - Previously untreated follicular, CD20-positive, B-cell NHL in combination with first line chemotherapy and, in patients achieving a complete or partial response to a rituximab product in combination with chemotherapy, as single-agent maintenance therapy. - Non-progressing (including stable disease), low-grade, CD20-positive, B-cell NHL as a single agent after first-line cyclophosphamide, vincristine, and prednisone (CVP) chemotherapy. - Previously untreated diffuse large B-cell, CD20-positive NHL in combination with (cyclophosphamide, doxorubicin, vincristine, and prednisone) (CHOP) or other anthracycline-based chemotherapy regimens. • Chronic Lymphocytic Leukemia (CLL) - Previously untreated and previously treated CD20-positive CLL in combination with fludarabine and cyclophosphamide (FC). • Rheumatoid Arthritis (RA) in combination with methotrexate in adult patients with moderately-to severely-active RA who have inadequate response to one or more TNF antagonist therapies. • Granulomatosis with Polyangiitis (GPA) (Wegener's Granulomatosis) and Microscopic Polyangiitis (MPA) in adult patients in combination with glucocorticoids. • Moderate to severe Pemphigus Vulgaris (PV) in adult patients.	600	18 years	N/A	N/A	Y	Y		7/24/2025
Biologicals	Q5116	Injection, trastuzumab-qyyp, biosimilar, (trazimera), 10 mg	10 mg	10/1/2019	Trazimera™	trastuzumab-qyyp for injection, for intravenous use	Indicated for: • The treatment of HER2-overexpressing breast cancer. • The treatment of HER2-overexpressing metastatic gastric or gastroesophageal junction adenocarcinoma.	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: • The treatment of HER2 overexpressing breast cancer. • The treatment of HER2 overexpressing metastatic gastric or gastroesophageal junction adenocarcinoma. Select patients for therapy based on an FDA-approved companion diagnostic for a trastuzumab product.	196	18 years	N/A	N/A	Y	Y		12/14/2021

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Biologicals	Q5118	Injection, bevacizumab-bvzr, biosimilar, (Zirabev), 10 mg	10 mg	10/1/2019	Zirabev™	bevacizumab-bvzr injection, for intravenous use	Indicated for the treatment of: • Metastatic colorectal cancer, in combination with intravenous fluorouracil-based chemotherapy for first- or second-line treatment. • Metastatic colorectal cancer, in combination with fluoropyrimidine-irinotecan- or fluoropyrimidine-oxaliplatin-based chemotherapy for second-line treatment in patients who have progressed on a first-line bevacizumab product-containing regimen. • Unresectable, locally advanced, recurrent or metastatic non-squamous non-small cell lung cancer, in combination with carboplatin and paclitaxel for first-line treatment. • Recurrent glioblastoma in adults. • Metastatic renal cell carcinoma in combination with interferon alfa. • Persistent, recurrent, or metastatic cervical cancer, in combination with paclitaxel and cisplatin or paclitaxel and topotecan. • Epithelial ovarian, fallopian tube, or primary peritoneal cancer: o in combination with carboplatin and paclitaxel, followed by Zirabev as a single agent, for stage III or IV disease following initial surgical resection. o in combination with paclitaxel, pegylated liposomal doxorubicin, or topotecan for platinum-resistant recurrent disease who received no more than 2 prior chemotherapy regimens. o in combination with carboplatin and paclitaxel or carboplatin and gemcitabine, followed by Zirabev as a single agent, for platinum-sensitive recurrent disease. **Added at Request of the State Per NCCN Guidelines: o in combination with atezolizumab for the treatment of patients with unresectable or metastatic hepatocellular carcinoma (HCC) who have not received prior systemic therapy. Limitations of Use: Zirabev is not indicated for adjuvant treatment of colon cancer.	460	18 years	N/A	N/A	Y	Y		9/26/2025
Biologicals	Q5119	Injection, rituximab-pvvr, biosimilar, (ruxience), 10 mg	10 mg	7/1/2020	Ruxience®	rituximab-pvvr injection, for intravenous use	Indicated for the treatment of adult patients with: • Non-Hodgkin's Lymphoma (NHL): o Relapsed or refractory, low grade or follicular, CD20-positive B-cell NHL as a single agent. 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. 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. 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. • Chronic Lymphocytic Leukemia (CLL): o Previously untreated and previously treated CD20-positive CLL in combination with fludarabine and cyclophosphamide (FC). • Granulomatosis with Polyangiitis (GPA) (Wegener's Granulomatosis) and Microscopic Polyangiitis (MPA) in adult patients in combination with glucocorticoids. • 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. • Moderate to severe Pemphigus Vulgaris (PV) in adult patients.	600	18 years	N/A	N/A	Y	Y		7/24/2025
Biologicals	Q5120	Injection, pegfilgrastim-bmez (ziextenzo), biosimilar, 0.5 mg	0.5 mg	7/1/2020	Ziextenzo™	pegfilgrastim-bmez 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. • Increase survival in patients acutely exposed to myelosuppressive doses of radiation (Hematopoietic Subsyndrome of Acute Radiation Syndrome). Limitations of Use: 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
Biologicals	Q5121	Injection, infliximab-axxq, biosimilar, (avsola), 10 mg	10 mg	7/1/2020	Avsola®	infliximab-axxq for injection, for intravenous use	Indicated for: Crohn's Disease: • reducing signs and symptoms and inducing and maintaining clinical remission in adult patients with moderately to severely active disease who have had an inadequate response to conventional therapy. • reducing the number of draining enterocutaneous and rectovaginal fistulas and maintaining fistula closure in adult patients with fistulizing disease. Pediatric Crohn's Disease: • reducing signs and symptoms and inducing and maintaining clinical remission in pediatric patients with moderately to severely active disease who have had an inadequate response to conventional therapy. Ulcerative Colitis: • reducing signs and symptoms, inducing and maintaining clinical remission and mucosal healing, and eliminating corticosteroid use in adult patients with moderately to severely active disease who have had an inadequate response to conventional therapy. Pediatric Ulcerative Colitis: • reducing signs and symptoms and inducing and maintaining clinical remission in pediatric patients with moderately to severely active disease who have had an inadequate response to conventional therapy. 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. Ankylosing Spondylitis: • reducing signs and symptoms in patients with active disease. Psoriatic Arthritis: • reducing signs and symptoms of active arthritis, inhibiting the progression of structural damage, and improving physical function. Plaque Psoriasis: • treatment of adult patients with chronic severe (i.e., extensive and/or disabling) plaque psoriasis who are candidates for systemic therapy and when other systemic therapies are medically less appropriate. **Recommended off-label use based on Class IIb evidence from clinical reference source DrugDex	300	Indication Specific Age Restrictions (see comments)	N/A	N/A	Y	Y	Indication specific age restrictions: Crohn's disease and ulcerative colitis: 6 years of age and older RA, ankylosing spondylitis, psoriatic arthritis and plaque psoriasis: 18 years of age and older 5/2024: NC Suggested Max Monthly Units updated to align with MUE values effective 5/6/2024. 9/2024: Addition of severe, refractory HS indication for off-label use effective 1/1/2023. 12/2024: Effective date of max monthly units updated from 5/6/2024 to 4/24/2024 per DHB request 12/9/2024.	12/20/2024

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Biologicals	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. Limitations of Use: 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
Biologicals	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: • Adult patients with non-Hodgkin's Lymphoma (NHL). o Relapsed or refractory, low grade or follicular, CD20-positive B-cell NHL as a single agent. 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. 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. 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. • Adult patients with Chronic Lymphocytic Leukemia (CLL). o Previously untreated and previously treated CD20-positive CLL in combination with fludarabine and cyclophosphamide (FC). • Granulomatosis with Polyangiitis (GPA) (Wegener's Granulomatosis) and Microscopic Polyangiitis (MPA) in adult patients in combination with glucocorticoids • 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. • Moderate to severe Pemphigus Vulgaris (PV) in adult patients.	600	18 years	N/A	N/A	Y	Y		7/24/2025
Biologicals	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: - Neovascular (Wet) Age-Related Macular Degeneration (AMD) - Macular Edema Following Retinal Vein Occlusion (RVO) - Myopic Choroidal Neovascularization (mCNV)	20	18 years	N/A	N/A	Y	Y		6/20/2022
Biologicals	Q5125	Injection, filgrastim-ayow, biosimilar, (releuko), 1 microgram	1 mcg	10/1/2022	Releuko®	filgrastim-ayow injection, for subcutaneous or intravenous use	Indicated to: • Decrease the incidence of infection, as manifested by febrile neutropenia, in patients with nonmyeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a significant incidence of severe neutropenia with fever. • Reduce the time to neutrophil recovery and the duration of fever, following induction or consolidation chemotherapy treatment of patients with acute myeloid leukemia (AML). • Reduce the duration of neutropenia and neutropenia-related clinical sequelae, e.g., febrile neutropenia, in patients with nonmyeloid malignancies undergoing myeloablative chemotherapy followed by bone marrow transplantation (BMT). • 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. • Mobilize autologous hematopoietic progenitor cells into the peripheral blood for collection by leukapheresis. • Increase survival in patients acutely exposed to myelosuppressive doses of radiation (Hematopoietic Syndrome of Acute Radiation Syndrome).	59,520	N/A	N/A	N/A	Y	Y		5/28/2025
Biologicals	Q5126	Injection, bevacizumab-maly, biosimilar, (alymsys), 10 mg	10 mg	1/1/2023	Alymsys®	bevacizumab-maly injection, for intravenous use	Indicated for the treatment of: • Metastatic colorectal cancer, in combination with intravenous fluorouracil-based chemotherapy for first- or second-line treatment. • Metastatic colorectal cancer, in combination with fluoropyrimidine-irinotecan- or fluoropyrimidine-oxaliplatin-based chemotherapy for second-line treatment in patients who have progressed on a first-line bevacizumab product-containing regimen. - Limitations of Use: Alymsys is not indicated for adjuvant treatment of colon cancer. • Unresectable, locally advanced, recurrent or metastatic non-squamous non-small cell lung cancer, in combination with carboplatin and paclitaxel for first-line treatment. • Recurrent glioblastoma in adults. • Metastatic renal cell carcinoma in combination with interferon alfa. • Persistent, recurrent, or metastatic cervical cancer, in combination with paclitaxel and cisplatin, or paclitaxel and topotecan. • 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. **Added at Request of the State Per NCCN Guidelines: • In combination with atezolizumab for the treatment of patients with unresectable or metastatic hepatocellular carcinoma (HCC) who have not received prior systemic therapy.	460	18 years	N/A	N/A	Y	Y		9/26/2025
Biologicals	Q5127	Injection, pegfilgrastim-fpgk (stimufend), biosimilar, 0.5 mg	0.5 mg	4/1/2023	Stimufend®	pegfilgrastim-fpgk 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. • Increase survival in patients acutely exposed to myelosuppressive doses of radiation (Hematopoietic Subsyndrome of Acute Radiation Syndrome). Limitations of Use 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
Biologicals	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: - Neovascular (Wet) Age-Related Macular Degeneration (AMD) - Macular Edema Following Retinal Vein Occlusion (RVO) - Diabetic Macular Edema (DME) - Diabetic Retinopathy (DR) - Myopic Choroidal Neovascularization (mCNV)	20	18 years	N/A	N/A	Y	Y		3/16/2023

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Biologicals	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: • Metastatic colorectal cancer, in combination with intravenous fluorouracil-based chemotherapy for first- or second-line treatment. • Metastatic colorectal cancer, in combination with fluoropyrimidine-irinotecan- or fluoropyrimidine-oxaliplatin-based chemotherapy for second-line treatment in patients who have progressed on a first-line bevacizumab product-containing regimen. - Limitations of Use: Vegzelma is not indicated for adjuvant treatment of colon cancer. • Unresectable, locally advanced, recurrent or metastatic non-squamous non-small cell lung cancer, in combination with carboplatin and paclitaxel for first-line treatment. • Recurrent glioblastoma in adults. • Metastatic renal cell carcinoma in combination with interferon alfa. • Persistent, recurrent, or metastatic cervical cancer, in combination with paclitaxel and cisplatin, or paclitaxel and topotecan. • Epithelial ovarian, fallopian tube, or primary peritoneal cancer: o in combination with carboplatin and paclitaxel, followed by Vegzelma as a single agent, for stage III or IV disease following initial surgical resection o in combination with paclitaxel, pegylated liposomal doxorubicin, or topotecan for platinum-resistant recurrent disease who received no more than 2 prior chemotherapy regimens o in combination with carboplatin and paclitaxel or carboplatin and gemcitabine, followed by Vegzelma as a single agent, for platinum-sensitive recurrent disease **Added at Request of the State Per NCCN Guidelines: • In combination with atezolizumab for the treatment of patients with unresectable or metastatic hepatocellular carcinoma (HCC) who have not received prior systemic therapy.	460	18 years	N/A	N/A	Y	Y		9/26/2025
Biologicals	Q5130	Injection, pegfilgrastim-pbbk (fylnetra), biosimilar, 0.5 mg	0.5 mg	4/1/2023	Fylnetra®	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. - increase survival in patients acutely exposed to myelosuppressive doses of radiation (Hematopoietic Subsyndrome of Acute Radiation Syndrome). Limitations of Use: Fylnetra 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		5/28/2025
Biologicals	Q5133	Injection, tocilizumab-bavi (tofidence), biosimilar, 1 mg	1 mg	4/1/2024	Tofidence™	tocilizumab-bavi injection, for intravenous use	Tocilizumab-bavi injection is indicated for treatment of: - Rheumatoid Arthritis (RA) • Adult patients with moderately to severely active rheumatoid arthritis who have had an inadequate response to one or more Disease-Modifying Anti-Rheumatic Drugs (DMARDs). - Giant Cell Arteritis (GCA) • Adult Patients with giant cell arteritis. - Polyarticular Juvenile Idiopathic Arthritis (PJIA) • Patients 2 years of age and older with active polyarticular juvenile idiopathic arthritis. - Systemic Juvenile Idiopathic Arthritis (SJIA) • Patients 2 years of age and older with active systemic juvenile idiopathic arthritis.	1,600	Indication Specific Age Restrictions (see comments)	N/A	N/A	Y	Y	RA, GCA: 18 years of age and older PJIA, SJIA: 2 years of age and older	9/6/2024
Biologicals	Q5134	Injection, natalizumab-sztn (tyruko), biosimilar, 1 mg	1 mg	4/1/2024	Tyruko®	natalizumab-sztn injection, for intravenous use	Natalizumab-sztn is indicated: Multiple Sclerosis (MS) • as monotherapy for the treatment of relapsing forms of multiple sclerosis, to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease, in adults. Crohn's Disease (CD) • 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.	600	18 years	N/A	N/A	Y	Y		10/29/2025
Biologicals	Q5135	Injection, tocilizumab-aazg (tyenne), biosimilar, 1 mg	1 mg	10/1/2024	Tyenne®	tocilizumab-aazg injection, for intravenous use	Tocilizumab-aazg injection is indicated for treatment of: - Rheumatoid Arthritis (RA) • Adult patients with moderately to severely active rheumatoid arthritis who have had an inadequate response to one or more Disease-Modifying Anti-Rheumatic Drugs (DMARDs). - Giant Cell Arteritis (GCA) • Adult patients with giant cell arteritis. - Polyarticular Juvenile Idiopathic Arthritis (PJIA) • Patients 2 years of age and older with active polyarticular juvenile idiopathic arthritis. - Systemic Juvenile Idiopathic Arthritis (SJIA) • Patients 2 years of age and older with active systemic juvenile idiopathic arthritis. - Cytokine Release Syndrome (CRS) • Adults and pediatric patients 2 years of age and older with chimeric antigen receptor (CAR) T cell-induced severe or life-threatening cytokine release	3,200	Indication Specific Age Restrictions (see comments)	N/A	N/A	Y	Y	Indication specific: RA, GCA: 18 years of age and older PJIA, SJIA, CRS: 2 years of age and older	5/28/2025
Biologicals	Q5136	Injection, denosumab-bbdz (jubbonti/wyost), biosimilar, 1 mg	1 mg	10/1/2024	Jubbonti®, Wyost®	denosumab-bbdz injection, for subcutaneous use	Jubbonti: Denosumab-bbdz injection is indicated for treatment: • of postmenopausal women with osteoporosis at high risk for fracture. • to increase bone mass in men with osteoporosis at high risk for fracture. • of glucocorticoid-induced osteoporosis in men and women at high risk for fracture. • to increase bone mass in men at high risk for fracture receiving androgen deprivation therapy for nonmetastatic prostate cancer. • to increase bone mass in women at high risk for fracture receiving adjuvant aromatase inhibitor therapy for breast cancer. Wyost: Denosumab-bbdz injection is indicated for: • Prevention of skeletal-related events in patients with multiple myeloma and in patients with bone metastases from solid tumors. • 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. • Treatment of hypercalcemia of malignancy refractory to bisphosphonate therapy.	480	Product Specific Age Restrictions (see comments)	N/A	N/A	Y	Y	Jubbonti: 18 years of age and older Wyost: Giant cell tumor of bone: Skeletally mature adolescents (aged 12–16 years) All other indications: 18 years of age and older	6/26/2025

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Biologicals	Q5146	Injection, trastuzumab-strf (hercessi), biosimilar, 10 mg	10 mg	1/1/2025	Hercessi™	trastuzumab-strf for injection, for intravenous use	Trastuzumab-strf for injection is indicated for: • The treatment of HER2-overexpressing breast cancer. • The treatment of HER2-overexpressing metastatic gastric or gastroesophageal junction adenocarcinoma.	210	18 years	N/A	N/A	Y	Y		1/22/2025
Biologicals	Q5147	Injection, aflibercept-ayyh (pavblu), biosimilar, 1 mg	1 mg	4/1/2025	Pavblu™	aflibercept-ayyh injection, for intravitreal use	Aflibercept-ayyh injection is indicated for the treatment of patients with: • Neovascular (Wet) Age-Related Macular Degeneration (AMD) • Macular Edema Following Retinal Vein Occlusion (RVO) • Diabetic Macular Edema (DME) • Diabetic Retinopathy (DR)	8	18 years	N/A	N/A	Y	Y		4/4/2025
Biologicals	Q5151	Injection, eculizumab-aagh (epysqli), biosimilar, 2 mg	2 mg	4/1/2025	Epysqli®	eculizumab-aagh injection, for intravenous use	Eculizumab-aagh injection is indicated for: • the treatment of patients with paroxysmal nocturnal hemoglobinuria (PNH) to reduce hemolysis. • the treatment of patients with atypical hemolytic uremic syndrome (aHUS) to inhibit complement-mediated thrombotic microangiopathy. - Limitation of Use: Epysqli is not indicated for the treatment of patients with Shiga toxin E. coli related hemolytic uremic syndrome (STEC-HUS). • the treatment of generalized myasthenia gravis (gMG) in adult patients who are anti-acetylcholine receptor (AchR) antibody positive.	2,400	Indication Specific Age Restrictions (see comments)	N/A	N/A	Y	Y	Age restrictions are indication-specific. • PNH, gMG: 18 years of age and older • aHUS: N/A	5/5/2025
Biologicals	Q5152	Injection, eculizumab-aeeb (bkemv), biosimilar, 2 mg	2 mg	4/1/2025	Bkemv™	eculizumab-aeeb injection, for intravenous use	Eculizumab-aeeb injection is indicated for: • The treatment of patients with paroxysmal nocturnal hemoglobinuria (PNH) to reduce hemolysis. • The treatment of patients with atypical hemolytic uremic syndrome (aHUS) to inhibit complement-mediated thrombotic microangiopathy. - Limitation of Use: Eculizumab-aeeb injection is not indicated for the treatment of patients with Shiga toxin E. coli related hemolytic uremic syndrome (STEC-HUS). • The treatment of generalized myasthenia gravis (gMG) in adult patients who are anti-acetylcholine receptor (AchR) antibody positive.	2,400	Indication Specific Age Restrictions (see comments)	N/A	N/A	Y	Y	Indication-specific age restrictions: • PNH, gMG: 18 years of age and older • aHUS: N/A	5/5/2025
Biologicals	Q5156	Injection, tocilizumab-anoh (avtozma), biosimilar, 1 mg	1 mg	10/1/2025	Avtozma®	tocilizumab-anoh injection, for intravenous use	Tocilizumab-anoh is indicated for treatment of: Rheumatoid Arthritis (RA) • Adult patients with moderately to severely active rheumatoid arthritis who have had an inadequate response to one or more Disease-Modifying Anti-Rheumatic Drugs (DMARDs). Giant Cell Arteritis (GCA) • Adult patients with giant cell arteritis. Polyarticular Juvenile Idiopathic Arthritis (PJIA) • Patients 2 years of age and older with active polyarticular juvenile idiopathic arthritis. Systemic Juvenile Idiopathic Arthritis (SJIA) • Patients 2 years of age and older with active systemic juvenile idiopathic arthritis. Cytokine Release Syndrome (CRS) • Adults and pediatric patients 2 years of age and older with chimeric antigen receptor (CAR) T cell-induced severe or life-threatening cytokine release syndrome.	3,200	Indication Specific Age Restrictions (see comments)	N/A	N/A	Y	Y	Indication specific age restrictions: 18 years of age and older: RA, GCA 2 years of age and older: PJIA, SJIA, CRS	10/29/2025
Biologicals	Q5157	Injection, denosumab-bmwo (stoboclo/osenvelt), biosimilar, 1 mg	1 mg	10/1/2025	Osenvelt®/ Stoboclo®	denosumab-bmwo injection, for subcutaneous use	Osenvelt: Denosumab-bmwo injection is indicated for: • Prevention of skeletal-related events in patients with multiple myeloma and in patients with bone metastases from solid tumors. • 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. • Treatment of hypercalcemia of malignancy refractory to bisphosphonate therapy Stoboclo: Denosumab-bmwo injection is indicated for treatment: • of postmenopausal women with osteoporosis at high risk for fracture • to increase bone mass in men with osteoporosis at high risk for fracture • of glucocorticoid-induced osteoporosis in men and women at high risk for fracture • to increase bone mass in men at high risk for fracture receiving androgen deprivation therapy for nonmetastatic prostate cancer • to increase bone mass in women at high risk for fracture receiving adjuvant aromatase inhibitor therapy for breast cancer	480	Product Specific Age Restrictions (see comments)	N/A	N/A	Y	Y	Product specific age restrictions: Osenvelt: Giant cell tumor of bone: Skeletally mature adolescents (aged 12–16 years) All other indications: 18 years of age and older Stoboclo: 18 years of age and older	9/26/2025
Biologicals	Q5158	Injection, denosumab-bnht (bomyntra/conexxence), biosimilar, 1 mg	1 mg	10/1/2025	Bomyntra®/ Conexxence®	denosumab-bnht injection, for subcutaneous use	Bomyntra: Denosumab-bnht injection is indicated for: - Prevention of skeletal-related events in patients with multiple myeloma and in patients with bone metastases from solid tumors. - 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. - Treatment of hypercalcemia of malignancy refractory to bisphosphonate therapy. Conexxence: Denosumab-bnht injection is indicated for treatment: - of postmenopausal women with osteoporosis at high risk for fracture - to increase bone mass in men with osteoporosis at high risk for fracture - of glucocorticoid-induced osteoporosis in men and women at high risk for fracture - to increase bone mass in men at high risk for fracture receiving androgen deprivation therapy for nonmetastatic prostate cancer - to increase bone mass in women at high risk for fracture receiving adjuvant aromatase inhibitor therapy for breast cancer	480	Product Specific Age Restrictions (see comments)	N/A	N/A	Y	Y	Product specific age restrictions: Bomyntra: Giant cell tumor of bone: Skeletally mature adolescents (aged 12–16 years) All other indications: 18 years of age and older Conexxence: 18 years of age and older	9/26/2025
Drugs	Q9991	Injection, buprenorphine extended-release (Sublocade), less than or equal to 100 mg	dose 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 single dose of transmucosal buprenorphine product or who are already being treated with buprenorphine.	2	18 years	N/A	N/A	Y	Y		4/4/2025
Drugs	Q9992	Injection, buprenorphine extended-release (Sublocade), greater than 100 mg	dose 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 single dose of transmucosal buprenorphine product or who are already being treated with buprenorphine.	2	18 years	N/A	N/A	Y	Y		4/4/2025

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Biologicals	Q9996	Injection, ustekinumab-ttwe (pyzchiva), subcutaneous, 1 mg	1 mg	1/1/2025	Pyzchiva® SC	ustekinumab-ttwe injection, for subcutaneous use	Ustekinumab-stba injection is indicated for the treatment of: Adult patients with: • moderate to severe plaque psoriasis (PsO) who are candidates for phototherapy or systemic therapy. • active psoriatic arthritis (PsA). • moderately to severely active Crohn's disease (CD). • moderately to severely active ulcerative colitis. Pediatric patients 6 years and older with: • moderate to severe plaque psoriasis, who are candidates for phototherapy or systemic therapy. • active psoriatic arthritis (PsA).	180	Indication Specific Age Restrictions (see comments)	N/A	N/A	Y	Y	Indication-specific age restrictions: • PsO, PsA: 6 years of age and older • CD, UC: 18 years of age and older	4/30/2025
Biologicals	Q9997	Injection, ustekinumab-ttwe (pyzchiva), intravenous, 1 mg	1 mg	1/1/2025	Pyzchiva® IV	ustekinumab-ttwe injection, for intravenous use	Ustekinumab-stba injection is indicated for the treatment of: Adult patients with: • moderately to severely active Crohn's disease (CD). • moderately to severely active ulcerative colitis.	520	18 years	N/A	N/A	Y	Y		4/3/2025
Biologicals	Q9998	Injection, ustekinumab-aekn (selarsdi), biosimilar, 1 mg	1 mg	1/1/2025	Selarsdi™ IV	ustekinumab-aekn injection, for intravenous use	Ustekinumab-stba injection is indicated for the treatment of: Adult patients with: • moderately to severely active Crohn's disease (CD). • moderately to severely active ulcerative colitis.	520	18 years	N/A	N/A	Y	Y		6/26/2025
Biologicals	Q9998	Injection, ustekinumab-aekn (selarsdi), biosimilar, 1 mg	1 mg	1/1/2025	Selarsdi™ SC	ustekinumab-aekn injection, for subcutaneous use	Ustekinumab-stba injection is indicated for the treatment of: Adult patients with: • moderate to severe plaque psoriasis (PsO) who are candidates for phototherapy or systemic therapy. • active psoriatic arthritis (PsA). • moderately to severely active Crohn's disease (CD). • moderately to severely active ulcerative colitis. Pediatric patients 6 years and older with: • moderate to severe plaque psoriasis, who are candidates for phototherapy or systemic therapy. • active psoriatic arthritis (PsA).	180	Indication Specific Age Restrictions (see comments)	N/A	N/A	Y	Y	Indication-specific age restrictions: • PsO, PsA: 6 years of age and older • CD, UC: 18 years of age and older	6/26/2025
Biologicals	Q9999	Injection, ustekinumab-aauz (otulfi), biosimilar, 1 mg	1 mg	4/1/2025	Otulfi™ IV	ustekinumab-aauz injection, for intravenous use	Ustekinumab-stba injection is indicated for the treatment of: Adult patients with: • moderately to severely active Crohn's disease (CD). • moderately to severely active ulcerative colitis.	520	18 years	N/A	N/A	Y	Y		4/3/2025
Biologicals	Q9999	Injection, ustekinumab-aauz (otulfi), biosimilar, 1 mg	1 mg	4/1/2025	Otulfi™ SC	ustekinumab-aauz injection, for subcutaneous use	Ustekinumab-stba injection is indicated for the treatment of: Adult patients with: • moderate to severe plaque psoriasis (PsO) who are candidates for phototherapy or systemic therapy. • active psoriatic arthritis (PsA). • moderately to severely active Crohn's disease (CD). • moderately to severely active ulcerative colitis. Pediatric patients 6 years and older with: • moderate to severe plaque psoriasis, who are candidates for phototherapy or systemic therapy. • active psoriatic arthritis (PsA).	180	Indication Specific Age Restrictions (see comments)	N/A	N/A	Y	Y	Indication-specific age restrictions: • PsO, PsA: 6 years of age and older • CD, UC: 18 years of age and older	4/3/2025
Drugs	S0013	Esketamine, nasal spray, 1 mg	1 mg	1/1/2021	Spravato™	esketamine nasal spray	• Indicated, in conjunction with an oral antidepressant, for the treatment of treatment-resistant depression (TRD) in adults. • Indicated for depressive symptoms in adults with major depressive disorder (MDD) with acute suicidal ideation or behavior. 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	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
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): •Adult Patients: In combination therapy with other hepatitis C virus drugs for adults with compensated liver disease. Pegasys monotherapy is indicated only if patient has contraindication or significant intolerance to other HCV drugs. •Pediatric Patients: In combination with ribavirin for pediatric patients 5 years of age and older with compensated liver disease. Chronic Hepatitis B (CHB): •Adult Patients: Treatment of adults with HBeAg-positive and HBeAg-negative chronic hepatitis B (CHB) infection who have compensated liver disease and evidence of viral replication and liver inflammation. •Pediatric Patients: Treatment of non-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: • Chronic Hepatitis C: 5 years of age and older • Chronic Hepatitis B: 3 years of age and older	7/2/2018
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: • Primary hypogonadism (congenital or acquired) - testicular failure due to cryptorchidism, bilateral torsion, orchitis, vanishing testes syndrome; or orchiectomy. • Hypogonadotropic hypogonadism (congenital or acquired) - gonadotropic LHRH deficiency, or pituitary - 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

North Carolina Division of Health Benefits
Physician Administered Drug Program Catalog

•Unless otherwise indicated, the catalog contains procedure codes representing drugs, biologics, devices and vaccines which are only covered for FDA approved indications. Covered indications that are not FDA approved are identified with **. Vaccine age limits are determined by ACIP recommendations rather than their FDA-labeled indications.
•11 digit National Drug Codes (NDCs) are required to be billed along with their corresponding procedure code. Drugs and biologics must be classified as CMS covered outpatient drugs from a labeler/manufacturer participating in the Medicaid Drug Rebate Program (MDRP).
•The Max Daily 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/manufacturer 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/ncci-medicaid/medicaid-ncci-edit-files

Category	HCPCS Code	HCPCS Description	HCPCS Code Billing Unit	HCPCS Effective Date	Brand Name	Generic Name	FDA Approved Indications (See Package Insert for full FDA approved indication descriptions)	NC Suggested Max Monthly Units	Minimum Age	Maximum Age	Gender Restrictions	NDC Required	Rebating Labeler Required	Comments	Last Modified Date
Drugs	S4993	Contraceptive pills for birth control	1 pack (1 pack = 21- or 28-tablet pack; 3 packs = 91-tablet pack)	4/1/2002	N/A	contraceptive pills for birth control	Indicated as birth control.	14 in a 12-month interval	8 years	55 years	Females Only	Y	Y	3/2024: Effective 2/1/2024, HCPCS billing unit of 1 pack clarified to be defined as 1 pack = 21- or 28-tablet pack and 3 packs = 91-tablet pack. Suggested max monthly updated to match NCTracks 14 packs per year, effective 7/1/2019. Use of code limited to LHDs.	5/21/2024