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 **.
•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/NationalCorrectCodInitEd/MUE

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	N		9/12/2018
Immune Globulins	90371	Hepatitis B Immune Globulin (HBIg), human, for intramuscular use	1 mL	1/1/2000	HyperHEP B® S/D, Nabi-HB®	hepatitis b immune globulin, (human)	Indicated for treatment of acute exposure to blood containing HBsAg, perinatal exposure of infants born to HBsAg-positive mothers, sexual exposure to HBsAg-positive persons and household exposure to persons with acute HBV infection in the following settings: • Acute Exposure to Blood Containing HBsAg: Following either parenteral exposure (needlestick, bite, sharps), direct mucous membrane contact (accidental splash), or oral ingestion (pipetting accident), involving HBsAg-positive materials such as blood, plasma, or serum. • Perinatal Exposure of Infants Born to HBsAg-positive Mothers: Infants born to mothers positive for HBsAg with or without HBeAg. • Sexual Exposure to HBsAg-positive Persons: Sexual partners of HBsAg-positive persons. • Household Exposure to Persons with Acute HBV Infection: Infants less than 12 months old whose mother or primary caregiver is positive for HBsAg. Other household contacts with an identifiable blood exposure to the index patient.	18	N/A	N/A	N/A	Y	N		9/21/2018
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	1/1/2000	Kedrab™	rabies immune globulin (human) solution for intramuscular injection	Indicated for passive, transient post-exposure prophylaxis (PEP) of rabies infection, when given immediately after contact with a rabid or possibly rabid animal. Kedrab should be administered concurrently with a full course of rabies vaccine. • Do not administer additional (repeat) doses of Kedrab once vaccine treatment has been initiated, since this may interfere with the immune response to the rabies vaccine. • Do not administer Kedrab to persons with a history of a complete pre-exposure or post-exposure rabies vaccination and confirmed adequate rabies antibody titer.	20	18 years	N/A	N/A	Y	Y		1/5/2021
Immune Globulins	90389	Tetanus Immune Globulin (TIg), human, for intramuscular use	250 U (1 mL)	1/1/2000	HyperTET® S/D	tetanus immune globulin (human)	Indicated for prophylaxis against tetanus following injury in patients whose immunization is incomplete or uncertain. It is also indicated, although evidence of effectiveness is limited, in the regimen of treatment of active cases of tetanus.	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	90619	Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, tetanus toxoid carrier (MenACWY-TT), for intramuscular use	0.5 mL	7/1/2009	MenQuadfi™	meningococcal [Groups A, C, Y, W] conjugate vaccine, solution for intramuscular injection	Indicated for active immunization for the prevention of invasive meningococcal disease caused by Neisseria meningitidis serogroups A, C, W, and Y. MenQuadfi vaccine is approved for use in individuals 2 years of age and older. MenQuadfi does not prevent N. meningitidis serogroup B disease.	1	2 years	N/A	N/A	Y	N		8/5/2021
Vaccines	90620	Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB-4C), 2 dose schedule, for intramuscular use	0.5 mL	7/1/2017	Bexsero®	meningococcal group b vaccine suspension for intramuscular injection	Indicated for active immunization to prevent invasive disease caused by Neisseria meningitidis serogroup B. Bexsero is approved for use in individuals 10 through 25 years of age.	2	10 years	23 years	N/A	Y	N	ACIP recommends for 10 – 23 years of age	11/17/2021

Vaccines	90621	Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB-FHbp), 2 or 3 dose schedule, for intramuscular use	0.5 mL	7/1/2017	Trumenba®	meningococcal group b vaccine suspension for intramuscular injection	Indicated for active immunization to prevent invasive disease caused by Neisseria meningitidis serogroup B. Trumenba is approved for use in individuals 10 through 25 years of age.	2	10 years	23 years	N/A	Y	N		9/12/2018
Vaccines	90632	Hepatitis A vaccine (Hep A), adult dosage, for intramuscular use	1 mL	1/1/2000	Havrix®, Vaqta®	hepatitis a vaccine, adult dosage, suspension for intramuscular injection	Indicated for active immunization against disease caused by hepatitis A virus (HAV). Approved for use in persons 12 months of age and older. Primary immunization should be administered at least 2 weeks prior to expected exposure to HAV.	1	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	90649	Human Papillomavirus vaccine, types 6, 11, 16, 18, quadrivalent (4vHPV), 3 dose schedule, for intramuscular use 0.5 mL	0.5 mL	1/1/2006	Gardasil®	human papillomavirus quadrivalent (types 6, 11, 16 and 18) vaccine, recombinant suspension for intramuscular injection	Gardasil is indicated in girls and women 9 – 26 years of age for the prevention of the following diseases caused by human papillomavirus (HPV) types included in the vaccine: • Cervical, vulvar, vaginal, and anal cancer caused by HPV types 16 and 18 • Genital warts (condyloma acuminata) caused by HPV types 6 and 11 And the following precancerous or dysplastic lesions caused by HPV types 6, 11, 16, and 18: • Cervical intraepithelial neoplasia (CIN) grade 2/3 and Cervical adenocarcinoma in situ (AIS) • Cervical intraepithelial neoplasia (CIN) grade 1 • Vulvar intraepithelial neoplasia (VIN) grade 2 and grade 3 • Vaginal intraepithelial neoplasia (VaIN) grade 2 and grade 3 • Anal intraepithelial neoplasia (AIN) grades 1, 2, and 3 Gardasil is indicated in boys and men 9 through 26 years of age for the prevention of the following diseases caused by HPV types included in the vaccine: • Anal cancer caused by HPV types 16 and 18 • Genital warts (condyloma acuminata) caused by HPV types 6 and 11	1	9 years	26 years	N/A	Y	N		7/3/2018
Vaccines	90651	Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 2 or 3 dose schedule, for intramuscular use	0.5 mL	7/1/2017	Gardasil® 9	human papillomavirus 9-valent vaccine, recombinant suspension for intramuscular injection	Indicated in girls and women 9 through 45 years of age for the prevention of the following diseases: • Cervical, vulvar, vaginal, and anal cancer caused by HPV types 16, 18, 31, 33, 45, 52, and 58 • Genital warts (condyloma acuminata) caused by HPV types 6 and 11. The following precancerous or 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.	1	9 years	45 years	N/A	Y	N		7/28/2020

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 Quadrivalent	influenza vaccine suspension for intramuscular injection	Indicated for active immunization for the prevention of influenza disease caused by influenza A subtype viruses and type B contained in the vaccine for use in persons 65 years of age and older.	1	65 years	N/A	N/A	Y	N		8/26/2019
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 adults 18 years of age and older.	1	19 years	N/A	N/A	Y	N	ACIP recommends for 19 years of age and older	11/17/2021
Vaccines	90672	Influenza virus vaccine, quadrivalent live (LAIV4), for intranasal use	0.2 mL	1/1/2013	FluMist® Quadrivalent	influenza virus vaccine, quadrivalent live, intranasal	Indicated for the active immunization of persons 2 – 49 years of age for the prevention of influenza disease caused by influenza A subtype viruses and type B viruses contained in the vaccine.	2	2 years	49 years	N/A	Y	N		9/21/2018
Vaccines	90674	Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5mL dosage, for intramuscular use	0.5 mL	7/1/2016	Flucelvax® Quadrivalent	influenza virus vaccine, suspension for intramuscular injection, preservative-free	Indicated for active immunization for the prevention of influenza disease caused by influenza virus subtypes A and type B contained in the vaccine.	2	6 months	N/A	N/A	Y	N		11/17/2021
Vaccines	90675	Rabies vaccine, for intramuscular use	1 mL	1/1/2000	Imovax® Rabies (Human Diploid-Cell Vaccine) and RabAvert® (Purified Chick Embryo Cell Culture)	rabies vaccine, for intramuscular use	Indicated for pre-exposure and post-exposure prophylaxis against rabies in all age groups.	5	N/A	N/A	N/A	Y	N		7/3/2018
Vaccines	90677	Pneumococcal conjugate vaccine, 20 valent (PCV20), for intramuscular use	0.5 mL	7/1/2021	Prevnar 20™	pneumococcal 20-valent conjugate vaccine, suspension for intramuscular injection	Indicated for active immunization for the prevention of pneumonia and 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 adults 18 years of age and older.	1	19 years	N/A	N/A	Y	N	ACIP recommends for ≥ 19 years of age	11/2/2021
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	32 weeks	N/A	Y	N		7/3/2018
Vaccines	90681	Rotavirus vaccine, human, attenuated (RV1), 2 dose schedule, live, for oral use	1 mL	1/1/2008	Rotarix	rotavirus vaccine, live, oral	Indicated for the prevention of rotavirus gastroenteritis caused by G1 and non-G1 types (G3, G4, and G9). Rotarix is approved for use in infants 6 weeks to 24 weeks of age.	2	6 weeks	24 weeks	N/A	Y	N		7/3/2018
Vaccines	90682	Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use	1 dose (0.5 mL)	1/1/2017	Flublok® Quadrivalent	influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use	Indicated for active immunization against disease caused by influenza A subtype viruses and type B viruses contained in the vaccine.	1	18 years	N/A	N/A	Y	N		8/12/2021
Vaccines	90685	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.25 mL dosage, for intramuscular use	0.25 mL	1/1/2013	Afluria® Quadrivalent	influenza vaccine suspension for intramuscular injection, 0.25 mL	Indicated for active immunization for the prevention of influenza disease caused by influenza A subtype viruses and type B viruses contained in the vaccine.	2	6 months	35 months	N/A	Y	N		8/5/2020
Vaccines	90686	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use	0.5 mL	1/1/2013	Afluria® Quadrivalent, Fluarix® Quadrivalent, FluLaval® Quadrivalent, Fluzone® Quadrivalent	influenza vaccine suspension for intramuscular injection, preservative-free, 0.5 mL	Indicated for active immunization against influenza disease caused by influenza A subtype viruses and type B viruses contained in the vaccine.	2	Product Specific (see comments)	N/A	N/A	Y	N	Product Specific Age Resctrictions: Afluria Quad: 3 years and up Fluarix Quad, FluLaval Quad and Fluzone Quad: 6 months and up	8/10/2021
Vaccines	90687	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.25 mL dosage, for intramuscular use	0.25 mL	1/1/2013	Afluria® Quadrivalent, Fluzone® Quadrivalent	influenza virus vaccine, quadrivalent (IIV4), split virus, 0.25 mL dosage, for intramuscular use	Indicated for active immunization for the prevention of influenza disease caused by influenza A subtype viruses and type B viruses contained in the vaccine.	2	6 months	35 months	N/A	Y	N		8/5/2020
Vaccines	90688	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use	0.5 mL	1/1/2013	Afluria® Quadrivalent, Fluzone® Quadrivalent	influenza vaccine suspension for intramuscular injection, 0.5 mL	Indicated for active immunization for the prevention of influenza disease caused by influenza A subtype viruses and type B viruses contained in the vaccine.	2	Product Specific (see comments)	N/A	N/A	Y	N	Product Specific Age Restrictions: Afluria Quad: 3 years and up Fluzone Quad: 6 months and up	8/10/2021

Vaccines	90694	Influenza virus vaccine, quadrivalent (aIIV4), inactivated, adjuvanted, preservative free, 0.5 mL dosage, for intramuscular use	0.5 mL	1/1/2020	Fluad® Quadrivalent	influenza vaccine, adjuvanted injectable emulsion for intramuscular use	Indicated for active immunization against influenza disease caused by influenza virus subtypes A and types B contained in the vaccine for use in persons 65 years of age and older.	1	65 years	N/A	N/A	Y	N		8/5/2020
Vaccines	90696	Diphtheria, tetanus toxoids, acellular pertussis vaccine and inactivated poliovirus vaccine, (DTaP-IPV), when administered to children 4 years through 6 years of age, for intramuscular use	0.5 mL	1/1/2008	Kinrix®, 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	Y		6/29/2021
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	1/1/2004	M-M-R® II	measles, mumps, and rubella virus vaccine, live	Indicated for simultaneous vaccination against measles, mumps, and rubella in individuals 12 months of age or older.	1	12 months	N/A	N/A	Y	N		7/3/2018
Vaccines	90710	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use	0.5 mL	1/1/2000	ProQuad®	measles, mumps, rubella and varicella virus vaccine live suspension for subcutaneous injection	Indicated for active immunization for the prevention of measles, mumps, rubella, and varicella in children 12 months through 12 years of age.	1	12 months	12 years	N/A	Y	N		7/3/2018

Vaccines	90713	Poliovirus vaccine, Inactivated (IPV), for subcutaneous or intramuscular use	0.5 mL	7/1/2005	IPOL®	poliovirus vaccine, inactivated	Indicated for active immunization of infants (as young as 6 weeks of age), children and adults for the prevention of poliomyelitis caused by poliovirus types 1, 2, and 3.	2	6 weeks	N/A	N/A	Y	N		9/21/2018
Vaccines	90714	Tetanus and diphtheria toxoids adsorbed (Td), preservative free, when administered to individuals 7 years or older, for intramuscular use	0.5 mL	7/1/2005	Tenivac®	tetanus and diphtheria toxoids, adsorbed, suspension for intramuscular injection	Indicated for active immunization for the prevention of tetanus and diphtheria in persons 7 years of age and older.	2	7 years	N/A	N/A	Y	N		7/3/2018
Vaccines	90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use	0.5 mL	7/1/2005	Adacel®, Boostrix®	tetanus toxoid, reduced diphtheria toxoid and acellular pertussis vaccine adsorbed, suspension for intramuscular injection	Indicated for active booster immunization against tetanus, diphtheria, and pertussis as a single dose in people 10 years of age and older. (Adacel brand is only indicated for patients 11-64 years of age.)	1	Indication Specific (see comments)	64 years	N/A	Y	N	Product specific age restrictions: • Boostrix is indicated in individuals 10 years of age and older. • Adacel is indicated in persons 10 through 64 years of age.	7/3/2018
Vaccines	90716	Varicella virus vaccine (VAR), Live, for subcutaneous use	0.5 mL	1/1/2000	Varivax®	varicella virus vaccine live suspension for subcutaneous injection	Indicated for active immunization for the prevention of varicella in individuals 12 months of age and older.	2	12 months	N/A	N/A	Y	N		9/12/2018
Vaccines	90723	Diphtheria, tetanus toxoids, acellular pertussis vaccine, hepatitis B, and inactivated poliovirus vaccine,- (DTaP-HepB-IPV) for intramuscular use	0.5 mL	1/1/2001	Pediarix®	diphtheria and tetanus toxoids and acellular pertussis adsorbed, hepatitis b (recombinant) and inactivated poliovirus vaccine, suspension for intramuscular injection	Indicated for active immunization against diphtheria, tetanus, pertussis, infection caused by all known subtypes of hepatitis B virus, and poliomyelitis. Pediarix is approved for use as a three-dose series in infants born of hepatitis B surface antigen (HBsAg)-negative mothers. Pediarix may be given as early as 6 weeks of age through 6 years of age (prior to the 7th birthday).	1	6 weeks	6 years	N/A	Y	N		7/2/2018
Vaccines	90732	Pneumococcal polysaccharide vaccine, 23-valent (PPSV23), adult or immunosuppressed patient dosage, for use in individuals 2 years or older, for subcutaneous or intramuscular use	0.5 mL	1/1/2002	Pneumovax® 23	pneumococcal vaccine polyvalent sterile, liquid vaccine for intramuscular or subcutaneous injection	• 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	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.	1	9 months	23 years	N/A	Y	N		8/5/2021
Vaccines	90736	Zoster (shingles) vaccine (HZV), live, for subcutaneous injection	0.65 mL	1/1/2006	Zostavax®	zoster vaccine live suspension for subcutaneous injection	Indicated for prevention of herpes zoster (shingles) in individuals 50 years of age and older. Limitations of Use: • Zostavax is not indicated for the treatment of zoster or postherpetic neuralgia (PHN). • Zostavax is not indicated for prevention of primary varicella infection (Chickenpox).	1	50 years	N/A	N/A	Y	N		7/3/2018
Vaccines	90739	Hepatitis B vaccine (HepB), adult dosage, 2 dose schedule, for intramuscular use	0.5 mL	1/1/2013	Heplisav-B®	hepatitis b vaccine (recombinant), adjuvanted solution for intramuscular injection	Indicated for prevention of infection caused by all known subtypes of hepatitis B virus in adults 18 years of age and older.	2	18 years	N/A	N/A	Y	N		7/3/2018
Vaccines	90740	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 3-dose schedule, for intramuscular	40 mcg	1/1/2001	Recombivax HB® Dialysis Formulation	hepatitis b vaccine, dialysis patient dosage (3 dose schedule), for intramuscular	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	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	Energix 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	90756	Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, antibiotic free, 0.5 mL dosage, for intramuscular use	0.5 mL	7/1/2017	Flucelvax® Quadrivalent	influenza virus vaccine, suspension for intramuscular injection	Indicated for active immunization for the prevention of influenza disease caused by influenza virus subtypes A and type B contained in the vaccine.	2	6 months	N/A	N/A	Y	N		11/17/2021
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	91300	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted, for intramuscular use	0.3 mL	12/1/2020	Comirnaty®	Pfizer-BioNTech COVID-19 Vaccine (12 years of age and older) - Dilution required	Emergency Use Authorizations: Pfizer-BioNTech COVID-19 Vaccine is authorized for use under an Emergency Use Authorization (EUA) for active immunization to prevent coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in individuals 12 years of age and older. Pfizer-BioNTech COVID-19 Vaccine supplied in a multiple dose vial with a purple cap is authorized for use to provide: • a 2-dose primary series to individuals 12 years of age and older; • a third primary series dose to individuals 12 years of age and older who have been determined to have certain kinds of immunocompromise; • a single booster dose to individuals 18 years of age and older who have completed primary vaccination with a different authorized COVID-19 vaccine. The dosing interval for the heterologous booster dose is the same as that authorized for a booster dose of the vaccine used for primary vaccination. • a single Pfizer-BioNTech COVID-19 Vaccine booster dose (0.3 mL) may be administered at least 5 months after completing a primary series of the Pfizer-BioNTech COVID-19 Vaccine or Comirnaty to individuals 12 years of age and older. • a second booster dose of the Pfizer-BioNTech COVID-19 Vaccine (0.3 mL) may be administered to individuals 50 years of age and older at least 4 months after receipt of a first booster dose of any authorized or approved COVID-19 vaccine. • a second booster dose of the Pfizer-BioNTech COVID-19 Vaccine (0.3 mL) may be administered at least 4 months after receipt of a first booster dose of any authorized or approved COVID-19 vaccine to individuals 12 years of age and older with certain kinds of immunocompromise. FDA-Approved Indications: Indicated for active immunization to prevent coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in individuals 16 years of age and older.	2	12 years	N/A	N/A	Y	N		3/30/2022
Vaccines	91301	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage, for intramuscular use	0.5 mL (1 dose)	12/1/2020	Spikevax™	Moderna COVID-19 Vaccine (Primary Series)	Emergency Use Authorizations: Moderna COVID-19 Vaccine is authorized for use under an Emergency Use Authorization (EUA) for active immunization to prevent coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in individuals 18 years of age and older.	2	18 years	N/A	N/A	Y	N		6/1/2022
Vaccines	91303	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x10^10 viral particles/0.5mL dosage, for intramuscular use	0.5 mL (1 dose)	2/1/2021	N/A	Janssen COVID-19 Vaccine	Janssen COVID-19 vaccine is authorized for use under an Emergency Use Authorization (EUA) for active immunization to prevent coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in individuals 18 years of age and older for whom other FDA-authorized or approved COVID-19 vaccines are not accessible or clinically appropriate, and in individuals 18 years of age and older who elect to receive the Janssen COVID19 Vaccine because they would otherwise not receive a COVID-19 vaccine.	1	18 years	N/A	N/A	Y	N		5/10/2022

Vaccines	91305	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use	0.3 mL	9/3/2021	Comirnaty®	Pfizer-BioNTech COVID-19 Vaccine (12 years of age and older) - Does not require dilution	Emergency Use Authorizations: Pfizer-BioNTech COVID-19 Vaccine is authorized for use under an Emergency Use Authorization (EUA) for active immunization to prevent coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in individuals 12 years of age and older. Pfizer-BioNTech COVID-19 Vaccine supplied in a multiple dose vial with a gray cap and a label with a gray border is authorized for use to provide: • a 2-dose primary series to individuals 12 years of age and older • a third primary series dose to individuals 12 years of age and older who have been determined to have certain kinds of immunocompromise Pfizer-BioNTech COVID-19 Vaccine supplied in a multiple dose vial with a gray cap and a label with a gray border is authorized for use to provide: • a single Pfizer-BioNTech COVID-19 Vaccine booster dose (0.3 mL) may be administered at least 5 months after completing a primary series of the Pfizer-BioNTech COVID-19 Vaccine or Comirnaty (COVID-19 Vaccine, mRNA) to individuals 12 years of age and older; and • a single booster dose to individuals 18 years of age and older who have completed primary vaccination with a different authorized COVID-19 vaccine. The dosing interval for the heterologous booster dose is the same as that authorized for a booster dose of the vaccine used for primary vaccination. • a second booster dose of the Pfizer-BioNTech COVID-19 Vaccine (0.3 mL) may be administered to individuals 50 years of age and older at least 4 months after receipt of a first booster dose of any authorized or approved COVID-19 vaccine. • a second booster dose of the Pfizer-BioNTech COVID-19 Vaccine (0.3 mL) may be administered at least 4 months after receipt of a first booster dose of any authorized or approved COVID-19 vaccine to individuals 12 years of age and older with certain kinds of immunocompromise. The FDA-approved Comirnaty (COVID-19 Vaccine, mRNA) and the EUA-authorized Pfizer-BioNTech COVID-19 Vaccine have the same formulation and can be used interchangeably to provide the COVID-19 vaccination series.	2	12 years	N/A	N/A	Y	N		3/30/2022
Vaccines	91306	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use	50 mcg (1 dose)	9/3/2021	Spikevax™	Moderna COVID-19 Vaccine (Booster Dose - 0.25 mL)	Moderna COVID-19 Vaccine is authorized for use under an Emergency Use Authorization (EUA) for active immunization to prevent coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in individuals 18 years of age and older.	1	18 years	N/A	N/A	Y	N		6/1/2022
Vaccines	91307	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use	0.2 mL	10/6/2021	N/A	Pfizer-BioNTech COVID-19 Vaccine (5 through 11 years)	Pfizer-BioNTech COVID-19 Vaccine is authorized to provide a 2-dose primary series for use under an Emergency Use Authorization (EUA) for active immunization to prevent COVID-19 in individuals 5 through 11 years of age. The vaccine is also authorized to provide a third primary series dose to individuals 5 through 11 years of age who have been determined to have certain kinds of immunocompromise. Pfizer-BioNTech COVID-19 Vaccine is authorized for use to provide a single booster dose to individuals 5 through 11 years of age who have completed a primary series with Pfizer-BioNTech COVID-19 Vaccine.	2	5 years	11 years	N/A	Y	N		5/17/2022
Vaccines	91309	Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5	50 mcg (1 dose)	3/7/2022	N/A	Moderna COVID-19 Vaccine (Booster Dose - 0.5 mL)	Moderna COVID-19 Vaccine is authorized for use under an Emergency Use Authorization (EUA) for active immunization to prevent coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in individuals 18 years of age and older. First Booster Dose • A single booster dose of the Moderna COVID-19 Vaccine (50 mcg) may be administered as a	1	18 years	N/A	N/A	Y	Y		4/17/2022
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	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 methotrexate. • Active Psoriatic Arthritis (PsA) in adults	400	Indication Specific (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 age and older	1/14/2022

Biologicals	J0130	Injection, abciximab, 10mg	10 mg	1/1/2000	ReoPro®	abciximab, for intravenous use	Indicated as an adjunct to percutaneous coronary intervention for the prevention of cardiac ischemic complications: • in patients undergoing percutaneous coronary intervention • in patients with unstable angina not responding to conventional medical therapy when percutaneous coronary intervention is planned within 24 hours	5	18 years	N/A	N/A	Y	Y		6/6/2019
Drugs	J0133	Injection, acyclovir, 5 mg	5 mg	1/1/2006	N/A	acyclovir sodium, for injection, for intravenous infusion	Indicated for: • Herpes simplex infections in immunocompromised patients • Initial episodes of herpes genitalis • Herpes simplex encephalitis • Neonatal herpes simplex virus infection • Varicella-zoster infections in immunocompromised patients	8,400	Indication Specific (see comments)	N/A	N/A	Y	Y	Indication specific age restrictions: • Herpes Simplex Infections: Mucosal and Cutaneous Herpes Simplex (HSV-1 and HSV-2) Infections in Immunocompromised Patients: None	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	118	Indication Specific (see comments)	N/A	N/A	Y	Y	Product specific age restrictions: Adenoscan: 18 years of age and older	5/6/2019
Drugs	J0171	Injection, adrenalin, epinephrine, 0.1 mg	0.1 mg	1/1/2011	Adrenalin®	epinephrine injection, for intramuscular or subcutaneous use	Indicated for emergency treatment of allergic reactions (Type 1), including anaphylaxis	N/A	N/A	N/A	N/A	Y	Y		10/26/2018
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)	8	18 years	N/A	N/A	Y	Y		7/2/2018
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).	24	18 years	N/A	N/A	Y	Y		1/9/2020
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	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	390	18 years	N/A	N/A	Y	Y		12/3/2019
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	155	18 years	N/A	N/A	Y	Y		9/25/2018
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	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 oxalate levels in pediatric and adult patients.	1,890	N/A	N/A	N/A	Y	Y		6/28/2021
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 (28 days of age and older and weighing at least 3 kg) with positive results of direct SARS-CoV-2 viral testing, 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 28 days of age and older and weighing at least 3 kg	N/A	N/A	Y	Y		4/27/2022
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.	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,	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	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
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	168	Indication Specific (see comments)	N/A	N/A	Y	Y	Indication specific: • Skin and skin structure infections: 1 year of age and older • Intra-abdominal infections: 18 years of age and older	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	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	J0360	Injection, hydralazine HCl, up to 20mg	up to 20 mg	1/1/2000	N/A	hydralazine hydrochloride injection	Indicated for severe essential hypertension when the drug cannot be given orally or when there is an urgent need to lower blood pressure.	75	N/A	N/A	N/A	Y	Y		6/4/2019
Drugs	J0401	Injection, aripiprazole, extended release, 1 mg	1 mg	1/1/2014	Abilify Maintena®	aripiprazole extended-release injectable suspension, for intramuscular use	Indicated for the treatment of schizophrenia in adults. Indicated for maintenance monotherapy treatment of bipolar I disorder in adults.	800	18 years	N/A	N/A	Y	Y		5/20/2019
Drugs	J0456	Injection, azithromycin, 500 mg	500 mg	1/1/2000	Zithromax®	azithromycin for intravenous infusion	Indicated for mild to moderate infections caused by designated, susceptible bacteria in community-acquired pneumonia in adults and pelvic inflammatory disease.	10	16 years	N/A	N/A	Y	Y		9/25/2018

Drugs	J0461	Injection, atropine sulfate, 0.01 mg	0.01 mg	1/1/2010	N/A	atropine sulfate injection for intravenous, intramuscular, subcutaneous, intraosseous, or endotracheal use	Indicated for temporary blockade of severe or life threatening muscarinic effects.	27,900	N/A	N/A	N/A	Y	Y		10/4/2018
Drugs	J0470	Injection, dimercaprol, per 100mg	per 100 mg	1/1/2000	BAL in oil™	dimercaprol injection	Indicated in the treatment of: • 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.	3	4 years	N/A	N/A	Y	Y		9/21/2018
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
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 adult patients 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	420	Indication Specific (see comments)	N/A	N/A	Y	Y	Indication specific age restrictions: SLE: 5 years of age and older Lupus nephritis: 18 years of age and older	1/26/2021
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	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.	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 Clostridium difficile infection (CDI) in patients 18 years of age or older who are receiving antibacterial drug treatment of CDI and are high risk for CDI recurrence. Limitation of use: Zinplava is not indicated for the treatment of CDI. Zinplava is not an antibacterial drug. Zinplava should only be used in conjunction with antibacterial drug treatment of CDI.	140	18 years	N/A	N/A	Y	Y		7/2/2018
Biologicals	J0567	Injection, cerliponase alfa, 1 mg	1 mg	1/1/2019	Brineura®	cerliponase alfa injection, for intraventricular use	Indicated to slow the loss of ambulation in symptomatic pediatric patients 3 years of age and older with late infantile neuronal ceroid lipofuscinosis type 2 (CLN2), also known as tripeptidyl peptidase 1 (TPP1) deficiency.	900	3 years	N/A	N/A	Y	Y		7/2/2018
Drugs	J0570	Buprenorphine implant, 74.2 mg	74.2 mg = 1 implant	1/1/2017	Probuphine®	buprenorphine implant for subdermal administration (CIII)	Indicated for the maintenance treatment of opioid dependence in patients who have achieved and sustained prolonged clinical stability on low-to-moderate doses of a transmucosal buprenorphine-containing product (i.e., doses of no more than 8 mg per day of Subutex® or Suboxone® sublingual tablet or generic equivalent). Probuphine should be used as part of a complete treatment program to include counseling and psychosocial support	4	16 years	N/A	N/A	Y	Y		9/27/2018
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 (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
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	400 in a 3 month interval	N/A	N/A	N/A	Y	Y		3/25/2021
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 (see comments)	N/A	N/A	Y	Y	Indication specific recommendations. • Cervical Dystonia: 18 years of age and older • Glabellar Lines: 18 years of	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	400 in a 3 month interval	Indication Specific (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	1/26/2021

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	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	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
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	J0610	Injection, calcium gluconate, per 10 mL	10 mL	1/1/2000	N/A	calcium gluconate injection, for intravenous use	Indicated for pediatric and adult patients for the treatment of acute symptomatic hypocalcemia. Limitations of Use: The safety of calcium gluconate injection for long-term use has not been established.	310	N/A	N/A	N/A	Y	Y		10/4/2018
Drugs	J0636	Injection, calcitriol, 0.1 mcg	0.1 mcg	1/1/2003	N/A	calcitriol injection	Indicated in the management of hypocalcemia in patients undergoing chronic renal dialysis. It has been shown to significantly reduce elevated parathyroid hormone levels. Reduction of PTH has been shown to result in an improvement in renal osteodystrophy.	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 for 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	600	Indication Specific (see comments)	N/A	N/A	Y	Y	Indication specific age restrictions: Periodic Fever Syndromes: • Cryopyrin-Associated Periodic Syndromes (CAPS): 4 years of age and older • Tumor Necrosis Factor Receptor Associated Periodic Syndrome (TRAPS) in adult and pediatric patients	7/28/2020

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	4,800	N/A	N/A	N/A	Y	Y		10/3/2019
Drugs	J0670	Injection, mepivacaine hydrochloride, per 10 mL	10 mL	1/1/2000	Carbocaine™, Polocaine®, Polocaine® MPF	mepivacaine hydrochloride injection	Carbocaine, Polocaine and Polocaine MPF: Indicated for production of local or regional analgesia and anesthesia by local infiltration, peripheral nerve block techniques, and central neural techniques including epidural and caudal blocks.	50	N/A	N/A	N/A	Y	Y		4/10/2019
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	744	1 month	N/A	N/A	Y	Y		5/20/2019
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	372	3 months	N/A	N/A	Y	Y		9/27/2018
Drugs	J0695	Injection, ceftolozane 50 mg and tazobactam 25 mg	75 mg	1/1/2016	Zerbaxa®	ceftolozane and tazobactam for injection, for intravenous use	Indicated in patients 18 years or older for the treatment of the following infections caused by designated susceptible microorganisms: • 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 (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,	496	Indication Specific (see comments)	N/A	N/A	Y	Y	See package insert for specific neonate contraindication.	10/4/2018

Drugs	J0697	Injection, sterile cefuroxime sodium, per 750 mg	750 mg	1/1/2000	Zinacef®	cefuroxime for injection	Indicated for the treatment of patients with infections caused by susceptible strains of the designated organisms in the following diseases: • Lower Respiratory Tract Infections: including pneumonia, caused by Streptococcus pneumoniae, Haemophilus influenzae (including 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	372	3 months	N/A	N/A	Y	Y		10/4/2018
Drugs	J0698	Cefotaxime sodium, per gram	1 g	1/1/2000	Claforan®	cefotaxime for injection	Indicated for the treatment of patients with serious infections caused by susceptible strains of the designated microorganisms in the diseases listed below. • 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	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	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	155	N/A	N/A	N/A	Y	Y		9/25/2018
Drugs	J0712	Injection, ceftaroline fosamil, 10 mg	10 mg	1/1/2012	Teflaro®	ceftaroline fosamil for injection, for intravenous use	• 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.	1,680	Indication Specific (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.	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: • Complicated intra-abdominal infection (cIAI) caused by the following susceptible Gram-negative microorganisms, in combination with metronidazole, in adult and pediatric patients 3 months and older: Escherichia coli, Klebsiella pneumoniae, Proteus mirabilis, Enterobacter cloacae, Klebsiella oxytoca, Citrobacter freundii complex, and Pseudomonas aeruginosa. • Complicated urinary tract infections (cUTI), including pyelonephritis, caused by the following susceptible	168	Indication Specific (see comments)	N/A	N/A	Y	Y	Indication specific age restrictions: • Complicated intra-abdominal infection (cIAI): 3 months and older • Complicated urinary tract	5/1/2019
Biologicals	J0716	Injection, centruroides immune f(ab)2, up to 120 milligrams	Up to 120 mg (1 vial)	1/1/2013	Anascorp®	centruroides (scorpion) immune F(ab')² (equine) injection lyophilized for solution, for intravenous use only	Antivenom indicated for treatment of clinical signs of scorpion envenomation.	N/A	N/A	N/A	N/A	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.	1,200	18 years	N/A	N/A	Y	Y		5/1/2019
Drugs	J0720	Injection, chloramphenicol sodium succinate, up to 1 g	up to 1 g	1/1/2000	N/A	chloramphenicol sodium succinate for injection, for intravenous administration	**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	217	N/A	N/A	N/A	Y	Y		10/4/2018
Drugs	J0725	Injection, chorionic gonadotropin, per 1,000 USP units	1,000 USP units	1/1/2000	Novarel®, Pregnyl®	chorionic gonadotropin for injection	Indicated for: • Prepubertal cryptorchidism not due to anatomic obstruction. In general, HCG is thought to induce testicular descent in situations when descent would have occurred at puberty. HCG thus may help to predict whether or not 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	60	4 years	N/A	N/A	Y	Y		9/27/2018
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	See Comments	N/A	N/A	N/A	Y	Y	Maximum daily and monthly doses are individualized and	10/4/2018
Drugs	J0740	Injection, cidofovir, 375 mg	375 mg	1/1/2000	Vistide®	cidofovir injection for intravenous infusion	Indicated for the treatment of cytomegalovirus (CMV) retinitis in patients with acquired immunodeficiency syndrome (AIDS).	6	18 years	N/A	N/A	Y	Y		9/27/2018
Drugs	J0741	Injection, cabotegravir and rilpivirine, 2mg/3mg	2mg/3mg	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
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	186	N/A	N/A	N/A	Y	Y		4/9/2019
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	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	J0800	Injection, corticotropin, up to 40 units	up to 40 units	1/1/2000	H.P. Acthar® Gel	repository corticotropin injection, gel for	• Indicated as monotherapy for the treatment of infantile spasms in infants and children under 2 years of age.	63	N/A	N/A	N/A	Y	Y		10/4/2018
Drugs	J0834	Injection, cosyntropin, 0.25 mg	0.25 mg	1/1/2010	Cortrosyn™	cosyntropin injection for diagnostic use	Intended for use as a diagnostic agent in the screening of patients presumed to have adrenocortical insufficiency.	3	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	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	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.	26,040	1 year	N/A	N/A	Y	Y		10/4/2018
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 (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.	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:	630	Indication Specific (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	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 5 to 17 years of age on hemodialysis who are converting from another ESA after their hemoglobin level was stabilized with an ESA. Limitations of Use: 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	5 years	N/A	N/A	Y	Y		10/10/2018
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 5 to 17 years of age on hemodialysis who are converting from another ESA after their hemoglobin level was stabilized with an ESA. Limitations of Use: 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	18 years	N/A	N/A	Y	Y		9/14/2021
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	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). 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		6/17/2020
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	360	Indication Specific (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	10/31/2018

Drugs	J1000	Injection, depo-estradiol cypionate, up to 5 mg	up to 5 mg	1/1/2000	Depo®-Estradiol	estradiol cypionate injection	Indicated in the treatment of 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
Drugs	J1020	Injection, methylprednisolone acetate, 20 mg	20 mg	1/1/2000	Depo-Medrol®	methylprednisolone acetate injection, suspension, 20 mg	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.	40	N/A	N/A	N/A	Y	Y		9/30/2021
Drugs	J1030	Injection, methylprednisolone acetate, 40 mg	40 mg	1/1/2000	Depo-Medrol®	methylprednisolone acetate injection, suspension, 40 mg	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).	20	N/A	N/A	N/A	Y	Y		9/30/2021
Drugs	J1040	Injection, methylprednisolone acetate, 80 mg	80 mg	1/1/2000	Depo-Medrol®	methylprednisolone acetate injection, suspension, 80 mg	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	10	N/A	N/A	N/A	Y	Y		9/30/2021
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 (see comments)	N/A	N/A	Y	Y	Indication specific age restrictions: • Endometrial and renal carcinoma: 18 years and older • Prevention of pregnancy: Use	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	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. • The treatment of ocular itching associated with allergic conjunctivitis.	8	18 years	N/A	N/A	Y	Y		11/17/2021
Drugs	J1097	phenylephrine 10.16 mg/ml and ketorolac 2.88 mg/ml ophthalmic irrigation solution, 1 ml	1 mL	10/1/2019	Omidria®	phenylephrine and ketorolac intraocular solution, 1% /0.3%, for addition to ocular irrigating solution	Indicated for maintaining pupil size by preventing intraoperative miosis and reducing postoperative ocular pain.	8	N/A	N/A	N/A	Y	Y		9/27/2019
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	310	N/A	N/A	N/A	Y	Y		10/4/2018
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	62	18 years	N/A	N/A	Y	Y		10/31/2018
Drugs	J1160	Injection, digoxin, up to 0.5 mg	up to 0.5 mg	1/1/2000	Lanoxin®	digoxin injection, for intravenous or intramuscular use	Indicated for: • Treatment of mild to moderate heart failure in adults. • Increasing myocardial contractility in pediatric patients with heart failure. (Indication added to the portal 10/4/2018) • Control of resting ventricular rate in adults with chronic atrial fibrillation.	35	Indication Specific (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	10/10/2018
Drugs	J1165	Injection, phenytoin sodium, per 50 mg	per 50 mg	1/1/2000	N/A	phenytoin sodium injection, for intravenous or intramuscular use	Indicated for the treatment of generalized tonic-clonic status epilepticus and prevention and treatment of seizures occurring during neurosurgery. Intravenous phenytoin can also be substituted, as short-term use, for oral phenytoin. Parenteral phenytoin should be used only when oral phenytoin administration is not possible.	288	N/A	N/A	N/A	Y	Y		6/8/2019
Drugs	J1170	Injection, hydromorphone, up to 4 mg	up to 4 mg	1/1/2000	Dilaudid®	hydromorphone hydrochloride for intravenous, intramuscular, and subcutaneous use	Indicated for the management of pain severe enough to require an opioid analgesic and for which alternate treatments are inadequate. 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	186	18 years	N/A	N/A	Y	Y		10/26/2018
Drugs	J1190	Injection, dexrazoxane hydrochloride, per 250 mg	250 mg	1/1/2000	Totect®, Zinecard®	dexrazoxane for injection	Zinecard: Indicated for reducing the incidence and severity of cardiomyopathy associated with doxorubicin administration in women with metastatic breast cancer who have received a cumulative doxorubicin dose of 300 mg/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	20	18 years	N/A	Zinecard: Females Only Totect: Extravasation: N/A Cardiomyopathy: Females only	Y	Y		12/28/2020
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 (see comments)	N/A	N/A	Y	Y	Contraindicated in newborns or premature infants.	10/4/2018
Drugs	J1201	Injection, cetirizine hydrochloride, 0.5 mg	0.5 mg	7/1/2020	Quzyttir™	cetirizine hydrochloride injection, for intravenous use	Indicated for the treatment of acute urticaria in adults and children 6 months of age and older. Limitations of use:	200	6 months	N/A	N/A	Y	Y	As of 10/1/2021, NDCs from rebating labelers are not associated with this code	10/15/2021
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.	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	J1267	Injection, doripenem, 10 mg	10 mg	1/1/2009	Doribax®	doripenem for injection, for intravenous use	Indicated for the treatment of the following infections caused by susceptible bacteria: • Complicated intra-abdominal infections • Complicated urinary tract infections, including pyelonephritis	2,100	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	J1300	Injection, eculizumab, 10 mg	10 mg	1/1/2008	Soliris®	eculizumab injection, for intravenous use	Indicated for: • Treatment of patients with paroxysmal nocturnal hemoglobinuria (PNH) to reduce hemolysis. • Treatment of patients with atypical hemolytic uremic syndrome (aHUS) to inhibit complement-mediated thrombotic microangiopathy. • Treatment of adult patients with generalized Myasthenia Gravis (gMG) who are anti-acetylcholine receptor (AchR) antibody positive. • Treatment of neuromyelitis optica spectrum disorder (NMOSD) in adult patients who are anti-aquaporin-4 (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).	480	Indication Specific (see comments)	N/A	N/A	Y	Y	Indication specific age restrictions: • PNH: 18 years of age and older • aHUS: None • Myasthenia Gravis: 18 years of age and older	7/26/2019
Drugs	J1301	Injection, edaravone, 1 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	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.	660	Indication Specific (see comments)	N/A	N/A	Y	Y	PNH and aHUS: 1 month of age and older gMG: 18 years of age and older	5/9/2022
Biologicals	J1305	Injection, evinacumab-dgnb, 5mg	5 mg	10/1/2021	Evkeeza™	evinacumab-dgnb injection, for intravenous use	Indicated as an adjunct to other low-density lipoprotein-cholesterol (LDL-C) lowering therapies for the treatment of adult and pediatric patients, aged 12 years and older, with homozygous familial hypercholesterolemia (HoFH). Limitations of Use:	894	12 years	N/A	N/A	Y	Y		9/29/2021
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

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
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	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 as soon as possible.	248	N/A	N/A	N/A	Y	Y		10/10/2018
Drugs	J1380	Injection, estradiol valerate, up to 10 mg	up to 10 mg	1/1/2000	Delestrogen®	estradiol valerate injection	Indicated in the treatment of: • 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)	20	18 years	N/A	N/A	Y	Y		6/10/2019
Drugs	J1410	Injection, estrogens, conjugated, per 25 mg	25 mg	1/1/2000	Premarin® IV	conjugated estrogens for injection for intravenous and intramuscular use	Indicated in the treatment of abnormal uterine bleeding caused by hormonal imbalance in the absence of organic pathology. Indicated for short-term use only, to provide a rapid and temporary increase in estrogen levels.	62	N/A	N/A	Females Only	Y	Y		10/10/2018
Drugs	J1437	Injection, ferric derisomaltose, 10 mg	10 mg	10/1/2020	Monoferric™	ferric derisomaltose injection, for intravenous use	Indicated for the treatment of iron deficiency anemia in adult patients: • 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. 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 (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	12/16/2021
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	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	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:	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.	1,200	18 years	N/A	N/A	Y	Y		9/29/2021
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. (Indication approved on 4/3/2018 to expand use from adults to pediatric patients 6 months of age and older)	600	6 months	N/A	N/A	Y	Y		9/3/2020
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:	3	18 years	N/A	N/A	Y	Y		10/31/2018
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
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.	840	Indication Specific (see comments)	N/A	N/A	Y	Y	Indication specific age restrictions: • Primary Humoral Immunodeficiency: 2 years of	7/3/2018
Immune Globulins	J1460	Injection, gamma globulin, intramuscular, 1 cc	1 cc	1/1/2000	GamaSTAN® S/D, GamaSTAN®	immune globulin (human), solution for intramuscular injection, less than 10 cc	Indicated: • For prophylaxis following exposure to hepatitis A. • To prevent or modify measles in a susceptible person exposed fewer than 6 days previously. • To modify varicella	10	18 years	N/A	N/A	Y	Y		10/25/2018
Immune Globulins	J1554	Injection, immune globulin (asceniv), 500 mg	500 mg	4/1/2021	Asceniv™	immune globulin intravenous, human – 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 primary humoral immunodeficiency (PI).	224	6 years	N/A	N/A	Y	Y		9/12/2018

Immune Globulins	J1557	Injection, immune globulin, (Gammaplex), intravenous, non-lyophilized, (e.g. liquid), 500 mg	500 mg	1/1/2012	Gammaplex®	immune globulin intravenous (human), 5% and 10% liquid, for intravenous use	Gammaplex 5%: Indicated for the treatment of: • Chronic immune thrombocytopenic 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 (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 (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
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)	840	Indication Specific (see comments)	N/A	N/A	Y	Y	Indication specific age restrictions: • Primary Humoral Immunodeficiency (PI): 2 years of age and older • Idiopathic Thrombocytopenic Purpura (ITP): None	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 (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	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 (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 replacement therapy for primary humoral immunodeficiency (PI) in adult and pediatric patients two years of age or older and as a maintenance therapy to improve muscle strength and disability in adult patients with Multifocal Motor Neuropathy (MMN).	672	Indication Specific (see comments)	N/A	N/A	Y	Y	Indication specific age restrictions: • Primary humoral immunodeficiency : 2 years and older • Multifocal motor neuropathy	9/12/2018
Drugs	J1570	Injection, ganciclovir sodium, 500 mg	500 mg	1/1/2000	Cytovene®-IV	ganciclovir sodium for injection, for intravenous use	Indicated for: • Treatment of CMV retinitis in immunocompromised individuals, including patients with acquired immunodeficiency syndrome (AIDS). • Prevention of CMV disease in adult transplant recipients at risk for CMV disease.	77	18 years	N/A	N/A	Y	Y		6/4/2019
Immune Globulins	J1571	Injection, hepatitis B immune globulin (Hepagam B), intramuscular, 0.5 mL	0.5 mL	1/1/2008	Hepagam B®	hepatitis b immune globulin intramuscular (human)	Indicated for post exposure prophylaxis in the following settings: • Acute Exposure to Blood Containing HBsAg • Perinatal Exposure of Infants 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 (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	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
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 adults. Limitations of Use: Safety and efficacy of chronic use of Recombinant Human Hyaluronidase in HyQvia have not been established in conditions other than PI.	840	18 years	N/A	N/A	Y	Y		7/3/2018
Drugs	J1580	Injection, garamycin, gentamicin, up to 80 mg	up to 80 mg	1/1/2000	N/A	gentamicin sulfate injection, for intravenous infusion or intramuscular injection	• Indicated in the treatment of serious infections caused by susceptible strains of the following microorganisms: Pseudomonas aeruginosa, Proteus species (indolepositive and indole-negative), Escherichia coli, Klebsiella-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	279	N/A	N/A	N/A	Y	Y		6/4/2019
Immune Globulins	J1599	Injection, immune globulin, intravenous, non-lyophilized (e.g. liquid), not otherwise specified, 500 mg	500 mg	1/1/2011	Panzyga®	immune globulin intravenous, human - ifas	Indicated for the treatment of: • Primary humoral immunodeficiency (PI) in patients 2 years of age and older. • Chronic immune thrombocytopenia (ITP) in adults. • Chronic inflammatory demyelinating polyneuropathy (CIDP) in adults.	1,120	Indication Specific (see comments)	N/A	N/A	Y	Y	Indication specific age restrictions: • Primary humoral immunodeficiency (PI) - 2 years of age and older • Chronic immune thrombocytopenia (ITP) and	3/25/2021
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 (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	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 (see comments)	N/A	N/A	Y	Y	Indication specific age restrictions: • Treatment of severe hypoglycemia: None • Diagnostic aid: 18 years of	10/26/2018
Drugs	J1626	Injection, granisetron hydrochloride, 100 mcg	100 mcg	1/1/2000	N/A	granisetron hydrochloride injection, for intravenous use	Indicated for: • Prevention of nausea and/or vomiting associated with initial and repeat courses of emetogenic cancer	294	Indication Specific (see comments)	N/A	N/A	Y	Y	Indication specific: • Chemotherapy Induced	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

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	J1642	Injection, heparin sodium (heparin lock flush), per 10 units	10 units	1/1/2000	Hep-Flush®, Hep-Lock®	heparin sodium injection (heparin lock flush)	Intended to maintain patency of an indwelling venipuncture device designed for intermittent injection or infusion therapy or blood sampling. Heparin lock flush solution may be used following initial placement of the device in the vein, after each injection of a medication or after withdrawal of blood for laboratory tests. Heparin lock flush solution is not to be used for anticoagulant therapy.	4,500	N/A	N/A	N/A	Y	Y		10/26/2018
Drugs	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	372	1 month	N/A	N/A	Y	Y		6/4/2019
Drugs	J1650	Injection, enoxaparin sodium, 10 mg	10 mg	1/1/2000	Lovenox®	enoxaparin sodium injection, for subcutaneous and intravenous use	Indicated for: • 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
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)	155	N/A	N/A	N/A	Y	Y		6/28/2021
Drugs	J1726	Injection, hydroxyprogesterone caproate, (Makena), 10 mg	10 mg	1/1/2018	Makena®	hydroxyprogesterone caproate injection for intramuscular or subcutaneous use	Indicated to reduce the risk of preterm birth in women with a singleton pregnancy who have a history of singleton spontaneous preterm birth. Limitations of Use: Makena is not intended for use in women with multiple gestations or other risk factors for preterm birth.	Product Specific (see comments)	16 years	N/A	Females Only	Y	Y	Product specific max daily units: • Makena single- and multi-dose vials: ○ For billing prior to 7/1/17: 250 units; assumption 1 unit =	9/21/2018
Drugs	J1729	Injection, hydroxyprogesterone caproate, Not Otherwise Specified, 10 mg	10 mg	1/1/2018	N/A	hydroxyprogesterone caproate injection	Indicated in non-pregnant women: • For the treatment of advanced adenocarcinoma of the uterine corpus (Stage III or IV) • In the management of amenorrhea (primary and secondary) and abnormal uterine bleeding due to hormonal imbalance in the absence of organic pathology, such as submucous fibroids or uterine cancer • As a test for endogenous estrogen production and for the production of secretory endometrium and	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	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	10	18 years	N/A	N/A	Y	Y		10/18/2018
Drugs	J1743	Injection, idursulfase, 1 mg	1 mg	1/1/2008	Elaprase®	idursulfase injection, for intravenous use	Indicated for patients with Hunter syndrome (Mucopolysaccharidosis II, MPS II). Elaprase has been shown to improve walking capacity in patients 5 years and older. In patients 16 months to 5 years of age, no data are available to demonstrate improvement in disease-related symptoms or long term clinical outcome; however, treatment with Elaprase has reduced spleen volume similarly to that of adults and children 5 years of age and older. The safety and efficacy of Elaprase have not been established in pediatric patients less than 16 months of age.	360	16 months	N/A	N/A	Y	Y		6/4/2019
Biologicals	J1744	Injection, icatibant, 1 mg	1 mg	1/1/2013	Firazyr®	icatibant injection, for subcutaneous use	Indicated for the treatment of acute attacks of hereditary angioedema (HAE).	2700	18 years	N/A	N/A	Y	Y		6/4/2019
Biologicals	J1745	Injection, infliximab, excludes biosimilar, 10 mg	10 mg	1/1/2017	Remicade®	infliximab lyophilized concentrate for Injection, for	Indicated for: • Crohn's Disease: reducing signs and symptoms and inducing and maintaining clinical remission in adult	140	6 years	N/A	N/A	Y	Y		6/6/2019
Biologicals	J1746	Injection, ibalizumab-uiyk, 10 mg	10 mg	1/1/2019	Trogarzo™	ibalizumab-uiyk injection, for intravenous use	Indicated for use in combination with other antiretroviral(s), for the treatment of human immunodeficiency virus type 1 (HIV-1) infection in heavily treatment-experienced adults with multidrug resistant HIV-1 infection failing their current antiretroviral regimen	360	18 years	N/A	N/A	Y	Y		7/2/2018
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
Drugs	J1786	Injection, imiglucerase, 10 units	10 units	1/1/2011	Cerezyme®	imiglucerase for injection	Indicated for long-term enzyme replacement therapy for pediatric and adult patients with a confirmed diagnosis of Type 1 Gaucher disease that results in one or more of the following conditions: • anemia • thrombocytopenia	2,520	2 years	N/A	N/A	Y	Y		10/31/2018
Drugs	J1790	Injection, droperidol, up to 5 mg	up to 5 mg	1/1/2000	N/A	droperidol injection for intravenous or 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
Drugs	J1815	Injection, insulin, per 5 units	5 units	1/1/2003	Various brand names	insulin, injectable suspension	Indicated to improve glycemic control in adults and pediatric patients with diabetes mellitus.	3,100	N/A	N/A	N/A	Y	Y		10/4/2018
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.	600	18 years	N/A	N/A	Y	Y		12/28/2020
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 for use in the treatment of: • Invasive aspergillosis • Invasive mucormycosis	13,020	18 years	N/A	N/A	Y	Y		6/4/2019
Drugs	J1885	Injection, ketorolac tromethamine, per 15 mg	15 mg	1/1/2000	N/A	ketorolac tromethamine injection for intravenous or intramuscular use	Indicated for the short-term management (≤ 5 days) of moderately-severe acute pain requiring analgesia at the opioid level in adults, usually in a postoperative setting.	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
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	J1940	Injection, furosemide, up to 20 mg	up to 20 mg	1/1/2000	Lasix®	furosemide injection	Indicated for the treatment of edema associated with congestive heart failure, cirrhosis of the liver, and renal disease, including the nephrotic syndrome. Furosemide is particularly useful when an agent with greater diuretic potential is desired. As an adjunct in the treatment of pulmonary edema. The intravenous administration of furosemide is indicated when a rapid onset of diuresis is desired. If gastrointestinal absorption is impaired or oral medication is not practical for any reason, furosemide is indicated by the	310	N/A	N/A	N/A	Y	Y		10/26/2018
Drugs	J1943	Injection, aripiprazole lauroxil, (aristada initio), 1 mg	1 mg	10/1/2019	Aristada Initio™	aripiprazole lauroxil extended-release injectable suspension, for intramuscular use	Indicated for the initiation of Aristada when used for the treatment of schizophrenia in adults in combination with oral aripiprazole.	675	18 years	N/A	N/A	Y	Y	• Cervical Dystonia: Safety and effectiveness in pediatric patients have not been established.	9/27/2019
Drugs	J1944	Injection, aripiprazole lauroxil, (aristada), 1 mg	1 mg	10/1/2019	Aristada®	aripiprazole lauroxil extended-release injectable suspension, for intramuscular use	Indicated for the treatment of schizophrenia.	1,064	18 years	65 years	N/A	Y	Y		9/27/2019
Drugs	J1950	Injection, leuprolide acetate (for depot suspension), per 3.75 mg	per 3.75 mg	1/1/2000	Lupron Depot®, Lupron Depot-PED®	leuprolide acetate for depot suspension, for intramuscular use	Lupron Depot 3.75 mg and 11.25 mg are indicated for: • 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	8	Product Specific (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	6/28/2021

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 (see comments)	N/A	N/A	Y	Y	Indication specific age restrictions: • Partial Onset Seizures: 1 month of age and older • Myoclonic Seizures in Patients with Juvenile Myoclonic Epilepsy: 12 years of age and older • Primary Generalized Tonic-Clonic Seizures: 6 years of age and older	10/10/2018
Drugs	J1955	Injection, levocarnitine, per 1 g	1 g	1/1/2000	Carnitor®	levocarnitine injection for intravenous use	Indicated for: • the acute and chronic treatment of patients with an inborn error of metabolism which results in secondary carnitine deficiency. • the prevention and treatment of carnitine deficiency in patients with end stage renal disease who are undergoing dialysis.	1,302	N/A	N/A	N/A	Y	Y		4/10/2019
Drugs	J1956	Injection, levofloxacin, 250 mg	250 mg	1/1/2000	Levaquin®	levofloxacin injection for intravenous use	Indicated in adults (>=18 years of age) with infections caused by designated, susceptible bacteria: • Pneumonia: Nosocomial and Community Acquired • Skin and Skin Structure Infections: Complicated and Uncomplicated • Chronic bacterial prostatitis	62	Indication Specific (see comments)	N/A	N/A	Y	Y	Indication specific: Inhalation Anthrax (Post-Exposure): 6 months and older	6/5/2019
Drugs	J1980	Injection, hyoscyamine sulfate, up to 0.25 mg	up to 0.25 mg	1/1/2000	Levsin®	hyoscyamine sulfate injection	• Is effective as adjunctive therapy in the treatment of peptic ulcer. • In acute episodes, Levsin injection can be used to control gastric secretion, visceral spasm and hypermotility in spastic colitis, spastic bladder, cystitis, pylorospasm, and associated abdominal cramps. • For use as adjunctive therapy in the treatment of irritable bowel syndrome (irritable colon, spastic colon, mucous colitis) and functional gastrointestinal disorders. • Also as adjunctive therapy in the treatment of neurogenic bladder and neurogenic bowel disturbances (including the splenic flexure syndrome and neurogenic colon). • Parenterally administered Levsin is also effective in reducing gastrointestinal motility to facilitate diagnostic procedures such as endoscopy or hypotonic duodenography. • Levsin may be used to reduce pain and hypersecretion in pancreatitis, in certain cases of partial heart	248	N/A	N/A	N/A	Y	Y		7/2/2018
Drugs	J2001	Injection, lidocaine HCL for intravenous infusion, 10 mg	10 mg	1/1/2004	N/A	lidocaine hydrochloride injection, solution	• 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	35	N/A	N/A	N/A	Y	Y		10/31/2018
Drugs	J2010	Injection, lincomycin HCl, up to 300 mg	300 mg	1/1/2000	Lincocin®	lincomycin hydrochloride injection, solution	Indicated for the treatment of serious infections due to susceptible strains of streptococci, pneumococci, and staphylococci. Its use should be reserved for penicillin-allergic patients or other patients for whom, in the judgment of the physician, a penicillin is inappropriate.	837	1 month	N/A	N/A	Y	Y		10/26/2018
Drugs	J2020	Injection, linezolid, 200 mg	200 mg	1/1/2002	Zyvox®	linezolid injection, solution	Indicated in adults and children for the treatment of the following infections caused by susceptible Gram-positive bacteria: nosocomial pneumonia; community-acquired pneumonia, complicated skin and skin structure infections, including diabetic foot infections, without concomitant osteomyelitis, uncomplicated skin and skin structure infections, vancomycin-resistant Enterococcus faecium infections. To reduce the development of drug-resistant bacteria and maintain the effectiveness of Zyvox	168	N/A	N/A	N/A	Y	Y		10/26/2018
Drugs	J2060	Injection, lorazepam, 2 mg	2 mg	1/1/2000	Ativan®	lorazepam injection for intravenous or intramuscular use	Indicated: • In adult patients for preanesthetic medication, producing sedation (sleepiness or drowsiness), relief of anxiety and a decreased ability to recall events related to the day of surgery. • For treatment of status epilepticus.	124	18 years	N/A	N/A	Y	Y		4/10/2019
Drugs	J2150	Injection, mannitol, 25% in 50 mL	50 mL	1/1/2000	N/A	mannitol injection, for intravenous use	Indicated for the reduction of: • Intracranial pressure and treatment of cerebral edema • Elevated intraocular pressure	713	N/A	N/A	N/A	Y	Y		11/29/2021

Drugs	J2175	Injection, meperidine hydrochloride, per 100 mg	100 mg	1/1/2000	Demerol™	meperidine hydrochloride injection, for subcutaneous, intramuscular, and intravenous use	• Intracranial pressure and treatment of cerebral edema	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	• Elevated intraocular pressure	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
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
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	527	N/A	N/A	N/A	Y	Y		6/7/2019
Drugs	J2274	Injection, morphine sulfate, preservative-free for epidural or intrathecal use, 10 mg	10 mg	1/1/2015	Duramorph®, Infumorph®, Mitigo	morphine sulfate injection preservative-free	• 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	100	18 years	N/A	N/A	Y	Y		4/9/2022
Drugs	J2278	Injection, ziconotide, 1 microgram	1 mcg	1/1/2006	Prialt®	ziconotide solution, intrathecal infusion	Indicated for the management of severe chronic pain in patients for whom intrathecal therapy is warranted, and who are intolerant of or refractory to other treatment, such as systemic analgesics, adjunctive therapies, or intrathecal morphine.	620	18 years	N/A	N/A	Y	Y		9/21/2018

Drugs	J2300	Injection, nalbuphine hydrochloride, per 10 mg	10 mg	1/1/2000	N/A	nalbuphine hydrochloride injection, solution	Indicated for management of pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate. Also can be used as a supplement to balanced anesthesia, for pre/post operative analgesia and obstetrical analgesia during labor and delivery. 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	J2310	Injection, naloxone hydrochloride, per 1 mg	1 mg	1/1/2000	Narcan®	naloxone hydrochloride injection	Indicated for the complete or partial reversal of opioid depression, including respiratory depression, induced by natural and synthetic opioids including: propoxyphene, methadone, nalbuphine, butorphanol	N/A	N/A	N/A	N/A	Y	Y		10/26/2018
Drugs	J2315	Injection, naltrexone, depot form, 1 mg	1 mg	1/1/2007	Vivitrol®	naltrexone for extended-release injectable suspension	• Indicated for the treatment of alcohol dependence in patients who are able to abstain from alcohol in an outpatient setting prior to initiation of treatment with Vivitrol. Patients should not be actively drinking at the time of initial Vivitrol administration. • Indicated for the prevention of relapse to opioid dependence, following opioid detoxification. • Vivitrol should be part of a comprehensive management program that includes psychosocial support.	760	18 years	N/A	N/A	Y	Y		10/26/2018
Biologicals	J2323	Injection, natalizumab, 1 mg	1 mg	1/1/2008	Tysabri®	natalizumab injection, for intravenous use	Indicated for treatment of: Multiple Sclerosis (MS) • 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:	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
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 and flushing episodes associated with metastatic carcinoid tumors	40	18 years	N/A	N/A	Y	Y		7/16/2018
Drugs	J2354	Injection, octreotide, non-depot form for subcutaneous	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	1,860	18 years	N/A	N/A	Y	Y		7/16/2018
Drugs	J2355	Oprelvekin, 5 mg, injection	5 mg	1/1/2000	Neumega®	oprelvekin	Prevention of severe thrombocytopenia and the reduction of the need for platelet transfusions following myelosuppressive chemotherapy.	27	N/A	N/A	N/A	Y	Y		5/30/2019
Drugs	J2358	Injection, olanzapine, long-acting, 1 mg	1 mg	1/1/2011	Zyprexa® Relprevv™	olanzapine pamoate for extended release injectable suspension	Indicated for the treatment of schizophrenia.	900	18 years	N/A	N/A	Y	Y		9/21/2018
Drugs	J2360	Injection, orphenadrine citrate, up to 60 mg	up to 60 mg	1/1/2000	Norflex®	orphenadrine citrate injection	Indicated as an adjunct to rest, physical therapy, and other measures for the relief of discomfort associated with acute painful musculoskeletal conditions.	20	18 years	N/A	N/A	Y	Y		7/16/2018
Drugs	J2370	Injection, phenylephrine HCl, up to 1 mL	1 mL	1/1/2000	Vazculep®	phenylephrine hydrochloride injection for intravenous use	Indicated for the treatment of clinically important hypotension resulting primarily from vasodilation in the setting of anesthesia.	31	18 years	N/A	N/A	Y	Y		5/21/2019
Drugs	J2400	Injection, chloroprocaine hydrochloride, per 30 mL	30 mL	1/1/2000	Nesacaine®, Nesacaine® -MPF	chloroprocaine HCl injection	Multidose vial with preservatives: Indicated for the production of local anesthesia by infiltration and peripheral nerve block. Single dose vial without preservatives and without EDTA: Indicated for the production of local anesthesia by infiltration, peripheral, and central nerve block, including lumbar and caudal epidural blocks	2	N/A	N/A	N/A	Y	Y		9/27/2018
Drugs	J2405	Injection, ondansetron hydrochloride, per 1 mg	1 mg	1/1/2000	Zofran®	ondansetron hydrochloride injection, for intravenous or intramuscular use	Indicated for the prevention of: • Nausea and vomiting associated with initial and repeat courses of emetogenic cancer chemotherapy. • Postoperative nausea and/or vomiting.	720	Indication Specific (see comments)	N/A	N/A	Y	Y	Indication specific age restrictions: • Prevention of nausea and vomiting associated with emetogenic chemotherapy: 6 months of age and older • Prevention of postoperative nausea and vomiting: 1 month of age and older	9/27/2018
Drugs	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	120	18 years	N/A	N/A	Y	Y		9/29/2021

Drugs	J2407	Injection, oritavancin (orbactiv), 10 mg	10 mg	10/1/2021	Orbactiv®	oritavancin for injection, for intravenous use	Indicated for the treatment of adult patients with acute bacterial skin and skin structure infections caused or suspected to be caused by susceptible isolates of designated Gram-positive microorganisms.	120	18 years	N/A	N/A	Y	Y		9/29/2021
Drugs	J2425	Injection, palifermin, 50 micrograms	50 mcg	1/1/2006	Kepivance®	palifermin injection, for intravenous use	Indicated to decrease the incidence and duration of severe oral mucositis in patients with hematologic malignancies receiving myelotoxic therapy in the setting of autologous hematopoietic stem cell support. Kepivance is indicated as supportive care for preparative regimens predicted to result in ≥ WHO Grade 3 mucositis in the majority of patients. Limitations of Use: • The safety and efficacy of Kepivance have not been established in patients with non-hematologic	1,008	18 years	N/A	N/A	Y	Y		4/9/2019
Drugs	J2426	Injection, paliperidone palmitate extended release, 1 mg	1 mg	1/1/2011	Invega Sustenna®	paliperidone palmitate extended-release injectable suspension, for intramuscular use	Indicated for: • Treatment of schizophrenia in adults. • Treatment of schizoaffective disorder in adults as monotherapy and as an adjunct to mood stabilizers or antidepressants.	624	18 years	N/A	N/A	Y	Y		7/16/2018
Drugs	J2430	Injection, pamidronate disodium, per 30 mg	30 mg	1/1/2000	Aredia®	pamidronate disodium for injection for intravenous	Indicated for: • Hypercalcemia of malignancy	6	18 years	N/A	N/A	Y	Y		9/21/2018
Drugs	J2440	Injection, papaverine HCl, up to 60 mg	up to 60 mg	1/1/2000	N/A – various generics	papaverine hydrochloride injection, solution	Indicated in various conditions accompanied by spasm of smooth muscle, such as vascular spasm associated with acute myocardial infarction (coronary occlusion), angina pectoris, peripheral and pulmonary embolism, peripheral vascular disease in which there is a vasospastic element, or certain cerebral angiospastic states; and visceral spasm, as in ureteral, biliary, or gastrointestinal colic.	80	18 years	N/A	N/A	Y	Y		7/16/2018
Drugs	J2469	Injection, palonosetron HCl, 25 mcg	25 mcg	1/1/2005	Aloxi®	palonosetron HCl injection for intravenous use	Indicated in adults for: • 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	50	1 month	N/A	N/A	Y	Y		7/16/2018
Drugs	J2501	Injection, paricalcitol, 1 mcg	1 mcg	1/1/2003	Zemplar®	paricalcitol injection	Indicated for the prevention and treatment of secondary hyperparathyroidism associated with stage 5 chronic kidney disease (CKD).	420	18 years	N/A	N/A	Y	Y		7/16/2018
Drugs	J2502	Injection, pasireotide long acting, 1 mg	1 mg	1/1/2016	Signifor® LAR	pasireotide for injectable suspension, for intramuscular	Indicated for the treatment of: • Patients with acromegaly who have had an inadequate response to surgery and/or for whom surgery is	120	18 years	N/A	N/A	Y	Y		7/26/2018
Drugs	J2503	Injection, pegaptanib sodium, 0.3 mg	0.3 mg	1/1/2006	Macugen®	pegaptanib sodium injection, intravitreal injection	Indicated for the treatment of neovascular (wet) age-related macular degeneration.	1	18 years	N/A	N/A	Y	Y		8/5/2021
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	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
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	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	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	93	2 years	N/A	N/A	Y	Y		8/24/2018
Drugs	J2560	Injection, phenobarbital sodium, up to 120 mg	up to 120 mg	1/1/2000	N/A	phenobarbital sodium injection	Indicated for use as: • Sedative. Sedation is obtainable within an hour, and in adequate dosage, the duration of action is more than six hours. Included in the more common conditions in which the sedative action of this class of drugs is desired are 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	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	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 (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	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	1/1/2000	N/A	procainamide hydrochloride	Indicated for the treatment of documented ventricular arrhythmias, such as sustained ventricular	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.	372	N/A	N/A	N/A	Y	Y		8/24/2018
Drugs	J2765	Injection, metoclopramide HCl, up to 10 mg	up to 10 mg	1/1/2000	N/A	metoclopramide hydrochloride injection	Indicated for: • 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	560	Indication Specific (see comments)	N/A	N/A	Y	Y	Indication specific: • Facilitating Small Bowel Intubation: 18 years of age and older • All other indications: None	6/6/2019
Biologicals	J2778	Injection, ranibizumab, 0.1 mg	0.1 mg	1/1/2008	Lucentis®	ranibizumab injection for intravitreal injection	Indicated for the treatment of patients with: • Neovascular (Wet) Age-Related Macular Degeneration (AMD) • Macular Edema Following Retinal Vein Occlusion (RVO)	20	18 years	N/A	N/A	Y	Y		10/31/2018
Drugs	J2780	Injection, ranitidine hydrochloride, 25 mg	25 mg	1/1/2000	Zantac®	ranitidine hydrochloride injection	Indicated in some hospitalized patients with pathological hypersecretory conditions or intractable duodenal ulcers, or as an alternative to the oral dosage form for short-term use in patients who are unable	496	1 month	N/A	N/A	Y	Y		6/7/2019
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.	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 (IV) or intramuscular (IM) 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	350	18 years	N/A	N/A	Y	Y		9/12/2018
Immune Globulins	J2792	Injection, rho D immune globulin, intravenous, human, solvent detergent, 100 IU	100 IU	1/1/2000	WinRho SDF®	rho(D) immune globulin intravenous (human) 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	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	1,600	Indication Specific (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	J2796	Injection, romiplostim, 10 micrograms	10 mcg	1/1/2010	Nplate®	romiplostim for injection, for subcutaneous use	Indicated for the treatment of thrombocytopenia in: • Adult patients with immune thrombocytopenia (ITP) who have had aninsufficient response to corticosteroids, immunoglobulins, or splenectomy. • Pediatric patients 1 year of age and older with ITP for at least 6 months who have had an insufficient response to corticosteroids, immunoglobulins, or splenectomy. 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])	700	Indication Specific (see comments)	N/A	N/A	Y	Y	Indication Specific Age Restrictions: ITP: 1 year of age and older HS-ARS: None	2/25/2021
Drugs	J2797	Injection, rolapitant, 0.5 mg	0.5 mg	1/1/2019	Varubi®	rolapitant injection, emulsion for intravenous use	Indicated in combination with other antiemetic agents in adults for the prevention of delayed nausea and vomiting associated with initial and repeat courses of emetogenic cancer chemotherapy, including, but not limited to, highly emetogenic chemotherapy.	999	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	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 (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
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	620	Indication Specific (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	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 (IV) use	Indicated for the treatment of iron deficiency anemia in patients 6 years of age and older with chronic kidney disease receiving hemodialysis who are receiving supplemental epoetin therapy.	80	6 years	N/A	N/A	Y	Y		9/21/2018
Drugs	J2920	Injection, methylprednisolone sodium succinate, up to 40 mg	up to 40 mg	1/1/2000	Solu-Medrol®	methylprednisolone sodium succinate for injection, up to 40 mg	When oral therapy is not 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	93	N/A	N/A	N/A	Y	Y	NOTE: If greater than 3 units of J2920 are required, please bill code J2930.	12/6/2021
Drugs	J2930	Injection, methylprednisolone sodium succinate, up to 125 mg	up to 125 mg	1/1/2000	Solu-Medrol®	methylprednisolone sodium succinate for injection, up to 125 mg	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	180	N/A	N/A	N/A	Y	Y		12/6/2021
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
Drugs	J2997	Injection, alteplase recombinant, 1 mg	1 mg	1/1/2001	Activase®, Cathflo® Activase®	alteplase for injection, for intravenous use	Cathflo Activase: Indicated for the restoration of function to central venous access devices as assessed by the ability to withdraw blood. Activase: Indicated for the treatment of: • Acute Ischemic Stroke (AIS) • Acute 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	3,100	18 years	N/A	N/A	Y	Y		9/25/2018
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	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.	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	8	18 years	N/A	N/A	Y	Y		9/21/2018
Biologicals	J3060	Injection, taliglucerase alfa, 10 units	10 units	1/1/2014	Elelyso®	taliglucerase alfa for injection, for intravenous use	Indicated for the treatment of patients with a confirmed diagnosis of Type 1 Gaucher disease.	2,520	4 years	N/A	N/A	Y	Y		6/4/2019
Drugs	J3090	Injection, tedizolid phosphate, 1 mg	1 mg	1/1/2016	Sivextro®	tedizolid phosphate for injection, for intravenous use	Indicated in adults and pediatric patients 12 years of age and older for the treatment of acute bacterial skin and skin structure infections (ABSSSI) caused by designated susceptible bacteria.	1,200	12 years	N/A	N/A	Y	Y		7/28/2020
Drugs	J3095	Injection, telavancin, 10 mg	10 mg	1/1/2011	Vibativ®	telavancin for injection, for intravenous use	Indicated for the treatment of the following infections in adult patients caused by designated susceptible bacteria: • 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	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)	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
Drugs	J3240	Injection, thyrotropin alpha, 0.9 mg, provided in 1.1 mg vial	0.9 mg	1/1/2003	Thyrogen®	thyrotropin alfa for injection, for intramuscular injection	Indicated for: • Diagnostic: Use as an adjunctive diagnostic tool for serum thyroglobulin (Tg) testing with or without radioiodine imaging in the follow-up of patients with well-differentiated thyroid cancer who have previously undergone thyroidectomy	2	18 years	N/A	N/A	Y	Y		9/21/2018
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.	600	18 years	N/A	N/A	Y	Y		9/21/2020
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	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)	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 (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
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	J3300	Injection, triamcinolone acetonide, preservative free, 1	1 mg	1/1/2009	Triesence®	triamcinolone acetonide injectable suspension	Indicated for: • Treatment of the following ophthalmic diseases: sympathetic ophthalmia, temporal arteritis, uveitis,	8	N/A	N/A	N/A	Y	Y		6/7/2019
Drugs	J3301	Injection, triamcinolone acetonide, Not Otherwise Specified, per 10 mg	10 mg	1/1/2000	Kenalog-10®, Kenalog-40®	triamcinolone acetonide injectable suspension, for intra-articular or intralesional use only	Kenalog-40 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,	150	N/A	N/A	N/A	Y	Y		9/12/2018
Drugs	J3304	Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg	1 mg	1/1/2019	Zilretta™	triamcinolone acetonide extended-release injectable suspension, for intra-articular use	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		9/12/2018
Drugs	J3316	Injection, triptorelin, extended-release, 3.75 mg	3.75 mg	1/1/2019	Triptodur™	triptorelin for extended-release injectable suspension, for intramuscular use	Indicated for the treatment of pediatric patients 2 years and older with central precocious puberty.	6	2 years	N/A	N/A	Y	Y		9/12/2018
Biologicals	J3357	Ustekinumab, for subcutaneous injection, 1 mg	1 mg	1/1/2017	Stelara® for subcutaneous use	ustekinumab injection, for subcutaneous use	Indicated for the treatment of: Adult patients with: • Moderate to severe plaque psoriasis (Ps) who are candidates for phototherapy or systemic therapy • Active psoriatic arthritis (PsA), alone or in combination with methotrexate • Moderately to severely active 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.	180	Indication Specific (see comments)	N/A	N/A	Y	Y	Indication specific age restrictions. • Moderate to severe plaque psoriasis, who are candidates for phototherapy or systemic therapy: 6 years of age and older •All other indications: 18 years of age and older	8/25/2020

Biologicals	J3358	Ustekinumab, for intravenous injection, 1 mg	1 mg	1/1/2018	Stelara® for intravenous use	ustekinumab injection, for intravenous use	Indicated for the treatment of adult patients with: • Moderately to severely active Crohn's disease (CD) • Moderately to severely active ulcerative colitis	520	18 years	N/A	N/A	Y	Y		12/3/2019
Drugs	J3360	Injection, diazepam, up to 5 mg	up to 5 mg	1/1/2000	N/A	diazepam injection	Indicated: • For the management of anxiety disorders or for the short-term relief of the symptoms of anxiety. Anxiety or tension associated with the stress of everyday life usually does not require treatment with an	250	31 days	N/A	N/A	Y	Y		10/10/2018
Drugs	J3370	Injection, vancomycin HCl, 500 mg	500 mg	1/1/2000	N/A	vancomycin hydrochloride for injection, USP for intravenous use	Indicated for the treatment of serious or severe infections caused by susceptible strains of methicillin-resistant (ß-lactam-resistant) staphylococci. It is indicated for penicillin-allergic patients, for patients who cannot receive or who have failed to respond to other drugs, including the penicillins or cephalosporins, and for infections caused by vancomycin-susceptible organisms that are resistant to other antimicrobial	124	N/A	N/A	N/A	Y	Y		6/8/2019
Biologicals	J3380	Injection, vedolizumab, 1 mg	1 mg	1/1/2016	Entyvio®	vedolizumab for injection, for intravenous use	Indicated for: • Adult patients with moderately to severely active ulcerative colitis (UC) who have had an inadequate response with, lost response to, or were intolerant to a tumor necrosis factor (TNF) blocker or immunomodulators; or had an inadequate response with, were intolerant to, or demonstrated dependence on corticosteroids: to induce and maintain clinical response	600	18 years	N/A	N/A	Y	Y		7/16/2018
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	J3398	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes	1 billion vector genomes (vg)	1/1/2019	Luxturna™	voretigene neparvovec-rzyl intraocular suspension for subretinal injection	Indicated for the treatment of patients with confirmed biallelic RPE65 mutation-associated retinal dystrophy. Patients must have viable retinal cells as determined by the treating physician(s).	300	1 year	N/A	N/A	Y	Y		9/17/2021
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	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	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.,	50	N/A	N/A	N/A	Y	Y		6/5/2019
Drugs	J3470	Injection, hyaluronidase, up to 150 units	up to 150 units	1/1/2000	Amphadase®	hyaluronidase injection	Indicated as an adjuvant: • In subcutaneous fluid administration for achieving hydration. • To increase absorption and dispersion of other injected drugs.	93	N/A	N/A	N/A	Y	Y		10/26/2018
Drugs	J3473	Injection, hyaluronidase, recombinant, 1 USP unit	1 USP unit	1/1/2007	Hylenex®	hyaluronidase human injection, for infiltration use, for interstitial use, for	Indicated as an: • Adjuvant to increase the dispersion and absorption of other injected drugs. • In subcutaneous fluid administration for achieving hydration.	2,250	N/A	N/A	N/A	Y	Y		6/4/2019
Drugs	J3475	Injection, magnesium sulfate, per 500 mg	500 mg	1/1/2000	N/A	magnesium sulfate injection	Indicated for replacement therapy in magnesium deficiency, especially in acute hypomagnesemia accompanied by signs of tetany similar to those observed in hypocalcemia. In such cases, the serum magnesium level is usually below the lower limit of normal (1.5 to 2.5 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
Drugs	J3490	Unclassified drugs	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		3/17/2022
Drugs	J3490	Unclassified drugs	1 mg	1/1/2000	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.	50	18 years	N/A	N/A	Y	Y		11/18/2020
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	8,400	18 years	N/A	N/A	Y	Y		12/3/2019
Drugs	J3490	Unclassified drugs	1 mg	1/1/2000	Cleviprex®	clevidipine injectable emulsion, for intravenous use	Indicated for the reduction of blood pressure when oral therapy is not feasible or not desirable.	1,500	18 years	N/A	N/A	Y	Y		10/4/2018
Drugs	J3490	Unclassified drugs	1 mL	1/1/2000	Defitelio®	defibrotide sodium injection, for intravenous use	Indicated for the treatment of adult and pediatric patients with hepatic veno-occlusive disease (VOD), also known as sinusoidal obstruction syndrome (SOS), with renal or pulmonary dysfunction following hematopoietic stem-cell transplantation (HSCT).	1,395	18 years	N/A	N/A	Y	Y		6/10/2019

Drugs	J3490	Unclassified drugs	1 mg	1/1/2000	Depacon®	valproate sodium, for intravenous injection	Indicated as an intravenous alternative in patients in whom oral administration of valproate products is temporarily not feasible in the following conditions: • 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	Invega Trinza®	paliperidone palmitate extended-release injectable suspension, for intramuscular use	Indicated for the treatment of schizophrenia in patients after they have been adequately treated with Invega Sustenna® (1-month paliperidone palmitate extended-release injectable suspension) for at least four months.	819	18 years	N/A	N/A	Y	Y		7/16/2018
Drugs	J3490	Unclassified drugs	1 mg lidocaine USP base	1/1/2000	Lidocaine (various topical formulations)	lidocaine (various topical formulations)	Indicated for production of anesthesia of accessible mucous membranes of the oropharynx. It is also useful as an anesthetic lubricant for intubation and for the temporary relief of pain associated with minor	31,000	N/A	N/A	N/A	Y	Y		10/26/2018
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.	403	N/A	N/A	N/A	Y	Y		10/31/2018
Drugs	J3490	Unclassified drugs	1 mg	1/1/2000	Pepcid®	famotidine injection	Indicated in some hospitalized patients with pathological hypersecretory conditions or intractable ulcers, or as an alternative to the oral dosage forms for short term use in patients who are unable to take oral medication for the following conditions: 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.	1,240	1 year	N/A	N/A	Y	Y	Effective date beginning on 1/1/2019 per NC request	11/23/2020
Drugs	J3490	Unclassified drugs	1 vial	1/1/2000	Prevymis™	letermovir injection, for intravenous use	Indicated for prophylaxis of cytomegalovirus (CMV) infection and disease in adult CMV-seropositive recipients [R+] of an allogeneic hematopoietic stem cell transplant (HSCT).	31	18 years	N/A	N/A	Y	Y		10/26/2018
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	60	N/A	N/A	N/A	Y	Y		3/17/2022
Drugs	J3490	Unclassified drugs	10 mg	1/1/2000	Revatio®	sildenafil injection, for intravenous use	Indicated for the treatment of pulmonary arterial hypertension (PAH) (WHO Group I) in adults to improve exercise ability and delay clinical worsening. Studies establishing effectiveness were short-term (12 to 16 weeks), and included predominately patients with NYHA Functional Class II-III symptoms. Etiologies were idiopathic (71%) or associated with connective tissue disease (25%). 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	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.	1,240	Indication Specific (see comments)	N/A	N/A	Y	Y	Indication specific age restrictions:	11/17/2021
Drugs	J3490	Unclassified drugs	0.6 mg	1/1/2000	Zegalogue®	dasiglucagon injection, for subcutaneous use	Indicated for the treatment of severe hypoglycemia in pediatric and adult patients with diabetes aged 6 years and above.	10	6 years	N/A	N/A	Y	Y		7/27/2021
Drugs	J3490	Unclassified drugs	1 mL	1/1/2000	Zynrelef™	bupivacaine and meloxicam extended-release solution, for soft tissue or periarticular instillation use	Indicated in adults for soft tissue or periarticular instillation to produce postsurgical analgesia for up to 72 hours after foot and ankle, small-to-medium open abdominal, and lower extremity total joint arthroplasty surgical procedures. Limitations of Use: Safety and efficacy have not been established in highly vascular surgeries, such as intrathoracic, large	28	18 years	N/A	N/A	Y	Y		1/13/2022
Drugs	J3490	Unclassified drugs	1 mg	1/1/2000	Bridion®	sugammadex injection, for intravenous use	Indicated for the reversal of neuromuscular blockade induced by rocuronium bromide and vecuronium bromide in adults undergoing surgery.	12,500	18 years	N/A	N/A	Y	Y		11/14/2019

Drugs	J3490	Unclassified drugs	1 mg	1/1/2000	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		2/23/2021
Drugs	J3490	Unclassified drugs	1 mg	1/1/2000	Invega Hafyera™	paliperidone palmitate extended-release injectable suspension, for gluteal intramuscular use	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		10/26/2021
Drugs	J3490	Unclassified drugs	1 mg	1/1/2000	Leqvio®	inclisiran injection, for subcutaneous use	Indicated as an adjunct to diet and maximally tolerated statin therapy for the treatment of adults with heterozygous familial hypercholesterolemia (HeFH) or clinical atherosclerotic cardiovascular disease (ASCVD), who require additional lowering of low-density lipoprotein cholesterol (LDL-C). Limitations of Use: The effect of Leqvio on cardiovascular morbidity and mortality has not been determined	284	18 years	N/A	N/A	Y	Y		1/13/2022
Drugs	J3490	Unclassified drugs	250 mg	1/1/2000	N/A	17 alpha hydroxyprogesterone caproate (17P) *Compounded*	This drug is an investigational compounded drug with no current FDA approved indications.	5	N/A	N/A	Females Only	Y	Y		5/22/2019
Drugs	J3490	Unclassified drugs	1 mg	1/1/2000	N/A	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. • The treatment of adult patients with unresectable, well- or moderately differentiated, locally advanced	240	18 years	N/A	N/A	Y	Y		5/9/2022
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	9,600	Indication Specific (see comments)	N/A	N/A	Y	Y	Indication specific age restrictions: Prophylaxis of invasive Aspergillus and Candida	7/27/2021
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	1 vial (40 mg)	1/1/2000	Xipere™	triamcinolone acetonide injectable suspension, for suprachoroidal use	Indicated for the treatment of macular edema associated with uveitis.	2	18 years	N/A	N/A	Y	Y		2/17/2022
Drugs	J3490	Unclassified drugs	1 mg	1/1/2000	Zimhi™	naloxone hydrochloride injection for intramuscular or subcutaneous use	Indicated in adult and pediatric patients for the emergency treatment of known or suspected opioid overdose, as manifested by respiratory and/or central nervous system depression.	50	N/A	N/A	N/A	Y	Y		3/18/2022
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	150 mg	1/1/2002	Cosentyx®	secukinumab injection, for subcutaneous use	Indicated for the treatment of: - Moderate to severe plaque psoriasis in patients 6 years and older who are candidates for systemic therapy or phototherapy. - Active psoriatic arthritis (PsA) in patients 2 years of age and older - Adults with active ankylosing spondylitis (AS). - Adults with active non-radiographic axial spondyloarthritis (nr-axSpA) with objective signs of	10	Indication Specific (see comments)	N/A	N/A	Y	Y	AS and nr-axSpA: 18 years of age and older Plaque psoriasis: 6 years of age and older ERA: 4 years of age and older PsA: 2 years of age and older	1/12/2022
Biologicals	J3590	Unclassified biologics	1 mg	1/1/2002	Enjaymo™	sutimlimab-jome injection, for intravenous use	Indicated to decrease the need for red blood cell (RBC) transfusion due to hemolysis in adults with cold agglutinin disease (CAD).	23,100	18 years	N/A	N/A	Y	Y		4/17/2022
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
Biologicals	J3590	Unclassified biologics	1 IU	1/1/2002	Recothrom®	thrombin topical (recombinant) lyophilized	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	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 mcg	1/1/2002	Sylatron™	peginterferon alfa-2b for injection, for subcutaneous use	Indicated for the adjuvant treatment of melanoma with microscopic or gross nodal involvement within 84 days of definitive surgical resection including complete lymphadenectomy.	4,500	18 years	N/A	N/A	Y	Y		6/7/2019
Biologicals	J3590	Unclassified biologics	1 mcg	1/1/2002	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		1/13/2022

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.	31	4 years	N/A	N/A	Y	Y	Initial Dose Escalation may be administered to patients aged 4 through 17 years. Up-Dosing and Maintenance may be	4/29/2020
Biologicals	J3590	Unclassified biologics	1 mcg	1/1/2002	Releuko®	filgrastim-ayow injection, for subcutaneous or intravenous	Indicated to: • Decrease the incidence of infection, as manifested by febrile neutropenia, in patients with nonmyeloid	59,520	N/A	N/A	N/A	Y	Y		4/17/2022
Biologicals	J3590	Unclassified biologics	68.8 mg (1 single-dose vial)	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).	224	11 months	N/A	N/A	Y	Y		3/18/2022
Biologicals	J3590	Unclassified biologics	1 mg	1/1/2002	Susvimo™	ranibizumab injection for intravitreal use via ocular implant	Indicated for the treatment of patients with Neovascular (wet) Age-related Macular Degeneration (AMD) who have previously responded to at least two intravitreal injections of a VEGF inhibitor.	10	18 years	N/A	N/A	Y	Y		12/16/2021
Biologicals	J3590	Unclassified biologics	1 mg	1/1/2002	Vabysmo™	faricimab-svoa injection, for intravitreal use	Indicated for the treatment of patients with: • Neovascular (Wet) Age-Related Macular Degeneration (nAMD)	24	18 years	N/A	N/A	Y	Y		2/17/2022
Biologicals	J3590	Unclassified biologics	1 mg	1/1/2002	Vyvgart™	efgartigimod alfa-fcab injection, for intravenous use	Indicated for the treatment of generalized myasthenia gravis (gMG) in adult patients who are anti-acetylcholine receptor (AChR) antibody positive.	4,800	18 years	N/A	N/A	Y	Y		1/14/2022
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	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	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 and moderate hereditary Factor X deficiency Indicated in adults and children with hereditary Factor X deficiency for: • Routine prophylaxis to reduce the frequency of bleeding episodes	84,000	N/A	N/A	N/A	Y	Y		9/25/2018

Biologicals	J7177	Injection, human fibrinogen concentrate (fibryga), 1 mg	1 mg	1/1/2019	Fibryga®	fibrinogen (human) lyophilized powder for reconstitution, for intravenous use	Indicated for the treatment of acute bleeding episodes in adults and children with congenital fibrinogen deficiency, including afibrinogenemia and hypofibrinogenemia. Fibryga is not indicated for dysfibrinogenemia.	9,800	N/A	N/A	N/A	Y	Y		11/29/2021
Biologicals	J7178	Injection, human fibrinogen concentrate, not otherwise specified, 1 mg	1 mg	1/1/2013	RiaSTAP®	fibrinogen concentrate (human) for intravenous use, lyophilized powder for reconstitution	Indicated for the treatment of acute bleeding episodes in patients with congenital fibrinogen deficiency, including afibrinogenemia and hypofibrinogenemia.	9,800	N/A	N/A	N/A	Y	Y		6/8/2019
Biologicals	J7179	Injection, Von Willebrand factor (recombinant), (Vonvendi), 1IU VWF:RCo	1 IU	1/1/2017	Vonvendi®	von Willebrand factor (recombinant) lyophilized powder for solution, for intravenous injection	Indicated for use in adults (age 18 and older) diagnosed with von Willebrand disease (VWD) for: • On-demand treatment and control of bleeding episodes. • Perioperative management of bleeding. • Routine prophylaxis to reduce the frequency of bleeding episodes in patients with severe Type 3 von Willebrand disease receiving on-demand therapy.	254,800	18 years	N/A	N/A	Y	Y		2/11/2022
Biologicals	J7180	Injection, factor XIII (antihemophilic factor, human), 1 IU	1 IU	1/1/2012	Corifact	factor XIII concentrate (human) injection for intravenous use	Indicated for adult and pediatric patients with congenital Factor XIII deficiency for: • 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	Indicated in children and adults with von Willebrand disease for: • On-demand treatment and control of bleeding episodes. • Perioperative management of bleeding. 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.	147,000	N/A	N/A	N/A	Y	Y		10/28/2019
Biologicals	J7185	Injection, factor VIII (antihemophilic factor, recombinant) (Xyntha), per IU	1 IU	1/1/2010	Xyntha®	factor VIII (antihemophilic factor, recombinant) for intravenous injection	• Indicated in adults and children with hemophilia A for control and prevention of bleeding episodes and for perioperative management. • Indicated in adults and children with hemophilia A for routine prophylaxis to reduce the frequency of bleeding episodes	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 (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	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
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	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.	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	J7195	Injection factor IX (antihemophilic factor, recombinant), per IU, not otherwise specified	1 IU	1/1/2002	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 control and prevention of bleeding episodes and perioperative management. Indicated for the treatment of adults with hemophilia B for routine prophylaxis to reduce the frequency of bleeding episodes.	322,000	Indication Specific (see comments)	N/A	N/A	Y	Y	On-demand treatment and control of bleeding episodes and perioperative management: 12 years of age and older Routine prophylaxis: 18 years of age and older	4/26/2021
Biologicals	J7196	Injection, antithrombin recombinant, 50 IU	50 IU	1/1/2011	ATryn®	antithrombin (recombinant) lyophilized powder for reconstitution	Indicated for the prevention of peri-operative and peri-partum thromboembolic events in hereditary antithrombin deficient patients.	1,100	18 years	N/A	N/A	Y	Y		9/25/2018
Biologicals	J7197	Antithrombin III (human), per IU	1 IU	1/1/2000	Thrombate III®	antithrombin III (human) lyophilized powder for solution for intravenous injection	Indicated in patients with hereditary antithrombin deficiency for: • Treatment and prevention of thromboembolism • Prevention of peri-operative and peri-partum thromboembolism	40,000	18 years	N/A	N/A	Y	Y		9/25/2018
Biologicals	J7198	Anti-inhibitor, per IU	per IU	1/1/2000	Feiba	anti-inhibitor coagulant complex, for intravenous use, lyophilized powder for solution	Indicated for use in hemophilia A and B patients with inhibitors for: • 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
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 Limitations of Use: Not indicated for treatment of von Willebrand disease.	133,000	N/A	N/A	N/A	Y	Y		6/17/2020
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 use	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.	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 use	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	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	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	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	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	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.	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.	1,260,000	12 years	N/A	N/A	Y	Y		12/28/2020
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 6 years.	1	After menarche	N/A	Females Only	Y	Y		12/3/2019
Drugs	J7298	Levonorgestrel-releasing intrauterine contraceptive system (Mirena), 52 mg	52 mg	1/1/2017	Mirena®	levonorgestrel-releasing intrauterine system	Indicated for: • Pregnancy prevention for up to 7 years. • Treatment of heavy menstrual bleeding in women who choose to use intrauterine contraception as their method of contraception for up to 7 years.	1	After menarche	N/A	Females Only	Y	Y		9/28/2021
Miscellaneous	J7300	Intrauterine copper contraceptive	1 intrauterine device	1/1/2000	Paragard®	intrauterine copper contraceptive	Indicated for intrauterine contraception for up to 10 years.	1	16 years	N/A	Females Only	Y	Y		7/16/2018
Drugs	J7301	Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5 mg	13.5 mg	1/1/2017	Skyla®	levonorgestrel-releasing intrauterine system	Indicated for the prevention of pregnancy for up to 3 years.	1	After menarche	N/A	Females Only	Y	Y		10/26/2018
Drugs	J7307	Etonogestrel (contraceptive) implant system, including implant and supplies	1 implant	1/1/2008	Nexplanon®	etonogestrel implant for subdermal use	Indicated for use by women to prevent pregnancy.	1	After menarche	N/A	Females Only	Y	Y		10/10/2018
Drugs	J7308	Aminolevulinic acid HCl for topical administration, 20%, single unit dosage form (354 mg)	354 mg	1/1/2004	Levulan® Kerastick®	aminolevulinic acid HCl for topical solution, 20%	Indicated for photodynamic therapy (treatment) of minimally to moderately thick actinic keratoses of the face or scalp, or actinic keratoses of the upper extremities. FDA approval of upper extremity treatment approved 3/6/2018.	1	18 years	N/A	N/A	Y	Y		9/25/2018
Drugs	J7311	Injection, fluocinolone acetonide, intravitreal implant (retisert), 0.01 mg	0.01 mg	1/1/2007	Retisert®	fluocinolone acetonide intravitreal implant	Indicated for the treatment of chronic noninfectious uveitis affecting the posterior segment of the eye.	118	12 years	N/A	N/A	Y	Y		10/10/2018
Drugs	J7312	Injection, dexamethasone, intravitreal implant, 0.1 mg	0.1 mg	1/1/2011	Ozurdex®	dexamethasone intravitreal implant	Indicated for the treatment of macular edema following branch retinal vein occlusion (BRVO) or central retinal vein occlusion (CRVO), non-infectious uveitis affecting the posterior segment of the eye and diabetic macular edema.	14	18 years	N/A	N/A	Y	Y		6/6/2019

Drugs	J7313	Injection, fluocinolone acetonide, intravitreal implant (Iluvien), 0.01 mg	0.01 mg	1/1/2016	Iluvien®	fluocinolone acetonide intravitreal implant	Indicated for the treatment of diabetic macular edema in patients who have been previously treated with a course of corticosteroids and did not have a clinically significant rise in intraocular pressure.	38	18 years	N/A	N/A	Y	Y		10/16/2019
Drugs	J7314	Injection, fluocinolone acetonide, intravitreal implant (Yutiq), 0.01 mg	0.01 mg	10/1/2019	Yutiq™	fluocinolone acetonide intravitreal implant 0.18 mg, for intravitreal injection	Indicated for the treatment of non-infectious uveitis affecting the posterior segment of the eye.	36	18 years	N/A	N/A	Y	Y		9/27/2019
Drugs	J7316	Injection, ocriplasmin, 0.125 mg	0.125 mg	1/1/2014	Jetrea®	ocriplasmin injection, for intravitreal injection	Indicated for the treatment of symptomatic vitreomacular adhesion.	2	18 years	N/A	N/A	Y	Y		7/16/2018
Drugs	J7336	Capsaicin 8% patch, per square centimeter	per square centimeter	1/1/2015	Qutenza®	capsaicin 8% patch	• Indicated for the management of neuropathic pain associated with postherpetic neuralgia (PHN). • 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	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	J7402	Mometasone furoate sinus implant, (sinuva), 10 micrograms	10 mcg	4/1/2021	Sinuva™	mometasone furoate sinus implant	Indicated for the treatment of nasal polyps in patients greater than or equal to 18 years of age who have had ethmoid sinus surgery.	270	18 years	N/A	N/A	Y	Y		3/25/2021
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	J8499	Prescription drug, oral, non-chemotherapeutic, Not Otherwise Specified	2 grams	1/1/2000	Flagyl®	metronidazole, oral	Approved indications for use in the PADP: • Symptomatic Trichomoniasis: Flagyl 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: Flagyl 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 abnormal cytological smears, additional smears should be performed after eradication of the parasite. • Treatment of Asymptomatic Sexual Partners: T. vaginalis infection is a venereal disease. Therefore, asymptomatic sexual partners of treated patients should be treated simultaneously if the organism has been found to be present, in order to prevent reinfection of the partner. The decision as to whether to treat an asymptomatic male partner who has a negative culture or one for whom no culture has been attempted is an individual one. In making this decision, it should be noted that there is evidence that a	2	N/A	N/A	N/A	Y	Y		9/10/2020
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,	38	N/A	N/A	N/A	Y	Y		4/10/2019
Drugs	J9015	Injection, aldesleukin, per single-use via	per single use vial	1/1/2000	Proleukin®	aldesleukin for injection, for intravenous infusion	Indicated for the treatment of adults with metastatic renal cell carcinoma and metastatic melanoma.	112	18 years	N/A	N/A	Y	Y		6/6/2019
Drugs	J9017	Injection, arsenic trioxide, 1 mg	1 mg	1/1/2000	Trisenox®	arsenic trioxide injection, for intravenous use	• Indicated for induction of remission and consolidation in patients with acute promyelocytic leukemia (APL) who are refractory to, or have relapsed from, retinoid and anthracycline chemotherapy, and whose	651	Indication Specific (see comments)	N/A	N/A	Y	Y	Indication specific age restrictions:	9/25/2018
Drugs	J9019	Injection, asparaginase (Erwinaze), 1,000 IU	1,000 units	1/1/2013	Erwinaze®	asparaginase erwinia chrysanthemi for injection, for intramuscular (IM) or intravenous (IV) use	Indicated as a component of a multi-agent chemotherapeutic regimen for the treatment of patients with acute lymphoblastic leukemia (ALL) who have developed hypersensitivity to E. coli-derived asparaginase.	420	1 year	N/A	N/A	Y	Y		6/4/2019
Biologicals	J9021	Injection, asparaginase, recombinant, (rylaze), 0.1 mg	0.1 mg	1/1/2022	Rylaze™	asparaginase erwinia chrysanthemi (recombinant)-rywn injection, for intramuscular use	Indicated as a component of a multi-agent chemotherapeutic regimen for the treatment of acute lymphoblastic leukemia (ALL) and lymphoblastic lymphoma (LBL) in adult and pediatric patients 1 month or older who have developed hypersensitivity to E. coli-derived asparaginase.	4200	1 month	N/A	N/A	Y	Y		12/14/2021
Biologicals	J9022	Injection, atezolizumab, 10 mg	10 mg	1/1/2018	Tecentriq®	atezolizumab injection, for intravenous use	Indicated for the treatment of patients with: • Locally advanced or metastatic urothelial carcinoma who: ○ Are not eligible for cisplatin-containing chemotherapy, and whose tumors express PD-L1 (PD-L1 stained tumor-infiltrating immune cells [IC] covering greater than or equal to 5% of the tumor area), or ○ Are not eligible for any platinum-containing chemotherapy regardless of PD-L1 status, or • Non-Small Cell Lung Cancer (NSCLC) ○ 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. ○ in combination with bevacizumab, paclitaxel, and carboplatin, for the firstline treatment of patients with metastatic non-squamous NSCLC with no EGFR or ALK genomic tumor aberrations. ○ in combination with paclitaxel protein-bound and carboplatin for the first-line treatment of adult patients with metastatic non-squamous NSCLC with no EGFR or ALK genomic tumor aberrations ○ 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 carboplatin and etoposide, for the first-line treatment of adult patients with extensive-stage small cell lung cancer (ES-SCLC). • in combination with bevacizumab for the treatment of patients with unresectable or metastatic hepatocellular carcinoma (HCC) who have not received prior systemic therapy. • in combination with cobimetinib and vemurafenib for the treatment of patients with BRAF V600 mutation-positive unresectable or metastatic melanoma. • 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.	336	18 years	N/A	N/A	Y	Y		11/17/2021
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 who have not	240	12 years	N/A	N/A	Y	Y		7/28/2020
Drugs	J9025	Injection, azacitidine, 1 mg	1 mg	1/1/2006	Vidaza®	azacitidine for injection, for subcutaneous or intravenous use	Indicated for the treatment of patients with the following FAB myelodysplastic syndrome (MDS) subtypes: refractory anemia (RA) or refractory anemia with ringed sideroblasts (RARS) (if accompanied by neutropenia or thrombocytopenia or requiring transfusions), refractory anemia with excess blasts (RAEB), refractory anemia with excess blasts in transformation (RAEB-T) and chronic myelomonocytic leukemia	2,500	18 years	N/A	N/A	Y	Y		9/25/2018
Biologicals	J9030	Bcg live intravesical instillation, 1 mg	per installation	1/1/2000	Tice BCG®	BCG Live (intravesical)	Indicated for the treatment and prophylaxis of carcinoma in situ (CIS) of the urinary bladder, and for the prophylaxis of primary or recurrent stage Ta and/or T1 papillary tumors following transurethral resection (TUR). Tice BCG is not recommended for stage TaG1 papillary tumors, unless they are judged to be at high risk of tumor recurrence. Tice BCG is not indicated for papillary tumors of stages higher than T1.	5	18 years	N/A	N/A	Y	Y		6/8/2019
Drugs	J9032	Injection, belinostat, 10 mg	10 mg	1/1/2016	Beleodaq®	belinostat for injection, for intravenous use	Indicated for the treatment of patients with relapsed or refractory peripheral T-cell lymphoma (PTCL).	2,500	18 years	N/A	N/A	Y	Y		4/10/2019
Drugs	J9033	Injection, bendamustine HCl (Treanda), 1 mg	1 mg	1/1/2017	Treanda®	bendamustine hydrochloride injection, for intravenous use	Indicated for treatment of patients with: • 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	1,200	18 years	N/A	N/A	Y	Y		9/25/2018

Drugs	J9034	Injection, bendamustine HCl (Bendeka), 1 mg	1 mg	1/1/2017	Bendeka®	bendamustine hydrochloride injection, for intravenous use	Indicated for treatment of patients with: • Chronic lymphocytic leukemia (CLL). Efficacy relative to first line therapies other than chlorambucil has not been established. • Indolent B-cell non-Hodgkin lymphoma (NHL) that has progressed during or within six months of treatment with 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.	420	18 years	N/A	N/A	Y	Y		3/8/2021
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	1,200	18 years	N/A	N/A	Y	Y		8/26/2019
Biologicals	J9037	Injection, belantamab mafodotin-blmf, 0.5 mg	0.5 mg	4/1/2021	Blenrep™	belantamab mafodotin-blmf for injection, for intravenous use	Indicated for the treatment of adult patients with relapsed or refractory multiple myeloma who have received at least 4 prior therapies including an anti-CD38 monoclonal antibody, a proteasome inhibitor, and an immunomodulatory agent.	1,600	18 years	N/A	N/A	Y	Y		3/25/2021
Biologicals	J9039	Injection, blinatumomab, 1 mcg	1 mcg	1/1/2016	Blincyto®	blinatumomab for injection, for intravenous use	Treatment of adults and children with: • Relapsed or refractory 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%.	784	N/A	N/A	N/A	Y	Y		4/26/2021
Drugs	J9040	Injection, bleomycin sulfate, 15 units	15 units	1/1/2000	N/A	bleomycin for injection	Considered a palliative treatment shown to be useful in the management of: • 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 pleural effusion and prevention of recurrent pleural effusions.	27	N/A	N/A	N/A	Y	Y		4/10/2019
Drugs	J9041	Injection, bortezomib (velcade), 0.1 mg	0.1 mg	1/1/2005	Velcade®	bortezomib for injection, for subctuaneous or intravenous use	Indicated for treatment of patients with: • Multiple myeloma • Mantle cell lymphoma	245	18 years	N/A	N/A	Y	Y		6/8/2019
Biologicals	J9042	Injection, brentuximab vedotin, 1 mg	1 mg	1/1/2013	Adcetris®	brentuximab vedotin for injection, for intravenous use	Indicated for: • Previously untreated Stage III or IV classical Hodgkin lymphoma (cHL), in combination with doxorubicin, vinblastine, and dacarbazine. • Classical Hodgkin lymphoma (cHL) at high risk of relapse or progression as post-autologous	360	18 years	N/A	N/A	Y	Y		5/14/2019

Drugs	J9043	Injection, cabazitaxel, 1 mg	1 mg	1/1/2012	Jevtana®	cabazitaxel injection, for intravenous use	Indicated in combination with prednisone for treatment of patients with hormone-refractory metastatic prostate cancer previously treated with a docetaxel-containing treatment regimen.	240	18 years	N/A	Males Only	Y	Y		9/27/2018
Drugs	J9044	Injection, bortezomib, not otherwise specified, 0.1 mg	0.1 mg	1/1/2019	N/A	bortezomib for injection, for intravenous use	Indicated for: • treatment of patients with multiple myeloma • treatment of patients with mantle cell lymphoma who have received at least 1 prior therapy	245	18 years	N/A	N/A	Y	Y		2/5/2019
Drugs	J9045	Injection, carboplatin, 50 mg	50 mg	1/1/2000	N/A	carboplatin injection for intravenous use	Indicated for the initial treatment of advanced ovarian carcinoma in established combination with other approved chemotherapeutic agents and for the palliative treatment of patients with ovarian carcinoma	36	18 years	N/A	N/A	Y	Y		4/10/2019
Drugs	J9047	Injection, carfilzomib, 1 mg	1 mg	1/1/2014	Kyprolis®	carfilzomib for injection, for intravenous use	Indicated: • 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		12/16/2021
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.	5	18 years	N/A	N/A	Y	Y		5/20/2019
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	390	18 years	N/A	N/A	Y	Y		10/26/2021
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	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 for the treatment of adult patients with locally advanced or metastatic non-small cell lung cancer (NSCLC) with epidermal growth factor receptor (EGFR) exon 20 insertion mutations, as detected by an FDA-approved test, whose disease has progressed on or after platinum-based chemotherapy.	2,800	18 years	N/A	N/A	Y	Y		12/14/2021
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	J9070	Cyclophosphamide, 100 mg	100 mg	1/1/2000	N/A	cyclophosphamide for injection, for intravenous use	Indicated for the treatment of: Malignant Diseases: malignant lymphomas: Hodgkin's disease, lymphocytic lymphoma, mixed-cell type	105	N/A	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, neuroblastoma, adenocarcinoma of ovary, retinoblastoma, breast carcinoma.	2,500	N/A	N/A	N/A	Y	Y		3/17/2022
Drugs	J9098	Injection, cytarabine liposome, 10 mg	10 mg	1/1/2004	DepoCyt®	cytarabine liposome injection for intrathecal use	Indicated for the intrathecal treatment of lymphomatous meningitis.	15	18 years	N/A	N/A	Y	Y		10/4/2018
Drugs	J9100	Injection, cytarabine, 100 mg	100 mg	1/1/2000	N/A	cytarabine injection	In combination with other approved anticancer drugs, is indicated for remission induction in acute non-lymphocytic leukemia of adults and pediatric patients. It has also been found useful in the treatment of acute lymphocytic leukemia and the blast phase of chronic myelocytic leukemia. Intrathecal	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.	700	18 years	N/A	N/A	Y	Y		3/25/2021
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	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, 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	900	18 years	N/A	N/A	Y	Y		12/16/2021

Biologicals	J9145	Injection, daratumumab, 10 mg	10 mg	1/1/2017	Darzalex®	daratumumab injection, for intravenous use	Indicated for the treatment of adult patients with multiple myeloma: • 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. • in combination with bortezomib, melphalan and prednisone in newly diagnosed patients who are ineligible for autologous stem cell transplant (ASCT). • in combination with lenalidomide and dexamethasone in newly diagnosed patients who are ineligible for autologous stem cell transplant. • in combination with bortezomib, thalidomide, and dexamethasone in newly diagnosed patients who are eligible for autologous stem cell transplant. • in combination with carfilzomib and dexamethasone in patients who have received one to three prior lines of therapy.	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	J9151	Injection, daunorubicin citrate, liposomal formulation, 10 mg	10 mg	1/1/2000	DaunoXome®	daunorubicin citrate liposome injection	Indicated as first-line cytotoxic therapy for advanced HIV-associated Kaposi sarcoma. DaunoXome is not recommended in patients with less than advanced HIV-related Kaposi's sarcoma.	30	18 years	N/A	N/A	Y	Y		10/4/2018
Drugs	J9153	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine	1 mg/2.27 mg	1/1/2019	Vyxeos™	daunorubicin and cytarabine liposome injection, for intravenous use	Indicated for: · the treatment of adults with newly-diagnosed therapy-related acute myeloid leukemia (t-AML) or AML with myelodysplasia-related changes (AML-MRC). · 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 platin[illegible]	500	N/A	N/A	N/A	Y	Y		6/8/2019
Biologicals	J9173	Injection, durvalumab, 10 mg	10 mg	1/1/2019	Imfinzi®	durvalumab injection, for intravenous use	Imfinzi is a programmed death-ligand 1 (PD-L1) blocking antibody indicated for the treatment of patients with: • Unresectable, Stage III non-small cell lung cancer (NSCLC) whose disease has not progressed following concurrent platinum-based chemotherapy and radiation therapy • 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)	420	18 years	N/A	N/A	Y	Y		3/25/2021
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 for the treatment of adult patients with locally advanced or metastatic urothelial cancer who: • have previously received a programmed death receptor-1 (PD-1) or programmed death-ligand 1 (PD-L1) inhibitor, and a platinum-containing chemotherapy in the neoadjuvant/adjuvant, locally advanced or metastatic setting. • are ineligible for cisplatin-containing chemotherapy and have previously received one or more prior lines of therapy.	2,080	18 years	N/A	N/A	Y	Y		8/25/2021
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 for the treatment of adult patients with B-cell chronic lymphocytic leukemia (CLL) who have not responded to or whose disease has progressed during treatment with at least 1 standard alkylating-agent containing regimen. The safety and effectiveness of fludarabine in previously untreated or non-refractory	16	18 years	N/A	N/A	Y	Y		10/10/2018
Drugs	J9190	Injection, fluorouracil, 500 mg	500 mg	1/1/2000	Adrucil®	fluorouracil injection for intravenous use	Indicated for the treatment of patients with: • Adenocarcinoma of the colon and rectum • Adenocarcinoma of the breast • Gastric adenocarcinoma • Pancreatic adenocarcinoma	45	18 years	N/A	N/A	Y	Y		4/10/2019
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.	64	18 years	N/A	N/A	Y	Y		1/9/2020
Drugs	J9202	Goserelin acetate implant, per 3.6 mg	3.6 mg	1/1/2000	Zoladex®	goserelin acetate implant	Product specific 3.6 mg: • Advanced prostate cancer in combination with flutamide for the management of locally confined carcinoma of the prostate	3	18 years	N/A	3.6 mg implant: None 10.8 mg implant:	Y	Y	As of 10/1/2021, NDCs from rebating labelers are not	10/15/2021
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.	275	Indication Specific (see comments)	N/A	N/A	Y	Y	Indication specific age restrictions: • Newly-diagnosed CD33-positive acute myeloid	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. Limitation of Use: Onivyde is not indicated as a single agent for the treatment of patients with metastatic adenocarcinoma of the pancreas.	516	18 years	N/A	N/A	Y	Y		6/6/2019
Drugs	J9206	Injection, irinotecan, 20 mg	20 mg	1/1/2000	Camptosar®	irinotecan injection, intravenous infusion	Indicated for: • First-line therapy in combination with 5-fluorouracil and leucovorin for patients with metastatic carcinoma of the colon or rectum. • Patients with metastatic carcinoma of the colon or rectum whose disease has recurred or progressed	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 kit for injection, for intravenous infusion only	Indicated for the treatment of metastatic or locally advanced breast cancer in patients after failure of an anthracycline and a taxane. Ixempra as monotherapy is indicated for the treatment of metastatic or locally advanced breast cancer in patients after failure of an anthracycline, a taxane, and capecitabine.	180	18 years	N/A	N/A	Y	Y		10/26/2018
Drugs	J9208	Injection, ifosfamide, 1 gram	1 g	1/1/2000	Ifex®	ifosfamide for injection, intravenous use	Indicated for use in combination with certain other approved antineoplastic agents for third-line chemotherapy of germ cell testicular cancer. It should be used in combination with mesna for prophylaxis of hemorrhagic cystitis.	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 adult and pediatric (newborn and older) patients with primary hemophagocytic lymphohistiocytosis (HLH) with refractory, recurrent or progressive disease or intolerance with conventional HLH therapy.	14,000	N/A	N/A	N/A	Y	Y		5/27/2020
Drugs	J9211	Injection, idarubicin hydrochloride, 5 mg	5 mg	1/1/2000	Idamycin®	idarubicin hydrochloride for injection	Indicated in combination with other approved antileukemic drugs for the treatment of acute myeloid leukemia in adults. This includes French-American-British (FAB) classifications M1 through M7.	36	18 years	N/A	N/A	Y	Y		10/31/2018
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	1,050	Indication Specific (see comments)	N/A	N/A	Y	Y	Indication specific: 18 years and older for all indications	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 (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 palliative treatment of advanced prostate cancer. Lupron Depot: Indicated for the treatment of advanced prostatic cancer.	6	18 years	N/A	Males Only	Y	Y		5/9/2022
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		6/4/2019

Drugs	J9223	Injection, lurbinectedin, 0.1 mg	0.1 mg	1/1/2021	Zepzelca™	lurbinectedin for injection, for intravenous use	Indicated for the treatment of adult patients with metastatic small cell lung cancer (SCLC) with disease progression on or after platinum-based chemotherapy.	160	18 years	N/A	N/A	Y	Y		12/28/2020
Drugs	J9225	Histrelin implant (Vantas), 50 mg	50 mg	1/1/2006	Vantas®	histrelin acetate subcutaneous implant	Indicated for the palliative treatment of advanced prostate cancer.	1	18 years	N/A	Males Only	Y	Y		10/26/2018
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		10/26/2018
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 refractory multiple myeloma who have received 1 to 3 prior lines of therapy.	700	18 years	N/A	N/A	Y	Y		4/26/2021
Biologicals	J9228	Injection, ipilimumab, 1 mg	1 mg	1/1/2012	Yervoy®	ipilimumab injection, for intravenous use	Indicated for: • Adjuvant treatment of patients with cutaneous melanoma with pathologic involvement of regional lymph nodes of more than 1 mm who have undergone complete resection, including total lymphadenectomy. • Treatment of unresectable or metastatic melanoma in adults and pediatric patients (12 years and older)	2,800	12 years	N/A	N/A	Y	Y		6/28/2021
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 adults with relapsed or refractory B-cell precursor acute lymphoblastic leukemia (ALL).	108	18 years	N/A	N/A	Y	Y		5/6/2019
Drugs	J9245	Injection, melphalan hydrochloride, not otherwise specified, 50 mg	50 mg	1/1/2000	Alkeran®	melphalan hydrochloride for injection	Indicated for the palliative treatment of patients with multiple myeloma for whom oral therapy is not appropriate.	3	18 years	N/A	N/A	Y	Y		6/17/2020
Drugs	J9246	Injection, melphalan (evomela), 1 mg	1 mg	7/1/2020	Evomela®	melphalan for injection, for intravenous use	Indicated for: • 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	J9247	Injection, melphalan flufenamide, 1mg	1 mg	10/1/2021	Pepaxto®	melphalan flufenamide for injection, for intravenous use	Indicated in combination with dexamethasone, for the treatment of adult patients with relapsed or refractory multiple myeloma who have received at least four prior lines of therapy and whose disease is refractory to at least one proteasome inhibitor, one immunomodulatory agent, and one CD38-directed monoclonal antibody.	80	18 years	N/A	N/A	Y	Y	As of 1/1/2022, NDCs from rebating labelers are not associated with this code.	1/4/2022
Drugs	J9250	Methotrexate sodium, 5 mg	5 mg	1/1/2000	N/A	methotrexate sodium injection, 5 mg	• Methotrexate is indicated in the treatment of gestational choriocarcinoma, chorioadenoma destruens andhydatidiform mole.	135	Indication Specific (see comments)	N/A	N/A	Y	Y	Indication specific age restrictions:	10/26/2018
Drugs	J9260	Methotrexate sodium, 50 mg	50 mg	1/1/2000	N/A	methotrexate sodium injection, 50 mg	• Methotrexate is indicated in the treatment of gestational choriocarcinoma, chorioadenoma destruens and hydatidiform mole. • In acute lymphocytic leukemia, methotrexate is indicated in the prophylaxis of meningeal leukemia and	3,000	Indication Specific (see comments)	N/A	N/A	Y	Y	Indication specific: Cancer chemotherapy: None Polyarticular-course juvenile	6/5/2019

Drugs	J9261	Injection, nelarabine, 50 mg	50 mg	1/1/2007	Arranon®	nelarabine injection, for intravenous use	Indicated for the treatment of patients with T-cell acute lymphoblastic leukemia and T-cell lymphoblastic lymphoma in adult and pediatric patients age 1 year and older whose disease has not responded to or has relapsed following treatment with at least two chemotherapy regimens.	450	1 year	N/A	N/A	Y	Y		12/16/2021
Drugs	J9262	Injection, omacetaxine mepesuccinate, 0.01 mg	0.01 mg	1/1/2014	Synribo®	omacetaxine mepesuccinate for injection, for subcutaneous use	Indicated for the treatment of adult patients with chronic or accelerated phase chronic myeloid leukemia (CML) with resistance and/or intolerance to two or more tyrosine kinase inhibitors.	10,625	18 years	N/A	N/A	Y	Y		9/21/2018
Drugs	J9263	Injection, oxaliplatin, 0.5 mg	0.5 mg	1/1/2004	Eloxatin®	oxaliplatin injection for intravenous use	Indicated for: • 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)	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.	1,300	18 years	N/A	N/A	Y	Y		7/16/2018
Biologicals	J9266	Injection, pegaspargase, per single dose vial	per single dose vial (3,750 IU)	1/1/2000	Oncaspar®	pegaspargase injection, for intramuscular or intravenous use	Indicated as a component of a multi-agent chemotherapeutic regimen for treatment of patients with: • First line acute lymphoblastic leukemia • Acute lymphoblastic leukemia and hypersensitivity to asparaginase	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
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: Indicated for the treatment of patients with unresectable or metastatic melanoma. Indicated for the adjuvant treatment of adult and pediatric (12 years and older) patients with Stage IIB, IIC, or III melanoma following complete resection.	400	The safety and effectiveness of Keytruda as a single agent have been established in	N/A	N/A	Y	Y		4/21/2022
Biologicals	J9272	Injection, dostarlimab-gxly, 10 mg	10 mg	1/1/2022	Jemperli	dostarlimab-gxly injection, for intravenous use	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. • 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		12/14/2021

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
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	J9285	Injection, olaratumab, 10 mg	10 mg	1/1/2018	Lartruvo™	olaratumab injection, for intravenous use	Indicated, in combination with doxorubicin, for the treatment of adult patients with soft tissue sarcoma (STS) with a histologic subtype for which an anthracycline-containing regimen is appropriate and which is not amenable to curative treatment with radiotherapy or surgery. This indication is approved under accelerated approval. Continued approval for this indication may be contingent upon verification and description of clinical benefit in the confirmatory trial.	840	18 years	N/A	N/A	Y	Y		7/2/2018
Drugs	J9293	Injection, mitoxantrone hydrochloride, per 5 mg	5 mg	1/1/2000	N/A	mitoxantrone hydrochloride injection, solution	Indicated: • For reducing neurologic disability and/or the frequency of clinical relapses in patients with secondary (chronic) progressive, progressive relapsing, or worsening relapsing-remitting multiple sclerosis (i.e., patients whose neurologic status is significantly abnormal between relapses). Mitoxantrone is not indicated in the treatment of patients with primary progressive multiple sclerosis. • In combination with corticosteroids is indicated as initial chemotherapy for the treatment of patients with pain related to advanced hormone-refractory prostate cancer. • In combination with other approved drug(s) is indicated in the initial therapy of acute nonlymphocytic leukemia (ANLL) in adults. This category includes myelogenous, promyelocytic, monocytic, and erythroid acute leukemias.	30	18 years	N/A	N/A	Y	Y	Lifetime Maximum Dose: 70 units	10/31/2018
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
Biologicals	J9299	Injection, nivolumab, 1 mg	1 mg	1/1/2016	Opdivo®	nivolumab injection, for intravenous use	Indicated for: • unresectable or metastatic melanoma, as a single agent or in combination with ipilimumab. • that treatment of patients with metastatic non-small cell lung cancer and progression on or after	1,260	12 years	N/A	N/A	Y	Y		4/21/2022
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.	1,000	18 years	N/A	N/A	Y	Y	Pregnancy: May cause fetal B-cell depletion.	7/16/2018

Biologicals	J9303	Injection, panitumumab, 10 mg	10 mg	1/1/2008	Vectibix®	panitumumab injection, for intravenous use	Indicated for the treatment of wild-type RAS (defined as wild-type in both KRAS and NRAS as determined by an FDA-approved test for this use) metastatic colorectal cancer (mCRC): - In combination with Folfox for first-line treatment. - As monotherapy following disease progression after prior treatment with fluoropyrimidine, oxaliplatin, and irinotecan-containing chemotherapy. Limitation of Use: Vectibix is not indicated for the treatment of patients with RAS-mutant mCRC or for whom RAS mutation status is unknown.	270	18 years	N/A	N/A	Y	Y		6/4/2019
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. • in combination with cisplatin for the initial treatment, of patients with malignant pleural mesothelioma whose disease is unresectable or who are otherwise not candidates for curative surgery.	300	18 years	N/A	N/A	Y	Y		2/11/2022
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	300	18 years	N/A	N/A	Y	Y		9/21/2020
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. o Adjuvant treatment of patients with HER2-positive early breast cancer at high risk of recurrence.	1,260	18 years	N/A	N/A	Y	Y		7/2/2018
Drugs	J9307	Injection, pralatrexate, 1 mg	1 mg	1/1/2011	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.	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.	560	18 years	N/A	N/A	Y	Y		1/9/2020
Biologicals	J9311	Injection, rituximab 10 mg and hyaluronidase	10 mg	1/1/2019	Rituxan Hycela®	rituximab and hyaluronidase human injection, for	Indicated for the treatment of adult patients with: • Follicular Lymphoma (FL):	700	18 years	N/A	N/A	Y	Y		4/19/2019
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	500	Indication Specific (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-ALL: 6 months of	1/13/2022
Biologicals	J9313	Injection, moxetumomab pasudotox-tdfk, 0.01 mg	0.01 mg	10/1/2019	Lumoxiti™	moxetumomab pasudotox-tdfk for injection, for intravenous use	Indicated for the treatment of adult patients with relapsed or refractory hairy cell leukemia (HCL) who received at least two prior systemic therapies, including treatment with a purine nucleoside analog (PNA). Limitations of Use: Not recommended in patients with severe renal impairment (CrCl ≤ 29 mL/min).	3,000	18 years	N/A	N/A	Y	Y		4/9/2019

Biologicals	J9316	Injection, pertuzumab, trastuzumab, and	10 mg	1/1/2021	Phesgo™	pertuzumab, trastuzumab, and hyaluronidase-zzxf	Indicated for: • Use in combination with chemotherapy as:	300	18 years	N/A	N/A	Y	Y		12/28/2020
Biologicals	J9317	Injection, sacituzumab govitecan-hziy, 2.5 mg	2.5 mg	1/1/2021	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. • Locally advanced or metastatic urothelial cancer (mUC) who have previously received a platinum-containing chemotherapy and either programmed death receptor-1 (PD-1) or programmed death-ligand 1 (PD-L1) inhibitor.	2,304	18 years	N/A	N/A	Y	Y		5/26/2021
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	J9325	Injection, talimogene laherparepvec, per 1 million	1 million PFU	1/1/2017	Imlygic®	talimogene laherparepvec suspension for intralesional	Indicated for the local treatment of unresectable cutaneous, subcutaneous, and nodal lesions in patients with melanoma recurrent after initial surgery.	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, administered via intravenous infusion	Indicated for the treatment of adult patients with: • Newly diagnosed glioblastoma multiforme (GBM) concomitantly with radiotherapy and then as maintenance treatment.	6,200	18 years	N/A	N/A	Y	Y		9/12/2018
Drugs	J9330	Injection, temsirolimus, 1 mg	1 mg	1/1/2009	Torisel®	temsirolimus injection, for intravenous use	Indicated for the treatment of advanced renal cell carcinoma.	125	N/A	N/A	N/A	Y	Y		9/25/2018
Drugs	J9340	Injection, thiotepa, 15 mg	15 mg	1/1/2000	N/A	thiotepa injection, powder, lyophilized, for solution	Thiotepa has been tried with varying results in the palliation of a wide variety of neoplastic diseases. However, the most consistent results have been seen in the following tumors: adenocarcinoma of the breast; adenocarcinoma of the ovary; for controlling intracavitary effusions secondary to diffuse or localized neoplastic diseases of various serosal cavities; for the treatment of superficial papillary carcinoma of the urinary bladder. Thiotepa has been effective against other lymphomas, such as lymphosarcoma and Hodgkin's disease.	20	18 years	N/A	N/A	Y	Y		9/21/2018
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).	5,400	18 years	N/A	N/A	Y	Y		3/25/2021
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	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
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 breast cancer who have received two or more prior anti-HER2-based regimens in the metastatic setting.	1,800	18 years	N/A	N/A	Y	Y		2/25/2021
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)	250	N/A	N/A	N/A	Y	Y		9/12/2018
Drugs	J9370	Vincristine sulfate, 1 mg	1 mg	1/1/2000	Vincasar PFS®	vincristine sulfate injection solution	Indicated in acute leukemia. Vincasar PFS has also been shown to be useful in combination with other oncolytic agents in Hodgkin's disease, non Hodgkin's malignant lymphomas, rhabdomyosarcoma, neuroblastoma, and Wilms' tumor.	20	N/A	N/A	N/A	Y	Y		9/12/2018
Drugs	J9371	Injection, vincristine sulfate liposome, 1 mg	1 mg	1/1/2014	Marqibo®	vincristine sulfate liposome injection, for intravenous infusion	Indicated for the treatment of adult patients with Philadelphia chromosome-negative (Ph-) acute lymphoblastic leukemia (ALL) in second or greater relapse or whose disease has progressed following two or more anti-leukemia therapies. This indication is based on overall response rate. Clinical benefit such as improvement in overall survival has not been verified.	30	18 years	N/A	N/A	Y	Y		8/5/2021
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	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.	8	18 years	N/A	N/A	Y	Y		6/6/2019
Biologicals	J9999	Not otherwise classified, antineoplastic drugs	1 mcg	1/1/2000	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		3/17/2022
Biologicals	J9999	Not otherwise classified, antineoplastic drugs	1 mL	1/1/2000	Unituxin®	dinutuximab injection, for intravenous use	Indicated, in combination with granulocyte-macrophage colony-stimulating factor (GM-CSF), interleukin-2 (IL-2), and 13-cis-retinoic acid (RA), for the treatment of pediatric patients with high-risk neuroblastoma who achieve at least a partial response to prior first-line multiagent, multimodality therapy.	60	N/A	N/A	N/A	Y	Y		5/25/2021
Drugs	J9999	Not otherwise classified, antineoplastic drugs	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		3/17/2022

Biologicals	J9999	Not otherwise classified anti-neoplastic drugs	1 mL	1/1/2000	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.	80	12 years	N/A	N/A	Y	Y		4/21/2022
Biologicals	P9041	Infusion, albumin (human), 5%, 50 mL	50 mL	1/1/2001	Albutein®, Plasbumin®	albumin (human), 5%	Plasbumin: Indicated for: • Emergency treatment of hypovolemic shock • Burn therapy • Cardiopulmonary bypass • Acute liver failure • Sequestration of protein rich fluids	1,550	Indication Specific (see comments)	N/A	N/A	Y	Y	Product specific age restrictions: • Plasbumin: 18 years of age and older • Albutein: None (use only if clearly needed)	9/25/2018
Biologicals	P9047	Infusion, albumin (human), 25%, 50 mL	50 mL	1/1/2002	Albuked, Albuminar®, Albutein®, Flexbumin, Kedbumin™, Plasbumin®	albumin (human), 25%	Plasbumin and 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	Indication Specific (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 • Plasbumin: 18 years of age and older	9/25/2018

Drugs	Q0138	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-ESRD use)	1 mg	1/1/2010	Feraheme®	ferumoxytol injection, for intravenous use (non-ESRD use)	• Indicated for the treatment of iron deficiency anemia in adult patients with chronic kidney disease (CKD). • Treatment of iron deficiency anemia in adult patients who have intolerance to oral iron or have had unsatisfactory response to oral iron.	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	Q0220	Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age	300 mg (1 dose of 150 mg of tixagevimab and 150 mg of cilgavimab)	12/8/2021	Evusheld™ (300 mg)	tixagevimab injection; cilgavimab injection, copackaged for intramuscular use	The U.S. Food and Drug Administration has issued an EUA for the emergency use of the unapproved product Evusheld (tixagevimab co-packaged with cilgavimab), SARS-CoV-2 spike protein-directed attachment inhibitor, for the pre-exposure prophylaxis of coronavirus disease 2019 (COVID-19) in adults and pediatric individuals (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	1	12 years	N/A	N/A	Y	Y		3/18/2022

Biologicals	Q0221	Injection, tixagevimab and cilgavimab, for the pre-exposure prophylaxis only, for certain adults and pediatric individuals (12 years of age and older weighing at least 40kg) with no known sars-cov-2 exposure, who either have	600 mg (1 dose of 300 mg of tixagevimab and 1 dose of 300 mg of cilgavimab)	2/24/2022	Evusheld™ (600 mg)	tixagevimab injection; cilgavimab injection, copackaged for intramuscular use	The U.S. Food and Drug Administration has issued an EUA for the emergency use of the unapproved product Evusheld (tixagevimab co-packaged with cilgavimab), SARS-CoV-2 spike protein-directed attachment inhibitor, for the pre-exposure prophylaxis of coronavirus disease 2019 (COVID-19) in adults and pediatric individuals (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 SARSCoV-2 AND • Who have moderate to severe immune compromise due to a medical condition or receipt of immunosuppressive medications or treatments and may not mount an adequate immune response to	1	12 years	N/A	N/A	Y	Y		3/17/2022
Biologicals	Q0222	Injection, bebtelovimab, 175 mg	175 mg	2/11/2022	N/A	bebtelovimab injection for intravenous use	EMERGENCY USE AUTHORIZATION The U.S. Food and Drug Administration (FDA) has issued an Emergency Use Authorization (EUA) for the emergency use of bebtelovimab for the treatment of mild-to-moderate coronavirus disease 2019 (COVID-19) in adults and pediatric patients (12 years of age and older weighing at least 40 kg): • with positive results of direct SARS-CoV-2 viral testing, and • who are at high risk for progression to severe COVID-19, including hospitalization or death, and • for whom alternative COVID-19 treatment options approved or authorized by FDA are not accessible or clinically appropriate. LIMITATIONS OF AUTHORIZED USE • Bebtelovimab is not authorized for treatment of mild-to-moderate COVID-19 in geographic regions where infection is likely to have been caused by a non-susceptible SARS-CoV-2 variant based on available	1	12 years	N/A	N/A	Y	Y		2/21/2022
Biologicals	Q0240	Injection, casirivimab and imdevimab, 600 mg	600 mg (300 mg of casirivimab and 300 mg of imdevimab)	7/30/2021	REGEN-COV™ (600 mg)	casirivimab and imdevimab, for intravenous infusion or subcutaneous injection	TREATMENT: The U.S. Food and Drug Administration (FDA) has issued an Emergency Use Authorization (EUA) to permit the emergency use of the unapproved products casirivimab and imdevimab to be administered together for the treatment of mild to moderate coronavirus disease 2019 (COVID-19) in adults and pediatric patients (12 years of age and older weighing at least 40 kg) with positive results of direct SARS-CoV-2 viral testing, and who are at high risk for progressing to severe COVID-19 and/or hospitalization.	2	12 years	N/A	N/A	Y	Y	Per the FDA, as of 1/24/2022, REGEN-COV is not authorized in any U.S. region due to the high frequency of the Omicron variant.	1/25/2022
Biologicals	Q0243	Injection, casirivimab and imdevimab, 2400 mg	2400 mg (1,200 mg of casirivimab and 1,200 mg of imdevimab)	11/21/2020	REGEN-COV™ (2400 mg)	casirivimab and imdevimab, for intravenous infusion or subcutaneous injection	TREATMENT: The U.S. Food and Drug Administration (FDA) has issued an Emergency Use Authorization (EUA) to permit the emergency use of the unapproved products casirivimab and imdevimab to be administered together for the treatment of mild to moderate coronavirus disease 2019 (COVID-19) in adults and pediatric patients (12 years of age and older weighing at least 40 kg) with positive results of direct SARS-CoV-2 viral testing, and who are at high risk for progressing to severe COVID-19 and/or hospitalization. High risk is defined as patients who meet at least one of the following criteria: • Have a body mass index (BMI) ≥35 • Have chronic kidney disease • Have diabetes • Have immunosuppressive disease • Are currently receiving immunosuppressive treatment • Are ≥65 years of age • Are ≥55 years of age AND have o cardiovascular disease, OR o hypertension, OR o chronic obstructive pulmonary disease/other chronic respiratory disease. • Are 12 – 17 years of age AND have o BMI ≥85th percentile for their age and gender based on CDC growth charts, https://www.cdc.gov/growthcharts/clinical_charts.htm, OR o sickle cell disease, OR o congenital or acquired heart disease, OR o neurodevelopmental disorders, for example, cerebral palsy, OR	0.5	12 years	N/A	N/A	Y	Y	Per the FDA, as of 1/24/2022, REGEN-COV is not authorized in any U.S. region due to the high frequency of the Omicron variant.	1/25/2022
Biologicals	Q0244	Injection, casirivimab and imdevimab, 1200 mg	1,200 mg (600 mg of casirivimab and 600 mg of imdevimab)	6/3/2021	REGEN-COV™ (1200 mg)	casirivimab and imdevimab, for intravenous infusion or subcutaneous injection	TREATMENT: The U.S. Food and Drug Administration (FDA) has issued an Emergency Use Authorization (EUA) to permit the emergency use of the unapproved products casirivimab and imdevimab to be administered together for the treatment of mild to moderate coronavirus disease 2019 (COVID-19) in adults and pediatric patients (12 years of age and older weighing at least 40 kg) with positive results of direct SARS-CoV-2 viral testing, and who are at high risk for progressing to severe COVID-19 and/or hospitalization. High risk is defined as patients who meet at least one of the following criteria: • Have a body mass index (BMI) ≥35 • Have chronic kidney disease • Have diabetes • Have immunosuppressive disease • Are currently receiving immunosuppressive treatment • Are ≥65 years of age • Are ≥55 years of age AND have	1	12 years	N/A	N/A	Y	Y	Per the FDA, as of 1/24/2022, REGEN-COV is not authorized in any U.S. region due to the high frequency of the Omicron variant.	1/25/2022

Biologicals	Q0245	Injection, bamlanivimab and etesevimab, 2100 mg	1 dose (700 mg of bamlanivimab and 1,400 mg of etesevimab)	2/9/2021	N/A	bamlanivimab and etesevimab, for intravenous infusion	TREATMENT: The U.S. Food and Drug Administration (FDA) has issued an Emergency Use Authorization (EUA) to permit the emergency use of the unapproved products bamlanivimab and etesevimab administered together for the treatment of mild to moderate coronavirus disease 2019 (COVID-19) in adults and pediatric patients, including neonates, with positive results of direct SARSCoV-2 viral testing, and who are at high risk for progression to severe COVID-19, including hospitalization or death. Criteria for Identifying High Risk Individuals: The following medical conditions or other factors may place adults and pediatric patients, including neonates, at higher risk for progression to severe COVID-19: • Older age (for example age ≥65 years of age) • <1 year old • Obesity or being overweight • Pregnancy • Chronic kidney disease • Diabetes • Immunosuppressive disease or immunosuppressive treatment • Cardiovascular disease (including congenital heart disease) or hypertension • Chronic lung diseases (for example, chronic obstructive pulmonary disease, asthma [moderate-to-severe], interstitial lung disease, cystic fibrosis and pulmonary hypertension) • Sickle cell disease • Neurodevelopmental disorders (for example, cerebral palsy) or other conditions that confer medical complexity (for example, genetic or metabolic syndromes and severe congenital anomalies) • Having a medical-related technological dependence (for example, tracheostomy, gastrostomy, or positive pressure ventilation (not related to COVID-19)) Other medical conditions or factors (for example, race or ethnicity) may also place individual patients at high risk for progression to severe COVID-19 and authorization of bamlanivimab and etesevimab under the EUA is not limited to the medical conditions or factors listed above. For additional information on medical conditions and factors associated with increased risk for progression to severe COVID-19, see the CDC website: https://www.cdc.gov/coronavirus/2019-ncov/need-extraprecautions/people-with-medical-conditions.html. Healthcare providers should consider the benefit-risk for an individual patient.	1	N/A	N/A	N/A	Y	Y	Per the FDA, as of 1/24/2022, bamlanivimab and etesevimab are not authorized in any U.S. region due to the high frequency of the Omicron variant.	1/25/2022
Biologicals	Q0247	Injection, sotrovimab, 500 mg	500 mg	5/26/2021	N/A	sotrovimab for intravenous infusion	The U.S. Food and Drug Administration (FDA) has issued an Emergency Use Authorization (EUA) to permit the emergency use of the unapproved product sotrovimab for the treatment of mild-to-moderate coronavirus disease 2019 (COVID-19) in adults and pediatric patients (12 years of age and older weighing at least 40 kg) with positive results of direct SARS-CoV-2 viral testing, and who are at high risk for progression to severe COVID-19, including hospitalization or death. The following medical conditions or other factors may place adults and pediatric patients (12 to 17 years of age weighing at least 40 kg) at higher risk for progression to severe COVID-19: • Older age (for example ≥65 years of age) • Obesity or being overweight (for example, adults with BMI >25 kg/m2, or if 12 to 17 years of age, have BMI ≥85th percentile for their age and gender based on CDC growth charts, https://www.cdc.gov/growthcharts/clinical_charts.htm) • Pregnancy • Chronic kidney disease • Diabetes • Immunosuppressive disease or immunosuppressive treatment • Cardiovascular disease (including congenital heart disease) or hypertension • Chronic lung diseases (for example, chronic obstructive pulmonary disease, asthma [moderate-to-severe], interstitial lung disease, cystic fibrosis and pulmonary hypertension) • Sickle cell disease • Neurodevelopmental disorders (for example, cerebral palsy) or other conditions that confer medical complexity (for example, genetic or metabolic syndromes and severe congenital anomalies) • Having a medical-related technological dependence (for example, tracheostomy, gastrostomy, or positive pressure ventilation [not related to COVID 19]) LIMITATIONS OF AUTHORIZED USE • Sotrovimab is not authorized for use in patients: o who are hospitalized due to COVID-19, OR o who require oxygen therapy due to COVID-19, OR	1	12 years	N/A	N/A	Y	Y	Per the FDA, as of 4/5/2022, sotrovimab is not authorized in any U.S. region due to the high frequency of the Omicron BA.2 sub-variant.	4/6/2022
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

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	Q2049	Injection, doxorubicin hydrochloride, liposomal, imported Lipodox, 10 mg	10 mg	7/1/2012	Lipodox®	doxorubicin hydrochloride liposome injection	Indicated: • For treatment of metastatic carcinoma of the ovary in patients with disease that is refractory to both paclitaxel and platinum based chemotherapy regimens. Refractory disease is defined as disease that has progressed while on treatment or within 6 months of completing treatment. • As monotherapy for the treatment of metastatic breast cancer, where there is an increased cardiac risk. • For the treatment of AIDS-related Kaposi's Sarcoma in patients with extensive mucocutaneous or	26	18 years	N/A	N/A	Y	Y		10/4/2018
Drugs	Q2050	Injection, doxorubicin hydrochloride, liposomal, not otherwise specified, 10 mg	10 mg	7/1/2013	Doxil®	doxorubicin hydrochloride liposome injection, for intravenous use	Indicated for: • Ovarian cancer after failure of platinum-based chemotherapy. • AIDS-related 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.	1,960	1 month	N/A	N/A	Y	Y		1/12/2022
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	59,520	N/A	N/A	N/A	Y	Y		6/6/2019
Biologicals	Q5103	Injection, infliximab-dyyb, biosimilar, (Inflectra), 10 mg	10 mg	4/1/2018	Inflectra®	infliximab-dyyb lyophilized concentrate for injection, for intravenous use	Indicated for: Crohn's Disease: • reducing signs and symptoms and inducing and maintaining clinical remission in adult patients with moderately to severely active disease who have had an inadequate response to conventional therapy. • reducing the number of draining enterocutaneous and rectovaginal fistulas and maintaining fistula closure in adult patients with fistulizing disease. Pediatric Crohn's Disease: • reducing signs and symptoms and inducing and maintaining clinical remission in pediatric patients with	140	Indication Specific (see comments)	N/A	N/A	Y	Y	Crohn's Disease and Ulcerative Colitis: 6 years of age and older Plaque Psoriasis, Psoriatic Arthritis, Ankylosing Spondylitis: 18 years of age and older	7/26/2019
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	140	Indication Specific (see comments)	N/A	N/A	Y	Y	Indication specific. • Crohn's Disease: 6 years and older • Ulcerative Colitis: 6 years and older • Rheumatoid Arthritis in combination with methotrexate: 18 years and	7/26/2019
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.	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: ○ 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. •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 (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	420	18 years	N/A	N/A	Y	Y		12/16/2021
Biologicals	Q5108	Injection, pegfilgrastim-jmdb, biosimilar, (Fulphila), 0.5 mg	0.5 mg	10/1/2018	Fulphila™	pegfilgrastim-jmdb injection, for subcutaneous use	Indicated to decrease the incidence of infection, as manifested by febrile neutropenia, in patients with non-myeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a clinically significant incidence of 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		1/9/2020
Biologicals	Q5110	Injection, filgrastim-aafi, biosimilar, (Nivestym), 1 microgram	1 mcg	10/1/2018	Nivestym™	filgrastim-aafi injection, for subcutaneous or intravenous use	Indicated to: • Decrease the incidence of infection, as manifested by febrile neutropenia, in patients with nonmyeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a significant incidence of severe neutropenia with fever. • Reduce the time to neutrophil recovery and the duration of fever, following induction or consolidation 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, biosimilar, (udenyca), 0.5 mg	0.5 mg	1/1/2019	Udenyca™	pegfilgrastim-cbqv injection, for subcutaneous use	Indicated to decrease the incidence of infection, as manifested by febrile neutropenia, in patients with non-myeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a clinically significant incidence of febrile neutropenia. 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		1/9/2020
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.	500	18 years	N/A	N/A	Y	Y		12/4/2019
Biologicals	Q5116	Injection, trastuzumab-qyyp, biosimilar, (trazimera), 10 mg	10 mg	10/1/2019	Trazimera™	trastuzumab-qyyp for injection, for intravenous use	Indicated for: • 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
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.	420	18 years	N/A	N/A	Y	Y		3/25/2021
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):	500	18 years	N/A	N/A	Y	Y		12/16/2021
Biologicals	Q5120	Injection, pegfilgrastim-bmez, biosimilar, (ziextenzo), 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. 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		6/17/2020
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	140	Indication Specific (see comments)	N/A	N/A	Y	Y	Indication specific age restrictions: Crohn's disease and ulcerative	9/21/2020
Biologicals	Q5122	Injection, pegfilgrastim-apgf, biosimilar, (nyvepria), 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	36	N/A	N/A	N/A	Y	Y		12/28/2020

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	500	18 years	N/A	N/A	Y	Y		6/28/2021
Drugs	Q9991	Injection, buprenorphine extended-release (Sublocade), less than or equal to 100 mg	less than or equal to 100 mg	7/1/2018	Sublocade™	buprenorphine extended-release injection, for subcutaneous use, less than or equal to 100 mg	Indicated for the treatment of moderate to severe opioid use disorder in patients who have initiated treatment with a transmucosal buprenorphine-containing product, followed by dose adjustment for a minimum of 7 days.	2	18 years	N/A	N/A	Y	Y		9/27/2018
Drugs	Q9992	Injection, buprenorphine extended-release (Sublocade), greater than 100 mg	greater than 100 mg	7/1/2018	Sublocade™	buprenorphine extended-release injection, for subcutaneous use, greater than 100 mg	Indicated for the treatment of moderate to severe opioid use disorder in patients who have initiated treatment with a transmucosal buprenorphine-containing product, followed by dose adjustment for a minimum of 7 days.	2	18 years	N/A	N/A	Y	Y		9/27/2018
Drugs	S0013	Esketamine, nasal spray, 1 mg	1 mg	1/1/2021	Spravato™	esketamine nasal spray	• 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	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 (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
Biologicals	S0148	Injection, pegylated interferon alfa-2b, 10 mcg	10 mcg	10/1/2010	PegIntron®	peginterferon alfa-2b injection, for subcutaneous use	Indicated for treatment of Chronic Hepatitis C (CHC) in patients with compensated liver disease.	105	3 years	N/A	N/A	Y	Y		6/7/2019
Drugs	S0166	Injection, olanzapine, 2.5 mg	2.5 mg	10/1/2004	Zyprexa® Intramuscular	olanzapine injection, powder, for solution	Indicated for the treatment of acute agitation associated with schizophrenia and bipolar I mania.	372	13 years	N/A	N/A	Y	Y		9/21/2018
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

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Drugs	S4993	Contraceptive pills for birth control	1 pack	4/1/2002	N/A	contraceptive pills for birth control	Indicated as birth control.	2	8 years	55 years	Females Only	Y	Y		5/5/2021