NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00009-3381-02		J3490		01/01/2002	11/21/2018	UNCLASSIFIED DRUGS
50242-0041-63		J2997		01/18/2007	12/20/2018	INJECTION, ALTEPLASE RECOMBINANT, 1 MG
17478-0114-30		J3260		12/23/2015	12/17/2018	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG
17478-0114-02		J3260		12/23/2015	12/17/2018	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG
00409-3815-12		J2270		06/28/2005	12/31/2014	INJECTION, MORPHINE SULFATE, UP TO 10 MG
51552-0106-09		J2001		01/01/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG
00591-2224-55		J7502		12/23/2008	99/99/9999	CYCLOSPORINE, ORAL, 100 MG
64679-0962-01		Q0144		02/11/2008	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
64679-0961-01		Q0144		02/11/2008	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
00904-6425-61		J7507		01/09/2015	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG
64679-0961-05		Q0144		02/11/2008	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
64679-0964-05		Q0144		02/11/2008	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
64679-0964-01		Q0144		02/11/2008	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
64679-0961-04		Q0144		02/14/2008	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
68084-0229-01		J7500		03/14/2008	99/99/9999	AZATHIOPRINE, ORAL, 50 MG
51079-0818-20		J7507		11/01/2010	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG
49452-1776-02		J1955		06/01/2015	99/99/9999	INJECTION, LEVOCARNITINE, PER 1 GM
49452-1776-01		J1955		06/01/2015	99/99/9999	INJECTION, LEVOCARNITINE, PER 1 GM

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
CLEOCIN PHOSPHATE (PREMIX) 300 MG/50 ML	50	ML	PC	IV	ML	1	EA	1	01/01/2002	11/21/2018	
CATHFLO ACTIVASE (INNER) 2 MG	1	EA	VL	IV	EA	1	MG	2	01/18/2007	12/20/2018	
TOBRAMYCIN SULFATE (MDV;USP,LATEX-FREE) 40 MG/1 ML	30	ML	VL	IJ	ML	80	MG	0.5	12/23/2015	12/17/2018	
TOBRAMYCIN SULFATE (MDV;USP,LATEX-FREE) 40 MG/1 ML	2	ML	VL	IJ	ML	80	MG	0.5	12/23/2015	12/17/2018	
MORPHINE SULFATE (5X10ML,LATEX-FREE) 1 MG/ML	10	ML	VL	IJ	ML	10	MG	0.1	06/28/2005	12/31/2014	
LIDOCAINE HCL (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	09/16/2015	99/99/9999	01/01/2004
CYCLOSPORINE (1X50ML,MODIFIED) 100 MG/ML	50	ML	VL	PO	ML	100	MG	1	10/28/2015	99/99/9999	12/23/2008
AZITHROMYCIN (FILM COATED) 600 MG	30	EA	BO	PO	EA	1	GM	0.6	09/11/2015	99/99/9999	02/11/2008
AZITHROMYCIN (FILM-COATED) 250 MG	30	EA	BO	PO	EA	1	GM	0.25	08/10/2015	99/99/9999	02/11/2008
TACROLIMUS (HARD GELATIN) 1 MG	1	EA	BX	PO	EA	1	MG	1	08/08/2016	99/99/9999	01/09/2015
AZITHROMYCIN (3X6,FILM-COATED) 250 MG	18	EA	DP	PO	EA	1	GM	0.25	08/10/2015	99/99/9999	02/11/2008
AZITHROMYCIN (3X3,FILM COATED) 500 MG	9	EA	DP	PO	EA	1	GM	0.5	08/10/2015	99/99/9999	02/11/2008
AZITHROMYCIN (FILM COATED) 500 MG	30	EA	BO	PO	EA	1	GM	0.5	08/10/2015	99/99/9999	02/11/2008
AZITHROMYCIN (FILM-COATED) 250 MG	6	EA	BX	PO	EA	1	GM	0.25	08/01/2015	99/99/9999	02/14/2008
AZATHIOPRINE 50 MG	100	EA	BX	PO	EA	50	MG	1	08/26/2014	99/99/9999	03/14/2008
TACROLIMUS (10X10,HARD GELATIN) 1 MG	100	EA	BX	PO	EA	1	MG	1	08/06/2013	99/99/9999	11/01/2010
L-CARNITINE HYDROCHLORIDE	100	GM	BO	NA	GM	1	GM	1	09/01/2018	99/99/9999	06/01/2015
L-CARNITINE HYDROCHLORIDE	25	GM	BO	NA	GM	1	GM	1	09/01/2018	99/99/9999	06/01/2015

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
11/06/2013	100			
04/07/2014	1			
05/31/2014	0.6			
05/31/2014	0.25			
01/10/2015	1			
05/31/2014	0.25			
05/31/2014	0.5			
05/31/2014	0.5			
05/31/2014	0.25			
05/06/2014	1			
07/13/2012	1			
10/17/2016	1			
10/17/2016	1			

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00409-4778-86		J0744		08/29/2006	99/99/9999	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG
00409-2689-01		J0295		10/09/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM
00409-2987-03		J0295		10/09/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM
49452-2697-03		J0600		06/01/2015	99/99/9999	INJECTION, EDETATE CALCIUM DISODIUM, UP TO 1000 MG
49452-2697-02		J0600		09/01/2015	99/99/9999	INJECTION, EDETATE CALCIUM DISODIUM, UP TO 1000 MG
49452-2697-01		J0600		09/01/2015	99/99/9999	INJECTION, EDETATE CALCIUM DISODIUM, UP TO 1000 MG
55289-0373-01		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
00310-0482-30		J8565		01/01/2005	99/99/9999	GEFITINIB, ORAL, 250 MG
00517-0020-10		J0706		09/10/2007	99/99/9999	INJECTION, CAFFEINE CITRATE, 5MG
68382-0860-02		J0515		06/01/2015	99/99/9999	INJECTION, BENZTROPINE MESYLATE, PER 1 MG
68382-0860-10		J0515		06/01/2015	99/99/9999	INJECTION, BENZTROPINE MESYLATE, PER 1 MG
47426-0201-01		J0185		01/01/2019	99/99/9999	INJECTION, APREPITANT, 1 MG
69794-0102-01		J0584		01/01/2019	99/99/9999	INJECTION, BUROSUMAB-TWZA 1 MG
69794-0203-01		J0584		01/01/2019	99/99/9999	INJECTION, BUROSUMAB-TWZA 1 MG
69794-0304-01		J0584		01/01/2019	99/99/9999	INJECTION, BUROSUMAB-TWZA 1 MG
66621-0790-02		J3490		10/30/2018	12/31/2018	UNCLASSIFIED DRUGS
00527-1450-06		Q0167		10/30/2018	99/99/9999	DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
CIPROFLOXACIN (SINGLE-DOSE,USP) 10 MG/ML	40	ML	VL	IV	ML	200	MG	0.05	01/01/2017	99/99/9999	08/29/2006
AMPICILLIN AND SULBACTAM (SDV,ADD-VANTAGE) 1 GM-0.5 GM	1	EA	VL	IV	EA	1.5	GM	1	07/31/2017	99/99/9999	10/09/2006
AMPICILLIN AND SULBACTAM (SDV,ADD-VANTAGE) 2 GM-1 GM	1	EA	VL	IV	EA	1.5	GM	2	01/01/2018	99/99/9999	10/09/2006
EDETATE CALCIUM DISODIUM (U.S.P.)	2500	GM	BO	NA	GM	1000	MG	1	04/01/2018	99/99/9999	06/01/2015
EDETATE CALCIUM DISODIUM (U.S.P.)	500	GM	BO	NA	GM	1000	MG	1	04/01/2018	99/99/9999	09/01/2015
EDETATE CALCIUM DISODIUM (U.S.P.)	125	GM	BO	NA	GM	1000	MG	1	04/01/2018	99/99/9999	09/01/2015
PREDNISONE 5 MG	100	EA	BO	PO	EA	1	MG	5	11/22/2016	99/99/9999	01/01/2016
IRESSA 250 MG	30	EA	BO	PO	EA	250	MG	1	07/14/2015	99/99/9999	01/01/2005
CAFFEINE CITRATE (USP,10X3ML,SINGLE-DOSE) 20 MG/ML	3	ML	VL	IV	ML	5	MG	4	08/19/2015	99/99/9999	09/10/2007
BENZTROPINE MESYLATE 1 MG/ML	2	ML	VL	IJ	ML	1	MG	1	05/18/2018	99/99/9999	06/01/2015
BENZTROPINE MESYLATE 1 MG/ML	2	ML	VL	IJ	ML	1	MG	1	05/18/2018	99/99/9999	06/01/2015
CINVANTI 130 MG/18 ML	18	ML	VL	IV	ML	1	MG	7.22222	01/01/2019	99/99/9999	
CRYSVITA (PF) 10 MG/1 ML	1	ML	VL	SC	ML	1	MG	10	01/01/2019	99/99/9999	
CRYSVITA (PF) 20 MG/1 ML	1	ML	VL	SC	ML	1	MG	20	01/01/2019	99/99/9999	
CRYSVITA (PF) 30 MG/1 ML	1	ML	VL	SC	ML	1	MG	30	01/01/2019	99/99/9999	
ANAVIP (LYOPHILIZED) (10ML VL) 24 MG/1 ML	1	EA	VL	IV	EA	1	MG	1	10/30/2018	12/31/2018	
DRONABINOL (SOFT GEL) 2.5 MG	60	EA	BO	PO	EA	2.5	MG	1	10/30/2018	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
11/01/2015	0.05			
10/01/2013	1			
10/01/2013	2			
10/17/2016	1			
10/17/2016	1			
10/17/2016	1			
02/03/2016	5			
01/01/2012	1			
03/31/2014	4			
03/31/2017	1			
03/31/2017	1			

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00527-1451-06		Q0167		10/30/2018	99/99/9999	DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00527-1452-06		Q0167		10/30/2018	99/99/9999	DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00781-3421-94		J0637		11/12/2018	99/99/9999	INJECTION, CASPOFUNGIN ACETATE, 5 MG
00781-3423-94		J0637		11/12/2018	99/99/9999	INJECTION, CASPOFUNGIN ACETATE, 5 MG
10885-0003-01		J2062		01/01/2019	99/99/9999	LOXAPINE FOR INHALATION, 1 MG
10885-0003-05		J2062		01/01/2019	99/99/9999	LOXAPINE FOR INHALATION, 1 MG
16729-0275-67		J0583		11/01/2018	99/99/9999	INJECTION, BIVALIRUDIN, 1 MG
47335-0177-95		J3245		01/01/2019	99/99/9999	INJECTION, TILDRAKIZUMAB, 1 MG
47426-0201-01		J3490		11/29/2017	12/31/2018	UNCLASSIFIED DRUGS
50242-0214-01		J2357		12/03/2018	99/99/9999	INJECTION, OMALIZUMAB, 5 MG
50242-0215-01		J2357		12/03/2018	99/99/9999	INJECTION, OMALIZUMAB, 5 MG
50419-0385-01		J9057		01/01/2019	99/99/9999	INJECTION, COPANLISIB, 1 MG
59353-0002-01		Q5106		01/01/2019	99/99/9999	INJECTION, EPOETIN ALFA, BIOSIMILAR, (RETACRIT) (FOR NON-ESRD USE), 1000 UNITS
59353-0002-10		Q5106		01/01/2019	99/99/9999	INJECTION, EPOETIN ALFA, BIOSIMILAR, (RETACRIT) (FOR NON-ESRD USE), 1000 UNITS
59353-0003-01		Q5106		01/01/2019	99/99/9999	INJECTION, EPOETIN ALFA, BIOSIMILAR, (RETACRIT) (FOR NON-ESRD USE), 1000 UNITS

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
DRONABINOL (SOFT GEL) 5 MG	60	EA	BO	PO	EA	2.5	MG	2	10/30/2018	99/99/9999	
DRONABINOL (SOFT GEL) 10 MG	60	EA	BO	PO	EA	2.5	MG	4	10/30/2018	99/99/9999	
CASPOFUNGIN ACETATE (PF,LYOPHILIZED) 50 MG	1	EA	VL	IV	EA	5	MG	10	11/12/2018	99/99/9999	
CASPOFUNGIN ACETATE (PF,LYOPHILIZED) 70 MG	1	EA	VL	IV	EA	5	MG	14	11/12/2018	99/99/9999	
ADASUVE (INNER PACK) 10 MG	1	EA	PG	IH	EA	1	MG	10	01/01/2019	99/99/9999	
ADASUVE 10 MG	5	EA	PG	IH	EA	1	MG	10	01/01/2019	99/99/9999	
BIVALIRUDIN (LYOPHILIZED) 250 MG	10	EA	VL	IV	EA	1	MG	250	11/01/2018	99/99/9999	
ILUMYA (PF) 100 MG/1 ML	1	ML	SR	SC	ML	1	MG	100	01/01/2019	99/99/9999	
CINVANTI 130 MG/18 ML	18	ML	VL	IV	ML	1	MG	1	11/29/2017	12/31/2018	
XOLAIR (PF) 75 MG/0.5 ML	0.5	ML	SR	SC	ML	5	MG	30	12/03/2018	99/99/9999	
XOLAIR (PF) 75 MG/0.5 ML	1	ML	SR	SC	ML	5	MG	30	12/03/2018	99/99/9999	
ALIQOPA (LYOPHILIZED) 60 MG	1	EA	VL	IV	EA	1	MG	60	01/01/2019	99/99/9999	
RETACRIT (PF) 2000 U/1 ML	1	ML	VL	IJ	ML	1000	U	2	01/01/2019	99/99/9999	
RETACRIT (PF) 2000 U/1 ML	1	ML	VL	IJ	ML	1000	U	2	01/01/2019	99/99/9999	
RETACRIT (PF) 3000 U/1 ML	1	ML	VL	IJ	ML	1000	U	3	01/01/2019	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
69639-0102-01		J3490		05/08/2018	12/31/2018	UNCLASSIFIED DRUGS
62064-0122-02		J3490		03/06/2018	12/31/2018	UNCLASSIFIED DRUGS
10885-0003-01		J3490		11/20/2017	12/31/2018	UNCLASSIFIED DRUGS
10885-0003-05		J3490		11/20/2017	12/31/2018	UNCLASSIFIED DRUGS
69656-0102-10		J3490		11/15/2017	12/31/2018	UNCLASSIFIED DRUGS
70801-0003-01		J3304		01/01/2019	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, PRESERVATIVE-FREE, EXTENDED-RELEASE, MICROSPHERE FORMULATION, 1 MG
00002-7140-01		J0130		01/01/2002	12/31/2016	INJECTION ABCIXIMAB, 10 MG
00002-7335-11		J2941		03/01/2006	99/99/9999	INJECTION, SOMATROPIN, 1 MG
00002-7501-01		J9201		01/01/2002	12/31/2018	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG
00002-7502-01		J9201		01/01/2002	12/31/2018	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG
00002-7510-01		J1817		01/01/2003	99/99/9999	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS
00002-7511-01		J1815		01/01/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS
00002-7512-01		J1815		11/01/2006	99/99/9999	INJECTION, INSULIN, PER 5 UNITS
00002-7516-59		J1815		01/01/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS
00002-7623-01		J9305		01/01/2005	99/99/9999	INJECTION, PEMETREXED, 10 MG
00002-7640-01		J9305		01/07/2008	99/99/9999	INJECTION, PEMETREXED, 10 MG
00002-8031-01		J1610		01/01/2002	99/99/9999	INJECTION, GLUCAGON HYDROCHLORIDE, PER 1 MG
00002-8147-01		J2941		08/30/2005	99/99/9999	INJECTION, SOMATROPIN, 1 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
AKYNZEO (SDV,PF,LYOPHILIZED) 235 MG-0.25 MG	1	EA	VL	IV	EA	1	MG	1	05/08/2018	12/31/2018	
TROGARZO (PF) 150 MG/1 ML	1.33	ML	VL	IV	ML	1	MG	1	03/06/2018	12/31/2018	
ADASUVE (INNER PACK) 10 MG	1	EA	PG	IH	EA	1	MG	1	11/20/2017	12/31/2018	
ADASUVE 10 MG	5	EA	PG	IH	EA	1	MG	1	11/20/2017	12/31/2018	
VARUBI (SDV) 1.8 MG/1 ML	92.5	ML	VL	IV	ML	1	MG	1	11/15/2017	12/31/2018	
ZILRETTA (W/DILUENT) 32 MG	1	EA	VL	IJ	EA	1	MG	32	01/01/2019	99/99/9999	
REOPRO (VIAL) 2 MG/ML	5	ML	VL	IV	ML	10	MG	0.2	01/01/2002	12/31/2016	
HUMATROPE (WITH STERILE DILUENT) 5 MG	1	EA	VL	SC	EA	1	MG	5	03/01/2006	99/99/9999	
GEMZAR (VIAL) 200 MG	1	EA	VL	IV	EA	200	MG	1	01/01/2002	12/31/2018	
GEMZAR (VIAL) 1 GM	1	EA	VL	IV	EA	200	MG	5	01/01/2002	12/31/2018	
HUMALOG (VIAL) 100 U/ML	10	ML	VL	SC	ML	50	U	2	01/01/2003	99/99/9999	
HUMALOG MIX 75/25 (VIAL) 75 U/ML-25 U/ML	10	ML	VL	SC	ML	5	U	20	01/01/2003	99/99/9999	
HUMALOG MIX 50/50 50 U/ML-50 U/ML	10	ML	VL	SC	ML	5	U	2	11/01/2006	99/99/9999	
HUMALOG (CARTRIDGE) 100 U/ML	3	ML	CT	SC	ML	5	U	20	01/01/2003	99/99/9999	
ALIMTA 500 MG	1	EA	VL	IV	EA	10	MG	50	01/01/2005	99/99/9999	
ALIMTA (SINGLE-USE) 100 MG	1	EA	VL	IV	EA	10	MG	10	01/07/2008	99/99/9999	
GLUCAGON EMERGENCY KIT (HYPORET DISPOSABLE SRN) 1 MG	1	EA	BX	IJ	EA	1	MG	1	01/01/2002	99/99/9999	
HUMATROPE (CARTRIDGE W/DILUENT) 6 MG	1	EA	CT	IJ	EA	1	MG	6	08/30/2005	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00002-8148-01		J2941		08/30/2005	99/99/9999	INJECTION, SOMATROPIN, 1 MG
00002-8149-01		J2941		08/30/2005	99/99/9999	INJECTION, SOMATROPIN, 1 MG
00002-8215-01		J1815		01/01/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS
00002-8315-01		J1815		01/01/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS
00002-8501-01		J1817		01/01/2003	99/99/9999	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS
00002-8715-01		J1815		01/01/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS
00002-8730-59		J1815		01/01/2003	04/09/2014	INJECTION, INSULIN, PER 5 UNITS
00002-8770-59		J1815		01/01/2003	03/18/2014	INJECTION, INSULIN, PER 5 UNITS
00002-8797-59		J1815		12/10/2007	99/99/9999	INJECTION, INSULIN, PER 5 UNITS
00002-8798-59		J1815		12/10/2007	99/99/9999	INJECTION, INSULIN, PER 5 UNITS
00002-8799-59		J1815		12/10/2007	99/99/9999	INJECTION, INSULIN, PER 5 UNITS
00003-0494-20		J3301		01/01/2002	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG
00003-0830-50		J8999		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
00003-6335-17		J8999		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
00003-6336-17		J8999		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
00003-6337-17		J8999		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
00004-0038-22		J3490		01/01/2002	99/99/9999	IMMUNOSUPPRESSIVE DRUG, NOT OTHERWISE CLASSIFIED
00004-0188-09		J1740		01/01/2007	09/30/2012	INJECTION, IBANDRONATE SODIUM, 1 MG
00004-0259-01		J7517		01/01/2002	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
HUMATROPE (CARTRIDGE W/DILUENT) 12 MG	1	EA	CT	IJ	EA	1	MG	12	08/30/2005	99/99/9999	
HUMATROPE (CARTRIDGE W/DILUENT) 24 MG	1	EA	CT	IJ	EA	1	MG	24	08/30/2005	99/99/9999	
HUMULIN R (VIAL) 100 U/ML	10	ML	VL	IJ	ML	5	U	20	01/01/2003	99/99/9999	
HUMULIN N (VIAL) 100 U/ML	10	ML	VL	SC	ML	5	U	20	01/01/2003	99/99/9999	
HUMULIN R U-500 (VIAL, CONCENTRATED) 500 U/ML	20	ML	VL	IJ	ML	50	U	10	01/01/2003	99/99/9999	
HUMULIN 70/30 (VIAL) 70 U/ML-30 U/ML	10	ML	VL	SC	ML	5	U	20	01/01/2003	99/99/9999	
HUMULIN N PEN (PREFILLED DISPOSABLE) 100 U/ML	3	ML	CT	SC	ML	5	U	20	01/01/2003	04/09/2014	
HUMULIN 70/30 PEN (PREFILLED DISPOSABLE) 70 U/ML-30 U/ML	3	ML	CT	SC	ML	5	U	20	01/01/2003	03/18/2014	
HUMALOG MIX75/25 (KWIKPEN,5X3ML) 75 U/ML-25 U/ML	3	ML	SR	SC	ML	5	U	20	12/10/2007	99/99/9999	
HUMALOG MIX 50/50 (KWIKPEN,5X3ML) 50 U/ML-50 U/ML	3	ML	SR	SC	ML	5	U	2	12/10/2007	99/99/9999	
HUMALOG (KWIKPEN,5X3ML) 100 U/ML	3	ML	SR	SC	ML	5	U	20	12/10/2007	99/99/9999	
KENALOG-10 (VIAL) 10 MG/ML	5	ML	VL	IJ	ML	10	MG	1	01/01/2002	99/99/9999	
HYDREA 500 MG	100	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999	
DROXIA 200 MG	60	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999	
DROXIA 300 MG	60	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999	
DROXIA 400 MG	60	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999	
VALCYTE 450 MG	60	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999	
BONIVA 1 MG/ML	3	ML	BX	IV	EA	1	MG	1	01/01/2007	09/30/2012	
CELLCEPT 250 MG	100	EA	BO	PO	EA	250	MG	1	01/01/2002	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00004-0259-05		J7517		01/01/2002	06/30/2015	MYCOPHENOLATE MOFETIL, ORAL, 250 MG
00004-0259-43		J7517		01/01/2002	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG
00004-0260-01		J7517		01/01/2002	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG
00004-0260-43		J7517		01/01/2002	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG
00004-0261-29		J7517		01/01/2002	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG
00004-0350-09		J3490		10/16/2002	99/99/9999	UNCLASSIFIED DRUGS
00004-0352-39		J3490		01/19/2004	07/31/2014	UNCLASSIFIED DRUGS
00004-0380-39		J1324		01/01/2007	06/30/2013	INJECTION, ENFUVIRTIDE, 1 MG
00004-1100-20		None		10/01/2003	99/99/9999	CAPECITABINE, 150 MG, ORAL
00004-1101-50		None		10/01/2003	99/99/9999	CAPECITABINE, 500 MG, ORAL
00004-1963-01		J0696		01/01/2002	01/31/2014	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
00004-1963-02		J0696		01/01/2002	07/31/2014	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
00004-6940-03		J1570		01/01/2002	12/20/2017	INJECTION, GANCICLOVIR SODIUM, 500 MG
00006-0461-02		J8501		01/29/2008	99/99/9999	APREPITANT, ORAL, 5 MG
00006-0461-06		J8501		07/01/2006	99/99/9999	APREPITANT, ORAL, 5 MG
00006-0462-06		J8501		07/01/2006	99/99/9999	APREPITANT, ORAL, 5 MG
00006-0464-05		J8501		07/24/2006	99/99/9999	APREPITANT, ORAL, 5 MG
00006-0464-10		J8501		07/24/2006	99/99/9999	APREPITANT, ORAL, 5 MG
00006-3514-58		J0743		01/01/2002	05/01/2017	INJECTION, CILASTATIN SODIUM; IMIPENEM, PER 250 MG
00006-3516-59		J0743		01/01/2002	99/99/9999	INJECTION, CILASTATIN SODIUM; IMIPENEM, PER 250 MG
00006-3551-58		J0743		01/01/2002	05/31/2016	INJECTION, CILASTATIN SODIUM; IMIPENEM, PER 250 MG
00006-3552-59		J0743		01/01/2002	05/31/2016	INJECTION, CILASTATIN SODIUM; IMIPENEM, PER 250 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
CELLCEPT 250 MG	1440	EA	BO	PO	EA	250	MG	1	01/01/2002	06/30/2015	
CELLCEPT 250 MG	500	EA	BO	PO	EA	250	MG	1	01/01/2002	99/99/9999	
CELLCEPT (CAPLET) 500 MG	100	EA	BO	PO	EA	250	MG	2	01/01/2002	99/99/9999	
CELLCEPT (CAPLET) 500 MG	500	EA	BO	PO	EA	250	MG	2	01/01/2002	99/99/9999	
CELLCEPT (FRUIT) 200 MG/ML	160	ML	BO	PO	ML	250	MG	0.8	01/01/2002	99/99/9999	
PEGASYS (S.D.V.) 180 MCG/ML	1	ML	VL	MR	EA	1	EA	1	10/16/2002	99/99/9999	
PEGASYS (MONTHLY CONVENIENCE PK) 180 MCG/0.5 ML	2	ML	BX	MR	EA	1	EA	1	01/19/2004	07/31/2014	
FUZEON (PF) 90 MG	1	EA	PG	SC	EA	1	MG	90	01/01/2007	06/30/2013	
XELODA 150 MG	60	EA	BO	PO	EA	150	MG	1	10/01/2003	99/99/9999	
XELODA 500 MG	120	EA	BO	PO	EA	500	MG	1	10/01/2003	99/99/9999	
ROCEPHIN (S.D.V.) 500 MG	1	EA	VL	IJ	EA	250	MG	2	01/01/2002	01/31/2014	
ROCEPHIN (S.D.V.) 500 MG	1	EA	VL	IJ	EA	250	MG	2	01/01/2002	07/31/2014	
CYTOVENE IV (VIAL) 500 MG	1	EA	VL	IV	EA	500	MG	1	01/01/2002	12/20/2017	
EMEND (BI-PACK) 80 MG	2	EA	DP	PO	EA	5	MG	16	01/29/2008	99/99/9999	
EMEND 80 MG	6	EA	BX	PO	EA	5	MG	16	07/01/2006	99/99/9999	
EMEND 125 MG	6	EA	BX	PO	EA	5	MG	25	07/01/2006	99/99/9999	
EMEND 40 MG	5	EA	BX	PO	EA	5	MG	8	07/24/2006	99/99/9999	
EMEND 40 MG	1	EA	BX	PO	EA	5	MG	8	07/24/2006	99/99/9999	
PRIMAXIN IV (VIAL) 250 MG-250 MG	1	EA	VL	IV	EA	250	MG	1	01/01/2002	05/01/2017	
PRIMAXIN IV (VIAL) 500 MG-500 MG	1	EA	VL	IV	EA	250	MG	2	01/01/2002	99/99/9999	
PRIMAXIN IV (ADD-VANTAGE) 250 MG-250 MG	1	EA	VL	IV	EA	250	MG	1	01/01/2002	05/31/2016	
PRIMAXIN IV (ADD-VANTAGE) 500 MG-500 MG	1	EA	VL	IV	EA	250	MG	2	01/01/2002	05/31/2016	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00006-3822-10		J0637		01/01/2003	99/99/9999	INJECTION, CASPOFUNGIN ACETATE, 5 MG
00006-3823-10		J0637		01/01/2003	99/99/9999	INJECTION, CASPOFUNGIN ACETATE, 5 MG
00006-3843-71		J1335		01/01/2004	99/99/9999	INJECTION, ERTAPENEM SODIUM, 500 MG
00006-3862-03		J8501		01/01/2005	99/99/9999	APREPITANT, ORAL, 5 MG
00006-4981-00		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS
00006-4992-00		J3490		07/09/2002	99/99/9999	UNCLASSIFIED DRUGS
00006-4995-00		J3490		07/09/2002	99/99/9999	UNCLASSIFIED DRUGS
00006-4995-41		J3490		07/16/2002	99/99/9999	UNCLASSIFIED DRUGS
00007-3230-02		J1652		02/06/2006	02/04/2014	INJECTION, FONDAPARINUX SODIUM, 0.5 MG
00007-3230-11		J1652		06/03/2005	05/05/2015	INJECTION, FONDAPARINUX SODIUM, 0.5 MG
00007-3232-11		J1652		11/16/2004	08/06/2015	INJECTION, FONDAPARINUX SODIUM, 0.5 MG
00007-3234-11		J1652		11/16/2004	02/10/2016	INJECTION, FONDAPARINUX SODIUM, 0.5 MG
00007-3236-02		J1652		02/06/2006	08/14/2012	INJECTION, FONDAPARINUX SODIUM, 0.5 MG
00007-3236-11		J1652		11/16/2004	11/12/2015	INJECTION, FONDAPARINUX SODIUM, 0.5 MG
00007-4401-01		J9261		04/02/2008	10/10/2016	INJECTION, NELARABINE, 50 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
CANCIDAS (VIAL) 50 MG	1	EA	VL	IV	EA	5	MG	10	01/01/2003	99/99/9999	
CANCIDAS (VIAL) 70 MG	1	EA	VL	IV	EA	5	MG	14	01/01/2003	99/99/9999	
INVANZ (S.D.V.) 1 GM	1	EA	VL	IJ	EA	500	MG	2	01/01/2004	99/99/9999	
EMEND (COMBO PACK) 1 125mg/ 2 80mg	3	EA	PG	PO	EA	5	MG	19	01/01/2005	99/99/9999	
RECOMBIVAX HB PEDIATRIC/ADOLESCENT (S.D.V.,TAX INCL,PF) 5 MCG/0.5 ML	0.5	ML	VL	IM	ML	1	EA	1	01/01/2002	99/99/9999	
RECOMBIVAX HB (S.D.V., TAX INCL.) 40 MCG/ML	1	ML	VL	IM	ML	1	EA	1	07/09/2002	99/99/9999	
RECOMBIVAX HB (S.D.V.,TAX INCL.) 10 MCG/ML	1	ML	VL	IM	ML	1	EA	1	07/09/2002	99/99/9999	
RECOMBIVAX HB (S.D.V.,TAX INCL.) 10 MCG/ML	1	ML	VL	IM	ML	1	EA	1	07/16/2002	99/99/9999	
ARIXTRA (PREFL,27GX1/2",PF) 2.5 MG/0.5 ML	0.5	ML	SR	SC	ML	0.5	MG	10	02/06/2006	02/04/2014	
ARIXTRA (SRN,PREFL,27GX1/2",PF) 2.5 MG/0.5 ML	0.5	ML	SR	SC	ML	0.5	MG	10	06/03/2005	05/05/2015	
ARIXTRA (PREFL,27GX1/2",PF) 5 MG/0.4 ML	0.4	ML	SR	SC	ML	0.5	MG	25	11/16/2004	08/06/2015	
ARIXTRA (PREFL,27GX1/2",PF) 7.5 MG/0.6 ML	0.6	ML	SR	SC	ML	0.5	MG	25	11/16/2004	02/10/2016	
ARIXTRA (PREFL,27GX1/2",PF) 10 MG/0.8 ML	0.8	ML	SR	SC	ML	0.5	MG	25	02/06/2006	08/14/2012	
ARIXTRA (PREFL,27GX1/2",PF) 10 MG/0.8 ML	0.8	ML	SR	SC	ML	0.5	MG	25	11/16/2004	11/12/2015	
ARRANON (LATEX-FREE) 5 MG/ML	50	ML	VL	IV	ML	50	MG	0.1	04/02/2008	10/10/2016	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00008-0923-55		J3490		05/18/2004	99/99/9999	UNCLASSIFIED DRUGS
00008-1030-06		J7520		01/01/2002	99/99/9999	SIROLIMUS, ORAL, 1 MG
00008-1041-05		J7520		02/01/2006	99/99/9999	SIROLIMUS, ORAL, 1 MG
00008-1041-10		J7520		05/26/2006	99/99/9999	SIROLIMUS, ORAL, 1 MG
00008-1042-05		J7520		02/01/2006	99/99/9999	SIROLIMUS, ORAL, 1 MG
00009-0022-01		J7509		01/01/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG
00009-0049-02		J7509		01/01/2002	10/09/2013	METHYLPREDNISOLONE ORAL, PER 4 MG
00009-0056-02		J7509		01/01/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG
00009-0056-04		J7509		01/01/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG
00009-0073-01		J7509		01/01/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG
00009-0176-01		J7509		01/01/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG
00009-0233-01		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS
00009-0271-01		J1000		01/01/2002	99/99/9999	INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG
00009-0280-02		J1030		01/01/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG
00009-0280-03		J1030		01/01/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG
00009-0280-51		J1030		01/01/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG
00009-0280-52		J1030		01/01/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG
00009-0347-02		J1070		01/01/2002	12/31/2014	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG
00009-0417-01		J1080		01/01/2002	12/31/2014	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG
00009-0417-02		J1080		01/01/2002	12/31/2014	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG
00009-0626-01		J1051		01/01/2003	12/31/2012	INJECTION, MEDROXYPROGESTERONE ACETATE, 50 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PROTONIX 40 MG	1	EA	VL	IV	EA	1	EA	1	05/18/2004	99/99/9999	
RAPAMUNE (M.D. BOTTLE) 1 MG/ML	60	ML	BO	PO	ML	1	MG	1	01/01/2002	99/99/9999	
RAPAMUNE 1 MG	100	EA	BO	PO	EA	1	MG	1	02/01/2006	99/99/9999	
RAPAMUNE (REDIPAK,10X10) 1 MG	100	EA	BX	PO	EA	1	MG	1	05/26/2006	99/99/9999	
RAPAMUNE 2 MG	100	EA	BO	PO	EA	1	MG	2	02/01/2006	99/99/9999	
MEDROL 8 MG	25	EA	BO	PO	EA	4	MG	2	01/01/2002	99/99/9999	
MEDROL 2 MG	100	EA	BO	PO	EA	4	MG	0.5	01/01/2002	10/09/2013	
MEDROL 4 MG	100	EA	BO	PO	EA	4	MG	1	01/01/2002	99/99/9999	
MEDROL (UNIT OF USE) 4 MG	21	EA	DP	PO	EA	4	MG	1	01/01/2002	99/99/9999	
MEDROL 16 MG	50	EA	BO	PO	EA	4	MG	4	01/01/2002	99/99/9999	
MEDROL 32 MG	25	EA	BO	PO	EA	4	MG	8	01/01/2002	99/99/9999	
BACITRACIN 50000 U	1	EA	VL	IM	EA	1	EA	1	01/01/2002	99/99/9999	
DEPO-ESTRADIOL (VIAL) 5 MG/ML	5	ML	VL	IM	ML	5	MG	1	01/01/2002	99/99/9999	
DEPO-MEDROL (M.D.V.) 40 MG/ML	5	ML	VL	IJ	ML	40	MG	1	01/01/2002	99/99/9999	
DEPO-MEDROL (M.D.V.) 40 MG/ML	10	ML	VL	IJ	ML	40	MG	1	01/01/2002	99/99/9999	
DEPO-MEDROL (M.D.V.,5X25ML) 40 MG/ML	5	ML	VL	IJ	ML	40	MG	1	01/01/2002	99/99/9999	
DEPO-MEDROL (M.D.V.) 40 MG/ML	10	ML	VL	IJ	ML	40	MG	1	01/01/2002	99/99/9999	
DEPO-TESTOSTERONE (VIAL) 100 MG/ML	10	ML	VL	IM	ML	100	MG	1	01/01/2002	12/31/2014	
DEPO-TESTOSTERONE (VIAL) 200 MG/ML	1	ML	VL	IM	ML	200	MG	1	01/01/2002	12/31/2014	
DEPO-TESTOSTERONE (VIAL) 200 MG/ML	10	ML	VL	IM	ML	200	MG	1	01/01/2002	12/31/2014	
DEPO-PROVERA (VIAL) 400 MG/ML	2.5	ML	VL	IM	ML	50	MG	8	01/01/2003	12/31/2012	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00009-0698-01		J2930		01/01/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG
00009-0728-09		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS
00009-0746-30		J1055		01/01/2002	12/31/2012	INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG
00009-0746-35		J1055		01/01/2002	12/31/2012	INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG
00009-0758-01		J2930		01/01/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG
00009-0775-26		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS
00009-0796-01		J2930		01/01/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG
00009-0825-01		J1720		01/01/2002	99/99/9999	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG
00009-0870-26		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS
00009-0902-18		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS
00009-3073-01		J1030		01/01/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG
00009-3073-03		J1030		01/01/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG
00009-3124-03		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS
00009-3169-06		J0270		01/01/2002	99/99/9999	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)
00009-3375-02		J3490		01/01/2002	06/05/2018	UNCLASSIFIED DRUGS
00009-3382-02		J3490		01/01/2002	06/01/2018	UNCLASSIFIED DRUGS
00009-3447-03		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
SOLU-MEDROL (VIAL) 1 GM	1	EA	VL	IJ	EA	125	MG	8	01/01/2002	99/99/9999	
CLEOCIN PHOSPHATE 150 MG/ML	60	ML	VL	IJ	ML	1	EA	1	01/01/2002	99/99/9999	
DEPO-PROVERA CONTRACEPTIVE (VIAL) 150 MG/ML	1	ML	VL	IM	ML	150	MG	1	01/01/2002	12/31/2012	
DEPO-PROVERA CONTRACEPTIVE (VIAL,25X1ML) 150 MG/ML	1	ML	VL	IM	ML	150	MG	1	01/01/2002	12/31/2012	
SOLU-MEDROL (VIAL) 500 MG	1	EA	VL	IJ	EA	125	MG	4	01/01/2002	99/99/9999	
CLEOCIN PHOSPHATE 150 MG/ML	4	ML	VL	IJ	ML	1	EA	1	01/01/2002	99/99/9999	
SOLU-MEDROL (W/DILUENT) 2 GM	1	EA	VL	IJ	EA	125	MG	16	01/01/2002	99/99/9999	
SOLU-CORTEF 100 MG	1	EA	VL	IJ	EA	100	MG	1	01/01/2002	99/99/9999	
CLEOCIN PHOSPHATE 150 MG/ML	2	ML	VL	IJ	ML	1	EA	1	01/01/2002	99/99/9999	
CLEOCIN PHOSPHATE 150 MG/ML	6	ML	VL	IJ	ML	1	EA	1	01/01/2002	99/99/9999	
DEPO-MEDROL (S.D.V.) 40 MG/ML	1	ML	VL	IJ	ML	40	MG	1	01/01/2002	99/99/9999	
DEPO-MEDROL (S.D.V.,25X1ML) 40 MG/ML	1	ML	VL	IJ	ML	40	MG	1	01/01/2002	99/99/9999	
CLEOCIN PHOSPHATE (ADD-VANTAGE,25X4ML) 150 MG/ML	4	ML	VL	IJ	ML	1	EA	1	01/01/2002	99/99/9999	
PROSTIN VR PEDIATRIC (AMP,5X1ML) 0.5 MG/ML	1	ML	AM	IV	ML	1.25	MCG	400	01/01/2002	99/99/9999	
CLEOCIN PHOSPHATE (PREMIX) 600 MG/50 ML	50	ML	PC	IV	ML	1	EA	1	01/01/2002	06/05/2018	
CLEOCIN PHOSPHATE (PREMIX) 900 MG/50 ML	50	ML	PC	IV	ML	1	EA	1	01/01/2002	06/01/2018	
CLEOCIN PHOSPHATE (ADD-VANTAGE,25X6ML) 150 MG/ML	6	ML	VL	IJ	ML	1	EA	1	01/01/2002	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00009-3701-05		J0270		01/01/2002	99/99/9999	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)
00009-3778-05		J0270		01/01/2002	10/17/2016	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)
00009-3794-01		J1742		01/01/2002	99/99/9999	INJECTION, IBUTILIDE FUMARATE, 1 MG
00009-5091-01		J9178		01/01/2004	99/99/9999	INJECTION, EPIRUBICIN HCL, 2 MG
00009-5093-01		J9178		01/01/2004	99/99/9999	INJECTION, EPIRUBICIN HCL, 2 MG
00009-5137-01		J2020		01/01/2002	99/99/9999	INJECTION, LINEZOLID, 200MG
00009-5140-01		J2020		01/01/2002	99/99/9999	INJECTION, LINEZOLID, 200MG
00009-5181-01		J0270		06/25/2002	99/99/9999	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)
00009-5182-01		J0270		06/25/2002	99/99/9999	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)
00009-7224-02		J7504		01/01/2002	99/99/9999	LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, EQUINE, PARENTERAL, 250 MG
00009-7650-02		J0270		01/01/2002	10/17/2016	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)
00009-7663-04		J8999		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
00009-7686-04		J0270		01/01/2002	99/99/9999	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
CAVERJECT (VIAL) 20 MCG	1	EA	VL	IC	EA	1.25	MCG	16	01/01/2002	99/99/9999	
CAVERJECT (VIAL) 10 MCG	1	EA	VL	IC	EA	1.25	MCG	8	01/01/2002	10/17/2016	
CORVERT (FLIP-TOP VIAL) 0.1 MG/ML	10	ML	VL	IV	ML	1	MG	0.1	01/01/2002	99/99/9999	
ELLENCE (S.D.V.,PF) 2 MG/ML	25	ML	VL	IV	ML	2	MG	1	01/01/2004	99/99/9999	
ELLENCE (S.D.V.,PF) 2 MG/ML	100	ML	VL	IV	ML	2	MG	1	01/01/2004	99/99/9999	
ZYVOX (P.C.) 2 MG/ML	100	ML	FC	IV	ML	200	MG	0.01	01/01/2002	99/99/9999	
ZYVOX (P.C.) 2 MG/ML	300	ML	FC	IV	ML	200	MG	0.01	01/01/2002	99/99/9999	
CAVERJECT IMPULSE (SYSTEM) 10 MCG	1	EA	BX	IC	EA	1.25	MCG	8	06/25/2002	99/99/9999	
CAVERJECT IMPULSE (SYSTEM) 20 MCG	1	EA	BX	IC	EA	1.25	MCG	16	06/25/2002	99/99/9999	
ATGAM (AMP,5X5ML) 50 MG/ML	5	ML	AM	IV	ML	250	MG	0.2	01/01/2002	99/99/9999	
CAVERJECT (SYSTEM) 0.02 MG/ML	2	ML	AM	IC	ML	1.25	MCG	16	05/03/2002	10/17/2016	01/01/2002
AROMASIN 25 MG	30	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999	
CAVERJECT (VIAL) 40 MCG	1	EA	VL	IC	EA	1.25	MCG	32	01/01/2002	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
03/26/2002	16			

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00024-5924-10		J1817		01/01/2018	99/99/9999	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS
00013-2576-91		J9211		01/01/2002	99/99/9999	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG
00013-2586-91		J9211		01/01/2002	99/99/9999	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG
00013-2596-91		J9211		01/01/2002	99/99/9999	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG
00013-2626-81		J2941		01/01/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG
00013-2646-81		J2941		01/01/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG
00013-2649-02		J2941		01/01/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG
00013-2650-02		J2941		01/01/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG
00013-2651-02		J2941		01/01/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG
00013-2652-02		J2941		01/01/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG
00013-2653-02		J2941		01/01/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG
00013-2654-02		J2941		01/01/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG
00013-2655-02		J2941		01/01/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG
00013-2656-02		J2941		01/01/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
ADMELOG 100U/1 ML	10	ML	VL	IJ	ML	50	MG	2	01/01/2018	99/99/9999	
IDAMYCIN PFS (SDV,PF,CYTOSAFE VIAL,PF) 1 MG/ML	5	ML	VL	IV	ML	5	MG	0.2	01/01/2002	99/99/9999	
IDAMYCIN PFS (SDV.PF,CYTOSAFE VIAL,PF) 1 MG/ML	10	ML	VL	IV	ML	5	MG	0.2	01/01/2002	99/99/9999	
IDAMYCIN PFS (SDV,PF,CYTOSAFE VIAL,PF) 1 MG/ML	20	ML	VL	IV	ML	5	MG	0.2	01/01/2002	99/99/9999	
GENOTROPIN 5.8 MG	1	EA	CT	SC	EA	1	MG	5.8	01/01/2002	99/99/9999	
GENOTROPIN 13.8 MG	1	EA	CT	SC	EA	1	MG	13.8	01/01/2002	99/99/9999	
GENOTROPIN MINIQUICK (SRN,PREFILLED,PF) 0.2 MG	1	EA	CT	SC	EA	1	MG	0.2	01/01/2002	99/99/9999	
GENOTROPIN MINIQUICK (SRN,PREFILLED,PF) 0.4 MG	1	EA	CT	SC	EA	1	MG	0.4	01/01/2002	99/99/9999	
GENOTROPIN MINIQUICK (SRN,PREFILLED,PF) 0.6 MG	1	EA	CT	SC	EA	1	MG	0.6	01/01/2002	99/99/9999	
GENOTROPIN MINIQUICK (SRN,PREFILLED,PF) 0.8 MG	1	EA	CT	SC	EA	1	MG	0.8	01/01/2002	99/99/9999	
GENOTROPIN MINIQUICK (SRN,PREFILLED,PF) 1 MG	1	EA	CT	SC	EA	1	MG	1	01/01/2002	99/99/9999	
GENOTROPIN MINIQUICK (SRN,PF) 1.2 MG	1	EA	CT	SC	EA	1	MG	1.2	01/01/2002	99/99/9999	
GENOTROPIN MINIQUICK (SRN,PF) 1.4 MG	1	EA	CT	SC	EA	1	MG	1.4	01/01/2002	99/99/9999	
GENOTROPIN MINIQUICK (SRN,PF) 1.6 MG	1	EA	CT	SC	EA	1	MG	1.6	01/01/2002	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00013-2657-02		J2941		01/01/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG
00013-2658-02		J2941		01/01/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG
00015-0508-42		J8999		01/01/2002	01/31/2017	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
00015-3012-60		J9050		04/07/2008	09/30/2015	INJECTION, CARMUSTINE, 100 MG
00015-3030-20		J8999		01/01/2002	04/04/2013	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
00015-3031-20		J8999		01/01/2002	04/04/2013	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
00015-3032-20		J8999		01/01/2002	04/04/2013	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
00015-3404-20		J9181		01/01/2002	99/99/9999	INJECTION, ETOPOSIDE, 10 MG
00023-1145-01		J0585		01/01/2002	99/99/9999	INJECTION, ONABOTULINUMTOXINA, 1 UNIT
00023-9232-01		J0585		06/07/2002	99/99/9999	INJECTION, ONABOTULINUMTOXINA, 1 UNIT
00024-0222-05		J9217		11/01/2003	09/24/2014	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG
00024-0590-10		J9263		06/08/2005	11/03/2015	INJECTION, OXALIPLATIN, 0.5 MG
00024-0591-20		J9263		06/08/2005	11/03/2015	INJECTION, OXALIPLATIN, 0.5 MG
00024-0592-40		J9263		08/20/2007	07/25/2013	INJECTION, OXALIPLATIN, 0.5 MG
00024-0605-45		J9217		02/18/2005	09/24/2014	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG
00024-0610-30		J9217		03/04/2003	09/24/2014	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG
00024-0793-75		J9217		07/25/2003	09/24/2014	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG
00024-5150-10		J2783		01/01/2004	99/99/9999	INJECTION, RASBURICASE, 0.5 MG
00024-5151-75		J2783		06/27/2006	99/99/9999	INJECTION, RASBURICASE, 0.5 MG
00026-8196-36		J0365		01/01/2006	01/29/2016	INJECTION, APROTONIN, 10,000 KIU

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
GENOTROPIN MINIQUICK (SRN,PF) 1.8 MG	1	EA	CT	SC	EA	1	MG	1.8	01/01/2002	99/99/9999	
GENOTROPIN MINIQUICK (SRN,PF) 2 MG	1	EA	CT	SC	EA	1	MG	2	01/01/2002	99/99/9999	
MEGACE 40 MG/ML	240	ML	BO	PO	ML	1	EA	1	01/01/2002	01/31/2017	
BICNU (W/DILUENT) 100 MG	1	EA	VL	IV	EA	100	MG	1	04/07/2008	09/30/2015	
CEENU 10 MG	20	EA	BO	PO	EA	1	EA	1	01/01/2002	04/04/2013	
CEENU 40 MG	20	EA	BO	PO	EA	1	EA	1	01/01/2002	04/04/2013	
CEENU 100 MG	20	EA	BO	PO	EA	1	EA	1	01/01/2002	04/04/2013	
ETOPOPHOS (S.D.V.) 100 MG	1	EA	VL	IV	EA	10	MG	10	01/01/2002	99/99/9999	
BOTOX 100 U	1	EA	VL	IM	EA	1	U	100	01/01/2002	99/99/9999	
BOTOX COSMETIC 100 U	1	EA	VL	IM	EA	1	U	100	06/07/2002	99/99/9999	
ELIGARD (SRN,PREFILLED,W/NDL) 22.5 MG	1	EA	SR	SC	EA	7.5	MG	3	11/01/2003	09/24/2014	
ELOXATIN (S.D.V.,PF) 5 MG/ML	10	ML	VL	IV	ML	0.5	MG	10	06/08/2005	11/03/2015	
ELOXATIN (S.D.V.,PF) 5 MG/ML	20	ML	VL	IV	ML	0.5	MG	10	06/08/2005	11/03/2015	
ELOXATIN (SDV,PF) 5 MG/ML	40	ML	VL	IV	ML	0.5	MG	10	08/20/2007	07/25/2013	
ELIGARD (SINGLE-USE KIT) 45 MG	1	EA	BX	SC	EA	7.5	MG	6	02/18/2005	09/24/2014	
ELIGARD (SINGLE-USE) 30 MG	1	EA	BX	SC	EA	7.5	MG	4	03/04/2003	09/24/2014	
ELIGARD (SRN,PREFILLED,W/NDL) 7.5 MG	1	EA	SR	SC	EA	7.5	MG	1	07/25/2003	09/24/2014	
ELITEK (3 S.D.V. W/DILUENT,PF) 1.5 MG	1	EA	VL	IV	EA	0.5	MG	3	01/01/2004	99/99/9999	
ELITEK (SDV,W/DILUENT) 7.5 MG	1	EA	VL	IV	EA	0.5	MG	15	06/27/2006	99/99/9999	
TRASYLOL 10000 KIU/ML	100	ML	VL	IV	ML	10000	KIU	1	01/01/2006	01/29/2016	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00026-8197-63		J0365		01/01/2006	01/29/2016	INJECTION, APROTONIN, 10,000 KIU
00029-6571-26		J3490		01/01/2002	11/17/2014	UNCLASSIFIED DRUGS
00029-6571-31		J3490		01/01/2002	11/21/2014	UNCLASSIFIED DRUGS
00029-6571-40		J3490		01/01/2002	08/27/2012	UNCLASSIFIED DRUGS
00029-6579-21		J3490		01/01/2002	12/02/2014	UNCLASSIFIED DRUGS
00039-0024-50		J0698		01/01/2002	09/11/2013	INJECTION, CEFOTAXIME SODIUM, PER GM
00046-0749-05		J1410		01/01/2002	99/99/9999	INJECTION, ESTROGEN CONJUGATED, PER 25 MG
00049-0013-83		J0295		01/01/2002	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM
00049-0014-83		J0295		01/01/2002	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM
00049-0022-83		J0295		01/01/2002	04/05/2013	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM
00049-0024-28		J0295		01/01/2002	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM
00074-0124-03		J0135		08/06/2018	99/99/9999	INJECTION, ADALIMUMAB, 20 MG
64380-0725-07		J7517		05/01/2014	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG
00049-0520-83		J2540		01/01/2002	99/99/9999	INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS
00049-0530-28		J2540		01/01/2002	99/99/9999	INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS
00049-3190-28		J3465		01/01/2004	99/99/9999	INJECTION, VORICONAZOLE, 10 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
TRASYLOL 10000 KIU/ML	200	ML	VL	IV	ML	10000	KIU	1	01/01/2006	01/29/2016	
TIMENTIN (VIAL) 100 MG-3 GM	1	EA	VL	IV	EA	1	EA	1	01/01/2002	11/17/2014	
TIMENTIN (PREMIX) 100 MG/100 ML-3 GM/100 ML	100	ML	FC	IV	ML	1	EA	1	01/01/2002	11/21/2014	
TIMENTIN (ADD-VANTAGE) 100 MG-3 GM	1	EA	VL	IV	EA	1	EA	1	01/01/2002	08/27/2012	
TIMENTIN (BULK VIAL) 1 GM-30 GM	1	EA	VL	IV	EA	1	EA	1	01/01/2002	12/02/2014	
CLAFORAN (ADD-VANTAGE) 2 GM	1	EA	VL	IJ	EA	1	GM	2	01/01/2002	09/11/2013	
PREMARIN INTRAVENOUS (W/SECULE VIAL) 25 MG	1	EA	VL	IV	EA	25	MG	1	01/01/2002	99/99/9999	
UNASYN (VIAL) 1 GM-0.5 GM	1	EA	VL	IJ	EA	1.5	GM	1	01/01/2002	99/99/9999	
UNASYN (VIAL) 2 GM-1 GM	1	EA	VL	IJ	EA	1.5	GM	2	01/01/2002	99/99/9999	
UNASYN (P.B.,ADD-VANTAGE) 1 GM-0.5 GM	1	EA	VL	IV	EA	1.5	GM	1	01/01/2002	04/05/2013	
UNASYN (BULK PACKAGE) 10 GM-5 GM	1	EA	VL	IV	EA	1.5	GM	10	01/01/2002	99/99/9999	
HUMIRA PEN STARTER PACK (PF,LATEX-FREE) 80 MG/0.8 ML	3	EA	BX	SC	EA	20	MG	4	08/06/2018	99/99/9999	
MYCOPHENOLATE MOFETIL (USP,FILM-COATED) 500 MG	500	EA	BO	PO	EA	250	MG	2	05/01/2014	99/99/9999	
PFIZERPEN (VIAL, PHARMACY BOTTLE) 5 Million U	1	EA	VL	IV	EA	600000	U	8.33333	01/01/2002	99/99/9999	
PFIZERPEN (VIAL, PHARMACY BOTTLE) 20 Million U	1	EA	VL	IV	EA	600000	U	33.33333	01/01/2002	99/99/9999	
VFEND I.V. (S.D.V.) 200 MG	1	EA	VL	IV	EA	10	MG	20	01/01/2004	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00049-3382-25		J3490		10/19/2005	99/99/9999	UNCLASSIFIED DRUGS
00049-3920-83		J3486		01/01/2004	99/99/9999	INJECTION, ZIPRASIDONE MESYLATE, 10 MG
00051-0021-21		Q0167		01/01/2002	99/99/9999	DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00051-0022-21		Q0168		08/14/2006	12/31/2013	DRONABINOL, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00051-0023-21		Q0168		01/01/2002	12/31/2013	DRONABINOL, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00052-0301-51		J3490		05/01/2003	99/99/9999	UNCLASSIFIED DRUGS
00052-0315-10		J0725		01/01/2002	99/99/9999	INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS
00052-0602-02		J9031		01/01/2002	99/99/9999	BCG (INTRAVESICAL) PER INSTILLATION
00052-0603-02		J9031		01/01/2002	99/99/9999	BCG (INTRAVESICAL) PER INSTILLATION
00053-7596-10		J1562		01/01/2007	05/06/2013	INJECTION, IMMUNE GLOBULIN (VIVAGLOBIN), 100 MG
00053-7596-20		J1562		01/01/2007	06/08/2013	INJECTION, IMMUNE GLOBULIN (VIVAGLOBIN), 100 MG
00054-0017-20		J7506		12/01/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG
00054-0017-25		J7506		01/01/2005	12/31/2015	PREDNISONE, ORAL, PER 5MG
00054-0017-29		J7506		12/01/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
SUFENTANIL CITRATE (FTV,LATEX-FREE) 50 MCG/ML	5	ML	VL	IJ	ML	1	EA	1	10/19/2005	99/99/9999	
GEODON 20 MG	1	EA	VL	IM	EA	10	MG	2	01/01/2004	99/99/9999	
MARINOL 2.5 MG	60	EA	BO	PO	EA	2.5	MG	1	01/01/2002	99/99/9999	
MARINOL (SOFT GELATIN) 5 MG	60	EA	BO	PO	EA	5	MG	1	08/14/2006	12/31/2013	
MARINOL (SOFTGEL) 10 MG	60	EA	BO	PO	EA	5	MG	2	01/01/2002	12/31/2013	
GANIRELIX ACETATE 250 MCG/0.5 ML	0.5	ML	SR	SC	ML	1	EA	1	05/01/2003	99/99/9999	
PREGNYL (W/DILUENT) 10000 U	1	EA	VL	IM	EA	1000	USP Units	10	01/01/2002	99/99/9999	
TICE BCG (VIAL) 800 Million CFU	1	EA	VL	IL	EA	1	INSTILLATION	1	01/01/2002	99/99/9999	
BCG VACCINE (VIAL)	1	EA	VL	ID	EA	1	INSTILLATION	1	01/01/2002	99/99/9999	
VIVAGLOBIN (PF) 160 MG/ML	10	ML	VL	SC	ML	100	MG	1.6	01/01/2007	05/06/2013	
VIVAGLOBIN (PF) 160 MG/ML	20	ML	VL	SC	ML	100	MG	1.6	01/01/2007	06/08/2013	
PREDNISONE (10X10) 10 MG	100	EA	BX	PO	EA	5	MG	2	12/01/2004	12/31/2015	
PREDNISONE 10 MG	100	EA	BO	PO	EA	5	MG	2	01/01/2005	12/31/2015	
PREDNISONE 10 MG	500	EA	BO	PO	EA	5	MG	2	12/01/2004	12/31/2015	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00054-0018-20		J7506		09/07/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG
00054-0018-25		J7506		10/14/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG
00054-0018-29		J7506		10/08/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG
00054-0019-20		J7506		09/24/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG
00054-0019-25		J7506		08/10/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG
00054-3025-02		J7608		01/01/2002	04/03/2014	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM
00054-3025-02	KO	J7608	KO	01/01/2002	04/03/2014	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM
00054-3026-02		J7608		01/01/2002	04/03/2014	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM
00054-3026-02	KO	J7608	KO	01/01/2002	04/03/2014	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM
00054-3027-02		J7608		01/01/2002	04/03/2014	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM
00054-3027-02	KO	J7608	KO	01/01/2002	04/03/2014	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM
00054-3028-02		J7608		01/01/2002	04/03/2014	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM
00054-3028-02	KO	J7608	KO	01/01/2002	04/03/2014	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM
00054-3176-44		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG
00054-3542-58		J8999		04/11/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
00054-3721-44		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PREDNISONE (10X10) 20 MG	100	EA	BX	PO	EA	5	MG	4	09/07/2004	12/31/2015	
PREDNISONE 20 MG	100	EA	BO	PO	EA	5	MG	4	10/14/2004	12/31/2015	
PREDNISONE 20 MG	500	EA	BO	PO	EA	5	MG	4	10/08/2004	12/31/2015	
PREDNISONE (10X10) 50 MG	100	EA	BX	PO	EA	5	MG	10	09/24/2004	12/31/2015	
PREDNISONE 50 MG	100	EA	BO	PO	EA	5	MG	10	08/10/2004	12/31/2015	
ACETYLCYSTEINE 10%	30	ML	VL	IH	ML	1	GM	0.1	01/01/2002	04/03/2014	
ACETYLCYSTEINE 10%	30	ML	VL	IH	ML	1	GM	0.1	01/01/2002	04/03/2014	
ACETYLCYSTEINE 20%	30	ML	VL	IH	ML	1	GM	0.2	01/01/2002	04/03/2014	
ACETYLCYSTEINE 20%	30	ML	VL	IH	ML	1	GM	0.2	01/01/2002	04/03/2014	
ACETYLCYSTEINE 10%	10	ML	VL	IH	ML	1	GM	0.1	01/01/2002	04/03/2014	
ACETYLCYSTEINE 10%	10	ML	VL	IH	ML	1	GM	0.1	01/01/2002	04/03/2014	
ACETYLCYSTEINE 20%	10	ML	VL	IH	ML	1	GM	0.2	01/01/2002	04/03/2014	
ACETYLCYSTEINE 20%	10	ML	VL	IH	ML	1	GM	0.2	01/01/2002	04/03/2014	
DEXAMETHASONE INTENSOL 1 MG/ML	30	ML	BO	PO	ML	0.25	MG	4	01/01/2006	99/99/9999	
MEGESTROL ACETATE (LEMON,LIME) 40 MG/ML	240	ML	BO	PO	ML	1	EA	1	04/11/2002	99/99/9999	
PREDNISONE INTENSOL 5 MG/ML	30	ML	BO	PO	ML	5	MG	1	01/01/2002	12/31/2015	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00054-3722-50		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
00054-3722-63		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
00054-4084-25		J7500		01/01/2002	04/01/2017	AZATHIOPRINE, ORAL, 50 MG
00054-4129-25		None		03/28/2000	07/11/2016	CYCLOPHOSPHAMIDE, 25 MG, ORAL
00054-4130-25		None		03/28/2000	07/11/2016	CYCLOPHOSPHAMIDE, 50 MG, ORAL
00054-4179-25		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG
00054-4180-25		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG
00054-4181-25		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG
00054-4182-25		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG
00054-4183-25		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG
00054-4184-25		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG
00054-4550-15		None		09/27/1994	99/99/9999	METHOTREXATE, 2.5 MG, ORAL
00054-4550-25		None		09/27/1994	99/99/9999	METHOTREXATE, 2.5 MG, ORAL
00054-4581-11		J8999		02/19/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
00054-4581-27		J8999		02/19/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
00054-4603-25		J8999		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
00054-4604-25		J8999		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
00054-4728-25		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
00054-4728-31		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
00054-4741-25		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
00054-4741-31		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
00054-4742-25		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PREDNISONE (PEPPERMINT-VANILLA) 5 MG/5 ML	120	ML	BO	PO	ML	5	MG	0.2	01/01/2002	12/31/2015	
PREDNISONE (PEPPERMINT-VANILLA) 5 MG/5 ML	500	ML	BO	PO	ML	5	MG	0.2	01/01/2002	12/31/2015	
AZATHIOPRINE 50 MG	100	EA	BO	PO	EA	50	MG	1	01/01/2002	04/01/2017	
CYCLOPHOSPHAMIDE 25 MG	100	EA	BO	PO	EA	25	MG	1	03/28/2000	07/11/2016	
CYCLOPHOSPHAMIDE 50 MG	100	EA	BO	PO	EA	50	MG	1	03/28/2000	07/11/2016	
DEXAMETHASONE 0.5 MG	100	EA	BO	PO	EA	0.25	MG	2	01/01/2006	99/99/9999	
DEXAMETHASONE 0.75 MG	100	EA	BO	PO	EA	0.25	MG	3	01/01/2006	99/99/9999	
DEXAMETHASONE 1 MG	100	EA	BO	PO	EA	0.25	MG	4	01/01/2006	99/99/9999	
DEXAMETHASONE 1.5 MG	100	EA	BO	PO	EA	0.25	MG	6	01/01/2006	99/99/9999	
DEXAMETHASONE 2 MG	100	EA	BO	PO	EA	0.25	MG	8	01/01/2006	99/99/9999	
DEXAMETHASONE 4 MG	100	EA	BO	PO	EA	0.25	MG	16	01/01/2006	99/99/9999	
METHOTREXATE SODIUM 2.5 MG	36	EA	BO	PO	EA	2.5	MG	1	09/27/1994	99/99/9999	
METHOTREXATE SODIUM 2.5 MG	100	EA	BO	PO	EA	2.5	MG	1	09/27/1994	99/99/9999	
MERCAPTOPURINE (USP) 50 MG	25	EA	BO	PO	EA	1	EA	1	02/19/2004	99/99/9999	
MERCAPTOPURINE (USP) 50 MG	250	EA	BO	PO	EA	1	EA	1	02/19/2004	99/99/9999	
MEGESTROL ACETATE 20 MG	100	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999	
MEGESTROL ACETATE 40 MG	100	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999	
PREDNISONE 5 MG	100	EA	BO	PO	EA	5	MG	1	01/01/2002	12/31/2015	
PREDNISONE 5 MG	1000	EA	BO	PO	EA	5	MG	1	01/01/2002	12/31/2015	
PREDNISONE 1 MG	100	EA	BO	PO	EA	5	MG	0.2	01/01/2002	12/31/2015	
PREDNISONE 1 MG	1000	EA	BO	PO	EA	5	MG	0.2	01/01/2002	12/31/2015	
PREDNISONE 2.5 MG	100	EA	BO	PO	EA	5	MG	0.5	01/01/2002	12/31/2015	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00054-8084-25		J7500		01/01/2002	01/21/2015	AZATHIOPRINE, ORAL, 50 MG
00054-8174-25		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG
00054-8175-25		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG
00054-8176-25		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG
00054-8179-25		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG
00054-8180-25		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG
00054-8181-25		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG
00054-8550-25		None		09/27/1994	99/99/9999	METHOTREXATE, 2.5 MG, ORAL
00054-8603-25		J8999		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
00054-8604-25		J8999		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
00054-8722-16		J7506		01/01/2002	09/09/2014	PREDNISONE, ORAL, PER 5MG
00054-8724-25		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
00054-8739-25		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
00054-8740-25		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
00065-0543-01		J3301		11/29/2007	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG
00068-0597-01		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS
00069-3051-07		Q0144		01/01/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
00069-3051-75		Q0144		01/01/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
00069-3060-30		Q0144		01/01/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
00069-3060-75		Q0144		01/01/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
00069-3060-86		Q0144		01/01/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
AZATHIOPRINE (10X10) 50 MG	100	EA	BX	PO	EA	50	MG	1	01/01/2002	01/21/2015	
DEXAMETHASONE (10X10) 1 MG	100	EA	BX	PO	EA	0.25	MG	4	01/01/2006	99/99/9999	
DEXAMETHASONE (10X10) 4 MG	100	EA	BX	PO	EA	0.25	MG	16	01/01/2006	99/99/9999	
DEXAMETHASONE (10X10) 2 MG	100	EA	BX	PO	EA	0.25	MG	8	01/01/2006	99/99/9999	
DEXAMETHASONE (10X10) 0.5 MG	100	EA	BX	PO	EA	0.25	MG	2	01/01/2006	99/99/9999	
DEXAMETHASONE (10X10) 0.75 MG	100	EA	BX	PO	EA	0.25	MG	3	01/01/2006	99/99/9999	
DEXAMETHASONE (10X10) 1.5 MG	100	EA	BX	PO	EA	0.25	MG	6	01/01/2006	99/99/9999	
METHOTREXATE SODIUM (10X10) 2.5 MG	100	EA	BX	PO	EA	2.5	MG	1	09/27/1994	99/99/9999	
MEGESTROL ACETATE (10X10) 20 MG	100	EA	BX	PO	EA	1	EA	1	01/01/2002	99/99/9999	
MEGESTROL ACETATE (10X10) 40 MG	100	EA	BX	PO	EA	1	EA	1	01/01/2002	99/99/9999	
PREDNISONE (PEPPERMINT-VANILLA) 5 MG/5 ML	5	ML	CP	PO	ML	5	MG	0.2	01/01/2002	09/09/2014	
PREDNISONE (10X10) 5 MG	100	EA	BX	PO	EA	5	MG	1	01/01/2002	12/31/2015	
PREDNISONE (10X10) 1 MG	100	EA	BX	PO	EA	5	MG	0.2	01/01/2002	12/31/2015	
PREDNISONE (10X10) 2.5 MG	100	EA	BX	PO	EA	5	MG	0.5	01/01/2002	12/31/2015	
TRIESENCE 40 MG/ML	1	ML	VL	IJ	ML	10	MG	4	11/29/2007	99/99/9999	
RIFADIN IV (VIAL) 600 MG	1	EA	VL	IV	EA	1	EA	1	01/01/2002	99/99/9999	
ZITHROMAX (SINGLE DOSE PACKETS) 1 GM/Packet	10	EA	BX	PO	EA	1	GM	1	01/01/2002	99/99/9999	
ZITHROMAX (SINGLE DOSE PACKETS) 1 GM/Packet	3	PK	BX	PO	EA	1	GM	1	01/01/2002	99/99/9999	
ZITHROMAX 250 MG	30	EA	BO	PO	EA	1	GM	0.25	01/01/2002	99/99/9999	
ZITHROMAX Z-PAK (3X6) 250 MG	18	EA	DP	PO	EA	1	GM	0.25	01/01/2002	99/99/9999	
ZITHROMAX 250 MG	50	EA	BX	PO	EA	1	GM	0.25	01/01/2002	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00069-3070-30		Q0144		08/06/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
00069-3070-75		Q0144		08/06/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
00069-3070-86		Q0144		10/21/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
00069-3080-30		Q0144		01/01/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
00069-3110-19		Q0144		01/01/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
00069-3120-19		Q0144		01/01/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
00069-3130-19		Q0144		01/01/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
00069-3140-19		Q0144		01/01/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
00069-3150-14		J0456		02/25/2002	01/10/2013	INJECTION, AZITHROMYCIN, 500 MG
00069-3150-83		J0456		01/01/2002	99/99/9999	INJECTION, AZITHROMYCIN, 500 MG
00069-5410-66		Q0177		01/01/2002	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00069-5420-66		Q0178		01/01/2002	12/31/2013	HYDROXYZINE PAMOATE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00074-1658-01		J2501		01/01/2003	99/99/9999	INJECTION, PARICALCITOL, 1 MCG
68982-0820-84		J1599		11/12/2018	99/99/9999	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), NOT OTHERWISE SPECIFIED, 500 MG
00074-1812-22		A4216		01/01/2007	02/03/2016	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
ZITHROMAX 500 MG	30	EA	BO	PO	EA	1	GM	0.5	08/06/2002	99/99/9999	
ZITHROMAX TRI-PAK (3X3) 500 MG	9	EA	DP	PO	EA	1	GM	0.5	08/06/2002	99/99/9999	
ZITHROMAX (5 X 10) 500 MG	50	EA	BX	PO	EA	1	GM	0.5	10/21/2002	99/99/9999	
ZITHROMAX 600 MG	30	EA	BO	PO	EA	1	GM	0.6	01/01/2002	99/99/9999	
ZITHROMAX 100 MG/5 ML	15	ML	BO	PO	ML	1	GM	0.02	01/01/2002	99/99/9999	
ZITHROMAX 200 MG/5 ML	15	ML	BO	PO	ML	1	GM	0.04	01/01/2002	99/99/9999	
ZITHROMAX 200 MG/5 ML	22.5	ML	BO	PO	ML	1	GM	0.04	01/01/2002	99/99/9999	
ZITHROMAX 200 MG/5 ML	30	ML	BO	PO	ML	1	GM	0.04	01/01/2002	99/99/9999	
ZITHROMAX (W/VIAL MATE) 500 MG	1	EA	VL	IV	EA	500	MG	1	02/25/2002	01/10/2013	
ZITHROMAX (VIAL) 500 MG	1	EA	VL	IV	EA	500	MG	1	01/01/2002	99/99/9999	
VISTARIL 25 MG	100	EA	BO	PO	EA	25	MG	1	01/01/2002	99/99/9999	
VISTARIL 50 MG	100	EA	BO	PO	EA	50	MG	1	01/01/2002	12/31/2013	
ZEMPLAR (S.D.V.,FLIPTOP) 0.005 MG/ML	1	ML	VL	IV	ML	1	MCG	5	01/01/2003	99/99/9999	
PANZYGA (INNER PACK,PF) 100 MG/1 ML	10	ML	BO	IV	ML	500	MG	0.2	11/12/2018	99/99/9999	
SODIUM CHLORIDE (INTERLINK,50X2ML,PF) 0.9%	2	ML	SR	IV	ML	10	ML	0.1	01/01/2007	02/03/2016	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00074-2287-54		J1885		01/01/2002	10/17/2016	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG
00074-3454-25		J1642		02/20/2002	10/17/2016	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS
00074-3799-02		J0135		01/01/2005	99/99/9999	INJECTION, ADALIMUMAB, 20 MG
00069-0313-10		J2185		05/29/2018	99/99/9999	INJECTION, MEROPENEM, 100 MG
00069-0314-10		J2185		05/29/2018	99/99/9999	INJECTION, MEROPENEM, 100 MG
00074-3934-02		J3480		01/01/2002	10/17/2016	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ
00074-4141-03		J1265		01/01/2006	10/17/2016	INJECTION, DOPAMINE HCL, 40 MG
00074-4332-01		J3370		01/01/2002	02/03/2016	INJECTION, VANCOMYCIN HCL, 500 MG
00074-4339-02		J0135		07/17/2006	99/99/9999	INJECTION, ADALIMUMAB, 20 MG
00074-4339-06		J0135		02/27/2007	99/99/9999	INJECTION, ADALIMUMAB, 20 MG
00074-4637-01		J2501		01/01/2003	99/99/9999	INJECTION, PARICALCITOL, 1 MCG
00074-4729-01		J1250		01/01/2002	10/17/2016	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG
00074-4909-18		J0280		01/01/2002	03/24/2016	INJECTION, AMINOPHYLLIN, UP TO 250 MG
00074-5365-05		A4216		01/01/2007	02/03/2016	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
00074-5641-25		J7799		01/01/2002	10/17/2016	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
KETOROLAC TROMETHAMINE NOVATION (LL,LATEX-FREE,CARPUJECT) 30 MG/ML	1	ML	SR	IJ	ML	15	MG	2	01/01/2002	10/17/2016	
HEPARIN LOCK FLUSH (ANSYR,LATEX-FREE) 100 U/ML	5	ML	SR	IV	ML	10	U	10	02/20/2002	10/17/2016	
HUMIRA (PF,PREFILLED SYRINGE) 40 MG/0.8 ML	2	EA	BX	MR	EA	20	MG	2	01/01/2005	99/99/9999	
MERREM IV 500 MG	10	EA	VL	IV	EA	100	MG	5	05/29/2018	99/99/9999	
MERREM IV 1 GM	10	EA	VL	IV	EA	100	MG	10	05/29/2018	99/99/9999	
POTASSIUM CHLORIDE (AMP,LATEX-FREE) 2 MEQ/ML	20	ML	AM	IV	ML	2	MEQ	1	01/01/2002	10/17/2016	
DEXTROSE/DOPAMINE HCL 5%-80 MG/100 ML	500	ML	GC	IV	ML	40	MG	0.02	01/01/2006	10/17/2016	
VANCOMYCIN HCL (VIAL, FLIPTOP) 500 MG	1	EA	VL	IV	EA	500	MG	1	03/01/2009	02/03/2016	01/01/2002
HUMIRA (SINGLE-USE PEN; 2X1ML) 40 MG/0.8 ML	2	EA	BX	MR	EA	20	MG	2	07/17/2006	99/99/9999	
HUMIRA (SINGLE-USE PEN; 6X1ML) 40 MG/0.8 ML	6	EA	BX	MR	EA	20	MG	2	02/27/2007	99/99/9999	
ZEMPLAR (VIAL,FLIPTOP) 0.002 MG/ML	1	ML	VL	IV	ML	1	MCG	2	01/01/2003	99/99/9999	
DOBUTAMINE HCL (VIAL) 12.5 MG/ML	100	ML	VL	IV	ML	250	MG	0.05	01/01/2002	10/17/2016	
AMINOPHYLLINE (10X10ML,ABBOJECT) 25 MG/ML	10	ML	SR	IV	ML	250	MG	0.1	01/01/2002	03/24/2016	
SODIUM CHLORIDE (ANSYR,FOR IV ,50X5ML,PF) 0.9%	5	ML	SR	IV	ML	10	ML	0.1	01/01/2007	02/03/2016	
DEXTROSE (1000 ML CONTAINER) 10%	500	ML	GC	IV	ML	1	EA	1	01/01/2002	10/17/2016	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
04/24/2005	1			

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00074-5749-22		J3490		01/01/2002	03/25/2016	UNCLASSIFIED DRUGS
00074-6463-32		J7515		01/01/2002	12/07/2015	CYCLOSPORINE, ORAL, 25 MG
00074-6476-44		J1364		01/01/2002	10/17/2016	INJECTION, ERYTHROMYCIN LACTOBIONATE, PER 500 MG
00074-6479-32		J7502		01/01/2002	11/09/2015	CYCLOSPORINE, ORAL, 100 MG
00074-7269-50		J7502		01/18/2002	99/99/9999	CYCLOSPORINE, ORAL, 100 MG
00074-8065-15		J0330		01/01/2002	10/17/2016	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG
00074-9374-02		J0135		02/22/2008	99/99/9999	INJECTION, ADALIMUMAB, 20 MG
00074-9631-04		J1940		01/01/2002	02/03/2016	INJECTION, FUROSEMIDE, UP TO 20 MG
00075-0620-40		J1650		01/01/2002	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG
00075-0620-41		J1650		03/17/2008	04/01/2015	INJECTION, ENOXAPARIN SODIUM, 10 MG
00075-0621-60		J1650		01/01/2002	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG
00075-0621-61		J1650		03/11/2008	04/01/2015	INJECTION, ENOXAPARIN SODIUM, 10 MG
00075-0622-80		J1650		01/01/2002	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG
00075-0622-81		J1650		03/11/2008	04/01/2015	INJECTION, ENOXAPARIN SODIUM, 10 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
BUPIVACAINE HCL (W/MALE ADAPTER) 0.25%	50	ML	SR	IJ	ML	1	EA	1	01/01/2002	03/25/2016	
GENGRAF (BLISTER PACK) 25 MG	30	EA	BX	PO	EA	25	MG	1	01/01/2002	12/07/2015	
ERYTHROCIN LACTOBIONATE (ADD-VANTAGE,LATEX-FREE) 500 MG	1	EA	VL	IV	EA	500	MG	1	03/01/2009	10/17/2016	01/01/2002
GENGRAF (BLISTER PACK) 100 MG	30	EA	BX	PO	EA	100	MG	1	01/01/2002	11/09/2015	
GENGRAF 100 MG/ML	50	ML	BO	PO	ML	100	MG	1	01/18/2002	99/99/9999	
QUELICIN 20 MG/ML	5	ML	SR	IV	ML	20	MG	1	01/01/2002	10/17/2016	
HUMIRA (SINGLE-DOSE,PF) 20 MG/0.4 ML	2	EA	BX	SC	EA	20	MG	1	02/22/2008	99/99/9999	
FUROSEMIDE (ANSYR,LATEX-FREE) 10 MG/ML	4	ML	SR	IJ	ML	20	MG	0.5	03/01/2009	02/03/2016	01/01/2002
LOVENOX 40 MG/0.4 ML	0.4	ML	SR	IJ	ML	10	MG	10	01/01/2002	99/99/9999	
NOVAPLUS LOVENOX (10X0.4ML,SINGLE-DOSE,PF) 40 MG/0.4 ML	0.4	ML	SR	SC	ML	10	MG	10	03/17/2008	04/01/2015	
LOVENOX (SRN,PREFILLED) 60 MG/0.6 ML	0.6	ML	SR	IJ	ML	10	MG	10	01/01/2002	99/99/9999	
NOVAPLUS LOVENOX (10X0.6ML,SINGLE-DOSE,PF) 60 MG/0.6 ML	0.6	ML	SR	SC	ML	10	MG	10	03/11/2008	04/01/2015	
LOVENOX (SRN,PREFILLED) 80 MG/0.8 ML	0.8	ML	SR	IJ	ML	10	MG	10	01/01/2002	99/99/9999	
NOVAPLUS LOVENOX (10X0.8ML,SINGLE-DOSE,PF) 80 MG/0.8 ML	0.8	ML	SR	SC	ML	10	MG	10	03/11/2008	04/01/2015	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
03/09/2006	1			
04/20/2006	0.5			

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00075-0623-00		J1650		01/01/2002	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG
00075-0623-01		J1650		03/11/2008	04/01/2015	INJECTION, ENOXAPARIN SODIUM, 10 MG
00075-0624-30		J1650		01/01/2002	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG
00075-0624-31		J1650		03/17/2008	04/01/2015	INJECTION, ENOXAPARIN SODIUM, 10 MG
00075-0626-03		J1650		03/07/2003	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG
00075-0626-04		J1650		03/11/2008	04/01/2015	INJECTION, ENOXAPARIN SODIUM, 10 MG
00075-2451-01		J2597		01/01/2002	04/14/2015	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG
00075-2451-53		J2597		01/01/2002	05/09/2015	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG
00075-2912-01		J1650		01/01/2002	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG
00075-2915-01		J1650		01/01/2002	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG
00078-0109-01		J7516		01/01/2002	99/99/9999	CYCLOSPORIN, PARENTERAL, 250 MG
00078-0110-22		J7502		01/01/2002	99/99/9999	CYCLOSPORINE, ORAL, 100 MG
00078-0149-23		J0630		01/01/2002	08/30/2015	INJECTION, CALCITONIN SALMON, UP TO 400 UNITS
00078-0180-01		J2354		01/01/2004	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG
00078-0181-01		J2354		01/01/2004	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG
00078-0182-01		J2354		01/01/2004	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
LOVENOX (SRN,PREFILLED) 100 MG/ML	1	ML	SR	IJ	ML	10	MG	10	01/01/2002	99/99/9999	
NOVAPLUS LOVENOX (10X1ML,SINGLE-DOSE,PF) 100 MG/ML	1	ML	SR	SC	ML	10	MG	10	03/11/2008	04/01/2015	
LOVENOX (SRN) 30 MG/0.3 ML	0.3	ML	SR	IJ	ML	10	MG	10	01/01/2002	99/99/9999	
NOVAPLUS LOVENOX (10X0.3ML,SINGLE-DOSE,PF) 30 MG/0.3 ML	0.3	ML	SR	SC	ML	10	MG	10	03/17/2008	04/01/2015	
LOVENOX (VIAL,MULTIPLE DOSE VIAL) 100 MG/ML	3	ML	VL	SC	ML	10	MG	10	03/07/2003	99/99/9999	
NOVAPLUS LOVENOX (1X3ML,MULTIPLE-DOSE) 100 MG/ML	3	ML	VL	IJ	ML	10	MG	10	03/11/2008	04/01/2015	
DDAVP (AMP) 4 MCG/ML	1	ML	AM	IJ	ML	1	MCG	4	01/01/2002	04/14/2015	
DDAVP (VIAL) 4 MCG/ML	10	ML	VL	IJ	ML	1	MCG	4	01/01/2002	05/09/2015	
LOVENOX 120 MG/0.8 ML	0.8	ML	SR	IJ	ML	10	MG	15	01/01/2002	99/99/9999	
LOVENOX (W/AUTO SAFETY DEVICE) 150 MG/ML	1	ML	SR	IJ	ML	10	MG	15	01/01/2002	99/99/9999	
SANDIMMUNE (AMP) 50 MG/ML	5	ML	AM	IV	ML	250	MG	0.2	01/01/2002	99/99/9999	
SANDIMMUNE 100 MG/ML	50	ML	BO	PO	ML	100	MG	1	01/01/2002	99/99/9999	
MIACALCIN (VIAL) 200 IU/ML	2	ML	VL	IJ	ML	400	U	0.5	01/01/2002	08/30/2015	
SANDOSTATIN (AMP) 50 MCG/ML	1	ML	AM	IJ	ML	25	MCG	2	01/01/2004	99/99/9999	
SANDOSTATIN (AMP) 100 MCG/ML	1	ML	AM	IJ	ML	25	MCG	4	01/01/2004	99/99/9999	
SANDOSTATIN (AMP) 500 MCG/ML	1	ML	AM	IJ	ML	25	MCG	20	01/01/2004	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00078-0183-25		J2354		01/01/2004	03/15/2018	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG
00078-0184-25		J2354		01/01/2004	06/05/2018	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG
00078-0240-15		J7515		01/01/2002	99/99/9999	CYCLOSPORINE, ORAL, 25 MG
00078-0241-15		J7502		01/01/2002	99/99/9999	CYCLOSPORINE, ORAL, 100 MG
00078-0246-15		J7515		01/01/2002	99/99/9999	CYCLOSPORINE, ORAL, 25 MG
00078-0248-15		J7502		01/01/2002	99/99/9999	CYCLOSPORINE, ORAL, 100 MG
00078-0274-22		J7502		01/01/2002	99/99/9999	CYCLOSPORINE, ORAL, 100 MG
00078-0331-84		J0480		01/01/2006	99/99/9999	INJECTION, BASILIXIMAB, 20 MG
00078-0340-61		J2353		07/26/2004	09/23/2015	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG
00078-0341-61		J2353		08/18/2004	09/23/2015	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG
00078-0342-61		J2353		07/14/2004	09/23/2015	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG
00078-0347-51		J0895		01/01/2002	08/14/2015	INJECTION, DEFEROXAMINE MESYLATE, 500 MG
00078-0385-66		J7518		01/01/2005	99/99/9999	MYCOPHENOLIC ACID, ORAL, 180 MG
00078-0386-66		J7518		01/01/2005	99/99/9999	MYCOPHENOLIC ACID, ORAL, 180 MG
00078-0393-61		J0480		01/01/2006	99/99/9999	INJECTION, BASILIXIMAB, 20 MG
00078-0435-61		J3488		01/01/2008	12/31/2013	INJECTION, ZOLEDRONIC ACID (RECLAST), 1 MG
00078-0467-91		J0895		05/01/2007	99/99/9999	INJECTION, DEFEROXAMINE MESYLATE, 500 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
SANDOSTATIN (M.D.V.) 200 MCG/ML	5	ML	VL	IJ	ML	25	MCG	8	01/01/2004	03/15/2018	
SANDOSTATIN (M.D.V.) 1000 MCG/ML	5	ML	VL	IJ	ML	25	MCG	40	01/01/2004	06/05/2018	
SANDIMMUNE (SANDOPAK,SOFTGEL) 25 MG	30	EA	BX	PO	EA	25	MG	1	01/01/2002	99/99/9999	
SANDIMMUNE (SOFTGEL) 100 MG	30	EA	BX	PO	EA	100	MG	1	01/01/2002	99/99/9999	
NEORAL (SOFTGEL) 25 MG	30	EA	BX	PO	EA	25	MG	1	01/01/2002	99/99/9999	
NEORAL (SOFTGEL) 100 MG	30	EA	BX	PO	EA	100	MG	1	01/01/2002	99/99/9999	
NEORAL 100 MG/ML	50	ML	BO	PO	ML	100	MG	1	01/01/2002	99/99/9999	
SIMULECT (S.D.V.,PF) 20 MG	1	EA	VL	IV	EA	20	MG	1	01/01/2006	99/99/9999	
SANDOSTATIN LAR DEPOT (1&1/2"X19G,PFS) 10 MG	1	EA	BX	IM	EA	1	MG	10	07/26/2004	09/23/2015	
SANDOSTATIN LAR DEPOT (1&1/2"X19G,PFS) 20 MG	1	EA	BX	IM	EA	1	MG	20	08/18/2004	09/23/2015	
SANDOSTATIN LAR DEPOT (1&1/2"X19G,PFS) 30 MG	1	EA	BX	IM	EA	1	MG	30	07/14/2004	09/23/2015	
DESFERAL (VIAL) 2 GM	1	EA	VL	IJ	EA	500	MG	4	01/01/2002	08/14/2015	
MYFORTIC (K-30,FILM-COATED) 180 MG	120	EA	BO	PO	EA	180	MG	1	01/01/2005	99/99/9999	
MYFORTIC (K-30,FILM-COATED) 360 MG	120	EA	BO	PO	EA	180	MG	2	01/01/2005	99/99/9999	
SIMULECT (S.D.V.,PF) 10 MG	1	EA	VL	IV	EA	20	MG	0.5	01/01/2006	99/99/9999	
RECLAST	100	ML	PC	IV	ML	1	MG	0.05	01/01/2008	12/31/2013	
DESFERAL (USP) 500 MG	1	EA	VL	IJ	EA	500	MG	1	05/01/2007	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00078-0494-71		J7682		04/01/2008	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS
00078-0494-71	KO	J7682	KO	04/01/2008	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS
47335-0177-95		J3490		09/17/2018	12/31/2018	UNCLASSIFIED DRUGS
69794-0001-01		J3490		11/15/2017	12/31/2018	UNCLASSIFIED DRUGS
50419-0385-01		J3490		09/18/2017	12/31/2018	UNCLASSIFIED DRUGS
00085-0539-01		J9214		01/01/2002	05/28/2016	INJECTION, INTERFERON, ALFA-2B, RECOMBINANT, 1 MILLION UNITS
00085-0571-02		J9214		01/01/2002	07/31/2016	INJECTION, INTERFERON, ALFA-2B, RECOMBINANT, 1 MILLION UNITS
00085-1110-01		J9214		01/01/2002	05/28/2016	INJECTION, INTERFERON, ALFA-2B, RECOMBINANT, 1 MILLION UNITS
00085-1133-01		J9214		01/01/2002	99/99/9999	INJECTION, INTERFERON, ALFA-2B, RECOMBINANT, 1 MILLION UNITS
00085-1136-01		J1327		01/01/2002	99/99/9999	INJECTION, EPTIFIBATIDE, 5 MG
00085-1168-01		J9214		01/01/2002	99/99/9999	INTERFERON, ALFA-2B, RECOMBINANT, 1 MILLION UNITS
00085-1177-01		J1327		01/01/2002	99/99/9999	INJECTION, EPTIFIBATIDE, 5 MG
00085-1177-02		J1327		01/01/2002	99/99/9999	INJECTION, EPTIFIBATIDE, 5 MG
00085-1248-03		None		04/09/2007	05/16/2014	TEMODAR, 5 MG, ORAL
00085-1279-01		J3490		01/01/2002	10/28/2015	UNCLASSIFIED DRUGS
00085-1291-01		J3490		01/01/2002	10/15/2015	UNCLASSIFIED DRUGS
00085-1297-01		J3490		02/02/2004	03/31/2015	UNCLASSIFIED DRUGS

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
TOBI (56X5ML,SDA,PF)	5	ML	PC	IH	ML	300	MG	0.2	04/01/2008	99/99/9999	
TOBI (56X5ML,SDA,PF)	5	ML	PC	IH	ML	300	MG	0.2	04/01/2008	99/99/9999	
ILUMYA (PF) 100 MG/1 ML	1	ML	SR	SC	ML	1	MG	1	09/17/2018	12/31/2018	
MEPSEVII (PF) 2 MG/1 ML	5	ML	VL	IV	ML	1	MG	1	11/15/2017	12/31/2018	
ALIQOPA (LYOPHILIZED) 60 MG	1	EA	VL	IV	EA	1	MG	1	09/18/2017	12/31/2018	
INTRON A (W/DILUENT IN VIAL) 50 Million IU	1	EA	VL	IJ	EA	1	MU	50	01/01/2002	05/28/2016	
INTRON A (W/DILUENT IN VIAL) 10 Million IU	1	EA	VL	IJ	EA	1	MU	10	01/01/2002	07/31/2016	
INTRON A (W/DILUENT IN VIAL) 18 Million IU	1	EA	VL	IJ	EA	1	MU	18	01/01/2002	05/28/2016	
INTRON A (M.D.V.,AF) 10 Million IU/ML	2.5	ML	VL	IJ	ML	1	MU	10	01/01/2002	99/99/9999	
INTEGRILIN (VIAL) 0.75 MG/ML	100	ML	VL	IV	ML	5	MG	0.15	01/01/2002	99/99/9999	
INTRON A (M.D.V.,AF) 6 Million IU/ML	3	ML	VL	IJ	ML	1	MU	6	01/01/2002	99/99/9999	
INTEGRILIN (VIAL) 2 MG/ML	10	ML	VL	IV	ML	5	MG	0.4	01/01/2002	99/99/9999	
INTEGRILIN (VIAL) 2 MG/ML	100	ML	VL	IV	ML	5	MG	0.4	01/01/2002	99/99/9999	
TEMODAR 5 MG	14	EA	BO	PO	EA	5	MG	1	04/09/2007	05/16/2014	
PEG-INTRON (VIAL/SRN/DILUENT,PF) 150 MCG	1	EA	BX	MR	EA	1	EA	1	01/01/2002	10/28/2015	
PEG-INTRON (VIAL/SRN/DILUENT,PF) 80 MCG	1	EA	BX	MR	EA	1	EA	1	01/01/2002	10/15/2015	
PEG-INTRON (PF,REDIPEN) 120 MCG	1	EA	BX	MR	EA	1	EA	1	02/02/2004	03/31/2015	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00085-1297-02		J3490		03/07/2005	08/31/2016	UNCLASSIFIED DRUGS
00085-1304-01		J3490		01/01/2002	11/22/2015	UNCLASSIFIED DRUGS
00085-1316-01		J3490		02/02/2004	03/31/2015	UNCLASSIFIED DRUGS
00085-1316-02		J3490		03/07/2005	06/30/2015	UNCLASSIFIED DRUGS
00085-1323-01		J3490		02/02/2004	03/31/2015	UNCLASSIFIED DRUGS
00085-1323-02		J3490		03/07/2005	04/30/2015	UNCLASSIFIED DRUGS
00085-1366-01		None		04/09/2007	08/31/2014	TEMODAR, 100 MG, ORAL
00085-1366-02		None		04/09/2007	12/31/2014	TEMODAR, 100 MG, ORAL
00085-1368-01		J3490		01/01/2002	03/06/2016	UNCLASSIFIED DRUGS
00085-1370-01		J3490		02/02/2004	03/31/2015	UNCLASSIFIED DRUGS
00085-1370-02		J3490		03/07/2005	07/31/2015	UNCLASSIFIED DRUGS
00085-1417-01		None		04/09/2007	12/31/2014	TEMODAR, 250 MG, ORAL
00085-1425-01		None		04/09/2007	08/31/2015	TEMODAR, 20 MG, ORAL
00085-1425-02		None		04/09/2007	08/31/2015	TEMODAR, 20 MG, ORAL
00085-1430-01		None		04/09/2007	08/31/2015	TEMODAR, 20 MG, ORAL
00085-1430-02		None		04/09/2007	11/30/2014	TEMODAR, 20 MG, ORAL
00085-1519-01		None		04/09/2007	07/31/2015	TEMODAR, 20 MG, ORAL
00085-1519-02		None		04/09/2007	08/31/2014	TEMODAR, 20 MG, ORAL
00085-1737-01		J2280		08/17/2005	03/31/2017	INJECTION, MOXIFLOXACIN, 100 MG
00085-3004-01		None		01/30/2008	07/31/2014	TEMODAR, 5 MG, ORAL
00085-3004-02		None		01/30/2008	05/21/2014	TEMODAR, 5 MG, ORAL

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PEG-INTRON (PF,REDIPEN) 120 MCG	1	EA	BX	MR	EA	1	EA	1	03/07/2005	08/31/2016	
PEG-INTRON (VIAL/SRN/DILUENT,PF) 120 MCG	1	EA	BX	MR	EA	1	EA	1	01/01/2002	11/22/2015	
PEG-INTRON (PF,REDIPEN) 80 MCG	1	EA	BX	MR	EA	1	EA	1	02/02/2004	03/31/2015	
PEG-INTRON (PF,REDIPEN) 80 MCG	1	EA	BX	MR	EA	1	EA	1	03/07/2005	06/30/2015	
PEG-INTRON (PF,REDIPEN) 50 MCG	1	EA	BX	MR	EA	1	EA	1	02/02/2004	03/31/2015	
PEG-INTRON (PF,REDIPEN) 50 MCG	1	EA	BX	MR	EA	1	EA	1	03/07/2005	04/30/2015	
TEMODAR 100 MG	14	EA	BO	PO	EA	100	MG	1	04/09/2007	08/31/2014	
TEMODAR 100 MG	5	EA	BO	PO	EA	100	MG	1	04/09/2007	12/31/2014	
PEG-INTRON (VIAL/SRN/DILUENT,PF) 50 MCG	1	EA	BX	MR	EA	1	EA	1	01/01/2002	03/06/2016	
PEG-INTRON (PF,REDIPEN) 150 MCG	1	EA	BX	MR	EA	1	EA	1	02/02/2004	03/31/2015	
PEG-INTRON (PF,REDIPEN) 150 MCG	1	EA	BX	MR	EA	1	EA	1	03/07/2005	07/31/2015	
TEMODAR 250 MG	5	EA	BO	PO	EA	250	MG	1	04/09/2007	12/31/2014	
TEMODAR 140 MG	5	EA	BO	PO	EA	20	MG	7	04/09/2007	08/31/2015	
TEMODAR 140 MG	14	EA	BO	PO	EA	20	MG	7	04/09/2007	08/31/2015	
TEMODAR 180 MG	5	EA	BO	PO	EA	20	MG	9	04/09/2007	08/31/2015	
TEMODAR 180 MG	14	EA	BO	PO	EA	20	MG	9	04/09/2007	11/30/2014	
TEMODAR 20 MG	14	EA	BO	PO	EA	20	MG	1	04/09/2007	07/31/2015	
TEMODAR 20 MG	5	EA	BO	PO	EA	20	MG	1	04/09/2007	08/31/2014	
AVELOX I.V. (FLEXIBAG,PF) 400 MG/250 ML	250	ML	FC	IV	ML	100	MG	0.016	08/17/2005	03/31/2017	
TEMODAR 5 MG	14	EA	BO	PO	EA	5	MG	1	01/30/2008	07/31/2014	
TEMODAR 5 MG	5	EA	BO	PO	EA	5	MG	1	01/30/2008	05/21/2014	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00088-1202-05		Q0180		01/01/2002	99/99/9999	DOLASETRON MESYLATE, 100 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 24 HOUR DOSAGE REGIMEN
00088-1203-05		Q0180		01/01/2002	99/99/9999	DOLASETRON MESYLATE, 100 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 24 HOUR DOSAGE REGIMEN
00088-1206-32		J1260		01/01/2002	99/99/9999	INJECTION, DOLASETRON MESYLATE, 10 MG
00143-9275-01		J9000		08/10/2018	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG
00143-9277-01		J9000		08/10/2018	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG
00378-9690-52		J7614		07/23/2018	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
00088-1208-06		J1260		12/15/2003	99/99/9999	INJECTION, DOLASETRON MESYLATE, 10 MG
00088-1209-26		J1260		07/21/2003	99/99/9999	INJECTION, DOLASETRON MESYLATE, 10 MG
00088-2220-33		J1815		01/01/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS
00088-2500-33		J1817		01/24/2006	99/99/9999	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS
00093-0782-01		J8999		02/20/2003	10/20/2016	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
00093-0782-05		J8999		01/09/2008	10/20/2016	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
00093-0782-10		J8999		01/09/2008	10/20/2016	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
00185-0932-30		J7515		01/01/2002	99/99/9999	CYCLOSPORINE, ORAL, 25 MG
00093-0782-56		J8999		02/20/2003	07/17/2016	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
ANZEMET 50 MG	5	EA	BO	PO	EA	100	MG	0.5	01/01/2002	99/99/9999	
ANZEMET 100 MG	5	EA	BO	PO	EA	100	MG	1	01/01/2002	99/99/9999	
ANZEMET (S.D.V.) 20 MG/ML	5	ML	VL	IV	ML	10	MG	2	01/01/2002	99/99/9999	
ADRIAMYCIN (S.D.V.,PF) 10 MG	1	EA	VL	IV	EA	10	MG	1	08/10/2018	99/99/9999	
ADRIAMYCIN (S.D.V.,PF) 10 MG	1	EA	VL	IV	EA	10	MG	1	08/10/2018	99/99/9999	
LEVALBUTEROL (PF) 0.31 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.20666	07/23/2018	99/99/9999	
ANZEMET (S.D.V.) 20 MG/ML	0.625	ML	VL	IV	ML	10	MG	2	12/15/2003	99/99/9999	
ANZEMET (M.D.V.) 20 MG/ML	25	ML	VL	IV	ML	10	MG	2	07/21/2003	99/99/9999	
LANTUS 100 U/ML	10	ML	VL	SC	ML	5	U	20	01/01/2003	99/99/9999	
APIDRA 100 U/ML	10	ML	VL	SC	ML	50	U	2	01/24/2006	99/99/9999	
TAMOXIFEN CITRATE (FILM COATED) 20 MG	100	EA	BO	PO	EA	1	EA	1	02/20/2003	10/20/2016	
TAMOXIFEN CITRATE (FILM COATED) 20 MG	500	EA	BO	PO	EA	1	EA	1	01/09/2008	10/20/2016	
TAMOXIFEN CITRATE (FILM COATED) 20 MG	1000	EA	BO	PO	EA	1	EA	1	01/09/2008	10/20/2016	
CYCLOSPORINE (SOFTGEL) 25 MG	30	EA	BO	PO	EA	25	MG	1	01/01/2002	99/99/9999	
TAMOXIFEN CITRATE (FILM COATED) 20 MG	30	EA	BO	PO	EA	1	EA	1	02/20/2003	07/17/2016	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00093-0784-05		J8999		01/09/2008	10/20/2016	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
00093-0784-06		J8999		02/20/2003	07/17/2016	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
00093-0784-10		J8999		01/09/2008	10/20/2016	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
00093-0784-86		J8999		02/20/2003	08/02/2016	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
00093-5420-88		J8515		03/07/2007	99/99/9999	CABERGOLINE, ORAL, 0.25 MG
00093-5510-06		J8999		04/27/2005	03/26/2015	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
00093-6118-16		J7510		01/01/2002	08/13/2018	PREDNISOLONE ORAL, PER 5 MG
00093-6118-87		J7510		01/01/2002	99/99/9999	PREDNISOLONE ORAL, PER 5 MG
00093-6723-73		J7620		01/03/2008	06/04/2018	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME
00093-6723-74		J7620		01/03/2008	06/04/2018	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME
00093-7146-09		Q0144		12/06/2005	01/31/2014	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
00093-7146-18		Q0144		11/14/2005	07/01/2016	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
00093-7146-56		Q0144		11/14/2005	09/12/2017	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
00093-7147-56		Q0144		11/14/2005	06/28/2017	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
00093-7169-33		Q0144		11/14/2005	01/10/2014	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
00093-7169-56		Q0144		11/14/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
TAMOXIFEN CITRATE (FILM COATED) 10 MG	500	EA	BO	PO	EA	1	EA	1	01/09/2008	10/20/2016	
TAMOXIFEN CITRATE (FILM COATED) 10 MG	60	EA	BO	PO	EA	1	EA	1	02/20/2003	07/17/2016	
TAMOXIFEN CITRATE (FILM COATED) 10 MG	1000	EA	BO	PO	EA	1	EA	1	01/09/2008	10/20/2016	
TAMOXIFEN CITRATE (FILM COATED) 10 MG	180	EA	BO	PO	EA	1	EA	1	02/20/2003	08/02/2016	
CABERGOLINE 0.5 MG	8	EA	BO	PO	EA	0.25	MG	2	03/07/2007	99/99/9999	
MERCAPTOPURINE (USP) 50 MG	60	EA	BO	PO	EA	1	EA	1	04/27/2005	03/26/2015	
PREDNISOLONE 15 MG/5 ML	480	ML	BO	PO	ML	5	MG	0.6	01/01/2002	08/13/2018	
PREDNISOLONE 15 MG/5 ML	240	ML	BO	PO	ML	5	MG	0.6	01/01/2002	99/99/9999	
IPRATROPIUM BROMIDE AND ALBUTEROL SULFATE (30X3ML) 3 MG/3 ML-0.5 MG/3 ML	30	ML	VL	IH	ML	3	MG	0.33333	01/03/2008	06/04/2018	
IPRATROPIUM BROMIDE AND ALBUTEROL SULFATE (60X3ML) 3 MG/3 ML-0.5 MG/3 ML	60	ML	VL	IH	ML	3	MG	0.33333	01/03/2008	06/04/2018	
AZITHROMYCIN (3X6,FILM-COATED) 250 MG	18	EA	DP	PO	EA	1	GM	0.25	12/06/2005	01/31/2014	
AZITHROMYCIN (FILM-COATED) 250 MG	6	EA	DP	PO	EA	1	GM	0.25	11/14/2005	07/01/2016	
AZITHROMYCIN (FILM-COATED) 250 MG	30	EA	BO	PO	EA	1	GM	0.25	11/14/2005	09/12/2017	
AZITHROMYCIN (FILM-COATED) 600 MG	30	EA	BO	PO	EA	1	GM	0.6	11/14/2005	06/28/2017	
AZITHROMYCIN (FILM-COATED) 500 MG	3	EA	DP	PO	EA	1	GM	0.5	11/14/2005	01/10/2014	
AZITHROMYCIN (FILM-COATED) 500 MG	30	EA	BO	PO	EA	1	GM	0.5	11/14/2005	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
16714-0777-01		J9025		07/03/2018	99/99/9999	INJECTION, AZACITIDINE, 1 MG
16729-0332-03		J9263		05/01/2018	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG
00069-1305-10		J0885		05/22/2018	12/31/2018	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS
00093-7485-12		Q0166		01/02/2008	11/12/2018	GRANISETRON HYDROCHLORIDE, 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 24 HOUR DOSAGE REGIMEN
00093-7485-20		Q0166		01/02/2008	11/12/2018	GRANISETRON HYDROCHLORIDE, 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 24 HOUR DOSAGE REGIMEN
00078-0741-81		J2502		08/23/2018	99/99/9999	INJECTION, PASIREOTIDE LONG ACTING, 1 MG
00078-0748-81		J2502		08/23/2018	99/99/9999	INJECTION, PASIREOTIDE LONG ACTING, 1 MG
00093-8940-93		J8499		11/30/2007	11/27/2012	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
00093-9643-01		Q0164		01/01/2002	08/06/2018	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00093-9652-01		Q0165		01/01/2002	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
AZACITIDINE (SDV,PF,LATEX-FREE) 100 MG	1	EA	VL	IJ	EA	1	MG	100	07/03/2018	99/99/9999	
OXALIPLATIN (PF) 5 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	10	05/01/2018	99/99/9999	
RETACRIT (PF) 2000 U/1 ML	1	ML	VL	IJ	ML	1000	U	2	05/22/2018	12/31/2018	
GRANISTERON HYDROCHLORIDE (2X1,FILM COATED) 1 MG	2	EA	BX	PO	EA	1	MG	1	01/02/2008	11/12/2018	
GRANISTERON HYDROCHLORIDE (5X4,FILM COATED) 1 MG	20	EA	BX	PO	EA	1	MG	1	01/02/2008	11/12/2018	
SIGNIFOR LAR (SINGLE USE) 30 MG	1	EA	BX	IM	EA	1	MG	30	08/23/2018	99/99/9999	
SIGNIFOR LAR (SINGLE USE) 10 MG	1	EA	BX	IM	EA	1	MG	10	08/23/2018	99/99/9999	
ACYCLOVIR (USP,HARD GELATIN) 200 MG	100	EA	BX	PO	EA	1	EA	1	11/30/2007	11/27/2012	
PROCHLORPERAZINE MALEATE 5 MG	100	EA	BO	PO	EA	5	MG	1	01/01/2002	08/06/2018	
PROCHLORPERAZINE MALEATE 10 MG	100	EA	BO	PO	EA	10	MG	1	01/01/2002	12/31/2013	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00113-0379-26		Q0163		01/14/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00113-0431-62		Q0163		01/14/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00113-0462-62		Q0163		01/14/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00113-0479-62		Q0163		01/14/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00113-0479-78		Q0163		01/14/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00115-1040-01		Q0169		02/12/2008	11/01/2012	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00115-1041-01		Q0170		02/12/2008	09/19/2012	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
GOOD SENSE ANTIHISTAMINE ALLERGY RELIEF (ALCOHOL FREE,CHERRY) 12.5 MG/5 ML	118	ML	BO	PO	ML	50	MG	0.05	01/14/2004	99/99/9999	
GOOD SENSE NIGHTTIME SLEEP AID (MINI-CAPLETS) 25 MG	24	EA	NA	PO	EA	50	MG	0.5	01/14/2004	99/99/9999	
GOOD SENSE ANTIHISTAMINE ALLERGY RELIEF (EASY TO SWALLOW) 25 MG	24	EA	BX	PO	EA	50	MG	0.5	01/14/2004	99/99/9999	
GOOD SENSE ANTIHISTAMINE ALLERGY RELIEF (EASY TO SWALLOW) 25 MG	24	EA	BX	PO	EA	50	MG	0.5	01/14/2004	99/99/9999	
GOOD SENSE ANTIHISTAMINE ALLERGY RELIEF (EASY TO SWALLOW) 25 MG	100	EA	BO	PO	EA	50	MG	0.5	01/14/2004	99/99/9999	
PROMETHAZINE HYDROCHLORIDE (USP) 12.5 MG	100	EA	BO	PO	EA	12.5	MG	1	02/12/2008	11/01/2012	
PROMETHAZINE HYDROCHLORIDE (USP) 25 MG	100	EA	BO	PO	EA	25	MG	1	02/12/2008	09/19/2012	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00115-1041-03		Q0170		04/01/2008	09/19/2012	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00115-1042-01		Q0170		05/20/2008	12/20/2012	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00121-0489-05		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00121-0489-10		Q0163		01/01/2002	06/06/2017	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00121-0759-08		J7510		05/02/2005	99/99/9999	PREDNISOLONE ORAL, PER 5 MG
00121-4776-10		J8999		07/07/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
00143-1425-01		J7506		12/09/2004	11/27/2013	PREDNISONE, ORAL, PER 5MG
16729-0332-05		J9263		05/01/2018	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG
00143-1473-01		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
00143-1473-10		J7506		01/01/2002	11/27/2013	PREDNISONE, ORAL, PER 5MG
00143-1475-01		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
00143-1475-10		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
00143-1477-01		J7506		01/01/2002	11/27/2013	PREDNISONE, ORAL, PER 5MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PROMETHAZINE HYDROCHLORIDE (USP) 25 MG	1000	EA	BO	PO	EA	25	MG	1	04/01/2008	09/19/2012	
PROMETHAZINE HYDROCHLORIDE (USP) 50 MG	100	EA	BO	PO	EA	25	MG	2	05/20/2008	12/20/2012	
DIPHENHYDRAMINE HCL 12.5 MG/5 ML	5	ML	CP	PO	ML	50	MG	0.05	01/01/2002	99/99/9999	
DIPHENHYDRAMINE HCL 12.5 MG/5 ML	10	ML	CP	PO	ML	50	MG	0.05	01/01/2002	06/06/2017	
PREDNISOLONE SODIUM PHOSPHATE (AF,DYE-FREE,GRAPE) 15 MG/5 ML	237	ML	BO	PO	ML	5	MG	0.6	05/02/2005	99/99/9999	
MEGESTROL ACETATE (40X10ML CUPS,APRICOT) 40 MG/ML	10	ML	CP	PO	ML	1	EA	1	07/07/2006	99/99/9999	
PREDNISONE 2.5 MG	100	EA	BO	PO	EA	5	MG	0.5	12/09/2004	11/27/2013	
OXALIPLATIN (PF) 5 MG/1 ML	20	ML	VL	IV	ML	0.5	MG	10	05/01/2018	99/99/9999	
PREDNISONE 10 MG	100	EA	BO	PO	EA	5	MG	2	01/01/2002	12/31/2015	
PREDNISONE 10 MG	1000	EA	BO	PO	EA	5	MG	2	01/01/2002	11/27/2013	
PREDNISONE 5 MG	100	EA	BO	PO	EA	5	MG	1	01/01/2002	12/31/2015	
PREDNISONE 5 MG	1000	EA	BO	PO	EA	5	MG	1	01/01/2002	12/31/2015	
PREDNISONE 20 MG	100	EA	BO	PO	EA	5	MG	4	01/01/2002	11/27/2013	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00143-1477-05		J7506		01/01/2002	11/27/2013	PREDNISONE, ORAL, PER 5MG
00143-1477-10		J7506		01/01/2002	11/27/2013	PREDNISONE, ORAL, PER 5MG
00169-1833-11		J1815		01/01/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS
00169-1834-11		J1815		01/01/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS
16729-0419-03		J9201		01/15/2018	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG
25021-0179-15		J0878		06/15/2018	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG
00169-1837-11		J1815		01/01/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS
00169-3303-12		J1815		01/01/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS
00169-3685-12		J1815		02/10/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS
00169-3696-19		J1815		01/01/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS
00169-6339-10		J1815		02/10/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS
00169-7065-15		J1610		06/01/2005	99/99/9999	INJECTION, GLUCAGON HYDROCHLORIDE, PER 1 MG
00169-7501-11		J1817		01/01/2003	99/99/9999	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS
00172-3753-96		J9265		01/24/2002	12/31/2014	INJECTION, PACLITAXEL, 30 MG
00172-3754-94		J9265		01/24/2002	12/31/2014	INJECTION, PACLITAXEL, 30 MG
25021-0179-16		J0878		06/15/2018	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG
25021-0675-10		J2800		06/04/2018	99/99/9999	INJECTION, METHOCARBAMOL, UP TO 10 ML
52609-4504-06		J0895		05/23/2018	99/99/9999	INJECTION, DEFEROXAMINE MESYLATE, 500 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PREDNISONE 20 MG	500	EA	BO	PO	EA	5	MG	4	01/01/2002	11/27/2013	
PREDNISONE 20 MG	1000	EA	BO	PO	EA	5	MG	4	01/01/2002	11/27/2013	
NOVOLIN R (VIAL) 100 U/ML	10	ML	VL	IJ	ML	5	U	20	01/01/2003	99/99/9999	
NOVOLIN N (VIAL) 100 U/ML	10	ML	VL	SC	ML	5	U	20	01/01/2003	99/99/9999	
GEMCITABINE 100 MG/1 ML	10	ML	VL	IV	ML	200	MG	0.5	01/15/2018	99/99/9999	
DAPTOMYCIN (SDV,PF,LATEX-FREE) 350 MG	1	EA	VL	IV	EA	1	MG	350	06/15/2018	99/99/9999	
NOVOLIN 70/30 (VIAL) 70 U/ML-30 U/ML	10	ML	VL	SC	ML	5	U	20	01/01/2003	99/99/9999	
NOVOLOG (PENFILL CARTRIDGE) 100 U/ML	3	ML	CT	SC	ML	5	U	20	01/01/2003	99/99/9999	
NOVOLOG MIX 70/30 (VIAL) 70 U/ML-30 U/ML	10	ML	VL	SC	ML	5	U	20	02/10/2003	99/99/9999	
NOVOLOG MIX 70/30 (FLEXPEN,SRN PREFILLED) 70 U/ML-30 U/ML	3	ML	SR	SC	ML	5	U	20	01/01/2003	99/99/9999	
NOVOLOG FLEXPEN (PREFILLED SYRINGE) 100 U/ML	3	ML	SR	SC	ML	5	U	20	02/10/2003	99/99/9999	
GLUCAGEN HYPOKIT 1 MG	1	EA	BX	IJ	EA	1	MG	1	06/01/2005	99/99/9999	
NOVOLOG (VIAL) 100 U/ML	10	ML	VL	SC	ML	50	U	2	01/01/2003	99/99/9999	
NOV-ONXOL (M.D.V.) 6 MG/ML	50	ML	VL	IV	ML	30	MG	0.2	01/24/2002	12/31/2014	
NOV-ONXOL (M.D.V.) 6 MG/ML	5	ML	VL	IV	ML	30	MG	0.2	01/24/2002	12/31/2014	
DAPTOMYCIN (SDV,PF,LATEX-FREE) 350 MG	10	EA	VL	IV	EA	1	MG	350	06/15/2018	99/99/9999	
METHOCARBAMOL (LATEX-FREE) 100 MG/1 ML	10	ML	VL	IJ	ML	10	ML	0.1	06/04/2018	99/99/9999	
DEFEROXAMINE MESYLATE 2 GM	4	EA	VL	IJ	EA	500	MG	4	05/23/2018	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00172-3756-95		J9265		01/24/2002	12/31/2014	INJECTION, PACLITAXEL, 30 MG
00172-4960-58		J8999		01/01/2002	12/31/2016	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
00172-4960-70		J8999		01/01/2002	12/31/2016	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
00172-6406-49		J7631		01/01/2002	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS
00172-6406-49	KO	J7631	KO	01/01/2002	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS
00172-6406-59		J7631		01/01/2002	10/05/2016	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS
00172-6406-59	KO	J7631	KO	01/01/2002	10/05/2016	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS
00172-7310-46		J7515		04/14/2005	05/02/2017	CYCLOSPORINE, ORAL, 25 MG
00172-7311-46		J7515		04/14/2005	11/03/2015	CYCLOSPORINE, ORAL, 25 MG
00172-7312-46		J7502		04/14/2005	05/02/2017	CYCLOSPORINE, ORAL, 100 MG
00172-7313-20		J7502		04/14/2005	99/99/9999	CYCLOSPORINE, ORAL, 100 MG
00173-0260-10		J1160		01/01/2002	09/29/2013	INJECTION, DIGOXIN, UP TO 0.5 MG
00173-0262-10		J1160		01/01/2002	04/22/2013	INJECTION, DIGOXIN, UP TO 0.5 MG
00173-0352-10		J0697		02/01/2005	08/26/2013	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG
00173-0354-10		J0697		02/01/2005	08/26/2013	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG
54879-0021-01		None		05/08/2018	99/99/9999	CYCLOPHOSPHAMIDE, 25 MG, ORAL
00173-0362-38		J2780		01/01/2002	11/30/2014	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG
00173-0363-00		J2780		01/01/2002	12/09/2013	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
NOV-ONXOL (M.D.V.) 6 MG/ML	25	ML	VL	IV	ML	30	MG	0.2	01/24/2002	12/31/2014	
FLUTAMIDE 125 MG	180	EA	BO	PO	EA	1	EA	1	01/01/2002	12/31/2016	
FLUTAMIDE 125 MG	500	EA	BO	PO	EA	1	EA	1	01/01/2002	12/31/2016	
CROMOLYN SODIUM (VIAL) 10 MG/ML	2	ML	PC	IH	ML	10	MG	1	01/01/2002	99/99/9999	
CROMOLYN SODIUM (VIAL) 10 MG/ML	2	ML	PC	IH	ML	10	MG	1	01/01/2002	99/99/9999	
CROMOLYN SODIUM (VIAL) 10 MG/ML	2	ML	PC	IH	ML	10	MG	1	01/01/2002	10/05/2016	
CROMOLYN SODIUM (VIAL) 10 MG/ML	2	ML	PC	IH	ML	10	MG	1	01/01/2002	10/05/2016	
CYCLOSPORINE (USP,MODIFIED,SOFTGEL) 25 MG	30	EA	BX	PO	EA	25	MG	1	04/14/2005	05/02/2017	
CYCLOSPORINE (USP,MODIFIED,SOFTGEL) 50 MG	30	EA	BX	PO	EA	25	MG	2	04/14/2005	11/03/2015	
CYCLOSPORINE (USP,MODIFIED,SOFTGEL) 100 MG	30	EA	BX	PO	EA	100	MG	1	04/14/2005	05/02/2017	
CYCLOSPORINE (USP,MODIFIED) 100 MG/ML	50	ML	BO	PO	ML	100	MG	1	04/14/2005	99/99/9999	
LANOXIN (AMP) 0.25 MG/ML	2	ML	AM	IV	ML	0.5	MG	0.5	01/01/2002	09/29/2013	
LANOXIN PEDIATRIC (AMP) 0.1 MG/ML	1	ML	AM	IV	ML	0.5	MG	0.2	01/01/2002	04/22/2013	
ZINACEF 750 MG	1	EA	VL	IJ	EA	750	MG	1	02/01/2005	08/26/2013	
ZINACEF 1.5 GM	1	EA	VL	IJ	EA	750	MG	2	02/01/2005	08/26/2013	
CYCLOPHOSPHAMIDE 25 MG	100	EA	BO	PO	EA	25	MG	1	05/08/2018	99/99/9999	
ZANTAC (VIAL) 25 MG/ML	2	ML	VL	IJ	ML	25	MG	1	01/01/2002	11/30/2014	
ZANTAC (VIAL) 25 MG/ML	40	ML	VL	IJ	ML	25	MG	1	01/01/2002	12/09/2013	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00173-0363-01		J2780		01/01/2002	12/11/2013	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG
00173-0377-10		J0713		02/01/2005	12/16/2012	INJECTION, CEFTAZIDIME, PER 500 MG
00173-0378-10		J0713		02/01/2005	09/18/2013	INJECTION, CEFTAZIDIME, PER 500 MG
00173-0379-34		J0713		01/01/2002	08/05/2013	INJECTION, CEFTAZIDIME, PER 500 MG
00173-0382-37		J0713		01/01/2002	06/18/2013	INJECTION, CEFTAZIDIME, PER 500 MG
00173-0400-00		J0697		01/01/2002	04/04/2013	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG
00173-0424-00		J0697		01/01/2002	06/28/2013	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG
00173-0425-00		J0697		01/01/2002	12/12/2013	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG
00173-0434-00		J0713		01/01/2002	12/01/2013	INJECTION, CEFTAZIDIME, PER 500 MG
00173-0435-00		J0713		01/01/2002	12/01/2013	INJECTION, CEFTAZIDIME, PER 500 MG
00173-0436-00		J0697		01/01/2002	12/29/2013	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG
00173-0437-00		J0697		01/01/2002	05/02/2013	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG
00173-0441-00		J2780		01/01/2002	06/14/2013	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG
00173-0442-00		J2405		01/01/2002	05/07/2018	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG
00378-9690-52	KO	J7614	KO	07/23/2018	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
00078-0755-61		J2502		08/23/2018	99/99/9999	INJECTION, PASIREOTIDE LONG ACTING, 1 MG
00078-0769-61		J2502		08/23/2018	99/99/9999	INJECTION, PASIREOTIDE LONG ACTING, 1 MG
00173-0449-02		J3030		01/01/2002	99/99/9999	INJECTION, SUMATRIPTAN SUCCINATE, 6 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)
00173-0739-00		J3030		03/17/2006	99/99/9999	INJECTION, SUMATRIPTAN SUCCINATE, 6 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
ZANTAC (M.D.V.) 25 MG/ML	6	ML	VL	IJ	ML	25	MG	1	01/01/2002	12/11/2013	
FORTAZ 500 MG	1	EA	VL	IJ	EA	500	MG	1	02/01/2005	12/16/2012	
FORTAZ 1 GM	1	EA	VL	IJ	EA	500	MG	2	02/01/2005	09/18/2013	
FORTAZ (VIAL) 2 GM	1	EA	VL	IJ	EA	500	MG	4	01/01/2002	08/05/2013	
FORTAZ (BULK VIAL) 6 GM	1	EA	VL	IJ	EA	500	MG	12	01/01/2002	06/18/2013	
ZINACEF 7.5 GM	1	EA	VL	IJ	EA	750	MG	10	01/01/2002	04/04/2013	
ZINACEF (PREMIX) 750 MG/50 ML	50	ML	PC	IV	ML	750	MG	0.02	01/01/2002	06/28/2013	
ZINACEF (PREMIX) 1.5 GM/50 ML	50	ML	PC	IV	ML	750	MG	0.04	01/01/2002	12/12/2013	
FORTAZ (ADD-VANTAGE) 1 GM	1	EA	VL	IJ	EA	500	MG	2	01/01/2002	12/01/2013	
FORTAZ (ADD-VANTAGE) 2 GM	1	EA	VL	IJ	EA	500	MG	4	01/01/2002	12/01/2013	
ZINACEF (ADD-VANTAGE) 750 MG	1	EA	VL	IJ	EA	750	MG	1	01/01/2002	12/29/2013	
ZINACEF (ADD-VANTAGE) 1.5 GM	1	EA	VL	IJ	EA	750	MG	2	01/01/2002	05/02/2013	
ZANTAC (PREMIX) 1 MG/ML	50	ML	FC	IV	ML	25	MG	0.04	01/01/2002	06/14/2013	
ZOFRAN (M.D.V.) 2 MG/ML	20	ML	VL	IJ	ML	1	MG	2	01/01/2002	05/07/2018	
LEVALBUTEROL (PF) 0.31 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.20666	07/23/2018	99/99/9999	
SIGNIFOR LAR (6ML VIAL) 10 MG	1	EA	VL	IM	EA	1	MG	10	08/23/2018	99/99/9999	
SIGNIFOR LAR (6ML VIAL) 30 MG	1	EA	VL	IM	EA	1	MG	30	08/23/2018	99/99/9999	
IMITREX (S.D.V.) 6 MG/0.5 ML	0.5	ML	VL	SC	ML	6	MG	2	01/01/2002	99/99/9999	
IMITREX STATDOSE 4 MG/0.5 ML	1	EA	BX	SC	EA	6	MG	0.66666	03/17/2006	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00173-0739-02		J3030		03/17/2006	99/99/9999	INJECTION, SUMATRIPTAN SUCCINATE, 6 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)
00173-0945-55		J8499		01/01/2002	01/08/2017	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
00173-0949-55		J8499		01/01/2002	06/08/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
00173-0953-96		J8499		01/01/2002	11/13/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
00173-0991-55		J8499		01/01/2002	09/02/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
00182-1131-93		Q0163		05/03/2002	02/03/2016	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00069-1306-10		J0885		05/22/2018	12/31/2018	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS
00069-1307-10		J0885		05/22/2018	12/31/2018	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS
63323-0721-10		J9044		01/01/2019	99/99/9999	INJECTION, BORTEZOMIB, NOT OTHERWISE SPECIFIED, 0.1 MG
00003-2187-13		J0129		11/05/2018	99/99/9999	INJECTION, ABATACEPT, 10 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)
00185-0613-01		Q0177		01/01/2002	07/29/2014	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00185-0613-05		Q0177		01/01/2002	07/29/2014	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
IMITREX STATDOSE (REFILL W/2 SYRINGES) 4 MG/0.5 ML	1	EA	BX	SC	EA	6	MG	0.66666	03/17/2006	99/99/9999	
ZOVIRAX 800 MG	100	EA	BO	PO	EA	1	EA	1	01/01/2002	01/08/2017	
ZOVIRAX 400 MG	100	EA	BO	PO	EA	1	EA	1	01/01/2002	06/08/2014	
ZOVIRAX 200 MG/5 ML	473	ML	BO	PO	ML	1	EA	1	01/01/2002	11/13/2014	
ZOVIRAX 200 MG	100	EA	BO	PO	EA	1	EA	1	01/01/2002	09/02/2014	
NIGHT-TIME SLEEP AID (MAX. STR.,SOFTGEL) 50 MG	32	EA	BO	PO	EA	50	MG	1	05/03/2002	02/03/2016	
RETACRIT (PF) 3000 U/1 ML	1	ML	VL	IJ	ML	1000	U	3	05/22/2018	12/31/2018	
RETACRIT (PF) 4000 U/1 ML	1	ML	VL	IJ	ML	1000	U	4	05/22/2018	12/31/2018	
BORTEZOMIB, (SDV,LATEX-FREE) 3.5 MG	1	EA	VL	IV	EA	0.1	MG	35	01/01/2019	99/99/9999	
ORENCIA (W/SYRINGE,PF) 250 MG	1	EA	VL	IV	EA	10	MG	25	11/05/2018	99/99/9999	
HYDROXYZINE PAMOATE 25 MG	100	EA	BO	PO	EA	25	MG	1	01/01/2002	07/29/2014	
HYDROXYZINE PAMOATE 25 MG	500	EA	BO	PO	EA	25	MG	1	01/01/2002	07/29/2014	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00185-0615-01		Q0178		01/01/2002	12/31/2013	HYDROXYZINE PAMOATE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00185-0615-05		Q0178		01/01/2002	12/31/2013	HYDROXYZINE PAMOATE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00185-0648-01		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00185-0648-10		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00185-0649-01		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00185-0649-10		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00185-0933-30		J7502		01/01/2002	99/99/9999	CYCLOSPORINE, ORAL, 100 MG
00185-7203-70		Q0144		09/21/2006	11/13/2012	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
HYDROXYZINE PAMOATE 50 MG	100	EA	BO	PO	EA	50	MG	1	01/01/2002	12/31/2013	
HYDROXYZINE PAMOATE 50 MG	500	EA	BO	PO	EA	50	MG	1	01/01/2002	12/31/2013	
DIPHENHYDRAMINE HCL 25 MG	100	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999	
DIPHENHYDRAMINE HCL 25 MG	1000	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999	
DIPHENHYDRAMINE HCL 50 MG	100	EA	BO	PO	EA	50	MG	1	01/01/2002	99/99/9999	
DIPHENHYDRAMINE HCL 50 MG	1000	EA	BO	PO	EA	50	MG	1	01/01/2002	99/99/9999	
CYCLOSPORINE (SOFTGEL) 100 MG	30	EA	BO	PO	EA	100	MG	1	01/01/2002	99/99/9999	
AZITHROMYCIN (USP,CHERRY) 100 MG/5 ML	15	ML	BO	PO	ML	1	GM	0.02	09/21/2006	11/13/2012	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00185-7206-70		Q0144		09/21/2006	11/13/2012	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
00185-7322-30		J7620		07/01/2007	99/99/9999	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME
00185-7322-60		J7620		07/01/2007	99/99/9999	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME
00186-0418-01		J0670		01/01/2002	08/31/2012	INJECTION, MEPIVACAINE HYDROCHLORIDE, PER 10 ML
00186-0859-81		J2795		01/01/2002	99/99/9999	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG
00186-1033-91		J3490		01/01/2002	03/31/2013	UNCLASSIFIED DRUGS
00186-1988-04		J7626		01/01/2002	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG
00186-1988-04	KO	J7626	KO	01/01/2002	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG
00186-1989-04		J7626		01/01/2002	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG
00186-1989-04	KO	J7626	KO	01/01/2002	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG
00186-1990-04		J7626		08/27/2007	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
AZITHROMYCIN (USP,CHERRY) 200 MG/5 ML	15	ML	BO	PO	ML	1	GM	0.04	09/21/2006	11/13/2012	
IPRATROPIUM BROMIDE AND ALBUTEROL SULFATE (30X3ML) 3 MG/3 ML-0.5 MG/3 ML	30	ML	PC	IH	ML	3	MG	0.33333	07/01/2007	99/99/9999	
IPRATROPIUM BROMIDE AND ALBUTEROL SULFATE (60X3ML) 3 MG/3 ML-0.5 MG/3 ML	60	ML	PC	IH	ML	3	MG	0.33333	07/01/2007	99/99/9999	
POLOCAINE-MPF (S.D.V.) 1.5%	30	ML	VL	IJ	ML	10	ML	0.1	01/01/2002	08/31/2012	
NAROPIN (S.D. INFUSION BOTTLE) 2 MG/ML	100	ML	VL	IJ	ML	1	MG	2	01/01/2002	99/99/9999	
SENSORCAINE-MPF (S.D.V.,STERILE-PAK) 0.5%	30	ML	VL	IJ	ML	1	EA	1	01/01/2002	03/31/2013	
PULMICORT RESPULES (5X6) 0.25 MG/2 ML	2	ML	PC	IH	ML	0.25	MG	0.5	01/01/2002	99/99/9999	
PULMICORT RESPULES (5X6) 0.25 MG/2 ML	2	ML	PC	IH	ML	0.25	MG	0.5	01/01/2002	99/99/9999	
PULMICORT RESPULES (5X6) 0.5 MG/2 ML	2	ML	PC	IH	ML	0.5	MG	0.5	01/01/2002	99/99/9999	
PULMICORT RESPULES (5X6) 0.5 MG/2 ML	2	ML	PC	IH	ML	0.5	MG	0.5	01/01/2002	99/99/9999	
PULMICORT RESPULES (30X2ML) 1 MG/2 ML	2	ML	PC	IH	ML	0.5	MG	1	08/27/2007	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00186-1990-04	KO	J7626	KO	08/27/2007	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG
00206-8852-16		J2543		04/05/2006	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)
00206-8854-16		J2543		03/06/2006	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)
00206-8855-16		J2543		03/13/2006	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)
00206-8859-10		J2543		04/28/2006	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)
00206-8860-02		J2543		01/09/2006	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)
00206-8861-02		J2543		01/09/2006	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)
00206-8862-02		J2543		01/09/2006	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)
00223-8496-02		A4216		01/01/2007	02/03/2016	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
00223-8496-05		A4216		01/01/2007	02/03/2016	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
00223-8497-10		A4216		01/01/2004	02/03/2016	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
00223-8500-30		A4216		01/01/2004	02/03/2016	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
00264-1101-55		J7060		01/01/2002	12/31/2014	5% DEXTROSE/WATER (500 ML = 1 UNIT)
00264-1102-55		J7060		01/01/2002	12/31/2014	5% DEXTROSE/WATER (500 ML = 1 UNIT)
00264-1240-55		J7799		01/01/2002	11/30/2014	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00264-1280-50		J7799		01/01/2002	12/31/2014	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PULMICORT RESPULES (30X2ML) 1 MG/2 ML	2	ML	PC	IH	ML	0.5	MG	1	08/27/2007	99/99/9999	
ZOSYN 2 GM-0.25 GM	1	EA	VL	IV	EA	1	GM	2	04/05/2006	99/99/9999	
ZOSYN (SDV,10X50ML) 3 GM/50 ML-0.375 GM/50 ML	1	EA	VL	IV	EA	1	GM	3	03/06/2006	99/99/9999	
ZOSYN (SDV,10X100ML) 4 GM/100 ML-0.5 GM/100 ML	1	EA	VL	IV	EA	1	GM	4	03/13/2006	99/99/9999	
ZOSYN (PHARMACY BULK VIAL) 36 GM-4.5 GM	1	EA	VL	IV	EA	1	GM	36	04/28/2006	99/99/9999	
ZOSYN (24 PRE-MIX BAGS OF 50ML) 2 GM/50 ML-0.25 GM/50 ML	50	ML	PC	IV	ML	1	GM	0.04	01/09/2006	99/99/9999	
ZOSYN (24 PRE-MIX BAGS OF 50ML) 3 GM/50 ML-0.375 GM/50 ML	50	ML	PC	IV	ML	1	GM	0.06	01/09/2006	99/99/9999	
ZOSYN 4 GM/100 ML-0.5 GM/100 ML	100	ML	PC	IV	ML	1	GM	0.04	01/09/2006	99/99/9999	
SODIUM CHLORIDE (AMP) 0.9%	5	ML	AM	IV	ML	10	ML	0.1	01/01/2007	02/03/2016	
SODIUM CHLORIDE (AMP) 0.9%	5	ML	AM	IV	ML	10	ML	0.1	01/01/2007	02/03/2016	
SODIUM CHLORIDE (AMP) 0.9%	10	ML	AM	IV	ML	10	ML	0.1	01/01/2004	02/03/2016	
SODIUM CHLORIDE (VIAL) 0.9%	30	ML	VL	IV	ML	10	ML	0.1	01/01/2004	02/03/2016	
DEXTROSE (GLASS) 5%	500	ML	FC	IV	ML	500	ML	0.002	01/01/2002	12/31/2014	
DEXTROSE (GLASS W/SS,250 ML) 5%	150	ML	GC	IV	ML	500	ML	0.002	01/01/2002	12/31/2014	
DEXTROSE HYPERTONIC (GLASS W/SS,1000 ML) 30%	500	ML	GC	IV	ML	1	EA	1	01/01/2002	11/30/2014	
DEXTROSE HYPERTONIC (GLASS W/SS,1000 ML) 50%	500	ML	GC	IV	ML	1	EA	1	01/01/2002	12/31/2014	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00264-1280-55		J7799		01/01/2002	09/30/2014	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00264-1290-50		J7799		01/01/2002	05/31/2014	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00264-1482-55		J1265		01/01/2006	08/31/2012	INJECTION, DOPAMINE HCL, 40 MG
00264-1510-31		J7060		01/01/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)
00264-1510-32		J7060		01/01/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)
00264-1800-31		A4216		01/01/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
00264-1800-32		J7050		01/01/2002	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC
00264-1800-36		A4216		01/01/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
00264-1940-20		J3480		01/01/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ
00264-2101-00		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML
00264-2101-10		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML
00264-2101-50		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML
00069-0291-01		Q5110		09/05/2018	99/99/9999	INJECTION, FILGRASTIM-AAFI, BIOSIMILAR, (NIVESTYM), 1 MICROGRAM
00264-2101-70		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML
00264-2201-00		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
DEXTROSE HYPERTONIC (GLASS W/SOLID STOPPER) 50%	1000	ML	GC	IV	ML	1	EA	1	01/01/2002	09/30/2014	
DEXTROSE HYPERTONIC (GLASS W/SS,1000 ML) 70%	500	ML	GC	IV	ML	1	EA	1	01/01/2002	05/31/2014	
DEXTROSE/DOPAMINE HCL (GLASS W/SOLID STOPPER) 5%-160 MG/100 ML	250	ML	GC	IV	ML	40	MG	0.04	01/01/2006	08/31/2012	
DEXTROSE (100 ML PAB) 5%	50	ML	FC	IV	ML	500	ML	0.002	01/01/2002	99/99/9999	
DEXTROSE (150 ML PAB) 5%	100	ML	FC	IV	ML	500	ML	0.002	01/01/2002	99/99/9999	
SODIUM CHLORIDE (100 ML PAB) 0.9%	50	ML	FC	IV	ML	10	ML	0.1	01/01/2004	99/99/9999	
SODIUM CHLORIDE (150 ML PAB) 0.9%	100	ML	FC	IV	ML	250	ML	0.004	01/01/2002	99/99/9999	
SODIUM CHLORIDE (100 ML PAB) 0.9%	25	ML	FC	IV	ML	10	ML	0.1	01/01/2004	99/99/9999	
POTASSIUM CHLORIDE (CONCENTRATE) 2 MEQ/ML	250	ML	GC	IV	ML	2	MEQ	1	01/01/2002	99/99/9999	
WATER FOR IRRIGATION (PIC CONTAINER)	1000	ML	PC	IR	ML	500	ML	0.002	01/01/2004	99/99/9999	
WATER FOR IRRIGATION (PIC CONTAINER)	500	ML	PC	IR	ML	500	ML	0.002	01/01/2004	99/99/9999	
WATER FOR IRRIGATION (PIC CONTAINER)	2000	ML	PC	IR	ML	500	ML	0.002	01/01/2004	99/99/9999	
NIVESTYM (PF,LATEX-FREE) 300 MCG/0.5 ML	0.5	ML	SR	IJ	ML	1	MCG	600	09/05/2018	99/99/9999	
WATER FOR IRRIGATION (PIC CONTAINER)	4000	ML	PC	IR	ML	500	ML	0.002	01/01/2004	99/99/9999	
SODIUM CHLORIDE (PIC CONTAINER) 0.9%	1000	ML	PC	IR	ML	500	ML	0.002	01/01/2004	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00264-2201-10		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML
00264-2201-50		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML
00264-2201-70		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML
00264-2303-50		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00264-3103-11		J0690		03/05/2003	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG
00264-3112-11		J0697		09/15/2003	03/31/2014	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG
00264-3114-11		J0697		03/01/2004	09/30/2014	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG
00264-3123-11		J0694		07/01/2006	99/99/9999	INJECTION, CEFOXITIN SODIUM, 1 GM
00264-3125-11		J0694		07/01/2006	99/99/9999	INJECTION, CEFOXITIN SODIUM, 1 GM
00264-3153-11		J0696		07/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
00264-3155-11		J0696		07/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
00264-4000-55		J7030		01/01/2002	06/30/2015	INFUSION, NORMAL SALINE SOLUTION , 1000 CC
00264-4001-55		J7040		01/01/2002	09/30/2015	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)
00264-4002-55		J7050		01/01/2002	11/30/2013	INFUSION, NORMAL SALINE SOLUTION , 250 CC
00264-4021-55		J7799		01/01/2002	09/30/2015	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00264-5535-32		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
SODIUM CHLORIDE (PIC CONTAINER) 0.9%	500	ML	PC	IR	ML	500	ML	0.002	01/01/2004	99/99/9999	
SODIUM CHLORIDE (PIC CONTAINER) 0.9%	2000	ML	PC	IR	ML	500	ML	0.002	01/01/2004	99/99/9999	
SODIUM CHLORIDE (PIC CONTAINER) 0.9%	4000	ML	PC	IR	ML	500	ML	0.002	01/01/2004	99/99/9999	
RESECTISOL 5%	2000	ML	PC	IL	ML	1	EA	1	01/01/2002	99/99/9999	
CEFAZOLIN SODIUM (DUPLEX) 1 GM/50 ML-4%	50	ML	FC	IV	ML	500	MG	0.04	03/05/2003	99/99/9999	
CEFUROXIME SODIUM 750 MG/50 ML	50	ML	FC	IV	ML	750	MG	0.02	09/15/2003	03/31/2014	
CEFUROXIME SODIUM (DUPLEX) 1.5 GM/50 ML	50	ML	FC	IV	ML	750	MG	0.04	03/01/2004	09/30/2014	
CEFOXITIN 1 GM	1	EA	FC	IV	EA	1	GM	1	07/01/2006	99/99/9999	
CEFOXITIN 2 GM	1	EA	FC	IV	EA	1	GM	2	07/01/2006	99/99/9999	
CEFTRIAXONE/DEXTROSE 1 GM/50 ML	50	ML	FC	IV	ML	250	MG	0.08	07/20/2005	99/99/9999	
CEFTRIAXONE/DEXTROSE 2 GM/50 ML	50	ML	FC	IV	ML	250	MG	0.16	07/20/2005	99/99/9999	
SODIUM CHLORIDE (GLASS CONTAINER) 0.9%	1000	ML	GC	IV	ML	1000	ML	0.001	01/01/2002	06/30/2015	
SODIUM CHLORIDE (GLASS CONTAINER) 0.9%	500	ML	GC	IV	ML	500	ML	0.002	01/01/2002	09/30/2015	
SODIUM CHLORIDE (250 ML GLASS CONTAINER) 0.9%	250	ML	GC	IV	ML	250	ML	0.004	01/01/2002	11/30/2013	
SODIUM CHLORIDE (GLASS CONTAINER) 0.45%	500	ML	GC	IV	ML	1	EA	1	01/01/2002	09/30/2015	
METRONIDAZOLE (150 ML PAB CONTAINER) 500 MG/100 ML	100	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00264-5808-32		J1580		01/01/2002	03/31/2013	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG
00264-5810-32		J1580		01/01/2002	04/30/2013	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG
00264-5812-38		J1580		01/01/2002	08/31/2012	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG
00264-5816-38		J1580		01/01/2002	04/30/2013	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG
00264-7510-00		J7060		01/01/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)
00264-7510-10		J7060		01/01/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)
00264-7510-20		J7060		01/01/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)
00264-7520-00		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00264-7520-10		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00264-7578-10		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00264-7605-00		J7799		01/01/2002	04/30/2017	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00264-7605-10		J7799		01/01/2002	02/28/2014	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00264-7610-00		J7042		01/01/2002	99/99/9999	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)
00264-7610-10		J7042		01/01/2002	99/99/9999	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
GENTAMICIN SULFATE/SODIUM CHLORIDE (150 ML PAB CONTAINER) 80 MG/100 ML-0.9%	100	ML	FC	IV	ML	80	MG	0.01	01/01/2002	03/31/2013	
GENTAMICIN SULFATE/SODIUM CHLORIDE (150 ML PAB CONTAINER) 100 MG/100 ML-0.9%	100	ML	FC	IV	ML	80	MG	0.0125	01/01/2002	04/30/2013	
GENTAMICIN SULFATE/SODIUM CHLORIDE (100 ML PAB CONTAINER) 1.2 MG/ML-0.9%	50	ML	FC	IV	ML	80	MG	0.015	01/01/2002	08/31/2012	
GENTAMICIN SULFATE/SODIUM CHLORIDE (100 ML PAB CONTAINER) 1.6 MG/ML-0.9%	50	ML	FC	IV	ML	80	MG	0.02	01/01/2002	04/30/2013	
DEXTROSE (EXCEL) 5%	1000	ML	FC	IV	ML	500	ML	0.002	01/01/2002	99/99/9999	
DEXTROSE (EXCEL) 5%	500	ML	FC	IV	ML	500	ML	0.002	01/01/2002	99/99/9999	
DEXTROSE (EXCEL) 5%	250	ML	FC	IV	ML	500	ML	0.002	01/01/2002	99/99/9999	
DEXTROSE (EXCEL) 10%	1000	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999	
DEXTROSE (EXCEL) 10%	500	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999	
MANNITOL (EXCEL) 20%	500	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999	
DEXTROSE/SODIUM CHLORIDE (EXCEL) 2.5%-0.45%	1000	ML	FC	IV	ML	1	EA	1	01/01/2002	04/30/2017	
DEXTROSE/SODIUM CHLORIDE (EXCEL) 2.5%-0.45%	500	ML	FC	IV	ML	1	EA	1	01/01/2002	02/28/2014	
DEXTROSE/SODIUM CHLORIDE (EXCEL) 5%-0.9%	1000	ML	FC	IV	ML	5	%	0.002	01/01/2002	99/99/9999	
DEXTROSE/SODIUM CHLORIDE (EXCEL) 5%-0.9%	500	ML	FC	IV	ML	5	%	0.002	01/01/2002	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00264-7610-20		J7042		01/01/2002	07/31/2014	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)
00264-7612-00		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00264-7612-10		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00264-7614-00		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00264-7614-10		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00264-7616-00		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00264-7616-10		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00264-7616-20		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00264-7622-00		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00264-7623-20		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00264-7750-00		J7120		01/01/2002	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC
00264-7750-10		J7120		01/01/2002	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC
00264-7750-20		J7120		01/01/2002	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC
00264-7751-00		J7120		01/01/2002	12/31/2015	RINGERS LACTATE INFUSION, UP TO 1000 CC
00264-7751-10		J7120		01/01/2002	12/31/2015	RINGERS LACTATE INFUSION, UP TO 1000 CC

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
DEXTROSE/SODIUM CHLORIDE (EXCEL) 5%-0.9%	250	ML	FC	IV	ML	5	%	0.002	01/01/2002	07/31/2014	
DEXTROSE/SODIUM CHLORIDE (EXCEL) 5%-0.45%	1000	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999	
DEXTROSE/SODIUM CHLORIDE (EXCEL) 5%-0.45%	500	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999	
DEXTROSE/SODIUM CHLORIDE (EXCEL) 5%-0.33%	1000	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999	
DEXTROSE/SODIUM CHLORIDE (EXCEL) 5%-0.33%	500	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999	
DEXTROSE/SODIUM CHLORIDE (EXCEL) 5%-0.2%	1000	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999	
DEXTROSE/SODIUM CHLORIDE (EXCEL) 5%-0.2%	500	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999	
DEXTROSE/SODIUM CHLORIDE (EXCEL) 5%-0.2%	250	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999	
DEXTROSE/SODIUM CHLORIDE (EXCEL) 10%-0.45%	1000	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999	
DEXTROSE/SODIUM CHLORIDE (EXCEL) 10%-0.2%	250	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999	
LACTATED RINGER'S (EXCEL)	1000	ML	FC	IV	ML	1000	ML	0.001	01/01/2002	99/99/9999	
LACTATED RINGER'S (EXCEL)	500	ML	FC	IV	ML	1000	ML	0.001	01/01/2002	99/99/9999	
LACTATED RINGER'S (EXCEL)	250	ML	FC	IV	ML	1000	ML	0.001	01/01/2002	99/99/9999	
DEXTROSE 5%/LACTATED RINGERS (EXCEL)	1000	ML	FC	IV	ML	1000	ML	0.0005	01/01/2002	12/31/2015	
DEXTROSE 5%/LACTATED RINGERS (EXCEL)	500	ML	FC	IV	ML	1000	ML	0.0005	01/01/2002	12/31/2015	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00264-7800-00		J7030		01/01/2002	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 1000 CC
00264-7800-10		J7040		01/01/2002	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)
00264-7800-20		J7050		01/01/2002	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC
00264-7802-00		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00264-7802-10		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00264-7805-10		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00264-7806-10		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00264-7850-00		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML
00264-7850-10		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML
00264-7850-20		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML
00264-7865-00		J3480		01/01/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ
00264-9200-55		A4217		01/01/2004	08/31/2013	STERILE WATER/SALINE, 500 ML
00264-9201-55		A4217		01/01/2004	09/30/2013	STERILE WATER/SALINE, 500 ML
00264-9554-10		J2810		01/01/2002	99/99/9999	INJECTION, THEOPHYLLINE, PER 40 MG
00264-9558-10		J2810		01/01/2002	09/30/2013	INJECTION, THEOPHYLLINE, PER 40 MG
00264-9567-10		J1644		01/01/2002	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
SODIUM CHLORIDE (EXCEL) 0.9%	1000	ML	FC	IV	ML	1000	ML	0.001	01/01/2002	99/99/9999	
SODIUM CHLORIDE (EXCEL) 0.9%	500	ML	FC	IV	ML	500	ML	0.002	01/01/2002	99/99/9999	
SODIUM CHLORIDE (EXCEL) 0.9%	250	ML	FC	IV	ML	250	ML	0.004	01/01/2002	99/99/9999	
SODIUM CHLORIDE (EXCEL) 0.45%	1000	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999	
SODIUM CHLORIDE (EXCEL) 0.45%	500	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999	
SODIUM CHLORIDE (HYPERTONIC,EXCEL) 3%	500	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999	
SODIUM CHLORIDE (HYPERTONIC,EXCEL) 5%	500	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999	
WATER FOR INJECTION (EXCEL)	1000	ML	FC	IV	ML	500	ML	0.002	01/01/2004	99/99/9999	
WATER FOR INJECTION (EXCEL)	500	ML	FC	IV	ML	500	ML	0.002	01/01/2004	99/99/9999	
WATER FOR INJECTION (EXCEL)	250	ML	FC	IV	ML	500	ML	0.002	01/01/2004	99/99/9999	
POTASSIUM CHLORIDE/SODIUM CHLORIDE (EXCEL) 2 MEQ/100 ML-0.9%	1000	ML	FC	IV	ML	2	MEQ	0.01	01/01/2002	99/99/9999	
WATER FOR INJECTION (GLASS W/SOLID STOPPER)	1000	ML	GC	IV	ML	500	ML	0.002	01/01/2004	08/31/2013	
WATER FOR INJECTION (GLASS W/SOLID STOPPER)	500	ML	GC	IV	ML	500	ML	0.002	01/01/2004	09/30/2013	
DEXTROSE/THEOPHYLLINE (EXCEL) 5%-80 MG/100 ML	500	ML	FC	IV	ML	40	MG	0.02	01/01/2002	99/99/9999	
DEXTROSE/THEOPHYLLINE (EXCEL) 5%-160 MG/100 ML	500	ML	FC	IV	ML	40	MG	0.04	01/01/2002	09/30/2013	
DEXTROSE/HEPARIN SODIUM (EXCEL) 5%-4000 U/100 ML	500	ML	FC	IV	ML	1000	U	0.04	01/01/2002	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00264-9577-10		J1644		01/01/2002	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS
00264-9587-20		J1644		01/01/2002	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS
00264-9594-10		J2001		01/01/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG
00264-9594-20		J2001		01/01/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG
00264-9598-20		J2001		01/01/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG
00264-9872-10		J1644		01/01/2002	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS
00270-0556-15		J2805		01/01/2006	99/99/9999	INJECTION, SINCALIDE, 5 MICROGRAMS
00310-0201-30		J8999		01/01/2002	07/01/2018	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
00310-0321-30		J2185		01/01/2004	99/99/9999	INJECTION, MEROPENEM, 100 MG
00310-0321-65		J2185		07/17/2006	10/22/2012	INJECTION, MEROPENEM, 100 MG
00310-0325-20		J2185		01/01/2004	99/99/9999	INJECTION, MEROPENEM, 100 MG
00310-0325-64		J2185		07/17/2006	10/22/2012	INJECTION, MEROPENEM, 100 MG
00310-0950-36		J9202		05/05/2003	04/05/2018	GOSERELIN ACETATE IMPLANT, PER 3.6 MG
00310-0951-30		J9202		05/05/2003	02/01/2018	GOSERELIN ACETATE IMPLANT, PER 3.6 MG
00338-0003-44		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML
00338-0003-46		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML
00338-0003-47		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML
00338-0004-02		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML
00338-0004-03		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
DEXTROSE/HEPARIN SODIUM (EXCEL) 5%-5000 U/100 ML	500	ML	FC	IV	ML	1000	U	0.05	01/01/2002	99/99/9999	
DEXTROSE/HEPARIN SODIUM (EXCEL) 5%-10000 U/100 ML	250	ML	FC	IV	ML	1000	U	0.1	01/01/2002	99/99/9999	
DEXTROSE/LIDOCAINE HCL (EXCEL) 5%-0.4%	500	ML	FC	IV	ML	10	MG	0.4	01/01/2004	99/99/9999	
DEXTROSE/LIDOCAINE HCL (EXCEL) 5%-0.4%	250	ML	FC	IV	ML	10	MG	0.4	01/01/2004	99/99/9999	
DEXTROSE/LIDOCAINE HCL (EXCEL) 5%-0.8%	250	ML	FC	IV	ML	10	MG	0.8	01/01/2004	99/99/9999	
HEPARIN SODIUM/SODIUM CHLORIDE 200 U/100 ML-0.9%	500	ML	FC	IV	ML	1000	U	0.002	01/01/2002	99/99/9999	
KINEVAC (VIAL) 5 MCG	1	EA	VL	IV	EA	5	MCG	1	01/01/2006	99/99/9999	
ARIMIDEX 1 MG	30	EA	BO	PO	EA	1	EA	1	08/07/2008	07/01/2018	01/01/2002
MERREM IV (VIAL) 1 GM	1	EA	VL	IV	EA	100	MG	10	01/01/2004	99/99/9999	
NOVAPLUS MERREM 1 GM	1	EA	VL	IV	EA	100	MG	10	07/17/2006	10/22/2012	
MERREM IV (VIAL) 500 MG	1	EA	VL	IV	EA	100	MG	5	01/01/2004	99/99/9999	
NOVAPLUS MERREM 500 MG	1	EA	VL	IV	EA	100	MG	5	07/17/2006	10/22/2012	
ZOLADEX (SAFESYSTEM SRN) 3.6 MG	1	EA	SR	SC	EA	3.6	MG	1	05/05/2003	04/05/2018	
ZOLADEX (SAFESYSTEM SRN) 10.8 MG	1	EA	SR	SC	EA	3.6	MG	3	05/05/2003	02/01/2018	
WATER FOR IRRIGATION	1000	ML	FC	IR	ML	500	ML	0.002	01/01/2004	99/99/9999	
WATER FOR IRRIGATION	2000	ML	FC	IR	ML	500	ML	0.002	01/01/2004	99/99/9999	
WATER FOR IRRIGATION	3000	ML	FC	IR	ML	500	ML	0.002	01/01/2004	99/99/9999	
WATER FOR IRRIGATION	250	ML	FC	IR	ML	500	ML	0.002	01/01/2004	99/99/9999	
WATER FOR IRRIGATION	500	ML	FC	IR	ML	500	ML	0.002	01/01/2004	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
06/02/2008	1			

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00338-0004-04		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML
00338-0004-05		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML
00338-0013-04		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML
00338-0013-06		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML
00338-0013-08		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML
00338-0013-29		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML
00338-0017-01		J7060		01/01/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)
00338-0017-02		J7060		01/01/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)
00338-0017-03		J7060		01/01/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)
00338-0017-04		J7060		01/01/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)
00338-0017-10		J7060		01/01/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)
00338-0017-11		J7060		01/01/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)
00338-0017-18		J7060		01/01/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)
00338-0017-31		J7060		01/01/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)
00338-0017-38		J7060		01/01/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)
00338-0017-41		J7060		01/01/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)
00338-0017-48		J7060		01/01/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)
00338-0023-02		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00338-0023-03		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
WATER FOR IRRIGATION	1000	ML	FC	IR	ML	500	ML	0.002	01/01/2004	99/99/9999	
WATER FOR IRRIGATION	1500	ML	FC	IR	ML	500	ML	0.002	01/01/2004	99/99/9999	
WATER FOR INJECTION	1000	ML	FC	IV	ML	500	ML	0.002	01/01/2004	99/99/9999	
WATER FOR INJECTION	2000	ML	FC	IV	ML	500	ML	0.002	01/01/2004	99/99/9999	
WATER FOR INJECTION	3000	ML	PC	IV	ML	500	ML	0.002	01/01/2004	99/99/9999	
WATER FOR INJECTION	5000	ML	FC	IV	ML	500	ML	0.002	01/01/2004	99/99/9999	
DEXTROSE 5%	150	ML	FC	IV	ML	500	ML	0.002	01/01/2002	99/99/9999	
DEXTROSE 5%	250	ML	FC	IV	ML	500	ML	0.002	01/01/2002	99/99/9999	
DEXTROSE 5%	500	ML	FC	IV	ML	500	ML	0.002	01/01/2002	99/99/9999	
DEXTROSE 5%	1000	ML	FC	IV	ML	500	ML	0.002	01/01/2002	99/99/9999	
DEXTROSE (QUAD PACK, MINI-BAG) 5%	25	ML	FC	IV	ML	500	ML	0.002	01/01/2002	99/99/9999	
DEXTROSE (QUAD PACK, MINI-BAG) 5%	50	ML	FC	IV	ML	500	ML	0.002	01/01/2002	99/99/9999	
DEXTROSE (QUAD PACK, MINI-BAG) 5%	100	ML	FC	IV	ML	500	ML	0.002	01/01/2002	99/99/9999	
DEXTROSE (MULTI PACK, MINI-BAG) 5%	50	ML	FC	IV	ML	500	ML	0.002	01/01/2002	99/99/9999	
DEXTROSE (MULTI PACK, MINI-BAG) 5%	100	ML	FC	IV	ML	500	ML	0.002	01/01/2002	99/99/9999	
DEXTROSE (SINGLE PACK MINI-BAG) 5%	50	ML	FC	IV	ML	500	ML	0.002	01/01/2002	99/99/9999	
DEXTROSE (SINGLE PACK MINI-BAG) 5%	100	ML	FC	IV	ML	500	ML	0.002	01/01/2002	99/99/9999	
DEXTROSE 10%	250	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999	
DEXTROSE 10%	500	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00338-0023-04		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00338-0043-03		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00338-0043-04		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00338-0047-24		A4217		01/01/2004	12/31/2012	STERILE WATER/SALINE, 500 ML
00338-0047-27		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML
00338-0047-29		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML
00338-0047-44		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML
00338-0047-46		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML
00338-0047-47		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML
00338-0048-02		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML
00338-0048-03		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML
00338-0048-04		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML
00338-0048-05		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML
00338-0049-01		J7050		01/01/2002	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC
00338-0049-02		J7050		01/01/2002	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC
00338-0049-03		J7040		01/01/2002	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)
00338-0049-04		J7030		01/01/2002	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 1000 CC
00338-0049-10		A4216		01/01/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
00338-0049-11		A4216		01/01/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
00338-0049-18		J7050		01/01/2002	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
DEXTROSE 10%	1000	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999	
SODIUM CHLORIDE 0.45%	500	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999	
SODIUM CHLORIDE 0.45%	1000	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999	
SODIUM CHLORIDE (ARTHROMATIC P.C.) 0.9%	1000	ML	FC	IR	ML	500	ML	0.002	01/01/2004	12/31/2012	
SODIUM CHLORIDE 0.9%	3000	ML	PC	IR	ML	500	ML	0.002	01/01/2004	99/99/9999	
SODIUM CHLORIDE 0.9%	5000	ML	PC	IR	ML	500	ML	0.002	01/01/2004	99/99/9999	
SODIUM CHLORIDE (UROMATIC P.C.) 0.9%	1000	ML	FC	IR	ML	500	ML	0.002	01/01/2004	99/99/9999	
SODIUM CHLORIDE 0.9%	2000	ML	BO	IR	ML	500	ML	0.002	01/01/2004	99/99/9999	
SODIUM CHLORIDE 0.9%	3000	ML	FC	IR	ML	500	ML	0.002	01/01/2004	99/99/9999	
SODIUM CHLORIDE 0.9%	250	ML	PC	IR	ML	500	ML	0.002	01/01/2004	99/99/9999	
SODIUM CHLORIDE 0.9%	500	ML	PC	IR	ML	500	ML	0.002	01/01/2004	99/99/9999	
SODIUM CHLORIDE (P.C.) 0.9%	1000	ML	PC	IR	ML	500	ML	0.002	01/01/2004	99/99/9999	
SODIUM CHLORIDE 0.9%	1500	ML	PC	IR	ML	500	ML	0.002	01/01/2004	99/99/9999	
SODIUM CHLORIDE 0.9%	150	ML	FC	IV	ML	250	ML	0.004	01/01/2002	99/99/9999	
SODIUM CHLORIDE 0.9%	250	ML	FC	IV	ML	250	ML	0.004	01/01/2002	99/99/9999	
SODIUM CHLORIDE 0.9%	500	ML	FC	IV	ML	500	ML	0.002	01/01/2002	99/99/9999	
SODIUM CHLORIDE 0.9%	1000	ML	FC	IV	ML	1000	ML	0.001	01/01/2002	99/99/9999	
SODIUM CHLORIDE (QUAD PACK, MINI-BAG) 0.9%	25	ML	FC	IV	ML	10	ML	0.1	01/01/2004	99/99/9999	
SODIUM CHLORIDE (QUAD PACK, MINI-BAG) 0.9%	50	ML	FC	IV	ML	10	ML	0.1	01/01/2004	99/99/9999	
SODIUM CHLORIDE (QUAD PACK, MINI-BAG) 0.9%	100	ML	FC	IV	ML	250	ML	0.004	01/01/2002	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00338-0049-31		A4216		01/01/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
00338-0049-38		J7050		01/01/2002	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC
00338-0049-41		A4216		01/01/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
00338-0049-48		J7050		01/01/2002	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC
00338-0050-47		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML
00338-0054-03		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00338-0056-03		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00338-0073-04		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00338-0077-02		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00338-0077-03		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00338-0077-04		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00562-7805-00		J2790		01/08/2014	99/99/9999	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MICROGRAMS (1500 I.U.)
00338-0081-03		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00338-0085-02		J7799		01/01/2002	07/16/2016	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
SODIUM CHLORIDE (MULTI PACK, MINI-BAG) 0.9%	50	ML	FC	IV	ML	10	ML	0.1	01/01/2004	99/99/9999	
SODIUM CHLORIDE (MULTI PACK, MINI-BAG) 0.9%	100	ML	FC	IV	ML	250	ML	0.004	01/01/2002	99/99/9999	
SODIUM CHLORIDE (SINGLE PACK, MINI-BAG) 0.9%	50	ML	FC	IV	ML	10	ML	0.1	01/01/2004	99/99/9999	
SODIUM CHLORIDE (SINGLE PACK, MINI-BAG) 0.9%	100	ML	FC	IV	ML	250	ML	0.004	01/01/2002	99/99/9999	
SODIUM CHLORIDE (PROCESSING) 0.9%	3000	ML	PC	IR	ML	500	ML	0.002	01/01/2004	99/99/9999	
SODIUM CHLORIDE 3%	500	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999	
SODIUM CHLORIDE 5%	500	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999	
DEXTROSE/SODIUM CHLORIDE 2.5%-0.45%	1000	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999	
DEXTROSE/SODIUM CHLORIDE 5%-0.2%	250	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999	
DEXTROSE/SODIUM CHLORIDE 5%-0.2%	500	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999	
DEXTROSE/SODIUM CHLORIDE 5%-0.2%	1000	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999	
RHOGAM ULTRA-FILTERED PLUS (INNER PACK,PF) 300 MCG	1	EA	SR	IM	EA	300	MCG	1	01/08/2014	99/99/9999	
DEXTROSE/SODIUM CHLORIDE 5%-0.33%	500	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999	
DEXTROSE/SODIUM CHLORIDE 5%-0.45%	250	ML	FC	IV	ML	1	EA	1	01/01/2002	07/16/2016	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00338-0085-03		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00338-0085-04		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00338-0089-03		J7042		01/01/2002	99/99/9999	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)
00338-0089-04		J7042		01/01/2002	99/99/9999	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)
00338-0117-02		J7120		01/01/2002	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC
00338-0117-03		J7120		01/01/2002	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC
00338-0117-04		J7120		01/01/2002	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC
00338-0125-03		J7120		01/01/2002	12/31/2015	RINGERS LACTATE INFUSION, UP TO 1000 CC
00338-0125-04		J7120		01/01/2002	12/31/2015	RINGERS LACTATE INFUSION, UP TO 1000 CC
00338-0351-04		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00338-0353-03		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00338-0355-03		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00338-0357-02		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00338-0357-03		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00338-0409-03		J2001		01/01/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG
00338-0411-02		J2001		01/01/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG
00338-0431-03		J1644		01/01/2002	02/03/2016	INJECTION, HEPARIN SODIUM, PER 1000 UNITS
00338-0433-04		J1644		01/01/2002	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS
00338-0503-48		J1580		01/01/2002	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
DEXTROSE/SODIUM CHLORIDE 5%-0.45%	500	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999	
DEXTROSE/SODIUM CHLORIDE 5%-0.45%	1000	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999	
DEXTROSE/SODIUM CHLORIDE 5%-0.9%	500	ML	FC	IV	ML	5	%	0.002	01/01/2002	99/99/9999	
DEXTROSE/SODIUM CHLORIDE 5%-0.9%	1000	ML	FC	IV	ML	5	%	0.002	01/01/2002	99/99/9999	
LACTATED RINGER'S	250	ML	FC	IV	ML	1000	ML	0.001	01/01/2002	99/99/9999	
LACTATED RINGER'S	500	ML	FC	IV	ML	1000	ML	0.001	01/01/2002	99/99/9999	
LACTATED RINGER'S	1000	ML	FC	IV	ML	1000	ML	0.001	01/01/2002	99/99/9999	
LACTATED RINGER'S/DEXTROSE 5%	500	ML	FC	IV	ML	1000	ML	0.0005	01/01/2002	12/31/2015	
LACTATED RINGER'S/DEXTROSE 5%	1000	ML	FC	IV	ML	1000	ML	0.0005	01/01/2002	12/31/2015	
OSMITROL (VIAFLEX,AF) 5%	1000	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999	
OSMITROL (VIAFLEX) 10%	500	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999	
OSMITROL (VIAFLEX,AF) 15%	500	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999	
OSMITROL (VIAFLEX) 20%	250	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999	
OSMITROL (VIAFLEX) 20%	500	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999	
DEXTROSE/LIDOCAINE HCL 5%-0.4%	500	ML	FC	IV	ML	10	MG	0.4	01/01/2004	99/99/9999	
DEXTROSE/LIDOCAINE HCL 5%-0.8%	250	ML	FC	IV	ML	10	MG	0.8	01/01/2004	99/99/9999	
HEPARIN SODIUM/SODIUM CHLORIDE 200 U/100 ML-0.9%	500	ML	FC	IV	ML	1000	U	0.002	01/01/2002	02/03/2016	
HEPARIN SODIUM/SODIUM CHLORIDE 200 U/100 ML-0.9%	1000	ML	FC	IV	ML	1000	U	0.002	01/01/2002	99/99/9999	
GENTAMICIN SULFATE (VIAFLEX) 0.8 MG/ML-0.9%	100	ML	FC	IV	ML	80	MG	0.01	01/01/2002	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00338-0505-48		J1580		01/01/2002	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG
00338-0507-41		J1580		01/01/2002	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG
00338-0507-48		J1580		01/01/2002	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG
00338-0509-41		J1580		01/01/2002	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG
00338-0511-41		J1580		01/01/2002	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG
00338-0551-11		J7060		01/01/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)
00338-0551-18		J7060		01/01/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)
00338-0553-11		A4216		01/01/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
00338-0553-18		J7050		01/01/2002	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC
00338-0691-04		J3480		01/01/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ
00338-0695-04		J3480		01/01/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ
00338-0703-41		J3480		01/01/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ
00338-0703-48		J3480		01/01/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ
00338-0704-34		J3480		05/21/2003	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ
00338-0705-41		J3480		01/01/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
GENTAMICIN SULFATE 100 MG/100 ML-0.9%	100	ML	FC	IV	ML	80	MG	0.0125	01/01/2002	99/99/9999	
GENTAMICIN SULFATE (24X50ML) 1.2 MG/ML-0.9%	50	ML	FC	IV	ML	80	MG	0.015	01/01/2002	99/99/9999	
GENTAMICIN SULFATE (24X100ML) 1.2 MG/ML-0.9%	100	ML	FC	IV	ML	80	MG	0.015	01/01/2002	99/99/9999	
GENTAMICIN SULFATE 1.6 MG/ML-0.9%	50	ML	FC	IV	ML	80	MG	0.02	01/01/2002	99/99/9999	
GENTAMICIN SULFATE 2 MG/ML-0.9%	50	ML	FC	IV	ML	80	MG	0.025	01/01/2002	99/99/9999	
DEXTROSE (MINI-BAG PLUS) 5%	50	ML	FC	IV	ML	500	ML	0.002	01/01/2002	99/99/9999	
DEXTROSE (MINI-BAG PLUS) 5%	100	ML	FC	IV	ML	500	ML	0.002	01/01/2002	99/99/9999	
SODIUM CHLORIDE (MINI-BAG PLUS) 0.9%	50	ML	FC	IV	ML	10	ML	0.1	01/01/2004	99/99/9999	
SODIUM CHLORIDE (MINI-BAG PLUS) 0.9%	100	ML	FC	IV	ML	250	ML	0.004	01/01/2002	99/99/9999	
POTASSIUM CHLORIDE/SODIUM CHLORIDE 2 MEQ/100 ML-0.9%	1000	ML	FC	IV	ML	2	MEQ	0.01	01/01/2002	99/99/9999	
POTASSIUM CHLORIDE/SODIUM CHLORIDE 4 MEQ/100 ML-0.9%	1000	ML	FC	IV	ML	2	MEQ	0.02	01/01/2002	99/99/9999	
POTASSIUM CHLORIDE 20 MEQ/50 ML	50	ML	PC	IV	ML	2	MEQ	0.2	01/01/2002	99/99/9999	
POTASSIUM CHLORIDE 40 MEQ/100 ML	100	ML	PC	IV	ML	2	MEQ	0.2	01/01/2002	99/99/9999	
POTASSIUM CHLORIDE/SODIUM CHLORIDE (VIAFLEX BAG,PF) 2 MEQ/100 ML-0.45%	1000	ML	FC	IV	ML	2	MEQ	0.01	05/21/2003	99/99/9999	
POTASSIUM CHLORIDE 10 MEQ/50 ML	50	ML	PC	IV	ML	2	MEQ	0.1	01/01/2002	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00338-0705-48		J3480		01/01/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ
00338-0709-48		J3480		01/01/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ
00338-0719-06		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00338-0719-13		J7799		01/01/2002	10/31/2015	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00338-0811-04		J7120		01/01/2002	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC
00338-1005-02		J1265		01/01/2006	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG
69097-0318-87		J7626		11/14/2017	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG
44567-0701-25		J0696		04/25/2013	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
00338-1005-03		J1265		01/01/2006	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG
00338-1007-02		J1265		01/01/2006	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG
00338-1007-03		J1265		01/01/2006	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG
00338-1009-02		J1265		01/01/2006	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG
00338-1013-41		J2700		01/01/2002	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG
00338-1015-41		J2700		01/01/2002	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
POTASSIUM CHLORIDE 20 MEQ/100 ML	100	ML	PC	IV	ML	2	MEQ	0.1	01/01/2002	99/99/9999	
POTASSIUM CHLORIDE 10 MEQ/100 ML	100	ML	PC	IV	ML	2	MEQ	0.05	01/01/2002	99/99/9999	
DEXTROSE (BULK PACKAGE) 70%	2000	ML	PC	IV	ML	1	EA	1	01/01/2002	99/99/9999	
DEXTROSE (12X500ML,USP) 70%	500	ML	PC	IV	ML	1	EA	1	01/01/2002	10/31/2015	
POTASSIUM CHLORIDE SOLUTION (5%,DEXTROSE & LAC-RING)	1000	ML	FC	IV	ML	1000	ML	0.0005	01/01/2002	99/99/9999	
DEXTROSE/DOPAMINE HCL (PRE-MIX IN D5W) 5%-80 MG/100 ML	250	ML	PC	IV	ML	40	MG	0.02	01/01/2006	99/99/9999	
BUDESONIDE (30X2ML,SINGLE-DOSE) 0.25 MG/2 ML	2	ML	AM	IH	ML	0.5	MG	0.25	11/14/2017	99/99/9999	
CEFTRIAXONE (USP) 1 GM	25	EA	VL	IJ	EA	250	MG	4	04/25/2013	99/99/9999	
DEXTROSE/DOPAMINE HCL 5%-80 MG/100 ML	500	ML	PC	IV	ML	40	MG	0.02	01/01/2006	99/99/9999	
DEXTROSE/DOPAMINE HCL 5%-160 MG/100 ML	250	ML	PC	IV	ML	40	MG	0.04	01/01/2006	99/99/9999	
DEXTROSE/DOPAMINE HCL 5%-160 MG/100 ML	500	ML	PC	IV	ML	40	MG	0.04	01/01/2006	99/99/9999	
DEXTROSE/DOPAMINE HCL 5%-320 MG/100 ML	250	ML	PC	IV	ML	40	MG	0.08	01/01/2006	99/99/9999	
OXACILLIN SODIUM (PREMIXED) 1 GM/50 ML	50	ML	PC	IV	ML	250	MG	0.08	01/01/2002	99/99/9999	
OXACILLIN SODIUM (PREMIXED) 2 GM/50 ML	50	ML	PC	IV	ML	250	MG	0.16	01/01/2002	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00338-1017-41		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS
00338-1019-48		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS
00338-1021-41		J2540		01/01/2002	99/99/9999	INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS
00338-1023-41		J2540		01/01/2002	99/99/9999	INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS
00338-1025-41		J2540		01/01/2002	99/99/9999	INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS
00338-1055-48		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS
00338-1073-02		J1250		01/01/2002	99/99/9999	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG
00338-1075-02		J1250		01/01/2002	99/99/9999	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG
00338-1077-02		J1250		01/01/2002	99/99/9999	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG
00338-1762-41		J2405		12/27/2006	07/25/2012	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG
00338-3503-41		J0690		01/01/2002	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG
00338-3551-48		J3370		01/01/2002	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG
00338-3552-48		J3370		01/01/2002	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG
00338-5002-41		J0696		09/06/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
NAFCILLIN SODIUM (GALAXY,PREMIX) 1 GM/50 ML	50	ML	PC	IV	ML	1	EA	1	01/01/2002	99/99/9999	
NAFCILLIN SODIUM (GALAXY,PREMIX) 1 GM/50 ML	100	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999	
PENICILLIN G POTASSIUM (GALAXY,PREMIX) 1 Million U/50 ML	50	ML	PC	IV	ML	600000	U	0.03333	01/01/2002	99/99/9999	
PENICILLIN G POTASSIUM (GALAXY,PREMIX) 2 Million U/50 ML	50	ML	PC	IV	ML	600000	U	0.06666	01/01/2002	99/99/9999	
PENICILLIN G POTASSIUM (GALAXY,PREMIX) 3 Million U/50 ML	50	ML	PC	IV	ML	600000	U	0.1	01/01/2002	99/99/9999	
METRONIDAZOLE 500 MG/100 ML	100	ML	FC	IV	ML	1	EA	1	01/01/2002	99/99/9999	
DEXTROSE/DOBUTAMINE 5%-100 MG/100 ML	250	ML	FC	IV	ML	250	MG	0.004	01/01/2002	99/99/9999	
DEXTROSE/DOBUTAMINE 5%-200 MG/100 ML	250	ML	FC	IV	ML	250	MG	0.008	01/01/2002	99/99/9999	
DEXTROSE/DOBUTAMINE 5%-400 MG/100 ML	250	ML	FC	IV	ML	250	MG	0.016	01/01/2002	99/99/9999	
ONDANSETRON (50MLX10,SD,USP,PREMIX) 32 MG/50 ML	50	ML	PC	IV	ML	1	MG	0.64	12/27/2006	07/25/2012	
CEFAZOLIN SODIUM (GALAXY P.C.) 1 GM/50 ML	50	ML	FC	IV	ML	500	MG	0.04	01/01/2002	99/99/9999	
VANCOCIN HCL (S.D. GALAXY PLASTIC) 5%-500 MG/100 ML	100	ML	PC	IV	ML	500	MG	0.01	01/01/2002	99/99/9999	
VANCOCIN HCL (S.D. GALAXY PLASTIC) 5%-500 MG/100 ML	200	ML	PC	IV	ML	500	MG	0.01	01/01/2002	99/99/9999	
CEFTRIAXONE 1 GM/50 ML	50	ML	PC	IV	ML	250	MG	0.08	09/06/2005	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00338-5003-41		J0696		09/06/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
00338-5197-41		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS
00338-6010-48		J2260		06/05/2002	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG
00338-6011-37		J2260		06/05/2002	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG
00338-6045-37		J1450		07/29/2004	99/99/9999	INJECTION FLUCONAZOLE, 200 MG
00338-6046-48		J1450		07/29/2004	99/99/9999	INJECTION FLUCONAZOLE, 200 MG
00338-6307-02		J7120		10/17/2007	06/30/2016	RINGERS LACTATE INFUSION, UP TO 1000 CC
00338-6346-02		J7060		03/01/2007	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)
00378-0014-01		None		01/01/1994	99/99/9999	METHOTREXATE, 2.5 MG, ORAL
00378-0014-50		None		02/23/1998	99/99/9999	METHOTREXATE, 2.5 MG, ORAL
00378-0144-05		J8999		02/20/2003	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
00378-0144-91		J8999		02/20/2003	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
00378-0253-01		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
00378-0274-01		J8999		02/20/2003	07/12/2016	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
00378-0274-93		J8999		02/20/2003	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
00378-0302-01		J8499		01/01/2002	01/14/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
00378-1003-94		Q0166		01/30/2007	11/30/2012	GRANISETRON HYDROCHLORIDE, 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 24 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
CEFTRIAXONE 2 GM/50 ML	50	ML	PC	IV	ML	250	MG	0.16	09/06/2005	99/99/9999	
FAMOTIDINE (GALAXY PC,PF) 0.4 MG/ML	50	ML	PC	IV	ML	1	EA	1	01/01/2002	99/99/9999	
DEXTROSE/MILRINONE LACTATE (BAG,INTRAVIA) 5%-20 MG/100 ML	100	ML	FC	IV	ML	5	MG	0.04	06/05/2002	99/99/9999	
DEXTROSE/MILRINONE LACTATE (BAG,INTRAVIA) 5%-20 MG/100 ML	200	ML	FC	IV	ML	5	MG	0.04	06/05/2002	99/99/9999	
FLUCONAZOLE (INTRAVIA CONTAINER) 400 MG/200 ML	200	ML	PC	IV	ML	200	MG	0.01	07/29/2004	99/99/9999	
FLUCONAZOLE (INTRAVIA CONTAINERS) 200 MG/100 ML	100	ML	PC	IV	ML	200	MG	0.01	07/29/2004	99/99/9999	
LACTATED RINGER'S (USP,LATEX-FREE)	250	ML	FC	IV	ML	1000	ML	0.001	10/17/2007	06/30/2016	
DEXTROSE (USP,40X250ML,AVIVA) 5%	250	ML	FC	IV	ML	500	ML	0.002	03/01/2007	99/99/9999	
METHOTREXATE SODIUM 2.5 MG	100	EA	BO	PO	EA	2.5	MG	1	01/01/1994	99/99/9999	
METHOTREXATE SODIUM 2.5 MG	5000	EA	BO	PO	EA	2.5	MG	1	02/23/1998	99/99/9999	
TAMOXIFEN CITRATE 10 MG	500	EA	BO	PO	EA	1	EA	1	02/20/2003	99/99/9999	
TAMOXIFEN CITRATE 10 MG	60	EA	BO	PO	EA	1	EA	1	02/20/2003	99/99/9999	
ACYCLOVIR 400 MG	100	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999	
TAMOXIFEN CITRATE 20 MG	100	EA	BO	PO	EA	1	EA	1	02/20/2003	07/12/2016	
TAMOXIFEN CITRATE 20 MG	30	EA	BO	PO	EA	1	EA	1	02/20/2003	99/99/9999	
ACYCLOVIR 800 MG	100	EA	BO	PO	EA	1	EA	1	01/01/2002	01/14/2016	
GRANISETRON HYDROCHLORIDE (FILM-COATED) 1 MG	20	EA	BO	PO	EA	1	MG	1	01/30/2007	11/30/2012	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00378-3266-94		None		10/19/2001	99/99/9999	ETOPOSIDE, 50 MG, ORAL
00378-3547-25		J8999		07/01/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
00378-3547-52		J8999		07/01/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
00378-5105-01		Q0164		01/01/2002	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00378-5110-01		Q0165		01/01/2002	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00378-6988-58		J7620		12/28/2007	09/25/2013	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME
00378-6988-91		J7620		12/28/2007	12/31/2014	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME
00378-6988-93		J7620		12/28/2007	06/12/2013	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME
00406-0646-02		J0706		01/01/2002	99/99/9999	INJECTION, CAFFEINE CITRATE, 5MG
00406-0672-52		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS
00406-1130-52		J3010		01/01/2002	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG
00406-1395-04		J3520		01/01/2002	99/99/9999	EDETATE DISODIUM, PER 150 MG
00406-1492-52		J2310		01/01/2002	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG
00406-1510-56		J1230		01/01/2002	99/99/9999	INJECTION, METHADONE HCL, UP TO 10 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
ETOPOSIDE (BLISTER PACK,SOFTGEL) 50 MG	20	EA	BX	PO	EA	50	MG	1	10/19/2001	99/99/9999	
MERCAPTOPURINE (U.S.P.) 50 MG	250	EA	BO	PO	EA	1	EA	1	07/01/2005	99/99/9999	
MERCAPTOPURINE (U.S.P.) 50 MG	25	EA	BO	PO	EA	1	EA	1	07/01/2005	99/99/9999	
PROCHLORPERAZINE MALEATE 5 MG	100	EA	BO	PO	EA	5	MG	1	01/01/2002	99/99/9999	
PROCHLORPERAZINE MALEATE 10 MG	100	EA	BO	PO	EA	10	MG	1	01/01/2002	12/31/2013	
IPRATROPIUM BROMIDE AND ALBUTEROL SULFATE (30X3ML,5 VIALS/POUCH) 3 MG/3 ML-0.5 MG/3 ML	30	ML	PC	IH	ML	3	MG	0.33333	12/28/2007	09/25/2013	
IPRATROPIUM BROMIDE AND ALBUTEROL SULFATE (60X3ML 5 VIALS/POUCH) 3 MG/3 ML-0.5 MG/3 ML	60	ML	PC	IH	ML	3	MG	0.33333	12/28/2007	12/31/2014	
IPRATROPIUM BROMIDE AND ALBUTEROL SULFATE (30X3ML,1 VIAL/POUCH) 3 MG/3 ML-0.5 MG/3 ML	30	ML	PC	IH	ML	3	MG	0.33333	12/28/2007	06/12/2013	
CAFFEINE CITRATED (PURIFIED)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	99/99/9999	
SUFENTANIL CITRATE (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	01/01/2002	99/99/9999	
FENTANYL CITRATE	1	EA	BO	NA	GM	0.1	MG	10000	01/01/2002	99/99/9999	
EDETATE DISODIUM (U.S.P.)	1	EA	BO	NA	GM	150	MG	6.66666	01/01/2002	99/99/9999	
NALOXONE HCL (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
METHADONE HCL	1	EA	BO	NA	GM	10	MG	100	01/01/2002	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00406-1510-57		J1230		01/01/2002	99/99/9999	INJECTION, METHADONE HCL, UP TO 10 MG
00406-1510-59		J1230		01/01/2002	99/99/9999	INJECTION, METHADONE HCL, UP TO 10 MG
00406-1521-53		J2271		01/01/2002	12/31/2014	INJECTION, MORPHINE SULFATE, 100MG
00406-1521-55		J2271		01/01/2002	12/31/2014	INJECTION, MORPHINE SULFATE, 100MG
00406-1521-56		J2271		01/01/2002	12/31/2014	INJECTION, MORPHINE SULFATE, 100MG
00406-1521-57		J2271		01/01/2002	12/31/2014	INJECTION, MORPHINE SULFATE, 100MG
00406-1548-32		J0745		01/01/2002	99/99/9999	INJECTION, CODEINE PHOSPHATE, PER 30 MG
00406-1548-35		J0745		01/01/2002	99/99/9999	INJECTION, CODEINE PHOSPHATE, PER 30 MG
00406-1585-55		J2175		01/01/2002	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG
00406-3245-52		J1170		01/01/2002	09/30/2016	INJECTION, HYDROMORPHONE, UP TO 4 MG
00406-4200-12		J3475		01/01/2002	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG
00406-6838-04		J3480		01/01/2002	10/17/2016	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ
00406-6838-06		J3480		01/01/2002	10/17/2016	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ
00406-6845-04		J3480		01/01/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ
00406-6858-04		J3480		01/01/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ
00406-8050-03		J9218		01/01/2002	10/17/2016	LEUPROLIDE ACETATE, PER 1 MG
00406-8642-12		J3350		01/01/2002	99/99/9999	INJECTION, UREA, UP TO 40 GM
00409-0801-01		J9268		07/20/2007	99/99/9999	INJECTION, PENTOSTATIN, 10 MG
00409-1036-30		J0670		03/21/2006	99/99/9999	INJECTION, MEPIVACAINE HYDROCHLORIDE, PER 10 ML
00409-1038-50		J0670		10/08/2007	99/99/9999	INJECTION, MEPIVACAINE HYDROCHLORIDE, PER 10 ML
00409-1041-30		J0670		04/26/2006	99/99/9999	INJECTION, MEPIVACAINE HYDROCHLORIDE, PER 10 ML
00409-1067-20		J0670		01/15/2007	99/99/9999	INJECTION, MEPIVACAINE HYDROCHLORIDE, PER 10 ML

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
METHADONE HCL	1	EA	BO	NA	GM	10	MG	100	01/01/2002	99/99/9999	
METHADONE HCL	1	EA	BO	NA	GM	10	MG	100	01/01/2002	99/99/9999	
MORPHINE SULFATE	1	EA	BO	NA	GM	100	MG	10	01/01/2002	12/31/2014	
MORPHINE SULFATE	1	EA	BO	NA	GM	100	MG	10	01/01/2002	12/31/2014	
MORPHINE SULFATE	1	EA	BO	NA	GM	100	MG	10	01/01/2002	12/31/2014	
MORPHINE SULFATE	1	EA	BO	NA	GM	100	MG	10	01/01/2002	12/31/2014	
CODEINE PHOSPHATE	1	EA	BO	NA	GM	30	MG	33.33333	01/01/2002	99/99/9999	
CODEINE PHOSPHATE	1	EA	BO	NA	GM	30	MG	33.33333	01/01/2002	99/99/9999	
MEPERIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	01/01/2002	99/99/9999	
HYDROMORPHONE HCL	1	EA	BO	NA	GM	4	MG	250	01/01/2002	09/30/2016	
MAGNESIUM SULFATE (U.S.P.)	1	EA	BO	NA	GM	500	MG	2	01/01/2002	99/99/9999	
POTASSIUM CHLORIDE (U.S.P.)	1	EA	BO	NA	GM	2	MEQ	6.71141	01/01/2002	10/17/2016	
POTASSIUM CHLORIDE (U.S.P.)	1	EA	BO	NA	GM	2	MEQ	6.71141	01/01/2002	10/17/2016	
POTASSIUM CHLORIDE (U.S.P.)	1	EA	BO	NA	GM	2	MEQ	6.71141	01/01/2002	99/99/9999	
POTASSIUM CHLORIDE (A.C.S.)	1	EA	NA	NA	GM	2	MEQ	6.71141	01/01/2002	99/99/9999	
LEUPROLIDE ACETATE	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	10/17/2016	
UREA (U.S.P.)	1	EA	BO	NA	GM	40	GM	0.025	01/01/2002	99/99/9999	
NIPENT (SDV) 10 MG	1	EA	VL	IV	EA	10	MG	1	07/20/2007	99/99/9999	
CARBOCAINE 1%	30	ML	VL	IJ	ML	10	ML	0.1	03/21/2006	99/99/9999	
CARBOCAINE (MDV) 1%	50	ML	VL	IJ	ML	10	ML	0.1	10/08/2007	99/99/9999	
CARBOCAINE (PF) 1.5%	30	ML	VL	IJ	ML	10	ML	0.1	04/26/2006	99/99/9999	
CARBOCAINE (SDV,USP,PF) 2%	20	ML	VL	IJ	ML	10	ML	0.1	01/15/2007	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
69097-0318-87	KO	J7626	KO	11/14/2017	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG
00409-1081-51		A4216		12/27/2006	09/11/2016	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
00409-1082-01		J7060		04/25/2005	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)
00409-1120-62		J2405		01/22/2007	03/01/2013	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG
00409-1130-02		J7799		05/13/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00069-0291-10		Q5110		09/05/2018	99/99/9999	INJECTION, FILGRASTIM-AAFI, BIOSIMILAR, (NIVESTYM), 1 MICROGRAM
00409-1134-03		J2271		09/14/2005	12/31/2014	INJECTION, MORPHINE SULFATE, 100MG
00409-1134-05		J2271		08/08/2005	12/31/2014	INJECTION, MORPHINE SULFATE, 100MG
00409-1135-02		J2275		07/21/2005	12/31/2014	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG
00409-1141-02		J7799		04/13/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00409-1158-01		J3490		07/27/2005	11/01/2016	UNCLASSIFIED DRUGS
00409-1159-01		J3490		06/29/2005	99/99/9999	UNCLASSIFIED DRUGS
00409-1159-02		J3490		08/10/2005	99/99/9999	UNCLASSIFIED DRUGS
00409-1160-01		J3490		04/12/2005	99/99/9999	UNCLASSIFIED DRUGS

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
BUDESONIDE (30X2ML,SINGLE-DOSE) 0.25 MG/2 ML	2	ML	AM	IH	ML	0.5	MG	0.25	11/14/2017	99/99/9999	
SODIUM CHLORIDE (THERMOJECT, 25X10ML) 0.9%	10	ML	VL	IV	ML	10	ML	0.1	12/27/2006	09/11/2016	
DEXTROSE (THERMOJECT KIT) 5%	10	ML	VL	IV	EA	500	ML	0.08	04/25/2005	99/99/9999	
ONDANSETRON (10X2ML,SDPFS,USP) 2 MG/ML	2	ML	SR	IJ	ML	1	MG	2	01/22/2007	03/01/2013	
SODIUM CHLORIDE 23.4%	250	ML	GC	IV	ML	1	EA	1	05/13/2005	99/99/9999	
NIVESTYM (PF,LATEX-FREE) 300 MCG/0.5 ML	0.5	ML	SR	IJ	ML	1	MCG	600	09/05/2018	99/99/9999	
MORPHINE SULFATE (VIAL, FLIPTOP) 50 MG/ML	20	ML	VL	IJ	ML	100	MG	0.5	09/14/2005	12/31/2014	
MORPHINE SULFATE (LATEX-FREE) 50 MG/ML	50	ML	VL	IJ	ML	100	MG	0.5	08/08/2005	12/31/2014	
MORPHINE SULFATE (HIGH CONCENTRATION,PF) 25 MG/ML	10	ML	VL	IJ	ML	10	MG	2.5	07/21/2005	12/31/2014	
SODIUM CHLORIDE (VIAL,FLIPTOP,BULK PKG) 23.4%	100	ML	VL	IV	ML	1	EA	1	04/13/2005	99/99/9999	
BUPIVACAINE HCL (AMP,5X30ML,LATEX-FREE) 0.25%	30	ML	AM	IJ	ML	1	EA	1	07/27/2005	11/01/2016	
BUPIVACAINE HCL (USP,25X2ML,LATEX-FREE) 0.25%	10	ML	VL	IJ	ML	1	EA	1	06/29/2005	99/99/9999	
BUPIVACAINE HCL (25X30ML,LATEX-FREE) 0.25%	30	ML	VL	IJ	ML	1	EA	1	08/10/2005	99/99/9999	
BUPIVACAINE HCL (VIAL,FLIPTOP,LATEX-FREE) 0.25%	50	ML	VL	IJ	ML	1	EA	1	04/12/2005	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00409-1161-01		J3490		10/18/2004	12/08/2017	UNCLASSIFIED DRUGS
00409-1162-01		J3490		03/08/2006	99/99/9999	UNCLASSIFIED DRUGS
00409-1162-02		J3490		11/22/2005	99/99/9999	UNCLASSIFIED DRUGS
00409-1163-01		J3490		03/30/2005	99/99/9999	UNCLASSIFIED DRUGS
00409-1165-01		J3490		12/08/2005	99/99/9999	UNCLASSIFIED DRUGS
00409-1165-02		J3490		05/24/2005	99/99/9999	UNCLASSIFIED DRUGS
00409-1176-30		J2175		08/25/2005	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG
00409-1178-30		J2175		09/14/2005	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG
00069-0292-01		Q5110		09/05/2018	99/99/9999	INJECTION, FILGRASTIM-AAFI, BIOSIMILAR, (NIVESTYM), 1 MICROGRAM
00409-1179-30		J2175		12/08/2005	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG
00409-1180-69		J2175		09/14/2005	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG
00409-1181-30		J2175		01/31/2006	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG
00409-1187-01		J1790		08/23/2005	99/99/9999	INJECTION, DROPERIDOL, UP TO 5 MG
00409-1201-20		J2175		03/09/2006	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
BUPIVACAINE HCL (AMP,LATEX-FREE) 0.5%	30	ML	AM	IJ	ML	1	EA	1	10/18/2004	12/08/2017	
BUPIVACAINE HCL (25X10ML) 0.5%	10	ML	VL	IJ	ML	1	EA	1	03/08/2006	99/99/9999	
BUPIVACAINE HCL (VIAL,LATEX-FREE) 0.5%	30	ML	VL	IJ	ML	1	EA	1	11/22/2005	99/99/9999	
BUPIVACAINE HCL (VIAL,FLIPTOP,LATEX-FREE) 0.5%	50	ML	VL	IJ	ML	1	EA	1	03/30/2005	99/99/9999	
BUPIVACAINE HCL (VIAL,LATEX-FREE) 0.75%	10	ML	VL	IJ	ML	1	EA	1	12/08/2005	99/99/9999	
BUPIVACAINE HCL (TTV,LATEX-FREE) 0.75%	30	ML	VL	IJ	ML	1	EA	1	05/24/2005	99/99/9999	
DEMEROL HYDROCHLORIDE (LLK,SLIM PK,LATEX-FREE) 25 MG/ML	1	ML	SR	IJ	ML	100	MG	0.25	08/25/2005	99/99/9999	
DEMEROL HYDROCHLORIDE (LATEX-FREE,CARPUJECT) 50 MG/ML	1	ML	SR	IJ	ML	100	MG	0.5	09/14/2005	99/99/9999	
NIVESTYM (PF,LATEX-FREE) 480 MCG/0.8 ML	0.5	ML	SR	IJ	ML	1	MCG	600	09/05/2018	99/99/9999	
DEMEROL HYDROCHLORIDE (LATEX-FREE,CARPUJECT) 75 MG/ML	1	ML	SR	IJ	ML	100	MG	0.75	12/08/2005	99/99/9999	
DEMEROL HYDROCHLORIDE (CARPUJECT) 100 MG/ML	1	ML	SR	IJ	ML	100	MG	1	09/14/2005	99/99/9999	
DEMEROL (USP,MDV,STERILE) 50 MG/ML	30	ML	VL	IJ	ML	100	MG	0.5	01/31/2006	99/99/9999	
DROPERIDOL (10X2ML AMP,LATEX-FREE) 2.5 MG/ML	2	ML	AM	IJ	ML	5	MG	0.5	08/23/2005	99/99/9999	
DEMEROL (MDV) 100 MG/ML	20	ML	VL	IJ	ML	100	MG	1	03/09/2006	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00409-1203-01		J2175		12/16/2005	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG
00409-1207-03		J1580		08/30/2005	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG
00409-1215-01		J2310		07/08/2005	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG
00409-1219-01		J2310		04/03/2006	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG
00409-1253-01		J2175		01/04/2006	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG
00409-1254-01		J2175		03/20/2006	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG
00409-1255-02		J2175		11/23/2005	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG
00409-1256-01		J2175		01/26/2006	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG
00409-1258-30		J2270		05/10/2005	09/01/2013	INJECTION, MORPHINE SULFATE, UP TO 10 MG
00409-1260-69		J2270		03/22/2006	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG
00409-1261-30		J2270		07/21/2005	03/01/2014	INJECTION, MORPHINE SULFATE, UP TO 10 MG
00409-1264-31		J2271		12/16/2005	06/01/2013	INJECTION, MORPHINE SULFATE, 100MG
00409-1273-32		J3360		08/23/2005	99/99/9999	INJECTION, DIAZEPAM, UP TO 5 MG
00409-1276-32		J3010		07/27/2005	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
DEMEROL HYDROCHLORIDE (UNI-AMP, 5X5,LATEX-FREE) 50 MG/ML	0.5	ML	AM	IJ	ML	100	MG	0.5	12/16/2005	99/99/9999	
GENTAMICIN SULFATE (VIAL,FLIPTOP) 40 MG/ML	2	ML	VL	IJ	ML	80	MG	0.5	08/30/2005	99/99/9999	
NALOXONE HCL (VIAL,FLIPTOP,10X1ML) 0.4 MG/ML	1	ML	VL	IJ	ML	1	MG	0.4	07/08/2005	99/99/9999	
NALOXONE HYDROCHLORIDE 0.4 MG/ML	10	ML	VL	IJ	ML	1	MG	0.4	04/03/2006	99/99/9999	
DEMEROL HYDROCHLORIDE (LATEX-FREE) 50 MG/ML	1	ML	AM	IJ	ML	100	MG	0.5	01/04/2006	99/99/9999	
DEMEROL (25X1.5ML) 50 MG/ML	1.5	ML	AM	IJ	ML	100	MG	0.5	03/20/2006	99/99/9999	
DEMEROL HYDROCHLORIDE (UNI-AMP 5X5,LATEX-FREE) 50 MG/ML	2	ML	AM	IJ	ML	100	MG	0.5	11/23/2005	99/99/9999	
DEMEROL HYDROCHLORIDE (25X1ML,LATEX-FREE) 100 MG/ML	1	ML	AM	IJ	ML	100	MG	1	01/26/2006	99/99/9999	
MORPHINE SULFATE (LUER LOCK,U.S.P.,10X1ML) 4 MG/ML	1	ML	CR	IJ	ML	10	MG	0.4	05/10/2005	09/01/2013	
MORPHINE SULFATE 8 MG/ML	1	ML	SR	IJ	ML	10	MG	0.8	03/22/2006	99/99/9999	
MORPHINE SULFATE (LLK,SLIM PK, 10X1ML) 10 MG/ML	1	ML	SR	IJ	ML	10	MG	1	07/21/2005	03/01/2014	
MORPHINE SULFATE (LUER LOCK,LATEX-FREE) 15 MG/ML	1	ML	CR	IJ	ML	100	MG	0.15	12/16/2005	06/01/2013	
DIAZEPAM (10X2ML, LUER LOCK) 5 MG/ML	2	ML	CR	IJ	ML	5	MG	1	08/23/2005	99/99/9999	
FENTANYL CITRATE (LUER LOCK,10X2ML,PF) 0.05 MG/ML	2	ML	SR	IJ	ML	0.1	MG	0.5	07/27/2005	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00069-0292-10		Q5110		09/05/2018	99/99/9999	INJECTION, FILGRASTIM-AAFI, BIOSIMILAR, (NIVESTYM), 1 MICROGRAM
00409-1283-31		J1170		06/14/2005	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG
00409-1304-31		J1170		07/13/2005	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG
00409-1312-30		J1170		07/07/2005	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG
00409-1316-25		J1644		10/29/2007	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS
00409-1316-32		J1644		03/23/2005	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS
00409-1316-66		J1644		02/11/2005	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS
00409-1317-02		J1165		03/30/2005	99/99/9999	INJECTION, PHENYTOIN SODIUM, PER 50 MG
00409-1323-05		J2001		12/08/2005	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG
00409-1410-01		J7660		01/01/2007	11/30/2013	ISOPROTERENOL HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
00143-9270-01		J9200		09/21/2018	99/99/9999	INJECTION, FLOXURIDINE, 500 MG
00409-1410-01	KO	J7660	KO	01/01/2007	11/30/2013	ISOPROTERENOL HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
00409-1410-05		J7660		01/01/2007	11/30/2013	ISOPROTERENOL HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
00409-1410-05	KO	J7660	KO	01/01/2007	11/30/2013	ISOPROTERENOL HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
00409-1412-04		J3490		06/14/2006	99/99/9999	UNCLASSIFIED DRUGS

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
NIVESTYM (PF,LATEX-FREE) 480 MCG/0.8 ML	0.5	ML	SR	IJ	ML	1	MCG	600	09/05/2018	99/99/9999	
HYDROMORPHONE HCL (LUER LOCK,10X1ML) 1 MG/ML	1	ML	CR	IJ	ML	4	MG	0.25	06/14/2005	99/99/9999	
HYDROMORPHONE HCL (LUER LOCK,10X1ML) 4 MG/ML	1	ML	CR	IJ	ML	4	MG	1	07/13/2005	99/99/9999	
HYDROMORPHONE HCL (10X1ML,LLK,SLIM PK) 2 MG/ML	1	ML	CR	IJ	ML	4	MG	0.5	07/07/2005	99/99/9999	
HEPARIN SODIUM (10X0.5ML,W/ LUER LOCK) 5000 U/0.5 ML	0.5	ML	SR	IJ	ML	1000	U	10	10/29/2007	99/99/9999	
HEPARIN SODIUM 10000 U/ML	0.5	ML	SR	IJ	ML	1000	U	10	03/23/2005	99/99/9999	
HEPARIN SODIUM (PF,CARPUJECT) 10000 U/ML	0.5	ML	SR	IJ	ML	1000	U	10	02/11/2005	99/99/9999	
PHENYTOIN SODIUM (AMP,LATEX-FREE) 50 MG/ML	5	ML	AM	IV	ML	50	MG	1	03/30/2005	99/99/9999	
LIDOCAINE HCL (10X5ML, ANSYR) 2%	5	ML	SR	IJ	ML	10	MG	2	12/08/2005	99/99/9999	
ISUPREL (AMP,25X1ML,LATEX-FREE) 0.2 MG/ML	1	ML	AM	IV	ML	1	MG	0.2	01/01/2007	11/30/2013	
FLOXURIDINE (LYOPHILIZED) 0.5 GM	1	EA	VL	IJ	EA	500	MG	1	09/21/2018	99/99/9999	
ISUPREL (AMP,25X1ML,LATEX-FREE) 0.2 MG/ML	1	ML	AM	IV	ML	1	MG	0.2	01/01/2007	11/30/2013	
ISUPREL (10X5ML,AMP,LATEX-FREE) 0.2 MG/ML	5	ML	AM	IV	ML	1	MG	0.2	01/01/2007	11/30/2013	
ISUPREL (10X5ML,AMP,LATEX-FREE) 0.2 MG/ML	5	ML	AM	IV	ML	1	MG	0.2	01/01/2007	11/30/2013	
BUMETANIDE (SDFLIPTOP VIAL,USP) 0.25 MG/ML	4	ML	VL	IJ	ML	1	EA	1	06/14/2006	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00409-1412-10		J3490		06/29/2006	99/99/9999	UNCLASSIFIED DRUGS
00409-1463-01		J2300		03/09/2005	99/99/9999	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG
00409-1464-01		J2300		07/13/2005	99/99/9999	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG
00409-1465-01		J2300		11/18/2004	99/99/9999	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG
00409-1467-01		J2300		05/12/2005	99/99/9999	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG
00409-1508-05		J7799		08/31/2005	05/18/2016	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00264-7055-10		J2400		09/17/2018	99/99/9999	INJECTION, CHLOROPROCAINE HYDROCHLORIDE, PER 30 ML
00409-1513-02		J3480		06/16/2005	06/01/2016	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ
00409-1522-01		J7060		04/11/2005	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)
00409-1522-02		J7060		03/09/2005	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)
00409-1522-03		J7060		06/16/2005	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)
00409-1523-01		J7060		09/16/2005	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)
00409-1523-11		J7060		07/27/2005	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)
00409-1534-05		J7799		02/24/2006	05/18/2016	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00409-1535-03		J7799		09/08/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00409-1539-31		J2060		12/23/2005	99/99/9999	INJECTION, LORAZEPAM, 2 MG
00409-1559-10		J3490		08/22/2005	99/99/9999	UNCLASSIFIED DRUGS

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
BUMETANIDE (MDV,USP,10X10ML) 0.25 MG/ML	10	ML	VL	IJ	ML	1	EA	1	06/29/2006	99/99/9999	
NALBUPHINE HCL (AMP,LATEX-FREE) 10 MG/ML	1	ML	AM	IJ	ML	10	MG	1	03/09/2005	99/99/9999	
NALBUPHINE HCL (25X10ML) 10 MG/ML	10	ML	VL	IJ	ML	10	MG	1	07/13/2005	99/99/9999	
NALBUPHINE HCL (AMP,LATEX-FREE) 20 MG/ML	1	ML	AM	IJ	ML	10	MG	2	11/18/2004	99/99/9999	
NALBUPHINE HCL (VIAL,FLIPTOP) 20 MG/ML	10	ML	VL	IJ	ML	10	MG	2	05/12/2005	99/99/9999	
DEXTROSE (6X1000ML) 2.5%	1000	ML	GC	IV	ML	1	EA	1	08/31/2005	05/18/2016	
CLOROTEKAL 10 MG/1 ML	5	ML	VL	IN	ML	30	ML	0.03333	09/17/2018	99/99/9999	
POTASSIUM CHLORIDE (12X250ML,LATEX-FREE) 2 MEQ/ML	250	ML	VL	IV	ML	2	MEQ	1	06/16/2005	06/01/2016	
DEXTROSE (12X150ML) 5%	150	ML	GC	IV	ML	500	ML	0.002	04/11/2005	99/99/9999	
DEXTROSE (12X250ML) 5%	250	ML	GC	IV	ML	500	ML	0.002	03/09/2005	99/99/9999	
DEXTROSE (12X500ML) 5%	500	ML	GC	IV	ML	500	ML	0.002	06/16/2005	99/99/9999	
DEXTROSE (50/150ML PART FILL) 5%	50	ML	GC	IV	ML	500	ML	0.002	09/16/2005	99/99/9999	
DEXTROSE (12X100ML) 5%	100	ML	GC	IV	ML	500	ML	0.002	07/27/2005	99/99/9999	
DEXTROSE AND SODIUM CHLORIDE (6X1000ML) 10%-0.9%	1000	ML	GC	IV	ML	1	EA	1	02/24/2006	05/18/2016	
DEXTROSE (12X500ML) 20%	500	ML	GC	IV	ML	1	EA	1	09/08/2005	99/99/9999	
LORAZEPAM (10X1ML, LUER LOCK) 4 MG/ML	1	ML	CR	IJ	ML	2	MG	2	12/23/2005	99/99/9999	
MARCAINE HCL (10X10ML, S.D.V.) 0.25%	10	ML	VL	IJ	ML	1	EA	1	08/22/2005	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00409-1559-30		J3490		09/07/2005	99/99/9999	UNCLASSIFIED DRUGS
00409-1560-10		J3490		08/31/2005	99/99/9999	UNCLASSIFIED DRUGS
00409-1560-29		J3490		08/05/2005	99/99/9999	UNCLASSIFIED DRUGS
00409-1582-10		J3490		07/22/2005	99/99/9999	UNCLASSIFIED DRUGS
00409-1582-29		J3490		08/04/2005	99/99/9999	UNCLASSIFIED DRUGS
00409-1583-01		J7050		07/20/2005	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC
00409-1583-02		J7050		09/14/2005	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC
00409-1584-11		J7050		09/16/2005	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC
00409-1586-03		J7799		03/24/2006	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00409-1587-50		J3490		01/10/2006	99/99/9999	UNCLASSIFIED DRUGS
00409-1590-02		A4217		08/05/2005	99/99/9999	STERILE WATER/SALINE, 500 ML
00409-1610-50		J3490		11/22/2005	99/99/9999	UNCLASSIFIED DRUGS
00409-1623-01		J0595		09/20/2005	99/99/9999	INJECTION, BUTORPHANOL TARTRATE, 1 MG
00378-9692-52		J7614		09/10/2018	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
00409-1623-49		J0595		10/19/2005	99/99/9999	INJECTION, BUTORPHANOL TARTRATE, 1 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
MARCAINE HCL (S.D.V.,LATEX-FREE) 0.25%	30	ML	VL	IJ	ML	1	EA	1	09/07/2005	99/99/9999	
MARCAINE HCL (S.D.V.) 0.5%	10	ML	VL	IJ	ML	1	EA	1	08/31/2005	99/99/9999	
MARCAINE HCL (S.D.V.) 0.5%	30	ML	VL	IJ	ML	1	EA	1	08/05/2005	99/99/9999	
MARCAINE HCL (10X10ML, S.D.V.) 0.75%	10	ML	VL	IJ	ML	1	EA	1	07/22/2005	99/99/9999	
MARCAINE HCL (10X30ML,LATEX-FREE) 0.75%	30	ML	VL	IJ	ML	1	EA	1	08/04/2005	99/99/9999	
SODIUM CHLORIDE (12X150ML,PF) 0.9%	150	ML	FC	IV	ML	250	ML	0.004	07/20/2005	99/99/9999	
SODIUM CHLORIDE (12X250ML,PF) 0.9%	250	ML	GC	IV	ML	250	ML	0.004	09/14/2005	99/99/9999	
SODIUM CHLORIDE (12X100ML,150ML VIAL,PF) 0.9%	100	ML	GC	IV	ML	250	ML	0.004	09/16/2005	99/99/9999	
SODIUM CHLORIDE (12X500ML) 5%	500	ML	GC	IV	ML	1	EA	1	03/24/2006	99/99/9999	
MARCAINE HCL (M.D.V.,LATEX-FREE) 0.25%	50	ML	VL	IJ	ML	1	EA	1	01/10/2006	99/99/9999	
WATER FOR INJECTION (12X250ML,PF,LATEX-FREE)	250	ML	GC	IV	ML	500	ML	0.002	08/05/2005	99/99/9999	
MARCAINE HCL (M.D.V.) 0.5%	50	ML	VL	IJ	ML	1	EA	1	11/22/2005	99/99/9999	
BUTORPHANOL TARTRATE (10X1ML) 1 MG/ML	1	ML	VL	IJ	ML	1	MG	1	09/20/2005	99/99/9999	
LEVALBUTEROL (PF) 1.25 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.83333	09/10/2018	99/99/9999	
BUTORPHANOL TARTRATE NOVATION (10X1ML) 1 MG/ML	1	ML	VL	IJ	ML	1	MG	1	10/19/2005	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00409-1626-01		J0595		03/21/2006	99/99/9999	INJECTION, BUTORPHANOL TARTRATE, 1 MG
00409-1626-02		J0595		12/21/2005	99/99/9999	INJECTION, BUTORPHANOL TARTRATE, 1 MG
00409-1626-49		J0595		05/24/2006	99/99/9999	INJECTION, BUTORPHANOL TARTRATE, 1 MG
00409-1626-51		J0595		12/08/2005	99/99/9999	INJECTION, BUTORPHANOL TARTRATE, 1 MG
00409-1639-10		J1940		01/23/2006	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG
00409-1754-10		J3475		11/27/2006	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG
00409-1761-02		J3490		06/06/2005	99/99/9999	UNCLASSIFIED DRUGS
00409-1762-30		J2270		05/27/2005	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG
00409-1775-10		J7799		02/20/2006	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00409-1782-69		J2310		09/29/2005	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG
00409-1800-01		J2370		04/14/2005	99/99/9999	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML
00409-1902-01		J2690		03/10/2006	99/99/9999	INJECTION, PROCAINAMIDE HCL, UP TO 1 GM
00409-1903-01		J2690		08/24/2005	99/99/9999	INJECTION, PROCAINAMIDE HCL, UP TO 1 GM

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
BUTORPHANOL TARTRATE (10X1ML) 2 MG/ML	1	ML	VL	IJ	ML	1	MG	2	03/21/2006	99/99/9999	
BUTORPHANOL TARTRATE (10X2ML) 2 MG/ML	2	ML	VL	IJ	ML	1	MG	2	12/21/2005	99/99/9999	
NOVAPLUS BUTORPHANOL TARTRATE (VHA,10X1ML) 2 MG/ML	1	ML	VL	IJ	ML	1	MG	2	05/24/2006	99/99/9999	
BUTORPHANOL TARTRATE NOVATION (10X2ML) 2 MG/ML	2	ML	VL	IJ	ML	1	MG	2	12/08/2005	99/99/9999	
FUROSEMIDE (10X10ML, ANSYR) 10 MG/ML	10	ML	SR	IJ	ML	20	MG	0.5	01/23/2006	99/99/9999	
MAGNESIUM SULFATE (10X10ML,SINGLE-DOSE,USP) 500 MG/ML	10	ML	SR	IJ	ML	500	MG	1	11/27/2006	99/99/9999	
MARCAINE SPINAL (AMP,W/DEXTROSE,PF) 0.75%	2	ML	AM	IJ	ML	1	EA	1	06/06/2005	99/99/9999	
MORPHINE SULFATE (LLK,SLIM PK,CARPUJECT) 2 MG/ML	1	ML	CR	IJ	ML	10	MG	0.2	05/27/2005	99/99/9999	
DEXTROSE (2.5GM INFANT ANSYR SYR) 25%	10	ML	SR	IV	ML	1	EA	1	02/20/2006	99/99/9999	
NALOXONE HCL (10X1ML, CARPUJECT) 0.4 MG/ML	1	ML	SR	IJ	ML	1	MG	0.4	09/29/2005	99/99/9999	
NEO-SYNEPHRINE HCL (AMP,25X1ML) 10 MG/ML	1	ML	AM	IJ	ML	1	ML	1	04/14/2005	99/99/9999	
PROCAINAMIDE HYDROCHLORIDE (25X10ML,FTV) 100 MG/ML	10	ML	VL	IJ	ML	1	GM	0.1	03/10/2006	99/99/9999	
PROCAINAMIDE HCL 500 MG/ML	2	ML	VL	IV	ML	1	GM	0.5	08/24/2005	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00409-1918-32		A4216		01/01/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
00409-1918-33		A4216		01/01/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
00409-1918-35		A4216		01/01/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
00409-1920-10		J3070		09/29/2005	99/99/9999	INJECTION, PENTAZOCINE, 30 MG
00409-1941-01		J3070		11/18/2005	03/01/2018	INJECTION, PENTAZOCINE, 30 MG
00409-1955-01		J0278		01/01/2006	11/15/2012	INJECTION, AMIKACIN SULFATE, 100 MG
00409-1956-01		J0278		01/01/2006	11/01/2012	INJECTION, AMIKACIN SULFATE, 100 MG
00378-9692-52	KO	J7614	KO	09/10/2018	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
00409-1966-05		A4216		05/02/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
00409-1966-07		A4216		04/05/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
00409-1966-12		A4216		10/06/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
00409-1966-14		A4216		06/01/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
00641-6151-25		J1170		10/01/2018	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG
00409-1985-30		J2060		06/01/2005	99/99/9999	INJECTION, LORAZEPAM, 2 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
SODIUM CHLORIDE (LUER LOCK,50X2ML,PF) 0.9%	2	ML	CR	IV	ML	10	ML	0.1	01/01/2007	99/99/9999	
SODIUM CHLORIDE (LUER LOCK,PF,LATEX-FREE) 0.9%	5	ML	CR	IV	ML	10	ML	0.1	01/01/2007	99/99/9999	
SODIUM CHLORIDE (LUER LOCK,PF,LATEX-FREE) 0.9%	5	ML	CR	IV	ML	10	ML	0.1	01/01/2007	99/99/9999	
TALWIN LACTATE (VIAL,LATEX-FREE) 30 MG/ML	10	ML	VL	IJ	ML	30	MG	1	09/29/2005	99/99/9999	
TALWIN LACTATE (UNI-AMP,LATEX-FREE) 30 MG/ML	1	ML	AM	IJ	ML	30	MG	1	11/18/2005	03/01/2018	
AMIKACIN SULFATE (VIAL,FLIPTOP,LATEX-FREE) 50 MG/ML	2	ML	VL	IJ	ML	100	MG	0.5	01/01/2006	11/15/2012	
AMIKACIN SULFATE (10X2ML) 250 MG/ML	2	ML	VL	IJ	ML	100	MG	2.5	01/01/2006	11/01/2012	
LEVALBUTEROL (PF) 1.25 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.83333	09/10/2018	99/99/9999	
SODIUM CHLORIDE BACTERIOSTATIC (25X20ML,LATEX-FREE) 0.9%	20	ML	VL	IV	ML	10	ML	0.1	05/02/2005	99/99/9999	
SODIUM CHLORIDE BACTERIOSTATIC (VIAL,FLIPTOP PLASTIC) 0.9%	30	ML	VL	IV	ML	10	ML	0.1	04/05/2005	99/99/9999	
SODIUM CHLORIDE BACTERIOSTATIC (25X10ML, LS-PLASTIC) 0.9%	10	ML	VL	IV	ML	10	ML	0.1	10/06/2005	99/99/9999	
SODIUM CHLORIDE BACTERIOSTATIC (FLIPTOP,LS-PLASTIC) 0.9%	30	ML	VL	IV	ML	10	ML	0.1	06/01/2005	99/99/9999	
HYDROMORPHONE HCL (PF,LATEX-FREE) 2 MG/1 ML	1	ML	VL	IJ	ML	4	MG	0.5	10/01/2018	99/99/9999	
LORAZEPAM (LUER LOCK,CARPUJECT) 2 MG/ML	1	ML	CR	IJ	ML	2	MG	1	06/01/2005	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00409-2012-32		J0592		06/17/2005	99/99/9999	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG
00409-2025-20		J1250		02/20/2006	99/99/9999	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG
00409-2025-54		J1250		11/10/2005	99/99/9999	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG
00409-2043-02		J1245		03/31/2005	10/05/2016	INJECTION, DIPYRIDAMOLE, PER 10 MG
00409-2047-50		J0670		09/22/2006	99/99/9999	INJECTION, MEPIVACAINE HYDROCHLORIDE, PER 10 ML
00409-2066-05		J2001		09/06/2005	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG
00409-2102-02		A4216		01/01/2007	07/02/2013	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
00409-2102-05		A4216		01/01/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
00409-2168-02		J3475		01/31/2005	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG
00409-2265-01		J2597		02/04/2005	99/99/9999	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG
00409-2287-21		J1885		06/22/2007	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG
00409-2287-22		J1885		06/22/2007	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG
00904-6745-61		Q0167		10/01/2018	99/99/9999	DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00904-6746-04		Q0167		10/01/2018	99/99/9999	DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
BUPRENORPHINE HYDROCHLORIDE (10X1ML,CARPUJECT) 0.3 MG/ML	1	ML	SR	IJ	ML	0.1	MG	3.24	06/17/2005	99/99/9999	
DOBUTAMINE (10X20ML) 12.5 MG/ML	20	ML	VL	IV	ML	250	MG	0.05	02/20/2006	99/99/9999	
DOBUTAMINE HCL (10X40ML) 12.5 MG/ML	40	ML	VL	IV	ML	250	MG	0.05	11/10/2005	99/99/9999	
DIPYRIDAMOLE (AMP,UNI-NEST,LATEX-FREE) 5 MG/ML	2	ML	AM	IV	ML	10	MG	0.5	03/31/2005	10/05/2016	
CARBOCAINE (M.D.V.,USP) 2%	50	ML	VL	IJ	ML	10	ML	0.1	09/22/2006	99/99/9999	
LIDOCAINE HCL (VIAL,LATEX-FREE) 2%	5	ML	VL	IJ	ML	10	MG	2	09/06/2005	99/99/9999	
SODIUM CHLORIDE (25X2ML,PF) 0.9%	2	ML	VL	IV	ML	10	ML	0.1	01/01/2007	07/02/2013	
SODIUM CHLORIDE (25X5ML,PF) 0.9%	5	ML	VL	IV	ML	10	ML	0.1	01/01/2007	99/99/9999	
MAGNESIUM SULFATE (VIAL, FLIPTOP) 500 MG/ML	20	ML	VL	IJ	ML	500	MG	1	01/31/2005	99/99/9999	
DESMOPRESSIN ACETATE (UNI-AMP) 4 MCG/ML	1	ML	AM	IJ	ML	1	MCG	4	02/04/2005	99/99/9999	
KETOROLAC TROMETHAMINE (10X1ML, USP) 30 MG/ML	1	ML	CT	IJ	ML	15	MG	2	06/22/2007	99/99/9999	
KETOROLAC TROMETHAMINE (10X2ML) 30 MG/ML	2	ML	CT	IJ	ML	15	MG	2	06/22/2007	99/99/9999	
DRONABINOL (USP,SOFT GELATIN) 2.5 MG	100	EA	ST	PO	EA	2.5	MG	1	10/01/2018	99/99/9999	
DRONABINOL (USP,SOFT GELATIN) 5 MG	30	EA	ST	PO	EA	2.5	MG	2	10/01/2018	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00409-2287-31		J1885		04/25/2005	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG
00409-2287-61		J1885		06/20/2005	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG
00409-2288-31		J1885		08/29/2005	03/01/2015	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG
00409-2290-31		J1200		04/25/2005	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG
25021-0812-30		J0132		08/29/2018	99/99/9999	INJECTION, ACETYLCYSTEINE, 100 MG
00409-2305-05		J2250		12/21/2005	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG
00409-2305-49		J2250		08/02/2005	06/20/2016	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG
00409-2305-50		J2250		09/13/2005	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG
00409-2305-61		J2250		10/03/2005	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG
00409-2305-62		J2250		10/03/2005	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG
00409-2306-62		J2250		03/10/2005	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG
00409-2307-60		J2250		04/25/2005	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG
00409-2308-01		J2250		06/07/2005	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG
00409-2308-02		J2250		10/10/2005	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
KETOROLAC TROMETHAMINE (LUER LOCK,CARPUJECT) 30 MG/ML	1	ML	CR	IJ	ML	15	MG	2	04/25/2005	99/99/9999	
KETOROLAC TROMETHAMINE ((LUER LOCK),10X2ML) 30 MG/ML	2	ML	SR	IM	ML	15	MG	2	06/20/2005	99/99/9999	
KETOROLAC TROMETHAMINE (LUER LOCK,LATEX-FREE) 15 MG/ML	1	ML	SR	IJ	ML	15	MG	1	08/29/2005	03/01/2015	
DIPHENHYDRAMINE HCL (LUER LOCK,CARPUJECT) 50 MG/ML	1	ML	CR	IJ	ML	50	MG	1	04/25/2005	99/99/9999	
ACETYLCYSTEINE (SDV,PF,LATEX-FREE) 200 MG/1 ML	30	ML	VL	IV	ML	100	MG	2	08/29/2018	99/99/9999	
MIDAZOLAM HCL (PF) 1 MG/ML	5	ML	VL	IJ	ML	1	MG	1	12/21/2005	99/99/9999	
MIDAZOLAM HCL NOVATION (10X2ML,PF) 1 MG/ML	2	ML	VL	IJ	ML	1	MG	1	08/02/2005	06/20/2016	
MIDAZOLAM HCL NOVATION (FTV,10X5ML,PF) 1 MG/ML	5	ML	VL	IJ	ML	1	MG	1	09/13/2005	99/99/9999	
MIDAZOLAM HCL AMERINET CHOICE (VIAL,FLIPTOP,PF) 1 MG/ML	2	ML	VL	IJ	ML	1	MG	1	10/03/2005	99/99/9999	
MIDAZOLAM HCL AMERINET CHOICE (VIAL,FLIPTOP,PF) 1 MG/ML	5	ML	VL	IJ	ML	1	MG	1	10/03/2005	99/99/9999	
MIDAZOLAM HCL (LUER LOCK,STERILE,PF) 1 MG/ML	2	ML	SR	IJ	ML	1	MG	1	03/10/2005	99/99/9999	
MIDAZOLAM HCL (10X1ML,PF,CARPUJECT) 5 MG/ML	1	ML	CR	IJ	ML	1	MG	5	04/25/2005	99/99/9999	
MIDAZOLAM HCL (10X1ML,PF) 5 MG/ML	1	ML	VL	IJ	ML	1	MG	5	06/07/2005	99/99/9999	
MIDAZOLAM HCL (VIAL,FLIPTOP,PF) 5 MG/ML	2	ML	VL	IJ	ML	1	MG	5	10/10/2005	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00409-2308-49		J2250		12/29/2005	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG
00409-2308-50		J2250		11/18/2005	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG
00409-2312-31		J2550		04/05/2005	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG
00409-2336-10		J0895		04/25/2005	99/99/9999	INJECTION, DEFEROXAMINE MESYLATE, 500 MG
00409-2337-25		J0895		03/21/2005	99/99/9999	INJECTION, DEFEROXAMINE MESYLATE, 500 MG
00409-2344-01		J1250		07/27/2005	99/99/9999	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG
00409-2344-02		J1250		06/29/2005	99/99/9999	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG
00409-2344-88		J1250		03/21/2005	99/99/9999	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG
00078-0675-15		Q0162		03/20/2018	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00409-2346-32		J1250		08/11/2005	99/99/9999	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG
00409-2346-34		J1250		02/07/2006	10/05/2016	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG
00409-2347-32		J1250		01/11/2006	99/99/9999	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
MIDAZOLAM HCL NOVATION (FLIPTOP VIAL,PF) 5 MG/ML	1	ML	VL	IJ	ML	1	MG	5	12/29/2005	99/99/9999	
MIDAZOLAM HCL NOVATION (VIAL,FLIPTOP,PF) 5 MG/ML	2	ML	VL	IJ	ML	1	MG	5	11/18/2005	99/99/9999	
PROMETHAZINE HCL (LUER LOCK,CARPUJECT) 25 MG/ML	1	ML	SR	IJ	ML	50	MG	0.5	04/05/2005	99/99/9999	
DEFEROXAMINE MESYLATE (LATEX-FREE) 500 MG	1	EA	VL	IJ	EA	500	MG	1	04/25/2005	99/99/9999	
DEFEROXAMINE MESYLATE (VIAL,LATEX-FREE) 2 GM	1	EA	VL	IJ	EA	500	MG	4	03/21/2005	99/99/9999	
DOBUTAMINE HCL (VIAL,FLIPTOP) 12.5 MG/ML	20	ML	VL	IV	ML	250	MG	0.05	07/27/2005	99/99/9999	
DOBUTAMINE (10X20ML,FTV) 12.5 MG/ML	20	ML	VL	IV	ML	250	MG	0.05	06/29/2005	99/99/9999	
DOBUTAMINE NOVAPLUS (S.D.V., U.S.P.) 12.5 MG/ML	20	ML	VL	IV	ML	250	MG	0.05	03/21/2005	99/99/9999	
ZOFRAN 4 MG	30	EA	BO	PO	EA	1	MG	4	03/20/2018	99/99/9999	
DOBUTAMINE IN DEXTROSE (12X250ML,LATEX-FREE) 5%-100 MG/100 ML	250	ML	FC	IV	ML	250	MG	0.004	08/11/2005	99/99/9999	
DOBUTAMINE IN DEXTROSE (12X500ML,LIFECARE) 5%-100 MG/100 ML	500	ML	FC	IV	ML	250	MG	0.004	02/07/2006	10/05/2016	
DEXTROSE/DOBUTAMINE (LATEX-FREE) 5%-200 MG/100 ML	250	ML	FC	IV	ML	250	MG	0.008	01/11/2006	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00409-2347-33		J1250		03/21/2005	02/01/2015	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG
00409-2349-31		J2560		09/07/2005	04/28/2016	INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MG
00409-2540-01		J1170		09/21/2005	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG
00409-2552-01		J1170		09/21/2005	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG
00409-2581-02		J1644		03/24/2006	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS
00409-2584-02		J1644		07/01/2005	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS
00409-2585-01		J0690		06/27/2007	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG
00409-2587-05		J2250		01/27/2006	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG
00409-2587-53		J2250		03/07/2006	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG
00409-2596-03		J2250		10/28/2005	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG
00409-2596-05		J2250		01/11/2006	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG
00409-2596-52		J2250		01/23/2006	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG
00409-2596-53		J2250		09/27/2005	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG
00409-2687-15		J0295		06/22/2007	06/01/2013	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
DEXTROSE/DOBUTAMINE NOVAPLUS (U.S.P.) 5%-200 MG/100 ML	250	ML	FC	IV	ML	250	MG	0.008	03/21/2005	02/01/2015	
LUMINAL SODIUM (LUER LOCK,CARPUJECT) 130 MG/ML	1	ML	SR	IJ	ML	120	MG	1.08333	09/07/2005	04/28/2016	
HYDROMORPHONE HCL (USP,10X1ML) 4 MG/ML	1	ML	AM	IJ	ML	4	MG	1	09/21/2005	99/99/9999	
HYDROMORPHONE HCL (USP,10X1ML) 1 MG/ML	1	ML	AM	IJ	ML	4	MG	0.25	09/21/2005	99/99/9999	
HEPARIN SODIUM (ADD-VANTAGE VIAL) 2000 U/ML	5	ML	VL	IV	ML	1000	U	2	03/24/2006	99/99/9999	
HEPARIN SODIUM (25X10ML,PF,LATEX-FREE) 2500 U/ML	10	ML	VL	IJ	ML	1000	U	2.5	07/01/2005	99/99/9999	
CEFAZOLIN (SDV,ADD-VANTAGE) 1 GM	25	EA	VL	IV	EA	500	MG	2	06/27/2007	99/99/9999	
MIDAZOLAM HYDROCHLORIDE (10X10ML,FLIPTOPVIAL) 1 MG/ML	10	ML	VL	IJ	ML	1	MG	1	01/27/2006	99/99/9999	
NOVAPLUS MIDAZOLAM HCL (10X10ML,FTV) 1 MG/ML	10	ML	VL	IJ	ML	1	MG	1	03/07/2006	99/99/9999	
MIDAZOLAM HCL (VIAL,FLIPTOP,LATEX-FREE) 5 MG/ML	5	ML	VL	IJ	ML	1	MG	5	10/28/2005	99/99/9999	
MIDAZOLAM HCL (VIAL, FLIPTOP) 5 MG/ML	10	ML	VL	IJ	ML	1	MG	5	01/11/2006	99/99/9999	
NOVAPLUS MIDAZOLAM HYDROCHLORIDE (10X5ML) 5 MG/ML	5	ML	VL	IJ	ML	1	MG	5	01/23/2006	99/99/9999	
MIDAZOLAM HCL NOVATION (FTV,10X10ML,LATEX-FREE) 5 MG/ML	10	ML	VL	IJ	ML	1	MG	5	09/27/2005	99/99/9999	
AMPICILLIN AND SULBACTAM 10 GM-5 GM	1	EA	VL	IV	EA	1.5	GM	10	06/22/2007	06/01/2013	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00409-2689-11		J0295		07/01/2007	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM
00409-2776-02		J2260		03/08/2006	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG
00409-2776-23		J2260		06/15/2005	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG
00409-2987-13		J0295		07/01/2007	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM
00409-2988-01		J0295		07/20/2007	10/01/2013	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM
00409-2998-03		J0295		07/20/2007	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM
25021-0231-20		J0894		09/07/2018	99/99/9999	INJECTION, DECITABINE, 1 MG
00409-3213-12		J3360		10/01/2007	99/99/9999	INJECTION, DIAZEPAM, UP TO 5 MG
00409-3307-03		J7608		04/11/2005	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM
25021-0408-51		J1327		09/17/2018	99/99/9999	INJECTION, EPTIFIBATIDE, 5 MG
25021-0409-10		J1327		09/17/2018	99/99/9999	INJECTION, EPTIFIBATIDE, 5 MG
25021-0783-05		J2469		09/19/2018	99/99/9999	INJECTION, PALONOSETRON HCL, 25 MCG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
NOVAPLUS AMPICILLIN AND SULBACTAM (USP,ADD-VANTAGE) 1 GM-0.5 GM	1	EA	VL	IV	EA	1.5	GM	1	07/01/2007	99/99/9999	
MILRINONE LACTATE (IN 5% DEXTROSE,10X200ML) 5%-20 MG/100 ML	200	ML	FC	IV	ML	5	MG	0.04	03/08/2006	99/99/9999	
DEXTROSE/MILRINONE LACTATE (10X100ML,LATEX-FREE) 5%-20 MG/100 ML	100	ML	FC	IV	ML	5	MG	0.04	06/15/2005	99/99/9999	
NOVAPLUS AMPICILLIN AND SULBACTAM (USP,ADD-VANTAGE) 2 GM-1 GM	1	EA	VL	IV	EA	1.5	GM	2	07/01/2007	99/99/9999	
AMPICILLIN AND SULBACTAM (USP) 1 GM-0.5 GM	10	EA	VL	IJ	EA	1.5	GM	1	07/20/2007	10/01/2013	
AMPICILLIN AND SULBACTAM (USP) 2 GM-1 GM	10	EA	VL	IJ	EA	1.5	GM	2	07/20/2007	99/99/9999	
DECITABINE (PF,LATEX-FREE) 50 MG	1	EA	VL	IV	EA	1	MG	50	09/07/2018	99/99/9999	
DIAZEPAM (10X10ML,USP,MDV,FLIPTOP) 5 MG/ML	10	ML	VL	IJ	ML	5	MG	1	10/01/2007	99/99/9999	
ACETYLCYSTEINE 10%	30	ML	VL	IH	ML	1	GM	0.1	04/11/2005	99/99/9999	
EPTIFIBATIDE (PF,LATEX-FREE) 0.75 MG/1 ML	100	ML	VL	IV	ML	5	MG	0.15	09/17/2018	99/99/9999	
EPTIFIBATIDE (PF,LATEX-FREE) 2 MG/1 ML	10	ML	VL	IV	ML	5	MG	0.4	09/17/2018	99/99/9999	
PALONOSETRON HCL (PF,LATEX-FREE) 0.05 MG/1 ML	5	ML	VL	IV	ML	25	MCG	2	09/19/2018	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
43598-0635-10		J1953		06/13/2018	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG
00409-3307-03	KO	J7608	KO	04/11/2005	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM
00409-3308-03		J7608		05/25/2005	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM
00409-3308-03	KO	J7608	KO	05/25/2005	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM
00409-3356-01		J1170		09/21/2005	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG
00409-3365-01		J1170		09/21/2005	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG
00409-3380-31		J3490		09/01/2005	11/03/2013	UNCLASSIFIED DRUGS
00409-3380-32		J3490		11/03/2005	08/01/2015	UNCLASSIFIED DRUGS
00409-3380-35		J3490		12/28/2005	08/01/2015	UNCLASSIFIED DRUGS
00409-3380-49		J3490		11/29/2005	02/23/2015	UNCLASSIFIED DRUGS
00409-3380-50		J3490		11/07/2005	02/23/2015	UNCLASSIFIED DRUGS
00409-3380-51		J3490		10/12/2005	02/23/2015	UNCLASSIFIED DRUGS
00409-3382-21		J3490		07/15/2005	99/99/9999	UNCLASSIFIED DRUGS
00409-3382-22		J3490		07/18/2005	99/99/9999	UNCLASSIFIED DRUGS

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
LEVETIRACETAM (10X100ML) 5 MG/1 ML	100	ML	BG	IV	ML	10	MG	0.5	06/13/2018	99/99/9999	
ACETYLCYSTEINE 10%	30	ML	VL	IH	ML	1	GM	0.1	04/11/2005	99/99/9999	
ACETYLCYSTEINE (3X30ML) 20%	30	ML	VL	IH	ML	1	GM	0.2	05/25/2005	99/99/9999	
ACETYLCYSTEINE (3X30ML) 20%	30	ML	VL	IH	ML	1	GM	0.2	05/25/2005	99/99/9999	
HYDROMORPHONE HCL (10X1ML,USP) 2 MG/ML	1	ML	AM	IJ	ML	4	MG	0.5	09/21/2005	99/99/9999	
HYDROMORPHONE HCL (SDV,25X1ML) 2 MG/ML	1	ML	VL	IJ	ML	4	MG	0.5	09/21/2005	99/99/9999	
SUFENTANIL CITRATE (LATEX-FREE) 50 MCG/ML	1	ML	AM	IJ	ML	1	EA	1	09/01/2005	11/03/2013	
SUFENTANIL CITRATE (AMP,10X2ML,LATEX-FREE) 50 MCG/ML	2	ML	AM	IJ	ML	1	EA	1	11/03/2005	08/01/2015	
SUFENTANIL CITRATE (AMP,LATEX-FREE) 50 MCG/ML	5	ML	AM	IJ	ML	1	EA	1	12/28/2005	08/01/2015	
SUFENTANIL CITRATE NOVAPLUS (AMP,PF,LATEX-FREE) 50 MCG/ML	1	ML	AM	IJ	ML	1	EA	1	11/29/2005	02/23/2015	
SUFENTANIL CITRATE NOVAPLUS (10X2ML,PF,LATEX-FREE) 50 MCG/ML	2	ML	AM	IJ	ML	1	EA	1	11/07/2005	02/23/2015	
SUFENTANIL CITRATE NOVAPLUS (AMP,10X5ML,PF) 50 MCG/ML	5	ML	AM	IJ	ML	1	EA	1	10/12/2005	02/23/2015	
SUFENTANIL CITRATE (10X1ML,LATEX-FREE) 50 MCG/ML	1	ML	VL	IJ	ML	1	EA	1	07/15/2005	99/99/9999	
SUFENTANIL CITRATE (10X2ML,LATEX-FREE) 50 MCG/ML	2	ML	VL	IJ	ML	1	EA	1	07/18/2005	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00409-3382-25		J3490		10/19/2005	99/99/9999	UNCLASSIFIED DRUGS
00409-3400-01		J1580		03/24/2006	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG
00409-3401-01		J1580		01/09/2006	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG
00409-3402-01		J1580		06/05/2006	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG
00409-3470-23		J3260		09/26/2005	04/01/2014	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG
00409-3577-01		J3260		03/31/2005	02/01/2016	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG
00409-3578-01		J3260		11/02/2004	99/99/9999	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG
00409-3613-01		J3490		01/07/2005	99/99/9999	UNCLASSIFIED DRUGS
00409-3724-32		J1250		10/07/2005	99/99/9999	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG
00409-3793-01		J1885		05/31/2005	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG
00409-3793-49		J1885		04/19/2005	04/01/2016	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG
00409-3795-01		J1885		01/06/2006	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG
00409-3795-49		J1885		09/21/2005	04/01/2016	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
SUFENTANIL CITRATE (USP,10X5ML) 50 MCG/ML	5	ML	VL	IJ	ML	1	EA	1	10/19/2005	99/99/9999	
GENTAMICIN SULFATE (25X6ML,ADD-VANTAGE) 10 MG/ML	6	ML	VL	IV	ML	80	MG	0.125	03/24/2006	99/99/9999	
GENTAMICIN SULFATE (VIAL-ADD-VANTAGE) 10 MG/ML	8	ML	VL	IJ	ML	80	MG	0.125	01/09/2006	99/99/9999	
GENTAMICIN SULFATE (SD ADD-VANTGE,USP) 10 MG/ML	10	ML	VL	IV	ML	80	MG	0.125	06/05/2006	99/99/9999	
SODIUM CHLORIDE/TOBRAMYCIN SULFATE (PREMIX,24X100ML) 0.9%-80 MG/100 ML	100	ML	FC	IV	ML	80	MG	0.01	09/26/2005	04/01/2014	
TOBRAMYCIN SULFATE (VIAL,FLIPTOP,LATEX-FREE) 10 MG/ML	2	ML	VL	IJ	ML	80	MG	0.125	03/31/2005	02/01/2016	
TOBRAMYCIN SULFATE (VIAL,FLIPTOP) 40 MG/ML	2	ML	VL	IJ	ML	80	MG	0.5	11/02/2004	99/99/9999	
BUPIVACAINE SPINAL AMPUL (AMP,LATEX-FREE) 0.25%	2	ML	AM	IJ	ML	1	EA	1	01/07/2005	99/99/9999	
DEXTROSE/DOBUTAMINE (LATEX-FREE) 5%-400 MG/100 ML	250	ML	FC	IV	ML	250	MG	0.016	10/07/2005	99/99/9999	
KETOROLAC TROMETHAMINE (USP,FLIPTOP VIAL) 15 MG/ML	1	ML	VL	IJ	ML	15	MG	1	05/31/2005	99/99/9999	
KETOROLAC TROMETHAMINE NOVAPLUS (U.S.P.,25X1ML) 15 MG/ML	1	ML	VL	IJ	ML	15	MG	1	04/19/2005	04/01/2016	
KETOROLAC TROMETHAMINE (LATEX-FREE) 30 MG/ML	1	ML	VL	IJ	ML	15	MG	2	01/06/2006	99/99/9999	
KETOROLAC TROMETHAMINE NOVATION (FTV,25X1ML,2ML VIAL) 30 MG/ML	1	ML	VL	IJ	ML	15	MG	2	09/21/2005	04/01/2016	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00409-3796-01		J1885		12/21/2005	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG
00409-3796-49		J1885		11/07/2005	02/01/2016	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG
00409-3814-12		J2275		07/19/2005	12/31/2014	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG
67877-0266-01		J7517		08/01/2013	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG
00409-3977-03		A4216		04/07/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
00409-4029-03		A4216		03/01/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
00409-4031-01		J2150		10/19/2004	99/99/9999	INJECTION, MANNITOL, 25% IN 50 ML
00409-4044-02		A4216		02/09/2006	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
00409-4050-01		J3490		05/13/2005	09/02/2015	UNCLASSIFIED DRUGS
00409-4051-01		J3490		05/31/2005	09/02/2015	UNCLASSIFIED DRUGS
00409-4052-01		J3490		07/05/2005	09/02/2015	UNCLASSIFIED DRUGS
00409-4053-03		J3490		05/11/2005	09/02/2015	UNCLASSIFIED DRUGS

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
KETOROLAC TROMETHAMINE (VIAL, FLIPTOP) 30 MG/ML	2	ML	VL	IM	ML	15	MG	2	12/21/2005	99/99/9999	
KETOROLAC TROMETHAMINE NOVATION (FTV,25X2ML,LATEX-FREE) 30 MG/ML	2	ML	VL	IM	ML	15	MG	2	11/07/2005	02/01/2016	
MORPHINE SULFATE (5X10ML,PF,LATEX-FREE) 0.5 MG/ML	10	ML	VL	IJ	ML	10	MG	0.05	07/19/2005	12/31/2014	
MYCOPHENOLATE MOFETIL (HARD GELATIN) 250 MG	100	EA	BO	PO	EA	250	MG	1	08/01/2013	99/99/9999	
WATER FOR INJECTION BACTERIOSTATIC (VIAL,FLIPTOP,LATEX-FREE)	30	ML	VL	IV	ML	10	ML	0.1	04/07/2005	99/99/9999	
WATER FOR INJECTION (AMP,PF,LATEX-FREE)	20	ML	AM	IV	ML	10	ML	0.1	03/01/2005	99/99/9999	
MANNITOL (VIAL, FLIPTOP) 25%	50	ML	VL	IV	ML	50	ML	0.02	10/19/2004	99/99/9999	
WATER FOR INJECTION (25X10ML,PF,LATEX-FREE)	10	ML	AM	IV	ML	10	ML	0.1	02/09/2006	99/99/9999	
CLINDAMYCIN PHOSPHATE (VIAL,FLIPTOP,LATEX-FREE) 150 MG/ML	2	ML	VL	IJ	ML	1	EA	1	05/13/2005	09/02/2015	
CLINDAMYCIN PHOSPHATE (VIAL,FLIPTOP,LATEX-FREE) 150 MG/ML	4	ML	VL	IJ	ML	1	EA	1	05/31/2005	09/02/2015	
CLINDAMYCIN PHOSPHATE (25X6ML,LATEX-FREE) 150 MG/ML	6	ML	VL	IJ	ML	1	EA	1	07/05/2005	09/02/2015	
CLINDAMYCIN PHOSPHATE (ADD-VANTAGE,25X2ML) 150 MG/ML	2	ML	VL	IJ	ML	1	EA	1	05/11/2005	09/02/2015	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00409-4054-03		J3490		02/18/2005	09/02/2015	UNCLASSIFIED DRUGS
00409-4055-03		J3490		02/24/2005	09/02/2015	UNCLASSIFIED DRUGS
00409-4056-01		J2001		10/31/2005	11/01/2015	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG
00409-4057-12		J2275		12/13/2005	12/31/2014	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG
00409-4089-02		J7799		05/18/2005	06/08/2016	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00409-4169-01		J2400		06/20/2005	01/01/2013	INJECTION, CHLOROPROCAINE HYDROCHLORIDE, PER 30 ML
00409-4170-01		J2400		04/20/2005	07/01/2013	INJECTION, CHLOROPROCAINE HYDROCHLORIDE, PER 30 ML
00409-4197-01		J3490		03/31/2005	09/02/2015	UNCLASSIFIED DRUGS
00409-4219-02		J7799		03/30/2005	09/03/2016	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00409-4265-01		J1265		01/01/2006	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG
43598-0635-52		J1953		06/13/2018	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG
00409-4270-01		J2001		02/27/2006	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG
00409-4272-01		J3490		04/06/2006	02/01/2015	UNCLASSIFIED DRUGS
00409-4273-01		J3490		06/28/2006	10/01/2015	UNCLASSIFIED DRUGS
00409-4274-01		J3490		03/31/2006	08/05/2016	UNCLASSIFIED DRUGS
00409-4275-01		J2001		12/30/2005	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
CLINDAMYCIN PHOSPHATE (VIAL,ADD-VANTAGE) 150 MG/ML	4	ML	VL	IJ	ML	1	EA	1	02/18/2005	09/02/2015	
CLINDAMYCIN PHOSPHATE (VIAL,ADD-VANTAGE) 150 MG/ML	6	ML	VL	IJ	ML	1	EA	1	02/24/2005	09/02/2015	
LIDOCAINE HCL (AMP,PF) 1.5%	20	ML	AM	IJ	ML	10	MG	1.5	10/31/2005	11/01/2015	
MORPHINE SULFATE (PF,LATEX-FREE) 0.5 MG/ML	5	ML	AM	IJ	ML	10	MG	0.05	12/13/2005	12/31/2014	
DEXTROSE (AMP,LATEX-FREE) 10%	5	ML	AM	IV	ML	1	EA	1	05/18/2005	06/08/2016	
CHLOROPROCAINE HCL (25X30ML) 2%	30	ML	VL	IJ	ML	30	ML	0.03333	06/20/2005	01/01/2013	
CHLOROPROCAINE HCL (VIAL,25X30ML) 3%	30	ML	VL	IJ	ML	30	ML	0.03333	04/20/2005	07/01/2013	
CLINDAMYCIN PHOSPHATE (VIAL,BULK,LATEX-FREE) 150 MG/ML	60	ML	VL	IJ	ML	1	EA	1	03/31/2005	09/02/2015	
SODIUM CHLORIDE 2.5%	250	ML	GC	IV	ML	1	EA	1	03/30/2005	09/03/2016	
DOPAMINE HCL (25X10ML) 80 MG/ML	10	ML	VL	IV	ML	40	MG	2	01/01/2006	99/99/9999	
LEVETIRACETAM (1X100ML, INNER PACK) 5 MG/1 ML	100	ML	BG	IV	ML	10	MG	0.5	06/13/2018	99/99/9999	
LIDOCAINE HCL (STERILE PACK,SDV) 1%	30	ML	VL	EP	ML	10	MG	1	02/27/2006	99/99/9999	
BUPIVACAINE HCL (AMP,STERILE,USP,5X20ML) 0.25%	20	ML	AM	IJ	ML	1	EA	1	04/06/2006	02/01/2015	
BUPIVACAINE HYDROCHLORIDE (SINGLE-DOSE,5X20ML,PF) 0.5%	20	ML	AM	IJ	ML	1	EA	1	06/28/2006	10/01/2015	
BUPIVACAINE HCL (AMP,STERILE,USP,5X20ML) 0.75%	20	ML	AM	IJ	ML	1	EA	1	03/31/2006	08/05/2016	
LIDOCAINE HCL (VIAL, FLIPTOP) 0.5%	50	ML	VL	IJ	ML	10	MG	0.5	12/30/2005	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00409-4276-01		J2001		08/12/2005	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG
00409-4276-02		J2001		07/07/2005	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG
00409-4277-01		J2001		06/13/2005	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG
00409-4277-02		J2001		08/12/2005	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG
00409-4278-01		J2001		06/29/2005	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG
00409-4279-02		J2001		08/31/2005	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG
00409-4282-01		J2001		09/09/2005	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG
00409-4282-02		J2001		02/08/2006	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG
00409-4283-01		J2001		05/16/2005	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG
00409-4332-01		J3370		04/25/2005	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG
00409-4332-49		J3370		08/04/2005	01/01/2016	INJECTION, VANCOMYCIN HCL, 500 MG
00409-4346-73		J3490		04/13/2005	99/99/9999	UNCLASSIFIED DRUGS
00409-4348-35		J0282		09/27/2006	08/01/2015	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG
00409-4684-02		J1450		03/06/2007	09/01/2015	INJECTION FLUCONAZOLE, 200 MG
00409-4684-23		J1450		04/14/2006	11/17/2016	INJECTION FLUCONAZOLE, 200 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
LIDOCAINE HCL (FTV,25X20ML) 1%	20	ML	VL	EP	ML	10	MG	1	08/12/2005	99/99/9999	
LIDOCAINE HCL (25X50ML) 1%	50	ML	VL	EP	ML	10	MG	1	07/07/2005	99/99/9999	
LIDOCAINE HCL (25X20ML,LATEX-FREE) 2%	20	ML	VL	IJ	ML	10	MG	2	06/13/2005	99/99/9999	
LIDOCAINE HCL (FTV,25X50ML,LATEX-FREE) 2%	50	ML	VL	IJ	ML	10	MG	2	08/12/2005	99/99/9999	
LIDOCAINE HCL (25X50ML) 0.5%	50	ML	VL	IJ	ML	10	MG	0.5	06/29/2005	99/99/9999	
LIDOCAINE HCL (TEARDROP BOTTLE) 1%	30	ML	VL	EP	ML	10	MG	1	08/31/2005	99/99/9999	
LIDOCAINE HCL (AMP,25X2ML,LATEX-FREE) 2%	2	ML	AM	IJ	ML	10	MG	2	09/09/2005	99/99/9999	
LIDOCAINE HYDROCHLORIDE (USP,25X10ML,SDA,PF) 2%	10	ML	AM	IJ	ML	10	MG	2	02/08/2006	99/99/9999	
LIDOCAINE HCL (AMP,LATEX-FREE) 4%	5	ML	AM	IJ	ML	10	MG	4	05/16/2005	99/99/9999	
VANCOMYCIN HCL (VIAL,FLIPTOP) 500 MG	1	EA	VL	IV	EA	500	MG	1	04/25/2005	99/99/9999	
VANCOMYCIN HCL NOVATION (FTV,LATEX-FREE) 500 MG	1	EA	VL	IV	EA	500	MG	1	08/04/2005	01/01/2016	
AMINOCAPROIC ACID (VIAL,FLIPTOP) 250 MG/ML	20	ML	VL	IV	ML	1	EA	1	04/13/2005	99/99/9999	
AMIODARONE HYDROCHLORIDE (3MLX10,SINGLE-DOSE) 50 MG/ML	3	ML	AM	IV	ML	30	MG	1.66666	09/27/2006	08/01/2015	
FLUCONAZOLE (6X200ML,LATEX-FREE) 400 MG/200 ML	200	ML	FC	IV	ML	200	MG	0.01	03/06/2007	09/01/2015	
FLUCONAZOLE (6X100ML) 200 MG/100 ML	100	ML	FC	IV	ML	200	MG	0.01	04/14/2006	11/17/2016	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00409-4688-02		J1450		07/27/2006	11/01/2016	INJECTION FLUCONAZOLE, 200 MG
00409-4688-23		J1450		06/16/2006	99/99/9999	INJECTION FLUCONAZOLE, 200 MG
00409-4688-27		J1450		05/27/2006	06/10/2013	INJECTION FLUCONAZOLE, 200 MG
00409-4688-28		J1450		06/01/2005	12/01/2015	INJECTION FLUCONAZOLE, 200 MG
00409-4688-33		J1450		10/25/2006	06/10/2013	INJECTION FLUCONAZOLE, 200 MG
00409-4688-34		J1450		03/02/2006	02/01/2016	INJECTION FLUCONAZOLE, 200 MG
00409-4699-24		J3490		03/22/2006	99/99/9999	UNCLASSIFIED DRUGS
00409-4699-30		J3490		03/22/2006	99/99/9999	UNCLASSIFIED DRUGS
00409-4699-33		J3490		03/22/2006	99/99/9999	UNCLASSIFIED DRUGS
00409-4699-61		J3490		12/01/2007	08/26/2014	UNCLASSIFIED DRUGS
00409-4713-02		J2001		11/21/2005	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG
00409-4713-32		J2001		09/06/2005	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG
00409-4755-02		J2405		08/24/2007	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG
00409-4755-61		J2405		12/26/2006	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG
00409-4759-01		J2405		12/26/2006	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG
00409-4765-86		J0744		08/29/2006	08/01/2015	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
FLUCONAZOLE (6X200ML) 400 MG/200 ML	200	ML	FC	IV	ML	200	MG	0.01	07/27/2006	11/01/2016	
FLUCONAZOLE (6X100ML,LATEX FREE) 200 MG/100 ML	100	ML	FC	IV	ML	200	MG	0.01	06/16/2006	99/99/9999	
AMERINET CHOICE FLUCONAZOLE (100MLX6,LATEX-FREE) 200 MG/100 ML	100	ML	FC	IV	ML	200	MG	0.01	05/27/2006	06/10/2013	
NOVAPLUS FLUCONAZOLE (6X100ML, LATEX-FREE) 200 MG/100 ML	100	ML	PC	IV	ML	200	MG	0.01	06/01/2005	12/01/2015	
AMERINET CHOICE FLUCONAZOLE (6X200ML,LATEX-FREE) 200 MG/100 ML	200	ML	FC	IV	ML	200	MG	0.01	10/25/2006	06/10/2013	
NOVAPLUS FLUCONAZOLE (6X200ML,LATEX-FREE) 200 MG/100 ML	200	ML	FC	IV	ML	200	MG	0.01	03/02/2006	02/01/2016	
PROPOFOL (FLIPTOP VIAL) 10 MG/ML	100	ML	VL	IV	ML	1	EA	1	03/22/2006	99/99/9999	
PROPOFOL (FLIPTOP VIAL) 10 MG/ML	20	ML	VL	IV	ML	1	EA	1	03/22/2006	99/99/9999	
PROPOFOL (FLIPTOP VIAL) 10 MG/ML	50	ML	VL	IV	ML	1	EA	1	03/22/2006	99/99/9999	
AMERINET CHOICE PROPOFOL (5X20ML,SDV,PF) 10 MG/ML	20	ML	VL	IV	ML	1	EA	1	12/01/2007	08/26/2014	
LIDOCAINE HCL (25X5ML,LATEX-FREE) 1%	5	ML	AM	EP	ML	10	MG	1	11/21/2005	99/99/9999	
LIDOCAINE HCL (LATEX-FREE) 1%	2	ML	AM	EP	ML	10	MG	1	09/06/2005	99/99/9999	
ONDANSETRON (SINGLEDOSE,USP,10X2ML) 2 MG/ML	2	ML	VL	IJ	ML	1	MG	2	08/24/2007	99/99/9999	
AMERINET CHOICE ONDANSETRON (5X2ML,SDV,USP) 2 MG/ML	2	ML	VL	IJ	ML	1	MG	2	12/26/2006	99/99/9999	
ONDANSETRON (MDV,USP) 2 MG/ML	20	ML	VL	IJ	ML	1	MG	2	12/26/2006	99/99/9999	
CIPROFLOXACIN (SINGLE-DOSE,USP) 10 MG/ML	20	ML	VL	IV	ML	200	MG	0.05	08/29/2006	08/01/2015	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00409-4776-01		J2001		02/06/2006	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG
00409-4777-02		J0744		03/19/2008	99/99/9999	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG
00069-1305-10		Q5106		01/01/2019	99/99/9999	INJECTION, EPOETIN ALFA, BIOSIMILAR, (RETACRIT) (FOR NON-ESRD USE), 1000 UNITS
00409-4777-23		J0744		03/19/2008	99/99/9999	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG
00409-4777-61		J0744		05/19/2008	99/99/9999	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG
00409-4856-05		J1720		06/27/2006	99/99/9999	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG
00378-9691-52		J7614		07/23/2018	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
00409-4862-02		J7799		03/09/2005	05/18/2016	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00409-4862-03		J7799		04/04/2005	05/18/2016	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00409-4887-10		A4216		08/18/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
00409-4887-20		A4216		06/16/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
00409-4887-50		A4216		08/05/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
LIDOCAINE HYDROCHLORIDE (25X20ML,PF) 1.5%	20	ML	AM	IJ	ML	10	MG	1.5	02/06/2006	99/99/9999	
CIPROFLOXACIN (24X200ML,SINGLEDOSE,USP) 400 MG/200 ML	200	ML	FC	IV	ML	200	MG	0.01	03/19/2008	99/99/9999	
RETACRIT (PF) 2000 U/1 ML	1	ML	VL	IJ	ML	1000	U	2	01/01/2019	99/99/9999	
CIPROFLOXACIN (24X100ML,SINGLEDOSE,USP) 200 MG/100 ML	100	ML	FC	IV	ML	200	MG	0.01	03/19/2008	99/99/9999	
AMERINET CHOICE CIPROFLOXACIN (24X100ML,SINGLEDOSE,USP) 200 MG/100 ML	100	ML	FC	IV	ML	200	MG	0.01	05/19/2008	99/99/9999	
A-HYDROCORT (SINGLE-DOSE) 100 MG	10	EA	VL	IJ	EA	100	MG	1	06/27/2006	99/99/9999	
LEVALBUTEROL (PF) 0.63 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.42	07/23/2018	99/99/9999	
DEXTROSE/SODIUM CHLORIDE 10%-0.225%	250	ML	GC	IV	ML	1	EA	1	03/09/2005	05/18/2016	
DEXTROSE/SODIUM CHLORIDE 10%-0.225%	500	ML	GC	IV	ML	1	EA	1	04/04/2005	05/18/2016	
WATER FOR INJECTION (FTV,25X10ML,PF)	10	ML	VL	IV	ML	10	ML	0.1	08/18/2005	99/99/9999	
WATER FOR INJECTION (25X20ML,STERILE,PF)	20	ML	VL	IV	ML	10	ML	0.1	06/16/2005	99/99/9999	
WATER FOR INJECTION (FTV,25X50ML,PF)	50	ML	VL	IV	ML	10	ML	0.1	08/05/2005	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00409-4887-99		A4216		08/03/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
00409-4888-10		A4216		04/22/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
00409-4888-12		A4216		07/15/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
00409-4888-20		A4216		02/23/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
00409-4888-50		A4216		02/14/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
00409-4902-34		J7799		12/08/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00409-4903-34		J2001		12/01/2005	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG
00409-4904-34		J2001		08/23/2005	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG
00409-5082-16		J0713		10/24/2005	99/99/9999	INJECTION, CEFTAZIDIME, PER 500 MG
00409-5082-52		J0713		10/04/2005	03/01/2016	INJECTION, CEFTAZIDIME, PER 500 MG
00409-5084-11		J0713		12/05/2005	99/99/9999	INJECTION, CEFTAZIDIME, PER 500 MG
00409-5084-51		J0713		10/04/2005	11/01/2015	INJECTION, CEFTAZIDIME, PER 500 MG
00409-5086-11		J0713		04/19/2006	99/99/9999	INJECTION, CEFTAZIDIME, PER 500 MG
00409-5086-51		J0713		10/04/2005	03/24/2016	INJECTION, CEFTAZIDIME, PER 500 MG
00409-5092-16		J0713		05/02/2006	99/99/9999	INJECTION, CEFTAZIDIME, PER 500 MG
00409-5092-52		J0713		06/27/2006	04/22/2016	INJECTION, CEFTAZIDIME, PER 500 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
WATER FOR INJECTION (FTV,25X100ML,PF)	100	ML	VL	IV	ML	10	ML	0.1	08/03/2005	99/99/9999	
SODIUM CHLORIDE (VIAL,FLIPTOP,ADDITIVE) 0.9%	10	ML	VL	IV	ML	10	ML	0.1	04/22/2005	99/99/9999	
SODIUM CHLORIDE (25X10ML,PF,LATEX-FREE) 0.9%	10	ML	VL	IV	ML	10	ML	0.1	07/15/2005	99/99/9999	
SODIUM CHLORIDE (VIAL, FLIPTOP, ADDITIVE) 0.9%	20	ML	VL	IV	ML	10	ML	0.1	02/23/2005	99/99/9999	
SODIUM CHLORIDE (VIAL,FLIPTOP,ADDITIVE) 0.9%	50	ML	VL	IV	ML	10	ML	0.1	02/14/2005	99/99/9999	
DEXTROSE (LIFESHEILD, 18G1-1/2) 50%	1	ML	SR	IV	ML	1	EA	1	12/08/2005	99/99/9999	
LIDOCAINE HCL (21GX1-1/2",LATEX-FREE) 2%	5	ML	SR	IJ	ML	10	MG	2	12/01/2005	99/99/9999	
LIDOCAINE HCL (10X5ML,LATEX-FREE) 1%	5	ML	SR	EP	ML	10	MG	1	08/23/2005	99/99/9999	
TAZICEF (LATEX-FREE) 1 GM	1	EA	VL	IJ	EA	500	MG	2	10/24/2005	99/99/9999	
NOVAPLUS TAZICEF 1 GM	1	EA	VL	IJ	EA	500	MG	2	10/04/2005	03/01/2016	
TAZICEF 2 GM	1	EA	VL	IJ	EA	500	MG	4	12/05/2005	99/99/9999	
NOVAPLUS TAZICEF 2 GM	1	EA	VL	IJ	EA	500	MG	4	10/04/2005	11/01/2015	
TAZICEF (BULK PHARMACY) 6 GM	1	EA	VL	IV	EA	500	MG	12	04/19/2006	99/99/9999	
NOVAPLUS TAZICEF (BULK PACKAGE) 6 GM	1	EA	VL	IJ	EA	500	MG	12	10/04/2005	03/24/2016	
TAZICEF (SINGLE-DOSE ADD-VANTAGE) 1 GM	1	EA	VL	IJ	EA	500	MG	2	05/02/2006	99/99/9999	
NOVAPLUS TAZICEF 1 GM	1	EA	VL	IJ	EA	500	MG	2	06/27/2006	04/22/2016	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00409-5093-11		J0713		04/03/2006	99/99/9999	INJECTION, CEFTAZIDIME, PER 500 MG
00409-5093-51		J0713		10/01/2006	10/30/2014	INJECTION, CEFTAZIDIME, PER 500 MG
00409-5684-01		J2920		11/01/2005	09/22/2016	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG
00409-5685-02		J2930		11/01/2005	10/17/2016	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG
00409-5820-01		J1265		01/01/2006	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG
00409-5921-01		J0280		04/25/2005	99/99/9999	INJECTION, AMINOPHYLLIN, UP TO 250 MG
00409-5922-01		J0280		12/24/2004	99/99/9999	INJECTION, AMINOPHYLLIN, UP TO 250 MG
00409-6028-04		J2271		03/23/2007	12/31/2014	INJECTION, MORPHINE SULFATE, 100MG
00409-6030-04		J2175		01/02/2007	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG
00409-6062-02		J2270		01/10/2006	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG
00409-6102-02		J1940		02/18/2005	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG
43598-0636-10		J1953		06/13/2018	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG
43598-0636-52		J1953		06/13/2018	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG
00409-6102-04		J1940		02/21/2005	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
TAZICEF (ADD-VANTAGE,USP) 2 GM	1	EA	VL	IJ	EA	500	MG	4	04/03/2006	99/99/9999	
NOVAPLUS TAZICEF (ADD-VANTAGE) 2 GM	1	EA	VL	IJ	EA	500	MG	4	10/01/2006	10/30/2014	
A-METHAPRED (UNIVIAL,LATEX-FREE) 40 MG	1	EA	VL	IJ	EA	40	MG	1	11/01/2005	09/22/2016	
A-METHAPRED (UNIVIAL,LATEX-FREE) 125 MG	1	EA	VL	IJ	EA	125	MG	1	11/01/2005	10/17/2016	
DOPAMINE HCL (FLIPTOP) 40 MG/ML	5	ML	VL	IV	ML	40	MG	1	01/01/2006	99/99/9999	
AMINOPHYLLINE (VIAL,FLIPTOP,25X10ML) 25 MG/ML	10	ML	VL	IV	ML	250	MG	0.1	04/25/2005	99/99/9999	
AMINOPHYLLINE (VIAL, FLIPTOP,ABBOJECT) 25 MG/ML	20	ML	VL	IV	ML	250	MG	0.1	12/24/2004	99/99/9999	
MORPHINE SULFATE (SDV,30MLX10) 5 MG/ML	30	ML	VL	IV	ML	100	MG	0.05	03/23/2007	12/31/2014	
MEPERIDINE HYDROCHLORIDE (SDV,USP,10X30ML) 10 MG/ML	30	ML	VL	IV	ML	100	MG	0.1	01/02/2007	99/99/9999	
MORPHINE SULFATE IN 5% DEXTROSE (PREMIX) 5%-100 MG/100 ML	250	ML	GC	IV	ML	10	MG	0.1	01/10/2006	99/99/9999	
FUROSEMIDE (VIAL,FLIPTOP,ABBOJECT) 10 MG/ML	2	ML	VL	IJ	ML	20	MG	0.5	02/18/2005	99/99/9999	
LEVETIRACETAM (10X100ML) 10 MG/1 ML	100	ML	BG	IV	ML	10	MG	1	06/13/2018	99/99/9999	
LEVETIRACETAM (1X100ML, INNER PACK) 10 MG/1 ML	100	ML	BG	IV	ML	10	MG	1	06/13/2018	99/99/9999	
FUROSEMIDE (VIAL,FLIPTOP,ABBOJECT) 10 MG/ML	4	ML	VL	IJ	ML	20	MG	0.5	02/21/2005	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00409-6102-10		J1940		03/24/2005	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG
00409-6138-03		A4217		06/01/2005	99/99/9999	STERILE WATER/SALINE, 500 ML
00409-6138-22		A4217		09/01/2005	99/99/9999	STERILE WATER/SALINE, 500 ML
00409-6139-03		A4217		05/09/2005	99/99/9999	STERILE WATER/SALINE, 500 ML
00409-6139-22		A4217		05/04/2005	99/99/9999	STERILE WATER/SALINE, 500 ML
00409-6177-14		J2270		07/14/2005	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG
00409-6179-14		J2270		09/01/2005	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG
00409-6476-44		J1364		03/10/2006	99/99/9999	INJECTION, ERYTHROMYCIN LACTOBIONATE, PER 500 MG
00409-6478-44		J1364		01/10/2007	99/99/9999	INJECTION, ERYTHROMYCIN LACTOBIONATE, PER 500 MG
00409-6482-01		J1364		05/23/2005	99/99/9999	INJECTION, ERYTHROMYCIN LACTOBIONATE, PER 500 MG
00409-6509-01		J3370		06/06/2005	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG
00409-6509-49		J3370		06/03/2005	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG
00409-6533-01		J3370		03/15/2005	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG
00409-6533-49		J3370		04/06/2005	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
FUROSEMIDE (VIAL,FLIPTOP,ABBOJECT) 10 MG/ML	10	ML	VL	IJ	ML	20	MG	0.5	03/24/2005	99/99/9999	
SODIUM CHLORIDE (USP,AQUALITE,PF) 0.9%	500	ML	PC	IR	ML	500	ML	0.002	06/01/2005	99/99/9999	
SODIUM CHLORIDE (AQUALITE, 24X250ML,PF) 0.9%	250	ML	PC	IR	ML	500	ML	0.002	09/01/2005	99/99/9999	
WATER FOR IRRIGATION (AQUALITE, U.S.P.)	500	ML	PC	IR	ML	500	ML	0.002	05/09/2005	99/99/9999	
WATER FOR IRRIGATION (AQUALITE, U.S.P.)	250	ML	PC	IR	ML	500	ML	0.002	05/04/2005	99/99/9999	
MORPHINE SULFATE (ADD-VANTAGE, 10X4ML) 25 MG/ML	4	ML	VL	IJ	ML	10	MG	2.5	07/14/2005	99/99/9999	
MORPHINE SULFATE (ADD-VANTAGE,LATEX-FREE) 25 MG/ML	10	ML	VL	IJ	ML	10	MG	2.5	09/01/2005	99/99/9999	
ERYTHROCIN LACTOBIONATE (ADD-VANTAGE VIAL,PF) 500 MG	1	EA	VL	IV	EA	500	MG	1	03/10/2006	99/99/9999	
ERYTHROCIN LACTOBIONATE (ADD-VANTAGE VIAL) 1 GM	1	EA	VL	IV	EA	500	MG	2	01/10/2007	99/99/9999	
ERYTHROCIN LACTOBIONATE (LATEX-FREE) 500 MG	1	EA	VL	IV	EA	500	MG	1	05/23/2005	99/99/9999	
VANCOMYCIN HCL (BULK,LATEX-FREE) 5 GM	1	EA	VL	IV	EA	500	MG	10	06/06/2005	99/99/9999	
VANCOMYCIN HCL NOVAPLUS (BULK) 5 GM	1	EA	VL	IV	EA	500	MG	10	06/03/2005	99/99/9999	
VANCOMYCIN HCL (VIAL,FLIPTOP,LATEX-FREE) 1 GM	1	EA	VL	IV	EA	500	MG	2	03/15/2005	99/99/9999	
VANCOMYCIN HCL NOVATION (VIAL,FLIPTOP,LATEX-FREE) 1 GM	1	EA	VL	IV	EA	500	MG	2	04/06/2005	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00409-6534-01		J3370		06/08/2005	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG
00143-9513-01		J2469		03/26/2018	99/99/9999	INJECTION, PALONOSETRON HCL, 25 MCG
00409-6534-49		J3370		06/10/2005	05/01/2015	INJECTION, VANCOMYCIN HCL, 500 MG
00409-6535-01		J3370		03/29/2005	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG
00409-6535-49		J3370		04/06/2005	12/01/2015	INJECTION, VANCOMYCIN HCL, 500 MG
00409-6629-02		J0330		04/25/2005	99/99/9999	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG
00409-6629-61		J0330		04/20/2006	06/05/2014	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG
00409-6635-01		J3480		09/21/2005	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ
00409-6636-01		J3480		08/09/2005	04/01/2013	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ
00409-6648-02		J7799		03/29/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00409-6651-06		J3480		11/10/2005	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ
00409-6653-05		J3480		08/09/2005	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ
00409-6657-73		J7799		10/14/2005	01/01/2018	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
VANCOMYCIN HCL (ADD-VANTAGE,LATEX-FREE) 500 MG	1	EA	VL	IV	EA	500	MG	1	06/08/2005	99/99/9999	
PALONOSETRON HCL (PF) 0.125 MG/1 ML	2	ML	VL	IV	ML	25	MCG	5	03/26/2018	99/99/9999	
VANCOMYCIN HCL NOVATION (ADD-VANTAGE,10X10) 500 MG	1	EA	VL	IV	EA	500	MG	1	06/10/2005	05/01/2015	
VANCOMYCIN HYDROCHLORIDE (ADD-VANTAGE,LATEX-FREE) 1 GM	1	EA	VL	IV	EA	500	MG	2	03/29/2005	99/99/9999	
VANCOMYCIN HYDROCHLORIDE NOVATION (ADD-VANTAGE,LATEX-FREE) 1 GM	1	EA	VL	IV	EA	500	MG	2	04/06/2005	12/01/2015	
QUELICIN (VIAL,FLIPTOP) 20 MG/ML	10	ML	VL	IV	ML	20	MG	1	04/25/2005	99/99/9999	
AMERINET CHOICE SUCCINYLCHOLINE CHLORIDE (USP,25X10ML,MD FLIPTOP) 20 MG/ML	10	ML	VL	IJ	ML	20	MG	1	04/20/2006	06/05/2014	
POTASSIUM CHLORIDE (FTV,25X5ML,10ML VIAL) 2 MEQ/ML	5	ML	VL	IV	ML	2	MEQ	1	09/21/2005	99/99/9999	
POTASSIUM CHLORIDE (FTV,30ML,LATEX-FREE) 2 MEQ/ML	15	ML	VL	IV	ML	2	MEQ	1	08/09/2005	04/01/2013	
DEXTROSE (VIAL,FLIPTOP,ADDITIVE) 50%	50	ML	VL	IV	ML	1	EA	1	03/29/2005	99/99/9999	
POTASSIUM CHLORIDE (VIAL,FLIPTOP,20ML) 2 MEQ/ML	10	ML	VL	IV	ML	2	MEQ	1	11/10/2005	99/99/9999	
POTASSIUM CHLORIDE (FTV,30ML,LATEX-FREE) 2 MEQ/ML	20	ML	VL	IV	ML	2	MEQ	1	08/09/2005	99/99/9999	
SODIUM CHLORIDE (FTV,50MEQ,25X20ML) 14.6%	20	ML	VL	IV	ML	1	EA	1	10/14/2005	01/01/2018	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00409-6660-75		J7799		07/26/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00409-6727-23		J3475		09/20/2005	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG
00409-6729-03		J3475		08/16/2005	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG
00409-6729-09		J3475		09/22/2005	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG
00409-6729-23		J3475		10/06/2005	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG
00409-6729-24		J3475		12/01/2006	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG
00409-6730-13		J3475		04/03/2006	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG
00409-6778-02		J2060		01/27/2006	99/99/9999	INJECTION, LORAZEPAM, 2 MG
00409-6778-62		J2060		06/28/2005	99/99/9999	INJECTION, LORAZEPAM, 2 MG
00409-6779-02		J2060		01/05/2006	99/99/9999	INJECTION, LORAZEPAM, 2 MG
00409-6780-02		J2060		12/29/2005	99/99/9999	INJECTION, LORAZEPAM, 2 MG
00409-6781-02		J2060		01/23/2006	12/08/2017	INJECTION, LORAZEPAM, 2 MG
00409-6970-10		J0330		09/30/2005	08/01/2013	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG
00409-7074-26		J3480		04/25/2005	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ
00409-7075-14		J3480		06/08/2005	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
SODIUM CHLORIDE (25X40ML,LATEX-FREE) 14.6%	40	ML	VL	IV	ML	1	EA	1	07/26/2005	99/99/9999	
DEXTROSE/MAGNESIUM SULFATE (PLASTIC CONTAINER) 5%-1 GM/100 ML	100	ML	FC	IV	ML	500	MG	0.02	09/20/2005	99/99/9999	
MAGNESIUM SULFATE (24X500ML,LATEX-FREE) 40 MG/ML	500	ML	PC	IV	ML	500	MG	0.08	08/16/2005	99/99/9999	
MAGNESIUM SULFATE (PLASTIC CONTAINER) 40 MG/ML	1000	ML	PC	IV	ML	500	MG	0.08	09/22/2005	99/99/9999	
MAGNESIUM SULFATE (24X100ML,LATEX-FREE) 40 MG/ML	100	ML	PC	IV	ML	500	MG	0.08	10/06/2005	99/99/9999	
MAGNESIUM SULFATE (SINGLE DOSE,LATEX-FREE) 40 MG/ML	50	ML	FC	IV	ML	500	MG	0.08	12/01/2006	99/99/9999	
MAGNESIUM SULFATE (LATEX-FREE) 80 MG/ML	50	ML	FC	IV	ML	500	MG	0.16	04/03/2006	99/99/9999	
LORAZEPAM (10X1ML) 2 MG/ML	1	ML	VL	IJ	ML	2	MG	1	01/27/2006	99/99/9999	
LORAZEPAM (10X1ML) 2 MG/ML	1	ML	VL	IJ	ML	2	MG	1	06/28/2005	99/99/9999	
LORAZEPAM (VIAL, FLIPTOP) 4 MG/ML	10	ML	VL	IJ	ML	2	MG	2	01/05/2006	99/99/9999	
LORAZEPAM (VIAL,FLIPTOP) 2 MG/ML	10	ML	VL	IJ	ML	2	MG	1	12/29/2005	99/99/9999	
LORAZEPAM (U.S.P., 10X10ML) 4 MG/ML	10	ML	VL	IJ	ML	2	MG	2	01/23/2006	12/08/2017	
QUELICIN (FTV,25X10ML,20ML VIAL) 100 MG/ML	10	ML	VL	IV	ML	20	MG	5	09/30/2005	08/01/2013	
POTASSIUM CHLORIDE (P.C.,LATEX-FREE) 10 MEQ/100 ML	100	ML	PC	IV	ML	2	MEQ	0.05	04/25/2005	99/99/9999	
POTASSIUM CHLORIDE (24X50ML,LATEX-FREE) 10 MEQ/50 ML	50	ML	PC	IV	ML	2	MEQ	0.1	06/08/2005	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00409-7075-26		J3480		04/11/2005	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ
00409-7076-26		J3480		02/08/2006	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ
00409-7077-14		J3480		06/28/2005	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ
00409-7077-26		J3480		05/04/2005	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ
00409-7100-02		J7060		07/22/2005	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)
00409-7100-66		J7060		08/17/2005	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)
00409-7100-67		J7060		09/14/2005	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)
00409-7101-02		J7050		07/08/2005	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC
00409-7101-66		A4216		07/28/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
00409-7101-67		J7050		08/24/2005	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC
00409-7111-09		J7120		08/05/2005	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC
00409-7113-09		J7120		02/21/2005	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
POTASSIUM CHLORIDE (PC,24X100ML,LATEX-FREE) 20 MEQ/100 ML	100	ML	FC	IV	ML	2	MEQ	0.1	04/11/2005	99/99/9999	
POTASSIUM CHLORIDE (USP,100MLX24) 30 MEQ/100 ML	100	ML	FC	IV	ML	2	MEQ	0.15	02/08/2006	99/99/9999	
POTASSIUM CHLORIDE (24X50ML,LATEX-FREE) 20 MEQ/50 ML	50	ML	FC	IV	ML	2	MEQ	0.2	06/28/2005	99/99/9999	
POTASSIUM CHLORIDE (HIGHLY CONC.,24X100ML) 40 MEQ/100 ML	100	ML	FC	IV	ML	2	MEQ	0.2	05/04/2005	99/99/9999	
DEXTROSE (ADD-VANTAGE,24X250ML) 5%	250	ML	FC	IV	ML	500	ML	0.002	07/22/2005	99/99/9999	
DEXTROSE (ADD-VANTAGE,LATEX-FREE) 5%	50	ML	FC	IV	ML	500	ML	0.002	08/17/2005	99/99/9999	
DEXTROSE (ADD-VANTAGE,50X100ML) 5%	100	ML	FC	IV	ML	500	ML	0.002	09/14/2005	99/99/9999	
SODIUM CHLORIDE (ADD-VANTAGE,24X250ML,PF) 0.9%	250	ML	FC	IV	ML	250	ML	0.004	07/08/2005	99/99/9999	
SODIUM CHLORIDE (ADD-VANT,LIFECARE) 0.9%	50	ML	FC	IV	ML	10	ML	0.1	07/28/2005	99/99/9999	
SODIUM CHLORIDE (50X100ML, ADD-VANTAGE) 0.9%	100	ML	PC	IV	ML	250	ML	0.004	08/24/2005	99/99/9999	
DEX/LACT. RINGERS/POTASSIUM CHL (12X1000ML,LATEX-FREE)	1000	ML	FC	IV	ML	1000	ML	0.0005	08/05/2005	99/99/9999	
DEXTROSE/LACTATED RINGERS/POTASSIUM CHLORIDE (5% DEXTROSE,LATEX-FREE)	1000	ML	FC	IV	ML	1000	ML	0.0005	02/21/2005	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00409-7115-09		J3480		04/06/2005	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ
00409-7116-09		J3480		06/22/2005	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ
00409-7118-07		A4217		08/16/2005	99/99/9999	STERILE WATER/SALINE, 500 ML
00409-7119-07		J7799		05/27/2006	06/10/2016	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00409-7120-07		J7799		07/06/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00409-7132-02		J7799		05/26/2006	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00409-7132-66		J7799		09/12/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00409-7132-67		J7799		11/14/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00409-7138-09		A4217		05/11/2005	99/99/9999	STERILE WATER/SALINE, 500 ML
00409-7138-36		A4217		06/09/2005	99/99/9999	STERILE WATER/SALINE, 500 ML
00409-7139-09		A4217		03/02/2005	99/99/9999	STERILE WATER/SALINE, 500 ML
00409-7139-36		A4217		05/04/2005	99/99/9999	STERILE WATER/SALINE, 500 ML
00409-7332-01		J0696		07/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
POTASSIUM CHLORIDE/SODIUM CHLORIDE (12X1000ML,LATEX-FREE) 2 MEQ/100 ML-0.9%	1000	ML	FC	IV	ML	2	MEQ	0.01	04/06/2005	99/99/9999	
POTASSIUM CHLORIDE/SODIUM CHLORIDE (12X1000ML,LATEX-FREE) 4 MEQ/100 ML-0.9%	1000	ML	FC	IV	ML	2	MEQ	0.02	06/22/2005	99/99/9999	
WATER FOR IRRIGATION (BULK PACKAGE,PF)	2000	ML	FC	IR	ML	500	ML	0.002	08/16/2005	99/99/9999	
DEXTROSE (2000MLX6) 50%	2000	ML	FC	IV	ML	1	EA	1	05/27/2006	06/10/2016	
DEXTROSE (6X2000ML,LATEX-FREE) 70%	2000	ML	FC	IV	ML	1	EA	1	07/06/2005	99/99/9999	
SODIUM CHLORIDE (USP,ADD-VANTAGE) 0.45%	250	ML	FC	IV	ML	1	EA	1	05/26/2006	99/99/9999	
SODIUM CHLORIDE (ADD-VANTAGE,LATEX-FREE) 0.45%	50	ML	FC	IV	ML	1	EA	1	09/12/2005	99/99/9999	
SODIUM CHLORIDE (ADD-VANTAGE,LATEX-FREE) 0.45%	100	ML	PC	IV	ML	1	EA	1	11/14/2005	99/99/9999	
SODIUM CHLORIDE (AQUALITE,12X1000ML,PF) 0.9%	1000	ML	FC	IR	ML	500	ML	0.002	05/11/2005	99/99/9999	
SODIUM CHLORIDE (AQUALITE,9X1500ML,PF) 0.9%	1500	ML	PC	IR	ML	500	ML	0.002	06/09/2005	99/99/9999	
WATER FOR IRRIGATION (AQUALITE W/HANGER,PF)	1000	ML	PC	IR	ML	500	ML	0.002	03/02/2005	99/99/9999	
WATER FOR IRRIGATION (AQUALITE)	1500	ML	PC	IR	ML	500	ML	0.002	05/04/2005	99/99/9999	
CEFTRIAXONE (USP,FLIPTOP VIAL) 1 GM	1	EA	VL	IJ	EA	250	MG	4	07/20/2005	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00409-7333-04		J0696		07/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
00409-7333-49		J0696		07/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
00409-7334-10		J0696		07/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
00409-7336-04		J0696		07/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
00409-7336-49		J0696		07/20/2005	11/01/2016	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
00409-7337-01		J0696		07/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
00409-7338-01		J0696		07/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
00409-7385-01		J0280		12/29/2005	99/99/9999	INJECTION, AMINOPHYLLIN, UP TO 250 MG
00409-7386-01		J0280		11/29/2005	99/99/9999	INJECTION, AMINOPHYLLIN, UP TO 250 MG
00409-7418-03		J7100		02/14/2006	99/99/9999	INFUSION, DEXTRAN 40, 500 ML
00409-7419-03		J7100		08/09/2005	99/99/9999	INFUSION, DEXTRAN 40, 500 ML
00409-7517-16		J7799		12/07/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00409-7620-03		J1644		04/05/2005	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS
00409-7620-59		J1644		04/13/2005	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
CEFTRIAXONE (USP,ADD-VANTAGE VIAL) 1 GM	1	EA	VL	IJ	EA	250	MG	4	07/20/2005	99/99/9999	
CEFTRIAXONE NOVAPLUS (USP,ADD-VANTAGE VIAL) 1 GM	1	EA	VL	IJ	EA	250	MG	4	07/20/2005	99/99/9999	
CEFTRIAXONE (USP,BULK PACK) 10 GM	1	EA	VL	IJ	EA	250	MG	40	07/20/2005	99/99/9999	
CEFTRIAXONE (USP,ADD-VANTAGE VIAL) 2 GM	1	EA	VL	IJ	EA	250	MG	8	07/20/2005	99/99/9999	
CEFTRIAXONE NOVAPLUS (USP,ADD-VANTAGE VIAL) 2 GM	1	EA	VL	IJ	EA	250	MG	8	07/20/2005	11/01/2016	
CEFTRIAXONE (USP) 250 MG	1	EA	VL	IJ	EA	250	MG	1	07/20/2005	99/99/9999	
CEFTRIAXONE (USP) 500 MG	1	EA	VL	IJ	EA	250	MG	2	07/20/2005	99/99/9999	
AMINOPHYLLINE (AMP,LATEX-FREE) 25 MG/ML	10	ML	AM	IV	ML	250	MG	0.1	12/29/2005	99/99/9999	
AMINOPHYLLINE (AMP,LATEX-FREE) 25 MG/ML	20	ML	AM	IV	ML	250	MG	0.1	11/29/2005	99/99/9999	
LMD IN DEXTROSE (12X500ML,LATEX-FREE) 10%-5%	500	ML	FC	IV	ML	500	ML	0.002	02/14/2006	99/99/9999	
LMD W/0.9% SODIUM CHLORIDE (LATEX-FREE) 10%-0.9%	500	ML	FC	IV	ML	500	ML	0.002	08/09/2005	99/99/9999	
DEXTROSE (ANSYR II,LATEX-FREE) 50%	50	ML	SR	IV	ML	1	EA	1	12/07/2005	99/99/9999	
HEPARIN SODIUM/SODIUM CHLORIDE (18X500ML,LATEX-FREE) 200 U/100 ML-0.9%	500	ML	FC	IV	ML	1000	U	0.002	04/05/2005	99/99/9999	
HEPARIN SODIUM/SODIUM CHLORIDE (LATEX-FREE) 200 U/100 ML-0.9%	1000	ML	FC	IV	ML	1000	U	0.002	04/13/2005	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00409-7650-62		J1644		07/06/2005	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS
00409-7651-03		J1644		06/28/2005	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS
00409-7651-62		J1644		07/28/2005	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS
00409-7666-62		J2810		01/27/2006	99/99/9999	INJECTION, THEOPHYLLINE, PER 40 MG
00409-7668-23		J2810		02/06/2007	99/99/9999	INJECTION, THEOPHYLLINE, PER 40 MG
00409-7677-13		J2810		08/10/2006	99/99/9999	INJECTION, THEOPHYLLINE, PER 40 MG
43598-0637-10		J1953		06/13/2018	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG
43598-0637-52		J1953		06/13/2018	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG
55150-0204-20		J3370		08/30/2018	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG
00409-7705-62		J2810		05/27/2006	99/99/9999	INJECTION, THEOPHYLLINE, PER 40 MG
00409-7712-09		J7799		08/19/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
HEPARIN SODIUM/SODIUM CHLORIDE (24X250ML,LATEX-FREE) 10000 U/100 ML-0.45%	250	ML	FC	IV	ML	1000	U	0.1	07/06/2005	99/99/9999	
HEPARIN SODIUM/SODIUM CHLORIDE (24X500ML,LATEX-FREE) 5000 U/100 ML-0.45%	500	ML	FC	IV	ML	1000	U	0.05	06/28/2005	99/99/9999	
HEPARIN SODIUM/SODIUM CHLORIDE (24X250ML,LATEX-FREE) 5000 U/100 ML-0.45%	250	ML	FC	IV	ML	1000	U	0.05	07/28/2005	99/99/9999	
THEOPHYLLINE IN DEXTROSE (24X250ML,LATEX-FREE) 5%-160 MG/100 ML	250	ML	FC	IV	ML	40	MG	0.04	01/27/2006	99/99/9999	
THEOPHYLLINE IN DEXTROSE (24X100ML,SINGLE-DOSE) 5%-200 MG/100 ML	100	ML	FC	IV	ML	40	MG	0.05	02/06/2007	99/99/9999	
DEXTROSE/THEOPHYLLINE (50MLX24,DEHP,LATEX-FREE) 5%-200 MG/50 ML	50	ML	FC	IV	ML	40	MG	0.1	08/10/2006	99/99/9999	
LEVETIRACETAM (10X100ML) 15 MG/1 ML	100	ML	BG	IV	ML	10	MG	1.5	06/13/2018	99/99/9999	
LEVETIRACETAM (1X100ML, INNER PACK) 15 MG/1 ML	100	ML	BG	IV	ML	10	MG	1.5	06/13/2018	99/99/9999	
VANCOMYCIN HCL (PF,LATEX-FREE) 1 GM	10	EA	VL	IV	EA	500	MG	2	08/30/2018	99/99/9999	
THEOPHYLLINE IN DEXTROSE (USP,250MLX24) 5%-320 MG/100 ML	250	ML	FC	IV	ML	40	MG	0.08	05/27/2006	99/99/9999	
MANNITOL (LATEX-FREE) 5%	1000	ML	FC	IV	ML	1	EA	1	08/19/2005	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00409-7713-09		J7799		04/07/2006	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00409-7714-03		J7799		08/30/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00409-7715-02		J7799		11/14/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00409-7715-03		J7799		09/16/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00409-7730-20		J7799		07/27/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00409-7730-36		J7799		07/11/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00409-7730-37		J7799		09/16/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00409-7760-03		J1644		08/30/2005	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS
00409-7761-03		J1644		07/22/2005	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS
00409-7793-62		J1644		10/14/2005	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS
00409-7794-62		J1644		06/12/2006	09/01/2017	INJECTION, HEPARIN SODIUM, PER 1000 UNITS
00409-7808-22		J1265		01/01/2006	09/01/2017	INJECTION, DOPAMINE HCL, 40 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
MANNITOL (USP,LATEX-FREE) 10%	1000	ML	FC	IV	ML	1	EA	1	04/07/2006	99/99/9999	
MANNITOL (LATEX-FREE) 15%	500	ML	FC	IV	ML	1	EA	1	08/30/2005	99/99/9999	
MANNITOL (FLEX CONTAINER,24X250ML) 20%	250	ML	FC	IV	ML	1	EA	1	11/14/2005	99/99/9999	
MANNITOL (FLEX CONTAINER,12X500ML) 20%	500	ML	FC	IV	ML	1	EA	1	09/16/2005	99/99/9999	
SODIUM CHLORIDE (QUAD-PK,48X25ML) 0.45%	25	ML	FC	IV	ML	1	EA	1	07/27/2005	99/99/9999	
SODIUM CHLORIDE (80X50ML,LATEX-FREE) 0.45%	50	ML	FC	IV	ML	1	EA	1	07/11/2005	99/99/9999	
SODIUM CHLORIDE (80X100ML,LATEX-FREE) 0.45%	100	ML	FC	IV	ML	1	EA	1	09/16/2005	99/99/9999	
DEXTROSE/HEPARIN SODIUM (LATEX-FREE) 5%-4000 U/100 ML	500	ML	FC	IV	ML	1000	U	0.04	08/30/2005	99/99/9999	
DEXTROSE/HEPARIN SODIUM (24X500ML,LATEX-FREE) 5%-5000 U/100 ML	500	ML	FC	IV	ML	1000	U	0.05	07/22/2005	99/99/9999	
DEXTROSE/HEPARIN SODIUM (24X250ML,LATEX-FREE) 5%-10000 U/100 ML	250	ML	FC	IV	ML	1000	U	0.1	10/14/2005	99/99/9999	
HEPARIN SODIUM IN DEXTROSE (24X250ML,USP,LATEX-FREE) 5%-5000 U/100 ML	250	ML	FC	IV	ML	1000	U	0.05	06/12/2006	09/01/2017	
DEXTROSE/DOPAMINE HCL (LIFECARE,12X250ML) 5%-80 MG/100 ML	250	ML	FC	IV	ML	40	MG	0.02	01/01/2006	09/01/2017	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
55150-0210-10		J0583		09/27/2018	99/99/9999	INJECTION, BIVALIRUDIN, 1 MG
00409-7808-24		J1265		01/01/2006	09/01/2017	INJECTION, DOPAMINE HCL, 40 MG
00409-7809-22		J1265		01/01/2006	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG
00409-7809-24		J1265		01/01/2006	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG
00409-7810-22		J1265		01/01/2006	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG
00409-7811-24		J3490		08/31/2005	99/99/9999	UNCLASSIFIED DRUGS
00409-7811-37		J3490		09/22/2005	99/99/9999	UNCLASSIFIED DRUGS
00409-7879-13		J1580		03/31/2006	08/01/2015	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG
00409-7881-13		J1580		01/23/2006	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG
00409-7883-13		J1580		01/09/2006	06/01/2015	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
BIVALIRUDIN (SINGLE-USE VIAL) 250 MG	10	EA	VL	IV	EA	1	MG	250	09/27/2018	99/99/9999	
DEXTROSE/DOPAMINE HCL (LIFECARE,LATEX-FREE) 5%-80 MG/100 ML	500	ML	FC	IV	ML	40	MG	0.02	01/01/2006	09/01/2017	
DEXTROSE/DOPAMINE HCL (LIFECARE,LATEX-FREE) 5%-160 MG/100 ML	250	ML	PC	IV	ML	40	MG	0.04	01/01/2006	99/99/9999	
DEXTROSE/DOPAMINE HCL (LIFECARE,12X500ML) 5%-100 MG/100 ML	500	ML	FC	IV	ML	40	MG	0.025	01/01/2006	99/99/9999	
DEXTROSE/DOPAMINE HCL (LIFECARE,12X250ML) 5%-320 MG/100 ML	250	ML	FC	IV	ML	40	MG	0.08	01/01/2006	99/99/9999	
METRONIDAZOLE (S.D.V.,LATEX-FREE) 500 MG/100 ML	100	ML	FC	IV	ML	1	EA	1	08/31/2005	99/99/9999	
METRONIDAZOLE (LIFECARE,QUAD PACK) 500 MG/100 ML	100	ML	FC	IV	ML	1	EA	1	09/22/2005	99/99/9999	
GENTAMICIN SULFATE IN SODIUM CHLORIDE (LATEX-FREE) 1.2 MG/ML-0.9%	50	ML	FC	IV	ML	80	MG	0.015	03/31/2006	08/01/2015	
GENTAMICIN SULFATE/SODIUM CHLORIDE (LIFECARE, 24X50ML) 1.4 MG/ML-0.9%	50	ML	FC	IV	ML	80	MG	0.0175	01/23/2006	99/99/9999	
GENTAMICIN SULFATE/SODIUM CHLORIDE (LIFECARE,LATEX-FREE) 1.6 MG/ML-0.9%	50	ML	FC	IV	ML	80	MG	0.02	01/09/2006	06/01/2015	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00409-7884-23		J1580		07/06/2005	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG
00409-7886-23		J1580		01/27/2006	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG
00409-7889-23		J1580		09/20/2005	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG
00409-7918-19		J7799		07/08/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00409-7922-02		J7060		04/05/2005	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)
00409-7922-03		J7060		02/25/2005	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)
00409-7922-09		J7060		02/21/2005	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)
00409-7922-30		J7060		04/14/2006	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)
00409-7922-48		J7060		04/14/2006	11/01/2013	5% DEXTROSE/WATER (500 ML = 1 UNIT)
00409-7922-53		J7060		09/01/2005	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)
00409-7922-55		J7060		10/31/2006	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)
00409-7922-61		J7060		08/05/2005	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)
00409-7923-13		J7060		06/09/2005	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)
00409-7923-20		J7060		06/17/2005	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)
00409-7923-23		J7060		07/15/2005	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)
00409-7923-36		J7060		04/05/2005	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
GENTAMICIN SULFATE/SODIUM CHLORIDE (LIFECARE,24X100ML) 80 MG/100 ML-0.9%	100	ML	FC	IV	ML	80	MG	0.01	07/06/2005	99/99/9999	
GENTAMICIN SULFATE IN SODIUM CHLORIDE (LIFECARE,24X100ML) 90 MG/100 ML-0.9%	100	ML	FC	IV	ML	80	MG	0.01125	01/27/2006	99/99/9999	
GENTAMICIN SULFATE/SODIUM CHLORIDE (LIFECARE,24X100ML) 100 MG/100 ML-0.9%	100	ML	FC	IV	ML	80	MG	0.0125	09/20/2005	99/99/9999	
DEXTROSE (12X500ML,LATEX-FREE) 70%	500	ML	PC	IV	ML	1	EA	1	07/08/2005	99/99/9999	
DEXTROSE (LIFECARE/PLASTIC) 5%	250	ML	FC	IV	ML	500	ML	0.002	04/05/2005	99/99/9999	
DEXTROSE (LIFECARE/PLASTIC) 5%	500	ML	FC	IV	ML	500	ML	0.002	02/25/2005	99/99/9999	
DEXTROSE (LIFECARE/PLASTIC) 5%	1000	ML	FC	IV	ML	500	ML	0.002	02/21/2005	99/99/9999	
DEXTROSE (VISIV CONTAINER) 5%	500	ML	FC	IV	ML	500	ML	0.002	04/14/2006	99/99/9999	
DEXTROSE (VISIV CONTAINER) 5%	1000	ML	FC	IV	ML	500	ML	0.002	04/14/2006	11/01/2013	
DEXTROSE (LIFECARE,24X250ML) 5%	250	ML	FC	IV	ML	500	ML	0.002	09/01/2005	99/99/9999	
DEXTROSE (18X500ML,LATEX-FREE) 5%	500	ML	FC	IV	ML	500	ML	0.002	10/31/2006	99/99/9999	
DEXTROSE (LIFECARE,32X150ML) 5%	150	ML	FC	IV	ML	500	ML	0.002	08/05/2005	99/99/9999	
DEXTROSE (48X50ML,LATEX-FREE) 5%	50	ML	FC	IV	ML	500	ML	0.002	06/09/2005	99/99/9999	
DEXTROSE (LIFECARE,48X25ML) 5%	25	ML	FC	IV	ML	500	ML	0.002	06/17/2005	99/99/9999	
DEXTROSE (48X100ML,LATEX-FREE) 5%	100	ML	FC	IV	ML	500	ML	0.002	07/15/2005	99/99/9999	
DEXTROSE (LIFECARE,QUAD PACK) 5%	50	ML	FC	IV	ML	500	ML	0.002	04/05/2005	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00409-7923-37		J7060		03/16/2005	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)
00409-7924-02		J7799		07/28/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00409-7924-03		J7799		07/28/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00409-7924-09		J7799		12/21/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00409-7925-03		J7799		09/16/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00409-7925-09		J7799		03/17/2006	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00409-7926-02		J7799		08/30/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00409-7926-03		J7799		06/07/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00409-7926-09		J7799		08/25/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00409-7926-30		J7799		04/14/2006	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00409-7926-48		J7799		04/14/2006	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00409-7929-03		J7120		06/09/2005	12/31/2015	RINGERS LACTATE INFUSION, UP TO 1000 CC
00409-7929-09		J7120		02/07/2005	12/31/2015	RINGERS LACTATE INFUSION, UP TO 1000 CC
00409-7930-02		J7799		07/05/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
DEXTROSE (LIFECARE,80X100ML) 5%	100	ML	FC	IV	ML	500	ML	0.002	03/16/2005	99/99/9999	
DEXTROSE/SODIUM CHLORIDE (24X250ML,LATEX-FREE) 5%-0.225%	250	ML	FC	IV	ML	1	EA	1	07/28/2005	99/99/9999	
DEXTROSE/SODIUM CHLORIDE (LIFECARE/PLASTIC) 5%-0.225%	500	ML	FC	IV	ML	1	EA	1	07/28/2005	99/99/9999	
DEXTROSE/SODIUM CHLORIDE (LIFECARE, PLASTIC) 5%-0.225%	1000	ML	FC	IV	ML	1	EA	1	12/21/2005	99/99/9999	
DEXTROSE/SODIUM CHLORIDE (LIFECARE,PLASTIC) 5%-0.3%	500	ML	FC	IV	ML	1	EA	1	09/16/2005	99/99/9999	
DEXTROSE/SODIUM CHLORIDE (12X1000ML) 5%-0.3%	1000	ML	FC	IV	ML	1	EA	1	03/17/2006	99/99/9999	
DEXTROSE/SODIUM CHLORIDE (LIFECARE/PLASTIC) 5%-0.45%	250	ML	FC	IV	ML	1	EA	1	08/30/2005	99/99/9999	
DEXTROSE/SODIUM CHLORIDE (24X500ML,LATEX-FREE) 5%-0.45%	500	ML	FC	IV	ML	1	EA	1	06/07/2005	99/99/9999	
DEXTROSE/SODIUM CHLORIDE (12X1000ML, LIFECARE) 5%-0.45%	1000	ML	FC	IV	ML	1	EA	1	08/25/2005	99/99/9999	
DEXTROSE/SODIUM CHLORIDE (VISIV CONTAINER) 5%-0.45%	500	ML	FC	IV	ML	1	EA	1	04/14/2006	99/99/9999	
DEXTROSE/SODIUM CHLORIDE (VISIV CONTAINER) 5%-0.45%	1000	ML	FC	IV	ML	1	EA	1	04/14/2006	99/99/9999	
DEXTROSE 5% IN RINGERS (LATEX-FREE)	500	ML	FC	IV	ML	1000	ML	0.0005	06/09/2005	12/31/2015	
DEXTROSE 5% IN RINGERS (LIFECARE,LATEX-FREE)	1000	ML	FC	IV	ML	1000	ML	0.0005	02/07/2005	12/31/2015	
DEXTROSE (24X250ML,LIFECARE) 10%	250	ML	FC	IV	ML	1	EA	1	07/05/2005	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00409-7930-03		J7799		01/12/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00409-7930-09		J7799		03/16/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00409-7931-24		J2001		05/18/2005	06/01/2013	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG
00409-7931-32		J2001		09/16/2005	11/01/2012	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG
00409-7935-19		J7799		09/12/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00409-7936-19		J7799		06/24/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00409-7936-29		J7799		10/28/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00409-7937-19		J7799		08/24/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00409-7938-19		J7799		09/29/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00409-7941-02		J7042		05/27/2006	99/99/9999	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)
00409-7941-03		J7042		09/20/2005	99/99/9999	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)
00409-7941-09		J7042		08/08/2005	99/99/9999	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)
00409-7953-02		J7120		03/09/2005	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC
00409-7953-03		J7120		05/20/2005	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
DEXTROSE (LIFECARE,LATEX-FREE) 10%	500	ML	FC	IV	ML	1	EA	1	01/12/2005	99/99/9999	
DEXTROSE (LIFECARE,LATEX-FREE) 10%	1000	ML	FC	IV	ML	1	EA	1	03/16/2005	99/99/9999	
DEXTROSE/LIDOCAINE HCL (LIFECARE,24X500ML) 5%-0.4%	500	ML	PC	IV	ML	10	MG	0.4	05/18/2005	06/01/2013	
DEXTROSE/LIDOCAINE HCL (LIFECARE,12X250ML) 5%-0.4%	250	ML	FC	IV	ML	10	MG	0.4	09/16/2005	11/01/2012	
DEXTROSE (1000ML CONTAINER) 20%	500	ML	FC	IV	ML	1	EA	1	09/12/2005	99/99/9999	
DEXTROSE (12X500ML,LATEX-FREE) 50%	500	ML	PC	IV	ML	1	EA	1	06/24/2005	99/99/9999	
DEXTROSE (2000ML BAG,6X1000ML) 50%	1000	ML	FC	IV	ML	1	EA	1	10/28/2005	99/99/9999	
DEXTROSE (12X500ML,LATEX-FREE) 40%	500	ML	FC	IV	ML	1	EA	1	08/24/2005	99/99/9999	
DEXTROSE (1000ML CONTAINER) 10%	500	ML	PC	IV	ML	1	EA	1	09/29/2005	99/99/9999	
DEXTROSE AND SODIUM CHLORIDE (250MLX24,USP,LATEX-FREE) 5%-0.9%	250	ML	FC	IV	ML	5	%	0.002	05/27/2006	99/99/9999	
DEXTROSE/SODIUM CHLORIDE (24X500ML,LATEX-FREE) 5%-0.9%	500	ML	FC	IV	ML	5	%	0.002	09/20/2005	99/99/9999	
DEXTROSE/SODIUM CHLORIDE (LIFECARE,12X1000ML) 5%-0.9%	1000	ML	FC	IV	ML	5	%	0.002	08/08/2005	99/99/9999	
LACTATED RINGER'S (LIFECARE,LATEX-FREE)	250	ML	FC	IV	ML	1000	ML	0.001	03/09/2005	99/99/9999	
LACTATED RINGER'S (LIFECARE,24X500ML)	500	ML	PC	IV	ML	1000	ML	0.001	05/20/2005	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00409-7953-09		J7120		05/18/2005	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC
00409-7953-30		J7120		04/14/2006	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC
00409-7953-48		J7120		04/14/2006	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC
00409-7972-05		A4217		09/01/2005	99/99/9999	STERILE WATER/SALINE, 500 ML
00409-7972-07		A4217		04/05/2005	99/99/9999	STERILE WATER/SALINE, 500 ML
00409-7972-08		A4217		05/18/2005	99/99/9999	STERILE WATER/SALINE, 500 ML
00409-7973-05		A4217		03/16/2005	99/99/9999	STERILE WATER/SALINE, 500 ML
00409-7973-07		A4217		08/09/2005	99/99/9999	STERILE WATER/SALINE, 500 ML
00409-7973-08		A4217		07/14/2005	99/99/9999	STERILE WATER/SALINE, 500 ML
00409-7975-07		A4217		04/26/2006	99/99/9999	STERILE WATER/SALINE, 500 ML
00409-7983-02		J7050		07/01/2005	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC
00409-7983-03		J7040		01/05/2005	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)
00409-7983-09		J7030		02/07/2005	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 1000 CC
00409-7983-30		J7040		04/14/2006	10/16/2014	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
LACTATED RINGER'S (LIFECARE,LATEX-FREE)	1000	ML	PC	IV	ML	1000	ML	0.001	05/18/2005	99/99/9999	
LACTATED RINGER'S (VISIV CONTAINER)	500	ML	FC	IV	ML	1000	ML	0.001	04/14/2006	99/99/9999	
LACTATED RINGER'S (VISIV CONTAINER)	1000	ML	FC	IV	ML	1000	ML	0.001	04/14/2006	99/99/9999	
SODIUM CHLORIDE (FLEXIBLE CONTAINER,PF) 0.9%	1000	ML	FC	IR	ML	500	ML	0.002	09/01/2005	99/99/9999	
SODIUM CHLORIDE (FLEX CONTAINER,6X2000ML) 0.9%	2000	ML	FC	IR	ML	500	ML	0.002	04/05/2005	99/99/9999	
SODIUM CHLORIDE (FLEX CONTAINER,4X3000ML) 0.9%	3000	ML	PC	IR	ML	500	ML	0.002	05/18/2005	99/99/9999	
WATER FOR IRRIGATION (FLEXIBLE CONTAINER,PF)	1000	ML	FC	IR	ML	500	ML	0.002	03/16/2005	99/99/9999	
WATER FOR IRRIGATION (FLEXIBLE, CONTAINER,PF)	2000	ML	FC	IR	ML	500	ML	0.002	08/09/2005	99/99/9999	
WATER FOR IRRIGATION (4X3000ML,PF,LATEX-FREE)	3000	ML	FC	IR	ML	500	ML	0.002	07/14/2005	99/99/9999	
SODIUM CHLORIDE (USP,6X2000ML) 0.45%	2000	ML	FC	IR	ML	500	ML	0.002	04/26/2006	99/99/9999	
SODIUM CHLORIDE (LIFECARE,24X250ML,PF) 0.9%	250	ML	FC	IV	ML	250	ML	0.004	07/01/2005	99/99/9999	
SODIUM CHLORIDE (LIFECARE,P.C.,24X500ML) 0.9%	500	ML	FC	IV	ML	500	ML	0.002	01/05/2005	99/99/9999	
SODIUM CHLORIDE (LIFECARE,P.C.,12X1000ML) 0.9%	1000	ML	FC	IV	ML	1000	ML	0.001	02/07/2005	99/99/9999	
SODIUM CHLORIDE (VISIV CONTAINER) 0.9%	500	ML	FC	IV	ML	500	ML	0.002	04/14/2006	10/16/2014	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00409-7983-48		J7030		04/14/2006	10/16/2014	INFUSION, NORMAL SALINE SOLUTION , 1000 CC
00409-7983-53		J7050		09/30/2005	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC
00409-7983-55		J7040		04/11/2005	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)
00409-7983-61		J7050		06/17/2005	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC
00409-7984-13		A4216		06/20/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
00409-7984-20		A4216		06/17/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
00409-7984-23		J7050		05/18/2005	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC
00409-7984-36		A4216		07/14/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
00409-7984-37		J7050		07/15/2005	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC
00409-7985-02		J7799		04/06/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00409-7985-03		J7799		04/06/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00409-7985-09		J7799		11/24/2004	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00409-7990-09		A4217		09/02/2005	99/99/9999	STERILE WATER/SALINE, 500 ML
00409-8004-15		J7799		08/01/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
SODIUM CHLORIDE (VISIV CONTAINER) 0.9%	1000	ML	FC	IV	ML	1000	ML	0.001	04/14/2006	10/16/2014	
SODIUM CHLORIDE (LIFECARE,2 PORTS,PC,LF) 0.9%	250	ML	FC	IV	ML	250	ML	0.004	09/30/2005	99/99/9999	
SODIUM CHLORIDE (LIFECARE,2 PORTS,PC,LF) 0.9%	500	ML	FC	IV	ML	500	ML	0.002	04/11/2005	99/99/9999	
SODIUM CHLORIDE (LIFECARE,P.C.,32X150ML) 0.9%	150	ML	FC	IV	ML	250	ML	0.004	06/17/2005	99/99/9999	
SODIUM CHLORIDE (48X50ML,PF,LATEX-FREE) 0.9%	50	ML	FC	IV	ML	10	ML	0.1	06/20/2005	99/99/9999	
SODIUM CHLORIDE (LIFECARE,QUAD PACK,LF) 0.9%	25	ML	FC	IV	ML	10	ML	0.1	06/17/2005	99/99/9999	
SODIUM CHLORIDE (LIFECARE SINGLE-P/F) 0.9%	100	ML	PC	IV	ML	250	ML	0.004	05/18/2005	99/99/9999	
SODIUM CHLORIDE (LFCARE,QUAD,LF,80X50ML) 0.9%	50	ML	FC	IV	ML	10	ML	0.1	07/14/2005	99/99/9999	
SODIUM CHLORIDE (LFCARE,QUAD,LF,80X100ML) 0.9%	100	ML	FC	IV	ML	250	ML	0.004	07/15/2005	99/99/9999	
SODIUM CHLORIDE (24X250ML,LATEX-FREE) 0.45%	250	ML	FC	IV	ML	1	EA	1	04/06/2005	99/99/9999	
SODIUM CHLORIDE (LIFECARE,24X500ML) 0.45%	500	ML	FC	IV	ML	1	EA	1	04/06/2005	99/99/9999	
SODIUM CHLORIDE (LIFECARE,12X1000ML) 0.45%	1000	ML	FC	IV	ML	1	EA	1	11/24/2004	99/99/9999	
WATER FOR INJECTION (LIFECARE,PF,LATEX-FREE)	1000	ML	FC	IV	ML	500	ML	0.002	09/02/2005	99/99/9999	
DEXTROSE (12X500ML,LATEX-FREE) 30%	500	ML	FC	IV	ML	1	EA	1	08/01/2005	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00409-9093-32		J3010		11/14/2005	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG
00409-9093-35		J3010		12/13/2005	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG
00409-9093-38		J3010		03/03/2006	09/01/2017	INJECTION, FENTANYL CITRATE, 0.1 MG
00409-9094-22		J3010		10/12/2005	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG
00409-9094-25		J3010		11/07/2005	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG
00409-9094-28		J3010		02/14/2006	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG
00409-9094-31		J3010		09/23/2005	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG
25021-0828-50		J0640		09/04/2018	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG
00409-9094-61		J3010		12/30/2005	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG
00409-9104-20		J1265		01/01/2006	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG
00409-9137-05		J2001		06/30/2005	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG
00409-9631-04		J1940		04/21/2006	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG
00463-1015-30		J3420		01/01/2002	02/03/2016	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG
00463-1019-30		J2650		01/01/2002	02/03/2016	INJECTION, PREDNISOLONE ACETATE, UP TO 1 ML
00463-1020-10		J2650		01/01/2002	02/03/2016	INJECTION, PREDNISOLONE ACETATE, UP TO 1 ML
00463-1021-30		J3420		01/01/2002	02/03/2016	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
FENTANYL CITRATE (10X2ML,LATEX-FREE) 0.05 MG/ML	2	ML	AM	IJ	ML	0.1	MG	0.5	11/14/2005	99/99/9999	
FENTANYL CITRATE (AMP,LATEX-FREE) 0.05 MG/ML	5	ML	AM	IJ	ML	0.1	MG	0.5	12/13/2005	99/99/9999	
FENTANYL CITRATE (5X20ML) 0.05 MG/ML	20	ML	AM	IJ	ML	0.1	MG	0.5	03/03/2006	09/01/2017	
FENTANYL CITRATE (FTV,25X2ML,LATEX-FREE) 0.05 MG/ML	2	ML	VL	IJ	ML	0.1	MG	0.5	10/12/2005	99/99/9999	
FENTANYL CITRATE (VIAL,FLIPTOP,LATEX-FREE) 0.05 MG/ML	5	ML	VL	IJ	ML	0.1	MG	0.5	11/07/2005	99/99/9999	
FENTANYL CITRATE (25X10ML,FTV) 0.05 MG/ML	10	ML	VL	IJ	ML	0.1	MG	0.5	02/14/2006	99/99/9999	
FENTANYL CITRATE (FTV,LATEX-FREE) 0.05 MG/ML	20	ML	VL	IJ	ML	0.1	MG	0.5	09/23/2005	99/99/9999	
LEUCOVORIN CALCIUM (SDV,PF,LATEX-FREE) 500 MG	1	EA	VL	IJ	EA	50	MG	10	09/04/2018	99/99/9999	
FENTANYL CITRATE (VIAL, FLIPTOP) 0.05 MG/ML	50	ML	VL	IJ	ML	0.1	MG	0.5	12/30/2005	99/99/9999	
DOPAMINE HCL (25X10ML) 40 MG/ML	10	ML	VL	IV	ML	40	MG	1	01/01/2006	99/99/9999	
LIDOCAINE HCL (ANSYR,10X5ML,LATEX-FREE) 1%	5	ML	SR	EP	ML	10	MG	1	06/30/2005	99/99/9999	
FUROSEMIDE (PF) 10 MG/ML	4	ML	SR	IJ	ML	20	MG	0.5	04/21/2006	99/99/9999	
VITAMIN B12 (VIAL) 1000 MCG/ML	30	ML	VL	IM	ML	1000	MCG	1	01/01/2002	02/03/2016	
COTOLONE (VIAL) 25 MG/ML	30	ML	VL	IJ	ML	1	ML	1	01/01/2002	02/03/2016	
COTOLONE (VIAL) 50 MG/ML	10	ML	VL	IJ	ML	1	ML	1	01/01/2002	02/03/2016	
VITAMIN B12 (VIAL) 100 MCG/ML	30	ML	VL	IM	ML	1000	MCG	0.1	01/01/2002	02/03/2016	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00463-1029-30		J1435		01/01/2002	01/28/2016	INJECTION, ESTRONE, PER 1 MG
00463-1036-10		J1700		01/01/2002	02/03/2016	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG
00463-1069-10		J3140		01/01/2002	12/31/2014	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG
00463-1073-10		J3150		01/01/2002	12/31/2014	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG
00463-1074-30		J3411		01/01/2004	02/03/2016	INJECTION, THIAMINE HCL, 100 MG
00463-1080-30		J1200		01/01/2002	02/03/2016	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG
00463-1086-10		J1240		01/01/2002	09/30/2013	INJECTION, DIMENHYDRINATE, UP TO 50 MG
00463-1091-05		J3302		01/01/2002	02/03/2016	INJECTION, TRIAMCINOLONE DIACETATE, PER 5MG
00463-1092-10		J2360		01/01/2002	01/28/2016	INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG
00463-1094-30		J3420		01/01/2002	01/01/2016	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG
00463-1101-10		J3410		01/01/2002	02/03/2016	INJECTION, HYDROXYZINE HCL, UP TO 25 MG
00463-1104-10		J0500		01/01/2002	01/01/2016	INJECTION, DICYCLOMINE HCL, UP TO 20 MG
00463-1108-20		J3250		01/01/2002	01/01/2016	INJECTION, TRIMETHOBENZAMIDE HCL, UP TO 200 MG
00463-6071-10		J7510		01/01/2002	02/03/2016	PREDNISOLONE ORAL, PER 5 MG
00463-6140-10		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
00463-6141-10		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
00463-6155-10		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
00463-6156-10		Q0170		01/01/2002	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00469-0607-73		J7507		01/01/2002	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
ESTRONE (VIAL, AQUEOUS) 5 MG/ML	30	ML	EA	IM	ML	1	MG	5	01/01/2002	01/28/2016	
HYDROCORTISONE ACETATE (VIAL) 25 MG/ML	10	ML	VL	IJ	ML	25	MG	1	01/01/2002	02/03/2016	
TESTRO AQ (VIAL) 100 MG/ML	10	ML	VL	IM	ML	50	MG	2	01/01/2002	12/31/2014	
TESTOSTERONE PROPIONATE (VIAL) 100 MG/ML	10	ML	VL	IM	ML	100	MG	1	01/01/2002	12/31/2014	
THIAMINE HCL (VIAL) 100 MG/ML	30	ML	VL	IJ	ML	100	MG	1	01/01/2004	02/03/2016	
TRUXADRYL (VIAL) 10 MG/ML	30	ML	VL	IJ	ML	50	MG	0.2	01/01/2002	02/03/2016	
DIMENHYDRINATE (VIAL) 50 MG/ML	10	ML	VL	IJ	ML	50	MG	1	01/01/2002	09/30/2013	
TRIAMCOT (VIAL) 40 MG/ML	5	ML	VL	IJ	ML	5	MG	8	01/01/2002	02/03/2016	
ORFRO (VIAL) 30 MG/ML	10	ML	VL	IJ	ML	60	MG	0.5	01/01/2002	01/28/2016	
HYDROXOCOBALAMIN (VIAL) 1000 MCG/ML	30	ML	VL	IM	ML	1000	MCG	1	01/01/2002	01/01/2016	
VISTACOT (VIAL) 50 MG/ML	10	ML	VL	IM	ML	25	MG	2	01/01/2002	02/03/2016	
DICYCLOCOT (VIAL) 10 MG/ML	10	ML	VL	IM	ML	20	MG	0.5	01/01/2002	01/01/2016	
BENZACOT (VIAL) 100 MG/ML	20	ML	VL	IM	ML	200	MG	0.5	01/01/2002	01/01/2016	
COTOLONE 5 MG	1000	EA	NA	PO	EA	5	MG	1	01/01/2002	02/03/2016	
PREDNICOT 10 MG	1000	EA	NA	PO	EA	5	MG	2	01/01/2002	12/31/2015	
PREDNICOT 20 MG	1000	EA	NA	PO	EA	5	MG	4	01/01/2002	12/31/2015	
PREDNICOT 5 MG	1000	EA	NA	PO	EA	5	MG	1	01/01/2002	12/31/2015	
PROMACOT 25 MG	1000	EA	NA	PO	EA	25	MG	1	01/01/2002	12/31/2013	
PROGRAF 0.5 MG	100	EA	BO	PO	EA	1	MG	0.5	01/01/2002	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00469-0617-11		J7507		01/01/2002	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG
00469-0617-73		J7507		02/13/2002	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG
00469-0657-11		J7507		01/01/2004	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG
00469-0657-73		J7507		01/01/2004	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG
00469-0871-20		J0152		01/01/2004	12/31/2013	INJECTION, ADENOSINE FOR DIAGNOSTIC USE, 30 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS; INSTEAD USE A9270)
00469-0871-30		J0152		01/01/2004	12/31/2013	INJECTION, ADENOSINE FOR DIAGNOSTIC USE, 30 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS; INSTEAD USE A9270)
00469-3016-01		J7525		01/01/2002	99/99/9999	TACROLIMUS, PARENTERAL, 5 MG
00469-3051-30		J0289		01/01/2003	99/99/9999	INJECTION, AMPHOTERICIN B LIPOSOME, 10 MG
00469-3211-10		J2248		01/01/2007	99/99/9999	INJECTION, MICAFUNGIN SODIUM, 1 MG
00469-3250-10		J2248		01/01/2007	99/99/9999	INJECTION, MICAFUNGIN SODIUM, 1 MG
00469-8234-12		J0150		06/14/2002	12/31/2014	INJECTION, ADENOSINE FOR THERAPEUTIC USE, 6 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS, INSTEAD USE A9270)
00469-8234-14		J0150		06/14/2002	12/31/2014	INJECTION, ADENOSINE FOR THERAPEUTIC USE, 6 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS, INSTEAD USE A9270)
00472-0082-16		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
00487-0201-01		J7620		01/01/2008	99/99/9999	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME
00487-0201-02		J7620		01/01/2008	07/21/2016	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PROGRAF (10X10,BLISTER PACK) 1 MG	100	EA	BX	PO	EA	1	MG	1	01/01/2002	99/99/9999	
PROGRAF 1 MG	100	EA	BO	PO	EA	1	MG	1	02/13/2002	99/99/9999	
PROGRAF (10X10,BLISTER PACK) 5 MG	100	EA	BX	PO	EA	1	MG	5	01/01/2004	99/99/9999	
PROGRAF 5 MG	100	EA	BO	PO	EA	1	MG	5	01/01/2004	99/99/9999	
ADENOSCAN (S.D.V.,PF) 3 MG/ML	20	ML	VL	IV	ML	30	MG	0.1	01/01/2004	12/31/2013	
ADENOSCAN (S.D.V.,PF) 3 MG/ML	30	ML	VL	IV	ML	30	MG	0.1	01/01/2004	12/31/2013	
PROGRAF (AMP,PF) 5 MG/ML	1	ML	AM	IV	ML	5	MG	1	01/01/2002	99/99/9999	
AMBISOME 50 MG	1	EA	VL	IV	EA	10	MG	5	01/01/2003	99/99/9999	
MYCAMINE (W/RED FLIP-OFF CAP) 100 MG	1	EA	VL	IV	EA	1	MG	100	01/01/2007	99/99/9999	
MYCAMINE (PF) 50 MG	1	EA	VL	IV	EA	1	MG	50	01/01/2007	99/99/9999	
ADENOCARD (ANSYR,LUER LOK) 3 MG/ML	2	ML	SR	IV	ML	6	MG	0.5	06/14/2002	12/31/2014	
ADENOCARD (ANSYR,LUER LOK) 3 MG/ML	4	ML	SR	IV	ML	6	MG	0.5	06/14/2002	12/31/2014	
ACYCLOVIR 200 MG/5 ML	480	ML	BO	PO	ML	1	EA	1	01/01/2002	99/99/9999	
IPRATROPIUM BROMIDE AND ALBUTEROL SULFATE (30X3ML) 3 MG/3 ML-0.5 MG/3 ML	30	ML	PC	IH	ML	3	MG	0.33333	01/01/2008	99/99/9999	
IPRATROPIUM BROMIDE AND ALBUTEROL SULFATE (30X3ML, ROBOT READY) 3 MG/3 ML-0.5 MG/3 ML	30	ML	PC	IH	ML	3	MG	0.33333	01/01/2008	07/21/2016	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00487-0201-60		J7620		01/01/2008	99/99/9999	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME
00487-9301-02		A4216		01/01/2006	07/21/2016	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
00487-9301-03		A4216		01/01/2006	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
00487-9301-33		A4216		01/01/2006	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
00487-9501-01		J7613		04/01/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
00487-9501-01	KO	J7613	KO	04/01/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
00487-9501-02		J7613		04/01/2008	07/21/2016	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
00487-9501-02	KO	J7613	KO	04/01/2008	07/21/2016	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
00487-9501-03		J7613		04/01/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
00487-9501-03	KO	J7613	KO	04/01/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
00487-9501-25		J7613		04/01/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
00487-9501-25	KO	J7613	KO	04/01/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
00487-9501-60		J7613		04/01/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
00487-9501-60	KO	J7613	KO	04/01/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
IPRATROPIUM BROMIDE AND ALBUTEROL SULFATE (60X3ML) 3 MG/3 ML-0.5 MG/3 ML	60	ML	PC	IH	ML	3	MG	0.33333	01/01/2008	99/99/9999	
SODIUM CHLORIDE (ROBOT READY,30X3ML) 0.9%	3	ML	PC	IH	ML	10	ML	0.1	01/01/2006	07/21/2016	
SODIUM CHLORIDE (VIAL) 0.9%	3	ML	PC	IH	ML	10	ML	0.1	01/01/2006	99/99/9999	
SODIUM CHLORIDE 0.9%	3	ML	PC	IH	ML	10	ML	0.1	01/01/2006	99/99/9999	
ALBUTEROL SULFATE (PF) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	04/01/2008	99/99/9999	
ALBUTEROL SULFATE (PF) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	04/01/2008	99/99/9999	
ALBUTEROL SULFATE (ROBOT READY,PF) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	04/01/2008	07/21/2016	
ALBUTEROL SULFATE (ROBOT READY,PF) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	04/01/2008	07/21/2016	
ALBUTEROL SULFATE (PF) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	04/01/2008	99/99/9999	
ALBUTEROL SULFATE (PF) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	04/01/2008	99/99/9999	
ALBUTEROL SULFATE (PF) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	04/01/2008	99/99/9999	
ALBUTEROL SULFATE (PF) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	04/01/2008	99/99/9999	
ALBUTEROL SULFATE (PF) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	04/01/2008	99/99/9999	
ALBUTEROL SULFATE (PF) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	04/01/2008	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00487-9801-01		J7644		01/03/2003	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
00487-9801-01	KO	J7644	KO	01/03/2003	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
00487-9801-02		J7644		07/20/2005	07/21/2016	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
00487-9801-02	KO	J7644	KO	07/20/2005	07/21/2016	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
00487-9801-25		J7644		10/11/2002	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
00487-9801-25	KO	J7644	KO	10/11/2002	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
00487-9801-30		J7644		01/03/2003	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
00487-9801-30	KO	J7644	KO	01/03/2003	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
00487-9801-60		J7644		01/03/2003	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
IPRATROPIUM BROMIDE (PF) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	01/03/2003	99/99/9999	
IPRATROPIUM BROMIDE (PF) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	01/03/2003	99/99/9999	
IPRATROPIUM BROMIDE (ROBOT READY,PF) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	07/20/2005	07/21/2016	
IPRATROPIUM BROMIDE (ROBOT READY,PF) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	07/20/2005	07/21/2016	
IPRATROPIUM BROMIDE (PF) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	10/11/2002	99/99/9999	
IPRATROPIUM BROMIDE (PF) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	10/11/2002	99/99/9999	
IPRATROPIUM BROMIDE (PF) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	01/03/2003	99/99/9999	
IPRATROPIUM BROMIDE (PF) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	01/03/2003	99/99/9999	
IPRATROPIUM BROMIDE (PF) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	01/03/2003	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00487-9801-60	KO	J7644	KO	01/03/2003	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
00487-9901-02		J7611		04/01/2008	07/21/2016	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG
00487-9901-30		J7611		04/01/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG
00487-9904-01		J7613		04/01/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
00487-9904-01	KO	J7613	KO	04/01/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
00487-9904-02		J7613		04/01/2008	07/21/2016	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
00487-9904-02	KO	J7613	KO	04/01/2008	07/21/2016	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
00487-9904-25		J7613		04/01/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
00487-9904-25	KO	J7613	KO	04/01/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
00490-0091-00		Q0175		01/01/2007	01/31/2014	PERPHENAZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00490-0091-30		Q0175		01/01/2007	01/31/2014	PERPHENAZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
IPRATROPIUM BROMIDE (PF) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	01/03/2003	99/99/9999	
ALBUTEROL SULFATE (UNIT OF USE,ROBOT READY) 0.5%	0.5	ML	PC	IH	ML	1	MG	5	04/01/2008	07/21/2016	
ALBUTEROL SULFATE (UNIT OF USE,PF) 0.5%	0.5	ML	PC	IH	ML	1	MG	5	04/01/2008	99/99/9999	
ALBUTEROL SULFATE (PF) 0.042%	3	ML	PC	IH	ML	1	MG	0.42	04/01/2008	99/99/9999	
ALBUTEROL SULFATE (PF) 0.042%	3	ML	PC	IH	ML	1	MG	0.42	04/01/2008	99/99/9999	
ALBUTEROL SULFATE (ROBOT READY,LDPE VIAL) 0.042%	3	ML	PC	IH	ML	1	MG	0.42	04/01/2008	07/21/2016	
ALBUTEROL SULFATE (ROBOT READY,LDPE VIAL) 0.042%	3	ML	PC	IH	ML	1	MG	0.42	04/01/2008	07/21/2016	
ALBUTEROL SULFATE (LDPE VIAL) 0.042%	3	ML	VL	IH	ML	1	MG	0.42	04/01/2008	99/99/9999	
ALBUTEROL SULFATE (LDPE VIAL) 0.042%	3	ML	VL	IH	ML	1	MG	0.42	04/01/2008	99/99/9999	
PERPHENAZINE 4 MG	100	EA	BO	PO	EA	4	MG	1	01/01/2007	01/31/2014	
PERPHENAZINE 4 MG	30	EA	BO	PO	EA	4	MG	1	01/01/2007	01/31/2014	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00490-0091-60		Q0175		01/01/2007	01/31/2014	PERPHENAZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00490-0091-90		Q0175		01/01/2007	01/31/2014	PERPHENAZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00517-0031-25		J3420		01/01/2002	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG
00517-0032-25		J3420		01/01/2002	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG
00517-0033-25		J2710		01/15/2003	11/07/2013	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG
00517-0034-25		J2710		01/15/2003	11/07/2013	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG
00517-0130-05		J3420		05/29/2003	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG
00517-0132-25		J0636		03/14/2005	02/28/2013	INJECTION, CALCITRIOL, 0.1 MCG
00517-0299-25		J2370		01/01/2002	07/31/2013	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML
00517-0405-25		J2370		01/01/2002	06/30/2013	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML
00517-0901-25		J0360		01/01/2002	02/28/2013	INJECTION, HYDRALAZINE HCL, UP TO 20 MG
00517-1045-25		J1955		01/01/2002	12/31/2013	INJECTION, LEVOCARNITINE, PER 1 GM
00517-1305-25		J1265		01/01/2006	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG
00517-1805-25		J1265		01/01/2006	12/31/2013	INJECTION, DOPAMINE HCL, 40 MG
00517-1905-25		J1265		01/01/2006	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PERPHENAZINE 4 MG	60	EA	BO	PO	EA	4	MG	1	01/01/2007	01/31/2014	
PERPHENAZINE 4 MG	90	EA	BO	PO	EA	4	MG	1	01/01/2007	01/31/2014	
CYANOCOBALAMIN 1000 MCG/ML	1	ML	VL	IM	ML	1000	MCG	1	01/01/2002	99/99/9999	
CYANOCOBALAMIN (M.D.V.) 1000 MCG/ML	10	ML	VL	IM	ML	1000	MCG	1	01/01/2002	99/99/9999	
NEOSTIGMINE METHYLSULFATE (M.D.V.) 1 MG/ML	10	ML	VL	IJ	ML	0.5	MG	2	01/15/2003	11/07/2013	
NEOSTIGMINE METHYLSULFATE (M.D.V.) 0.5 MG/ML	10	ML	VL	IJ	ML	0.5	MG	1	01/15/2003	11/07/2013	
CYANOCOBALAMIN (M.D.V.) 1000 MCG/ML	30	ML	VL	IM	ML	1000	MCG	1	05/29/2003	99/99/9999	
CALCITRIOL 1 MCG/ML	1	ML	AM	IV	ML	0.1	MCG	10	03/14/2005	02/28/2013	
PHENYLEPHRINE HCL (S.D.V.) 10 MG/ML	1	ML	VL	IJ	ML	1	ML	1	01/01/2002	07/31/2013	
PHENYLEPHRINE HCL (VIAL) 10 MG/ML	5	ML	VL	IJ	ML	1	ML	1	01/01/2002	06/30/2013	
HYDRALAZINE HYDROCHLORIDE (S.D.V.) 20 MG/ML	1	ML	VL	IJ	ML	20	MG	1	01/01/2002	02/28/2013	
LEVOCARNITINE (S.D.V.) 200 MG/ML	5	ML	VL	IV	ML	1	GM	0.2	01/01/2002	12/31/2013	
DOPAMINE HCL (S.D.V.) 160 MG/ML	5	ML	VL	IV	ML	40	MG	4	01/01/2006	99/99/9999	
DOPAMINE HCL (S.D.V.) 40 MG/ML	5	ML	VL	IV	ML	40	MG	1	01/01/2006	12/31/2013	
DOPAMINE HCL (S.D.V.) 80 MG/ML	5	ML	VL	IV	ML	40	MG	2	01/01/2006	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00517-2310-05		J1756		05/01/2007	99/99/9999	INJECTION, IRON SUCROSE, 1 MG
00517-2340-10		J1756		01/01/2003	99/99/9999	INJECTION, IRON SUCROSE, 1 MG
00517-2340-25		J1756		10/01/2006	99/99/9999	INJECTION, IRON SUCROSE, 1 MG
00517-2602-25		J3475		01/01/2002	03/31/2013	INJECTION, MAGNESIUM SULFATE, PER 500 MG
00517-2610-25		J3475		01/01/2002	03/31/2013	INJECTION, MAGNESIUM SULFATE, PER 500 MG
00517-2650-25		J3475		01/01/2002	08/31/2012	INJECTION, MAGNESIUM SULFATE, PER 500 MG
00517-2810-25		A4216		01/01/2004	02/03/2016	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
00517-2930-25		J7799		01/01/2002	02/28/2013	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00517-3005-25		A4216		01/01/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
00517-3010-25		A4216		01/01/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
00517-3020-25		A4216		01/01/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
00517-3900-25		J0610		01/01/2002	99/99/9999	INJECTION, CALCIUM GLUCONATE, PER 10 ML
00517-3950-25		J0610		01/01/2002	01/31/2014	INJECTION, CALCIUM GLUCONATE, PER 10 ML
00517-4002-25		J2440		09/15/2003	99/99/9999	INJECTION, PAPAVERINE HCL, UP TO 60 MG
00517-4010-01		J2440		01/01/2002	04/03/2014	INJECTION, PAPAVERINE HCL, UP TO 60 MG
00517-4050-25		J2150		01/01/2002	03/31/2014	INJECTION, MANNITOL, 25% IN 50 ML
00517-4201-25		J3410		01/01/2002	99/99/9999	INJECTION, HYDROXYZINE HCL, UP TO 25 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
VENOFER (5X10ML,SDV,USP,PF) 20 MG/ML	10	ML	VL	IV	ML	1	MG	20	05/01/2007	99/99/9999	
VENOFER (S.D.V.,PF) 20 MG/ML	5	ML	VL	IV	ML	1	MG	20	01/01/2003	99/99/9999	
VENOFER (25X5ML SDV,PF) 20 MG/ML	5	ML	VL	IV	ML	1	MG	20	10/01/2006	99/99/9999	
MAGNESIUM SULFATE (S.D.V.,PF) 500 MG/ML	2	ML	VL	IJ	ML	500	MG	1	01/01/2002	03/31/2013	
MAGNESIUM SULFATE (S.D.V.,PF) 500 MG/ML	10	ML	VL	IJ	ML	500	MG	1	01/01/2002	03/31/2013	
MAGNESIUM SULFATE (S.D.V.,PF) 500 MG/ML	50	ML	VL	IJ	ML	500	MG	1	01/01/2002	08/31/2012	
SODIUM CHLORIDE (S.D.V.,PF) 0.9%	10	ML	VL	IV	ML	10	ML	0.1	01/01/2004	02/03/2016	
SODIUM CHLORIDE CONCENTRATE (S.D.V.) 23.4%	30	ML	VL	IV	ML	1	EA	1	01/01/2002	02/28/2013	
WATER FOR INJECTION (S.D.V.)	5	ML	VL	IV	ML	10	ML	0.1	01/01/2004	99/99/9999	
WATER FOR INJECTION (S.D.V.)	10	ML	VL	IV	ML	10	ML	0.1	01/01/2004	99/99/9999	
WATER FOR INJECTION (S.D.V.)	20	ML	VL	IV	ML	10	ML	0.1	01/01/2004	99/99/9999	
CALCIUM GLUCONATE (VIAL,PF) 100 MG/ML	100	ML	VL	IV	ML	10	ML	0.1	01/01/2002	99/99/9999	
CALCIUM GLUCONATE (S.D.V.,PF) 100 MG/ML	50	ML	VL	IV	ML	10	ML	0.1	01/01/2002	01/31/2014	
PAPAVERINE HYDROCHLORIDE (S.D.V.) 30 MG/ML	2	ML	VL	IJ	ML	60	MG	0.5	09/15/2003	99/99/9999	
PAPAVERINE HYDROCHLORIDE (M.D.V.) 30 MG/ML	10	ML	VL	IJ	ML	60	MG	0.5	01/01/2002	04/03/2014	
MANNITOL (S.D.V.,PF) 25%	50	ML	VL	IV	ML	50	ML	0.02	01/01/2002	03/31/2014	
HYDROXYZINE HCL (S.D.V.) 25 MG/ML	1	ML	VL	IM	ML	25	MG	1	01/01/2002	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00517-4601-25		J7643		01/01/2002	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
00517-4601-25	KO	J7643	KO	01/01/2002	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
00517-4602-25		J7643		01/01/2002	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
00517-4602-25	KO	J7643	KO	01/01/2002	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
00517-4605-25		J7643		01/01/2002	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
00517-4605-25	KO	J7643	KO	01/01/2002	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
00517-4620-25		J7643		01/01/2002	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
00517-4620-25	KO	J7643	KO	01/01/2002	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
00517-5601-25		J3410		01/01/2002	99/99/9999	INJECTION, HYDROXYZINE HCL, UP TO 25 MG
00517-5602-25		J3410		01/01/2002	99/99/9999	INJECTION, HYDROXYZINE HCL, UP TO 25 MG
00517-5702-25		J1940		01/01/2002	11/30/2013	INJECTION, FUROSEMIDE, UP TO 20 MG
00517-5704-25		J1940		01/01/2002	12/31/2013	INJECTION, FUROSEMIDE, UP TO 20 MG
00517-5710-25		J1940		01/01/2002	12/31/2013	INJECTION, FUROSEMIDE, UP TO 20 MG
00517-7504-25		J7608		01/24/2003	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM
00517-7504-25	KO	J7608	KO	01/24/2003	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM
00517-7510-03		J7608		01/01/2002	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
GLYCOPYRROLATE (S.D.V.) 0.2 MG/ML	1	ML	VL	IJ	ML	1	MG	0.2	01/01/2002	99/99/9999	
GLYCOPYRROLATE (S.D.V.) 0.2 MG/ML	1	ML	VL	IJ	ML	1	MG	0.2	01/01/2002	99/99/9999	
GLYCOPYRROLATE (S.D.V.) 0.2 MG/ML	2	ML	VL	IJ	ML	1	MG	0.2	01/01/2002	99/99/9999	
GLYCOPYRROLATE (S.D.V.) 0.2 MG/ML	2	ML	VL	IJ	ML	1	MG	0.2	01/01/2002	99/99/9999	
GLYCOPYRROLATE (M.D.V.) 0.2 MG/ML	5	ML	VL	IJ	ML	1	MG	0.2	01/01/2002	99/99/9999	
GLYCOPYRROLATE (M.D.V.) 0.2 MG/ML	5	ML	VL	IJ	ML	1	MG	0.2	01/01/2002	99/99/9999	
GLYCOPYRROLATE (M.D.V.) 0.2 MG/ML	20	ML	VL	IJ	ML	1	MG	0.2	01/01/2002	99/99/9999	
GLYCOPYRROLATE (M.D.V.) 0.2 MG/ML	20	ML	VL	IJ	ML	1	MG	0.2	01/01/2002	99/99/9999	
HYDROXYZINE HCL (S.D.V.) 50 MG/ML	1	ML	VL	IM	ML	25	MG	2	01/01/2002	99/99/9999	
HYDROXYZINE HCL (S.D.V.) 50 MG/ML	2	ML	VL	IM	ML	25	MG	2	01/01/2002	99/99/9999	
FUROSEMIDE (S.D.V.) 10 MG/ML	2	ML	VL	IJ	ML	20	MG	0.5	01/01/2002	11/30/2013	
FUROSEMIDE (S.D.V.) 10 MG/ML	4	ML	VL	IJ	ML	20	MG	0.5	01/01/2002	12/31/2013	
FUROSEMIDE (S.D.V.) 10 MG/ML	10	ML	VL	IJ	ML	20	MG	0.5	01/01/2002	12/31/2013	
ACETYLCYSTEINE (PF) 10%	4	ML	VL	IH	ML	1	GM	0.1	01/24/2003	99/99/9999	
ACETYLCYSTEINE (PF) 10%	4	ML	VL	IH	ML	1	GM	0.1	01/24/2003	99/99/9999	
ACETYLCYSTEINE (PF) 10%	10	ML	VL	IH	ML	1	GM	0.1	01/01/2002	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00517-7510-03	KO	J7608	KO	01/01/2002	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM
00517-7604-25		J7608		01/29/2003	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM
00517-7604-25	KO	J7608	KO	01/29/2003	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM
00517-7610-03		J7608		01/01/2002	05/31/2013	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM
00517-7610-03	KO	J7608	KO	01/01/2002	05/31/2013	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM
00517-7630-03		J7608		01/01/2002	04/30/2013	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM
00517-7630-03	KO	J7608	KO	01/01/2002	04/30/2013	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM
00517-8905-10		J0210		02/26/2003	99/99/9999	INJECTION, METHYLDOPATE HCL, UP TO 250 MG
00517-9702-25		J1790		01/01/2002	99/99/9999	INJECTION, DROPERIDOL, UP TO 5 MG
00536-0770-85		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00536-0770-97		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
ACETYLCYSTEINE (PF) 10%	10	ML	VL	IH	ML	1	GM	0.1	01/01/2002	99/99/9999	
ACETYLCYSTEINE (PF) 20%	4	ML	VL	IH	ML	1	GM	0.2	01/29/2003	99/99/9999	
ACETYLCYSTEINE (PF) 20%	4	ML	VL	IH	ML	1	GM	0.2	01/29/2003	99/99/9999	
ACETYLCYSTEINE (PF) 20%	10	ML	VL	IH	ML	1	GM	0.2	01/01/2002	05/31/2013	
ACETYLCYSTEINE (PF) 20%	10	ML	VL	IH	ML	1	GM	0.2	01/01/2002	05/31/2013	
ACETYLCYSTEINE (PF) 20%	30	ML	VL	IH	ML	1	GM	0.2	01/01/2002	04/30/2013	
ACETYLCYSTEINE (PF) 20%	30	ML	VL	IH	ML	1	GM	0.2	01/01/2002	04/30/2013	
METHYLDOPATE HCL (S.D.V.) 50 MG/ML	5	ML	VL	IV	ML	250	MG	0.2	02/26/2003	99/99/9999	
DROPERIDOL (S.D.V.) 2.5 MG/ML	2	ML	VL	IJ	ML	5	MG	0.5	01/01/2002	99/99/9999	
DIPHENHIST 12.5 MG/5 ML	480	ML	BO	PO	ML	50	MG	0.05	01/01/2002	99/99/9999	
DIPHENHIST 12.5 MG/5 ML	120	ML	BO	PO	ML	50	MG	0.05	01/01/2002	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00536-3594-01		Q0163		01/01/2002	01/28/2015	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00536-3597-01		Q0163		01/01/2002	01/14/2015	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00536-3772-06		Q0163		01/01/2002	01/22/2015	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00548-1911-25		J2270		01/01/2002	08/31/2015	INJECTION, MORPHINE SULFATE, UP TO 10 MG
00548-3301-00		J7799		01/01/2002	11/28/2012	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00548-3390-00		J2001		01/01/2004	11/19/2012	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG
00555-0059-02		Q0163		01/01/2002	08/19/2013	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00555-0059-05		Q0163		01/01/2002	08/19/2013	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
DIPHENHIST 25 MG	100	EA	BO	PO	EA	50	MG	0.5	01/01/2002	01/28/2015	
DIPHENHIST (CAPTAB) 25 MG	100	EA	BO	PO	EA	50	MG	0.5	01/01/2002	01/14/2015	
DIPHENHYDRAMINE HCL 50 MG	50	EA	BO	PO	EA	50	MG	1	01/01/2002	01/22/2015	
MORPHINE SULFATE (SRN,PREFILLED,PUMP-JET) 1 MG/ML	30	ML	SR	IJ	ML	10	MG	0.1	01/01/2002	08/31/2015	
DEXTROSE (SRN,PREFILLED,LUER-JET) 50%	50	ML	SR	IV	ML	1	EA	1	01/01/2002	11/28/2012	
LIDOCAINE HCL (SRN,PREFILLED,LUER-JET) 2%	5	ML	SR	IV	ML	10	MG	2	01/01/2004	11/19/2012	
DIPHENHYDRAMINE HCL 50 MG	100	EA	BO	PO	EA	50	MG	1	01/01/2002	08/19/2013	
DIPHENHYDRAMINE HCL 50 MG	1000	EA	BO	PO	EA	50	MG	1	01/01/2002	08/19/2013	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00555-0302-02		Q0178		01/01/2002	12/31/2013	HYDROXYZINE PAMOATE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00555-0302-04		Q0178		01/01/2002	12/31/2013	HYDROXYZINE PAMOATE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00555-0323-02		Q0177		01/01/2002	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00555-0323-04		Q0177		01/01/2002	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00555-0324-02		Q0178		01/01/2002	12/31/2013	HYDROXYZINE PAMOATE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00555-0572-02		None		01/01/1994	99/99/9999	METHOTREXATE, 2.5 MG, ORAL
00555-0572-35		None		01/01/1994	99/99/9999	METHOTREXATE, 2.5 MG, ORAL
00555-0606-02		J8999		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
00555-0607-02		J8999		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
00555-0607-04		J8999		01/01/2002	09/27/2013	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
00555-0882-02		J8999		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
00555-1131-11		J0895		09/05/2007	09/27/2013	INJECTION, DEFEROXAMINE MESYLATE, 500 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
HYDROXYZINE PAMOATE 50 MG	100	EA	BO	PO	EA	50	MG	1	01/01/2002	12/31/2013	
HYDROXYZINE PAMOATE 50 MG	500	EA	BO	PO	EA	50	MG	1	01/01/2002	12/31/2013	
HYDROXYZINE PAMOATE 25 MG	100	EA	BO	PO	EA	25	MG	1	01/01/2002	99/99/9999	
HYDROXYZINE PAMOATE 25 MG	500	EA	BO	PO	EA	25	MG	1	01/01/2002	99/99/9999	
HYDROXYZINE PAMOATE 100 MG	100	EA	BO	PO	EA	50	MG	2	01/01/2002	12/31/2013	
METHOTREXATE SODIUM 2.5 MG	100	EA	BO	PO	EA	2.5	MG	1	01/01/1994	99/99/9999	
METHOTREXATE SODIUM 2.5 MG	36	EA	BO	PO	EA	2.5	MG	1	01/01/1994	99/99/9999	
MEGESTROL ACETATE 20 MG	100	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999	
MEGESTROL ACETATE 40 MG	100	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999	
MEGESTROL ACETATE 40 MG	500	EA	BO	PO	EA	1	EA	1	01/01/2002	09/27/2013	
HYDROXYUREA 500 MG	100	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999	
DEFEROXAMINE MESYLATE 2 GM	1	EA	VL	IJ	EA	500	MG	4	09/05/2007	09/27/2013	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00555-1132-12		J0895		09/05/2007	02/05/2013	INJECTION, DEFEROXAMINE MESYLATE, 500 MG
00562-7805-01		J2790		09/01/2007	99/99/9999	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MICROGRAMS (1500 I.U.)
00562-7805-05		J2790		09/01/2007	99/99/9999	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MICROGRAMS (1500 I.U.)
00562-7805-25		J2790		09/01/2007	99/99/9999	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MICROGRAMS (1500 I.U.)
00562-7806-01		J2788		09/01/2007	99/99/9999	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, MINIDOSE, 50 MICROGRAMS (250 I.U.)
00562-7806-05		J2788		09/01/2007	99/99/9999	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, MINIDOSE, 50 MICROGRAMS (250 I.U.)
00562-7806-25		J2788		09/01/2007	99/99/9999	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, MINIDOSE, 50 MICROGRAMS (250 I.U.)
00574-0421-25		J1700		01/01/2002	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG
00574-0820-01		J1080		12/21/2007	12/31/2014	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG
54879-0022-01		None		05/08/2018	99/99/9999	CYCLOPHOSPHAMIDE, 50 MG, ORAL
00574-0820-10		J1080		12/21/2007	11/11/2013	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG
00574-0823-01		J0706		09/21/2006	04/21/2014	INJECTION, CAFFEINE CITRATE, 5MG
00574-0823-81		J0706		09/28/2007	09/18/2014	INJECTION, CAFFEINE CITRATE, 5MG
00574-0850-05		J1110		08/04/2003	99/99/9999	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
DEFEROXAMINE MESYLATE 500 MG	1	EA	VL	IJ	EA	500	MG	1	09/05/2007	02/05/2013	
RHOGAM ULTRA-FILTERED PLUS (PF,LATEX-FREE) 300 MCG	1	EA	SR	IM	EA	300	MCG	1	09/01/2007	99/99/9999	
RHOGAM ULTRA-FILTERED PLUS (PF,LATEX-FREE) 300 MCG	5	EA	SR	IM	EA	300	MCG	1	09/01/2007	99/99/9999	
RHOGAM ULTRA-FILTERED PLUS (PF,LATEX-FREE) 300 MCG	25	EA	SR	IM	EA	300	MCG	1	09/01/2007	99/99/9999	
MICRHOGAM ULTRA-FILTERED PLUS (PF,LATEX-FREE) 50 MCG	1	EA	SR	IM	EA	50	MCG	1	09/01/2007	99/99/9999	
MICRHOGAM ULTRA-FILTERED PLUS (PF,LATEX-FREE) 50 MCG	5	EA	SR	IM	EA	50	MCG	1	09/01/2007	99/99/9999	
MICRHOGAM ULTRA-FILTERED PLUS (PF,LATEX-FREE) 50 MCG	25	EA	SR	IM	EA	50	MCG	1	09/01/2007	99/99/9999	
HYDROCORTISONE ACETATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	25	MG	40	01/01/2002	99/99/9999	
TESTOSTERONE CYPIONATE (1X1ML,USP) 200 MG/ML	1	ML	VL	IM	ML	200	MG	1	12/21/2007	12/31/2014	
CYCLOPHOSPHAMIDE 50 MG	100	EA	BO	PO	EA	50	MG	1	05/08/2018	99/99/9999	
TESTOSTERONE CYPIONATE (1X10ML,USP) 200 MG/ML	10	ML	VL	IM	ML	200	MG	1	12/21/2007	11/11/2013	
CAFFEINE CITRATE (USP,PF) 20 MG/ML	3	ML	VL	IV	ML	5	MG	4	09/21/2006	04/21/2014	
NOVAPLUS CAFFEINE CITRATE (USP,10X3ML,PF) 20 MG/ML	3	ML	VL	IV	ML	5	MG	4	09/28/2007	09/18/2014	
DIHYDROERGOTAMINE MESYLATE (AMP) 1 MG/ML	1	ML	AM	IJ	ML	1	MG	1	08/04/2003	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
50742-0494-17		J0641		09/01/2018	99/99/9999	INJECTION, LEVOLEUCOVORIN CALCIUM, 0.5 MG
50742-0495-25		J0641		09/01/2018	99/99/9999	INJECTION, LEVOLEUCOVORIN CALCIUM, 0.5 MG
00574-0850-10		J1110		03/15/2004	99/99/9999	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG
00574-0858-01		J0770		03/11/2005	06/30/2018	INJECTION, COLISTIMETHATE SODIUM, UP TO 150 MG
00574-7226-12		J8498		01/01/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED
67877-0266-05		J7517		08/01/2013	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG
42291-0166-60		None		05/14/2018	99/99/9999	CAPECITABINE, 150 MG, ORAL
00069-1306-10		Q5106		01/01/2019	99/99/9999	INJECTION, EPOETIN ALFA, BIOSIMILAR, (RETACRIT) (FOR NON-ESRD USE), 1000 UNITS
00591-0800-01		Q0177		09/18/2006	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00591-0800-05		Q0177		09/18/2006	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00591-0801-01		Q0178		01/01/2002	12/31/2013	HYDROXYZINE PAMOATE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
LEVOLEUCOVORIN CALCIUM (PF) 10 MG/1 ML	17.5	ML	VL	IV	ML	0.5	MG	20	09/01/2018	99/99/9999	
LEVOLEUCOVORIN CALCIUM (PF) 10 MG/1 ML	25	ML	VL	IV	ML	0.5	MG	20	09/01/2018	99/99/9999	
DIHYDROERGOTAMINE MESYLATE (AMP) 1 MG/ML	1	ML	AM	IJ	ML	1	MG	1	03/15/2004	99/99/9999	
COLISTIMETHATE SODIUM (VIAL,STERILE) 150 MG	1	EA	VL	IJ	EA	150	MG	1	03/11/2005	06/30/2018	
COMPRO 25 MG	12	EA	BX	RC	EA	1	EA	1	01/01/2006	99/99/9999	
MYCOPHENOLATE MOFETIL (HARD GELATIN) 250 MG	500	EA	BO	PO	EA	250	MG	1	08/01/2013	99/99/9999	
CAPECITABINE (USP,FILM COATED) 150 MG	60	EA	BO	PO	EA	150	MG	1	05/14/2018	99/99/9999	
RETACRIT (PF) 3000 U/1 ML	1	ML	VL	IJ	ML	1000	U	3	01/01/2019	99/99/9999	
HYDROXYZINE PAMOATE (USP) 25 MG	100	EA	BO	PO	EA	25	MG	1	09/18/2006	99/99/9999	
HYDROXYZINE PAMOATE (USP) 25 MG	500	EA	BO	PO	EA	25	MG	1	09/18/2006	99/99/9999	
HYDROXYZINE PAMOATE 50 MG	100	EA	BO	PO	EA	50	MG	1	09/18/2006	12/31/2013	01/01/2002

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
08/17/2005	1			

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00591-0801-05		Q0178		01/01/2002	12/31/2013	HYDROXYZINE PAMOATE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00591-3128-79		J2675		12/17/2002	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG
00591-3221-26		J3130		03/09/2004	12/31/2014	INJECTION, TESTOSTERONE ENANTHATE, UP TO 200 MG
00591-3222-47		J2360		09/07/2004	11/05/2018	INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG
00591-3223-79		J1080		03/29/2004	12/31/2014	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG
00591-3433-30		J7620		01/02/2008	05/12/2013	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME
00591-3433-60		J7620		01/02/2008	05/12/2013	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME
00591-3467-53		J7613		04/01/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
00591-3467-53	KO	J7613	KO	04/01/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
00591-3468-53		J7613		04/01/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
00591-3468-53	KO	J7613	KO	04/01/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
00591-5052-01		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
00591-5052-10		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
HYDROXYZINE PAMOATE 50 MG	500	EA	BO	PO	EA	50	MG	1	09/18/2006	12/31/2013	01/01/2002
PROGESTERONE IN SESAME OIL (VIAL) 50 MG/ML	10	ML	VL	IM	ML	50	MG	1	12/17/2002	99/99/9999	
TESTOSTERONE ENANTHATE 200 MG/ML	5	ML	VL	IM	ML	200	MG	1	03/09/2004	12/31/2014	
ORPHENADRINE CITRATE 30 MG/ML	2	ML	AM	IJ	ML	60	MG	0.5	09/07/2004	11/05/2018	
TESTOSTERONE CYPIONATE (M.D.V.) 200 MG/ML	10	ML	VL	IM	ML	200	MG	1	03/29/2004	12/31/2014	
IPRATROPIUM BROMIDE AND ALBUTEROL SULFATE (30X3ML) 3 MG/3 ML-0.5 MG/3 ML	30	ML	PC	IH	ML	3	MG	0.33333	01/02/2008	05/12/2013	
IPRATROPIUM BROMIDE AND ALBUTEROL SULFATE (60X3ML) 3 MG/3 ML-0.5 MG/3 ML	60	ML	PC	IH	ML	3	MG	0.33333	01/02/2008	05/12/2013	
ALBUTEROL SULFATE (25X3ML,PF) 0.021%	3	ML	PC	IH	ML	1	MG	0.21	04/01/2008	99/99/9999	
ALBUTEROL SULFATE (25X3ML,PF) 0.021%	3	ML	PC	IH	ML	1	MG	0.21	04/01/2008	99/99/9999	
ALBUTEROL SULFATE (25X3ML,PF) 0.042%	3	ML	PC	IH	ML	1	MG	0.42	04/01/2008	99/99/9999	
ALBUTEROL SULFATE (25X3ML,PF) 0.042%	3	ML	PC	IH	ML	1	MG	0.42	04/01/2008	99/99/9999	
PREDNISONE 5 MG	100	EA	BO	PO	EA	5	MG	1	01/01/2002	12/31/2015	
PREDNISONE 5 MG	1000	EA	BO	PO	EA	5	MG	1	01/01/2002	12/31/2015	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
08/09/2005	1			

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00591-5307-01		Q0170		04/15/2002	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00591-5307-10		Q0170		04/15/2002	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00591-5319-01		Q0170		04/15/2002	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00591-5442-01		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
00591-5442-05		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
00591-5442-10		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
00591-5443-01		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
00591-5443-05		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
00591-5443-10		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
00603-0241-18		Q0163		06/05/2007	06/30/2017	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00603-0823-54		Q0163		01/01/2002	06/30/2017	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PROMETHAZINE HCL 25 MG	100	EA	BO	PO	EA	25	MG	1	04/15/2002	12/31/2013	
PROMETHAZINE HCL 25 MG	1000	EA	BO	PO	EA	25	MG	1	04/15/2002	12/31/2013	
PROMETHAZINE HCL 50 MG	100	EA	BO	PO	EA	25	MG	2	04/15/2002	12/31/2013	
PREDNISONE 10 MG	100	EA	BO	PO	EA	5	MG	2	01/01/2002	12/31/2015	
PREDNISONE 10 MG	500	EA	BO	PO	EA	5	MG	2	01/01/2002	12/31/2015	
PREDNISONE 10 MG	1000	EA	BO	PO	EA	5	MG	2	01/01/2002	12/31/2015	
PREDNISONE 20 MG	100	EA	BO	PO	EA	5	MG	4	01/01/2002	12/31/2015	
PREDNISONE 20 MG	500	EA	BO	PO	EA	5	MG	4	01/01/2002	12/31/2015	
PREDNISONE 20 MG	1000	EA	BO	PO	EA	5	MG	4	01/01/2002	12/31/2015	
Q-DRYL 25 MG	24	EA	BO	PO	EA	50	MG	0.5	06/05/2007	06/30/2017	
Q-DRYL (AF,CHERRY) 12.5 MG/5 ML	120	ML	BO	PO	ML	50	MG	0.05	01/01/2002	06/30/2017	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00603-0823-58		Q0163		01/01/2002	06/30/2017	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00603-0823-81		Q0163		07/25/2002	06/30/2017	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00603-0823-94		Q0163		01/01/2002	06/30/2017	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00603-0860-54		Q0163		01/01/2002	08/31/2016	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00603-1584-54		Q0170		05/12/2006	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00603-1584-58		Q0170		05/12/2006	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00603-3339-21		Q0163		05/24/2007	06/30/2017	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
Q-DRYL 12.5 MG/5 ML	473	ML	BO	PO	ML	50	MG	0.05	01/01/2002	06/30/2017	
Q-DRYL 12.5 MG/5 ML	240	ML	BO	PO	ML	50	MG	0.05	07/25/2002	06/30/2017	
Q-DRYL (UNBOXED,AF,CHERRY) 12.5 MG/5 ML	120	ML	BO	PO	ML	50	MG	0.05	01/01/2002	06/30/2017	
QUENALIN 12.5 MG/5 ML	120	ML	BO	PO	ML	50	MG	0.05	01/01/2002	08/31/2016	
PROMETHAZINE PLAIN (USP) 6.25 MG/5 ML	118	ML	BO	PO	ML	25	MG	0.05	05/12/2006	12/31/2013	
PROMETHAZINE PLAIN (USP) 6.25 MG/5 ML	473	ML	BO	PO	ML	25	MG	0.05	05/12/2006	12/31/2013	
DIPHENHYDRAMINE HYDROCHLORIDE (USP) 25 MG	100	EA	BO	PO	EA	50	MG	0.5	05/24/2007	06/30/2017	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00603-3339-32		Q0163		06/05/2007	06/30/2017	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00603-3340-21		Q0163		04/03/2007	06/30/2017	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00603-3340-32		Q0163		04/03/2007	06/30/2017	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00603-4593-15		J7509		01/01/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG
00603-4593-21		J7509		01/01/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG
00603-5090-21		Q0175		01/01/2002	07/15/2012	PERPHENAZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00603-5335-21		J7506		01/03/2005	12/31/2015	PREDNISONE, ORAL, PER 5MG
00603-5335-32		J7506		01/03/2005	12/31/2015	PREDNISONE, ORAL, PER 5MG
00603-5336-21		J7506		01/03/2005	12/31/2015	PREDNISONE, ORAL, PER 5MG
00603-5337-15		J7506		08/20/2003	12/31/2015	PREDNISONE, ORAL, PER 5MG
00603-5337-21		J7506		01/16/2003	12/31/2015	PREDNISONE, ORAL, PER 5MG
00603-5337-31		J7506		08/20/2003	12/31/2015	PREDNISONE, ORAL, PER 5MG
00603-5337-32		J7506		01/16/2003	12/31/2015	PREDNISONE, ORAL, PER 5MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
DIPHENHYDRAMINE HYDROCHLORIDE (USP) 25 MG	1000	EA	BO	PO	EA	50	MG	0.5	06/05/2007	06/30/2017	
DIPHENHYDRAMINE HYDROCHLORIDE (USP) 50 MG	100	EA	BO	PO	EA	50	MG	1	04/03/2007	06/30/2017	
DIPHENHYDRAMINE HYDROCHLORIDE (USP) 50 MG	1000	EA	BO	PO	EA	50	MG	1	04/03/2007	06/30/2017	
METHYLPREDNISOLONE (DOSE PACK) 4 MG	21	EA	DP	PO	EA	4	MG	1	01/01/2002	99/99/9999	
METHYLPREDNISOLONE 4 MG	100	EA	BO	PO	EA	4	MG	1	01/01/2002	99/99/9999	
PERPHENAZINE 2 MG	100	EA	BO	PO	EA	4	MG	0.5	07/02/2009	07/15/2012	01/01/2002
PREDNISONE 1 MG	100	EA	BO	PO	EA	5	MG	0.2	01/03/2005	12/31/2015	
PREDNISONE 1 MG	1000	EA	BO	PO	EA	5	MG	0.2	01/03/2005	12/31/2015	
PREDNISONE 2.5 MG	100	EA	BO	PO	EA	5	MG	0.5	01/03/2005	12/31/2015	
PREDNISONE (DOSE PACK) 5 MG	21	EA	DP	PO	EA	5	MG	1	08/20/2003	12/31/2015	
PREDNISONE 5 MG	100	EA	BO	PO	EA	5	MG	1	01/16/2003	12/31/2015	
PREDNISONE (DOSE PACK) 5 MG	48	EA	DP	PO	EA	5	MG	1	08/20/2003	12/31/2015	
PREDNISONE 5 MG	1000	EA	BO	PO	EA	5	MG	1	01/16/2003	12/31/2015	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
09/19/2008	0.5			

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00603-5338-15		J7506		03/06/2003	12/31/2015	PREDNISONE, ORAL, PER 5MG
00603-5338-21		J7506		01/30/2003	12/31/2015	PREDNISONE, ORAL, PER 5MG
00603-5338-28		J7506		01/30/2003	12/31/2015	PREDNISONE, ORAL, PER 5MG
00603-5338-31		J7506		04/02/2003	12/31/2015	PREDNISONE, ORAL, PER 5MG
00603-5338-32		J7506		01/30/2003	12/31/2015	PREDNISONE, ORAL, PER 5MG
00603-5339-21		J7506		09/10/2003	12/31/2015	PREDNISONE, ORAL, PER 5MG
00603-5339-28		J7506		09/10/2003	12/31/2015	PREDNISONE, ORAL, PER 5MG
00603-5339-32		J7506		09/10/2003	12/31/2015	PREDNISONE, ORAL, PER 5MG
00603-5437-21		Q0169		08/25/2006	01/09/2017	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00603-5438-21		Q0170		08/25/2006	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00603-5438-32		Q0170		08/25/2006	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00603-5439-21		Q0170		08/25/2006	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00641-0121-21		J1170		12/08/2004	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PREDNISONE (DOSE PACK) 10 MG	21	EA	DP	PO	EA	5	MG	2	03/06/2003	12/31/2015	
PREDNISONE 10 MG	100	EA	BO	PO	EA	5	MG	2	01/30/2003	12/31/2015	
PREDNISONE 10 MG	500	EA	BO	PO	EA	5	MG	2	01/30/2003	12/31/2015	
PREDNISONE (DOSE PACK) 10 MG	48	EA	DP	PO	EA	5	MG	2	04/02/2003	12/31/2015	
PREDNISONE 10 MG	1000	EA	BO	PO	EA	5	MG	2	01/30/2003	12/31/2015	
PREDNISONE 20 MG	100	EA	BO	PO	EA	5	MG	4	09/10/2003	12/31/2015	
PREDNISONE 20 MG	500	EA	BO	PO	EA	5	MG	4	09/10/2003	12/31/2015	
PREDNISONE 20 MG	1000	EA	BO	PO	EA	5	MG	4	09/10/2003	12/31/2015	
PROMETHAZINE HYDROCHLORIDE (USP) 12.5 MG	100	EA	BO	PO	EA	12.5	MG	1	08/25/2006	01/09/2017	
PROMETHAZINE HYDROCHLORIDE (USP) 25 MG	100	EA	BO	PO	EA	25	MG	1	08/25/2006	12/31/2013	
PROMETHAZINE HYDROCHLORIDE (USP) 25 MG	1000	EA	BO	PO	EA	25	MG	1	08/25/2006	12/31/2013	
PROMETHAZINE HYDROCHLORIDE (USP) 50 MG	100	EA	BO	PO	EA	25	MG	2	08/25/2006	12/31/2013	
HYDROMORPHONE HCL (VIAL, DOSETTE) 2 MG/ML	1	ML	VL	IJ	ML	4	MG	0.5	12/08/2004	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00641-0121-25		J1170		01/01/2002	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG
00641-0367-21		J1100		12/08/2004	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG
00641-0376-21		J1200		12/08/2004	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG
00641-0476-21		J2560		12/08/2004	99/99/9999	INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MG
00641-0477-21		J2560		12/08/2004	99/99/9999	INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MG
00641-0493-21		J1165		12/08/2004	99/99/9999	INJECTION, PHENYTOIN SODIUM, PER 50 MG
00641-0928-21		J2550		12/08/2004	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG
00641-0929-21		J2550		12/08/2004	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG
00641-0929-25		J2550		12/27/2002	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG
00641-0948-31		J2550		12/08/2004	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG
00641-0949-31		J2550		05/05/2007	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG
00641-0955-21		J2550		05/05/2007	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG
00641-0956-21		J2550		05/05/2007	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
HYDROMORPHONE HCL (VIAL, DOSETTE) 2 MG/ML	1	ML	VL	IJ	ML	4	MG	0.5	01/01/2002	99/99/9999	
DEXAMETHASONE SODIUM PHOSPHATE (VIAL, DOSETTE) 10 MG/ML	1	ML	VL	IJ	ML	1	MG	10	12/08/2004	99/99/9999	
DIPHENHYDRAMINE HCL (DOSETTE VIAL) 50 MG/ML	1	ML	VL	IJ	ML	50	MG	1	12/08/2004	99/99/9999	
PHENOBARBITAL SODIUM (VIAL, DOSETTE) 65 MG/ML	1	ML	VL	IJ	ML	120	MG	0.54166	12/08/2004	99/99/9999	
PHENOBARBITAL SODIUM (DOSETTE VIAL) 130 MG/ML	1	ML	VL	IJ	ML	120	MG	1.08333	12/08/2004	99/99/9999	
PHENYTOIN SODIUM (DOSETTE,VIAL) 50 MG/ML	2	ML	VL	IV	ML	50	MG	1	12/08/2004	99/99/9999	
PROMETHAZINE HCL (DOSETTE,VIAL) 25 MG/ML	1	ML	VL	IJ	ML	50	MG	0.5	12/08/2004	99/99/9999	
PROMETHAZINE HCL (DOSETTE,VIAL) 50 MG/ML	1	ML	VL	IJ	ML	50	MG	1	12/08/2004	99/99/9999	
PROMETHAZINE HCL (DOSETTE,VIAL) 50 MG/ML	1	ML	VL	IJ	ML	50	MG	1	12/27/2002	99/99/9999	
PROMETHAZINE HCL NOVAPLUS (AMP,DOSETTE) 25 MG/ML	1	ML	AM	IJ	ML	50	MG	0.5	12/08/2004	99/99/9999	
PROMETHAZINE HCL NOVAPLUS (DOSETTE) 50 MG/ML	1	ML	AM	IJ	ML	50	MG	1	05/05/2007	99/99/9999	
PROMETHAZINE HCL NOVAPLUS (DOSETTE) 25 MG/ML	1	ML	VL	IJ	ML	50	MG	0.5	05/05/2007	99/99/9999	
PROMETHAZINE HCL NOVAPLUS (DOSETTE) 50 MG/ML	1	ML	VL	IJ	ML	50	MG	1	05/05/2007	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00641-1397-31		J3230		05/05/2007	99/99/9999	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG
00641-1398-35		J3230		01/01/2002	99/99/9999	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG
00641-1410-31		J1160		05/05/2007	99/99/9999	INJECTION, DIGOXIN, UP TO 0.5 MG
00641-1495-31		J2550		05/05/2007	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG
00641-1496-31		J2550		05/05/2007	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG
00641-2341-39		J1170		05/05/2007	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG
00641-2341-41		J1170		01/01/2002	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG
00641-2555-41		J1165		05/05/2007	99/99/9999	INJECTION, PHENYTOIN SODIUM, PER 50 MG
00641-2569-41		J1245		05/05/2007	99/99/9999	INJECTION, DIPYRIDAMOLE, PER 10 MG
00703-0031-01		J1030		03/09/2005	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG
00703-0031-04		J1030		03/09/2005	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG
00703-0043-01		J1030		10/31/2006	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG
00703-0045-01		J1030		10/31/2006	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG
00703-0051-01		J1040		03/09/2005	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG
00703-0051-04		J1040		03/09/2005	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG
00703-0063-01		J1040		10/31/2006	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
CHLORPROMAZINE HCL (USP) 25 MG/ML	1	ML	AM	IJ	ML	50	MG	0.5	05/05/2007	99/99/9999	
CHLORPROMAZINE HCL (AMP, DOSETTE) 25 MG/ML	2	ML	AM	IJ	ML	50	MG	0.5	01/01/2002	99/99/9999	
DIGOXIN (USP) 0.25 MG/ML	2	ML	AM	IV	ML	0.5	MG	0.5	05/05/2007	99/99/9999	
PROMETHAZINE HCL (USP) 25 MG/ML	1	ML	AM	IJ	ML	50	MG	0.5	05/05/2007	99/99/9999	
PROMETHAZINE HCL (USP) 50 MG/ML	1	ML	AM	IJ	ML	50	MG	1	05/05/2007	99/99/9999	
HYDROMORPHONE HCL (USP) 2 MG/ML	1	ML	NA	IJ	ML	4	MG	0.5	05/05/2007	99/99/9999	
HYDROMORPHONE HCL (M.D.V.) 2 MG/ML	20	ML	VL	IJ	ML	4	MG	0.5	01/01/2002	99/99/9999	
PHENYTOIN SODIUM (USP) 50 MG/ML	1	ML	VL	IV	ML	50	MG	1	05/05/2007	99/99/9999	
DIPYRIDAMOLE (SDV) 5 MG/ML	10	ML	VL	IV	ML	10	MG	0.5	05/05/2007	99/99/9999	
METHYLPREDNISOLONE ACETATE (SDV) 40 MG/ML	1	ML	VL	IJ	ML	40	MG	1	03/09/2005	99/99/9999	
METHYLPREDNISOLONE ACETATE (SDV) 40 MG/ML	1	ML	VL	IJ	ML	40	MG	1	03/09/2005	99/99/9999	
METHYLPREDNISOLONE ACETATE (MDV,USP) 40 MG/ML	5	ML	VL	IJ	ML	40	MG	1	10/31/2006	99/99/9999	
METHYLPREDNISOLONE ACETATE (MDV,USP) 40 MG/ML	10	ML	VL	IJ	ML	40	MG	1	10/31/2006	99/99/9999	
METHYLPREDNISOLONE ACETATE (SDV) 80 MG/ML	1	ML	VL	IJ	ML	80	MG	1	03/09/2005	99/99/9999	
METHYLPREDNISOLONE ACETATE (SDV) 80 MG/ML	1	ML	VL	IJ	ML	80	MG	1	03/09/2005	99/99/9999	
METHYLPREDNISOLONE ACETATE (MDV,USP) 80 MG/ML	5	ML	VL	IJ	ML	80	MG	1	10/31/2006	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00703-0346-03		J0696		12/21/2007	10/12/2012	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
63323-0451-01		J2270		05/23/2018	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG
00703-0359-01		J0696		12/21/2007	01/17/2013	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
00703-0404-02		J1955		01/01/2002	05/02/2017	INJECTION, LEVOCARNITINE, PER 1 GM
00703-0405-02		J1955		01/01/2002	05/02/2017	INJECTION, LEVOCARNITINE, PER 1 GM
00703-1010-09		J1450		08/02/2004	09/05/2013	INJECTION FLUCONAZOLE, 200 MG
00703-1019-09		J1450		08/02/2004	09/05/2013	INJECTION FLUCONAZOLE, 200 MG
00703-1501-02		J0270		01/01/2002	99/99/9999	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)
00703-1985-01		J1325		04/23/2008	99/99/9999	INJECTION, EPOPROSTENOL, 0.5 MG
00703-1995-01		J1325		04/23/2008	99/99/9999	INJECTION, EPOPROSTENOL, 0.5 MG
00703-2191-04		J2550		09/30/2002	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG
00703-2201-04		J2550		09/30/2002	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG
00703-3015-13		J9190		09/02/2003	99/99/9999	INJECTION, FLUOROURACIL, 500 MG
00703-3018-12		J9190		09/02/2003	99/99/9999	INJECTION, FLUOROURACIL, 500 MG
00703-3019-12		J9190		09/02/2003	99/99/9999	INJECTION, FLUOROURACIL, 500 MG
00703-3067-11		J9178		08/09/2007	11/30/2017	INJECTION, EPIRUBICIN HCL, 2 MG
00703-3069-11		J9178		08/09/2007	03/31/2017	INJECTION, EPIRUBICIN HCL, 2 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
CEFTRIAXONE (USP,SINGLE-DOSE) 2 GM	1	EA	VL	IJ	EA	250	MG	8	12/21/2007	10/12/2012	
MORPHINE SULFATE (PF,LATEX-FREE) 10 MG/1 ML	1	ML	VL	IJ	ML	10	MG	1	05/23/2018	99/99/9999	
CEFTRIAXONE (USP,PHARMACY BULK PCKGE) 10 GM	1	EA	VL	IV	EA	250	MG	40	12/21/2007	01/17/2013	
LEVOCARNITINE (VIAL) 200 MG/ML	5	ML	VL	IV	ML	1	GM	0.2	01/01/2002	05/02/2017	
LEVOCARNITINE (VIAL) 200 MG/ML	12.5	ML	VL	IV	ML	1	GM	0.2	01/01/2002	05/02/2017	
FLUCONAZOLE IV 400 MG/200 ML	200	ML	VL	IV	ML	200	MG	0.01	08/02/2004	09/05/2013	
FLUCONAZOLE IV 200 MG/100 ML	100	ML	VL	IV	ML	200	MG	0.01	08/02/2004	09/05/2013	
ALPROSTADIL (S.D.V.) 0.5 MG/ML	1	ML	VL	IV	ML	1.25	MCG	400	01/01/2002	99/99/9999	
EPOPROSTENOL SODIUM 0.5 MG	1	EA	VL	IV	EA	0.5	MG	1	04/23/2008	99/99/9999	
EPOPROSTENOL SODIUM 1.5 MG	1	EA	VL	IV	EA	0.5	MG	3	04/23/2008	99/99/9999	
PROMETHAZINE HCL 25 MG/ML	1	ML	VL	IJ	ML	50	MG	0.5	09/30/2002	99/99/9999	
PROMETHAZINE HCL 50 MG/ML	1	ML	VL	IJ	ML	50	MG	1	09/30/2002	99/99/9999	
ADRUCIL (S.D.V.) 50 MG/ML	10	ML	VL	IV	ML	500	MG	0.1	09/02/2003	99/99/9999	
ADRUCIL (PHARMACY BULK PACKAGE) 50 MG/ML	50	ML	VL	IV	ML	500	MG	0.1	09/02/2003	99/99/9999	
ADRUCIL (PHARMACY BULK PACKAGE) 50 MG/ML	100	ML	VL	IV	ML	500	MG	0.1	09/02/2003	99/99/9999	
EPIRUBICIN HYDROCHLORIDE (SDV,PF) 2 MG/ML	25	ML	VL	IV	ML	2	MG	1	08/09/2007	11/30/2017	
EPIRUBICIN HYDROCHLORIDE (SDV,PF) 2 MG/ML	100	ML	VL	IV	ML	2	MG	1	08/09/2007	03/31/2017	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00703-3154-01		J9040		01/01/2002	99/99/9999	INJECTION, BLEOMYCIN SULFATE, 15 UNITS
00703-3155-01		J9040		01/01/2002	99/99/9999	INJECTION, BLEOMYCIN SULFATE, 15 UNITS
00703-3246-11		J9045		06/24/2004	10/17/2016	INJECTION, CARBOPLATIN, 50 MG
00703-3249-11		J9045		11/17/2005	05/24/2016	INJECTION, CARBOPLATIN, 50 MG
00703-3264-01		J9045		06/24/2004	10/17/2016	INJECTION, CARBOPLATIN, 50 MG
00703-3266-01		J9045		06/24/2004	10/17/2016	INJECTION, CARBOPLATIN, 50 MG
00703-3268-71		J9045		05/01/2006	10/17/2016	INJECTION, CARBOPLATIN, 50 MG
00703-3301-04		J2354		11/14/2005	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG
00703-3311-04		J2354		11/14/2005	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG
00703-3321-04		J2354		11/14/2005	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG
00703-3333-01		J2354		11/23/2005	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG
00703-3343-01		J2354		11/23/2005	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG
00703-3427-11		J9208		07/26/2007	99/99/9999	INJECTION, IFOSFAMIDE, 1 GRAM
00703-3429-11		J9208		07/26/2007	99/99/9999	INJECTION, IFOSFAMIDE, 1 GRAM
00703-4014-19		J9218		01/01/2002	99/99/9999	LEUPROLIDE ACETATE, PER 1 MG
00703-4075-59		J2430		11/08/2005	03/26/2015	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG
00703-4085-51		J2430		11/08/2005	99/99/9999	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
BLEOMYCIN SULFATE (S.D.V.) 15 U	1	EA	VL	IJ	EA	15	U	1	01/01/2002	99/99/9999	
BLEOMYCIN SULFATE (S.D.V.) 30 U	1	EA	VL	IJ	EA	15	U	2	01/01/2002	99/99/9999	
CARBOPLATIN (M.D.V.) 10 MG/ML	15	ML	VL	IV	ML	50	MG	0.2	06/24/2004	10/17/2016	
CARBOPLATIN (AQUEOUS SOLUTION) 10 MG/ML	60	ML	VL	IV	ML	50	MG	0.2	11/17/2005	05/24/2016	
CARBOPLATIN 50 MG	1	EA	VL	IV	EA	50	MG	1	06/24/2004	10/17/2016	
CARBOPLATIN (VIAL) 150 MG	1	EA	VL	IV	EA	50	MG	3	06/24/2004	10/17/2016	
CARBOPLATIN 450 MG	1	EA	VL	IV	EA	50	MG	9	05/01/2006	10/17/2016	
OCTREOTIDE ACETATE (1MLX25 VIALS) 50 MCG/ML	1	ML	VL	IJ	ML	25	MCG	2	11/14/2005	99/99/9999	
OCTREOTIDE ACETATE (1MLX25 VIALS) 100 MCG/ML	1	ML	VL	IJ	ML	25	MCG	4	11/14/2005	99/99/9999	
OCTREOTIDE ACETATE (1MLX25 VIALS) 500 MCG/ML	1	ML	VL	IJ	ML	25	MCG	20	11/14/2005	99/99/9999	
OCTREOTIDE ACETATE 200 MCG/ML	5	ML	VL	IJ	ML	25	MCG	8	11/23/2005	99/99/9999	
OCTREOTIDE ACETATE 1000 MCG/ML	5	ML	VL	IJ	ML	25	MCG	40	11/23/2005	99/99/9999	
IFOSFAMIDE 1 GM	1	EA	VL	IV	EA	1	GM	1	07/26/2007	99/99/9999	
IFOSFAMIDE 3 GM	1	EA	VL	IV	EA	1	GM	3	07/26/2007	99/99/9999	
LEUPROLIDE ACETATE (M.D.V.) 5 MG/ML	2.8	ML	VL	SC	ML	1	MG	5	01/01/2002	99/99/9999	
PAMIDRONATE DISODIUM (S.D.V) 3 MG/ML	10	ML	VL	IV	ML	30	MG	0.1	11/08/2005	03/26/2015	
PAMIDRONATE DISODIUM 9 MG/ML	10	ML	VL	IV	ML	30	MG	0.3	11/08/2005	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00703-4100-48		J9999		04/08/2002	01/03/2017	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS
00703-4100-58		J9999		04/08/2002	01/03/2017	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS
00703-4100-68		J9999		04/08/2002	01/03/2017	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS
00703-4154-11		J9211		09/24/2002	99/99/9999	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG
00703-4155-11		J9211		09/24/2002	99/99/9999	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG
00703-4156-11		J9211		09/24/2002	99/99/9999	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG
00703-4182-01		J9390		02/10/2003	11/30/2012	INJECTION, VINORELBINE TARTRATE, 10 MG
00703-4182-91		J9390		05/01/2006	04/03/2013	INJECTION, VINORELBINE TARTRATE, 10 MG
00703-4183-01		J9390		02/10/2003	04/30/2013	INJECTION, VINORELBINE TARTRATE, 10 MG
00703-4183-91		J9390		05/01/2006	04/03/2013	INJECTION, VINORELBINE TARTRATE, 10 MG
00703-4244-01		J9045		05/01/2006	99/99/9999	INJECTION, CARBOPLATIN, 50 MG
00703-4246-01		J9045		05/01/2006	99/99/9999	INJECTION, CARBOPLATIN, 50 MG
00703-4248-01		J9045		02/01/2006	99/99/9999	INJECTION, CARBOPLATIN, 50 MG
00703-4402-11		J9370		01/01/2002	99/99/9999	VINCRISTINE SULFATE, 1 MG
00703-4636-01		J9320		12/03/2003	99/99/9999	INJECTION, STREPTOZOCIN, 1 GRAM
00703-4680-01		J9293		04/11/2006	99/99/9999	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
IFOSFAMIDE/MESNA (COMBO-PACK) 5 GM-3 GM	1	EA	BX	IV	EA	1	EA	1	04/08/2002	01/03/2017	
IFOSFAMIDE/MESNA (COMBO-PACK) 10 GM-10 GM	1	EA	BX	IV	EA	1	EA	1	04/08/2002	01/03/2017	
IFOSFAMIDE/MESNA (COMBO-PACK) 6 GM-6 GM	1	EA	BX	IV	EA	1	EA	1	04/08/2002	01/03/2017	
IDARUBICIN HYDROCHLORIDE (S.D.V.) 1 MG/ML	5	ML	VL	IV	ML	5	MG	0.2	09/24/2002	99/99/9999	
IDARUBICIN HYDROCHLORIDE (S.D.V.) 1 MG/ML	10	ML	VL	IV	ML	5	MG	0.2	09/24/2002	99/99/9999	
IDARUBICIN HYDROCHLORIDE (S.D.V.) 1 MG/ML	20	ML	VL	IV	ML	5	MG	0.2	09/24/2002	99/99/9999	
VINORELBINE TARTRATE (S.D.V.,PF) 10 MG/ML	1	ML	VL	IV	ML	10	MG	1	02/10/2003	11/30/2012	
VINORELBINE TARTRATE (NOV,PF) 10 MG/ML	1	ML	VL	IV	ML	10	MG	1	05/01/2006	04/03/2013	
VINORELBINE TARTRATE (S.D.V.,PF) 10 MG/ML	5	ML	VL	IV	ML	10	MG	1	02/10/2003	04/30/2013	
VINORELBINE TARTRATE (NOV,PF) 10 MG/ML	5	ML	VL	IV	ML	10	MG	1	05/01/2006	04/03/2013	
CARBOPLATIN (1X5ML) 10 MG/ML	5	ML	VL	IV	ML	50	MG	0.2	05/01/2006	99/99/9999	
CARBOPLATIN (1X15ML) 10 MG/ML	15	ML	VL	IV	ML	50	MG	0.2	05/01/2006	99/99/9999	
CARBOPLATIN 10 MG/ML	45	ML	VL	IV	ML	50	MG	0.2	02/01/2006	99/99/9999	
VINCRISTINE SULFATE (S.D.V.) 1 MG/ML	1	ML	VL	IV	ML	1	MG	1	01/01/2002	99/99/9999	
ZANOSAR 1 GM	1	EA	VL	IV	EA	1	GM	1	12/03/2003	99/99/9999	
MITOXANTRONE (MDV,PF) 2 MG/ML	12.5	ML	VL	IV	ML	5	MG	0.4	04/11/2006	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00703-4685-01		J9293		04/11/2006	99/99/9999	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG
00703-4686-01		J9293		04/11/2006	99/99/9999	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG
00703-4805-03		J9209		02/22/2002	04/27/2015	INJECTION, MESNA, 200 MG
00703-4852-11		J9185		05/02/2007	99/99/9999	INJECTION, FLUDARABINE PHOSPHATE, 50 MG
00703-5051-03		J2597		01/01/2002	99/99/9999	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG
00703-5054-01		J2597		01/01/2002	99/99/9999	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG
00703-5140-01		J0640		01/01/2002	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG
00703-5145-01		J0640		01/01/2002	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG
00703-5233-13		J9150		01/27/2003	99/99/9999	INJECTION, DAUNORUBICIN, 10 MG
00703-5653-01		J9181		01/01/2002	99/99/9999	INJECTION, ETOPOSIDE, 10 MG
00703-5656-01		J9181		01/01/2002	99/99/9999	INJECTION, ETOPOSIDE, 10 MG
00703-5657-01		J9181		01/01/2002	99/99/9999	INJECTION, ETOPOSIDE, 10 MG
00703-5854-01		J9185		09/12/2003	99/99/9999	INJECTION, FLUDARABINE PHOSPHATE, 50 MG
00703-6121-01		J1080		04/16/2007	10/19/2012	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG
00703-6125-01		J1080		04/16/2007	10/19/2012	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG
00703-6801-01		J1055		09/13/2004	12/31/2012	INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
MITOXANTRONE (MDV,PF) 2 MG/ML	10	ML	VL	IV	ML	5	MG	0.4	04/11/2006	99/99/9999	
MITOXANTRONE (MDV,PF) 2 MG/ML	15	ML	VL	IV	ML	5	MG	0.4	04/11/2006	99/99/9999	
MESNA (M.D.V.) 100 MG/ML	10	ML	VL	IV	ML	200	MG	0.5	02/22/2002	04/27/2015	
FLUDARABINE PHOSPHATE (SDV) 25 MG/ML	2	ML	VL	IV	ML	50	MG	0.5	05/02/2007	99/99/9999	
DESMOPRESSIN ACETATE (VIAL) 4 MCG/ML	1	ML	VL	IJ	ML	1	MCG	4	01/01/2002	99/99/9999	
DESMOPRESSIN ACETATE (M.D.V.) 4 MCG/ML	10	ML	VL	IJ	ML	1	MCG	4	01/01/2002	99/99/9999	
LEUCOVORIN CALCIUM (VIAL,PF) 100 MG	1	EA	VL	IJ	EA	50	MG	2	01/01/2002	99/99/9999	
LEUCOVORIN CALCIUM (PF) 350 MG	1	EA	VL	IJ	EA	50	MG	7	01/01/2002	99/99/9999	
DAUNORUBICIN HCL (S.D.V.,PF) 5 MG/ML	4	ML	VL	IV	ML	10	MG	0.5	01/27/2003	99/99/9999	
ETOPOSIDE (M.D.V. POLYMER) 20 MG/ML	5	ML	VL	IV	ML	10	MG	2	01/01/2002	99/99/9999	
ETOPOSIDE (M.D.V. POLYMER) 20 MG/ML	25	ML	VL	IV	ML	10	MG	2	01/01/2002	99/99/9999	
ETOPOSIDE (M.D.V.) 20 MG/ML	50	ML	VL	IV	ML	10	MG	2	01/01/2002	99/99/9999	
FLUDARABINE PHOSPHATE 50 MG	1	EA	VL	IV	EA	50	MG	1	09/12/2003	99/99/9999	
TESTOSTERONE CYPIONATE (USP,MDV) 200 MG/ML	1	ML	VL	IM	ML	200	MG	1	04/16/2007	10/19/2012	
TESTOSTERONE CYPIONATE (USP,MDV) 200 MG/ML	10	ML	VL	IM	ML	200	MG	1	04/16/2007	10/19/2012	
MEDROXYPROGESTERONE ACETATE (ODOR-FREE) 150 MG/ML	1	ML	VL	IM	ML	150	MG	1	09/13/2004	12/31/2012	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00703-6801-04		J1055		09/13/2004	12/31/2012	INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG
00703-7011-03		J1631		01/01/2002	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG
00703-7013-01		J1631		01/01/2002	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG
00703-7021-03		J1631		01/01/2002	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG
00703-7023-01		J1631		01/01/2002	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG
00703-7221-04		J2405		11/22/2006	10/08/2018	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG
00703-7226-01		J2405		11/22/2006	10/08/2018	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG
00703-7226-03		J2405		11/22/2006	10/08/2018	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG
00703-7239-39		J2405		11/22/2006	11/29/2012	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG
00703-9032-03		J0278		01/01/2006	99/99/9999	INJECTION, AMIKACIN SULFATE, 100 MG
00703-9040-03		J0278		01/01/2006	99/99/9999	INJECTION, AMIKACIN SULFATE, 100 MG
00703-9402-04		J3260		01/01/2002	12/18/2017	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG
00703-4094-01		J2469		03/23/2018	99/99/9999	INJECTION, PALONOSETRON HCL, 25 MCG
00781-3312-75		J2469		03/23/2018	99/99/9999	INJECTION, PALONOSETRON HCL, 25 MCG
16729-0259-38		J1327		02/01/2018	99/99/9999	INJECTION, EPTIFIBATIDE, 5 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
MEDROXYPROGESTERONE ACETATE (ODOR-FREE) 150 MG/ML	1	ML	VL	IM	ML	150	MG	1	09/13/2004	12/31/2012	
HALOPERIDOL DECANOATE (VIAL) 50 MG/ML	1	ML	VL	IM	ML	50	MG	1	01/01/2002	99/99/9999	
HALOPERIDOL DECANOATE (M.D.V.) 50 MG/ML	5	ML	VL	IM	ML	50	MG	1	01/01/2002	99/99/9999	
HALOPERIDOL DECANOATE (VIAL) 100 MG/ML	1	ML	VL	IM	ML	50	MG	2	01/01/2002	99/99/9999	
HALOPERIDOL DECANOATE (M.D.V.) 100 MG/ML	5	ML	VL	IM	ML	50	MG	2	01/01/2002	99/99/9999	
ONDANSETRON (SDV,USP,25X2ML) 2 MG/ML	2	ML	VL	IJ	ML	1	MG	2	11/22/2006	10/08/2018	
ONDANSETRON (MDV,USP) 2 MG/ML	20	ML	VL	IJ	ML	1	MG	2	11/22/2006	10/08/2018	
ONDANSETRON (MDV,USP,10X20ML) 2 MG/ML	20	ML	VL	IJ	ML	1	MG	2	11/22/2006	10/08/2018	
ONDANSETRON (SINGLE DOSE,6X50ML,PF) 32 MG/50 ML	50	ML	FC	IV	ML	1	MG	0.64	11/22/2006	11/29/2012	
AMIKACIN SULFATE (S.D.V.) 250 MG/ML	2	ML	VL	IJ	ML	100	MG	2.5	01/01/2006	99/99/9999	
AMIKACIN SULFATE (VIAL) 250 MG/ML	4	ML	VL	IJ	ML	100	MG	2.5	01/01/2006	99/99/9999	
TOBRAMYCIN SULFATE (M.D.V.) 40 MG/ML	2	ML	VL	IJ	ML	80	MG	0.5	01/01/2002	12/18/2017	
PALONOSETRON HCL (S.D.V.) 0.05 MG/1 ML	5	ML	VL	IV	ML	25	MCG	2	03/23/2018	99/99/9999	
PALONOSETRON HCL 0.05 MG/1 ML	5	ML	VL	IV	ML	25	MCG	2	03/23/2018	99/99/9999	
EPTIFIBATIDE 0.75 MG/1 ML	100	ML	VL	IV	ML	5	MG	0.15	02/01/2018	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00703-9416-01		J3260		01/01/2002	06/25/2018	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG
00703-9503-03		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS
00703-9514-03		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS
00703-9526-01		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS
00713-0135-12		J8498		01/01/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED
00713-0526-12		J8498		01/01/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED
00713-0536-12		J8498		01/01/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED
00761-0914-20		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00781-1046-01		Q0175		01/01/2002	99/99/9999	PERPHENAZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00781-1046-10		Q0175		01/01/2002	99/99/9999	PERPHENAZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00781-1046-13		Q0175		01/01/2002	99/99/9999	PERPHENAZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
TOBRAMYCIN SULFATE (M.D.V.) 40 MG/ML	30	ML	VL	IJ	ML	80	MG	0.5	01/01/2002	06/25/2018	
SMZ-TMP CONCENTRATE (S.D.V.) 80 MG/ML-16 MG/ML	5	ML	VL	IV	ML	1	EA	1	01/01/2002	99/99/9999	
SMZ-TMP CONCENTRATE (M.D.V.) 80 MG/ML-16 MG/ML	10	ML	VL	IV	ML	1	EA	1	01/01/2002	99/99/9999	
SMZ-TMP (M.D.V.) 80 MG/ML-16 MG/ML	30	ML	VL	IV	ML	1	EA	1	01/01/2002	99/99/9999	
PROCHLORPERAZINE 25 MG	12	EA	BX	RC	EA	1	EA	1	01/01/2006	99/99/9999	
PROMETHEGAN 25 MG	12	EA	BX	RC	EA	1	EA	1	01/01/2006	99/99/9999	
PROMETHEGAN 12.5 MG	12	EA	BX	RC	EA	1	EA	1	01/01/2006	99/99/9999	
ANTI-HIST 25 MG	100	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999	
PERPHENAZINE 2 MG	100	EA	BO	PO	EA	4	MG	0.5	01/01/2002	99/99/9999	
PERPHENAZINE 2 MG	1000	EA	BO	PO	EA	4	MG	0.5	05/16/2008	99/99/9999	01/01/2002
PERPHENAZINE 2 MG	100	EA	BX	PO	EA	4	MG	0.5	01/01/2002	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
12/01/2004	0.5			

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00781-1047-01		Q0175		01/01/2002	99/99/9999	PERPHENAZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00781-1047-13		Q0175		01/01/2002	99/99/9999	PERPHENAZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00781-1048-01		Q0176		01/01/2002	12/31/2013	PERPHENAZINE, 8MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00781-1048-13		Q0176		01/01/2002	12/31/2013	PERPHENAZINE, 8MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00781-1049-01		Q0176		01/01/2002	12/31/2013	PERPHENAZINE, 8MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00781-1496-31		Q0144		01/09/2006	05/15/2017	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
00781-1496-68		Q0144		11/14/2005	09/07/2017	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
00781-1496-69		Q0144		11/14/2005	06/13/2017	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
00781-1497-31		Q0144		11/14/2005	10/29/2017	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PERPHENAZINE 4 MG	100	EA	BO	PO	EA	4	MG	1	01/01/2002	99/99/9999	
PERPHENAZINE 4 MG	100	EA	BX	PO	EA	4	MG	1	01/01/2002	99/99/9999	
PERPHENAZINE 8 MG	100	EA	BO	PO	EA	8	MG	1	01/01/2002	12/31/2013	
PERPHENAZINE 8 MG	100	EA	BX	PO	EA	8	MG	1	01/01/2002	12/31/2013	
PERPHENAZINE 16 MG	100	EA	BO	PO	EA	8	MG	2	01/01/2002	12/31/2013	
AZITHROMYCIN (FILM-COATED) 250 MG	30	EA	BO	PO	EA	1	GM	0.25	01/09/2006	05/15/2017	
AZITHROMYCIN (3X6,UNIT OF USE) 250 MG	3	EA	DP	PO	EA	1	GM	0.25	11/14/2005	09/07/2017	
AZITHROMYCIN (FILM-COATED) 250 MG	50	EA	BX	PO	EA	1	GM	0.25	11/14/2005	06/13/2017	
AZITHROMYCIN (FILM-COATED) 600 MG	30	EA	BO	PO	EA	1	GM	0.6	11/14/2005	10/29/2017	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00781-1830-01		Q0170		01/01/2002	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00781-1830-10		Q0170		01/01/2002	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00781-1832-01		Q0170		01/01/2002	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00781-1941-31		Q0144		11/16/2005	09/25/2017	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
00781-1941-33		Q0144		11/16/2005	09/07/2017	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
00781-3001-07		J2941		03/12/2008	99/99/9999	INJECTION, SOMATROPIN, 1 MG
00781-3001-26		J2941		03/12/2008	99/99/9999	INJECTION, SOMATROPIN, 1 MG
00781-3009-95		J0330		04/15/2005	09/28/2015	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG
00781-3032-95		J0295		09/05/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM
00781-3033-95		J0295		09/05/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM
00781-3034-46		J0295		09/05/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PROMETHAZINE HCL 25 MG	100	EA	BO	PO	EA	25	MG	1	01/01/2002	12/31/2013	
PROMETHAZINE HCL 25 MG	1000	EA	BO	PO	EA	25	MG	1	01/20/2005	12/31/2013	01/01/2002
PROMETHAZINE HCL 50 MG	100	EA	BO	PO	EA	25	MG	2	01/01/2002	12/31/2013	
AZITHROMYCIN (FILM-COATED) 500 MG	30	EA	BO	PO	EA	1	GM	0.5	11/16/2005	09/25/2017	
AZITHROMYCIN (3X3,UNIT OF USE) 500 MG	3	EA	DP	PO	EA	1	GM	0.5	11/16/2005	09/07/2017	
OMNITROPE (1X1.5ML,W/DILUENT) 5 MG/1.5 ML	1.5	ML	CT	SC	ML	1	MG	3.33333	03/12/2008	99/99/9999	
OMNITROPE (5X1.5ML,W/DILUENT) 5 MG/1.5 ML	1.5	ML	CT	SC	ML	1	MG	3.33333	03/12/2008	99/99/9999	
ANECTINE (MDV,10MLX10VIALS) 20 MG/ML	10	ML	VL	IV	ML	20	MG	1	04/15/2005	09/28/2015	
AMPICILLIN AND SULBACTAM (USP) 1 GM-0.5 GM	1	EA	VL	IJ	EA	1.5	GM	1	09/05/2006	99/99/9999	
AMPICILLIN AND SULBACTAM (USP) 2 GM-1 GM	1	EA	VL	IJ	EA	1.5	GM	2	09/05/2006	99/99/9999	
AMPICILLIN AND SULBACTAM (USP) 10 GM-5 GM	1	EA	VL	IV	EA	1.5	GM	10	09/05/2006	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
08/25/2003	1			

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00781-3059-95		J1160		07/21/2006	99/99/9999	INJECTION, DIGOXIN, UP TO 0.5 MG
00781-3073-70		J1070		10/17/2006	11/30/2014	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG
00781-3074-70		J1080		10/17/2006	05/30/2013	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG
00781-3074-71		J1080		10/17/2006	05/30/2013	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG
00781-3084-75		J3303		01/29/2007	08/29/2013	INJECTION, TRIAMCINOLONE HEXACETONIDE, PER 5MG
00781-3094-15		J2700		03/19/2008	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG
00781-3094-92		J2700		03/19/2008	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG
00781-3095-80		J2700		03/19/2008	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG
00781-3095-92		J2700		03/19/2008	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG
00781-3099-95		J2700		02/08/2005	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG
00781-3101-80		J2700		02/01/2007	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG
00781-3101-95		J2700		07/02/2004	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG
00781-3103-95		J2700		08/31/2004	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG
00781-3124-85		J3490		09/09/2005	99/99/9999	UNCLASSIFIED DRUGS
00781-3124-95		J3490		04/27/2004	99/99/9999	UNCLASSIFIED DRUGS
00781-3125-85		J3490		09/09/2005	99/99/9999	UNCLASSIFIED DRUGS

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
DIGOXIN (USP,10X2ML) 0.25 MG/ML	2	ML	AM	IJ	ML	0.5	MG	0.5	07/21/2006	99/99/9999	
TESTOSTERONE CYPIONATE (USP,MDV) 100 MG/ML	10	ML	VL	IM	ML	100	MG	1	10/17/2006	11/30/2014	
TESTOSTERONE CYPIONATE (USP,MDV) 200 MG/ML	10	ML	VL	IM	ML	200	MG	1	10/17/2006	05/30/2013	
TESTOSTERONE CYPIONATE (USP,MDV) 200 MG/ML	1	ML	VL	IM	ML	200	MG	1	10/17/2006	05/30/2013	
ARISTOSPAN 5 MG/ML	5	ML	VL	IJ	ML	5	MG	1	01/29/2007	08/29/2013	
OXACILLIN (USP,ADD-VANTAGE VIAL) 1 GM	1	EA	VL	IV	EA	250	MG	4	03/19/2008	99/99/9999	
OXACILLIN (1X10,USP,ADD-VANTAGE) 1 GM	1	EA	VL	IV	EA	250	MG	4	03/19/2008	99/99/9999	
OXACILLIN (USP,ADD-VANTAGE VIAL) 2 GM	1	EA	VL	IV	EA	250	MG	8	03/19/2008	99/99/9999	
OXACILLIN (1X10,USP,ADD-VANTAGE) 2 GM	1	EA	VL	IV	EA	250	MG	8	03/19/2008	99/99/9999	
OXACILLIN SODIUM 1 GM	1	EA	VL	IJ	EA	250	MG	4	02/08/2005	99/99/9999	
OXACILLIN (USP) 2 GM	1	EA	VL	IJ	EA	250	MG	8	02/01/2007	99/99/9999	
OXACILLIN SODIUM (VIAL,PIGGYBACK) 2 GM	1	EA	VL	IJ	EA	250	MG	8	07/02/2004	99/99/9999	
OXACILLIN SODIUM (PHARMACY BULK PACKAGE) 10 GM	1	EA	VL	IJ	EA	250	MG	40	08/31/2004	99/99/9999	
NAFCILLIN SODIUM 1 GM	1	EA	VL	IJ	EA	1	EA	1	09/09/2005	99/99/9999	
NAFCILLIN SODIUM (VIAL) 1 GM	1	EA	VL	IJ	EA	1	EA	1	04/27/2004	99/99/9999	
NAFCILLIN SODIUM 2 GM	1	EA	VL	IJ	EA	1	EA	1	09/09/2005	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00781-3125-92		J3490		02/23/2005	99/99/9999	UNCLASSIFIED DRUGS
00781-3125-95		J3490		04/27/2004	99/99/9999	UNCLASSIFIED DRUGS
00781-3126-46		J3490		09/09/2005	99/99/9999	UNCLASSIFIED DRUGS
00781-3126-95		J3490		04/27/2004	99/99/9999	UNCLASSIFIED DRUGS
00781-3128-92		J3490		04/17/2006	99/99/9999	UNCLASSIFIED DRUGS
00781-3129-92		J3490		02/22/2006	99/99/9999	UNCLASSIFIED DRUGS
00781-3177-96		J0713		02/23/2007	99/99/9999	INJECTION, CEFTAZIDIME, PER 500 MG
00781-3178-95		J0713		02/23/2007	99/99/9999	INJECTION, CEFTAZIDIME, PER 500 MG
00781-3179-86		J0713		02/23/2007	99/99/9999	INJECTION, CEFTAZIDIME, PER 500 MG
00781-3182-73		J1451		04/02/2008	99/99/9999	INJECTION, FOMEPIZOLE, 15 MG
00781-3182-84		J1451		04/02/2008	99/99/9999	INJECTION, FOMEPIZOLE, 15 MG
00781-3206-95		J0696		07/19/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
00781-3207-95		J0696		07/19/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
00781-3208-95		J0696		07/19/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
00781-3209-95		J0696		07/19/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
00781-3210-46		J0696		07/19/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
00781-3222-80		J0692		04/14/2008	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG
00781-3222-95		J0692		04/14/2008	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
NAFCILLIN SODIUM (ADD-VANTAGE VIAL) 2 GM	1	EA	VL	IJ	EA	1	EA	1	02/23/2005	99/99/9999	
NAFCILLIN SODIUM (VIAL) 2 GM	1	EA	VL	IJ	EA	1	EA	1	04/27/2004	99/99/9999	
NAFCILLIN SODIUM 10 GM	1	EA	VL	IJ	EA	1	EA	1	09/09/2005	99/99/9999	
NAFCILLIN SODIUM (VIAL,PHARMACY BULK) 10 GM	1	EA	VL	IJ	EA	1	EA	1	04/27/2004	99/99/9999	
NAFCILLIN (USP,ADD-VANTAGE VIAL) 1 GM	1	EA	VL	IV	EA	1	EA	1	04/17/2006	99/99/9999	
NAFCILLIN SODIUM (2GMX10, ADD-VANTAGE) 2 GM	1	EA	VL	IV	EA	1	EA	1	02/22/2006	99/99/9999	
CEFTAZIDIME (USP) 1 GM	1	EA	VL	IJ	EA	500	MG	2	02/23/2007	99/99/9999	
CEFTAZIDIME (USP) 2 GM	1	EA	VL	IV	EA	500	MG	4	02/23/2007	99/99/9999	
CEFTAZIDIME (USP,PHARMACY BULK PKG) 6 GM	1	EA	VL	IV	EA	500	MG	12	02/23/2007	99/99/9999	
FOMEPIZOLE (1X1.5ML,PF) 1 GM/ML	1.5	ML	VL	IV	ML	15	MG	66.66666	04/02/2008	99/99/9999	
FOMEPIZOLE (4X1.5ML,PF) 1 GM/ML	1.5	ML	VL	IV	ML	15	MG	66.66666	04/02/2008	99/99/9999	
CEFTRIAXONE 250 MG	1	EA	VL	IJ	EA	250	MG	1	07/19/2005	99/99/9999	
CEFTRIAXONE 500 MG	1	EA	VL	IJ	EA	250	MG	2	07/19/2005	99/99/9999	
CEFTRIAXONE 1 GM	1	EA	VL	IJ	EA	250	MG	4	07/19/2005	99/99/9999	
CEFTRIAXONE 2 GM	1	EA	VL	IJ	EA	250	MG	8	07/19/2005	99/99/9999	
CEFTRIAXONE 10 GM	1	EA	VL	IJ	EA	250	MG	40	07/19/2005	99/99/9999	
CEFEPIME HYDROCHLORIDE (S.D.V,USP) 1 GM	1	EA	VL	IJ	EA	500	MG	2	04/14/2008	99/99/9999	
CEFEPIME HYDROCHLORIDE (USP) 1 GM	1	EA	VL	IJ	EA	500	MG	2	04/14/2008	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00781-3223-91		J0692		04/14/2008	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG
00781-3223-95		J0692		04/14/2008	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG
00781-3239-09		J0744		03/18/2008	99/99/9999	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG
00781-3240-09		J0744		03/18/2008	99/99/9999	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG
00781-3338-70		J0690		08/23/2004	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG
00781-3400-95		J0290		05/12/2004	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG
00781-3402-95		J0290		12/01/2005	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG
00781-3404-95		J0290		12/01/2005	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG
00781-3407-95		J0290		12/01/2005	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG
00781-3408-95		J0290		12/01/2005	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG
00781-3409-95		J0290		05/12/2004	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG
00781-3412-92		J0290		03/20/2007	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG
00781-3413-92		J0290		03/20/2007	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG
00781-3450-95		J0690		11/08/2006	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG
00781-3451-96		J0690		09/13/2006	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG
00781-3452-95		J0690		09/13/2006	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
CEFEPIME HYDROCHLORIDE (S.D.V,USP) 2 GM	1	EA	VL	IJ	EA	500	MG	4	04/14/2008	99/99/9999	
CEFEPIME HYDROCHLORIDE (USP) 2 GM	1	EA	VL	IJ	EA	500	MG	4	04/14/2008	99/99/9999	
CIPROFLOXACIN (24X100ML,USP,LATEX-FREE) 200 MG/100 ML	100	ML	FC	IV	ML	200	MG	0.01	03/18/2008	99/99/9999	
CIPROFLOXACIN (24X200ML,USP,LATEX-FREE) 400 MG/200 ML	200	ML	FC	IV	ML	200	MG	0.01	03/18/2008	99/99/9999	
CEFAZOLIN SODIUM (1X10ML VIAL) 500 MG	1	EA	VL	IJ	EA	500	MG	1	08/23/2004	99/99/9999	
AMPICILLIN SODIUM 125 MG	1	EA	VL	IJ	EA	500	MG	0.25	05/12/2004	99/99/9999	
AMPICILLIN SODIUM (U.S.P.) 250 MG	1	EA	VL	IJ	EA	500	MG	0.5	12/01/2005	99/99/9999	
AMPICILLIN SODIUM (U.S.P.) 1 GM	1	EA	VL	IJ	EA	500	MG	2	12/01/2005	99/99/9999	
AMPICILLIN SODIUM (U.S.P.) 500 MG	1	EA	VL	IJ	EA	500	MG	1	12/01/2005	99/99/9999	
AMPICILLIN SODIUM (U.S.P.) 2 GM	1	EA	VL	IJ	EA	500	MG	4	12/01/2005	99/99/9999	
AMPICILLIN SODIUM 10 GM	1	EA	VL	IJ	EA	500	MG	20	05/12/2004	99/99/9999	
AMPICILLIN SODIUM (ADD-VANTAGE,USP) 1 GM	1	EA	VL	IJ	EA	500	MG	2	03/20/2007	99/99/9999	
AMPICILLIN SODIUM (ADD-VANTAGE,ADD-VANTAGE) 2 GM	1	EA	VL	IJ	EA	500	MG	4	03/20/2007	99/99/9999	
CEFAZOLIN SODIUM (USP) 500 MG	1	EA	VL	IJ	EA	500	MG	1	11/08/2006	99/99/9999	
CEFAZOLIN (USP) 1 GM	1	EA	VL	IJ	EA	500	MG	2	09/13/2006	99/99/9999	
CEFAZOLIN (USP) 10 GM	1	EA	VL	IV	EA	500	MG	20	09/13/2006	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00781-3777-95		J1800		02/15/2007	11/30/2013	INJECTION, PROPRANOLOL HCL, UP TO 1 MG
00781-4004-36		J2941		01/15/2007	99/99/9999	INJECTION, SOMATROPIN, 1 MG
00781-5020-01		Q0164		01/01/2002	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00781-5021-01		Q0165		01/01/2002	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00781-5022-01		J7509		04/04/2003	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG
00781-5022-07		J7509		04/04/2003	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG
00781-6135-95		J2540		11/25/2002	99/99/9999	INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS
55150-0266-05		J3489		09/27/2018	99/99/9999	INJECTION, ZOLEDRONIC ACID, 1 MG
00781-6136-94		J2540		11/25/2002	99/99/9999	INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS
00781-6153-95		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS
00781-9109-85		J2700		02/01/2007	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG
00781-9109-95		J2700		03/01/2006	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG
00781-9110-15		J2700		03/19/2008	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG
00781-9110-92		J2700		03/19/2008	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG
00781-9111-80		J2700		02/01/2007	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PROPRANOLOL HYDROCHLORIDE (USP,10X1ML) 1 MG/ML	1	ML	VL	IV	ML	1	MG	1	02/15/2007	11/30/2013	
OMNITROPE (W/ 8 VIALS OF DILUENT) 5.8 MG	1	EA	VL	SC	EA	1	MG	5.8	01/15/2007	99/99/9999	
PROCHLORPERAZINE MALEATE 5 MG	100	EA	BO	PO	EA	5	MG	1	01/01/2002	99/99/9999	
PROCHLORPERAZINE MALEATE 10 MG	100	EA	BO	PO	EA	10	MG	1	01/01/2002	12/31/2013	
METHYLPREDNISOLONE 4 MG	100	EA	BO	PO	EA	4	MG	1	04/04/2003	99/99/9999	
METHYLPREDNISOLONE (UNIT OF USE) 4 MG	21	EA	DP	PO	EA	4	MG	1	04/04/2003	99/99/9999	
PENICILLIN G POTASSIUM 5 Million U	1	EA	VL	IV	EA	600000	U	8.33333	11/25/2002	99/99/9999	
ZOLEDRONIC ACID (SINGLE-USE,LATEX-FREE) 4 MG/5 ML	5	ML	VL	IV	ML	1	MG	0.8	09/27/2018	99/99/9999	
PENICILLIN G POTASSIUM 20 Million U	1	EA	VL	IV	EA	600000	U	33.33333	11/25/2002	99/99/9999	
PENICILLIN G SODIUM (VIAL) 5 Million U	1	EA	VL	IV	EA	1	EA	1	01/01/2002	99/99/9999	
NOVAPLUS OXACILLIN 1 GM	1	EA	VL	IJ	EA	250	MG	4	02/01/2007	99/99/9999	
NOVAPLUS OXACILLIN (USP) 1 GM	1	EA	VL	IJ	EA	250	MG	4	03/01/2006	99/99/9999	
NOVAPLUS OXACILLIN (USP,ADD-VANTAGE VIAL) 1 GM	1	EA	VL	IV	EA	250	MG	4	03/19/2008	99/99/9999	
NOVAPLUS OXACILLIN (1X10,USP,ADD-VANTAGE) 1 GM	1	EA	VL	IV	EA	250	MG	4	03/19/2008	99/99/9999	
NOVAPLUS OXACILLIN 2 GM	1	EA	VL	IJ	EA	250	MG	8	02/01/2007	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00781-9111-95		J2700		05/04/2006	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG
00781-9112-20		J2700		03/19/2008	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG
00781-9112-92		J2700		03/19/2008	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG
00781-9113-46		J2700		02/01/2007	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG
00781-9113-95		J2700		05/03/2006	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG
00781-9124-85		J3490		02/01/2007	99/99/9999	UNCLASSIFIED DRUGS
00781-9124-95		J3490		02/01/2006	99/99/9999	UNCLASSIFIED DRUGS
00781-9125-85		J3490		02/01/2007	99/99/9999	UNCLASSIFIED DRUGS
00781-9125-95		J3490		02/01/2006	99/99/9999	UNCLASSIFIED DRUGS
00781-9126-46		J3490		03/31/2007	99/99/9999	UNCLASSIFIED DRUGS
00781-9126-95		J3490		02/01/2006	99/99/9999	UNCLASSIFIED DRUGS
00781-9164-75		J2354		04/07/2005	03/28/2013	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG
00781-9165-75		J2354		04/07/2005	03/28/2013	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG
00781-9166-95		J2354		04/07/2005	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG
00781-9167-95		J2354		04/07/2005	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG
00781-9168-95		J2354		04/07/2005	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG
00781-9224-15		J3490		02/01/2007	99/99/9999	UNCLASSIFIED DRUGS

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
NOVAPLUS OXACILLIN (USP) 2 GM	1	EA	VL	IJ	EA	250	MG	8	05/04/2006	99/99/9999	
NOVAPLUS OXACILLIN (USP,ADD-VANTAGE VIAL) 2 GM	1	EA	VL	IV	EA	250	MG	8	03/19/2008	99/99/9999	
NOVAPLUS OXACILLIN (1X10,USP,ADD-VANTAGE) 2 GM	1	EA	VL	IV	EA	250	MG	8	03/19/2008	99/99/9999	
NOVAPLUS OXACILLIN 10 GM	1	EA	VL	IJ	EA	250	MG	40	02/01/2007	99/99/9999	
NOVAPLUS OXACILLIN 10 GM	1	EA	VL	IJ	EA	250	MG	40	05/03/2006	99/99/9999	
NOVAPLUS NAFCILLIN 1 GM	1	EA	VL	IJ	EA	1	EA	1	02/01/2007	99/99/9999	
NOVAPLUS NAFCILLIN 1 GM	1	EA	VL	IJ	EA	1	EA	1	02/01/2006	99/99/9999	
NOVAPLUS NAFCILLIN 2 GM	1	EA	VL	IJ	EA	1	EA	1	02/01/2007	99/99/9999	
NOVAPLUS NAFCILLIN 2 GM	1	EA	VL	IJ	EA	1	EA	1	02/01/2006	99/99/9999	
NOVAPLUS NAFCILLIN 10 GM	1	EA	VL	IJ	EA	1	EA	1	03/31/2007	99/99/9999	
NOVAPLUS NAFCILLIN (BULK PACKAGE) 10 GM	1	EA	VL	IJ	EA	1	EA	1	02/01/2006	99/99/9999	
OCTREOTIDE ACETATE NOVAPLUS (M.D.V.) 1000 MCG/ML	5	ML	VL	IJ	ML	25	MCG	40	04/07/2005	03/28/2013	
OCTREOTIDE ACETATE NOVAPLUS (M.D.V.) 200 MCG/ML	5	ML	VL	IJ	ML	25	MCG	8	04/07/2005	03/28/2013	
OCTREOTIDE ACETATE NOVAPLUS (M.D.V.) 50 MCG/ML	1	ML	AM	IJ	ML	25	MCG	2	04/07/2005	99/99/9999	
OCTREOTIDE ACETATE NOVAPLUS (M.D.V.) 100 MCG/ML	1	ML	AM	IJ	ML	25	MCG	4	04/07/2005	99/99/9999	
OCTREOTIDE ACETATE NOVAPLUS (M.D.V.) 500 MCG/ML	1	ML	AM	IJ	ML	25	MCG	20	04/07/2005	99/99/9999	
NOVAPLUS NAFCILLIN (ADD-VANTAGE) 1 GM	1	EA	VL	IV	EA	1	EA	1	02/01/2007	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00781-9224-92		J3490		09/18/2006	99/99/9999	UNCLASSIFIED DRUGS
00781-9225-20		J3490		02/01/2007	99/99/9999	UNCLASSIFIED DRUGS
00781-9225-92		J3490		09/18/2006	99/99/9999	UNCLASSIFIED DRUGS
00781-9326-95		J0696		07/19/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
00781-9327-95		J0696		07/19/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
00781-9328-95		J0696		07/19/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
00781-9329-90		J0696		03/31/2007	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
00781-9329-95		J0696		07/19/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
00781-9330-46		J0696		07/19/2005	06/30/2015	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
00069-1307-10		Q5106		01/01/2019	99/99/9999	INJECTION, EPOETIN ALFA, BIOSIMILAR, (RETACRIT) (FOR NON-ESRD USE), 1000 UNITS
00069-1308-10		Q5106		01/01/2019	99/99/9999	INJECTION, EPOETIN ALFA, BIOSIMILAR, (RETACRIT) (FOR NON-ESRD USE), 1000 UNITS
00781-9338-85		J0690		02/27/2006	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG
00781-9338-95		J0690		02/27/2006	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG
00781-9401-78		J0290		02/01/2007	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG
00781-9401-95		J0290		02/01/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG
00069-1309-04		Q5106		01/01/2019	99/99/9999	INJECTION, EPOETIN ALFA, BIOSIMILAR, (RETACRIT) (FOR NON-ESRD USE), 1000 UNITS
00781-9402-78		J0290		01/24/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG
00781-9402-95		J0290		02/01/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG
00781-9404-85		J0290		01/24/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
NOVAPLUS NAFCILLIN (USP,ADD-VANTAGE) 1 GM	1	EA	VL	IV	EA	1	EA	1	09/18/2006	99/99/9999	
NOVAPLUS NAFCILLIN (ADD-VANTAGE) 2 GM	1	EA	VL	IV	EA	1	EA	1	02/01/2007	99/99/9999	
NOVAPLUS NAFCILLIN (USP,ADD-VANTAGE) 2 GM	1	EA	VL	IV	EA	1	EA	1	09/18/2006	99/99/9999	
CEFTRIAXONE NOVAPLUS 250 MG	1	EA	VL	IJ	EA	250	MG	1	07/19/2005	99/99/9999	
CEFTRIAXONE NOVAPLUS 500 MG	1	EA	VL	IJ	EA	250	MG	2	07/19/2005	99/99/9999	
CEFTRIAXONE NOVAPLUS 1 GM	1	EA	VL	IJ	EA	250	MG	4	07/19/2005	99/99/9999	
CEFTRIAXONE NOVAPLUS 2 GM	1	EA	VL	IJ	EA	250	MG	8	03/31/2007	99/99/9999	
CEFTRIAXONE NOVAPLUS 2 GM	1	EA	VL	IJ	EA	250	MG	8	07/19/2005	99/99/9999	
CEFTRIAXONE NOVAPLUS 10 GM	1	EA	VL	IJ	EA	250	MG	40	07/19/2005	06/30/2015	
RETACRIT (PF) 4000 U/1 ML	1	ML	VL	IJ	ML	1000	U	4	01/01/2019	99/99/9999	
RETACRIT (PF) 10000 U/1 ML	1	ML	VL	IJ	ML	1000	U	10	01/01/2019	99/99/9999	
NOVAPLUS CEFAZOLIN 500 MG	1	EA	VL	IJ	EA	500	MG	1	02/27/2006	99/99/9999	
NOVAPLUS CEFAZOLIN (USP) 500 MG	1	EA	VL	IJ	EA	500	MG	1	02/27/2006	99/99/9999	
NOVAPLUS AMPICILLIN 125 MG	1	EA	VL	IJ	EA	500	MG	0.25	02/01/2007	99/99/9999	
NOVAPLUS AMPICILLIN (USP) 125 MG	1	EA	VL	IJ	EA	500	MG	0.25	02/01/2006	99/99/9999	
RETACRIT (PF) 40000 U/1 ML	1	ML	VL	IJ	ML	1000	U	40	01/01/2019	99/99/9999	
NOVAPLUS AMPICILLIN 250 MG	1	EA	VL	IJ	EA	500	MG	0.5	01/24/2006	99/99/9999	
NOVAPLUS AMPICILLIN (USP) 250 MG	1	EA	VL	IJ	EA	500	MG	0.5	02/01/2006	99/99/9999	
NOVAPLUS AMPICILLIN 1 GM	1	EA	VL	IJ	EA	500	MG	2	01/24/2006	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00781-9404-95		J0290		02/01/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG
00781-9407-78		J0290		01/24/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG
00781-9407-95		J0290		02/01/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG
00781-9408-80		J0290		01/24/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG
00781-9408-92		J0290		02/01/2007	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG
00781-9408-95		J0290		02/01/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG
00781-9409-95		J0290		02/01/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG
00781-9412-15		J0290		02/01/2007	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG
00781-9412-92		J0290		03/20/2007	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG
00781-9413-92		J0290		03/20/2007	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG
00781-9452-95		J0690		01/09/2007	02/09/2013	INJECTION, CEFAZOLIN SODIUM, 500 MG
00904-1228-00		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00904-1228-20		Q0163		01/01/2002	07/30/2015	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00904-2035-24		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
NOVAPLUS AMPICILLIN (USP) 1 GM	1	EA	VL	IJ	EA	500	MG	2	02/01/2006	99/99/9999	
NOVAPLUS AMPICILLIN 500 MG	1	EA	VL	IJ	EA	500	MG	1	01/24/2006	99/99/9999	
NOVAPLUS AMPICILLIN (USP) 500 MG	1	EA	VL	IJ	EA	500	MG	1	02/01/2006	99/99/9999	
NOVAPLUS AMPICILLIN 2 GM	1	EA	VL	IJ	EA	500	MG	4	01/24/2006	99/99/9999	
NOVAPLUS AMPICILLIN (ADD-VANTAGE) 2 GM	1	EA	VL	IJ	EA	500	MG	4	02/01/2007	99/99/9999	
NOVAPLUS AMPICILLIN (USP) 2 GM	1	EA	VL	IJ	EA	500	MG	4	02/01/2006	99/99/9999	
NOVAPLUS AMPICILLIN (USP) 10 GM	1	EA	VL	IJ	EA	500	MG	20	02/01/2006	99/99/9999	
NOVAPLUS AMPICILLIN (ADD-VANTAGE) 1 GM	1	EA	VL	IJ	EA	500	MG	2	02/01/2007	99/99/9999	
NOVAPLUS AMPICILLIN (ADD-VANTAGE) 1 GM	1	EA	VL	IJ	EA	500	MG	2	03/20/2007	99/99/9999	
NOVAPLUS AMPICILLIN (ADD-VANTAGE) 2 GM	1	EA	VL	IJ	EA	500	MG	4	03/20/2007	99/99/9999	
NOVAPLUS CEFAZOLIN (USP) 10 GM	1	EA	VL	IV	EA	500	MG	20	01/09/2007	02/09/2013	
BANOPHEN (AF) 12.5 MG/5 ML	120	ML	BO	PO	ML	50	MG	0.05	01/01/2002	99/99/9999	
BANOPHEN (BOXED) 12.5 MG/5 ML	120	ML	BO	PO	ML	50	MG	0.05	01/01/2002	07/30/2015	
BANOPHEN 25 MG	24	EA	BX	PO	EA	50	MG	0.5	01/01/2002	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00904-2035-59		Q0163		01/01/2002	06/28/2013	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00904-2056-61		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00904-3571-61		J8999		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
00904-4274-51		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00904-5174-16		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00904-5306-60		Q0163		01/01/2002	08/09/2012	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00904-5306-61		Q0163		05/12/2003	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
BANOPHEN 25 MG	100	EA	BO	PO	EA	50	MG	0.5	01/01/2002	06/28/2013	
DIPHENHYDRAMINE HCL (10X10) 50 MG	100	EA	BX	PO	EA	50	MG	1	01/01/2002	99/99/9999	
MEGESTROL ACETATE (10X10) 40 MG	100	EA	BX	PO	EA	1	EA	1	01/01/2002	99/99/9999	
SLEEP TABS 25 MG	50	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999	
BANOPHEN 12.5 MG/5 ML	480	ML	BO	PO	ML	50	MG	0.05	01/01/2002	99/99/9999	
DIPHENHYDRAMINE HCL 25 MG	100	EA	BO	PO	EA	50	MG	0.5	01/01/2002	08/09/2012	
DIPHENHYDRAMINE HCL (10X10) 25 MG	100	EA	BX	PO	EA	50	MG	0.5	05/12/2003	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00904-5306-80		Q0163		01/01/2002	08/09/2012	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00904-5307-60		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00904-5307-80		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00904-5551-59		Q0163		08/13/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00904-5840-61		Q0170		05/06/2008	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00927-0221-24		Q0163		01/01/2002	02/03/2016	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00927-0616-34		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
DIPHENHYDRAMINE HCL 25 MG	1000	EA	BO	PO	EA	50	MG	0.5	01/01/2002	08/09/2012	
DIPHENHYDRAMINE HCL 50 MG	100	EA	BO	PO	EA	50	MG	1	01/01/2002	99/99/9999	
DIPHENHYDRAMINE HCL 50 MG	1000	EA	BO	PO	EA	50	MG	1	01/01/2002	99/99/9999	
BANOPHEN (MINI TABS,MINI TAB) 25 MG	100	EA	BX	PO	EA	50	MG	0.5	08/13/2002	99/99/9999	
PROMETHAZINE HYDROCHLORIDE 25 MG	100	EA	BX	PO	EA	25	MG	1	05/06/2008	12/31/2013	
ALLERMAX 50 MG	24	EA	BX	PO	EA	50	MG	1	01/01/2002	02/03/2016	
TWILITE 50 MG	20	EA	BX	PO	EA	50	MG	1	01/01/2002	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
55566-1902-01		J2941		09/26/2018	99/99/9999	INJECTION, SOMATROPIN, 1 MG
00927-0617-12		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00944-2620-02		J1566		01/01/2006	05/25/2013	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT OTHERWISE SPECIFIED, 500 MG
00944-2620-03		J1566		01/01/2006	04/11/2014	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT OTHERWISE SPECIFIED, 500 MG
00944-2620-04		J1566		01/01/2006	06/21/2014	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT OTHERWISE SPECIFIED, 500 MG
00944-2655-03		J1566		06/01/2007	01/03/2015	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT OTHERWISE SPECIFIED, 500 MG
00944-2655-04		J1566		06/01/2007	01/03/2015	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT OTHERWISE SPECIFIED, 500 MG
00944-2700-02		J1569		01/01/2008	99/99/9999	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED,(E.G. LIQUID), 500 MG
00944-2700-03		J1569		01/01/2008	99/99/9999	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED,(E.G. LIQUID), 500 MG
00944-2700-04		J1569		01/01/2008	99/99/9999	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED,(E.G. LIQUID), 500 MG
00944-2700-05		J1569		01/01/2008	99/99/9999	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED,(E.G. LIQUID), 500 MG
00944-2700-06		J1569		01/01/2008	99/99/9999	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED,(E.G. LIQUID), 500 MG
00944-2967-03		J2792		03/01/2006	09/30/2012	INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT, 100 IU

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
ZOMACTON WITH VIAL ADAPTER (LYOPHILIZED) 10 MG	1	EA	VL	SC	EA	1	MG	10	09/26/2018	99/99/9999	
ALLERMAX 12.5 MG/5 ML	120	ML	BO	PO	ML	50	MG	0.05	01/01/2002	99/99/9999	
GAMMAGARD S/D 2.5 GM	1	EA	VL	IV	EA	500	MG	5	01/01/2006	05/25/2013	
GAMMAGARD S/D 5 GM	1	EA	VL	IV	EA	500	MG	10	01/01/2006	04/11/2014	
GAMMAGARD S/D 10 GM	1	EA	VL	IV	EA	500	MG	20	01/01/2006	06/21/2014	
GAMMAGARD S/D (W/TRANSFER SET) 5 GM	1	EA	VL	IV	EA	500	MG	10	06/01/2007	01/03/2015	
GAMMAGARD S/D (W/TRANSFER SET) 10 GM	1	EA	VL	IV	EA	500	MG	20	06/01/2007	01/03/2015	
GAMMAGARD LIQUID (PF,LATEX-FREE) 100 MG/ML	10	ML	VL	IV	ML	500	MG	0.2	01/01/2008	99/99/9999	
GAMMAGARD LIQUID (PF,LATEX-FREE) 100 MG/ML	25	ML	VL	IV	ML	500	MG	0.2	01/01/2008	99/99/9999	
GAMMAGARD LIQUID (PF,LATEX-FREE) 100 MG/ML	50	ML	VL	IV	ML	500	MG	0.2	01/01/2008	99/99/9999	
GAMMAGARD LIQUID (PF,LATEX-FREE) 100 MG/ML	100	ML	VL	IV	ML	500	MG	0.2	01/01/2008	99/99/9999	
GAMMAGARD LIQUID (PF,LATEX-FREE) 100 MG/ML	200	ML	VL	IV	ML	500	MG	0.2	01/01/2008	99/99/9999	
WINRHO SDF (SDV,PF) 1500 IU	1.3	ML	VL	IV	ML	100	IU	11.53846	03/01/2006	09/30/2012	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00944-2967-05		J2792		03/01/2006	09/30/2012	INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT, 100 IU
00944-2967-07		J2792		03/01/2006	10/31/2012	INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT, 100 IU
00944-2967-09		J2792		03/01/2006	10/31/2012	INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT, 100 IU
00944-4175-05		J2724		01/01/2008	06/30/2015	INJECTION, PROTEIN C CONCENTRATE, INTRAVENOUS, HUMAN, 10 IU
00944-4175-10		J2724		01/01/2008	06/30/2015	INJECTION, PROTEIN C CONCENTRATE, INTRAVENOUS, HUMAN, 10 IU
03221-0208-11		J3490		01/01/2008	99/99/9999	UNCLASSIFIED DRUGS
03221-0407-11		J3490		01/01/2008	99/99/9999	UNCLASSIFIED DRUGS
03221-0415-11		J3490		01/01/2008	99/99/9999	UNCLASSIFIED DRUGS
03221-0608-11		J3490		01/01/2008	99/99/9999	UNCLASSIFIED DRUGS
03221-0814-11		J3490		01/01/2008	99/99/9999	UNCLASSIFIED DRUGS
03221-1016-11		J3490		01/01/2008	99/99/9999	UNCLASSIFIED DRUGS
03221-1225-11		J3490		01/01/2008	99/99/9999	UNCLASSIFIED DRUGS
08080-1000-00		A4217		03/01/2006	99/99/9999	STERILE WATER/SALINE, 500 ML
08080-1020-00		A4217		03/01/2006	99/99/9999	STERILE WATER/SALINE, 500 ML
08080-1022-00		A4217		03/01/2006	99/99/9999	STERILE WATER/SALINE, 500 ML

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
WINRHO SDF (SDV,PF) 5000 IU	4.4	ML	VL	IV	ML	100	IU	11.36363	03/01/2006	09/30/2012	
WINRHO SDF (SDV,PF) 2500 IU	2.2	ML	VL	IV	ML	100	IU	11.36363	03/01/2006	10/31/2012	
WINRHO SDF (SDV,PF) 15000 IU	13	ML	VL	IV	ML	100	IU	11.53846	03/01/2006	10/31/2012	
CEPROTIN (400-600IU) 1 IU	600	IU	VL	IV	EA	10	IU	0.1	01/01/2008	06/30/2015	
CEPROTIN (800-1200IU) 1 IU	1200	IU	VL	IV	EA	10	IU	0.1	01/01/2008	06/30/2015	
VERITAS COLLAGEN MATRIX (2CMX8CM)	1	EA	NA	IP	EA	1	EA	1	01/01/2008	99/99/9999	
VERITAS COLLAGEN MATRIX (4CMX7CM)	1	EA	NA	IP	EA	1	EA	1	01/01/2008	99/99/9999	
VERITAS COLLAGEN MATRIX (4CMX15CM)	1	EA	NA	IP	EA	1	EA	1	01/01/2008	99/99/9999	
VERITAS COLLAGEN MATRIX (6CMX8CM)	1	EA	NA	IP	EA	1	EA	1	01/01/2008	99/99/9999	
VERITAS COLLAGEN MATRIX (8CMX14CM)	1	EA	NA	IP	EA	1	EA	1	01/01/2008	99/99/9999	
VERITAS COLLAGEN MATRIX (10CMX16CM)	1	EA	NA	IP	EA	1	EA	1	01/01/2008	99/99/9999	
VERITAS COLLAGEN MATRIX (12CMX25CM)	1	EA	NA	IP	EA	1	EA	1	01/01/2008	99/99/9999	
CURITY STERILE WATER	100	ML	NA	IR	ML	500	ML	0.002	03/01/2006	99/99/9999	
CURITY STERILE SALINE (100MLX48) 0.9%	100	ML	NA	IR	ML	500	ML	0.002	03/01/2006	99/99/9999	
CURITY STERILE SALINE (100MLX48) 0.9%	100	ML	NA	IR	ML	500	ML	0.002	03/01/2006	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
08166-1100-03		J1642		01/01/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS
08166-1100-05		J1642		01/01/2002	02/03/2016	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS
08166-1109-03		A4216		01/01/2007	09/19/2016	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
08166-1109-05		A4216		01/01/2007	02/03/2016	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
08166-1109-10		A4216		01/01/2004	09/19/2016	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
08166-1110-03		J1642		01/01/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS
08166-1110-05		J1642		01/01/2002	02/03/2016	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS
08290-0310-02		A4216		01/01/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
08290-0310-03		A4216		01/01/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
08290-0311-03		A4216		01/01/2004	10/17/2016	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
08290-0320-03		A4216		01/01/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
08290-0320-05		A4216		01/01/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
08290-0321-05		A4216		01/01/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
08290-0330-03		A4216		01/01/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
VASCEZE HEPARIN LOCK FLUSH (LUER SLIP NOZZLE) 100 U/ML	3	ML	NA	IV	ML	10	U	10	01/01/2002	99/99/9999	
VASCEZE HEPARIN LOCK FLUSH (LUER SLIP NOZZLE) 100 U/ML	5	ML	NA	IV	ML	10	U	10	01/01/2002	02/03/2016	
VASCEZE SODIUM CHLORIDE (LUER SLIP NOZZLE) 0.9%	3	ML	NA	IV	ML	10	ML	0.1	01/01/2007	09/19/2016	
VASCEZE SODIUM CHLORIDE (LUER SLIP NOZZLE) 0.9%	5	ML	NA	IV	ML	10	ML	0.1	01/01/2007	02/03/2016	
VASCEZE SODIUM CHLORIDE (LUER SLIP NOZZLE) 0.9%	10	ML	NA	IV	ML	10	ML	0.1	01/01/2004	09/19/2016	
VASCEZE HEPARIN LOCK FLUSH (LUER SLIP NOZZLE,PF) 10 U/ML	3	ML	NA	IV	ML	10	U	1	01/01/2002	99/99/9999	
VASCEZE HEPARIN LOCK FLUSH (LUER SLIP NOZZLE,PF) 10 U/ML	5	ML	NA	IV	ML	10	U	1	01/01/2002	02/03/2016	
NORMAL SALINE FLUSH (SRN,3 ML,PF) 0.9%	2	ML	SR	IV	ML	10	ML	0.1	01/01/2007	99/99/9999	
NORMAL SALINE FLUSH (SRN,3 ML,PF) 0.9%	3	ML	SR	IV	ML	10	ML	0.1	01/01/2007	99/99/9999	
NORMAL SALINE FLUSH (SRN,3 ML W/CANNULA,PF) 0.9%	3	ML	SR	IV	ML	10	ML	0.1	01/01/2004	10/17/2016	
NORMAL SALINE FLUSH (SRN,6 ML,PF) 0.9%	3	ML	SR	IV	ML	10	ML	0.1	01/01/2007	99/99/9999	
NORMAL SALINE FLUSH (SRN,6 ML,PF) 0.9%	5	ML	SR	IV	ML	10	ML	0.1	01/01/2007	99/99/9999	
NORMAL SALINE FLUSH (SRN,6 ML W/CANNULA,PF) 0.9%	5	ML	SR	IV	ML	10	ML	0.1	01/01/2004	99/99/9999	
NORMAL SALINE FLUSH (SRN,12 ML,PF) 0.9%	3	ML	SR	IV	ML	10	ML	0.1	01/01/2007	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
08290-0330-05		A4216		01/01/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
08290-0330-10		A4216		01/01/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
08290-0331-05		A4216		01/01/2004	10/17/2016	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
08290-0331-10		A4216		01/01/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
08290-0910-02		A4216		01/01/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
08290-0911-02		A4216		01/01/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
08290-0930-10		A4216		01/01/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
08881-5701-28		A4216		07/01/2006	01/01/2017	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
08881-5701-29		A4216		07/01/2006	01/01/2017	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
10019-0016-02		J7643		09/28/2005	10/09/2012	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
10019-0016-02	KO	J7643	KO	09/28/2005	10/09/2012	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
10019-0016-17		J7643		01/01/2002	10/09/2012	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
10019-0016-17	KO	J7643	KO	01/01/2002	10/09/2012	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
10019-0016-29		J7643		05/05/2007	04/30/2014	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
NORMAL SALINE FLUSH (SRN,12 ML,PF) 0.9%	5	ML	SR	IV	ML	10	ML	0.1	01/01/2007	99/99/9999	
NORMAL SALINE FLUSH (SRN,12 ML,PF) 0.9%	10	ML	SR	IV	ML	10	ML	0.1	01/01/2007	99/99/9999	
NORMAL SALINE FLUSH (SRN, 12 ML W/ CANN,PF) 0.9%	5	ML	SR	IV	ML	10	ML	0.1	01/01/2004	10/17/2016	
NORMAL SALINE FLUSH (SRN, 12 ML W/CANN,PF) 0.9%	10	ML	SR	IV	ML	10	ML	0.1	01/01/2004	99/99/9999	
NORMAL SALINE FLUSH (SRN, 2ML,PF) 0.9%	2	ML	SR	IV	ML	10	ML	0.1	01/01/2007	99/99/9999	
NORMAL SALINE FLUSH (SRN, W/CANNULA,PF) 0.9%	2	ML	SR	IV	ML	10	ML	0.1	01/01/2004	99/99/9999	
NORMAL SALINE FLUSH (SRN, 10ML,PF) 0.9%	10	ML	SR	IV	ML	10	ML	0.1	01/01/2007	99/99/9999	
MONOJECT PREFILL ADVANCED (60X10ML,PF,LATEX-FREE) 0.9%	10	ML	SR	IV	ML	10	ML	0.1	07/01/2006	01/01/2017	
MONOJECT PREFILL ADVANCED (120X10ML,PF,LATEX-FREE) 0.9%	10	ML	SR	IV	ML	10	ML	0.1	07/01/2006	01/01/2017	
GLYCOPYRROLATE (M.D.V.) 0.2 MG/ML	20	ML	VL	IJ	ML	1	MG	0.2	09/28/2005	10/09/2012	
GLYCOPYRROLATE (M.D.V.) 0.2 MG/ML	20	ML	VL	IJ	ML	1	MG	0.2	09/28/2005	10/09/2012	
GLYCOPYRROLATE (S.D.V.) 0.2 MG/ML	2	ML	VL	IJ	ML	1	MG	0.2	01/01/2002	10/09/2012	
GLYCOPYRROLATE (S.D.V.) 0.2 MG/ML	2	ML	VL	IJ	ML	1	MG	0.2	01/01/2002	10/09/2012	
GLYCOPYRROLATE (MDV) 0.2 MG/ML	20	ML	VL	IJ	ML	1	MG	0.2	05/05/2007	04/30/2014	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
10019-0016-29	KO	J7643	KO	05/05/2007	04/30/2014	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
10019-0016-54		J7643		01/01/2002	07/24/2012	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
10019-0016-54	KO	J7643	KO	01/01/2002	07/24/2012	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
10019-0016-81		J7643		01/01/2002	09/06/2012	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
10019-0016-81	KO	J7643	KO	01/01/2002	09/06/2012	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
10019-0027-39		J2250		05/05/2007	10/17/2016	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG
16729-0260-03		J1327		02/01/2018	99/99/9999	INJECTION, EPTIFIBATIDE, 5 MG
16729-0260-38		J1327		02/01/2018	99/99/9999	INJECTION, EPTIFIBATIDE, 5 MG
10019-0028-37		J2250		05/05/2007	02/03/2016	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG
10019-0028-39		J2250		05/05/2007	02/03/2016	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG
10019-0029-02		J1885		07/21/2004	07/24/2012	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG
10019-0029-12		J1885		05/05/2007	07/25/2012	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG
10019-0030-03		J1885		07/21/2004	07/24/2012	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG
10019-0030-04		J1885		07/21/2004	07/24/2012	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG
10019-0030-12		J1885		05/05/2007	10/17/2016	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG
10019-0030-17		J1885		05/05/2007	10/31/2013	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
GLYCOPYRROLATE (MDV) 0.2 MG/ML	20	ML	VL	IJ	ML	1	MG	0.2	05/05/2007	04/30/2014	
GLYCOPYRROLATE (M.D.V.) 0.2 MG/ML	5	ML	VL	IJ	ML	1	MG	0.2	01/01/2002	07/24/2012	
GLYCOPYRROLATE (M.D.V.) 0.2 MG/ML	5	ML	VL	IJ	ML	1	MG	0.2	01/01/2002	07/24/2012	
GLYCOPYRROLATE (S.D.V.) 0.2 MG/ML	1	ML	VL	IJ	ML	1	MG	0.2	01/01/2002	09/06/2012	
GLYCOPYRROLATE (S.D.V.) 0.2 MG/ML	1	ML	VL	IJ	ML	1	MG	0.2	01/01/2002	09/06/2012	
MIDAZOLAM HCL 5 MG/ML	10	ML	VL	IJ	ML	1	MG	5	05/05/2007	10/17/2016	
EPTIFIBATIDE 2 MG/1 ML	10	ML	VL	IV	ML	5	MG	0.4	02/01/2018	99/99/9999	
EPTIFIBATIDE 2 MG/1 ML	100	ML	VL	IV	ML	5	MG	0.4	02/01/2018	99/99/9999	
MIDAZOLAM HCL 1 MG/ML	5	ML	VL	IJ	ML	1	MG	1	05/05/2007	02/03/2016	
MIDAZOLAM HCL 1 MG/ML	10	ML	VL	IJ	ML	1	MG	1	05/05/2007	02/03/2016	
KETOROLAC TROMETHAMINE (1X25) 15 MG/ML	1	ML	VL	IJ	ML	15	MG	1	07/21/2004	07/24/2012	
KETOROLAC TROMETHAMINE 15 MG/ML	1	ML	VL	IJ	ML	15	MG	1	05/05/2007	07/25/2012	
KETOROLAC TROMETHAMINE (1X25) 30 MG/ML	1	ML	VL	IJ	ML	15	MG	2	07/21/2004	07/24/2012	
KETOROLAC TROMETHAMINE (1X25) 30 MG/ML	2	ML	VL	IJ	ML	15	MG	2	07/21/2004	07/24/2012	
KETOROLAC TROMETHAMINE (USP) 30 MG/ML	1	ML	VL	IJ	ML	15	MG	2	05/05/2007	10/17/2016	
KETOROLAC TROMETHAMINE 30 MG/ML	2	ML	VL	IJ	ML	15	MG	2	05/05/2007	10/31/2013	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
10019-0033-72		J3010		01/01/2002	11/12/2012	INJECTION, FENTANYL CITRATE, 0.1 MG
10019-0035-74		J3010		01/01/2002	10/09/2012	INJECTION, FENTANYL CITRATE, 0.1 MG
10019-0037-83		J3010		01/01/2002	07/24/2012	INJECTION, FENTANYL CITRATE, 0.1 MG
10019-0038-67		J3010		01/01/2002	10/09/2012	INJECTION, FENTANYL CITRATE, 0.1 MG
10019-0045-17		J3490		05/05/2007	03/31/2014	UNCLASSIFIED DRUGS
10019-0046-03		J3490		01/01/2002	11/12/2012	UNCLASSIFIED DRUGS
10019-0046-04		J3490		11/01/2003	11/12/2012	UNCLASSIFIED DRUGS
10019-0046-14		J3490		05/05/2007	02/03/2016	UNCLASSIFIED DRUGS
10019-0046-63		J3490		05/05/2007	02/03/2016	UNCLASSIFIED DRUGS
10019-0050-36		J3490		05/05/2007	02/03/2016	UNCLASSIFIED DRUGS
10019-0050-37		J3490		05/05/2007	02/03/2016	UNCLASSIFIED DRUGS
10019-0050-39		J3490		05/05/2007	02/03/2016	UNCLASSIFIED DRUGS
10019-0070-10		J2260		05/05/2007	10/17/2016	INJECTION, MILRINONE LACTATE, 5 MG
10019-0070-20		J2260		05/05/2007	10/17/2016	INJECTION, MILRINONE LACTATE, 5 MG
10019-0097-44		J2550		05/05/2007	10/17/2016	INJECTION, PROMETHAZINE HCL, UP TO 50 MG
00078-0422-20		J7527		10/29/2018	99/99/9999	EVEROLIMUS, ORAL, 0.25 MG
10019-0102-37		J2060		05/05/2007	02/03/2016	INJECTION, LORAZEPAM, 2 MG
10019-0103-37		J2060		05/05/2007	01/31/2014	INJECTION, LORAZEPAM, 2 MG
10019-0103-39		J2060		05/05/2007	01/31/2014	INJECTION, LORAZEPAM, 2 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
FENTANYL CITRATE (AMP,PF) 0.05 MG/ML	5	ML	AM	IJ	ML	0.1	MG	0.5	01/01/2002	11/12/2012	
FENTANYL CITRATE (AMP,PF) 0.05 MG/ML	20	ML	AM	IJ	ML	0.1	MG	0.5	01/01/2002	10/09/2012	
FENTANYL CITRATE (S.D.V.,PF) 0.05 MG/ML	50	ML	VL	IJ	ML	0.1	MG	0.5	01/01/2002	07/24/2012	
FENTANYL CITRATE (AMP,PF) 0.05 MG/ML	2	ML	AM	IJ	ML	0.1	MG	0.5	01/01/2002	10/09/2012	
FAMOTIDINE (SDV,PF) 10 MG/ML	2	ML	VL	IV	ML	1	EA	1	05/05/2007	03/31/2014	
FAMOTIDINE (M.D.V.) 10 MG/ML	20	ML	VL	IV	ML	1	EA	1	01/01/2002	11/12/2012	
FAMOTIDINE (M.D.V.) 10 MG/ML	4	ML	VL	IV	ML	1	EA	1	11/01/2003	11/12/2012	
FAMOTIDINE (MDV) 10 MG/ML	4	ML	VL	IV	ML	1	EA	1	05/05/2007	02/03/2016	
FAMOTIDINE (MDV) 10 MG/ML	20	ML	VL	IV	ML	1	EA	1	05/05/2007	02/03/2016	
SUFENTANIL CITRATE 50 MCG/ML	5	ML	AM	IJ	ML	1	EA	1	05/05/2007	02/03/2016	
SUFENTANIL CITRATE 50 MCG/ML	2	ML	AM	IJ	ML	1	EA	1	05/05/2007	02/03/2016	
SUFENTANIL CITRATE 50 MCG/ML	1	ML	AM	IJ	ML	1	EA	1	05/05/2007	02/03/2016	
MILRINONE LACTATE (SDV) 1 MG/ML	10	ML	VL	IV	ML	5	MG	0.2	05/05/2007	10/17/2016	
MILRINONE LACTATE (SDV) 1 MG/ML	20	ML	VL	IV	ML	5	MG	0.2	05/05/2007	10/17/2016	
PROMETHAZINE HCL AMERINET CHOICE 25 MG/ML	1	ML	AM	IJ	ML	50	MG	0.5	05/05/2007	10/17/2016	
ZORTRESS (6X10) 1 MG	60	EA	ST	PO	EA	0.25	MG	4	10/29/2018	99/99/9999	
LORAZEPAM 2 MG/ML	10	ML	VL	IJ	ML	2	MG	1	05/05/2007	02/03/2016	
LORAZEPAM 4 MG/ML	10	ML	VL	IJ	ML	2	MG	2	05/05/2007	01/31/2014	
LORAZEPAM 4 MG/ML	25	ML	VL	IJ	ML	2	MG	2	05/05/2007	01/31/2014	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
10019-0105-44		J2060		05/05/2007	02/03/2016	INJECTION, LORAZEPAM, 2 MG
10019-0105-71		J2060		05/05/2007	02/03/2016	INJECTION, LORAZEPAM, 2 MG
10019-0106-44		J2060		05/05/2007	02/03/2016	INJECTION, LORAZEPAM, 2 MG
10019-0106-71		J2060		05/05/2007	02/03/2016	INJECTION, LORAZEPAM, 2 MG
10019-0159-44		J2175		05/05/2007	10/17/2016	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG
60505-6193-01		J2469		09/19/2018	99/99/9999	INJECTION, PALONOSETRON HCL, 25 MCG
10019-0160-44		J2175		05/05/2007	10/17/2016	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG
10019-0162-44		J2175		05/05/2007	10/17/2016	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG
16729-0223-61		J9330		08/13/2018	99/99/9999	INJECTION, TEMSIROLIMUS, 1 MG
00078-0422-61		J7527		10/29/2018	99/99/9999	EVEROLIMUS, ORAL, 0.25 MG
10019-0177-37		J2270		05/05/2007	10/17/2016	INJECTION, MORPHINE SULFATE, UP TO 10 MG
10019-0178-36		J2270		05/05/2007	02/03/2016	INJECTION, MORPHINE SULFATE, UP TO 10 MG
10019-0178-39		J2270		05/05/2007	10/17/2016	INJECTION, MORPHINE SULFATE, UP TO 10 MG
10019-0179-36		J2271		05/05/2007	12/31/2014	INJECTION, MORPHINE SULFATE, 100MG
10019-0270-10		J2710		01/01/2002	09/06/2012	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG
10019-0271-10		J2710		01/01/2002	10/09/2012	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG
10019-0291-12		J2590		05/29/2007	02/27/2013	INJECTION, OXYTOCIN, UP TO 10 UNITS
10019-0291-71		J2590		05/29/2007	02/27/2013	INJECTION, OXYTOCIN, UP TO 10 UNITS
10019-0450-39		J2765		05/05/2007	04/30/2013	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
NOVAPLUS LORAZEPAM (USP) 2 MG/ML	1	ML	VL	IJ	ML	2	MG	1	05/05/2007	02/03/2016	
NOVAPLUS LORAZEPAM (USP) 2 MG/ML	1	ML	VL	IJ	ML	2	MG	1	05/05/2007	02/03/2016	
NOVAPLUS LORAZEPAM 4 MG/ML	1	ML	VL	IJ	ML	2	MG	2	05/05/2007	02/03/2016	
NOVAPLUS LORAZEPAM 4 MG/ML	1	ML	VL	IJ	ML	2	MG	2	05/05/2007	02/03/2016	
MEPERIDINE HCL 25 MG/ML	1	ML	VL	IJ	ML	100	MG	0.25	05/05/2007	10/17/2016	
PALONOSETRON HCL 0.05 MG/1 ML	5	ML	VL	IV	ML	25	MCG	2	09/19/2018	99/99/9999	
MEPERIDINE HCL 50 MG/ML	1	ML	VL	IJ	ML	100	MG	0.5	05/05/2007	10/17/2016	
MEPERIDINE HCL 100 MG/ML	1	ML	VL	IJ	ML	100	MG	1	05/05/2007	10/17/2016	
TEMSIROLIMUS (WITH DILUENT) 25 MG/1 ML	1	ML	VL	IV	ML	1	MG	25	08/13/2018	99/99/9999	
ZORTRESS (1X1) 1 MG	1	EA	ST	PO	EA	0.25	MG	4	10/29/2018	99/99/9999	
MORPHINE SULFATE 8 MG/ML	1	ML	AM	IJ	ML	10	MG	0.8	05/05/2007	10/17/2016	
MORPHINE SULFATE (MDV) 10 MG/ML	10	ML	NA	IJ	ML	10	MG	1	05/05/2007	02/03/2016	
MORPHINE SULFATE 10 MG/ML	1	ML	VL	IJ	ML	10	MG	1	05/05/2007	10/17/2016	
MORPHINE SULFATE (MDV) 15 MG/ML	20	ML	NA	IJ	ML	100	MG	0.15	05/05/2007	12/31/2014	
NEOSTIGMINE METHYLSULFATE (M.D.V.) 1 MG/ML	10	ML	VL	IJ	ML	0.5	MG	2	01/01/2002	09/06/2012	
NEOSTIGMINE METHYLSULFATE (M.D.V.) 0.5 MG/ML	10	ML	VL	IJ	ML	0.5	MG	1	01/01/2002	10/09/2012	
OXYTOCIN (SDV,USP) 10 U/ML	1	ML	VL	IJ	ML	10	U	1	05/29/2007	02/27/2013	
OXYTOCIN (MDV,USP) 10 U/ML	10	ML	VL	IJ	ML	10	U	1	05/29/2007	02/27/2013	
METOCLOPRAMIDE HCL 5 MG/ML	2	ML	VL	IV	ML	10	MG	0.5	05/05/2007	04/30/2013	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00409-2504-10		J2469		11/15/2018	99/99/9999	INJECTION, PALONOSETRON HCL, 25 MCG
10019-0630-33		J0295		05/05/2007	10/31/2013	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM
10019-0631-31		J0295		05/05/2007	10/31/2013	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM
10019-0633-33		J0295		05/05/2007	07/30/2013	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM
10019-0634-01		J0295		03/10/2006	02/01/2013	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM
10019-0634-31		J0295		05/05/2007	10/17/2016	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM
10019-0635-03		J0295		12/14/2005	02/01/2013	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM
10019-0636-31		J0295		05/05/2007	02/03/2016	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM
10019-0637-33		J0295		05/05/2007	02/03/2016	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM
69097-0319-87	KO	J7626	KO	11/14/2017	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG
10019-0688-04		J0696		07/05/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
10019-0688-27		J0696		05/05/2007	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
10019-0689-05		J0696		10/05/2006	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
10019-0905-17		J2405		05/05/2007	10/17/2016	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PALONOSETRON HCL (PF,LATEX-FREE) 0.05 MG/1 ML	5	ML	VL	IV	ML	25	MCG	2	11/15/2018	99/99/9999	
AMPICILLIN/SULBACTAM 2 GM-1 GM	1	EA	VL	IJ	EA	1.5	GM	2	05/05/2007	10/31/2013	
AMPICILLIN/SULBACTAM 1 GM-0.5 GM	1	EA	VL	IJ	EA	1.5	GM	1	05/05/2007	10/31/2013	
AMERINET CHOICE AMPICILLIN AND SULBACTAM 2 GM-1 GM	1	EA	VL	IJ	EA	1.5	GM	2	05/05/2007	07/30/2013	
AMERINET CHOICE AMPICILLIN AND SULBACTAM (10X10MLVIALS) 1 GM-0.5 GM	1	EA	VL	IJ	EA	1.5	GM	1	03/10/2006	02/01/2013	
AMERINET CHOICE AMPICILLIN AND SULBACTAM 1 GM-0.5 GM	1	EA	VL	IJ	EA	1.5	GM	1	05/05/2007	10/17/2016	
AMERINET CHOICE AMPICILLIN AND SULBACTAM (PHARMACY BULK) 10 GM-5 GM	1	EA	VL	IJ	EA	1.5	GM	10	12/14/2005	02/01/2013	
NOVAPLUS AMPICILLIN AND SULBACTAM 1 GM-0.5 GM	1	EA	VL	IJ	EA	1.5	GM	1	05/05/2007	02/03/2016	
NOVAPLUS AMPICILLIN AND SULBACTAM 2 GM-1 GM	1	EA	VL	IJ	EA	1.5	GM	2	05/05/2007	02/03/2016	
BUDESONIDE (30X2ML,SINGLE-DOSE) 0.5 MG/2 ML	2	ML	AM	IH	ML	0.5	MG	0.5	11/14/2017	99/99/9999	
CEFTRIAXONE 2 GM	1	EA	VL	IJ	EA	250	MG	8	07/05/2005	99/99/9999	
CEFTRIAXONE (USP) 2 GM	1	EA	VL	IJ	EA	250	MG	8	05/05/2007	99/99/9999	
CEFTRIAXONE (USP,PHARMACY BULK) 10 GM	1	EA	VL	IV	EA	250	MG	40	10/05/2006	99/99/9999	
ONDANSETRON (LATEX-FREE) 2 MG/ML	1	ML	VL	IJ	ML	1	MG	2	05/05/2007	10/17/2016	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
60505-6113-06		J9201		02/23/2018	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG
10019-0906-63		J2405		05/05/2007	10/17/2016	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG
10019-0925-01		J9208		09/12/2005	99/99/9999	INJECTION, IFOSFAMIDE, 1 GRAM
10019-0925-82		J9208		05/05/2007	99/99/9999	INJECTION, IFOSFAMIDE, 1 GRAM
10019-0926-02		J9208		09/12/2005	99/99/9999	INJECTION, IFOSFAMIDE, 1 GRAM
10019-0926-16		J9208		05/05/2007	99/99/9999	INJECTION, IFOSFAMIDE, 1 GRAM
10019-0934-01		J9206		02/21/2008	02/03/2016	INJECTION, IRINOTECAN, 20 MG
10019-0934-02		J9206		02/21/2008	02/03/2016	INJECTION, IRINOTECAN, 20 MG
10019-0934-17		J9206		02/21/2008	02/03/2016	INJECTION, IRINOTECAN, 20 MG
10019-0934-79		J9206		02/21/2008	02/03/2016	INJECTION, IRINOTECAN, 20 MG
10019-0953-01		J9209		03/15/2004	99/99/9999	INJECTION, MESNA, 200 MG
10019-0953-02		J9209		03/15/2004	99/99/9999	INJECTION, MESNA, 200 MG
10019-0953-62		J9209		05/05/2007	99/99/9999	INJECTION, MESNA, 200 MG
10106-0061-01		J9017		01/01/2002	99/99/9999	INJECTION, ARSENIC TRIOXIDE, 1 MG
10106-0061-04		J9017		01/01/2002	99/99/9999	INJECTION, ARSENIC TRIOXIDE, 1 MG
10106-0062-01		J9017		01/01/2002	99/99/9999	INJECTION, ARSENIC TRIOXIDE, 1 MG
10106-0062-04		J9017		01/01/2002	99/99/9999	INJECTION, ARSENIC TRIOXIDE, 1 MG
10106-1080-01		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS
10106-1649-01		J0706		01/01/2002	10/17/2016	INJECTION, CAFFEINE CITRATE, 5MG
10106-1649-04		J0706		01/01/2002	10/17/2016	INJECTION, CAFFEINE CITRATE, 5MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
GEMCITABINE 38 MG/1 ML	5.26	ML	VL	IV	ML	200	MG	0.19	02/23/2018	99/99/9999	
ONDANSETRON (LATEX-FREE) 2 MG/ML	1	ML	NA	IJ	ML	1	MG	2	05/05/2007	10/17/2016	
IFOSFAMIDE (SDV,30ML VIAL) 1 GM	1	EA	VL	IV	EA	1	GM	1	09/12/2005	99/99/9999	
IFOSFAMIDE (SDV,30ML) 1 GM	1	EA	VL	IV	EA	1	GM	1	05/05/2007	99/99/9999	
IFOSFAMIDE (SDV,75ML VIAL) 3 GM	1	EA	VL	IV	EA	1	GM	3	09/12/2005	99/99/9999	
IFOSFAMIDE (SDV,75ML) 3 GM	1	EA	VL	IV	EA	1	GM	3	05/05/2007	99/99/9999	
IRINOTECAN HYDROCHLORIDE (1X2ML,SDV,AMBER GLASS) 20 MG/ML	2	ML	VL	IV	ML	20	MG	1	02/21/2008	02/03/2016	
IRINOTECAN HYDROCHLORIDE (1X5ML,SDV,AMBER GLASS) 20 MG/ML	5	ML	VL	IV	ML	20	MG	1	02/21/2008	02/03/2016	
IRINOTECAN HYDROCHLORIDE (1X2ML,SDV,INNER NDC) 20 MG/ML	2	ML	VL	IV	ML	20	MG	1	02/21/2008	02/03/2016	
IRINOTECAN HYDROCHLORIDE (1X5ML,SDV,INNER NDC) 20 MG/ML	5	ML	VL	IV	ML	20	MG	1	02/21/2008	02/03/2016	
MESNA (S.D.V.) 100 MG/ML	10	ML	VL	IV	ML	200	MG	0.5	03/15/2004	99/99/9999	
MESNA (S.D.V.) 100 MG/ML	10	ML	VL	IV	ML	200	MG	0.5	03/15/2004	99/99/9999	
MESNA 100 MG/ML	1	ML	VL	IV	ML	200	MG	0.5	05/05/2007	99/99/9999	
ARSENIC TRIOXIDE (A.C.S., REAGENT)	1	EA	NA	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
ARSENIC TRIOXIDE (A.C.S., REAGENT)	1	EA	NA	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
ARSENIC TRIOXIDE (REAGENT)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
ARSENIC TRIOXIDE (REAGENT)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
BENZOCAINE (FINE, U.S.P.)	1	EA	BO	NA	GM	1	EA	1	01/01/2002	99/99/9999	
CAFFEINE CITRATED (PURIFIED)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	10/17/2016	
CAFFEINE CITRATED (PURIFIED)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	10/17/2016	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
10106-2506-01		J3475		01/01/2002	10/17/2016	INJECTION, MAGNESIUM SULFATE, PER 500 MG
10106-2506-05		J3475		01/01/2002	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG
10106-2555-05		J2150		01/01/2002	99/99/9999	INJECTION, MANNITOL, 25% IN 50 ML
10106-3046-01		J3480		01/01/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ
10106-3046-05		J3480		01/01/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ
10106-3052-01		J3480		01/01/2002	10/17/2016	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ
10106-3052-05		J3480		01/01/2002	10/17/2016	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ
10106-3343-01		J3415		01/01/2004	99/99/9999	INJECTION, PYRIDOXINE HCL, 100 MG
10106-4206-01		J3350		01/01/2002	99/99/9999	INJECTION, UREA, UP TO 40 GM
10106-4206-05		J3350		01/01/2002	99/99/9999	INJECTION, UREA, UP TO 40 GM
10106-8994-01		J3520		01/01/2002	99/99/9999	EDETATE DISODIUM, PER 150 MG
10106-9224-01		J1212		01/01/2002	99/99/9999	INJECTION, DMSO, DIMETHYL SULFOXIDE, 50%, 50 ML
10135-0149-01		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
10135-0149-10		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
MAGNESIUM SULFATE ANHYDROUS (REAGENT)	1	EA	BO	NA	GM	500	MG	2	01/01/2002	10/17/2016	
MAGNESIUM SULFATE ANHYDROUS (REAGENT)	1	EA	BO	NA	GM	500	MG	2	01/01/2002	99/99/9999	
MANNITOL (U.S.P.)	1	EA	BO	NA	GM	50	ML	0.08	01/01/2002	99/99/9999	
POTASSIUM CHLORIDE (U.S.P., F.C.C.)	1	EA	BO	NA	GM	2	MEQ	6.71141	01/01/2002	99/99/9999	
POTASSIUM CHLORIDE (U.S.P., F.C.C.)	1	EA	BO	NA	GM	2	MEQ	6.71141	01/01/2002	99/99/9999	
POTASSIUM CHLORIDE (U.S.P., F.C.C.)	1	EA	BO	NA	GM	2	MEQ	6.71141	01/01/2002	10/17/2016	
POTASSIUM CHLORIDE (U.S.P., F.C.C.)	1	EA	BO	NA	GM	2	MEQ	6.71141	01/01/2002	10/17/2016	
PYRIDOXINE HCL (U.S.P., F.C.C.)	1	EA	BO	NA	GM	100	MG	10	01/01/2004	99/99/9999	
UREA (U.S.P.)	1	EA	BO	NA	GM	40	GM	0.025	01/01/2002	99/99/9999	
UREA (U.S.P.)	1	EA	BO	NA	GM	40	GM	0.025	01/01/2002	99/99/9999	
EDETATE DISODIUM (U.S.P.)	1	EA	BO	NA	GM	150	MG	6.66666	01/01/2002	99/99/9999	
DIMETHYL SULFOXIDE (A.C.S., REAGENT)	500	ML	EA	NA	ML	50	%	0.02	01/01/2002	99/99/9999	
DIPHENHYDRAMINE HCL 25 MG	100	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999	
DIPHENHYDRAMINE HCL 25 MG	1000	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
10135-0149-24		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
10135-0149-61		Q0163		11/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
10135-0151-01		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
10135-0151-10		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
10135-0151-24		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
10135-0151-50		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
10135-0151-52		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
DIPHENHYDRAMINE HCL 25 MG	24	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999	
DIPHENHYDRAMINE HCL 25 MG	10	EA	BO	PO	EA	50	MG	0.5	11/01/2002	99/99/9999	
DIPHENHYDRAMINE HCL (CAPLET) 25 MG	100	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999	
DIPHENHYDRAMINE HCL (CAPLET) 25 MG	1000	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999	
DIPHENHYDRAMINE HCL (CAPLET) 25 MG	24	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999	
DIPHENHYDRAMINE HCL (CAPLET) 25 MG	50	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999	
DIPHENHYDRAMINE HCL (BOXED,CAPLET) 25 MG	24	EA	BX	PO	EA	50	MG	0.5	01/01/2002	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
10135-0151-57		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
10135-0156-01		Q0163		11/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
10135-0156-10		Q0163		11/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
10135-0156-13		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
10135-0166-13		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
10139-0062-02		J9250		07/02/2007	02/14/2013	METHOTREXATE SODIUM, 5 MG
10139-0062-10		J9250		06/07/2007	08/04/2013	METHOTREXATE SODIUM, 5 MG
10139-0062-40		J9250		06/07/2007	02/06/2013	METHOTREXATE SODIUM, 5 MG
10139-0063-01		J9190		07/02/2007	06/30/2014	INJECTION, FLUOROURACIL, 500 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
DIPHENHYDRAMINE HCL (BOXED,CAPLET) 25 MG	100	EA	BX	PO	EA	50	MG	0.5	01/01/2002	99/99/9999	
DIPHENHYDRAMINE HCL 50 MG	100	EA	BO	PO	EA	50	MG	1	11/01/2002	99/99/9999	
DIPHENHYDRAMINE HCL 50 MG	1000	EA	BO	PO	EA	50	MG	1	11/01/2002	99/99/9999	
DIPHENHYDRAMINE HCL 50 MG	100	EA	BX	PO	EA	50	MG	1	01/01/2002	99/99/9999	
DIPHENHYDRAMINE HCL (BLISTER PACK,CAPLET) 25 MG	100	EA	BX	PO	EA	50	MG	0.5	01/01/2002	99/99/9999	
METHOTREXATE (USP,SDV,PF) 25 MG/ML	2	ML	VL	IJ	ML	5	MG	5	07/02/2007	02/14/2013	
METHOTREXATE (USP,SDV,PF) 25 MG/ML	10	ML	VL	IJ	ML	5	MG	5	06/07/2007	08/04/2013	
METHOTREXATE (USP,SDV,PF) 25 MG/ML	40	ML	VL	IJ	ML	5	MG	5	06/07/2007	02/06/2013	
FLUOROURACIL (USP,BULK) 50 MG/ML	100	ML	VL	IV	ML	500	MG	0.1	07/02/2007	06/30/2014	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
10139-0063-11		J9190		06/11/2007	06/30/2014	INJECTION, FLUOROURACIL, 500 MG
10139-0063-12		J9190		06/11/2007	06/30/2014	INJECTION, FLUOROURACIL, 500 MG
10139-0063-50		J9190		06/07/2007	06/30/2014	INJECTION, FLUOROURACIL, 500 MG
10139-0070-11		J0295		07/03/2007	04/29/2013	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM
10139-0071-10		J0295		07/03/2007	11/12/2012	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM
10158-0042-01		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
10158-0043-02		Q0163		01/01/2002	09/30/2017	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
10158-0043-04		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
10158-0043-06		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
FLUOROURACIL (USP,SDV,10MLX10) 50 MG/ML	10	ML	VL	IV	ML	500	MG	0.1	06/11/2007	06/30/2014	
FLUOROURACIL (USP,SDV,20MLX10) 50 MG/ML	20	ML	VL	IV	ML	500	MG	0.1	06/11/2007	06/30/2014	
FLUOROURACIL (USP) 50 MG/ML	50	ML	VL	IV	ML	500	MG	0.1	06/07/2007	06/30/2014	
AMPICILLIN AND SULBACTAM (USP) 1 GM-0.5 GM	1	EA	VL	IJ	EA	1.5	GM	1	07/03/2007	04/29/2013	
AMPICILLIN AND SULBACTAM (USP) 2 GM-1 GM	1	EA	VL	IJ	EA	1.5	GM	2	07/03/2007	11/12/2012	
NYTOL QUICKGELS MAXIMUM STRENGTH (SOFTGEL) 50 MG	8	EA	BX	PO	EA	50	MG	1	01/01/2002	99/99/9999	
NYTOL QUICKCAPS 25 MG	16	EA	BX	PO	EA	50	MG	0.5	01/01/2002	09/30/2017	
NYTOL QUICKCAPS 25 MG	32	EA	BX	PO	EA	50	MG	0.5	01/01/2002	99/99/9999	
NYTOL QUICKCAPS 25 MG	72	EA	BX	PO	EA	50	MG	0.5	01/01/2002	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
10267-0835-01		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
10267-0835-04		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
10267-0836-01		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
10267-0836-04		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
10454-0710-10		J0587		08/01/2005	99/99/9999	INJECTION, RIMABOTULINUMTOXINB, 100 UNITS
10454-0711-10		J0587		08/01/2005	99/99/9999	INJECTION, RIMABOTULINUMTOXINB, 100 UNITS
10454-0712-10		J0587		06/30/2006	99/99/9999	INJECTION, RIMABOTULINUMTOXINB, 100 UNITS
10702-0002-01		Q0169		05/10/2007	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
10702-0003-01		Q0170		01/16/2007	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
DIPHENHYDRAMINE HCL 25 MG	100	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999	
DIPHENHYDRAMINE HCL 25 MG	1000	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999	
DIPHENHYDRAMINE HCL 50 MG	100	EA	BO	PO	EA	50	MG	1	01/01/2002	99/99/9999	
DIPHENHYDRAMINE HCL 50 MG	1000	EA	BO	PO	EA	50	MG	1	01/01/2002	99/99/9999	
MYOBLOC (PF) 2500 U/0.5 ML	0.5	ML	VL	IM	ML	100	U	50	08/01/2005	99/99/9999	
MYOBLOC (PF) 5000 U/ML	1	ML	VL	IM	ML	100	U	50	08/01/2005	99/99/9999	
MYOBLOC 5000 U/ML	2	ML	VL	IM	ML	100	U	50	06/30/2006	99/99/9999	
PROMETHAZINE HYDROCHLORIDE (USP) 12.5 MG	100	EA	BO	PO	EA	12.5	MG	1	05/10/2007	99/99/9999	
PROMETHAZINE HYDROCHLORIDE (USP) 25 MG	100	EA	BO	PO	EA	25	MG	1	01/16/2007	12/31/2013	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
10702-0003-10		Q0170		01/16/2007	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
10702-0004-01		Q0170		01/16/2007	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
10892-0112-65		Q0163		01/01/2002	02/08/2013	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
10956-0750-24		Q0163		11/02/2004	06/18/2013	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
10956-0750-48		Q0163		11/02/2004	06/18/2013	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
10956-0751-24		Q0163		11/02/2004	06/18/2013	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
10956-0751-48		Q0163		11/02/2004	06/18/2013	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PROMETHAZINE HYDROCHLORIDE (USP) 25 MG	1000	EA	BO	PO	EA	25	MG	1	01/16/2007	12/31/2013	
PROMETHAZINE HYDROCHLORIDE (USP) 50 MG	100	EA	BO	PO	EA	25	MG	2	01/16/2007	12/31/2013	
DYTUSS 12.5 MG/5 ML	480	ML	BO	PO	ML	50	MG	0.05	01/01/2002	02/08/2013	
SLEEP-ETTES D 50 MG	24	EA	NA	PO	EA	50	MG	1	11/02/2004	06/18/2013	
SLEEP-ETTES D 50 MG	48	EA	BO	PO	EA	50	MG	1	11/02/2004	06/18/2013	
ALER-DRYL 50 MG	24	EA	BX	PO	EA	50	MG	1	11/02/2004	06/18/2013	
ALER-DRYL 50 MG	48	EA	BO	PO	EA	50	MG	1	11/02/2004	06/18/2013	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
11743-0210-02		J1644		01/01/2002	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS
11822-0527-10		Q0163		05/02/2006	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
11845-0896-01		Q0163		01/01/2002	02/03/2016	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
16729-0365-66		J2469		03/23/2018	99/99/9999	INJECTION, PALONOSETRON HCL, 25 MCG
13411-0131-01		Q0144		08/23/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
13411-0131-03		Q0144		06/01/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
13411-0131-06		Q0144		08/23/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
13411-0131-09		Q0144		08/23/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
13411-0131-15		Q0144		08/23/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
13411-0182-01		J8499		08/23/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
13411-0182-03		J8499		08/23/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
13411-0182-06		J8499		08/23/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
13411-0182-09		J8499		08/23/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
13411-0182-10		J8499		08/23/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
13411-0183-01		J8499		08/23/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
13411-0183-03		J8499		08/23/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
13411-0183-06		J8499		08/23/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
13411-0183-09		J8499		08/23/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
HEPARIN SODIUM (HEMOCHRON RXDX,VIAL) 1000 U/ML	10	ML	VL	IJ	ML	1000	U	1	01/01/2002	99/99/9999	
RITE AID ALLERGY (AF,SF,DYE-FREE) 12.5 MG/5 ML	118	ML	NA	PO	ML	50	MG	0.05	05/02/2006	99/99/9999	
ALLERGY RELIEF MEDICINE 25 MG	100	EA	BO	PO	EA	50	MG	0.5	01/01/2002	02/03/2016	
PALONOSETRON HCL 0.05 MG/1 ML	5	ML	VL	IV	ML	25	MCG	2	03/23/2018	99/99/9999	
ZITHROMAX 250 MG	10	EA	BO	PO	EA	1	GM	0.25	08/23/2006	99/99/9999	
ZITHROMAX 250 MG	30	EA	BO	PO	EA	1	GM	0.25	06/01/2005	99/99/9999	
ZITHROMAX 250 MG	60	EA	BO	PO	EA	1	GM	0.25	08/23/2006	99/99/9999	
ZITHROMAX 250 MG	90	EA	BO	PO	EA	1	GM	0.25	08/23/2006	99/99/9999	
ZITHROMAX 250 MG	15	EA	BO	PO	EA	1	GM	0.25	08/23/2006	99/99/9999	
ACYCLOVIR 400 MG	10	EA	BO	PO	EA	1	EA	1	08/23/2006	99/99/9999	
ACYCLOVIR 400 MG	30	EA	BO	PO	EA	1	EA	1	08/23/2006	99/99/9999	
ACYCLOVIR 400 MG	60	EA	BO	PO	EA	1	EA	1	08/23/2006	99/99/9999	
ACYCLOVIR 400 MG	90	EA	BO	PO	EA	1	EA	1	08/23/2006	99/99/9999	
ACYCLOVIR 400 MG	100	EA	BO	PO	EA	1	EA	1	08/23/2006	99/99/9999	
ACYCLOVIR 800 MG	10	EA	BO	PO	EA	1	EA	1	08/23/2006	99/99/9999	
ACYCLOVIR 800 MG	30	EA	BO	PO	EA	1	EA	1	08/23/2006	99/99/9999	
ACYCLOVIR 800 MG	60	EA	BO	PO	EA	1	EA	1	08/23/2006	99/99/9999	
ACYCLOVIR 800 MG	90	EA	BO	PO	EA	1	EA	1	08/23/2006	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
13411-0183-10		J8499		08/23/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
13533-0631-02		J2790		12/21/2005	99/99/9999	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MICROGRAMS (1500 I.U.)
13533-0631-06		J2792		12/21/2005	10/31/2013	INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT, 100 IU
13533-0634-02		J1670		10/14/2006	99/99/9999	INJECTION, TETANUS IMMUNE GLOBULIN, HUMAN, UP TO 250 UNITS
13533-0635-04		J1460		10/04/2005	99/99/9999	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 1 CC
13533-0635-12		J1460		10/04/2005	99/99/9999	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 1 CC
13533-0645-12		J1561		01/01/2008	03/24/2013	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG
13533-0645-15		J1561		01/01/2008	04/19/2013	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG
13533-0645-20		J1561		01/01/2008	06/26/2014	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG
13533-0645-24		J1561		01/01/2008	10/17/2013	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG
13533-0645-71		J1561		01/01/2008	10/22/2013	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG
15054-1040-05		J2170		01/01/2007	99/99/9999	INJECTION, MECASERMIN, 1 MG
49502-0500-02		J0171		05/02/2001	99/99/9999	INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG
00378-9691-52	KO	J7614	KO	07/23/2018	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
15927-3220-00		J7799		09/08/2003	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
63323-0452-01		J2270		05/23/2018	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
ACYCLOVIR 800 MG	100	EA	BO	PO	EA	1	EA	1	08/23/2006	99/99/9999	
HYPERRHO S/D (FULL DOSE,PF)	1	EA	SR	IM	EA	300	MCG	1	12/21/2005	99/99/9999	
HYPERRHO S/D (MINI-DOSE)	0.17	ML	SR	IM	ML	100	IU	12.5	12/21/2005	10/31/2013	
HYPERTET S/D (PF) 250 U	1	ML	SR	IM	ML	250	U	1	10/14/2006	99/99/9999	
GAMASTAN S/D (S.D.V.,PF)	2	ML	VL	IM	ML	1	ML	1	10/04/2005	99/99/9999	
GAMASTAN S/D (S.D.V.,PF)	10	ML	VL	IM	ML	1	ML	1	10/04/2005	99/99/9999	
GAMUNEX (PF) 100 MG/ML	10	ML	VL	IV	ML	500	MG	0.2	01/01/2008	03/24/2013	
GAMUNEX (PF) 100 MG/ML	25	ML	VL	IV	ML	500	MG	0.2	01/01/2008	04/19/2013	
GAMUNEX (PF) 100 MG/ML	50	ML	VL	IV	ML	500	MG	0.2	01/01/2008	06/26/2014	
GAMUNEX (PF) 100 MG/ML	200	ML	VL	IV	ML	500	MG	0.2	01/01/2008	10/17/2013	
GAMUNEX (PF) 100 MG/ML	100	ML	VL	IV	ML	500	MG	0.2	01/01/2008	10/22/2013	
INCRELEX (10X4ML,M.D.V.) 10 MG/ML	4	ML	VL	SC	ML	1	MG	10	01/01/2007	99/99/9999	
EPIPEN AUTO-INJECTOR (W/TRAINER DEVICE) 0.3 MG/0.3 ML	2	EA	PG	IJ	EA	0.1	MG	3	05/02/2001	99/99/9999	
LEVALBUTEROL (PF) 0.63 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.42	07/23/2018	99/99/9999	
EPINEPHRINE (BASE)	1	EA	BO	NA	GM	1	EA	1	09/08/2003	99/99/9999	
MORPHINE SULFATE (PF,LATEX-FREE) 2 MG/1 ML	1	ML	VL	IJ	ML	10	MG	0.2	05/23/2018	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
63323-0454-01		J2270		05/23/2018	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG
60710-0015-50		J3480		09/05/2018	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ
63323-0637-10		J9017		09/19/2018	99/99/9999	INJECTION, ARSENIC TRIOXIDE, 1 MG
63323-0673-89		J2469		09/07/2018	99/99/9999	INJECTION, PALONOSETRON HCL, 25 MCG
16252-0536-08		J8515		05/01/2008	07/29/2014	CABERGOLINE, ORAL, 0.25 MG
69097-0321-87	KO	J7626	KO	11/14/2017	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG
69097-0173-64		J7620		07/01/2015	99/99/9999	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME
63323-0455-01		J2270		05/23/2018	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG
63323-0458-01		J2270		05/23/2018	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG
16252-0547-33		J7620		12/31/2007	07/02/2013	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME
16252-0547-66		J7620		12/31/2007	05/12/2013	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME
16477-0510-08		J8499		04/30/2008	07/14/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
MORPHINE SULFATE (PF,LATEX-FREE) 4 MG/1 ML	1	ML	VL	IJ	ML	10	MG	0.4	05/23/2018	99/99/9999	
POTASSIUM CHLORIDE PROAMP 2 MEQ/1 ML	10	ML	AM	IV	ML	2	MEQ	1	09/05/2018	99/99/9999	
ARSENIC TRIOXIDE (10X10 SDV,PF,LATEX-FREE) 1 MG/1 ML	10	ML	VL	IV	ML	1	MG	1	09/19/2018	99/99/9999	
SIMPLIST PALONOSETRON HCL 0.05 MG/1 ML	5	ML	SR	IV	ML	25	MCG	2	09/07/2018	99/99/9999	
CABERGOLINE 0.5 MG	8	EA	BO	PO	EA	0.25	MG	2	05/01/2008	07/29/2014	
BUDESONIDE (30X2ML,SINGLE-DOSE) 1 MG/2 ML	2	ML	AM	IH	ML	0.5	MG	1	11/14/2017	99/99/9999	
IPRATROPIUM BROMIDE-ALBUTEROL SULFATE (60X3ML 5 VIALS/POUCH) 3 MG/3 ML-0.5 MG/3 ML	3	ML	VL	IH	ML	3	MG	0.33333	07/01/2015	99/99/9999	
MORPHINE SULFATE (PF,LATEX-FREE) 5 MG/1 ML	1	ML	VL	IJ	ML	10	MG	0.5	05/23/2018	99/99/9999	
MORPHINE SULFATE (PF,LATEX-FREE) 8 MG/1 ML	1	ML	VL	IJ	ML	10	MG	0.8	05/23/2018	99/99/9999	
IPRATROPIUM BROMIDE/ALBUTEROL SULFATE (30X3ML) 3 MG/3 ML-0.5 MG/3 ML	30	ML	PC	IH	ML	3	MG	0.33333	12/31/2007	07/02/2013	
IPRATROPIUM BROMIDE/ALBUTEROL SULFATE (60X3ML) 3 MG/3 ML-0.5 MG/3 ML	60	ML	PC	IH	ML	3	MG	0.33333	12/31/2007	05/12/2013	
MILLIPRED (1X237ML,AF,DYE-FREE) 10 MG/5 ML	237	ML	BO	PO	ML	1	EA	1	04/30/2008	07/14/2014	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
16590-0003-30		J8499		02/01/2006	06/01/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
16590-0003-60		J8499		02/01/2006	06/01/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
16590-0078-20		Q0163		02/01/2006	06/01/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
16590-0079-20		Q0163		02/01/2006	06/01/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
16590-0149-21		J7509		01/01/2006	06/01/2014	METHYLPREDNISOLONE ORAL, PER 4 MG
16590-0191-10		Q0170		04/01/2007	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
16590-0191-15		Q0170		02/01/2006	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
16590-0191-20		Q0170		06/01/2006	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
16590-0191-30		Q0170		02/01/2006	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
ACYCLOVIR 800 MG	30	EA	BO	PO	EA	1	EA	1	02/01/2006	06/01/2014	
ACYCLOVIR 800 MG	60	EA	BO	PO	EA	1	EA	1	02/01/2006	06/01/2014	
DIPHENHYDRAMINE 25 MG	20	EA	BO	PO	EA	50	MG	0.5	02/01/2006	06/01/2014	
DIPHENHYDRAMINE 50 MG	20	EA	BO	PO	EA	50	MG	1	02/01/2006	06/01/2014	
METHYLPRED-DP 4 MG	21	EA	DP	PO	EA	4	MG	1	01/01/2006	06/01/2014	
PROMETHAZINE 25 MG	10	EA	BO	PO	EA	25	MG	1	04/01/2007	12/31/2013	
PROMETHAZINE 25 MG	15	EA	BO	PO	EA	25	MG	1	02/01/2006	12/31/2013	
PROMETHAZINE 25 MG	20	EA	BO	PO	EA	25	MG	1	06/01/2006	12/31/2013	
PROMETHAZINE 25 MG	30	EA	BO	PO	EA	25	MG	1	02/01/2006	12/31/2013	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
16590-0191-60		Q0170		02/01/2006	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
16590-0191-90		Q0170		02/01/2006	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
16590-0248-06		Q0144		02/01/2006	06/01/2014	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
16590-0326-10		J7506		06/01/2006	06/01/2014	PREDNISONE, ORAL, PER 5MG
16590-0326-20		J7506		06/01/2006	06/01/2014	PREDNISONE, ORAL, PER 5MG
16590-0326-21		J7506		06/01/2006	06/01/2014	PREDNISONE, ORAL, PER 5MG
16590-0326-30		J7506		06/01/2006	06/01/2014	PREDNISONE, ORAL, PER 5MG
16590-0326-45		J7506		06/01/2006	06/01/2014	PREDNISONE, ORAL, PER 5MG
16590-0326-60		J7506		11/01/2007	06/01/2014	PREDNISONE, ORAL, PER 5MG
16590-0327-10		Q0165		04/01/2007	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
16590-0357-09		Q0177		05/01/2006	06/01/2014	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
16590-0357-12		Q0177		05/01/2006	06/01/2014	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PROMETHAZINE 25 MG	60	EA	BO	PO	EA	25	MG	1	02/01/2006	12/31/2013	
PROMETHAZINE 25 MG	90	EA	BO	PO	EA	25	MG	1	02/01/2006	12/31/2013	
ZITHROMAX Z-PAK 250 MG	6	EA	DP	PO	EA	1	GM	0.25	02/01/2006	06/01/2014	
PREDNISONE 20 MG	10	EA	BO	PO	EA	5	MG	4	06/01/2006	06/01/2014	
PREDNISONE 20 MG	20	EA	BO	PO	EA	5	MG	4	06/01/2006	06/01/2014	
PREDNISONE 20 MG	21	EA	BO	PO	EA	5	MG	4	06/01/2006	06/01/2014	
PREDNISONE 20 MG	30	EA	BO	PO	EA	5	MG	4	06/01/2006	06/01/2014	
PREDNISONE 20 MG	45	EA	BO	PO	EA	5	MG	4	06/01/2006	06/01/2014	
PREDNISONE 20 MG	60	EA	BO	PO	EA	5	MG	4	11/01/2007	06/01/2014	
PROCHLORPERAZINE MALEATE 10 MG	10	EA	BO	PO	EA	10	MG	1	04/01/2007	12/31/2013	
HYDROXYZINE PAMOATE 25 MG	9	EA	BO	PO	EA	25	MG	1	05/01/2006	06/01/2014	
HYDROXYZINE PAMOATE 25 MG	12	EA	BO	PO	EA	25	MG	1	05/01/2006	06/01/2014	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
16590-0357-20		Q0177		05/01/2006	06/01/2014	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
16590-0357-30		Q0177		05/01/2006	06/01/2014	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
16590-0362-06		Q0144		12/01/2006	06/01/2014	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
16590-0370-20		J8499		06/01/2006	06/01/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
16590-0370-30		J8499		06/01/2006	06/01/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
16590-0370-40		J8499		06/01/2006	06/01/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
16590-0404-10		J7506		06/01/2006	06/01/2014	PREDNISONE, ORAL, PER 5MG
16590-0404-20		J7506		06/01/2006	06/01/2014	PREDNISONE, ORAL, PER 5MG
16590-0404-21		J7506		06/01/2006	06/01/2014	PREDNISONE, ORAL, PER 5MG
16590-0404-30		J7506		06/01/2006	06/01/2014	PREDNISONE, ORAL, PER 5MG
16590-0404-45		J7506		06/01/2006	06/01/2014	PREDNISONE, ORAL, PER 5MG
16714-0221-30		Q0166		05/15/2008	99/99/9999	GRANISETRON HYDROCHLORIDE, 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 24 HOUR DOSAGE REGIMEN
16714-0221-32		Q0166		05/15/2008	99/99/9999	GRANISETRON HYDROCHLORIDE, 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 24 HOUR DOSAGE REGIMEN
25021-0185-10		J1570		04/16/2018	99/99/9999	INJECTION, GANCICLOVIR SODIUM, 500 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
HYDROXYZINE PAMOATE 25 MG	20	EA	BO	PO	EA	25	MG	1	05/01/2006	06/01/2014	
HYDROXYZINE PAMOATE 25 MG	30	EA	BO	PO	EA	25	MG	1	05/01/2006	06/01/2014	
AZITHROMYCIN 250 MG	6	EA	DP	PO	EA	1	GM	0.25	12/01/2006	06/01/2014	
ACYCLOVIR 400 MG	20	EA	BO	PO	EA	1	EA	1	06/01/2006	06/01/2014	
ACYCLOVIR 400 MG	30	EA	BO	PO	EA	1	EA	1	06/01/2006	06/01/2014	
ACYCLOVIR 400 MG	40	EA	BO	PO	EA	1	EA	1	06/01/2006	06/01/2014	
PREDNISONE 10 MG	10	EA	BO	PO	EA	5	MG	2	06/01/2006	06/01/2014	
PREDNISONE 10 MG	20	EA	BO	PO	EA	5	MG	2	06/01/2006	06/01/2014	
PREDNISONE 10 MG	21	EA	BO	PO	EA	5	MG	2	06/01/2006	06/01/2014	
PREDNISONE 10 MG	30	EA	BO	PO	EA	5	MG	2	06/01/2006	06/01/2014	
PREDNISONE 10 MG	45	EA	BO	PO	EA	5	MG	2	06/01/2006	06/01/2014	
GRANISETRON HYDROCHLORIDE (FILM-COATED) 1 MG	2	EA	BX	PO	EA	1	MG	1	05/15/2008	99/99/9999	
GRANISETRON HYDROCHLORIDE (2X10,FILM-COATED) 1 MG	20	EA	BX	PO	EA	1	MG	1	05/15/2008	99/99/9999	
GANCICLOVIR (PF) 50 MG/1 ML	10	ML	VL	IV	ML	500	MG	0.1	04/16/2018	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
17317-0022-01		J0280		01/01/2002	01/01/2014	INJECTION, AMINOPHYLLIN, UP TO 250 MG
17317-0022-04		J0280		01/01/2002	01/01/2014	INJECTION, AMINOPHYLLIN, UP TO 250 MG
17317-0022-05		J0280		01/01/2002	01/01/2014	INJECTION, AMINOPHYLLIN, UP TO 250 MG
17317-0036-02		J7636		01/01/2002	01/01/2014	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
17317-0036-02	KO	J7636	KO	01/01/2002	01/01/2014	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
17317-0036-05		J7636		01/01/2002	01/01/2014	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
17317-0036-05	KO	J7636	KO	01/01/2002	01/01/2014	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
17317-0036-07		J7636		01/01/2002	01/01/2014	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
17317-0036-07	KO	J7636	KO	01/01/2002	01/01/2014	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
17317-0049-01		J3490		01/01/2002	01/01/2014	UNCLASSIFIED DRUGS
17317-0049-04		J3490		01/01/2002	01/01/2014	UNCLASSIFIED DRUGS
17317-0049-05		J3490		01/01/2002	01/01/2014	UNCLASSIFIED DRUGS
17317-0073-01		J0706		01/01/2002	01/01/2014	INJECTION, CAFFEINE CITRATE, 5MG
17317-0073-04		J0706		01/01/2002	01/01/2014	INJECTION, CAFFEINE CITRATE, 5MG
17317-0073-05		J0706		01/01/2002	01/01/2014	INJECTION, CAFFEINE CITRATE, 5MG
17317-0073-08		J0706		01/01/2002	01/01/2014	INJECTION, CAFFEINE CITRATE, 5MG
17317-0146-03		J1200		01/01/2002	01/01/2014	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG
17317-0146-05		J1200		01/01/2002	01/01/2014	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG
17317-0146-06		J1200		01/01/2002	01/01/2014	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
AMINOPHYLLINE ANHYDROUS (U.S.P.)	1	EA	VL	NA	GM	250	MG	4	01/01/2002	01/01/2014	
AMINOPHYLLINE ANHYDROUS (U.S.P.)	1	EA	VL	NA	GM	250	MG	4	01/01/2002	01/01/2014	
AMINOPHYLLINE ANHYDROUS (U.S.P.)	1	EA	VL	NA	GM	250	MG	4	01/01/2002	01/01/2014	
ATROPINE SULFATE (U.S.P.)	1	EA	VL	NA	GM	1	MG	1000	01/01/2002	01/01/2014	
ATROPINE SULFATE (U.S.P.)	1	EA	VL	NA	GM	1	MG	1000	01/01/2002	01/01/2014	
ATROPINE SULFATE (U.S.P.)	1	EA	VL	NA	GM	1	MG	1000	01/01/2002	01/01/2014	
ATROPINE SULFATE (U.S.P.)	1	EA	VL	NA	GM	1	MG	1000	01/01/2002	01/01/2014	
ATROPINE SULFATE (U.S.P.)	1	EA	VL	NA	GM	1	MG	1000	01/01/2002	01/01/2014	
ATROPINE SULFATE (U.S.P.)	1	EA	VL	NA	GM	1	MG	1000	01/01/2002	01/01/2014	
BENZOCAINE (U.S.P.)	1	EA	NA	NA	GM	1	EA	1	01/01/2002	01/01/2014	
BENZOCAINE (U.S.P.)	1	EA	NA	NA	GM	1	EA	1	01/01/2002	01/01/2014	
BENZOCAINE (U.S.P.)	1	EA	NA	NA	GM	1	EA	1	01/01/2002	01/01/2014	
CAFFEINE CITRATED (PURIFIED)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	01/01/2014	
CAFFEINE CITRATED (PURIFIED)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	01/01/2014	
CAFFEINE CITRATED (PURIFIED)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	01/01/2014	
CAFFEINE CITRATED (PURIFIED)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	01/01/2014	
DIPHENHYDRAMINE HCL (U.S.P.)	1	EA	NA	NA	GM	50	MG	20	01/01/2002	01/01/2014	
DIPHENHYDRAMINE HCL (U.S.P.)	1	EA	NA	NA	GM	50	MG	20	01/01/2002	01/01/2014	
DIPHENHYDRAMINE HCL (U.S.P.)	1	EA	NA	NA	GM	50	MG	20	01/01/2002	01/01/2014	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
17317-0199-02		J1700		01/01/2002	01/01/2014	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG
17317-0199-03		J1700		01/01/2002	01/01/2014	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG
17317-0199-08		J1700		01/01/2002	01/01/2014	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG
17317-0345-01		J3475		01/01/2002	01/01/2014	INJECTION, MAGNESIUM SULFATE, PER 500 MG
17317-0345-05		J3475		01/01/2002	01/01/2014	INJECTION, MAGNESIUM SULFATE, PER 500 MG
17317-0345-08		J3475		01/01/2002	01/01/2014	INJECTION, MAGNESIUM SULFATE, PER 500 MG
17317-0346-01		J3475		01/01/2002	01/01/2014	INJECTION, MAGNESIUM SULFATE, PER 500 MG
17317-0346-05		J3475		01/01/2002	01/01/2014	INJECTION, MAGNESIUM SULFATE, PER 500 MG
17317-0346-08		J3475		01/01/2002	01/01/2014	INJECTION, MAGNESIUM SULFATE, PER 500 MG
17317-0398-01		J2440		01/01/2002	01/01/2014	INJECTION, PAPAVERINE HCL, UP TO 60 MG
17317-0398-04		J2440		01/01/2002	01/01/2014	INJECTION, PAPAVERINE HCL, UP TO 60 MG
17317-0413-01		J2560		01/01/2002	01/01/2014	INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MG
17317-0417-02		J7799		01/01/2002	01/01/2014	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
17317-0417-03		J7799		01/01/2002	01/01/2014	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
17317-0417-05		J7799		01/01/2002	01/01/2014	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
17317-0438-01		J3480		01/01/2002	01/01/2014	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ
17317-0438-05		J3480		01/01/2002	01/01/2014	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
HYDROCORTISONE ACETATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	25	MG	40	01/01/2002	01/01/2014	
HYDROCORTISONE ACETATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	25	MG	40	01/01/2002	01/01/2014	
HYDROCORTISONE ACETATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	25	MG	40	01/01/2002	01/01/2014	
MAGNESIUM SULFATE (U.S.P.)	1	EA	BO	NA	GM	500	MG	2	01/01/2002	01/01/2014	
MAGNESIUM SULFATE HEPTAHYDRATE (U.S.P.)	1	EA	BO	NA	GM	500	MG	2	01/01/2002	01/01/2014	
MAGNESIUM SULFATE (U.S.P.)	1	EA	BO	NA	GM	500	MG	2	01/01/2002	01/01/2014	
MAGNESIUM SULFATE (PURIFIED, U.S.P./F.C.C.)	1	EA	FC	NA	GM	500	MG	2	01/01/2002	01/01/2014	
MAGNESIUM SULFATE (PURIFIED, U.S.P./F.C.C.)	1	EA	FC	NA	GM	500	MG	2	01/01/2002	01/01/2014	
MAGNESIUM SULFATE (PURIFIED, U.S.P./F.C.C.)	1	EA	FC	NA	GM	500	MG	2	01/01/2002	01/01/2014	
PAPAVERINE HYDROCHLORIDE (U.S.P.)	1	EA	BO	NA	GM	60	MG	16.66666	01/01/2002	01/01/2014	
PAPAVERINE HYDROCHLORIDE (U.S.P.)	1	EA	BO	NA	GM	60	MG	16.66666	01/01/2002	01/01/2014	
SODIUM PHENOBARBITAL (U.S.P.)	1	EA	BO	NA	GM	120	MG	8.33333	01/01/2002	01/01/2014	
PHENYLEPHRINE HCL (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	01/01/2002	01/01/2014	
PHENYLEPHRINE HCL (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	01/01/2002	01/01/2014	
PHENYLEPHRINE HCL (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	01/01/2002	01/01/2014	
POTASSIUM CHLORIDE (U.S.P., F.C.C.)	1	EA	BO	NA	GM	2	MEQ	6.71141	01/01/2002	01/01/2014	
POTASSIUM CHLORIDE (U.S.P./F.C.C.)	1	EA	FC	NA	GM	2	MEQ	6.71141	01/01/2002	01/01/2014	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
17317-0438-08		J3480		01/01/2002	01/01/2014	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ
17317-0447-02		J7510		01/01/2002	01/01/2014	PREDNISOLONE ORAL, PER 5 MG
17317-0447-03		J7510		01/01/2002	01/01/2014	PREDNISOLONE ORAL, PER 5 MG
17317-0455-02		J3415		01/01/2004	01/01/2014	INJECTION, PYRIDOXINE HCL, 100 MG
17317-0455-03		J3415		01/01/2004	01/01/2014	INJECTION, PYRIDOXINE HCL, 100 MG
17317-0455-05		J3415		01/01/2004	01/01/2014	INJECTION, PYRIDOXINE HCL, 100 MG
17317-0455-06		J3415		01/01/2004	01/01/2014	INJECTION, PYRIDOXINE HCL, 100 MG
17317-0477-08		J7510		01/01/2002	01/01/2014	PREDNISOLONE ORAL, PER 5 MG
17317-0567-02		J3140		01/01/2002	01/01/2014	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG
17317-0567-03		J3140		01/01/2002	01/01/2014	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG
17317-0567-08		J3140		01/01/2002	01/01/2014	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG
17317-0568-02		J3150		01/01/2002	01/01/2014	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG
17317-0568-03		J3150		01/01/2002	01/01/2014	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG
17317-0568-08		J3150		01/01/2002	01/01/2014	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG
17317-0571-01		J2810		01/01/2002	01/01/2014	INJECTION, THEOPHYLLINE, PER 40 MG
17317-0571-04		J2810		01/01/2002	01/01/2014	INJECTION, THEOPHYLLINE, PER 40 MG
17317-0571-05		J2810		01/01/2002	01/01/2014	INJECTION, THEOPHYLLINE, PER 40 MG
17317-0571-08		J2810		01/01/2002	01/01/2014	INJECTION, THEOPHYLLINE, PER 40 MG
17317-0593-01		J3350		01/01/2002	01/01/2014	INJECTION, UREA, UP TO 40 GM
17317-0593-05		J3350		01/01/2002	01/01/2014	INJECTION, UREA, UP TO 40 GM
17317-0593-08		J3350		01/01/2002	01/01/2014	INJECTION, UREA, UP TO 40 GM

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
POTASSIUM CHLORIDE (U.S.P./F.C.C.)	1	EA	FC	NA	GM	2	MEQ	6.71141	01/01/2002	01/01/2014	
PREDNISOLONE ANHYDROUS (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	01/01/2014	
PREDNISOLONE ANHYDROUS (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	01/01/2014	
PYRIDOXINE HCL (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	01/01/2004	01/01/2014	
PYRIDOXINE HCL (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	01/01/2004	01/01/2014	
PYRIDOXINE HCL (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	01/01/2004	01/01/2014	
PYRIDOXINE HCL (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	01/01/2004	01/01/2014	
PREDNISOLONE ANHYDROUS (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	01/01/2014	
TESTOSTERONE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	50	MG	20	01/01/2002	01/01/2014	
TESTOSTERONE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	50	MG	20	01/01/2002	01/01/2014	
TESTOSTERONE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	50	MG	20	01/01/2002	01/01/2014	
TESTOSTERONE PROPIONATE (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	01/01/2002	01/01/2014	
TESTOSTERONE PROPIONATE (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	01/01/2002	01/01/2014	
TESTOSTERONE PROPIONATE (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	01/01/2002	01/01/2014	
THEOPHYLLINE ANHYDROUS (ANHYDROUS, U.S.P.)	1	EA	NA	NA	GM	40	MG	25	01/01/2002	01/01/2014	
THEOPHYLLINE ANHYDROUS (ANHYDROUS, U.S.P.)	1	EA	NA	NA	GM	40	MG	25	01/01/2002	01/01/2014	
THEOPHYLLINE ANHYDROUS (ANHYDROUS, U.S.P.)	1	EA	NA	NA	GM	40	MG	25	01/01/2002	01/01/2014	
THEOPHYLLINE ANHYDROUS (ANHYDROUS, U.S.P.)	1	EA	NA	NA	GM	40	MG	25	01/01/2002	01/01/2014	
UREA (U.S.P.)	1	EA	BO	NA	GM	40	GM	0.025	01/01/2002	01/01/2014	
UREA (U.S.P.)	1	EA	BO	NA	GM	40	GM	0.025	01/01/2002	01/01/2014	
UREA (U.S.P.)	1	EA	BO	NA	GM	40	GM	0.025	01/01/2002	01/01/2014	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
17317-0626-01		J2675		01/01/2002	01/01/2014	INJECTION, PROGESTERONE, PER 50 MG
17317-0626-02		J2675		01/01/2002	01/01/2014	INJECTION, PROGESTERONE, PER 50 MG
17317-0626-03		J2675		01/01/2002	01/01/2014	INJECTION, PROGESTERONE, PER 50 MG
17317-0626-08		J2675		01/01/2002	01/01/2014	INJECTION, PROGESTERONE, PER 50 MG
17317-0719-01		J7684		01/01/2002	01/01/2014	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
17317-0719-01	KO	J7684	KO	01/01/2002	01/01/2014	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
17317-0719-07		J7684		01/01/2002	01/01/2014	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
17317-0719-07	KO	J7684	KO	01/01/2002	01/01/2014	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
17317-0735-01		J2001		01/01/2004	01/01/2014	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG
17317-0735-02		J2001		01/01/2004	01/01/2014	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG
17317-0735-03		J2001		01/01/2004	01/01/2014	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG
17317-0735-04		J2001		01/01/2004	01/01/2014	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG
17317-0735-06		J2001		01/01/2004	01/01/2014	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG
17317-0828-01		J1212		01/01/2002	01/01/2014	INJECTION, DMSO, DIMETHYL SULFOXIDE, 50%, 50 ML
17317-0829-01		J3520		01/01/2002	01/01/2014	EDETATE DISODIUM, PER 150 MG
17317-0829-05		J3520		01/01/2002	01/01/2014	EDETATE DISODIUM, PER 150 MG
17317-0829-08		J3520		01/01/2002	01/01/2014	EDETATE DISODIUM, PER 150 MG
17317-0934-01		J2675		01/01/2002	01/01/2014	INJECTION, PROGESTERONE, PER 50 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PROGESTERONE (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	01/01/2002	01/01/2014	
PROGESTERONE (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	01/01/2002	01/01/2014	
PROGESTERONE (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	01/01/2002	01/01/2014	
PROGESTERONE (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	01/01/2002	01/01/2014	
TRIAMCINOLONE ACETONIDE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	01/01/2014	
TRIAMCINOLONE ACETONIDE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	01/01/2014	
TRIAMCINOLONE ACETONIDE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	01/01/2014	
TRIAMCINOLONE ACETONIDE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	01/01/2014	
LIDOCAINE HCL (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2004	01/01/2014	
LIDOCAINE HCL (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2004	01/01/2014	
LIDOCAINE HCL (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2004	01/01/2014	
LIDOCAINE HCL (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2004	01/01/2014	
LIDOCAINE HCL (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2004	01/01/2014	
DIMETHYL SULFOXIDE (A.C.S., REAGENT)	500	ML	EA	NA	ML	50	%	0.02	01/01/2002	01/01/2014	
EDETATE DISODIUM DIHYDRATE (U.S.P.)	1	EA	BO	NA	GM	150	MG	6.66666	01/01/2002	01/01/2014	
EDETATE DISODIUM DIHYDRATE (U.S.P.)	1	EA	BO	NA	GM	150	MG	6.66666	01/01/2002	01/01/2014	
EDETATE DISODIUM DIHYDRATE (U.S.P.)	1	EA	BO	NA	GM	150	MG	6.66666	01/01/2002	01/01/2014	
PROGESTERONE (WETTABLE)	1	EA	NA	NA	GM	50	MG	20	01/01/2002	01/01/2014	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
17317-0934-02		J2675		01/01/2002	01/01/2014	INJECTION, PROGESTERONE, PER 50 MG
17317-0934-03		J2675		01/01/2002	01/01/2014	INJECTION, PROGESTERONE, PER 50 MG
17317-0934-08		J2675		01/01/2002	01/01/2014	INJECTION, PROGESTERONE, PER 50 MG
17317-1010-01		J2150		01/01/2002	01/01/2014	INJECTION, MANNITOL, 25% IN 50 ML
17317-1010-03		J2150		01/01/2002	01/01/2014	INJECTION, MANNITOL, 25% IN 50 ML
17317-1010-05		J2150		01/01/2002	01/01/2014	INJECTION, MANNITOL, 25% IN 50 ML
17317-1010-08		J2150		01/01/2002	01/01/2014	INJECTION, MANNITOL, 25% IN 50 ML
17317-1011-01		J2150		01/01/2002	01/01/2014	INJECTION, MANNITOL, 25% IN 50 ML
17317-1011-05		J2150		01/01/2002	01/01/2014	INJECTION, MANNITOL, 25% IN 50 ML
17317-1011-08		J2150		01/01/2002	01/01/2014	INJECTION, MANNITOL, 25% IN 50 ML
17317-1011-09		J2150		01/01/2002	01/01/2014	INJECTION, MANNITOL, 25% IN 50 ML
17317-1012-01		J2150		01/01/2002	01/01/2014	INJECTION, MANNITOL, 25% IN 50 ML
17317-1012-03		J2150		01/01/2002	01/01/2014	INJECTION, MANNITOL, 25% IN 50 ML
17317-1012-08		J2150		01/01/2002	01/01/2014	INJECTION, MANNITOL, 25% IN 50 ML
17317-1413-01		J3475		01/01/2002	01/01/2014	INJECTION, MAGNESIUM SULFATE, PER 500 MG
17317-1413-03		J3475		01/01/2002	01/01/2014	INJECTION, MAGNESIUM SULFATE, PER 500 MG
17317-1466-01		J3350		01/01/2002	01/01/2014	INJECTION, UREA, UP TO 40 GM
17317-1466-05		J3350		01/01/2002	01/01/2014	INJECTION, UREA, UP TO 40 GM
17317-1485-01		J3520		01/01/2002	01/01/2014	EDETATE DISODIUM, PER 150 MG
17317-1485-04		J3520		01/01/2002	01/01/2014	EDETATE DISODIUM, PER 150 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PROGESTERONE (WETTABLE)	1	EA	NA	NA	GM	50	MG	20	01/01/2002	01/01/2014	
PROGESTERONE (WETTABLE)	1	EA	NA	NA	GM	50	MG	20	01/01/2002	01/01/2014	
PROGESTERONE (WETTABLE)	1	EA	NA	NA	GM	50	MG	20	01/01/2002	01/01/2014	
MANNITOL (U.S.P.)	1	EA	BO	NA	GM	50	ML	0.08	01/01/2002	01/01/2014	
MANNITOL (U.S.P.)	1	EA	BO	NA	GM	50	ML	0.08	01/01/2002	01/01/2014	
MANNITOL (U.S.P.)	1	EA	BO	NA	GM	50	ML	0.08	01/01/2002	01/01/2014	
MANNITOL (U.S.P.)	1	EA	BO	NA	GM	50	ML	0.08	01/01/2002	01/01/2014	
MANNITOL (U.S.P.)	1	EA	BO	NA	GM	50	ML	0.08	01/01/2002	01/01/2014	
MANNITOL (U.S.P.)	1	EA	BO	NA	GM	50	ML	0.08	01/01/2002	01/01/2014	
MANNITOL (U.S.P.)	1	EA	BO	NA	GM	50	ML	0.08	01/01/2002	01/01/2014	
MANNITOL (U.S.P.)	1	EA	BO	NA	GM	50	ML	0.08	01/01/2002	01/01/2014	
MANNITOL (REAGENT)	1	EA	BO	NA	GM	50	ML	0.08	01/01/2002	01/01/2014	
MANNITOL (REAGENT)	1	EA	BO	NA	GM	50	ML	0.08	01/01/2002	01/01/2014	
MANNITOL (REAGENT)	1	EA	BO	NA	GM	50	ML	0.08	01/01/2002	01/01/2014	
MAGNESIUM SULFATE ANHYDROUS (REAGENT)	1	EA	BO	NA	GM	500	MG	2	01/01/2002	01/01/2014	
MAGNESIUM SULFATE ANHYDROUS (REAGENT)	1	EA	BO	NA	GM	500	MG	2	01/01/2002	01/01/2014	
UREA (A.C.S., REAGENT)	1	EA	NA	NA	GM	40	GM	0.025	01/01/2002	01/01/2014	
UREA (A.C.S., REAGENT)	1	EA	NA	NA	GM	40	GM	0.025	01/01/2002	01/01/2014	
EDETATE DISODIUM (A.C.S., REAGENT)	1	EA	NA	NA	GM	150	MG	6.66666	01/01/2002	01/01/2014	
EDETATE DISODIUM (A.C.S., REAGENT)	1	EA	NA	NA	GM	150	MG	6.66666	01/01/2002	01/01/2014	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
17317-1485-05		J3520		01/01/2002	01/01/2014	EDETATE DISODIUM, PER 150 MG
17317-2409-02		J0600		01/01/2002	01/01/2014	INJECTION, EDETATE CALCIUM DISODIUM, UP TO 1000 MG
17478-0538-02		J2360		10/01/2006	99/99/9999	INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG
17714-0020-01		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
17714-0020-10		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
17714-0021-01		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
17714-0021-10		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
17714-0042-01		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
EDETATE DISODIUM (A.C.S., REAGENT)	1	EA	NA	NA	GM	150	MG	6.66666	01/01/2002	01/01/2014	
EDETATE CALCIUM DISODIUM (U.S.P.)	1	EA	BO	NA	GM	1000	MG	1	01/01/2002	01/01/2014	
ORPHENADRINE CITRATE (10X2ML) 30 MG/ML	2	ML	VL	IJ	ML	60	MG	0.5	10/01/2006	99/99/9999	
DIPHENHYDRAMINE HCL 25 MG	100	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999	
DIPHENHYDRAMINE HCL 25 MG	1000	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999	
DIPHENHYDRAMINE HCL 50 MG	100	EA	BO	PO	EA	50	MG	1	01/01/2002	99/99/9999	
DIPHENHYDRAMINE HCL 50 MG	1000	EA	BO	PO	EA	50	MG	1	01/01/2002	99/99/9999	
DIPHENHYDRAMINE HCL (CAPLET) 25 MG	100	EA	NA	PO	EA	50	MG	0.5	01/01/2002	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
17714-0042-24		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
18111-0002-02		J9206		02/28/2008	11/30/2012	INJECTION, IRINOTECAN, 20 MG
18111-0002-03		J9206		02/28/2008	11/30/2012	INJECTION, IRINOTECAN, 20 MG
18864-0211-03		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
20254-0018-01		Q0173		01/01/2002	09/11/2014	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
20254-0018-03		Q0173		01/01/2002	09/11/2014	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
20254-0207-06		Q0163		01/01/2002	09/11/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
20254-0207-10		Q0163		01/01/2002	09/11/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
COMPLETE ALLERGY MEDICATION (CAPLET) 25 MG	24	EA	BX	PO	EA	50	MG	0.5	01/01/2002	99/99/9999	
IRINOTECAN HYDROCHLORIDE (1X2ML) 20 MG/ML	2	ML	VL	IV	ML	20	MG	1	02/28/2008	11/30/2012	
IRINOTECAN HYDROCHLORIDE (1X5ML) 20 MG/ML	5	ML	VL	IV	ML	20	MG	1	02/28/2008	11/30/2012	
SERABRINA LA FRANCE 50 MG/15 ML	480	ML	NA	PO	ML	50	MG	0.06666	01/01/2002	99/99/9999	
TRIMETHOBENZAMIDE HCL 250 MG	100	EA	NA	PO	EA	250	MG	1	01/01/2002	09/11/2014	
TRIMETHOBENZAMIDE HCL 250 MG	500	EA	NA	PO	EA	250	MG	1	01/01/2002	09/11/2014	
DIPHENHYDRAMINE HCL (CAPLET) 25 MG	60	EA	NA	PO	EA	50	MG	0.5	01/01/2002	09/11/2014	
DIPHENHYDRAMINE HCL (CAPLET) 25 MG	10	EA	DP	PO	EA	50	MG	0.5	01/01/2002	09/11/2014	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
20254-0208-06		Q0163		01/01/2002	09/11/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
20254-0208-10		Q0163		01/01/2002	09/11/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
21695-0010-20		J8499		11/30/2006	06/01/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
21695-0010-25		J8499		05/19/2008	06/01/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
21695-0010-30		J8499		02/01/2007	06/01/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
21695-0010-60		J8499		11/30/2006	06/01/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
21695-0011-30		J8499		05/19/2008	06/01/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
21695-0012-06		Q0144		07/19/2007	06/01/2014	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
21695-0080-21		J7509		01/01/2007	06/01/2014	METHYLPREDNISOLONE ORAL, PER 4 MG
21695-0170-00		J7507		12/15/2006	06/01/2014	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG
21695-0171-00		J7517		12/15/2006	06/01/2014	MYCOPHENOLATE MOFETIL, ORAL, 250 MG
21695-0202-10		J0696		02/01/2007	06/01/2014	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
21695-0241-01		J3070		01/01/2007	06/01/2014	INJECTION, PENTAZOCINE, 30 MG
21695-0245-20		J7611		04/01/2008	06/01/2014	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG
21695-0304-30		Q0163		02/01/2007	06/01/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
DIPHENHYDRAMINE HCL (CAPLET) 50 MG	60	EA	NA	PO	EA	50	MG	1	01/01/2002	09/11/2014	
DIPHENHYDRAMINE HCL (CAPLET) 50 MG	10	EA	NA	PO	EA	50	MG	1	01/01/2002	09/11/2014	
ACYCLOVIR 400 MG	20	EA	BO	PO	EA	1	EA	1	11/30/2006	06/01/2014	
ACYCLOVIR 400 MG	25	EA	BO	PO	EA	1	EA	1	05/19/2008	06/01/2014	
ACYCLOVIR 400 MG	30	EA	BO	PO	EA	1	EA	1	02/01/2007	06/01/2014	
ACYCLOVIR 400 MG	60	EA	BO	PO	EA	1	EA	1	11/30/2006	06/01/2014	
ACYCLOVIR 800 MG	30	EA	BO	PO	EA	1	EA	1	05/19/2008	06/01/2014	
AZITHROMYCIN 250 MG	6	EA	DP	PO	EA	1	GM	0.25	07/19/2007	06/01/2014	
METHYLPREDNISONE 4 MG	21	EA	BO	PO	EA	4	MG	1	01/01/2007	06/01/2014	
PROGRAF 1 MG	100	EA	BO	PO	EA	1	MG	1	12/15/2006	06/01/2014	
CELLCEPT 250 MG	100	EA	BO	PO	EA	250	MG	1	12/15/2006	06/01/2014	
CEFTRIAXONE (SDV) 500 MG	1	EA	VL	IJ	EA	250	MG	2	02/01/2007	06/01/2014	
TALWIN 30 MG/ML	1	ML	AM	IJ	ML	30	MG	1	01/01/2007	06/01/2014	
ALBUTEROL SULFATE 0.5%	20	ML	BO	IH	ML	1	MG	5	04/01/2008	06/01/2014	
DIPHENHYDRAMINE 25 MG	30	EA	BO	PO	EA	50	MG	0.5	02/01/2007	06/01/2014	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
21695-0304-90		Q0163		09/17/2007	06/01/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
21695-0306-20		J7506		04/01/2007	06/01/2014	PREDNISONE, ORAL, PER 5MG
21695-0306-21		J7506		04/01/2007	06/01/2014	PREDNISONE, ORAL, PER 5MG
21695-0306-28		J7506		04/01/2007	06/01/2014	PREDNISONE, ORAL, PER 5MG
21695-0306-30		J7506		04/01/2007	06/01/2014	PREDNISONE, ORAL, PER 5MG
21695-0306-42		J7506		04/01/2007	06/01/2014	PREDNISONE, ORAL, PER 5MG
21695-0307-10		J7506		02/01/2007	06/01/2014	PREDNISONE, ORAL, PER 5MG
21695-0307-18		J7506		04/01/2007	06/01/2014	PREDNISONE, ORAL, PER 5MG
21695-0307-20		J7506		07/27/2007	06/01/2014	PREDNISONE, ORAL, PER 5MG
21695-0307-30		J7506		02/01/2007	06/01/2014	PREDNISONE, ORAL, PER 5MG
21695-0332-25		J7613		04/01/2008	06/01/2014	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
21695-0332-25	KO	J7613	KO	04/01/2008	06/01/2014	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
21695-0365-08		J7510		10/15/2007	06/01/2014	PREDNISOLONE ORAL, PER 5 MG
21695-0365-16		J7510		10/15/2007	06/01/2014	PREDNISOLONE ORAL, PER 5 MG
21695-0382-04		J8540		02/01/2007	06/01/2014	DEXAMETHASONE, ORAL, 0.25 MG
21695-0414-60		Q0175		04/01/2007	06/01/2014	PERPHENAZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
DIPHENHYDRAMINE 25 MG	90	EA	BO	PO	EA	50	MG	0.5	09/17/2007	06/01/2014	
PREDNISONE 10 MG	20	EA	BO	PO	EA	5	MG	2	04/01/2007	06/01/2014	
PREDNISONE 10 MG	21	EA	BO	PO	EA	5	MG	2	04/01/2007	06/01/2014	
PREDNISONE 10 MG	28	EA	BO	PO	EA	5	MG	2	04/01/2007	06/01/2014	
PREDNISONE 10 MG	30	EA	BO	PO	EA	5	MG	2	04/01/2007	06/01/2014	
PREDNISONE 10 MG	42	EA	BO	PO	EA	5	MG	2	04/01/2007	06/01/2014	
PREDNISONE 20 MG	10	EA	BO	PO	EA	5	MG	4	02/01/2007	06/01/2014	
PREDNISONE 20 MG	18	EA	BO	PO	EA	5	MG	4	04/01/2007	06/01/2014	
PREDNISONE 20 MG	20	EA	BO	PO	EA	5	MG	4	07/27/2007	06/01/2014	
PREDNISONE 20 MG	30	EA	BO	PO	EA	5	MG	4	02/01/2007	06/01/2014	
ALBUTEROL SULFATE (3MLX25) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	04/01/2008	06/01/2014	
ALBUTEROL SULFATE (3MLX25) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	04/01/2008	06/01/2014	
PREDNISOLONE 15 MG/5 ML	240	ML	BO	PO	ML	5	MG	0.6	10/15/2007	06/01/2014	
PREDNISOLONE 15 MG/5 ML	480	ML	BO	PO	ML	5	MG	0.6	10/15/2007	06/01/2014	
DEXAMETHASONE 4 MG	4	EA	BO	PO	EA	0.25	MG	16	02/01/2007	06/01/2014	
PERPHENAZINE 4 MG	60	EA	BO	PO	EA	4	MG	1	04/01/2007	06/01/2014	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
21695-0415-60		Q0176		06/27/2007	12/31/2013	PERPHENAZINE, 8MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
21695-0453-10		Q0170		04/01/2007	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
21695-0453-15		Q0170		01/15/2008	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
21695-0453-20		Q0170		04/01/2007	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
21695-0453-25		Q0170		04/01/2007	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
21695-0500-30		Q0163		04/15/2008	06/01/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
21695-0572-30		Q0165		07/24/2007	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PERPHENAZINE (FILM-COATED) 8 MG	60	EA	BO	PO	EA	8	MG	1	06/27/2007	12/31/2013	
PROMETHAZINE 25 MG	10	EA	BO	PO	EA	25	MG	1	04/01/2007	12/31/2013	
PROMETHAZINE 25 MG	15	EA	BO	PO	EA	25	MG	1	01/15/2008	12/31/2013	
PROMETHAZINE 25 MG	20	EA	BO	PO	EA	25	MG	1	04/01/2007	12/31/2013	
PROMETHAZINE 25 MG	25	EA	BO	PO	EA	25	MG	1	04/01/2007	12/31/2013	
DIPHENHYDRAMINE HCL 50 MG	30	EA	BO	PO	EA	50	MG	1	04/15/2008	06/01/2014	
PROCHLORPERAZINE MALEATE (FILM-COATED) 10 MG	30	EA	BO	PO	EA	10	MG	1	07/24/2007	12/31/2013	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
21695-0580-05		J7506		07/25/2007	06/01/2014	PREDNISONE, ORAL, PER 5MG
21695-0587-10		J2930		08/09/2007	06/01/2014	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG
21695-0588-25		J1885		08/09/2007	06/01/2014	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG
21695-0649-12		J8498		11/12/2007	06/01/2014	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED
21695-0703-04		Q0170		03/14/2008	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
21695-0721-25		J1940		03/20/2008	06/01/2014	INJECTION, FUROSEMIDE, UP TO 20 MG
23490-1113-02		J7506		10/03/2006	01/01/2013	PREDNISONE, ORAL, PER 5MG
23490-1113-03		J7506		09/21/2006	01/01/2013	PREDNISONE, ORAL, PER 5MG
23490-1911-02		J7509		10/03/2006	01/01/2013	METHYLPREDNISOLONE ORAL, PER 4 MG
23490-5011-01		J8499		10/11/2007	01/01/2013	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
23490-5012-01		J8499		02/07/2007	01/01/2013	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
23490-5012-02		J8499		02/07/2007	01/01/2013	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
23490-5012-03		J8499		02/07/2007	01/01/2013	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
23490-5012-04		J8499		02/07/2007	01/01/2013	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
23490-5013-01		J8499		02/07/2007	01/01/2013	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
23490-5013-02		J8499		02/07/2007	01/01/2013	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
23490-5013-03		J8499		02/07/2007	01/01/2013	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
23490-5013-04		J8499		10/11/2007	01/01/2013	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
23490-5015-01		J8499		02/07/2007	01/01/2013	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
23490-5015-02		J8499		10/11/2007	01/01/2013	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PREDNISONE 50 MG	5	EA	BO	PO	EA	5	MG	10	07/25/2007	06/01/2014	
METHYLPREDNISOLONE 125 MG	1	EA	VL	IJ	EA	125	MG	1	08/09/2007	06/01/2014	
KETOROLAC (1MLX25) 30 MG/ML	1	ML	VL	IJ	ML	15	MG	2	08/09/2007	06/01/2014	
PROMETHAZINE HYDROCHLORIDE 25 MG	12	EA	BX	RC	EA	1	EA	1	11/12/2007	06/01/2014	
PROMETHAZINE HCL (1X120ML,FRUIT,TROPICAL) 6.25 MG/5 ML	120	ML	BO	PO	ML	25	MG	0.05	03/14/2008	12/31/2013	
FUROSEMIDE (25X2ML) 10 MG/ML	2	ML	VL	IJ	ML	20	MG	0.5	03/20/2008	06/01/2014	
PREDNISONE 10 MG	21	EA	NA	PO	EA	5	MG	2	10/03/2006	01/01/2013	
PREDNISONE 10 MG	30	EA	NA	PO	EA	5	MG	2	09/21/2006	01/01/2013	
METHYLPREDNISOLONE 4 MG	21	EA	NA	PO	EA	4	MG	1	10/03/2006	01/01/2013	
ACYCLOVIR 200 MG/5 ML	120	ML	BO	PO	ML	1	EA	1	10/11/2007	01/01/2013	
ACYCLOVIR 200 MG	25	EA	BO	PO	EA	1	EA	1	02/07/2007	01/01/2013	
ACYCLOVIR 200 MG	30	EA	BO	PO	EA	1	EA	1	02/07/2007	01/01/2013	
ACYCLOVIR 200 MG	40	EA	BO	PO	EA	1	EA	1	02/07/2007	01/01/2013	
ACYCLOVIR 200 MG	100	EA	BO	PO	EA	1	EA	1	02/07/2007	01/01/2013	
ACYCLOVIR 400 MG	15	EA	BO	PO	EA	1	EA	1	02/07/2007	01/01/2013	
ACYCLOVIR 400 MG	25	EA	BO	PO	EA	1	EA	1	02/07/2007	01/01/2013	
ACYCLOVIR 400 MG	40	EA	BO	PO	EA	1	EA	1	02/07/2007	01/01/2013	
ACYCLOVIR 400 MG	30	EA	BO	PO	EA	1	EA	1	10/11/2007	01/01/2013	
ACYCLOVIR 800 MG	25	EA	BO	PO	EA	1	EA	1	02/07/2007	01/01/2013	
ACYCLOVIR 800 MG	30	EA	BO	PO	EA	1	EA	1	10/11/2007	01/01/2013	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
23490-5020-01		J7613		04/01/2008	01/01/2013	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
23490-5020-01	KO	J7613	KO	04/01/2008	01/01/2013	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
23490-5020-02		J7613		04/01/2008	01/01/2013	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
23490-5020-02	KO	J7613	KO	04/01/2008	01/01/2013	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
23490-5020-03		J7613		04/01/2008	01/01/2013	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
23490-5020-03	KO	J7613	KO	04/01/2008	01/01/2013	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
23490-5021-02		J7611		04/01/2008	01/01/2013	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG
23490-5110-09		J7500		04/30/2007	01/01/2013	AZATHIOPRINE, ORAL, 50 MG
23490-5186-02		J0595		04/09/2007	01/01/2013	INJECTION, BUTORPHANOL TARTRATE, 1 MG
23490-5404-01		J8540		02/07/2007	01/01/2013	DEXAMETHASONE, ORAL, 0.25 MG
23490-5407-01		J8540		02/07/2007	01/01/2013	DEXAMETHASONE, ORAL, 0.25 MG
23490-5407-02		J8540		11/30/2007	01/01/2013	DEXAMETHASONE, ORAL, 0.25 MG
23490-5413-00		J1100		04/09/2007	01/01/2013	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG
23490-5455-01		Q0163		11/30/2007	01/01/2013	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
ALBUTEROL SULFATE (24X3ML) 0.083%	3	ML	VL	IH	ML	1	MG	0.83	04/01/2008	01/01/2013	
ALBUTEROL SULFATE (24X3ML) 0.083%	3	ML	VL	IH	ML	1	MG	0.83	04/01/2008	01/01/2013	
ALBUTEROL SULFATE (25X3ML) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	04/01/2008	01/01/2013	
ALBUTEROL SULFATE (25X3ML) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	04/01/2008	01/01/2013	
ALBUTEROL SULFATE (30X3ML) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	04/01/2008	01/01/2013	
ALBUTEROL SULFATE (30X3ML) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	04/01/2008	01/01/2013	
ALBUTEROL SULFATE (1X20ML) 0.5%	20	ML	BO	IH	ML	1	MG	5	04/01/2008	01/01/2013	
AZATHIOPRINE 50 MG	90	EA	BO	PO	EA	50	MG	1	04/30/2007	01/01/2013	
BUTORPHANOL TARTRATE 2 MG/ML	10	ML	VL	IJ	ML	1	MG	2	04/09/2007	01/01/2013	
DEXAMETHASONE 0.75 MG	12	EA	BO	PO	EA	0.25	MG	3	02/07/2007	01/01/2013	
DEXAMETHASONE 4 MG	6	EA	BO	PO	EA	0.25	MG	16	02/07/2007	01/01/2013	
DEXAMETHASONE 4 MG	12	EA	BO	PO	EA	0.25	MG	16	11/30/2007	01/01/2013	
DEXAMETHASONE SODIUM PHOSPHATE 4 MG/ML	5	ML	VL	IJ	ML	1	MG	4	04/09/2007	01/01/2013	
DIPHENHYDRAMINE HYDROCHLORIDE (1X120ML) 12.5 MG/5 ML	120	ML	BO	PO	ML	50	MG	0.05	11/30/2007	01/01/2013	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
23490-5457-00		Q0163		11/30/2007	01/01/2013	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
23490-5457-01		Q0163		02/07/2007	01/01/2013	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
23490-5457-02		Q0163		02/07/2007	01/01/2013	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
23490-5457-03		Q0163		02/07/2007	01/01/2013	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
23490-5457-04		Q0163		02/07/2007	01/01/2013	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
23490-5457-05		Q0163		02/07/2007	01/01/2013	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
23490-5459-01		Q0163		02/07/2007	01/01/2013	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
DIPHENHYDRAMINE HYDROCHLORIDE 25 MG	24	EA	BO	PO	EA	50	MG	0.5	11/30/2007	01/01/2013	
DIPHENHYDRAMINE HYDROCHLORIDE 25 MG	6	EA	BO	PO	EA	50	MG	0.5	02/07/2007	01/01/2013	
DIPHENHYDRAMINE HYDROCHLORIDE 25 MG	15	EA	BO	PO	EA	50	MG	0.5	02/07/2007	01/01/2013	
DIPHENHYDRAMINE HYDROCHLORIDE 25 MG	20	EA	BO	PO	EA	50	MG	0.5	02/07/2007	01/01/2013	
DIPHENHYDRAMINE HYDROCHLORIDE 25 MG	30	EA	BO	PO	EA	50	MG	0.5	02/07/2007	01/01/2013	
DIPHENHYDRAMINE HYDROCHLORIDE 25 MG	60	EA	BO	PO	EA	50	MG	0.5	02/07/2007	01/01/2013	
DIPHENHYDRAMINE HYDROCHLORIDE 50 MG	6	EA	BO	PO	EA	50	MG	1	02/07/2007	01/01/2013	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
23490-5459-02		Q0163		02/07/2007	01/01/2013	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
23490-5459-03		Q0163		02/07/2007	01/01/2013	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
23490-5459-04		Q0163		02/07/2007	01/01/2013	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
23490-5621-02		J1940		04/30/2007	01/01/2013	INJECTION, FUROSEMIDE, UP TO 20 MG
23490-5733-01		Q0177		02/07/2007	01/01/2013	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
23490-5733-02		Q0177		02/07/2007	01/01/2013	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
23490-5761-01		J7644		04/09/2007	01/01/2013	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
23490-5761-01	KO	J7644	KO	04/09/2007	01/01/2013	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
DIPHENHYDRAMINE HYDROCHLORIDE 50 MG	15	EA	BO	PO	EA	50	MG	1	02/07/2007	01/01/2013	
DIPHENHYDRAMINE HYDROCHLORIDE 50 MG	30	EA	BO	PO	EA	50	MG	1	02/07/2007	01/01/2013	
DIPHENHYDRAMINE HYDROCHLORIDE 50 MG	60	EA	BO	PO	EA	50	MG	1	02/07/2007	01/01/2013	
FUROSEMIDE 10 MG/ML	2	ML	VL	IJ	ML	20	MG	0.5	04/30/2007	01/01/2013	
HYDROXYZINE PAMOATE 25 MG	20	EA	BO	PO	EA	25	MG	1	02/07/2007	01/01/2013	
HYDROXYZINE PAMOATE 25 MG	30	EA	BO	PO	EA	25	MG	1	02/07/2007	01/01/2013	
IPRATROPIUM BROMIDE (25X2.5ML) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	04/09/2007	01/01/2013	
IPRATROPIUM BROMIDE (25X2.5ML) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	04/09/2007	01/01/2013	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
23490-5792-04		J1885		04/09/2007	01/01/2013	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG
23490-5854-01		J1055		02/07/2007	12/31/2012	INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG
23490-5889-00		None		11/30/2007	01/01/2013	METHOTREXATE, 2.5 MG, ORAL
23490-5902-01		J7509		02/07/2007	01/01/2013	METHYLPREDNISOLONE ORAL, PER 4 MG
23490-5914-01		J2765		04/09/2007	01/01/2013	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG
23490-5932-01		J2250		04/30/2007	01/01/2013	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG
23490-5933-01		J2250		04/30/2007	01/01/2013	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG
23490-5933-02		J2250		04/30/2007	01/01/2013	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG
23490-5955-01		J2300		04/09/2007	01/01/2013	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG
23490-6144-01		J7510		04/09/2007	01/01/2013	PREDNISOLONE ORAL, PER 5 MG
23490-6144-02		J7510		10/11/2007	01/01/2013	PREDNISOLONE ORAL, PER 5 MG
23490-6144-03		J7510		10/11/2007	01/01/2013	PREDNISOLONE ORAL, PER 5 MG
23490-6145-01		J7510		10/11/2007	01/01/2013	PREDNISOLONE ORAL, PER 5 MG
23490-6145-02		J7510		10/11/2007	01/01/2013	PREDNISOLONE ORAL, PER 5 MG
23490-6145-03		J7510		10/11/2007	01/01/2013	PREDNISOLONE ORAL, PER 5 MG
23490-6157-01		J7506		02/07/2007	01/01/2013	PREDNISONE, ORAL, PER 5MG
23490-6157-02		J7506		02/07/2007	01/01/2013	PREDNISONE, ORAL, PER 5MG
23490-6157-03		J7506		02/07/2007	01/01/2013	PREDNISONE, ORAL, PER 5MG
23490-6157-04		J7506		04/09/2007	01/01/2013	PREDNISONE, ORAL, PER 5MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
KETOROLAC TROMETHAMINE 30 MG/ML	1	ML	NA	IJ	ML	15	MG	2	04/09/2007	01/01/2013	
MEDROXYPROGESTERONE ACETATE 150 MG/ML	1	ML	VL	IM	ML	150	MG	1	02/07/2007	12/31/2012	
METHOTREXATE 2.5 MG	24	EA	BO	PO	EA	2.5	MG	1	11/30/2007	01/01/2013	
METHYLPREDNISOLONE 4 MG	21	EA	BO	PO	EA	4	MG	1	02/07/2007	01/01/2013	
METOCLOPRAMIDE HYDROCHLORIDE 5 MG/ML	2	ML	VL	IV	ML	10	MG	0.5	04/09/2007	01/01/2013	
MIDAZOLAM HYDROCHLORIDE 1 MG/ML	2	ML	VL	IJ	ML	1	MG	1	04/30/2007	01/01/2013	
MIDAZOLAM HYDROCHLORIDE 5 MG/ML	2	ML	VL	IJ	ML	1	MG	5	04/30/2007	01/01/2013	
MIDAZOLAM HYDROCHLORIDE (10X10ML) 5 MG/ML	10	ML	VL	IJ	ML	1	MG	5	04/30/2007	01/01/2013	
NALBUPHINE HYDROCHLORIDE 10 MG/ML	10	ML	VL	IJ	ML	10	MG	1	04/09/2007	01/01/2013	
PREDNISOLONE 15 MG/5 ML	240	ML	BO	PO	ML	5	MG	0.6	04/09/2007	01/01/2013	
PREDNISOLONE 15 MG/5 ML	180	ML	BO	PO	ML	5	MG	0.6	10/11/2007	01/01/2013	
PREDNISOLONE 15 MG/5 ML	120	ML	BO	PO	ML	5	MG	0.6	10/11/2007	01/01/2013	
PREDNISOLONE 15 MG/5 ML	240	ML	BO	PO	ML	5	MG	0.6	10/11/2007	01/01/2013	
PREDNISOLONE 15 MG/5 ML	180	ML	BO	PO	ML	5	MG	0.6	10/11/2007	01/01/2013	
PREDNISOLONE 15 MG/5 ML	120	ML	BO	PO	ML	5	MG	0.6	10/11/2007	01/01/2013	
PREDNISONE 10 MG	10	EA	BO	PO	EA	5	MG	2	02/07/2007	01/01/2013	
PREDNISONE 10 MG	20	EA	BO	PO	EA	5	MG	2	02/07/2007	01/01/2013	
PREDNISONE 10 MG	40	EA	BO	PO	EA	5	MG	2	02/07/2007	01/01/2013	
PREDNISONE 10 MG	37	EA	BO	PO	EA	5	MG	2	04/09/2007	01/01/2013	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
23490-6157-05		J7506		02/07/2007	01/01/2013	PREDNISONE, ORAL, PER 5MG
23490-6157-06		J7506		11/30/2007	01/01/2013	PREDNISONE, ORAL, PER 5MG
23490-6157-07		J7506		02/07/2007	01/01/2013	PREDNISONE, ORAL, PER 5MG
23490-6157-08		J7506		04/09/2007	01/01/2013	PREDNISONE, ORAL, PER 5MG
23490-6158-00		J7506		04/09/2007	01/01/2013	PREDNISONE, ORAL, PER 5MG
23490-6158-01		J7506		02/07/2007	01/01/2013	PREDNISONE, ORAL, PER 5MG
23490-6158-02		J7506		02/07/2007	01/01/2013	PREDNISONE, ORAL, PER 5MG
23490-6158-03		J7506		02/07/2007	01/01/2013	PREDNISONE, ORAL, PER 5MG
23490-6158-04		J7506		02/07/2007	01/01/2013	PREDNISONE, ORAL, PER 5MG
23490-6158-05		J7506		10/11/2007	01/01/2013	PREDNISONE, ORAL, PER 5MG
23490-6158-07		J7506		04/09/2007	01/01/2013	PREDNISONE, ORAL, PER 5MG
23490-6158-08		J7506		04/09/2007	01/01/2013	PREDNISONE, ORAL, PER 5MG
23490-6158-09		J7506		10/11/2007	01/01/2013	PREDNISONE, ORAL, PER 5MG
23490-6159-01		J7506		02/07/2007	01/01/2013	PREDNISONE, ORAL, PER 5MG
23490-6159-02		J7506		02/07/2007	01/01/2013	PREDNISONE, ORAL, PER 5MG
23490-6159-03		J7506		02/07/2007	01/01/2013	PREDNISONE, ORAL, PER 5MG
23490-6159-04		J7506		02/07/2007	01/01/2013	PREDNISONE, ORAL, PER 5MG
23490-6159-05		J7506		11/30/2007	01/01/2013	PREDNISONE, ORAL, PER 5MG
23490-6159-06		J7506		11/30/2007	01/01/2013	PREDNISONE, ORAL, PER 5MG
23490-6174-01		J8498		02/07/2007	01/01/2013	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED
23490-6180-01		J8498		02/07/2007	01/01/2013	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED
23490-6182-01		J8498		02/07/2007	01/01/2013	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PREDNISONE 10 MG	21	EA	BO	PO	EA	5	MG	2	02/07/2007	01/01/2013	
PREDNISONE 10 MG	30	EA	BO	PO	EA	5	MG	2	11/30/2007	01/01/2013	
PREDNISONE 10 MG	60	EA	BO	PO	EA	5	MG	2	02/07/2007	01/01/2013	
PREDNISONE 10 MG	100	EA	BO	PO	EA	5	MG	2	04/09/2007	01/01/2013	
PREDNISONE 20 MG	6	EA	BO	PO	EA	5	MG	4	04/09/2007	01/01/2013	
PREDNISONE 20 MG	10	EA	BO	PO	EA	5	MG	4	02/07/2007	01/01/2013	
PREDNISONE 20 MG	18	EA	BO	PO	EA	5	MG	4	02/07/2007	01/01/2013	
PREDNISONE 20 MG	20	EA	BO	PO	EA	5	MG	4	02/07/2007	01/01/2013	
PREDNISONE 20 MG	30	EA	BO	PO	EA	5	MG	4	02/07/2007	01/01/2013	
PREDNISONE 20 MG	21	EA	BO	PO	EA	5	MG	4	10/11/2007	01/01/2013	
PREDNISONE 20 MG	25	EA	BO	PO	EA	5	MG	4	04/09/2007	01/01/2013	
PREDNISONE 20 MG	15	EA	BO	PO	EA	5	MG	4	04/09/2007	01/01/2013	
PREDNISONE 20 MG	90	EA	BO	PO	EA	5	MG	4	10/11/2007	01/01/2013	
PREDNISONE 5 MG	10	EA	BO	PO	EA	5	MG	1	02/07/2007	01/01/2013	
PREDNISONE 5 MG	20	EA	BO	PO	EA	5	MG	1	02/07/2007	01/01/2013	
PREDNISONE 5 MG	21	EA	BO	PO	EA	5	MG	1	02/07/2007	01/01/2013	
PREDNISONE 5 MG	40	EA	BO	PO	EA	5	MG	1	02/07/2007	01/01/2013	
PREDNISONE 5 MG	28	EA	BO	PO	EA	5	MG	1	11/30/2007	01/01/2013	
PREDNISONE 5 MG	30	EA	BO	PO	EA	5	MG	1	11/30/2007	01/01/2013	
PROCHLORPERAZINE 25 MG	3	EA	BX	RC	EA	1	EA	1	02/07/2007	01/01/2013	
PROMETHAZINE HYDROCHLORIDE 12.5 MG	12	EA	BX	RC	EA	1	EA	1	02/07/2007	01/01/2013	
PROMETHAZINE HYDROCHLORIDE 25 MG	6	EA	BX	RC	EA	1	EA	1	02/07/2007	01/01/2013	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
23490-6182-02		J8498		02/07/2007	01/01/2013	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED
23490-6182-03		J8498		11/30/2007	01/01/2013	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED
23490-6183-01		Q0170		02/07/2007	01/01/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
23490-6183-02		Q0170		02/07/2007	01/01/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
23490-6183-03		Q0170		02/07/2007	01/01/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
23490-6183-04		Q0170		04/09/2007	01/01/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
23490-6183-06		Q0170		11/30/2007	01/01/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
23490-6183-07		Q0170		03/12/2008	01/01/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PROMETHAZINE HYDROCHLORIDE 25 MG	12	EA	BX	RC	EA	1	EA	1	02/07/2007	01/01/2013	
PROMETHAZINE HYDROCHLORIDE 25 MG	10	EA	BX	RC	EA	1	EA	1	11/30/2007	01/01/2013	
PROMETHAZINE HYDROCHLORIDE 25 MG	10	EA	BO	PO	EA	25	MG	1	02/07/2007	01/01/2013	
PROMETHAZINE HYDROCHLORIDE 25 MG	12	EA	BO	PO	EA	25	MG	1	02/07/2007	01/01/2013	
PROMETHAZINE HYDROCHLORIDE 25 MG	30	EA	BO	PO	EA	25	MG	1	02/07/2007	01/01/2013	
PROMETHAZINE HYDROCHLORIDE 25 MG	20	EA	BO	PO	EA	25	MG	1	04/09/2007	01/01/2013	
PROMETHAZINE HYDROCHLORIDE 25 MG	60	EA	BO	PO	EA	25	MG	1	11/30/2007	01/01/2013	
PROMETHAZINE HYDROCHLORIDE 25 MG	90	EA	BO	PO	EA	25	MG	1	03/12/2008	01/01/2013	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
23490-6183-08		Q0170		03/12/2008	01/01/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
23490-6187-01		Q0170		11/30/2007	01/01/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
23490-6343-01		J1080		02/07/2007	01/01/2013	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG
23490-6509-03		Q0165		11/30/2007	01/01/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
23490-6512-01		Q0164		02/07/2007	01/01/2013	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
23490-6512-02		Q0164		02/07/2007	01/01/2013	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
23490-6687-00		J1815		04/30/2007	01/01/2013	INJECTION, INSULIN, PER 5 UNITS
23490-6904-01		Q0144		11/12/2007	01/01/2013	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
23490-6905-00		Q0144		04/09/2007	01/01/2013	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PROMETHAZINE HYDROCHLORIDE 25 MG	100	EA	BO	PO	EA	25	MG	1	03/12/2008	01/01/2013	
PROMETHAZINE HYDROCHLORIDE (1X120ML) 6.25 MG/5 ML	120	ML	BO	PO	ML	25	MG	0.05	11/30/2007	01/01/2013	
TESTOSTERONE CYPIONATE 200 MG/ML	10	ML	NA	IM	ML	200	MG	1	02/07/2007	01/01/2013	
PROCHLORPERAZINE MALEATE 10 MG	30	EA	BO	PO	EA	10	MG	1	11/30/2007	01/01/2013	
PROCHLORPERAZINE MALEATE 5 MG	6	EA	BO	PO	EA	5	MG	1	02/07/2007	01/01/2013	
PROCHLORPERAZINE MALEATE 5 MG	10	EA	BO	PO	EA	5	MG	1	02/07/2007	01/01/2013	
INSULIN HUMAN REGULAR 100 U/ML	10	ML	NA	IJ	ML	5	U	20	04/30/2007	01/01/2013	
AZITHROMYCIN (1X15ML) 100 MG/5 ML	15	ML	BO	PO	ML	1	GM	0.02	11/12/2007	01/01/2013	
AZITHROMYCIN DIHYDRATE 200 MG/5 ML	15	ML	BO	PO	ML	1	GM	0.04	04/09/2007	01/01/2013	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
23490-6905-01		Q0144		10/11/2007	01/01/2013	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
23490-6905-02		Q0144		10/11/2007	01/01/2013	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
23490-7545-02		J3360		04/09/2007	01/01/2013	INJECTION, DIAZEPAM, UP TO 5 MG
23490-7758-01		Q0144		02/07/2007	01/01/2013	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
23490-7760-01		Q0144		02/07/2007	01/01/2013	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
23490-7760-02		Q0144		04/09/2007	01/01/2013	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
23490-7854-00		J7506		11/30/2007	01/01/2013	PREDNISONE, ORAL, PER 5MG
23535-0608-61		J3475		01/01/2002	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG
23535-0608-68		J3475		01/01/2002	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG
24208-0347-20		J7611		04/01/2008	06/05/2017	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG
24385-0379-26		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
24385-0406-73		Q0163		01/01/2002	02/03/2016	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
24385-0479-78		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
25208-0002-01		J3246		04/01/2008	12/31/2017	INJECTION, TIROFIBAN HCL, 0.25MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
AZITHROMYCIN DIHYDRATE 200 MG/5 ML	22.5	ML	BO	PO	ML	1	GM	0.04	10/11/2007	01/01/2013	
AZITHROMYCIN DIHYDRATE 200 MG/5 ML	30	ML	BO	PO	ML	1	GM	0.04	10/11/2007	01/01/2013	
DIAZEPAM 5 MG/ML	10	ML	NA	IJ	ML	5	MG	1	04/09/2007	01/01/2013	
AZITHROMYCIN 500 MG	3	EA	DP	PO	EA	1	GM	0.5	02/07/2007	01/01/2013	
AZITHROMYCIN 250 MG	4	EA	BO	PO	EA	1	GM	0.25	02/07/2007	01/01/2013	
AZITHROMYCIN 250 MG	6	EA	BO	PO	EA	1	GM	0.25	04/09/2007	01/01/2013	
PREDNISONE (1X120ML) 5 MG/5 ML	120	ML	BO	PO	ML	5	MG	0.2	11/30/2007	01/01/2013	
MAGNESIUM SULFATE	1	EA	NA	NA	GM	500	MG	2	01/01/2002	99/99/9999	
MAGNESIUM SULFATE	1	EA	NA	NA	GM	500	MG	2	01/01/2002	99/99/9999	
ALBUTEROL SULFATE (STERILE) 0.5%	20	ML	BO	IH	ML	1	MG	5	04/01/2008	06/05/2017	
DIPHEDRYL (CHERRY) 12.5 MG/5 ML	120	ML	BO	PO	ML	50	MG	0.05	01/01/2002	99/99/9999	
SLEEP TABLETS 25 MG	16	EA	NA	PO	EA	50	MG	0.5	01/01/2002	02/03/2016	
DIPHEDRYL 25 MG	100	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999	
AGGRASTAT (1X100ML) 0.05 MG/ML	100	ML	PC	IV	ML	0.25	MG	0.2	04/01/2008	12/31/2017	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
25208-0002-02		J3246		04/01/2008	99/99/9999	INJECTION, TIROFIBAN HCL, 0.25MG
25332-0004-30		J3420		01/01/2002	01/06/2017	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG
25332-0073-30		J3415		01/01/2004	02/03/2016	INJECTION, PYRIDOXINE HCL, 100 MG
25332-0078-10		J3420		01/01/2002	01/06/2017	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG
25332-0088-05		J3490		01/01/2002	08/06/2013	UNCLASSIFIED DRUGS
25682-0001-01		J1300		01/01/2008	99/99/9999	INJECTION, ECULIZUMAB, 10 MG
30103-0322-54		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
30103-0722-54		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
33261-0335-21		J7509		01/15/2008	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG
33358-0009-25		J8499		07/10/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
33358-0010-15		J8499		07/10/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
33358-0010-28		J8499		07/10/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
33358-0010-30		J8499		07/10/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
33358-0010-60		J8499		07/10/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
33358-0011-25		J8499		07/10/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
33358-0011-30		J8499		07/10/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
33358-0011-35		J8499		07/10/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
33358-0040-06		Q0144		07/10/2007	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
AGGRASTAT (1X250ML) 0.05 MG/ML	250	ML	PC	IV	ML	0.25	MG	0.2	04/01/2008	99/99/9999	
COBOLIN-M (VIAL) 1000 MCG/ML	30	ML	VL	IM	ML	1000	MCG	1	01/01/2002	01/06/2017	
RODEX (VIAL) 100 MG/ML	30	ML	VL	IJ	ML	100	MG	1	01/01/2004	02/03/2016	
DEPO-COBOLIN (VIAL) 1000 MCG/ML	30	ML	VL	IM	ML	1000	MCG	1	01/01/2002	01/06/2017	
PRODROX (VIAL) 250 MG/ML	5	ML	VL	IM	ML	1	EA	1	01/01/2002	08/06/2013	
SOLIRIS (PF) 10 MG/ML	30	ML	VL	IV	ML	10	MG	1	01/01/2008	99/99/9999	
DORMIN SLEEP AID 25 MG	32	EA	NA	PO	EA	50	MG	0.5	01/01/2002	99/99/9999	
DORMIN SLEEP AID 25 MG	72	EA	NA	PO	EA	50	MG	0.5	01/01/2002	99/99/9999	
METHYLPREDNISOLONE (DOSE PACK) 4 MG	21	EA	NA	PO	EA	4	MG	1	01/15/2008	99/99/9999	
ACYCLOVIR 200 MG	25	EA	BO	PO	EA	1	EA	1	07/10/2007	99/99/9999	
ACYCLOVIR 400 MG	15	EA	BO	PO	EA	1	EA	1	07/10/2007	99/99/9999	
ACYCLOVIR 400 MG	28	EA	BO	PO	EA	1	EA	1	07/10/2007	99/99/9999	
ACYCLOVIR 400 MG	30	EA	BO	PO	EA	1	EA	1	07/10/2007	99/99/9999	
ACYCLOVIR 400 MG	60	EA	BO	PO	EA	1	EA	1	07/10/2007	99/99/9999	
ACYCLOVIR 800 MG	25	EA	BO	PO	EA	1	EA	1	07/10/2007	99/99/9999	
ACYCLOVIR 800 MG	30	EA	BO	PO	EA	1	EA	1	07/10/2007	99/99/9999	
ACYCLOVIR 800 MG	35	EA	BO	PO	EA	1	EA	1	07/10/2007	99/99/9999	
AZITHROMYCIN 250 MG	6	EA	BO	PO	EA	1	GM	0.25	07/10/2007	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
33358-0041-10		Q0144		07/10/2007	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
33358-0110-30		Q0163		07/10/2007	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
33358-0111-20		Q0163		07/10/2007	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
33358-0111-30		Q0163		07/10/2007	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
33358-0182-20		Q0177		07/10/2007	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
33358-0182-30		Q0177		07/10/2007	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
33358-0241-21		J7509		07/10/2007	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG
33358-0291-08		J7510		07/10/2007	99/99/9999	PREDNISOLONE ORAL, PER 5 MG
33358-0292-12		J7506		07/10/2007	12/31/2015	PREDNISONE, ORAL, PER 5MG
33358-0292-15		J7506		07/10/2007	12/31/2015	PREDNISONE, ORAL, PER 5MG
33358-0292-21		J7506		07/10/2007	12/31/2015	PREDNISONE, ORAL, PER 5MG
33358-0292-30		J7506		07/10/2007	12/31/2015	PREDNISONE, ORAL, PER 5MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
AZITHROMYCIN 500 MG	10	EA	BO	PO	EA	1	GM	0.5	07/10/2007	99/99/9999	
DIPHENHYDRAMINE 25 MG	30	EA	BO	PO	EA	50	MG	0.5	07/10/2007	99/99/9999	
DIPHENHYDRAMINE 50 MG	20	EA	BO	PO	EA	50	MG	1	07/10/2007	99/99/9999	
DIPHENHYDRAMINE 50 MG	30	EA	BO	PO	EA	50	MG	1	07/10/2007	99/99/9999	
HYDROXYZINE PAM 25 MG	20	EA	BO	PO	EA	25	MG	1	07/10/2007	99/99/9999	
HYDROXYZINE PAM 25 MG	30	EA	BO	PO	EA	25	MG	1	07/10/2007	99/99/9999	
METHYLPREDNISOLONE 4 MG	21	EA	BO	PO	EA	4	MG	1	07/10/2007	99/99/9999	
PREDNISOLONE 15 MG/5 ML	240	ML	BO	PO	ML	5	MG	0.6	07/10/2007	99/99/9999	
PREDNISONE 5 MG	12	EA	BO	PO	EA	5	MG	1	07/10/2007	12/31/2015	
PREDNISONE 5 MG	15	EA	BO	PO	EA	5	MG	1	07/10/2007	12/31/2015	
PREDNISONE 5 MG	21	EA	BO	PO	EA	5	MG	1	07/10/2007	12/31/2015	
PREDNISONE 5 MG	30	EA	BO	PO	EA	5	MG	1	07/10/2007	12/31/2015	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
33358-0292-78		J7506		07/10/2007	12/31/2015	PREDNISONE, ORAL, PER 5MG
33358-0293-20		J7506		07/10/2007	12/31/2015	PREDNISONE, ORAL, PER 5MG
33358-0293-30		J7506		07/10/2007	12/31/2015	PREDNISONE, ORAL, PER 5MG
33358-0293-40		J7506		07/10/2007	12/31/2015	PREDNISONE, ORAL, PER 5MG
33358-0294-15		J7506		07/10/2007	12/31/2015	PREDNISONE, ORAL, PER 5MG
33358-0294-20		J7506		07/10/2007	12/31/2015	PREDNISONE, ORAL, PER 5MG
33358-0294-30		J7506		07/10/2007	12/31/2015	PREDNISONE, ORAL, PER 5MG
33358-0294-40		J7506		07/10/2007	12/31/2015	PREDNISONE, ORAL, PER 5MG
33358-0294-60		J7506		07/10/2007	12/31/2015	PREDNISONE, ORAL, PER 5MG
33358-0299-20		Q0164		07/10/2007	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
33358-0299-30		Q0164		07/10/2007	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
33358-0300-10		Q0165		07/10/2007	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
33358-0300-20		Q0165		07/10/2007	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PREDNISONE 5 MG	78	EA	BO	PO	EA	5	MG	1	07/10/2007	12/31/2015	
PREDNISONE 10 MG	20	EA	BO	PO	EA	5	MG	2	07/10/2007	12/31/2015	
PREDNISONE 10 MG	30	EA	BO	PO	EA	5	MG	2	07/10/2007	12/31/2015	
PREDNISONE 10 MG	40	EA	BO	PO	EA	5	MG	2	07/10/2007	12/31/2015	
PREDNISONE 20 MG	15	EA	BO	PO	EA	5	MG	4	07/10/2007	12/31/2015	
PREDNISONE 20 MG	20	EA	BO	PO	EA	5	MG	4	07/10/2007	12/31/2015	
PREDNISONE 20 MG	30	EA	BO	PO	EA	5	MG	4	07/10/2007	12/31/2015	
PREDNISONE 20 MG	40	EA	BO	PO	EA	5	MG	4	07/10/2007	12/31/2015	
PREDNISONE 20 MG	60	EA	BO	PO	EA	5	MG	4	07/10/2007	12/31/2015	
PROCHLORPERAZINE 5 MG	20	EA	BO	PO	EA	5	MG	1	07/10/2007	99/99/9999	
PROCHLORPERAZINE 5 MG	30	EA	BO	PO	EA	5	MG	1	07/10/2007	99/99/9999	
PROCHLORPERAZINE 10 MG	10	EA	BO	PO	EA	10	MG	1	07/10/2007	12/31/2013	
PROCHLORPERAZINE 10 MG	20	EA	BO	PO	EA	10	MG	1	07/10/2007	12/31/2013	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
33358-0300-30		Q0165		07/10/2007	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
33358-0300-60		Q0165		07/10/2007	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
33358-0301-02		J8498		07/10/2007	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED
33358-0301-12		J8498		07/10/2007	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED
33358-0302-08		Q0170		07/10/2007	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
33358-0302-10		Q0170		07/10/2007	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
33358-0302-30		Q0170		07/10/2007	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
33358-0302-60		Q0170		07/10/2007	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
33358-0313-01		J3415		07/10/2007	99/99/9999	INJECTION, PYRIDOXINE HCL, 100 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PROCHLORPERAZINE 10 MG	30	EA	BO	PO	EA	10	MG	1	07/10/2007	12/31/2013	
PROCHLORPERAZINE 10 MG	60	EA	BO	PO	EA	10	MG	1	07/10/2007	12/31/2013	
PROCHLORPERAZINE 25 MG	2	EA	BX	RC	EA	1	EA	1	07/10/2007	99/99/9999	
PROCHLORPERAZINE 25 MG	12	EA	BX	RC	EA	1	EA	1	07/10/2007	99/99/9999	
PROMETHAZINE 25 MG	8	EA	BO	PO	EA	25	MG	1	07/10/2007	12/31/2013	
PROMETHAZINE 25 MG	10	EA	BO	PO	EA	25	MG	1	07/10/2007	12/31/2013	
PROMETHAZINE 25 MG	30	EA	BO	PO	EA	25	MG	1	07/10/2007	12/31/2013	
PROMETHAZINE 25 MG	60	EA	BO	PO	EA	25	MG	1	07/10/2007	12/31/2013	
PYRIDOXINE (SINGLE-DOSE) 100 MG/ML	1	ML	VL	IJ	ML	100	MG	1	07/10/2007	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
33358-0352-10		Q0173		07/10/2007	02/03/2016	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
33358-0352-20		Q0173		07/10/2007	02/03/2016	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
33358-0367-01		Q0144		07/10/2007	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
33358-0367-03		Q0144		07/10/2007	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
33358-0368-04		Q0144		07/10/2007	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
33358-0368-30		Q0144		07/10/2007	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
33358-0368-50		Q0144		07/10/2007	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
33358-0418-30		Q0169		07/24/2007	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
35356-0017-03		Q0144		09/14/2007	01/01/2015	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
35356-0019-10		J1650		09/14/2007	02/03/2016	INJECTION, ENOXAPARIN SODIUM, 10 MG
35356-0020-10		J1650		09/14/2007	02/03/2016	INJECTION, ENOXAPARIN SODIUM, 10 MG
35356-0039-12		J8498		10/19/2007	01/01/2015	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED
35356-0044-15		Q0144		10/26/2007	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
35356-0058-10		J1070		11/09/2007	12/31/2014	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG
35356-0082-01		J3301		02/08/2008	01/01/2015	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG
35356-0083-01		J1030		02/08/2008	01/01/2015	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
TRIMETHOBENZAMIDE 250 MG	10	EA	NA	PO	EA	250	MG	1	07/10/2007	02/03/2016	
TRIMETHOBENZAMIDE 250 MG	20	EA	NA	PO	EA	250	MG	1	07/10/2007	02/03/2016	
ZITHROMAX 1 GM/Packet	1	EA	BX	PO	EA	1	GM	1	07/10/2007	99/99/9999	
ZITHROMAX 1 GM/Packet	1	EA	BX	PO	EA	1	GM	1	07/10/2007	99/99/9999	
ZITHROMAX 250 MG	4	EA	BO	PO	EA	1	GM	0.25	07/10/2007	99/99/9999	
ZITHROMAX 250 MG	30	EA	BO	PO	EA	1	GM	0.25	07/10/2007	99/99/9999	
ZITHROMAX 250 MG	50	EA	BO	PO	EA	1	GM	0.25	07/10/2007	99/99/9999	
PROMETHAZINE 12.5 MG	30	EA	BO	PO	EA	12.5	MG	1	07/24/2007	99/99/9999	
AZITHROMYCIN 500 MG	3	EA	BO	PO	EA	1	GM	0.5	09/14/2007	01/01/2015	
LOVENOX (10X0.6ML) 60 MG/0.6 ML	0.6	ML	SR	SC	ML	10	MG	10	09/14/2007	02/03/2016	
LOVENOX (10X0.8ML) 80 MG/0.8 ML	0.8	ML	SR	SC	ML	10	MG	10	09/14/2007	02/03/2016	
PHENADOZ 25 MG	12	EA	BX	RC	EA	1	EA	1	10/19/2007	01/01/2015	
AZITHROMYCIN 100 MG/5 ML	15	ML	BO	PO	ML	1	GM	0.02	10/26/2007	99/99/9999	
DEPO-TESTOSTERONE 100 MG/ML	10	ML	VL	IM	ML	100	MG	1	11/09/2007	12/31/2014	
KENALOG 10 MG/ML	5	ML	VL	IJ	ML	10	MG	1	02/08/2008	01/01/2015	
METHYLPREDNISOLONE 40 MG/ML	5	ML	VL	IJ	ML	40	MG	1	02/08/2008	01/01/2015	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
35356-0084-01		J0702		02/08/2008	01/01/2015	INJECTION, BETAMETHASONE ACETATE 3MG AND BETAMETHASONE SODIUM PHOSPHATE 3MG
35356-0096-60		Q0176		02/29/2008	12/31/2013	PERPHENAZINE, 8MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
35356-0098-90		Q0172		02/29/2008	12/31/2013	CHLORPROMAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
35356-0102-00		J1817		03/07/2008	01/01/2015	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS
35356-0124-30		J7644		03/13/2008	01/01/2015	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
35356-0124-30	KO	J7644	KO	03/13/2008	01/01/2015	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
35356-0128-15		Q0144		03/13/2008	01/01/2015	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
35356-0177-15		J0696		05/16/2008	01/01/2015	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
35356-0178-05		J1040		05/16/2008	01/01/2015	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG
35356-0180-50		J2001		05/16/2008	01/01/2015	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG
35356-0181-30		A4216		05/16/2008	01/01/2015	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
35356-0194-21		J7509		05/16/2008	01/01/2015	METHYLPREDNISOLONE ORAL, PER 4 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
CELESTONE SOLUSPAN 3 MG/ML-3 MG/ML	5	ML	VL	IJ	ML	3	MG	1	02/08/2008	01/01/2015	
PERPHENAZINE 8 MG	60	EA	BO	PO	EA	8	MG	1	02/29/2008	12/31/2013	
CHLORPROMAZINE 100 MG	90	EA	BO	PO	EA	25	MG	4	02/29/2008	12/31/2013	
HUMALOG (100X10ML) 100 U/ML	10	ML	VL	SC	ML	50	U	2	03/07/2008	01/01/2015	
IPRATROPIUM BROMIDE (30X2.5ML,PF) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	03/13/2008	01/01/2015	
IPRATROPIUM BROMIDE (30X2.5ML,PF) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	03/13/2008	01/01/2015	
ZITHROMAX 100 MG/5 ML	15	ML	BO	PO	ML	1	GM	0.02	03/13/2008	01/01/2015	
CEFTRIAXONE (1X15ML) 1 GM	15	ML	NA	IJ	ML	250	MG	4	05/16/2008	01/01/2015	
METHYLPREDNISOLONE ACETATE (1X5ML) 80 MG/ML	5	ML	NA	IJ	ML	80	MG	1	05/16/2008	01/01/2015	
LIDOCAINE HCL (1X50ML,LATEX-FREE) 2%	50	ML	NA	IJ	ML	10	MG	2	05/16/2008	01/01/2015	
SODIUM CHLORIDE BACTERIOSTATIC (1X30ML,LATEX-FREE) 0.9%	30	ML	NA	IV	ML	10	ML	0.1	05/16/2008	01/01/2015	
MEDROL (DOSE PACK) 4 MG	21	EA	NA	PO	EA	4	MG	1	05/16/2008	01/01/2015	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
37205-0270-62		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
37205-0270-78		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
37205-0277-62		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
37205-0277-78		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
37205-0565-26		Q0163		01/01/2002	09/19/2017	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
37205-0565-34		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
38423-0110-01		J1190		09/06/2007	04/21/2016	INJECTION, DEXRAZOXANE HYDROCHLORIDE, PER 250 MG
38779-0006-03		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS
38779-0006-04		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
COMPLETE ALLERGY MEDICINE 25 MG	24	EA	BX	PO	EA	50	MG	0.5	01/01/2002	99/99/9999	
COMPLETE ALLERGY MEDICINE 25 MG	100	EA	BX	PO	EA	50	MG	0.5	01/01/2002	99/99/9999	
COMPLETE ALLERGY MEDICINE 25 MG	24	EA	BX	PO	EA	50	MG	0.5	01/01/2002	99/99/9999	
COMPLETE ALLERGY MEDICINE 25 MG	100	EA	BX	PO	EA	50	MG	0.5	01/01/2002	99/99/9999	
COMPLETE ALLERGY (AF,CHERRY) 12.5 MG/5 ML	118	ML	BO	PO	ML	50	MG	0.05	01/01/2002	09/19/2017	
COMPLETE ALLERGY (AF,CHERRY) 12.5 MG/5 ML	240	ML	BO	PO	ML	50	MG	0.05	01/01/2002	99/99/9999	
TOTECT (W/10 VIALS OF DILUENT) 500 MG	1	EA	VL	IV	EA	250	MG	2	09/06/2007	04/21/2016	
CLINDAMYCIN PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	01/01/2002	99/99/9999	
CLINDAMYCIN PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	01/01/2002	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
38779-0006-05		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS
38779-0008-01		J1700		01/01/2002	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG
38779-0008-04		J1700		01/01/2002	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG
38779-0008-05		J1700		01/01/2002	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG
38779-0008-08		J1700		01/01/2002	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG
38779-0008-09		J1700		01/01/2002	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG
38779-0011-01		J7684		01/01/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
38779-0011-01	KO	J7684	KO	01/01/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
38779-0011-03		J7684		01/01/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
38779-0011-03	KO	J7684	KO	01/01/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
38779-0011-04		J7684		01/01/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
38779-0011-04	KO	J7684	KO	01/01/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
38779-0011-05		J7684		01/01/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
38779-0011-05	KO	J7684	KO	01/01/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
CLINDAMYCIN PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	01/01/2002	99/99/9999	
HYDROCORTISONE ACETATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	25	MG	40	01/01/2002	99/99/9999	
HYDROCORTISONE ACETATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	25	MG	40	01/01/2002	99/99/9999	
HYDROCORTISONE ACETATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	25	MG	40	01/01/2002	99/99/9999	
HYDROCORTISONE ACETATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	25	MG	40	01/01/2002	99/99/9999	
HYDROCORTISONE ACETATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	25	MG	40	01/01/2002	99/99/9999	
TRIAMCINOLONE ACETONIDE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
TRIAMCINOLONE ACETONIDE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
TRIAMCINOLONE ACETONIDE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
TRIAMCINOLONE ACETONIDE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
TRIAMCINOLONE ACETONIDE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
TRIAMCINOLONE ACETONIDE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
TRIAMCINOLONE ACETONIDE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
TRIAMCINOLONE ACETONIDE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
38779-0015-01		J3490		04/26/2002	99/99/9999	UNCLASSIFIED DRUGS
38779-0015-04		J3490		04/26/2002	99/99/9999	UNCLASSIFIED DRUGS
38779-0015-05		J3490		04/26/2002	99/99/9999	UNCLASSIFIED DRUGS
38779-0017-01		J7624		01/01/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
38779-0017-01	KO	J7624	KO	01/01/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
38779-0017-03		J7624		01/01/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
38779-0017-03	KO	J7624	KO	01/01/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
38779-0017-04		J7624		01/01/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
38779-0017-04	KO	J7624	KO	01/01/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
38779-0017-06		J7624		01/01/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
38779-0017-06	KO	J7624	KO	01/01/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
38779-0025-01		J9190		01/01/2002	99/99/9999	INJECTION, FLUOROURACIL, 500 MG
38779-0025-04		J9190		01/01/2002	99/99/9999	INJECTION, FLUOROURACIL, 500 MG
38779-0025-05		J9190		01/01/2002	99/99/9999	INJECTION, FLUOROURACIL, 500 MG
38779-0034-04		J2010		01/01/2002	99/99/9999	INJECTION, LINCOMYCIN HCL, UP TO 300 MG
38779-0034-05		J2010		01/01/2002	99/99/9999	INJECTION, LINCOMYCIN HCL, UP TO 300 MG
38779-0034-08		J2010		08/26/2002	99/99/9999	INJECTION, LINCOMYCIN HCL, UP TO 300 MG
38779-0042-05		J2460		04/25/2002	99/99/9999	INJECTION, OXYTETRACYCLINE HCL, UP TO 50 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
BACITRACIN (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	EA	1	04/26/2002	99/99/9999	
BACITRACIN (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	EA	1	04/26/2002	99/99/9999	
BACITRACIN (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	EA	1	04/26/2002	99/99/9999	
BETAMETHASONE DIPROPIONATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
BETAMETHASONE DIPROPIONATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
BETAMETHASONE DIPROPIONATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
BETAMETHASONE DIPROPIONATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
BETAMETHASONE DIPROPIONATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
BETAMETHASONE DIPROPIONATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
BETAMETHASONE DIPROPIONATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
BETAMETHASONE DIPROPIONATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
FLUOROURACIL (U.S.P., 5-FU)	1	EA	BO	NA	GM	500	MG	2	01/01/2002	99/99/9999	
FLUOROURACIL (U.S.P.)	1	EA	BO	NA	GM	500	MG	2	01/01/2002	99/99/9999	
FLUOROURACIL (U.S.P.)	1	EA	BO	NA	GM	500	MG	2	01/01/2002	99/99/9999	
LINCOMYCIN HCL (U.S.P.)	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2002	99/99/9999	
LINCOMYCIN HCL (U.S.P.)	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2002	99/99/9999	
LINCOMYCIN HCL (U.S.P.)	1	EA	BO	NA	GM	300	MG	3.33333	08/26/2002	99/99/9999	
OXYTETRACYCLINE HCL (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	04/25/2002	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
38779-0051-01		J7684		01/01/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
38779-0051-01	KO	J7684	KO	01/01/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
38779-0051-03		J7684		01/01/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
38779-0051-03	KO	J7684	KO	01/01/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
38779-0051-04		J7684		04/30/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
38779-0051-04	KO	J7684	KO	04/30/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
38779-0051-05		J7684		04/30/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
38779-0051-05	KO	J7684	KO	04/30/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
38779-0057-01		J2675		01/01/2002	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG
38779-0057-04		J2675		01/01/2002	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG
38779-0057-05		J2675		01/01/2002	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG
38779-0057-09		J2675		01/01/2002	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG
38779-0063-05		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS
38779-0063-08		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS
38779-0063-09		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS
38779-0071-01		J7638		01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
TRIAMCINOLONE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
TRIAMCINOLONE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
TRIAMCINOLONE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
TRIAMCINOLONE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
TRIAMCINOLONE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	04/30/2002	99/99/9999	
TRIAMCINOLONE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	04/30/2002	99/99/9999	
TRIAMCINOLONE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	04/30/2002	99/99/9999	
TRIAMCINOLONE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	04/30/2002	99/99/9999	
PROGESTERONE (U.S.P., WETTABLE)	1	EA	BO	NA	GM	50	MG	20	09/26/2008	99/99/9999	01/01/2002
PROGESTERONE (USP, WETTABLE)	1	EA	BO	NA	GM	50	MG	20	01/01/2002	99/99/9999	
PROGESTERONE (U.S.P., WETTABLE)	1	EA	BO	NA	GM	50	MG	20	01/01/2002	99/99/9999	
PROGESTERONE (U.S.P., WETTABLE)	1	EA	BO	NA	GM	50	MG	20	01/01/2002	99/99/9999	
BENZOCAINE (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	01/01/2002	99/99/9999	
BENZOCAINE (U.S.P.)	1	EA	JR	NA	GM	1	EA	1	01/01/2002	99/99/9999	
BENZOCAINE (U.S.P.)	1	EA	JR	NA	GM	1	EA	1	01/01/2002	99/99/9999	
DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
04/25/2002	20			

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
38779-0071-01	KO	J7638	KO	01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
38779-0071-03		J7638		01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
38779-0071-03	KO	J7638	KO	01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
38779-0071-04		J7638		01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
38779-0071-04	KO	J7638	KO	01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
38779-0071-05		J7638		09/03/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
38779-0071-05	KO	J7638	KO	09/03/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
38779-0071-08		J7638		09/03/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
38779-0071-08	KO	J7638	KO	09/03/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
38779-0104-03		J1230		01/01/2002	99/99/9999	INJECTION, METHADONE HCL, UP TO 10 MG
38779-0104-04		J1230		01/01/2002	99/99/9999	INJECTION, METHADONE HCL, UP TO 10 MG
38779-0104-05		J1230		01/01/2002	99/99/9999	INJECTION, METHADONE HCL, UP TO 10 MG
38779-0123-04		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS
38779-0123-05		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS
38779-0123-08		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS
38779-0123-09		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	NA	NA	GM	1	MG	1000	09/03/2002	99/99/9999	
DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	NA	NA	GM	1	MG	1000	09/03/2002	99/99/9999	
DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	NA	NA	GM	1	MG	1000	09/03/2002	99/99/9999	
DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	NA	NA	GM	1	MG	1000	09/03/2002	99/99/9999	
METHADONE HCL (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2002	99/99/9999	
METHADONE HCL (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2002	99/99/9999	
METHADONE HCL (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2002	99/99/9999	
RIFAMPIN (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	01/01/2002	99/99/9999	
RIFAMPIN (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	01/01/2002	99/99/9999	
RIFAMPIN (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	01/01/2002	99/99/9999	
RIFAMPIN (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	01/01/2002	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
38779-0126-01		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS
38779-0126-03		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS
38779-0126-04		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS
38779-0126-06		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS
38779-0142-04		J7509		01/01/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG
38779-0142-06		J7509		01/01/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG
38779-0144-03		J1030		01/01/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG
38779-0144-04		J1030		01/01/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG
38779-0144-05		J1030		09/03/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG
38779-0144-06		J1030		01/01/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG
38779-0146-04		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS
38779-0146-05		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS
38779-0146-08		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS
38779-0146-09		J3490		09/03/2002	99/99/9999	UNCLASSIFIED DRUGS
38779-0150-03		J7510		01/01/2002	99/99/9999	PREDNISOLONE ORAL, PER 5 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
BETAMETHASONE ACETATE MICRONIZED (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	01/01/2002	99/99/9999	
BETAMETHASONE ACETATE MICRONIZED (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	01/01/2002	99/99/9999	
BETAMETHASONE ACETATE MICRONIZED (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	01/01/2002	99/99/9999	
BETAMETHASONE ACETATE MICRONIZED (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	01/01/2002	99/99/9999	
METHYLPREDNISOLONE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	4	MG	250	01/01/2002	99/99/9999	
METHYLPREDNISOLONE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	4	MG	250	01/01/2002	99/99/9999	
METHYLPREDNISOLONE ACETATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	40	MG	25	01/01/2002	99/99/9999	
METHYLPREDNISOLONE ACETATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	40	MG	25	01/01/2002	99/99/9999	
METHYLPREDNISOLONE ACETATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	40	MG	25	09/03/2002	99/99/9999	
METHYLPREDNISOLONE ACETATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	40	MG	25	01/01/2002	99/99/9999	
METRONIDAZOLE (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	01/01/2002	99/99/9999	
METRONIDAZOLE (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	01/01/2002	99/99/9999	
METRONIDAZOLE (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	01/01/2002	99/99/9999	
METRONIDAZOLE (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	09/03/2002	99/99/9999	
PREDNISOLONE ANHYDROUS (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
38779-0150-04		J7510		01/01/2002	99/99/9999	PREDNISOLONE ORAL, PER 5 MG
38779-0150-05		J7510		01/01/2002	99/99/9999	PREDNISOLONE ORAL, PER 5 MG
38779-0150-08		J7510		04/25/2002	99/99/9999	PREDNISOLONE ORAL, PER 5 MG
38779-0150-09		J7510		09/03/2002	99/99/9999	PREDNISOLONE ORAL, PER 5 MG
38779-0154-03		J7506		03/07/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
38779-0154-04		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
38779-0154-05		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
38779-0154-08		J7506		08/26/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
38779-0154-09		J7506		08/26/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
38779-0164-03		J1070		01/01/2002	12/31/2014	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG
38779-0164-04		J1070		01/01/2002	12/31/2014	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG
38779-0164-05		J1070		01/01/2002	12/31/2014	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG
38779-0164-08		J1070		04/30/2002	12/31/2014	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG
38779-0164-09		J1070		01/01/2002	12/31/2014	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG
38779-0165-03		J3150		01/01/2002	12/31/2014	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG
38779-0165-04		J3150		01/01/2002	12/31/2014	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG
38779-0165-05		J3150		01/01/2002	12/31/2014	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PREDNISOLONE ANHYDROUS (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	99/99/9999	
PREDNISOLONE ANHYDROUS (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	99/99/9999	
PREDNISOLONE ANHYDROUS (ANHYDROUS,MICRONIZED)	1	EA	NA	NA	GM	5	MG	200	04/25/2002	99/99/9999	
PREDNISOLONE ANHYDROUS (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	5	MG	200	09/03/2002	99/99/9999	
PREDNISONE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	5	MG	200	03/07/2002	12/31/2015	
PREDNISONE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	12/31/2015	
PREDNISONE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	12/31/2015	
PREDNISONE ANHYDROUS (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	5	MG	200	08/26/2002	12/31/2015	
PREDNISONE ANHYDROUS (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	5	MG	200	08/26/2002	12/31/2015	
TESTOSTERONE CYPIONATE (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	01/01/2002	12/31/2014	
TESTOSTERONE CYPIONATE (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	01/01/2002	12/31/2014	
TESTOSTERONE CYPIONATE (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	01/01/2002	12/31/2014	
TESTOSTERONE CYPIONATE (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	04/30/2002	12/31/2014	
TESTOSTERONE CYPIONATE (U.S.P.)	1	EA	JR	NA	GM	100	MG	10	01/01/2002	12/31/2014	
TESTOSTERONE PROPIONATE (USP,MICRONIZED)	1	EA	BO	NA	GM	100	MG	10	01/01/2002	12/31/2014	
TESTOSTERONE PROPIONATE (USP,MICRONIZED)	1	EA	BO	NA	GM	100	MG	10	01/01/2002	12/31/2014	
TESTOSTERONE PROPIONATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	100	MG	10	01/01/2002	12/31/2014	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
38779-0165-08		J3150		04/30/2002	12/31/2014	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG
38779-0166-03		J3302		01/01/2002	99/99/9999	INJECTION, TRIAMCINOLONE DIACETATE, PER 5MG
38779-0166-04		J3302		01/01/2002	99/99/9999	INJECTION, TRIAMCINOLONE DIACETATE, PER 5MG
38779-0166-05		J3302		01/01/2002	99/99/9999	INJECTION, TRIAMCINOLONE DIACETATE, PER 5MG
38779-0173-01		J0133		01/01/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG
38779-0173-04		J0133		01/01/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG
38779-0173-05		J0133		01/01/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG
38779-0173-08		J0133		01/01/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG
38779-0180-04		Q0165		03/08/2002	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
38779-0180-05		Q0165		01/01/2002	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
38779-0180-08		Q0165		01/01/2002	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
38779-0183-03		J1800		01/01/2002	99/99/9999	INJECTION, PROPRANOLOL HCL, UP TO 1 MG
38779-0183-04		J1800		01/01/2002	99/99/9999	INJECTION, PROPRANOLOL HCL, UP TO 1 MG
38779-0183-05		J1800		01/01/2002	99/99/9999	INJECTION, PROPRANOLOL HCL, UP TO 1 MG
38779-0183-08		J1800		01/01/2002	99/99/9999	INJECTION, PROPRANOLOL HCL, UP TO 1 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
TESTOSTERONE PROPIONATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	100	MG	10	04/30/2002	12/31/2014	
TRIAMCINOLONE DIACETATE (USP)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	99/99/9999	
TRIAMCINOLONE DIACETATE (USP)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	99/99/9999	
TRIAMCINOLONE DIACETATE (USP)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	99/99/9999	
ACYCLOVIR (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2006	99/99/9999	
ACYCLOVIR (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2006	99/99/9999	
ACYCLOVIR (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2006	99/99/9999	
ACYCLOVIR (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2006	99/99/9999	
PROCHLORPERAZINE MALEATE (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	03/08/2002	12/31/2013	
PROCHLORPERAZINE MALEATE (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2002	12/31/2013	
PROCHLORPERAZINE MALEATE (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2002	12/31/2013	
PROPRANOLOL HCL (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
PROPRANOLOL HCL (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
PROPRANOLOL HCL (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
PROPRANOLOL HCL (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
38779-0185-04		J7609		01/01/2007	99/99/9999	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
38779-0185-04	KO	J7609	KO	01/01/2007	99/99/9999	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
38779-0185-05		J7609		01/01/2007	99/99/9999	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
38779-0185-05	KO	J7609	KO	01/01/2007	99/99/9999	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
63323-0517-74		J1644		06/15/2018	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS
63323-0518-77		J1644		06/15/2018	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS
63323-0522-77		J1644		06/15/2018	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS
38779-0191-03		J0285		01/01/2002	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG
38779-0191-04		J0285		01/01/2002	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG
38779-0191-05		J0285		01/01/2002	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG
38779-0191-06		J0285		11/27/2003	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG
38779-0191-08		J0285		01/01/2002	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG
63323-0523-74		J1644		06/15/2018	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS
38779-0194-03		J0515		01/01/2002	10/17/2016	INJECTION, BENZTROPINE MESYLATE, PER 1 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
ALBUTEROL SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	99/99/9999	
ALBUTEROL SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	99/99/9999	
ALBUTEROL SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	99/99/9999	
ALBUTEROL SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	99/99/9999	
HEPARIN SODIUM-SODIUM CHLORIDE (FREEFLEX BAG,LATEX-FREE) 25000 U/250 ML-0.45%	250	ML	BG	IV	ML	1000	U	0.1	06/15/2018	99/99/9999	
HEPARIN SODIUM-SODIUM CHLORIDE (FREEFLEX BAG,LATEX-FREE) 25000 U/500 ML-0.45%	500	ML	BG	IV	ML	1000	U	0.05	06/15/2018	99/99/9999	
HEPARIN SODIUM-DEXTROSE (FREEFLEX BAG,LATEX-FREE) 5%-25000 U/500 ML	500	ML	BG	IV	ML	1000	U	0.05	06/15/2018	99/99/9999	
AMPHOTERICIN B (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	01/01/2002	99/99/9999	
AMPHOTERICIN B (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	01/01/2002	99/99/9999	
AMPHOTERICIN B (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	01/01/2002	99/99/9999	
AMPHOTERICIN B (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	11/27/2003	99/99/9999	
AMPHOTERICIN B (U.S.P.)	1	EA	JR	NA	GM	50	MG	20	01/01/2002	99/99/9999	
HEPARIN SODIUM-DEXTROSE (FREEFLEX BAG,LATEX-FREE) 5%-25000 U/250 ML	250	ML	BG	IV	ML	1000	U	0.1	06/15/2018	99/99/9999	
BENZTROPINE MESYLATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	10/17/2016	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
38779-0195-01		J7624		01/01/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
38779-0195-01	KO	J7624	KO	01/01/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
38779-0195-03		J7624		01/01/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
38779-0195-03	KO	J7624	KO	01/01/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
38779-0195-06		J7624		01/01/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
38779-0195-06	KO	J7624	KO	01/01/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
38779-0198-00		J7627		01/01/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG
38779-0198-00	KO	J7627	KO	01/01/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG
38779-0198-03		J7627		01/01/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG
38779-0198-03	KO	J7627	KO	01/01/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG
38779-0198-04		J7626		04/19/2002	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG
38779-0198-04	KO	J7626	KO	04/19/2002	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG
38779-0198-05		J7627		01/01/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
BUDESONIDE (MICRONIZED)	1	EA	BO	NA	GM	0.5	MG	2000	01/01/2006	99/99/9999	
BUDESONIDE (MICRONIZED)	1	EA	BO	NA	GM	0.5	MG	2000	01/01/2006	99/99/9999	
BUDESONIDE (MICRONIZED)	1	EA	BO	NA	GM	0.5	MG	2000	01/01/2006	99/99/9999	
BUDESONIDE (MICRONIZED)	1	EA	BO	NA	GM	0.5	MG	2000	01/01/2006	99/99/9999	
BUDESONIDE (MICRONIZED)	1	EA	BO	NA	GM	0.5	MG	2000	09/26/2008	99/99/9999	04/19/2002
BUDESONIDE (MICRONIZED)	1	EA	BO	NA	GM	0.5	MG	2000	09/26/2008	99/99/9999	04/19/2002
BUDESONIDE (MICRONIZED,MICRONIZED)	1	EA	NA	NA	GM	0.5	MG	2000	01/01/2006	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
04/25/2002	2000			
04/25/2002	2000			

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
38779-0198-05	KO	J7627	KO	01/01/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG
38779-0198-06		J7627		01/01/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG
38779-0198-06	KO	J7627	KO	01/01/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG
38779-0215-00		J1160		02/05/2002	10/17/2016	INJECTION, DIGOXIN, UP TO 0.5 MG
38779-0215-06		J1160		02/05/2002	10/17/2016	INJECTION, DIGOXIN, UP TO 0.5 MG
38779-0215-09		J1160		02/05/2002	99/99/9999	INJECTION, DIGOXIN, UP TO 0.5 MG
38779-0216-04		J1165		01/01/2002	99/99/9999	INJECTION, PHENYTOIN SODIUM, PER 50 MG
38779-0216-05		J1165		01/01/2002	99/99/9999	INJECTION, PHENYTOIN SODIUM, PER 50 MG
38779-0216-08		J1165		01/01/2002	99/99/9999	INJECTION, PHENYTOIN SODIUM, PER 50 MG
38779-0230-03		J7645		01/01/2007	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
38779-0230-03	KO	J7645	KO	01/01/2007	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
38779-0230-04		J7645		01/01/2007	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
38779-0230-04	KO	J7645	KO	01/01/2007	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
38779-0230-05		J7645		01/01/2007	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
38779-0230-05	KO	J7645	KO	01/01/2007	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
38779-0230-06		J7645		01/01/2007	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
BUDESONIDE (MICRONIZED,MICRONIZED)	1	EA	NA	NA	GM	0.5	MG	2000	01/01/2006	99/99/9999	
BUDESONIDE (MICRONIZED)	1	EA	BO	NA	GM	0.5	MG	2000	01/01/2006	99/99/9999	
BUDESONIDE (MICRONIZED)	1	EA	BO	NA	GM	0.5	MG	2000	01/01/2006	99/99/9999	
DIGOXIN (U.S.P.)	1	EA	BO	NA	GM	0.5	MG	2000	02/05/2002	10/17/2016	
DIGOXIN (U.S.P.)	1	EA	BO	NA	GM	0.5	MG	2000	02/05/2002	10/17/2016	
DIGOXIN (U.S.P.)	1	EA	BO	NA	GM	0.5	MG	2000	02/05/2002	99/99/9999	
PHENYTOIN SODIUM (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	01/01/2002	99/99/9999	
PHENYTOIN SODIUM (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	01/01/2002	99/99/9999	
PHENYTOIN SODIUM (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	01/01/2002	99/99/9999	
IPRATROPIUM BROMIDE	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	99/99/9999	
IPRATROPIUM BROMIDE	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	99/99/9999	
IPRATROPIUM BROMIDE	1	EA	JR	NA	GM	1	MG	1000	01/01/2007	99/99/9999	
IPRATROPIUM BROMIDE	1	EA	JR	NA	GM	1	MG	1000	01/01/2007	99/99/9999	
IPRATROPIUM BROMIDE	1	EA	JR	NA	GM	1	MG	1000	01/01/2007	99/99/9999	
IPRATROPIUM BROMIDE	1	EA	JR	NA	GM	1	MG	1000	01/01/2007	99/99/9999	
IPRATROPIUM BROMIDE	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
38779-0230-06	KO	J7645	KO	01/01/2007	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
38779-0247-04		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
38779-0247-05		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
38779-0253-04		J2550		01/01/2002	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG
38779-0253-05		J2550		01/01/2002	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG
38779-0253-08		J2550		01/01/2002	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG
38779-0253-09		J2550		09/03/2002	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG
38779-0274-03		J3370		01/01/2002	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG
38779-0274-04		J3370		01/01/2002	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG
38779-0274-06		J3370		01/01/2002	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG
38779-0281-04		J1240		02/05/2002	99/99/9999	INJECTION, DIMENHYDRINATE, UP TO 50 MG
38779-0281-05		J1240		02/05/2002	10/17/2016	INJECTION, DIMENHYDRINATE, UP TO 50 MG
38779-0281-08		J1240		02/05/2002	10/17/2016	INJECTION, DIMENHYDRINATE, UP TO 50 MG
38779-0282-04		J1200		01/01/2002	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG
38779-0282-05		J1200		01/01/2002	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG
38779-0282-08		J1200		01/01/2002	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG
38779-0282-09		J1200		04/22/2002	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG
38779-0295-03		J0278		01/01/2006	99/99/9999	INJECTION, AMIKACIN SULFATE, 100 MG
38779-0295-04		J0278		01/01/2006	99/99/9999	INJECTION, AMIKACIN SULFATE, 100 MG
38779-0295-05		J0278		01/01/2006	99/99/9999	INJECTION, AMIKACIN SULFATE, 100 MG
38779-0298-04		J3410		04/30/2002	99/99/9999	INJECTION, HYDROXYZINE HCL, UP TO 25 MG
38779-0298-05		J3410		04/30/2002	99/99/9999	INJECTION, HYDROXYZINE HCL, UP TO 25 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
IPRATROPIUM BROMIDE	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	99/99/9999	
PHENYLEPHRINE HCL (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	01/01/2002	99/99/9999	
PHENYLEPHRINE HCL (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	01/01/2002	99/99/9999	
PROMETHAZINE HCL (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	01/01/2002	99/99/9999	
PROMETHAZINE HCL (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	01/01/2002	99/99/9999	
PROMETHAZINE HCL (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	01/01/2002	99/99/9999	
PROMETHAZINE HCL	1	EA	NA	NA	GM	50	MG	20	09/03/2002	99/99/9999	
VANCOMYCIN HCL (U.S.P.)	1	EA	BO	NA	GM	500	MG	2	01/01/2002	99/99/9999	
VANCOMYCIN HCL (U.S.P.)	1	EA	BO	NA	GM	500	MG	2	01/01/2002	99/99/9999	
VANCOMYCIN HCL (U.S.P.)	1	EA	BO	NA	GM	500	MG	2	01/01/2002	99/99/9999	
DIMENHYDRINATE (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	02/05/2002	99/99/9999	
DIMENHYDRINATE (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	02/05/2002	10/17/2016	
DIMENHYDRINATE (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	02/05/2002	10/17/2016	
DIPHENHYDRAMINE HCL (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	01/01/2002	99/99/9999	
DIPHENHYDRAMINE HCL (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	01/01/2002	99/99/9999	
DIPHENHYDRAMINE HCL (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	01/01/2002	99/99/9999	
DIPHENHYDRAMINE HCL (U.S.P.)	1	EA	NA	NA	GM	50	MG	20	04/22/2002	99/99/9999	
AMIKACIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	01/01/2006	99/99/9999	
AMIKACIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	01/01/2006	99/99/9999	
AMIKACIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	01/01/2006	99/99/9999	
HYDROXYZINE HCL (U.S.P.)	1	EA	BO	NA	GM	25	MG	40	04/30/2002	99/99/9999	
HYDROXYZINE HCL (U.S.P.)	1	EA	BO	NA	GM	25	MG	40	04/30/2002	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
38779-0301-03		J7632		01/01/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS
38779-0301-03	KO	J7632	KO	01/01/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS
38779-0301-04		J7632		01/01/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS
38779-0301-04	KO	J7632	KO	01/01/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS
38779-0301-05		J7632		01/01/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS
38779-0301-05	KO	J7632	KO	01/01/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS
38779-0301-08		J7632		01/01/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS
38779-0301-08	KO	J7632	KO	01/01/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS
38779-0301-09		J7632		01/01/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS
38779-0301-09	KO	J7632	KO	01/01/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS
38779-0303-03		J1110		01/01/2002	99/99/9999	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG
38779-0303-06		J1110		01/01/2002	10/17/2016	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG
38779-0319-01		J7685		01/01/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS
38779-0319-01	KO	J7685	KO	01/01/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2008	99/99/9999	
CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2008	99/99/9999	
CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2008	99/99/9999	
CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2008	99/99/9999	
CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2008	99/99/9999	
CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2008	99/99/9999	
CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2008	99/99/9999	
CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2008	99/99/9999	
CROMOLYN SODIUM (U.S.P.)	1	EA	JR	NA	GM	10	MG	100	01/01/2008	99/99/9999	
CROMOLYN SODIUM (U.S.P.)	1	EA	JR	NA	GM	10	MG	100	01/01/2008	99/99/9999	
DIHYDROERGOTAMINE MESYLATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
DIHYDROERGOTAMINE MESYLATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	10/17/2016	
TOBRAMYCIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2007	99/99/9999	
TOBRAMYCIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2007	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
38779-0319-03		J7685		01/01/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS
38779-0319-03	KO	J7685	KO	01/01/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS
38779-0319-04		J7685		01/01/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS
38779-0319-04	KO	J7685	KO	01/01/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS
38779-0319-05		J7685		01/01/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS
38779-0319-05	KO	J7685	KO	01/01/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS
38779-0319-06		J7685		01/01/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS
38779-0319-06	KO	J7685	KO	01/01/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS
38779-0324-03		J1730		01/01/2002	99/99/9999	INJECTION, DIAZOXIDE, UP TO 300 MG
38779-0324-04		J1730		01/01/2002	99/99/9999	INJECTION, DIAZOXIDE, UP TO 300 MG
38779-0324-06		J1730		01/01/2002	99/99/9999	INJECTION, DIAZOXIDE, UP TO 300 MG
38779-0330-01		J1630		01/01/2002	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG
38779-0330-03		J1630		01/01/2002	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG
38779-0330-04		J1630		01/01/2002	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG
38779-0330-05		J1630		01/01/2002	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG
38779-0330-06		J1630		01/01/2002	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG
38779-0364-01		J7622		02/07/2002	99/99/9999	BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
TOBRAMYCIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2007	99/99/9999	
TOBRAMYCIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2007	99/99/9999	
TOBRAMYCIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2007	99/99/9999	
TOBRAMYCIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2007	99/99/9999	
TOBRAMYCIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2007	99/99/9999	
TOBRAMYCIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2007	99/99/9999	
TOBRAMYCIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2007	99/99/9999	
TOBRAMYCIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2007	99/99/9999	
DIAZOXIDE (U.S.P.)	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2002	99/99/9999	
DIAZOXIDE (U.S.P.)	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2002	99/99/9999	
DIAZOXIDE (U.S.P.)	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2002	99/99/9999	
HALOPERIDOL (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	99/99/9999	
HALOPERIDOL (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	99/99/9999	
HALOPERIDOL (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	99/99/9999	
HALOPERIDOL (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	99/99/9999	
HALOPERIDOL (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	99/99/9999	
BECLOMETHASONE DIPROPIONATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	02/07/2002	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
38779-0364-01	KO	J7622	KO	02/07/2002	99/99/9999	BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
38779-0364-03		J7622		02/07/2002	99/99/9999	BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
38779-0364-03	KO	J7622	KO	02/07/2002	99/99/9999	BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
38779-0364-06		J7622		02/07/2002	99/99/9999	BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
38779-0364-06	KO	J7622	KO	02/07/2002	99/99/9999	BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
38779-0388-03		J0475		01/01/2002	99/99/9999	INJECTION, BACLOFEN, 10 MG
38779-0388-04		J0475		01/01/2002	99/99/9999	INJECTION, BACLOFEN, 10 MG
38779-0388-05		J0475		01/01/2002	99/99/9999	INJECTION, BACLOFEN, 10 MG
38779-0388-09		J0475		04/22/2002	99/99/9999	INJECTION, BACLOFEN, 10 MG
38779-0393-03		J0520		01/01/2002	10/17/2016	INJECTION, BETHANECHOL CHLORIDE, MYOTONACHOL OR URECHOLINE, UP TO 5 MG
38779-0393-04		J0520		01/01/2002	10/17/2016	INJECTION, BETHANECHOL CHLORIDE, MYOTONACHOL OR URECHOLINE, UP TO 5 MG
38779-0393-05		J0520		04/19/2002	10/17/2016	INJECTION, BETHANECHOL CHLORIDE, MYOTONACHOL OR URECHOLINE, UP TO 5 MG
38779-0393-06		J0520		01/01/2002	10/17/2016	INJECTION, BETHANECHOL CHLORIDE, MYOTONACHOL OR URECHOLINE, UP TO 5 MG
38779-0403-01		J2765		04/25/2002	99/99/9999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG
38779-0403-04		J2765		01/01/2002	99/99/9999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG
38779-0403-05		J2765		01/01/2002	99/99/9999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
BECLOMETHASONE DIPROPIONATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	02/07/2002	99/99/9999	
BECLOMETHASONE DIPROPIONATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	02/07/2002	99/99/9999	
BECLOMETHASONE DIPROPIONATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	02/07/2002	99/99/9999	
BECLOMETHASONE DIPROPIONATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	02/07/2002	99/99/9999	
BECLOMETHASONE DIPROPIONATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	02/07/2002	99/99/9999	
BACLOFEN (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2002	99/99/9999	
BACLOFEN (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2002	99/99/9999	
BACLOFEN (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2002	99/99/9999	
BACLOFEN (U.S.P.)	1	EA	JR	NA	GM	10	MG	100	04/22/2002	99/99/9999	
BETHANECHOL CHLORIDE (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	10/17/2016	
BETHANECHOL CHLORIDE (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	10/17/2016	
BETHANECHOL CHLORIDE (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	04/19/2002	10/17/2016	
BETHANECHOL CHLORIDE (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	10/17/2016	
METOCLOPRAMIDE HCL (U.S.P.)	1	EA	JR	NA	GM	10	MG	100	04/25/2002	99/99/9999	
METOCLOPRAMIDE HCL (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2002	99/99/9999	
METOCLOPRAMIDE HCL (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2002	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
38779-0405-01		J7638		01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
38779-0405-01	KO	J7638	KO	01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
38779-0405-03		J7638		01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
38779-0405-03	KO	J7638	KO	01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
38779-0405-04		J7638		01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
38779-0405-04	KO	J7638	KO	01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
38779-0405-05		J7638		01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
38779-0405-05	KO	J7638	KO	01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
38779-0405-06		J7638		01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
38779-0405-06	KO	J7638	KO	01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
38779-0423-04		J3230		01/01/2002	99/99/9999	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG
38779-0423-05		J3230		01/01/2002	99/99/9999	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG
38779-0454-03		J2440		01/01/2002	99/99/9999	INJECTION, PAPAVERINE HCL, UP TO 60 MG
38779-0454-04		J2440		01/01/2002	99/99/9999	INJECTION, PAPAVERINE HCL, UP TO 60 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
DEXAMETHASONE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
DEXAMETHASONE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
DEXAMETHASONE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
DEXAMETHASONE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
DEXAMETHASONE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
DEXAMETHASONE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
DEXAMETHASONE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
DEXAMETHASONE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
DEXAMETHASONE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
DEXAMETHASONE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
CHLORPROMAZINE HCL (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	01/01/2002	99/99/9999	
CHLORPROMAZINE HCL (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	01/01/2002	99/99/9999	
PAPAVERINE HYDROCHLORIDE (U.S.P.)	1	EA	BO	NA	GM	60	MG	16.66666	01/01/2002	99/99/9999	
PAPAVERINE HYDROCHLORIDE (U.S.P.)	1	EA	BO	NA	GM	60	MG	16.66666	01/01/2002	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
38779-0454-05		J2440		01/01/2002	99/99/9999	INJECTION, PAPAVERINE HCL, UP TO 60 MG
38779-0468-03		J3420		04/25/2003	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG
38779-0468-04		J3420		04/25/2003	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG
38779-0468-05		J3420		04/25/2003	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG
38779-0468-06		J3420		04/25/2003	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG
38779-0495-04		J7604		01/01/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM
38779-0495-04	KO	J7604	KO	01/01/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM
38779-0495-05		J7604		01/01/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM
38779-0495-05	KO	J7604	KO	01/01/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM
38779-0495-08		J7604		01/01/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM
38779-0495-08	KO	J7604	KO	01/01/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM
38779-0495-09		J7604		01/01/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM
38779-0495-09	KO	J7604	KO	01/01/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM
38779-0534-05		J3490		04/25/2002	99/99/9999	UNCLASSIFIED DRUGS
38779-0534-08		J3490		04/25/2002	99/99/9999	UNCLASSIFIED DRUGS
38779-0534-09		J3490		04/25/2002	99/99/9999	UNCLASSIFIED DRUGS
38779-0536-04		J2780		05/20/2002	99/99/9999	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PAPAVERINE HYDROCHLORIDE (U.S.P.)	1	EA	BO	NA	GM	60	MG	16.66666	01/01/2002	99/99/9999	
CYANOCOBALAMIN (U.S.P.)	1	EA	BO	NA	GM	1000	MCG	1000	04/25/2003	99/99/9999	
CYANOCOBALAMIN (U.S.P.)	1	EA	BO	NA	GM	1000	MCG	1000	04/25/2003	99/99/9999	
CYANOCOBALAMIN (U.S.P.)	1	EA	BO	NA	GM	1000	MCG	1000	04/25/2003	99/99/9999	
CYANOCOBALAMIN (U.S.P.)	1	EA	BO	NA	GM	1000	MCG	1000	04/25/2003	99/99/9999	
ACETYLCYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1	GM	1	01/01/2008	99/99/9999	
ACETYLCYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1	GM	1	01/01/2008	99/99/9999	
ACETYLCYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1	GM	1	01/01/2008	99/99/9999	
ACETYLCYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1	GM	1	01/01/2008	99/99/9999	
ACETYLCYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1	GM	1	01/01/2008	99/99/9999	
ACETYLCYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1	GM	1	01/01/2008	99/99/9999	
ACETYLCYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1	GM	1	01/01/2008	99/99/9999	
ACETYLCYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1	GM	1	01/01/2008	99/99/9999	
CIPROFLOXACIN HCL (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	04/25/2002	99/99/9999	
CIPROFLOXACIN HCL (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	04/25/2002	99/99/9999	
CIPROFLOXACIN HCL (U.S.P.)	1	EA	JR	NA	GM	1	EA	1	04/25/2002	99/99/9999	
RANITIDINE HCL (U.S.P.)	1	EA	JR	NA	GM	25	MG	40	05/20/2002	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
38779-0536-05		J2780		05/20/2002	99/99/9999	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG
38779-0536-08		J2780		05/20/2002	99/99/9999	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG
38779-0536-09		J2780		05/20/2002	99/99/9999	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG
38779-0561-01		J0735		01/01/2002	99/99/9999	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG
38779-0561-03		J0735		01/01/2002	99/99/9999	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG
38779-0561-04		J0735		09/03/2002	99/99/9999	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG
38779-0561-06		J0735		01/01/2002	99/99/9999	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG
38779-0571-05		J0280		01/01/2002	10/17/2016	INJECTION, AMINOPHYLLIN, UP TO 250 MG
38779-0571-08		J0280		01/01/2002	10/17/2016	INJECTION, AMINOPHYLLIN, UP TO 250 MG
38779-0599-01		J2150		01/01/2002	99/99/9999	INJECTION, MANNITOL, 25% IN 50 ML
38779-0599-08		J2150		01/01/2002	99/99/9999	INJECTION, MANNITOL, 25% IN 50 ML
38779-0599-09		J2150		01/01/2002	99/99/9999	INJECTION, MANNITOL, 25% IN 50 ML
38779-0655-04		J3490		08/21/2002	99/99/9999	UNCLASSIFIED DRUGS
38779-0655-05		J3490		08/21/2002	99/99/9999	UNCLASSIFIED DRUGS
38779-0655-08		J3490		08/21/2002	99/99/9999	UNCLASSIFIED DRUGS
38779-0660-03		J7516		02/06/2002	99/99/9999	CYCLOSPORIN, PARENTERAL, 250 MG
38779-0660-04		J7516		02/06/2002	99/99/9999	CYCLOSPORIN, PARENTERAL, 250 MG
38779-0660-05		J7516		02/06/2002	99/99/9999	CYCLOSPORIN, PARENTERAL, 250 MG
38779-0660-06		J7516		02/06/2002	99/99/9999	CYCLOSPORIN, PARENTERAL, 250 MG
38779-0673-03		J2271		01/01/2002	12/31/2014	INJECTION, MORPHINE SULFATE, 100MG
38779-0673-04		J2271		01/01/2002	12/31/2014	INJECTION, MORPHINE SULFATE, 100MG
38779-0673-05		J2271		01/01/2002	12/31/2014	INJECTION, MORPHINE SULFATE, 100MG
38779-0673-07		J2271		01/01/2002	12/31/2014	INJECTION, MORPHINE SULFATE, 100MG
38779-0679-03		J0745		01/01/2002	99/99/9999	INJECTION, CODEINE PHOSPHATE, PER 30 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
RANITIDINE HCL (U.S.P.)	1	EA	JR	NA	GM	25	MG	40	05/20/2002	99/99/9999	
RANITIDINE HCL (U.S.P.)	1	EA	JR	NA	GM	25	MG	40	05/20/2002	99/99/9999	
RANITIDINE HCL (U.S.P.)	1	EA	JR	NA	GM	25	MG	40	05/20/2002	99/99/9999	
CLONIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
CLONIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
CLONIDINE HCL (U.S.P.)	1	EA	JR	NA	GM	1	MG	1000	09/03/2002	99/99/9999	
CLONIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
AMINOPHYLLINE DIHYDRATE (U.S.P.)	1	EA	BO	NA	GM	250	MG	4	09/26/2008	10/17/2016	01/01/2002
AMINOPHYLLINE DIHYDRATE (U.S.P.)	1	EA	BO	NA	GM	250	MG	4	09/26/2008	10/17/2016	01/01/2002
MANNITOL (U.S.P.)	1	EA	BO	NA	GM	50	ML	0.08	01/01/2002	99/99/9999	
MANNITOL (U.S.P.)	1	EA	BO	NA	GM	50	ML	0.08	01/01/2002	99/99/9999	
MANNITOL (USP,D-MANNITOL)	1	EA	BO	NA	GM	50	ML	0.08	01/01/2002	99/99/9999	
FAMOTIDINE (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	08/21/2002	99/99/9999	
FAMOTIDINE (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	08/21/2002	99/99/9999	
FAMOTIDINE (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	08/21/2002	99/99/9999	
CYCLOSPORIN A	1	EA	BO	NA	GM	250	MG	4	02/06/2002	99/99/9999	
CYCLOSPORIN A	1	EA	BO	NA	GM	250	MG	4	02/06/2002	99/99/9999	
CYCLOSPORIN A	1	EA	BO	NA	GM	250	MG	4	02/06/2002	99/99/9999	
CYCLOSPORIN A	1	EA	BO	NA	GM	250	MG	4	02/06/2002	99/99/9999	
MORPHINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	01/01/2002	12/31/2014	
MORPHINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	01/01/2002	12/31/2014	
MORPHINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	01/01/2002	12/31/2014	
MORPHINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	01/01/2002	12/31/2014	
CODEINE PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	30	MG	33.33333	01/01/2002	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
11/27/2003	4			
11/27/2003	4			

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
38779-0679-04		J0745		01/01/2002	99/99/9999	INJECTION, CODEINE PHOSPHATE, PER 30 MG
38779-0679-05		J0745		01/01/2002	99/99/9999	INJECTION, CODEINE PHOSPHATE, PER 30 MG
38779-0731-01		J1170		04/23/2002	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG
38779-0731-03		J1170		01/01/2002	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG
38779-0731-04		J1170		01/01/2002	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG
38779-0731-05		J1170		09/27/2007	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG
38779-0731-06		J1170		01/01/2002	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG
38779-0767-03		J2310		01/01/2002	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG
38779-0767-06		J2310		01/01/2002	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG
38779-0855-03		J3130		04/25/2002	12/31/2014	INJECTION, TESTOSTERONE ENANTHATE, UP TO 200 MG
38779-0855-04		J3130		04/25/2002	12/31/2014	INJECTION, TESTOSTERONE ENANTHATE, UP TO 200 MG
38779-0873-04		J3415		01/01/2004	99/99/9999	INJECTION, PYRIDOXINE HCL, 100 MG
38779-0873-05		J3415		01/01/2004	99/99/9999	INJECTION, PYRIDOXINE HCL, 100 MG
38779-0873-08		J3415		01/01/2004	99/99/9999	INJECTION, PYRIDOXINE HCL, 100 MG
38779-0873-09		J3415		01/01/2004	99/99/9999	INJECTION, PYRIDOXINE HCL, 100 MG
38779-0885-03		J1960		11/22/2002	99/99/9999	INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MG
38779-0885-06		J1960		11/22/2002	99/99/9999	INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MG
38779-0888-00		J0592		01/01/2003	99/99/9999	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG
38779-0888-06		J0592		01/01/2003	99/99/9999	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG
38779-0888-09		J0592		01/01/2003	99/99/9999	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG
38779-0891-03		J1435		01/01/2002	99/99/9999	INJECTION, ESTRONE, PER 1 MG
38779-0891-04		J1435		01/01/2002	99/99/9999	INJECTION, ESTRONE, PER 1 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
CODEINE PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	30	MG	33.33333	01/01/2002	99/99/9999	
CODEINE PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	30	MG	33.33333	01/01/2002	99/99/9999	
HYDROMORPHONE HCL (U.S.P.)	1	EA	BO	NA	GM	4	MG	250	04/23/2002	99/99/9999	
HYDROMORPHONE HCL (U.S.P.)	1	EA	BO	NA	GM	4	MG	250	01/01/2002	99/99/9999	
HYDROMORPHONE HCL (U.S.P.)	1	EA	BO	NA	GM	4	MG	250	01/01/2002	99/99/9999	
HYDROMORPHONE HCL (1X100GM)	1	EA	JR	NA	GM	4	MG	250	09/27/2007	99/99/9999	
HYDROMORPHONE HCL (U.S.P.)	1	EA	BO	NA	GM	4	MG	250	01/01/2002	99/99/9999	
NALOXONE HCL DIHYDRATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
NALOXONE HCL DIHYDRATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
TESTOSTERONE ENANTHATE	1	EA	NA	NA	GM	200	MG	5	04/25/2002	12/31/2014	
TESTOSTERONE ENANTHATE	1	EA	NA	NA	GM	200	MG	5	04/25/2002	12/31/2014	
PYRIDOXINE HCL (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	01/01/2004	99/99/9999	
PYRIDOXINE HCL (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	01/01/2004	99/99/9999	
PYRIDOXINE HCL (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	01/01/2004	99/99/9999	
PYRIDOXINE HCL (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	01/01/2004	99/99/9999	
LEVORPHANOL TARTRATE (U.S.P.)	1	EA	BO	NA	GM	2	MG	500	11/22/2002	99/99/9999	
LEVORPHANOL TARTRATE (U.S.P.)	1	EA	BO	NA	GM	2	MG	500	11/22/2002	99/99/9999	
BUPRENORPHINE HYDROCHLORIDE (U.S.P.)	1	EA	BO	NA	GM	0.1	MG	10000	01/01/2003	99/99/9999	
BUPRENORPHINE HYDROCHLORIDE (U.S.P.)	1	EA	BO	NA	GM	0.1	MG	10000	01/01/2003	99/99/9999	
BUPRENORPHINE HYDROCHLORIDE (U.S.P.)	1	EA	BO	NA	GM	0.1	MG	10000	01/01/2003	99/99/9999	
ESTRONE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
ESTRONE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
38779-0891-05		J1435		08/21/2002	99/99/9999	INJECTION, ESTRONE, PER 1 MG
38779-0891-06		J1435		01/01/2002	99/99/9999	INJECTION, ESTRONE, PER 1 MG
38779-0927-01		J2060		01/01/2002	99/99/9999	INJECTION, LORAZEPAM, 2 MG
38779-0927-03		J2060		01/01/2002	99/99/9999	INJECTION, LORAZEPAM, 2 MG
38779-0927-04		J2060		01/01/2002	99/99/9999	INJECTION, LORAZEPAM, 2 MG
38779-0927-05		J2060		01/01/2002	99/99/9999	INJECTION, LORAZEPAM, 2 MG
38779-0927-06		J2060		01/01/2002	99/99/9999	INJECTION, LORAZEPAM, 2 MG
38779-0927-08		J2060		01/01/2002	99/99/9999	INJECTION, LORAZEPAM, 2 MG
38779-0944-07		J0270		01/01/2002	99/99/9999	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)
38779-0944-09		J0270		01/01/2002	99/99/9999	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)
38779-0989-04		J3490		01/28/2002	99/99/9999	UNCLASSIFIED DRUGS
38779-0989-05		J3490		01/28/2002	99/99/9999	UNCLASSIFIED DRUGS
38779-0989-08		J3490		01/28/2002	99/99/9999	UNCLASSIFIED DRUGS
38779-0989-09		J3490		01/28/2002	99/99/9999	UNCLASSIFIED DRUGS
38779-1502-00		J2760		01/01/2002	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG
38779-1502-03		J2760		05/22/2002	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG
38779-1502-06		J2760		01/01/2002	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG
38779-1502-09		J2760		05/22/2002	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG
38779-1756-00		J3010		01/01/2002	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG
38779-1756-03		J3010		04/23/2002	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG
38779-1756-06		J3010		01/01/2002	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
ESTRONE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	08/21/2002	99/99/9999	
ESTRONE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
LORAZEPAM (U.S.P.)	1	EA	BO	NA	GM	2	MG	500	01/01/2002	99/99/9999	
LORAZEPAM (U.S.P.)	1	EA	BO	NA	GM	2	MG	500	01/01/2002	99/99/9999	
LORAZEPAM (U.S.P.)	1	EA	BO	NA	GM	2	MG	500	01/01/2002	99/99/9999	
LORAZEPAM (U.S.P.)	1	EA	BO	NA	GM	2	MG	500	01/01/2002	99/99/9999	
LORAZEPAM (U.S.P.)	1	EA	BO	NA	GM	2	MG	500	01/01/2002	99/99/9999	
LORAZEPAM (U.S.P.)	1	EA	BO	NA	GM	2	MG	500	01/01/2002	99/99/9999	
ALPROSTADIL (U.S.P.)	1	EA	BO	NA	GM	1.25	MCG	800000	01/01/2002	99/99/9999	
ALPROSTADIL (U.S.P.)	1	EA	BO	NA	GM	1.25	MCG	800000	01/01/2002	99/99/9999	
AMINOCAPROIC ACID (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	01/28/2002	99/99/9999	
AMINOCAPROIC ACID (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	01/28/2002	99/99/9999	
AMINOCAPROIC ACID (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	01/28/2002	99/99/9999	
AMINOCAPROIC ACID (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	01/28/2002	99/99/9999	
PHENTOLAMINE MESYLATE (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	99/99/9999	
PHENTOLAMINE MESYLATE (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	05/22/2002	99/99/9999	
PHENTOLAMINE MESYLATE (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	99/99/9999	
PHENTOLAMINE MESYLATE (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	05/22/2002	99/99/9999	
FENTANYL CITRATE (U.S.P.)	1	EA	BO	NA	GM	0.1	MG	10000	01/01/2002	99/99/9999	
FENTANYL CITRATE (U.S.P.)	1	EA	JR	NA	GM	0.1	MG	10000	04/23/2002	99/99/9999	
FENTANYL CITRATE (U.S.P.)	1	EA	JR	NA	GM	0.1	MG	10000	01/01/2002	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
38779-1756-09		J3010		01/01/2002	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG
38779-1764-00		J0364		01/01/2007	99/99/9999	INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG
38779-1764-03		J0364		01/01/2007	99/99/9999	INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG
38779-1764-06		J0364		01/01/2007	99/99/9999	INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG
38779-1766-03		J2175		01/01/2002	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG
38779-1766-04		J2175		01/01/2002	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG
38779-1766-05		J2175		01/01/2002	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG
38779-1901-03		J1000		01/01/2002	99/99/9999	INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG
38779-1901-04		J1000		01/01/2002	99/99/9999	INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG
38779-1901-05		J1000		01/01/2002	99/99/9999	INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG
38779-1905-01		J1094		01/01/2003	99/99/9999	INJECTION, DEXAMETHASONE ACETATE, 1 MG
38779-1905-03		J1094		01/01/2003	99/99/9999	INJECTION, DEXAMETHASONE ACETATE, 1 MG
38779-1905-04		J1094		01/01/2003	99/99/9999	INJECTION, DEXAMETHASONE ACETATE, 1 MG
38779-1905-05		J1094		01/01/2003	99/99/9999	INJECTION, DEXAMETHASONE ACETATE, 1 MG
38779-1931-01		J1835		04/25/2002	99/99/9999	INJECTION, ITRACONAZOLE, 50 MG
38779-1943-05		J2800		04/25/2002	99/99/9999	INJECTION, METHOCARBAMOL, UP TO 10 ML
38779-1943-08		J2800		04/25/2002	99/99/9999	INJECTION, METHOCARBAMOL, UP TO 10 ML
38779-1943-09		J2800		04/25/2002	99/99/9999	INJECTION, METHOCARBAMOL, UP TO 10 ML
38779-1968-07		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS
38779-1968-09		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
FENTANYL CITRATE (U.S.P.)	1	EA	BO	NA	GM	0.1	MG	10000	01/01/2002	99/99/9999	
APOMORPHINE HCL (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	99/99/9999	
APOMORPHINE HCL (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	99/99/9999	
APOMORPHINE HCL (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	99/99/9999	
MEPERIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	01/01/2002	99/99/9999	
MEPERIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	01/01/2002	99/99/9999	
MEPERIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	01/01/2002	99/99/9999	
ESTRADIOL CYPIONATE (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	99/99/9999	
ESTRADIOL CYPIONATE (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	99/99/9999	
ESTRADIOL CYPIONATE (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	99/99/9999	
DEXAMETHASONE ACETATE MICRONIZED (ANHYDROUS)	1	EA	NA	NA	GM	1	MG	1000	01/01/2003	99/99/9999	
DEXAMETHASONE ACETATE MICRONIZED (ANHYDROUS)	1	EA	NA	NA	GM	1	MG	1000	01/01/2003	99/99/9999	
DEXAMETHASONE ACETATE MICRONIZED (ANHYDROUS)	1	EA	NA	NA	GM	1	MG	1000	01/01/2003	99/99/9999	
DEXAMETHASONE ACETATE ANHYDROUS (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2003	99/99/9999	
ITRACONAZOLE	1	EA	BO	NA	GM	50	MG	20	04/25/2002	99/99/9999	
METHOCARBAMOL (U.S.P.)	1	EA	BO	NA	GM	10	ML	1	04/25/2002	99/99/9999	
METHOCARBAMOL (U.S.P.)	1	EA	BO	NA	GM	10	ML	1	04/25/2002	99/99/9999	
METHOCARBAMOL (U.S.P.)	1	EA	BO	NA	GM	10	ML	1	04/25/2002	99/99/9999	
SUFENTANIL CITRATE (USP)	1	EA	BO	NA	GM	1	EA	1	01/01/2002	99/99/9999	
SUFENTANIL CITRATE (USP)	1	EA	BO	NA	GM	1	EA	1	01/01/2002	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
38779-2087-03		J7643		05/02/2002	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
38779-2087-03	KO	J7643	KO	05/02/2002	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
38779-2087-06		J7643		05/02/2002	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
38779-2087-06	KO	J7643	KO	05/02/2002	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
38779-2363-05		J1956		10/25/2007	99/99/9999	INJECTION, LEVOFLOXACIN, 250 MG
39822-0277-02		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS
39822-0412-01		J3260		01/01/2007	99/99/9999	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG
39822-0412-06		J3260		01/01/2007	99/99/9999	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG
39822-0615-01		J0770		01/01/2002	99/99/9999	INJECTION, COLISTIMETHATE SODIUM, UP TO 150 MG
39822-0706-02		J3000		01/01/2002	99/99/9999	INJECTION, STREPTOMYCIN, UP TO 1 GM
39822-0710-01		J1451		12/14/2007	06/06/2018	INJECTION, FOMEPIZOLE, 15 MG
39822-1055-05		J0285		01/01/2002	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG
67457-0833-06		Q5108		07/09/2018	99/99/9999	INJECTION, PEGFILGRASTIM-JMDB, BIOSIMILAR, (FULPHILA), 0.5 MG
42023-0110-01		J1380		12/10/2007	99/99/9999	INJECTION, ESTRADIOL VALERATE, UP TO 10 MG
42023-0116-01		J2590		02/29/2008	09/06/2018	INJECTION, OXYTOCIN, UP TO 10 UNITS
42023-0116-25		J2590		02/01/2008	99/99/9999	INJECTION, OXYTOCIN, UP TO 10 UNITS

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
GLYCOPYRROLATE (U.S.P.)	1	EA	JR	NA	GM	1	MG	1000	05/02/2002	99/99/9999	
GLYCOPYRROLATE (U.S.P.)	1	EA	JR	NA	GM	1	MG	1000	05/02/2002	99/99/9999	
GLYCOPYRROLATE (U.S.P.)	1	EA	JR	NA	GM	1	MG	1000	05/02/2002	99/99/9999	
GLYCOPYRROLATE (U.S.P.)	1	EA	JR	NA	GM	1	MG	1000	05/02/2002	99/99/9999	
LEVOFLOXACIN HEMIHYDRATE (1X100GM)	1	EA	BO	NA	GM	250	MG	4	10/25/2007	99/99/9999	
BACIIM (STERILE) 50000 U	1	EA	VL	IM	EA	1	EA	1	01/01/2002	99/99/9999	
TOBRAMYCIN SULFATE (BULK VIAL,PF) 1.2 GM	1	EA	VL	IV	EA	80	MG	15	01/01/2007	99/99/9999	
TOBRAMYCIN SULFATE (BULK VIAL,PF) 1.2 GM	6	EA	VL	IV	EA	80	MG	15	01/01/2007	99/99/9999	
COLISTIMETHATE SODIUM (VIAL,STERILE) 150 MG	1	EA	VL	IJ	EA	150	MG	1	01/01/2002	99/99/9999	
STREPTOMYCIN SULFATE (STERILE) 1 GM	1	EA	VL	IM	EA	1	GM	1	01/01/2002	99/99/9999	
FOMEPIZOLE (1X1.5ML,PF) 1 GM/ML	1.5	ML	VL	IV	ML	15	MG	66.66666	12/14/2007	06/06/2018	
AMPHOTERICIN B (STERILE) 50 MG	1	EA	VL	IV	EA	50	MG	1	01/01/2002	99/99/9999	
FULPHILA (PF) 6 MG/0.6 ML	0.6	ML	SR	SC	ML	0.5	MG	20	07/09/2018	99/99/9999	
DELESTROGEN (1X5ML,MULTIDOSE) 10 MG/ML	5	ML	VL	IM	ML	10	MG	1	12/10/2007	99/99/9999	
PITOCIN (1X10ML,MDV) 10 U/ML	10	ML	VL	IJ	ML	10	U	1	02/29/2008	09/06/2018	
PITOCIN (25X1ML) 10 U/ML	1	ML	VL	IJ	ML	10	U	1	02/01/2008	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
43292-0556-31		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
43292-0557-05		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
43292-0557-19		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
43292-0557-65		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
43292-0557-78		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
44087-0004-07		J2941		01/01/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG
44087-0005-07		J2941		01/01/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG
44087-0006-07		J2941		01/01/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG
44087-0022-03		Q3026		01/01/2003	12/31/2013	INJECTION, INTERFERON BETA-1A, 11 MCG FOR SUBCUTANEOUS USE
44087-0044-03		Q3026		01/01/2003	12/31/2013	INJECTION, INTERFERON BETA-1A, 11 MCG FOR SUBCUTANEOUS USE

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
ALERTAB 25 MG	100	EA	BX	PO	EA	50	MG	0.5	01/01/2002	99/99/9999	
ALERCAP 25 MG	100	EA	NA	PO	EA	50	MG	0.5	01/01/2002	99/99/9999	
SLEEP-TABS 25 MG	36	EA	NA	PO	EA	50	MG	0.5	01/01/2002	99/99/9999	
DIPHENHYDRAMINE HCL (MAX. STR.) 50 MG	50	EA	NA	PO	EA	50	MG	1	01/01/2002	99/99/9999	
SLEEP-TABS 25 MG	100	EA	NA	PO	EA	50	MG	0.5	01/01/2002	99/99/9999	
SEROSTIM 4 MG	1	EA	VL	SC	EA	1	MG	4	01/01/2002	99/99/9999	
SEROSTIM (S.D.V., W/DILUENT) 5 MG	1	EA	VL	SC	EA	1	MG	5	01/01/2002	99/99/9999	
SEROSTIM (S.D.V., W/DILUENT) 6 MG	1	EA	VL	SC	EA	1	MG	6	01/01/2002	99/99/9999	
REBIF (SRN,PREFILLED,27G,PF) 22 MCG/0.5 ML	0.5	ML	SR	SC	ML	11	MCG	4	01/01/2003	12/31/2013	
REBIF (SRN,PREFILLED,27G,PF) 44 MCG/0.5 ML	0.5	ML	SR	SC	ML	11	MCG	8	01/01/2003	12/31/2013	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
44087-1005-02		J2941		01/01/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG
44087-1080-01		J2941		10/22/2004	06/01/2018	INJECTION, SOMATROPIN, 1 MG
44087-1088-01		J2941		01/01/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG
44087-1112-01		J3490		06/15/2004	99/99/9999	UNCLASSIFIED DRUGS
44087-1113-01		J3490		06/15/2004	99/99/9999	UNCLASSIFIED DRUGS
44087-1114-01		J3490		06/15/2004	99/99/9999	UNCLASSIFIED DRUGS
44087-1150-01		J3490		11/10/2003	99/99/9999	UNCLASSIFIED DRUGS
63323-0580-20		J0461		05/22/2018	99/99/9999	INJECTION, ATROPINE SULFATE, 0.01 MG
44087-3388-07		J2941		04/07/2003	99/99/9999	INJECTION, SOMATROPIN, 1 MG
44087-6075-01		J3355		01/01/2006	99/99/9999	INJECTION, UROFOLLITROPIN, 75 IU
44087-6075-03		J3355		01/01/2006	99/99/9999	INJECTION, UROFOLLITROPIN, 75 IU
44087-6075-04		J3355		01/01/2006	99/99/9999	INJECTION, UROFOLLITROPIN, 75 IU
44087-6150-01		J3355		01/01/2006	99/99/9999	INJECTION, UROFOLLITROPIN, 75 IU
44087-8822-01		Q3026		02/14/2005	12/31/2013	INJECTION, INTERFERON BETA-1A, 11 MCG FOR SUBCUTANEOUS USE
44087-9005-01		J3490		06/07/2004	99/99/9999	UNCLASSIFIED DRUGS
44087-9005-06		J3490		06/07/2004	99/99/9999	UNCLASSIFIED DRUGS
44087-9030-01		J3490		05/10/2004	99/99/9999	UNCLASSIFIED DRUGS
44087-9070-01		J3490		05/07/2007	99/99/9999	UNCLASSIFIED DRUGS

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
SAIZEN (VIAL, W/DILUENT) 5 MG	1	EA	VL	SC	EA	1	MG	5	01/01/2002	99/99/9999	
SAIZEN CLICK EASY CARTRIDGE (W/DILUENT) 8.8 MG	1	CT	VL	IJ	EA	1	MG	8.8	10/22/2004	06/01/2018	
SAIZEN (VIAL W/DILUENT) 8.8 MG	1	EA	VL	IJ	EA	1	MG	8.8	01/01/2002	99/99/9999	
GONAL-F RFF (29GX1/2 NEEDLE,PEN) 450 IU/0.75 ML	0.75	ML	CR	SC	ML	1	EA	1	06/15/2004	99/99/9999	
GONAL-F RFF (29GX1/2,PEN) 300 IU/0.5 ML	0.5	ML	CR	SC	ML	1	EA	1	06/15/2004	99/99/9999	
GONAL-F RFF (29GX1/2,PEN) 900 IU/1.5 ML	1.5	ML	CR	SC	ML	1	EA	1	06/15/2004	99/99/9999	
OVIDREL (SRN,PREFILLED SYRINGE) 0.25 MG/0.5 ML	0.5	ML	SR	SC	ML	1	EA	1	11/10/2003	99/99/9999	
ATROPINE SULFATE 0.4 MG/1 ML	20	ML	VL	IJ	ML	0.01	MG	40	05/22/2018	99/99/9999	
ZORBTIVE (MDV, VIALS W/ DILUENT) 8.8 MG	1	EA	VL	SC	EA	1	MG	8.8	04/07/2003	99/99/9999	
METRODIN 75 IU	1	EA	NA	IM	EA	75	IU	1	01/01/2006	99/99/9999	
METRODIN 75 IU	1	EA	NA	IM	EA	75	IU	1	01/01/2006	99/99/9999	
METRODIN 75 IU	1	EA	NA	IM	EA	75	IU	1	01/01/2006	99/99/9999	
METRODIN 150 IU	1	EA	NA	IM	EA	75	IU	2	01/01/2006	99/99/9999	
REBIF (TITRATION PACK,PF) 44 MCG/ML	4.2	ML	BX	SC	ML	11	MCG	4	02/14/2005	12/31/2013	
GONAL-F RFF 75 IU	1	EA	VL	SC	EA	1	EA	1	06/07/2004	99/99/9999	
GONAL-F RFF 75 IU	1	EA	VL	SC	EA	1	EA	1	06/07/2004	99/99/9999	
GONAL-F (M.D.V.) 450 IU	1	EA	VL	SC	EA	1	EA	1	05/10/2004	99/99/9999	
GONAL-F (MDV) 1200 IU	1	EA	VL	SC	EA	1	EA	1	05/07/2007	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
44206-0300-01		J2791		01/01/2008	99/99/9999	INJECTION, RHO(D) IMMUNE GLOBULIN (HUMAN), (RHOPHYLAC), INTRAMUSCULAR OR INTRAVENOUS, 100 IU
44206-0300-10		J2791		01/01/2008	99/99/9999	INJECTION, RHO(D) IMMUNE GLOBULIN (HUMAN), (RHOPHYLAC), INTRAMUSCULAR OR INTRAVENOUS, 100 IU
44206-0416-03		J1566		01/01/2006	11/17/2016	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT OTHERWISE SPECIFIED, 500 MG
44206-0417-06		J1566		01/01/2006	99/99/9999	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT OTHERWISE SPECIFIED, 500 MG
44206-0418-12		J1566		01/01/2006	99/99/9999	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT OTHERWISE SPECIFIED, 500 MG
47781-0603-20		J9045		04/02/2018	99/99/9999	INJECTION, CARBOPLATIN, 50 MG
45802-0303-21		J7506		12/12/2007	04/16/2013	PREDNISONE, ORAL, PER 5MG
45802-0303-67		J7506		12/12/2007	04/16/2013	PREDNISONE, ORAL, PER 5MG
45802-0733-21		J7506		12/12/2007	04/16/2013	PREDNISONE, ORAL, PER 5MG
45802-0733-67		J7506		12/12/2007	04/16/2013	PREDNISONE, ORAL, PER 5MG
45802-0758-30		J8498		01/01/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED
45802-0759-30		J8498		01/01/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED
00409-3459-07		J1170		06/27/2018	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG
48879-0001-01		A4216		01/01/2006	02/03/2016	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
48879-0001-02		A4216		01/01/2006	02/03/2016	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
48879-0002-01		A4216		01/01/2006	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
RHOPHYLAC (W/SAFETY NEEDLE) 750 IU/ML	2	ML	SR	IJ	ML	100	IU	7.5	01/01/2008	99/99/9999	
RHOPHYLAC (W/SAFETY NEEDLE) 750 IU/ML	2	ML	SR	IJ	ML	100	IU	7.5	01/01/2008	99/99/9999	
CARIMUNE NF (PF,NANOFILTERED) 3 GM	1	EA	VL	IV	EA	500	MG	6	01/01/2006	11/17/2016	
CARIMUNE NF (PF,NANOFILTERED) 6 GM	1	EA	VL	IV	EA	500	MG	12	01/01/2006	99/99/9999	
CARIMUNE NF (PF,NANOFILTERED) 12 GM	1	EA	VL	IV	EA	500	MG	24	01/01/2006	99/99/9999	
CARBOPLATIN (PF,LATEX-FREE) 10 MG/1 ML	5	ML	VL	IV	ML	50	MG	0.2	04/02/2018	99/99/9999	
PREDNISONE (USP,BLISTER PACK) 10 MG	21	EA	DP	PO	EA	5	MG	2	12/12/2007	04/16/2013	
PREDNISONE (USP,BLISTER PACK) 10 MG	48	EA	DP	PO	EA	5	MG	2	12/12/2007	04/16/2013	
PREDNISONE (USP,BLISTER PACK) 5 MG	21	EA	DP	PO	EA	5	MG	1	12/12/2007	04/16/2013	
PREDNISONE (USP,BLISTER PACK) 5 MG	48	EA	DP	PO	EA	5	MG	1	12/12/2007	04/16/2013	
PROMETHAZINE HCL 12.5 MG	12	EA	BX	RC	EA	1	EA	1	01/01/2006	99/99/9999	
PROMETHAZINE HCL 25 MG	12	EA	BX	RC	EA	1	EA	1	01/01/2006	99/99/9999	
HYDROMORPHONE HCL (PF,LATEX-FREE) 2 MG/1 ML	1	ML	AM	IJ	ML	4	MG	0.5	06/27/2018	99/99/9999	
WATER FOR INHALATION (AL7023)	3	ML	EA	IH	ML	10	ML	0.1	01/01/2006	02/03/2016	
WATER FOR INHALATION (AL7025)	5	ML	EA	IH	ML	10	ML	0.1	01/01/2006	02/03/2016	
SALINE SOLUTION (AL7453) 0.45%	3	ML	EA	IH	ML	10	ML	0.1	01/01/2006	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
48879-0002-02		A4216		01/01/2006	02/03/2016	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
48879-0003-01		A4216		01/01/2006	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
48879-0003-02		A4216		01/01/2006	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
48879-0003-07		A4216		01/01/2006	02/03/2016	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
49281-0545-05		J3490		01/01/2002	12/14/2017	UNCLASSIFIED DRUGS
49281-0880-01		J9031		01/01/2002	09/01/2013	BCG (INTRAVESICAL) PER INSTILLATION
49348-0044-04		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
49348-0044-10		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
49348-0045-34		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
49348-0205-37		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
SALINE SOLUTION (AL7455) 0.45%	5	ML	EA	IH	ML	10	ML	0.1	01/01/2006	02/03/2016	
SALINE SOLUTION (AL7093) 0.9%	3	ML	EA	IH	ML	10	ML	0.1	01/01/2006	99/99/9999	
SALINE SOLUTION (AL7095) 0.9%	5	ML	EA	IH	ML	10	ML	0.1	01/01/2006	99/99/9999	
SALINE SOLUTION (AL4015) 0.9%	15	ML	PC	IH	ML	10	ML	0.1	01/01/2006	02/03/2016	
ACTHIB (SDV W/DIL,TAX INCL,PF) 10 MCG	1	EA	VL	IM	EA	1	EA	1	01/01/2002	12/14/2017	
THERACYS (S.D.V. W/DILUENT,PF) 81 MG	1	EA	VL	IL	EA	1	INSTILLATION	1	01/01/2002	09/01/2013	
VALU-DRYL ALLERGY 25 MG	24	EA	BX	PO	EA	50	MG	0.5	01/01/2002	99/99/9999	
VALU-DRYL ALLERGY 25 MG	100	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999	
VALU-DRYL ALLERGY CHILDREN'S 12.5 MG/5 ML	120	ML	BO	PO	ML	50	MG	0.05	01/01/2002	99/99/9999	
VALU-DRYL ALLERGY CHILDREN'S (AF,CHERRY) 12.5 MG/5 ML	236	ML	BO	PO	ML	50	MG	0.05	01/01/2002	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
49348-0282-08		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
49348-0564-04		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
49483-0061-01		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
47781-0604-27		J9045		04/02/2018	99/99/9999	INJECTION, CARBOPLATIN, 50 MG
49483-0061-10		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
49502-0501-20		A4218		01/01/2006	99/99/9999	STERILE SALINE OR WATER, METERED DOSE DISPENSER, 10 ML
49502-0672-30		J7620		01/01/2006	04/30/2014	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME
49502-0672-60		J7620		01/01/2006	06/30/2014	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME
49502-0692-03		J7613		04/01/2008	06/17/2016	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
VALU-DRYL ALLERGY 25 MG	48	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999	
VALU-DRYL ALLERGY 25 MG	24	EA	BX	PO	EA	50	MG	0.5	01/01/2002	99/99/9999	
ANTIHISTAMINE 25 MG	100	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999	
CARBOPLATIN (PF,LATEX-FREE) 10 MG/1 ML	15	ML	VL	IV	ML	50	MG	0.2	04/02/2018	99/99/9999	
ANTIHISTAMINE 25 MG	1000	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999	
SODIUM CHLORIDE (NEBU-SOL/MTR DOSE DSPNS) 0.9%	120	ML	EA	IH	ML	10	ML	0.1	01/01/2006	99/99/9999	
DUONEB (VIAL,U.D.) 3 MG/3 ML-0.5 MG/3 ML	30	ML	PC	IH	ML	3	MG	0.33333	01/01/2006	04/30/2014	
DUONEB (VIAL,U.D.) 3 MG/3 ML-0.5 MG/3 ML	60	ML	PC	IH	ML	3	MG	0.33333	01/01/2006	06/30/2014	
ACCUNEB (PF) 0.021%	3	ML	PC	IH	ML	1	MG	0.21	04/01/2008	06/17/2016	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
49502-0692-03	KO	J7613	KO	04/01/2008	06/17/2016	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
49502-0693-03		J7613		04/01/2008	08/31/2013	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
49502-0693-03	KO	J7613	KO	04/01/2008	08/31/2013	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
49614-0146-62		Q0163		10/13/2003	07/18/2013	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
49614-0379-26		Q0163		01/01/2004	07/18/2013	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
49884-0289-01		J8999		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
49884-0290-01		J8999		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
49884-0290-04		J8999		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
49884-0290-05		J8999		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
49884-0673-14		J8515		01/01/2006	99/99/9999	CABERGOLINE, ORAL, 0.25 MG
49884-0724-01		J8999		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
49884-0753-13		J8999		01/26/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
49884-0907-38		J8999		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
49884-0907-61		J8999		05/01/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
49884-0922-02		J8999		02/09/2004	10/30/2014	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
49884-0922-04		J8999		11/18/2004	10/30/2014	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
ACCUNEB (PF) 0.021%	3	ML	PC	IH	ML	1	MG	0.21	04/01/2008	06/17/2016	
ACCUNEB (PF) 0.042%	3	ML	PC	IH	ML	1	MG	0.42	04/01/2008	08/31/2013	
ACCUNEB (PF) 0.042%	3	ML	PC	IH	ML	1	MG	0.42	04/01/2008	08/31/2013	
MEDICINE SHOPPE NITE TIME SLEEP (MINI-CAPLET) 25 MG	24	EA	BO	PO	EA	50	MG	0.5	10/13/2003	07/18/2013	
THE MEDICINE SHOPPE MEDI-PHEDRYL (MAY CAUSE DROWSINESS,AF) 12.5 MG/5 ML	118	ML	BO	PO	ML	50	MG	0.05	01/01/2004	07/18/2013	
MEGESTROL ACETATE 20 MG	100	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999	
MEGESTROL ACETATE 40 MG	100	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999	
MEGESTROL ACETATE 40 MG	250	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999	
MEGESTROL ACETATE 40 MG	500	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999	
CABERGOLINE 0.5 MG	8	EA	BO	PO	EA	0.25	MG	2	01/01/2006	99/99/9999	
HYDROXYUREA 500 MG	100	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999	
FLUTAMIDE 125 MG	180	EA	BO	PO	EA	1	EA	1	01/26/2006	99/99/9999	
MEGESTROL ACETATE 40 MG/ML	240	ML	BO	PO	ML	1	EA	1	01/01/2002	99/99/9999	
MEGESTROL ACETATE 40 MG/ML	480	ML	BO	PO	ML	1	EA	1	05/01/2004	99/99/9999	
MERCAPTOPURINE 50 MG	60	EA	BO	PO	EA	1	EA	1	02/09/2004	10/30/2014	
MERCAPTOPURINE 50 MG	250	EA	BO	PO	EA	1	EA	1	11/18/2004	10/30/2014	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
49999-0003-15		Q0163		07/11/2002	06/01/2018	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
49999-0003-20		Q0163		02/24/2005	06/01/2017	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
49999-0003-30		Q0163		07/11/2002	06/01/2018	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
49999-0008-00		J7506		12/01/2003	06/01/2014	PREDNISONE, ORAL, PER 5MG
49999-0008-05		J7506		05/16/2008	12/31/2015	PREDNISONE, ORAL, PER 5MG
49999-0008-20		J7506		07/16/2002	01/01/2015	PREDNISONE, ORAL, PER 5MG
49999-0008-30		J7506		07/06/2004	01/01/2015	PREDNISONE, ORAL, PER 5MG
49999-0008-40		J7506		01/27/2006	06/01/2014	PREDNISONE, ORAL, PER 5MG
49999-0008-55		J7506		08/28/2002	06/01/2014	PREDNISONE, ORAL, PER 5MG
49999-0028-05		J7506		03/13/2008	12/31/2014	PREDNISONE, ORAL, PER 5MG
49999-0028-12		J7506		07/16/2002	12/31/2014	PREDNISONE, ORAL, PER 5MG
49999-0028-14		J7506		01/27/2006	12/31/2014	PREDNISONE, ORAL, PER 5MG
49999-0028-15		J7506		07/11/2002	01/01/2015	PREDNISONE, ORAL, PER 5MG
49999-0028-20		J7506		07/16/2002	01/01/2015	PREDNISONE, ORAL, PER 5MG
49999-0028-28		J7506		07/01/2005	01/01/2015	PREDNISONE, ORAL, PER 5MG
49999-0028-30		J7506		07/11/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
49999-0028-40		J7506		07/16/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
DIPHENHYDRAMINE HCL 25 MG	15	EA	BO	PO	EA	50	MG	0.5	07/11/2002	06/01/2018	
DIPHENHYDRAMINE 25 MG	20	EA	BO	PO	EA	50	MG	0.5	02/24/2005	06/01/2017	
DIPHENHYDRAMINE HCL 25 MG	30	EA	BO	PO	EA	50	MG	0.5	07/11/2002	06/01/2018	
PREDNISONE 5 MG	100	EA	BO	PO	EA	5	MG	1	12/01/2003	06/01/2014	
PREDNISONE 5 MG	5	EA	NA	PO	EA	5	MG	1	05/16/2008	12/31/2015	
PREDNISONE 5 MG	20	EA	BO	PO	EA	5	MG	1	07/16/2002	01/01/2015	
PREDNISONE 5 MG	30	EA	BO	PO	EA	5	MG	1	07/06/2004	01/01/2015	
PREDNISONE 5 MG	40	EA	BO	PO	EA	5	MG	1	01/27/2006	06/01/2014	
PREDNISONE 5 MG	55	EA	BO	PO	EA	5	MG	1	08/28/2002	06/01/2014	
PREDNISONE 10 MG	5	EA	BO	PO	EA	5	MG	2	03/13/2008	12/31/2014	
PREDNISONE 10 MG	12	EA	BO	PO	EA	5	MG	2	07/16/2002	12/31/2014	
PREDNISONE 10 MG	14	EA	BO	PO	EA	5	MG	2	01/27/2006	12/31/2014	
PREDNISONE 10 MG	15	EA	BO	PO	EA	5	MG	2	07/11/2002	01/01/2015	
PREDNISONE 10 MG	20	EA	BO	PO	EA	5	MG	2	07/16/2002	01/01/2015	
PREDNISONE 10 MG	28	EA	BO	PO	EA	5	MG	2	07/01/2005	01/01/2015	
PREDNISONE 10 MG	30	EA	BO	PO	EA	5	MG	2	07/11/2002	12/31/2015	
PREDNISONE 10 MG	40	EA	BO	PO	EA	5	MG	2	07/16/2002	12/31/2015	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
49999-0028-48		J7506		07/06/2004	12/31/2014	PREDNISONE, ORAL, PER 5MG
49999-0028-50		J7506		07/16/2002	12/31/2014	PREDNISONE, ORAL, PER 5MG
49999-0028-60		J7506		03/30/2005	12/31/2015	PREDNISONE, ORAL, PER 5MG
49999-0028-90		J7506		03/30/2005	12/31/2014	PREDNISONE, ORAL, PER 5MG
49999-0036-12		Q0178		10/15/2004	12/31/2013	HYDROXYZINE PAMOATE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
49999-0036-60		Q0178		07/01/2002	12/31/2013	HYDROXYZINE PAMOATE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
49999-0059-06		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG
49999-0086-00		J8499		09/01/2006	01/01/2015	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
49999-0086-25		J8499		07/29/2002	01/01/2015	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
49999-0086-30		J8499		07/13/2005	06/01/2017	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
49999-0086-90		J8499		07/13/2005	01/01/2015	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
49999-0090-05		Q0170		04/15/2005	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
49999-0090-10		Q0170		06/05/2002	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PREDNISONE 10 MG	48	EA	BO	PO	EA	5	MG	2	07/06/2004	12/31/2014	
PREDNISONE 10 MG	50	EA	BO	PO	EA	5	MG	2	07/16/2002	12/31/2014	
PREDNISONE 10 MG	60	EA	BO	PO	EA	5	MG	2	03/30/2005	12/31/2015	
PREDNISONE 10 MG	90	EA	BO	PO	EA	5	MG	2	03/30/2005	12/31/2014	
HYDROXYZINE PAMOATE 100 MG	12	EA	BO	PO	EA	50	MG	2	10/15/2004	12/31/2013	
HYDROXYZINE PAMOATE 100 MG	60	EA	BO	PO	EA	50	MG	2	07/01/2002	12/31/2013	
DEXAMETHASONE 4 MG	6	EA	BO	PO	EA	0.25	MG	16	01/01/2006	99/99/9999	
ACYCLOVIR 400 MG	100	EA	BO	PO	EA	1	EA	1	09/01/2006	01/01/2015	
ACYCLOVIR 400 MG	25	EA	BO	PO	EA	1	EA	1	07/29/2002	01/01/2015	
ACYCLOVIR 400 MG	30	EA	BO	PO	EA	1	EA	1	07/13/2005	06/01/2017	
ACYCLOVIR 400 MG	90	EA	BO	PO	EA	1	EA	1	07/13/2005	01/01/2015	
PROMETHAZINE HCL 25 MG	5	EA	BO	PO	EA	25	MG	1	04/15/2005	12/31/2013	
PROMETHAZINE HCL 25 MG	10	EA	BO	PO	EA	25	MG	1	06/05/2002	12/31/2013	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
49999-0090-12		Q0170		05/07/2003	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
49999-0090-15		Q0170		12/01/2003	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
49999-0090-20		Q0170		10/15/2003	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
49999-0090-30		Q0170		04/15/2005	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
49999-0090-60		Q0170		02/10/2004	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
49999-0091-15		Q0163		03/26/2003	12/31/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
49999-0091-20		Q0163		09/03/2002	01/01/2015	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PROMETHAZINE HCL 25 MG	12	EA	BO	PO	EA	25	MG	1	05/07/2003	12/31/2013	
PROMETHAZINE HCL 25 MG	15	EA	BO	PO	EA	25	MG	1	12/01/2003	12/31/2013	
PROMETHAZINE HCL 25 MG	20	EA	BO	PO	EA	25	MG	1	10/15/2003	12/31/2013	
PROMETHAZINE HCL 25 MG	30	EA	BO	PO	EA	25	MG	1	04/15/2005	12/31/2013	
PROMETHAZINE HCL 25 MG	60	EA	BO	PO	EA	25	MG	1	02/10/2004	12/31/2013	
DIPHENHYDRAMINE HCL 50 MG	15	EA	BO	PO	EA	50	MG	1	03/26/2003	12/31/2014	
DIPHENHYDRAMINE HCL 50 MG	20	EA	BO	PO	EA	50	MG	1	09/03/2002	01/01/2015	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
49999-0091-60		Q0163		05/07/2003	01/01/2015	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
49999-0096-04		Q0144		01/27/2006	01/01/2015	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
49999-0096-06		Q0144		08/08/2002	01/01/2015	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
49999-0110-00		J7506		07/06/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG
49999-0110-06		J7506		08/27/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
49999-0110-07		J7506		04/06/2005	12/31/2015	PREDNISONE, ORAL, PER 5MG
49999-0110-10		J7506		07/06/2004	01/01/2015	PREDNISONE, ORAL, PER 5MG
49999-0110-12		J7506		07/06/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG
49999-0110-14		J7506		07/06/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG
49999-0110-15		J7506		03/27/2006	01/01/2015	PREDNISONE, ORAL, PER 5MG
49999-0110-18		J7506		10/15/2004	01/01/2015	PREDNISONE, ORAL, PER 5MG
49999-0110-20		J7506		07/11/2002	01/01/2015	PREDNISONE, ORAL, PER 5MG
49999-0110-21		J7506		02/24/2005	01/01/2015	PREDNISONE, ORAL, PER 5MG
49999-0110-30		J7506		03/26/2003	01/01/2015	PREDNISONE, ORAL, PER 5MG
49999-0153-21		J7509		09/03/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG
49999-0231-35		J8499		06/02/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
49999-0260-15		Q0144		07/01/2003	01/01/2015	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
49999-0262-04		Q0170		07/01/2003	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
49999-0335-08		J7510		02/10/2004	01/01/2015	PREDNISOLONE ORAL, PER 5 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
DIPHENHYDRAMINE HCL 50 MG	60	EA	BO	PO	EA	50	MG	1	05/07/2003	01/01/2015	
ZITHROMAX 250 MG	4	EA	BO	PO	EA	1	GM	0.25	01/27/2006	01/01/2015	
ZITHROMAX 250 MG	6	EA	BO	PO	EA	1	GM	0.25	08/08/2002	01/01/2015	
PREDNISONE 20 MG	100	EA	BO	PO	EA	5	MG	4	07/06/2004	12/31/2015	
PREDNISONE 20 MG	6	EA	BO	PO	EA	5	MG	4	08/27/2002	12/31/2015	
PREDNISONE 20 MG	7	EA	BO	PO	EA	5	MG	4	04/06/2005	12/31/2015	
PREDNISONE 20 MG	10	EA	BO	PO	EA	5	MG	4	07/06/2004	01/01/2015	
PREDNISONE 20 MG	12	EA	BO	PO	EA	5	MG	4	07/06/2004	12/31/2015	
PREDNISONE 20 MG	14	EA	BO	PO	EA	5	MG	4	07/06/2004	12/31/2015	
PREDNISONE 20 MG	15	EA	BO	PO	EA	5	MG	4	03/27/2006	01/01/2015	
PREDNISONE 20 MG	18	EA	BO	PO	EA	5	MG	4	10/15/2004	01/01/2015	
PREDNISONE 20 MG	20	EA	BO	PO	EA	5	MG	4	07/11/2002	01/01/2015	
PREDNISONE 20 MG	21	EA	BO	PO	EA	5	MG	4	02/24/2005	01/01/2015	
PREDNISONE 20 MG	30	EA	BO	PO	EA	5	MG	4	03/26/2003	01/01/2015	
METHYLPREDNISOLONE 4 MG	21	EA	DP	PO	EA	4	MG	1	09/03/2002	99/99/9999	
ACYCLOVIR 800 MG	35	EA	BO	PO	EA	1	EA	1	06/02/2005	99/99/9999	
ZITHROMAX 200 MG/5 ML	15	ML	BO	PO	ML	1	GM	0.04	07/01/2003	01/01/2015	
PROMETHAZINE HCL 6.25 MG/5 ML	120	ML	BO	PO	ML	25	MG	0.05	07/01/2003	12/31/2013	
PREDNISOLONE 15 MG/5 ML	240	ML	BO	PO	ML	5	MG	0.6	02/10/2004	01/01/2015	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
49999-0335-24		J7510		05/10/2004	01/01/2015	PREDNISOLONE ORAL, PER 5 MG
49999-0339-12		J8498		09/01/2006	01/01/2015	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED
49999-0340-12		J8498		01/01/2006	01/01/2015	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED
49999-0344-25		J7613		04/01/2008	01/01/2015	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
49999-0344-25	KO	J7613	KO	04/01/2008	01/01/2015	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
49999-0380-24		None		06/09/2004	01/01/2015	METHOTREXATE, 2.5 MG, ORAL
49999-0385-10		J8499		06/09/2004	01/01/2015	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
49999-0385-15		J8499		06/09/2004	01/01/2015	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
49999-0385-25		J8499		06/09/2004	01/01/2015	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
49999-0385-40		J8499		06/02/2005	01/01/2015	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
49999-0437-03		J7506		08/12/2004	01/01/2015	PREDNISONE, ORAL, PER 5MG
49999-0525-10		J1200		01/25/2008	02/03/2016	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG
49999-0582-15		Q0144		01/27/2006	01/01/2015	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
49999-0671-50		J2001		05/16/2008	01/01/2015	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG
49999-0786-06		Q0144		01/11/2006	01/01/2015	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
49999-0902-20		Q0169		01/11/2007	01/01/2015	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
49999-0929-01		J7510		04/20/2007	01/01/2015	PREDNISOLONE ORAL, PER 5 MG
49999-0936-00		J7517		12/21/2007	01/01/2015	MYCOPHENOLATE MOFETIL, ORAL, 250 MG
49999-0936-30		J7517		04/30/2007	12/31/2014	MYCOPHENOLATE MOFETIL, ORAL, 250 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PREDNISOLONE (CHERRY) 15 MG/5 ML	240	ML	BO	PO	ML	5	MG	0.6	05/10/2004	01/01/2015	
PROMETHAZINE HCL 12.5 MG	12	EA	BX	RC	EA	1	EA	1	09/01/2006	01/01/2015	
PROMETHAZINE HCL 25 MG	12	EA	BX	RC	EA	1	EA	1	01/01/2006	01/01/2015	
ALBUTEROL SULFATE 0.083%	3	ML	PC	IH	ML	1	MG	0.83	04/01/2008	01/01/2015	
ALBUTEROL SULFATE 0.083%	3	ML	PC	IH	ML	1	MG	0.83	04/01/2008	01/01/2015	
METHOTREXATE SODIUM 2.5 MG	24	EA	DP	PO	EA	2.5	MG	1	06/09/2004	01/01/2015	
ACYCLOVIR 200 MG	10	EA	BO	PO	EA	1	EA	1	06/09/2004	01/01/2015	
ACYCLOVIR 200 MG	15	EA	BO	PO	EA	1	EA	1	06/09/2004	01/01/2015	
ACYCLOVIR 200 MG	25	EA	BO	PO	EA	1	EA	1	06/09/2004	01/01/2015	
ACYCLOVIR 200 MG	40	EA	BO	PO	EA	1	EA	1	06/02/2005	01/01/2015	
PREDNISONE 50 MG	3	EA	BO	PO	EA	5	MG	10	08/12/2004	01/01/2015	
DIPHENHYDRAMINE 50 MG/ML	1	ML	VL	IJ	ML	50	MG	1	01/25/2008	02/03/2016	
ZITHROMAX 100 MG/5 ML	15	ML	BO	PO	ML	1	GM	0.02	01/27/2006	01/01/2015	
LIDOCAINE HCL (1X50ML) 1%	50	ML	NA	EP	ML	10	MG	1	05/16/2008	01/01/2015	
AZITHROMYCIN 250 MG	6	EA	BO	PO	EA	1	GM	0.25	01/11/2006	01/01/2015	
PROMETHAZINE HYDROCHLORIDE 12.5 MG	20	EA	BO	PO	EA	12.5	MG	1	01/11/2007	01/01/2015	
PREDNISOLONE 5 MG/5 ML	120	ML	BO	PO	ML	5	MG	0.2	04/20/2007	01/01/2015	
CELLCEPT 250 MG	100	EA	BO	PO	EA	250	MG	1	12/21/2007	01/01/2015	
CELLCEPT 250 MG	30	EA	BO	PO	EA	250	MG	1	04/30/2007	12/31/2014	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
49999-0937-30		J7517		04/30/2007	12/31/2014	MYCOPHENOLATE MOFETIL, ORAL, 250 MG
49999-0986-30		J8999		06/14/2007	01/01/2015	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
49999-0993-10		J1815		06/14/2007	01/01/2015	INJECTION, INSULIN, PER 5 UNITS
49999-0994-10		J1815		06/14/2007	01/01/2015	INJECTION, INSULIN, PER 5 UNITS
50111-0794-78		J0456		07/25/2007	06/30/2013	INJECTION, AZITHROMYCIN, 500 MG
50242-0018-21		J2941		01/01/2002	07/31/2013	INJECTION, SOMATROPIN, 1 MG
50242-0020-20		J2941		01/01/2002	11/30/2013	INJECTION, SOMATROPIN, 1 MG
70842-0160-10		J2265		08/24/2018	99/99/9999	INJECTION, MINOCYCLINE HYDROCHLORIDE, 1 MG
72439-0500-10		J3480		08/29/2018	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ
52652-2001-01		None		04/25/2017	99/99/9999	METHOTREXATE, 2.5 MG, ORAL
50242-0022-20		J2941		01/01/2002	03/31/2013	INJECTION, SOMATROPIN, 1 MG
50242-0040-62		J2357		01/01/2005	99/99/9999	INJECTION, OMALIZUMAB, 5 MG
50242-0041-64		J2997		01/01/2002	99/99/9999	INJECTION, ALTEPLASE RECOMBINANT, 1 MG
50242-0043-14		J2941		05/10/2002	12/31/2016	INJECTION, SOMATROPIN, 1 MG
50242-0044-13		J2997		01/01/2002	99/99/9999	INJECTION, ALTEPLASE RECOMBINANT, 1 MG
50242-0051-21		J9310		01/01/2002	12/31/2018	INJECTION, RITUXIMAB, 100 MG
50242-0053-06		J9310		01/01/2002	12/31/2018	INJECTION, RITUXIMAB, 100 MG
50242-0060-01		J9035		01/01/2005	99/99/9999	INJECTION, BEVACIZUMAB, 10 MG
50242-0061-01		J9035		01/01/2005	99/99/9999	INJECTION, BEVACIZUMAB, 10 MG
50242-0073-01		J2941		01/28/2008	07/31/2016	INJECTION, SOMATROPIN, 1 MG
72205-0006-60		None		10/01/2018	99/99/9999	CAPECITABINE, 150 MG, ORAL
50242-0080-01		J2778		01/01/2008	99/99/9999	INJECTION, RANIBIZUMAB, 0.1 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
CELLCEPT 500 MG	30	EA	BO	PO	EA	250	MG	2	04/30/2007	12/31/2014	
AROMASIN 25 MG	30	EA	BO	PO	EA	1	EA	1	06/14/2007	01/01/2015	
HUMULIN 70 U/ML-30 U/ML	10	ML	VL	SC	ML	5	U	20	06/14/2007	01/01/2015	
LANTUS 100 U/ML	10	ML	VL	SC	ML	5	U	20	06/14/2007	01/01/2015	
AZITHROMYCIN (USP) 500 MG	10	EA	VL	IV	EA	500	MG	1	07/25/2007	06/30/2013	
NUTROPIN (VIAL W/DILUENT) 10 MG	1	EA	VL	SC	EA	1	MG	10	01/01/2002	07/31/2013	
NUTROPIN (VIAL) 10 MG	1	EA	VL	SC	EA	1	MG	10	01/01/2002	11/30/2013	
MINOCIN (LYOPHILIZED) 100 MG	10	EA	VL	IV	EA	1	MG	100	08/24/2018	99/99/9999	
POTASSIUM CHLORIDE (AMPULE) 2 MEQ/1 ML	10	ML	AM	IV	ML	2	MEQ	1	08/29/2018	99/99/9999	
XATMEP 2.5 MG/1 ML	120	ML	BO	PO	ML	2.5	MG	1	04/25/2017	99/99/9999	
NUTROPIN AQ (VIAL CARTON) 5 MG/ML	2	ML	VL	SC	ML	1	MG	5	01/01/2002	03/31/2013	
XOLAIR 150 MG	1	EA	VL	SC	EA	5	MG	30	01/01/2005	99/99/9999	
CATHFLO ACTIVASE (VIAL) 2 MG	1	EA	VL	IV	EA	1	MG	2	01/01/2002	99/99/9999	
NUTROPIN AQ PEN CARTRIDGE 5 MG/ML	2	ML	CT	SC	ML	1	MG	5	05/10/2002	12/31/2016	
ACTIVASE (W/DILUENT) 50 MG	1	EA	VL	IV	EA	1	MG	50	01/01/2002	99/99/9999	
RITUXAN (S.D.V.,PF) 10 MG/ML	10	ML	VL	IV	ML	100	MG	0.1	01/01/2002	12/31/2018	
RITUXAN (S.D.V.,PF) 10 MG/ML	50	ML	VL	IV	ML	100	MG	0.1	01/01/2002	12/31/2018	
AVASTIN (PF) 25 MG/ML	4	ML	VL	IV	ML	10	MG	2.5	01/01/2005	99/99/9999	
AVASTIN (PF) 25 MG/ML	16	ML	VL	IV	ML	10	MG	2.5	01/01/2005	99/99/9999	
NUTROPIN AQ PEN (1X2ML) 10 MG/ML	2	ML	CT	SC	ML	1	MG	10	01/28/2008	07/31/2016	
CAPECITABINE (FILM COATED) 150 MG	60	EA	BO	PO	EA	150	MG	1	10/01/2018	99/99/9999	
LUCENTIS (INTRAVITREAL INJECTION) 0.5 MG/0.05 ML	0.05	ML	VL	IO	ML	0.1	MG	1	01/01/2008	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
50242-0085-27		J2997		01/01/2002	99/99/9999	INJECTION, ALTEPLASE RECOMBINANT, 1 MG
50242-0100-39		J7639		01/01/2002	99/99/9999	DORNASE ALPHA, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
50242-0100-39	KO	J7639	KO	01/01/2002	99/99/9999	DORNASE ALPHA, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
50242-0100-40		J7639		01/01/2002	99/99/9999	DORNASE ALPHA, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
50242-0100-40	KO	J7639	KO	01/01/2002	99/99/9999	DORNASE ALPHA, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
50242-0134-68		J9355		09/01/2003	99/99/9999	INJECTION, TRASTUZUMAB, 10 MG
50383-0040-04		J7510		01/22/2003	99/99/9999	PREDNISOLONE ORAL, PER 5 MG
50383-0042-24		J7510		03/24/2003	99/99/9999	PREDNISOLONE ORAL, PER 5 MG
50383-0042-48		J7510		03/17/2003	99/99/9999	PREDNISOLONE ORAL, PER 5 MG
50383-0741-20		J7611		04/01/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG
50383-0801-16		Q0170		03/01/2004	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
50419-0511-06		J9185		01/01/2002	06/30/2014	INJECTION, FLUDARABINE PHOSPHATE, 50 MG
50419-0523-25		J1830		01/02/2004	99/99/9999	INJECTION INTERFERON BETA-1B, 0.25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)
50458-0306-11		J2794		01/01/2005	99/99/9999	INJECTION, RISPERIDONE, LONG ACTING, 0.5 MG
50458-0307-11		J2794		01/01/2005	99/99/9999	INJECTION, RISPERIDONE, LONG ACTING, 0.5 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
ACTIVASE (W/DILUENT) 100 MG	1	EA	VL	IV	EA	1	MG	100	01/01/2002	99/99/9999	
PULMOZYME (AMP,INNER NDC) 2.5 MG/2.5 ML	2.5	ML	PC	IH	ML	1	MG	1	01/01/2002	99/99/9999	
PULMOZYME (AMP,INNER NDC) 2.5 MG/2.5 ML	2.5	ML	PC	IH	ML	1	MG	1	01/01/2002	99/99/9999	
PULMOZYME (AMP) 2.5 MG/2.5 ML	2.5	ML	PC	IH	ML	1	MG	1	01/01/2002	99/99/9999	
PULMOZYME (AMP) 2.5 MG/2.5 ML	2.5	ML	PC	IH	ML	1	MG	1	01/01/2002	99/99/9999	
HERCEPTIN (M.D.V.,W/DILUENT 20ML) 440 MG	1	EA	VL	IV	EA	10	MG	44	09/01/2003	99/99/9999	
PREDNISOLONE SODIUM PHOSPHATE (AF,SF,DYE-FREE) 5 MG/5 ML	120	ML	BO	PO	ML	5	MG	0.2	01/22/2003	99/99/9999	
PREDNISOLONE 15 MG/5 ML	240	ML	BO	PO	ML	5	MG	0.6	03/24/2003	99/99/9999	
PREDNISOLONE 15 MG/5 ML	480	ML	BO	PO	ML	5	MG	0.6	03/17/2003	99/99/9999	
ALBUTEROL SULFATE 0.5%	20	ML	BO	IH	ML	1	MG	5	04/01/2008	99/99/9999	
PROMETHAZINE HCL (CHERRY) 6.25 MG/5 ML	473	ML	BO	PO	ML	25	MG	0.05	03/01/2004	12/31/2013	
FLUDARA 50 MG	1	EA	VL	IV	EA	50	MG	1	01/01/2002	06/30/2014	
BETASERON (15 BLISTER UNITS,PF) 0.3 MG-0.54%	15	EA	VL	MR	EA	0.25	MG	18	01/02/2004	99/99/9999	
RISPERDAL CONSTA 25 MG	1	EA	VL	IM	EA	0.5	MG	50	01/01/2005	99/99/9999	
RISPERDAL CONSTA 37.5 MG	1	EA	VL	IM	EA	0.5	MG	75	01/01/2005	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
50458-0308-11		J2794		01/01/2005	99/99/9999	INJECTION, RISPERIDONE, LONG ACTING, 0.5 MG
50458-0309-11		J2794		04/23/2007	99/99/9999	INJECTION, RISPERIDONE, LONG ACTING, 0.5 MG
50486-0078-22		A4216		01/01/2006	02/03/2016	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
50486-0078-23		A4216		01/01/2006	02/03/2016	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
50486-0616-16		Q0163		12/04/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
50486-0616-32		Q0163		12/04/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
50962-0650-01		A4216		01/01/2006	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
51079-0066-01		Q0163		01/01/2002	02/03/2016	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
51079-0066-20		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
51079-0077-01		Q0177		11/26/2007	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
RISPERDAL CONSTA 50 MG	1	EA	VL	IM	EA	0.5	MG	100	01/01/2005	99/99/9999	
RISPERDAL CONSTA 12.5 MG	1	EA	VL	IM	EA	0.5	MG	25	04/23/2007	99/99/9999	
BRONCHO SALINE 0.9%	90	ML	BO	IH	ML	10	ML	0.1	01/01/2006	02/03/2016	
BRONCHO SALINE 0.9%	240	ML	BO	IH	ML	10	ML	0.1	01/01/2006	02/03/2016	
SLEEPINAL 50 MG	16	EA	NA	PO	EA	50	MG	1	12/04/2002	99/99/9999	
SLEEPINAL 50 MG	32	EA	NA	PO	EA	50	MG	1	12/04/2002	99/99/9999	
SODIUM CHLORIDE (INHALATION) 0.9%	1	ML	EA	IH	ML	10	ML	0.1	01/01/2006	99/99/9999	
DIPHENHYDRAMINE HCL (USP) 50 MG	1	EA	BX	PO	EA	50	MG	1	01/01/2002	02/03/2016	
DIPHENHYDRAMINE HCL (10X10) 50 MG	100	EA	BX	PO	EA	50	MG	1	01/01/2002	99/99/9999	
HYDROXYZINE PAMOATE (USP) 25 MG	1	EA	NA	PO	EA	25	MG	1	11/26/2007	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
51079-0077-20		Q0177		01/01/2002	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
51079-0078-01		Q0178		11/26/2007	12/31/2013	HYDROXYZINE PAMOATE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
51079-0078-20		Q0178		01/01/2002	12/31/2013	HYDROXYZINE PAMOATE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
51079-0434-01		J8999		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
51079-0434-20		J8999		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
51079-0435-01		J8999		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
51079-0435-20		J8999		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
51079-0541-01		Q0164		01/01/2002	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
51079-0541-20		Q0164		01/01/2002	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
HYDROXYZINE PAMOATE (10X10) 25 MG	100	EA	BX	PO	EA	25	MG	1	11/26/2007	99/99/9999	01/01/2002
HYDROXYZINE PAMOATE (USP) 50 MG	1	EA	NA	PO	EA	50	MG	1	11/26/2007	12/31/2013	
HYDROXYZINE PAMOATE (10X10) 50 MG	100	EA	BX	PO	EA	50	MG	1	11/26/2007	12/31/2013	01/01/2002
MEGESTROL ACETATE (USP) 20 MG	1	EA	BX	PO	EA	1	EA	1	01/01/2002	99/99/9999	
MEGESTROL ACETATE (10X10) 20 MG	100	EA	BX	PO	EA	1	EA	1	01/01/2002	99/99/9999	
MEGESTROL ACETATE (USP) 40 MG	1	EA	BX	PO	EA	1	EA	1	01/01/2002	99/99/9999	
MEGESTROL ACETATE (10X10) 40 MG	100	EA	BX	PO	EA	1	EA	1	01/01/2002	99/99/9999	
PROCHLORPERAZINE MALEATE (USP) 5 MG	1	EA	BX	PO	EA	5	MG	1	01/01/2002	99/99/9999	
PROCHLORPERAZINE MALEATE (10X10) 5 MG	100	EA	BX	PO	EA	5	MG	1	01/01/2002	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
04/01/2002	1			
04/01/2002	1			

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
51079-0542-01		Q0165		01/01/2002	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
51079-0542-20		Q0165		01/01/2002	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
51079-0591-01		Q0144		06/25/2007	02/03/2016	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
51079-0670-01		None		01/01/1994	99/99/9999	METHOTREXATE, 2.5 MG, ORAL
51079-0670-05		None		01/01/1994	99/99/9999	METHOTREXATE, 2.5 MG, ORAL
51079-0895-01		Q0170		02/01/2007	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
51079-0895-20		Q0170		03/14/2005	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
51285-0366-01		None		03/09/2006	99/99/9999	METHOTREXATE, 5 MG
51285-0367-01		None		03/09/2006	99/99/9999	METHOTREXATE, 7.5 MG
51285-0368-01		None		12/01/2005	99/99/9999	METHOTREXATE, 10 MG
51285-0369-01		None		12/01/2005	99/99/9999	METHOTREXATE, 15 MG
51552-0005-01		J2675		09/01/2003	01/01/2015	INJECTION, PROGESTERONE, PER 50 MG
51552-0005-03		J2675		09/01/2003	01/01/2015	INJECTION, PROGESTERONE, PER 50 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PROCHLORPERAZINE MALEATE (USP) 10 MG	1	EA	BX	PO	EA	10	MG	1	01/01/2002	12/31/2013	
PROCHLORPERAZINE MALEATE (10X10) 10 MG	100	EA	BX	PO	EA	10	MG	1	01/01/2002	12/31/2013	
AZITHROMYCIN (FILM-COATED) 250 MG	1	EA	BX	PO	EA	1	GM	0.25	06/25/2007	02/03/2016	
METHOTREXATE SODIUM (USP) 2.5 MG	1	EA	BX	PO	EA	2.5	MG	1	01/01/1994	99/99/9999	
METHOTREXATE SODIUM (2X10) 2.5 MG	20	EA	BX	PO	EA	2.5	MG	1	01/01/1994	99/99/9999	
PROMETHAZINE HYDROCHLORIDE (USP) 25 MG	1	EA	BX	PO	EA	25	MG	1	02/01/2007	12/31/2013	
PROMETHAZINE HCL (10X10) 25 MG	100	EA	BX	PO	EA	25	MG	1	02/01/2007	12/31/2013	03/14/2005
TREXALL (FILM-COATED) 5 MG	30	EA	BO	PO	EA	5	MG	1	03/09/2006	99/99/9999	
TREXALL (FILM-COATED) 7.5 MG	30	EA	BO	PO	EA	7.5	MG	1	03/09/2006	99/99/9999	
TREXALL (FILM-COATED) 10 MG	30	EA	BO	PO	EA	10	MG	1	12/01/2005	99/99/9999	
TREXALL (FILM-COATED) 15 MG	30	EA	BO	PO	EA	15	MG	1	12/01/2005	99/99/9999	
PROGESTERONE (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	01/01/2015	
PROGESTERONE (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	01/01/2015	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
05/24/2005	1			

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
51552-0005-04		J2675		09/01/2003	01/01/2015	INJECTION, PROGESTERONE, PER 50 MG
51552-0005-05		J2675		09/01/2003	01/01/2015	INJECTION, PROGESTERONE, PER 50 MG
51552-0005-07		J2675		09/01/2003	01/01/2015	INJECTION, PROGESTERONE, PER 50 MG
51552-0006-01		J2675		09/01/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG
51552-0006-03		J2675		09/01/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG
51552-0006-04		J2675		09/01/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG
51552-0006-05		J2675		09/01/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG
51552-0006-07		J2675		09/01/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG
51552-0021-01		J1700		01/01/2002	01/01/2015	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG
51552-0021-02		J1700		09/01/2003	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG
51552-0021-03		J1700		09/01/2003	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG
51552-0021-04		J1700		09/01/2003	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG
51552-0021-05		J1700		09/01/2003	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG
51552-0024-01		J1094		01/01/2003	99/99/9999	INJECTION, DEXAMETHASONE ACETATE, 1 MG
51552-0024-02		J1094		09/01/2003	99/99/9999	INJECTION, DEXAMETHASONE ACETATE, 1 MG
51552-0024-03		J1094		09/01/2003	99/99/9999	INJECTION, DEXAMETHASONE ACETATE, 1 MG
51552-0024-04		J1094		09/01/2003	99/99/9999	INJECTION, DEXAMETHASONE ACETATE, 1 MG
51552-0025-01		J7638		01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
51552-0025-01	KO	J7638	KO	01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
51552-0025-02		J7638		09/01/2003	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PROGESTERONE (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	01/01/2015	
PROGESTERONE (U.S.P.)	1	EA	JR	NA	GM	50	MG	20	09/01/2003	01/01/2015	
PROGESTERONE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	01/01/2015	
PROGESTERONE (WETTABLE,U.S.P.)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	99/99/9999	
PROGESTERONE (WETTABLE,U.S.P.)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	99/99/9999	
PROGESTERONE (WETTABLE,U.S.P.)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	99/99/9999	
PROGESTERONE (WETTABLE,U.S.P.)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	99/99/9999	
PROGESTERONE (WETTABLE,U.S.P.)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	99/99/9999	
HYDROCORTISONE ACETATE (U.S.P.)	1	EA	BO	NA	GM	25	MG	40	01/01/2002	01/01/2015	
HYDROCORTISONE ACETATE (U.S.P.)	1	EA	BO	NA	GM	25	MG	40	09/01/2003	99/99/9999	
HYDROCORTISONE ACETATE (U.S.P.)	1	EA	BO	NA	GM	25	MG	40	09/01/2003	99/99/9999	
HYDROCORTISONE ACETATE (U.S.P.)	1	EA	BO	NA	GM	25	MG	40	09/01/2003	99/99/9999	
HYDROCORTISONE ACETATE (U.S.P.)	1	EA	BO	NA	GM	25	MG	40	09/01/2003	99/99/9999	
DEXAMETHASONE ACETATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2003	99/99/9999	
DEXAMETHASONE ACETATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999	
DEXAMETHASONE ACETATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999	
DEXAMETHASONE ACETATE (U.S.P., MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999	
DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
51552-0025-02	KO	J7638	KO	09/01/2003	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
51552-0025-03		J7638		09/01/2003	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
51552-0025-03	KO	J7638	KO	09/01/2003	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
51552-0025-04		J7638		09/01/2003	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
51552-0025-04	KO	J7638	KO	09/01/2003	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
51552-0026-02		J7510		09/01/2003	99/99/9999	PREDNISOLONE ORAL, PER 5 MG
51552-0026-04		J7510		09/01/2003	99/99/9999	PREDNISOLONE ORAL, PER 5 MG
51552-0026-05		J7510		09/01/2003	99/99/9999	PREDNISOLONE ORAL, PER 5 MG
51552-0028-01		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
51552-0028-02		J7506		09/01/2003	12/31/2015	PREDNISONE, ORAL, PER 5MG
51552-0028-04		J7506		09/01/2003	12/31/2015	PREDNISONE, ORAL, PER 5MG
51552-0028-05		J7506		09/01/2003	12/31/2015	PREDNISONE, ORAL, PER 5MG
51552-0029-01		J3140		01/01/2002	12/31/2014	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG
51552-0029-02		J3140		09/01/2003	12/31/2014	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG
51552-0029-04		J3140		09/01/2003	07/30/2013	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG
51552-0029-07		J3140		09/01/2003	07/30/2013	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG
51552-0030-01		J3150		01/01/2002	12/31/2014	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG
51552-0030-02		J3150		09/01/2003	12/31/2014	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG
51552-0030-04		J3150		09/01/2003	12/31/2014	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG
51552-0030-05		J3150		09/01/2003	12/31/2014	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999	
DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999	
DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999	
DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999	
DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999	
PREDNISOLONE ANHYDROUS (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	09/01/2003	99/99/9999	
PREDNISOLONE ANHYDROUS (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	09/01/2003	99/99/9999	
PREDNISOLONE ANHYDROUS (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	09/01/2003	99/99/9999	
PREDNISONE	1	EA	BO	NA	GM	5	MG	200	01/01/2002	12/31/2015	
PREDNISONE (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	09/01/2003	12/31/2015	
PREDNISONE (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	09/01/2003	12/31/2015	
PREDNISONE (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	09/01/2003	12/31/2015	
TESTOSTERONE (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	01/01/2002	12/31/2014	
TESTOSTERONE (U.S.P.)	1	EA	JR	NA	GM	50	MG	20	09/01/2003	12/31/2014	
TESTOSTERONE (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	07/30/2013	
TESTOSTERONE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	07/30/2013	
TESTOSTERONE PROPIONATE (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	01/01/2002	12/31/2014	
TESTOSTERONE PROPIONATE (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	09/01/2003	12/31/2014	
TESTOSTERONE PROPIONATE (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	09/01/2003	12/31/2014	
TESTOSTERONE PROPIONATE (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	09/01/2003	12/31/2014	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
51552-0030-08		J3150		09/01/2003	12/31/2014	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG
51552-0030-09		J3150		09/01/2003	12/31/2014	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG
51552-0033-01		J7684		01/01/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
51552-0033-01	KO	J7684	KO	01/01/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
51552-0033-02		J7684		09/01/2003	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
51552-0033-02	KO	J7684	KO	09/01/2003	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
51552-0033-03		J7684		09/01/2003	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
51552-0033-03	KO	J7684	KO	09/01/2003	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
51552-0033-05		J7684		09/01/2003	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
51552-0033-05	KO	J7684	KO	09/01/2003	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
51552-0038-03		J3490		09/01/2003	99/99/9999	UNCLASSIFIED DRUGS
51552-0038-04		J3490		09/01/2003	99/99/9999	UNCLASSIFIED DRUGS
51552-0038-05		J3490		09/01/2003	99/99/9999	UNCLASSIFIED DRUGS
51552-0038-06		J3490		09/01/2003	99/99/9999	UNCLASSIFIED DRUGS
51552-0042-01		J7643		01/01/2002	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
TESTOSTERONE PROPIONATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	100	MG	10	09/01/2003	12/31/2014	
TESTOSTERONE PROPIONATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	100	MG	10	09/01/2003	12/31/2014	
TRIAMCINOLONE ACETONIDE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
TRIAMCINOLONE ACETONIDE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
TRIAMCINOLONE ACETONIDE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999	
TRIAMCINOLONE ACETONIDE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999	
TRIAMCINOLONE ACETONIDE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999	
TRIAMCINOLONE ACETONIDE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999	
TRIAMCINOLONE ACETONIDE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999	
TRIAMCINOLONE ACETONIDE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999	
METRONIDAZOLE (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	09/01/2003	99/99/9999	
METRONIDAZOLE (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	09/01/2003	99/99/9999	
METRONIDAZOLE (U.S.P.)	1	EA	JR	NA	GM	1	EA	1	09/01/2003	99/99/9999	
METRONIDAZOLE (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	09/01/2003	99/99/9999	
GLYCOPYRROLATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
51552-0042-01	KO	J7643	KO	01/01/2002	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
51552-0044-02		J7609		01/01/2007	01/01/2015	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
51552-0044-02	KO	J7609	KO	01/01/2007	01/01/2015	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
51552-0044-04		J7609		01/01/2007	01/01/2015	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
51552-0044-04	KO	J7609	KO	01/01/2007	01/01/2015	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
51552-0044-05		J7609		01/01/2007	01/01/2015	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
51552-0044-05	KO	J7609	KO	01/01/2007	01/01/2015	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
51552-0044-06		J7609		01/01/2007	01/01/2015	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
51552-0044-06	KO	J7609	KO	01/01/2007	01/01/2015	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
51552-0044-07		J7609		01/01/2007	01/01/2015	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
51552-0044-07	KO	J7609	KO	01/01/2007	01/01/2015	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
51552-0057-04		J3350		01/01/2002	99/99/9999	INJECTION, UREA, UP TO 40 GM
51552-0057-06		J3350		09/01/2003	10/17/2016	INJECTION, UREA, UP TO 40 GM
51552-0057-08		J3350		09/01/2003	10/17/2016	INJECTION, UREA, UP TO 40 GM
51552-0061-06		J3480		09/01/2003	01/01/2015	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
GLYCOPYRROLATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
ALBUTEROL SULFATE (U.S.P.,N.F.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	01/01/2015	
ALBUTEROL SULFATE (U.S.P.,N.F.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	01/01/2015	
ALBUTEROL SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	01/01/2015	
ALBUTEROL SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	01/01/2015	
ALBUTEROL SULFATE (U.S.P.,N.F.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	01/01/2015	
ALBUTEROL SULFATE (U.S.P.,N.F.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	01/01/2015	
ALBUTEROL SULFATE (U.S.P.,N.F.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	01/01/2015	
ALBUTEROL SULFATE (U.S.P.,N.F.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	01/01/2015	
ALBUTEROL SULFATE (U.S.P.,N.F.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	01/01/2015	
ALBUTEROL SULFATE (U.S.P.,N.F.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	01/01/2015	
UREA (U.S.P.,N.F.)	1	EA	BO	NA	GM	40	GM	0.025	01/01/2002	99/99/9999	
UREA (U.S.P.,N.F.)	1	EA	BO	NA	GM	40	GM	0.025	09/01/2003	10/17/2016	
UREA (U.S.P.,N.F.)	1	EA	BO	NA	GM	40	GM	0.025	09/01/2003	10/17/2016	
POTASSIUM CHLORIDE (U.S.P.,N.F.)	1	EA	BO	NA	GM	2	MEQ	6.71141	09/01/2003	01/01/2015	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
51552-0064-01		J7624		01/01/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
51552-0064-01	KO	J7624	KO	01/01/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
51552-0064-02		J7624		09/01/2003	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
51552-0064-02	KO	J7624	KO	09/01/2003	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
51552-0074-05		Q0165		09/01/2003	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
51552-0074-09		Q0165		09/01/2003	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
51552-0079-02		J7670		01/01/2007	01/01/2015	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS
51552-0079-02	KO	J7670	KO	01/01/2007	01/01/2015	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS
51552-0079-04		J7670		01/01/2007	01/01/2015	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS
51552-0079-04	KO	J7670	KO	01/01/2007	01/01/2015	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS
51552-0079-05		J7670		01/01/2007	01/01/2015	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS
51552-0079-05	KO	J7670	KO	01/01/2007	01/01/2015	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
BETAMETHASONE SODIUM PHOSPHATE	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999	
BETAMETHASONE SODIUM PHOSPHATE	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999	
PROCHLORPERAZINE MALEATE (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	09/01/2003	12/31/2013	
PROCHLORPERAZINE MALEATE (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	09/01/2003	12/31/2013	
METAPROTERENOL SULFATE (U.S.P.,N.F.)	1	EA	BO	NA	GM	10	MG	100	01/01/2007	01/01/2015	
METAPROTERENOL SULFATE (U.S.P.,N.F.)	1	EA	BO	NA	GM	10	MG	100	01/01/2007	01/01/2015	
METAPROTERENOL SULFATE (U.S.P.,N.F.)	1	EA	BO	NA	GM	10	MG	100	01/01/2007	01/01/2015	
METAPROTERENOL SULFATE (U.S.P.,N.F.)	1	EA	BO	NA	GM	10	MG	100	01/01/2007	01/01/2015	
METAPROTERENOL SULFATE (U.S.P.,N.F.)	1	EA	BO	NA	GM	10	MG	100	01/01/2007	01/01/2015	
METAPROTERENOL SULFATE (U.S.P.,N.F.)	1	EA	BO	NA	GM	10	MG	100	01/01/2007	01/01/2015	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
51552-0079-07		J7670		01/01/2007	01/01/2015	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS
51552-0079-07	KO	J7670	KO	01/01/2007	01/01/2015	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS
51552-0106-04		J2001		01/01/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG
51552-0106-05		J2001		01/01/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG
51552-0106-06		J2001		01/01/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG
51552-0124-02		J1200		09/01/2003	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG
51552-0124-04		J1200		09/01/2003	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG
51552-0124-05		J1200		09/01/2003	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG
51552-0124-06		J1200		09/01/2003	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG
51552-0130-02		J3490		09/01/2003	07/30/2013	UNCLASSIFIED DRUGS
51552-0130-04		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS
51552-0130-06		J3490		09/01/2003	07/30/2013	UNCLASSIFIED DRUGS
51552-0139-04		J3230		09/01/2003	99/99/9999	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG
51552-0139-05		J3230		09/01/2003	99/99/9999	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG
51552-0139-07		J3230		09/01/2003	01/01/2015	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG
51552-0141-02		J1980		09/01/2003	01/01/2015	INJECTION, HYOSCYAMINE SULFATE, UP TO 0.25 MG
51552-0141-04		J1980		09/01/2003	01/01/2015	INJECTION, HYOSCYAMINE SULFATE, UP TO 0.25 MG
51552-0147-01		J2550		01/01/2002	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG
51552-0147-02		J2550		09/01/2003	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG
51552-0147-04		J2550		09/01/2003	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG
51552-0147-05		J2550		09/01/2003	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG
51552-0149-04		J3415		01/01/2004	99/99/9999	INJECTION, PYRIDOXINE HCL, 100 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
METAPROTERENOL SULFATE (U.S.P.,N.F.)	1	EA	BO	NA	GM	10	MG	100	01/01/2007	01/01/2015	
METAPROTERENOL SULFATE (U.S.P.,N.F.)	1	EA	BO	NA	GM	10	MG	100	01/01/2007	01/01/2015	
LIDOCAINE HCL (U.S.P.,N.F.)	1	EA	BO	NA	GM	10	MG	100	01/01/2004	99/99/9999	
LIDOCAINE HCL (U.S.P.,N.F.)	1	EA	JR	NA	GM	10	MG	100	01/01/2004	99/99/9999	
LIDOCAINE HCL (U.S.P.,N.F.)	1	EA	BO	NA	GM	10	MG	100	01/01/2004	99/99/9999	
DIPHENHYDRAMINE HCL (U.S.P.,N.F.)	1	EA	JR	NA	GM	50	MG	20	09/01/2003	99/99/9999	
DIPHENHYDRAMINE HCL (U.S.P.,N.F.)	1	EA	JR	NA	GM	50	MG	20	09/01/2003	99/99/9999	
DIPHENHYDRAMINE HCL (U.S.P.,N.F.)	1	EA	JR	NA	GM	50	MG	20	09/01/2003	99/99/9999	
DIPHENHYDRAMINE HCL (U.S.P.,N.F.)	1	EA	JR	NA	GM	50	MG	20	09/01/2003	99/99/9999	
BENZOCAINE (U.S.P.,N.F.)	1	EA	BO	NA	GM	1	EA	1	09/01/2003	07/30/2013	
BENZOCAINE (U.S.P.,N.F.)	1	EA	BO	NA	GM	1	EA	1	01/01/2002	99/99/9999	
BENZOCAINE (U.S.P.,N.F.)	1	EA	BO	NA	GM	1	EA	1	09/01/2003	07/30/2013	
CHLORPROMAZINE HCL (U.S.P.,N.F.)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	99/99/9999	
CHLORPROMAZINE HCL (U.S.P.,N.F.)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	99/99/9999	
CHLORPROMAZINE HCL (U.S.P.,N.F.)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	01/01/2015	
HYOSCYAMINE SULFATE (U.S.P.,N.F.)	1	EA	BO	NA	GM	0.25	MG	4000	09/01/2003	01/01/2015	
HYOSCYAMINE SULFATE (U.S.P.,N.F.)	1	EA	BO	NA	GM	0.25	MG	4000	09/01/2003	01/01/2015	
PROMETHAZINE HCL (U.S.P.,N.F.)	1	EA	JR	NA	GM	50	MG	20	01/01/2002	99/99/9999	
PROMETHAZINE HCL (U.S.P.,N.F.)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	99/99/9999	
PROMETHAZINE HCL (U.S.P.,N.F)	1	EA	JR	NA	GM	50	MG	20	09/01/2003	99/99/9999	
PROMETHAZINE HCL (U.S.P.,N.F.)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	99/99/9999	
PYRIDOXINE HCL (U.S.P.,N.F.)	1	EA	JR	NA	GM	100	MG	10	01/01/2004	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
51552-0149-05		J3415		01/01/2004	99/99/9999	INJECTION, PYRIDOXINE HCL, 100 MG
51552-0156-02		J7636		09/01/2003	99/99/9999	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
51552-0156-02	KO	J7636	KO	09/01/2003	99/99/9999	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
51552-0156-04		J7636		09/01/2003	99/99/9999	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
51552-0156-04	KO	J7636	KO	09/01/2003	99/99/9999	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
51552-0180-03		J2765		09/01/2003	99/99/9999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG
51552-0180-04		J2765		09/01/2003	10/03/2017	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG
51552-0180-05		J2765		09/01/2003	10/03/2017	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG
51552-0188-01		J1330		01/01/2002	01/01/2015	INJECTION, ERGONOVINE MALEATE, UP TO 0.2 MG
51552-0188-05		J1330		09/01/2003	01/01/2015	INJECTION, ERGONOVINE MALEATE, UP TO 0.2 MG
51552-0188-07		J1330		09/01/2003	01/01/2015	INJECTION, ERGONOVINE MALEATE, UP TO 0.2 MG
51552-0201-04		J7604		01/01/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM
51552-0201-04	KO	J7604	KO	01/01/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM
51552-0201-05		J7604		01/01/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM
51552-0201-05	KO	J7604	KO	01/01/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PYRIDOXINE HCL (U.S.P.,N.F.)	1	EA	BO	NA	GM	100	MG	10	01/01/2004	99/99/9999	
ATROPINE SULFATE MONOHYDRATE (U.S.P.,N.F.)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999	
ATROPINE SULFATE MONOHYDRATE (U.S.P.,N.F.)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999	
ATROPINE SULFATE MONOHYDRATE (U.S.P.,N.F.)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999	
ATROPINE SULFATE MONOHYDRATE (U.S.P.,N.F.)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999	
METOCLOPRAMIDE HCL MONOHYDRATE (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	09/01/2003	99/99/9999	
METOCLOPRAMIDE HCL MONOHYDRATE (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	09/01/2003	10/03/2017	
METOCLOPRAMIDE HCL MONOHYDRATE (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	09/01/2003	10/03/2017	
ERGONOVINE MALEATE (U.S.P.,N.F.)	1	EA	BO	NA	GM	0.2	MG	5000	01/01/2002	01/01/2015	
ERGONOVINE MALEATE (U.S.P.,N.F.)	1	EA	VL	NA	GM	0.2	MG	5000	09/01/2003	01/01/2015	
ERGONOVINE MALEATE (U.S.P.,N.F.)	1	EA	BO	NA	GM	0.2	MG	5000	09/01/2003	01/01/2015	
ACETYLCYSTEINE (U.S.P.,N.F.)	1	EA	BO	NA	GM	1	GM	1	01/01/2008	99/99/9999	
ACETYLCYSTEINE (U.S.P.,N.F.)	1	EA	BO	NA	GM	1	GM	1	01/01/2008	99/99/9999	
ACETYLCYSTEINE (U.S.P.,N.F.)	1	EA	BO	NA	GM	1	GM	1	01/01/2008	99/99/9999	
ACETYLCYSTEINE (U.S.P.,N.F.)	1	EA	BO	NA	GM	1	GM	1	01/01/2008	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
51552-0201-07		J7604		01/01/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM
51552-0201-07	KO	J7604	KO	01/01/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM
51552-0232-02		J7799		09/01/2003	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
51552-0232-04		J7799		09/01/2003	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
51552-0232-05		J7799		09/01/2003	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
51552-0233-01		J1110		01/01/2002	99/99/9999	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG
51552-0233-02		J1110		09/01/2003	99/99/9999	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG
51552-0278-01		J3302		01/01/2002	01/01/2015	INJECTION, TRIAMCINOLONE DIACETATE, PER 5MG
51552-0278-02		J3302		09/01/2003	01/01/2015	INJECTION, TRIAMCINOLONE DIACETATE, PER 5MG
51552-0278-03		J3302		09/01/2003	01/01/2015	INJECTION, TRIAMCINOLONE DIACETATE, PER 5MG
51552-0304-01		J0285		09/01/2003	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG
51552-0304-02		J0285		09/01/2003	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG
51552-0304-03		J0285		09/01/2003	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG
51552-0304-04		J0285		09/01/2003	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG
51552-0304-05		J0285		01/01/2002	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG
51552-0304-07		J0285		09/01/2003	01/01/2015	INJECTION, AMPHOTERICIN B, 50 MG
51552-0304-09		J0285		09/01/2003	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG
51552-0313-05		J0280		09/01/2003	99/99/9999	INJECTION, AMINOPHYLLIN, UP TO 250 MG
51552-0313-06		J0280		09/01/2003	99/99/9999	INJECTION, AMINOPHYLLIN, UP TO 250 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
ACETYLCYSTEINE (U.S.P.,N.F.)	1	EA	BO	NA	GM	1	GM	1	01/01/2008	99/99/9999	
ACETYLCYSTEINE (U.S.P.,N.F.)	1	EA	BO	NA	GM	1	GM	1	01/01/2008	99/99/9999	
PHENYLEPHRINE HCL (U.S.P.,N.F.)	1	EA	BO	NA	GM	1	EA	1	09/01/2003	99/99/9999	
PHENYLEPHRINE HCL (U.S.P.,N.F.)	1	EA	BO	NA	GM	1	EA	1	09/01/2003	99/99/9999	
PHENYLEPHRINE HCL (U.S.P.,N.F.)	1	EA	BO	NA	GM	1	EA	1	09/01/2003	99/99/9999	
DIHYDROERGOTAMINE MESYLATE (U.S.P.,N.F.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
DIHYDROERGOTAMINE MESYLATE (U.S.P.,N.F.)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999	
TRIAMCINOLONE DIACETATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	01/01/2015	
TRIAMCINOLONE DIACETATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	5	MG	200	09/01/2003	01/01/2015	
TRIAMCINOLONE DIACETATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	5	MG	200	09/01/2003	01/01/2015	
AMPHOTERICIN B	1	EA	JR	NA	GM	50	MG	20	09/01/2003	99/99/9999	
AMPHOTERICIN B	1	EA	JR	NA	GM	50	MG	20	09/01/2003	99/99/9999	
AMPHOTERICIN B	1	EA	JR	NA	GM	50	MG	20	09/01/2003	99/99/9999	
AMPHOTERICIN B (1X25GM)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	99/99/9999	
AMPHOTERICIN B	1	EA	JR	NA	GM	50	MG	20	09/01/2003	99/99/9999	01/01/2002
AMPHOTERICIN B (U.S.P.)	1	EA	JR	NA	GM	50	MG	20	09/01/2003	01/01/2015	
AMPHOTERICIN B	1	EA	JR	NA	GM	50	MG	20	09/01/2003	99/99/9999	
AMINOPHYLLINE ANHYDROUS (U.S.P.)	1	EA	JR	NA	GM	250	MG	4	09/01/2003	99/99/9999	
AMINOPHYLLINE ANHYDROUS (U.S.P.)	1	EA	BO	NA	GM	250	MG	4	09/01/2003	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
08/31/2003	20			

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
51552-0324-06		J3480		09/01/2003	10/17/2016	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ
51552-0324-08		J3480		09/01/2003	10/17/2016	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ
51552-0324-09		J3480		09/01/2003	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ
51552-0380-05		J2150		09/01/2003	99/99/9999	INJECTION, MANNITOL, 25% IN 50 ML
51552-0380-06		J2150		09/01/2003	10/17/2016	INJECTION, MANNITOL, 25% IN 50 ML
51552-0380-08		J2150		09/01/2003	10/17/2016	INJECTION, MANNITOL, 25% IN 50 ML
51552-0393-01		J7645		01/01/2007	01/01/2015	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
51552-0393-01	KO	J7645	KO	01/01/2007	01/01/2015	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
51552-0393-02		J7645		01/01/2007	01/01/2015	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
51552-0393-02	KO	J7645	KO	01/01/2007	01/01/2015	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
51552-0393-04		J7645		01/01/2007	01/01/2015	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
51552-0393-04	KO	J7645	KO	01/01/2007	01/01/2015	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
51552-0393-05		J7645		01/01/2007	01/01/2015	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
51552-0393-05	KO	J7645	KO	01/01/2007	01/01/2015	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
51552-0416-02		J2440		09/01/2003	99/99/9999	INJECTION, PAPAVERINE HCL, UP TO 60 MG
51552-0416-04		J2440		09/01/2003	99/99/9999	INJECTION, PAPAVERINE HCL, UP TO 60 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
POTASSIUM CHLORIDE (U.S.P.)	1	EA	BO	NA	GM	2	MEQ	6.71141	09/01/2003	10/17/2016	
POTASSIUM CHLORIDE (U.S.P.)	1	EA	BO	NA	GM	2	MEQ	6.71141	09/01/2003	10/17/2016	
POTASSIUM CHLORIDE (U.S.P.)	1	EA	BO	NA	GM	2	MEQ	6.71141	09/01/2003	99/99/9999	
MANNITOL (U.S.P.,N.F.)	1	EA	BO	NA	GM	50	ML	0.08	09/01/2003	99/99/9999	
MANNITOL (U.S.P.,N.F.)	1	EA	BO	NA	GM	50	ML	0.08	09/01/2003	10/17/2016	
MANNITOL (U.S.P.)	1	EA	BO	NA	GM	50	ML	0.08	09/01/2003	10/17/2016	
IPRATROPIUM BROMIDE (B.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	01/01/2015	
IPRATROPIUM BROMIDE (B.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	01/01/2015	
IPRATROPIUM BROMIDE (B.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	01/01/2015	
IPRATROPIUM BROMIDE (B.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	01/01/2015	
IPRATROPIUM BROMIDE (B.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	01/01/2015	
IPRATROPIUM BROMIDE (B.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	01/01/2015	
IPRATROPIUM BROMIDE (B.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	01/01/2015	
IPRATROPIUM BROMIDE (B.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	01/01/2015	
PAPAVERINE HYDROCHLORIDE (U.S.P.)	1	EA	BO	NA	GM	60	MG	16.66666	09/01/2003	99/99/9999	
PAPAVERINE HYDROCHLORIDE (U.S.P.)	1	EA	BO	NA	GM	60	MG	16.66666	09/01/2003	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
51552-0416-05		J2440		09/01/2003	99/99/9999	INJECTION, PAPAVERINE HCL, UP TO 60 MG
51552-0416-07		J2440		09/01/2003	01/01/2015	INJECTION, PAPAVERINE HCL, UP TO 60 MG
51552-0423-02		J7632		01/01/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS
51552-0423-02	KO	J7632	KO	01/01/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS
51552-0423-04		J7632		01/01/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS
51552-0423-04	KO	J7632	KO	01/01/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS
51552-0423-05		J7632		01/01/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS
51552-0423-05	KO	J7632	KO	01/01/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS
51552-0423-07		J7632		01/01/2008	01/01/2015	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS
51552-0423-07	KO	J7632	KO	01/01/2008	01/01/2015	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS
51552-0430-01		J7638		01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
51552-0430-01	KO	J7638	KO	01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
51552-0430-02		J7638		09/01/2003	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
51552-0430-02	KO	J7638	KO	09/01/2003	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PAPAVERINE HYDROCHLORIDE (U.S.P.)	1	EA	BO	NA	GM	60	MG	16.66666	09/01/2003	99/99/9999	
PAPAVERINE HYDROCHLORIDE (U.S.P.)	1	EA	BO	NA	GM	60	MG	16.66666	09/01/2003	01/01/2015	
CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2008	99/99/9999	
CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2008	99/99/9999	
CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2008	99/99/9999	
CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2008	99/99/9999	
CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2008	99/99/9999	
CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2008	99/99/9999	
CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2008	01/01/2015	
CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2008	01/01/2015	
DEXAMETHASONE	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
DEXAMETHASONE	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
DEXAMETHASONE (MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999	
DEXAMETHASONE (MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
51552-0435-05		J0600		09/01/2003	01/01/2015	INJECTION, EDETATE CALCIUM DISODIUM, UP TO 1000 MG
51552-0445-01		J1435		01/01/2002	99/99/9999	INJECTION, ESTRONE, PER 1 MG
51552-0445-02		J1435		09/01/2003	99/99/9999	INJECTION, ESTRONE, PER 1 MG
51552-0445-04		J1435		09/01/2003	99/99/9999	INJECTION, ESTRONE, PER 1 MG
51552-0446-03		J7681		09/01/2003	01/01/2015	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
51552-0446-03	KO	J7681	KO	09/01/2003	01/01/2015	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
51552-0446-04		J7681		09/01/2003	01/01/2015	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
51552-0446-04	KO	J7681	KO	09/01/2003	01/01/2015	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
51552-0464-02		J1320		09/01/2003	99/99/9999	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG
51552-0464-05		J1320		09/01/2003	99/99/9999	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG
51552-0464-06		J1320		09/01/2003	99/99/9999	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG
51552-0480-01		J0735		01/01/2002	99/99/9999	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG
51552-0480-02		J0735		09/01/2003	99/99/9999	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG
51552-0487-05		J2810		09/01/2003	99/99/9999	INJECTION, THEOPHYLLINE, PER 40 MG
51552-0496-01		J2760		01/01/2002	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG
51552-0496-02		J2760		09/01/2003	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG
51552-0496-04		J2760		09/01/2003	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG
51552-0496-05		J2760		09/01/2003	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG
51552-0496-09		J2760		09/01/2003	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
EDETATE CALCIUM DISODIUM (U.S.P.,F.C.C.)	1	EA	BO	NA	GM	1000	MG	1	09/01/2003	01/01/2015	
ESTRONE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
ESTRONE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999	
ESTRONE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999	
TERBUTALINE SULFATE (U.S.P., NF)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	01/01/2015	
TERBUTALINE SULFATE (U.S.P., NF)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	01/01/2015	
TERBUTALINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	01/01/2015	
TERBUTALINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	01/01/2015	
AMITRIPTYLINE HCL (1X5GM)	1	EA	BO	NA	GM	20	MG	50	09/01/2003	99/99/9999	
AMITRIPTYLINE HCL (1X100GM)	1	EA	BO	NA	GM	20	MG	50	09/01/2003	99/99/9999	
AMITRIPTYLINE HCL (1X500GM)	1	EA	JR	NA	GM	20	MG	50	09/01/2003	99/99/9999	
CLONIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
CLONIDINE HCL (U.S.P.)	1	EA	JR	NA	GM	1	MG	1000	09/01/2003	99/99/9999	
THEOPHYLLINE ANHYDROUS (U.S.P.)	1	EA	BO	NA	GM	40	MG	25	09/01/2003	99/99/9999	
PHENTOLAMINE MESYLATE (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	99/99/9999	
PHENTOLAMINE MESYLATE (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	09/01/2003	99/99/9999	
PHENTOLAMINE MESYLATE (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	09/01/2003	99/99/9999	
PHENTOLAMINE MESYLATE (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	09/01/2003	99/99/9999	
PHENTOLAMINE MESYLATE (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	09/01/2003	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
51552-0498-03		J0270		09/01/2003	99/99/9999	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)
51552-0498-05		J0270		09/01/2003	99/99/9999	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)
51552-0498-09		J0270		09/01/2003	99/99/9999	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)
51552-0519-01		J1630		01/01/2002	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG
51552-0519-02		J1630		09/01/2003	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG
51552-0526-05		J7799		09/01/2003	01/01/2015	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
51552-0529-02		J3490		09/01/2003	99/99/9999	UNCLASSIFIED DRUGS
51552-0529-03		J3490		09/01/2003	99/99/9999	UNCLASSIFIED DRUGS
51552-0532-04		J1165		09/01/2003	99/99/9999	INJECTION, PHENYTOIN SODIUM, PER 50 MG
51552-0564-04		J3140		09/01/2003	12/31/2014	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG
51552-0564-05		J3140		09/01/2003	12/31/2014	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG
51552-0564-07		J3140		09/01/2003	12/31/2014	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG
51552-0588-06		J3520		09/01/2003	99/99/9999	EDETATE DISODIUM, PER 150 MG
51552-0603-02		J7509		09/01/2003	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG
51552-0611-01		J7641		01/01/2002	01/01/2015	FLUNISOLIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, PER MILLIGRAM

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PROSTAGLANDIN E1 (U.S.P.)	1	EA	BO	NA	GM	1.25	MCG	800000	09/01/2003	99/99/9999	
PROSTAGLANDIN E1 (1X100MG,USP)	1	EA	BO	NA	GM	1.25	MCG	800000	09/01/2003	99/99/9999	
PROSTAGLANDIN E1 (1X5MG,USP)	1	EA	BO	NA	GM	1.25	MCG	800000	09/01/2003	99/99/9999	
HALOPERIDOL (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	99/99/9999	
HALOPERIDOL (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	09/01/2003	99/99/9999	
EPINEPHRINE (U.S.P. ,N.F.)	1	EA	BO	NA	GM	1	EA	1	09/01/2003	01/01/2015	
CLINDAMYCIN PHOSPHATE (U.S.P., N.F.)	1	EA	BO	NA	GM	1	EA	1	09/01/2003	99/99/9999	
CLINDAMYCIN PHOSPHATE (U.S.P., N.F.)	1	EA	BO	NA	GM	1	EA	1	09/01/2003	99/99/9999	
PHENYTOIN SODIUM	1	EA	JR	NA	GM	50	MG	20	09/01/2003	99/99/9999	
TESTOSTERONE (U.S.P.)	1	EA	JR	NA	GM	50	MG	20	09/01/2003	12/31/2014	
TESTOSTERONE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	12/31/2014	
TESTOSTERONE (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	12/31/2014	
EDETATE DISODIUM (U.S.P.)	1	EA	BO	NA	GM	150	MG	6.66666	09/01/2003	99/99/9999	
METHYLPREDNISOLONE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	4	MG	250	09/01/2003	99/99/9999	
FLUNISOLIDE ANHYDROUS (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	01/01/2015	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
51552-0611-01	KO	J7641	KO	01/01/2002	01/01/2015	FLUNISOLIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, PER MILLIGRAM
51552-0611-02		J7641		09/01/2003	01/01/2015	FLUNISOLIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, PER MILLIGRAM
51552-0611-02	KO	J7641	KO	09/01/2003	01/01/2015	FLUNISOLIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, PER MILLIGRAM
51552-0613-02		J0475		09/01/2003	99/99/9999	INJECTION, BACLOFEN, 10 MG
51552-0613-04		J0475		09/01/2003	99/99/9999	INJECTION, BACLOFEN, 10 MG
51552-0613-05		J0475		09/01/2003	99/99/9999	INJECTION, BACLOFEN, 10 MG
51552-0620-02		J2780		09/01/2003	99/99/9999	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG
51552-0620-04		J2780		09/01/2003	99/99/9999	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG
51552-0620-05		J2780		09/01/2003	99/99/9999	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG
51552-0628-01		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS
51552-0643-07		J2675		09/01/2003	01/01/2015	INJECTION, PROGESTERONE, PER 50 MG
51552-0652-01		J0364		01/01/2007	99/99/9999	INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG
51552-0652-02		J0364		01/01/2007	99/99/9999	INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG
51552-0652-04		J0364		01/01/2007	01/01/2015	INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG
51552-0663-01		J7516		01/01/2002	99/99/9999	CYCLOSPORIN, PARENTERAL, 250 MG
51552-0663-02		J7516		09/01/2003	99/99/9999	CYCLOSPORIN, PARENTERAL, 250 MG
51552-0663-04		J7516		09/01/2003	99/99/9999	CYCLOSPORIN, PARENTERAL, 250 MG
51552-0663-06		J7516		09/01/2003	01/01/2015	CYCLOSPORIN, PARENTERAL, 250 MG
51552-0668-01		J7627		01/01/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
FLUNISOLIDE ANHYDROUS (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	01/01/2015	
FLUNISOLIDE ANHYDROUS (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	01/01/2015	
FLUNISOLIDE ANHYDROUS (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	01/01/2015	
BACLOFEN (1X5GM)	1	EA	JR	NA	GM	10	MG	100	09/01/2003	99/99/9999	
BACLOFEN (1X25GM)	1	EA	JR	NA	GM	10	MG	100	09/01/2003	99/99/9999	
BACLOFEN (1X100GM)	1	EA	JR	NA	GM	10	MG	100	09/01/2003	99/99/9999	
RANITIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	25	MG	40	09/01/2003	99/99/9999	
RANITIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	25	MG	40	09/01/2003	99/99/9999	
RANITIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	25	MG	40	09/01/2003	99/99/9999	
BETAMETHASONE ACETATE MICRONIZED (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	01/01/2002	99/99/9999	
PROGESTERONE (MILLED,U.S.P.)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	01/01/2015	
APOMORPHINE HCL (1X1GM)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	99/99/9999	
APOMORPHINE HCL (1X5GM)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	99/99/9999	
APOMORPHINE HCL (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	01/01/2015	
CYCLOSPORIN A	1	EA	BO	NA	GM	250	MG	4	01/01/2002	99/99/9999	
CYCLOSPORINE (1X5GM,USP)	1	EA	BO	NA	GM	250	MG	4	09/01/2003	99/99/9999	
CYCLOSPORINE (1X25GM,USP)	1	EA	BO	NA	GM	250	MG	4	09/01/2003	99/99/9999	
CYCLOSPORINE (1X500MG,USP)	1	EA	BO	NA	GM	250	MG	4	09/01/2003	01/01/2015	
BUDESONIDE (MICRONIZED)	1	EA	JR	NA	GM	0.5	MG	2000	01/01/2006	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
51552-0668-01	KO	J7627	KO	01/01/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG
51552-0671-01		J0133		01/01/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG
51552-0671-02		J0133		01/01/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG
51552-0671-03		J0133		01/01/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG
51552-0671-04		J0133		01/01/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG
51552-0671-05		J0133		01/01/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG
51552-0671-06		J0133		01/01/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG
51552-0674-05		J2010		09/01/2003	01/01/2015	INJECTION, LINCOMYCIN HCL, UP TO 300 MG
51552-0674-07		J2010		09/01/2003	01/01/2015	INJECTION, LINCOMYCIN HCL, UP TO 300 MG
51552-0676-04		J1240		09/01/2003	99/99/9999	INJECTION, DIMENHYDRINATE, UP TO 50 MG
51552-0676-05		J1240		09/01/2003	99/99/9999	INJECTION, DIMENHYDRINATE, UP TO 50 MG
51552-0678-02		J2271		09/01/2003	12/31/2014	INJECTION, MORPHINE SULFATE, 100MG
51552-0678-04		J2271		09/01/2003	12/31/2014	INJECTION, MORPHINE SULFATE, 100MG
51552-0678-06		J2271		09/01/2003	12/31/2014	INJECTION, MORPHINE SULFATE, 100MG
51552-0682-01		J1170		09/01/2003	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG
51552-0682-02		J1170		09/01/2003	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG
51552-0682-03		J1170		09/01/2003	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG
51552-0682-04		J1170		09/01/2003	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
BUDESONIDE (MICRONIZED)	1	EA	JR	NA	GM	0.5	MG	2000	01/01/2006	99/99/9999	
ACYCLOVIR (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2006	99/99/9999	
ACYCLOVIR (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2006	99/99/9999	
ACYCLOVIR (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2006	99/99/9999	
ACYCLOVIR (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2006	99/99/9999	
ACYCLOVIR (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2006	99/99/9999	
ACYCLOVIR (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2006	99/99/9999	
LINCOMYCIN HYDROCHLORIDE (USP,1X100GM)	1	EA	BO	NA	GM	300	MG	3.33333	09/01/2003	01/01/2015	
LINCOMYCIN HYDROCHLORIDE (USP,1X1000GM)	1	EA	BO	NA	GM	300	MG	3.33333	09/01/2003	01/01/2015	
DIMENHYDRINATE (1X25GM,USP)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	99/99/9999	
DIMENHYDRINATE (1X100GM,USP)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	99/99/9999	
MORPHINE SULFATE (1X5GM,USP)	1	EA	NA	NA	GM	100	MG	10	09/01/2003	12/31/2014	
MORPHINE SULFATE (1X25GM,USP)	1	EA	JR	NA	GM	100	MG	10	09/01/2003	12/31/2014	
MORPHINE SULFATE (1X100GM,USP)	1	EA	JR	NA	GM	100	MG	10	09/01/2003	12/31/2014	
HYDROMORPHONE HYDROCHLORIDE (1X1GM,USP)	1	EA	BO	NA	GM	4	MG	250	09/01/2003	99/99/9999	
HYDROMORPHONE HYDROCHLORIDE (1X5GM,USP)	1	EA	BO	NA	GM	4	MG	250	09/01/2003	99/99/9999	
HYDROMORPHONE HYDROCHLORIDE (1X10GM,USP)	1	EA	BO	NA	GM	4	MG	250	09/01/2003	99/99/9999	
HYDROMORPHONE HYDROCHLORIDE (1X25GM,USP)	1	EA	BO	NA	GM	4	MG	250	09/01/2003	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
51552-0686-01		J2175		09/01/2003	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG
51552-0686-02		J2175		09/01/2003	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG
51552-0686-04		J2175		09/01/2003	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG
51552-0686-06		J2175		09/01/2003	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG
51552-0687-01		J3010		09/01/2003	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG
51552-0687-09		J3010		09/01/2003	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG
51552-0688-02		J0745		09/01/2003	99/99/9999	INJECTION, CODEINE PHOSPHATE, PER 30 MG
51552-0688-03		J0745		09/01/2003	99/99/9999	INJECTION, CODEINE PHOSPHATE, PER 30 MG
51552-0688-04		J0745		09/01/2003	99/99/9999	INJECTION, CODEINE PHOSPHATE, PER 30 MG
51552-0688-06		J0745		09/01/2003	01/01/2015	INJECTION, CODEINE PHOSPHATE, PER 30 MG
51552-0701-02		J2710		09/01/2003	01/01/2015	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG
51552-0715-04		J3490		09/01/2003	99/99/9999	UNCLASSIFIED DRUGS
51552-0715-05		J3490		09/01/2003	99/99/9999	UNCLASSIFIED DRUGS
51552-0715-06		J3490		09/01/2003	01/01/2015	UNCLASSIFIED DRUGS
51552-0728-01		J1230		09/01/2003	99/99/9999	INJECTION, METHADONE HCL, UP TO 10 MG
51552-0728-02		J1230		09/01/2003	99/99/9999	INJECTION, METHADONE HCL, UP TO 10 MG
51552-0728-04		J1230		09/01/2004	99/99/9999	INJECTION, METHADONE HCL, UP TO 10 MG
51552-0729-01		J2060		09/01/2003	99/99/9999	INJECTION, LORAZEPAM, 2 MG
51552-0729-02		J2060		09/01/2003	99/99/9999	INJECTION, LORAZEPAM, 2 MG
51552-0729-04		J2060		09/01/2003	99/99/9999	INJECTION, LORAZEPAM, 2 MG
51552-0729-05		J2060		09/01/2003	99/99/9999	INJECTION, LORAZEPAM, 2 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
MEPERIDINE HYDROCHLORIDE (USP,1X1GM)	1	EA	BO	NA	GM	100	MG	10	09/01/2003	99/99/9999	
MEPERIDINE HYDROCHLORIDE (USP,1X5GM)	1	EA	BO	NA	GM	100	MG	10	09/01/2003	99/99/9999	
MEPERIDINE HYDROCHLORIDE (USP,1X25GM)	1	EA	BO	NA	GM	100	MG	10	09/01/2003	99/99/9999	
MEPERIDINE HYDROCHLORIDE (USP,1X100GM)	1	EA	BO	NA	GM	100	MG	10	09/01/2003	99/99/9999	
FENTANYL CITRATE (1X1GM,USP)	1	EA	BO	NA	GM	0.1	MG	10000	09/01/2003	99/99/9999	
FENTANYL CITRATE (1X500MG,USP)	500	ML	BO	NA	ML	0.1	MG	10000	09/01/2003	99/99/9999	
CODEINE PHOSPHATE (1X5GM,USP)	1	EA	BO	NA	GM	30	MG	33.33333	09/01/2003	99/99/9999	
CODEINE PHOSPHATE (1X10GM,USP)	1	EA	BO	NA	GM	30	MG	33.33333	09/01/2003	99/99/9999	
CODEINE PHOSPHATE (1X25GM,USP)	1	EA	BO	NA	GM	30	MG	33.33333	09/01/2003	99/99/9999	
CODEINE PHOSPHATE (1X100GM,USP)	1	EA	BO	NA	GM	30	MG	33.33333	09/01/2003	01/01/2015	
NEOSTIGMINE METHYLSULFATE	1	EA	BO	NA	GM	0.5	MG	2000	09/01/2003	01/01/2015	
RIFAMPIN (USP,1X25GM)	1	EA	BO	NA	GM	1	EA	1	09/01/2003	99/99/9999	
RIFAMPIN (USP,1X100GM)	1	EA	BO	NA	GM	1	EA	1	09/01/2003	99/99/9999	
RIFAMPIN (USP,1X500GM)	1	EA	BO	NA	GM	1	EA	1	09/01/2003	01/01/2015	
METHADONE HCL (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	09/01/2003	99/99/9999	
METHADONE HCL (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	09/01/2003	99/99/9999	
METHADONE HCL (U.S.P.)	1	EA	JR	NA	GM	10	MG	100	09/01/2004	99/99/9999	
LORAZEPAM (1X1GM,USP)	1	EA	BO	NA	GM	2	MG	500	09/01/2003	99/99/9999	
LORAZEPAM (1X5GM,USP)	1	EA	BO	NA	GM	2	MG	500	09/01/2003	99/99/9999	
LORAZEPAM (1X25GM,USP)	1	EA	BO	NA	GM	2	MG	500	09/01/2003	99/99/9999	
LORAZEPAM (1X100GM,USP)	1	EA	NA	NA	GM	2	MG	500	09/01/2003	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
51552-0729-09		J2060		09/01/2003	99/99/9999	INJECTION, LORAZEPAM, 2 MG
51552-0733-01		J9190		09/01/2003	99/99/9999	INJECTION, FLUOROURACIL, 500 MG
51552-0733-02		J9190		09/01/2003	99/99/9999	INJECTION, FLUOROURACIL, 500 MG
51552-0733-04		J9190		09/01/2003	99/99/9999	INJECTION, FLUOROURACIL, 500 MG
51552-0733-05		J9190		09/01/2003	99/99/9999	INJECTION, FLUOROURACIL, 500 MG
51552-0737-01		J3490		09/01/2003	99/99/9999	UNCLASSIFIED DRUGS
51552-0737-02		J3490		09/01/2003	99/99/9999	UNCLASSIFIED DRUGS
51552-0738-04		J2675		09/01/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG
51552-0738-05		J2675		09/01/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG
51552-0738-06		J2675		09/01/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG
51552-0738-07		J2675		09/01/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG
51552-0741-04		J0500		09/01/2003	99/99/9999	INJECTION, DICYCLOMINE HCL, UP TO 20 MG
51552-0768-01		J7684		09/01/2003	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
51552-0768-01	KO	J7684	KO	09/01/2003	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
51552-0775-01		J7699		09/01/2003	99/99/9999	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME
51552-0775-02		J7699		09/01/2003	99/99/9999	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME
51552-0775-04		J7699		09/01/2003	99/99/9999	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
LORAZEPAM (1X500MG,USP)	1	EA	BO	NA	GM	2	MG	500	09/01/2003	99/99/9999	
FLUOROURACIL (1X1GM,USP)	1	EA	BO	NA	GM	500	MG	2	09/01/2003	99/99/9999	
FLUOROURACIL (1X5GM,USP)	1	EA	BO	NA	GM	500	MG	2	09/01/2003	99/99/9999	
FLUOROURACIL (1X25GM,USP)	1	EA	BO	NA	GM	500	MG	2	09/01/2003	99/99/9999	
FLUOROURACIL (1X100GM,USP)	1	EA	BO	NA	GM	500	MG	2	09/01/2003	99/99/9999	
NALTREXONE HYDROCHLORIDE (1X1GM,USP)	1	EA	JR	NA	GM	1	EA	1	09/01/2003	99/99/9999	
NALTREXONE HYDROCHLORIDE (1X5GM,USP)	1	EA	BO	NA	GM	1	EA	1	09/01/2003	99/99/9999	
PROGESTERONE (1X25GM,USP,MICRONIZED)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	99/99/9999	
PROGESTERONE (1X100GM,USP,MICRONIZED)	1	EA	JR	NA	GM	50	MG	20	09/01/2003	99/99/9999	
PROGESTERONE (1X500GM,USP,MICRONIZED)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	99/99/9999	
PROGESTERONE (1X1000GM,USP,MICRONIZED)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	99/99/9999	
DICYCLOMINE HYDROCHLORIDE (USP)	1	EA	BO	NA	GM	20	MG	50	09/01/2003	99/99/9999	
TRIAMCINOLONE (1X1GM,USP)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999	
TRIAMCINOLONE (1X1GM,USP)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999	
GENTAMYCIN SULFATE (1X1GM,USP)	1	EA	BO	NA	GM	1	EA	1	09/01/2003	99/99/9999	
GENTAMYCIN SULFATE (1X5GM,USP)	1	EA	BO	NA	GM	1	EA	1	09/01/2003	99/99/9999	
GENTAMYCIN SULFATE (1X25GM,USP)	1	EA	BO	NA	GM	1	EA	1	09/01/2003	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
51552-0775-05		J7699		09/01/2003	99/99/9999	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME
51552-0779-02		J7501		09/01/2003	99/99/9999	AZATHIOPRINE, PARENTERAL, 100 MG
51552-0779-04		J7501		09/01/2003	99/99/9999	AZATHIOPRINE, PARENTERAL, 100 MG
51552-0779-05		J7501		09/01/2003	01/01/2015	AZATHIOPRINE, PARENTERAL, 100 MG
51552-0789-01		J7685		01/01/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS
51552-0789-01	KO	J7685	KO	01/01/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS
51552-0789-02		J7685		01/01/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS
51552-0789-02	KO	J7685	KO	01/01/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS
51552-0789-04		J7685		01/01/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS
51552-0789-04	KO	J7685	KO	01/01/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS
51552-0789-05		J7685		01/01/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS
51552-0789-05	KO	J7685	KO	01/01/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS
51552-0802-02		J0360		09/01/2003	01/01/2015	INJECTION, HYDRALAZINE HCL, UP TO 20 MG
51552-0829-01		J2675		09/01/2003	01/01/2015	INJECTION, PROGESTERONE, PER 50 MG
51552-0829-03		J2675		09/01/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG
51552-0829-04		J2675		09/01/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG
51552-0829-05		J2675		09/01/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
GENTAMYCIN SULFATE (1X100GM,USP)	1	EA	BO	NA	GM	1	EA	1	09/01/2003	99/99/9999	
AZATHIOPRINE (1X5GM)	1	EA	BO	NA	GM	100	MG	10	09/01/2003	99/99/9999	
AZATHIOPRINE (1X25GM)	1	EA	BO	NA	GM	100	MG	10	09/01/2003	99/99/9999	
AZATHIOPRINE (1X100GM)	1	EA	BO	NA	GM	100	MG	10	09/01/2003	01/01/2015	
TOBRAMYCIN SULFATE (1X1GM,USP)	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2007	99/99/9999	
TOBRAMYCIN SULFATE (1X1GM,USP)	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2007	99/99/9999	
TOBRAMYCIN SULFATE (1X5GM,USP)	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2007	99/99/9999	
TOBRAMYCIN SULFATE (1X5GM,USP)	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2007	99/99/9999	
TOBRAMYCIN SULFATE (1X25GM,USP)	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2007	99/99/9999	
TOBRAMYCIN SULFATE (1X25GM,USP)	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2007	99/99/9999	
TOBRAMYCIN SULFATE (1X100GM,USP)	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2007	99/99/9999	
TOBRAMYCIN SULFATE (1X100GM,USP)	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2007	99/99/9999	
HYDRALAZINE HCL (U.S.P.)	1	EA	BO	NA	GM	20	MG	50	09/01/2003	01/01/2015	
PROGESTERONE (1X1GM,USP)	1	EA	NA	NA	GM	50	MG	20	09/01/2003	01/01/2015	
PROGESTERONE (1X10GM,USP)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	99/99/9999	
PROGESTERONE (1X25GM,USP)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	99/99/9999	
PROGESTERONE (1X100GM,USP)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
51552-0829-06		J2675		09/01/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG
51552-0829-07		J2675		09/01/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG
51552-0829-08		J2675		09/01/2003	01/01/2015	INJECTION, PROGESTERONE, PER 50 MG
51552-0839-05		J2360		09/01/2003	01/01/2015	INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG
51552-0879-02		J0520		09/01/2003	99/99/9999	INJECTION, BETHANECHOL CHLORIDE, MYOTONACHOL OR URECHOLINE, UP TO 5 MG
51552-0879-04		J0520		09/01/2003	99/99/9999	INJECTION, BETHANECHOL CHLORIDE, MYOTONACHOL OR URECHOLINE, UP TO 5 MG
51552-0883-01		J7622		09/01/2003	99/99/9999	BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
51552-0883-01	KO	J7622	KO	09/01/2003	99/99/9999	BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
51552-0883-02		J7622		09/01/2003	99/99/9999	BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
51552-0883-02	KO	J7622	KO	09/01/2003	99/99/9999	BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
51552-0883-09		J7622		09/01/2003	99/99/9999	BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
51552-0883-09	KO	J7622	KO	09/01/2003	99/99/9999	BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
51552-0889-02		J3490		09/01/2003	99/99/9999	UNCLASSIFIED DRUGS
51552-0889-03		J3490		09/01/2003	01/01/2015	UNCLASSIFIED DRUGS
51552-0889-04		J3490		09/01/2003	01/01/2015	UNCLASSIFIED DRUGS
51552-0889-09		J3490		09/01/2003	01/01/2015	UNCLASSIFIED DRUGS
51552-0894-02		J0945		09/01/2003	01/01/2015	INJECTION, BROMPHENIRAMINE MALEATE, PER 10 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PROGESTERONE (1X500GM,USP)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	99/99/9999	
PROGESTERONE (1X1000GM,USP)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	99/99/9999	
PROGESTERONE (1X5000GM,USP)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	01/01/2015	
ORPHENADRINE CITRATE (U.S.P.)	1	EA	BO	NA	GM	60	MG	16.66666	09/01/2003	01/01/2015	
BETHANECHOL CHLORIDE (1X5GM,USP)	1	EA	JR	NA	GM	5	MG	200	09/01/2003	99/99/9999	
BETHANECHOL CHLORIDE (1X25GM,USP)	1	EA	JR	NA	GM	5	MG	200	09/01/2003	99/99/9999	
BECLOMETHASONE DIPROPIONATE (1X1GM,USP)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999	
BECLOMETHASONE DIPROPIONATE (1X1GM,USP)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999	
BECLOMETHASONE DIPROPIONATE (1X5GM,USP)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999	
BECLOMETHASONE DIPROPIONATE (1X5GM,USP)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999	
BECLOMETHASONE DIPROPIONATE (1X250MG,USP)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999	
BECLOMETHASONE DIPROPIONATE (1X250MG,USP)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999	
SUFENTANIL CITRATE (1X10MG,USP)	1	EA	BO	NA	GM	1	EA	1	09/01/2003	99/99/9999	
SUFENTANIL CITRATE (1X50MG,USP)	1	EA	BO	NA	GM	1	EA	1	09/01/2003	01/01/2015	
SUFENTANIL CITRATE (1X100MG,USP)	1	EA	BO	NA	GM	1	EA	1	09/01/2003	01/01/2015	
SUFENTANIL CITRATE (1X500MG,USP)	1	EA	BO	NA	GM	1	EA	1	09/01/2003	01/01/2015	
BROMPHENIRAMINE MALEATE (1X5GM,USP)	1	EA	BO	NA	GM	10	MG	100	09/01/2003	01/01/2015	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
51552-0894-04		J0945		09/01/2003	01/01/2015	INJECTION, BROMPHENIRAMINE MALEATE, PER 10 MG
51552-0894-05		J0945		09/01/2003	01/01/2015	INJECTION, BROMPHENIRAMINE MALEATE, PER 10 MG
51552-0910-04		J1800		09/01/2003	99/99/9999	INJECTION, PROPRANOLOL HCL, UP TO 1 MG
51552-0910-05		J1800		09/01/2003	01/01/2015	INJECTION, PROPRANOLOL HCL, UP TO 1 MG
51552-0913-01		J1840		09/01/2003	01/01/2015	INJECTION, KANAMYCIN SULFATE, UP TO 500 MG
51552-0913-02		J1840		09/01/2003	01/01/2015	INJECTION, KANAMYCIN SULFATE, UP TO 500 MG
51552-0920-02		J1835		09/01/2003	99/99/9999	INJECTION, ITRACONAZOLE, 50 MG
51552-0920-04		J1835		09/01/2003	99/99/9999	INJECTION, ITRACONAZOLE, 50 MG
51552-0920-05		J1835		09/01/2003	99/99/9999	INJECTION, ITRACONAZOLE, 50 MG
51552-0920-06		J1835		09/01/2003	01/01/2015	INJECTION, ITRACONAZOLE, 50 MG
51552-0940-02		J1940		09/01/2003	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG
51552-0952-01		J0515		09/01/2003	01/01/2015	INJECTION, BENZTROPINE MESYLATE, PER 1 MG
51552-0958-02		J1030		09/01/2003	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG
51552-0958-04		J1030		09/01/2003	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG
51552-0958-05		J1030		09/01/2003	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG
51552-0958-06		J1030		09/01/2003	01/01/2015	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG
51552-0978-05		J3000		09/01/2003	01/01/2015	INJECTION, STREPTOMYCIN, UP TO 1 GM

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
BROMPHENIRAMINE MALEATE (1X25GM,USP)	1	EA	BO	NA	GM	10	MG	100	09/01/2003	01/01/2015	
BROMPHENIRAMINE MALEATE (1X100GM,USP)	1	EA	BO	NA	GM	10	MG	100	09/01/2003	01/01/2015	
PROPRANOLOL HYDROCHLORIDE (USP,1X25GM)	1	EA	JR	NA	GM	1	MG	1000	09/01/2003	99/99/9999	
PROPRANOLOL HYDROCHLORIDE (USP,1X100GM)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	01/01/2015	
KANAMYCIN SULFATE (1X1GM,USP)	1	EA	BO	NA	GM	500	MG	2	09/01/2003	01/01/2015	
KANAMYCIN SULFATE (1X5GM,USP)	1	EA	BO	NA	GM	500	MG	2	09/01/2003	01/01/2015	
ITRACONAZOLE (1X5GM)	1	EA	JR	NA	GM	50	MG	20	09/01/2003	99/99/9999	
ITRACONAZOLE (1X25GM)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	99/99/9999	
ITRACONAZOLE (1X100GM)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	99/99/9999	
ITRACONAZOLE (1X500GM)	1	EA	NA	NA	GM	50	MG	20	09/01/2003	01/01/2015	
FUROSEMIDE (U.S.P.)	1	EA	BO	NA	GM	20	MG	50	09/01/2003	99/99/9999	
BENZTROPINE MESYLATE (1X1GM,USP)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	01/01/2015	
METHYLPREDNISOLONE ACETATE (USP,1X5GM,MICRONIZED)	1	EA	BO	NA	GM	40	MG	25	09/01/2003	99/99/9999	
METHYLPREDNISOLONE ACETATE (USP,1X25GM,MICRONIZED)	1	EA	BO	NA	GM	40	MG	25	09/01/2003	99/99/9999	
METHYLPREDNISOLONE ACETATE (USP,1X100GM,MICRONIZED)	1	EA	BO	NA	GM	40	MG	25	09/01/2003	99/99/9999	
METHYLPREDNISOLONE ACETATE (USP,1X500GM,MICRONIZED)	1	EA	BO	NA	GM	40	MG	25	09/01/2003	01/01/2015	
STREPTOMYCIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	GM	1	09/01/2003	01/01/2015	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
51552-0979-04		Q0178		09/01/2003	12/31/2013	HYDROXYZINE PAMOATE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
51552-0991-01		J0760		09/01/2003	99/99/9999	INJECTION, COLCHICINE, PER 1MG
51552-0999-02		J7636		09/01/2003	01/01/2015	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
51552-0999-04		J7636		09/01/2003	01/01/2015	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
51552-1018-05		J2800		09/01/2003	01/01/2015	INJECTION, METHOCARBAMOL, UP TO 10 ML
51552-1025-02		J3360		09/01/2003	99/99/9999	INJECTION, DIAZEPAM, UP TO 5 MG
51552-1025-04		J3360		09/01/2003	99/99/9999	INJECTION, DIAZEPAM, UP TO 5 MG
51552-1025-05		J3360		09/01/2003	99/99/9999	INJECTION, DIAZEPAM, UP TO 5 MG
51552-1031-01		J1450		09/01/2003	99/99/9999	INJECTION FLUCONAZOLE, 200 MG
51552-1031-02		J1450		09/01/2003	99/99/9999	INJECTION FLUCONAZOLE, 200 MG
51552-1031-04		J1450		09/01/2003	99/99/9999	INJECTION FLUCONAZOLE, 200 MG
51552-1036-01		J3370		09/01/2003	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG
51552-1036-09		J3370		09/01/2003	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG
51552-1045-01		J3420		09/01/2003	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG
51552-1045-09		J3420		09/01/2003	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG
51552-1053-06		J1212		09/01/2003	99/99/9999	INJECTION, DMSO, DIMETHYL SULFOXIDE, 50%, 50 ML
51552-1054-01		J8610		09/01/2003	01/01/2015	METHOTREXATE; ORAL, 2.5 MG
51552-1054-09		J8610		09/01/2003	01/01/2015	METHOTREXATE; ORAL, 2.5 MG
51552-1063-02		J3430		09/01/2003	01/01/2015	INJECTION, PHYTONADIONE (VITAMIN K), PER 1 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
HYDROXYZINE PAMOATE (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	12/31/2013	
COLCHICINE (1X1GM,USP)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	99/99/9999	
ATROPINE (1X5GM)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	01/01/2015	
ATROPINE (1X25GM)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	01/01/2015	
METHOCARBAMOL (USP,1X100GM)	1	EA	BO	NA	GM	10	ML	1	09/01/2003	01/01/2015	
DIAZEPAM (1X5GM,USP)	1	EA	BO	NA	GM	5	MG	200	09/01/2003	99/99/9999	
DIAZEPAM (1X25GM,USP)	1	EA	BO	NA	GM	5	MG	200	09/01/2003	99/99/9999	
DIAZEPAM (1X100GM,USP)	1	EA	BO	NA	GM	5	MG	200	09/01/2003	99/99/9999	
FLUCONAZOLE (1X1GM)	1	EA	JR	NA	GM	200	MG	5	09/01/2003	99/99/9999	
FLUCONAZOLE (1X5GM)	1	EA	JR	NA	GM	200	MG	5	09/01/2003	99/99/9999	
FLUCONAZOLE (1X25GM)	1	EA	JR	NA	GM	200	MG	5	09/01/2003	99/99/9999	
VANCOMYCIN HYDROCHLORIDE (1X1GM,USP)	1	EA	JR	NA	GM	500	MG	2	09/01/2003	99/99/9999	
VANCOMYCIN HYDROCHLORIDE (1X250MG,USP)	1	EA	JR	NA	GM	500	MG	2	09/01/2003	99/99/9999	
CYANOCOBALAMIN (1X1GM,USP)	1	EA	BO	NA	GM	1000	MCG	1000	09/01/2003	99/99/9999	
CYANOCOBALAMIN (1X500MG,USP)	1	EA	BO	NA	GM	1000	MCG	1000	09/01/2003	99/99/9999	
DIMETHYLSULFOXIDE	473	ML	BO	NA	ML	50	%	0.02	09/01/2003	99/99/9999	
METHOTREXATE (USP,1X1GM)	1	EA	BO	NA	GM	2.5	MG	400	09/01/2003	01/01/2015	
METHOTREXATE (USP,1X100MG)	1	EA	BO	NA	GM	2.5	MG	400	09/01/2003	01/01/2015	
PHYTONADIONE (USP,1X5GM)	1	EA	BO	NA	GM	1	MG	1000	09/01/2003	01/01/2015	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
51552-1069-02		J2460		09/01/2003	99/99/9999	INJECTION, OXYTETRACYCLINE HCL, UP TO 50 MG
51655-0020-24		J7506		01/01/2002	11/16/2012	PREDNISONE, ORAL, PER 5MG
51655-0020-52		J7506		01/01/2002	11/16/2012	PREDNISONE, ORAL, PER 5MG
51655-0020-53		J7506		01/01/2002	11/16/2012	PREDNISONE, ORAL, PER 5MG
51655-0020-80		J7506		06/22/2005	11/16/2012	PREDNISONE, ORAL, PER 5MG
51655-0084-27		Q0170		01/01/2002	11/16/2012	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
51655-0084-53		Q0170		06/22/2005	11/16/2012	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
51655-0086-24		J7506		01/01/2002	11/16/2012	PREDNISONE, ORAL, PER 5MG
51655-0086-27		J7506		01/01/2002	11/16/2012	PREDNISONE, ORAL, PER 5MG
51655-0086-51		J7506		06/22/2005	11/16/2012	PREDNISONE, ORAL, PER 5MG
51655-0087-24		J7506		01/01/2005	11/16/2012	PREDNISONE, ORAL, PER 5MG
51655-0087-28		J7506		06/22/2005	11/16/2012	PREDNISONE, ORAL, PER 5MG
51655-0087-49		J7506		06/22/2005	11/16/2012	PREDNISONE, ORAL, PER 5MG
51655-0088-24		Q0163		01/01/2002	11/16/2012	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
OXYTETRACYCLINE HCL (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	09/01/2003	99/99/9999	
PREDNISONE 20 MG	30	EA	BO	PO	EA	5	MG	4	01/01/2002	11/16/2012	
PREDNISONE 20 MG	20	EA	BO	PO	EA	5	MG	4	01/01/2002	11/16/2012	
PREDNISONE 20 MG	10	EA	BO	PO	EA	5	MG	4	01/01/2002	11/16/2012	
PREDNISONE 20 MG	8	EA	NA	PO	EA	5	MG	4	06/22/2005	11/16/2012	
PROMETHAZINE 25 MG	12	EA	BO	PO	EA	25	MG	1	01/01/2002	11/16/2012	
PROMETHAZINE 25 MG	10	EA	NA	PO	EA	25	MG	1	06/22/2005	11/16/2012	
PREDNISONE 5 MG	30	EA	BO	PO	EA	5	MG	1	01/01/2002	11/16/2012	
PREDNISONE 5 MG	12	EA	BO	PO	EA	5	MG	1	01/01/2002	11/16/2012	
PREDNISONE 5 MG	40	EA	NA	PO	EA	5	MG	1	06/22/2005	11/16/2012	
PREDNISONE 10 MG	30	EA	NA	PO	EA	5	MG	2	01/01/2005	11/16/2012	
PREDNISONE 10 MG	21	EA	NA	PO	EA	5	MG	2	06/22/2005	11/16/2012	
PREDNISONE 10 MG	42	EA	NA	PO	EA	5	MG	2	06/22/2005	11/16/2012	
DIPHENHYDRAMINE HCL 50 MG	30	EA	BX	PO	EA	50	MG	1	01/01/2002	11/16/2012	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
51655-0088-52		Q0163		01/01/2002	11/16/2012	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
51655-0093-87		Q0164		06/22/2005	11/16/2012	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
51655-0113-24		Q0163		01/01/2002	11/16/2012	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
51655-0113-25		Q0163		01/01/2002	11/16/2012	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
51655-0113-27		Q0163		01/01/2002	11/16/2012	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
51655-0113-80		Q0163		06/22/2005	11/16/2012	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
51655-0133-54		Q0163		06/22/2005	11/16/2012	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
DIPHENHYDRAMINE HCL 50 MG	20	EA	BO	PO	EA	50	MG	1	01/01/2002	11/16/2012	
PROCHLORPERAZINE 5 MG	6	EA	NA	PO	EA	5	MG	1	06/22/2005	11/16/2012	
DIPHENHYDRAMINE HCL 25 MG	30	EA	BX	PO	EA	50	MG	0.5	01/01/2002	11/16/2012	
DIPHENHYDRAMINE HCL 25 MG	60	EA	BO	PO	EA	50	MG	0.5	01/01/2002	11/16/2012	
DIPHENHYDRAMINE HCL 25 MG	12	EA	BX	PO	EA	50	MG	0.5	01/01/2002	11/16/2012	
DIPHENHYDRAMINE HCL 25 MG	8	EA	NA	PO	EA	50	MG	0.5	06/22/2005	11/16/2012	
DIPHENHYDRAMINE HCL 25 MG	15	EA	NA	PO	EA	50	MG	0.5	06/22/2005	11/16/2012	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
51655-0294-89		Q0165		06/22/2005	11/16/2012	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
51655-0296-51		J8499		06/22/2005	11/16/2012	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
51655-0296-54		J8499		06/22/2005	11/16/2012	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
51655-0296-76		J8499		06/22/2005	11/16/2012	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
51655-0300-51		J8499		06/22/2005	11/16/2012	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
51655-0300-54		J8499		06/22/2005	11/16/2012	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
51655-0300-76		J8499		06/22/2005	11/16/2012	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
51655-0523-53		Q0173		01/01/2002	11/16/2012	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
51655-0533-52		Q0177		06/22/2005	11/16/2012	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
51927-1000-00		J2271		09/08/2003	12/31/2014	INJECTION, MORPHINE SULFATE, 100MG
51927-1001-00		J7636		09/08/2003	99/99/9999	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
51927-1001-00	KO	J7636	KO	09/08/2003	99/99/9999	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
51927-1003-00		J1170		09/08/2003	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG
51927-1005-00		J2060		09/08/2003	99/99/9999	INJECTION, LORAZEPAM, 2 MG
51927-1007-00		J1960		09/08/2003	99/99/9999	INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PROCHLORPERAZINE 10 MG	4	EA	NA	PO	EA	10	MG	1	06/22/2005	11/16/2012	
ACYCLOVIR 200 MG	40	EA	NA	PO	EA	1	EA	1	06/22/2005	11/16/2012	
ACYCLOVIR 200 MG	15	EA	NA	PO	EA	1	EA	1	06/22/2005	11/16/2012	
ACYCLOVIR 200 MG	25	EA	NA	PO	EA	1	EA	1	06/22/2005	11/16/2012	
ACYCLOVIR 400 MG	40	EA	NA	PO	EA	1	EA	1	06/22/2005	11/16/2012	
ACYCLOVIR 400 MG	15	EA	NA	PO	EA	1	EA	1	06/22/2005	11/16/2012	
ACYCLOVIR 400 MG	25	EA	NA	PO	EA	1	EA	1	06/22/2005	11/16/2012	
TRIMETHOBENZAMIDE HCL 250 MG	10	EA	BO	PO	EA	250	MG	1	01/01/2002	11/16/2012	
HYDROXYZINE PAMOATE 25 MG	20	EA	NA	PO	EA	25	MG	1	06/22/2005	11/16/2012	
MORPHINE SULFATE (U.S.P.; CII)	1	EA	JR	NA	GM	100	MG	10	09/08/2003	12/31/2014	
ATROPINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	09/08/2003	99/99/9999	
ATROPINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	09/08/2003	99/99/9999	
HYDROMORPHONE HCL (U.S.P.; CII)	1	EA	JR	NA	GM	4	MG	250	09/08/2003	99/99/9999	
LORAZEPAM (U.S.P.; CIV)	1	EA	JR	NA	GM	2	MG	500	09/08/2003	99/99/9999	
LEVORPHANOL TARTRATE (U.S.P.; CII)	1	EA	BO	NA	GM	2	MG	500	09/08/2003	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
51927-1012-00		J0592		09/08/2003	99/99/9999	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG
51927-1013-00		J0745		09/08/2003	99/99/9999	INJECTION, CODEINE PHOSPHATE, PER 30 MG
51927-1014-00		J3360		09/08/2003	99/99/9999	INJECTION, DIAZEPAM, UP TO 5 MG
51927-1017-00		J1230		09/08/2003	99/99/9999	INJECTION, METHADONE HCL, UP TO 10 MG
51927-1018-00		J2175		09/08/2003	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG
51927-1019-00		J3010		09/08/2003	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG
51927-1026-00		J3140		09/08/2003	12/31/2014	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG
51927-1027-00		J3140		09/08/2003	12/31/2014	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG
51927-1029-00		J3150		09/08/2003	12/31/2014	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG
51927-1046-00		J2675		09/08/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG
51927-1079-00		J1200		09/08/2003	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG
51927-1080-00		J1240		09/08/2003	99/99/9999	INJECTION, DIMENHYDRINATE, UP TO 50 MG
51927-1082-00		J2765		09/08/2003	99/99/9999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG
51927-1085-00		J9190		09/08/2003	99/99/9999	INJECTION, FLUOROURACIL, 500 MG
51927-1090-00		J3480		12/04/2003	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ
51927-1093-00		J3415		01/01/2004	99/99/9999	INJECTION, PYRIDOXINE HCL, 100 MG
51927-1110-00		J1700		09/08/2003	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG
51927-1148-00		J7510		09/08/2003	99/99/9999	PREDNISOLONE ORAL, PER 5 MG
51927-1194-00		J3490		09/08/2003	99/99/9999	UNCLASSIFIED DRUGS

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
BUPRENORPHINE HYDROCHLORIDE (U.S.P.;CIII)	1	EA	JR	NA	GM	0.1	MG	10000	09/08/2003	99/99/9999	
CODEINE PHOSPHATE (U.S.P.; CII)	1	EA	BO	NA	GM	30	MG	33.33333	09/08/2003	99/99/9999	
DIAZEPAM (U.S.P.; CIV)	1	EA	JR	NA	GM	5	MG	200	09/08/2003	99/99/9999	
METHADONE HCL (U.S.P.; CII)	1	EA	BO	NA	GM	10	MG	100	09/08/2003	99/99/9999	
MEPERIDINE HCL (U.S.P.; CII)	1	EA	BO	NA	GM	100	MG	10	09/08/2003	99/99/9999	
FENTANYL CITRATE (U.S.P.)	1	EA	JR	NA	GM	0.1	MG	10000	09/08/2003	99/99/9999	
TESTOSTERONE	1	EA	JR	NA	GM	50	MG	20	09/08/2003	12/31/2014	
TESTOSTERONE MICRONIZED (U.S.P.; SOY; CIII)	1	EA	JR	NA	GM	50	MG	20	09/08/2003	12/31/2014	
TESTOSTERONE PROPIONATE MICRONIZED (U.S.P., MICRONIZED)	1	EA	JR	NA	GM	100	MG	10	09/08/2003	12/31/2014	
PROGESTERONE MICRONIZED (U.S.P.)	1	EA	JR	NA	GM	50	MG	20	09/08/2003	99/99/9999	
DIPHENHYDRAMINE HCL (U.S.P.)	1	EA	JR	NA	GM	50	MG	20	09/08/2003	99/99/9999	
DIMENHYDRINATE (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	09/08/2003	99/99/9999	
METOCLOPRAMIDE HCL (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	09/08/2003	99/99/9999	
FLUOROURACIL (U.S.P., -5 FU)	1	EA	JR	NA	GM	500	MG	2	09/08/2003	99/99/9999	
POTASSIUM CHLORIDE (USP; GRANULAR)	1	EA	BO	NA	GM	2	MEQ	6.71141	12/04/2003	99/99/9999	
PYRIDOXINE HCL (USP)	1	EA	BO	NA	GM	100	MG	10	01/01/2004	99/99/9999	
HYDROCORTISONE ACETATE MICRONIZED (U.S.P.)	1	EA	JR	NA	GM	25	MG	40	09/08/2003	99/99/9999	
PREDNISOLONE MICRONIZED (ANHYDROUS)	1	EA	JR	NA	GM	5	MG	200	09/08/2003	99/99/9999	
BENZOCAINE	1	EA	JR	NA	GM	1	EA	1	09/08/2003	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
51927-1202-00		J0706		12/04/2003	99/99/9999	INJECTION, CAFFEINE CITRATE, 5MG
51927-1213-00		J2001		01/01/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG
51927-1225-00		J7799		09/08/2003	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
51927-1242-00		J3411		01/01/2004	99/99/9999	INJECTION, THIAMINE HCL, 100 MG
51927-1269-00		J3350		12/04/2003	99/99/9999	INJECTION, UREA, UP TO 40 GM
51927-1317-00		J3520		12/04/2003	99/99/9999	EDETATE DISODIUM, PER 150 MG
51927-1325-00		J2650		09/08/2003	99/99/9999	INJECTION, PREDNISOLONE ACETATE, UP TO 1 ML
51927-1326-00		J7684		09/08/2003	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
51927-1326-00	KO	J7684	KO	09/08/2003	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
51927-1332-00		J1030		09/08/2003	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG
51927-1347-00		J0500		09/08/2003	99/99/9999	INJECTION, DICYCLOMINE HCL, UP TO 20 MG
51927-1400-00		J3410		09/08/2003	99/99/9999	INJECTION, HYDROXYZINE HCL, UP TO 25 MG
51927-1430-00		J7638		09/08/2003	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
51927-1430-00	KO	J7638	KO	09/08/2003	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
51927-1433-00		J1630		09/08/2003	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG
51927-1435-00		J7506		09/08/2003	12/31/2015	PREDNISONE, ORAL, PER 5MG
51927-1441-00		J9017		12/04/2003	99/99/9999	INJECTION, ARSENIC TRIOXIDE, 1 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
CAFFEINE CITRATE (PURIFIED)	1	EA	BO	NA	GM	5	MG	200	12/04/2003	99/99/9999	
LIDOCAINE HCL (U.S.P.)	1	EA	JR	NA	GM	10	MG	100	01/01/2004	99/99/9999	
PHENYLEPHRINE HCL (U.S.P.)	1	EA	JR	NA	GM	1	EA	1	09/08/2003	99/99/9999	
THIAMINE HYDROCHLORIDE (USP)	1	EA	BO	NA	GM	100	MG	10	01/01/2004	99/99/9999	
UREA (USP)	1	EA	BO	NA	GM	40	GM	0.025	12/04/2003	99/99/9999	
EDETATE DISODIUM (USP; DIHYDRATE)	1	EA	BO	NA	GM	150	MG	6.66666	12/04/2003	99/99/9999	
PREDNISOLONE ACETATE MICRONIZED (U.S.P.)	1	EA	JR	NA	GM	1	ML	20	09/08/2003	99/99/9999	
TRIAMCINOLONE ACETONIDE (U.S.P.,MICRONIZED)	1	EA	JR	NA	GM	1	MG	1000	09/08/2003	99/99/9999	
TRIAMCINOLONE ACETONIDE (U.S.P.,MICRONIZED)	1	EA	JR	NA	GM	1	MG	1000	09/08/2003	99/99/9999	
METHYLPREDNISOLONE ACETATE MICRONIZED (U.S.P.)	1	EA	BO	NA	GM	40	MG	25	09/08/2003	99/99/9999	
DICYCLOMINE HYDROCHLORIDE (U.S.P.)	1	EA	BO	NA	GM	20	MG	50	09/08/2003	99/99/9999	
HYDROXYZINE HCL (U.S.P.)	1	EA	JR	NA	GM	25	MG	40	09/08/2003	99/99/9999	
DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	JR	NA	GM	1	MG	1000	09/08/2003	99/99/9999	
DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	JR	NA	GM	1	MG	1000	09/08/2003	99/99/9999	
HALOPERIDOL (U.S.P.)	1	EA	JR	NA	GM	5	MG	200	09/08/2003	99/99/9999	
PREDNISONE MICRONIZED (USP)	1	EA	BO	NA	GM	5	MG	200	09/08/2003	12/31/2015	
ARSENIC TRIOXIDE (TECHNICAL)	1	EA	BO	NA	GM	1	MG	1000	12/04/2003	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
51927-1444-00		J0280		09/08/2003	99/99/9999	INJECTION, AMINOPHYLLIN, UP TO 250 MG
51927-1449-00		J3490		09/08/2003	99/99/9999	UNCLASSIFIED DRUGS
51927-1454-00		J7624		09/08/2003	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
51927-1454-00	KO	J7624	KO	09/08/2003	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
51927-1510-00		J2810		09/08/2003	99/99/9999	INJECTION, THEOPHYLLINE, PER 40 MG
51927-1565-00		J8610		09/08/2003	99/99/9999	METHOTREXATE; ORAL, 2.5 MG
51927-1571-00		J1245		09/08/2003	99/99/9999	INJECTION, DIPYRIDAMOLE, PER 10 MG
51927-1573-00		J7609		01/01/2007	99/99/9999	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
51927-1573-00	KO	J7609	KO	01/01/2007	99/99/9999	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
51927-1575-00		J7643		09/08/2003	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
51927-1575-00	KO	J7643	KO	09/08/2003	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
51927-1597-00		J3490		12/04/2003	99/99/9999	UNCLASSIFIED DRUGS
51927-1601-00		J7604		01/01/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM
51927-1601-00	KO	J7604	KO	01/01/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM
51927-1603-00		J1320		09/08/2003	99/99/9999	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG
51927-1606-00		J1800		09/08/2003	99/99/9999	INJECTION, PROPRANOLOL HCL, UP TO 1 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
AMINOPHYLLINE (U.S.P.; ANHYDROUS)	1	EA	JR	NA	GM	250	MG	4	09/08/2003	99/99/9999	
METRONIDAZOLE (U.S.P.)	1	EA	JR	NA	GM	1	EA	1	09/08/2003	99/99/9999	
BETAMETHASONE DIPROPIONATE (U.S.P.,MICRONIZED)	1	EA	JR	NA	GM	1	MG	1000	09/08/2003	99/99/9999	
BETAMETHASONE DIPROPIONATE (U.S.P.,MICRONIZED)	1	EA	JR	NA	GM	1	MG	1000	09/08/2003	99/99/9999	
THEOPHYLLINE (USP, ANHYDROUS)	1	EA	BO	NA	GM	40	MG	25	09/08/2003	99/99/9999	
METHOTREXATE (U.S.P.)	1	EA	BO	NA	GM	2.5	MG	400	09/08/2003	99/99/9999	
DIPYRIDAMOLE (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	09/08/2003	99/99/9999	
ALBUTEROL SULFATE (U.S.P.)	1	EA	JR	NA	GM	1	MG	1000	01/01/2007	99/99/9999	
ALBUTEROL SULFATE (U.S.P.)	1	EA	JR	NA	GM	1	MG	1000	01/01/2007	99/99/9999	
GLYCOPYRROLATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	09/08/2003	99/99/9999	
GLYCOPYRROLATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	09/08/2003	99/99/9999	
ETHANOLAMINE (MONOETHANOLAMINE)	1	EA	BO	NA	GM	1	EA	1	12/04/2003	99/99/9999	
ACETYLCYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1	GM	1	01/01/2008	99/99/9999	
ACETYLCYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1	GM	1	01/01/2008	99/99/9999	
AMITRIPTYLINE HCL (U.S.P.)	1	EA	JR	NA	GM	20	MG	50	09/08/2003	99/99/9999	
PROPRANOLOL HCL (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	09/08/2003	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
51927-1610-00		J7699		09/08/2003	99/99/9999	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME
51927-1612-00		J1212		12/04/2003	99/99/9999	INJECTION, DMSO, DIMETHYL SULFOXIDE, 50%, 50 ML
51927-1641-00		J7622		09/08/2003	99/99/9999	BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
51927-1641-00	KO	J7622	KO	09/08/2003	99/99/9999	BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
51927-1648-00		J7645		01/01/2007	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
51927-1648-00	KO	J7645	KO	01/01/2007	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
51927-1659-00		J1180		09/08/2003	99/99/9999	INJECTION, DYPHYLLINE, UP TO 500 MG
51927-1662-00		J3420		12/04/2003	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG
51927-1683-00		J3490		09/08/2003	99/99/9999	UNCLASSIFIED DRUGS
51927-1706-00		J1110		09/08/2003	99/99/9999	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG
51927-1709-00		J1435		09/08/2003	99/99/9999	INJECTION, ESTRONE, PER 1 MG
51927-1715-00		J7799		09/08/2003	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
51927-1722-00		J3430		12/04/2003	99/99/9999	INJECTION, PHYTONADIONE (VITAMIN K), PER 1 MG
51927-1726-00		J0285		09/08/2003	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG
51927-1742-00		J3370		09/08/2003	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG
51927-1775-00		J2440		09/08/2003	99/99/9999	INJECTION, PAPAVERINE HCL, UP TO 60 MG
51927-1776-00		J3490		09/08/2003	99/99/9999	UNCLASSIFIED DRUGS
51927-1781-00		J2150		12/04/2003	99/99/9999	INJECTION, MANNITOL, 25% IN 50 ML
51927-1784-00		J1940		09/08/2003	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
GENTAMICIN SULFATE (U.S.P.)	1	EA	JR	NA	GM	1	EA	1	09/08/2003	99/99/9999	
DIMETHYL SULFOXIDE (USP)	1	ML	BO	NA	ML	50	%	0.02	12/04/2003	99/99/9999	
BECLOMETHASONE DIPROPIONATE (U.S.P. (ANHYDROUS))	1	EA	BO	NA	GM	1	MG	1000	09/08/2003	99/99/9999	
BECLOMETHASONE DIPROPIONATE (U.S.P. (ANHYDROUS))	1	EA	BO	NA	GM	1	MG	1000	09/08/2003	99/99/9999	
IPRATROPIUM BROMIDE	1	EA	JR	NA	GM	1	MG	1000	01/01/2007	99/99/9999	
IPRATROPIUM BROMIDE	1	EA	JR	NA	GM	1	MG	1000	01/01/2007	99/99/9999	
DYPHYLLINE	1	EA	BO	NA	GM	500	MG	2	09/08/2003	99/99/9999	
CYANOCOBALAMIN (USP)	1	EA	BO	NA	GM	1000	MCG	1000	12/04/2003	99/99/9999	
CLINDAMYCIN PHOSPHATE (U.S.P.)	1	EA	JR	NA	GM	1	EA	1	09/08/2003	99/99/9999	
DIHYDROERGOTAMINE MESYLATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	09/08/2003	99/99/9999	
ESTRONE (U.S.P. E-1)	1	EA	JR	NA	GM	1	MG	1000	09/08/2003	99/99/9999	
EPINEPHRINE HCL (USP)	1	EA	BO	NA	GM	1	EA	1	09/08/2003	99/99/9999	
MENADIONE (USP)	1	EA	BO	NA	GM	1	MG	1000	12/04/2003	99/99/9999	
AMPHOTERICIN B (U.S.P.; ORAL GRADE)	1	EA	JR	NA	GM	50	MG	20	09/08/2003	99/99/9999	
VANCOMYCIN HCL (U.S.P.)	1	EA	JR	NA	GM	500	MG	2	09/08/2003	99/99/9999	
PAPAVERINE HYDROCHLORIDE (U.S.P.)	1	EA	JR	NA	GM	60	MG	16.66666	09/08/2003	99/99/9999	
AMINOCAPROIC ACID (USP (6))	1	EA	BO	NA	GM	1	EA	1	09/08/2003	99/99/9999	
MANNITOL (USP)	1	EA	BO	NA	GM	50	ML	0.08	12/04/2003	99/99/9999	
FUROSEMIDE (U.S.P.)	1	EA	BO	NA	GM	20	MG	50	09/08/2003	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
51927-1788-00		J3000		09/08/2003	99/99/9999	INJECTION, STREPTOMYCIN, UP TO 1 GM
51927-1794-00		J7641		09/08/2003	99/99/9999	FLUNISOLIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, PER MILLIGRAM
51927-1794-00	KO	J7641	KO	09/08/2003	99/99/9999	FLUNISOLIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, PER MILLIGRAM
51927-1829-00		J3490		09/08/2003	99/99/9999	UNCLASSIFIED DRUGS
51927-1831-00		J1980		09/08/2003	99/99/9999	INJECTION, HYOSCYAMINE SULFATE, UP TO 0.25 MG
51927-1838-00		J1165		09/08/2003	99/99/9999	INJECTION, PHENYTOIN SODIUM, PER 50 MG
51927-1865-00		J1955		12/04/2003	99/99/9999	INJECTION, LEVOCARNITINE, PER 1 GM
51927-1895-00		J0760		09/08/2003	99/99/9999	INJECTION, COLCHICINE, PER 1MG
51927-1925-00		J3430		09/08/2003	99/99/9999	INJECTION, PHYTONADIONE (VITAMIN K), PER 1 MG
51927-1950-00		J0945		09/08/2003	99/99/9999	INJECTION, BROMPHENIRAMINE MALEATE, PER 10 MG
51927-1951-00		J7624		09/08/2003	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
51927-1951-00	KO	J7624	KO	09/08/2003	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
51927-1954-00		J3490		09/08/2003	99/99/9999	UNCLASSIFIED DRUGS
51927-1956-00		J3490		09/08/2003	99/99/9999	UNCLASSIFIED DRUGS
51927-1981-00		J3250		09/12/2003	99/99/9999	INJECTION, TRIMETHOBENZAMIDE HCL, UP TO 200 MG
51927-2007-00		J0475		09/08/2003	99/99/9999	INJECTION, BACLOFEN, 10 MG
51927-2097-00		J0520		09/08/2003	99/99/9999	INJECTION, BETHANECHOL CHLORIDE, MYOTONACHOL OR URECHOLINE, UP TO 5 MG
51927-2101-00		J0770		09/08/2003	99/99/9999	INJECTION, COLISTIMETHATE SODIUM, UP TO 150 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
STREPTOMYCIN SULFATE	1	EA	BO	NA	GM	1	GM	1	09/08/2003	99/99/9999	
FLUNISOLIDE ANHYDROUS (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	09/08/2003	99/99/9999	
FLUNISOLIDE ANHYDROUS (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	09/08/2003	99/99/9999	
CORTISONE ACETATE MICRONIZED (USP)	1	EA	JR	NA	GM	1	EA	1	09/08/2003	99/99/9999	
HYOSCYAMINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	0.25	MG	4000	09/08/2003	99/99/9999	
PHENYTOIN SODIUM (U.S.P.)	1	EA	JR	NA	GM	50	MG	20	09/08/2003	99/99/9999	
LEVOCARNITINE (USP)	1	EA	BO	NA	GM	1	GM	1	12/04/2003	99/99/9999	
COLCHICINE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	09/08/2003	99/99/9999	
PHYTONADIONE (USP; VITAMIN K1)	1	EA	BO	NA	GM	1	MG	1000	09/08/2003	99/99/9999	
BROMPHENIRAMINE MALEATE (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	09/08/2003	99/99/9999	
BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	JR	NA	GM	1	MG	1000	09/08/2003	99/99/9999	
BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	JR	NA	GM	1	MG	1000	09/08/2003	99/99/9999	
BETAMETHASONE ACETATE MICRONIZED (U.S.P.)	1	EA	JR	NA	GM	1	EA	1	09/08/2003	99/99/9999	
RIFAMPIN (U.S.P.)	1	EA	JR	NA	GM	1	EA	1	09/08/2003	99/99/9999	
TRIMETHOBENZAMIDE HCL	1	EA	BO	NA	GM	200	MG	5	09/12/2003	99/99/9999	
BACLOFEN (U.S.P.)	1	EA	JR	NA	GM	10	MG	100	09/08/2003	99/99/9999	
BETHANECHOL CHLORIDE (U.S.P.)	1	EA	JR	NA	GM	5	MG	200	09/08/2003	99/99/9999	
COLISTIMETHATE SODIUM (USP)	1	EA	BO	NA	GM	150	MG	6.66666	09/08/2003	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
51927-2116-00		J0152		01/01/2004	12/31/2013	INJECTION, ADENOSINE FOR DIAGNOSTIC USE, 30 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS; INSTEAD USE A9270)
51927-2118-00		J2360		09/08/2003	99/99/9999	INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG
51927-2132-00		J0152		01/01/2004	12/31/2013	INJECTION, ADENOSINE FOR DIAGNOSTIC USE, 30 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS; INSTEAD USE A9270)
51927-2134-00		Q0165		09/08/2003	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
51927-2140-00		J2300		09/08/2003	99/99/9999	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG
51927-2182-00		J1790		09/08/2003	99/99/9999	INJECTION, DROPERIDOL, UP TO 5 MG
51927-2196-00		J0270		09/08/2003	99/99/9999	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)
51927-2206-00		J0780		09/08/2003	99/99/9999	INJECTION, PROCHLORPERAZINE, UP TO 10 MG
51927-2231-00		J1094		09/08/2003	99/99/9999	INJECTION, DEXAMETHASONE ACETATE, 1 MG
51927-2234-00		J2680		09/08/2003	99/99/9999	INJECTION, FLUPHENAZINE DECANOATE, UP TO 25 MG
51927-2258-00		J7501		09/08/2003	99/99/9999	AZATHIOPRINE, PARENTERAL, 100 MG
51927-2303-00		J0364		01/01/2007	99/99/9999	INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG
51927-2316-00		Q0178		09/08/2003	12/31/2013	HYDROXYZINE PAMOATE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
51927-2319-00		J1265		01/01/2006	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
ADENOSINE	1	EA	BO	NA	GM	30	MG	33.33333	01/01/2004	12/31/2013	
ORPHENADRINE CITRATE (USP)	1	EA	BO	NA	GM	60	MG	16.66666	09/08/2003	99/99/9999	
ADENOSINE (TRIHYDRATE)	1	EA	BO	NA	GM	30	MG	33.33333	01/01/2004	12/31/2013	
PROCHLORPERAZINE MALEATE (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	09/08/2003	12/31/2013	
NALBUPHINE HCL	1	EA	BO	NA	GM	10	MG	100	09/08/2003	99/99/9999	
DROPERIDOL (USP)	1	EA	BO	NA	GM	5	MG	200	09/08/2003	99/99/9999	
ALPROSTADIL (U.S.P.)	1	EA	JR	NA	GM	1.25	MCG	800000	09/08/2003	99/99/9999	
PROCHLORPERAZINE EDISYLATE (USP)	1	EA	BO	NA	GM	10	MG	100	09/08/2003	99/99/9999	
DEXAMETHASONE ACETATE MICRONIZED (U.S.P.)	1	EA	JR	NA	GM	1	MG	1000	09/08/2003	99/99/9999	
FLUPHENAZINE DECANOATE (U.S.P.)	1	EA	BO	NA	GM	25	MG	40	09/08/2003	99/99/9999	
AZATHIOPRINE (USP)	1	EA	BO	NA	GM	100	MG	10	09/08/2003	99/99/9999	
APOMORPHINE HCL (U.S.P., HEMIHYDRATE)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	99/99/9999	
HYDROXYZINE PAMOATE (U.S.P.)	1	EA	JR	NA	GM	50	MG	20	09/08/2003	12/31/2013	
DOPAMINE HCL	1	EA	BO	NA	GM	40	MG	25	01/01/2006	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
51927-2375-00		J7685		01/01/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS
51927-2375-00	KO	J7685	KO	01/01/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS
51927-2379-00		J0735		09/08/2003	99/99/9999	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG
51927-2519-00		J2800		09/08/2003	99/99/9999	INJECTION, METHOCARBAMOL, UP TO 10 ML
51927-2669-00		J2760		09/08/2003	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG
51927-2692-00		J0640		09/08/2003	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG
51927-2704-00		J0278		01/01/2006	99/99/9999	INJECTION, AMIKACIN SULFATE, 100 MG
51927-2706-00		J1070		09/08/2003	12/31/2014	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG
51927-2732-00		J3475		12/04/2003	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG
51927-2742-00		J1730		09/08/2003	99/99/9999	INJECTION, DIAZOXIDE, UP TO 300 MG
51927-2762-00		J9340		09/08/2003	99/99/9999	INJECTION, THIOTEPA, 15 MG
51927-2765-00		J7681		09/08/2003	99/99/9999	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
51927-2765-00	KO	J7681	KO	09/08/2003	99/99/9999	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
51927-2895-00		J1600		09/08/2003	99/99/9999	INJECTION, GOLD SODIUM THIOMALATE, UP TO 50 MG
51927-2986-00		J0595		01/01/2004	99/99/9999	INJECTION, BUTORPHANOL TARTRATE, 1 MG
51927-2994-00		J0133		01/01/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG
51927-3023-00		J2780		09/08/2003	99/99/9999	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG
51927-3115-00		J2690		09/08/2003	99/99/9999	INJECTION, PROCAINAMIDE HCL, UP TO 1 GM

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
TOBRAMYCIN (USP)	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2007	99/99/9999	
TOBRAMYCIN (USP)	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2007	99/99/9999	
CLONIDINE HCL (U.S.P.)	1	EA	JR	NA	GM	1	MG	1000	09/08/2003	99/99/9999	
METHOCARBAMOL (U.S.P.)	1	EA	BO	NA	GM	10	ML	1	09/08/2003	99/99/9999	
PHENTOLAMINE MESYLATE (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	09/08/2003	99/99/9999	
LEUCOVORIN CALCIUM (USP; ANHYDROUS)	1	EA	JR	NA	GM	50	MG	20	09/08/2003	99/99/9999	
AMIKACIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	01/01/2006	99/99/9999	
TESTOSTERONE CYPIONATE (U.S.P.; CIII)	1	EA	JR	NA	GM	100	MG	10	09/08/2003	12/31/2014	
MAGNESIUM SULFATE (USP; HEPTAHYDRATE)	1	EA	BO	NA	GM	500	MG	2	12/04/2003	99/99/9999	
DIAZOXIDE (U.S.P.)	1	EA	BO	NA	GM	300	MG	3.33333	09/08/2003	99/99/9999	
TRIETHYLENETHIOPHOSPHORAMIDE/T	1	EA	BO	NA	GM	15	MG	66.66666	09/08/2003	99/99/9999	
TERBUTALINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	09/08/2003	99/99/9999	
TERBUTALINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	09/08/2003	99/99/9999	
GOLD SODIUM THIOMALATE	1	EA	BO	NA	GM	50	MG	20	09/08/2003	99/99/9999	
BUTORPHANOL TARTRATE (U.S.P.; CIV)	1	EA	BO	NA	GM	1	MG	1000	01/01/2004	99/99/9999	
ACYCLOVIR (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2006	99/99/9999	
RANITIDINE HCL (U.S.P.)	1	EA	JR	NA	GM	25	MG	40	09/08/2003	99/99/9999	
PROCAINAMIDE HCL (U.S.P.)	1	EA	BO	NA	GM	1	GM	1	09/08/2003	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
51927-3163-00		J1000		09/08/2003	99/99/9999	INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG
51927-3177-00		J2010		09/08/2003	99/99/9999	INJECTION, LINCOMYCIN HCL, UP TO 300 MG
51927-3196-00		J7516		09/08/2003	99/99/9999	CYCLOSPORIN, PARENTERAL, 250 MG
51927-3258-00		J2460		09/08/2003	99/99/9999	INJECTION, OXYTETRACYCLINE HCL, UP TO 50 MG
51927-3286-00		J1644		09/08/2003	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS
51927-3335-00		J2310		09/08/2003	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG
51927-3370-00		J3302		09/08/2003	99/99/9999	INJECTION, TRIAMCINOLONE DIACETATE, PER 5MG
51927-3408-00		J3490		09/08/2003	99/99/9999	UNCLASSIFIED DRUGS
51927-3422-00		J0636		09/08/2003	99/99/9999	INJECTION, CALCITRIOL, 0.1 MCG
51927-3484-00		J2725		09/08/2003	99/99/9999	INJECTION, PROTIRELIN, PER 250 MCG
51927-3530-00		J2675		09/08/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG
51927-3557-00		J7507		01/01/2004	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG
51927-3613-00		J2515		03/26/2004	99/99/9999	INJECTION, PENTOBARBITAL SODIUM, PER 50 MG
51927-3634-00		J3490		01/04/2008	99/99/9999	UNCLASSIFIED DRUGS
51927-3643-00		J7640		01/01/2006	99/99/9999	FORMOTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 12 MICROGRAMS
51927-3643-00	KO	J7640	KO	01/01/2006	99/99/9999	FORMOTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 12 MICROGRAMS
51927-9017-00		J2675		09/08/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG
51927-9018-00		J2550		09/08/2003	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG
51991-0188-31		J7509		11/05/2003	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
ESTRADIOL CYPIONATE (U.S.P.)	1	EA	JR	NA	GM	5	MG	200	09/08/2003	99/99/9999	
LINCOMYCIN HCL (U.S.P.)	1	EA	BO	NA	GM	300	MG	3.33333	09/08/2003	99/99/9999	
CYCLOSPORIN A (USP)	1	EA	JR	NA	GM	250	MG	4	09/08/2003	99/99/9999	
OXYTETRACYCLINE HCL (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	09/08/2003	99/99/9999	
HEPARIN SODIUM (USP)	1	EA	BO	NA	GM	1000	U	160	09/08/2003	99/99/9999	
NALOXONE HCL DIHYDRATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	09/08/2003	99/99/9999	
TRIAMCINOLONE DIACETATE (USP)	1	EA	JR	NA	GM	5	MG	200	09/08/2003	99/99/9999	
FAMOTIDINE (U.S.P.)	1	EA	JR	NA	GM	1	EA	1	09/08/2003	99/99/9999	
CALCITRIOL IN ALMOND OIL (NF) 1 MCG/ML	1	ML	BO	NA	ML	0.1	MCG	10	09/08/2003	99/99/9999	
PROTIRELIN	1	EA	BO	NA	GM	250	MCG	4000	09/08/2003	99/99/9999	
PROGESTERONE MICRONIZED (U.S.P.)	1	EA	JR	NA	GM	50	MG	20	09/08/2003	99/99/9999	
TACROLIMUS	0.001	GM	JR	NA	GM	1	MG	1000	01/01/2004	99/99/9999	
PENTOBARBITAL SODIUM (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	03/26/2004	99/99/9999	
CIPROFLOXACIN HYDROCHLORIDE (USP)	1	EA	BO	NA	GM	1	EA	1	01/04/2008	99/99/9999	
FORMOTEROL FUMARATE (DIHYDRATE)	1	EA	BO	NA	GM	12	MCG	83333.33	01/01/2006	99/99/9999	
FORMOTEROL FUMARATE (DIHYDRATE)	1	EA	BO	NA	GM	12	MCG	83333.33	01/01/2006	99/99/9999	
PROGESTERONE (U.S.P.; WETTABLE POWDER)	1	EA	JR	NA	GM	50	MG	20	09/08/2003	99/99/9999	
PROMETHAZINE HCL (U.S.P.)	1	EA	JR	NA	GM	50	MG	20	09/08/2003	99/99/9999	
METHYLPREDNISOLONE (UNIT OF USE) 4 MG	21	EA	DP	PO	EA	4	MG	1	11/05/2003	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
51991-0458-01		J7506		01/16/2006	12/31/2015	PREDNISONE, ORAL, PER 5MG
52544-0153-02		J3315		12/30/2004	03/12/2017	INJECTION, TRIPTORELIN PAMOATE, 3.75 MG
52544-0154-02		J3315		12/30/2004	03/12/2017	INJECTION, TRIPTORELIN PAMOATE, 3.75 MG
00517-0710-01		J1451		07/16/2018	99/99/9999	INJECTION, FOMEPIZOLE, 15 MG
13533-0335-04		J1460		08/24/2018	99/99/9999	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 1 CC
13533-0335-12		J1460		08/24/2018	99/99/9999	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 1 CC
52769-0470-72		J1566		01/01/2006	99/99/9999	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT OTHERWISE SPECIFIED, 500 MG
52959-0043-00		Q0163		06/17/2003	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
42023-0221-10		J1335		07/26/2018	99/99/9999	INJECTION, ERTAPENEM SODIUM, 500 MG
44567-0420-24		J3475		07/23/2018	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG
44567-0421-24		J3475		07/23/2018	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG
52959-0043-04		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
52959-0043-10		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PREDNISONE (U.S.P.) 1 MG	100	EA	BO	PO	EA	5	MG	0.2	01/16/2006	12/31/2015	
TRELSTAR DEPOT (SDV) 3.75 MG	1	EA	VL	IM	EA	3.75	MG	1	12/30/2004	03/12/2017	
TRELSTAR LA (SDV) 11.25 MG	1	EA	VL	IM	EA	3.75	MG	3	12/30/2004	03/12/2017	
FOMEPIZOLE (1X1.5ML,PF) 1 GM/1 ML	1.5	ML	VL	IV	ML	15	MG	66.66666	07/16/2018	99/99/9999	
GAMASTAN (SDV,PF,LATEX-FREE) 15%-18%	2	ML	VL	IM	ML	1	CC	1	08/24/2018	99/99/9999	
GAMASTAN (SDV,PF,LATEX-FREE) 15%-18%	10	ML	VL	IM	ML	1	CC	1	08/24/2018	99/99/9999	
POLYGAM (W/50 ML DILUENT) 2.5 MG	1	EA	NA	IV	EA	500	MG	0.005	01/01/2006	99/99/9999	
DIPHENHYDRAMINE HCL 25 MG	100	EA	BO	PO	EA	50	MG	0.5	06/17/2003	99/99/9999	
ERTAPENEM 1 GM	10	EA	VL	IJ	EA	500	MG	2	07/26/2018	99/99/9999	
MAGNESIUM SULFATE (NEXCEL BAG,LATEX-FREE) 40 MG/1 ML	50	ML	FC	IV	ML	500	MG	0.08	07/23/2018	99/99/9999	
MAGNESIUM SULFATE (NEXCEL BAG,LATEX-FREE) 40 MG/1 ML	100	ML	FC	IV	ML	500	MG	0.08	07/23/2018	99/99/9999	
DIPHENHYDRAMINE HCL 25 MG	4	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999	
DIPHENHYDRAMINE HCL 25 MG	10	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
52959-0043-15		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
52959-0043-20		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
52959-0043-24		Q0163		05/12/2003	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
52959-0043-30		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
52959-0043-50		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
52959-0043-60		Q0163		01/01/2002	02/03/2016	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
52959-0053-06		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
DIPHENHYDRAMINE HCL 25 MG	15	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999	
DIPHENHYDRAMINE HCL 25 MG	20	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999	
DIPHENHYDRAMINE HCL 25 MG	24	EA	BO	PO	EA	50	MG	0.5	05/12/2003	99/99/9999	
DIPHENHYDRAMINE HCL 25 MG	30	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999	
DIPHENHYDRAMINE HCL 25 MG	50	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999	
DIPHENHYDRAMINE HCL 25 MG	60	EA	BO	PO	EA	50	MG	0.5	01/01/2002	02/03/2016	
DIPHENHYDRAMINE HCL 50 MG	6	EA	BO	PO	EA	50	MG	1	01/01/2002	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
52959-0053-10		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
52959-0053-12		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
52959-0053-15		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
52959-0053-20		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
52959-0053-30		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
52959-0053-52		Q0163		01/24/2005	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
52959-0079-00		J7500		01/01/2002	99/99/9999	AZATHIOPRINE, ORAL, 50 MG
52959-0100-00		J7509		01/01/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
DIPHENHYDRAMINE HCL 50 MG	10	EA	BO	PO	EA	50	MG	1	01/01/2002	99/99/9999	
DIPHENHYDRAMINE HCL 50 MG	12	EA	BO	PO	EA	50	MG	1	01/01/2002	99/99/9999	
DIPHENHYDRAMINE HCL 50 MG	15	EA	BO	PO	EA	50	MG	1	01/01/2002	99/99/9999	
DIPHENHYDRAMINE HCL 50 MG	20	EA	BO	PO	EA	50	MG	1	01/01/2002	99/99/9999	
DIPHENHYDRAMINE HCL 50 MG	30	EA	BO	PO	EA	50	MG	1	01/01/2002	99/99/9999	
DIPHENHYDRAMINE HCL 50 MG	52	EA	BO	PO	EA	50	MG	1	01/24/2005	99/99/9999	
IMURAN 50 MG	100	EA	BO	PO	EA	50	MG	1	01/01/2002	99/99/9999	
METHYLPREDNISOLONE (DOSE PACK) 4 MG	21	EA	DP	PO	EA	4	MG	1	01/01/2002	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
52959-0123-03		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
52959-0123-06		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
52959-0126-00		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
52959-0126-05		J7506		11/06/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
52959-0126-07		J7506		11/06/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
52959-0126-10		J7506		08/19/2003	12/31/2015	PREDNISONE, ORAL, PER 5MG
52959-0126-12		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
52959-0126-15		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
52959-0126-18		J7506		01/15/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
52959-0126-20		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
52959-0126-21		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
52959-0126-25		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
52959-0126-30		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
52959-0126-37		J7506		07/18/2007	12/31/2015	PREDNISONE, ORAL, PER 5MG
52959-0126-40		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
52959-0126-42		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
52959-0126-44		J7506		03/01/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG
52959-0126-45		J7506		09/19/2006	12/31/2015	PREDNISONE, ORAL, PER 5MG
52959-0126-50		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
DIPHENHYDRAMINE HCL 12.5 MG/5 ML	120	ML	BO	PO	ML	50	MG	0.05	01/01/2002	99/99/9999	
DIPHENHYDRAMINE HCL 12.5 MG/5 ML	180	ML	BO	PO	ML	50	MG	0.05	01/01/2002	99/99/9999	
PREDNISONE 10 MG	100	EA	BO	PO	EA	5	MG	2	01/01/2002	12/31/2015	
PREDNISONE 10 MG	5	EA	BO	PO	EA	5	MG	2	11/06/2002	12/31/2015	
PREDNISONE 10 MG	7	EA	BO	PO	EA	5	MG	2	11/06/2002	12/31/2015	
PREDNISONE 10 MG	10	EA	BO	PO	EA	5	MG	2	08/19/2003	12/31/2015	
PREDNISONE 10 MG	12	EA	BO	PO	EA	5	MG	2	01/01/2002	12/31/2015	
PREDNISONE 10 MG	15	EA	BO	PO	EA	5	MG	2	01/01/2002	12/31/2015	
PREDNISONE 10 MG	18	EA	BO	PO	EA	5	MG	2	01/15/2002	12/31/2015	
PREDNISONE 10 MG	20	EA	BO	PO	EA	5	MG	2	01/01/2002	12/31/2015	
PREDNISONE 10 MG	21	EA	BO	PO	EA	5	MG	2	01/01/2002	12/31/2015	
PREDNISONE 10 MG	25	EA	BO	PO	EA	5	MG	2	01/01/2002	12/31/2015	
PREDNISONE 10 MG	30	EA	BO	PO	EA	5	MG	2	01/01/2002	12/31/2015	
PREDNISONE 10 MG	37	EA	BO	PO	EA	5	MG	2	07/18/2007	12/31/2015	
PREDNISONE 10 MG	40	EA	BO	PO	EA	5	MG	2	01/01/2002	12/31/2015	
PREDNISONE 10 MG	42	EA	BO	PO	EA	5	MG	2	01/01/2002	12/31/2015	
PREDNISONE 10 MG	44	EA	BO	PO	EA	5	MG	2	03/01/2004	12/31/2015	
PREDNISONE 10 MG	45	EA	NA	PO	EA	5	MG	2	09/19/2006	12/31/2015	
PREDNISONE 10 MG	50	EA	BO	PO	EA	5	MG	2	01/01/2002	12/31/2015	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
52959-0126-60		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
52959-0127-00		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
52959-0127-07		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
52959-0127-10		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
52959-0127-12		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
52959-0127-15		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
52959-0127-20		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
52959-0127-21		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
52959-0127-25		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
52959-0127-30		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
52959-0127-37		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
52959-0127-42		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
52959-0158-06		J7669		01/01/2002	02/03/2016	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS
52959-0158-06	KO	J7669	KO	01/01/2002	02/03/2016	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS
52959-0179-06		J2360		01/01/2002	01/27/2016	INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG
52959-0220-00		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
52959-0220-10		J7506		08/19/2003	12/31/2015	PREDNISONE, ORAL, PER 5MG
52959-0220-20		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
52959-0220-21		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
52959-0220-30		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
52959-0220-36		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PREDNISONE 10 MG	60	EA	BO	PO	EA	5	MG	2	01/01/2002	12/31/2015	
PREDNISONE 20 MG	100	EA	BO	PO	EA	5	MG	4	01/01/2002	12/31/2015	
PREDNISONE 20 MG	7	EA	BO	PO	EA	5	MG	4	01/01/2002	12/31/2015	
PREDNISONE 20 MG	10	EA	BO	PO	EA	5	MG	4	01/01/2002	12/31/2015	
PREDNISONE 20 MG	12	EA	BO	PO	EA	5	MG	4	01/01/2002	12/31/2015	
PREDNISONE 20 MG	15	EA	BO	PO	EA	5	MG	4	01/01/2002	12/31/2015	
PREDNISONE 20 MG	20	EA	BO	PO	EA	5	MG	4	01/01/2002	12/31/2015	
PREDNISONE 20 MG	21	EA	BO	PO	EA	5	MG	4	01/01/2002	12/31/2015	
PREDNISONE 20 MG	25	EA	BO	PO	EA	5	MG	4	01/01/2002	12/31/2015	
PREDNISONE 20 MG	30	EA	BO	PO	EA	5	MG	4	01/01/2002	12/31/2015	
PREDNISONE 20 MG	37	EA	BO	PO	EA	5	MG	4	01/01/2002	12/31/2015	
PREDNISONE 20 MG	42	EA	BO	PO	EA	5	MG	4	01/01/2002	12/31/2015	
ALUPENT (VIAL) 0.6%	2.5	ML	AM	IH	ML	10	MG	0.6	01/01/2002	02/03/2016	
ALUPENT (VIAL) 0.6%	2.5	ML	AM	IH	ML	10	MG	0.6	01/01/2002	02/03/2016	
NORFLEX 30 MG/ML	2	ML	AM	IJ	ML	60	MG	0.5	01/01/2002	01/27/2016	
PREDNISONE 5 MG	100	EA	BO	PO	EA	5	MG	1	01/01/2002	12/31/2015	
PREDNISONE 5 MG	10	EA	BO	PO	EA	5	MG	1	08/19/2003	12/31/2015	
PREDNISONE 5 MG	20	EA	BO	PO	EA	5	MG	1	01/01/2002	12/31/2015	
PREDNISONE 5 MG	21	EA	BO	PO	EA	5	MG	1	01/01/2002	12/31/2015	
PREDNISONE 5 MG	30	EA	BO	PO	EA	5	MG	1	01/01/2002	12/31/2015	
PREDNISONE 5 MG	36	EA	BO	PO	EA	5	MG	1	01/01/2002	12/31/2015	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
52959-0220-40		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
52959-0220-60		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
52959-0220-75		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
52959-0237-12		J8498		01/01/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED
52959-0244-00		None		10/02/2000	99/99/9999	METHOTREXATE, 2.5 MG, ORAL
52959-0291-00		J8498		01/01/2006	02/03/2016	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED
52959-0313-15		Q0144		01/01/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
52959-0330-00		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
52959-0330-25		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
52959-0330-50		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
52959-0355-06		J8498		01/01/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED
52959-0355-12		J8498		01/01/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED
52959-0391-15		Q0165		01/01/2002	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
52959-0392-12		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG
52959-0392-21		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG
52959-0392-28		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG
52959-0433-10		Q0177		06/06/2002	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PREDNISONE 5 MG	40	EA	BO	PO	EA	5	MG	1	01/01/2002	12/31/2015	
PREDNISONE 5 MG	60	EA	BO	PO	EA	5	MG	1	01/01/2002	12/31/2015	
PREDNISONE 5 MG	75	EA	BO	PO	EA	5	MG	1	01/01/2002	12/31/2015	
PROMETHAZINE HYDROCHLORIDE 25 MG	12	EA	BX	RC	EA	1	EA	1	01/01/2006	99/99/9999	
METHOTREXATE SODIUM 2.5 MG	100	EA	BO	PO	EA	2.5	MG	1	10/02/2000	99/99/9999	
COMPAZINE 25 MG	12	EA	BX	RC	EA	1	EA	1	01/01/2006	02/03/2016	
ZITHROMAX 100 MG/5 ML	15	ML	BO	PO	ML	1	GM	0.02	01/01/2002	99/99/9999	
ZOVIRAX 200 MG	100	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999	
ZOVIRAX 200 MG	25	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999	
ZOVIRAX 200 MG	50	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999	
PROCHLORPERAZINE 25 MG	6	EA	BX	RC	EA	1	EA	1	01/01/2006	99/99/9999	
PROCHLORPERAZINE 25 MG	12	EA	BX	RC	EA	1	EA	1	01/01/2006	99/99/9999	
COMPAZINE 10 MG	15	EA	BO	PO	EA	10	MG	1	01/01/2002	12/31/2013	
DEXAMETHASONE 0.75 MG	12	EA	BO	PO	EA	0.25	MG	3	01/01/2006	99/99/9999	
DEXAMETHASONE 0.75 MG	21	EA	DP	PO	EA	0.25	MG	3	01/01/2006	99/99/9999	
DEXAMETHASONE 0.75 MG	28	EA	BO	PO	EA	0.25	MG	3	01/01/2006	99/99/9999	
HYDROXYZINE PAMOATE 25 MG	10	EA	BO	PO	EA	25	MG	1	06/06/2002	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
52959-0433-15		Q0177		02/28/2002	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
52959-0433-20		Q0177		12/27/2004	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
52959-0433-30		Q0177		10/17/2002	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
52959-0433-40		Q0177		01/01/2002	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
52959-0433-60		Q0177		12/27/2004	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
52959-0476-02		Q0165		08/09/2005	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
52959-0476-10		Q0165		01/01/2002	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
HYDROXYZINE PAMOATE 25 MG	15	EA	BO	PO	EA	25	MG	1	02/28/2002	99/99/9999	
HYDROXYZINE PAMOATE 25 MG	20	EA	BO	PO	EA	25	MG	1	12/27/2004	99/99/9999	
HYDROXYZINE PAMOATE 25 MG	30	EA	BO	PO	EA	25	MG	1	10/17/2002	99/99/9999	
HYDROXYZINE PAMOATE 25 MG	40	EA	BO	PO	EA	25	MG	1	01/01/2002	99/99/9999	
HYDROXYZINE PAMOATE 25 MG	60	EA	BO	PO	EA	25	MG	1	12/27/2004	99/99/9999	
PROCHLORPERAZINE MALEATE 10 MG	120	EA	BO	PO	EA	10	MG	1	08/09/2005	12/31/2013	
PROCHLORPERAZINE MALEATE 10 MG	10	EA	BO	PO	EA	10	MG	1	01/01/2002	12/31/2013	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
52959-0476-15		Q0165		01/01/2002	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
52959-0476-20		Q0165		01/01/2002	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
52959-0476-24		Q0165		10/27/2004	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
52959-0476-30		Q0165		11/22/2004	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
52959-0476-60		Q0165		11/22/2004	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
52959-0479-10		Q0173		01/01/2002	02/03/2016	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
52959-0479-12		Q0173		01/01/2002	02/03/2016	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PROCHLORPERAZINE MALEATE 10 MG	15	EA	BO	PO	EA	10	MG	1	01/01/2002	12/31/2013	
PROCHLORPERAZINE MALEATE 10 MG	20	EA	BO	PO	EA	10	MG	1	01/01/2002	12/31/2013	
PROCHLORPERAZINE MALEATE 10 MG	24	EA	BO	PO	EA	10	MG	1	10/27/2004	12/31/2013	
PROCHLORPERAZINE MALEATE 10 MG	30	EA	BO	PO	EA	10	MG	1	11/22/2004	12/31/2013	
PROCHLORPERAZINE MALEATE 10 MG	60	EA	BO	PO	EA	10	MG	1	11/22/2004	12/31/2013	
TRIMETHOBENZAMIDE HCL 250 MG	10	EA	BO	PO	EA	250	MG	1	01/01/2002	02/03/2016	
TRIMETHOBENZAMIDE HCL 250 MG	12	EA	BO	PO	EA	250	MG	1	01/01/2002	02/03/2016	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
52959-0479-20		Q0173		01/01/2002	02/03/2016	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
52959-0479-30		Q0173		01/01/2002	10/17/2016	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
52959-0505-06		Q0144		01/01/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
52959-0517-25		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
52959-0517-30		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
52959-0517-35		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
52959-0544-01		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
52959-0544-10		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
52959-0544-12		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
52959-0544-15		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
52959-0544-21		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
52959-0544-25		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
52959-0544-30		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
52959-0544-40		J8499		08/24/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
52959-0544-50		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
52959-0547-04		J8540		05/16/2007	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG
52959-0547-10		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG
52959-0547-11		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG
52959-0547-12		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
TRIMETHOBENZAMIDE HCL 250 MG	20	EA	BO	PO	EA	250	MG	1	01/01/2002	02/03/2016	
TRIMETHOBENZAMIDE HCL 250 MG	30	EA	BO	PO	EA	250	MG	1	01/01/2002	10/17/2016	
ZITHROMAX Z-PAK 250 MG	6	EA	DP	PO	EA	1	GM	0.25	01/01/2002	99/99/9999	
ACYCLOVIR 200 MG	25	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999	
ACYCLOVIR 200 MG	30	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999	
ACYCLOVIR 200 MG	35	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999	
ACYCLOVIR 400 MG	100	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999	
ACYCLOVIR 400 MG	10	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999	
ACYCLOVIR 400 MG	12	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999	
ACYCLOVIR 400 MG	15	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999	
ACYCLOVIR 400 MG	21	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999	
ACYCLOVIR 400 MG	25	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999	
ACYCLOVIR 400 MG	30	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999	
ACYCLOVIR 400 MG	40	EA	BO	PO	EA	1	EA	1	08/24/2007	99/99/9999	
ACYCLOVIR 400 MG	50	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999	
DEXAMETHASONE 4 MG	4	EA	BO	PO	EA	0.25	MG	16	05/16/2007	99/99/9999	
DEXAMETHASONE 4 MG	10	EA	BO	PO	EA	0.25	MG	16	01/01/2006	99/99/9999	
DEXAMETHASONE 4 MG	11	EA	BO	PO	EA	0.25	MG	16	01/01/2006	99/99/9999	
DEXAMETHASONE 4 MG	12	EA	BO	PO	EA	0.25	MG	16	01/01/2006	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
52959-0547-16		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG
52959-0547-20		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG
52959-0547-30		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG
52959-0547-50		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG
52959-0561-01		J8498		01/01/2006	02/03/2016	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED
52959-0561-04		J8498		01/01/2006	02/03/2016	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED
52959-0562-01		J8498		01/01/2006	02/03/2016	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED
52959-0562-06		J8498		01/01/2006	02/03/2016	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED
52959-0622-60		J7510		01/01/2002	99/99/9999	PREDNISOLONE ORAL, PER 5 MG
52959-0657-03		Q0144		01/01/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
52959-0657-06		Q0144		01/01/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
52959-0678-30		J8499		10/07/2003	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
52959-0741-20		J7611		04/01/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG
52959-0748-01		J8501		08/22/2007	99/99/9999	APREPITANT, ORAL, 5 MG
52959-0804-04		Q0170		01/01/2002	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
52959-0804-08		Q0170		01/01/2002	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
DEXAMETHASONE 4 MG	16	EA	BO	PO	EA	0.25	MG	16	01/01/2006	99/99/9999	
DEXAMETHASONE 4 MG	20	EA	BO	PO	EA	0.25	MG	16	01/01/2006	99/99/9999	
DEXAMETHASONE 4 MG	30	EA	BO	PO	EA	0.25	MG	16	01/01/2006	99/99/9999	
DEXAMETHASONE 4 MG	50	EA	BO	PO	EA	0.25	MG	16	01/01/2006	99/99/9999	
PHENERGAN 12.5 MG	12	EA	BX	RC	EA	1	EA	1	01/01/2006	02/03/2016	
PHENERGAN 12.5 MG	4	EA	BX	RC	EA	1	EA	1	01/01/2006	02/03/2016	
PHENERGAN 25 MG	12	EA	NA	RC	EA	1	EA	1	01/01/2006	02/03/2016	
PHENERGAN 25 MG	6	EA	NA	RC	EA	1	EA	1	01/01/2006	02/03/2016	
PREDNISOLONE (CHERRY) 15 MG/5 ML	480	ML	BO	PO	ML	5	MG	0.6	01/01/2002	99/99/9999	
ZITHROMAX 200 MG/5 ML	15	ML	BO	PO	ML	1	GM	0.04	01/01/2002	99/99/9999	
ZITHROMAX 200 MG/5 ML	22.5	ML	BO	PO	ML	1	GM	0.04	01/01/2006	99/99/9999	
ACYCLOVIR 800 MG	30	EA	BO	PO	EA	1	EA	1	10/07/2003	99/99/9999	
ALBUTEROL SULFATE 0.5%	20	ML	BO	IH	ML	1	MG	5	04/01/2008	99/99/9999	
EMEND 40 MG	1	EA	BO	PO	EA	5	MG	8	08/22/2007	99/99/9999	
PROMETHAZINE 6.25 MG/5 ML	120	ML	BO	PO	ML	25	MG	0.05	01/01/2002	12/31/2013	
PROMETHAZINE 6.25 MG/5 ML	240	ML	BO	PO	ML	25	MG	0.05	01/01/2002	12/31/2013	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
52959-0817-10		Q0173		10/04/2005	99/99/9999	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
52959-0833-06		Q0178		10/14/2005	12/31/2013	HYDROXYZINE PAMOATE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
52959-0833-20		Q0178		10/14/2005	12/31/2013	HYDROXYZINE PAMOATE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
52959-0838-06		Q0144		11/22/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
52959-0914-30		Q0169		11/26/2007	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
52959-0927-03		Q0144		04/24/2008	02/03/2016	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
52959-0928-30		J8999		05/15/2008	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
52959-0932-30		Q0144		05/23/2008	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
53100-0128-22		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
TRIMETHOBENZAMIDE HCL 300 MG	10	EA	BO	PO	EA	250	MG	1.2	10/04/2005	99/99/9999	
HYDROXYZINE PAMOATE 50 MG	6	EA	BO	PO	EA	50	MG	1	10/14/2005	12/31/2013	
HYDROXYZINE PAMOATE 50 MG	20	EA	BO	PO	EA	50	MG	1	10/14/2005	12/31/2013	
AZITHROMYCIN 250 MG	6	EA	BO	PO	EA	1	GM	0.25	11/22/2005	99/99/9999	
PROMETHAZINE 12.5 MG	30	EA	BO	PO	EA	12.5	MG	1	11/26/2007	99/99/9999	
AZITHROMYCIN (FILM-COATED) 500 MG	3	EA	BO	PO	EA	1	GM	0.5	04/24/2008	02/03/2016	
MEGESTROL ACETATE 20 MG	30	EA	NA	PO	EA	1	EA	1	05/15/2008	99/99/9999	
AZITHROMYCIN (1X30ML,CHERRY) 200 MG/5 ML	30	ML	BO	PO	ML	1	GM	0.04	05/23/2008	99/99/9999	
SOMINEX 25 MG	16	EA	NA	PO	EA	50	MG	0.5	01/01/2002	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
53100-0128-32		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
53100-0128-51		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
53100-0128-75		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
53489-0376-01		Q0173		08/29/2003	99/99/9999	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54092-0700-01		J1743		01/01/2008	99/99/9999	INJECTION, IDURSULFASE, 1 MG
54482-0053-01		J8999		01/01/2002	03/29/2018	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
69097-0319-87		J7626		11/14/2017	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG
54482-0147-01		J1955		01/01/2002	99/99/9999	INJECTION, LEVOCARNITINE, PER 1 GM
54569-0239-00		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
SOMINEX 25 MG	32	EA	NA	PO	EA	50	MG	0.5	01/01/2002	99/99/9999	
SOMINEX 25 MG	72	EA	NA	PO	EA	50	MG	0.5	01/01/2002	99/99/9999	
SOMINEX 50 MG	16	EA	NA	PO	EA	50	MG	1	01/01/2002	99/99/9999	
TRIMETHOBENZAMIDE HCL 300 MG	100	EA	BO	PO	EA	250	MG	1.2	08/29/2003	99/99/9999	
ELAPRASE (PF) 2 MG/ML	3	ML	VL	IV	ML	1	MG	2	01/01/2008	99/99/9999	
MATULANE 50 MG	100	EA	BO	PO	EA	1	EA	1	01/01/2002	03/29/2018	
BUDESONIDE (30X2ML,SINGLE-DOSE) 0.5 MG/2 ML	2	ML	AM	IH	ML	0.5	MG	0.5	11/14/2017	99/99/9999	
CARNITOR (S.D.V.) 200 MG/ML	5	ML	VL	IV	ML	1	GM	0.2	01/01/2002	99/99/9999	
DIPHENHYDRAMINE HCL 25 MG	30	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
54569-0239-01		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54569-0239-02		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54569-0239-03		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54569-0239-08		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54569-0241-00		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54569-0241-02		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54569-0241-03		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
DIPHENHYDRAMINE HCL 25 MG	24	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999	
DIPHENHYDRAMINE HCL 25 MG	15	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999	
DIPHENHYDRAMINE HCL 25 MG	20	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999	
DIPHENHYDRAMINE HCL 25 MG	6	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999	
DIPHENHYDRAMINE HCL 50 MG	30	EA	BO	PO	EA	50	MG	1	01/01/2002	99/99/9999	
DIPHENHYDRAMINE HCL 50 MG	15	EA	BO	PO	EA	50	MG	1	01/01/2002	99/99/9999	
DIPHENHYDRAMINE HCL 50 MG	20	EA	BO	PO	EA	50	MG	1	01/01/2002	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
54569-0241-05		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54569-0322-00		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG
54569-0322-03		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG
54569-0324-04		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG
54569-0327-00		J7509		01/01/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG
54569-0330-00		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
54569-0330-01		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
54569-0330-03		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
54569-0330-04		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
54569-0330-07		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
54569-0331-00		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
54569-0331-01		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
54569-0331-02		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
54569-0331-04		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
54569-0331-05		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
54569-0331-07		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
54569-0331-08		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
54569-0332-01		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
54569-0332-02		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
54569-0332-03		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
54569-0332-05		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
DIPHENHYDRAMINE HCL 50 MG	10	EA	BO	PO	EA	50	MG	1	01/01/2002	99/99/9999	
DEXAMETHASONE 0.75 MG	12	EA	BO	PO	EA	0.25	MG	3	01/01/2006	99/99/9999	
DEXAMETHASONE 0.75 MG	20	EA	BO	PO	EA	0.25	MG	3	01/01/2006	99/99/9999	
DEXAMETHASONE 4 MG	6	EA	BO	PO	EA	0.25	MG	16	01/01/2006	99/99/9999	
MEDROL (UNIT OF USE) 4 MG	21	EA	DP	PO	EA	4	MG	1	01/01/2002	99/99/9999	
PREDNISONE 5 MG	21	EA	BO	PO	EA	5	MG	1	01/01/2002	12/31/2015	
PREDNISONE 5 MG	50	EA	BO	PO	EA	5	MG	1	01/01/2002	12/31/2015	
PREDNISONE 5 MG	100	EA	BO	PO	EA	5	MG	1	01/01/2002	12/31/2015	
PREDNISONE 5 MG	30	EA	BO	PO	EA	5	MG	1	01/01/2002	12/31/2015	
PREDNISONE 5 MG	60	EA	BO	PO	EA	5	MG	1	01/01/2002	12/31/2015	
PREDNISONE 10 MG	10	EA	BO	PO	EA	5	MG	2	01/01/2002	12/31/2015	
PREDNISONE 10 MG	15	EA	BO	PO	EA	5	MG	2	01/01/2002	12/31/2015	
PREDNISONE 10 MG	21	EA	BO	PO	EA	5	MG	2	01/01/2002	12/31/2015	
PREDNISONE 10 MG	50	EA	BO	PO	EA	5	MG	2	01/01/2002	12/31/2015	
PREDNISONE 10 MG	30	EA	BO	PO	EA	5	MG	2	01/01/2002	12/31/2015	
PREDNISONE 10 MG	100	EA	BO	PO	EA	5	MG	2	01/01/2002	12/31/2015	
PREDNISONE 10 MG	40	EA	BO	PO	EA	5	MG	2	01/01/2002	12/31/2015	
PREDNISONE 20 MG	10	EA	BO	PO	EA	5	MG	4	01/01/2002	12/31/2015	
PREDNISONE 20 MG	21	EA	BO	PO	EA	5	MG	4	01/01/2002	12/31/2015	
PREDNISONE 20 MG	30	EA	BO	PO	EA	5	MG	4	01/01/2002	12/31/2015	
PREDNISONE 20 MG	100	EA	BO	PO	EA	5	MG	4	01/01/2002	12/31/2015	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
54569-0332-09		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
54569-0333-00		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
54569-0336-01		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG
54569-0350-05		Q0164		01/01/2002	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54569-0355-00		Q0165		01/01/2002	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54569-0355-02		Q0165		01/01/2002	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54569-1036-00		J7509		01/01/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG
54569-1046-00		Q0170		01/01/2002	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54569-1335-00		J7510		01/01/2002	11/08/2012	PREDNISOLONE ORAL, PER 5 MG
54569-1377-00		J0696		01/01/2002	01/31/2014	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
54569-1387-00		J2010		01/01/2002	99/99/9999	INJECTION, LINCOMYCIN HCL, UP TO 300 MG
54569-1411-00		J1080		01/01/2002	12/31/2014	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG
54569-1522-00		A4216		01/01/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PREDNISONE 20 MG	18	EA	BO	PO	EA	5	MG	4	01/01/2002	12/31/2015	
PREDNISONE 50 MG	8	EA	BO	PO	EA	5	MG	10	01/01/2002	12/31/2015	
DEXAMETHASONE 2 MG	6	EA	BO	PO	EA	0.25	MG	8	01/01/2006	99/99/9999	
PROCHLORPERAZINE MALEATE 5 MG	6	EA	BO	PO	EA	5	MG	1	01/01/2002	99/99/9999	
PROCHLORPERAZINE 10 MG	30	EA	BO	PO	EA	10	MG	1	12/07/2005	12/31/2013	01/01/2002
PROCHLORPERAZINE MALEATE 10 MG	10	EA	BO	PO	EA	10	MG	1	01/01/2002	12/31/2013	
METHYLPREDNISOLONE 4 MG	21	EA	DP	PO	EA	4	MG	1	01/01/2002	99/99/9999	
PROMETHAZINE HCL 6.25 MG/5 ML	120	ML	BO	PO	ML	25	MG	0.05	01/01/2002	12/31/2013	
PEDIAPRED 5 MG/5 ML	120	ML	BO	PO	ML	5	MG	0.2	01/01/2002	11/08/2012	
ROCEPHIN (VIAL) 500 MG	1	EA	VL	IJ	EA	250	MG	2	01/01/2002	01/31/2014	
LINCOCIN (VIAL) 300 MG/ML	10	ML	VL	IJ	ML	300	MG	1	01/15/2004	99/99/9999	01/01/2002
DEPO-TESTOSTERONE (VIAL) 200 MG/ML	10	ML	VL	IM	ML	200	MG	1	01/15/2004	12/31/2014	01/01/2002
SODIUM CHLORIDE (AMP) 0.9%	10	ML	AM	IV	ML	10	ML	0.1	01/01/2004	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
01/31/2003	1			
01/31/2003	1			
01/31/2003	1			

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
54569-1555-00		J2930		01/01/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG
54569-1555-01		J2930		06/05/2002	02/03/2016	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG
54569-1754-00		Q0170		01/01/2002	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54569-1754-01		Q0170		01/01/2002	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54569-1754-05		Q0170		12/07/2007	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54569-1754-06		Q0170		07/02/2002	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54569-1754-09		Q0170		01/01/2002	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54569-1818-08		None		10/20/2000	99/99/9999	METHOTREXATE, 2.5 MG, ORAL
54569-1827-01		J3301		01/01/2002	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG
54569-1901-01		J1030		01/01/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG
54569-2318-00		J1815		01/01/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS
54569-2319-00		J1815		01/01/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
SOLU-MEDROL (ACT-O-VIAL) 125 MG	1	EA	VL	IJ	EA	125	MG	1	05/23/2007	99/99/9999	01/01/2002
SOLU-MEDROL (ACT-O-VIAL) 125 MG	1	EA	VL	IJ	EA	125	MG	1	06/05/2002	02/03/2016	
PROMETHAZINE HCL 25 MG	12	EA	BO	PO	EA	25	MG	1	01/01/2002	12/31/2013	
PROMETHAZINE HCL 25 MG	10	EA	BO	PO	EA	25	MG	1	01/01/2002	12/31/2013	
PROMETHAZINE HCL 25 MG	60	EA	BO	PO	EA	25	MG	1	12/07/2007	12/31/2013	
PROMETHAZINE HCL 25 MG	20	EA	BO	PO	EA	25	MG	1	07/02/2002	12/31/2013	
PROMETHAZINE HCL 25 MG	30	EA	BO	PO	EA	25	MG	1	01/01/2002	12/31/2013	
METHOTREXATE SODIUM 2.5 MG	32	EA	NA	PO	EA	2.5	MG	1	10/20/2000	99/99/9999	
KENALOG-10 (VIAL) 10 MG/ML	5	ML	VL	IJ	ML	10	MG	1	01/15/2004	99/99/9999	01/01/2002
DEPO-MEDROL (M.D.V.) 40 MG/ML	5	ML	VL	IJ	ML	40	MG	1	01/15/2004	99/99/9999	01/01/2002
HUMULIN N (VIAL) 100 U/ML	10	ML	VL	SC	ML	5	U	20	01/01/2003	99/99/9999	
HUMULIN R (VIAL) 100 U/ML	10	ML	VL	IJ	ML	5	U	20	01/01/2003	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
01/31/2003	1			
01/31/2003	1			
01/31/2003	1			

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
54569-2353-05		Q0177		01/01/2002	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54569-2571-01		Q0178		01/01/2002	12/31/2013	HYDROXYZINE PAMOATE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54569-2580-00		J1000		01/01/2002	10/17/2016	INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG
54569-2646-00		J3355		01/01/2006	99/99/9999	INJECTION, UROFOLLITROPIN, 75 IU
54569-2918-00		J1815		01/01/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS
54569-2918-02		J1815		09/22/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS
54569-3043-00		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
54569-3043-01		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
54569-3043-02		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
54569-3043-05		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
54569-3043-06		J7506		11/07/2006	12/31/2015	PREDNISONE, ORAL, PER 5MG
54569-3078-00		A4216		01/18/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
54569-3260-00		J3490		01/01/2002	02/03/2016	UNCLASSIFIED DRUGS
54569-3302-00		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
54569-3302-01		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
54569-3413-00		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
54569-3467-00		J1815		01/01/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
HYDROXYZINE PAMOATE 25 MG	30	EA	BO	PO	EA	25	MG	1	01/01/2002	99/99/9999	
HYDROXYZINE PAMOATE 50 MG	20	EA	BO	PO	EA	50	MG	1	09/01/2005	12/31/2013	01/01/2002
DEPO-ESTRADIOL 5 MG/ML	5	ML	VL	IM	ML	5	MG	1	01/15/2004	10/17/2016	01/01/2002
METRODIN 75 IU	1	EA	NA	IM	EA	75	IU	1	01/01/2006	99/99/9999	
NOVOLIN 70/30 (VIAL) 70 U/ML-30 U/ML	10	ML	VL	SC	ML	5	U	20	01/01/2003	99/99/9999	
NOVOLIN 70/30 (10X10ML) 70 U/ML-30 U/ML	10	ML	VL	SC	ML	5	U	20	09/22/2003	99/99/9999	
PREDNISONE 20 MG	20	EA	BO	PO	EA	5	MG	4	01/01/2002	12/31/2015	
PREDNISONE 20 MG	12	EA	BO	PO	EA	5	MG	4	01/01/2002	12/31/2015	
PREDNISONE 20 MG	6	EA	BO	PO	EA	5	MG	4	11/17/2003	12/31/2015	01/01/2002
PREDNISONE 20 MG	14	EA	BO	PO	EA	5	MG	4	01/01/2002	12/31/2015	
PREDNISONE 20 MG	25	EA	BO	PO	EA	5	MG	4	11/07/2006	12/31/2015	
SODIUM CHLORIDE/RESPIRATORY THERAPY 0.9%	5	ML	VL	IH	ML	10	ML	0.1	01/18/2007	99/99/9999	
MARCAINE HCL (M.D.V.) 0.25%	50	ML	VL	IJ	ML	1	EA	1	01/01/2002	02/03/2016	
PREDNISONE 10 MG	60	EA	BO	PO	EA	5	MG	2	01/01/2002	12/31/2015	
PREDNISONE 10 MG	20	EA	BO	PO	EA	5	MG	2	01/01/2002	12/31/2015	
PREDNISONE 5 MG	21	EA	DP	PO	EA	5	MG	1	01/01/2002	12/31/2015	
HUMULIN 70/30 70 U/ML-30 U/ML	10	ML	VL	SC	ML	5	U	20	01/01/2003	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
06/10/2003	1			
01/31/2003	1			
06/10/2003	4			

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
54569-3504-00		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54569-3504-01		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54569-3701-00		J1055		01/15/2004	12/31/2012	INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG
54569-3704-00		J3030		01/01/2002	99/99/9999	INJECTION, SUMATRIPTAN SUCCINATE, 6 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)
54569-3765-01		J8999		10/20/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
54569-3833-00		J1815		01/01/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS
54569-3835-00		J1815		01/01/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS
54569-3899-00		J7613		04/01/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
54569-3899-00	KO	J7613	KO	04/01/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
54569-3900-00		J7611		04/01/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG
54569-3946-00		J1030		01/01/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG
54569-4112-00		J2300		01/01/2002	02/03/2016	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
DIPHENHYDRAMINE HCL 25 MG	8	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999	
DIPHENHYDRAMINE HCL 25 MG	10	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999	
DEPO-PROVERA CONTRACEPTIVE (VIAL) 150 MG/ML	1	ML	VL	IM	ML	150	MG	1	01/15/2004	12/31/2012	
IMITREX (S.D.V.) 6 MG/0.5 ML	0.5	ML	VL	SC	ML	6	MG	2	01/01/2002	99/99/9999	
TAMOXIFEN CITRATE 10 MG	60	EA	BO	PO	EA	1	EA	1	10/20/2005	99/99/9999	
NOVOLIN R (VIAL) 100 U/ML	10	ML	VL	IJ	ML	5	U	20	01/26/2004	99/99/9999	01/01/2003
NOVOLIN N (VIAL) 100 U/ML	10	ML	VL	SC	ML	5	U	20	09/22/2003	99/99/9999	01/01/2003
ALBUTEROL SULFATE 0.083%	3	ML	PC	IH	ML	1	MG	0.83	04/01/2008	99/99/9999	
ALBUTEROL SULFATE 0.083%	3	ML	PC	IH	ML	1	MG	0.83	04/01/2008	99/99/9999	
ALBUTEROL SULFATE 0.5%	20	ML	BO	IH	ML	1	MG	5	04/01/2008	99/99/9999	
DEPO-MEDROL (VIAL) 40 MG/ML	1	ML	VL	IJ	ML	40	MG	1	01/22/2004	99/99/9999	01/01/2002
NALBUPHINE HYDROCHLORIDE (10X1ML) 20 MG/ML	1	ML	NA	IJ	ML	10	MG	2	01/01/2002	02/03/2016	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
06/10/2003	20			
06/10/2003	20			
01/31/2003	1			

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
54569-4168-00		Q0170		01/01/2002	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54569-4197-00		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54569-4230-00		Q0144		01/01/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
54569-4232-00		Q0144		01/01/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
54569-4265-00		J1030		01/01/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG
69097-0321-87		J7626		11/14/2017	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG
54569-4482-00		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
54569-4482-01		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
54569-4482-04		J8499		09/11/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
54569-4482-06		J8499		04/26/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
54569-4497-00		Q0144		01/01/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
54569-4522-00		Q0144		01/01/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
54569-4522-01		Q0144		01/01/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
54569-4522-02		Q0144		08/26/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
54569-4567-00		Q0144		01/01/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
54569-4648-00		J1100		01/01/2002	02/03/2016	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PROMETHAZINE HCL 25 MG	5	EA	BO	PO	EA	25	MG	1	01/01/2002	12/31/2013	
DIPHENHYDRAMINE HCL (AF) 12.5 MG/5 ML	120	ML	BO	PO	ML	50	MG	0.05	01/01/2002	99/99/9999	
ZITHROMAX 200 MG/5 ML	15	ML	BO	PO	ML	1	GM	0.04	01/01/2002	99/99/9999	
ZITHROMAX 100 MG/5 ML	15	ML	BO	PO	ML	1	GM	0.02	01/01/2002	99/99/9999	
DEPO-MEDROL (M.D.V.) 40 MG/ML	10	ML	VL	IJ	ML	40	MG	1	01/15/2004	99/99/9999	01/01/2002
BUDESONIDE (30X2ML,SINGLE-DOSE) 1 MG/2 ML	2	ML	AM	IH	ML	0.5	MG	1	11/14/2017	99/99/9999	
ACYCLOVIR 200 MG	25	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999	
ACYCLOVIR 200 MG	50	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999	
ACYCLOVIR 200 MG	40	EA	BO	PO	EA	1	EA	1	01/01/2005	99/99/9999	09/11/2002
ACYCLOVIR 200 MG	21	EA	BO	PO	EA	1	EA	1	04/26/2005	99/99/9999	
ZITHROMAX Z-PAK 250 MG	6	EA	DP	PO	EA	1	GM	0.25	01/01/2002	99/99/9999	
ZITHROMAX 250 MG	4	EA	BO	PO	EA	1	GM	0.25	01/01/2002	99/99/9999	
ZITHROMAX 250 MG	2	EA	BO	PO	EA	1	GM	0.25	01/01/2002	99/99/9999	
ZITHROMAX 250 MG	30	EA	BO	PO	EA	1	GM	0.25	01/05/2004	99/99/9999	08/26/2002
ZITHROMAX (SINGLE DOSE PACKETS) 1 GM/Packet	1	EA	BX	PO	EA	1	GM	1	01/01/2002	99/99/9999	
DEXAMETHASONE SODIUM PHOSPHATE (25X5ML) 4 MG/ML	5	ML	NA	IJ	ML	1	MG	4	01/01/2002	02/03/2016	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
01/31/2003	1			
06/10/2003	1			
06/10/2003	0.25			

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
54569-4720-00		J8498		01/01/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED
54569-4720-02		J8498		01/01/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED
54569-4724-00		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
54569-4734-00		J1610		01/01/2002	99/99/9999	INJECTION, GLUCAGON HYDROCHLORIDE, PER 1 MG
54569-4748-00		J7614		04/01/2008	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
54569-4748-00	KO	J7614	KO	04/01/2008	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
54569-4765-01		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
54569-4765-02		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
54569-4765-03		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
54569-4765-04		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
54569-4765-05		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
54569-4765-06		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
54569-4765-09		J8499		06/01/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
54569-4904-00		J1055		01/15/2004	12/31/2012	INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG
54569-4910-00		J7644		01/01/2002	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
54569-4910-00	KO	J7644	KO	01/01/2002	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
45963-0637-49		J9263		08/03/2018	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PROCHLORPERAZINE 25 MG	12	EA	BX	RC	EA	1	EA	1	01/01/2006	99/99/9999	
PROCHLORPERAZINE 25 MG	3	EA	BX	RC	EA	1	EA	1	01/01/2006	99/99/9999	
ACYCLOVIR 800 MG	35	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999	
GLUCAGON EMERGENCY KIT 1 MG	1	EA	VL	IJ	EA	1	MG	1	01/01/2002	99/99/9999	
XOPENEX (PF) 0.021%	3	ML	PC	IH	ML	0.5	MG	0.42	04/01/2008	99/99/9999	
XOPENEX (PF) 0.021%	3	ML	PC	IH	ML	0.5	MG	0.42	04/01/2008	99/99/9999	
ACYCLOVIR 400 MG	14	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999	
ACYCLOVIR 400 MG	25	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999	
ACYCLOVIR 400 MG	50	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999	
ACYCLOVIR 400 MG	15	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999	
ACYCLOVIR 400 MG	45	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999	
ACYCLOVIR 400 MG	60	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999	
ACYCLOVIR 400 MG	45	EA	BO	PO	EA	1	EA	1	06/01/2006	99/99/9999	
DEPO-PROVERA (SRN, PREFILLED) 150 MG/ML	1	ML	SR	IM	ML	150	MG	1	01/15/2004	12/31/2012	
IPRATROPIUM BROMIDE (VIAL) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	01/01/2002	99/99/9999	
IPRATROPIUM BROMIDE (VIAL) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	01/01/2002	99/99/9999	
OXALIPLATIN (PF,LATEX-FREE) 5 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	10	08/03/2018	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
45963-0638-58		J9263		08/03/2018	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG
54569-4930-00		J2941		01/01/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG
54569-5247-00		J2310		01/01/2002	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG
54569-5311-00		J3490		01/01/2002	02/03/2016	UNCLASSIFIED DRUGS
54569-5312-00		J2001		11/08/2007	02/03/2016	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG
54569-5312-01		J2001		11/08/2007	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG
54569-5408-00		J3490		07/18/2002	99/99/9999	UNCLASSIFIED DRUGS
54569-5445-00		J7614		04/01/2008	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
54569-5445-00	KO	J7614	KO	04/01/2008	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
54569-5448-00		Q0144		09/09/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
54569-5527-00		J1055		08/15/2003	12/31/2012	INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG
54569-5533-00		J3420		09/19/2003	01/28/2013	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG
54569-5578-00		J3490		07/21/2004	02/03/2016	UNCLASSIFIED DRUGS
54569-5589-00		Q0173		08/26/2004	99/99/9999	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
OXALIPLATIN (PF,LATEX-FREE) 5 MG/1 ML	20	ML	VL	IV	ML	0.5	MG	10	08/03/2018	99/99/9999	
SAIZEN (VIAL, W/DILUENT) 5 MG	1	EA	VL	SC	EA	1	MG	5	01/01/2002	99/99/9999	
NALOXONE HCL (VIAL, FLIPTOP) 0.4 MG/ML	1	ML	VL	IJ	ML	1	MG	0.4	01/01/2002	99/99/9999	
ENGERIX-B PEDIATRIC (S.D.V.,TAX INCL.,PF) 10 MCG/0.5 ML	0.5	ML	VL	IM	ML	1	EA	1	01/01/2002	02/03/2016	
LIDOCAINE HCL 2%	5	ML	SR	IJ	ML	10	MG	2	11/08/2007	02/03/2016	
LIDOCAINE HCL (5X5ML) 2%	5	ML	SR	IJ	ML	10	MG	2	11/08/2007	99/99/9999	
ENGERIX-B (TIP-LOK W/O NDL,TAX,PF) 20 MCG/ML	1	ML	SR	IM	ML	1	EA	1	07/18/2002	99/99/9999	
XOPENEX (PF) 0.042%	3	ML	VL	IH	ML	0.5	MG	0.84	04/01/2008	99/99/9999	
XOPENEX (PF) 0.042%	3	ML	VL	IH	ML	0.5	MG	0.84	04/01/2008	99/99/9999	
ZITHROMAX TRI-PAK 500 MG	1	EA	DP	PO	EA	1	GM	0.5	09/09/2002	99/99/9999	
DEPO-PROVERA CONTRACEPTIVE 150 MG/ML	1	ML	VL	IM	ML	150	MG	1	08/15/2003	12/31/2012	
CYANOCOBALAMIN (M.D.V.) 1000 MCG/ML	30	ML	VL	IM	ML	1000	MCG	1	09/19/2003	01/28/2013	
TWINRIX (TIP-LOK SYRINGE) 720 EL U/ML-20 MCG/ML	1	ML	SR	IM	ML	1	EA	1	07/21/2004	02/03/2016	
TRIMETHOBENZAMIDE HCL 300 MG	12	EA	BO	PO	EA	250	MG	1.2	08/26/2004	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
54569-5589-01		Q0173		09/02/2005	99/99/9999	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54569-5605-00		J1815		02/16/2006	99/99/9999	INJECTION, INSULIN, PER 5 UNITS
54569-5610-00		J0150		09/30/2004	12/31/2014	INJECTION, ADENOSINE FOR THERAPEUTIC USE, 6 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS, INSTEAD USE A9270)
54569-5629-00		J3490		11/10/2004	02/03/2016	UNCLASSIFIED DRUGS
54569-5630-00		J3490		11/10/2004	02/03/2016	UNCLASSIFIED DRUGS
54569-5715-00		J8999		07/15/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
54569-5720-00		J0696		07/26/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
54569-5721-00		J0696		07/26/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
54569-5722-00		J0696		07/26/2005	10/01/2012	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
54569-5723-00		J0696		07/27/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
54569-5724-00		J0696		07/27/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
54569-5725-00		J0696		07/27/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
54569-5729-00		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG
54569-5741-00		J8501		10/24/2005	99/99/9999	APREPITANT, ORAL, 5 MG
54569-5744-00		J8498		01/01/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED
54569-5744-01		J8498		01/01/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED
54569-5745-00		J8498		01/01/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
TRIMETHOBENZAMIDE HCL 300 MG	6	EA	BO	PO	EA	250	MG	1.2	09/02/2005	99/99/9999	
LANTUS 100 U/ML	10	ML	VL	SC	ML	5	U	20	02/16/2006	99/99/9999	
ADENOSINE 3 MG/ML	2	ML	NA	IV	ML	6	MG	0.5	09/30/2004	12/31/2014	
RECOMBIVAX HB PEDIATRIC/ADOLESCENT (S.D.V.,TAX INCL,PF) 5 MCG/0.5 ML	0.5	ML	VL	IM	ML	1	EA	1	11/10/2004	02/03/2016	
RECOMBIVAX HB (S.D.V.,TAX INCL) 10 MCG/ML	1	ML	VL	IM	ML	1	EA	1	11/10/2004	02/03/2016	
HYDROXYUREA 500 MG	100	EA	BO	PO	EA	1	EA	1	07/15/2005	99/99/9999	
CEFTRIAXONE 250 MG	1	EA	VL	IJ	EA	250	MG	1	07/26/2005	99/99/9999	
CEFTRIAXONE 500 MG	1	EA	VL	IJ	EA	250	MG	2	07/26/2005	99/99/9999	
CEFTRIAXONE 1 GM	1	EA	VL	IJ	EA	250	MG	4	07/26/2005	10/01/2012	
CEFTRIAXONE 250 MG	1	EA	VL	IJ	EA	250	MG	1	07/27/2005	99/99/9999	
CEFTRIAXONE 500 MG	1	EA	VL	IJ	EA	250	MG	2	07/27/2005	99/99/9999	
CEFTRIAXONE 1 GM	1	EA	VL	IJ	EA	250	MG	4	07/27/2005	99/99/9999	
DEXAMETHASONE 4 MG	28	EA	BO	PO	EA	0.25	MG	16	01/01/2006	99/99/9999	
EMEND TRI-FOLD PACK	3	EA	PG	PO	EA	5	MG	19	10/24/2005	99/99/9999	
PROMETHAZINE HYDROCHLORIDE 12.5 MG	12	EA	BX	RC	EA	1	EA	1	01/01/2006	99/99/9999	
PROMETHAZINE HYDROCHLORIDE 12.5 MG	6	EA	BX	RC	EA	1	EA	1	01/01/2006	99/99/9999	
PROMETHAZINE HCL 25 MG	12	EA	BX	RC	EA	1	EA	1	01/01/2006	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
54569-5745-01		J8498		01/01/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED
54569-5745-02		J8498		01/01/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED
54569-5754-00		Q0144		11/24/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
54569-5755-00		Q0144		11/24/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
54569-5756-00		Q0144		11/24/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
54569-5764-00		J2792		01/12/2006	99/99/9999	INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT, 100 IU
54569-5781-00		J1324		01/01/2007	10/17/2016	INJECTION, ENFUVIRTIDE, 1 MG
61314-0318-10		Q5101		07/20/2018	99/99/9999	INJECTION, FILGRASTIM-SNDZ, BIOSIMILAR, (ZARXIO), 1 MICROGRAM
54569-5795-00		J2300		05/12/2006	99/99/9999	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG
54569-5804-00		Q0144		06/30/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
54569-5806-00		Q0144		07/24/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
54569-5807-00		Q0144		07/24/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
54569-5808-00		Q0144		07/24/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
54569-5809-00		Q0144		07/24/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
54569-5810-00		Q0144		07/25/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
54569-5815-00		J1200		08/03/2006	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG
54569-5828-00		J1460		09/26/2006	99/99/9999	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 1 CC
54569-5840-00		J7506		10/10/2006	12/31/2015	PREDNISONE, ORAL, PER 5MG
54569-5841-00		J7506		10/10/2006	12/31/2015	PREDNISONE, ORAL, PER 5MG
54569-5857-00		J8999		11/06/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
54569-5862-00		J3490		11/13/2006	09/07/2016	UNCLASSIFIED DRUGS

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PROMETHAZINE HYDROCHLORIDE 25 MG	4	EA	BX	RC	EA	1	EA	1	01/01/2006	99/99/9999	
PROMETHAZINE HYDROCHLORIDE 25 MG	6	EA	BX	RC	EA	1	EA	1	01/01/2006	99/99/9999	
AZITHROMYCIN 250 MG	4	EA	BO	PO	EA	1	GM	0.25	11/24/2005	99/99/9999	
AZITHROMYCIN 250 MG	6	EA	DP	PO	EA	1	GM	0.25	11/24/2005	99/99/9999	
AZITHROMYCIN 500 MG	3	EA	DP	PO	EA	1	GM	0.5	11/24/2005	99/99/9999	
HYPERRHO S/D (FULL DOSE)	1	ML	SR	IM	ML	100	IU	15	01/12/2006	99/99/9999	
FUZEON 90 MG	60	EA	PG	SC	EA	1	MG	90	01/01/2007	10/17/2016	
ZARXIO (PF) 300 MCG/0.5 ML	0.5	ML	SR	IJ	ML	1	MCG	600	07/20/2018	99/99/9999	
NALBUPHINE HCL (10X1ML) 10 MG/ML	1	ML	AM	IJ	ML	10	MG	1	05/12/2006	99/99/9999	
AZITHROMYCIN 600 MG	8	EA	BO	PO	EA	1	GM	0.6	06/30/2006	99/99/9999	
AZITHROMYCIN 1 GM/Packet	1	EA	BX	PO	EA	1	GM	1	07/24/2006	99/99/9999	
AZITHROMYCIN 100 MG/5 ML	15	ML	BO	PO	ML	1	GM	0.02	07/24/2006	99/99/9999	
AZITHROMYCIN 200 MG/5 ML	15	ML	BO	PO	ML	1	GM	0.04	07/24/2006	99/99/9999	
AZITHROMYCIN 200 MG/5 ML	22.5	ML	BO	PO	ML	1	GM	0.04	07/24/2006	99/99/9999	
AZITHROMYCIN 200 MG/5 ML	30	ML	BO	PO	ML	1	GM	0.04	07/25/2006	99/99/9999	
DIPHENHYDRAMINE HYDROCHLORIDE (25X1ML) 50 MG/ML	1	ML	VL	IJ	ML	50	MG	1	08/03/2006	99/99/9999	
GAMASTAN S/D (SDV)	2	ML	VL	IM	ML	1	ML	1	09/26/2006	99/99/9999	
PREDNISONE 10 MG	21	EA	BO	PO	EA	5	MG	2	10/10/2006	12/31/2015	
PREDNISONE 10 MG	48	EA	BO	PO	EA	5	MG	2	10/10/2006	12/31/2015	
TAMOXIFEN CITRATE 20 MG	30	EA	BO	PO	EA	1	EA	1	11/06/2006	99/99/9999	
PROPOFOL (SDV,5X20ML) 10 MG/ML	20	ML	VL	IV	ML	1	EA	1	11/13/2006	09/07/2016	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
54569-5874-00		J2405		01/12/2007	03/14/2016	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG
54569-5911-00		J7506		05/10/2007	12/31/2015	PREDNISONE, ORAL, PER 5MG
54746-0001-01		J9215		01/01/2002	99/99/9999	INJECTION, INTERFERON, ALFA-N3, (HUMAN LEUKOCYTE DERIVED), 250,000 IU
54838-0135-40		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54838-0135-70		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54838-0135-80		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54838-0154-40		Q0163		01/01/2002	03/01/2018	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54838-0154-70		Q0163		01/01/2002	03/01/2018	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54838-0154-80		Q0163		01/01/2002	03/01/2018	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
ONDANSETRON (5X2ML,SDV) 2 MG/ML	2	ML	VL	IJ	ML	1	MG	2	01/12/2007	03/14/2016	
PREDNISONE (PACK) 5 MG	48	EA	BO	PO	EA	5	MG	1	05/10/2007	12/31/2015	
ALFERON N (M.D.V.) 5 Million IU/ML	1	ML	VL	IJ	ML	250000	IU	20	01/01/2002	99/99/9999	
SILADRYL ALLERGY (AF,SF) 12.5 MG/5 ML	118	ML	BO	PO	ML	50	MG	0.05	01/01/2002	99/99/9999	
SILADRYL ALLERGY 12.5 MG/5 ML	237	ML	BO	PO	ML	50	MG	0.05	01/01/2002	99/99/9999	
SILADRYL ALLERGY (AF,SF) 12.5 MG/5 ML	473	ML	BO	PO	ML	50	MG	0.05	01/01/2002	99/99/9999	
SILPHEN 12.5 MG/5 ML	118	ML	BO	PO	ML	50	MG	0.05	01/01/2002	03/01/2018	
SILPHEN 12.5 MG/5 ML	237	ML	BO	PO	ML	50	MG	0.05	01/01/2002	03/01/2018	
SILPHEN 12.5 MG/5 ML	473	ML	BO	PO	ML	50	MG	0.05	01/01/2002	03/01/2018	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
54868-0007-00		J1200		01/01/2002	02/03/2016	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG
54868-0015-00		J1265		12/11/2006	02/03/2016	INJECTION, DOPAMINE HCL, 40 MG
54868-0026-00		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-0026-01		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-0026-04		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-0026-05		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-0026-06		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-0026-07		Q0163		06/29/2006	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-0102-00		J7120		12/11/2006	02/03/2016	RINGERS LACTATE INFUSION, UP TO 1000 CC

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
BENADRYL (VIAL) 50 MG/ML	10	ML	AM	IJ	ML	50	MG	1	01/01/2002	02/03/2016	
DOPAMINE HYDROCHLORIDE 80 MG/ML	125	ML	NA	IV	ML	40	MG	2	12/11/2006	02/03/2016	
DIPHENHYDRAMINE HCL 25 MG	100	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999	
DIPHENHYDRAMINE HCL 25 MG	30	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999	
DIPHENHYDRAMINE HCL 25 MG	1000	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999	
DIPHENHYDRAMINE HCL 25 MG	10	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999	
DIPHENHYDRAMINE HCL 25 MG	20	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999	
DIPHENHYDRAMINE HCL 25 MG	60	EA	BO	PO	EA	50	MG	0.5	06/29/2006	99/99/9999	
LACTATED RINGER'S (12X1000ML)	1000	ML	PC	IV	ML	1000	ML	0.001	12/11/2006	02/03/2016	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
54868-0163-02		J8499		01/01/2002	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
54868-0169-01		Q0177		01/01/2002	02/03/2016	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-0173-00		J9250		03/26/2003	99/99/9999	METHOTREXATE SODIUM, 5 MG
54868-0183-00		A4216		01/01/2004	02/03/2016	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
54868-0186-00		J0595		01/01/2004	02/03/2016	INJECTION, BUTORPHANOL TARTRATE, 1 MG
54868-0206-00		J0702		01/01/2002	02/03/2016	INJECTION, BETAMETHASONE ACETATE 3MG AND BETAMETHASONE SODIUM PHOSPHATE 3MG
54868-0216-00		J1080		09/20/2007	12/31/2014	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG
54868-0218-00		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG
54868-0218-01		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG
54868-0218-03		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG
54868-0218-04		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG
54868-0218-05		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG
54868-0218-06		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG
54868-0218-07		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG
54868-0218-08		J8540		09/11/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG
54868-0218-09		J8540		04/03/2008	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG
54868-0231-00		J3410		01/01/2002	02/03/2016	INJECTION, HYDROXYZINE HCL, UP TO 25 MG
54868-0234-00		J3301		01/01/2002	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG
54868-0258-01		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
ZOVIRAX 200 MG	25	EA	BO	PO	EA	1	EA	1	01/01/2002	02/03/2016	
VISTARIL 25 MG	100	EA	BO	PO	EA	25	MG	1	01/01/2002	02/03/2016	
METHOTREXATE SODIUM (PF) 25 MG/ML	2	ML	EA	IJ	ML	5	MG	5	03/26/2003	99/99/9999	
WATER FOR INJECTION BACTERIOSTATIC (VIAL)	30	ML	VL	IV	ML	10	ML	0.1	01/01/2004	02/03/2016	
STADOL (M.D.V.) 2 MG/ML	10	ML	VL	IJ	ML	1	MG	2	01/01/2004	02/03/2016	
CELESTONE SOLUSPAN (M.D.V.) 3 MG/ML-3 MG/ML	5	ML	VL	IJ	ML	3	MG	1	01/01/2002	02/03/2016	
DEPO-TESTOSTERONE (VIAL) 200 MG/ML	10	ML	VL	IM	ML	200	MG	1	09/20/2007	12/31/2014	
DEXAMETHASONE 4 MG	20	EA	BO	PO	EA	0.25	MG	16	01/01/2006	99/99/9999	
DEXAMETHASONE 4 MG	10	EA	BO	PO	EA	0.25	MG	16	01/01/2006	99/99/9999	
DEXAMETHASONE 4 MG	3	EA	BO	PO	EA	0.25	MG	16	01/01/2006	99/99/9999	
DEXAMETHASONE 4 MG	30	EA	BO	PO	EA	0.25	MG	16	01/01/2006	99/99/9999	
DEXAMETHASONE 4 MG	16	EA	BO	PO	EA	0.25	MG	16	01/01/2006	99/99/9999	
DEXAMETHASONE 4 MG	100	EA	BO	PO	EA	0.25	MG	16	01/01/2006	99/99/9999	
DEXAMETHASONE 4 MG	40	EA	BO	PO	EA	0.25	MG	16	01/01/2006	99/99/9999	
DEXAMETHASONE (USP) 4 MG	50	EA	BO	PO	EA	0.25	MG	16	09/11/2006	99/99/9999	
DEXAMETHASONE 4 MG	5	EA	BO	PO	EA	0.25	MG	16	04/03/2008	99/99/9999	
HYDROXYZINE HCL (M.D.V.) 50 MG/ML	10	ML	VL	IM	ML	25	MG	2	01/01/2002	02/03/2016	
KENALOG-10 (VIAL) 10 MG/ML	5	ML	VL	IJ	ML	10	MG	1	01/01/2002	99/99/9999	
PREDNISONE 5 MG	30	EA	BO	PO	EA	5	MG	1	01/01/2002	12/31/2015	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
54868-0258-02		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
54868-0258-04		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
54868-0258-05		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
54868-0258-06		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
54868-0258-08		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
54868-0258-09		J7506		03/14/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
54868-0261-00		J0780		01/01/2002	06/14/2016	INJECTION, PROCHLORPERAZINE, UP TO 10 MG
54868-0262-00		J2550		01/01/2002	02/03/2016	INJECTION, PROMETHAZINE HCL, UP TO 50 MG
54868-0262-01		J2550		09/29/2005	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG
54868-0296-01		J7060		01/01/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)
54868-0296-02		J7060		01/01/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)
54868-0296-04		J7060		12/12/2006	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)
54868-0554-00		J1200		01/01/2002	02/03/2016	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG
54868-0559-00		J0690		01/01/2002	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG
54868-0597-00		J2550		01/01/2002	02/03/2016	INJECTION, PROMETHAZINE HCL, UP TO 50 MG
54868-0601-01		J8498		01/01/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED
54868-0601-02		J8498		01/01/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED
54868-0605-00		J1720		01/01/2002	02/03/2016	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG
54868-0617-01		J3360		03/07/2002	99/99/9999	INJECTION, DIAZEPAM, UP TO 5 MG
54868-0617-02		J3360		04/03/2008	99/99/9999	INJECTION, DIAZEPAM, UP TO 5 MG
54868-0622-00		J8498		01/01/2006	02/03/2016	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED
54868-0622-02		J8498		01/01/2006	02/03/2016	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PREDNISONE 5 MG	100	EA	BO	PO	EA	5	MG	1	01/01/2002	12/31/2015	
PREDNISONE 5 MG	20	EA	BO	PO	EA	5	MG	1	01/01/2002	12/31/2015	
PREDNISONE 5 MG	36	EA	BO	PO	EA	5	MG	1	01/01/2002	12/31/2015	
PREDNISONE 5 MG	55	EA	BO	PO	EA	5	MG	1	01/01/2002	12/31/2015	
PREDNISONE 5 MG	60	EA	BO	PO	EA	5	MG	1	01/01/2002	12/31/2015	
PREDNISONE 5 MG	15	EA	BO	PO	EA	5	MG	1	03/14/2002	12/31/2015	
PROCHLORPERAZINE EDISYLATE (M.D.V.) 5 MG/ML	10	ML	VL	IJ	ML	10	MG	0.5	01/01/2002	06/14/2016	
PROMETHAZINE HCL (M.D.V.) 50 MG/ML	10	ML	VL	IJ	ML	50	MG	1	01/01/2002	02/03/2016	
PROMETHAZINE HCL (10X25ML,MDV) 50 MG/ML	10	ML	VL	IJ	ML	50	MG	1	09/29/2005	99/99/9999	
DEXTROSE 5%	500	ML	FC	IV	ML	500	ML	0.002	01/01/2002	99/99/9999	
DEXTROSE 5%	250	ML	FC	IV	ML	500	ML	0.002	01/01/2002	99/99/9999	
DEXTROSE (48X100ML) 5%	100	ML	FC	IV	ML	500	ML	0.002	12/12/2006	99/99/9999	
BENADRYL (AMP) 50 MG/ML	1	ML	VL	IJ	ML	50	MG	1	01/01/2002	02/03/2016	
CEFAZOLIN SODIUM (VIAL) 1 GM	1	EA	VL	IJ	EA	500	MG	2	01/01/2002	99/99/9999	
PHENERGAN (AMP) 25 MG/ML	1	ML	AM	IJ	ML	50	MG	0.5	01/01/2002	02/03/2016	
PROMETHAZINE HCL 25 MG	2	EA	BX	RC	EA	1	EA	1	01/01/2006	99/99/9999	
PROMETHAZINE HCL 25 MG	12	EA	BX	RC	EA	1	EA	1	01/01/2006	99/99/9999	
SOLU-CORTEF (S.D.V.) 100 MG	1	EA	VL	IJ	EA	100	MG	1	01/01/2002	02/03/2016	
DIAZEPAM (M.D.V.,FLIPTOP) 5 MG/ML	10	ML	VL	IJ	ML	5	MG	1	03/07/2002	99/99/9999	
DIAZEPAM (10X10ML,M.D.V) 5 MG/ML	10	ML	VL	IJ	ML	5	MG	1	04/03/2008	99/99/9999	
COMPAZINE 25 MG	12	EA	BX	RC	EA	1	EA	1	01/01/2006	02/03/2016	
COMPAZINE 25 MG	6	EA	BX	RC	EA	1	EA	1	01/01/2006	02/03/2016	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
67457-0256-10		J0583		06/04/2018	99/99/9999	INJECTION, BIVALIRUDIN, 1 MG
54868-0710-00		J7030		01/01/2002	09/11/2016	INFUSION, NORMAL SALINE SOLUTION , 1000 CC
54868-0710-01		J7040		01/01/2002	09/11/2016	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)
54868-0710-03		J7050		12/12/2006	09/11/2016	INFUSION, NORMAL SALINE SOLUTION , 250 CC
54868-0710-04		J7030		12/15/2006	09/11/2016	INFUSION, NORMAL SALINE SOLUTION , 1000 CC
54868-0710-05		A4216		12/15/2006	09/11/2016	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
54868-0710-06		J7050		01/02/2007	02/03/2016	INFUSION, NORMAL SALINE SOLUTION , 250 CC
54868-0721-00		Q0169		01/01/2002	02/03/2016	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-0734-00		J3490		08/27/2002	99/99/9999	UNCLASSIFIED DRUGS
54868-0748-00		J2310		01/01/2002	02/03/2016	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG
54868-0756-00		J3250		01/01/2002	02/03/2016	INJECTION, TRIMETHOBENZAMIDE HCL, UP TO 200 MG
54868-0762-00		J3420		01/01/2002	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG
54868-0762-01		J3420		09/18/2003	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG
54868-0767-00		J3480		01/01/2002	02/03/2016	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ
54868-0767-01		J3480		03/16/2007	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ
54868-0768-00		J2920		01/01/2002	02/03/2016	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG
54868-0776-01		J7509		01/01/2002	02/03/2016	METHYLPREDNISOLONE ORAL, PER 4 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
BIVALIRUDIN (LYOPHILIZED) 250 MG	10	EA	VL	IV	EA	1	MG	250	06/04/2018	99/99/9999	
SODIUM CHLORIDE 0.9%	1000	ML	FC	IV	ML	1000	ML	0.001	01/01/2002	09/11/2016	
SODIUM CHLORIDE 0.9%	500	ML	FC	IV	ML	500	ML	0.002	01/01/2002	09/11/2016	
SODIUM CHLORIDE (NORMAL SALINE,48X100ML) 0.9%	100	ML	PC	IV	ML	250	ML	0.004	12/12/2006	09/11/2016	
SODIUM CHLORIDE (NORMAL SALINE,12X1000ML) 0.9%	1000	ML	FC	IV	ML	1000	ML	0.001	12/15/2006	09/11/2016	
SODIUM CHLORIDE (NORMAL SALINE,48X50ML) 0.9%	50	ML	FC	IV	ML	10	ML	0.1	12/15/2006	09/11/2016	
SODIUM CHLORIDE (NORMAL SALINE,24X250ML) 0.9%	250	ML	FC	IV	ML	250	ML	0.004	01/02/2007	02/03/2016	
PHENERGAN 12.5 MG	12	EA	BO	PO	EA	12.5	MG	1	01/01/2002	02/03/2016	
ENGERIX-B (S.D.V.,PF) 20 MCG/ML	1	ML	VL	IM	ML	1	EA	1	08/27/2002	99/99/9999	
NALOXONE HCL (SRN,PREFILLED,MIN-I-JET) 0.4 MG/ML	1	ML	SR	IJ	ML	1	MG	0.4	01/01/2002	02/03/2016	
TIGAN (VIAL) 100 MG/ML	20	ML	VL	IM	ML	200	MG	0.5	01/01/2002	02/03/2016	
VITAMIN B12 (VIAL) 1000 MCG/ML	30	ML	VL	IM	ML	1000	MCG	1	01/01/2002	99/99/9999	
CYANOCOBALAMIN 1000 MCG/ML	1	ML	VL	IM	ML	1000	MCG	1	09/18/2003	99/99/9999	
POTASSIUM CHLORIDE (VIAL) 2 MEQ/ML	10	ML	VL	IV	ML	2	MEQ	1	01/01/2002	02/03/2016	
POTASSIUM CHLORIDE 2 MEQ/ML	250	ML	VL	IV	ML	2	MEQ	1	03/16/2007	99/99/9999	
SOLU-MEDROL (S.D.V.) 40 MG	1	EA	VL	IJ	EA	40	MG	1	01/01/2002	02/03/2016	
MEDROL (DOSE PACK) 4 MG	21	EA	DP	PO	EA	4	MG	1	01/01/2002	02/03/2016	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
54868-0796-00		J1070		10/21/2004	12/31/2014	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG
54868-0821-00		J7510		04/11/2007	02/03/2016	PREDNISOLONE ORAL, PER 5 MG
54868-0836-00		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
54868-0836-02		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
54868-0836-03		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
54868-0836-04		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
54868-0836-05		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
54868-0836-07		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
54868-0836-08		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
54868-0858-00		J3410		01/01/2002	99/99/9999	INJECTION, HYDROXYZINE HCL, UP TO 25 MG
54868-0871-00		J1100		01/01/2002	02/03/2016	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG
54868-0871-01		J1100		07/21/2003	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG
54868-0871-06		J1100		01/01/2002	02/03/2016	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG
54868-0908-00		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
54868-0908-01		J7506		11/10/2005	12/31/2015	PREDNISONE, ORAL, PER 5MG
54868-0908-02		J7506		02/16/2006	12/31/2015	PREDNISONE, ORAL, PER 5MG
54868-0908-03		J7506		05/16/2006	12/31/2015	PREDNISONE, ORAL, PER 5MG
54868-0908-04		J7506		02/06/2007	12/31/2015	PREDNISONE, ORAL, PER 5MG
54868-0916-00		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG
54868-0921-01		J7500		01/01/2002	02/03/2016	AZATHIOPRINE, ORAL, 50 MG
54868-0921-02		J7500		01/01/2002	99/99/9999	AZATHIOPRINE, ORAL, 50 MG
54868-0921-04		J7500		01/01/2002	02/03/2016	AZATHIOPRINE, ORAL, 50 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
DEPO-TESTOSTERONE 100 MG/ML	10	ML	VL	IM	ML	100	MG	1	10/21/2004	12/31/2014	
ORAPRED ODT 15 MG	48	EA	BX	PO	EA	5	MG	3	04/11/2007	02/03/2016	
PREDNISONE 10 MG	40	EA	BO	PO	EA	5	MG	2	01/01/2002	12/31/2015	
PREDNISONE 10 MG	100	EA	BO	PO	EA	5	MG	2	01/01/2002	12/31/2015	
PREDNISONE 10 MG	50	EA	BO	PO	EA	5	MG	2	01/01/2002	12/31/2015	
PREDNISONE 10 MG	15	EA	BO	PO	EA	5	MG	2	01/01/2002	12/31/2015	
PREDNISONE 10 MG	60	EA	BO	PO	EA	5	MG	2	01/01/2002	12/31/2015	
PREDNISONE 10 MG	30	EA	BO	PO	EA	5	MG	2	01/01/2002	12/31/2015	
PREDNISONE 10 MG	20	EA	BO	PO	EA	5	MG	2	01/01/2002	12/31/2015	
HYDROXYZINE HCL (VIAL) 25 MG/ML	1	ML	VL	IM	ML	25	MG	1	01/01/2002	99/99/9999	
DEXAMETHASONE SODIUM PHOSPHATE (M.D.V.) 4 MG/ML	5	ML	VL	IJ	ML	1	MG	4	01/01/2002	02/03/2016	
DEXAMETHASONE SODIUM PHOSPHATE (1X125ML) 4 MG/ML	125	ML	NA	IJ	ML	1	MG	4	07/21/2003	99/99/9999	
DEXAMETHASONE SODIUM PHOSPHATE (M.D.V.) 4 MG/ML	30	ML	VL	IJ	ML	1	MG	4	01/01/2002	02/03/2016	
PREDNISONE 50 MG	30	EA	BO	PO	EA	5	MG	10	01/01/2002	12/31/2015	
PREDNISONE 50 MG	10	EA	BO	PO	EA	5	MG	10	11/10/2005	12/31/2015	
PREDNISONE 50 MG	3	EA	BO	PO	EA	5	MG	10	02/16/2006	12/31/2015	
PREDNISONE (USP) 50 MG	50	EA	BO	PO	EA	5	MG	10	05/16/2006	12/31/2015	
PREDNISONE (USP) 50 MG	60	EA	BO	PO	EA	5	MG	10	02/06/2007	12/31/2015	
DEXAMETHASONE 0.75 MG	30	EA	BO	PO	EA	0.25	MG	3	01/01/2006	99/99/9999	
IMURAN 50 MG	30	EA	BO	PO	EA	50	MG	1	01/01/2002	02/03/2016	
IMURAN 50 MG	20	EA	BO	PO	EA	50	MG	1	01/01/2002	99/99/9999	
IMURAN 50 MG	50	EA	BO	PO	EA	50	MG	1	01/01/2002	02/03/2016	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
54868-0923-01		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
54868-0954-00		J7510		12/16/2003	99/99/9999	PREDNISOLONE ORAL, PER 5 MG
54868-1050-00		Q0163		01/01/2002	02/03/2016	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-1050-01		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-1050-03		Q0163		01/01/2002	02/03/2016	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-1050-04		Q0163		01/01/2002	02/03/2016	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-1050-05		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-1050-06		Q0163		04/15/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
DELTASONE 5 MG	30	EA	BO	PO	EA	5	MG	1	01/01/2002	12/31/2015	
ORAPRED (DYE-FREE,GRAPE) 15 MG/5 ML	237	ML	BO	PO	ML	5	MG	0.6	12/16/2003	99/99/9999	
DIPHENHYDRAMINE HCL 50 MG	20	EA	BO	PO	EA	50	MG	1	01/01/2002	02/03/2016	
DIPHENHYDRAMINE HCL 50 MG	30	EA	BO	PO	EA	50	MG	1	01/01/2002	99/99/9999	
DIPHENHYDRAMINE HCL 50 MG	1000	EA	BO	PO	EA	50	MG	1	01/01/2002	02/03/2016	
DIPHENHYDRAMINE HCL 50 MG	40	EA	BO	PO	EA	50	MG	1	01/01/2002	02/03/2016	
DIPHENHYDRAMINE HCL 50 MG	100	EA	BO	PO	EA	50	MG	1	01/01/2002	99/99/9999	
DIPHENHYDRAMINE HCL 50 MG	15	EA	NA	PO	EA	50	MG	1	04/15/2002	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
54868-1082-00		Q0165		01/01/2002	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-1082-01		Q0165		01/29/2004	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-1082-02		Q0165		06/03/2005	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-1082-03		Q0165		08/24/2007	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-1082-04		Q0165		02/10/2005	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-1082-05		Q0165		06/09/2005	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-1082-06		Q0165		04/16/2007	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PROCHLORPERAZINE MALEATE 10 MG	15	EA	BO	PO	EA	10	MG	1	01/01/2002	12/31/2013	
PROCHLORPERAZINE MALEATE 10 MG	10	EA	BO	PO	EA	10	MG	1	01/29/2004	12/31/2013	
PROCHLORPERAZINE MALEATE 10 MG	20	EA	BO	PO	EA	10	MG	1	06/03/2005	12/31/2013	
PROCHLORPERAZINE MALEATE 10 MG	100	EA	BO	PO	EA	10	MG	1	08/24/2007	12/31/2013	
PROCHLORPERAZINE MALEATE 10 MG	30	EA	BO	PO	EA	10	MG	1	02/10/2005	12/31/2013	
PROCHLORPERAZINE MALEATE 10 MG	60	EA	BO	PO	EA	10	MG	1	06/09/2005	12/31/2013	
PROCHLORPERAZINE MALEATE 10 MG	90	EA	BO	PO	EA	10	MG	1	04/16/2007	12/31/2013	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
54868-1119-01		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
54868-1119-02		J7506		12/09/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
54868-1119-03		J7506		12/09/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
54868-1119-04		J7506		06/01/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG
54868-1119-05		J7506		10/05/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG
54868-1126-00		J8999		08/11/2003	02/03/2016	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
54868-1126-01		J8999		11/22/2005	02/03/2016	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
54868-1126-02		J8999		11/22/2005	02/03/2016	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
54868-1126-03		J8999		11/22/2005	02/03/2016	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
54868-1126-04		J8999		05/23/2006	02/03/2016	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
54868-1126-05		J8999		10/17/2006	02/03/2016	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
54868-1183-00		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
54868-1183-01		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
54868-1183-02		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
54868-1183-03		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
54868-1183-07		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
54868-1183-08		J7506		08/19/2003	12/31/2015	PREDNISONE, ORAL, PER 5MG
54868-1183-09		J7506		08/15/2005	12/31/2015	PREDNISONE, ORAL, PER 5MG
54868-1227-00		Q0163		02/23/2006	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PREDNISONE 1 MG	100	EA	BO	PO	EA	5	MG	0.2	01/01/2002	12/31/2015	
PREDNISONE 1 MG	90	EA	BO	PO	EA	5	MG	0.2	12/09/2002	12/31/2015	
PREDNISONE 1 MG	30	EA	BO	PO	EA	5	MG	0.2	12/09/2002	12/31/2015	
PREDNISONE 1 MG	15	EA	BO	PO	EA	5	MG	0.2	06/01/2004	12/31/2015	
PREDNISONE 1 MG	60	EA	BO	PO	EA	5	MG	0.2	10/05/2004	12/31/2015	
LEUKERAN 2 MG	50	EA	BO	PO	EA	1	EA	1	08/11/2003	02/03/2016	
LEUKERAN 2 MG	30	EA	BO	PO	EA	1	EA	1	11/22/2005	02/03/2016	
LEUKERAN 2 MG	10	EA	BO	PO	EA	1	EA	1	11/22/2005	02/03/2016	
LEUKERAN 2 MG	25	EA	BO	PO	EA	1	EA	1	11/22/2005	02/03/2016	
LEUKERAN 2 MG	5	EA	BO	PO	EA	1	EA	1	05/23/2006	02/03/2016	
LEUKERAN 2 MG	100	EA	BO	PO	EA	1	EA	1	10/17/2006	02/03/2016	
PREDNISONE 20 MG	100	EA	BO	PO	EA	5	MG	4	01/01/2002	12/31/2015	
PREDNISONE 20 MG	15	EA	BO	PO	EA	5	MG	4	01/01/2002	12/31/2015	
PREDNISONE 20 MG	60	EA	BO	PO	EA	5	MG	4	01/01/2002	12/31/2015	
PREDNISONE 20 MG	30	EA	BO	PO	EA	5	MG	4	01/01/2002	12/31/2015	
PREDNISONE 20 MG	20	EA	BO	PO	EA	5	MG	4	01/01/2002	12/31/2015	
PREDNISONE 20 MG	10	EA	BO	PO	EA	5	MG	4	08/19/2003	12/31/2015	
PREDNISONE 20 MG	25	EA	BO	PO	EA	5	MG	4	08/15/2005	12/31/2015	
DIPHENHYDRAMINE (AF) 12.5 MG/5 ML	473	ML	BO	PO	ML	50	MG	0.05	02/23/2006	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
54868-1227-02		Q0163		10/22/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-1323-00		Q0170		01/01/2002	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-1323-01		Q0170		01/01/2002	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-1323-02		Q0170		01/01/2002	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-1323-04		Q0170		01/01/2002	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-1323-05		Q0170		01/01/2002	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-1323-06		Q0170		01/01/2002	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
GENAHIST (AF,SF,CHERRY) 12.5 MG/5 ML	120	ML	BO	PO	ML	50	MG	0.05	10/22/2002	99/99/9999	
PROMETHAZINE HCL 25 MG	100	EA	BO	PO	EA	25	MG	1	01/01/2002	12/31/2013	
PROMETHAZINE HCL 25 MG	10	EA	BO	PO	EA	25	MG	1	01/01/2002	12/31/2013	
PROMETHAZINE HCL 25 MG	12	EA	BO	PO	EA	25	MG	1	07/02/2003	12/31/2013	01/01/2002
PROMETHAZINE HCL 25 MG	15	EA	BO	PO	EA	25	MG	1	01/01/2002	12/31/2013	
PROMETHAZINE HCL 25 MG	20	EA	BO	PO	EA	25	MG	1	01/01/2002	12/31/2013	
PROMETHAZINE HCL 25 MG	30	EA	BO	PO	EA	25	MG	1	01/01/2002	12/31/2013	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
04/15/2002	1			

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
54868-1323-07		Q0170		06/15/2005	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-1323-08		Q0170		09/21/2005	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-1366-00		J8999		04/06/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
54868-1367-00		J8999		08/08/2003	02/03/2016	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
54868-1429-01		J1815		01/01/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS
54868-1613-02		J8498		09/11/2006	10/17/2016	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED
54868-1629-00		J8999		10/03/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
54868-1629-01		J8999		10/03/2005	02/03/2016	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
54868-1629-02		J8999		07/06/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
54868-1720-00		J7510		01/01/2002	99/99/9999	PREDNISOLONE ORAL, PER 5 MG
54868-1729-00		J1000		01/01/2002	99/99/9999	INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG
54868-1744-00		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG
54868-1795-00		J2001		01/01/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG
54868-1798-01		J2001		01/01/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG
54868-1854-04		Q0178		01/01/2002	12/31/2013	HYDROXYZINE PAMOATE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PROMETHAZINE HCL 25 MG	60	EA	BO	PO	EA	25	MG	1	06/15/2005	12/31/2013	
PROMETHAZINE HCL 25 MG	50	EA	BO	PO	EA	25	MG	1	09/21/2005	12/31/2013	
MATULANE 50 MG	100	EA	BO	PO	EA	1	EA	1	04/06/2006	99/99/9999	
HYDREA 500 MG	100	EA	BO	PO	EA	1	EA	1	08/08/2003	02/03/2016	
HUMULIN N 100 U/ML	10	ML	VL	SC	ML	5	U	20	01/01/2003	99/99/9999	
PROMETHAZINE (USP) 50 MG	6	EA	BX	RC	EA	1	EA	1	09/11/2006	10/17/2016	
MEGESTROL ACETATE 40 MG	100	EA	BO	PO	EA	1	EA	1	10/03/2005	99/99/9999	
MEGESTROL ACETATE 40 MG	14	EA	BO	PO	EA	1	EA	1	10/03/2005	02/03/2016	
MEGESTROL ACETATE 40 MG	30	EA	BO	PO	EA	1	EA	1	07/06/2007	99/99/9999	
PEDIAPRED 5 MG/5 ML	120	ML	BO	PO	ML	5	MG	0.2	01/01/2002	99/99/9999	
DEPO-ESTRADIOL (VIAL) 5 MG/ML	5	ML	VL	IM	ML	5	MG	1	01/01/2002	99/99/9999	
DEXAMETHASONE 1.5 MG	100	EA	BO	PO	EA	0.25	MG	6	01/01/2006	99/99/9999	
XYLOCAINE (M.D.V.) 1%	50	ML	VL	EP	ML	10	MG	1	01/01/2004	99/99/9999	
XYLOCAINE (M.D.V.) 2%	10	ML	VL	IJ	ML	10	MG	2	01/01/2004	99/99/9999	
HYDROXYZINE PAMOATE 50 MG	500	EA	BO	PO	EA	50	MG	1	01/01/2002	12/31/2013	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
54868-1867-00		Q0170		01/01/2002	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-1932-00		J8498		01/01/2006	02/03/2016	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED
54868-1932-01		J8498		01/01/2006	02/03/2016	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED
54868-1932-02		J8498		01/01/2006	02/03/2016	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED
54868-1963-00		Q0174		02/11/2003	02/03/2016	THIETHYLPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-1963-01		Q0174		02/11/2003	02/03/2016	THIETHYLPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-2048-00		J1200		01/01/2002	02/03/2016	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG
54868-2048-01		J1200		01/01/2002	02/03/2016	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG
54868-2062-00		J2310		01/01/2002	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG
54868-2064-00		J2001		01/01/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG
54868-2064-01		J2001		06/23/2006	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG
54868-2088-00		J2550		09/29/2005	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG
54868-2184-00		J8499		01/01/2002	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
54868-2184-02		J8499		01/01/2002	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
54868-2184-03		J8499		01/01/2002	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PROMETHAZINE HCL 6.25 MG/5 ML	120	ML	BO	PO	ML	25	MG	0.05	01/01/2002	12/31/2013	
PHENERGAN 12.5 MG	12	EA	BX	RC	EA	1	EA	1	01/01/2006	02/03/2016	
PHENERGAN 12.5 MG	1	EA	BX	RC	EA	1	EA	1	01/01/2006	02/03/2016	
PHENERGAN 12.5 MG	6	EA	BX	RC	EA	1	EA	1	01/01/2006	02/03/2016	
TORECAN 10 MG	15	EA	BO	PO	EA	10	MG	1	02/11/2003	02/03/2016	
TORECAN 10 MG	10	EA	BO	PO	EA	10	MG	1	02/11/2003	02/03/2016	
DIPHENHYDRAMINE HCL (VIAL) 50 MG/ML	1	ML	VL	IJ	ML	50	MG	1	01/01/2002	02/03/2016	
DIPHENHYDRAMINE HCL (VIAL) 50 MG/ML	1	ML	VL	IJ	ML	50	MG	1	01/01/2002	02/03/2016	
NALOXONE HCL (AMP) 0.4 MG/ML	1	ML	AM	IJ	ML	1	MG	0.4	01/01/2002	99/99/9999	
LIDOCAINE HCL (M.D.V.) 2%	50	ML	VL	IJ	ML	10	MG	2	01/01/2004	99/99/9999	
LIDOCAINE HCL 2%	1250	ML	VL	IJ	ML	10	MG	2	06/23/2006	99/99/9999	
PROMETHAZINE HCL 50 MG/ML	25	ML	AM	IJ	ML	50	MG	1	09/29/2005	99/99/9999	
ZOVIRAX 800 MG	100	EA	BO	PO	EA	1	EA	1	01/01/2002	02/03/2016	
ZOVIRAX 800 MG	30	EA	BO	PO	EA	1	EA	1	01/01/2002	02/03/2016	
ZOVIRAX 800 MG	25	EA	BO	PO	EA	1	EA	1	01/01/2002	02/03/2016	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
54868-2184-04		J8499		01/01/2002	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
54868-2219-00		J3490		01/01/2002	02/03/2016	UNCLASSIFIED DRUGS
54868-2219-01		J3490		01/01/2002	02/03/2016	UNCLASSIFIED DRUGS
54868-2299-00		J1940		09/29/2005	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG
54868-2302-00		Q0172		01/01/2002	12/31/2013	CHLORPROMAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-2302-02		Q0172		01/01/2002	12/31/2013	CHLORPROMAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-2320-01		J3360		01/01/2002	02/03/2016	INJECTION, DIAZEPAM, UP TO 5 MG
54868-2320-02		J3360		01/01/2002	02/03/2016	INJECTION, DIAZEPAM, UP TO 5 MG
54868-2347-00		Q0172		01/01/2002	12/31/2013	CHLORPROMAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-2380-01		J1815		07/16/2007	02/03/2016	INJECTION, INSULIN, PER 5 UNITS
54868-2429-01		J0515		01/01/2002	99/99/9999	INJECTION, BENZTROPINE MESYLATE, PER 1 MG
54868-2464-00		Q0172		01/01/2002	12/31/2013	CHLORPROMAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
ZOVIRAX 800 MG	50	EA	BO	PO	EA	1	EA	1	01/01/2002	02/03/2016	
RECOMBIVAX HB (3 DOSE VIAL,TAX INCL) 10 MCG/ML	3	ML	VL	IM	ML	1	EA	1	01/01/2002	02/03/2016	
RECOMBIVAX HB (S.D.V.,TAX INCL) 10 MCG/ML	1	ML	VL	IM	ML	1	EA	1	01/01/2002	02/03/2016	
FUROSEMIDE (ABBOJECT) 10 MG/ML	250	ML	VL	IJ	ML	20	MG	0.5	09/29/2005	99/99/9999	
CHLORPROMAZINE HCL 50 MG	10	EA	BO	PO	EA	25	MG	2	01/01/2002	12/31/2013	
CHLORPROMAZINE HCL 50 MG	100	EA	BO	PO	EA	25	MG	2	01/01/2002	12/31/2013	
DIAZEPAM 5 MG/ML	2	ML	SR	IJ	ML	5	MG	1	01/01/2002	02/03/2016	
DIAZEPAM (AMP) 5 MG/ML	2	ML	AM	IJ	ML	5	MG	1	01/01/2002	02/03/2016	
CHLORPROMAZINE HCL 100 MG	100	EA	BO	PO	EA	25	MG	4	01/01/2002	12/31/2013	
NOVOLIN N 100 U/ML	10	ML	VL	SC	ML	5	U	20	07/16/2007	02/03/2016	
COGENTIN (AMP) 1 MG/ML	2	ML	AM	IJ	ML	1	MG	1	01/01/2002	99/99/9999	
CHLORPROMAZINE HCL 25 MG	30	EA	BO	PO	EA	25	MG	1	01/01/2002	12/31/2013	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
54868-2464-02		Q0172		08/08/2007	12/31/2013	CHLORPROMAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-2472-00		J7613		04/01/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
54868-2472-00	KO	J7613	KO	04/01/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
54868-2472-01		J7611		04/01/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG
54868-2489-01		J3411		01/01/2004	99/99/9999	INJECTION, THIAMINE HCL, 100 MG
54868-2522-00		J1440		01/01/2002	12/31/2013	INJECTION, FILGRASTIM (G-CSF), 300 MCG
54868-2523-00		J0885		01/01/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS
54868-2523-01		J0885		01/01/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS
54868-2526-00		J1642		01/01/2002	06/30/2015	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS
54868-2527-00		A4216		06/28/2007	02/03/2016	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
54868-2528-00		J2545		01/01/2007	02/03/2016	PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MG
54868-2530-00		J3070		01/01/2002	02/03/2016	INJECTION, PENTAZOCINE, 30 MG
54868-2652-00		J3030		01/01/2002	02/03/2016	INJECTION, SUMATRIPTAN SUCCINATE, 6 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)
54868-2684-01		Q0171		02/01/2007	12/31/2013	CHLORPROMAZINE HYDROCHLORIDE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
CHLORPROMAZINE HCL 25 MG	60	EA	NA	PO	EA	25	MG	1	08/08/2007	12/31/2013	
ALBUTEROL SULFATE 0.083%	3	ML	PC	IH	ML	1	MG	0.83	04/01/2008	99/99/9999	
ALBUTEROL SULFATE 0.083%	3	ML	PC	IH	ML	1	MG	0.83	04/01/2008	99/99/9999	
ALBUTEROL SULFATE 0.5%	3	ML	PC	IH	ML	1	MG	5	04/01/2008	99/99/9999	
THIAMINE HCL 100 MG/ML	2	ML	VL	IJ	ML	100	MG	1	01/01/2004	99/99/9999	
NEUPOGEN (S.D.V.,PF) 300 MCG/ML	1	ML	VL	IJ	ML	300	MCG	1	01/01/2002	12/31/2013	
PROCRIT (S.D.V.) 10000 U/ML	1	ML	VL	IJ	ML	1000	U	10	01/01/2006	99/99/9999	
PROCRIT (S.D.V.) 10000 U/ML	1	ML	VL	IJ	ML	1000	U	10	01/01/2006	99/99/9999	
HEP-LOCK (VIAL,DOSETTE) 100 U/ML	1	ML	VL	IV	ML	10	U	10	01/01/2002	06/30/2015	
SODIUM CHLORIDE (150X5ML) 0.9%	5	ML	SR	IV	ML	10	ML	0.1	06/28/2007	02/03/2016	
NEBUPENT (S.D.V.,PF) 300 MG	1	EA	VL	IH	EA	300	MG	1	01/01/2007	02/03/2016	
TALWIN LACTATE (VIAL) 30 MG/ML	10	ML	VL	IJ	ML	30	MG	1	01/01/2002	02/03/2016	
IMITREX (S.D.V.) 6 MG/0.5 ML	0.5	ML	VL	SC	ML	6	MG	2	01/01/2002	02/03/2016	
CHLORPROMAZINE 10 MG	30	EA	BO	PO	EA	10	MG	1	02/01/2007	12/31/2013	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
54868-2686-00		Q0175		01/01/2002	02/03/2016	PERPHENAZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-2687-01		Q0176		01/01/2002	12/31/2013	PERPHENAZINE, 8MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
67457-0372-99		J1644		05/25/2018	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS
54868-2687-02		Q0176		06/12/2007	12/31/2013	PERPHENAZINE, 8MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-2746-00		J1815		01/01/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS
54868-2777-00		J1817		05/07/2007	02/03/2016	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS
54868-2825-00		J1950		03/10/2003	02/03/2016	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG
54868-2844-00		Q0170		01/01/2002	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-2844-01		Q0170		04/21/2008	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-2889-00		J1631		01/01/2002	02/03/2016	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PERPHENAZINE 4 MG	30	EA	BO	PO	EA	4	MG	1	01/01/2002	02/03/2016	
PERPHENAZINE 8 MG	100	EA	BO	PO	EA	8	MG	1	01/01/2002	12/31/2013	
HEPARIN SODIUM (MDV,25X1ML) 1000 U/1 ML	1	ML	VL	IJ	ML	1000	U	1	05/25/2018	99/99/9999	
PERPHENAZINE 8 MG	60	EA	BO	PO	EA	8	MG	1	06/12/2007	12/31/2013	
HUMULIN 70/30 (VIAL) 70 U/ML-30 U/ML	10	ML	VL	SC	ML	5	U	20	01/01/2003	99/99/9999	
NOVOLOG 100 U/ML	10	ML	VL	SC	ML	50	U	2	05/07/2007	02/03/2016	
LUPRON DEPOT 3.75 MG	1	EA	BX	IM	EA	3.75	MG	1	03/10/2003	02/03/2016	
PROMETHAZINE HCL 50 MG	60	EA	BO	PO	EA	25	MG	2	01/01/2002	12/31/2013	
PROMETHAZINE HCL 50 MG	30	EA	BO	PO	EA	25	MG	2	04/21/2008	12/31/2013	
HALDOL DECANOATE (AMP) 50 MG/ML	1	ML	AM	IM	ML	50	MG	1	01/01/2002	02/03/2016	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
54868-2889-01		J1631		01/01/2002	02/03/2016	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG
54868-2892-00		Q0177		01/01/2002	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-2892-03		Q0177		09/19/2005	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-2892-04		Q0177		10/11/2005	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-2913-00		J7509		01/01/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG
54868-2913-01		J7509		01/01/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG
54868-2913-02		J7509		07/29/2003	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG
54868-3004-01		J8999		01/01/2002	02/03/2016	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
54868-3004-02		J8999		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
54868-3004-03		J8999		02/02/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
54868-3004-04		J8999		04/10/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
54868-3004-05		J8999		04/13/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
54868-3025-00		J8499		01/01/2002	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
54868-3050-00		J1441		08/14/2006	12/31/2013	INJECTION, FILGRASTIM (G-CSF), 480 MCG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
HALDOL DECANOATE (AMP) 50 MG/ML	1	ML	AM	IM	ML	50	MG	1	01/01/2002	02/03/2016	
HYDROXYZINE PAMOATE 25 MG	100	EA	BO	PO	EA	25	MG	1	01/01/2002	99/99/9999	
HYDROXYZINE PAMOATE 25 MG	30	EA	BO	PO	EA	25	MG	1	09/19/2005	99/99/9999	
HYDROXYZINE PAMOATE 25 MG	15	EA	BO	PO	EA	25	MG	1	10/11/2005	99/99/9999	
METHYLPREDNISOLONE 4 MG	100	EA	BO	PO	EA	4	MG	1	01/01/2002	99/99/9999	
METHYLPREDNISOLONE 4 MG	30	EA	BO	PO	EA	4	MG	1	01/01/2002	99/99/9999	
METHYLPREDNISOLONE 4 MG	60	EA	BO	PO	EA	4	MG	1	07/29/2003	99/99/9999	
TAMOXIFEN CITRATE 10 MG	120	EA	BO	PO	EA	1	EA	1	01/01/2002	02/03/2016	
TAMOXIFEN CITRATE 10 MG	60	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999	
TAMOXIFEN CITRATE (USP) 10 MG	180	EA	BO	PO	EA	1	EA	1	02/02/2006	99/99/9999	
TAMOXIFEN CITRATE (USP) 10 MG	100	EA	BO	PO	EA	1	EA	1	04/10/2006	99/99/9999	
TAMOXIFEN CITRATE (USP) 10 MG	30	EA	BO	PO	EA	1	EA	1	04/13/2006	99/99/9999	
ZOVIRAX 400 MG	15	EA	BO	PO	EA	1	EA	1	01/01/2002	02/03/2016	
NEUPOGEN 480 MCG/0.8 ML	10	ML	SR	IJ	ML	480	MCG	1.25	08/14/2006	12/31/2013	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
54868-3084-00		Q0167		01/01/2002	99/99/9999	DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-3084-01		Q0167		02/11/2004	99/99/9999	DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-3084-02		Q0167		01/27/2006	02/03/2016	DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-3089-00		J7799		12/11/2006	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
54868-3089-01		J7799		12/05/2007	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
54868-3099-01		J8999		01/01/2002	02/03/2016	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
54868-3112-00		J8498		01/01/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED
54868-3112-01		J8498		01/01/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED
54868-3134-00		J3490		01/01/2002	02/03/2016	UNCLASSIFIED DRUGS
54868-3134-01		J3490		02/02/2007	99/99/9999	UNCLASSIFIED DRUGS
54868-3157-00		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG
54868-3157-01		J8540		05/10/2007	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG
54868-3181-00		J3030		01/01/2002	02/03/2016	INJECTION, SUMATRIPTAN SUCCINATE, 6 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)
54868-3188-00		J2820		05/23/2006	02/03/2016	INJECTION, SARGRAMOSTIM (GM-CSF), 50 MCG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
MARINOL (SOFTGEL) 2.5 MG	60	EA	BO	PO	EA	2.5	MG	1	01/01/2002	99/99/9999	
MARINOL 2.5 MG	30	EA	BO	PO	EA	2.5	MG	1	02/11/2004	99/99/9999	
MARINOL (SOFTGEL) 2.5 MG	90	EA	BO	PO	EA	2.5	MG	1	01/27/2006	02/03/2016	
DEXTROSE (10X50ML) 50%	50	ML	SR	IV	ML	1	EA	1	12/11/2006	99/99/9999	
DEXTROSE (1X1250ML) 50%	1250	ML	GC	IV	ML	1	EA	1	12/05/2007	99/99/9999	
MEGACE 40 MG/ML	240	ML	BO	PO	ML	1	EA	1	01/01/2002	02/03/2016	
PROCHLORPERAZINE 25 MG	12	EA	BX	RC	EA	1	EA	1	01/01/2006	99/99/9999	
PROCHLORPERAZINE 25 MG	6	EA	BX	RC	EA	1	EA	1	01/01/2006	99/99/9999	
MARCAINE HCL (S.D.V.) 0.5%	30	ML	VL	IJ	ML	1	EA	1	01/01/2002	02/03/2016	
MARCAINE HCL 0.5%	50	ML	VL	IJ	ML	1	EA	1	02/02/2007	99/99/9999	
DEXAMETHASONE 2 MG	10	EA	BO	PO	EA	0.25	MG	8	01/01/2006	99/99/9999	
DEXAMETHASONE (USP,GLUTEN-FREE) 2 MG	48	EA	BO	PO	EA	0.25	MG	8	05/10/2007	99/99/9999	
IMITREX (SRN) 6 MG/0.5 ML	2	ML	BX	SC	ML	6	MG	2	01/01/2002	02/03/2016	
LEUKINE 500 MCG/ML	5	ML	VL	IV	ML	50	MCG	10	05/23/2006	02/03/2016	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
67457-0373-99		J1644		06/14/2018	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS
54868-3189-00		Q0168		06/07/2005	12/31/2013	DRONABINOL, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-3189-01		Q0168		01/30/2006	12/31/2013	DRONABINOL, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-3189-02		Q0168		02/07/2006	12/31/2013	DRONABINOL, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-3189-03		Q0168		06/06/2006	12/31/2013	DRONABINOL, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-3220-00		J7510		01/01/2002	02/03/2016	PREDNISOLONE ORAL, PER 5 MG
54868-3221-00		J0696		01/01/2002	01/31/2014	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
54868-3221-01		J0696		01/01/2002	01/31/2014	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
54868-3230-01		J2175		01/01/2002	02/03/2016	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG
54868-3236-00		J3490		01/02/2003	02/03/2016	UNCLASSIFIED DRUGS
54868-3244-00		Q0144		06/08/2004	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
54868-3277-00		J1950		01/01/2002	10/17/2016	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG
54868-3341-00		J9214		07/02/2003	02/03/2016	INJECTION, INTERFERON, ALFA-2B, RECOMBINANT, 1 MILLION UNITS

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
HEPARIN SODIUM (MDV,25X1ML,LATEX-FREE) 20000 U/1 ML	1	ML	VL	IJ	ML	1000	U	20	06/14/2018	99/99/9999	
MARINOL (SOFTGEL) 5 MG	25	EA	BO	PO	EA	5	MG	1	06/07/2005	12/31/2013	
MARINOL 5 MG	100	EA	BO	PO	EA	5	MG	1	01/30/2006	12/31/2013	
MARINOL 5 MG	60	EA	BO	PO	EA	5	MG	1	02/07/2006	12/31/2013	
MARINOL 5 MG	15	EA	NA	PO	EA	5	MG	1	06/06/2006	12/31/2013	
PRELONE (CHERRY) 15 MG/5 ML	240	ML	BO	PO	ML	5	MG	0.6	01/01/2002	02/03/2016	
ROCEPHIN (S.D.V.) 500 MG	1	EA	VL	IJ	EA	250	MG	2	01/01/2002	01/31/2014	
ROCEPHIN (S.D.V.) 500 MG	1	EA	VL	IJ	EA	250	MG	2	01/01/2002	01/31/2014	
DEMEROL HYDROCHLORIDE (UNI-AMP) 50 MG/ML	25	ML	AM	IJ	ML	100	MG	0.5	01/01/2002	02/03/2016	
ENGERIX-B PEDIATRIC 10 MCG/0.5 ML	0.5	ML	VL	IM	ML	1	EA	1	01/02/2003	02/03/2016	
ZITHROMAX TRI-PAK 500 MG	3	EA	DP	PO	EA	1	GM	0.5	06/08/2004	99/99/9999	
LUPRON DEPOT (S.D.V.) 3.75 MG	1	EA	BX	IM	EA	3.75	MG	1	01/01/2002	10/17/2016	
INTRON A 50 Million IU	1	EA	VL	IJ	EA	1	MU	50	07/02/2003	02/03/2016	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
54868-3344-00		J3303		01/01/2002	02/03/2016	INJECTION, TRIAMCINOLONE HEXACETONIDE, PER 5MG
54868-3348-01		J1051		01/01/2003	12/31/2012	INJECTION, MEDROXYPROGESTERONE ACETATE, 50 MG
54868-3392-00		J2001		01/01/2004	02/03/2016	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG
54868-3407-00		J7611		04/01/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG
54868-3429-00		J0698		01/01/2002	02/03/2016	INJECTION, CEFOTAXIME SODIUM, PER GM
54868-3429-01		J0698		01/01/2002	02/03/2016	INJECTION, CEFOTAXIME SODIUM, PER GM
54868-3437-00		J3490		02/02/2007	99/99/9999	UNCLASSIFIED DRUGS
54868-3471-00		J2300		01/01/2002	06/30/2015	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG
54868-3474-00		J1815		01/01/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS
54868-3481-00		J0290		01/01/2002	02/03/2016	INJECTION, AMPICILLIN SODIUM, 500 MG
54868-3555-00		J7631		03/24/2003	02/03/2016	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS
54868-3555-00	KO	J7631	KO	03/24/2003	02/03/2016	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS
54868-3566-00		J2060		01/01/2002	99/99/9999	INJECTION, LORAZEPAM, 2 MG
54868-3566-01		J2060		01/01/2002	99/99/9999	INJECTION, LORAZEPAM, 2 MG
54868-3566-02		J2060		01/10/2007	99/99/9999	INJECTION, LORAZEPAM, 2 MG
54868-3598-00		J1815		06/30/2005	02/03/2016	INJECTION, INSULIN, PER 5 UNITS
54868-3608-00		J2300		01/01/2002	99/99/9999	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG
54868-3608-01		J2300		05/24/2007	02/03/2016	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG
54868-3609-00		J2300		01/01/2002	06/30/2015	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG
67457-0383-99		J1644		06/14/2018	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
ARISTOSPAN (M.D.V.) 20 MG/ML	1	ML	VL	IJ	ML	5	MG	4	01/01/2002	02/03/2016	
DEPO-PROVERA (VIAL) 400 MG/ML	2.5	ML	VL	IM	ML	50	MG	8	01/01/2003	12/31/2012	
XYLOCAINE (VIAL) 0.5%	50	ML	VL	IJ	ML	10	MG	0.5	01/01/2004	02/03/2016	
ALBUTEROL SULFATE 0.5%	20	ML	BO	IH	ML	1	MG	5	04/01/2008	99/99/9999	
CLAFORAN (VIAL) 1 GM	1	EA	VL	IJ	EA	1	GM	1	01/01/2002	02/03/2016	
CLAFORAN (VIAL) 1 GM	1	EA	VL	IJ	EA	1	GM	1	01/01/2002	02/03/2016	
MARCAINE 0.25%	50	ML	VL	IJ	ML	1	EA	1	02/02/2007	99/99/9999	
NUBAIN (M.D.V.) 10 MG/ML	10	ML	VL	IJ	ML	10	MG	1	01/01/2002	06/30/2015	
NOVOLIN 70/30 (VIAL) 70 U/ML-30 U/ML	10	ML	VL	SC	ML	5	U	20	01/01/2003	99/99/9999	
AMPICILLIN SODIUM 1 GM	1	EA	VL	IJ	EA	500	MG	2	01/01/2002	02/03/2016	
CROMOLYN SODIUM 10 MG/ML	2	ML	PC	IH	ML	10	MG	1	03/24/2003	02/03/2016	
CROMOLYN SODIUM 10 MG/ML	2	ML	PC	IH	ML	10	MG	1	03/24/2003	02/03/2016	
LORAZEPAM (M.D.V.) 2 MG/ML	10	ML	VL	IJ	ML	2	MG	1	01/01/2002	99/99/9999	
LORAZEPAM (M.D.V.) 2 MG/ML	1	ML	VL	IJ	ML	2	MG	1	01/01/2002	99/99/9999	
LORAZEPAM 2 MG/ML	25	ML	VL	IJ	ML	2	MG	1	01/10/2007	99/99/9999	
NOVOLIN R 100 U/ML	10	ML	VL	IJ	ML	5	U	20	06/30/2005	02/03/2016	
NALBUPHINE HCL 10 MG/ML	1	ML	AM	IJ	ML	10	MG	1	01/01/2002	99/99/9999	
NALBUPHINE HCL (10X1ML) 10 MG/ML	1	ML	AM	IJ	ML	10	MG	1	05/24/2007	02/03/2016	
NUBAIN (M.D.V.) 20 MG/ML	10	ML	AM	IJ	ML	10	MG	2	01/01/2002	06/30/2015	
HEPARIN SODIUM (MDV,25X1ML) 5000 U/1 ML	10	ML	VL	IJ	ML	1000	U	5	06/14/2018	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
54868-3613-00		J1055		01/01/2002	12/31/2012	INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG
54868-3615-00		J1642		01/01/2002	06/30/2015	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS
54868-3618-00		J1080		01/01/2002	12/31/2014	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG
54868-3618-01		J1080		08/10/2007	12/31/2014	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG
54868-3619-00		J1815		01/01/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS
54868-3623-00		J2930		01/01/2002	02/03/2016	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG
54868-3637-00		J2930		01/01/2002	02/03/2016	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG
54868-3637-01		J2930		01/01/2002	02/03/2016	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG
54868-3644-00		J1200		01/01/2002	02/03/2016	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG
54868-3645-00		J1940		01/01/2002	02/03/2016	INJECTION, FUROSEMIDE, UP TO 20 MG
54868-3648-00		Q0144		11/16/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
54868-3686-00		J2300		01/01/2002	06/30/2015	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG
54868-3686-01		J2300		01/01/2002	06/30/2015	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG
54868-3694-00		J3490		01/01/2002	02/03/2016	UNCLASSIFIED DRUGS
54868-3695-00		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS
54868-3703-00		J7799		01/01/2002	02/03/2016	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
54868-3738-00		J3010		01/01/2002	02/03/2016	INJECTION, FENTANYL CITRATE, 0.1 MG
54868-3738-01		J3010		01/01/2002	02/03/2016	INJECTION, FENTANYL CITRATE, 0.1 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
DEPO-PROVERA CONTRACEPTIVE (SRN,PREFILLED) 150 MG/ML	1	ML	VL	IM	ML	150	MG	1	01/01/2002	12/31/2012	
HEP-LOCK U/P (VIAL,DOSETTE,PF) 100 U/ML	1	ML	VL	IV	ML	10	U	10	01/01/2002	06/30/2015	
TESTOSTERONE CYPIONATE (M.D.V.) 200 MG/ML	10	ML	VL	IM	ML	200	MG	1	04/14/2005	12/31/2014	01/01/2002
TESTOSTERONE CYPIONATE 200 MG/ML	1	ML	VL	IM	ML	200	MG	1	08/10/2007	12/31/2014	
HUMULIN R 100 U/ML	10	ML	VL	IJ	ML	5	U	20	01/01/2003	99/99/9999	
SOLU-MEDROL (W/DILUENT) 500 MG	1	EA	VL	IJ	EA	125	MG	4	01/01/2002	02/03/2016	
SOLU-MEDROL (ACT-O-VIAL) 125 MG	1	EA	VL	IJ	EA	125	MG	1	01/01/2002	02/03/2016	
SOLU-MEDROL (ACT-O-VIAL) 125 MG	1	EA	VL	IJ	EA	125	MG	1	01/01/2002	02/03/2016	
DIPHENHYDRAMINE HCL (M.D.V.) 10 MG/ML	30	ML	VL	IJ	ML	50	MG	0.2	01/01/2002	02/03/2016	
FUROSEMIDE (CARPUJECT) 10 MG/ML	2	ML	SR	IJ	ML	20	MG	0.5	01/01/2002	02/03/2016	
AZITHROMYCIN (TRI-PACK) 500 MG	3	EA	DP	PO	EA	1	GM	0.5	11/16/2005	99/99/9999	
NUBAIN (AMP,W/O SULFITE/PARABEN) 10 MG/ML	1	ML	AM	IJ	ML	10	MG	1	01/01/2002	06/30/2015	
NUBAIN (AMP,W/O SULFITE/PARABEN) 10 MG/ML	1	ML	AM	IJ	ML	10	MG	1	01/01/2002	06/30/2015	
BREVITAL SODIUM (M.D.V.) 500 MG	1	EA	VL	IV	EA	1	EA	1	01/01/2002	02/03/2016	
CLINDAMYCIN PHOSPHATE (S.D.V.) 150 MG/ML	2	ML	VL	IJ	ML	1	EA	1	01/01/2002	99/99/9999	
DEXTROSE (18GX1-1/2") 50%	50	ML	VL	IV	ML	1	EA	1	01/01/2002	02/03/2016	
FENTANYL CITRATE (AMP) 0.05 MG/ML	2	ML	AM	IJ	ML	0.1	MG	0.5	01/01/2002	02/03/2016	
FENTANYL CITRATE (AMP) 0.05 MG/ML	2	ML	AM	IJ	ML	0.1	MG	0.5	01/01/2002	02/03/2016	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
11/08/2002	1			

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
54868-3826-01		None		12/04/2002	99/99/9999	METHOTREXATE, 2.5 MG, ORAL
54868-3826-03		None		08/25/2003	99/99/9999	METHOTREXATE, 2.5 MG, ORAL
54868-3826-04		None		08/25/2003	99/99/9999	METHOTREXATE, 2.5 MG, ORAL
54868-3826-05		None		07/20/2004	99/99/9999	METHOTREXATE, 2.5 MG, ORAL
54868-3826-06		None		11/22/2004	99/99/9999	METHOTREXATE, 2.5 MG, ORAL
54868-3826-07		None		11/04/2005	99/99/9999	METHOTREXATE, 2.5 MG, ORAL
54868-3859-01		J2560		01/01/2002	02/03/2016	INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MG
54868-3873-00		J1800		12/11/2006	99/99/9999	INJECTION, PROPRANOLOL HCL, UP TO 1 MG
54868-3889-00		J2597		01/01/2002	02/03/2016	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG
54868-3890-00		J1790		01/01/2002	02/03/2016	INJECTION, DROPERIDOL, UP TO 5 MG
54868-3894-00		J2001		01/01/2004	02/03/2016	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG
54868-3896-01		J1030		05/03/2005	02/03/2016	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG
54868-3896-02		J1030		02/02/2007	02/03/2016	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG
54868-3905-00		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML
54868-3975-00		A4216		01/01/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
54868-3979-00		J0740		04/12/2006	02/03/2016	INJECTION, CIDOFOVIR, 375 MG
67457-0602-99		J1644		05/25/2018	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS
54868-3996-00		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
54868-3996-01		J8499		01/01/2002	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
54868-3996-02		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
54868-3996-03		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
54868-3996-04		J8499		06/17/2004	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
METHOTREXATE 2.5 MG	12	EA	DP	PO	EA	2.5	MG	1	12/04/2002	99/99/9999	
METHOTREXATE SODIUM 2.5 MG	20	EA	BO	PO	EA	2.5	MG	1	08/25/2003	99/99/9999	
METHOTREXATE SODIUM 2.5 MG	28	EA	BO	PO	EA	2.5	MG	1	08/25/2003	99/99/9999	
METHOTREXATE SODIUM 2.5 MG	100	EA	BO	PO	EA	2.5	MG	1	07/20/2004	99/99/9999	
METHOTREXATE SODIUM 2.5 MG	50	EA	BO	PO	EA	2.5	MG	1	11/22/2004	99/99/9999	
METHOTREXATE 2.5 MG	30	EA	BO	PO	EA	2.5	MG	1	11/04/2005	99/99/9999	
PHENOBARBITAL SODIUM (TUBEX) 30 MG/ML	1	ML	SR	IJ	ML	120	MG	0.25	01/01/2002	02/03/2016	
PROPRANOLOL (S.D.V.,10X1ML) 1 MG/ML	1	ML	VL	IV	ML	1	MG	1	12/11/2006	99/99/9999	
DDAVP (VIAL) 4 MCG/ML	10	ML	VL	IJ	ML	1	MCG	4	01/01/2002	02/03/2016	
DROPERIDOL (AMP) 2.5 MG/ML	1	ML	AM	IJ	ML	5	MG	0.5	01/01/2002	02/03/2016	
XYLOCAINE (AMP) 2%	5	ML	AM	IJ	ML	10	MG	2	01/01/2004	02/03/2016	
DEPO-MEDROL 40 MG/ML	25	ML	VL	IJ	ML	40	MG	1	05/03/2005	02/03/2016	
DEPO-MEDROL 40 MG/ML	5	ML	VL	IJ	ML	40	MG	1	02/02/2007	02/03/2016	
WATER FOR INJECTION	6000	ML	FC	IV	ML	500	ML	0.002	01/01/2004	99/99/9999	
WATER FOR INJECTION (S.D.V.)	5	ML	VL	IV	ML	10	ML	0.1	01/01/2004	99/99/9999	
VISTIDE 75 MG/ML	5	ML	VL	IV	ML	375	MG	0.2	04/12/2006	02/03/2016	
HEPARIN SODIUM (MDV,25X1ML) 10000 U/1 ML	1	ML	VL	IJ	ML	1000	U	10	05/25/2018	99/99/9999	
ACYCLOVIR 200 MG	25	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999	
ACYCLOVIR 200 MG	40	EA	BO	PO	EA	1	EA	1	01/01/2002	02/03/2016	
ACYCLOVIR 200 MG	30	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999	
ACYCLOVIR 200 MG	50	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999	
ACYCLOVIR 200 MG	100	EA	BO	PO	EA	1	EA	1	06/17/2004	02/03/2016	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
54868-3996-05		J8499		08/06/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
54868-3997-00		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
54868-3997-01		J8499		06/12/2003	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
54868-3997-02		J8499		09/25/2003	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
54868-3997-03		J8499		10/20/2003	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
54868-3997-04		J8499		11/03/2003	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
54868-3997-05		J8499		08/01/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
54868-3998-00		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
54868-3998-01		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
54868-3998-02		J8499		03/05/2003	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
54868-3998-03		J8499		12/08/2003	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
54868-3998-04		J8499		01/28/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
54868-3998-05		J8499		06/09/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
54868-3998-06		J8499		07/06/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
54868-3998-07		J8499		07/23/2004	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
54868-3998-08		J8499		04/22/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
54868-4021-00		J2550		01/01/2002	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG
54868-4047-00		J0290		01/01/2002	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG
54868-4050-00		J2271		01/01/2002	12/31/2014	INJECTION, MORPHINE SULFATE, 100MG
54868-4076-00		Q0144		01/01/2002	02/03/2016	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
54868-4078-00		Q0144		01/01/2002	02/03/2016	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
54868-4078-01		Q0144		01/01/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
54868-4078-02		Q0144		01/01/2002	02/03/2016	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
ACYCLOVIR 200 MG	60	EA	BO	PO	EA	1	EA	1	08/06/2007	99/99/9999	
ACYCLOVIR 400 MG	30	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999	
ACYCLOVIR 400 MG	100	EA	BO	PO	EA	1	EA	1	06/12/2003	99/99/9999	
ACYCLOVIR 400 MG	20	EA	BO	PO	EA	1	EA	1	09/25/2003	99/99/9999	
ACYCLOVIR 400 MG	10	EA	BO	PO	EA	1	EA	1	10/20/2003	99/99/9999	
ACYCLOVIR 400 MG	40	EA	BO	PO	EA	1	EA	1	11/03/2003	99/99/9999	
ACYCLOVIR 400 MG	60	EA	BO	PO	EA	1	EA	1	08/01/2005	99/99/9999	
ACYCLOVIR 800 MG	30	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999	
ACYCLOVIR 800 MG	50	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999	
ACYCLOVIR 800 MG	15	EA	BO	PO	EA	1	EA	1	03/05/2003	02/03/2016	
ACYCLOVIR 800 MG	20	EA	BO	PO	EA	1	EA	1	12/08/2003	99/99/9999	
ACYCLOVIR 800 MG	40	EA	BO	PO	EA	1	EA	1	01/28/2004	99/99/9999	
ACYCLOVIR 800 MG	100	EA	BO	PO	EA	1	EA	1	06/09/2004	99/99/9999	
ACYCLOVIR 800 MG	35	EA	BO	PO	EA	1	EA	1	07/06/2004	99/99/9999	
ACYCLOVIR 800 MG	500	EA	BO	PO	EA	1	EA	1	07/23/2004	02/03/2016	
ACYCLOVIR 800 MG	60	EA	BO	PO	EA	1	EA	1	04/22/2005	99/99/9999	
PROMETHAZINE HCL (AMP) 25 MG/ML	1	ML	AM	IJ	ML	50	MG	0.5	01/01/2002	99/99/9999	
AMPICILLIN SODIUM (VIAL) 500 MG	1	EA	VL	IJ	EA	500	MG	1	01/01/2002	99/99/9999	
MORPHINE SULFATE	1	EA	JR	NA	GM	100	MG	10	01/01/2002	12/31/2014	
ZITHROMAX 100 MG/5 ML	15	ML	BO	PO	ML	1	GM	0.02	01/01/2002	02/03/2016	
ZITHROMAX 200 MG/5 ML	22.5	ML	BO	PO	ML	1	GM	0.04	01/01/2002	02/03/2016	
ZITHROMAX 200 MG/5 ML	15	ML	BO	PO	ML	1	GM	0.04	01/01/2002	99/99/9999	
ZITHROMAX 200 MG/5 ML	30	ML	BO	PO	ML	1	GM	0.04	01/01/2002	02/03/2016	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
54868-4082-00		J7644		01/01/2002	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
54868-4082-00	KO	J7644	KO	01/01/2002	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
54868-4082-01		J7644		01/01/2002	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
54868-4082-01	KO	J7644	KO	01/01/2002	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
54868-4096-00		J7506		11/27/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
54868-4100-00		J1055		01/01/2002	12/31/2012	INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG
54868-4100-01		J1055		02/11/2002	12/31/2012	INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG
54868-4103-00		J1580		02/12/2003	02/03/2016	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG
54868-4106-00		J3260		01/01/2002	99/99/9999	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG
54868-4109-00		Q0178		01/01/2002	12/31/2013	HYDROXYZINE PAMOATE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-4121-00		J0725		07/13/2007	02/03/2016	INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
IPRATROPIUM BROMIDE (VIAL) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	01/01/2002	99/99/9999	
IPRATROPIUM BROMIDE (VIAL) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	01/01/2002	99/99/9999	
IPRATROPIUM BROMIDE (VIAL) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	01/01/2002	99/99/9999	
IPRATROPIUM BROMIDE (VIAL) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	01/01/2002	99/99/9999	
PREDNISONE (6 DAY DOSEPAK) 5 MG	21	EA	BX	PO	EA	5	MG	1	11/27/2002	12/31/2015	
DEPO-PROVERA CONTRACEPTIVE (SRN,PREFILLED) 150 MG/ML	1	ML	SR	IM	ML	150	MG	1	01/01/2002	12/31/2012	
DEPO-PROVERA CONTRACEPTIVE (SRN,PREFILLED) 150 MG/ML	1	ML	SR	IM	ML	150	MG	1	02/11/2002	12/31/2012	
GENTAMICIN SULFATE (FLIPTOP VIAL) 40 MG/ML	2	ML	VL	IJ	ML	80	MG	0.5	02/12/2003	02/03/2016	
TOBRAMYCIN SULFATE (M.D.V.) 40 MG/ML	2	ML	VL	IJ	ML	80	MG	0.5	01/01/2002	99/99/9999	
HYDROXYZINE PAMOATE 100 MG	100	EA	BO	PO	EA	50	MG	2	01/01/2002	12/31/2013	
CHORIONIC GONADOTROP 10000 U	1	EA	VL	IM	EA	1000	USP Units	10	07/13/2007	02/03/2016	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
54868-4123-00		J0585		01/01/2002	99/99/9999	INJECTION, ONABOTULINUMTOXINA, 1 UNIT
54868-4137-00		J0780		01/01/2002	02/03/2016	INJECTION, PROCHLORPERAZINE, UP TO 10 MG
54868-4138-00		Q0180		02/10/2005	02/03/2016	DOLASETRON MESYLATE, 100 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 24 HOUR DOSAGE REGIMEN
54868-4139-00		Q0166		06/03/2005	02/03/2016	GRANISETRON HYDROCHLORIDE, 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 24 HOUR DOSAGE REGIMEN
54868-4139-01		Q0166		06/28/2005	02/03/2016	GRANISETRON HYDROCHLORIDE, 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 24 HOUR DOSAGE REGIMEN
54868-4139-02		Q0166		09/07/2005	02/03/2016	GRANISETRON HYDROCHLORIDE, 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 24 HOUR DOSAGE REGIMEN
54868-4139-03		Q0166		10/14/2005	02/03/2016	GRANISETRON HYDROCHLORIDE, 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 24 HOUR DOSAGE REGIMEN
54868-4139-04		Q0166		09/22/2005	02/03/2016	GRANISETRON HYDROCHLORIDE, 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 24 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
BOTOX 100 U	1	EA	VL	IM	EA	1	U	100	01/01/2002	99/99/9999	
PROCHLORPERAZINE EDISYLATE (CARPUJECT) 5 MG/ML	2	ML	SR	IJ	ML	10	MG	0.5	01/01/2002	02/03/2016	
ANZEMET 100 MG	5	EA	BO	PO	EA	100	MG	1	02/10/2005	02/03/2016	
KYTRIL 1 MG	2	EA	BO	PO	EA	1	MG	1	06/03/2005	02/03/2016	
KYTRIL 1 MG	10	EA	BO	PO	EA	1	MG	1	06/28/2005	02/03/2016	
KYTRIL 1 MG	6	EA	BO	PO	EA	1	MG	1	09/07/2005	02/03/2016	
KYTRIL 1 MG	8	EA	BO	PO	EA	1	MG	1	10/14/2005	02/03/2016	
KYTRIL 1 MG	3	EA	BO	PO	EA	1	MG	1	09/22/2005	02/03/2016	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
54868-4139-05		Q0166		01/05/2006	02/03/2016	GRANISETRON HYDROCHLORIDE, 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 24 HOUR DOSAGE REGIMEN
54868-4139-06		Q0166		06/07/2006	02/03/2016	GRANISETRON HYDROCHLORIDE, 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 24 HOUR DOSAGE REGIMEN
54868-4142-00		None		06/29/2005	99/99/9999	TEMODAR, 20 MG, ORAL
54868-4142-01		None		08/03/2006	02/03/2016	TEMODAR, 20 MG, ORAL
54868-4142-02		None		01/26/2006	99/99/9999	TEMODAR, 20 MG, ORAL
54868-4142-03		None		03/16/2006	99/99/9999	TEMODAR, 20 MG, ORAL
54868-4142-04		None		03/23/2006	99/99/9999	TEMODAR, 20 MG, ORAL
54868-4142-05		None		03/23/2006	99/99/9999	TEMODAR, 20 MG, ORAL
54868-4142-06		None		05/16/2006	99/99/9999	TEMODAR, 20 MG, ORAL
54868-4143-00		None		02/10/2005	99/99/9999	CAPECITABINE, 150 MG, ORAL
54868-4143-01		None		08/08/2007	02/03/2016	CAPECITABINE, 150 MG, ORAL
54868-4143-02		None		10/19/2005	02/03/2016	CAPECITABINE, 150 MG, ORAL
54868-4143-03		None		05/19/2006	99/99/9999	CAPECITABINE, 150 MG, ORAL
54868-4154-00		J3490		01/01/2002	02/03/2016	UNCLASSIFIED DRUGS
54868-4167-00		J2765		01/01/2002	99/99/9999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG
54868-4169-00		J3490		03/02/2004	02/03/2016	UNCLASSIFIED DRUGS

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
KYTRIL 1 MG	20	EA	BO	PO	EA	1	MG	1	01/05/2006	02/03/2016	
KYTRIL 1 MG	30	EA	BO	PO	EA	1	MG	1	06/07/2006	02/03/2016	
TEMODAR 20 MG	5	EA	BO	PO	EA	20	MG	1	06/29/2005	99/99/9999	
TEMODAR 20 MG	25	EA	BO	PO	EA	20	MG	1	08/03/2006	02/03/2016	
TEMODAR 20 MG	10	EA	BO	PO	EA	20	MG	1	01/26/2006	99/99/9999	
TEMODAR 20 MG	60	EA	BO	PO	EA	20	MG	1	03/16/2006	99/99/9999	
TEMODAR 20 MG	40	EA	BO	PO	EA	20	MG	1	03/23/2006	99/99/9999	
TEMODAR 20 MG	30	EA	BO	PO	EA	20	MG	1	03/23/2006	99/99/9999	
TEMODAR 20 MG	20	EA	BO	PO	EA	20	MG	1	05/16/2006	99/99/9999	
XELODA 150 MG	60	EA	BO	PO	EA	150	MG	1	02/10/2005	99/99/9999	
XELODA 150 MG	120	EA	BO	PO	EA	150	MG	1	08/08/2007	02/03/2016	
XELODA 150 MG	30	EA	BO	PO	EA	150	MG	1	10/19/2005	02/03/2016	
XELODA 150 MG	28	EA	BO	PO	EA	150	MG	1	05/19/2006	99/99/9999	
CLEOCIN PHOSPHATE (S.D.V.) 150 MG/ML	4	ML	VL	IJ	ML	1	EA	1	01/01/2002	02/03/2016	
METOCLOPRAMIDE HCL (S.D.V.) 5 MG/ML	2	ML	VL	IV	ML	10	MG	0.5	01/01/2002	99/99/9999	
CLEOCIN PHOSPHATE (S.D.V.) 150 MG/ML	2	ML	VL	IJ	ML	1	EA	1	03/02/2004	02/03/2016	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
54868-4189-00		J2270		01/01/2002	02/03/2016	INJECTION, MORPHINE SULFATE, UP TO 10 MG
54868-4194-00		J3490		01/01/2002	06/30/2013	UNCLASSIFIED DRUGS
54868-4287-00		J8999		01/17/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
54868-4287-01		J8999		01/17/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
54868-4287-02		J8999		02/14/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
54868-4287-03		J8999		09/22/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
54868-4287-04		J8999		01/18/2008	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
54868-4296-00		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML
54868-4311-00		A4217		01/01/2004	99/99/9999	STERILE WATER/SALINE, 500 ML
54868-4339-00		None		08/16/2005	02/03/2016	MELPHALAN, 2 MG, ORAL
54868-4339-01		None		11/22/2005	02/03/2016	MELPHALAN, 2 MG, ORAL
54868-4339-02		None		02/03/2006	02/03/2016	MELPHALAN, 2 MG, ORAL
54868-4339-03		None		04/03/2006	02/03/2016	MELPHALAN, 2 MG, ORAL
54868-4339-04		None		02/05/2008	02/03/2016	MELPHALAN, 2 MG, ORAL
54868-4381-00		J1815		01/01/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS
54868-4409-00		J7614		04/01/2008	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
54868-4409-00	KO	J7614	KO	04/01/2008	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
MORPHINE SULFATE (AMP,DOSETTE) 10 MG/ML	1	ML	AM	IJ	ML	10	MG	1	01/01/2002	02/03/2016	
BREVITAL SODIUM (VIAL) 5 GM	1	EA	VL	IV	EA	1	EA	1	01/01/2002	06/30/2013	
TAMOXIFEN CITRATE (FILM COATED) 20 MG	30	EA	BO	PO	EA	1	EA	1	01/17/2005	99/99/9999	
TAMOXIFEN CITRATE (FILM COATED) 20 MG	10	EA	BO	PO	EA	1	EA	1	01/17/2005	99/99/9999	
TAMOXIFEN CITRATE (FILM COATED) 20 MG	100	EA	BO	PO	EA	1	EA	1	02/14/2005	99/99/9999	
TAMOXIFEN CITRATE (FILM COATED) 20 MG	90	EA	BO	PO	EA	1	EA	1	09/22/2005	99/99/9999	
TAMOXIFEN CITRATE (FILM COATED) 20 MG	60	EA	BO	PO	EA	1	EA	1	01/18/2008	99/99/9999	
WATER FOR IRRIGATION	500	ML	VL	IR	ML	500	ML	0.002	01/01/2004	99/99/9999	
WATER FOR INJECTION	500	ML	NA	IV	ML	500	ML	0.002	01/01/2004	99/99/9999	
ALKERAN (FILM-COATED) 2 MG	4	EA	BO	PO	EA	2	MG	1	08/16/2005	02/03/2016	
ALKERAN 2 MG	50	EA	BO	PO	EA	2	MG	1	11/22/2005	02/03/2016	
ALKERAN 2 MG	24	EA	BO	PO	EA	2	MG	1	02/03/2006	02/03/2016	
ALKERAN 2 MG	28	EA	BO	PO	EA	2	MG	1	04/03/2006	02/03/2016	
ALKERAN 2 MG	32	EA	BO	PO	EA	2	MG	1	02/05/2008	02/03/2016	
HUMALOG MIX 75/25 (VIAL) 75 U/ML-25 U/ML	10	ML	VL	SC	ML	5	U	20	01/01/2003	99/99/9999	
XOPENEX (PF) 0.021%	3	ML	PC	IH	ML	0.5	MG	0.42	04/01/2008	99/99/9999	
XOPENEX (PF) 0.021%	3	ML	PC	IH	ML	0.5	MG	0.42	04/01/2008	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
54868-4419-00		J1885		01/01/2002	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG
54868-4419-01		J1885		10/17/2005	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG
54868-4464-00		A4216		01/01/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
54868-4488-00		J2540		01/01/2002	99/99/9999	INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS
54868-4508-00		J1720		01/01/2002	02/03/2016	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG
54868-4527-00		J0456		01/01/2002	99/99/9999	INJECTION, AZITHROMYCIN, 500 MG
54868-4547-00		J0744		01/01/2002	07/29/2013	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG
54868-4580-00		J2250		01/01/2002	02/03/2016	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG
54868-4586-00		J3360		01/23/2002	02/03/2016	INJECTION, DIAZEPAM, UP TO 5 MG
54868-4626-00		J1815		01/01/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS
54868-4628-00		J8999		06/12/2002	02/03/2016	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
54868-4629-00		J3490		10/07/2003	02/03/2016	UNCLASSIFIED DRUGS
54868-4644-00		Q0144		07/26/2002	02/03/2016	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
54868-4644-01		Q0144		02/21/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
54868-4644-02		Q0144		06/01/2005	02/03/2016	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
54868-4651-00		J0690		09/15/2003	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG
54868-4686-00		J8498		01/01/2006	02/03/2016	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED
54868-4686-01		J8498		04/26/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED
54868-4716-00		J9250		12/16/2002	02/03/2016	METHOTREXATE SODIUM, 5 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
KETOROLAC TROMETHAMINE (S.D.V.) 30 MG/ML	2	ML	VL	IM	ML	15	MG	2	01/01/2002	99/99/9999	
KETOROLAC TROMETHAMINE 30 MG/ML	2	ML	VL	IM	ML	15	MG	2	10/17/2005	99/99/9999	
SODIUM CHLORIDE (PF) 0.9%	10	ML	VL	IV	ML	10	ML	0.1	01/01/2004	99/99/9999	
PENICILLIN G POTASSIUM (VIAL,PHARMACY BOTTLE) 20 Million U	1	EA	VL	IV	EA	600000	U	33.33333	01/01/2002	99/99/9999	
SOLU-CORTEF (ACT-O-VIAL) 1 GM	1	EA	VL	IJ	EA	100	MG	10	01/01/2002	02/03/2016	
ZITHROMAX (VIAL) 500 MG	1	EA	VL	IV	EA	500	MG	1	01/01/2002	99/99/9999	
CIPRO IV (VIAL) 10 MG/ML	40	ML	VL	IV	ML	200	MG	0.05	01/01/2002	07/29/2013	
MIDAZOLAM HCL (VIAL,PF) 5 MG/ML	5	ML	VL	IJ	ML	1	MG	5	01/01/2002	02/03/2016	
DIAZEPAM (22GX1 1/4",CARPUJECT) 5 MG/ML	2	ML	SR	IJ	ML	5	MG	1	01/23/2002	02/03/2016	
LANTUS (VIAL) 100 U/ML	10	ML	VL	SC	ML	5	U	20	01/01/2003	99/99/9999	
FLUTAMIDE 125 MG	180	EA	BO	PO	EA	1	EA	1	06/12/2002	02/03/2016	
PROPOFOL (S.D.V.) 10 MG/ML	20	ML	VL	IV	ML	1	EA	1	10/07/2003	02/03/2016	
ZITHROMAX 250 MG	4	EA	BO	PO	EA	1	GM	0.25	07/26/2002	02/03/2016	
ZITHROMAX 250 MG	6	EA	BO	PO	EA	1	GM	0.25	02/21/2005	99/99/9999	
ZITHROMAX 250 MG	30	EA	BO	PO	EA	1	GM	0.25	06/01/2005	02/03/2016	
CEFAZOLIN SODIUM (VIAL,PF) 500 MG	1	EA	VL	IJ	EA	500	MG	1	09/15/2003	99/99/9999	
PROMETHEGAN 25 MG	6	EA	BX	RC	EA	1	EA	1	01/01/2006	02/03/2016	
PROMETHEGAN 25 MG	12	EA	NA	RC	EA	1	EA	1	04/26/2006	99/99/9999	
METHOTREXATE SODIUM (P.F.V.,PF) 25 MG/ML	10	ML	VL	IJ	ML	5	MG	5	12/16/2002	02/03/2016	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
54868-4721-00		Q0164		02/10/2003	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-4721-01		Q0164		04/08/2003	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-4721-02		Q0164		06/09/2005	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-4721-03		Q0164		06/04/2007	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-4748-00		J7510		02/28/2003	99/99/9999	PREDNISOLONE ORAL, PER 5 MG
54868-4749-00		J7510		02/28/2003	99/99/9999	PREDNISOLONE ORAL, PER 5 MG
54868-4749-01		J7510		05/25/2004	99/99/9999	PREDNISOLONE ORAL, PER 5 MG
54868-4751-00		J2175		03/11/2003	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG
54868-4751-01		J2175		07/03/2003	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG
54868-4752-00		J2270		03/11/2003	02/03/2016	INJECTION, MORPHINE SULFATE, UP TO 10 MG
54868-4773-00		J8999		04/10/2003	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
54868-4773-01		J8999		08/06/2003	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PROCHLORPERAZINE MALEATE 5 MG	30	EA	BO	PO	EA	5	MG	1	02/10/2003	99/99/9999	
PROCHLORPERAZINE MALEATE 5 MG	15	EA	BO	PO	EA	5	MG	1	04/08/2003	99/99/9999	
PROCHLORPERAZINE MALEATE 5 MG	60	EA	BO	PO	EA	5	MG	1	06/09/2005	99/99/9999	
PROCHLORPERAZINE MALEATE 5 MG	100	EA	BO	PO	EA	5	MG	1	06/04/2007	99/99/9999	
PREDNISOLONE 5 MG/5 ML	120	ML	BO	PO	ML	5	MG	0.2	02/28/2003	99/99/9999	
PREDNISOLONE 15 MG/5 ML	240	ML	BO	PO	ML	5	MG	0.6	02/28/2003	99/99/9999	
PREDNISOLONE (CHERRY) 15 MG/5 ML	480	ML	BO	PO	ML	5	MG	0.6	05/25/2004	99/99/9999	
DEMEROL HYDROCHLORIDE (CARPUJECT) 100 MG/ML	1	ML	AM	IJ	ML	100	MG	1	03/11/2003	99/99/9999	
DEMEROL HYDROCHLORIDE 100 MG/ML	1	ML	AM	IJ	ML	100	MG	1	07/03/2003	99/99/9999	
MORPHINE SULFATE 10 MG/ML	1	ML	VL	IJ	ML	10	MG	1	03/11/2003	02/03/2016	
HYDROXYUREA 500 MG	30	EA	BO	PO	EA	1	EA	1	04/10/2003	99/99/9999	
HYDROXYUREA 500 MG	100	EA	BO	PO	EA	1	EA	1	08/06/2003	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
54868-4773-02		J8999		07/07/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
54868-4773-03		J8999		07/14/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
54868-4781-00		J3490		04/24/2003	02/03/2016	UNCLASSIFIED DRUGS
67457-0603-99		J1644		06/14/2018	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS
54868-4794-02		J8498		08/08/2007	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED
54868-4804-00		J2270		05/30/2003	06/30/2015	INJECTION, MORPHINE SULFATE, UP TO 10 MG
54868-4809-00		J9250		06/03/2003	02/03/2016	METHOTREXATE SODIUM, 5 MG
67457-0794-10		J3489		06/05/2018	99/99/9999	INJECTION, ZOLEDRONIC ACID, 1 MG
54868-4890-00		J0270		08/28/2003	02/03/2016	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)
54868-4952-00		J7509		10/30/2003	02/03/2016	METHYLPREDNISOLONE ORAL, PER 4 MG
54868-4952-01		J7509		10/30/2003	02/03/2016	METHYLPREDNISOLONE ORAL, PER 4 MG
54868-4997-00		J0725		02/18/2004	99/99/9999	INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS
54868-4998-00		J1940		02/18/2004	02/03/2016	INJECTION, FUROSEMIDE, UP TO 20 MG
54868-5000-00		J8999		02/19/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
54868-5005-00		None		01/18/2006	99/99/9999	CYCLOPHOSPHAMIDE, 50 MG, ORAL
54868-5005-01		None		04/13/2006	99/99/9999	CYCLOPHOSPHAMIDE, 50 MG, ORAL
54868-5016-00		J3130		03/09/2004	12/31/2014	INJECTION, TESTOSTERONE ENANTHATE, UP TO 200 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
HYDROXYUREA 500 MG	50	EA	BO	PO	EA	1	EA	1	07/07/2005	99/99/9999	
HYDROXYUREA 500 MG	60	EA	BO	PO	EA	1	EA	1	07/14/2005	99/99/9999	
ENGERIX-B PEDIATRIC (PEDIATRIC,PF) 10 MCG/0.5 ML	0.5	ML	VL	IM	ML	1	EA	1	04/24/2003	02/03/2016	
HEPARIN SODIUM (MDV,25X1ML) 10000 U/1 ML	4	ML	VL	IJ	ML	1000	U	10	06/14/2018	99/99/9999	
PROMETHAZINE 12.5 MG	2	EA	BX	RC	EA	1	EA	1	08/08/2007	99/99/9999	
MORPHINE SULFATE (22G,SLIM PK,LATEX-FREE) 10 MG/ML	1	ML	EA	IJ	ML	10	MG	1	05/30/2003	06/30/2015	
METHOTREXATE SODIUM (VIAL, L.P.P.) 25 MG/ML	10	ML	EA	IJ	ML	5	MG	5	06/03/2003	02/03/2016	
ZOLEDRONIC ACID (SINGLE USE,PF) 5 MG/100 ML	100	ML	BG	IV	ML	1	MG	0.05	06/05/2018	99/99/9999	
CAVERJECT IMPULSE 20 MCG	1	EA	BX	IC	EA	1.25	MCG	16	08/28/2003	02/03/2016	
MEDROL 2 MG	30	EA	BO	PO	EA	4	MG	0.5	10/30/2003	02/03/2016	
MEDROL 2 MG	10	EA	BO	PO	EA	4	MG	0.5	10/30/2003	02/03/2016	
PREGNYL (W/DILUENT) 10000 U	1	EA	VL	IM	EA	1000	USP Units	10	02/18/2004	99/99/9999	
FUROSEMIDE (VIAL,FLIPTOP,ABBOJECT) 10 MG/ML	2	ML	VL	IJ	ML	20	MG	0.5	02/18/2004	02/03/2016	
ARIMIDEX 1 MG	30	EA	BO	PO	EA	1	EA	1	02/19/2004	99/99/9999	
CYCLOPHOSPHAMIDE 50 MG	100	EA	BO	PO	EA	50	MG	1	01/18/2006	99/99/9999	
CYCLOPHOSPHAMIDE 50 MG	50	EA	BO	PO	EA	50	MG	1	04/13/2006	99/99/9999	
DELATESTRYL 200 MG/ML	5	ML	VL	IM	ML	200	MG	1	03/09/2004	12/31/2014	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
54868-5020-00		J1440		03/11/2004	12/31/2013	INJECTION, FILGRASTIM (G-CSF), 300 MCG
54868-5026-00		A4216		01/01/2006	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
54868-5036-00		J3490		03/31/2004	02/03/2016	UNCLASSIFIED DRUGS
54868-5036-01		J3490		06/29/2006	02/03/2016	UNCLASSIFIED DRUGS
54868-5070-00		J1610		05/24/2004	99/99/9999	INJECTION, GLUCAGON HYDROCHLORIDE, PER 1 MG
54868-5108-00		J1817		07/15/2004	99/99/9999	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS
54868-5112-00		J1650		07/28/2004	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG
54868-5112-01		J1650		09/08/2004	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG
54868-5137-00		J1170		08/13/2004	02/03/2016	INJECTION, HYDROMORPHONE, UP TO 4 MG
54868-5181-00		Q0173		11/18/2004	99/99/9999	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-5201-00		J1815		12/28/2004	99/99/9999	INJECTION, INSULIN, PER 5 UNITS
54868-5213-00		J7506		01/25/2005	12/31/2015	PREDNISONE, ORAL, PER 5MG
54868-5218-00		None		02/10/2005	99/99/9999	CYCLOPHOSPHAMIDE, 25 MG, ORAL
54868-5218-01		None		12/22/2005	99/99/9999	CYCLOPHOSPHAMIDE, 25 MG, ORAL
54868-5218-02		None		12/22/2005	99/99/9999	CYCLOPHOSPHAMIDE, 25 MG, ORAL
54868-5230-00		J7506		02/25/2005	12/31/2015	PREDNISONE, ORAL, PER 5MG
54868-5231-01		J8501		08/03/2006	99/99/9999	APREPITANT, ORAL, 5 MG
54868-5231-02		J8501		03/04/2008	99/99/9999	APREPITANT, ORAL, 5 MG
54868-5242-00		J7510		03/03/2005	99/99/9999	PREDNISOLONE ORAL, PER 5 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
NEUPOGEN (PF,SINGLEJECT) 300 MCG/0.5 ML	0.5	ML	SR	IJ	ML	300	MCG	2	03/11/2004	12/31/2013	
SODIUM CHLORIDE (AMP,PF) 0.9%	3	ML	PC	IH	ML	10	ML	0.1	01/01/2006	99/99/9999	
PEG-INTRON (PF,REDIPEN) 150 MCG	1	EA	BX	MR	EA	1	EA	1	03/31/2004	02/03/2016	
PEG INTRON RP 150 MCG	4	EA	BX	MR	EA	1	EA	1	06/29/2006	02/03/2016	
GLUCAGON EMERGENCY KIT 1 MG	1	EA	BX	IJ	EA	1	MG	1	05/24/2004	99/99/9999	
HUMALOG 100 U/ML	10	ML	VL	SC	ML	50	U	2	07/15/2004	99/99/9999	
LOVENOX 80 MG/0.8 ML	0.8	ML	SR	SC	ML	10	MG	10	07/28/2004	99/99/9999	
LOVENOX 80 MG/0.8 ML	0.8	ML	SR	SC	ML	10	MG	10	09/08/2004	99/99/9999	
DILAUDID (AMP) 4 MG/ML	10	ML	AM	IJ	ML	4	MG	1	08/13/2004	02/03/2016	
TIGAN 300 MG	100	EA	BO	PO	EA	250	MG	1.2	11/18/2004	99/99/9999	
NOVOLOG MIX 70/30 70 U/ML-30 U/ML	10	ML	VL	SC	ML	5	U	20	12/28/2004	99/99/9999	
PREDNISONE 5 MG	48	EA	DP	PO	EA	5	MG	1	01/25/2005	12/31/2015	
CYCLOPHOSPHAMIDE 25 MG	100	EA	BO	PO	EA	25	MG	1	02/10/2005	99/99/9999	
CYCLOPHOSPHAMIDE 25 MG	10	EA	BO	PO	EA	25	MG	1	12/22/2005	99/99/9999	
CYCLOPHOSPHAMIDE 25 MG	30	EA	BO	PO	EA	25	MG	1	12/22/2005	99/99/9999	
PREDNISONE (DOSE PACK) 10 MG	21	EA	BO	PO	EA	5	MG	2	02/25/2005	12/31/2015	
EMEND 80 MG	6	EA	BX	PO	EA	5	MG	16	08/03/2006	99/99/9999	
EMEND 80 MG	2	EA	DP	PO	EA	5	MG	16	03/04/2008	99/99/9999	
PREDNISOLONE SODIUM PHOSPHATE (DYE-FREE,GRAPE) 15 MG/5 ML	237	ML	BO	PO	ML	5	MG	0.6	03/03/2005	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
54868-5257-00		J1055		03/30/2005	12/31/2012	INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG
54868-5260-00		None		06/28/2005	99/99/9999	CAPECITABINE, 500 MG, ORAL
54868-5260-01		None		06/29/2005	99/99/9999	CAPECITABINE, 500 MG, ORAL
54868-5260-02		None		06/29/2005	99/99/9999	CAPECITABINE, 500 MG, ORAL
54868-5260-03		None		10/07/2005	99/99/9999	CAPECITABINE, 500 MG, ORAL
54868-5260-04		None		01/12/2006	02/03/2016	CAPECITABINE, 500 MG, ORAL
54868-5260-05		None		01/12/2006	99/99/9999	CAPECITABINE, 500 MG, ORAL
54868-5260-06		None		01/11/2006	02/03/2016	CAPECITABINE, 500 MG, ORAL
54868-5260-07		None		01/12/2006	02/03/2016	CAPECITABINE, 500 MG, ORAL
54868-5260-08		None		01/20/2006	02/03/2016	CAPECITABINE, 500 MG, ORAL
54868-5260-09		None		08/16/2006	99/99/9999	CAPECITABINE, 500 MG, ORAL
54868-5261-00		J8999		06/29/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
54868-5282-00		J8999		05/23/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
54868-5282-01		J8999		05/23/2005	02/03/2016	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
54868-5310-00		J7500		05/23/2005	99/99/9999	AZATHIOPRINE, ORAL, 50 MG
54868-5310-01		J7500		05/23/2005	02/03/2016	AZATHIOPRINE, ORAL, 50 MG
54868-5310-02		J7500		09/22/2005	02/03/2016	AZATHIOPRINE, ORAL, 50 MG
54868-5310-03		J7500		02/23/2006	99/99/9999	AZATHIOPRINE, ORAL, 50 MG
54868-5310-04		J7500		02/28/2006	99/99/9999	AZATHIOPRINE, ORAL, 50 MG
54868-5319-00		J1170		05/31/2005	09/28/2016	INJECTION, HYDROMORPHONE, UP TO 4 MG
54868-5325-00		J8501		06/24/2005	99/99/9999	APREPITANT, ORAL, 5 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
MEDROXYPROGESTERONE ACETATE 150 MG/ML	1	ML	VL	IM	ML	150	MG	1	03/30/2005	12/31/2012	
XELODA 500 MG	30	EA	BO	PO	EA	500	MG	1	06/28/2005	99/99/9999	
XELODA 500 MG	60	EA	BO	PO	EA	500	MG	1	06/29/2005	99/99/9999	
XELODA 500 MG	120	EA	BO	PO	EA	500	MG	1	06/29/2005	99/99/9999	
XELODA 500 MG	90	EA	BO	PO	EA	500	MG	1	10/07/2005	99/99/9999	
XELODA 500 MG	14	EA	BO	PO	EA	500	MG	1	01/12/2006	02/03/2016	
XELODA 500 MG	28	EA	BO	PO	EA	500	MG	1	01/12/2006	99/99/9999	
XELODA 500 MG	42	EA	BO	PO	EA	500	MG	1	01/11/2006	02/03/2016	
XELODA 500 MG	70	EA	BO	PO	EA	500	MG	1	01/12/2006	02/03/2016	
XELODA 500 MG	80	EA	BO	PO	EA	500	MG	1	01/20/2006	02/03/2016	
XELODA 500 MG	20	EA	BO	PO	EA	500	MG	1	08/16/2006	99/99/9999	
AROMASIN 25 MG	30	EA	BO	PO	EA	1	EA	1	06/29/2005	99/99/9999	
MERCAPTOPURINE 50 MG	60	EA	BO	PO	EA	1	EA	1	05/23/2005	99/99/9999	
MERCAPTOPURINE 50 MG	25	EA	BO	PO	EA	1	EA	1	05/23/2005	02/03/2016	
AZATHIOPRINE 50 MG	30	EA	BO	PO	EA	50	MG	1	05/23/2005	99/99/9999	
AZATHIOPRINE 50 MG	120	EA	BO	PO	EA	50	MG	1	05/23/2005	02/03/2016	
AZATHIOPRINE 50 MG	100	EA	BO	PO	EA	50	MG	1	09/22/2005	02/03/2016	
AZATHIOPRINE (USP) 50 MG	60	EA	BO	PO	EA	50	MG	1	02/23/2006	99/99/9999	
AZATHIOPRINE (USP) 50 MG	90	EA	BO	PO	EA	50	MG	1	02/28/2006	99/99/9999	
HYDROMORPHONE HCL (25X1ML) 2 MG/ML	1	ML	VL	IJ	ML	4	MG	0.5	05/31/2005	09/28/2016	
EMEND (COMBO PACK 1 125MG/2 80MG)	3	EA	PG	PO	EA	5	MG	19	06/24/2005	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
54868-5327-00		J1815		06/09/2005	99/99/9999	INJECTION, INSULIN, PER 5 UNITS
54868-5334-00		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG
54868-5334-01		J8540		08/31/2007	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG
54868-5348-00		None		10/20/2005	02/03/2016	TEMODAR, 5 MG, ORAL
54868-5348-01		None		04/13/2006	99/99/9999	TEMODAR, 5 MG, ORAL
54868-5350-00		None		10/31/2007	99/99/9999	TEMODAR, 100 MG, ORAL
54868-5350-01		None		10/20/2005	02/03/2016	TEMODAR, 100 MG, ORAL
54868-5350-02		None		11/22/2005	99/99/9999	TEMODAR, 100 MG, ORAL
54868-5350-03		None		02/08/2006	99/99/9999	TEMODAR, 100 MG, ORAL
54868-5350-04		None		03/23/2006	99/99/9999	TEMODAR, 100 MG, ORAL
54868-5354-00		None		04/13/2006	99/99/9999	TEMODAR, 250 MG, ORAL
54868-5355-00		None		12/20/2005	02/03/2016	ETOPOSIDE, 50 MG, ORAL
54868-5355-01		None		01/30/2006	99/99/9999	ETOPOSIDE, 50 MG, ORAL
54868-5355-02		None		01/30/2006	02/03/2016	ETOPOSIDE, 50 MG, ORAL
54868-5389-00		J8999		09/01/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
54868-5389-01		J8999		12/14/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
54868-5404-00		Q0144		09/02/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
54868-5406-00		J3110		09/06/2005	02/03/2016	INJECTION, TERIPARATIDE, 10 MCG
54868-5428-00		J0881		08/10/2007	06/30/2013	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)
54868-5429-00		J0881		03/20/2008	06/30/2013	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)
54868-5440-00		J1650		09/29/2005	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG
54868-5440-01		J1650		11/01/2005	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
NOVOLOG MIX 70/30 (PREFILLED SYRINGE) 70 U/ML-30 U/ML	3	ML	SR	SC	ML	5	U	20	06/09/2005	99/99/9999	
DEXPAK 1.5 MG	51	EA	DP	PO	EA	0.25	MG	6	01/01/2006	99/99/9999	
DEXPAK 1.5 MG	35	EA	NA	PO	EA	0.25	MG	6	08/31/2007	99/99/9999	
TEMODAR 5 MG	25	EA	NA	PO	EA	5	MG	1	10/20/2005	02/03/2016	
TEMODAR 5 MG	5	EA	BO	PO	EA	5	MG	1	04/13/2006	99/99/9999	
TEMODAR 100 MG	15	EA	BO	PO	EA	100	MG	1	10/31/2007	99/99/9999	
TEMODAR 100 MG	25	EA	BO	PO	EA	100	MG	1	10/20/2005	02/03/2016	
TEMODAR 100 MG	5	EA	BO	PO	EA	100	MG	1	11/22/2005	99/99/9999	
TEMODAR 100 MG	10	EA	BO	PO	EA	100	MG	1	02/08/2006	99/99/9999	
TEMODAR 100 MG	30	EA	BO	PO	EA	100	MG	1	03/23/2006	99/99/9999	
TEMODAR 250 MG	5	EA	BO	PO	EA	250	MG	1	04/13/2006	99/99/9999	
ETOPOSIDE 50 MG	20	EA	BX	PO	EA	50	MG	1	12/20/2005	02/03/2016	
ETOPOSIDE 50 MG	7	EA	NA	PO	EA	50	MG	1	01/30/2006	99/99/9999	
ETOPOSIDE 50 MG	1	EA	BO	PO	EA	50	MG	1	01/30/2006	02/03/2016	
MEGESTROL ACETATE 40 MG/ML	240	ML	BO	PO	ML	1	EA	1	09/01/2005	99/99/9999	
MEGESTROL ACETATE 40 MG/ML	480	ML	BO	PO	ML	1	EA	1	12/14/2005	99/99/9999	
ZMAX (CHERRY-BANANA) 2 GM/60 ML	1	EA	BO	PO	EA	1	GM	2	09/02/2005	99/99/9999	
FORTEO (RDNA ORIGIN) 250 MCG/ML	3	ML	SR	SC	ML	10	MCG	25	09/06/2005	02/03/2016	
ARANESP 0.2 MG/0.4 ML	0.4	ML	SR	IJ	ML	1	MCG	500	08/10/2007	06/30/2013	
ARANESP (1X0.6ML, PREFILLED,PF) 0.3 MG/0.6 ML	0.6	ML	SR	IJ	ML	1	MCG	500	03/20/2008	06/30/2013	
LOVENOX 40 MG/0.4 ML	0.4	ML	SR	SC	ML	10	MG	10	09/29/2005	99/99/9999	
LOVENOX 40 MG/0.4 ML	0.4	ML	SR	SC	ML	10	MG	10	11/01/2005	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
54868-5444-00		J1438		03/18/2008	99/99/9999	INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)
54868-5459-00		J7614		04/01/2008	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
54868-5459-00	KO	J7614	KO	04/01/2008	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
54868-5471-00		Q0144		11/16/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
54868-5478-00		Q0144		11/23/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
54868-5478-01		Q0144		12/13/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
54868-5478-02		Q0144		02/07/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
54868-5487-00		Q0144		12/13/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
54868-5487-01		Q0144		08/10/2007	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
54868-5501-00		J1652		01/11/2006	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG
54868-5501-01		J1652		01/11/2006	02/03/2016	INJECTION, FONDAPARINUX SODIUM, 0.5 MG
54868-5501-02		J1652		11/13/2006	02/03/2016	INJECTION, FONDAPARINUX SODIUM, 0.5 MG
54868-5522-00		J7502		02/10/2006	99/99/9999	CYCLOSPORINE, ORAL, 100 MG
54868-5533-00		J0696		02/17/2006	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
54868-5551-00		J0150		03/16/2006	12/31/2014	INJECTION, ADENOSINE FOR THERAPEUTIC USE, 6 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS, INSTEAD USE A9270)
54868-5568-00		J9217		04/12/2006	02/03/2016	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG
54868-5569-00		J2355		04/13/2006	02/03/2016	INJECTION, OPRELVEKIN, 5 MG
54868-5587-00		J1650		05/17/2006	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG
54868-5587-01		J1650		09/25/2007	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG
54868-5589-00		J0696		05/12/2006	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
ENBREL (4X0.98ML,PF) 50 MG/ML	0.98	ML	SR	SC	ML	25	MG	2	03/18/2008	99/99/9999	
XOPENEX (PF) 0.042%	3	ML	PC	IH	ML	0.5	MG	0.84	04/01/2008	99/99/9999	
XOPENEX (PF) 0.042%	3	ML	PC	IH	ML	0.5	MG	0.84	04/01/2008	99/99/9999	
AZITHROMYCIN (PAK) 250 MG	6	EA	DP	PO	EA	1	GM	0.25	11/16/2005	99/99/9999	
AZITHROMYCIN 250 MG	6	EA	BO	PO	EA	1	GM	0.25	11/23/2005	99/99/9999	
AZITHROMYCIN 250 MG	30	EA	BO	PO	EA	1	GM	0.25	12/13/2005	99/99/9999	
AZITHROMYCIN 250 MG	10	EA	BO	PO	EA	1	GM	0.25	02/07/2006	99/99/9999	
AZITHROMYCIN 500 MG	6	EA	BO	PO	EA	1	GM	0.5	12/13/2005	99/99/9999	
AZITHROMYCIN 500 MG	60	EA	BO	PO	EA	1	GM	0.5	08/10/2007	99/99/9999	
ARIXTRA 7.5 MG/0.6 ML	0.6	ML	SR	SC	ML	0.5	MG	25	01/11/2006	99/99/9999	
ARIXTRA 7.5 MG/0.6 ML	0.6	ML	SR	SC	ML	0.5	MG	25	01/11/2006	02/03/2016	
ARIXTRA 7.5 MG/0.6 ML	0.6	ML	SR	SC	ML	0.5	MG	25	11/13/2006	02/03/2016	
CYCLOSPORINE 100 MG	30	EA	BO	PO	EA	100	MG	1	02/10/2006	99/99/9999	
CEFTRIAXONE 500 MG	1	EA	VL	IJ	EA	250	MG	2	02/17/2006	99/99/9999	
ADENOSINE 3 MG/ML	2	ML	VL	IV	ML	6	MG	0.5	03/16/2006	12/31/2014	
LUPRON DEPOT 30 MG	1	EA	BX	IM	EA	7.5	MG	4	04/12/2006	02/03/2016	
NEUMEGA 5 MG	1	EA	VL	SC	EA	5	MG	1	04/13/2006	02/03/2016	
LOVENOX 60 MG/0.6 ML	0.6	ML	SR	SC	ML	10	MG	10	05/17/2006	99/99/9999	
LOVENOX 60 MG/0.6 ML	6	ML	SR	SC	ML	10	MG	10	09/25/2007	99/99/9999	
CEFTRIAXONE 250 MG	1	EA	VL	IJ	EA	250	MG	1	05/12/2006	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
54868-5596-00		J9015		05/22/2006	02/03/2016	INJECTION, ALDESLEUKIN, PER SINGLE USE VIAL
54868-5612-00		J0770		06/12/2006	02/03/2016	INJECTION, COLISTIMETHATE SODIUM, UP TO 150 MG
68001-0355-25		J2469		06/15/2018	99/99/9999	INJECTION, PALONOSETRON HCL, 25 MCG
54868-5621-00		J7626		07/17/2007	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG
54868-5621-00	KO	J7626	KO	07/17/2007	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG
54868-5634-00		J2941		06/30/2006	99/99/9999	INJECTION, SOMATROPIN, 1 MG
54868-5647-00		Q0144		08/01/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
54868-5648-00		Q0144		08/01/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
54868-5648-01		Q0144		08/01/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
54868-5648-02		Q0144		08/03/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
54868-5670-00		J7608		08/10/2007	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM
54868-5670-00	KO	J7608	KO	08/10/2007	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM
54868-5670-01		J7608		08/10/2007	02/03/2016	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM
54868-5670-01	KO	J7608	KO	08/10/2007	02/03/2016	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM
54868-5673-01		J0885		03/24/2008	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS
54868-5709-00		J7613		04/01/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PROLEUKIN 22 Million IU	1	EA	VL	IV	EA	1	VIAL	1	05/22/2006	02/03/2016	
COLISTIMETHATE 150 MG	1	EA	VL	IJ	EA	150	MG	1	06/12/2006	02/03/2016	
PALONOSETRON HCL 0.05 MG/1 ML	5	ML	VL	IV	ML	25	MCG	2	06/15/2018	99/99/9999	
PULMICORT RESPULES 0.5 MG/2 ML	60	ML	PC	IH	ML	0.5	MG	0.5	07/17/2007	99/99/9999	
PULMICORT RESPULES 0.5 MG/2 ML	60	ML	PC	IH	ML	0.5	MG	0.5	07/17/2007	99/99/9999	
GENOTROPIN MINIQUICK 0.4 MG	7	EA	CT	SC	EA	1	MG	0.4	06/30/2006	99/99/9999	
AZITHROMYCIN 100 MG/5 ML	15	ML	BO	PO	ML	1	GM	0.02	08/01/2006	99/99/9999	
AZITHROMYCIN 200 MG/5 ML	30	ML	BO	PO	ML	1	GM	0.04	08/01/2006	99/99/9999	
AZITHROMYCIN 200 MG/5 ML	23	ML	BO	PO	ML	1	GM	0.04	08/01/2006	99/99/9999	
AZITHROMYCIN 200 MG/5 ML	15	ML	BO	PO	ML	1	GM	0.04	08/03/2006	99/99/9999	
ACETYLCYSTEINE 20%	30	ML	VL	IH	ML	1	GM	0.2	08/10/2007	99/99/9999	
ACETYLCYSTEINE 20%	30	ML	VL	IH	ML	1	GM	0.2	08/10/2007	99/99/9999	
ACETYLCYSTEINE (3X30ML) 20%	30	ML	VL	IH	ML	1	GM	0.2	08/10/2007	02/03/2016	
ACETYLCYSTEINE (3X30ML) 20%	30	ML	VL	IH	ML	1	GM	0.2	08/10/2007	02/03/2016	
PROCRIT (M.D.V,1X4ML) 20000 U/ML	4	ML	VL	IJ	ML	1000	U	20	03/24/2008	99/99/9999	
ALBUTEROL (30X3ML) 0.042%	3	ML	PC	IH	ML	1	MG	0.42	04/01/2008	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
54868-5709-00	KO	J7613	KO	04/01/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
54868-5711-00		J2250		12/27/2006	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG
54868-5714-00		A4216		12/11/2006	02/03/2016	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
54868-5716-00		J2370		12/11/2006	01/15/2013	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML
54868-5717-00		J1250		12/11/2006	99/99/9999	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG
54868-5717-01		J1250		01/02/2007	99/99/9999	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG
54868-5717-02		J1250		06/28/2007	99/99/9999	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG
54868-5722-00		J0282		12/11/2006	99/99/9999	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG
54868-5724-00		J3475		12/12/2006	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG
68180-0962-56		J7682		06/12/2018	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS
68180-0962-56	KO	J7682	KO	06/12/2018	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS
54868-5741-00		Q0173		01/05/2007	99/99/9999	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
69101-0410-01		J7510		06/14/2018	99/99/9999	PREDNISOLONE ORAL, PER 5 MG
54868-5752-00		J0285		01/25/2007	02/03/2016	INJECTION, AMPHOTERICIN B, 50 MG
54868-5760-00		J2941		08/17/2007	99/99/9999	INJECTION, SOMATROPIN, 1 MG
54868-5765-00		J1815		04/04/2007	99/99/9999	INJECTION, INSULIN, PER 5 UNITS

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
ALBUTEROL (30X3ML) 0.042%	3	ML	PC	IH	ML	1	MG	0.42	04/01/2008	99/99/9999	
MIDAZOLAM (10X2ML) 1 MG/ML	2	ML	VL	IJ	ML	1	MG	1	12/27/2006	99/99/9999	
SODIUM CHLORIDE (20X25ML) 0.9%	20	ML	VL	IV	ML	10	ML	0.1	12/11/2006	02/03/2016	
PHENYLEPHRINE HYDROCHLORIDE (SDV,25X1ML) 10 MG/ML	1	ML	VL	IJ	ML	1	ML	1	12/11/2006	01/15/2013	
DOBUTAMINE 12.5 MG/ML	20	ML	VL	IV	ML	250	MG	0.05	12/11/2006	99/99/9999	
DOBUTAMINE (10X40ML) 12.5 MG/ML	40	ML	VL	IV	ML	250	MG	0.05	01/02/2007	99/99/9999	
DOBUTAMINE 12.5 MG/ML	200	ML	VL	IV	ML	250	MG	0.05	06/28/2007	99/99/9999	
AMIODARONE (SDV,10X3ML) 50 MG/ML	3	ML	VL	IV	ML	30	MG	1.66666	12/11/2006	99/99/9999	
MAGNES SULF (25X10ML) 500 MG/ML	10	ML	SR	IJ	ML	500	MG	1	12/12/2006	99/99/9999	
TOBRAMYCIN (4 AMPULES X 14 POUCHES) 300 MG/5 ML	5	ML	AM	IH	ML	300	MG	0.2	06/12/2018	99/99/9999	
TOBRAMYCIN (4 AMPULES X 14 POUCHES) 300 MG/5 ML	5	ML	AM	IH	ML	300	MG	0.2	06/12/2018	99/99/9999	
TRIMETHOBENZAMIDE 300 MG	100	EA	BO	PO	EA	250	MG	1.2	01/05/2007	99/99/9999	
PREDNISOLONE SODIUM PHOSPHATE (AF,DYE-FREE,GRAPE) 20 MG/5 ML	237	ML	BO	PO	ML	5	MG	0.8	06/14/2018	99/99/9999	
AMPHOTERICIN B 50 MG	1	EA	VL	IV	EA	50	MG	1	01/25/2007	02/03/2016	
GENOTROPIN MINIQUICK 0.8 MG	1	EA	CT	SC	EA	1	MG	0.8	08/17/2007	99/99/9999	
LANTUS 100 U/ML	15	ML	CT	SC	ML	5	U	20	04/04/2007	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
54868-5774-00		J7626		06/01/2007	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG
54868-5774-00	KO	J7626	KO	06/01/2007	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG
54868-5775-00		J2780		06/06/2007	02/03/2016	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG
54868-5802-00		J0885		08/13/2007	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS
54868-5808-00		J2175		08/21/2007	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG
54868-5825-00		J0152		10/18/2007	12/31/2013	INJECTION, ADENOSINE FOR DIAGNOSTIC USE, 30 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS; INSTEAD USE A9270)
54868-5825-01		J0152		10/18/2007	12/31/2013	INJECTION, ADENOSINE FOR DIAGNOSTIC USE, 30 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS; INSTEAD USE A9270)
54868-5835-00		J1650		11/29/2007	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG
54868-5836-00		J1817		12/03/2007	99/99/9999	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS
54868-5837-00		J1650		12/04/2007	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG
54868-5867-00		J0881		03/20/2008	06/30/2013	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)
54868-5888-00		J2405		05/09/2008	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG
54868-5899-00		J1815		05/12/2008	99/99/9999	INJECTION, INSULIN, PER 5 UNITS
54868-6624-01		J7509		01/01/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PULMICORT RESPULES 0.25 MG/2 ML	2	ML	PC	IH	ML	0.25	MG	0.5	06/01/2007	99/99/9999	
PULMICORT RESPULES 0.25 MG/2 ML	2	ML	PC	IH	ML	0.25	MG	0.5	06/01/2007	99/99/9999	
ZANTAC 25 MG/ML	40	ML	VL	IJ	ML	25	MG	1	06/06/2007	02/03/2016	
PROCRIT (SDV,1MLX4) 40000 U/ML	1	ML	VL	IJ	ML	1000	U	40	08/13/2007	99/99/9999	
DEMEROL HYDROCHLORIDE (1MLX10) 50 MG/ML	1	ML	SR	IJ	ML	100	MG	0.5	08/21/2007	99/99/9999	
ADENOSCAN 3 MG/ML	30	ML	VL	IV	ML	30	MG	0.1	10/18/2007	12/31/2013	
ADENOSCAN 3 MG/ML	20	ML	VL	IV	ML	30	MG	0.1	10/18/2007	12/31/2013	
LOVENOX (10X1ML) 100 MG/ML	1	ML	SR	IJ	ML	10	MG	10	11/29/2007	99/99/9999	
INSULIN-HUMALOG (1X15ML) 100 U/ML	15	ML	CT	SC	ML	50	U	2	12/03/2007	99/99/9999	
LOVENOX (8X0.8ML) 120 MG/0.8 ML	0.8	ML	SR	IJ	ML	10	MG	15	12/04/2007	99/99/9999	
ARANESP (1X1ML, PREFILLED,PF) 0.5 MG/ML	1	ML	SR	IJ	ML	1	MCG	500	03/20/2008	06/30/2013	
ONDANSETRON (1X10ML) 2 MG/ML	10	ML	NA	IJ	ML	1	MG	2	05/09/2008	99/99/9999	
HUMALOG PEN (1X15ML) 100 U/ML	15	ML	CT	SC	ML	5	U	20	05/12/2008	99/99/9999	
METHYLPREDNISOLONE (DOSE PACK) 4 MG	21	EA	DP	PO	EA	4	MG	1	01/01/2002	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
54888-1082-03		Q0165		10/20/2004	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55045-1124-00		Q0163		05/01/2004	06/01/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55045-1124-01		Q0163		12/06/2004	06/01/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55045-1124-02		Q0163		12/06/2004	06/01/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55045-1124-03		Q0163		12/06/2004	06/01/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55045-1124-04		Q0163		12/06/2004	06/01/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55045-1124-05		Q0163		01/01/2003	06/01/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PROCHLORPERAZINE MALEATE 10 MG	100	EA	NA	PO	EA	10	MG	1	10/20/2004	12/31/2013	
DIPHENHYDRAMINE HCL 50 MG	100	EA	BO	PO	EA	50	MG	1	05/01/2004	06/01/2014	
DIPHENHYDRAMINE HCL 50 MG	3	EA	BO	PO	EA	50	MG	1	12/06/2004	06/01/2014	
DIPHENHYDRAMINE HCL 50 MG	60	EA	NA	PO	EA	50	MG	1	12/06/2004	06/01/2014	
DIPHENHYDRAMINE HCL 50 MG	90	EA	NA	PO	EA	50	MG	1	12/06/2004	06/01/2014	
DIPHENHYDRAMINE HCL 50 MG	120	EA	NA	PO	EA	50	MG	1	12/06/2004	06/01/2014	
DIPHENHYDRAMINE HCL 50 MG	15	EA	BO	PO	EA	50	MG	1	01/01/2003	06/01/2014	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
55045-1124-06		Q0163		12/06/2004	06/01/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55045-1124-07		Q0163		12/06/2004	06/01/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55045-1124-08		Q0163		01/01/2003	06/01/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55045-1124-09		Q0163		12/06/2004	06/01/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55045-1125-00		Q0163		12/06/2004	06/01/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55045-1125-01		Q0163		07/01/2004	06/01/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55045-1125-02		Q0163		02/01/2004	06/01/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
DIPHENHYDRAMINE HCL 50 MG	6	EA	NA	PO	EA	50	MG	1	12/06/2004	06/01/2014	
DIPHENHYDRAMINE HCL 50 MG	20	EA	NA	PO	EA	50	MG	1	12/06/2004	06/01/2014	
DIPHENHYDRAMINE HCL 50 MG	30	EA	BO	PO	EA	50	MG	1	01/01/2003	06/01/2014	
DIPHENHYDRAMINE HCL 50 MG	50	EA	NA	PO	EA	50	MG	1	12/06/2004	06/01/2014	
DIPHENHYDRAMINE HCL 25 MG	120	EA	NA	PO	EA	50	MG	0.5	12/06/2004	06/01/2014	
DIPHENHYDRAMINE HCL 25 MG	100	EA	NA	PO	EA	50	MG	0.5	07/01/2004	06/01/2014	
DIPHENHYDRAMINE HCL 25 MG	6	EA	NA	PO	EA	50	MG	0.5	02/01/2004	06/01/2014	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
55045-1125-03		Q0163		12/06/2004	06/01/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55045-1125-04		Q0163		01/01/2003	06/01/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55045-1125-05		Q0163		01/02/2004	06/01/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55045-1125-06		Q0163		01/01/2003	06/01/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55045-1125-08		Q0163		01/01/2003	06/01/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55045-1125-09		Q0163		02/01/2004	06/01/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55045-1126-02		Q0165		04/01/2005	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
DIPHENHYDRAMINE HCL 25 MG	90	EA	NA	PO	EA	50	MG	0.5	12/06/2004	06/01/2014	
DIPHENHYDRAMINE HCL 25 MG	12	EA	BO	PO	EA	50	MG	0.5	01/01/2003	06/01/2014	
DIPHENHYDRAMINE HCL 25 MG	15	EA	NA	PO	EA	50	MG	0.5	01/02/2004	06/01/2014	
DIPHENHYDRAMINE HCL 25 MG	20	EA	BO	PO	EA	50	MG	0.5	01/01/2003	06/01/2014	
DIPHENHYDRAMINE HCL 25 MG	30	EA	BO	PO	EA	50	MG	0.5	01/01/2003	06/01/2014	
DIPHENHYDRAMINE HCL 25 MG	60	EA	NA	PO	EA	50	MG	0.5	02/01/2004	06/01/2014	
PROCHLORPERAZINE MALEATE 10 MG	10	EA	BO	PO	EA	10	MG	1	04/01/2005	12/31/2013	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
55045-1126-03		Q0165		07/01/2003	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55045-1126-04		Q0165		01/01/2003	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55045-1126-06		Q0165		11/10/2005	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55045-1126-07		Q0165		07/01/2005	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55045-1126-08		Q0165		07/01/2003	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55045-1252-02		Q0163		01/01/2003	06/01/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55045-1259-09		J7509		01/01/2003	06/01/2014	METHYLPREDNISOLONE ORAL, PER 4 MG
55045-1260-00		J7506		12/06/2004	06/01/2014	PREDNISONE, ORAL, PER 5MG
55045-1260-09		J7506		01/01/2003	06/01/2014	PREDNISONE, ORAL, PER 5MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PROCHLORPERAZINE MALEATE 10 MG	5	EA	BO	PO	EA	10	MG	1	07/01/2003	12/31/2013	
PROCHLORPERAZINE 10 MG	12	EA	BO	PO	EA	10	MG	1	01/01/2003	12/31/2013	
PROCHLORPERAZINE MALEATE 10 MG	60	EA	BO	PO	EA	10	MG	1	11/10/2005	12/31/2013	
PROCHLORPERAZINE MALEATE 10 MG	20	EA	BO	PO	EA	10	MG	1	07/01/2005	12/31/2013	
PROCHLORPERAZINE MALEATE 10 MG	30	EA	BO	PO	EA	10	MG	1	07/01/2003	12/31/2013	
DIPHENHYDRAMINE HCL (AF) 12.5 MG/5 ML	118	ML	BO	PO	ML	50	MG	0.05	01/01/2003	06/01/2014	
METHYLPREDNISOLONE (DOSEPAK) 4 MG	21	EA	DP	PO	EA	4	MG	1	01/01/2003	06/01/2014	
PREDNISONE (DOSEPACK) 5 MG	48	EA	DP	PO	EA	5	MG	1	12/06/2004	06/01/2014	
PREDNISONE (DOSEPACK) 5 MG	21	EA	DP	PO	EA	5	MG	1	01/01/2003	06/01/2014	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
55045-1308-01		J8540		01/01/2006	06/01/2014	DEXAMETHASONE, ORAL, 0.25 MG
55045-1308-02		J8540		01/01/2006	06/01/2014	DEXAMETHASONE, ORAL, 0.25 MG
55045-1308-03		J8540		01/01/2006	06/01/2014	DEXAMETHASONE, ORAL, 0.25 MG
55045-1308-06		J8540		01/01/2006	06/01/2014	DEXAMETHASONE, ORAL, 0.25 MG
55045-1308-07		J8540		01/01/2006	06/01/2014	DEXAMETHASONE, ORAL, 0.25 MG
55045-1308-08		J8540		01/01/2006	06/01/2014	DEXAMETHASONE, ORAL, 0.25 MG
55045-1308-09		J8540		01/01/2006	06/01/2014	DEXAMETHASONE, ORAL, 0.25 MG
55045-1444-01		J7506		12/06/2004	06/01/2014	PREDNISONE, ORAL, PER 5MG
55045-1444-02		J7506		05/01/2005	06/01/2014	PREDNISONE, ORAL, PER 5MG
55045-1444-03		J7506		01/01/2004	06/01/2014	PREDNISONE, ORAL, PER 5MG
55045-1444-04		J7506		01/01/2003	06/01/2014	PREDNISONE, ORAL, PER 5MG
55045-1444-07		J7506		01/01/2003	06/01/2014	PREDNISONE, ORAL, PER 5MG
55045-1444-08		J7506		01/01/2003	06/01/2014	PREDNISONE, ORAL, PER 5MG
55045-1480-01		J7506		01/01/2003	06/01/2014	PREDNISONE, ORAL, PER 5MG
55045-1480-02		J7506		12/06/2004	06/01/2014	PREDNISONE, ORAL, PER 5MG
55045-1480-05		J7506		12/06/2004	06/01/2014	PREDNISONE, ORAL, PER 5MG
55045-1480-06		J7506		12/06/2004	06/01/2014	PREDNISONE, ORAL, PER 5MG
55045-1480-07		J7506		01/01/2003	06/01/2014	PREDNISONE, ORAL, PER 5MG
55045-1480-08		J7506		01/01/2003	06/01/2014	PREDNISONE, ORAL, PER 5MG
55045-1480-09		J7506		01/01/2003	06/01/2014	PREDNISONE, ORAL, PER 5MG
55045-1533-01		J7506		05/01/2004	06/01/2014	PREDNISONE, ORAL, PER 5MG
55045-1533-03		J7506		01/01/2003	06/01/2014	PREDNISONE, ORAL, PER 5MG
55045-1533-06		J7506		01/01/2003	06/01/2014	PREDNISONE, ORAL, PER 5MG
55045-1533-07		J7506		01/01/2003	06/01/2014	PREDNISONE, ORAL, PER 5MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
DEXAMETHASONE 0.75 MG	100	EA	BO	PO	EA	0.25	MG	3	01/01/2006	06/01/2014	
DEXAMETHASONE 0.75 MG	60	EA	BO	PO	EA	0.25	MG	3	01/01/2006	06/01/2014	
DEXAMETHASONE 0.75 MG	90	EA	BO	PO	EA	0.25	MG	3	01/01/2006	06/01/2014	
DEXAMETHASONE 0.75 MG	6	EA	BO	PO	EA	0.25	MG	3	01/01/2006	06/01/2014	
DEXAMETHASONE 0.75 MG	20	EA	BO	PO	EA	0.25	MG	3	01/01/2006	06/01/2014	
DEXAMETHASONE 0.75 MG	30	EA	BO	PO	EA	0.25	MG	3	01/01/2006	06/01/2014	
DEXAMETHASONE 0.75 MG	36	EA	BO	PO	EA	0.25	MG	3	01/01/2006	06/01/2014	
PREDNISONE 20 MG	35	EA	NA	PO	EA	5	MG	4	12/06/2004	06/01/2014	
PREDNISONE 20 MG	42	EA	BO	PO	EA	5	MG	4	05/01/2005	06/01/2014	
PREDNISONE 20 MG	18	EA	BO	PO	EA	5	MG	4	01/01/2004	06/01/2014	
PREDNISONE 20 MG	12	EA	BO	PO	EA	5	MG	4	01/01/2003	06/01/2014	
PREDNISONE 20 MG	21	EA	BO	PO	EA	5	MG	4	01/01/2003	06/01/2014	
PREDNISONE 20 MG	30	EA	BO	PO	EA	5	MG	4	01/01/2003	06/01/2014	
PREDNISONE 5 MG	100	EA	BO	PO	EA	5	MG	1	01/01/2003	06/01/2014	
PREDNISONE 5 MG	60	EA	NA	PO	EA	5	MG	1	12/06/2004	06/01/2014	
PREDNISONE 5 MG	15	EA	NA	PO	EA	5	MG	1	12/06/2004	06/01/2014	
PREDNISONE 5 MG	20	EA	NA	PO	EA	5	MG	1	12/06/2004	06/01/2014	
PREDNISONE 5 MG	21	EA	BO	PO	EA	5	MG	1	01/01/2003	06/01/2014	
PREDNISONE 5 MG	30	EA	BO	PO	EA	5	MG	1	01/01/2003	06/01/2014	
PREDNISONE 5 MG	40	EA	BO	PO	EA	5	MG	1	01/01/2003	06/01/2014	
PREDNISONE 10 MG	100	EA	NA	PO	EA	5	MG	2	05/01/2004	06/01/2014	
PREDNISONE 10 MG	20	EA	BO	PO	EA	5	MG	2	01/01/2003	06/01/2014	
PREDNISONE 10 MG	42	EA	BO	PO	EA	5	MG	2	01/01/2003	06/01/2014	
PREDNISONE 10 MG	21	EA	BO	PO	EA	5	MG	2	01/01/2003	06/01/2014	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
55045-1533-08		J7506		01/01/2003	06/01/2014	PREDNISONE, ORAL, PER 5MG
55045-1533-09		J7506		01/01/2003	06/01/2014	PREDNISONE, ORAL, PER 5MG
55045-1596-00		Q0170		12/06/2004	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55045-1596-01		Q0170		12/06/2004	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55045-1596-02		Q0170		08/09/2004	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55045-1596-03		Q0170		01/01/2003	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55045-1596-04		Q0170		02/09/2003	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55045-1596-05		Q0170		01/01/2003	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PREDNISONE 10 MG	30	EA	BO	PO	EA	5	MG	2	01/01/2003	06/01/2014	
PREDNISONE 10 MG	40	EA	BO	PO	EA	5	MG	2	01/01/2003	06/01/2014	
PROMETHAZINE HCL 25 MG	100	EA	BO	PO	EA	25	MG	1	12/06/2004	12/31/2013	
PROMETHAZINE HCL 25 MG	120	EA	BO	PO	EA	25	MG	1	12/06/2004	12/31/2013	
PROMETHAZINE HCL 25 MG	12	EA	NA	PO	EA	25	MG	1	08/09/2004	12/31/2013	
PROMETHAZINE HCL 25 MG	10	EA	BO	PO	EA	25	MG	1	01/01/2003	12/31/2013	
PROMETHAZINE HCL 25 MG	60	EA	NA	PO	EA	25	MG	1	02/09/2003	12/31/2013	
PROMETHAZINE HCL 25 MG	15	EA	BO	PO	EA	25	MG	1	01/01/2003	12/31/2013	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
55045-1596-06		Q0170		01/01/2003	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55045-1596-08		Q0170		01/01/2004	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55045-1596-09		Q0170		12/06/2004	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55045-1628-03		Q0173		01/01/2003	06/01/2014	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55045-1643-09		Q0170		01/01/2003	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55045-1661-00		Q0178		12/06/2004	12/31/2013	HYDROXYZINE PAMOATE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55045-1661-01		Q0178		12/06/2004	12/31/2013	HYDROXYZINE PAMOATE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PROMETHAZINE HCL 25 MG	20	EA	BO	PO	EA	25	MG	1	01/01/2003	12/31/2013	
PROMETHAZINE HCL 25 MG	30	EA	BO	PO	EA	25	MG	1	05/23/2005	12/31/2013	01/01/2004
PROMETHAZINE HCL 25 MG	90	EA	BO	PO	EA	25	MG	1	12/06/2004	12/31/2013	
TRIMETHOBENZAMIDE HCL 250 MG	10	EA	BO	PO	EA	250	MG	1	01/01/2003	06/01/2014	
PROMETHAZINE HCL (FRUIT,TROPICAL) 6.25 MG/5 ML	118	ML	BO	PO	ML	25	MG	0.05	01/01/2003	12/31/2013	
HYDROXYZINE PAMOATE 50 MG	100	EA	NA	PO	EA	50	MG	1	12/06/2004	12/31/2013	
HYDROXYZINE PAMOATE 50 MG	120	EA	NA	PO	EA	50	MG	1	12/06/2004	12/31/2013	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
05/22/2005	1			

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
55045-1661-02		Q0178		12/06/2004	12/31/2013	HYDROXYZINE PAMOATE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55045-1661-03		Q0178		09/01/2004	12/31/2013	HYDROXYZINE PAMOATE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55045-1661-06		Q0178		09/01/2004	12/31/2013	HYDROXYZINE PAMOATE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55045-1661-08		Q0178		06/01/2003	12/31/2013	HYDROXYZINE PAMOATE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55045-1661-09		Q0178		12/06/2004	12/31/2013	HYDROXYZINE PAMOATE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55045-1696-02		Q0164		12/06/2004	06/01/2014	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55045-1749-02		J8498		01/01/2006	06/01/2014	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED
55045-1811-03		J7509		12/06/2004	06/01/2014	METHYLPREDNISOLONE ORAL, PER 4 MG
55045-1811-08		J7509		12/06/2004	06/01/2014	METHYLPREDNISOLONE ORAL, PER 4 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
HYDROXYZINE PAMOATE 50 MG	20	EA	NA	PO	EA	50	MG	1	12/06/2004	12/31/2013	
HYDROXYZINE PAMOATE 50 MG	40	EA	NA	PO	EA	50	MG	1	09/01/2004	12/31/2013	
HYDROXYZINE PAMOATE 50 MG	60	EA	NA	PO	EA	50	MG	1	09/01/2004	12/31/2013	
HYDROXYZINE PAMOATE 50 MG	30	EA	BO	PO	EA	50	MG	1	06/01/2003	12/31/2013	
HYDROXYZINE PAMOATE 50 MG	90	EA	NA	PO	EA	50	MG	1	12/06/2004	12/31/2013	
PROCHLORPERAZINE MALEATE (FILM-COATED) 5 MG	10	EA	NA	PO	EA	5	MG	1	12/06/2004	06/01/2014	
PHENERGAN 25 MG	4	EA	BO	RC	EA	1	EA	1	01/01/2006	06/01/2014	
METHYLPREDNISOLONE 4 MG	40	EA	NA	PO	EA	4	MG	1	12/06/2004	06/01/2014	
METHYLPREDNISOLONE 4 MG	30	EA	NA	PO	EA	4	MG	1	12/06/2004	06/01/2014	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
55045-1970-05		J8540		01/01/2006	06/01/2014	DEXAMETHASONE, ORAL, 0.25 MG
55045-2043-07		J7613		04/01/2008	06/01/2014	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
55045-2043-07	KO	J7613	KO	04/01/2008	06/01/2014	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
55045-2133-03		J3360		03/24/2003	06/01/2014	INJECTION, DIAZEPAM, UP TO 5 MG
55045-2195-02		Q0177		12/06/2004	06/01/2014	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55045-2195-04		Q0177		07/01/2004	06/01/2014	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55045-2195-05		Q0177		03/24/2003	06/01/2014	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55045-2195-06		Q0177		12/06/2004	06/01/2014	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55045-2195-07		Q0177		03/01/2004	06/01/2014	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
DEXAMETHASONE 4 MG	8	EA	BO	PO	EA	0.25	MG	16	01/01/2006	06/01/2014	
ALBUTEROL SULFATE (3MLX25) 0.083%	3	ML	NA	IH	ML	1	MG	0.83	04/01/2008	06/01/2014	
ALBUTEROL SULFATE (3MLX25) 0.083%	3	ML	NA	IH	ML	1	MG	0.83	04/01/2008	06/01/2014	
DIAZEPAM 5 MG/ML	10	ML	VL	IJ	ML	5	MG	1	03/24/2003	06/01/2014	
HYDROXYZINE PAMOATE 25 MG	120	EA	NA	PO	EA	25	MG	1	12/06/2004	06/01/2014	
HYDROXYZINE PAMOATE 25 MG	9	EA	BO	PO	EA	25	MG	1	07/01/2004	06/01/2014	
HYDROXYZINE PAMOATE 25 MG	15	EA	BO	PO	EA	25	MG	1	03/24/2003	06/01/2014	
HYDROXYZINE PAMOATE 25 MG	60	EA	NA	PO	EA	25	MG	1	12/06/2004	06/01/2014	
HYDROXYZINE PAMOATE 25 MG	20	EA	NA	PO	EA	25	MG	1	03/01/2004	06/01/2014	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
55045-2195-08		Q0177		02/01/2004	06/01/2014	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55045-2195-09		Q0177		12/06/2004	06/01/2014	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55045-2372-05		Q0144		01/19/2005	06/01/2014	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
55045-2373-05		Q0144		01/19/2005	06/01/2014	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
55045-2373-06		Q0144		01/01/2003	06/01/2014	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
55045-2373-08		Q0144		01/19/2005	06/01/2014	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
55045-2400-02		J8498		01/01/2006	06/01/2014	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED
55045-2470-02		J7611		04/01/2008	06/01/2014	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG
55045-2492-06		Q0144		07/03/2006	06/01/2014	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
55045-2533-00		J0595		01/01/2004	06/01/2014	INJECTION, BUTORPHANOL TARTRATE, 1 MG
55045-2565-00		J8499		01/01/2005	06/01/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
55045-2565-02		J8499		12/06/2004	06/01/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
55045-2565-04		J8499		01/01/2005	06/01/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
55045-2565-05		J8499		01/01/2005	06/01/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
55045-2565-08		J8499		01/01/2005	06/01/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
55045-2571-00		J8499		01/01/2005	06/01/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
55045-2571-02		J8499		01/01/2005	06/01/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
55045-2571-04		J8499		01/01/2003	06/01/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
HYDROXYZINE PAMOATE 25 MG	30	EA	NA	PO	EA	25	MG	1	02/01/2004	06/01/2014	
HYDROXYZINE PAMOATE 25 MG	90	EA	NA	PO	EA	25	MG	1	12/06/2004	06/01/2014	
ZITHROMAX 100 MG/5 ML	15	ML	BO	PO	ML	1	GM	0.02	01/19/2005	06/01/2014	
ZITHROMAX 200 MG/5 ML	15	ML	BO	PO	ML	1	GM	0.04	01/19/2005	06/01/2014	
ZITHROMAX 200 MG/5 ML	22.5	ML	BO	PO	ML	1	GM	0.04	01/01/2003	06/01/2014	
ZITHROMAX 200 MG/5 ML	30	ML	BO	PO	ML	1	GM	0.04	01/19/2005	06/01/2014	
PROCHLORPERAZINE 25 MG	12	EA	BX	RC	EA	1	EA	1	01/01/2006	06/01/2014	
ALBUTEROL SULFATE 0.5%	20	ML	NA	IH	ML	1	MG	5	04/01/2008	06/01/2014	
ZITHROMAX Z-PAK 250 MG	6	EA	BX	PO	EA	1	GM	0.25	07/03/2006	06/01/2014	
STADOL 2 MG/ML	10	ML	VL	IJ	ML	1	MG	2	01/01/2004	06/01/2014	
ACYCLOVIR 200 MG	100	EA	NA	PO	EA	1	EA	1	01/01/2005	06/01/2014	
ACYCLOVIR 200 MG	25	EA	BO	PO	EA	1	EA	1	12/06/2004	06/01/2014	
ACYCLOVIR 200 MG	50	EA	NA	PO	EA	1	EA	1	01/01/2005	06/01/2014	
ACYCLOVIR 200 MG	15	EA	NA	PO	EA	1	EA	1	01/01/2005	06/01/2014	
ACYCLOVIR 200 MG	30	EA	NA	PO	EA	1	EA	1	01/01/2005	06/01/2014	
ACYCLOVIR 400 MG	100	EA	NA	PO	EA	1	EA	1	01/01/2005	06/01/2014	
ACYCLOVIR 400 MG	25	EA	NA	PO	EA	1	EA	1	01/01/2005	06/01/2014	
ACYCLOVIR 400 MG	15	EA	BO	PO	EA	1	EA	1	01/01/2003	06/01/2014	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
55045-2571-05		J8499		01/01/2005	06/01/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
55045-2571-06		J8499		03/01/2005	06/01/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
55045-2571-08		J8499		01/01/2005	06/01/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
55045-2648-00		J8499		01/01/2005	06/01/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
55045-2648-02		J8499		07/01/2003	06/01/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
55045-2648-03		J8499		01/01/2005	06/01/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
55045-2648-05		J8499		01/01/2005	06/01/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
55045-2648-06		J8499		01/01/2005	06/01/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
55045-2665-02		J8540		01/01/2006	06/01/2014	DEXAMETHASONE, ORAL, 0.25 MG
55045-2781-06		Q0163		07/01/2004	06/01/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55045-2857-01		J2250		12/01/2005	06/01/2014	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG
55045-2885-00		J7510		01/02/2006	06/01/2014	PREDNISOLONE ORAL, PER 5 MG
55045-2885-08		J7510		07/05/2006	06/01/2014	PREDNISOLONE ORAL, PER 5 MG
55045-2887-02		J2250		08/27/2003	06/01/2014	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG
55045-2963-01		J7506		12/06/2004	06/01/2014	PREDNISONE, ORAL, PER 5MG
55045-2963-02		J7506		12/06/2004	06/01/2014	PREDNISONE, ORAL, PER 5MG
55045-2968-01		J0595		01/01/2005	06/01/2014	INJECTION, BUTORPHANOL TARTRATE, 1 MG
55045-2968-02		J0595		04/11/2006	06/01/2014	INJECTION, BUTORPHANOL TARTRATE, 1 MG
55045-3011-02		J8498		01/01/2006	06/01/2014	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
ACYCLOVIR 400 MG	50	EA	NA	PO	EA	1	EA	1	01/01/2005	06/01/2014	
ACYCLOVIR 400 MG	60	EA	NA	PO	EA	1	EA	1	03/01/2005	06/01/2014	
ACYCLOVIR 400 MG	30	EA	NA	PO	EA	1	EA	1	01/01/2005	06/01/2014	
ACYCLOVIR 800 MG	100	EA	NA	PO	EA	1	EA	1	01/01/2005	06/01/2014	
ACYCLOVIR 800 MG	15	EA	BO	PO	EA	1	EA	1	07/01/2003	06/01/2014	
ACYCLOVIR 800 MG	25	EA	NA	PO	EA	1	EA	1	01/01/2005	06/01/2014	
ACYCLOVIR 800 MG	50	EA	NA	PO	EA	1	EA	1	01/01/2005	06/01/2014	
ACYCLOVIR 800 MG	60	EA	NA	PO	EA	1	EA	1	01/01/2005	06/01/2014	
DEXAMETHASONE 0.5 MG	12	EA	BO	PO	EA	0.25	MG	2	01/01/2006	06/01/2014	
DIPHENHYDRAMINE HCL 25 MG	24	EA	NA	PO	EA	50	MG	0.5	07/01/2004	06/01/2014	
MIDAZOLAM HYDROCHLORIDE 5 MG/ML	1	ML	VL	IJ	ML	1	MG	5	12/01/2005	06/01/2014	
ORAPRED (10X20ML) 15 MG/5 ML	20	ML	BO	PO	ML	5	MG	0.6	01/02/2006	06/01/2014	
ORAPRED 15 MG/5 ML	237	ML	BO	PO	ML	5	MG	0.6	07/05/2006	06/01/2014	
MIDAZOLAM HCL (10X2ML) 1 MG/ML	2	ML	EA	IJ	ML	1	MG	1	08/27/2003	06/01/2014	
PREDNISONE (DOSEPACK) 10 MG	21	EA	DP	PO	EA	5	MG	2	12/06/2004	06/01/2014	
PREDNISONE (DOSEPACK) 10 MG	48	EA	DP	PO	EA	5	MG	2	12/06/2004	06/01/2014	
BUTORPHANOL TARTRATE (10X1ML) 2 MG/ML	1	ML	NA	IJ	ML	1	MG	2	01/01/2005	06/01/2014	
BUTORPHANOL TARTRATE 2 MG/ML	1	ML	NA	IJ	ML	1	MG	2	04/11/2006	06/01/2014	
PROMETHAZINE HCL 25 MG	4	EA	BX	RC	EA	1	EA	1	01/01/2006	06/01/2014	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
55045-3011-03		J8498		01/01/2006	06/01/2014	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED
55045-3029-02		J1080		01/01/2003	06/01/2014	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG
55045-3203-03		Q0173		05/01/2005	06/01/2014	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55045-3212-03		J1100		07/01/2006	06/01/2014	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG
55045-3231-01		J2001		07/01/2006	06/01/2014	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG
55045-3232-01		J0690		09/01/2004	06/01/2014	INJECTION, CEFAZOLIN SODIUM, 500 MG
55045-3242-02		J1030		07/01/2006	06/01/2014	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG
55045-3242-05		J1030		07/01/2006	06/01/2014	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG
55045-3243-01		J1040		07/20/2006	06/01/2014	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG
55045-3248-01		J3301		07/21/2006	06/01/2014	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG
55045-3249-05		J2001		07/01/2006	06/01/2014	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG
55045-3251-05		J3490		07/01/2006	06/01/2014	UNCLASSIFIED DRUGS
55045-3252-02		J3490		07/01/2006	06/01/2014	UNCLASSIFIED DRUGS
55045-3281-03		J7506		12/20/2004	06/01/2014	PREDNISONE, ORAL, PER 5MG
55045-3281-04		J7506		02/11/2005	06/01/2014	PREDNISONE, ORAL, PER 5MG
55045-3298-01		J1200		01/01/2005	06/01/2014	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG
55045-3442-06		Q0144		12/05/2005	06/01/2014	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
55045-3471-01		J7500		03/01/2006	06/01/2014	AZATHIOPRINE, ORAL, 50 MG
55045-3503-01		J0696		06/28/2006	06/01/2014	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
55045-3505-01		J1055		06/28/2006	12/31/2012	INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PROMETHAZINE HYDROCHLORIDE 25 MG	12	EA	NA	RC	EA	1	EA	1	01/01/2006	06/01/2014	
DEPO-TESTOSTERONE 200 MG/ML	10	ML	VL	IM	ML	200	MG	1	01/01/2003	06/01/2014	
TRIMETHOBENZAMIDE 300 MG	10	EA	NA	PO	EA	250	MG	1.2	05/01/2005	06/01/2014	
DEXAMETHASONE 4 MG/ML	30	ML	NA	IJ	ML	1	MG	4	07/01/2006	06/01/2014	
LIDOCAINE HYDROCHLORIDE 1%	50	ML	NA	IJ	ML	10	MG	1	07/01/2006	06/01/2014	
CEFAZOLIN SODIUM 1 GM	1	EA	NA	IJ	EA	500	MG	2	09/01/2004	06/01/2014	
DEPO MEDROL 40 MG/ML	10	ML	NA	IJ	ML	40	MG	1	07/01/2006	06/01/2014	
DEPO MEDROL 40 MG/ML	5	ML	NA	IJ	ML	40	MG	1	07/01/2006	06/01/2014	
DEPO MEDROL 80 MG/ML	1	ML	VL	IJ	ML	80	MG	1	07/20/2006	06/01/2014	
KENALOG 40 40 MG/ML	1	ML	VL	IJ	ML	10	MG	4	07/21/2006	06/01/2014	
LIDOCAINE HYDROCHLORIDE 2%	50	ML	NA	IJ	ML	10	MG	2	07/01/2006	06/01/2014	
MARCAINE HYDROCHLORIDE 0.5%	50	ML	NA	IJ	ML	1	EA	1	07/01/2006	06/01/2014	
MARCAINE HYDROCHLORIDE 0.25%	50	ML	NA	IJ	ML	1	EA	1	07/01/2006	06/01/2014	
PREDNISONE 10 MG	15	EA	NA	PO	EA	5	MG	2	12/20/2004	06/01/2014	
PREDNISONE 10 MG	18	EA	NA	PO	EA	5	MG	2	02/11/2005	06/01/2014	
BENADRYL 50 MG/ML	10	ML	NA	IJ	ML	50	MG	1	01/01/2005	06/01/2014	
AZITHROMYCIN 250 MG	6	EA	NA	PO	EA	1	GM	0.25	12/05/2005	06/01/2014	
AZATHIOPRINE 50 MG	100	EA	BO	PO	EA	50	MG	1	03/01/2006	06/01/2014	
CEFTRIAXONE 500 MG	1	EA	VL	IJ	EA	250	MG	2	06/28/2006	06/01/2014	
DEPO PROVERA 150 MG/ML	1	ML	VL	IM	ML	150	MG	1	06/28/2006	12/31/2012	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
55045-3506-01		J1815		06/28/2006	06/01/2014	INJECTION, INSULIN, PER 5 UNITS
55045-3508-01		J1815		06/30/2006	06/01/2014	INJECTION, INSULIN, PER 5 UNITS
55045-3509-01		J2930		07/10/2006	06/01/2014	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG
55045-3511-01		J0696		07/11/2006	06/01/2014	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
55045-3511-02		J0696		07/14/2006	06/01/2014	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
55045-3512-01		J3030		07/11/2006	06/01/2014	INJECTION, SUMATRIPTAN SUCCINATE, 6 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)
55045-3513-01		J7509		06/23/2006	06/01/2014	METHYLPREDNISOLONE ORAL, PER 4 MG
55045-3514-01		J2550		07/12/2006	06/01/2014	INJECTION, PROMETHAZINE HCL, UP TO 50 MG
55045-3515-01		J2310		07/12/2006	06/01/2014	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG
55045-3516-01		J0696		07/12/2006	06/01/2014	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
55045-3685-01		J1815		11/15/2006	06/01/2014	INJECTION, INSULIN, PER 5 UNITS
55045-3693-01		Q0144		12/06/2006	06/01/2014	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
55045-3698-03		Q0144		12/26/2006	06/01/2014	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
55045-3710-01		A4216		01/01/2007	06/01/2014	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
55045-3725-01		Q0144		12/26/2006	06/01/2014	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
72205-0007-92		None		10/01/2018	99/99/9999	CAPECITABINE, 500 MG, ORAL
55045-3726-02		Q0144		12/26/2006	06/01/2014	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
55045-3727-01		Q0144		12/26/2006	06/01/2014	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
55045-3773-05		J3490		04/06/2007	06/01/2014	UNCLASSIFIED DRUGS
55289-0006-10		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
55289-0006-25		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
HUMULIN R U-100 100 U/ML	10	ML	VL	IJ	ML	5	U	20	06/28/2006	06/01/2014	
NOVOLIN 70/30 70 U/ML-30 U/ML	10	ML	VL	SC	ML	5	U	20	06/30/2006	06/01/2014	
SOLU MEDROL 125 MG	1	EA	VL	IJ	EA	125	MG	1	07/10/2006	06/01/2014	
CEFTRIAXONE 1 GM	1	EA	VL	IJ	EA	250	MG	4	07/11/2006	06/01/2014	
CEFTRIAXONE 1 GM	1	EA	VL	IJ	EA	250	MG	4	07/14/2006	06/01/2014	
IMITREX (5X0.5ML) 6 MG/0.5 ML	0.5	ML	VL	SC	ML	6	MG	2	07/11/2006	06/01/2014	
METHYLPREDNISOLONE 8 MG	25	EA	BO	PO	EA	4	MG	2	06/23/2006	06/01/2014	
PROMETHAZINE HYDROCHLORIDE (25X1ML) 25 MG/ML	1	ML	AM	IJ	ML	50	MG	0.5	07/12/2006	06/01/2014	
NALOXONE HYDROCHLORIDE 0.4 MG/ML	1	ML	AM	IJ	ML	1	MG	0.4	07/12/2006	06/01/2014	
CEFTRIAXONE 250 MG	1	EA	VL	IJ	EA	250	MG	1	07/12/2006	06/01/2014	
LANTUS 100 U/ML	10	ML	VL	SC	ML	5	U	20	11/15/2006	06/01/2014	
AZITHROMYCIN 500 MG	3	EA	NA	PO	EA	1	GM	0.5	12/06/2006	06/01/2014	
AZITHROMYCIN 200 MG/5 ML	30	ML	BO	PO	ML	1	GM	0.04	12/26/2006	06/01/2014	
SODIUM CHLORIDE (10MLX25) 0.9%	10	ML	NA	IJ	ML	10	ML	0.1	01/01/2007	06/01/2014	
AZITHROMYCIN 100 MG/5 ML	15	ML	BO	PO	ML	1	GM	0.02	12/26/2006	06/01/2014	
CAPECITABINE (FILM COATED) 500 MG	120	EA	BO	PO	EA	500	MG	1	10/01/2018	99/99/9999	
AZITHROMYCIN 200 MG/5 ML	22.5	ML	BO	PO	ML	1	GM	0.04	12/26/2006	06/01/2014	
AZITHROMYCIN 200 MG/5 ML	15	ML	BO	PO	ML	1	GM	0.04	12/26/2006	06/01/2014	
BACITRACIN 50000 U	1	EA	NA	IM	EA	1	EA	1	04/06/2007	06/01/2014	
ZOVIRAX 200 MG	10	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999	
ZOVIRAX 200 MG	25	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
55289-0006-35		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
55289-0006-50		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
55289-0100-01		Q0163		01/01/2002	02/03/2016	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55289-0100-10		Q0163		01/01/2002	02/03/2016	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55289-0100-15		Q0163		01/01/2002	02/03/2016	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55289-0100-20		Q0163		01/01/2002	02/03/2016	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55289-0100-30		Q0163		01/01/2002	02/03/2016	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55289-0100-40		Q0163		09/09/2002	02/03/2016	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55289-0119-02		J8498		01/01/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
ZOVIRAX 200 MG	35	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999	
ZOVIRAX 200 MG	50	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999	
DIPHENHYDRAMINE HCL 50 MG	100	EA	BO	PO	EA	50	MG	1	01/01/2002	02/03/2016	
DIPHENHYDRAMINE HCL 50 MG	10	EA	BO	PO	EA	50	MG	1	01/01/2002	02/03/2016	
DIPHENHYDRAMINE HCL 50 MG	15	EA	BO	PO	EA	50	MG	1	01/01/2002	02/03/2016	
DIPHENHYDRAMINE HCL 50 MG	20	EA	BO	PO	EA	50	MG	1	01/01/2002	02/03/2016	
DIPHENHYDRAMINE HCL 50 MG	30	EA	BO	PO	EA	50	MG	1	01/01/2002	02/03/2016	
DIPHENHYDRAMINE HCL 50 MG	40	EA	BO	PO	EA	50	MG	1	09/09/2002	02/03/2016	
PROCHLORPERAZINE 25 MG	2	EA	BX	RC	EA	1	EA	1	01/01/2006	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
55289-0119-06		J8498		01/01/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED
55289-0224-04		Q0165		05/21/2002	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55289-0224-06		Q0165		03/07/2008	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55289-0224-12		Q0165		04/02/2008	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55289-0226-10		Q0177		01/01/2002	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55289-0226-15		Q0177		03/06/2008	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55289-0273-10		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
55289-0273-25		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
55289-0273-30		J8499		08/01/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
55289-0273-35		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
55289-0273-50		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
55289-0274-02		Q0144		10/16/2007	03/08/2017	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PROCHLORPERAZINE 25 MG	6	EA	BX	RC	EA	1	EA	1	01/01/2006	99/99/9999	
PROCHLORPERAZINE MALEATE 10 MG	4	EA	BO	PO	EA	10	MG	1	05/21/2002	12/31/2013	
PROCHLORPERAZINE MALEATE 10 MG	10	EA	BO	PO	EA	10	MG	1	03/07/2008	12/31/2013	
PROCHLORPERAZINE MALEATE 10 MG	12	EA	BO	PO	EA	10	MG	1	04/02/2008	12/31/2013	
HYDROXYZINE PAMOATE 25 MG	10	EA	BO	PO	EA	25	MG	1	01/01/2002	99/99/9999	
HYDROXYZINE PAMOATE 25 MG	15	EA	BO	PO	EA	25	MG	1	03/06/2008	99/99/9999	
ACYCLOVIR 200 MG	10	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999	
ACYCLOVIR 200 MG	25	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999	
ACYCLOVIR 200 MG	30	EA	BO	PO	EA	1	EA	1	08/01/2006	99/99/9999	
ACYCLOVIR 200 MG	35	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999	
ACYCLOVIR 200 MG	50	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999	
AZITHROMYCIN 500 MG	2	EA	BO	PO	EA	1	GM	0.5	10/16/2007	03/08/2017	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
55289-0274-03		Q0144		04/02/2008	03/08/2017	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
55289-0310-04		Q0144		01/01/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
55289-0310-06		Q0144		01/15/2004	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
55289-0310-14		Q0144		01/01/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
55289-0330-05		J7506		04/25/2008	12/31/2015	PREDNISONE, ORAL, PER 5MG
55289-0330-10		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
55289-0352-05		J7506		05/01/2008	12/31/2015	PREDNISONE, ORAL, PER 5MG
55289-0352-07		J7506		03/01/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG
55289-0352-09		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
55289-0352-10		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
55289-0352-12		J7506		05/01/2008	12/31/2015	PREDNISONE, ORAL, PER 5MG
55289-0352-14		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
55289-0352-15		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
55289-0352-20		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
55289-0352-21		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
55289-0352-30		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
55289-0354-10		Q0178		10/01/2002	12/31/2013	HYDROXYZINE PAMOATE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55289-0373-01		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
55289-0373-30		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
55289-0373-36		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
55289-0373-42		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
AZITHROMYCIN (FILM-COATED) 500 MG	3	EA	BO	PO	EA	1	GM	0.5	04/02/2008	03/08/2017	
ZITHROMAX 250 MG	4	EA	BO	PO	EA	1	GM	0.25	01/01/2002	99/99/9999	
ZITHROMAX 250 MG	6	EA	BO	PO	EA	1	GM	0.25	01/15/2004	99/99/9999	
ZITHROMAX 250 MG	14	EA	BO	PO	EA	1	GM	0.25	01/01/2002	99/99/9999	
PREDNISONE (USP) 50 MG	5	EA	BO	PO	EA	5	MG	10	04/25/2008	12/31/2015	
PREDNISONE 50 MG	10	EA	BO	PO	EA	5	MG	10	01/01/2002	12/31/2015	
PREDNISONE (USP) 20 MG	5	EA	BO	PO	EA	5	MG	4	05/01/2008	12/31/2015	
PREDNISONE 20 MG	7	EA	BO	PO	EA	5	MG	4	03/01/2004	12/31/2015	
PREDNISONE 20 MG	9	EA	BO	PO	EA	5	MG	4	01/01/2002	12/31/2015	
PREDNISONE 20 MG	10	EA	BO	PO	EA	5	MG	4	01/01/2002	12/31/2015	
PREDNISONE (USP) 20 MG	12	EA	BO	PO	EA	5	MG	4	05/01/2008	12/31/2015	
PREDNISONE 20 MG	14	EA	BO	PO	EA	5	MG	4	01/01/2002	12/31/2015	
PREDNISONE 20 MG	15	EA	BO	PO	EA	5	MG	4	01/01/2002	12/31/2015	
PREDNISONE 20 MG	20	EA	BO	PO	EA	5	MG	4	01/01/2002	12/31/2015	
PREDNISONE 20 MG	21	EA	BO	PO	EA	5	MG	4	01/01/2002	12/31/2015	
PREDNISONE 20 MG	30	EA	BO	PO	EA	5	MG	4	01/01/2002	12/31/2015	
HYDROXYZINE PAMOATE 50 MG	10	EA	BO	PO	EA	50	MG	1	10/01/2002	12/31/2013	
PREDNISONE 5 MG	100	EA	BO	PO	EA	5	MG	1	01/01/2002	12/31/2015	
PREDNISONE 5 MG	30	EA	BO	PO	EA	5	MG	1	01/01/2002	12/31/2015	
PREDNISONE 5 MG	36	EA	BO	PO	EA	5	MG	1	01/01/2002	12/31/2015	
PREDNISONE 5 MG	42	EA	BO	PO	EA	5	MG	1	01/01/2002	12/31/2015	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
55289-0373-46		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
55289-0373-55		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
55289-0373-60		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
55289-0373-72		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
55289-0438-20		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
55289-0438-21		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
55289-0438-30		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
55289-0438-36		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
55289-0438-38		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
55289-0438-40		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
55289-0438-42		J7506		03/18/2008	12/31/2015	PREDNISONE, ORAL, PER 5MG
55289-0438-50		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
55289-0438-60		J7506		03/05/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
55289-0462-05		J8499		01/15/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
55289-0462-12		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
55289-0462-15		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
55289-0462-21		J8499		08/17/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
55289-0462-25		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
55289-0462-30		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
55289-0462-35		J8499		04/21/2008	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
55289-0462-60		J8499		03/01/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PREDNISONE 5 MG	46	EA	BO	PO	EA	5	MG	1	01/01/2002	12/31/2015	
PREDNISONE 5 MG	50	EA	BO	PO	EA	5	MG	1	01/01/2002	12/31/2015	
PREDNISONE 5 MG	60	EA	BO	PO	EA	5	MG	1	01/01/2002	12/31/2015	
PREDNISONE 5 MG	72	EA	BO	PO	EA	5	MG	1	01/01/2002	12/31/2015	
PREDNISONE 10 MG	20	EA	BO	PO	EA	5	MG	2	01/01/2002	12/31/2015	
PREDNISONE 10 MG	21	EA	BO	PO	EA	5	MG	2	01/01/2002	12/31/2015	
PREDNISONE 10 MG	30	EA	BO	PO	EA	5	MG	2	01/01/2002	12/31/2015	
PREDNISONE 10 MG	36	EA	BO	PO	EA	5	MG	2	01/01/2002	12/31/2015	
PREDNISONE 10 MG	38	EA	BO	PO	EA	5	MG	2	01/01/2002	12/31/2015	
PREDNISONE 10 MG	40	EA	BO	PO	EA	5	MG	2	01/01/2002	12/31/2015	
PREDNISONE (USP) 10 MG	42	EA	BO	PO	EA	5	MG	2	03/18/2008	12/31/2015	
PREDNISONE 10 MG	50	EA	BO	PO	EA	5	MG	2	01/01/2002	12/31/2015	
PREDNISONE 10 MG	60	EA	BO	PO	EA	5	MG	2	03/05/2002	12/31/2015	
ACYCLOVIR 400 MG	5	EA	BO	PO	EA	1	EA	1	01/15/2004	99/99/9999	
ACYCLOVIR 400 MG	12	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999	
ACYCLOVIR 400 MG	15	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999	
ACYCLOVIR 400 MG	21	EA	BO	PO	EA	1	EA	1	08/17/2006	99/99/9999	
ACYCLOVIR 400 MG	25	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999	
ACYCLOVIR 400 MG	30	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999	
ACYCLOVIR (USP) 400 MG	35	EA	BO	PO	EA	1	EA	1	04/21/2008	99/99/9999	
ACYCLOVIR (USP) 400 MG	60	EA	BO	PO	EA	1	EA	1	03/01/2006	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
55289-0464-15		Q0170		12/01/2003	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55289-0464-79		Q0170		02/01/2005	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55289-0479-01		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55289-0479-10		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55289-0479-12		Q0163		07/01/2006	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55289-0479-15		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55289-0479-20		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PROMETHAZINE HCL 25 MG	15	EA	BO	PO	EA	25	MG	1	12/01/2003	12/31/2013	
PROMETHAZINE HCL 25 MG	1	EA	BO	PO	EA	25	MG	1	05/24/2005	12/31/2013	02/01/2005
DIPHENHYDRAMINE HCL 25 MG	100	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999	
DIPHENHYDRAMINE HCL 25 MG	10	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999	
DIPHENHYDRAMINE HCL 25 MG	12	EA	BO	PO	EA	50	MG	0.5	07/01/2006	99/99/9999	
DIPHENHYDRAMINE HCL 25 MG	15	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999	
DIPHENHYDRAMINE HCL 25 MG	20	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
05/23/2005	1			

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
55289-0479-24		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55289-0479-30		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55289-0531-04		Q0170		02/26/2008	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55289-0564-15		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
55289-0564-20		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
55289-0564-48		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
55289-0568-10		Q0164		07/01/2005	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55289-0568-12		Q0164		10/01/2002	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55289-0568-30		Q0164		11/15/2007	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
DIPHENHYDRAMINE HCL 25 MG	24	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999	
DIPHENHYDRAMINE HCL 25 MG	30	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999	
PROMETHAZINE HYDROCHLORIDE (USP) 50 MG	4	EA	BO	PO	EA	25	MG	2	02/26/2008	12/31/2013	
ZOVIRAX 800 MG	15	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999	
ZOVIRAX 800 MG	20	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999	
ZOVIRAX 800 MG	48	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999	
PROCHLORPERAZINE MALEATE 5 MG	10	EA	BO	PO	EA	5	MG	1	07/01/2005	99/99/9999	
PROCHLORPERAZINE MALEATE 5 MG	12	EA	BO	PO	EA	5	MG	1	10/01/2002	99/99/9999	
PROCHLORPERAZINE MALEATE 5 MG	30	EA	BO	PO	EA	5	MG	1	11/15/2007	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
55289-0582-04		J8540		10/01/2007	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG
55289-0582-10		J8540		04/10/2008	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG
55289-0629-10		J8499		08/26/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
55289-0629-30		J8499		06/05/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
55289-0629-50		J8499		04/23/2008	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
55289-0649-30		J7509		10/15/2003	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG
55289-0649-98		J7509		01/01/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG
55289-0691-12		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
55289-0691-15		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
55289-0691-25		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
55289-0924-30		None		11/01/2005	99/99/9999	METHOTREXATE, 2.5 MG, ORAL
55289-0928-02		J8498		03/01/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED
55289-0928-04		J8498		05/09/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED
55289-0928-06		J8498		01/01/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED
55289-0928-79		J8498		01/01/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED
55289-0940-02		J8498		03/01/2006	02/05/2018	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED
55289-0940-06		J8498		05/09/2006	02/05/2018	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED
55289-0948-02		Q0169		05/09/2006	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
DEXAMETHASONE 4 MG	4	EA	BO	PO	EA	0.25	MG	16	10/01/2007	99/99/9999	
DEXAMETHASONE 4 MG	10	EA	BO	PO	EA	0.25	MG	16	04/10/2008	99/99/9999	
ACYCLOVIR 800 MG	10	EA	BO	PO	EA	1	EA	1	08/26/2002	99/99/9999	
ACYCLOVIR 800 MG	30	EA	BO	PO	EA	1	EA	1	06/05/2007	99/99/9999	
ACYCLOVIR (USP) 800 MG	50	EA	BO	PO	EA	1	EA	1	04/23/2008	99/99/9999	
METHYLPREDNISOLONE 4 MG	30	EA	BO	PO	EA	4	MG	1	10/15/2003	99/99/9999	
METHYLPREDNISOLONE 4 MG	120	EA	BO	PO	EA	4	MG	1	01/01/2002	99/99/9999	
ZOVIRAX 400 MG	12	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999	
ZOVIRAX 400 MG	15	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999	
ZOVIRAX 400 MG	25	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999	
METHOTREXATE 2.5 MG	30	EA	BO	PO	EA	2.5	MG	1	11/01/2005	99/99/9999	
PROMETHAZINE (USP) 25 MG	2	EA	BX	RC	EA	1	EA	1	03/01/2006	99/99/9999	
PROMETHAZINE 25 MG	4	EA	BX	RC	EA	1	EA	1	05/09/2006	99/99/9999	
PROMETHAZINE 25 MG	6	EA	BX	RC	EA	1	EA	1	01/01/2006	99/99/9999	
PROMETHAZINE 25 MG	1	EA	BX	RC	EA	1	EA	1	01/01/2006	99/99/9999	
PROMETHAZINE HYDROCHLORIDE (USP) 12.5 MG	2	EA	BX	RC	EA	1	EA	1	03/01/2006	02/05/2018	
PROMETHAZINE HYDROCHLORIDE 12.5 MG	6	EA	BX	RC	EA	1	EA	1	05/09/2006	02/05/2018	
PROMETHAZINE 12.5 MG	2	EA	BO	PO	EA	12.5	MG	1	05/09/2006	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
55289-0953-06		Q0173		05/09/2006	99/99/9999	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55289-0964-04		Q0144		11/01/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
55289-0964-14		Q0144		02/01/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
55390-0003-10		J1800		01/01/2002	99/99/9999	INJECTION, PROPRANOLOL HCL, UP TO 1 MG
55390-0004-01		J1610		01/01/2002	04/08/2015	INJECTION, GLUCAGON HYDROCHLORIDE, PER 1 MG
55390-0004-10		J1610		01/01/2002	04/08/2015	INJECTION, GLUCAGON HYDROCHLORIDE, PER 1 MG
55390-0009-01		J0640		01/01/2002	09/05/2014	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG
55390-0012-01		J1450		07/29/2004	99/99/9999	INJECTION FLUCONAZOLE, 200 MG
55390-0013-10		J1110		09/03/2003	11/09/2016	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG
55390-0014-02		J1190		04/08/2005	09/05/2014	INJECTION, DEXRAZOXANE HYDROCHLORIDE, PER 250 MG
55390-0020-10		J2260		05/31/2002	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG
55390-0021-01		J2260		05/31/2002	05/31/2015	INJECTION, MILRINONE LACTATE, 5 MG
55390-0026-01		J3490		01/01/2002	09/30/2012	UNCLASSIFIED DRUGS
55390-0027-01		J3490		01/01/2002	08/31/2012	UNCLASSIFIED DRUGS
55390-0028-10		J3490		01/01/2002	08/31/2012	UNCLASSIFIED DRUGS
55390-0029-10		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS
55390-0030-10		J9340		01/01/2002	09/05/2014	INJECTION, THIOTEPA, 15 MG
55390-0031-10		J9250		01/01/2002	09/05/2014	METHOTREXATE SODIUM, 5 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
TRIMETHOBENZAMIDE 300 MG	6	EA	BO	PO	EA	250	MG	1.2	05/09/2006	99/99/9999	
AZITHROMYCIN 250 MG	4	EA	BO	PO	EA	1	GM	0.25	11/01/2005	99/99/9999	
AZITHROMYCIN 250 MG	14	EA	BO	PO	EA	1	GM	0.25	02/01/2006	99/99/9999	
PROPRANOLOL HCL (S.D.V.) 1 MG/ML	1	ML	VL	IV	ML	1	MG	1	01/01/2002	99/99/9999	
GLUCAGEN DIAGNOSTIC KIT (VIAL W/STERILE WATER) 1 MG	1	EA	VL	IJ	EA	1	MG	1	01/01/2002	04/08/2015	
GLUCAGEN (VIAL) 1 MG	1	EA	VL	IJ	EA	1	MG	1	01/01/2002	04/08/2015	
LEUCOVORIN CALCIUM (S.D.V.,PF) 10 MG/ML	50	ML	VL	IJ	ML	50	MG	0.2	01/01/2002	09/05/2014	
FLUCONAZOLE 200 MG/100 ML	100	ML	VL	IV	ML	200	MG	0.01	07/29/2004	99/99/9999	
DIHYDROERGOTAMINE MESYLATE (VIAL) 1 MG/ML	1	ML	VL	IJ	ML	1	MG	1	09/03/2003	11/09/2016	
DEXRAZOXANE 250 MG	1	EA	VL	IV	EA	250	MG	1	04/08/2005	09/05/2014	
MILRINONE LACTATE (S.D.V.) 1 MG/ML	20	ML	VL	IV	ML	5	MG	0.2	05/31/2002	99/99/9999	
MILRINONE LACTATE (S.D.V.) 1 MG/ML	50	ML	VL	IV	ML	5	MG	0.2	05/31/2002	05/31/2015	
FAMOTIDINE (BULK VIAL) 10 MG/ML	50	ML	VL	IV	ML	1	EA	1	01/01/2002	09/30/2012	
FAMOTIDINE (M.D.V.,PF) 10 MG/ML	20	ML	VL	IV	ML	1	EA	1	01/01/2002	08/31/2012	
FAMOTIDINE (M.D.V.,PF) 10 MG/ML	4	ML	VL	IV	ML	1	EA	1	01/01/2002	08/31/2012	
FAMOTIDINE (S.D.V.,PF) 10 MG/ML	2	ML	VL	IV	ML	1	EA	1	01/01/2002	99/99/9999	
THIOTEPA (S.D.V.) 15 MG	1	EA	VL	IJ	EA	15	MG	1	01/01/2002	09/05/2014	
METHOTREXATE SODIUM (S.D.V.,PF) 25 MG/ML	2	ML	VL	IJ	ML	5	MG	5	01/01/2002	09/05/2014	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
55390-0032-10		J9250		01/01/2002	09/05/2014	METHOTREXATE SODIUM, 5 MG
55390-0033-10		J9250		01/01/2002	09/05/2014	METHOTREXATE SODIUM, 5 MG
55390-0034-10		J9250		01/01/2002	09/05/2014	METHOTREXATE SODIUM, 5 MG
55390-0045-01		J9209		02/24/2004	09/05/2014	INJECTION, MESNA, 200 MG
55390-0046-01		J1450		07/29/2004	99/99/9999	INJECTION FLUCONAZOLE, 200 MG
55390-0051-10		J0640		01/01/2002	09/05/2014	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG
55390-0052-10		J0640		01/01/2002	09/05/2014	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG
55390-0053-01		J0640		01/01/2002	09/05/2014	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG
55390-0054-01		J0640		01/01/2002	09/05/2014	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG
55390-0059-10		J2360		04/28/2003	09/05/2014	INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG
55390-0060-02		J1190		04/08/2005	09/05/2014	INJECTION, DEXRAZOXANE HYDROCHLORIDE, PER 250 MG
55390-0067-10		J0150		06/16/2004	12/31/2014	INJECTION, ADENOSINE FOR THERAPEUTIC USE, 6 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS, INSTEAD USE A9270)
55390-0069-01		J9390		02/03/2004	12/31/2012	INJECTION, VINORELBINE TARTRATE, 10 MG
55390-0070-01		J9390		02/03/2004	12/31/2012	INJECTION, VINORELBINE TARTRATE, 10 MG
50268-0154-11		None		03/12/2018	99/99/9999	CAPECITABINE, 500 MG, ORAL
55390-0074-10		J2260		05/31/2002	04/18/2013	INJECTION, MILRINONE LACTATE, 5 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
METHOTREXATE SODIUM (S.D.V.,PF) 25 MG/ML	4	ML	VL	IJ	ML	5	MG	5	01/01/2002	09/05/2014	
METHOTREXATE SODIUM (S.D.V.,PF) 25 MG/ML	8	ML	VL	IJ	ML	5	MG	5	01/01/2002	09/05/2014	
METHOTREXATE SODIUM (S.D.V.,PF) 25 MG/ML	10	ML	VL	IJ	ML	5	MG	5	01/01/2002	09/05/2014	
MESNA (M.D.V.) 100 MG/ML	10	ML	VL	IV	ML	200	MG	0.5	02/24/2004	09/05/2014	
FLUCONAZOLE 400 MG/200 ML	200	ML	VL	IV	ML	200	MG	0.01	07/29/2004	99/99/9999	
LEUCOVORIN CALCIUM (VIAL) 50 MG	1	EA	VL	IJ	EA	50	MG	1	01/01/2002	09/05/2014	
LEUCOVORIN CALCIUM (VIAL) 100 MG	1	EA	VL	IJ	EA	50	MG	2	01/01/2002	09/05/2014	
LEUCOVORIN CALCIUM (VIAL) 200 MG	1	EA	VL	IJ	EA	50	MG	4	01/01/2002	09/05/2014	
LEUCOVORIN CALCIUM (S.D.V.,PF) 350 MG	1	EA	VL	IJ	EA	50	MG	7	01/01/2002	09/05/2014	
ORPHENADRINE CITRATE (S.D.V) 30 MG/ML	2	ML	VL	IJ	ML	60	MG	0.5	04/28/2003	09/05/2014	
DEXRAZOXANE 500 MG	1	EA	VL	IV	EA	250	MG	2	04/08/2005	09/05/2014	
ADENOSINE (S.D.V.) 3 MG/ML	2	ML	VL	IV	ML	6	MG	0.5	06/16/2004	12/31/2014	
VINORELBINE TARTRATE (S.D.V.,PF) 10 MG/ML	1	ML	VL	IV	ML	10	MG	1	02/03/2004	12/31/2012	
VINORELBINE TARTRATE (S.D.V.,PF) 10 MG/ML	5	ML	VL	IV	ML	10	MG	1	02/03/2004	12/31/2012	
CAPECITABINE AVPAK (INNER PACK,FILM COATED) 500 MG	1	EA	ST	PO	EA	500	MG	1	03/12/2018	99/99/9999	
MILRINONE LACTATE NOVAPLUS (S.D.V.) 1 MG/ML	10	ML	VL	IV	ML	5	MG	0.2	05/31/2002	04/18/2013	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
55390-0075-10		J2260		05/31/2002	04/18/2013	INJECTION, MILRINONE LACTATE, 5 MG
55390-0076-01		J2260		05/31/2002	04/18/2013	INJECTION, MILRINONE LACTATE, 5 MG
55390-0077-01		J0780		07/22/2004	06/14/2016	INJECTION, PROCHLORPERAZINE, UP TO 10 MG
55390-0077-10		J0780		07/22/2004	99/99/9999	INJECTION, PROCHLORPERAZINE, UP TO 10 MG
50268-0154-13		None		03/12/2018	99/99/9999	CAPECITABINE, 500 MG, ORAL
55390-0091-10		J9360		01/01/2002	09/05/2014	INJECTION, VINBLASTINE SULFATE, 1 MG
55390-0100-10		J0592		06/03/2005	09/05/2014	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG
55390-0101-10		J3105		04/28/2004	99/99/9999	INJECTION, TERBUTALINE SULFATE, UP TO 1 MG
54569-1818-02		None		02/08/2018	99/99/9999	METHOTREXATE, 2.5 MG, ORAL
00074-0243-02		J0135		05/01/2018	99/99/9999	INJECTION, ADALIMUMAB, 20 MG
00074-0554-02		J0135		05/01/2018	99/99/9999	INJECTION, ADALIMUMAB, 20 MG
55390-0106-01		J9999		09/01/2004	09/05/2014	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS
55390-0108-01		J9150		01/01/2002	09/05/2014	INJECTION, DAUNORUBICIN, 10 MG
55390-0108-10		J9150		01/01/2002	09/05/2014	INJECTION, DAUNORUBICIN, 10 MG
55390-0113-01		J2760		01/01/2002	01/05/2015	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
MILRINONE LACTATE NOVAPLUS (S.D.V.) 1 MG/ML	20	ML	VL	IV	ML	5	MG	0.2	05/31/2002	04/18/2013	
MILRINONE LACTATE NOVAPLUS (S.D.V.) 1 MG/ML	50	ML	VL	IV	ML	5	MG	0.2	05/31/2002	04/18/2013	
PROCHLORPERAZINE EDISYLATE (U.S.P., M.D.V.) 5 MG/ML	10	ML	VL	IJ	ML	10	MG	0.5	07/22/2004	06/14/2016	
PROCHLORPERAZINE EDISYLATE (U.S.P.,M.D.V.) 5 MG/ML	2	ML	VL	IJ	ML	10	MG	0.5	07/22/2004	99/99/9999	
CAPECITABINE AVPAK (FILM COATED) 500 MG	30	EA	ST	PO	EA	500	MG	1	03/12/2018	99/99/9999	
VINBLASTINE SULFATE (VIAL) 10 MG	1	EA	VL	IV	EA	1	MG	10	01/01/2002	09/05/2014	
BUPRENORPHINE HYDROCHLORIDE 0.3 MG/ML	1	ML	VL	IJ	ML	0.1	MG	3.24	06/03/2005	09/05/2014	
TERBUTALINE SULFATE 1 MG/ML	2	ML	VL	SC	ML	1	MG	1	04/28/2004	99/99/9999	
METHOTREXATE 2.5 MG	100	EA	BO	PO	EA	2.5	MG	1	02/08/2018	99/99/9999	
HUMIRA (PF,LATEX-FREE) 40 MG/0.4 ML	2	EA	BX	SC	EA	20	MG	2	05/01/2018	99/99/9999	
HUMIRA (PF,LATEX-FREE) 40 MG/0.4 ML	2	EA	BX	SC	EA	20	MG	2	05/01/2018	99/99/9999	
ALLOPURINOL SODIUM (S.D.V.,PF) 500 MG	1	EA	VL	IV	EA	1	EA	1	09/01/2004	09/05/2014	
DAUNORUBICIN HCL (S.D.V.,PF) 5 MG/ML	10	ML	VL	IV	ML	10	MG	0.5	01/01/2002	09/05/2014	
DAUNORUBICIN HCL (S.D.V.,PF) 5 MG/ML	4	ML	VL	IV	ML	10	MG	0.5	01/01/2002	09/05/2014	
PHENTOLAMINE MESYLATE (S.D.V.) 5 MG	1	EA	VL	IJ	EA	5	MG	1	01/01/2002	01/05/2015	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00074-0616-02		J0135		05/01/2018	99/99/9999	INJECTION, ADALIMUMAB, 20 MG
00074-0817-02		J0135		05/01/2018	99/99/9999	INJECTION, ADALIMUMAB, 20 MG
55390-0114-05		J9265		01/01/2002	09/05/2014	INJECTION, PACLITAXEL, 30 MG
55390-0114-20		J9265		01/01/2002	09/05/2014	INJECTION, PACLITAXEL, 30 MG
55390-0114-50		J9265		01/01/2002	09/05/2014	INJECTION, PACLITAXEL, 30 MG
55390-0115-01		J9065		01/01/2002	04/18/2013	INJECTION, CLADRIBINE, PER 1 MG
55390-0121-01		J2405		12/26/2006	03/14/2016	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG
00074-2540-03		J0135		05/01/2018	99/99/9999	INJECTION, ADALIMUMAB, 20 MG
55390-0122-10		J7516		01/01/2002	09/05/2014	CYCLOSPORIN, PARENTERAL, 250 MG
55390-0123-01		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS
55390-0124-01		J9065		01/01/2002	09/05/2014	INJECTION, CLADRIBINE, PER 1 MG
55390-0125-10		J2250		01/01/2002	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG
55390-0126-05		J2250		01/01/2002	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG
55390-0126-10		J2250		01/01/2002	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG
55390-0127-01		J2430		01/01/2002	09/05/2014	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG
55390-0129-01		J2430		01/01/2002	09/05/2014	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG
55390-0131-10		J9100		01/01/2002	09/05/2014	INJECTION, CYTARABINE, 100 MG
55390-0135-01		J9200		01/01/2002	09/05/2014	INJECTION, FLOXURIDINE, 500 MG
55390-0136-05		J1955		01/01/2002	09/05/2014	INJECTION, LEVOCARNITINE, PER 1 GM

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
HUMIRA (PF,LATEX-FREE) 20 MG/0.2 ML	2	EA	BX	SC	EA	20	MG	1	05/01/2018	99/99/9999	
HUMIRA (PF,LATEX-FREE) 10 MG/0.1 ML	2	EA	BX	SC	EA	20	MG	0.5	05/01/2018	99/99/9999	
PACLITAXEL (M.D.V.) 6 MG/ML	5	ML	VL	IV	ML	30	MG	0.2	01/01/2002	09/05/2014	
PACLITAXEL (M.D.V.) 6 MG/ML	16.7	ML	VL	IV	ML	30	MG	0.2	01/01/2002	09/05/2014	
PACLITAXEL (M.D.V.) 6 MG/ML	50	ML	VL	IV	ML	30	MG	0.2	01/01/2002	09/05/2014	
CLADRIBINE NOVAPLUS (S.D.V.,PF) 1 MG/ML	10	ML	VL	IV	ML	1	MG	1	01/01/2002	04/18/2013	
ONDANSETRON (MDV,USP) 2 MG/ML	20	ML	VL	IJ	ML	1	MG	2	12/26/2006	03/14/2016	
HUMIRA PEDIATRIC CROHN'S DISEASE STARTER PACK (PF,LATEX-FREE) 80 MG/0.8 ML	3	EA	BX	SC	EA	20	MG	4	05/01/2018	99/99/9999	
CYCLOSPORINE (S.D.V.) 50 MG/ML	5	ML	VL	IV	ML	250	MG	0.2	01/01/2002	09/05/2014	
RIFAMPIN (VIAL,30 ML) 600 MG	1	EA	VL	IV	EA	1	EA	1	01/01/2002	99/99/9999	
CLADRIBINE (S.D.V.,PF) 1 MG/ML	10	ML	VL	IV	ML	1	MG	1	01/01/2002	09/05/2014	
MIDAZOLAM HCL (VIAL,PF) 1 MG/ML	10	ML	VL	IJ	ML	1	MG	1	01/01/2002	99/99/9999	
MIDAZOLAM HCL (VIAL,PF) 5 MG/ML	5	ML	VL	IJ	ML	1	MG	5	01/01/2002	99/99/9999	
MIDAZOLAM HCL (VIAL,PF) 5 MG/ML	10	ML	VL	IJ	ML	1	MG	5	01/01/2002	99/99/9999	
PAMIDRONATE DISODIUM (VIAL) 30 MG	1	EA	VL	IV	EA	30	MG	1	01/01/2002	09/05/2014	
PAMIDRONATE DISODIUM (VIAL) 90 MG	1	EA	VL	IV	EA	30	MG	3	01/01/2002	09/05/2014	
CYTARABINE (VIAL) 100 MG	1	EA	VL	IJ	EA	100	MG	1	01/01/2002	09/05/2014	
FLOXURIDINE (VIAL) 0.5 GM	1	EA	VL	IJ	EA	500	MG	1	01/01/2002	09/05/2014	
LEVOCARNITINE (S.D.V.) 200 MG/ML	5	ML	VL	IV	ML	1	GM	0.2	01/01/2002	09/05/2014	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
55390-0137-02		J2250		01/01/2002	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG
55390-0137-05		J2250		01/01/2002	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG
55390-0138-01		J2250		01/01/2002	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG
55390-0138-02		J2250		01/01/2002	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG
55390-0142-10		J9150		01/01/2002	04/18/2013	INJECTION, DAUNORUBICIN, 10 MG
55390-0143-01		J9260		09/07/2005	09/05/2014	METHOTREXATE SODIUM, 50 MG
55390-0147-01		J1630		01/01/2002	09/05/2014	INJECTION, HALOPERIDOL, UP TO 5 MG
55390-0147-10		J1630		01/01/2002	09/05/2014	INJECTION, HALOPERIDOL, UP TO 5 MG
00143-9240-01		J9040		05/16/2018	99/99/9999	INJECTION, BLEOMYCIN SULFATE, 15 UNITS
00143-9241-01		J9040		05/16/2018	99/99/9999	INJECTION, BLEOMYCIN SULFATE, 15 UNITS
00338-9572-24		J0583		05/01/2018	99/99/9999	INJECTION, BIVALIRUDIN, 1 MG
00338-9576-12		J0583		05/01/2018	99/99/9999	INJECTION, BIVALIRUDIN, 1 MG
00517-1133-01		J2710		05/11/2018	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG
55390-0157-01		J2430		01/01/2003	04/18/2013	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG
55390-0159-01		J2430		01/01/2003	04/18/2013	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG
55390-0160-10		J2354		05/04/2005	09/05/2014	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
MIDAZOLAM HCL (VIAL,PF) 1 MG/ML	2	ML	VL	IJ	ML	1	MG	1	01/01/2002	99/99/9999	
MIDAZOLAM HCL (VIAL,PF) 1 MG/ML	5	ML	VL	IJ	ML	1	MG	1	01/01/2002	99/99/9999	
MIDAZOLAM HCL (VIAL,PF) 5 MG/ML	1	ML	VL	IJ	ML	1	MG	5	01/01/2002	99/99/9999	
MIDAZOLAM HCL (VIAL,PF) 5 MG/ML	2	ML	VL	IJ	ML	1	MG	5	01/01/2002	99/99/9999	
DAUNORUBICIN HCL NOVAPLUS (S.D.V.,PF) 5 MG/ML	4	ML	VL	IV	ML	10	MG	0.5	01/01/2002	04/18/2013	
METHOTREXATE SODIUM (S.D.V.,30ML VIAL,PF) 1 GM	1	EA	VL	IJ	EA	50	MG	20	09/07/2005	09/05/2014	
HALOPERIDOL LACTATE (M.D.V.) 5 MG/ML	10	ML	VL	IM	ML	5	MG	1	01/01/2002	09/05/2014	
HALOPERIDOL LACTATE (S.D.V.) 5 MG/ML	1	ML	VL	IM	ML	5	MG	1	01/01/2002	09/05/2014	
BLEOMYCIN (USP,LYOPHILIZED) 15 U	1	EA	VL	IJ	EA	15	U	1	05/16/2018	99/99/9999	
BLEOMYCIN (USP,LYOPHILIZED) 30 U	1	EA	VL	IJ	EA	15	U	2	05/16/2018	99/99/9999	
BIVALIRUDIN-SODIUM CHLORIDE 250 MG/50 ML-0.9%	50	ML	BG	IV	ML	1	MG	5	05/01/2018	99/99/9999	
BIVALIRUDIN-SODIUM CHLORIDE 500 MG/100 ML-0.9%	100	ML	BG	IV	ML	1	MG	5	05/01/2018	99/99/9999	
NEOSTIGMINE METHYLSULFATE (INNER PACK,LATEX-FREE) 0.5 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	1	05/11/2018	99/99/9999	
PAMIDRONATE DISODIUM (LYOPHILIZED) 30 MG	1	EA	VL	IV	EA	30	MG	1	01/01/2003	04/18/2013	
PAMIDRONATE DISODIUM (LYOPHILIZED) 90 MG	1	EA	VL	IV	EA	30	MG	3	01/01/2003	04/18/2013	
OCTREOTIDE 50 MCG/ML	1	ML	VL	IJ	ML	25	MCG	2	05/04/2005	09/05/2014	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
55390-0161-10		J2354		04/04/2005	09/05/2014	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG
00517-1133-05		J2710		05/11/2018	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG
55390-0162-10		J2354		04/04/2005	09/05/2014	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG
55390-0163-01		J2354		05/25/2005	09/05/2014	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG
55390-0164-01		J2354		05/25/2005	01/14/2016	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG
00517-1134-01		J2710		05/11/2018	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG
00517-1134-05		J2710		05/11/2018	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG
55390-0183-01		J0595		01/01/2004	99/99/9999	INJECTION, BUTORPHANOL TARTRATE, 1 MG
55390-0184-01		J0595		01/01/2004	99/99/9999	INJECTION, BUTORPHANOL TARTRATE, 1 MG
25021-0184-82		J1450		04/23/2018	99/99/9999	INJECTION FLUCONAZOLE, 200 MG
25021-0184-87		J1450		04/23/2018	99/99/9999	INJECTION FLUCONAZOLE, 200 MG
55390-0193-10		J3105		11/19/2004	04/18/2013	INJECTION, TERBUTALINE SULFATE, UP TO 1 MG
25021-0186-20		J0295		04/23/2018	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM
25021-0187-30		J0295		04/23/2018	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
OCTREOTIDE 100 MCG/ML	1	ML	VL	IJ	ML	25	MCG	4	04/04/2005	09/05/2014	
NEOSTIGMINE METHYLSULFATE (LATEX-FREE) 0.5 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	1	05/11/2018	99/99/9999	
OCTREOTIDE 500 MCG/ML	1	ML	VL	IJ	ML	25	MCG	20	04/04/2005	09/05/2014	
OCTREOTIDE ACETATE (MDV) 200 MCG/ML	5	ML	VL	IJ	ML	25	MCG	8	05/25/2005	09/05/2014	
OCTREOTIDE ACETATE (MDV) 1000 MCG/ML	5	ML	VL	IJ	ML	25	MCG	40	05/25/2005	01/14/2016	
NEOSTIGMINE METHYLSULFATE (INNER PACK,LATEX-FREE) 1 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	2	05/11/2018	99/99/9999	
NEOSTIGMINE METHYLSULFATE (LATEX-FREE) 1 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	2	05/11/2018	99/99/9999	
BUTORPHANOL TARTRATE (S.D.V.) 1 MG/ML	1	ML	VL	IJ	ML	1	MG	1	01/01/2004	99/99/9999	
BUTORPHANOL TARTRATE (S.D.V.) 2 MG/ML	1	ML	VL	IJ	ML	1	MG	2	01/01/2004	99/99/9999	
FLUCONAZOLE (10X100ML,PF,LATEX-FREE) 200 MG/100 ML	100	ML	FC	IV	ML	200	MG	0.01	04/23/2018	99/99/9999	
FLUCONAZOLE (10X200ML,PF,LATEX-FREE) 400 MG/200 ML	200	ML	FC	IV	ML	200	MG	0.01	04/23/2018	99/99/9999	
TERBUTALINE SULFATE NOVAPLUS 1 MG/ML	1	ML	VL	SC	ML	1	MG	1	11/19/2004	04/18/2013	
AMPICILLIN-SULBACTAM (USP, SDV,PF,LATEX-FREE) 1 GM-0.5 GM	10	EA	VL	IJ	EA	1.5	GM	1	04/23/2018	99/99/9999	
AMPICILLIN-SULBACTAM (USP, SDV,PF,LATEX-FREE) 2 GM-1 GM	10	EA	VL	IJ	EA	1.5	GM	2	04/23/2018	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
25021-0188-99		J0295		04/23/2018	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM
47781-0622-22		J9209		04/24/2018	99/99/9999	INJECTION, MESNA, 200 MG
47781-0622-91		J9209		04/24/2018	99/99/9999	INJECTION, MESNA, 200 MG
47781-0623-07		J0895		04/26/2018	99/99/9999	INJECTION, DEFEROXAMINE MESYLATE, 500 MG
47781-0624-07		J0895		04/26/2018	99/99/9999	INJECTION, DEFEROXAMINE MESYLATE, 500 MG
52609-4505-06		J0895		04/16/2018	99/99/9999	INJECTION, DEFEROXAMINE MESYLATE, 500 MG
55390-0226-02		J0278		01/01/2006	01/14/2016	INJECTION, AMIKACIN SULFATE, 100 MG
55390-0226-04		J0278		01/01/2006	09/05/2014	INJECTION, AMIKACIN SULFATE, 100 MG
55390-0231-10		J9000		01/01/2002	09/05/2014	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG
55150-0180-03		J0282		05/04/2018	99/99/9999	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG
55150-0181-09		J0282		05/04/2018	99/99/9999	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG
55150-0182-18		J0282		05/04/2018	99/99/9999	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG
55390-0232-10		J9000		01/01/2002	09/05/2014	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG
55390-0233-01		J9000		01/01/2002	09/05/2014	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG
55390-0235-10		J9000		01/01/2002	09/05/2014	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG
55390-0236-10		J9000		01/01/2002	09/05/2014	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG
55390-0237-01		J9000		01/01/2002	09/05/2014	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG
55390-0238-01		J9000		01/01/2002	09/05/2014	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG
55390-0241-10		J9000		01/01/2002	04/18/2013	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
AMPICILLIN-SULBACTAM (PHARMACY BULK,USP,PF) 10 GM-5 GM	1	EA	VL	IV	EA	1.5	GM	10	04/23/2018	99/99/9999	
MESNA 100 MG/1 ML	10	ML	VL	IV	ML	200	MG	0.5	04/24/2018	99/99/9999	
MESNA 100 MG/1 ML	10	ML	VL	IV	ML	200	MG	0.5	04/24/2018	99/99/9999	
DEFEROXAMINE MESYLATE (USP,PF,LATEX-FREE) 500 MG	1	EA	VL	IJ	EA	500	MG	1	04/26/2018	99/99/9999	
DEFEROXAMINE MESYLATE (USP,PF,LATEX-FREE) 2 GM	1	EA	VL	IJ	EA	500	MG	4	04/26/2018	99/99/9999	
DEFEROXAMINE MESYLATE (USP,SINGLE USE) 500 MG	4	EA	VL	IJ	EA	500	MG	1	04/16/2018	99/99/9999	
AMIKACIN SULFATE (S.D.V.,PF) 250 MG/ML	2	ML	VL	IJ	ML	100	MG	2.5	01/01/2006	01/14/2016	
AMIKACIN SULFATE (PF) 250 MG/ML	4	ML	VL	IJ	ML	100	MG	2.5	01/01/2006	09/05/2014	
ADRIAMYCIN (S.D.V.,PF) 10 MG	1	EA	VL	IV	EA	10	MG	1	01/01/2002	09/05/2014	
AMIODARONE HCL 50 MG/1 ML	3	ML	VL	IV	ML	30	MG	1.66666	05/04/2018	99/99/9999	
AMIODARONE HCL 50 MG/1 ML	9	ML	VL	IV	ML	30	MG	1.66666	05/04/2018	99/99/9999	
AMIODARONE HCL 50 MG/1 ML	18	ML	VL	IV	ML	30	MG	1.66666	05/04/2018	99/99/9999	
ADRIAMYCIN (S.D.V.,PF) 20 MG	1	EA	VL	IV	EA	10	MG	2	01/01/2002	09/05/2014	
ADRIAMYCIN (S.D.V.,PF) 50 MG	1	EA	VL	IV	EA	10	MG	5	01/01/2002	09/05/2014	
ADRIAMYCIN (S.D.V.) 2 MG/ML	5	ML	VL	IV	ML	10	MG	0.2	01/01/2002	09/05/2014	
ADRIAMYCIN (S.D.V.,PF) 2 MG/ML	10	ML	VL	IV	ML	10	MG	0.2	01/01/2002	09/05/2014	
ADRIAMYCIN (S.D.V.) 2 MG/ML	25	ML	VL	IV	ML	10	MG	0.2	01/01/2002	09/05/2014	
ADRIAMYCIN (M.D.V.) 2 MG/ML	100	ML	VL	IV	ML	10	MG	0.2	01/01/2002	09/05/2014	
DOXORUBICIN HCL NOVAPLUS (S.D.V.,PF) 10 MG	1	EA	VL	IV	EA	10	MG	1	01/01/2002	04/18/2013	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
55390-0243-01		J9000		01/01/2002	04/18/2013	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG
55390-0244-01		J9268		08/08/2007	09/05/2014	INJECTION, PENTOSTATIN, 10 MG
55390-0245-10		J9000		01/01/2002	04/18/2013	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG
55390-0246-10		J9000		01/01/2002	04/18/2013	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG
55390-0247-01		J9000		01/01/2002	04/18/2013	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG
55390-0248-01		J9000		01/01/2002	04/18/2013	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG
55390-0263-10		J0895		06/18/2007	09/05/2014	INJECTION, DEFEROXAMINE MESYLATE, 500 MG
55390-0265-01		J0895		06/18/2007	09/05/2014	INJECTION, DEFEROXAMINE MESYLATE, 500 MG
55150-0267-05		J2680		04/21/2018	99/99/9999	INJECTION, FLUPHENAZINE DECANOATE, UP TO 25 MG
58463-0010-08		J8540		04/18/2018	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG
60842-0021-01		J0171		04/18/2018	99/99/9999	INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG
55390-0281-10		J9150		01/01/2002	09/05/2014	INJECTION, DAUNORUBICIN, 10 MG
55390-0291-01		J9181		01/01/2002	09/05/2014	INJECTION, ETOPOSIDE, 10 MG
55390-0292-01		J9181		01/01/2002	09/05/2014	INJECTION, ETOPOSIDE, 10 MG
55390-0293-01		J9181		01/01/2002	09/05/2014	INJECTION, ETOPOSIDE, 10 MG
55390-0304-05		J9265		12/04/2006	04/18/2013	INJECTION, PACLITAXEL, 30 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
DOXORUBICIN HCL NOVAPLUS (S.D.V.,PF) 50 MG	1	EA	VL	IV	EA	10	MG	5	01/01/2002	04/18/2013	
PENTOSTATIN (SDV) 10 MG	1	EA	VL	IV	EA	10	MG	1	08/08/2007	09/05/2014	
DOXORUBICIN HCL NOVAPLUS (S.D.V.,PF) 2 MG/ML	5	ML	VL	IV	ML	10	MG	0.2	01/01/2002	04/18/2013	
DOXORUBICIN HCL NOVAPLUS (S.D.V.,PF) 2 MG/ML	10	ML	VL	IV	ML	10	MG	0.2	01/01/2002	04/18/2013	
DOXORUBICIN HCL NOVAPLUS (S.D.V.,PF) 2 MG/ML	25	ML	VL	IV	ML	10	MG	0.2	01/01/2002	04/18/2013	
DOXORUBICIN HCL NOVAPLUS (M.D.V.) 2 MG/ML	100	ML	VL	IV	ML	10	MG	0.2	01/01/2002	04/18/2013	
DEFEROXAMINE MESYLATE (USP) 500 MG	1	EA	VL	IJ	EA	500	MG	1	06/18/2007	09/05/2014	
DEFEROXAMINE MESYLATE (USP) 2 GM	1	EA	VL	IJ	EA	500	MG	4	06/18/2007	09/05/2014	
FLUPHENAZINE DECANOATE (MDV,LATEX-FREE) 25 MG/1 ML	5	ML	VL	IJ	ML	25	MG	1	04/21/2018	99/99/9999	
DECADRON (RASPBERRY) 0.5 MG/5 ML	237	ML	BO	PO	ML	0.25	MG	0.4	04/18/2018	99/99/9999	
AUVI-Q 0.1 MG/0.1 ML	2	EA	SR	IJ	EA	0.1	MG	1	04/18/2018	99/99/9999	
CERUBIDINE (S.D.V.) 20 MG	1	EA	VL	IV	EA	10	MG	2	01/01/2002	09/05/2014	
ETOPOSIDE (M.D.V.) 20 MG/ML	5	ML	VL	IV	ML	10	MG	2	01/01/2002	09/05/2014	
ETOPOSIDE (M.D.V.) 20 MG/ML	25	ML	VL	IV	ML	10	MG	2	01/01/2002	09/05/2014	
ETOPOSIDE (M.D.V.) 20 MG/ML	50	ML	VL	IV	ML	10	MG	2	01/01/2002	09/05/2014	
NOVAPLUS PACLITAXEL (MDV,USP) 6 MG/ML	5	ML	VL	IV	ML	30	MG	0.2	12/04/2006	04/18/2013	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
55390-0304-20		J9265		12/04/2006	04/18/2013	INJECTION, PACLITAXEL, 30 MG
55390-0304-50		J9265		12/04/2006	04/18/2013	INJECTION, PACLITAXEL, 30 MG
61314-0318-01		Q5101		05/04/2018	99/99/9999	INJECTION, FILGRASTIM-SNDZ, BIOSIMILAR, (ZARXIO), 1 MICROGRAM
61314-0326-01		Q5101		05/04/2018	99/99/9999	INJECTION, FILGRASTIM-SNDZ, BIOSIMILAR, (ZARXIO), 1 MICROGRAM
55390-0308-03		J0207		04/08/2008	12/31/2016	INJECTION, AMIFOSTINE, 500 MG
55390-0347-01		J9209		03/05/2008	04/18/2013	INJECTION, MESNA, 200 MG
55390-0403-20		J2400		01/01/2002	09/05/2014	INJECTION, CHLOROPROCAINE HYDROCHLORIDE, PER 30 ML
55390-0404-20		J2400		01/01/2002	09/05/2014	INJECTION, CHLOROPROCAINE HYDROCHLORIDE, PER 30 ML
63323-0203-26		J3370		05/02/2018	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG
63323-0651-20		J0153		05/02/2018	99/99/9999	INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS)
63323-0651-30		J0153		05/02/2018	99/99/9999	INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS)
64011-0301-03		J1726		02/14/2018	99/99/9999	INJECTION, HYDROXYPROGESTERONE CAPROATE, (MAKENA), 10 MG
55390-0460-01		J1120		01/01/2002	09/05/2014	INJECTION, ACETAZOLAMIDE SODIUM, UP TO 500 MG
55390-0480-01		J1885		01/01/2002	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG
55390-0481-01		J1885		01/01/2002	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
NOVAPLUS PACLITAXEL (MDV,USP) 6 MG/ML	16.7	ML	VL	IV	ML	30	MG	0.2	12/04/2006	04/18/2013	
NOVAPLUS PACLITAXEL (MULTIPLE-DOSE,USP) 6 MG/ML	50	ML	VL	IV	ML	30	MG	0.2	12/04/2006	04/18/2013	
ZARXIO (PF) 300 MCG/0.5 ML	0.5	ML	SR	IJ	ML	1	MCG	600	05/04/2018	99/99/9999	
ZARXIO (PF) 480 MCG/0.8 ML	0.8	ML	SR	IJ	ML	1	MCG	600	05/04/2018	99/99/9999	
AMIFOSTINE (3X10ML,LYOPHILIZED) 500 MG	1	EA	VL	IV	EA	500	MG	1	04/08/2008	12/31/2016	
NOVAPLUS MESNA (1X10ML,M.D.V) 100 MG/ML	10	ML	VL	IV	ML	200	MG	0.5	03/05/2008	04/18/2013	
CHLOROPROCAINE HCL (S.D.V.,PF) 2%	20	ML	VL	IJ	ML	30	ML	0.03333	01/01/2002	09/05/2014	
CHLOROPROCAINE HCL (S.D.V.,PF) 3%	20	ML	VL	IJ	ML	30	ML	0.03333	01/01/2002	09/05/2014	
PREMIERPRO RX VANCOMYCIN HCL 750 MG	10	EA	VL	IV	EA	500	MG	1.5	05/02/2018	99/99/9999	
ADENOSINE (SDV,PF,LATEX-FREE) 3 MG/1 ML	20	ML	VL	IV	ML	1	MG	3	05/02/2018	99/99/9999	
ADENOSINE (SDV,PF,LATEX-FREE) 3 MG/1 ML	30	ML	VL	IV	ML	1	MG	3	05/02/2018	99/99/9999	
MAKENA (PF) 275 MG/1.1 ML	1.1	ML	VL	SC	ML	10	MG	25	02/14/2018	99/99/9999	
ACETAZOLAMIDE SODIUM (S.D.V.,PF) 500 MG	1	EA	VL	IV	EA	500	MG	1	01/01/2002	09/05/2014	
KETOROLAC TROMETHAMINE (S.D.V.) 15 MG/ML	1	ML	VL	IJ	ML	15	MG	1	01/01/2002	99/99/9999	
KETOROLAC TROMETHAMINE (S.D.V.) 30 MG/ML	1	ML	VL	IJ	ML	15	MG	2	01/01/2002	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
55390-0481-02		J1885		01/01/2002	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG
67457-0854-04		J0153		05/08/2018	99/99/9999	INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS)
55390-0481-10		J1885		01/01/2002	11/30/2013	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG
55390-0491-01		J9181		01/01/2002	04/18/2013	INJECTION, ETOPOSIDE, 10 MG
55390-0492-01		J9181		01/01/2002	04/18/2013	INJECTION, ETOPOSIDE, 10 MG
55390-0493-01		J9181		01/01/2002	04/18/2013	INJECTION, ETOPOSIDE, 10 MG
55390-0500-02		J3490		01/01/2002	04/30/2013	UNCLASSIFIED DRUGS
55390-0500-05		J3490		01/01/2002	04/30/2013	UNCLASSIFIED DRUGS
55390-0500-10		J3490		01/01/2002	04/30/2013	UNCLASSIFIED DRUGS
67457-0855-02		J0153		05/08/2018	99/99/9999	INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS)
68001-0246-04		Q0162		04/24/2018	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
68001-0247-04		Q0162		04/24/2018	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
68001-0342-34		J9201		05/01/2018	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
KETOROLAC TROMETHAMINE (S.D.V.) 30 MG/ML	2	ML	VL	IM	ML	15	MG	2	01/01/2002	99/99/9999	
ADENOSINE (10X4ML,SDV,PF) 3 MG/1 ML	4	ML	VL	IV	ML	1	MG	3	05/08/2018	99/99/9999	
KETOROLAC TROMETHAMINE (M.D.V.) 30 MG/ML	10	ML	VL	IJ	ML	15	MG	2	01/01/2002	11/30/2013	
ETOPOSIDE NOVAPLUS (M.D.V.) 20 MG/ML	5	ML	VL	IV	ML	10	MG	2	01/01/2002	04/18/2013	
ETOPOSIDE NOVAPLUS (M.D.V.) 20 MG/ML	25	ML	VL	IV	ML	10	MG	2	01/01/2002	04/18/2013	
ETOPOSIDE NOVAPLUS (M.D.V.) 20 MG/ML	50	ML	VL	IV	ML	10	MG	2	01/01/2002	04/18/2013	
BUMETANIDE (S.D.V.) 0.25 MG/ML	2	ML	VL	IJ	ML	1	EA	1	01/01/2002	04/30/2013	
BUMETANIDE (S.D.V.) 0.25 MG/ML	4	ML	VL	IJ	ML	1	EA	1	01/01/2002	04/30/2013	
BUMETANIDE (M.D.V.) 0.25 MG/ML	10	ML	VL	IJ	ML	1	EA	1	01/01/2002	04/30/2013	
ADENOSINE (10X2ML,SDV,PF) 3 MG/1 ML	2	ML	VL	IV	ML	1	MG	3	05/08/2018	99/99/9999	
ONDANSETRON (USP,3X10,STRAWBERRY) 4 MG	30	EA	ST	PO	EA	1	MG	4	04/24/2018	99/99/9999	
ONDANSETRON (USP, 3X10,STRAWBERRY) 8 MG	30	EA	ST	PO	EA	1	MG	8	04/24/2018	99/99/9999	
GEMCITABINE 100 MG/1 ML	2	ML	VL	IV	ML	200	MG	0.5	05/01/2018	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
55390-0560-90		J1250		01/01/2002	09/05/2014	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG
55390-0600-20		J7501		01/01/2002	09/05/2014	AZATHIOPRINE, PARENTERAL, 100 MG
55390-0612-10		J0133		01/01/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG
55390-0613-20		J0133		01/01/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG
55390-0616-01		J2780		11/22/2004	09/05/2014	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG
68001-0347-36		J0894		05/01/2018	99/99/9999	INJECTION, DECITABINE, 1 MG
55390-0616-10		J2780		11/22/2004	09/05/2014	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG
55390-0618-01		J2780		03/29/2006	09/05/2014	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG
55390-0805-10		J9150		01/01/2002	04/18/2013	INJECTION, DAUNORUBICIN, 10 MG
55390-0806-10		J9100		01/01/2002	04/18/2013	INJECTION, CYTARABINE, 100 MG
55390-0818-10		J0640		01/01/2002	04/18/2013	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG
55390-0824-01		J0640		01/01/2002	04/18/2013	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG
55390-0825-01		J0640		01/01/2002	04/18/2013	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG
55390-0826-01		J0640		01/01/2002	04/18/2013	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG
55513-0002-01		J0881		09/11/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)
55513-0002-04		J0881		09/11/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)
55513-0003-01		J0881		09/11/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)
55513-0003-04		J0881		09/11/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
DOBUTAMINE HCL (S.D.V.,PF) 12.5 MG/ML	20	ML	VL	IV	ML	250	MG	0.05	01/01/2002	09/05/2014	
AZATHIOPRINE SODIUM (PF) 100 MG	1	EA	VL	IV	EA	100	MG	1	01/01/2002	09/05/2014	
ACYCLOVIR SODIUM (PF) 500 MG	1	EA	VL	IV	EA	5	MG	100	01/01/2006	99/99/9999	
ACYCLOVIR SODIUM (PF) 1000 MG	1	EA	VL	IV	EA	5	MG	200	01/01/2006	99/99/9999	
RANITIDINE (M.D.V.) 25 MG/ML	6	ML	VL	IJ	ML	25	MG	1	11/22/2004	09/05/2014	
DECITABINE (LYOPHILIZED) 50 MG	1	EA	VL	IV	EA	1	MG	50	05/01/2018	99/99/9999	
RANITIDINE (S.D.V.) 25 MG/ML	2	ML	VL	IJ	ML	25	MG	1	11/22/2004	09/05/2014	
RANITIDINE (PHARMACY BULK PACKAGE) 25 MG/ML	40	ML	VL	IJ	ML	25	MG	1	03/29/2006	09/05/2014	
DAUNORUBICIN HCL NOVAPLUS (S.D.V.) 20 MG	1	EA	VL	IV	EA	10	MG	2	01/01/2002	04/18/2013	
CYTARABINE NOVAPLUS (VIAL) 100 MG	1	EA	VL	IJ	EA	100	MG	1	01/01/2002	04/18/2013	
LEUCOVORIN CALCIUM NOVAPLUS (VIAL) 100 MG	1	EA	VL	IJ	EA	50	MG	2	01/01/2002	04/18/2013	
LEUCOVORIN CALCIUM NOVAPLUS (VIAL) 200 MG	1	EA	VL	IJ	EA	50	MG	4	01/01/2002	04/18/2013	
LEUCOVORIN CALCIUM NOVAPLUS (S.D.V.,PF) 350 MG	1	EA	VL	IJ	EA	50	MG	7	01/01/2002	04/18/2013	
LEUCOVORIN CALCIUM NOVAPLUS (S.D.V.,PF) 10 MG/ML	50	ML	VL	IJ	ML	50	MG	0.2	01/01/2002	04/18/2013	
ARANESP (PF) 0.025 MG/ML	1	ML	VL	IJ	ML	1	MCG	25	09/11/2006	99/99/9999	
ARANESP (4X1ML,PF) 0.025 MG/ML	1	ML	VL	IJ	ML	1	MCG	25	09/11/2006	99/99/9999	
ARANESP (PF) 0.04 MG/ML	1	ML	VL	IJ	ML	1	MCG	40	09/11/2006	99/99/9999	
ARANESP (1MLX4,PF) 0.04 MG/ML	1	ML	VL	IJ	ML	1	MCG	40	09/11/2006	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
55513-0004-01		J0881		09/11/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)
55513-0004-04		J0881		09/11/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)
55513-0005-01		J0881		09/11/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)
55513-0005-04		J0881		09/11/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)
55513-0006-01		J0881		09/11/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)
55513-0021-01		J0881		08/14/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)
55513-0021-04		J0881		08/14/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)
55513-0023-01		J0881		08/14/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)
55513-0023-04		J0881		08/14/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)
55513-0025-01		J0881		08/14/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)
55513-0025-04		J0881		08/14/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)
55513-0027-01		J0881		09/11/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)
55513-0027-04		J0881		09/11/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)
55513-0028-01		J0881		08/14/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)
55513-0032-01		J0881		06/07/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)
55513-0053-01		J0881		09/11/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)
55513-0053-04		J0881		09/11/2006	12/02/2014	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)
55513-0057-01		J0881		08/14/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)
55513-0057-04		J0881		08/14/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)
55513-0110-01		J0881		08/14/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)
55513-0111-01		J0881		08/14/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)
55513-0126-01		J0885		01/01/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
ARANESP (PF) 0.06 MG/ML	1	ML	VL	IJ	ML	1	MCG	60	09/11/2006	99/99/9999	
ARANESP (1MLX4,PF) 0.06 MG/ML	1	ML	VL	IJ	ML	1	MCG	60	09/11/2006	99/99/9999	
ARANESP (PF) 0.1 MG/ML	1	ML	VL	IJ	ML	1	MCG	100	09/11/2006	99/99/9999	
ARANESP (1MLX4,PF) 0.1 MG/ML	1	ML	VL	IJ	ML	1	MCG	100	09/11/2006	99/99/9999	
ARANESP (PF) 0.2 MG/ML	1	ML	VL	IJ	ML	1	MCG	200	09/11/2006	99/99/9999	
ARANESP (PF) 0.04 MG/0.4 ML	0.4	ML	SR	IJ	ML	1	MCG	100	08/14/2006	99/99/9999	
ARANESP (PF) 0.04 MG/0.4 ML	0.4	ML	SR	IJ	ML	1	MCG	100	08/14/2006	99/99/9999	
ARANESP (PF) 0.06 MG/0.3 ML	0.3	ML	SR	IJ	ML	1	MCG	200	08/14/2006	99/99/9999	
ARANESP (PF) 0.06 MG/0.3 ML	0.3	ML	SR	IJ	ML	1	MCG	200	08/14/2006	99/99/9999	
ARANESP (PF) 0.1 MG/0.5 ML	0.5	ML	SR	IJ	ML	1	MCG	200	08/14/2006	99/99/9999	
ARANESP (PF) 0.1 MG/0.5 ML	0.5	ML	SR	IJ	ML	1	MCG	200	08/14/2006	99/99/9999	
ARANESP (PF) 0.15 MG/0.3 ML	0.3	ML	SR	IJ	ML	1	MCG	500	09/11/2006	99/99/9999	
ARANESP (0.3MLX4,PF) 0.15 MG/0.3 ML	0.3	ML	SR	IJ	ML	1	MCG	500	09/11/2006	99/99/9999	
ARANESP (PF) 0.2 MG/0.4 ML	0.4	ML	SR	IJ	ML	1	MCG	500	08/14/2006	99/99/9999	
ARANESP (SINGLEJECT,G27,1/2",PF) 0.5 MG/ML	1	ML	SR	IJ	ML	1	MCG	500	06/07/2006	99/99/9999	
ARANESP (PF) 0.15 MG/0.75 ML	1	ML	VL	IJ	ML	1	MCG	200	09/11/2006	99/99/9999	
ARANESP (1MLX4,PF) 0.15 MG/0.75 ML	1	ML	VL	IJ	ML	1	MCG	200	09/11/2006	12/02/2014	
ARANESP (PF) 0.025 MG/0.42 ML	0.42	ML	SR	IJ	ML	1	MCG	59.52381	08/14/2006	99/99/9999	
ARANESP (PF) 0.025 MG/0.42 ML	0.42	ML	SR	IJ	ML	1	MCG	59.52381	08/14/2006	99/99/9999	
ARANESP (PF,STERILE) 0.3 MG/ML	1	ML	VL	IJ	ML	1	MCG	300	08/14/2006	99/99/9999	
ARANESP (PF) 0.3 MG/0.6 ML	0.6	ML	SR	IJ	ML	1	MCG	500	08/14/2006	99/99/9999	
EPOGEN (S.D.V.,S2,PF) 2000 U/ML	1	ML	VL	IJ	ML	1000	U	2	01/01/2006	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
55513-0126-10		J0885		01/01/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS
55513-0144-01		J0885		01/01/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS
55513-0144-10		J0885		01/01/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS
55513-0148-01		J0885		01/01/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS
55513-0148-10		J0885		01/01/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS
55513-0177-01		J3490		01/01/2002	04/10/2013	UNCLASSIFIED DRUGS
55513-0177-28		J3490		02/23/2004	04/10/2013	UNCLASSIFIED DRUGS
55513-0190-01		J2505		01/01/2004	99/99/9999	INJECTION, PEGFILGRASTIM, 6 MG
55513-0209-01		J1441		01/01/2002	12/31/2013	INJECTION, FILGRASTIM (G-CSF), 480 MCG
55513-0209-10		J1441		01/01/2002	12/31/2013	INJECTION, FILGRASTIM (G-CSF), 480 MCG
55513-0267-01		J0885		01/01/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS
55513-0267-10		J0885		01/01/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS
55513-0283-01		J0885		01/01/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS
55513-0283-10		J0885		01/01/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS
55513-0478-01		J0885		01/01/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS
55513-0478-10		J0885		01/01/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS
55513-0530-01		J1440		01/01/2002	12/31/2013	INJECTION, FILGRASTIM (G-CSF), 300 MCG
55513-0530-10		J1440		01/01/2002	12/31/2013	INJECTION, FILGRASTIM (G-CSF), 300 MCG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
EPOGEN (S.D.V.,S2,PF) 2000 U/ML	1	ML	VL	IJ	ML	1000	U	2	01/01/2006	99/99/9999	
EPOGEN (S.D.V.,S10,PF) 10000 U/ML	1	ML	VL	IJ	ML	1000	U	10	01/01/2006	99/99/9999	
EPOGEN (S.D.V.,S10,PF) 10000 U/ML	1	ML	VL	IJ	ML	1000	U	10	01/01/2006	99/99/9999	
EPOGEN (S.D.V.,S4,PF) 4000 U/ML	1	ML	VL	IJ	ML	1000	U	4	01/01/2006	99/99/9999	
EPOGEN (S.D.V.,S4,PF) 4000 U/ML	1	ML	VL	IJ	ML	1000	U	4	01/01/2006	99/99/9999	
KINERET (SRN,W/27G NDL,PF) 100 MG/0.67 ML	0.67	ML	SR	SC	ML	1	EA	1	01/01/2002	04/10/2013	
KINERET (SRN,W/27G NDL,PF) 100 MG/0.67 ML	0.67	ML	SR	SC	ML	1	EA	1	02/23/2004	04/10/2013	
NEULASTA (SRN,PREFILLED,PF,4X0.6ML) 6 MG/0.6 ML	0.6	ML	SR	SC	ML	6	MG	1.66666	01/01/2004	99/99/9999	
NEUPOGEN (26GX5/8",PF,SINGLEJECT) 480 MCG/0.8 ML	0.8	ML	SR	IJ	ML	480	MCG	1.25	01/01/2002	12/31/2013	
NEUPOGEN (26GX5/8",10X0.8ML,PF,SINGLEJECT) 480 MCG/0.8 ML	0.8	ML	SR	IJ	ML	480	MCG	1.25	01/01/2002	12/31/2013	
EPOGEN (S.D.V.,S3,PF) 3000 U/ML	1	ML	VL	IJ	ML	1000	U	3	01/01/2006	99/99/9999	
EPOGEN (S.D.V.,S3,PF) 3000 U/ML	1	ML	VL	IJ	ML	1000	U	3	01/01/2006	99/99/9999	
EPOGEN (M.D.V.,M10) 10000 U/ML	2	ML	VL	IJ	ML	1000	U	10	01/01/2006	99/99/9999	
EPOGEN (M.D.V.,M10) 10000 U/ML	2	ML	VL	IJ	ML	1000	U	10	01/01/2006	99/99/9999	
EPOGEN (M.D.V.,M20) 20000 U/ML	1	ML	VL	IJ	ML	1000	U	20	01/01/2006	99/99/9999	
EPOGEN (M.D.V.,M20) 20000 U/ML	1	ML	VL	IJ	ML	1000	U	20	01/01/2006	99/99/9999	
NEUPOGEN (S.D.V.,PF) 300 MCG/ML	1	ML	VL	IJ	ML	300	MCG	1	01/01/2002	12/31/2013	
NEUPOGEN (S.D.V.,1MLX10,PF) 300 MCG/ML	1	ML	VL	IJ	ML	300	MCG	1	01/01/2002	12/31/2013	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
55513-0546-01		J1441		01/01/2002	12/31/2013	INJECTION, FILGRASTIM (G-CSF), 480 MCG
55513-0546-10		J1441		01/01/2002	12/31/2013	INJECTION, FILGRASTIM (G-CSF), 480 MCG
55513-0924-01		J1440		01/01/2002	12/31/2013	INJECTION, FILGRASTIM (G-CSF), 300 MCG
55513-0924-10		J1440		01/01/2002	12/31/2013	INJECTION, FILGRASTIM (G-CSF), 300 MCG
55513-0954-01		J9303		01/01/2008	99/99/9999	INJECTION, PANITUMUMAB, 10 MG
55513-0956-01		J9303		01/01/2008	99/99/9999	INJECTION, PANITUMUMAB, 10 MG
55553-0042-05		J3302		01/01/2002	05/15/2016	INJECTION, TRIAMCINOLONE DIACETATE, PER 5MG
55553-0055-50		J2001		01/01/2004	02/10/2016	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG
55553-0056-50		J2001		01/01/2004	02/10/2016	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG
55553-0091-10		J3420		01/01/2002	02/03/2016	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG
55553-0091-30		J3420		01/01/2002	02/03/2016	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG
55553-0092-05		J1094		01/01/2003	02/03/2016	INJECTION, DEXAMETHASONE ACETATE, 1 MG
55553-0129-10		J2360		01/01/2002	99/99/9999	INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG
55553-0171-10		J3410		01/01/2002	02/03/2016	INJECTION, HYDROXYZINE HCL, UP TO 25 MG
55553-0661-10		J1100		01/01/2002	02/03/2016	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG
55553-0807-05		J1100		01/01/2002	02/03/2016	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG
55553-0827-10		J1200		01/01/2002	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG
55566-0302-01		J0795		01/01/2006	99/99/9999	INJECTION, CORTICORELIN OVINE TRIFLUTATE, 1 MICROGRAM
55566-1501-01		J0725		01/01/2002	99/99/9999	INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
NEUPOGEN (S.D.V.,PF) 480 MCG/1.6 ML	1.6	ML	VL	IJ	ML	480	MCG	0.625	01/01/2002	12/31/2013	
NEUPOGEN (S.D.V.,1.6MLX10,PF) 480 MCG/1.6 ML	1.6	ML	VL	IJ	ML	480	MCG	0.625	01/01/2002	12/31/2013	
NEUPOGEN (26GX5/8",SINGLE USE) 300 MCG/0.5 ML	0.5	ML	SR	IJ	ML	300	MCG	2	01/01/2002	12/31/2013	
NEUPOGEN ((26GX5/8"),0.5MLX10,PF) 300 MCG/0.5 ML	0.5	ML	SR	IJ	ML	300	MCG	2	01/01/2002	12/31/2013	
VECTIBIX 20 MG/ML	5	ML	VL	IV	ML	10	MG	2	01/01/2008	99/99/9999	
VECTIBIX 20 MG/ML	20	ML	VL	IV	ML	10	MG	2	01/01/2008	99/99/9999	
CLINACORT (VIAL) 40 MG/ML	5	ML	VL	IJ	ML	5	MG	8	01/01/2002	05/15/2016	
ANESTACAINE (VIAL) 1%	50	ML	VL	EP	ML	10	MG	1	01/01/2004	02/10/2016	
ANESTACAINE (VIAL) 2%	50	ML	VL	IJ	ML	10	MG	2	01/01/2004	02/10/2016	
VITA #12 (VIAL) 1000 MCG/ML	10	ML	VL	IM	ML	1000	MCG	1	01/01/2002	02/03/2016	
VITA #12 (VIAL) 1000 MCG/ML	30	ML	VL	IM	ML	1000	MCG	1	01/01/2002	02/03/2016	
CORTASTAT LA (VIAL) 8 MG/ML	5	ML	VL	IJ	ML	1	MG	8	01/01/2003	02/03/2016	
ANTIFLEX (AMP) 30 MG/ML	10	ML	AM	IJ	ML	60	MG	0.5	01/01/2002	99/99/9999	
RESTALL (VIAL) 50 MG/ML	10	ML	VL	IM	ML	25	MG	2	01/01/2002	02/03/2016	
CORTASTAT 10 (VIAL) 10 MG/ML	10	ML	VL	IJ	ML	1	MG	10	01/01/2002	02/03/2016	
CORTASTAT (VIAL) 4 MG/ML	5	ML	VL	IJ	ML	1	MG	4	01/01/2002	02/03/2016	
BANARIL (VIAL) 50 MG/ML	10	ML	VL	IJ	ML	50	MG	1	01/01/2002	99/99/9999	
ACTHREL (S.D.V.) 0.1 MG	1	EA	VL	IV	EA	1	MCG	100	01/01/2006	99/99/9999	
NOVAREL (M.D.V.) 10000 U	1	EA	VL	IM	EA	1000	USP Units	10	01/01/2002	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
55566-5030-01		J2597		01/01/2002	99/99/9999	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG
55566-5040-01		J2597		01/01/2002	99/99/9999	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG
55566-8505-06		J3355		01/01/2006	99/99/9999	INJECTION, UROFOLLITROPIN, 75 IU
57665-0001-01		J2504		01/01/2006	99/99/9999	INJECTION, PEGADEMASE BOVINE, 25 IU
67457-0317-25		J2469		09/20/2018	99/99/9999	INJECTION, PALONOSETRON HCL, 25 MCG
57665-0101-41		J0287		01/01/2004	99/99/9999	INJECTION, AMPHOTERICIN B LIPID COMPLEX, 10 MG
57665-0331-01		J9098		01/01/2004	08/07/2017	INJECTION, CYTARABINE LIPOSOME, 10 MG
57844-0522-06		J8999		05/14/2004	03/26/2015	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
57844-0713-19		J2941		01/18/2005	05/17/2015	INJECTION, SOMATROPIN, 1 MG
68001-0348-36		J9201		05/01/2018	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG
69097-0534-97		J2370		05/01/2018	99/99/9999	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML
69097-0535-96		J2370		05/01/2018	99/99/9999	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML
69097-0614-37		J2370		05/01/2018	99/99/9999	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML
70121-1238-01		J9070		06/12/2018	99/99/9999	CYCLOPHOSPHAMIDE, 100 MG
70121-1239-01		J9070		06/12/2018	99/99/9999	CYCLOPHOSPHAMIDE, 100 MG
70121-1240-01		J9070		06/12/2018	99/99/9999	CYCLOPHOSPHAMIDE, 100 MG
70860-0602-82		J1953		06/13/2018	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
DESMOPRESSIN ACETATE (AMP,PF) 4 MCG/ML	1	ML	AM	IJ	ML	1	MCG	4	01/01/2002	99/99/9999	
DESMOPRESSIN ACETATE (M.D.V.) 4 MCG/ML	10	ML	VL	IJ	ML	1	MCG	4	01/01/2002	99/99/9999	
BRAVELLE (SDV W/Q-CAP) 75 IU	1	EA	VL	IJ	EA	75	IU	1	01/01/2006	99/99/9999	
ADAGEN (VIAL) 250 U/ML	1.5	ML	VL	IM	ML	25	IU	10	01/01/2006	99/99/9999	
PALONOSETRON HCL (SDV) 0.05 MG/1 ML	5	ML	VL	IV	ML	25	MCG	2	09/20/2018	99/99/9999	
ABELCET (W/FILTER NEEDLE) 5 MG/ML	20	ML	VL	IV	ML	10	MG	0.5	11/15/2004	99/99/9999	01/01/2004
DEPOCYT (S.D.V.) 10 MG/ML	5	ML	VL	IN	ML	10	MG	1	01/01/2004	08/07/2017	
PURINETHOL 50 MG	60	EA	BO	PO	EA	1	EA	1	05/14/2004	03/26/2015	
TEV-TROPIN (VIAL W/DILUENT) 5 MG	1	EA	VL	SC	EA	1	MG	5	01/18/2005	05/17/2015	
GEMCITABINE 100 MG/1 ML	10	ML	VL	IV	ML	200	MG	0.5	05/01/2018	99/99/9999	
PHENYLEPHRINE HCL 10 MG/1 ML	1	ML	VL	IV	ML	1	ML	1	05/01/2018	99/99/9999	
PHENYLEPHRINE HCL 10 MG/1 ML	5	ML	VL	IV	ML	1	ML	1	05/01/2018	99/99/9999	
PHENYLEPHRINE HCL 10 MG/1 ML	10	ML	VL	IV	ML	1	ML	1	05/01/2018	99/99/9999	
CYCLOPHOSPHAMIDE (SDV,USP,PF) 500 MG	1	EA	VL	IV	EA	100	MG	5	06/12/2018	99/99/9999	
CYCLOPHOSPHAMIDE (SDV,USP,PF) 1 GM	1	EA	VL	IV	EA	100	MG	10	06/12/2018	99/99/9999	
CYCLOPHOSPHAMIDE (SDV,USP,PF) 2 GM	1	EA	VL	IV	EA	100	MG	20	06/12/2018	99/99/9999	
LEVETIRACETAM-SODIUM CHLORIDE (PF,LATEX-FREE) 500 MG/100 ML-0.82%	100	ML	BG	IV	ML	10	MG	0.5	06/13/2018	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
01/01/2004	0.5			

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
57894-0030-01		J1745		01/01/2002	99/99/9999	INJECTION, INFLIXIMAB, EXCLUDES BIOSIMILAR, 10 MG
58016-0086-00		Q0144		02/01/2006	01/31/2014	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
58016-0086-30		Q0144		02/01/2006	01/31/2014	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
58016-0086-60		Q0144		02/01/2006	01/31/2014	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
58016-0086-90		Q0144		02/01/2006	01/31/2014	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
58016-0111-00		J8499		09/01/2006	01/31/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
58016-0111-15		J8499		09/01/2006	01/31/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
58016-0111-20		J8499		09/01/2006	01/31/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
58016-0111-25		J8499		09/01/2006	01/31/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
58016-0111-30		J8499		09/01/2006	01/31/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
58016-0111-60		J8499		09/01/2006	01/31/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
58016-0111-90		J8499		09/01/2006	01/31/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
58016-0112-00		J8499		05/31/2005	01/31/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
58016-0112-20		J8499		05/31/2005	01/31/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
58016-0112-30		J8499		05/31/2005	01/31/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
58016-0112-60		J8499		08/09/2002	01/31/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
58016-0112-90		J8499		05/31/2005	01/31/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
58016-0126-12		J7506		01/01/2002	01/31/2014	PREDNISONE, ORAL, PER 5MG
58016-0170-00		J8999		02/01/2006	01/31/2014	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
58016-0170-30		J8999		02/01/2006	01/31/2014	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
58016-0170-60		J8999		02/01/2006	01/31/2014	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
58016-0170-90		J8999		02/01/2006	01/31/2014	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
58016-0170-99		J8999		02/01/2006	01/31/2014	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
58016-0216-00		J7506		01/01/2002	01/31/2014	PREDNISONE, ORAL, PER 5MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
REMICADE (S.D.V.,PF) 100 MG	1	EA	VL	IV	EA	10	MG	10	01/01/2002	99/99/9999	
AZITHROMYCIN 250 MG	100	EA	BO	PO	EA	1	GM	0.25	02/01/2006	01/31/2014	
AZITHROMYCIN 250 MG	30	EA	BO	PO	EA	1	GM	0.25	02/01/2006	01/31/2014	
AZITHROMYCIN 250 MG	60	EA	BO	PO	EA	1	GM	0.25	02/01/2006	01/31/2014	
AZITHROMYCIN 250 MG	90	EA	BO	PO	EA	1	GM	0.25	02/01/2006	01/31/2014	
ACYCLOVIR 200 MG	100	EA	BO	PO	EA	1	EA	1	09/01/2006	01/31/2014	
ACYCLOVIR 200 MG	15	EA	BO	PO	EA	1	EA	1	09/01/2006	01/31/2014	
ACYCLOVIR 200 MG	20	EA	BO	PO	EA	1	EA	1	09/01/2006	01/31/2014	
ACYCLOVIR 200 MG	25	EA	BO	PO	EA	1	EA	1	09/01/2006	01/31/2014	
ACYCLOVIR 200 MG	30	EA	BO	PO	EA	1	EA	1	09/01/2006	01/31/2014	
ACYCLOVIR 200 MG	60	EA	BO	PO	EA	1	EA	1	09/01/2006	01/31/2014	
ACYCLOVIR 200 MG	90	EA	BO	PO	EA	1	EA	1	09/01/2006	01/31/2014	
ACYCLOVIR 400 MG	100	EA	BO	PO	EA	1	EA	1	05/31/2005	01/31/2014	
ACYCLOVIR 400 MG	20	EA	BO	PO	EA	1	EA	1	05/31/2005	01/31/2014	
ACYCLOVIR 400 MG	30	EA	BO	PO	EA	1	EA	1	05/31/2005	01/31/2014	
ACYCLOVIR 400 MG	60	EA	BO	PO	EA	1	EA	1	08/09/2002	01/31/2014	
ACYCLOVIR 400 MG	90	EA	BO	PO	EA	1	EA	1	05/31/2005	01/31/2014	
PREDNISONE 10 MG	12	EA	NA	PO	EA	5	MG	2	01/01/2002	01/31/2014	
FLUTAMIDE 125 MG	100	EA	BO	PO	EA	1	EA	1	02/01/2006	01/31/2014	
FLUTAMIDE 125 MG	30	EA	BO	PO	EA	1	EA	1	02/01/2006	01/31/2014	
FLUTAMIDE 125 MG	60	EA	BO	PO	EA	1	EA	1	02/01/2006	01/31/2014	
FLUTAMIDE 125 MG	90	EA	BO	PO	EA	1	EA	1	02/01/2006	01/31/2014	
FLUTAMIDE 125 MG	180	EA	BO	PO	EA	1	EA	1	02/01/2006	01/31/2014	
PREDNISONE 10 MG	100	EA	BO	PO	EA	5	MG	2	01/01/2002	01/31/2014	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
58016-0216-10		J7506		01/01/2007	01/31/2014	PREDNISONE, ORAL, PER 5MG
58016-0216-12		J7506		03/22/2002	01/31/2014	PREDNISONE, ORAL, PER 5MG
58016-0216-14		J7506		03/22/2002	01/31/2014	PREDNISONE, ORAL, PER 5MG
58016-0216-15		J7506		01/01/2002	01/31/2014	PREDNISONE, ORAL, PER 5MG
58016-0216-20		J7506		03/22/2002	01/31/2014	PREDNISONE, ORAL, PER 5MG
58016-0216-21		J7506		01/01/2002	01/31/2014	PREDNISONE, ORAL, PER 5MG
58016-0216-22		J7506		01/01/2007	01/31/2014	PREDNISONE, ORAL, PER 5MG
58016-0216-24		J7506		03/22/2002	01/31/2014	PREDNISONE, ORAL, PER 5MG
58016-0216-28		J7506		01/01/2002	01/31/2014	PREDNISONE, ORAL, PER 5MG
58016-0216-30		J7506		01/01/2002	01/31/2014	PREDNISONE, ORAL, PER 5MG
58016-0216-32		J7506		01/01/2002	01/31/2014	PREDNISONE, ORAL, PER 5MG
58016-0216-40		J7506		01/01/2002	01/31/2014	PREDNISONE, ORAL, PER 5MG
58016-0216-42		J7506		01/01/2007	01/31/2014	PREDNISONE, ORAL, PER 5MG
58016-0216-50		J7506		01/01/2002	01/31/2014	PREDNISONE, ORAL, PER 5MG
58016-0216-60		J7506		01/01/2002	01/31/2014	PREDNISONE, ORAL, PER 5MG
58016-0216-84		J7506		01/01/2007	01/31/2014	PREDNISONE, ORAL, PER 5MG
58016-0216-90		J7506		01/01/2007	01/31/2014	PREDNISONE, ORAL, PER 5MG
58016-0217-00		J7506		01/01/2002	01/31/2014	PREDNISONE, ORAL, PER 5MG
58016-0217-05		J7506		01/01/2007	01/31/2014	PREDNISONE, ORAL, PER 5MG
58016-0217-07		J7506		01/01/2007	01/31/2014	PREDNISONE, ORAL, PER 5MG
58016-0217-10		J7506		03/21/2002	01/31/2014	PREDNISONE, ORAL, PER 5MG
58016-0217-12		J7506		01/01/2007	01/31/2014	PREDNISONE, ORAL, PER 5MG
58016-0217-15		J7506		03/21/2002	01/31/2014	PREDNISONE, ORAL, PER 5MG
58016-0217-16		J7506		03/21/2002	01/31/2014	PREDNISONE, ORAL, PER 5MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PREDNISONE 10 MG	10	EA	NA	PO	EA	5	MG	2	01/01/2007	01/31/2014	
PREDNISONE 10 MG	12	EA	BO	PO	EA	5	MG	2	03/22/2002	01/31/2014	
PREDNISONE 10 MG	14	EA	BO	PO	EA	5	MG	2	03/22/2002	01/31/2014	
PREDNISONE 10 MG	15	EA	BO	PO	EA	5	MG	2	01/01/2002	01/31/2014	
PREDNISONE 10 MG	20	EA	BO	PO	EA	5	MG	2	03/22/2002	01/31/2014	
PREDNISONE 10 MG	21	EA	BO	PO	EA	5	MG	2	01/01/2002	01/31/2014	
PREDNISONE 10 MG	22	EA	NA	PO	EA	5	MG	2	01/01/2007	01/31/2014	
PREDNISONE 10 MG	24	EA	BO	PO	EA	5	MG	2	03/22/2002	01/31/2014	
PREDNISONE 10 MG	28	EA	BO	PO	EA	5	MG	2	01/01/2002	01/31/2014	
PREDNISONE 10 MG	30	EA	BO	PO	EA	5	MG	2	01/01/2002	01/31/2014	
PREDNISONE 10 MG	32	EA	BO	PO	EA	5	MG	2	01/01/2002	01/31/2014	
PREDNISONE 10 MG	40	EA	BO	PO	EA	5	MG	2	01/01/2002	01/31/2014	
PREDNISONE 10 MG	42	EA	NA	PO	EA	5	MG	2	01/01/2007	01/31/2014	
PREDNISONE 10 MG	50	EA	BO	PO	EA	5	MG	2	01/01/2002	01/31/2014	
PREDNISONE 10 MG	60	EA	BO	PO	EA	5	MG	2	01/01/2002	01/31/2014	
PREDNISONE 10 MG	84	EA	NA	PO	EA	5	MG	2	01/01/2007	01/31/2014	
PREDNISONE 10 MG	90	EA	BO	PO	EA	5	MG	2	01/01/2007	01/31/2014	
PREDNISONE 20 MG	100	EA	BO	PO	EA	5	MG	4	01/01/2002	01/31/2014	
PREDNISONE 20 MG	5	EA	NA	PO	EA	5	MG	4	01/01/2007	01/31/2014	
PREDNISONE 20 MG	7	EA	NA	PO	EA	5	MG	4	01/01/2007	01/31/2014	
PREDNISONE 20 MG	10	EA	BO	PO	EA	5	MG	4	03/21/2002	01/31/2014	
PREDNISONE 20 MG	12	EA	NA	PO	EA	5	MG	4	01/01/2007	01/31/2014	
PREDNISONE 20 MG	15	EA	BO	PO	EA	5	MG	4	03/21/2002	01/31/2014	
PREDNISONE 20 MG	16	EA	BO	PO	EA	5	MG	4	03/21/2002	01/31/2014	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
58016-0217-18		J7506		03/21/2002	01/31/2014	PREDNISONE, ORAL, PER 5MG
58016-0217-20		J7506		01/01/2002	01/31/2014	PREDNISONE, ORAL, PER 5MG
58016-0217-21		J7506		01/01/2002	01/31/2014	PREDNISONE, ORAL, PER 5MG
58016-0217-22		J7506		03/21/2002	01/31/2014	PREDNISONE, ORAL, PER 5MG
58016-0217-23		J7506		01/01/2007	01/31/2014	PREDNISONE, ORAL, PER 5MG
58016-0217-24		J7506		01/01/2002	01/31/2014	PREDNISONE, ORAL, PER 5MG
58016-0217-28		J7506		01/01/2002	01/31/2014	PREDNISONE, ORAL, PER 5MG
58016-0217-30		J7506		01/01/2002	01/31/2014	PREDNISONE, ORAL, PER 5MG
58016-0217-40		J7506		01/01/2002	01/31/2014	PREDNISONE, ORAL, PER 5MG
58016-0217-60		J7506		01/01/2002	01/31/2014	PREDNISONE, ORAL, PER 5MG
58016-0218-00		J7506		01/01/2002	01/31/2014	PREDNISONE, ORAL, PER 5MG
58016-0218-20		J7506		03/22/2002	01/31/2014	PREDNISONE, ORAL, PER 5MG
58016-0218-21		J7506		01/01/2002	01/31/2014	PREDNISONE, ORAL, PER 5MG
58016-0218-24		J7506		03/22/2002	01/31/2014	PREDNISONE, ORAL, PER 5MG
58016-0218-30		J7506		01/01/2002	01/31/2014	PREDNISONE, ORAL, PER 5MG
58016-0218-33		J7506		01/01/2002	01/31/2014	PREDNISONE, ORAL, PER 5MG
58016-0218-36		J7506		01/01/2002	01/31/2014	PREDNISONE, ORAL, PER 5MG
58016-0218-40		J7506		01/01/2002	01/31/2014	PREDNISONE, ORAL, PER 5MG
58016-0218-50		J7506		01/01/2002	01/31/2014	PREDNISONE, ORAL, PER 5MG
58016-0218-55		J7506		01/01/2002	01/31/2014	PREDNISONE, ORAL, PER 5MG
58016-0218-60		J7506		01/01/2002	01/31/2014	PREDNISONE, ORAL, PER 5MG
58016-0218-69		J7506		01/01/2007	01/31/2014	PREDNISONE, ORAL, PER 5MG
58016-0218-90		J7506		05/31/2005	01/31/2014	PREDNISONE, ORAL, PER 5MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PREDNISONE 20 MG	18	EA	BO	PO	EA	5	MG	4	03/21/2002	01/31/2014	
PREDNISONE 20 MG	20	EA	BO	PO	EA	5	MG	4	01/01/2002	01/31/2014	
PREDNISONE 20 MG	21	EA	BO	PO	EA	5	MG	4	01/01/2002	01/31/2014	
PREDNISONE 20 MG	22	EA	BO	PO	EA	5	MG	4	03/21/2002	01/31/2014	
PREDNISONE 20 MG	23	EA	NA	PO	EA	5	MG	4	01/01/2007	01/31/2014	
PREDNISONE 20 MG	24	EA	BO	PO	EA	5	MG	4	01/01/2002	01/31/2014	
PREDNISONE 20 MG	28	EA	BO	PO	EA	5	MG	4	01/01/2002	01/31/2014	
PREDNISONE 20 MG	30	EA	BO	PO	EA	5	MG	4	01/01/2002	01/31/2014	
PREDNISONE 20 MG	40	EA	BO	PO	EA	5	MG	4	01/01/2002	01/31/2014	
PREDNISONE 20 MG	60	EA	BO	PO	EA	5	MG	4	01/01/2002	01/31/2014	
PREDNISONE 5 MG	100	EA	BO	PO	EA	5	MG	1	01/01/2002	01/31/2014	
PREDNISONE 5 MG	20	EA	BO	PO	EA	5	MG	1	03/22/2002	01/31/2014	
PREDNISONE 5 MG	21	EA	BO	PO	EA	5	MG	1	01/01/2002	01/31/2014	
PREDNISONE 5 MG	24	EA	BO	PO	EA	5	MG	1	03/22/2002	01/31/2014	
PREDNISONE 5 MG	30	EA	BO	PO	EA	5	MG	1	01/01/2002	01/31/2014	
PREDNISONE 5 MG	33	EA	BO	PO	EA	5	MG	1	01/01/2002	01/31/2014	
PREDNISONE 5 MG	36	EA	BO	PO	EA	5	MG	1	01/01/2002	01/31/2014	
PREDNISONE 5 MG	40	EA	BO	PO	EA	5	MG	1	01/01/2002	01/31/2014	
PREDNISONE 5 MG	50	EA	BO	PO	EA	5	MG	1	01/01/2002	01/31/2014	
PREDNISONE 5 MG	55	EA	BO	PO	EA	5	MG	1	01/01/2002	01/31/2014	
PREDNISONE 5 MG	60	EA	BO	PO	EA	5	MG	1	01/01/2002	01/31/2014	
PREDNISONE 5 MG	69	EA	NA	PO	EA	5	MG	1	01/01/2007	01/31/2014	
PREDNISONE 5 MG	90	EA	BO	PO	EA	5	MG	1	05/31/2005	01/31/2014	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
58016-0259-00		Q0177		01/01/2002	01/31/2014	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0259-02		Q0177		01/01/2007	01/31/2014	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0259-10		Q0177		01/01/2002	01/31/2014	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0259-20		Q0177		01/01/2002	01/31/2014	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0259-30		Q0177		01/01/2002	01/31/2014	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0259-50		Q0177		01/01/2002	01/31/2014	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0259-60		Q0177		01/01/2002	01/31/2014	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
HYDROXYZINE PAMOATE 25 MG	100	EA	BO	PO	EA	25	MG	1	01/01/2002	01/31/2014	
HYDROXYZINE PAMOATE 25 MG	120	EA	NA	PO	EA	25	MG	1	01/01/2007	01/31/2014	
HYDROXYZINE PAMOATE 25 MG	10	EA	BO	PO	EA	25	MG	1	01/01/2002	01/31/2014	
HYDROXYZINE PAMOATE 25 MG	20	EA	BO	PO	EA	25	MG	1	01/01/2002	01/31/2014	
HYDROXYZINE PAMOATE 25 MG	30	EA	BO	PO	EA	25	MG	1	01/01/2002	01/31/2014	
HYDROXYZINE PAMOATE 25 MG	50	EA	BO	PO	EA	25	MG	1	01/01/2002	01/31/2014	
HYDROXYZINE PAMOATE 25 MG	60	EA	BO	PO	EA	25	MG	1	01/01/2002	01/31/2014	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
58016-0259-90		Q0177		01/01/2007	01/31/2014	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0290-00		J8540		01/01/2006	01/31/2014	DEXAMETHASONE, ORAL, 0.25 MG
58016-0290-02		J8540		01/01/2006	01/31/2014	DEXAMETHASONE, ORAL, 0.25 MG
58016-0290-03		J8540		01/01/2006	01/31/2014	DEXAMETHASONE, ORAL, 0.25 MG
58016-0290-12		J8540		01/01/2006	01/31/2014	DEXAMETHASONE, ORAL, 0.25 MG
58016-0290-15		J8540		01/01/2006	01/31/2014	DEXAMETHASONE, ORAL, 0.25 MG
58016-0290-20		J8540		01/01/2006	01/31/2014	DEXAMETHASONE, ORAL, 0.25 MG
58016-0290-30		J8540		01/01/2006	01/31/2014	DEXAMETHASONE, ORAL, 0.25 MG
58016-0290-73		J8540		01/01/2006	01/31/2014	DEXAMETHASONE, ORAL, 0.25 MG
58016-0290-89		J8540		01/01/2006	01/31/2014	DEXAMETHASONE, ORAL, 0.25 MG
58016-0291-60		J8540		01/01/2007	01/31/2014	DEXAMETHASONE, ORAL, 0.25 MG
58016-0293-00		J8540		01/01/2006	01/31/2014	DEXAMETHASONE, ORAL, 0.25 MG
58016-0293-06		J8540		01/01/2007	01/31/2014	DEXAMETHASONE, ORAL, 0.25 MG
58016-0293-12		J8540		01/01/2006	01/31/2014	DEXAMETHASONE, ORAL, 0.25 MG
58016-0293-15		J8540		01/01/2006	01/31/2014	DEXAMETHASONE, ORAL, 0.25 MG
58016-0293-20		J8540		01/01/2006	01/31/2014	DEXAMETHASONE, ORAL, 0.25 MG
58016-0293-30		J8540		01/01/2006	01/31/2014	DEXAMETHASONE, ORAL, 0.25 MG
58016-0326-00		Q0164		03/01/2007	01/31/2014	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
HYDROXYZINE PAMOATE 25 MG	90	EA	NA	PO	EA	25	MG	1	01/01/2007	01/31/2014	
DEXAMETHASONE 0.5 MG	100	EA	BO	PO	EA	0.25	MG	2	01/01/2006	01/31/2014	
DEXAMETHASONE 0.5 MG	120	EA	BO	PO	EA	0.25	MG	2	01/01/2006	01/31/2014	
DEXAMETHASONE 0.5 MG	150	EA	BO	PO	EA	0.25	MG	2	01/01/2006	01/31/2014	
DEXAMETHASONE 0.5 MG	12	EA	BO	PO	EA	0.25	MG	2	01/01/2006	01/31/2014	
DEXAMETHASONE 0.5 MG	15	EA	BO	PO	EA	0.25	MG	2	01/01/2006	01/31/2014	
DEXAMETHASONE 0.5 MG	20	EA	BO	PO	EA	0.25	MG	2	01/01/2006	01/31/2014	
DEXAMETHASONE 0.5 MG	30	EA	BO	PO	EA	0.25	MG	2	01/01/2006	01/31/2014	
DEXAMETHASONE 0.5 MG	300	EA	BO	PO	EA	0.25	MG	2	01/01/2006	01/31/2014	
DEXAMETHASONE 0.5 MG	200	EA	BO	PO	EA	0.25	MG	2	01/01/2006	01/31/2014	
DEXAMETHASONE 0.5 MG	60	EA	BO	PO	EA	0.25	MG	2	01/01/2007	01/31/2014	
DEXAMETHASONE 0.75 MG	100	EA	BO	PO	EA	0.25	MG	3	01/01/2006	01/31/2014	
DEXAMETHASONE 0.75 MG	6	EA	NA	PO	EA	0.25	MG	3	01/01/2007	01/31/2014	
DEXAMETHASONE 0.75 MG	12	EA	BO	PO	EA	0.25	MG	3	01/01/2006	01/31/2014	
DEXAMETHASONE 0.75 MG	15	EA	BO	PO	EA	0.25	MG	3	01/01/2006	01/31/2014	
DEXAMETHASONE 0.75 MG	20	EA	BO	PO	EA	0.25	MG	3	01/01/2006	01/31/2014	
DEXAMETHASONE 0.75 MG	30	EA	BO	PO	EA	0.25	MG	3	01/01/2006	01/31/2014	
PROCHLORPERAZINE MALEATE 5 MG	100	EA	BO	PO	EA	5	MG	1	03/01/2007	01/31/2014	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
58016-0326-12		Q0164		09/15/2003	01/31/2014	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0326-30		Q0164		03/01/2007	01/31/2014	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0326-60		Q0164		03/01/2007	01/31/2014	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0326-90		Q0164		03/01/2007	01/31/2014	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0391-00		Q0144		01/15/2004	01/31/2014	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
58016-0391-01		Q0144		04/03/2002	01/31/2014	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
58016-0391-06		Q0144		01/01/2002	01/31/2014	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
58016-0391-10		Q0144		01/01/2002	01/31/2014	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
58016-0391-15		Q0144		01/01/2002	01/31/2014	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
58016-0391-18		Q0144		01/01/2002	01/31/2014	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
58016-0391-20		Q0144		01/01/2002	01/31/2014	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
58016-0391-28		Q0144		01/01/2002	01/31/2014	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
58016-0391-30		Q0144		01/01/2002	01/31/2014	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
58016-0391-60		Q0144		01/15/2004	01/31/2014	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PROCHLORPERAZINE MALEATE 5 MG	12	EA	BO	PO	EA	5	MG	1	09/15/2003	01/31/2014	
PROCHLORPERAZINE MALEATE 5 MG	30	EA	BO	PO	EA	5	MG	1	03/01/2007	01/31/2014	
PROCHLORPERAZINE MALEATE 5 MG	60	EA	BO	PO	EA	5	MG	1	03/01/2007	01/31/2014	
PROCHLORPERAZINE MALEATE 5 MG	90	EA	BO	PO	EA	5	MG	1	03/01/2007	01/31/2014	
ZITHROMAX 250 MG	100	EA	BO	PO	EA	1	GM	0.25	01/15/2004	01/31/2014	
ZITHROMAX Z-PAK 250 MG	6	EA	BX	PO	EA	1	GM	0.25	04/03/2002	01/31/2014	
ZITHROMAX 250 MG	6	EA	BO	PO	EA	1	GM	0.25	01/01/2002	01/31/2014	
ZITHROMAX 250 MG	10	EA	BO	PO	EA	1	GM	0.25	01/01/2002	01/31/2014	
ZITHROMAX 250 MG	15	EA	BO	PO	EA	1	GM	0.25	01/01/2002	01/31/2014	
ZITHROMAX 250 MG	18	EA	BX	PO	EA	1	GM	0.25	01/01/2002	01/31/2014	
ZITHROMAX 250 MG	20	EA	BO	PO	EA	1	GM	0.25	01/01/2002	01/31/2014	
ZITHROMAX 250 MG	28	EA	BO	PO	EA	1	GM	0.25	01/01/2002	01/31/2014	
ZITHROMAX 250 MG	30	EA	BO	PO	EA	1	GM	0.25	01/01/2002	01/31/2014	
ZITHROMAX 250 MG	60	EA	BO	PO	EA	1	GM	0.25	01/15/2004	01/31/2014	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
58016-0391-90		Q0144		01/15/2004	01/31/2014	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
58016-0408-00		Q0163		01/01/2002	01/31/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0408-06		Q0163		01/01/2002	01/31/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0408-09		Q0163		01/01/2002	01/31/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0408-10		Q0163		01/01/2002	01/31/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0408-12		Q0163		01/01/2002	01/31/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0408-14		Q0163		01/01/2002	01/31/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
ZITHROMAX 250 MG	90	EA	BO	PO	EA	1	GM	0.25	01/15/2004	01/31/2014	
DIPHENHYDRAMINE HCL 25 MG	100	EA	BO	PO	EA	50	MG	0.5	01/01/2002	01/31/2014	
DIPHENHYDRAMINE HCL 25 MG	6	EA	BO	PO	EA	50	MG	0.5	01/01/2002	01/31/2014	
DIPHENHYDRAMINE HCL 25 MG	9	EA	BO	PO	EA	50	MG	0.5	01/01/2002	01/31/2014	
DIPHENHYDRAMINE HCL 25 MG	10	EA	BO	PO	EA	50	MG	0.5	01/01/2002	01/31/2014	
DIPHENHYDRAMINE HCL 25 MG	12	EA	BO	PO	EA	50	MG	0.5	01/01/2002	01/31/2014	
DIPHENHYDRAMINE HCL 25 MG	14	EA	BO	PO	EA	50	MG	0.5	01/01/2002	01/31/2014	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
58016-0408-15		Q0163		01/01/2002	01/31/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0408-20		Q0163		01/01/2002	01/31/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0408-21		Q0163		01/01/2002	01/31/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0408-24		Q0163		01/01/2007	01/31/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0408-25		Q0163		01/01/2007	01/31/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0408-28		Q0163		01/01/2002	01/31/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0408-30		Q0163		01/01/2002	01/31/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
DIPHENHYDRAMINE HCL 25 MG	15	EA	BO	PO	EA	50	MG	0.5	01/01/2002	01/31/2014	
DIPHENHYDRAMINE HCL 25 MG	20	EA	BO	PO	EA	50	MG	0.5	01/01/2002	01/31/2014	
DIPHENHYDRAMINE HCL 25 MG	21	EA	BO	PO	EA	50	MG	0.5	01/01/2002	01/31/2014	
DIPHENHYDRAMINE HCL 25 MG	24	EA	NA	PO	EA	50	MG	0.5	01/01/2007	01/31/2014	
DIPHENHYDRAMINE HCL 25 MG	25	EA	NA	PO	EA	50	MG	0.5	01/01/2007	01/31/2014	
DIPHENHYDRAMINE HCL 25 MG	28	EA	BO	PO	EA	50	MG	0.5	01/01/2002	01/31/2014	
DIPHENHYDRAMINE HCL 25 MG	30	EA	BO	PO	EA	50	MG	0.5	01/01/2002	01/31/2014	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
58016-0408-40		Q0163		01/01/2002	01/31/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0408-60		Q0163		01/01/2002	01/31/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0409-00		Q0163		01/01/2002	01/31/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0409-10		Q0163		01/01/2002	01/31/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0409-12		Q0163		01/01/2002	01/31/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0409-15		Q0163		01/01/2002	01/31/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0409-20		Q0163		01/01/2002	01/31/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
DIPHENHYDRAMINE HCL 25 MG	40	EA	BO	PO	EA	50	MG	0.5	01/01/2002	01/31/2014	
DIPHENHYDRAMINE HCL 25 MG	60	EA	BO	PO	EA	50	MG	0.5	01/01/2002	01/31/2014	
DIPHENHYDRAMINE HCL 50 MG	100	EA	BO	PO	EA	50	MG	1	01/01/2002	01/31/2014	
DIPHENHYDRAMINE HCL 50 MG	10	EA	BO	PO	EA	50	MG	1	01/01/2002	01/31/2014	
DIPHENHYDRAMINE HCL 50 MG	12	EA	BO	PO	EA	50	MG	1	01/01/2002	01/31/2014	
DIPHENHYDRAMINE HCL 50 MG	15	EA	BO	PO	EA	50	MG	1	01/01/2002	01/31/2014	
DIPHENHYDRAMINE HCL 50 MG	20	EA	BO	PO	EA	50	MG	1	01/01/2002	01/31/2014	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
58016-0409-21		Q0163		01/01/2007	01/31/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0409-24		Q0163		03/26/2002	01/31/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0409-30		Q0163		01/01/2002	01/31/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0409-40		Q0163		01/01/2007	01/31/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0409-60		Q0163		08/01/2006	01/31/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0409-90		Q0163		08/01/2006	01/31/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0424-00		Q0170		01/01/2002	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
DIPHENHYDRAMINE HCL 50 MG	21	EA	BO	PO	EA	50	MG	1	01/01/2007	01/31/2014	
DIPHENHYDRAMINE HCL 50 MG	24	EA	BO	PO	EA	50	MG	1	03/26/2002	01/31/2014	
DIPHENHYDRAMINE HCL 50 MG	30	EA	BO	PO	EA	50	MG	1	01/01/2002	01/31/2014	
DIPHENHYDRAMINE HCL 50 MG	40	EA	NA	PO	EA	50	MG	1	01/01/2007	01/31/2014	
DIPHENHYDRAMINE HCL 50 MG	60	EA	BO	PO	EA	50	MG	1	08/01/2006	01/31/2014	
DIPHENHYDRAMINE HCL 50 MG	90	EA	BO	PO	EA	50	MG	1	08/01/2006	01/31/2014	
PROMETHAZINE HCL 25 MG	100	EA	BO	PO	EA	25	MG	1	01/01/2002	12/31/2013	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
58016-0424-02		Q0170		09/15/2003	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0424-03		Q0170		09/15/2003	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0424-10		Q0170		03/26/2002	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0424-12		Q0170		01/01/2002	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0424-15		Q0170		01/01/2002	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0424-20		Q0170		01/01/2002	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0424-30		Q0170		01/01/2002	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PROMETHAZINE HCL 25 MG	120	EA	BO	PO	EA	25	MG	1	09/15/2003	12/31/2013	
PROMETHAZINE HCL 25 MG	150	EA	BO	PO	EA	25	MG	1	09/15/2003	12/31/2013	
PROMETHAZINE HCL 25 MG	10	EA	BO	PO	EA	25	MG	1	03/26/2002	12/31/2013	
PROMETHAZINE HCL 25 MG	12	EA	BO	PO	EA	25	MG	1	01/01/2002	12/31/2013	
PROMETHAZINE HCL 25 MG	15	EA	BO	PO	EA	25	MG	1	01/01/2002	12/31/2013	
PROMETHAZINE HCL 25 MG	20	EA	BO	PO	EA	25	MG	1	01/01/2002	12/31/2013	
PROMETHAZINE HCL 25 MG	30	EA	BO	PO	EA	25	MG	1	01/01/2002	12/31/2013	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
58016-0424-40		Q0170		01/01/2007	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0424-48		Q0170		01/01/2007	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0424-50		Q0170		01/01/2002	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0424-60		Q0170		07/13/2003	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0424-73		Q0170		09/15/2003	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0424-89		Q0170		09/15/2003	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0424-90		Q0170		09/15/2003	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PROMETHAZINE HCL 25 MG	40	EA	NA	PO	EA	25	MG	1	01/01/2007	12/31/2013	
PROMETHAZINE HCL 25 MG	48	EA	NA	PO	EA	25	MG	1	01/01/2007	12/31/2013	
PROMETHAZINE HCL 25 MG	50	EA	BO	PO	EA	25	MG	1	01/01/2002	12/31/2013	
PROMETHAZINE HCL 25 MG	60	EA	BO	PO	EA	25	MG	1	07/13/2003	12/31/2013	
PROMETHAZINE HCL 25 MG	300	EA	BO	PO	EA	25	MG	1	09/15/2003	12/31/2013	
PROMETHAZINE HCL 25 MG	200	EA	BO	PO	EA	25	MG	1	09/15/2003	12/31/2013	
PROMETHAZINE HCL 25 MG	90	EA	BO	PO	EA	25	MG	1	09/15/2003	12/31/2013	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
58016-0464-10		Q0178		01/01/2002	12/31/2013	HYDROXYZINE PAMOATE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0464-15		Q0178		01/01/2002	12/31/2013	HYDROXYZINE PAMOATE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0464-20		Q0178		01/01/2002	12/31/2013	HYDROXYZINE PAMOATE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0464-30		Q0178		01/01/2002	12/31/2013	HYDROXYZINE PAMOATE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0603-01		A4216		01/01/2006	01/31/2014	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
58016-0627-00		J8499		01/29/2002	01/31/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
58016-0627-20		J8499		01/29/2002	01/31/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
58016-0627-30		J8499		01/29/2002	01/31/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
58016-0627-60		J8499		01/29/2002	01/31/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
58016-0627-90		J8499		01/29/2002	01/31/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
58016-0673-12		J7510		01/01/2002	01/31/2014	PREDNISOLONE ORAL, PER 5 MG
58016-0673-24		J7510		01/01/2002	01/31/2014	PREDNISOLONE ORAL, PER 5 MG
58016-0673-48		J7510		01/01/2002	01/31/2014	PREDNISOLONE ORAL, PER 5 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
HYDROXYZINE PAMOATE 50 MG	10	EA	BO	PO	EA	50	MG	1	01/01/2002	12/31/2013	
HYDROXYZINE PAMOATE 50 MG	15	EA	BO	PO	EA	50	MG	1	01/01/2002	12/31/2013	
HYDROXYZINE PAMOATE 50 MG	20	EA	BO	PO	EA	50	MG	1	01/01/2002	12/31/2013	
HYDROXYZINE PAMOATE 50 MG	30	EA	BO	PO	EA	50	MG	1	01/01/2002	12/31/2013	
SODIUM CHLORIDE 0.9%	3	ML	EA	IH	ML	10	ML	0.1	01/01/2006	01/31/2014	
ACYCLOVIR 800 MG	100	EA	BO	PO	EA	1	EA	1	01/29/2002	01/31/2014	
ACYCLOVIR 800 MG	20	EA	BO	PO	EA	1	EA	1	01/29/2002	01/31/2014	
ACYCLOVIR 800 MG	30	EA	BO	PO	EA	1	EA	1	01/29/2002	01/31/2014	
ACYCLOVIR 800 MG	60	EA	BO	PO	EA	1	EA	1	01/29/2002	01/31/2014	
ACYCLOVIR 800 MG	90	EA	BO	PO	EA	1	EA	1	01/29/2002	01/31/2014	
PRELONE 15 MG/5 ML	60	ML	EA	PO	ML	5	MG	0.6	01/01/2002	01/31/2014	
PRELONE 15 MG/5 ML	120	ML	EA	PO	ML	5	MG	0.6	01/01/2002	01/31/2014	
PRELONE 15 MG/5 ML	240	ML	EA	PO	ML	5	MG	0.6	01/01/2002	01/31/2014	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
58016-0706-00		Q0165		09/23/2004	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0706-02		Q0165		09/23/2004	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0706-03		Q0165		09/23/2004	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0706-08		Q0165		01/01/2007	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0706-30		Q0165		09/23/2004	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0706-60		Q0165		09/23/2004	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0706-90		Q0165		09/23/2004	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PROCHLORPERAZINE MALEATE 10 MG	100	EA	BO	PO	EA	10	MG	1	09/23/2004	12/31/2013	
PROCHLORPERAZINE MALEATE 10 MG	120	EA	BO	PO	EA	10	MG	1	09/23/2004	12/31/2013	
PROCHLORPERAZINE MALEATE 10 MG	150	EA	BO	PO	EA	10	MG	1	09/23/2004	12/31/2013	
PROCHLORPERAZINE MALEATE 10 MG	8	EA	NA	PO	EA	10	MG	1	01/01/2007	12/31/2013	
PROCHLORPERAZINE MALEATE 10 MG	30	EA	BO	PO	EA	10	MG	1	09/23/2004	12/31/2013	
PROCHLORPERAZINE MALEATE 10 MG	60	EA	BO	PO	EA	10	MG	1	09/23/2004	12/31/2013	
PROCHLORPERAZINE MALEATE 10 MG	90	EA	BO	PO	EA	10	MG	1	09/23/2004	12/31/2013	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
58016-0781-00		J8540		01/01/2006	01/31/2014	DEXAMETHASONE, ORAL, 0.25 MG
58016-0781-08		J8540		01/01/2007	01/31/2014	DEXAMETHASONE, ORAL, 0.25 MG
58016-0781-10		J8540		01/01/2006	01/31/2014	DEXAMETHASONE, ORAL, 0.25 MG
58016-0781-12		J8540		01/01/2006	01/31/2014	DEXAMETHASONE, ORAL, 0.25 MG
58016-0781-14		J8540		01/01/2006	01/31/2014	DEXAMETHASONE, ORAL, 0.25 MG
58016-0781-15		J8540		01/01/2006	01/31/2014	DEXAMETHASONE, ORAL, 0.25 MG
58016-0781-20		J8540		01/01/2006	01/31/2014	DEXAMETHASONE, ORAL, 0.25 MG
58016-0781-21		J8540		01/01/2006	01/31/2014	DEXAMETHASONE, ORAL, 0.25 MG
58016-0781-24		J8540		01/01/2006	01/31/2014	DEXAMETHASONE, ORAL, 0.25 MG
58016-0781-28		J8540		01/01/2006	01/31/2014	DEXAMETHASONE, ORAL, 0.25 MG
58016-0781-30		J8540		01/01/2006	01/31/2014	DEXAMETHASONE, ORAL, 0.25 MG
58016-0781-40		J8540		01/01/2006	01/31/2014	DEXAMETHASONE, ORAL, 0.25 MG
58016-0781-50		J8540		01/01/2006	01/31/2014	DEXAMETHASONE, ORAL, 0.25 MG
58016-0951-00		Q0168		04/01/2004	12/31/2013	DRONABINOL, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0951-30		Q0168		04/01/2004	12/31/2013	DRONABINOL, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0951-60		Q0168		04/01/2004	12/31/2013	DRONABINOL, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
DEXAMETHASONE 4 MG	100	EA	BO	PO	EA	0.25	MG	16	01/01/2006	01/31/2014	
DEXAMETHASONE 4 MG	8	EA	NA	PO	EA	0.25	MG	16	01/01/2007	01/31/2014	
DEXAMETHASONE 4 MG	10	EA	BO	PO	EA	0.25	MG	16	01/01/2006	01/31/2014	
DEXAMETHASONE 4 MG	12	EA	BO	PO	EA	0.25	MG	16	01/01/2006	01/31/2014	
DEXAMETHASONE 4 MG	14	EA	BO	PO	EA	0.25	MG	16	01/01/2006	01/31/2014	
DEXAMETHASONE 4 MG	15	EA	BO	PO	EA	0.25	MG	16	01/01/2006	01/31/2014	
DEXAMETHASONE 4 MG	20	EA	BO	PO	EA	0.25	MG	16	01/01/2006	01/31/2014	
DEXAMETHASONE 4 MG	21	EA	BO	PO	EA	0.25	MG	16	01/01/2006	01/31/2014	
DEXAMETHASONE 4 MG	24	EA	BO	PO	EA	0.25	MG	16	01/01/2006	01/31/2014	
DEXAMETHASONE 4 MG	28	EA	BO	PO	EA	0.25	MG	16	01/01/2006	01/31/2014	
DEXAMETHASONE 4 MG	30	EA	BO	PO	EA	0.25	MG	16	01/01/2006	01/31/2014	
DEXAMETHASONE 4 MG	40	EA	BO	PO	EA	0.25	MG	16	01/01/2006	01/31/2014	
DEXAMETHASONE 4 MG	50	EA	BO	PO	EA	0.25	MG	16	01/01/2006	01/31/2014	
MARINOL (SOFTGEL) 5 MG	100	EA	BO	PO	EA	5	MG	1	04/01/2004	12/31/2013	
MARINOL (SOFTGEL) 5 MG	30	EA	BO	PO	EA	5	MG	1	04/01/2004	12/31/2013	
MARINOL (SOFTGEL) 5 MG	60	EA	BO	PO	EA	5	MG	1	04/01/2004	12/31/2013	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
58016-0951-90		Q0168		04/01/2004	12/31/2013	DRONABINOL, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0973-00		Q0173		01/01/2002	01/31/2014	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0973-02		Q0173		09/15/2003	01/31/2014	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0973-03		Q0173		09/15/2003	01/31/2014	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0973-08		Q0173		01/01/2002	01/31/2014	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0973-10		Q0173		09/15/2003	01/31/2014	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0973-12		Q0173		01/01/2002	01/31/2014	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
MARINOL (SOFTGEL) 5 MG	90	EA	BO	PO	EA	5	MG	1	04/01/2004	12/31/2013	
TRIMETHOBENZAMIDE HCL 250 MG	100	EA	BO	PO	EA	250	MG	1	01/01/2002	01/31/2014	
TRIMETHOBENZAMIDE HCL 250 MG	120	EA	BO	PO	EA	250	MG	1	09/15/2003	01/31/2014	
TRIMETHOBENZAMIDE HCL 250 MG	150	EA	BO	PO	EA	250	MG	1	09/15/2003	01/31/2014	
TRIMETHOBENZAMIDE HCL 250 MG	8	EA	BO	PO	EA	250	MG	1	01/01/2002	01/31/2014	
TRIMETHOBENZAMIDE HCL 250 MG	10	EA	BO	PO	EA	250	MG	1	09/15/2003	01/31/2014	
TRIMETHOBENZAMIDE HCL 250 MG	12	EA	BO	PO	EA	250	MG	1	01/01/2002	01/31/2014	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
58016-0973-15		Q0173		01/01/2002	01/31/2014	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0973-20		Q0173		01/01/2002	01/31/2014	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0973-24		Q0173		01/01/2002	01/31/2014	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0973-30		Q0173		01/01/2002	01/31/2014	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0973-50		Q0173		01/01/2002	01/31/2014	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0973-60		Q0173		09/15/2003	01/31/2014	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0973-73		Q0173		09/15/2003	01/31/2014	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
TRIMETHOBENZAMIDE HCL 250 MG	15	EA	BO	PO	EA	250	MG	1	01/01/2002	01/31/2014	
TRIMETHOBENZAMIDE HCL 250 MG	20	EA	BO	PO	EA	250	MG	1	01/01/2002	01/31/2014	
TRIMETHOBENZAMIDE HCL 250 MG	24	EA	BO	PO	EA	250	MG	1	01/01/2002	01/31/2014	
TRIMETHOBENZAMIDE HCL 250 MG	30	EA	BO	PO	EA	250	MG	1	01/01/2002	01/31/2014	
TRIMETHOBENZAMIDE HCL 250 MG	50	EA	BO	PO	EA	250	MG	1	01/01/2002	01/31/2014	
TRIMETHOBENZAMIDE HCL 250 MG	60	EA	BO	PO	EA	250	MG	1	09/15/2003	01/31/2014	
TRIMETHOBENZAMIDE HCL 250 MG	300	EA	BO	PO	EA	250	MG	1	09/15/2003	01/31/2014	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
58016-0973-89		Q0173		09/15/2003	01/31/2014	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0973-90		Q0173		09/15/2003	01/31/2014	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-2001-01		J7509		10/01/2006	01/31/2014	METHYLPREDNISOLONE ORAL, PER 4 MG
58016-2004-01		J7509		01/01/2002	01/31/2014	METHYLPREDNISOLONE ORAL, PER 4 MG
58016-3018-03		J8498		01/01/2006	01/31/2014	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED
58016-3066-01		J8498		01/01/2006	01/31/2014	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED
58016-3067-01		J8498		01/01/2006	01/31/2014	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED
58016-3222-01		J8498		01/01/2006	01/31/2014	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED
58016-4008-01		Q0170		01/01/2002	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-4144-01		J7510		01/01/2002	01/31/2014	PREDNISOLONE ORAL, PER 5 MG
58016-4719-01		J7509		02/16/2005	01/31/2014	METHYLPREDNISOLONE ORAL, PER 4 MG
58016-4770-01		J2300		02/01/2006	01/31/2014	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG
58016-4771-01		J2941		02/01/2006	01/31/2014	INJECTION, SOMATROPIN, 1 MG
58016-4786-01		J0696		02/01/2006	01/31/2014	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
58016-4788-01		J1815		02/01/2006	01/31/2014	INJECTION, INSULIN, PER 5 UNITS

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
TRIMETHOBENZAMIDE HCL 250 MG	200	EA	BO	PO	EA	250	MG	1	09/15/2003	01/31/2014	
TRIMETHOBENZAMIDE HCL 250 MG	90	EA	BO	PO	EA	250	MG	1	09/15/2003	01/31/2014	
METHYLPREDNISOLONE 4 MG	21	EA	DP	PO	EA	4	MG	1	10/01/2006	01/31/2014	
METHYLPREDNISOLONE (DOSE PACK) 4 MG	21	EA	DP	PO	EA	4	MG	1	01/01/2002	01/31/2014	
COMPAZINE 25 MG	12	EA	BX	RC	EA	1	EA	1	01/01/2006	01/31/2014	
PHENERGAN 12.5 MG	12	EA	BX	RC	EA	1	EA	1	01/01/2006	01/31/2014	
PHENERGAN 25 MG	12	EA	BX	RC	EA	1	EA	1	01/01/2006	01/31/2014	
COMPAZINE 5 MG	12	EA	BX	RC	EA	1	EA	1	01/01/2006	01/31/2014	
PROMETHAZINE HCL 6.25 MG/5 ML	120	ML	NA	PO	ML	25	MG	0.05	01/01/2002	12/31/2013	
PEDIAPRED 5 MG/5 ML	120	ML	BO	PO	ML	5	MG	0.2	01/01/2002	01/31/2014	
METHYLPREDNISOLONE 8 MG	25	EA	BO	PO	EA	4	MG	2	02/16/2005	01/31/2014	
NALBUPHINE HCL (10X1ML AMPS) 10 MG/ML	1	ML	AM	IJ	ML	10	MG	1	02/01/2006	01/31/2014	
GENOTROPIN 13.8 MG	1	EA	CT	SC	EA	1	MG	13.8	02/01/2006	01/31/2014	
CEFTRIAXONE 1 GM	1	EA	VL	IJ	EA	250	MG	4	02/01/2006	01/31/2014	
HUMULIN N 100 U/ML	10	ML	VL	SC	ML	5	U	20	02/01/2006	01/31/2014	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
58016-4790-01		J0696		02/01/2006	01/31/2014	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
58016-4811-01		J2765		02/01/2006	01/31/2014	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG
58016-4814-01		Q0144		12/20/2005	01/31/2014	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
58016-4832-01		J7506		02/01/2006	01/31/2014	PREDNISONE, ORAL, PER 5MG
58016-4834-01		J0696		02/01/2006	01/31/2014	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
58016-4838-01		A4216		02/01/2006	01/31/2014	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
58016-4840-01		J2001		02/01/2006	01/31/2014	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG
58016-4843-01		J7510		02/01/2006	01/31/2014	PREDNISOLONE ORAL, PER 5 MG
58016-4849-01		J7644		02/01/2006	01/31/2014	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
58016-4849-01	KO	J7644	KO	02/01/2006	01/31/2014	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
58016-4855-01		J3303		02/01/2006	01/31/2014	INJECTION, TRIAMCINOLONE HEXACETONIDE, PER 5MG
58016-4868-01		J0595		03/15/2006	01/31/2014	INJECTION, BUTORPHANOL TARTRATE, 1 MG
58016-4872-01		J1650		04/01/2006	01/31/2014	INJECTION, ENOXAPARIN SODIUM, 10 MG
58016-4893-01		J1040		06/01/2006	01/31/2014	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG
58016-4897-01		J2920		07/01/2006	01/31/2014	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG
58016-4995-01		A4216		01/01/2007	01/31/2014	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
58016-5009-01		J8498		01/01/2006	01/31/2014	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED
58016-6404-01		J7611		04/01/2008	01/31/2014	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
CEFTRIAXONE 250 MG	1	EA	VL	IJ	EA	250	MG	1	02/01/2006	01/31/2014	
REGLAN (25X2ML) 5 MG/ML	2	ML	VL	IV	ML	10	MG	0.5	02/01/2006	01/31/2014	
AZITHROMYCIN 250 MG	6	EA	DP	PO	EA	1	GM	0.25	12/20/2005	01/31/2014	
PREDNISONE 5 MG	21	EA	DP	PO	EA	5	MG	1	02/01/2006	01/31/2014	
CEFTRIAXONE 2 GM	1	EA	VL	IJ	EA	250	MG	8	02/01/2006	01/31/2014	
BRONCHO SALINE 0.9% AEROSAL 0.9%	240	ML	BO	IH	ML	10	ML	0.1	02/01/2006	01/31/2014	
LIDOCAINE (SDA) 1%	5	ML	AM	EP	ML	10	MG	1	02/01/2006	01/31/2014	
PREDNISOLONE 15 MG/5 ML	240	ML	BO	PO	ML	5	MG	0.6	02/01/2006	01/31/2014	
IPRATROPIUM (2.5MLX25) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	02/01/2006	01/31/2014	
IPRATROPIUM (2.5MLX25) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	02/01/2006	01/31/2014	
ARISTOSPAN 20 MG/ML	5	ML	VL	IJ	ML	5	MG	4	02/01/2006	01/31/2014	
BUTORPHANOL TARTRATE (10X1ML) 2 MG/ML	1	ML	VL	IJ	ML	1	MG	2	03/15/2006	01/31/2014	
LOVENOX 40 MG/0.4 ML	0.4	ML	SR	SC	ML	10	MG	10	04/01/2006	01/31/2014	
METHYLPREDNISOLONE ACETATE 80 MG/ML	1	ML	VL	IJ	ML	80	MG	1	06/01/2006	01/31/2014	
SOLU-MEDROL (SDV) 40 MG	1	EA	VL	IJ	EA	40	MG	1	07/01/2006	01/31/2014	
SODIUM CHLORIDE (10MLX100) 0.9%	10	ML	SR	IJ	ML	10	ML	0.1	01/01/2007	01/31/2014	
PROMETHAZINE HCL 25 MG	12	EA	BX	RC	EA	1	EA	1	01/01/2006	01/31/2014	
ALBUTEROL SULFATE 0.5%	20	ML	NA	IH	ML	1	MG	5	04/01/2008	01/31/2014	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
58016-6506-01		J8498		01/01/2006	01/31/2014	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED
58016-9191-01		J0702		01/01/2002	01/31/2014	INJECTION, BETAMETHASONE ACETATE 3MG AND BETAMETHASONE SODIUM PHOSPHATE 3MG
58016-9299-01		J3410		01/01/2002	01/31/2014	INJECTION, HYDROXYZINE HCL, UP TO 25 MG
58016-9331-01		J2001		08/01/2004	01/31/2014	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG
58016-9343-01		J3490		01/01/2002	01/31/2014	UNCLASSIFIED DRUGS
58016-9384-01		J2300		01/01/2002	01/31/2014	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG
58016-9413-01		J1885		01/01/2002	01/31/2014	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG
58016-9438-01		J0696		02/22/2002	01/31/2014	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
58016-9452-01		J2930		01/01/2002	01/31/2014	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG
58016-9453-01		J0696		01/01/2002	01/31/2014	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
58016-9464-01		A4216		01/01/2004	01/31/2014	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
58016-9551-01		J0696		01/01/2002	01/31/2014	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
58160-0815-11		J3490		08/06/2007	08/07/2017	UNCLASSIFIED DRUGS
58160-0820-11		J3490		02/01/2007	10/03/2017	UNCLASSIFIED DRUGS
58160-0821-11		J3490		02/01/2007	99/99/9999	UNCLASSIFIED DRUGS
58160-0856-35		J3490		01/01/2002	02/03/2016	UNCLASSIFIED DRUGS
58281-0560-01		J0475		01/01/2002	01/24/2018	INJECTION, BACLOFEN, 10 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PROCHLORPERAZINE 25 MG	12	EA	BX	RC	EA	1	EA	1	01/01/2006	01/31/2014	
CELESTONE SOLUSPAN (M.D.V.) 3 MG/ML-3 MG/ML	5	ML	VL	IJ	ML	3	MG	1	01/01/2002	01/31/2014	
HYDROXYZINE HCL 50 MG/ML	10	ML	VL	IM	ML	25	MG	2	01/01/2002	01/31/2014	
LIDOCAINE HCL (M.D.V.) 1%	50	ML	VL	EP	ML	10	MG	1	08/01/2004	01/31/2014	
MARCAINE HCL (M.D.V.) 0.5%	50	ML	VL	IJ	ML	1	EA	1	01/01/2002	01/31/2014	
NALBUPHINE HCL (M.D.V.) 10 MG/ML	10	ML	VL	IJ	ML	10	MG	1	01/01/2002	01/31/2014	
KETOROLAC TROMETHAMINE (SDV) 30 MG/ML	2	ML	VL	IM	ML	15	MG	2	01/01/2002	01/31/2014	
ROCEPHIN 1 GM	1	EA	VL	IJ	EA	250	MG	4	02/22/2002	01/31/2014	
SOLU-MEDROL 125 MG	1	EA	VL	IJ	EA	125	MG	1	01/01/2002	01/31/2014	
ROCEPHIN 250 MG	1	EA	VL	IJ	EA	250	MG	1	01/01/2002	01/31/2014	
WATER FOR INJECTION	50	ML	VL	IV	ML	10	ML	0.1	01/01/2004	01/31/2014	
ROCEPHIN 500 MG	1	EA	VL	IJ	EA	250	MG	2	01/01/2002	01/31/2014	
TWINRIX (TAX INCLUDED,1MLX10,PF) 720 EL U/ML-20 MCG/ML	1	ML	VL	IM	ML	1	EA	1	08/06/2007	08/07/2017	
ENGERIX-B PEDIATRIC (10X0.5ML,SDV,TAXINCL,PF) 10 MCG/0.5 ML	0.5	ML	VL	IM	ML	1	EA	1	02/01/2007	10/03/2017	
ENGERIX-B (SDV,TAXINCL,PF) 20 MCG/ML	1	ML	VL	IM	ML	1	EA	1	02/01/2007	99/99/9999	
ENGERIX-B PEDIATRIC (TIPLOK,23GX1,TAX INC,PF) 10 MCG/0.5 ML	0.5	ML	SR	IM	ML	1	EA	1	01/01/2002	02/03/2016	
LIORESAL INTRATHECAL REFILL KIT (1X20 ML AMP) 0.5 MG/ML	20	ML	BX	IN	EA	10	MG	1	01/01/2002	01/24/2018	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
58281-0560-02		J0475		04/02/2004	01/24/2018	INJECTION, BACLOFEN, 10 MG
58281-0561-02		J0475		01/01/2002	01/24/2018	INJECTION, BACLOFEN, 10 MG
58281-0562-01		J0476		01/01/2002	07/10/2017	INJECTION, BACLOFEN, 50 MCG FOR INTRATHECAL TRIAL
58281-0563-01		J0475		10/21/2003	07/23/2017	INJECTION, BACLOFEN, 10 MG
58281-0563-02		J0475		04/02/2004	07/23/2017	INJECTION, BACLOFEN, 10 MG
58406-0425-34		J1438		01/01/2002	99/99/9999	INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)
58406-0425-41		J1438		01/01/2002	99/99/9999	INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)
58406-0435-01		J1438		11/17/2004	99/99/9999	INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)
58406-0435-04		J1438		11/17/2004	99/99/9999	INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)
58406-0445-01		J1438		07/17/2006	99/99/9999	INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)
58406-0445-04		J1438		07/17/2006	99/99/9999	INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
LIORESAL INTRATHECAL REFILL KIT (2X20ML AMP) 0.5 MG/ML	20	ML	BX	MR	EA	10	MG	2	04/02/2004	01/24/2018	
LIORESAL INTRATHECAL REFILL KIT (2X5 ML AMP) 2 MG/ML	5	ML	BX	IN	EA	10	MG	2	01/01/2002	01/24/2018	
LIORESAL INTRATHECAL SCREENING KIT (1X1 ML AMP) 0.05 MG/ML	1	ML	AM	IN	EA	50	MCG	1	01/01/2002	07/10/2017	
LIORESAL INTRATHECAL REFILL KIT (1X20ML AMP) 2 MG/ML	20	ML	BX	MR	EA	10	MG	4	10/21/2003	07/23/2017	
LIORESAL INTRATHECAL REFILL KIT (2X20ML AMP) 2 MG/ML	20	ML	BX	MR	EA	10	MG	8	04/02/2004	07/23/2017	
ENBREL (S.D. TRAY,PF) 25 MG	4	EA	BX	SC	EA	25	MG	1	01/01/2002	99/99/9999	
ENBREL (S.D. TRAY,PF) 25 MG	1	EA	BX	SC	EA	25	MG	1	01/01/2002	99/99/9999	
ENBREL (ACTUAL FILL 50MG/0.98ML) 50 MG/ML	0.98	ML	SR	SC	ML	25	MG	2	11/17/2004	99/99/9999	
ENBREL (ACTUAL FILL 50MG/0.98ML) 50 MG/ML	0.98	ML	SR	SC	ML	25	MG	2	11/17/2004	99/99/9999	
ENBREL (SURECLICK AUTOINJECTOR) 50 MG/ML	0.98	ML	SR	SC	ML	25	MG	2	07/17/2006	99/99/9999	
ENBREL (SURECLICK AUTOINJECTOR) 50 MG/ML	0.98	ML	SR	SC	ML	25	MG	2	07/17/2006	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
58406-0455-01		J1438		04/30/2007	99/99/9999	INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)
58406-0455-04		J1438		04/30/2007	99/99/9999	INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)
58468-0040-01		J0180		01/01/2005	99/99/9999	INJECTION, AGALSIDASE BETA, 1 MG
58468-0041-01		J0180		01/01/2005	99/99/9999	INJECTION, AGALSIDASE BETA, 1 MG
58468-0070-01		J1931		01/01/2005	99/99/9999	INJECTION, LARONIDASE, 0.1 MG
58468-0080-01		J7511		12/01/2005	99/99/9999	LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, RABBIT, PARENTERAL, 25MG
58468-0100-01		J9027		01/01/2006	12/14/2014	INJECTION, CLOFARABINE, 1 MG
58468-0218-02		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG
58468-1849-04		J3240		01/01/2002	05/31/2016	INJECTION, THYROTROPIN ALPHA, 0.9 MG, PROVIDED IN 1.1 MG VIAL
58864-0162-30		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58864-0162-56		Q0163		03/01/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58864-0191-25		J8499		03/01/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
58864-0191-35		J8499		03/01/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
ENBREL (27G,1/2",PF) 50 MG/ML	0.51	ML	SR	SC	ML	25	MG	2	04/30/2007	99/99/9999	
ENBREL (4X0.51ML,27G,1/2",PF) 50 MG/ML	0.51	ML	SR	SC	ML	25	MG	2	04/30/2007	99/99/9999	
FABRAZYME (PF) 35 MG	1	EA	VL	IV	EA	1	MG	35	01/01/2005	99/99/9999	
FABRAZYME (PF) 5 MG	1	EA	VL	IV	EA	1	MG	5	01/01/2005	99/99/9999	
ALDURAZYME (PF) 0.58 MG/ML	5	ML	VL	IV	ML	0.1	MG	5.8	01/01/2005	99/99/9999	
THYMOGLOBULIN (VIAL,DILUENT) 25 MG	1	EA	VL	IV	EA	25	MG	1	12/01/2005	99/99/9999	
CLOLAR (SINGLE-USE VIAL,PF) 1 MG/ML	20	ML	VL	IV	ML	1	MG	1	01/01/2006	12/14/2014	
DEXAMETHASONE 4 MG	120	EA	NA	PO	EA	0.25	MG	16	01/01/2006	99/99/9999	
THYROGEN (W/2 VIALS DILUENT) 1.1 MG	1	EA	VL	IJ	EA	1.1	MG	1	01/01/2002	05/31/2016	
DIPHENHYDRAMINE HCL (REDI-SCRIPT) 25 MG	30	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999	
DIPHENHYDRAMINE HCL (REDI-SCRIPT) 25 MG	56	EA	BO	PO	EA	50	MG	0.5	03/01/2004	99/99/9999	
ACYCLOVIR (REDI-SCRIPT) 800 MG	25	EA	BO	PO	EA	1	EA	1	03/01/2004	99/99/9999	
ACYCLOVIR (REDI-SCRIPT) 800 MG	35	EA	BO	PO	EA	1	EA	1	03/01/2004	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
58864-0362-20		J7506		03/01/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG
58864-0362-56		J7506		03/01/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG
58864-0423-15		J7506		01/01/2005	12/31/2015	PREDNISONE, ORAL, PER 5MG
58864-0423-20		J7506		06/01/2005	12/31/2015	PREDNISONE, ORAL, PER 5MG
58864-0423-30		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
58864-0423-40		J7506		07/01/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG
58864-0424-14		J7506		03/02/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG
58864-0424-20		J7506		01/01/2005	12/31/2015	PREDNISONE, ORAL, PER 5MG
58864-0424-30		J7506		03/02/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG
58864-0602-01		J8499		06/01/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
58864-0602-30		J8499		03/02/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
58864-0644-42		Q0165		03/01/2004	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58864-0655-04		Q0144		07/01/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
58864-0655-06		Q0144		09/10/2003	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
58864-0655-14		Q0144		02/01/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
58864-0655-30		Q0144		06/01/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
58864-0702-01		Q0164		06/15/2006	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PREDNISONE (U.S.P.,REDI-SCRIPT) 5 MG	20	EA	BO	PO	EA	5	MG	1	03/01/2004	12/31/2015	
PREDNISONE (U.S.P.,REDI-SCRIPT) 5 MG	56	EA	BO	PO	EA	5	MG	1	03/01/2004	12/31/2015	
PREDNISONE 10 MG	15	EA	BO	PO	EA	5	MG	2	01/01/2005	12/31/2015	
PREDNISONE 10 MG	20	EA	BO	PO	EA	5	MG	2	06/01/2005	12/31/2015	
PREDNISONE (REDI-SCRIPT) 10 MG	30	EA	BO	PO	EA	5	MG	2	01/01/2002	12/31/2015	
PREDNISONE (REDI-SCRIPT) 10 MG	40	EA	BO	PO	EA	5	MG	2	07/01/2004	12/31/2015	
PREDNISONE (REDI-SCRIPT) 20 MG	14	EA	BO	PO	EA	5	MG	4	03/02/2004	12/31/2015	
PREDNISONE (REDI-SCRIPT) 20 MG	20	EA	BO	PO	EA	5	MG	4	01/01/2005	12/31/2015	
PREDNISONE 20 MG	30	EA	BO	PO	EA	5	MG	4	03/02/2004	12/31/2015	
ACYCLOVIR (REDI-SCRIPT) 400 MG	100	EA	BO	PO	EA	1	EA	1	06/01/2004	99/99/9999	
ACYCLOVIR (REDI-SCRIPT) 400 MG	30	EA	BO	PO	EA	1	EA	1	03/02/2004	99/99/9999	
PROCHLORPERAZINE MALEATE (REDI-SCRIPT) 10 MG	42	EA	BO	PO	EA	10	MG	1	03/01/2004	12/31/2013	
ZITHROMAX 250 MG	4	EA	BO	PO	EA	1	GM	0.25	07/01/2005	99/99/9999	
ZITHROMAX (REDI-SCRIPT) 250 MG	6	EA	BO	PO	EA	1	GM	0.25	09/10/2003	99/99/9999	
ZITHROMAX 250 MG	14	EA	BO	PO	EA	1	GM	0.25	02/01/2005	99/99/9999	
ZITHROMAX 250 MG	6	EA	BO	PO	EA	1	GM	0.25	06/01/2006	99/99/9999	
PROCHLORPERAZINE MALEATE 5 MG	15	EA	BO	PO	EA	5	MG	1	06/15/2006	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
58864-0761-10		Q0170		08/01/2004	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58864-0761-30		Q0170		05/01/2004	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58864-0761-42		Q0170		08/01/2004	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58864-0876-35		J8499		01/01/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
58914-0080-52		J0500		06/22/2004	99/99/9999	INJECTION, DICYCLOMINE HCL, UP TO 20 MG
59075-0730-15		J2323		01/01/2008	04/01/2014	INJECTION, NATALIZUMAB, 1 MG
59148-0016-65		J0400		01/01/2008	06/15/2015	INJECTION, ARIPIPRAZOLE, INTRAMUSCULAR, 0.25 MG
59618-0199-33		Q0163		01/01/2002	02/03/2016	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
59618-0200-06		Q0163		01/01/2002	02/03/2016	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
59676-0302-01		J0885		01/01/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS
61314-0326-10		Q5101		07/20/2018	99/99/9999	INJECTION, FILGRASTIM-SNDZ, BIOSIMILAR, (ZARXIO), 1 MICROGRAM

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PROMETHAZINE HCL (REDI-SCRIPT) 25 MG	10	EA	BO	PO	EA	25	MG	1	08/01/2004	12/31/2013	
PROMETHAZINE HCL 25 MG	30	EA	BO	PO	EA	25	MG	1	05/01/2004	12/31/2013	
PROMETHAZINE HCL 25 MG	42	EA	BO	PO	EA	25	MG	1	08/01/2004	12/31/2013	
ACYCLOVIR 200 MG	35	EA	BO	PO	EA	1	EA	1	01/01/2005	99/99/9999	
BENTYL (AMP) 10 MG/ML	2	ML	AM	IM	ML	20	MG	0.5	03/23/2007	99/99/9999	06/22/2004
TYSABRI 20 MG/ML	15	ML	VL	IV	ML	1	MG	20	01/01/2008	04/01/2014	
ABILIFY (SDV) 9.75 MG/1.3 ML	1.3	ML	VL	IM	ML	0.25	MG	30	01/01/2008	06/15/2015	
DIPHENYL ELIXIR 12.5 MG/5 ML	120	ML	EA	PO	ML	50	MG	0.05	01/01/2002	02/03/2016	
DIPHENYL 25 MG	24	EA	NA	PO	EA	50	MG	0.5	01/01/2002	02/03/2016	
PROCRIT (VIAL) 2000 U/ML	1	ML	VL	IJ	ML	1000	U	2	01/01/2006	99/99/9999	
ZARXIO (PF) 480 MCG/0.8 ML	0.8	ML	SR	IJ	ML	1	MCG	600	07/20/2018	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
11/14/2004	0.5			

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
59676-0302-02		J0885		01/01/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS
59676-0303-01		J0885		01/01/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS
59676-0303-02		J0885		01/01/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS
59676-0304-01		J0885		01/01/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS
59676-0304-02		J0885		01/01/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS
59676-0310-01		J0885		01/01/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS
59676-0310-02		J0885		01/01/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS
59676-0312-04		J0885		01/18/2008	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS
59676-0320-04		J0886		10/15/2007	12/31/2015	INJECTION, EPOETIN ALFA, 1000 UNITS, (FOR ESRD ON DIALYSIS)
59676-0340-01		J0885		01/01/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS
59741-0119-04		Q0163		01/01/2002	02/03/2016	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
59741-0119-08		Q0163		01/01/2002	02/03/2016	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
59741-0119-16		Q0163		01/01/2002	02/03/2016	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PROCRIT (VOLUME PACK VIAL) 2000 U/ML	1	ML	VL	IJ	ML	1000	U	2	01/01/2006	99/99/9999	
PROCRIT (VIAL) 3000 U/ML	1	ML	VL	IJ	ML	1000	U	3	01/01/2006	99/99/9999	
PROCRIT (VOLUME PACK VIAL) 3000 U/ML	1	ML	VL	IJ	ML	1000	U	3	01/01/2006	99/99/9999	
PROCRIT (VIAL) 4000 U/ML	1	ML	VL	IJ	ML	1000	U	4	01/01/2006	99/99/9999	
PROCRIT (VOLUME PACK VIAL) 4000 U/ML	1	ML	VL	IJ	ML	1000	U	4	01/01/2006	99/99/9999	
PROCRIT (VIAL) 10000 U/ML	1	ML	VL	IJ	ML	1000	U	10	01/01/2006	99/99/9999	
PROCRIT (VOLUME PACK VIAL) 10000 U/ML	1	ML	VL	IJ	ML	1000	U	10	01/01/2006	99/99/9999	
PROCRIT (4X2ML,MDV) 10000 U/ML	2	ML	VL	IJ	ML	1000	U	10	01/18/2008	99/99/9999	
PROCRIT (MULTIDOSE) 20000 U/ML	1	ML	VL	IJ	ML	1000	U	20	10/15/2007	12/31/2015	
PROCRIT (PF) 40000 U/ML	1	ML	VL	IJ	ML	1000	U	40	01/01/2006	99/99/9999	
DIPHENHYDRAMINE HCL 12.5 MG/5 ML	120	ML	BO	PO	ML	50	MG	0.05	01/01/2002	02/03/2016	
DIPHENHYDRAMINE HCL 12.5 MG/5 ML	240	ML	BO	PO	ML	50	MG	0.05	01/01/2002	02/03/2016	
DIPHENHYDRAMINE HCL 12.5 MG/5 ML	480	ML	BO	PO	ML	50	MG	0.05	01/01/2002	02/03/2016	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
59741-0119-20		Q0163		01/01/2002	02/03/2016	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
59746-0001-03		J7509		01/01/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG
59746-0001-06		J7509		01/01/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG
59746-0002-04		J7509		09/24/2007	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG
59746-0003-14		J7509		07/20/2007	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG
59746-0007-06		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
59746-0007-10		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
59746-0008-06		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
59746-0008-10		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
59746-0015-04		J7509		07/20/2007	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG
59746-0113-06		Q0164		01/01/2002	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
59746-0115-06		Q0165		01/01/2002	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
59746-0171-06		J7506		10/21/2005	12/31/2015	PREDNISONE, ORAL, PER 5MG
59746-0171-10		J7506		10/21/2005	12/31/2015	PREDNISONE, ORAL, PER 5MG
59746-0172-06		J7506		08/03/2007	12/31/2015	PREDNISONE, ORAL, PER 5MG
59746-0172-10		J7506		08/03/2007	12/31/2015	PREDNISONE, ORAL, PER 5MG
59746-0173-06		J7506		08/03/2007	12/31/2015	PREDNISONE, ORAL, PER 5MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
DIPHENHYDRAMINE HCL 12.5 MG/5 ML	3840	ML	BO	PO	ML	50	MG	0.05	01/01/2002	02/03/2016	
METHYLPREDNISOLONE 4 MG	21	EA	DP	PO	EA	4	MG	1	01/01/2002	99/99/9999	
METHYLPREDNISOLONE 4 MG	100	EA	BO	PO	EA	4	MG	1	01/01/2002	99/99/9999	
METHYLPREDNISOLONE (USP) 8 MG	25	EA	BO	PO	EA	4	MG	2	09/24/2007	99/99/9999	
METHYLPREDNISOLONE (USP) 16 MG	50	EA	BO	PO	EA	4	MG	4	07/20/2007	99/99/9999	
PREDNISONE 5 MG	100	EA	NA	PO	EA	5	MG	1	01/01/2002	12/31/2015	
PREDNISONE 5 MG	1000	EA	NA	PO	EA	5	MG	1	01/01/2002	12/31/2015	
PREDNISONE 10 MG	100	EA	NA	PO	EA	5	MG	2	01/01/2002	12/31/2015	
PREDNISONE 10 MG	1000	EA	NA	PO	EA	5	MG	2	01/01/2002	12/31/2015	
METHYLPREDNISOLONE (USP) 32 MG	25	EA	BO	PO	EA	4	MG	8	07/20/2007	99/99/9999	
PROCHLORPERAZINE MALEATE 5 MG	100	EA	BO	PO	EA	5	MG	1	01/01/2002	99/99/9999	
PROCHLORPERAZINE MALEATE 10 MG	100	EA	BO	PO	EA	10	MG	1	01/01/2002	12/31/2013	
PREDNISONE 1 MG	100	EA	BO	PO	EA	5	MG	0.2	10/21/2005	12/31/2015	
PREDNISONE 1 MG	1000	EA	BO	PO	EA	5	MG	0.2	10/21/2005	12/31/2015	
PREDNISONE (USP) 5 MG	100	EA	BO	PO	EA	5	MG	1	08/03/2007	12/31/2015	
PREDNISONE (USP) 5 MG	1000	EA	BO	PO	EA	5	MG	1	08/03/2007	12/31/2015	
PREDNISONE (USP) 10 MG	100	EA	BO	PO	EA	5	MG	2	08/03/2007	12/31/2015	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
59746-0173-09		J7506		08/03/2007	12/31/2015	PREDNISONE, ORAL, PER 5MG
59746-0173-10		J7506		08/03/2007	12/31/2015	PREDNISONE, ORAL, PER 5MG
59746-0175-06		J7506		08/03/2007	12/31/2015	PREDNISONE, ORAL, PER 5MG
59746-0175-09		J7506		08/03/2007	12/31/2015	PREDNISONE, ORAL, PER 5MG
59746-0175-10		J7506		08/03/2007	12/31/2015	PREDNISONE, ORAL, PER 5MG
59762-0100-01		J8515		01/01/2006	99/99/9999	CABERGOLINE, ORAL, 0.25 MG
59762-2576-01		J9211		08/27/2007	99/99/9999	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG
59762-2586-01		J9211		08/27/2007	99/99/9999	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG
59762-2596-01		J9211		08/27/2007	99/99/9999	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG
59762-3051-01		Q0144		07/07/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
59762-3051-02		Q0144		07/07/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
59762-3060-01		Q0144		11/14/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
59762-3060-02		Q0144		11/14/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
59762-3060-03		Q0144		11/14/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
59762-3070-01		Q0144		11/14/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
59762-3070-02		Q0144		11/14/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
59762-3080-01		Q0144		11/14/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
59762-3110-01		Q0144		07/07/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
59762-3120-01		Q0144		07/07/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PREDNISONE (USP) 10 MG	500	EA	BO	PO	EA	5	MG	2	08/03/2007	12/31/2015	
PREDNISONE (USP) 10 MG	1000	EA	BO	PO	EA	5	MG	2	08/03/2007	12/31/2015	
PREDNISONE (USP) 20 MG	100	EA	BO	PO	EA	5	MG	4	08/03/2007	12/31/2015	
PREDNISONE (USP) 20 MG	500	EA	BO	PO	EA	5	MG	4	08/03/2007	12/31/2015	
PREDNISONE (USP) 20 MG	1000	EA	BO	PO	EA	5	MG	4	08/03/2007	12/31/2015	
CABERGOLINE 0.5 MG	8	EA	BO	PO	EA	0.25	MG	2	01/01/2006	99/99/9999	
IDARUBICIN HYDROCHLORIDE (PF) 1 MG/ML	5	ML	VL	IV	ML	5	MG	0.2	08/27/2007	99/99/9999	
IDARUBICIN HYDROCHLORIDE (PF) 1 MG/ML	10	ML	VL	IV	ML	5	MG	0.2	08/27/2007	99/99/9999	
IDARUBICIN HYDROCHLORIDE (PF) 1 MG/ML	20	ML	VL	IV	ML	5	MG	0.2	08/27/2007	99/99/9999	
AZITHROMYCIN 1 GM/Packet	10	EA	BX	PO	EA	1	GM	1	07/07/2006	99/99/9999	
AZITHROMYCIN 1 GM/Packet	3	EA	BX	PO	EA	1	GM	1	07/07/2006	99/99/9999	
AZITHROMYCIN (FILM-COATED) 250 MG	6	EA	DP	PO	EA	1	GM	0.25	11/14/2005	99/99/9999	
AZITHROMYCIN (FILM-COATED) 250 MG	30	EA	BO	PO	EA	1	GM	0.25	11/14/2005	99/99/9999	
AZITHROMYCIN (FILM-COATED) 250 MG	50	EA	BX	PO	EA	1	GM	0.25	11/14/2005	99/99/9999	
AZITHROMYCIN (FILM-COATED) 500 MG	3	EA	DP	PO	EA	1	GM	0.5	11/14/2005	99/99/9999	
AZITHROMYCIN (FILM-COATED) 500 MG	30	EA	BO	PO	EA	1	GM	0.5	11/14/2005	99/99/9999	
AZITHROMYCIN (FILM-COATED) 600 MG	30	EA	BO	PO	EA	1	GM	0.6	11/14/2005	99/99/9999	
AZITHROMYCIN (CHERRY) 100 MG/5 ML	15	ML	BO	PO	ML	1	GM	0.02	07/07/2006	99/99/9999	
AZITHROMYCIN (CHERRY) 200 MG/5 ML	15	ML	BO	PO	ML	1	GM	0.04	07/07/2006	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
59762-3130-01		Q0144		07/07/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
59762-3140-01		Q0144		07/07/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
59762-4537-01		J1055		09/27/2004	12/31/2012	INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG
59762-4537-02		J1055		09/27/2004	12/31/2012	INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG
59762-5091-01		J9178		08/08/2007	99/99/9999	INJECTION, EPIRUBICIN HCL, 2 MG
59762-5093-01		J9178		08/08/2007	99/99/9999	INJECTION, EPIRUBICIN HCL, 2 MG
59762-7529-01		J9206		02/27/2008	01/01/2013	INJECTION, IRINOTECAN, 20 MG
59762-7529-02		J9206		02/27/2008	99/99/9999	INJECTION, IRINOTECAN, 20 MG
60242-0202-01		Q0163		07/06/2007	02/03/2016	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
60242-0202-10		Q0163		07/06/2007	02/03/2016	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
67457-0533-16		J9171		09/05/2018	99/99/9999	INJECTION, DOCETAXEL, 1 MG
67457-0705-75		J3370		08/31/2018	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
AZITHROMYCIN (CHERRY) 200 MG/5 ML	22.5	ML	BO	PO	ML	1	GM	0.04	07/07/2006	99/99/9999	
AZITHROMYCIN (CHERRY) 200 MG/5 ML	30	ML	BO	PO	ML	1	GM	0.04	07/07/2006	99/99/9999	
MEDROXYPROGESTERONE ACETATE 150 MG/ML	1	ML	VL	IM	ML	150	MG	1	09/27/2004	12/31/2012	
MEDROXYPROGESTERONE ACETATE 150 MG/ML	1	ML	VL	IM	ML	150	MG	1	09/27/2004	12/31/2012	
EPIRUBICIN HYDROCHLORIDE (SINGLE USE,PF) 2 MG/ML	25	ML	VL	IV	ML	2	MG	1	08/08/2007	99/99/9999	
EPIRUBICIN HYDROCHLORIDE (SINGLE USE,PF) 2 MG/ML	100	ML	VL	IV	ML	2	MG	1	08/08/2007	99/99/9999	
IRINOTECAN HYDROCHLORIDE (1X2ML,SDV) 20 MG/ML	2	ML	VL	IV	ML	20	MG	1	02/27/2008	01/01/2013	
IRINOTECAN HYDROCHLORIDE (1X5ML,SDV) 20 MG/ML	5	ML	VL	IV	ML	20	MG	1	02/27/2008	99/99/9999	
DIPHENHYDRAMINE HYDROCHLORIDE 50 MG	100	EA	BO	PO	EA	50	MG	1	07/06/2007	02/03/2016	
DIPHENHYDRAMINE HYDROCHLORIDE 50 MG	1000	EA	BO	PO	EA	50	MG	1	07/06/2007	02/03/2016	
DOCETAXEL (USP;MULTI-USE VIAL) 10 MG/1 ML	16	ML	VL	IV	ML	1	MG	10	09/05/2018	99/99/9999	
VANCOMYCIN HCL (LYOPHILIZED) 750 MG	10	EA	VL	IV	EA	500	MG	1.5	08/31/2018	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
67457-0813-50		J0878		09/04/2018	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG
67457-0822-99		J3370		08/31/2018	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG
60432-0126-08		J8999		11/17/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
60432-0126-16		J8999		12/01/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
60432-0140-50		J7502		09/28/2004	02/01/2015	CYCLOSPORINE, ORAL, 100 MG
60432-0212-08		J7510		10/25/2004	99/99/9999	PREDNISOLONE ORAL, PER 5 MG
60432-0466-08		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG
67457-0853-50		J1120		09/13/2018	99/99/9999	INJECTION, ACETAZOLAMIDE SODIUM, UP TO 500 MG
60432-0608-04		Q0170		01/01/2002	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
60432-0608-16		Q0170		01/01/2002	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
60492-0051-01		J1571		01/01/2008	04/17/2013	INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAMUSCULAR, 0.5 ML
60492-0051-02		J1573		01/01/2008	04/17/2013	INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAVENOUS, 0.5 ML

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
DAPTOMYCIN (SDV,PF,LYOPHILIZED) 500 MG	1	EA	VL	IV	EA	1	MG	500	09/04/2018	99/99/9999	
VANCOMYCIN HCL (LYOPHILIZED) 250 MG	10	EA	VL	IV	EA	500	MG	0.5	08/31/2018	99/99/9999	
MEGESTROL ACETATE (LEMON-LIME) 40 MG/ML	240	ML	BO	PO	ML	1	EA	1	11/17/2004	99/99/9999	
MEGESTROL ACETATE (LEMON-LIME) 40 MG/ML	480	ML	BO	PO	ML	1	EA	1	12/01/2006	99/99/9999	
CYCLOSPORINE 100 MG/ML	50	ML	BO	PO	ML	100	MG	1	09/28/2004	02/01/2015	
PREDNISOLONE SODIUM PHOSPHATE (DYE-FREE,GRAPE) 15 MG/5 ML	237	ML	BO	PO	ML	5	MG	0.6	10/25/2004	99/99/9999	
DEXAMETHASONE (RASPBERRY) 0.5 MG/5 ML	240	ML	BO	PO	ML	0.25	MG	0.4	01/01/2006	99/99/9999	
ACETAZOLAMIDE (USP,PF,LATEX-FREE) 500 MG	1	EA	VL	IV	EA	500	MG	1	09/13/2018	99/99/9999	
PROMETHAZINE HCL (FRUIT,TROPICAL) 6.25 MG/5 ML	120	ML	BO	PO	ML	25	MG	0.05	01/01/2002	12/31/2013	
PROMETHAZINE HCL (FRUIT,TROPICAL) 6.25 MG/5 ML	480	ML	BO	PO	ML	25	MG	0.05	01/01/2002	12/31/2013	
HEPAGAM B (SDV,PF)	5	ML	VL	IM	ML	0.5	ML	2	01/01/2008	04/17/2013	
NOVAPLUS HEPAGAM B (>1560/5ML,PF)	5	ML	VL	IJ	ML	0.5	ML	2	01/01/2008	04/17/2013	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
60492-0052-01		J1571		01/01/2008	04/17/2013	INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAMUSCULAR, 0.5 ML
60492-0052-02		J1573		01/01/2008	04/17/2013	INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAVENOUS, 0.5 ML
60505-0042-06		J8499		03/01/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
60505-0133-00		J7515		05/17/2002	99/99/9999	CYCLOSPORINE, ORAL, 25 MG
60505-0134-00		J7502		05/17/2002	99/99/9999	CYCLOSPORINE, ORAL, 100 MG
60505-0354-01		J7502		08/01/2005	01/31/2014	CYCLOSPORINE, ORAL, 100 MG
60505-0368-01		J8999		06/23/2006	01/31/2014	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
60505-0679-05		J0696		09/01/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
60505-0679-08		J0696		09/01/2005	04/17/2013	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
60505-0679-09		J0696		09/01/2005	04/17/2013	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
60505-0702-01		J1631		01/01/2002	01/31/2014	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG
60505-0703-01		J1631		01/01/2002	01/31/2014	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG
60505-0705-00		J1885		02/28/2005	01/31/2014	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG
60505-0706-00		J1885		02/28/2005	01/31/2014	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG
60505-0706-01		J1885		02/28/2005	01/31/2014	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG
60505-0715-00		J1245		08/01/2004	01/31/2014	INJECTION, DIPYRIDAMOLE, PER 10 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
HEPAGAM B (SDV,PF)	1	ML	VL	IM	ML	0.5	ML	2	01/01/2008	04/17/2013	
NOVAPLUS HEPAGAM B (>312IU/ML,PF)	1	ML	VL	IJ	ML	0.5	ML	2	01/01/2008	04/17/2013	
ACYCLOVIR (USP) 200 MG	100	EA	BO	PO	EA	1	EA	1	03/01/2006	99/99/9999	
CYCLOSPORINE 25 MG	30	EA	BO	PO	EA	25	MG	1	05/17/2002	99/99/9999	
CYCLOSPORINE 100 MG	30	EA	BO	PO	EA	100	MG	1	05/17/2002	99/99/9999	
CYCLOSPORINE (U.S.P.) 100 MG/ML	50	ML	BO	PO	ML	100	MG	1	08/01/2005	01/31/2014	
MEGESTROL ACETATE (USP,LEMON-LIME) 40 MG/ML	240	ML	BO	PO	ML	1	EA	1	06/23/2006	01/31/2014	
CEFTRIAXONE (1X100ML,BULK PKG) 10 GM	1	EA	VL	IV	EA	250	MG	40	09/01/2005	99/99/9999	
CEFTRIAXONE (1X100ML,PIGGYBACK) 1 GM	1	EA	VL	IJ	EA	250	MG	4	09/01/2005	04/17/2013	
CEFTRIAXONE (1X100ML) 2 GM	1	EA	VL	IJ	EA	250	MG	8	09/01/2005	04/17/2013	
HALOPERIDOL DECANOATE (M.D.V.) 50 MG/ML	5	ML	VL	IM	ML	50	MG	1	01/01/2002	01/31/2014	
HALOPERIDOL DECANOATE (M.D.V.) 100 MG/ML	5	ML	VL	IM	ML	50	MG	2	01/01/2002	01/31/2014	
KETOROLAC TROMETHAMINE (SDV) 15 MG/ML	1	ML	VL	IJ	ML	15	MG	1	02/28/2005	01/31/2014	
KETOROLAC TROMETHAMINE (SDV) 30 MG/ML	1	ML	VL	IJ	ML	15	MG	2	02/28/2005	01/31/2014	
KETOROLAC TROMETHAMINE (S.D.V.) 30 MG/ML	2	ML	VL	IM	ML	15	MG	2	02/28/2005	01/31/2014	
DIPYRIDAMOLE 5 MG/ML	2	ML	VL	IV	ML	10	MG	0.5	08/01/2004	01/31/2014	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
60505-0715-01		J1245		08/01/2004	01/31/2014	INJECTION, DIPYRIDAMOLE, PER 10 MG
60505-0722-00		J0282		06/01/2003	01/31/2014	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG
60505-0722-01		J0282		12/20/2005	01/31/2014	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG
60505-0725-01		J1885		11/01/2004	01/31/2014	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG
60505-0726-01		J1885		11/01/2004	01/31/2014	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG
60505-0726-02		J1885		11/01/2004	01/31/2014	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG
60505-0727-03		J1630		01/24/2005	01/31/2014	INJECTION, HALOPERIDOL, UP TO 5 MG
60505-0733-01		J1450		05/25/2005	08/08/2013	INJECTION FLUCONAZOLE, 200 MG
60505-0733-02		J1450		05/25/2005	08/08/2013	INJECTION FLUCONAZOLE, 200 MG
60505-0734-01		J1450		05/25/2005	08/08/2013	INJECTION FLUCONAZOLE, 200 MG
60505-0734-02		J1450		05/25/2005	01/31/2014	INJECTION FLUCONAZOLE, 200 MG
60505-0744-01		J2405		12/26/2006	01/31/2014	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG
60505-0744-06		J2405		12/26/2006	01/31/2014	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG
60505-0748-04		J0690		09/19/2005	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG
60505-0748-05		J0690		09/19/2005	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG
60505-0749-04		J0690		09/19/2005	05/26/2016	INJECTION, CEFAZOLIN SODIUM, 500 MG
60505-0749-05		J0690		09/16/2005	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
DIPYRIDAMOLE (10X10) 5 MG/ML	10	ML	VL	IV	ML	10	MG	0.5	08/01/2004	01/31/2014	
AMIODARONE HCL (SDV) 50 MG/ML	3	ML	VL	IV	ML	30	MG	1.66666	06/01/2003	01/31/2014	
AMIODARONE HCL (SDS,10X3ML) 50 MG/ML	3	ML	SR	IV	ML	30	MG	1.66666	12/20/2005	01/31/2014	
KETOROLAC TROMETHAMINE 15 MG/ML	1	ML	SR	IJ	ML	15	MG	1	11/01/2004	01/31/2014	
KETOROLAC TROMETHAMINE 30 MG/ML	1	ML	SR	IJ	ML	15	MG	2	11/01/2004	01/31/2014	
KETOROLAC TROMETHAMINE 30 MG/ML	2	ML	SR	IJ	ML	15	MG	2	11/01/2004	01/31/2014	
HALOPERIDOL (PF) 5 MG/ML	1	ML	SR	IM	ML	5	MG	1	01/24/2005	01/31/2014	
FLUCONAZOLE (FLEXBAG) 200 MG/100 ML	100	ML	PC	IV	ML	200	MG	0.01	05/25/2005	08/08/2013	
FLUCONAZOLE (FLEXBAG) 400 MG/200 ML	200	ML	PC	IV	ML	200	MG	0.01	05/25/2005	08/08/2013	
FLUCONAZOLE (FLEXBAG,DEXTROSE) 200 MG/100 ML	100	ML	PC	IV	ML	200	MG	0.01	05/25/2005	08/08/2013	
FLUCONAZOLE (FLEXBAG,DEXTROSE) 400 MG/200 ML	200	ML	PC	IV	ML	200	MG	0.01	05/25/2005	01/31/2014	
ONDANSETRON (5X2ML,SDV,USP) 2 MG/ML	2	ML	VL	IJ	ML	1	MG	2	12/26/2006	01/31/2014	
ONDANSETRON (MDV,USP) 2 MG/ML	20	ML	VL	IJ	ML	1	MG	2	12/26/2006	01/31/2014	
CEFAZOLIN SODIUM 500 MG	1	EA	VL	IJ	EA	500	MG	1	09/19/2005	99/99/9999	
CEFAZOLIN SODIUM 500 MG	1	EA	VL	IJ	EA	500	MG	1	09/19/2005	99/99/9999	
CEFAZOLIN SODIUM 1 GM	1	EA	VL	IJ	EA	500	MG	2	09/19/2005	05/26/2016	
CEFAZOLIN SODIUM 1 GM	1	EA	VL	IJ	EA	500	MG	2	09/16/2005	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
60505-0750-00		J0696		08/02/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
60505-0750-04		J0696		08/02/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
60505-0751-00		J0696		08/02/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
60505-0751-04		J0696		08/02/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
60505-0752-00		J0696		08/02/2005	04/17/2013	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
60505-0752-04		J0696		08/02/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
60505-0753-04		J0696		08/02/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
60505-0759-05		J0694		01/23/2006	99/99/9999	INJECTION, CEFOXITIN SODIUM, 1 GM
60505-0760-05		J0694		01/23/2006	99/99/9999	INJECTION, CEFOXITIN SODIUM, 1 GM
60505-0761-04		J0694		02/13/2006	99/99/9999	INJECTION, CEFOXITIN SODIUM, 1 GM
68001-0366-25		J3489		09/17/2018	99/99/9999	INJECTION, ZOLEDRONIC ACID, 1 MG
60505-0769-00		J0690		06/13/2006	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG
60505-0802-01		J7631		05/31/2002	01/31/2014	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS
60505-0802-01	KO	J7631	KO	05/31/2002	01/31/2014	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS
60505-0806-01		J7644		01/01/2002	01/31/2014	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
60505-0806-01	KO	J7644	KO	01/01/2002	01/31/2014	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
60505-0807-01		J7669		01/01/2002	01/31/2014	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
CEFTRIAXONE (1X10ML) 250 MG	1	EA	VL	IJ	EA	250	MG	1	08/02/2005	99/99/9999	
CEFTRIAXONE (10X10ML) 250 MG	1	EA	VL	IJ	EA	250	MG	1	08/02/2005	99/99/9999	
CEFTRIAXONE (1X10ML) 500 MG	1	EA	VL	IJ	EA	250	MG	2	08/02/2005	99/99/9999	
CEFTRIAXONE (10X10ML) 500 MG	1	EA	VL	IJ	EA	250	MG	2	08/02/2005	99/99/9999	
CEFTRIAXONE (1X20ML) 1 GM	1	EA	VL	IJ	EA	250	MG	4	08/02/2005	04/17/2013	
CEFTRIAXONE (10X20ML) 1 GM	1	EA	VL	IJ	EA	250	MG	4	08/02/2005	99/99/9999	
CEFTRIAXONE (10X20ML) 2 GM	1	EA	VL	IJ	EA	250	MG	8	08/02/2005	99/99/9999	
CEFOXITIN 1 GM	1	EA	VL	IV	EA	1	GM	1	01/23/2006	99/99/9999	
CEFOXITIN 2 GM	1	EA	VL	IV	EA	1	GM	2	01/23/2006	99/99/9999	
CEFOXITIN (BULK PACKAGE) 10 GM	1	EA	VL	IV	EA	1	GM	10	02/13/2006	99/99/9999	
ZOLEDRONIC ACID (SDV) 4 MG/5 ML	5	ML	VL	IV	ML	1	MG	0.8	09/17/2018	99/99/9999	
CEFAZOLIN 10 GM	1	EA	VL	IV	EA	500	MG	20	06/13/2006	99/99/9999	
CROMOLYN SODIUM (AMP) 10 MG/ML	2	ML	PC	IH	ML	10	MG	1	05/31/2002	01/31/2014	
CROMOLYN SODIUM (AMP) 10 MG/ML	2	ML	PC	IH	ML	10	MG	1	05/31/2002	01/31/2014	
IPRATROPIUM BROMIDE (AMP) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	01/01/2002	01/31/2014	
IPRATROPIUM BROMIDE (AMP) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	01/01/2002	01/31/2014	
METAPROTERENOL SULFATE (AMP) 0.4%	2.5	ML	PC	IH	ML	10	MG	0.4	01/01/2002	01/31/2014	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
60505-0807-01	KO	J7669	KO	01/01/2002	01/31/2014	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS
60505-0808-01		J7669		01/01/2002	01/31/2014	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS
60505-0808-01	KO	J7669	KO	01/01/2002	01/31/2014	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS
60505-5306-01		J8499		03/01/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
60505-5306-08		J8499		05/21/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
60505-5307-01		J8499		03/01/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
60505-5307-05		J8499		05/21/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
60505-6020-02		J1631		01/30/2008	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG
60505-6021-02		J1631		12/14/2007	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG
60505-6025-05		J0694		02/27/2008	02/22/2018	INJECTION, CEFOXITIN SODIUM, 1 GM
60505-6026-05		J0694		02/27/2008	04/24/2018	INJECTION, CEFOXITIN SODIUM, 1 GM
60505-6030-04		J0692		04/11/2008	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG
60505-6031-04		J0692		04/11/2008	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG
60760-0002-21		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
60760-0330-30		Q0163		01/01/2002	02/03/2016	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
METAPROTERENOL SULFATE (AMP) 0.4%	2.5	ML	PC	IH	ML	10	MG	0.4	01/01/2002	01/31/2014	
METAPROTERENOL SULFATE (AMP) 0.6%	2.5	ML	PC	IH	ML	10	MG	0.6	01/01/2002	01/31/2014	
METAPROTERENOL SULFATE (AMP) 0.6%	2.5	ML	PC	IH	ML	10	MG	0.6	01/01/2002	01/31/2014	
ACYCLOVIR (USP) 400 MG	100	EA	BO	PO	EA	1	EA	1	03/01/2006	99/99/9999	
ACYCLOVIR 400 MG	1000	EA	BO	PO	EA	1	EA	1	05/21/2007	99/99/9999	
ACYCLOVIR (USP) 800 MG	100	EA	BO	PO	EA	1	EA	1	03/01/2006	99/99/9999	
ACYCLOVIR 800 MG	500	EA	BO	PO	EA	1	EA	1	05/21/2007	99/99/9999	
NOVAPLUS HALOPERIDOL DECANOATE (1X5ML,MDV) 50 MG/ML	5	ML	VL	IM	ML	50	MG	1	01/30/2008	99/99/9999	
NOVAPLUS HALOPERIDOL DECANOATE (1X5ML,MDV) 100 MG/ML	5	ML	VL	IM	ML	50	MG	2	12/14/2007	99/99/9999	
NOVAPLUS CEFOXITIN (USP) 1 GM	1	EA	VL	IV	EA	1	GM	1	02/27/2008	02/22/2018	
NOVAPLUS CEFOXITIN (USP) 2 GM	1	EA	VL	IV	EA	1	GM	2	02/27/2008	04/24/2018	
CEFEPIME (USP) 1 GM	1	EA	VL	IJ	EA	500	MG	2	04/11/2008	99/99/9999	
CEFEPIME (USP) 2 GM	1	EA	VL	IJ	EA	500	MG	4	04/11/2008	99/99/9999	
PREDNISONE 20 MG	21	EA	BO	PO	EA	5	MG	4	05/15/2009	12/31/2015	01/01/2002
DIPHENHYDRAMINE HCL 25 MG	30	EA	BO	PO	EA	50	MG	0.5	01/01/2002	02/03/2016	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
09/26/2002	4	03/01/2006	09/01/2007	4

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
60760-0830-20		Q0170		06/01/2005	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
60793-0130-10		J2510		09/14/2007	99/99/9999	INJECTION, PENICILLIN G PROCAINE, AQUEOUS, UP TO 600,000 UNITS
60793-0131-10		J2510		09/14/2007	99/99/9999	INJECTION, PENICILLIN G PROCAINE, AQUEOUS, UP TO 600,000 UNITS
60977-0001-43		J2550		05/05/2007	10/17/2016	INJECTION, PROMETHAZINE HCL, UP TO 50 MG
60977-0001-44		J2550		05/05/2007	04/30/2013	INJECTION, PROMETHAZINE HCL, UP TO 50 MG
68982-0820-01		J1599		11/12/2018	99/99/9999	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), NOT OTHERWISE SPECIFIED, 500 MG
60977-0002-43		J2550		05/05/2007	10/17/2016	INJECTION, PROMETHAZINE HCL, UP TO 50 MG
60977-0002-44		J2550		05/05/2007	10/17/2016	INJECTION, PROMETHAZINE HCL, UP TO 50 MG
60977-0016-02		J2275		01/15/2004	07/02/2012	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG
60977-0016-73		J2275		05/05/2007	12/31/2014	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG
60977-0017-01		J2275		01/15/2004	07/02/2012	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG
60977-0112-81		J2060		05/05/2007	02/28/2014	INJECTION, LORAZEPAM, 2 MG
60977-0113-71		J2060		05/05/2007	12/31/2013	INJECTION, LORAZEPAM, 2 MG
60977-0113-81		J2060		05/05/2007	01/31/2014	INJECTION, LORAZEPAM, 2 MG
60977-0114-01		J2275		01/01/2004	07/24/2012	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG
60977-0114-74		J2275		05/05/2007	12/31/2014	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PROMETHAZINE HCL 25 MG	20	EA	BO	PO	EA	25	MG	1	06/01/2005	12/31/2013	
PENICILLIN G PROCAINE (21GX1&1/2,1MLX10) 600000 U/ML	1	ML	SR	IM	ML	600000	U	1	09/14/2007	99/99/9999	
PENICILLIN G PROCAINE (21GX1&1/4,2MLX10) 600000 U/ML	2	ML	SR	IM	ML	600000	U	1	09/14/2007	99/99/9999	
PHENERGAN 25 MG/ML	1	ML	AM	IJ	ML	50	MG	0.5	05/05/2007	10/17/2016	
PHENERGAN 25 MG/ML	1	ML	VL	IJ	ML	50	MG	0.5	05/05/2007	04/30/2013	
PANZYGA (PF,LATEX-FREE) 100 MG/1 ML	10	ML	BO	IV	ML	500	MG	0.2	11/12/2018	99/99/9999	
PHENERGAN 50 MG/ML	1	ML	AM	IJ	ML	50	MG	1	05/05/2007	10/17/2016	
PHENERGAN 50 MG/ML	1	ML	VL	IJ	ML	50	MG	1	05/05/2007	10/17/2016	
DURAMORPH (AMP,DOSETTE,PF) 0.5 MG/ML	10	ML	AM	IJ	ML	10	MG	0.05	01/15/2004	07/02/2012	
DURAMORPH (PF) 0.5 MG/ML	10	ML	AM	IJ	ML	10	MG	0.05	05/05/2007	12/31/2014	
DURAMORPH (AMP,DOSETTE,PF) 1 MG/ML	10	ML	AM	IJ	ML	10	MG	0.1	01/15/2004	07/02/2012	
ATIVAN (SDV) 2 MG/ML	1	ML	VL	IJ	ML	2	MG	1	05/05/2007	02/28/2014	
ATIVAN (MDV) 4 MG/ML	10	ML	VL	IJ	ML	2	MG	2	05/05/2007	12/31/2013	
ATIVAN 4 MG/ML	1	ML	VL	IJ	ML	2	MG	2	05/05/2007	01/31/2014	
INFUMORPH 200 (AMP, DOSETTE,PF) 10 MG/ML	20	ML	AM	IJ	ML	10	MG	1	01/01/2004	07/24/2012	
INFUMORPH 200 (PF) 10 MG/ML	1	ML	NA	IJ	ML	10	MG	1	05/05/2007	12/31/2014	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
60977-0115-01		J2275		01/01/2004	07/24/2012	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG
60977-0115-74		J2275		05/05/2007	12/31/2014	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG
60977-0141-01		J2730		12/20/2004	99/99/9999	INJECTION, PRALIDOXIME CHLORIDE, UP TO 1 GM
60977-0141-27		J2730		05/05/2007	99/99/9999	INJECTION, PRALIDOXIME CHLORIDE, UP TO 1 GM
60977-0150-01		J2800		01/01/2004	07/24/2012	INJECTION, METHOCARBAMOL, UP TO 10 ML
60977-0150-71		J2800		05/05/2007	10/17/2016	INJECTION, METHOCARBAMOL, UP TO 10 ML
60977-0155-01		J7643		02/13/2004	10/18/2012	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
60977-0155-01	KO	J7643	KO	02/13/2004	10/18/2012	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
60977-0155-02		J7643		02/13/2004	10/18/2012	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
60977-0155-02	KO	J7643	KO	02/13/2004	10/18/2012	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
60977-0155-03		J7643		02/13/2004	07/24/2012	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
60977-0155-03	KO	J7643	KO	02/13/2004	07/24/2012	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
60977-0155-06		J7643		03/02/2006	07/24/2012	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
60977-0155-06	KO	J7643	KO	03/02/2006	07/24/2012	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
60977-0155-17		J7643		05/05/2007	02/03/2016	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
INFUMORPH 500 (AMP, DOSETTE,PF) 25 MG/ML	20	ML	AM	IJ	ML	10	MG	2.5	01/01/2004	07/24/2012	
INFUMORPH 500 (PF) 25 MG/ML	1	ML	NA	IJ	ML	10	MG	2.5	05/05/2007	12/31/2014	
PROTOPAM CHLORIDE (S.D.V.) 1 GM	1	EA	VL	IJ	EA	1	GM	1	12/20/2004	99/99/9999	
PROTOPAM CHLORIDE 1 GM	1	EA	VL	IJ	EA	1	GM	1	05/05/2007	99/99/9999	
ROBAXIN (S.D.V.) 100 MG/ML	10	ML	VL	IJ	ML	10	ML	0.1	01/01/2004	07/24/2012	
ROBAXIN (SDV) 100 MG/ML	10	ML	VL	IJ	ML	10	ML	0.1	05/05/2007	10/17/2016	
ROBINUL (S.D.V.) 0.2 MG/ML	1	ML	VL	IJ	ML	1	MG	0.2	02/13/2004	10/18/2012	
ROBINUL (S.D.V.) 0.2 MG/ML	1	ML	VL	IJ	ML	1	MG	0.2	02/13/2004	10/18/2012	
ROBINUL (S.D.V) 0.2 MG/ML	2	ML	VL	IJ	ML	1	MG	0.2	02/13/2004	10/18/2012	
ROBINUL (S.D.V) 0.2 MG/ML	2	ML	VL	IJ	ML	1	MG	0.2	02/13/2004	10/18/2012	
ROBINUL (M.D.V.) 0.2 MG/ML	5	ML	VL	IJ	ML	1	MG	0.2	02/13/2004	07/24/2012	
ROBINUL (M.D.V.) 0.2 MG/ML	5	ML	VL	IJ	ML	1	MG	0.2	02/13/2004	07/24/2012	
ROBINUL (10X20ML,MDV) 0.2 MG/ML	20	ML	VL	IJ	ML	1	MG	0.2	03/02/2006	07/24/2012	
ROBINUL (10X20ML,MDV) 0.2 MG/ML	20	ML	VL	IJ	ML	1	MG	0.2	03/02/2006	07/24/2012	
ROBINUL 0.2 MG/ML	2	ML	VL	IJ	ML	1	MG	0.2	05/05/2007	02/03/2016	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
60977-0155-17	KO	J7643	KO	05/05/2007	02/03/2016	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
60977-0155-54		J7643		05/05/2007	02/03/2016	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
60977-0155-54	KO	J7643	KO	05/05/2007	02/03/2016	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
60977-0155-63		J7643		05/05/2007	02/03/2016	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
60977-0155-63	KO	J7643	KO	05/05/2007	02/03/2016	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
60977-0155-81		J7643		05/05/2007	02/03/2016	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
60977-0155-81	KO	J7643	KO	05/05/2007	02/03/2016	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
12496-0100-01		J3490		01/01/2018	06/30/2018	UNCLASSIFIED DRUGS
12496-0300-01		J3490		01/01/2018	06/30/2018	UNCLASSIFIED DRUGS
60977-0451-17		J2765		05/05/2007	04/30/2013	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG
60977-0451-71		J2765		05/05/2007	04/30/2013	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG
60977-0451-82		J2765		05/05/2007	04/30/2013	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG
61553-0107-02		J3010		02/02/2004	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG
61553-0109-72		J3010		02/02/2004	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
ROBINUL 0.2 MG/ML	2	ML	VL	IJ	ML	1	MG	0.2	05/05/2007	02/03/2016	
ROBINUL 0.2 MG/ML	5	ML	VL	IJ	ML	1	MG	0.2	05/05/2007	02/03/2016	
ROBINUL 0.2 MG/ML	5	ML	VL	IJ	ML	1	MG	0.2	05/05/2007	02/03/2016	
ROBINUL (MDV) 0.2 MG/ML	20	ML	VL	IJ	ML	1	MG	0.2	05/05/2007	02/03/2016	
ROBINUL (MDV) 0.2 MG/ML	20	ML	VL	IJ	ML	1	MG	0.2	05/05/2007	02/03/2016	
ROBINUL 0.2 MG/ML	1	ML	VL	IJ	ML	1	MG	0.2	05/05/2007	02/03/2016	
ROBINUL 0.2 MG/ML	1	ML	VL	IJ	ML	1	MG	0.2	05/05/2007	02/03/2016	
SUBLOCADE 100 MG/0.5 ML	0.5	ML	SR	SC	ML	1	MG	1	01/01/2018	06/30/2018	
SUBLOCADE 100 MG/0.5 ML	1.5	ML	SR	SC	ML	1	MG	1	01/01/2018	06/30/2018	
REGLAN (PF) 5 MG/ML	2	ML	VL	IV	ML	10	MG	0.5	05/05/2007	04/30/2013	
REGLAN (PF) 5 MG/ML	10	ML	VL	IV	ML	10	MG	0.5	05/05/2007	04/30/2013	
REGLAN (PF) 5 MG/ML	30	ML	VL	IV	ML	10	MG	0.5	05/05/2007	04/30/2013	
FENTANYL CITRATE/SODIUM CHLORIDE (INTRAVIA) 0.5 MG/100 ML-0.9%	250	ML	BG	IV	ML	0.1	MG	0.05	02/02/2004	99/99/9999	
FENTANYL CITRATE/SODIUM CHLORIDE (SRN,12 ML) 0.5 MG/100 ML-0.9%	10	ML	SR	IV	ML	0.1	MG	0.05	02/02/2004	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
61553-0111-48		J3010		02/02/2004	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG
61553-0112-48		J3010		02/02/2004	06/30/2017	INJECTION, FENTANYL CITRATE, 0.1 MG
61553-0113-02		J3010		02/02/2004	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG
61553-0114-02		J3010		02/02/2004	02/17/2015	INJECTION, FENTANYL CITRATE, 0.1 MG
61553-0116-48		J3010		02/02/2004	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG
61553-0118-41		J3010		02/02/2004	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG
61553-0161-41		J1170		02/02/2004	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG
61553-0162-67		J1170		02/02/2004	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG
61553-0163-75		J1170		02/02/2004	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
FENTANYL CITRATE/SODIUM CHLORIDE (INTRAVIA) 1 MG/100 ML-0.9%	100	ML	BG	IV	ML	0.1	MG	0.1	02/02/2004	99/99/9999	
FENTANYL CITRATE/SODIUM CHLORIDE (IPUMP BAG) 1 MG/100 ML-0.9%	100	ML	BG	IV	ML	0.1	MG	0.1	02/02/2004	06/30/2017	
FENTANYL CITRATE/SODIUM CHLORIDE (INTRAVIA) 1 MG/100 ML-0.9%	250	ML	BG	IV	ML	0.1	MG	0.1	02/02/2004	99/99/9999	
FENTANYL CITRATE/SODIUM CHLORIDE (IPUMP BAG) 1 MG/100 ML-0.9%	250	ML	BG	IV	ML	0.1	MG	0.1	02/02/2004	02/17/2015	
FENTANYL CITRATE/SODIUM CHLORIDE (INTRAVIA) 2 MG/100 ML-0.9%	100	ML	BG	IV	ML	0.1	MG	0.2	02/02/2004	99/99/9999	
FENTANYL CITRATE (INTRAVIA) 0.05 MG/ML	50	ML	NA	IV	ML	0.1	MG	0.5	02/02/2004	99/99/9999	
HYDROMORPHONE HCL/SODIUM CHLORIDE (INTRAVIA) 10 MG/50 ML-0.9%	50	ML	BG	IV	ML	4	MG	0.05	02/02/2004	99/99/9999	
HYDROMORPHONE HCL/SODIUM CHLORIDE (SRN,35 ML) 1 MG/5 ML-0.9%	25	ML	SR	IV	ML	4	MG	0.05	02/02/2004	99/99/9999	
HYDROMORPHONE HCL/SODIUM CHLORIDE (SRN,60 ML) 1 MG/5 ML-0.9%	50	ML	SR	IV	ML	4	MG	0.05	02/02/2004	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
61553-0165-41		J1170		02/02/2004	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG
61553-0166-67		J1170		02/02/2004	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG
61553-0167-75		J1170		02/02/2004	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG
61553-0170-41		J2175		02/02/2004	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG
61553-0172-48		J2175		02/02/2004	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG
61553-0173-48		J2175		02/02/2004	06/30/2017	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG
61553-0177-41		J2270		02/02/2004	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG
61553-0178-48		J2270		02/02/2004	06/30/2017	INJECTION, MORPHINE SULFATE, UP TO 10 MG
61553-0179-48		J2270		02/02/2004	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG
61553-0181-02		J2270		02/02/2004	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG
61553-0183-48		J2270		02/02/2004	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
HYDROMORPHONE HCL/SODIUM CHLORIDE (INTRAVIA) 50 MG/50 ML-0.9%	50	ML	BG	IV	ML	4	MG	0.25	02/02/2004	99/99/9999	
HYDROMORPHONE HCL/SODIUM CHLORIDE (SRN,35 ML) 1 MG/ML-0.9%	25	ML	SR	IV	ML	4	MG	0.25	02/02/2004	99/99/9999	
HYDROMORPHONE HCL/SODIUM CHLORIDE (SRN,50 ML) 1 MG/ML-0.9%	50	ML	SR	IV	ML	4	MG	0.25	02/02/2004	99/99/9999	
MEPERIDINE HCL/SODIUM CHLORIDE (INTRAVIA) 500 MG/50 ML-0.9%	50	ML	BG	IV	ML	100	MG	0.1	02/02/2004	99/99/9999	
MEPERIDINE HCL/SODIUM CHLORIDE (INTRAVIA) 1 GM/100 ML-0.9%	100	ML	BG	IV	ML	100	MG	0.1	02/02/2004	99/99/9999	
MEPERIDINE HCL/SODIUM CHLORIDE (IPUMP BAG) 1 GM/100 ML-0.9%	100	ML	BG	IV	ML	100	MG	0.1	02/02/2004	06/30/2017	
MORPHINE SULFATE/SODIUM CHLORIDE (INTRAVIA) 50 MG/50 ML-0.9%	50	ML	BG	IV	ML	10	MG	0.1	02/02/2004	99/99/9999	
MORPHINE SULFATE/SODIUM CHLORIDE (IPUMP BAG) 100 MG/100 ML-0.9%	100	ML	BG	IV	ML	10	MG	0.1	02/02/2004	06/30/2017	
MORPHINE SULFATE/SODIUM CHLORIDE (INTRAVIA) 100 MG/100 ML-0.9%	150	ML	BG	IV	ML	10	MG	0.1	02/02/2004	99/99/9999	
MORPHINE SULFATE/SODIUM CHLORIDE (INTRAVIA) 250 MG/250 ML-0.9%	250	ML	BG	IV	ML	10	MG	0.1	02/02/2004	99/99/9999	
DEXTROSE/MORPHINE SULFATE (INTRAVIA) 5%-100 MG/100 ML	100	ML	NA	IV	ML	10	MG	0.1	02/02/2004	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
61553-0185-02		J2270		02/02/2004	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG
61553-0186-67		J2270		02/02/2004	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG
61553-0187-75		J2270		02/02/2004	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG
61553-0189-48		J3490		02/02/2004	03/31/2017	UNCLASSIFIED DRUGS
61553-0190-48		J3490		02/02/2004	06/30/2017	UNCLASSIFIED DRUGS
61553-0191-48		J3490		02/02/2004	03/31/2017	UNCLASSIFIED DRUGS
61553-0192-02		J3490		02/02/2004	03/31/2017	UNCLASSIFIED DRUGS
61553-0193-41		J3490		02/02/2004	03/31/2017	UNCLASSIFIED DRUGS
61553-0194-48		J3490		02/02/2004	06/30/2017	UNCLASSIFIED DRUGS
61553-0228-02		J3490		11/21/2007	03/31/2017	UNCLASSIFIED DRUGS
61553-0421-04		J3475		02/01/2005	03/31/2017	INJECTION, MAGNESIUM SULFATE, PER 500 MG
61553-0423-02		J3475		07/11/2005	12/31/2016	INJECTION, MAGNESIUM SULFATE, PER 500 MG
61553-0602-48		J3010		02/02/2004	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
DEXTROSE/MORPHINE SULFATE (INTRAVIA) 5%-100 MG/100 ML	250	ML	NA	IV	ML	10	MG	0.1	02/02/2004	99/99/9999	
DEXTROSE/MORPHINE SULFATE (SRN,35 ML) 5%-2 MG/ML	25	ML	NA	IV	ML	10	MG	0.2	02/02/2004	99/99/9999	
DEXTROSE/MORPHINE SULFATE (SRN,60 ML) 5%-2 MG/ML	50	ML	NA	IV	ML	10	MG	0.2	02/02/2004	99/99/9999	
BUPIVACAINE/SODIUM CHLORIDE (INTRAVIA) 0.0625%-0.9%	100	ML	BG	IV	ML	1	EA	1	02/02/2004	03/31/2017	
BUPIVACAINE/SODIUM CHLORIDE (IPUMP BAG) 0.0625%-0.9%	100	ML	BG	IV	ML	1	EA	1	02/02/2004	06/30/2017	
BUPIVACAINE/SODIUM CHLORIDE (INTRAVIA) 0.125%-0.9%	100	ML	BG	IV	ML	1	EA	1	02/02/2004	03/31/2017	
BUPIVACAINE/SODIUM CHLORIDE (INTRAVIA) 0.125%-0.9%	250	ML	BG	IV	ML	1	EA	1	02/02/2004	03/31/2017	
BUPIVACAINE/SODIUM CHLORIDE (INTRAVIA) 0.25%-0.9%	50	ML	BG	IV	ML	1	EA	1	02/02/2004	03/31/2017	
BUPIVACAINE/SODIUM CHLORIDE (IPUMP BAG) 0.125%-0.9%	100	ML	BG	IV	ML	1	EA	1	02/02/2004	06/30/2017	
ROPIVACAINE HYDROCHLORIDE-SODIUM CHLORIDE 0.2%-0.9%	250	ML	NA	EP	ML	1	EA	1	11/21/2007	03/31/2017	
DEXTROSE-MAGNESIUM SULFATE (6X1000ML, VIAFLEX BAG) 5%-20 GM	1000	ML	NA	IV	ML	500	MG	0.04	02/01/2005	03/31/2017	
MAGNESIUM SULFATE IN DEXTROSE (24X250ML) 5%-8 GM/100 ML	250	ML	NA	IV	ML	500	MG	0.16	07/11/2005	12/31/2016	
FENTANYL CITRATE/SODIUM CHLORIDE (INTRAVIA) 0.2 MG/100 ML-0.9%	100	ML	BG	IV	ML	0.1	MG	0.02	02/02/2004	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
61553-0624-48		J1170		02/02/2004	06/30/2017	INJECTION, HYDROMORPHONE, UP TO 4 MG
61553-0681-76		J1170		11/21/2007	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG
61553-0701-68		J1170		12/01/2006	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG
61553-0702-68		J1170		12/01/2006	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG
61553-0704-68		J1170		12/01/2006	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG
61553-0705-68		J1170		12/01/2006	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG
61553-0706-68		J1170		12/01/2006	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG
61553-0710-68		J1170		12/01/2006	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG
61553-0712-68		J1170		12/01/2006	06/30/2017	INJECTION, HYDROMORPHONE, UP TO 4 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
HYDROMORPHONE HCL/SODIUM CHLORIDE (IPUMP BAG) 20 MG/100 ML-0.9%	100	ML	BG	IV	ML	4	MG	0.05	02/02/2004	06/30/2017	
HYDROMORPHONE HYDROCHLORIDE-SODIUM CHLORIDE (5X60ML, BD SYRINGES) 0.2 MG/ML-0.9%	60	ML	SR	IV	ML	4	MG	0.05	11/21/2007	99/99/9999	
HYDROMORPHONE HYDROCHLORIDE-SODIUM CHLORIDE (10X30ML, PCA VIAL) 0.1 MG/ML-0.9%	30	ML	VL	IV	ML	4	MG	0.025	12/01/2006	99/99/9999	
HYDROMORPHONE HYDROCHLORIDE-SODIUM CHLORIDE (10X30ML, PCA VIAL) 0.2 MG/ML-0.9%	30	ML	VL	IV	ML	4	MG	0.05	12/01/2006	99/99/9999	
HYDROMORPHONE HYDROCHLORIDE-SODIUM CHLORIDE (10X30ML, PCA VIAL) 0.4 MG/ML-0.9%	30	ML	VL	IV	ML	4	MG	0.1	12/01/2006	99/99/9999	
HYDROMORPHONE HYDROCHLORIDE-SODIUM CHLORIDE (10X30ML, PCA VIAL) 0.5 MG/ML-0.9%	30	ML	VL	IV	ML	4	MG	0.125	12/01/2006	99/99/9999	
HYDROMORPHONE HYDROCHLORIDE-SODIUM CHLORIDE (10X30ML, PCA VIAL) 0.6 MG/ML-0.9%	30	ML	VL	IV	ML	4	MG	0.15	12/01/2006	99/99/9999	
HYDROMORPHONE HYDROCHLORIDE-SODIUM CHLORIDE (10X30ML, PCA VIAL) 1 MG/ML-0.9%	30	ML	VL	IV	ML	4	MG	0.25	12/01/2006	99/99/9999	
HYDROMORPHONE HYDROCHLORIDE-SODIUM CHLORIDE (10X30ML, PCA VIAL) 1.2 MG/ML-0.9%	30	ML	VL	IV	ML	4	MG	0.3	12/01/2006	06/30/2017	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
61553-0730-68		J3010		11/21/2007	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG
61553-0732-03		J2590		02/06/2004	12/31/2016	INJECTION, OXYTOCIN, UP TO 10 UNITS
61553-0780-68		J1170		12/01/2006	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG
61553-0791-68		J3010		12/01/2006	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG
61553-0792-68		J3010		12/01/2006	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG
61553-0793-68		J3010		12/01/2006	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG
61553-0794-68		J3010		12/01/2006	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG
61553-0795-68		J3010		12/01/2006	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG
61570-0079-01		Q0173		02/13/2002	99/99/9999	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
61570-0260-10		J2770		06/27/2003	99/99/9999	INJECTION, QUINUPRISTIN/DALFOPRISTIN, 500 MG (150/350)
61703-0245-22		J2405		12/26/2006	10/17/2016	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
FENTANYL CITRATE-SODIUM CHLORIDE (10X30ML, PCA VIAL) 25 MCG/ML-0.9%	30	ML	VL	IV	ML	0.1	MG	0.25	11/21/2007	99/99/9999	
OXYTOCIN-SODIUM CHLORIDE (12X500ML, VIAFLEX BAG) 10 U-0.9%	500	ML	NA	IV	ML	10	U	1	02/06/2004	12/31/2016	
HYDROMORPHONE HYDROCHLORIDE (10X30ML, PCA VIAL) 2 MG/ML	30	ML	VL	IV	ML	4	MG	0.5	12/01/2006	99/99/9999	
FENTANYL CITRATE-SODIUM CHLORIDE (10X30ML, PCA VIAL) 10 MCG/ML-0.9%	30	ML	VL	IV	ML	0.1	MG	100	12/01/2006	99/99/9999	
FENTANYL CITRATE-SODIUM CHLORIDE (10X30ML, PCA VIAL) 20 MCG/ML-0.9%	30	ML	VL	IV	ML	0.1	MG	200	12/01/2006	99/99/9999	
FENTANYL CITRATE-SODIUM CHLORIDE (10X30ML, PCA VIAL) 30 MCG/ML-0.9%	30	ML	VL	IV	ML	0.1	MG	300	12/01/2006	99/99/9999	
FENTANYL CITRATE-SODIUM CHLORIDE (10X30ML, PCA VIAL) 40 MCG/ML-0.9%	30	ML	VL	IV	ML	0.1	MG	400	12/01/2006	99/99/9999	
FENTANYL CITRATE (10X30ML, PCA VIAL) 50 MCG/ML	30	ML	VL	IV	ML	0.1	MG	500	12/01/2006	99/99/9999	
TIGAN 300 MG	100	EA	BO	PO	EA	250	MG	1.2	02/13/2002	99/99/9999	
SYNERCID (PF) 350 MG-150 MG	1	EA	VL	IV	EA	500	MG	1	06/27/2003	99/99/9999	
ONDANSETRON (M.D.V.,USP) 2 MG/ML	20	ML	VL	IJ	ML	1	MG	2	12/26/2006	10/17/2016	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
68982-0820-02		J1599		11/12/2018	99/99/9999	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), NOT OTHERWISE SPECIFIED, 500 MG
61703-0305-38		J9100		05/01/2003	99/99/9999	INJECTION, CYTARABINE, 100 MG
61703-0309-06		J9370		01/01/2002	99/99/9999	VINCRISTINE SULFATE, 1 MG
61703-0309-16		J9370		01/01/2002	99/99/9999	VINCRISTINE SULFATE, 1 MG
61703-0317-45		J0595		06/25/2004	99/99/9999	INJECTION, BUTORPHANOL TARTRATE, 1 MG
61703-0318-45		J0595		06/25/2004	99/99/9999	INJECTION, BUTORPHANOL TARTRATE, 1 MG
61703-0323-22		J9040		01/01/2002	99/99/9999	INJECTION, BLEOMYCIN SULFATE, 15 UNITS
61703-0324-18		J2430		12/15/2006	99/99/9999	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG
61703-0325-18		J2430		01/27/2003	99/99/9999	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG
61703-0326-18		J2430		09/15/2005	99/99/9999	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG
61703-0332-18		J9040		01/01/2002	99/99/9999	INJECTION, BLEOMYCIN SULFATE, 15 UNITS
68982-0820-03		J1599		11/12/2018	99/99/9999	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), NOT OTHERWISE SPECIFIED, 500 MG
61703-0339-18		J9045		04/14/2004	99/99/9999	INJECTION, CARBOPLATIN, 50 MG
61703-0339-22		J9045		04/14/2004	99/99/9999	INJECTION, CARBOPLATIN, 50 MG
61703-0339-50		J9045		04/14/2004	99/99/9999	INJECTION, CARBOPLATIN, 50 MG
61703-0339-56		J9045		02/09/2005	99/99/9999	INJECTION, CARBOPLATIN, 50 MG
61703-0341-06		J9390		09/07/2005	10/31/2017	INJECTION, VINORELBINE TARTRATE, 10 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PANZYGA (PF,LATEX-FREE) 100 MG/1 ML	25	ML	BO	IV	ML	500	MG	0.2	11/12/2018	99/99/9999	
CYTARABINE (S.D.V. X 5,PF) 20 MG/ML	5	ML	VL	IJ	ML	100	MG	0.2	05/01/2003	99/99/9999	
VINCRISTINE SULFATE (S.D.V.,PF) 1 MG/ML	1	ML	VL	IV	ML	1	MG	1	01/01/2002	99/99/9999	
VINCRISTINE SULFATE (S.D.V.,PF) 1 MG/ML	2	ML	VL	IV	ML	1	MG	1	01/01/2002	99/99/9999	
BUTORPHANOL TARTRATE (S.D.V.) 1 MG/ML	1	ML	VL	IJ	ML	1	MG	1	06/25/2004	99/99/9999	
BUTORPHANOL TARTRATE (S.D.V.) 2 MG/ML	1	ML	VL	IJ	ML	1	MG	2	06/25/2004	99/99/9999	
BLEOMYCIN SULFATE 30 U	1	EA	VL	IJ	EA	15	U	2	01/01/2002	99/99/9999	
PAMIDRONATE DISODIUM (SDV) 3 MG/ML	10	ML	VL	IV	ML	30	MG	0.1	12/15/2006	99/99/9999	
PAMIDRONATE DISODIUM (PF) 6 MG/ML	10	ML	VL	IV	ML	30	MG	0.2	01/27/2003	99/99/9999	
PAMIDRONATE DISODIUM 9 MG/ML	10	ML	VL	IV	ML	30	MG	0.3	09/15/2005	99/99/9999	
BLEOMYCIN SULFATE 15 U	1	EA	VL	IJ	EA	15	U	1	01/01/2002	99/99/9999	
PANZYGA (PF,LATEX-FREE) 100 MG/1 ML	50	ML	BO	IV	ML	500	MG	0.2	11/12/2018	99/99/9999	
CARBOPLATIN (MDV) 10 MG/ML	5	ML	VL	IV	ML	50	MG	0.2	04/14/2004	99/99/9999	
CARBOPLATIN (MDV) 10 MG/ML	15	ML	VL	IV	ML	50	MG	0.2	04/14/2004	99/99/9999	
CARBOPLATIN (MDV) 10 MG/ML	45	ML	VL	IV	ML	50	MG	0.2	04/14/2004	99/99/9999	
CARBOPLATIN (MDV) 10 MG/ML	60	ML	VL	IV	ML	50	MG	0.2	02/09/2005	99/99/9999	
VINORELBINE TARTRATE (S.D.V.,PF) 10 MG/ML	1	ML	VL	IV	ML	10	MG	1	09/07/2005	10/31/2017	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
61703-0341-09		J9390		11/07/2005	03/30/2018	INJECTION, VINORELBINE TARTRATE, 10 MG
61703-0342-09		J9265		04/21/2004	12/31/2014	INJECTION, PACLITAXEL, 30 MG
61703-0342-22		J9265		04/21/2004	12/31/2014	INJECTION, PACLITAXEL, 30 MG
61703-0342-50		J9265		04/21/2004	12/31/2014	INJECTION, PACLITAXEL, 30 MG
61703-0343-18		J9293		04/11/2006	99/99/9999	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG
61703-0343-65		J9293		04/11/2006	99/99/9999	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG
61703-0343-66		J9293		04/11/2006	99/99/9999	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG
61703-0347-35		J9178		11/06/2006	08/31/2014	INJECTION, EPIRUBICIN HCL, 2 MG
61703-0349-09		J9206		02/27/2008	99/99/9999	INJECTION, IRINOTECAN, 20 MG
61703-0349-16		J9206		02/27/2008	99/99/9999	IRINOTECAN, 20 MG
61703-0349-36		J9206		02/27/2008	99/99/9999	INJECTION, IRINOTECAN, 20 MG
61703-0350-38		J9250		06/27/2005	99/99/9999	METHOTREXATE SODIUM, 5 MG
61703-0356-18		J2430		12/15/2006	08/31/2015	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
VINORELBINE TARTRATE (S.D.V.,PF) 10 MG/ML	5	ML	VL	IV	ML	10	MG	1	11/07/2005	03/30/2018	
PACLITAXEL (M.D.V.) 6 MG/ML	5	ML	VL	IV	ML	30	MG	0.2	04/21/2004	12/31/2014	
PACLITAXEL (M.D.V.) 6 MG/ML	16.7	ML	VL	IV	ML	30	MG	0.2	04/21/2004	12/31/2014	
PACLITAXEL (M.D.V.) 6 MG/ML	50	ML	VL	IV	ML	30	MG	0.2	04/21/2004	12/31/2014	
MITOXANTRONE (USP,CONCENTRATE,MDV,PF) 2 MG/ML	10	ML	VL	IV	ML	5	MG	0.4	04/11/2006	99/99/9999	
MITOXANTRONE (USP,CONCENTRATE,MDV,PF) 2 MG/ML	12.5	ML	VL	IV	ML	5	MG	0.4	04/11/2006	99/99/9999	
MITOXANTRONE (USP,CONCENTRATE,MDV,PF) 2 MG/ML	15	ML	VL	IV	ML	5	MG	0.4	04/11/2006	99/99/9999	
EPIRUBICIN HYDROCHLORIDE (S.D.V.) 50 MG	1	EA	VL	IV	EA	2	MG	25	11/06/2006	08/31/2014	
IRINOTECAN HYDROCHLORIDE (1X5ML) 20 MG/ML	5	ML	VL	IV	ML	20	MG	1	02/27/2008	99/99/9999	
IRINOTECAN HYDROCHLORIDE (1X2ML) 20 MG/ML	2	ML	VL	IV	ML	20	MG	1	02/27/2008	99/99/9999	
IRINOTECAN HYDROCHLORIDE (1X25ML,SDV) 20 MG/ML	25	ML	VL	IV	ML	20	MG	1	02/27/2008	99/99/9999	
METHOTREXATE SODIUM (MDV,5X2ML) 25 MG/ML	2	ML	VL	IJ	ML	5	MG	5	06/27/2005	99/99/9999	
NOVAPLUS PAMIDRONATE DISODIUM (SDV) 9 MG/ML	10	ML	VL	IV	ML	30	MG	0.3	12/15/2006	08/31/2015	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
61703-0359-01		J9178		04/10/2008	11/30/2015	INJECTION, EPIRUBICIN HCL, 2 MG
61703-0359-02		J9178		04/10/2008	01/31/2015	INJECTION, EPIRUBICIN HCL, 2 MG
61703-0359-59		J9178		08/08/2007	06/05/2017	INJECTION, EPIRUBICIN HCL, 2 MG
61703-0359-93		J9178		08/08/2007	06/05/2017	INJECTION, EPIRUBICIN HCL, 2 MG
68982-0820-04		J1599		11/12/2018	99/99/9999	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), NOT OTHERWISE SPECIFIED, 500 MG
61703-0360-18		J9045		06/28/2006	99/99/9999	INJECTION, CARBOPLATIN, 50 MG
61703-0360-22		J9045		06/28/2006	10/31/2015	INJECTION, CARBOPLATIN, 50 MG
61703-0360-50		J9045		06/28/2006	01/31/2016	INJECTION, CARBOPLATIN, 50 MG
61703-0408-41		J9250		04/09/2004	99/99/9999	METHOTREXATE SODIUM, 5 MG
68982-0820-05		J1599		11/12/2018	99/99/9999	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), NOT OTHERWISE SPECIFIED, 500 MG
61953-0004-01		J1572		01/01/2008	99/99/9999	INJECTION, IMMUNE GLOBULIN, (FLEBOGAMMA/FLEBOGAMMA DIF), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG
61953-0004-02		J1572		01/01/2008	99/99/9999	INJECTION, IMMUNE GLOBULIN, (FLEBOGAMMA/FLEBOGAMMA DIF), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG
61953-0004-03		J1572		01/01/2008	99/99/9999	INJECTION, IMMUNE GLOBULIN, (FLEBOGAMMA/FLEBOGAMMA DIF), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
NOVAPLUS EPIRUBICIN HYDROCHLORIDE (1X25ML,SINGLE USE,PF) 2 MG/ML	25	ML	VL	IV	ML	2	MG	1	04/10/2008	11/30/2015	
NOVAPLUS EPIRUBICIN HYDROCHLORIDE (1X100ML,SINGLE USE,PF) 2 MG/ML	100	ML	VL	IV	ML	2	MG	1	04/10/2008	01/31/2015	
EPIRUBICIN HYDROCHLORIDE (PF) 2 MG/ML	100	ML	VL	IV	ML	2	MG	1	08/08/2007	06/05/2017	
EPIRUBICIN HYDROCHLORIDE (PF) 2 MG/ML	25	ML	VL	IV	ML	2	MG	1	08/08/2007	06/05/2017	
PANZYGA (PF,LATEX-FREE) 100 MG/1 ML	100	ML	BO	IV	ML	500	MG	0.2	11/12/2018	99/99/9999	
NOVAPLUS CARBOPLATIN (MDV) 10 MG/ML	5	ML	VL	IV	ML	50	MG	0.2	06/28/2006	99/99/9999	
NOVAPLUS CARBOPLATIN (MDV) 10 MG/ML	15	ML	VL	IV	ML	50	MG	0.2	06/28/2006	10/31/2015	
NOVAPLUS CARBOPLATIN (MDV) 10 MG/ML	45	ML	VL	IV	ML	50	MG	0.2	06/28/2006	01/31/2016	
METHOTREXATE SODIUM (SDV,PF) 25 MG/ML	40	ML	VL	IJ	ML	5	MG	5	06/27/2005	99/99/9999	04/09/2004
PANZYGA (PF,LATEX-FREE) 100 MG/1 ML	200	ML	BO	IV	ML	500	MG	0.2	11/12/2018	99/99/9999	
FLEBOGAMMA (DIF,PF) 5 GM/100 ML	10	ML	VL	IV	ML	500	MG	0.1	01/01/2008	99/99/9999	
FLEBOGAMMA (DIF,PF) 5 GM/100 ML	50	ML	VL	IV	ML	500	MG	0.1	01/01/2008	99/99/9999	
FLEBOGAMMA (DIF,PF) 5 GM/100 ML	100	ML	VL	IV	ML	500	MG	0.1	01/01/2008	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
01/17/2005	5			

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
61953-0004-04		J1572		01/01/2008	99/99/9999	INJECTION, IMMUNE GLOBULIN, (FLEBOGAMMA/FLEBOGAMMA DIF), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG
61953-0004-05		J1572		01/01/2008	99/99/9999	INJECTION, IMMUNE GLOBULIN, (FLEBOGAMMA/FLEBOGAMMA DIF), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG
61958-0101-01		J0740		01/01/2002	12/01/2016	INJECTION, CIDOFOVIR, 375 MG
62033-0204-10		J8499		01/01/2002	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
62033-0204-14		J8499		01/01/2002	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
68982-0820-06		J1599		11/12/2018	99/99/9999	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), NOT OTHERWISE SPECIFIED, 500 MG
69543-0371-10		J2469		09/20/2018	99/99/9999	INJECTION, PALONOSETRON HCL, 25 MCG
70069-0030-03		J1631		10/04/2018	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG
70069-0031-05		J1631		10/04/2018	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG
70121-1577-05		J2370		10/04/2018	99/99/9999	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML
70655-0002-06		J1450		08/31/2018	99/99/9999	INJECTION FLUCONAZOLE, 200 MG
62756-0181-01		J2405		12/27/2006	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG
62756-0581-40		J0207		03/26/2008	99/99/9999	INJECTION, AMIFOSTINE, 500 MG
62756-0581-42		J0207		03/26/2008	99/99/9999	INJECTION, AMIFOSTINE, 500 MG
62856-0101-10		J1645		11/20/2006	03/31/2015	INJECTION, DALTEPARIN SODIUM, PER 2500 IU
62856-0125-10		J1645		08/25/2007	03/31/2015	INJECTION, DALTEPARIN SODIUM, PER 2500 IU

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
FLEBOGAMMA (DIF,PF) 5 GM/100 ML	200	ML	VL	IV	ML	500	MG	0.1	01/01/2008	99/99/9999	
FLEBOGAMMA (DIF,PF) 5 GM/100 ML	400	ML	VL	IV	ML	500	MG	0.1	01/01/2008	99/99/9999	
VISTIDE (S.D.V.,PF) 75 MG/ML	5	ML	VL	IV	ML	375	MG	0.2	01/01/2002	12/01/2016	
ACYCLOVIR 200 MG	100	EA	BO	PO	EA	1	EA	1	01/01/2002	02/03/2016	
ACYCLOVIR 200 MG	400	EA	BO	PO	EA	1	EA	1	01/01/2002	02/03/2016	
PANZYGA (PF,LATEX-FREE) 100 MG/1 ML	300	ML	BO	IV	ML	500	MG	0.2	11/12/2018	99/99/9999	
PALONOSETRON HCL 0.05 MG/1 ML	5	ML	VL	IV	ML	25	MCG	2	09/20/2018	99/99/9999	
HALOPERIDOL DECANOATE (3X1ML) 50 MG/1 ML	1	ML	AM	IM	ML	50	MG	1	10/04/2018	99/99/9999	
HALOPERIDOL DECANOATE (5X1ML) 100 MG/1 ML	1	ML	AM	IM	ML	50	MG	2	10/04/2018	99/99/9999	
PHENYLEPHRINE HCL (LATEX-FREE) 10 MG/1 ML	1	ML	VL	IV	ML	1	ML	1	10/04/2018	99/99/9999	
FLUCONAZOLE (PF,LATEX-FREE) 200 MG/100 ML	100	ML	BX	IV	ML	200	MG	0.01	08/31/2018	99/99/9999	
ONDANSETRON (5X2ML,SDA,USP) 2 MG/ML	2	ML	AM	IJ	ML	1	MG	2	12/27/2006	99/99/9999	
AMIFOSTINE (USP) 500 MG	1	EA	VL	IV	EA	500	MG	1	03/26/2008	99/99/9999	
AMIFOSTINE (USP) 500 MG	1	EA	VL	IV	EA	500	MG	1	03/26/2008	99/99/9999	
FRAGMIN (27GX1/2"W/NDLGUARD) 10000 IU/ML	1	ML	SR	SC	ML	2500	IU	4	11/20/2006	03/31/2015	
FRAGMIN (SINGLE DOSE,PF) 12500 IU/0.5 ML	0.5	ML	SR	SC	ML	2500	IU	10	08/25/2007	03/31/2015	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
62856-0150-10		J1645		08/25/2007	03/31/2015	INJECTION, DALTEPARIN SODIUM, PER 2500 IU
62856-0180-10		J1645		08/25/2007	03/31/2015	INJECTION, DALTEPARIN SODIUM, PER 2500 IU
62856-0250-10		J1645		06/26/2007	03/31/2015	INJECTION, DALTEPARIN SODIUM, PER 2500 IU
62856-0251-01		J1645		11/20/2006	12/01/2014	INJECTION, DALTEPARIN SODIUM, PER 2500 IU
62856-0500-10		J1645		10/10/2006	03/31/2015	INJECTION, DALTEPARIN SODIUM, PER 2500 IU
62856-0750-10		J1645		02/06/2007	02/02/2015	INJECTION, DALTEPARIN SODIUM, PER 2500 IU
62927-0621-04		Q0177		01/01/2002	12/17/2015	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
62927-0621-16		Q0177		01/01/2002	12/17/2015	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
62991-1003-02		J7604		01/01/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM
62991-1003-02	KO	J7604	KO	01/01/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM
62991-1003-03		J7604		01/01/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM
62991-1003-03	KO	J7604	KO	01/01/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM
62991-1003-04		J7604		01/01/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
FRAGMIN (SINGLE DOSE,PF) 15000 IU/0.6 ML	0.6	ML	SR	SC	ML	2500	IU	10.66666	08/25/2007	03/31/2015	
FRAGMIN (SINGLE DOSE,PF) 18000 IU/0.72 ML	0.72	ML	SR	SC	ML	2500	IU	10	08/25/2007	03/31/2015	
FRAGMIN (10X0.2ML,PF) 2500 IU/0.2 ML	0.2	ML	SR	SC	ML	2500	IU	5	06/26/2007	03/31/2015	
FRAGMIN (MDV) 25000 IU/ML	3.8	ML	VL	SC	ML	2500	IU	10	11/20/2006	12/01/2014	
FRAGMIN (27GX1/2",10X0.2ML,PF) 5000 IU/0.2 ML	0.2	ML	SR	SC	ML	2500	IU	10	10/10/2006	03/31/2015	
FRAGMIN (PREFILLED) 7500 IU/0.3 ML	0.3	ML	SR	SC	ML	2500	IU	10	02/06/2007	02/02/2015	
HYDROXYZINE PAMOATE (BANANA) 25 MG/5 ML	120	ML	EA	PO	ML	25	MG	0.2	01/01/2002	12/17/2015	
HYDROXYZINE PAMOATE (BANANA) 25 MG/5 ML	480	ML	EA	PO	ML	25	MG	0.2	01/01/2002	12/17/2015	
ACETYLCYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1	GM	1	01/01/2008	99/99/9999	
ACETYLCYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1	GM	1	01/01/2008	99/99/9999	
ACETYLCYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1	GM	1	01/01/2008	99/99/9999	
ACETYLCYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1	GM	1	01/01/2008	99/99/9999	
ACETYLCYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1	GM	1	01/01/2008	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
62991-1003-04	KO	J7604	KO	01/01/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM
62991-1004-01		J0133		01/01/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG
62991-1004-02		J0133		01/01/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG
66794-0160-02		J2274		07/23/2018	99/99/9999	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10 MG
66794-0162-02		J2274		07/27/2018	99/99/9999	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10 MG
62991-1013-01		J0475		01/01/2002	99/99/9999	INJECTION, BACLOFEN, 10 MG
66993-0039-01		J1729		08/09/2018	99/99/9999	INJECTION, HYDROXYPROGESTERONE CAPROATE, NOT OTHERWISE SPECIFIED, 10 MG
67457-0397-99		J2780		08/17/2018	99/99/9999	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG
67457-0398-62		J2780		08/17/2018	99/99/9999	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG
67457-0843-30		J2020		07/31/2018	99/99/9999	INJECTION, LINEZOLID, 200 MG
70710-1377-01		J0330		07/18/2018	99/99/9999	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG
62991-1013-02		J0475		01/01/2002	99/99/9999	INJECTION, BACLOFEN, 10 MG
62991-1013-03		J0475		01/01/2002	99/99/9999	INJECTION, BACLOFEN, 10 MG
62991-1013-04		J0475		09/15/2003	99/99/9999	INJECTION, BACLOFEN, 10 MG
62991-1021-02		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS
62991-1021-04		J3490		09/15/2003	99/99/9999	UNCLASSIFIED DRUGS
62991-1023-02		J7624		01/01/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
ACETYLCYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1	GM	1	01/01/2008	99/99/9999	
ACYCLOVIR (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2006	99/99/9999	
ACYCLOVIR (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2006	99/99/9999	
MITIGO (SINGLE USE,PF) 10 MG/1 ML	20	ML	VL	IJ	ML	10	MG	1	07/23/2018	99/99/9999	
MITIGO (SINGLE USE,PF) 25 MG/1 ML	20	ML	VL	IJ	ML	10	MG	2.5	07/27/2018	99/99/9999	
BACLOFEN (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2002	99/99/9999	
HYDROXYPROGESTERONE CAPROATE (MDV) 250 MG/1 ML	5	ML	VL	IM	ML	10	MG	25	08/09/2018	99/99/9999	
RANITIDINE (10X2ML,SDV,USP) 25 MG/1 ML	2	ML	VL	IJ	ML	25	MG	1	08/17/2018	99/99/9999	
RANITIDINE (SDV,USP) 25 MG/1 ML	6	ML	VL	IJ	ML	25	MG	1	08/17/2018	99/99/9999	
LINEZOLID (10X300ML BAGS,PF) 600 MG/300 ML	300	ML	BG	IV	ML	200	MG	0.01	07/31/2018	99/99/9999	
SUCCINYLCHOLINE CHLORIDE (MDV, INNER PACK,STERILE) 20 MG/1 ML	10	ML	VL	IJ	ML	20	MG	1	07/18/2018	99/99/9999	
BACLOFEN (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2002	99/99/9999	
BACLOFEN	1	EA	BO	NA	GM	10	MG	100	01/01/2002	99/99/9999	
BACLOFEN (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	09/15/2003	99/99/9999	
BENZOCAINE (U.S.P./N.F.)	1	EA	BO	NA	GM	1	EA	1	01/01/2002	99/99/9999	
BENZOCAINE (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	09/15/2003	99/99/9999	
BETAMETHASONE DIPROPIONATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
62991-1023-02	KO	J7624	KO	01/01/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
62991-1023-03		J7624		01/01/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
62991-1023-03	KO	J7624	KO	01/01/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
62991-1024-01		J7624		01/01/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
62991-1024-01	KO	J7624	KO	01/01/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
62991-1024-02		J7624		01/01/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
62991-1024-02	KO	J7624	KO	01/01/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
62991-1024-04		J7624		09/15/2003	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
62991-1024-04	KO	J7624	KO	09/15/2003	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
62991-1024-05		J7624		09/15/2003	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
62991-1024-05	KO	J7624	KO	09/15/2003	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
62991-1038-01		J7632		01/01/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS
62991-1038-01	KO	J7632	KO	01/01/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS
62991-1038-02		J7632		01/01/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
BETAMETHASONE DIPROPIONATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
BETAMETHASONE DIPROPIONATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
BETAMETHASONE DIPROPIONATE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
BETAMETHASONE SODIUM PHOSPHATE (U.S.P., 25)	1	EA	BO	NA	GM	1	MG	1000	09/15/2003	99/99/9999	
BETAMETHASONE SODIUM PHOSPHATE (U.S.P., 25)	1	EA	BO	NA	GM	1	MG	1000	09/15/2003	99/99/9999	
BETAMETHASONE SODIUM PHOSPHATE (U.S.P., 25)	1	EA	BO	NA	GM	1	MG	1000	09/15/2003	99/99/9999	
BETAMETHASONE SODIUM PHOSPHATE (U.S.P., 25)	1	EA	BO	NA	GM	1	MG	1000	09/15/2003	99/99/9999	
CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2008	99/99/9999	
CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2008	99/99/9999	
CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2008	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
62991-1038-02	KO	J7632	KO	01/01/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS
62991-1038-03		J7632		01/01/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS
62991-1038-03	KO	J7632	KO	01/01/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS
62991-1038-04		J7632		01/01/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS
62991-1038-04	KO	J7632	KO	01/01/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS
62991-1039-02		J3420		01/01/2002	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG
62991-1039-03		J3420		01/01/2002	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG
62991-1041-02		J7638		01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
62991-1041-02	KO	J7638	KO	01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
62991-1041-03		J7638		01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
62991-1041-03	KO	J7638	KO	01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
62991-1041-04		J7638		01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
62991-1041-04	KO	J7638	KO	01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
62991-1047-02		J1200		01/01/2002	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2008	99/99/9999	
CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2008	99/99/9999	
CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2008	99/99/9999	
CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2008	99/99/9999	
CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2008	99/99/9999	
CYANOCOBALAMIN (U.S.P.)	1	EA	BO	NA	GM	1000	MCG	1000	01/01/2002	99/99/9999	
CYANOCOBALAMIN (U.S.P.)	1	EA	BO	NA	GM	1000	MCG	1000	01/01/2002	99/99/9999	
DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
DIPHENHYDRAMINE HCL (U.S.P.)	1	EA	VL	NA	GM	50	MG	20	01/01/2002	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
70860-0603-82		J1953		06/13/2018	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG
62991-1051-02		J1435		01/01/2002	99/99/9999	INJECTION, ESTRONE, PER 1 MG
62991-1051-03		J1435		09/15/2003	99/99/9999	INJECTION, ESTRONE, PER 1 MG
62991-1051-04		J1435		09/15/2003	99/99/9999	INJECTION, ESTRONE, PER 1 MG
62991-1072-01		J7699		09/01/2002	99/99/9999	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME
62991-1072-02		J7699		09/01/2002	99/99/9999	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME
70860-0604-82		J1953		06/13/2018	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG
43975-0307-10		None		04/05/2018	99/99/9999	CYCLOPHOSPHAMIDE, 25 MG, ORAL
47335-0890-72		None		07/11/2018	99/99/9999	TEMOZOLOMIDE, 5 MG, ORAL
70655-0002-10		J1450		08/31/2018	99/99/9999	INJECTION FLUCONAZOLE, 200 MG
60505-6144-04		J0692		03/15/2018	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG
47335-0890-74		None		07/11/2018	99/99/9999	TEMOZOLOMIDE, 5 MG, ORAL
47335-0891-72		None		07/11/2018	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL
70655-0088-06		J1450		08/31/2018	99/99/9999	INJECTION FLUCONAZOLE, 200 MG
70655-0088-10		J1450		08/31/2018	99/99/9999	INJECTION FLUCONAZOLE, 200 MG
70710-1525-09		J9050		09/14/2018	99/99/9999	INJECTION, CARMUSTINE, 100 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
LEVETIRACETAM-SODIUM CHLORIDE (PF,LATEX-FREE) 1000 MG/100 ML-0.75%	100	ML	BG	IV	ML	10	MG	1	06/13/2018	99/99/9999	
ESTRONE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
ESTRONE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	09/15/2003	99/99/9999	
ESTRONE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	09/15/2003	99/99/9999	
GENTAMICIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	09/01/2002	99/99/9999	
GENTAMICIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	09/01/2002	99/99/9999	
LEVETIRACETAM-SODIUM CHLORIDE (PF,LATEX-FREE) 1500 MG/100 ML-0.54%	100	ML	BG	IV	ML	10	MG	1.5	06/13/2018	99/99/9999	
CYCLOPHOSPHAMIDE 25 MG	100	EA	BO	PO	EA	25	MG	1	04/05/2018	99/99/9999	
TEMOZOLOMIDE (3X5,HARD GELATIN) 5 MG	15	EA	ST	PO	EA	5	MG	1	07/11/2018	99/99/9999	
FLUCONAZOLE (PF,LATEX-FREE) 200 MG/100 ML	100	ML	BX	IV	ML	200	MG	0.01	08/31/2018	99/99/9999	
CEFEPIME NOVAPLUS 1 GM	10	EA	VL	IJ	EA	500	MG	2	03/15/2018	99/99/9999	
TEMOZOLOMIDE (1X5,HARD GELATIN) 5 MG	5	EA	ST	PO	EA	5	MG	1	07/11/2018	99/99/9999	
TEMOZOLOMIDE (3X5,HARD GELATIN) 20 MG	15	EA	ST	PO	EA	20	MG	1	07/11/2018	99/99/9999	
FLUCONAZOLE (PF,LATEX-FREE) 400 MG/200 ML	200	ML	BG	IV	ML	200	MG	0.01	08/31/2018	99/99/9999	
FLUCONAZOLE (PF,LATEX-FREE) 400 MG/200 ML	200	ML	BG	IV	ML	200	MG	0.01	08/31/2018	99/99/9999	
CARMUSTINE (LYOPHILIZED) 100 MG	1	EA	VL	IV	EA	100	MG	1	09/14/2018	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
71288-0106-10		J9040		10/01/2018	99/99/9999	INJECTION, BLEOMYCIN SULFATE, 15 UNITS
62991-1095-01		J2001		01/01/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG
62991-1095-02		J2001		01/01/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG
62991-1095-03		J2001		01/01/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG
62991-1095-04		J2001		01/01/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG
71288-0107-20		J9040		10/01/2018	99/99/9999	INJECTION, BLEOMYCIN SULFATE, 15 UNITS
71288-0109-20		J9100		11/05/2018	99/99/9999	INJECTION, CYTARABINE, 100 MG
62991-1095-06		J2001		04/01/2008	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG
62991-1108-01		J2760		01/01/2002	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG
62991-1108-02		J2760		01/01/2002	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG
62991-1108-03		J2760		09/15/2003	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG
62991-1108-04		J2760		09/15/2003	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG
62991-1122-02		Q0165		01/01/2002	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
62991-1124-02		J2675		01/01/2002	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG
62991-1124-03		J2675		10/01/2007	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG
62991-1124-05		J2675		10/01/2007	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG
62991-1125-01		J2550		01/01/2002	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG
62991-1125-02		J2550		01/01/2002	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG
62991-1125-04		J2550		01/01/2002	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
BLEOMYCIN (SDV,PF,LATEX-FREE) 15 U	1	EA	VL	IJ	EA	15	U	1	10/01/2018	99/99/9999	
LIDOCAINE HCL (U.S.P., B.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2004	99/99/9999	
LIDOCAINE HCL (U.S.P., B.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2004	99/99/9999	
LIDOCAINE HCL (U.S.P., B.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2004	99/99/9999	
LIDOCAINE HCL (U.S.P., B.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2004	99/99/9999	
BLEOMYCIN (SDV,PF,LATEX-FREE) 30 U	1	EA	VL	IJ	EA	15	U	2	10/01/2018	99/99/9999	
CYTARABINE (SDV,PF,LATEX-FREE) 100 MG/1 ML	20	ML	VL	IJ	ML	100	MG	1	11/05/2018	99/99/9999	
LIDOCAINE HCL (USP)	1	EA	BO	NA	GM	10	MG	100	04/01/2008	99/99/9999	
PHENTOLAMINE MESYLATE (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	99/99/9999	
PHENTOLAMINE MESYLATE (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	99/99/9999	
PHENTOLAMINE MESYLATE (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	09/15/2003	99/99/9999	
PHENTOLAMINE MESYLATE (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	09/15/2003	99/99/9999	
PROCHLORPERAZINE MALEATE (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2002	12/31/2013	
PROGESTERONE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	50	MG	20	01/01/2002	99/99/9999	
PROGESTERONE MICRONIZED	1	EA	BO	NA	GM	50	MG	20	10/01/2007	99/99/9999	
PROGESTERONE MICRONIZED	1	EA	BO	NA	GM	50	MG	20	10/01/2007	99/99/9999	
PROMETHAZINE HCL (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	01/01/2002	99/99/9999	
PROMETHAZINE HCL (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	01/01/2002	99/99/9999	
PROMETHAZINE HCL (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	01/01/2002	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
62991-1128-02		J0270		09/15/2003	99/99/9999	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)
62991-1128-06		J0270		09/15/2003	99/99/9999	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)
62991-1128-07		J0270		09/15/2003	99/99/9999	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)
62991-1128-08		J0270		09/15/2003	99/99/9999	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)
62991-1130-02		J3415		01/01/2004	99/99/9999	INJECTION, PYRIDOXINE HCL, 100 MG
62991-1130-03		J3415		01/01/2004	99/99/9999	INJECTION, PYRIDOXINE HCL, 100 MG
62991-1132-01		J2780		09/15/2003	99/99/9999	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG
62991-1132-02		J2780		09/15/2003	99/99/9999	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG
62991-1132-03		J2780		09/15/2003	99/99/9999	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG
62991-1132-04		J2780		09/15/2003	99/99/9999	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG
62991-1133-01		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS
62991-1133-02		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS
62991-1133-04		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS
62991-1152-01		J7681		01/01/2002	99/99/9999	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
62991-1152-01	KO	J7681	KO	01/01/2002	99/99/9999	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
ALPROSTADIL (U.S.P.)	1	EA	BO	NA	GM	1.25	MCG	800000	09/15/2003	99/99/9999	
ALPROSTADIL (U.S.P.)	1	EA	BO	NA	GM	1.25	MCG	800000	09/15/2003	99/99/9999	
ALPROSTADIL (U.S.P.)	1	EA	BO	NA	GM	1.25	MCG	800000	09/15/2003	99/99/9999	
ALPROSTADIL (U.S.P.)	1	EA	BO	NA	GM	1.25	MCG	800000	09/15/2003	99/99/9999	
PYRIDOXINE HCL (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	01/01/2004	99/99/9999	
PYRIDOXINE HCL (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	01/01/2004	99/99/9999	
RANITIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	25	MG	40	09/15/2003	99/99/9999	
RANITIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	25	MG	40	09/15/2003	99/99/9999	
RANITIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	25	MG	40	09/15/2003	99/99/9999	
RANITIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	25	MG	40	09/15/2003	99/99/9999	
RIFAMPIN (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	01/01/2002	99/99/9999	
RIFAMPIN (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	01/01/2002	99/99/9999	
RIFAMPIN (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	01/01/2002	99/99/9999	
TERBUTALINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
TERBUTALINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
62991-1152-02		J7681		01/01/2002	99/99/9999	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
62991-1152-02	KO	J7681	KO	01/01/2002	99/99/9999	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
62991-1156-01		J7684		01/01/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
62991-1156-01	KO	J7684	KO	01/01/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
62991-1156-02		J7684		01/01/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
62991-1156-02	KO	J7684	KO	01/01/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
62991-1156-03		J7684		01/01/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
62991-1156-03	KO	J7684	KO	01/01/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
62991-1173-02		J0285		01/01/2002	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG
62991-1173-04		J0285		01/01/2002	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG
62991-1173-05		J0285		01/01/2008	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG
62991-1179-03		J7627		01/01/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG
62991-1179-03	KO	J7627	KO	01/01/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG
62991-1179-05		J7627		01/01/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
TERBUTALINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
TERBUTALINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
TRIAMCINOLONE ACETONIDE (U.S.P.,BP,EP,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
TRIAMCINOLONE ACETONIDE (U.S.P.,BP,EP,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
TRIAMCINOLONE ACETONIDE (U.S.P.,BP,EP,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
TRIAMCINOLONE ACETONIDE (U.S.P.,BP,EP,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
TRIAMCINOLONE ACETONIDE (U.S.P.,BP,EP,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
TRIAMCINOLONE ACETONIDE (U.S.P.,BP,EP,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
AMPHOTERICIN B (U.S.P., ORAL GRADE)	1	EA	BO	NA	GM	50	MG	20	01/01/2008	99/99/9999	01/01/2002
AMPHOTERICIN B (U.S.P., ORAL GRADE)	1	EA	BO	NA	GM	50	MG	20	01/01/2008	99/99/9999	01/01/2002
AMPHOTERICIN B (USP)	1	EA	BO	NA	GM	50	MG	20	01/01/2008	99/99/9999	
BUDESONIDE MICRONIZED (EP)	1	EA	JR	NA	GM	0.5	MG	2000	01/01/2006	99/99/9999	
BUDESONIDE MICRONIZED (EP)	1	EA	JR	NA	GM	0.5	MG	2000	01/01/2006	99/99/9999	
BUDESONIDE MICRONIZED (EP)	1	EA	JR	NA	GM	0.5	MG	2000	01/01/2006	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
09/01/2004	20			
09/01/2004	20			

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
62991-1179-05	KO	J7627	KO	01/01/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG
62991-1206-01		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
62991-1206-02		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
62991-1257-01		J7510		01/01/2002	99/99/9999	PREDNISOLONE ORAL, PER 5 MG
62991-1257-02		J7510		09/15/2003	99/99/9999	PREDNISOLONE ORAL, PER 5 MG
62991-1351-02		J7685		01/01/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS
62991-1351-02	KO	J7685	KO	01/01/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS
62991-1351-03		J7685		01/01/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS
62991-1351-03	KO	J7685	KO	01/01/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS
62991-1352-01		J3490		01/01/2007	99/99/9999	UNCLASSIFIED DRUGS
62991-1352-02		J3490		01/01/2007	99/99/9999	UNCLASSIFIED DRUGS
62991-1352-04		J3490		01/01/2007	99/99/9999	UNCLASSIFIED DRUGS
62991-1382-01		J3350		01/01/2002	99/99/9999	INJECTION, UREA, UP TO 40 GM
62991-1412-01		J3150		09/01/2002	01/09/2013	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG
62991-1412-02		J3150		09/01/2002	11/01/2012	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG
62991-1412-03		J3150		09/01/2002	12/21/2012	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG
62991-1422-01		J0735		09/15/2003	99/99/9999	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
BUDESONIDE MICRONIZED (EP)	1	EA	JR	NA	GM	0.5	MG	2000	01/01/2006	99/99/9999	
PREDNISONE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	12/31/2015	
PREDNISONE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	12/31/2015	
PREDNISOLONE ANHYDROUS (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	99/99/9999	
PREDNISOLONE ANHYDROUS (U.S.P., MICRO)	1	EA	NA	NA	GM	5	MG	200	09/15/2003	99/99/9999	
TOBRAMYCIN SULFATE	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2007	99/99/9999	
TOBRAMYCIN SULFATE	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2007	99/99/9999	
TOBRAMYCIN SULFATE	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2007	99/99/9999	
TOBRAMYCIN SULFATE	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2007	99/99/9999	
HYALURONIC ACID	1	EA	BO	NA	GM	1	EA	1	01/01/2007	99/99/9999	
HYALURONIC ACID	1	EA	NA	NA	GM	1	EA	1	01/01/2007	99/99/9999	
HYALURONIC ACID	1	EA	BO	NA	GM	1	EA	1	01/01/2007	99/99/9999	
UREA (U.S.P./N.F.)	1	EA	BO	NA	GM	40	GM	0.025	01/01/2002	99/99/9999	
TESTOSTERONE PROPIONATE MICRONIZED (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	09/01/2002	01/09/2013	
TESTOSTERONE PROPIONATE MICRONIZED (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	09/01/2002	11/01/2012	
TESTOSTERONE PROPIONATE MICRONIZED (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	09/01/2002	12/21/2012	
CLONIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	09/15/2003	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
62991-1422-02		J0735		09/15/2003	99/99/9999	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG
62991-1486-02		J9190		09/15/2003	99/99/9999	INJECTION, FLUOROURACIL, 500 MG
62991-1486-03		J9190		09/15/2003	99/99/9999	INJECTION, FLUOROURACIL, 500 MG
62991-1513-01		J0364		01/01/2007	99/99/9999	INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG
62991-1513-02		J0364		01/01/2007	99/99/9999	INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG
62991-1513-03		J0364		01/01/2007	99/99/9999	INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG
62991-1530-02		J0520		09/15/2003	99/99/9999	INJECTION, BETHANECHOL CHLORIDE, MYOTONACHOL OR URECHOLINE, UP TO 5 MG
62991-1530-03		J0520		09/15/2003	99/99/9999	INJECTION, BETHANECHOL CHLORIDE, MYOTONACHOL OR URECHOLINE, UP TO 5 MG
62991-1533-01		J7516		09/15/2003	99/99/9999	CYCLOSPORIN, PARENTERAL, 250 MG
62991-1533-02		J7516		09/15/2003	99/99/9999	CYCLOSPORIN, PARENTERAL, 250 MG
62991-1533-05		J7516		01/01/2008	99/99/9999	CYCLOSPORIN, PARENTERAL, 250 MG
62991-1568-01		J2150		09/15/2003	99/99/9999	INJECTION, MANNITOL, 25% IN 50 ML
62991-1583-01		J0592		09/15/2003	99/99/9999	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG
62991-1583-02		J0592		09/15/2003	99/99/9999	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG
62991-1583-03		J0592		09/15/2003	99/99/9999	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG
62991-1635-02		J1030		09/01/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG
62991-1635-03		J1030		09/01/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG
62991-1635-04		J1030		09/15/2003	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG
62991-1635-05		J1030		09/15/2003	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
CLONIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	09/15/2003	99/99/9999	
FLUOROURACIL (U.S.P.)	1	EA	BO	NA	GM	500	MG	2	09/15/2003	99/99/9999	
FLUOROURACIL (U.S.P.)	1	EA	BO	NA	GM	500	MG	2	09/15/2003	99/99/9999	
APOMORPHINE HCL (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	99/99/9999	
APOMORPHINE HCL (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	99/99/9999	
APOMORPHINE HCL (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	99/99/9999	
BETHANECHOL CHLORIDE (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	09/15/2003	99/99/9999	
BETHANECHOL CHLORIDE (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	09/15/2003	99/99/9999	
CYCLOSPORINE (U.S.P.,A)	1	EA	BO	NA	GM	250	MG	4	09/15/2003	99/99/9999	
CYCLOSPORINE (U.S.P.,A)	1	EA	BO	NA	GM	250	MG	4	09/15/2003	99/99/9999	
CYCLOSPORINE (U.S.P.,A)	1	EA	NA	NA	GM	250	MG	4	01/01/2008	99/99/9999	
MANNITOL (U.S.P.)	1	EA	BO	NA	GM	50	ML	0.08	01/01/2008	99/99/9999	09/15/2003
BUPRENORPHINE HYDROCHLORIDE	1	EA	BO	NA	GM	0.1	MG	10000	09/15/2003	99/99/9999	
BUPRENORPHINE HYDROCHLORIDE	1	EA	BO	NA	GM	0.1	MG	10000	09/15/2003	99/99/9999	
BUPRENORPHINE HYDROCHLORIDE	1	EA	BO	NA	GM	0.1	MG	10000	09/15/2003	99/99/9999	
METHYLPREDNISOLONE ACETATE MICRONIZED (U.S.P.)	1	EA	BO	NA	GM	40	MG	25	09/01/2002	99/99/9999	
METHYLPREDNISOLONE ACETATE MICRONIZED (U.S.P.)	1	EA	BO	NA	GM	40	MG	25	09/01/2002	99/99/9999	
METHYLPREDNISOLONE ACETATE MICRONIZED (U.S.P.)	1	EA	BO	NA	GM	40	MG	25	09/15/2003	99/99/9999	
METHYLPREDNISOLONE ACETATE MICRONIZED (U.S.P.)	1	EA	BO	NA	GM	40	MG	25	09/15/2003	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
10/01/2007	0.08			

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
62991-1635-06		J1030		09/15/2003	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG
62991-1685-01		J3490		09/01/2002	99/99/9999	UNCLASSIFIED DRUGS
62991-1685-02		J3490		09/01/2002	99/99/9999	UNCLASSIFIED DRUGS
62991-1685-03		J3490		09/01/2002	99/99/9999	UNCLASSIFIED DRUGS
62991-1692-01		J2650		09/01/2002	99/99/9999	INJECTION, PREDNISOLONE ACETATE, UP TO 1 ML
62991-1692-02		J2650		09/01/2002	99/99/9999	INJECTION, PREDNISOLONE ACETATE, UP TO 1 ML
62991-1692-03		J2650		09/01/2002	99/99/9999	INJECTION, PREDNISOLONE ACETATE, UP TO 1 ML
62991-1707-01		J1070		01/01/2002	12/31/2014	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG
62991-1707-02		J1070		01/01/2002	12/31/2014	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG
62991-1707-03		J1070		01/01/2002	12/31/2014	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG
62991-2003-02		J0280		01/01/2002	99/99/9999	INJECTION, AMINOPHYLLIN, UP TO 250 MG
62991-2003-03		J0280		01/01/2002	99/99/9999	INJECTION, AMINOPHYLLIN, UP TO 250 MG
62991-2004-02		J1320		01/01/2002	99/99/9999	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG
62991-2004-03		J1320		01/01/2002	99/99/9999	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG
62991-2022-02		J7638		01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
62991-2022-02	KO	J7638	KO	01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
62991-2022-04		J7638		01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
62991-2022-04	KO	J7638	KO	01/01/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
METHYLPREDNISOLONE ACETATE MICRONIZED (U.S.P.)	1	EA	BO	NA	GM	40	MG	25	09/15/2003	99/99/9999	
METRONIDAZOLE (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	09/01/2002	99/99/9999	
METRONIDAZOLE (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	09/01/2002	99/99/9999	
METRONIDAZOLE (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	09/01/2002	99/99/9999	
PREDNISOLONE ACETATE MICRONIZED	1	EA	BO	NA	GM	1	ML	20	09/01/2002	99/99/9999	
PREDNISOLONE ACETATE MICRONIZED	1	EA	BO	NA	GM	1	ML	20	09/01/2002	99/99/9999	
PREDNISOLONE ACETATE MICRONIZED	1	EA	BO	NA	GM	1	ML	20	09/01/2002	99/99/9999	
TESTOSTERONE CYPIONATE (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	01/01/2002	12/31/2014	
TESTOSTERONE CYPIONATE (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	01/01/2002	12/31/2014	
TESTOSTERONE CYPIONATE (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	01/01/2002	12/31/2014	
AMINOPHYLLINE ANHYDROUS (U.S.P.)	1	EA	BO	NA	GM	250	MG	4	01/01/2002	99/99/9999	
AMINOPHYLLINE ANHYDROUS (U.S.P.)	1	EA	BO	NA	GM	250	MG	4	01/01/2002	99/99/9999	
AMITRIPTYLINE HCL (U.S.P.)	1	EA	BO	NA	GM	20	MG	50	01/01/2002	99/99/9999	
AMITRIPTYLINE HCL (U.S.P.)	1	EA	BO	NA	GM	20	MG	50	01/01/2002	99/99/9999	
DEXAMETHASONE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
DEXAMETHASONE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
DEXAMETHASONE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	
DEXAMETHASONE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	01/01/2002	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
62991-2026-02		J3520		01/01/2002	99/99/9999	EDETATE DISODIUM, PER 150 MG
62991-2026-03		J3520		01/01/2002	99/99/9999	EDETATE DISODIUM, PER 150 MG
62991-2026-04		J3520		09/15/2003	99/99/9999	EDETATE DISODIUM, PER 150 MG
62991-2031-02		J1630		01/01/2002	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG
62991-2031-03		J1630		01/01/2002	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG
62991-2031-04		J1630		01/01/2002	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG
47335-0891-74		None		07/11/2018	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL
62991-2042-02		J2765		01/01/2002	99/99/9999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG
62991-2042-03		J2765		01/01/2002	99/99/9999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG
62991-2068-02		J3411		01/01/2004	99/99/9999	INJECTION, THIAMINE HCL, 100 MG
62991-2068-03		J3411		01/01/2004	99/99/9999	INJECTION, THIAMINE HCL, 100 MG
62991-2068-04		J3411		10/01/2007	99/99/9999	INJECTION, THIAMINE HCL, 100 MG
47781-0605-94		J9045		04/02/2018	99/99/9999	INJECTION, CARBOPLATIN, 50 MG
62991-2150-01		J3140		09/01/2002	12/31/2014	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG
62991-2150-02		J3140		09/01/2002	12/31/2014	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG
62991-2150-03		J3140		09/01/2002	12/31/2014	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG
62991-2150-04		J3140		09/01/2002	12/31/2014	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG
62991-2184-02		J2675		09/01/2002	03/05/2013	INJECTION, PROGESTERONE, PER 50 MG
62991-2184-03		J2675		09/01/2002	03/05/2013	INJECTION, PROGESTERONE, PER 50 MG
62991-2184-04		J2675		09/01/2002	02/06/2013	INJECTION, PROGESTERONE, PER 50 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
EDETATE DISODIUM (U.S.P./N.F.)	1	EA	BO	NA	GM	150	MG	6.66666	01/01/2002	99/99/9999	
EDETATE DISODIUM (U.S.P./N.F.)	1	EA	BO	NA	GM	150	MG	6.66666	01/01/2002	99/99/9999	
EDETATE DISODIUM (DIHYDRATE)	1	EA	BO	NA	GM	150	MG	6.66666	09/15/2003	99/99/9999	
HALOPERIDOL (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	99/99/9999	
HALOPERIDOL (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	99/99/9999	
HALOPERIDOL (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2002	99/99/9999	
TEMOZOLOMIDE (1X5,HARD GELATIN) 20 MG	5	EA	ST	PO	EA	20	MG	1	07/11/2018	99/99/9999	
METOCLOPRAMIDE HCL (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2002	99/99/9999	
METOCLOPRAMIDE HCL (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2002	99/99/9999	
THIAMINE HYDROCHLORIDE (1X100GM, USP)	1	EA	BO	NA	GM	100	MG	10	10/01/2007	99/99/9999	01/01/2004
THIAMINE HYDROCHLORIDE (1X500GM, USP)	1	EA	BO	NA	GM	100	MG	10	10/01/2007	99/99/9999	01/01/2004
THIAMINE HYDROCHLORIDE (1X1000GM,USP)	1	EA	NA	NA	GM	100	MG	10	10/01/2007	99/99/9999	
CARBOPLATIN (PF,LATEX-FREE) 10 MG/1 ML	45	ML	VL	IV	ML	50	MG	0.2	04/02/2018	99/99/9999	
TESTOSTERONE MICRONIZED (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	09/01/2002	12/31/2014	
TESTOSTERONE MICRONIZED (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	09/01/2002	12/31/2014	
TESTOSTERONE MICRONIZED (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	09/01/2002	12/31/2014	
TESTOSTERONE MICRONIZED (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	09/01/2002	12/31/2014	
PROGESTERONE MICRONIZED	1	EA	BO	NA	GM	50	MG	20	09/01/2002	03/05/2013	
PROGESTERONE MICRONIZED	1	EA	BO	NA	GM	50	MG	20	09/01/2002	03/05/2013	
PROGESTERONE MICRONIZED	1	EA	BO	NA	GM	50	MG	20	09/01/2002	02/06/2013	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
09/01/2004	10			
09/01/2004	10			

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
62991-2501-01		J3490		09/15/2003	99/99/9999	UNCLASSIFIED DRUGS
62991-2501-02		J3490		09/15/2003	99/99/9999	UNCLASSIFIED DRUGS
62991-2516-01		J7640		01/01/2006	99/99/9999	FORMOTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 12 MICROGRAMS
62991-2516-01	KO	J7640	KO	01/01/2006	99/99/9999	FORMOTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 12 MICROGRAMS
62991-2516-03		J7640		01/01/2006	99/99/9999	FORMOTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 12 MICROGRAMS
62991-2516-03	KO	J7640	KO	01/01/2006	99/99/9999	FORMOTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 12 MICROGRAMS
62991-2562-01		J1835		11/01/2005	99/99/9999	INJECTION, ITRACONAZOLE, 50 MG
62991-2562-02		J1835		11/01/2005	99/99/9999	INJECTION, ITRACONAZOLE, 50 MG
62991-2562-03		J1835		11/01/2005	99/99/9999	INJECTION, ITRACONAZOLE, 50 MG
62991-2577-02		J0456		10/01/2007	99/99/9999	INJECTION, AZITHROMYCIN, 500 MG
62991-2577-03		J0456		10/01/2007	99/99/9999	INJECTION, AZITHROMYCIN, 500 MG
62991-2599-01		J2405		01/01/2006	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG
62991-2599-02		J2405		01/01/2006	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG
62991-2664-01		J7507		10/01/2007	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG
62991-2664-02		J7507		10/01/2007	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG
62991-2664-03		J7507		10/01/2007	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
BETAMETHASONE ACETATE MICRONIZED (U.S.P., 24)	1	EA	BO	NA	GM	1	EA	1	09/15/2003	99/99/9999	
BETAMETHASONE ACETATE MICRONIZED (U.S.P., 24)	1	EA	BO	NA	GM	1	EA	1	09/15/2003	99/99/9999	
FORMOTEROL FUMARATE	1	EA	BO	NA	GM	12	MCG	83333.33	01/01/2006	99/99/9999	
FORMOTEROL FUMARATE	1	EA	BO	NA	GM	12	MCG	83333.33	01/01/2006	99/99/9999	
FORMOTEROL FUMARATE	1	EA	BO	NA	GM	12	MCG	83333.33	01/01/2006	99/99/9999	
FORMOTEROL FUMARATE	1	EA	BO	NA	GM	12	MCG	83333.33	01/01/2006	99/99/9999	
ITRACONAZOLE	1	EA	NA	NA	GM	50	MG	20	11/01/2005	99/99/9999	
ITRACONAZOLE	1	EA	NA	NA	GM	50	MG	20	11/01/2005	99/99/9999	
ITRACONAZOLE	1	EA	NA	NA	GM	50	MG	20	11/01/2005	99/99/9999	
AZITHROMYCIN DIHYDRATE (1X100GM,USP)	1	EA	NA	NA	GM	500	MG	2	10/01/2007	99/99/9999	
AZITHROMYCIN DIHYDRATE (1X500GM,USP)	1	EA	NA	NA	GM	500	MG	2	10/01/2007	99/99/9999	
ONDANSETRON HYDROCHLORIDE (1X100GM)	1	EA	BO	NA	GM	1	MG	1000	01/01/2006	99/99/9999	
ONDANSETRON HYDROCHLORIDE (1X1000GM)	1	EA	BO	NA	GM	1	MG	1000	01/01/2006	99/99/9999	
TACROLIMUS (1X100MG)	0.1	GM	NA	NA	GM	1	MG	1000	10/01/2007	99/99/9999	
TACROLIMUS (1X500MG)	0.5	GM	NA	NA	GM	1	MG	1000	10/01/2007	99/99/9999	
TACROLIMUS (1X1GM)	1	EA	NA	NA	GM	1	MG	1000	10/01/2007	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
62991-2664-04		J7507		10/01/2007	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG
62991-2707-02		J1956		01/01/2008	99/99/9999	INJECTION, LEVOFLOXACIN, 250 MG
62991-2707-03		J1956		01/01/2008	99/99/9999	INJECTION, LEVOFLOXACIN, 250 MG
63004-7731-01		J0800		01/01/2002	01/06/2013	INJECTION, CORTICOTROPIN, UP TO 40 UNITS
63020-0049-01		J9041		01/01/2005	99/99/9999	INJECTION, BORTEZOMIB (VELCADE), 0.1 MG
47335-0892-72		None		07/11/2018	99/99/9999	TEMOZOLOMIDE, 100 MG, ORAL
63275-1025-04		J2271		12/03/2002	12/31/2014	INJECTION, MORPHINE SULFATE, 100MG
63275-1100-05		J2271		12/03/2002	12/31/2014	INJECTION, MORPHINE SULFATE, 100MG
63275-1200-01		J1960		12/03/2002	99/99/9999	INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MG
63275-1200-02		J1960		12/03/2002	99/99/9999	INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MG
63275-1200-04		J1960		12/03/2002	99/99/9999	INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MG
63275-1200-07		J1960		12/03/2002	99/99/9999	INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MG
63275-2001-01		J1170		12/03/2002	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG
63275-2005-02		J1170		12/03/2002	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG
63275-2010-03		J1170		12/03/2002	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG
63275-2100-05		J1170		12/03/2002	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG
63275-2100-09		J1170		09/01/2003	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG
63275-5100-01		J3010		12/03/2002	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG
63275-5100-02		J3010		09/01/2002	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG
63275-5100-06		J3010		12/03/2002	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG
63275-6200-01		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS
63275-6200-06		J3490		12/03/2002	99/99/9999	UNCLASSIFIED DRUGS

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
TACROLIMUS (1X5GM)	5	GM	NA	NA	GM	1	MG	1000	10/01/2007	99/99/9999	
LEVOFLOXACIN	1	EA	BO	NA	GM	250	MG	4	01/01/2008	99/99/9999	
LEVOFLOXACIN	1	EA	BO	NA	GM	250	MG	4	01/01/2008	99/99/9999	
H.P. ACTHAR (M.D.V.) 80 U/ML	5	ML	VL	IJ	ML	40	U	2	01/01/2002	01/06/2013	
VELCADE (10ML SDV,LYOPHILIZED) 3.5 MG	1	EA	VL	IV	EA	0.1	MG	35	01/01/2005	99/99/9999	
TEMOZOLOMIDE (3X5,HARD GELATIN) 100 MG	15	EA	ST	PO	EA	100	MG	1	07/11/2018	99/99/9999	
MORPHINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	12/03/2002	12/31/2014	
MORPHINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	12/03/2002	12/31/2014	
LEVORPHANOL TARTRATE (U.S.P.)	1	EA	BO	NA	GM	2	MG	500	12/03/2002	99/99/9999	
LEVORPHANOL TARTRATE (U.S.P.)	1	EA	BO	NA	GM	2	MG	500	12/03/2002	99/99/9999	
LEVORPHANOL TARTRATE (U.S.P.)	1	EA	BO	NA	GM	2	MG	500	12/03/2002	99/99/9999	
LEVORPHANOL TARTRATE (U.S.P.)	1	EA	BO	NA	GM	2	MG	500	12/03/2002	99/99/9999	
HYDROMORPHONE HCL (U.S.P.)	1	EA	JR	NA	GM	4	MG	250	12/03/2002	99/99/9999	
HYDROMORPHONE HCL (U.S.P.)	1	EA	BO	NA	GM	4	MG	250	12/03/2002	99/99/9999	
HYDROMORPHONE HCL (U.S.P.)	1	EA	BO	NA	GM	4	MG	250	12/03/2002	99/99/9999	
HYDROMORPHONE HCL (U.S.P.)	1	EA	BO	NA	GM	4	MG	250	12/03/2002	99/99/9999	
HYDROMORPHONE HCL (U.S.P.)	1	EA	BO	NA	GM	4	MG	250	09/01/2003	99/99/9999	
FENTANYL CITRATE (U.S.P.)	1	EA	BO	NA	GM	0.1	MG	10000	12/03/2002	99/99/9999	
FENTANYL CITRATE (U.S.P.)	1	EA	BO	NA	GM	0.1	MG	10000	09/01/2002	99/99/9999	
FENTANYL CITRATE (U.S.P.)	1	EA	BO	NA	GM	0.1	MG	10000	12/03/2002	99/99/9999	
SUFENTANIL CITRATE (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	01/01/2002	99/99/9999	
SUFENTANIL CITRATE (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	12/03/2002	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
63275-6200-07		J3490		12/03/2002	99/99/9999	UNCLASSIFIED DRUGS
63275-6200-09		J3490		12/03/2002	99/99/9999	UNCLASSIFIED DRUGS
63275-7100-04		J2175		12/03/2002	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG
63275-7100-05		J2175		12/03/2002	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG
63275-8100-03		J0745		12/03/2002	99/99/9999	INJECTION, CODEINE PHOSPHATE, PER 30 MG
63275-8100-04		J0745		12/03/2002	99/99/9999	INJECTION, CODEINE PHOSPHATE, PER 30 MG
63275-8100-05		J0745		12/03/2002	99/99/9999	INJECTION, CODEINE PHOSPHATE, PER 30 MG
63275-9100-04		J1230		12/03/2002	99/99/9999	INJECTION, METHADONE HCL, UP TO 10 MG
63275-9100-05		J1230		12/03/2002	99/99/9999	INJECTION, METHADONE HCL, UP TO 10 MG
63275-9936-02		J1320		01/01/2007	99/99/9999	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG
63275-9936-04		J1320		01/01/2007	99/99/9999	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG
63275-9936-05		J1320		01/01/2007	99/99/9999	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG
63275-9936-08		J1320		01/01/2007	99/99/9999	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG
63275-9955-01		J2405		01/27/2005	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG
63275-9955-06		J2405		01/27/2005	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG
63275-9955-07		J2405		01/27/2005	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG
63275-9958-01		J7507		09/01/2004	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG
63275-9958-02		J7507		09/01/2004	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG
63275-9958-06		J7507		09/01/2004	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG
63275-9958-07		J7507		09/01/2004	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG
63275-9960-01		J1450		05/01/2004	99/99/9999	INJECTION FLUCONAZOLE, 200 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
SUFENTANIL CITRATE (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	12/03/2002	99/99/9999	
SUFENTANIL CITRATE (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	12/03/2002	99/99/9999	
MEPERIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	12/03/2002	99/99/9999	
MEPERIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	12/03/2002	99/99/9999	
CODEINE PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	30	MG	33.33333	12/03/2002	99/99/9999	
CODEINE PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	30	MG	33.33333	12/03/2002	99/99/9999	
CODEINE PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	30	MG	33.33333	12/03/2002	99/99/9999	
METHADONE HCL (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	12/03/2002	99/99/9999	
METHADONE HCL (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	12/03/2002	99/99/9999	
AMITRIPTYLINE HYDROCHLORIDE (1X5GM, USP)	1	EA	BO	NA	GM	20	MG	50	01/01/2007	99/99/9999	
AMITRIPTYLINE HYDROCHLORIDE (1X25GM, USP)	1	EA	BO	NA	GM	20	MG	50	01/01/2007	99/99/9999	
AMITRIPTYLINE HYDROCHLORIDE (1X100GM, USP)	1	EA	BO	NA	GM	20	MG	50	01/01/2007	99/99/9999	
AMITRIPTYLINE HYDROCHLORIDE (1X500GM, USP)	1	EA	BO	NA	GM	20	MG	50	01/01/2007	99/99/9999	
ONDANSETRON HCL	1	EA	BO	NA	GM	1	MG	1000	01/27/2005	99/99/9999	
ONDANSETRON HCL	1	EA	BO	NA	GM	1	MG	1000	01/27/2005	99/99/9999	
ONDANSETRON HCL	1	EA	BO	NA	GM	1	MG	1000	01/27/2005	99/99/9999	
TACROLIMUS	1	EA	BO	NA	GM	1	MG	1000	09/01/2004	99/99/9999	
TACROLIMUS	5	EA	BO	NA	GM	1	MG	1000	09/01/2004	99/99/9999	
TACROLIMUS	0.1	GM	BO	NA	GM	1	MG	1000	09/01/2004	99/99/9999	
TACROLIMUS	0.5	GM	BO	NA	GM	1	MG	1000	09/01/2004	99/99/9999	
FLUCONAZOLE	1	EA	NA	NA	GM	200	MG	5	05/01/2004	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
63275-9960-02		J1450		05/01/2004	99/99/9999	INJECTION FLUCONAZOLE, 200 MG
63275-9960-04		J1450		05/01/2004	99/99/9999	INJECTION FLUCONAZOLE, 200 MG
63275-9960-05		J1450		05/01/2004	99/99/9999	INJECTION FLUCONAZOLE, 200 MG
63275-9960-09		J1450		05/01/2004	99/99/9999	INJECTION FLUCONAZOLE, 200 MG
63275-9963-02		J1835		06/04/2004	99/99/9999	INJECTION, ITRACONAZOLE, 50 MG
63275-9963-04		J1835		06/04/2004	99/99/9999	INJECTION, ITRACONAZOLE, 50 MG
63275-9963-05		J1835		06/04/2004	99/99/9999	INJECTION, ITRACONAZOLE, 50 MG
63275-9963-09		J1835		06/04/2004	99/99/9999	INJECTION, ITRACONAZOLE, 50 MG
63275-9965-02		J0456		01/01/2007	99/99/9999	INJECTION, AZITHROMYCIN, 500 MG
63275-9965-03		J0456		01/01/2007	99/99/9999	INJECTION, AZITHROMYCIN, 500 MG
63275-9965-04		J0456		01/01/2007	99/99/9999	INJECTION, AZITHROMYCIN, 500 MG
63275-9965-05		J0456		01/01/2007	99/99/9999	INJECTION, AZITHROMYCIN, 500 MG
63275-9974-01		J0735		01/01/2003	99/99/9999	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG
63275-9974-02		J0735		01/01/2003	99/99/9999	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG
63275-9974-03		J0735		01/01/2003	99/99/9999	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG
63275-9979-02		J2060		12/04/2002	99/99/9999	INJECTION, LORAZEPAM, 2 MG
63275-9979-04		J2060		12/04/2002	99/99/9999	INJECTION, LORAZEPAM, 2 MG
63275-9979-05		J2060		12/04/2002	99/99/9999	INJECTION, LORAZEPAM, 2 MG
63275-9981-05		J2675		12/04/2002	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG
63275-9981-08		J2675		12/04/2002	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG
63275-9981-09		J2675		12/04/2002	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
FLUCONAZOLE	1	EA	BO	NA	GM	200	MG	5	05/01/2004	99/99/9999	
FLUCONAZOLE	1	EA	BO	NA	GM	200	MG	5	05/01/2004	99/99/9999	
FLUCONAZOLE	1	EA	BO	NA	GM	200	MG	5	05/01/2004	99/99/9999	
FLUCONAZOLE	1	EA	BO	NA	GM	200	MG	5	05/01/2004	99/99/9999	
ITRACONAZOLE	1	EA	BO	NA	GM	50	MG	20	06/04/2004	99/99/9999	
ITRACONAZOLE	1	EA	BO	NA	GM	50	MG	20	06/04/2004	99/99/9999	
ITRACONAZOLE	1	EA	BO	NA	GM	50	MG	20	06/04/2004	99/99/9999	
ITRACONAZOLE	1	EA	BO	NA	GM	50	MG	20	06/04/2004	99/99/9999	
AZITHROMYCIN DIHYDRATE (1X5GM, USP)	1	EA	BO	NA	GM	500	MG	2	01/01/2007	99/99/9999	
AZITHROMYCIN DIHYDRATE (1X10GM, USP)	1	EA	BO	NA	GM	500	MG	2	01/01/2007	99/99/9999	
AZITHROMYCIN DIHYDRATE (1X25GM, USP)	1	EA	BO	NA	GM	500	MG	2	01/01/2007	99/99/9999	
AZITHROMYCIN DIHYDRATE (1X100GM, USP)	1	EA	BO	NA	GM	500	MG	2	01/01/2007	99/99/9999	
CLONIDINE HCL (BULK COMPOUND)	1	EA	JR	NA	GM	1	MG	1000	01/01/2003	99/99/9999	
CLONIDINE HCL (BULK COMPOUND)	1	EA	JR	NA	GM	1	MG	1000	01/01/2003	99/99/9999	
CLONIDINE HCL (BULK COMPOUND)	1	EA	JR	NA	GM	1	MG	1000	01/01/2003	99/99/9999	
LORAZEPAM (U.S.P.)	1	EA	BO	NA	GM	2	MG	500	12/04/2002	99/99/9999	
LORAZEPAM (U.S.P.)	1	EA	BO	NA	GM	2	MG	500	12/04/2002	99/99/9999	
LORAZEPAM (U.S.P.)	1	EA	BO	NA	GM	2	MG	500	12/04/2002	99/99/9999	
PROGESTERONE MICRONIZED	1	EA	BO	NA	GM	50	MG	20	12/04/2002	99/99/9999	
PROGESTERONE MICRONIZED	1	EA	BO	NA	GM	50	MG	20	12/04/2002	99/99/9999	
PROGESTERONE MICRONIZED	1	EA	BO	NA	GM	50	MG	20	12/04/2002	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
63275-9982-04		J1070		12/04/2002	12/31/2014	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG
63275-9982-05		J1070		12/04/2002	12/31/2014	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG
63275-9982-09		J1070		12/04/2002	12/31/2014	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG
63275-9983-04		J3140		12/04/2002	12/31/2014	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG
63275-9983-05		J3140		12/04/2002	12/31/2014	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG
63275-9983-08		J3140		12/04/2002	12/31/2014	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG
63275-9983-09		J3140		12/04/2002	12/31/2014	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG
63275-9986-01		J1435		12/04/2002	99/99/9999	INJECTION, ESTRONE, PER 1 MG
63275-9986-02		J1435		12/04/2002	99/99/9999	INJECTION, ESTRONE, PER 1 MG
63275-9986-04		J1435		12/04/2002	99/99/9999	INJECTION, ESTRONE, PER 1 MG
63275-9988-09		J0270		12/04/2002	99/99/9999	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)
63275-9989-01		J2760		12/04/2002	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG
63275-9989-06		J2760		12/04/2002	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG
63275-9989-07		J2760		12/04/2002	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG
63275-9990-02		J2440		12/04/2002	99/99/9999	INJECTION, PAPAVERINE HCL, UP TO 60 MG
63275-9990-04		J2440		12/04/2002	99/99/9999	INJECTION, PAPAVERINE HCL, UP TO 60 MG
63275-9990-05		J2440		12/04/2002	99/99/9999	INJECTION, PAPAVERINE HCL, UP TO 60 MG
63275-9991-04		J2001		01/01/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG
63275-9991-05		J2001		01/01/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG
63275-9991-08		J2001		01/01/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
TESTOSTERONE CYPIONATE (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	12/04/2002	12/31/2014	
TESTOSTERONE CYPIONATE (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	12/04/2002	12/31/2014	
TESTOSTERONE CYPIONATE (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	12/04/2002	12/31/2014	
TESTOSTERONE MICRONIZED	1	EA	JR	NA	GM	50	MG	20	12/04/2002	12/31/2014	
TESTOSTERONE MICRONIZED	1	EA	JR	NA	GM	50	MG	20	12/04/2002	12/31/2014	
TESTOSTERONE MICRONIZED	1	EA	JR	NA	GM	50	MG	20	12/04/2002	12/31/2014	
TESTOSTERONE MICRONIZED	1	EA	JR	NA	GM	50	MG	20	12/04/2002	12/31/2014	
ESTRONE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	12/04/2002	99/99/9999	
ESTRONE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	12/04/2002	99/99/9999	
ESTRONE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	12/04/2002	99/99/9999	
PROSTAGLANDIN E1 (U.S.P.)	1	EA	BO	NA	GM	1.25	MCG	800000	12/04/2002	99/99/9999	
PHENTOLAMINE MESYLATE (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	12/04/2002	99/99/9999	
PHENTOLAMINE MESYLATE (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	12/04/2002	99/99/9999	
PHENTOLAMINE MESYLATE (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	12/04/2002	99/99/9999	
PAPAVERINE HYDROCHLORIDE (U.S.P.)	1	EA	BO	NA	GM	60	MG	16.66666	12/04/2002	99/99/9999	
PAPAVERINE HYDROCHLORIDE (U.S.P.)	1	EA	BO	NA	GM	60	MG	16.66666	12/04/2002	99/99/9999	
PAPAVERINE HYDROCHLORIDE (U.S.P.)	1	EA	BO	NA	GM	60	MG	16.66666	12/04/2002	99/99/9999	
LIDOCAINE HCL	1	EA	BO	NA	GM	10	MG	100	01/01/2004	99/99/9999	
LIDOCAINE HCL	1	EA	BO	NA	GM	10	MG	100	01/01/2004	99/99/9999	
LIDOCAINE HCL	1	EA	BO	NA	GM	10	MG	100	01/01/2004	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
63275-9992-02		J0475		12/04/2002	99/99/9999	INJECTION, BACLOFEN, 10 MG
63275-9992-04		J0475		12/04/2002	99/99/9999	INJECTION, BACLOFEN, 10 MG
63275-9992-05		J0475		12/04/2002	99/99/9999	INJECTION, BACLOFEN, 10 MG
63275-9998-01		J7645		01/01/2007	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
63275-9998-01	KO	J7645	KO	01/01/2007	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
63275-9998-02		J7645		01/01/2007	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
63275-9998-02	KO	J7645	KO	01/01/2007	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
63275-9998-04		J7645		01/01/2007	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
63275-9998-04	KO	J7645	KO	01/01/2007	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
63275-9998-05		J7645		01/01/2007	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
63275-9998-05	KO	J7645	KO	01/01/2007	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
63275-9999-04		J7609		01/01/2007	99/99/9999	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
63275-9999-04	KO	J7609	KO	01/01/2007	99/99/9999	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
63275-9999-05		J7609		01/01/2007	99/99/9999	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
63275-9999-05	KO	J7609	KO	01/01/2007	99/99/9999	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
BACLOFEN (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	12/04/2002	99/99/9999	
BACLOFEN (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	12/04/2002	99/99/9999	
BACLOFEN (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	12/04/2002	99/99/9999	
IPRATROPIUM BROMIDE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	99/99/9999	
IPRATROPIUM BROMIDE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	99/99/9999	
IPRATROPIUM BROMIDE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	99/99/9999	
IPRATROPIUM BROMIDE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	99/99/9999	
IPRATROPIUM BROMIDE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	99/99/9999	
IPRATROPIUM BROMIDE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	99/99/9999	
IPRATROPIUM BROMIDE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	99/99/9999	
IPRATROPIUM BROMIDE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	99/99/9999	
ALBUTEROL SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	99/99/9999	
ALBUTEROL SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	99/99/9999	
ALBUTEROL SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	99/99/9999	
ALBUTEROL SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
63304-0504-01		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
63304-0505-01		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
63304-0652-01		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
63304-0652-05		J8499		01/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
63323-0010-02		J1580		01/01/2002	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG
63323-0010-20		J1580		01/01/2002	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG
63323-0011-15		J0720		01/01/2002	99/99/9999	INJECTION, CHLORAMPHENICOL SODIUM SUCCINATE, UP TO 1 GM
63323-0012-01		J2590		01/01/2002	99/99/9999	INJECTION, OXYTOCIN, UP TO 10 UNITS
63323-0012-10		J2590		01/01/2002	99/99/9999	INJECTION, OXYTOCIN, UP TO 10 UNITS
63323-0012-12		J2590		01/28/2008	99/99/9999	INJECTION, OXYTOCIN, UP TO 10 UNITS
63323-0012-30		J2590		09/24/2007	99/99/9999	INJECTION, OXYTOCIN, UP TO 10 UNITS
63323-0013-02		J3411		01/01/2004	99/99/9999	INJECTION, THIAMINE HCL, 100 MG
63323-0017-10		J1642		01/01/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS
63323-0024-25		J2150		01/01/2002	99/99/9999	INJECTION, MANNITOL, 25% IN 50 ML
63323-0025-10		J0725		01/01/2002	99/99/9999	INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS
63323-0044-01		J3420		01/01/2002	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG
63323-0047-10		J1644		01/01/2002	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS
63323-0064-02		J3475		01/01/2002	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
ACYCLOVIR 400 MG	100	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999	
ACYCLOVIR 800 MG	100	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999	
ACYCLOVIR 200 MG	100	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999	
ACYCLOVIR 200 MG	500	EA	BO	PO	EA	1	EA	1	01/01/2002	99/99/9999	
GENTAMICIN SULFATE (M.D.V.) 40 MG/ML	2	ML	VL	IJ	ML	80	MG	0.5	01/01/2002	99/99/9999	
GENTAMICIN SULFATE (M.D.V.) 40 MG/ML	20	ML	VL	IJ	ML	80	MG	0.5	01/01/2002	99/99/9999	
CHLORAMPHENICOL SODIUM SUCCINATE (VIAL,PF) 1 GM	1	EA	VL	IV	GM	1	GM	1	01/01/2002	99/99/9999	
OXYTOCIN (VIAL,P.C.) 10 U/ML	1	ML	VL	IV	ML	10	U	1	01/01/2002	99/99/9999	
OXYTOCIN (M.D.V.) 10 U/ML	10	ML	VL	IV	ML	10	U	1	01/01/2002	99/99/9999	
NOVAPLUS OXYTOCIN (25X1ML,USP) 10 U/ML	1	ML	VL	IJ	ML	10	U	1	01/28/2008	99/99/9999	
OXYTOCIN (10X30ML,MDV) 10 U/ML	30	ML	VL	IV	ML	10	U	1	09/24/2007	99/99/9999	
THIAMINE HCL (M.D.V.) 100 MG/ML	2	ML	VL	IJ	ML	100	MG	1	01/01/2004	99/99/9999	
HEPFLUSH-10 (S.D.V.,PF) 10 U/ML	10	ML	VL	IV	ML	10	U	1	01/01/2002	99/99/9999	
MANNITOL (FLIPOFF TOP,PF) 25%	50	ML	VL	IV	ML	50	ML	0.02	01/01/2002	99/99/9999	
CHORIONIC GONADOTROPIN (M.D.V. W/DILUENT) 10000 U	1	EA	VL	IM	EA	1000	USP Units	10	01/01/2002	99/99/9999	
CYANOCOBALAMIN (M.D.V.) 1000 MCG/ML	1	ML	VL	IM	ML	1000	MCG	1	01/01/2002	99/99/9999	
HEPARIN SODIUM (M.D.V.) 5000 U/ML	10	ML	VL	IJ	ML	1000	U	5	01/01/2002	99/99/9999	
MAGNESIUM SULFATE (S.D.V.,P.C.) 500 MG/ML	2	ML	VL	IJ	ML	500	MG	1	01/01/2002	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
63323-0064-10		J3475		01/01/2002	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG
63323-0064-20		J3475		01/01/2002	05/17/2016	INJECTION, MAGNESIUM SULFATE, PER 500 MG
63323-0064-50		J3475		01/01/2002	05/17/2016	INJECTION, MAGNESIUM SULFATE, PER 500 MG
63323-0088-61		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
63323-0088-63		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
63323-0101-61		J9000		08/06/2007	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG
63323-0104-05		J9181		01/01/2002	99/99/9999	INJECTION, ETOPOSIDE, 10 MG
63323-0104-25		J9181		01/01/2002	99/99/9999	INJECTION, ETOPOSIDE, 10 MG
63323-0104-50		J9181		01/01/2002	99/99/9999	INJECTION, ETOPOSIDE, 10 MG
63323-0105-10		J0133		01/01/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG
63323-0113-10		J7676		01/01/2008	99/99/9999	PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MG
63323-0113-10	KO	J7676	KO	01/01/2008	99/99/9999	PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MG
63323-0117-10		J9190		01/01/2002	99/99/9999	INJECTION, FLUOROURACIL, 500 MG
63323-0117-20		J9190		01/01/2002	99/99/9999	INJECTION, FLUOROURACIL, 500 MG
63323-0117-51		J9190		01/01/2002	99/99/9999	INJECTION, FLUOROURACIL, 500 MG
63323-0117-61		J9190		01/01/2002	99/99/9999	INJECTION, FLUOROURACIL, 500 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
MAGNESIUM SULFATE (S.D.V.,P.C.,PF) 500 MG/ML	10	ML	VL	IJ	ML	500	MG	1	01/01/2002	99/99/9999	
MAGNESIUM SULFATE (S.D.V.) 500 MG/ML	20	ML	VL	IJ	ML	500	MG	1	01/01/2002	05/17/2016	
MAGNESIUM SULFATE (S.D.V.) 500 MG/ML	50	ML	VL	IJ	ML	500	MG	1	01/01/2002	05/17/2016	
SODIUM CHLORIDE CONCENTRATE (MAXIVIAL,BULK PACK,PF) 23.4%	100	ML	VL	IV	ML	1	EA	1	01/01/2002	99/99/9999	
SODIUM CHLORIDE CONCENTRATE (MAXIVIAL,BULK PACK,PF) 23.4%	200	ML	VL	IV	ML	1	EA	1	01/01/2002	99/99/9999	
DOXORUBICIN HYDROCHLORIDE (USP,STERILE,MDV,PF) 2 MG/ML	100	ML	VL	IV	ML	10	MG	0.2	08/06/2007	99/99/9999	
ETOPOSIDE (M.D.V.) 20 MG/ML	5	ML	VL	IV	ML	10	MG	2	01/01/2002	99/99/9999	
ETOPOSIDE (M.D.V.) 20 MG/ML	25	ML	VL	IV	ML	10	MG	2	01/01/2002	99/99/9999	
ETOPOSIDE (M.D.V.) 20 MG/ML	50	ML	VL	IV	ML	10	MG	2	01/01/2002	99/99/9999	
ACYCLOVIR SODIUM (VIAL,PF) 500 MG	1	EA	VL	IV	EA	5	MG	100	01/01/2006	99/99/9999	
PENTAM (S.D.V.,PF) 300 MG	1	EA	VL	IJ	EA	300	MG	1	01/01/2008	99/99/9999	
PENTAM (S.D.V.,PF) 300 MG	1	EA	VL	IJ	EA	300	MG	1	01/01/2008	99/99/9999	
FLUOROURACIL (S.D.V.,PF) 50 MG/ML	10	ML	VL	IV	ML	500	MG	0.1	01/01/2002	99/99/9999	
FLUOROURACIL (S.D.V.,PF) 50 MG/ML	20	ML	VL	IV	ML	500	MG	0.1	01/01/2002	99/99/9999	
FLUOROURACIL (BULK PACKAGE,PF) 50 MG/ML	50	ML	VL	IV	ML	500	MG	0.1	01/01/2002	99/99/9999	
FLUOROURACIL (BULK PACKAGE,PF) 50 MG/ML	100	ML	VL	IV	ML	500	MG	0.1	01/01/2002	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
63323-0119-08		J9150		01/01/2002	99/99/9999	INJECTION, DAUNORUBICIN, 10 MG
63323-0121-02		J9250		01/01/2002	99/99/9999	METHOTREXATE SODIUM, 5 MG
63323-0121-04		J9250		01/01/2002	02/03/2016	METHOTREXATE SODIUM, 5 MG
63323-0121-08		J9250		01/01/2002	99/99/9999	METHOTREXATE SODIUM, 5 MG
63323-0121-10		J9250		01/01/2002	99/99/9999	METHOTREXATE SODIUM, 5 MG
63323-0121-40		J9250		03/08/2002	99/99/9999	METHOTREXATE SODIUM, 5 MG
63323-0122-50		J9260		01/01/2002	99/99/9999	METHOTREXATE SODIUM, 50 MG
63323-0123-02		J9250		01/01/2002	99/99/9999	METHOTREXATE SODIUM, 5 MG
63323-0123-10		J9250		01/01/2002	99/99/9999	METHOTREXATE SODIUM, 5 MG
63323-0127-10		J9130		01/01/2002	99/99/9999	DACARBAZINE, 100 MG
63323-0132-10		J9293		03/17/2006	99/99/9999	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG
63323-0132-12		J9293		03/17/2006	99/99/9999	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG
63323-0132-15		J9293		03/17/2006	99/99/9999	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG
63323-0139-20		J7799		01/01/2002	02/15/2013	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
63323-0139-40		J7799		01/01/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
63323-0140-10		J9065		09/13/2004	99/99/9999	INJECTION, CLADRIBINE, PER 1 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
DAUNORUBICIN HCL (S.D.V.,PF) 20 MG	1	EA	VL	IV	EA	10	MG	2	01/01/2002	99/99/9999	
METHOTREXATE SODIUM (S.D.V.,PF) 25 MG/ML	2	ML	VL	IJ	ML	5	MG	5	01/01/2002	99/99/9999	
METHOTREXATE SODIUM (S.D.V.,PF) 25 MG/ML	4	ML	VL	IJ	ML	5	MG	5	01/01/2002	02/03/2016	
METHOTREXATE SODIUM (S.D.V.,PF) 25 MG/ML	8	ML	VL	IJ	ML	5	MG	5	01/01/2002	99/99/9999	
METHOTREXATE SODIUM (S.D.V.,PF) 25 MG/ML	10	ML	VL	IJ	ML	5	MG	5	01/01/2002	99/99/9999	
METHOTREXATE SODIUM (VIAL,PF) 25 MG/ML	40	ML	VL	IJ	ML	5	MG	5	03/08/2002	99/99/9999	
METHOTREXATE SODIUM (S.D.V.,PF) 1 GM	1	EA	VL	IJ	EA	50	MG	20	01/01/2002	99/99/9999	
METHOTREXATE SODIUM (VIAL) 25 MG/ML	2	ML	VL	IJ	ML	5	MG	5	01/01/2002	99/99/9999	
METHOTREXATE SODIUM (VIAL) 25 MG/ML	10	ML	VL	IJ	ML	5	MG	5	01/01/2002	99/99/9999	
DACARBAZINE (S.D.V.) 100 MG	1	EA	VL	IV	EA	100	MG	1	01/01/2002	99/99/9999	
MITOXANTRONE (USP,PF,LATEX-FREE) 2 MG/ML	10	ML	VL	IV	ML	5	MG	0.4	03/17/2006	99/99/9999	
MITOXANTRONE (USP,PF,LATEX-FREE) 2 MG/ML	12.5	ML	VL	IV	ML	5	MG	0.4	03/17/2006	99/99/9999	
MITOXANTRONE (USP,PF,LATEX-FREE) 2 MG/ML	15	ML	VL	IV	ML	5	MG	0.4	03/17/2006	99/99/9999	
SODIUM CHLORIDE (S.D.V.) 14.6%	20	ML	VL	IV	ML	1	EA	1	01/01/2002	02/15/2013	
SODIUM CHLORIDE (S.D.V.) 14.6%	40	ML	VL	IV	ML	1	EA	1	01/01/2002	99/99/9999	
CLADRIBINE (S.D.V.,PF) 1 MG/ML	10	ML	VL	IV	ML	1	MG	1	09/13/2004	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
63323-0142-10		J9208		07/25/2002	99/99/9999	INJECTION, IFOSFAMIDE, 1 GRAM
63323-0142-12		J9208		11/18/2002	99/99/9999	INJECTION, IFOSFAMIDE, 1 GRAM
63323-0145-07		J9200		01/01/2002	99/99/9999	INJECTION, FLOXURIDINE, 500 MG
63323-0148-01		J9390		06/22/2005	99/99/9999	INJECTION, VINORELBINE TARTRATE, 10 MG
63323-0148-05		J9390		06/22/2005	99/99/9999	INJECTION, VINORELBINE TARTRATE, 10 MG
63323-0151-00		J9178		12/07/2007	99/99/9999	INJECTION, EPIRUBICIN HCL, 2 MG
63323-0151-25		J9178		12/07/2007	99/99/9999	INJECTION, EPIRUBICIN HCL, 2 MG
63323-0161-01		J1885		01/01/2002	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG
63323-0162-01		J1885		01/01/2002	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG
63323-0162-02		J1885		01/01/2002	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG
63323-0165-01		J1100		01/01/2002	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG
63323-0165-05		J1100		01/01/2002	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG
63323-0165-30		J1100		01/01/2002	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG
63323-0167-21		J9045		04/01/2004	99/99/9999	INJECTION, CARBOPLATIN, 50 MG
63323-0172-45		J9045		04/28/2006	99/99/9999	INJECTION, CARBOPLATIN, 50 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
IFOSFAMIDE (S.D.V.) 1 GM	1	EA	VL	IV	EA	1	GM	1	07/25/2002	99/99/9999	
IFOSFAMIDE (SDV) 1 GM	1	EA	VL	IV	EA	1	GM	1	11/18/2002	99/99/9999	
FLOXURIDINE 0.5 GM	1	EA	VL	IJ	EA	500	MG	1	01/01/2002	99/99/9999	
VINORELBINE TARTRATE (USP,PF) 10 MG/ML	1	ML	VL	IV	ML	10	MG	1	06/22/2005	99/99/9999	
VINORELBINE TARTRATE (USP,PF) 10 MG/ML	5	ML	VL	IV	ML	10	MG	1	06/22/2005	99/99/9999	
EPIRUBICIN HYDROCHLORIDE (1X100ML,PF) 2 MG/ML	100	ML	VL	IV	ML	2	MG	1	12/07/2007	99/99/9999	
EPIRUBICIN HYDROCHLORIDE (1X25ML,PF) 2 MG/ML	25	ML	VL	IV	ML	2	MG	1	12/07/2007	99/99/9999	
KETOROLAC TROMETHAMINE (S.D.V.) 15 MG/ML	1	ML	VL	IJ	ML	15	MG	1	01/01/2002	99/99/9999	
KETOROLAC TROMETHAMINE (S.D.V.) 30 MG/ML	1	ML	VL	IJ	ML	15	MG	2	01/01/2002	99/99/9999	
KETOROLAC TROMETHAMINE (S.D.V.) 30 MG/ML	2	ML	VL	IM	ML	15	MG	2	01/01/2002	99/99/9999	
DEXAMETHASONE SODIUM PHOSPHATE (VIAL) 4 MG/ML	1	ML	VL	IJ	ML	1	MG	4	01/01/2002	99/99/9999	
DEXAMETHASONE SODIUM PHOSPHATE (M.D.V.) 4 MG/ML	5	ML	VL	IJ	ML	1	MG	4	01/01/2002	99/99/9999	
DEXAMETHASONE SODIUM PHOSPHATE (M.D.V.) 4 MG/ML	30	ML	VL	IJ	ML	1	MG	4	01/01/2002	99/99/9999	
CARBOPLATIN 150 MG	1	EA	VL	IV	EA	50	MG	3	04/01/2004	99/99/9999	
CARBOPLATIN (MDV,LATEX-FREE) 10 MG/ML	50	ML	VL	IV	ML	50	MG	0.2	04/28/2006	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
63323-0172-60		J9045		04/07/2006	99/99/9999	INJECTION, CARBOPLATIN, 50 MG
63323-0173-02		J1580		01/01/2002	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG
63323-0180-01		J3415		01/01/2004	99/99/9999	INJECTION, PYRIDOXINE HCL, 100 MG
63323-0185-00		A4216		01/01/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
63323-0185-05		A4216		01/01/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
63323-0185-10		A4216		01/01/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
63323-0185-20		A4216		01/01/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
63323-0185-50		A4216		01/01/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
63323-0186-00		J7050		01/01/2002	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC
63323-0186-02		A4216		01/01/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
63323-0186-10		A4216		01/01/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
63323-0186-20		A4216		01/01/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
63323-0187-30		J7799		01/01/2002	01/15/2013	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
63323-0193-02		J9206		02/05/2008	99/99/9999	INJECTION, IRINOTECAN, 20 MG
63323-0193-05		J9206		02/05/2008	99/99/9999	INJECTION, IRINOTECAN, 20 MG
63323-0196-06		J9185		12/07/2007	99/99/9999	INJECTION, FLUDARABINE PHOSPHATE, 50 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
CARBOPLATIN (600MG/60ML,LATEX-FREE) 10 MG/ML	60	ML	VL	IV	ML	50	MG	0.2	04/07/2006	99/99/9999	
GENTAMICIN SULFATE PEDIATRIC (PEDIATRIC S.D.V.,PF) 10 MG/ML	2	ML	VL	IJ	ML	80	MG	0.125	01/01/2002	99/99/9999	
PYRIDOXINE HCL (M.D.V.,AMBER) 100 MG/ML	1	ML	VL	IJ	ML	100	MG	1	01/01/2004	99/99/9999	
WATER FOR INJECTION (S.D.V.,TEAR TOP)	100	ML	VL	IV	ML	10	ML	0.1	01/01/2004	99/99/9999	
WATER FOR INJECTION (S.D.V.)	5	ML	VL	IV	ML	10	ML	0.1	01/01/2004	99/99/9999	
WATER FOR INJECTION (S.D.V.,P.C.)	10	ML	VL	IV	ML	10	ML	0.1	01/01/2004	99/99/9999	
WATER FOR INJECTION (S.D.V.,P.C.)	20	ML	VL	IV	ML	10	ML	0.1	01/01/2004	99/99/9999	
WATER FOR INJECTION (S.D.V.,P.C.,PF)	50	ML	VL	IV	ML	10	ML	0.1	01/01/2004	99/99/9999	
SODIUM CHLORIDE (S.D.V.,TEAR TOP) 0.9%	100	ML	VL	IV	ML	250	ML	0.004	01/01/2002	99/99/9999	
SODIUM CHLORIDE (S.D.V.,P.C.) 0.9%	2	ML	VL	IV	ML	10	ML	0.1	01/01/2007	99/99/9999	
SODIUM CHLORIDE (S.D.V.,P.C.) 0.9%	10	ML	VL	IV	ML	10	ML	0.1	01/01/2004	99/99/9999	
SODIUM CHLORIDE (S.D.V.,P.C.) 0.9%	20	ML	VL	IV	ML	10	ML	0.1	01/01/2004	99/99/9999	
SODIUM CHLORIDE CONCENTRATE (S.D.V.,PF) 23.4%	30	ML	VL	IV	ML	1	EA	1	01/01/2002	01/15/2013	
IRINOTECAN HYDROCHLORIDE (1X2ML,SINGLE DOSE) 20 MG/ML	2	ML	VL	IV	ML	20	MG	1	02/05/2008	99/99/9999	
IRINOTECAN HYDROCHLORIDE (1X5ML,SINGLE DOSE) 20 MG/ML	5	ML	VL	IV	ML	20	MG	1	02/05/2008	99/99/9999	
FLUDARABINE PHOSPHATE (USP) 50 MG	1	EA	VL	IV	EA	50	MG	1	12/07/2007	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
63323-0201-02		J2001		01/01/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG
63323-0201-10		J2001		01/01/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG
63323-0202-02		J2001		01/01/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG
63323-0208-05		J2001		01/01/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG
63323-0221-10		J3370		01/01/2002	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG
63323-0229-05		J2720		01/01/2002	99/99/9999	INJECTION, PROTAMINE SULFATE, PER 10 MG
63323-0229-15		J2720		01/07/2008	99/99/9999	INJECTION, PROTAMINE SULFATE, PER 10 MG
63323-0229-30		J2720		01/01/2002	99/99/9999	INJECTION, PROTAMINE SULFATE, PER 10 MG
63323-0229-35		J2720		01/07/2008	99/99/9999	INJECTION, PROTAMINE SULFATE, PER 10 MG
63323-0236-10		J0690		01/01/2002	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG
63323-0237-10		J0690		01/01/2002	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG
63323-0237-65		J0690		01/01/2002	10/17/2016	INJECTION, CEFAZOLIN SODIUM, 500 MG
63323-0238-61		J0690		01/01/2002	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG
63323-0249-30		A4216		01/01/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
63323-0255-03		J2920		09/22/2004	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG
63323-0258-03		J2930		08/23/2004	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG
63323-0259-30		A4216		01/01/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
LIDOCAINE HCL (S.D.V.,P.C.) 1%	2	ML	VL	EP	ML	10	MG	1	01/01/2004	99/99/9999	
LIDOCAINE HCL (M.D.V.) 1%	10	ML	VL	EP	ML	10	MG	1	01/01/2004	99/99/9999	
LIDOCAINE HCL (S.D.V.) 2%	2	ML	VL	IJ	ML	10	MG	2	01/01/2004	99/99/9999	
LIDOCAINE HCL (S.D.V.,PF) 2%	5	ML	VL	IV	ML	10	MG	2	01/01/2004	99/99/9999	
VANCOMYCIN HCL (VIAL,PF) 500 MG	1	EA	VL	IV	EA	500	MG	1	01/01/2002	99/99/9999	
PROTAMINE SULFATE (S.D.V.) 10 MG/ML	5	ML	VL	IV	ML	10	MG	1	01/01/2002	99/99/9999	
NOVAPLUS PROTAMINE SULFATE (25X5ML,SDV,FLIPTOP,USP) 10 MG/ML	5	ML	VL	IV	ML	10	MG	1	01/07/2008	99/99/9999	
PROTAMINE SULFATE (S.D.V.) 10 MG/ML	25	ML	VL	IV	ML	10	MG	1	01/01/2002	99/99/9999	
NOVAPLUS PROTAMINE SULFATE (1X25ML,SDV,FLIPTOP,USP) 10 MG/ML	25	ML	VL	IV	ML	10	MG	1	01/07/2008	99/99/9999	
CEFAZOLIN SODIUM (VIAL,PF) 500 MG	1	EA	VL	IJ	EA	500	MG	1	01/01/2002	99/99/9999	
CEFAZOLIN SODIUM (VIAL) 1 GM	1	EA	VL	IJ	EA	500	MG	2	01/01/2002	99/99/9999	
CEFAZOLIN SODIUM (P.B.,PF) 1 GM	1	EA	VL	IJ	EA	500	MG	2	01/01/2002	10/17/2016	
CEFAZOLIN SODIUM (BULK PACKAGE,PF) 10 GM	1	EA	VL	IJ	EA	500	MG	20	01/01/2002	99/99/9999	
STERILE WATER BACTERIOSTATIC (M.D.V.)	30	ML	VL	IV	ML	10	ML	0.1	01/01/2004	99/99/9999	
METHYLPREDNISOLONE SODIUM SUCCINATE 40 MG	1	EA	VL	IJ	EA	40	MG	1	09/22/2004	99/99/9999	
METHYLPREDNISOLONE SODIUM SUCCINATE 125 MG	1	EA	VL	IJ	EA	125	MG	1	08/23/2004	99/99/9999	
SODIUM CHLORIDE (M.D.V.) 0.9%	30	ML	VL	IV	ML	10	ML	0.1	01/01/2004	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
63323-0261-10		J2675		01/01/2002	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG
63323-0262-01		J1644		01/01/2002	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS
63323-0265-30		J2930		10/27/2004	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG
63323-0269-20		J3490		02/21/2008	03/06/2013	UNCLASSIFIED DRUGS
63323-0269-27		J3490		01/15/2008	09/07/2016	UNCLASSIFIED DRUGS
63323-0269-50		J3490		04/28/2008	99/99/9999	UNCLASSIFIED DRUGS
63323-0269-57		J3490		03/05/2008	99/99/9999	UNCLASSIFIED DRUGS
63323-0269-65		J3490		03/06/2008	99/99/9999	UNCLASSIFIED DRUGS
63323-0269-67		J3490		02/01/2008	99/99/9999	UNCLASSIFIED DRUGS
63323-0272-05		J2680		01/01/2002	99/99/9999	INJECTION, FLUPHENAZINE DECANOATE, UP TO 25 MG
63323-0276-02		J1644		01/01/2002	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS
63323-0278-10		J9360		01/01/2002	99/99/9999	INJECTION, VINBLASTINE SULFATE, 1 MG
63323-0280-02		J1940		01/01/2002	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG
63323-0280-04		J1940		01/01/2002	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG
63323-0280-10		J1940		01/01/2002	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PROGESTERONE IN SESAME OIL (M.D.V.) 50 MG/ML	10	ML	VL	IM	ML	50	MG	1	01/01/2002	99/99/9999	
HEPARIN SODIUM (M.D.V.,P.C.) 5000 U/ML	1	ML	VL	IJ	ML	1000	U	5	01/01/2002	99/99/9999	
METHYLPREDNISOLONE SODIUM SUCCINATE (PF) 1 GM	1	EA	VL	IJ	EA	125	MG	8	10/27/2004	99/99/9999	
DIPRIVAN (20X25ML) 10 MG/ML	20	ML	VL	IV	ML	1	EA	1	02/21/2008	03/06/2013	
NOVAPLUS DIPRIVAN (25X20ML) 10 MG/ML	20	ML	VL	IV	ML	1	EA	1	01/15/2008	09/07/2016	
DIPRIVAN (20X50ML) 10 MG/ML	50	ML	VL	IV	ML	1	EA	1	04/28/2008	99/99/9999	
NOVAPLUS DIPRIVAN (20X50ML) 10 MG/ML	50	ML	VL	IV	ML	1	EA	1	03/05/2008	99/99/9999	
DIPRIVAN (10X100ML) 10 MG/ML	100	ML	VL	IV	ML	1	EA	1	03/06/2008	99/99/9999	
NOVAPLUS DIPRIVAN (10X100ML, INFUSION) 10 MG/ML	100	ML	VL	IV	ML	1	EA	1	02/01/2008	99/99/9999	
FLUPHENAZINE DECANOATE (M.D.V.) 25 MG/ML	5	ML	VL	IJ	ML	25	MG	1	01/01/2002	99/99/9999	
HEPARIN SODIUM (S.D.V.) 1000 U/ML	2	ML	VL	IJ	ML	1000	U	1	01/01/2002	99/99/9999	
VINBLASTINE SULFATE (M.D.V.) 1 MG/ML	10	ML	VL	IV	ML	1	MG	1	01/01/2002	99/99/9999	
FUROSEMIDE (S.D.V.,AMBER) 10 MG/ML	2	ML	VL	IJ	ML	20	MG	0.5	01/01/2002	99/99/9999	
FUROSEMIDE (S.D.V.,AMBER) 10 MG/ML	4	ML	VL	IJ	ML	20	MG	0.5	01/01/2002	99/99/9999	
FUROSEMIDE (S.D.V.,AMBER) 10 MG/ML	10	ML	VL	IJ	ML	20	MG	0.5	01/01/2002	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
63323-0282-02		J3490		05/11/2007	99/99/9999	UNCLASSIFIED DRUGS
63323-0282-04		J3490		05/11/2007	99/99/9999	UNCLASSIFIED DRUGS
63323-0282-06		J3490		05/11/2007	99/99/9999	UNCLASSIFIED DRUGS
63323-0282-60		J3490		05/11/2007	99/99/9999	UNCLASSIFIED DRUGS
63323-0284-20		J3370		01/01/2002	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG
63323-0295-61		J3370		01/01/2002	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG
63323-0303-51		J3260		01/01/2007	99/99/9999	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG
63323-0303-55		J3260		01/01/2007	99/99/9999	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG
63323-0305-02		J3260		04/05/2004	99/99/9999	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG
63323-0306-02		J3260		04/05/2004	99/99/9999	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG
63323-0306-30		J3260		04/05/2004	99/99/9999	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG
63323-0307-51		J3260		04/05/2004	99/99/9999	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG
63323-0308-61		J1450		07/08/2004	11/14/2012	INJECTION FLUCONAZOLE, 200 MG
63323-0308-63		J1450		07/08/2004	11/14/2012	INJECTION FLUCONAZOLE, 200 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
CLINDAMYCIN (SDV,USP,2MLX25) 150 MG/ML	2	ML	VL	IJ	ML	1	EA	1	05/11/2007	99/99/9999	
CLINDAMYCIN (SDV,USP,4MLX25) 150 MG/ML	4	ML	VL	IJ	ML	1	EA	1	05/11/2007	99/99/9999	
CLINDAMYCIN (SDV,USP,6MLX25) 150 MG/ML	6	ML	VL	IJ	ML	1	EA	1	05/11/2007	99/99/9999	
CLINDAMYCIN (USP) 150 MG/ML	60	ML	VL	IV	ML	1	EA	1	05/11/2007	99/99/9999	
VANCOMYCIN HCL (VIAL,PF) 1 GM	1	EA	VL	IV	EA	500	MG	2	01/01/2002	99/99/9999	
VANCOMYCIN HCL (BULK PACKAGE,PF) 5 GM	1	EA	VL	IV	GM	500	MG	2	01/01/2002	99/99/9999	
TOBRAMYCIN SULFATE (BULK VIAL,PF,LATEX-FREE) 1.2 GM	6	EA	VL	IV	EA	80	MG	15	01/01/2007	99/99/9999	
TOBRAMYCIN SULFATE NOVAPLUS (BULK PKG,50ML VIAL X 6) 1.2 GM	6	EA	VL	IV	EA	80	MG	15	01/01/2007	99/99/9999	
TOBRAMYCIN SULFATE (PEDIATRIC M.D.V.) 10 MG/ML	2	ML	VL	IJ	ML	80	MG	0.125	04/05/2004	99/99/9999	
TOBRAMYCIN SULFATE (M.D.V.,LATEX-FREE) 40 MG/ML	2	ML	VL	IJ	ML	80	MG	0.5	04/05/2004	99/99/9999	
TOBRAMYCIN SULFATE (M.D.V.,LATEX-FREE) 40 MG/ML	30	ML	VL	IJ	ML	80	MG	0.5	04/05/2004	99/99/9999	
TOBRAMYCIN SULFATE (PHARMACY BULK PACKAGE) 40 MG/ML	50	ML	VL	IJ	ML	80	MG	0.5	04/05/2004	99/99/9999	
FLUCONAZOLE (GLASS BOTTLE) 200 MG/100 ML	100	ML	VL	IV	ML	200	MG	0.01	07/08/2004	11/14/2012	
FLUCONAZOLE (GLASS BOTTLE) 400 MG/200 ML	200	ML	VL	IV	ML	200	MG	0.01	07/08/2004	11/14/2012	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
63323-0311-10		J0610		01/01/2002	99/99/9999	INJECTION, CALCIUM GLUCONATE, PER 10 ML
63323-0311-50		J0610		01/01/2002	99/99/9999	INJECTION, CALCIUM GLUCONATE, PER 10 ML
63323-0311-61		J0610		01/01/2002	99/99/9999	INJECTION, CALCIUM GLUCONATE, PER 10 ML
63323-0311-63		J0610		01/01/2002	02/15/2013	INJECTION, CALCIUM GLUCONATE, PER 10 ML
63323-0314-61		J3370		01/01/2002	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG
63323-0317-01		J1626		12/14/2007	99/99/9999	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG
63323-0325-10		J0133		01/01/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG
63323-0325-20		J0133		01/01/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG
63323-0326-20		J0692		03/17/2008	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG
63323-0329-30		J3490		04/23/2004	99/99/9999	UNCLASSIFIED DRUGS
47335-0892-74		None		07/11/2018	99/99/9999	TEMOZOLOMIDE, 100 MG, ORAL
47335-0893-74		None		07/11/2018	99/99/9999	TEMOZOLOMIDE, 250 MG, ORAL
47335-0929-72		None		07/11/2018	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL
47335-0929-74		None		07/11/2018	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
CALCIUM GLUCONATE (S.D.V.) 100 MG/ML	10	ML	VL	IV	ML	10	ML	0.1	01/01/2002	99/99/9999	
CALCIUM GLUCONATE (S.D.V.) 100 MG/ML	50	ML	VL	IV	ML	10	ML	0.1	01/01/2002	99/99/9999	
CALCIUM GLUCONATE (MAXIVIAL,BULK PACK,PF) 100 MG/ML	100	ML	VL	IV	ML	10	ML	0.1	01/01/2002	99/99/9999	
CALCIUM GLUCONATE (MAXIVIAL,BULK PACK) 100 MG/ML	200	ML	VL	IV	ML	10	ML	0.1	01/01/2002	02/15/2013	
VANCOMYCIN HCL (BULK PACKAGE,PF) 10 GM	1	EA	VL	IV	GM	500	MG	2	01/01/2002	99/99/9999	
GRANISETRON HYDROCHLORIDE (10X1ML,S.D.V,PF) 0.1 MG/ML	1	ML	VL	IV	ML	100	MCG	1	12/14/2007	99/99/9999	
ACYCLOVIR SODIUM (S.D.V.,PF) 50 MG/ML	10	ML	VL	IV	ML	5	MG	10	01/01/2006	99/99/9999	
ACYCLOVIR SODIUM (S.D.V.,PF) 50 MG/ML	20	ML	VL	IV	ML	5	MG	10	01/01/2006	99/99/9999	
CEFEPIME (USP,10X1GM) 1 GM	1	EA	VL	IJ	EA	500	MG	2	03/17/2008	99/99/9999	
BACITRACIN (LATEX-FREE) 50000 U	1	EA	VL	IM	EA	1	EA	1	04/23/2004	99/99/9999	
TEMOZOLOMIDE (1X5,HARD GELATIN) 100 MG	5	EA	ST	PO	EA	100	MG	1	07/11/2018	99/99/9999	
TEMOZOLOMIDE (1X5,HARD GELATIN) 250 MG	5	EA	ST	PO	EA	250	MG	1	07/11/2018	99/99/9999	
TEMOZOLOMIDE (3X5,HARD GELATIN) 140 MG	15	EA	ST	PO	EA	20	MG	7	07/11/2018	99/99/9999	
TEMOZOLOMIDE (1X5,HARD GELATIN) 140 MG	5	EA	ST	PO	EA	20	MG	7	07/11/2018	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
47335-0930-72		None		07/11/2018	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL
70710-1377-02		J0330		07/18/2018	99/99/9999	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG
63323-0344-10		J0696		02/16/2006	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
63323-0345-10		J0696		02/16/2006	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
63323-0346-10		J0696		02/16/2006	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
63323-0347-20		J0696		02/16/2006	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
63323-0348-61		J0696		02/16/2006	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
70860-0112-15		J0290		08/01/2018	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG
63323-0359-03		J1840		01/03/2003	01/31/2013	INJECTION, KANAMYCIN SULFATE, UP TO 500 MG
63323-0365-01		J2354		04/13/2006	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG
63323-0366-01		J1240		07/01/2004	99/99/9999	INJECTION, DIMENHYDRINATE, UP TO 50 MG
63323-0368-20		J0295		11/30/2005	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM
63323-0369-20		J0295		11/30/2005	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM
63323-0370-62		J0295		11/08/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM
63323-0373-02		J2405		12/27/2006	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG
63323-0374-20		J2405		12/27/2006	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG
63323-0376-01		J2354		04/13/2006	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
TEMOZOLOMIDE (3X5,HARD GELATIN) 180 MG	15	EA	ST	PO	EA	20	MG	9	07/11/2018	99/99/9999	
SUCCINYLCHOLINE CHLORIDE (MDV,STERILE) 20 MG/1 ML	10	ML	VL	IJ	ML	20	MG	1	07/18/2018	99/99/9999	
CEFTRIAXONE (S.D.V.) 250 MG	1	EA	VL	IJ	EA	250	MG	1	02/16/2006	99/99/9999	
CEFTRIAXONE (S.D.V.) 500 MG	1	EA	VL	IJ	EA	250	MG	2	02/16/2006	99/99/9999	
CEFTRIAXONE (S.D.V.) 1 GM	1	EA	VL	IJ	EA	250	MG	4	02/16/2006	99/99/9999	
CEFTRIAXONE (S.D.V.) 2 GM	1	EA	VL	IJ	EA	250	MG	8	02/16/2006	99/99/9999	
CEFTRIAXONE (BULK PACKAGE,1X100ML) 10 GM	1	EA	VL	IV	EA	250	MG	40	02/16/2006	99/99/9999	
AMPICILLIN (USP,PF,LATEX-FREE) 250 MG	10	EA	VL	IJ	EA	500	MG	0.5	08/01/2018	99/99/9999	
KANAMYCIN SULFATE 1 GM/3 ML	3	ML	VL	IJ	ML	500	MG	0.666	01/03/2003	01/31/2013	
OCTREOTIDE ACETATE (SDV,1MLX10,PF) 50 MCG/ML	1	ML	VL	IJ	ML	25	MCG	2	04/13/2006	99/99/9999	
DIMENHYDRINATE (VIAL) 50 MG/ML	1	ML	VL	IJ	ML	50	MG	1	07/01/2004	99/99/9999	
AMPICILLIN/SULBACTAM 1 GM-0.5 GM	1	EA	VL	IJ	EA	1.5	GM	1	11/30/2005	99/99/9999	
AMPICILLIN/SULBACTAM 2 GM-1 GM	1	EA	VL	IJ	EA	1.5	GM	2	11/30/2005	99/99/9999	
AMPICILLIN AND SULBACTAM (USP,PHARMACY BULK PKG) 10 GM-5 GM	1	EA	VL	IV	EA	1.5	GM	10	11/08/2006	99/99/9999	
ONDANSETRON (SDV,25X2ML,PF) 2 MG/ML	2	ML	VL	IJ	ML	1	MG	2	12/27/2006	99/99/9999	
ONDANSETRON (MDV) 2 MG/ML	20	ML	VL	IJ	ML	1	MG	2	12/27/2006	99/99/9999	
OCTREOTIDE ACETATE (SDV,1MLX10,PF) 100 MCG/ML	1	ML	VL	IJ	ML	25	MCG	4	04/13/2006	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
63323-0377-01		J2354		04/13/2006	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG
63323-0378-05		J2354		05/12/2006	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG
63323-0379-05		J2354		05/12/2006	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG
63323-0382-10		J2710		01/01/2002	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG
63323-0383-10		J2710		01/01/2002	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG
63323-0385-10		J3490		08/13/2007	99/99/9999	UNCLASSIFIED DRUGS
63323-0386-20		J3490		08/13/2007	99/99/9999	UNCLASSIFIED DRUGS
63323-0387-10		J0290		01/01/2002	01/04/2017	INJECTION, AMPICILLIN SODIUM, 500 MG
63323-0388-10		J0290		01/01/2002	11/30/2017	INJECTION, AMPICILLIN SODIUM, 500 MG
63323-0389-10		J0290		01/01/2002	06/22/2017	INJECTION, AMPICILLIN SODIUM, 500 MG
63323-0393-06		J0770		03/10/2008	99/99/9999	INJECTION, COLISTIMETHATE SODIUM, UP TO 150 MG
63323-0398-10		J0456		02/27/2006	99/99/9999	INJECTION, AZITHROMYCIN, 500 MG
63323-0398-12		J0456		02/27/2006	99/99/9999	INJECTION, AZITHROMYCIN, 500 MG
63323-0399-23		J0290		01/01/2002	01/04/2017	INJECTION, AMPICILLIN SODIUM, 500 MG
63323-0407-03		J0706		08/03/2007	99/99/9999	INJECTION, CAFFEINE CITRATE, 5MG
63323-0411-10		J2250		01/01/2002	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG
63323-0411-12		J2250		01/01/2002	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
OCTREOTIDE ACETATE (SDV,1MLX10,PF) 500 MCG/ML	1	ML	VL	IJ	ML	25	MCG	20	04/13/2006	99/99/9999	
OCTREOTIDE ACETATE (MDV) 200 MCG/ML	5	ML	VL	IJ	ML	25	MCG	8	05/12/2006	99/99/9999	
OCTREOTIDE ACETATE (MDV) 1000 MCG/ML	5	ML	VL	IJ	ML	25	MCG	40	05/12/2006	99/99/9999	
NEOSTIGMINE METHYLSULFATE (M.D.V.,AMBER) 0.5 MG/ML	10	ML	VL	IJ	ML	0.5	MG	1	01/01/2002	99/99/9999	
NEOSTIGMINE METHYLSULFATE (M.D.V.,AMBER) 1 MG/ML	10	ML	VL	IJ	ML	0.5	MG	2	01/01/2002	99/99/9999	
CEFOTETAN 1 GM	1	EA	VL	IJ	EA	1	EA	1	08/13/2007	99/99/9999	
CEFOTETAN 2 GM	1	EA	VL	IJ	EA	1	EA	1	08/13/2007	99/99/9999	
AMPICILLIN SODIUM (VIAL) 250 MG	1	EA	VL	IJ	EA	500	MG	0.5	01/01/2002	01/04/2017	
AMPICILLIN SODIUM (VIAL) 500 MG	1	EA	VL	IJ	EA	500	MG	1	01/01/2002	11/30/2017	
AMPICILLIN SODIUM (VIAL) 1 GM	1	EA	VL	IJ	EA	500	MG	2	01/01/2002	06/22/2017	
COLISTIMETHATE (USP,LYOPHILIZED CAKE) 150 MG	1	EA	VL	IJ	EA	150	MG	1	03/10/2008	99/99/9999	
AZITHROMYCIN (10X10ML,LATEX-FREE) 500 MG	1	EA	VL	IV	EA	500	MG	1	02/27/2006	99/99/9999	
NOVAPLUS AZITHROMYCIN (10X10ML) 500 MG	1	EA	VL	IV	EA	500	MG	1	02/27/2006	99/99/9999	
AMPICILLIN SODIUM (VIAL) 2 GM	1	EA	VL	IJ	EA	500	MG	4	01/01/2002	01/04/2017	
CAFFEINE CITRATE (USP,SDV,PF) 20 MG/ML	3	ML	VL	IV	ML	5	MG	4	08/03/2007	99/99/9999	
MIDAZOLAM HCL (M.D.V.) 1 MG/ML	10	ML	VL	IJ	ML	1	MG	1	01/01/2002	99/99/9999	
MIDAZOLAM HCL (M.D.V.) 1 MG/ML	2	ML	VL	IJ	ML	1	MG	1	01/01/2002	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
63323-0411-25		J2250		12/08/2003	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG
63323-0412-02		J2250		01/01/2002	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG
63323-0412-05		J2250		01/01/2002	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG
63323-0412-10		J2250		01/01/2002	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG
63323-0412-25		J2250		01/07/2004	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG
63323-0469-01		J1631		01/01/2002	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG
63323-0469-05		J1631		01/01/2002	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG
47335-0930-74		None		07/11/2018	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL
63323-0469-51		J1631		01/01/2002	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG
63323-0471-01		J1631		01/01/2002	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG
63323-0471-05		J1631		01/01/2002	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG
63323-0471-51		J1631		01/01/2002	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG
63323-0471-55		J1631		01/01/2002	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG
63323-0474-01		J1630		01/01/2002	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG
63323-0474-10		J1630		01/01/2002	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG
63323-0506-01		J1100		05/30/2003	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
MIDAZOLAM HCL (M.D.V.) 1 MG/ML	5	ML	VL	IJ	ML	1	MG	1	12/08/2003	99/99/9999	
MIDAZOLAM HCL (M.D.V.) 5 MG/ML	2	ML	VL	IJ	ML	1	MG	5	01/01/2002	99/99/9999	
MIDAZOLAM HCL (M.D.V.) 5 MG/ML	5	ML	VL	IJ	ML	1	MG	5	01/01/2002	99/99/9999	
MIDAZOLAM HCL (M.D.V.) 5 MG/ML	10	ML	VL	IJ	ML	1	MG	5	01/01/2002	99/99/9999	
MIDAZOLAM HCL (M.D.V.) 5 MG/ML	1	ML	VL	IJ	ML	1	MG	5	01/07/2004	99/99/9999	
HALOPERIDOL DECANOATE (VIAL) 50 MG/ML	1	ML	VL	IM	ML	50	MG	1	01/01/2002	99/99/9999	
HALOPERIDOL DECANOATE (M.D.V.) 50 MG/ML	5	ML	VL	IM	ML	50	MG	1	01/01/2002	99/99/9999	
TEMOZOLOMIDE (1X5,HARD GELATIN) 180 MG	5	EA	ST	PO	EA	20	MG	9	07/11/2018	99/99/9999	
HALOPERIDOL AMERINET CHOICE (VIAL,FLIP-TOP) 50 MG/ML	1	ML	VL	IM	ML	50	MG	1	01/01/2002	99/99/9999	
HALOPERIDOL DECANOATE (VIAL) 100 MG/ML	1	ML	VL	IM	ML	50	MG	2	01/01/2002	99/99/9999	
HALOPERIDOL DECANOATE (M.D.V.) 100 MG/ML	5	ML	VL	IM	ML	50	MG	2	01/01/2002	99/99/9999	
HALOPERIDOL AMERINET CHOICE (VIAL,FLIP-TOP) 100 MG/ML	1	ML	VL	IM	ML	50	MG	2	01/01/2002	99/99/9999	
HALOPERIDOL AMERINET CHOICE (M.D.V.,FLIP-TOP) 100 MG/ML	5	ML	VL	IM	ML	50	MG	2	01/01/2002	99/99/9999	
HALOPERIDOL LACTATE (VIAL) 5 MG/ML	1	ML	VL	IM	ML	5	MG	1	01/01/2002	99/99/9999	
HALOPERIDOL LACTATE (M.D.V.) 5 MG/ML	10	ML	VL	IM	ML	5	MG	1	01/01/2002	99/99/9999	
DEXAMETHASONE SODIUM PHOSPHATE (LATEX-FREE) 10 MG/ML	1	ML	VL	IJ	ML	1	MG	10	05/30/2003	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
63323-0513-02		J1580		01/01/2002	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG
63323-0516-10		J1100		08/23/2005	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG
63323-0540-01		J1644		01/01/2002	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS
63323-0540-11		J1644		01/01/2002	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS
63323-0540-31		J1644		01/01/2002	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS
63323-0542-01		J1644		01/01/2002	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS
63323-0542-07		J1644		01/01/2002	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS
63323-0544-01		J1642		01/01/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS
63323-0544-11		J1642		01/01/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS
63323-0545-01		J1642		01/01/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS
63323-0545-05		J1642		01/01/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS
63323-0604-01		J1800		01/01/2002	99/99/9999	INJECTION, PROPRANOLOL HCL, UP TO 1 MG
63323-0614-01		J0360		01/01/2002	99/99/9999	INJECTION, HYDRALAZINE HCL, UP TO 20 MG
63323-0614-55		J0360		03/26/2007	99/99/9999	INJECTION, HYDRALAZINE HCL, UP TO 20 MG
63323-0616-03		J0282		08/02/2002	99/99/9999	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG
63323-0616-09		J0282		12/16/2003	99/99/9999	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
GENTAMICIN SULFATE PEDIATRIC (PEDIATRIC M.D.V.,PF) 10 MG/ML	2	ML	VL	IJ	ML	80	MG	0.125	01/01/2002	99/99/9999	
DEXAMETHASONE SODIUM PHOSPHATE 10 MG/ML	10	ML	VL	IJ	ML	1	MG	10	08/23/2005	99/99/9999	
HEPARIN SODIUM (M.D.V.,P.C.) 1000 U/ML	1	ML	VL	IJ	ML	1000	U	1	01/01/2002	99/99/9999	
HEPARIN SODIUM (M.D.V.) 1000 U/ML	10	ML	VL	IJ	ML	1000	U	1	01/01/2002	99/99/9999	
HEPARIN SODIUM (M.D.V.) 1000 U/ML	30	ML	VL	IJ	ML	1000	U	1	01/01/2002	99/99/9999	
HEPARIN SODIUM (M.D.V.,P.C.) 10000 U/ML	1	ML	VL	IJ	ML	1000	U	10	01/01/2002	99/99/9999	
HEPARIN SODIUM (M.D.V.) 10000 U/ML	5	ML	VL	IJ	ML	1000	U	10	01/01/2002	99/99/9999	
HEPARIN LOCK FLUSH (M.D.V.,P.C.) 10 U/ML	1	ML	VL	IV	ML	10	U	1	01/01/2002	99/99/9999	
HEPARIN LOCK FLUSH (M.D.V.) 10 U/ML	10	ML	VL	IV	ML	10	U	1	01/01/2002	99/99/9999	
HEPARIN LOCK FLUSH (M.D.V.,P.C.) 100 U/ML	1	ML	VL	IV	ML	10	U	10	01/01/2002	99/99/9999	
HEPARIN LOCK FLUSH (M.D.V.) 100 U/ML	5	ML	VL	IV	ML	10	U	10	01/01/2002	99/99/9999	
PROPRANOLOL HCL (S.D.V.) 1 MG/ML	1	ML	VL	IV	ML	1	MG	1	01/01/2002	99/99/9999	
HYDRALAZINE HCL (S.D.V.) 20 MG/ML	1	ML	VL	IJ	ML	20	MG	1	01/01/2002	99/99/9999	
NOVAPLUS HYDRALAZINE HYDROCHLORIDE (USP,SDV,LATEX-FREE) 20 MG/ML	1	ML	VL	IJ	ML	20	MG	1	03/26/2007	99/99/9999	
AMIODARONE HCL (S.D.V.) 50 MG/ML	3	ML	VL	IV	ML	30	MG	1.66666	08/02/2002	99/99/9999	
AMIODARONE HCL (S.D.V.) 50 MG/ML	9	ML	VL	IV	ML	30	MG	1.66666	12/16/2003	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
63323-0617-10		J2260		05/14/2002	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG
63323-0617-20		J2260		05/14/2002	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG
63323-0617-50		J2260		05/14/2002	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG
63323-0651-02		J0150		06/27/2005	12/31/2014	INJECTION, ADENOSINE FOR THERAPEUTIC USE, 6 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS, INSTEAD USE A9270)
63323-0651-04		J0150		06/27/2005	12/31/2014	INJECTION, ADENOSINE FOR THERAPEUTIC USE, 6 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS, INSTEAD USE A9270)
63323-0664-01		J1200		06/12/2002	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG
63323-0665-01		J3105		06/21/2004	99/99/9999	INJECTION, TERBUTALINE SULFATE, UP TO 1 MG
63323-0731-01		J0636		03/17/2003	99/99/9999	INJECTION, CALCITRIOL, 0.1 MCG
63323-0733-10		J9209		01/01/2002	99/99/9999	INJECTION, MESNA, 200 MG
63323-0733-11		J9209		01/01/2002	99/99/9999	INJECTION, MESNA, 200 MG
63323-0734-10		J2430		04/25/2002	99/99/9999	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG
63323-0734-35		J2430		07/20/2004	02/03/2016	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG
63323-0735-10		J2430		04/25/2002	99/99/9999	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG
63323-0735-35		J2430		09/11/2003	02/03/2016	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG
63323-0738-04		J3490		01/01/2002	11/12/2012	UNCLASSIFIED DRUGS
63323-0738-20		J3490		01/01/2002	99/99/9999	UNCLASSIFIED DRUGS
63323-0739-12		J3490		05/14/2002	99/99/9999	UNCLASSIFIED DRUGS
63323-0877-15		J2545		01/01/2007	99/99/9999	PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
MILRINONE LACTATE (S.D.V.) 1 MG/ML	10	ML	VL	IV	ML	5	MG	0.2	05/14/2002	99/99/9999	
MILRINONE LACTATE (S.D.V.) 1 MG/ML	20	ML	VL	IV	ML	5	MG	0.2	05/14/2002	99/99/9999	
MILRINONE LACTATE (S.D.V.) 1 MG/ML	50	ML	VL	IV	ML	5	MG	0.2	05/14/2002	99/99/9999	
ADENOSINE (PF) 3 MG/ML	2	ML	VL	IV	ML	6	MG	0.5	06/27/2005	12/31/2014	
ADENOSINE (PF) 3 MG/ML	4	ML	VL	IV	ML	6	MG	0.5	06/27/2005	12/31/2014	
DIPHENHYDRAMINE HCL 50 MG/ML	1	ML	VL	IJ	ML	50	MG	1	06/12/2002	99/99/9999	
TERBUTALINE SULFATE 1 MG/ML	1	ML	VL	SC	ML	1	MG	1	06/21/2004	99/99/9999	
CALCITRIOL 1 MCG/ML	1	ML	AM	IV	ML	0.1	MCG	10	03/17/2003	99/99/9999	
MESNA (M.D.V.) 100 MG/ML	10	ML	VL	IV	ML	200	MG	0.5	01/01/2002	99/99/9999	
MESNA (M.D.V.) 100 MG/ML	10	ML	VL	IV	ML	200	MG	0.5	01/01/2002	99/99/9999	
PAMIDRONATE DISODIUM (S.D.V.) 3 MG/ML	10	ML	VL	IV	ML	30	MG	0.1	04/25/2002	99/99/9999	
PAMIDRONATE DISODIUM OTN (S.D.V.,LATEX-FREE) 3 MG/ML	10	ML	VL	IV	ML	30	MG	0.1	07/20/2004	02/03/2016	
PAMIDRONATE DISODIUM (S.D.V.) 9 MG/ML	10	ML	VL	IV	ML	30	MG	0.3	04/25/2002	99/99/9999	
PAMIDRONATE DISODIUM OTN (S.D.V.) 9 MG/ML	10	ML	VL	IV	ML	30	MG	0.3	09/11/2003	02/03/2016	
FAMOTIDINE (M.D.V.) 10 MG/ML	4	ML	VL	IV	ML	1	EA	1	01/01/2002	11/12/2012	
FAMOTIDINE (M.D.V.) 10 MG/ML	20	ML	VL	IV	ML	1	EA	1	01/01/2002	99/99/9999	
FAMOTIDINE (S.D.V.) 10 MG/ML	2	ML	VL	IV	ML	1	EA	1	05/14/2002	99/99/9999	
NEBUPENT (S.D.V.,PF) 300 MG	1	EA	VL	IH	EA	300	MG	1	01/01/2007	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
63323-0883-05		J9000		08/06/2007	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG
63323-0883-10		J9000		08/06/2007	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG
63323-0883-30		J9000		08/06/2007	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG
63323-0915-01		J1644		01/01/2002	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS
63323-0924-10		A4216		01/01/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
63323-0924-30		A4216		01/01/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
63323-0965-05		J3480		01/01/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ
63323-0965-10		J3480		01/01/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ
63323-0965-20		J3480		01/01/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ
63323-0967-30		J3480		01/01/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ
63370-0005-25		J7604		01/01/2008	05/31/2013	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM
63370-0005-25	KO	J7604	KO	01/01/2008	05/31/2013	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
DOXORUBICIN HYDROCHLORIDE (USP,STERILE,SDV,PF) 2 MG/ML	5	ML	VL	IV	ML	10	MG	0.2	08/06/2007	99/99/9999	
DOXORUBICIN HYDROCHLORIDE (USP,STERILE,SDV,PF) 2 MG/ML	10	ML	VL	IV	ML	10	MG	0.2	08/06/2007	99/99/9999	
DOXORUBICIN HYDROCHLORIDE (USP,STERILE,SDV,PF) 2 MG/ML	25	ML	VL	IV	ML	10	MG	0.2	08/06/2007	99/99/9999	
HEPARIN SODIUM (M.D.V.,P.C.) 20000 U/ML	1	ML	VL	IJ	ML	1000	U	20	01/01/2002	99/99/9999	
SODIUM CHLORIDE (M.D.V.,P.C.) 0.9%	10	ML	VL	IV	ML	10	ML	0.1	01/01/2004	99/99/9999	
SODIUM CHLORIDE (M.D.V.,P.C.) 0.9%	30	ML	VL	IV	ML	10	ML	0.1	01/01/2004	99/99/9999	
POTASSIUM CHLORIDE CONCENTRATE (S.D.V.,P.C.) 2 MEQ/ML	5	ML	VL	IV	ML	2	MEQ	1	01/01/2002	99/99/9999	
POTASSIUM CHLORIDE CONCENTRATE (S.D.V.,P.C.) 2 MEQ/ML	10	ML	VL	IV	ML	2	MEQ	1	01/01/2002	99/99/9999	
POTASSIUM CHLORIDE CONCENTRATE (S.D.V.,P.C.) 2 MEQ/ML	20	ML	VL	IV	ML	2	MEQ	1	01/01/2002	99/99/9999	
POTASSIUM CHLORIDE CONCENTRATE (M.D.V.,P.C.) 2 MEQ/ML	30	ML	VL	IV	ML	2	MEQ	1	01/01/2002	99/99/9999	
ACETYLCYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1	GM	1	01/01/2008	05/31/2013	
ACETYLCYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1	GM	1	01/01/2008	05/31/2013	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
63370-0005-35		J7604		01/01/2008	05/31/2013	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM
63370-0005-35	KO	J7604	KO	01/01/2008	05/31/2013	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM
63370-0005-45		J7604		01/01/2008	05/31/2013	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM
63370-0005-45	KO	J7604	KO	01/01/2008	05/31/2013	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM
63370-0005-50		J7604		01/01/2008	05/31/2013	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM
63370-0005-50	KO	J7604	KO	01/01/2008	05/31/2013	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM
63370-0005-55		J7604		01/01/2008	05/31/2013	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM
63370-0005-55	KO	J7604	KO	01/01/2008	05/31/2013	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM
63370-0005-62		J7604		01/01/2008	05/31/2013	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM
63370-0005-62	KO	J7604	KO	01/01/2008	05/31/2013	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM
63370-0007-25		J0133		01/01/2006	05/31/2013	INJECTION, ACYCLOVIR, 5 MG
63370-0007-35		J0133		01/01/2006	05/31/2013	INJECTION, ACYCLOVIR, 5 MG
63370-0007-50		J0133		01/01/2006	05/31/2013	INJECTION, ACYCLOVIR, 5 MG
63370-0010-25		J7609		01/01/2007	05/31/2013	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
63370-0010-35		J7609		01/01/2007	05/31/2013	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
ACETYLCYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1	GM	1	01/01/2008	05/31/2013	
ACETYLCYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1	GM	1	01/01/2008	05/31/2013	
ACETYLCYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1	GM	1	01/01/2008	05/31/2013	
ACETYLCYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1	GM	1	01/01/2008	05/31/2013	
ACETYLCYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1	GM	1	01/01/2008	05/31/2013	
ACETYLCYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1	GM	1	01/01/2008	05/31/2013	
ACETYLCYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1	GM	1	01/01/2008	05/31/2013	
ACETYLCYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1	GM	1	01/01/2008	05/31/2013	
ACETYLCYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1	GM	1	01/01/2008	05/31/2013	
ACETYLCYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1	GM	1	01/01/2008	05/31/2013	
ACYCLOVIR (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2006	05/31/2013	
ACYCLOVIR (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2006	05/31/2013	
ACYCLOVIR (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	01/01/2006	05/31/2013	
ALBUTEROL SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	05/31/2013	
ALBUTEROL SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	05/31/2013	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
63370-0010-35	KO	J7609	KO	01/01/2007	05/31/2013	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
63370-0010-45		J7609		01/01/2007	05/31/2013	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
63370-0010-45	KO	J7609	KO	01/01/2007	05/31/2013	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
63370-0010-50		J7609		01/01/2007	05/31/2013	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
63370-0010-50	KO	J7609	KO	01/01/2007	05/31/2013	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
63370-0016-15		J0278		01/01/2006	05/31/2013	INJECTION, AMIKACIN SULFATE, 100 MG
63370-0016-25		J0278		01/01/2006	05/31/2013	INJECTION, AMIKACIN SULFATE, 100 MG
63370-0016-35		J0278		01/01/2006	05/31/2013	INJECTION, AMIKACIN SULFATE, 100 MG
63370-0016-50		J0278		01/01/2006	05/31/2013	INJECTION, AMIKACIN SULFATE, 100 MG
63370-0018-15		J1320		07/08/2003	05/31/2013	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG
63370-0018-25		J1320		07/08/2003	05/31/2013	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG
63370-0018-35		J1320		07/08/2003	05/31/2013	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG
63370-0020-10		J0285		07/08/2003	05/31/2013	INJECTION, AMPHOTERICIN B, 50 MG
63370-0020-15		J0285		09/04/2002	05/31/2013	INJECTION, AMPHOTERICIN B, 50 MG
63370-0020-25		J0285		09/04/2002	05/31/2013	INJECTION, AMPHOTERICIN B, 50 MG
63370-0020-35		J0285		09/04/2002	05/31/2013	INJECTION, AMPHOTERICIN B, 50 MG
63370-0020-50		J0285		09/04/2002	05/31/2013	INJECTION, AMPHOTERICIN B, 50 MG
63370-0022-06		J0364		01/01/2007	05/31/2013	INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG
63370-0022-09		J0364		01/01/2007	05/31/2013	INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG
63370-0022-15		J0364		01/01/2007	05/31/2013	INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
ALBUTEROL SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	05/31/2013	
ALBUTEROL SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	05/31/2013	
ALBUTEROL SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	05/31/2013	
ALBUTEROL SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	05/31/2013	
ALBUTEROL SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	05/31/2013	
AMIKACIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	01/01/2006	05/31/2013	
AMIKACIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	01/01/2006	05/31/2013	
AMIKACIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	01/01/2006	05/31/2013	
AMIKACIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	01/01/2006	05/31/2013	
AMITRIPTYLINE HCL (U.S.P.)	1	EA	BO	NA	GM	20	MG	50	07/08/2003	05/31/2013	
AMITRIPTYLINE HCL (U.S.P.)	1	EA	BO	NA	GM	20	MG	50	07/08/2003	05/31/2013	
AMITRIPTYLINE HCL (U.S.P.)	1	EA	BO	NA	GM	20	MG	50	07/08/2003	05/31/2013	
AMPHOTERICIN B (U.S.P.,ORAL)	1	EA	BO	NA	GM	50	MG	20	07/08/2003	05/31/2013	
AMPHOTERICIN B (U.S.P.,ORAL)	1	EA	JR	NA	GM	50	MG	20	09/04/2002	05/31/2013	
AMPHOTERICIN B (U.S.P.,ORAL)	1	EA	BO	NA	GM	50	MG	20	09/04/2002	05/31/2013	
AMPHOTERICIN B (U.S.P.,ORAL)	1	EA	BO	NA	GM	50	MG	20	09/04/2002	05/31/2013	
AMPHOTERICIN B (U.S.P.,ORAL)	1	EA	BO	NA	GM	50	MG	20	09/04/2002	05/31/2013	
APOMORPHINE HCL (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	05/31/2013	
APOMORPHINE HCL (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	05/31/2013	
APOMORPHINE HCL (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	05/31/2013	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
63370-0025-10		J7501		07/08/2003	05/31/2013	AZATHIOPRINE, PARENTERAL, 100 MG
63370-0025-15		J7501		07/08/2003	05/31/2013	AZATHIOPRINE, PARENTERAL, 100 MG
63370-0025-25		J7501		07/08/2003	05/31/2013	AZATHIOPRINE, PARENTERAL, 100 MG
63370-0025-35		J7501		07/08/2003	05/31/2013	AZATHIOPRINE, PARENTERAL, 100 MG
63370-0026-15		J0475		07/08/2003	05/31/2013	INJECTION, BACLOFEN, 10 MG
63370-0026-25		J0475		07/08/2003	05/31/2013	INJECTION, BACLOFEN, 10 MG
63370-0026-35		J0475		07/08/2003	05/31/2013	INJECTION, BACLOFEN, 10 MG
63370-0026-45		J0475		07/08/2003	05/31/2013	INJECTION, BACLOFEN, 10 MG
63370-0028-06		J7624		07/08/2003	05/31/2013	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
63370-0028-06	KO	J7624	KO	07/08/2003	05/31/2013	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
63370-0028-10		J7624		07/08/2003	05/31/2013	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
63370-0028-10	KO	J7624	KO	07/08/2003	05/31/2013	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
63370-0028-15		J7624		07/08/2003	05/31/2013	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
63370-0028-15	KO	J7624	KO	07/08/2003	05/31/2013	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
63370-0028-25		J7624		07/08/2003	05/31/2013	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
63370-0028-25	KO	J7624	KO	07/08/2003	05/31/2013	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
63370-0028-35		J7624		07/08/2003	05/31/2013	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
AZATHIOPRINE (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	07/08/2003	05/31/2013	
AZATHIOPRINE (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	07/08/2003	05/31/2013	
AZATHIOPRINE (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	07/08/2003	05/31/2013	
AZATHIOPRINE (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	07/08/2003	05/31/2013	
BACLOFEN (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	07/08/2003	05/31/2013	
BACLOFEN (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	07/08/2003	05/31/2013	
BACLOFEN (U.S.P.)	1	EA	JR	NA	GM	10	MG	100	07/08/2003	05/31/2013	
BACLOFEN (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	07/08/2003	05/31/2013	
BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	07/08/2003	05/31/2013	
BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	07/08/2003	05/31/2013	
BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	07/08/2003	05/31/2013	
BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	07/08/2003	05/31/2013	
BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	07/08/2003	05/31/2013	
BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	07/08/2003	05/31/2013	
BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	07/08/2003	05/31/2013	
BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	07/08/2003	05/31/2013	
BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	07/08/2003	05/31/2013	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
63370-0028-35	KO	J7624	KO	07/08/2003	05/31/2013	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
63370-0031-25		J3490		07/08/2003	05/31/2013	UNCLASSIFIED DRUGS
63370-0031-35		J3490		07/08/2003	05/31/2013	UNCLASSIFIED DRUGS
63370-0031-45		J3490		07/08/2003	05/31/2013	UNCLASSIFIED DRUGS
63370-0032-10		J3490		07/08/2003	05/31/2013	UNCLASSIFIED DRUGS
63370-0032-15		J3490		07/08/2003	05/31/2013	UNCLASSIFIED DRUGS
63370-0032-25		J3490		07/08/2003	05/31/2013	UNCLASSIFIED DRUGS
63370-0032-35		J3490		07/08/2003	05/31/2013	UNCLASSIFIED DRUGS
63370-0034-35		J3490		07/12/2004	05/31/2013	UNCLASSIFIED DRUGS
63370-0034-45		J3490		07/12/2004	05/31/2013	UNCLASSIFIED DRUGS
63370-0034-50		J3490		07/12/2004	05/31/2013	UNCLASSIFIED DRUGS
63370-0035-09		J7627		01/01/2006	05/31/2013	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG
63370-0035-09	KO	J7627	KO	01/01/2006	05/31/2013	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG
63370-0035-10		J7627		01/01/2006	05/31/2013	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG
63370-0035-10	KO	J7627	KO	01/01/2006	05/31/2013	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG
63370-0035-15		J7627		01/01/2006	05/31/2013	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	07/08/2003	05/31/2013	
BENZOCAINE (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	07/08/2003	05/31/2013	
BENZOCAINE (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	07/08/2003	05/31/2013	
BENZOCAINE (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	07/08/2003	05/31/2013	
BETAMETHASONE ACETATE MICRONIZED (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	07/08/2003	05/31/2013	
BETAMETHASONE ACETATE MICRONIZED (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	07/08/2003	05/31/2013	
BETAMETHASONE ACETATE MICRONIZED (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	07/08/2003	05/31/2013	
BETAMETHASONE ACETATE MICRONIZED (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	07/08/2003	05/31/2013	
CIPROFLOXACIN HCL (USP)	1	EA	BO	NA	GM	1	EA	1	07/12/2004	05/31/2013	
CIPROFLOXACIN HCL (USP)	1	EA	BO	NA	GM	1	EA	1	07/12/2004	05/31/2013	
CIPROFLOXACIN HCL (USP)	1	EA	BO	NA	GM	1	EA	1	07/12/2004	05/31/2013	
BUDESONIDE MICRONIZED	1	EA	BO	NA	GM	0.5	MG	2000	01/01/2006	05/31/2013	
BUDESONIDE MICRONIZED	1	EA	BO	NA	GM	0.5	MG	2000	01/01/2006	05/31/2013	
BUDESONIDE MICRONIZED	1	EA	JR	NA	GM	0.5	MG	2000	01/01/2006	05/31/2013	
BUDESONIDE MICRONIZED	1	EA	JR	NA	GM	0.5	MG	2000	01/01/2006	05/31/2013	
BUDESONIDE MICRONIZED	1	EA	BO	NA	GM	0.5	MG	2000	01/01/2006	05/31/2013	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
63370-0035-15	KO	J7627	KO	01/01/2006	05/31/2013	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG
63370-0035-25		J7627		01/01/2006	05/31/2013	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG
63370-0035-25	KO	J7627	KO	01/01/2006	05/31/2013	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG
63370-0050-15		J7632		01/01/2008	05/31/2013	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS
63370-0050-15	KO	J7632	KO	01/01/2008	05/31/2013	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS
63370-0050-25		J7632		01/01/2008	05/31/2013	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS
63370-0050-25	KO	J7632	KO	01/01/2008	05/31/2013	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS
63370-0050-35		J7632		01/01/2008	05/31/2013	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS
63370-0050-35	KO	J7632	KO	01/01/2008	05/31/2013	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS
63370-0050-45		J7632		01/01/2008	05/31/2013	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS
63370-0050-45	KO	J7632	KO	01/01/2008	05/31/2013	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS
63370-0050-50		J7632		01/01/2008	05/31/2013	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS
63370-0050-50	KO	J7632	KO	01/01/2008	05/31/2013	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS
63370-0052-10		J0735		07/08/2003	05/31/2013	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
BUDESONIDE MICRONIZED	1	EA	BO	NA	GM	0.5	MG	2000	01/01/2006	05/31/2013	
BUDESONIDE MICRONIZED	1	EA	BO	NA	GM	0.5	MG	2000	01/01/2006	05/31/2013	
BUDESONIDE MICRONIZED	1	EA	BO	NA	GM	0.5	MG	2000	01/01/2006	05/31/2013	
CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2008	05/31/2013	
CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2008	05/31/2013	
CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2008	05/31/2013	
CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2008	05/31/2013	
CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2008	05/31/2013	
CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2008	05/31/2013	
CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2008	05/31/2013	
CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2008	05/31/2013	
CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2008	05/31/2013	
CROMOLYN SODIUM (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2008	05/31/2013	
CLONIDINE HCL (USP)	1	EA	BO	NA	GM	1	MG	1000	07/08/2003	05/31/2013	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
63370-0052-15		J0735		07/08/2003	05/31/2013	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG
63370-0052-25		J0735		07/08/2003	05/31/2013	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG
63370-0057-10		J7516		07/08/2003	05/31/2013	CYCLOSPORIN, PARENTERAL, 250 MG
63370-0057-15		J7516		07/08/2003	05/31/2013	CYCLOSPORIN, PARENTERAL, 250 MG
63370-0057-25		J7516		07/08/2003	05/31/2013	CYCLOSPORIN, PARENTERAL, 250 MG
63370-0057-35		J7516		07/08/2003	05/31/2013	CYCLOSPORIN, PARENTERAL, 250 MG
63370-0057-45		J7516		12/19/2003	05/31/2013	CYCLOSPORIN, PARENTERAL, 250 MG
63370-0060-15		J1094		07/08/2003	05/31/2013	INJECTION, DEXAMETHASONE ACETATE, 1 MG
63370-0060-20		J1094		01/01/2003	05/31/2013	INJECTION, DEXAMETHASONE ACETATE, 1 MG
63370-0060-25		J1094		07/08/2003	05/31/2013	INJECTION, DEXAMETHASONE ACETATE, 1 MG
63370-0060-35		J1094		07/08/2003	05/31/2013	INJECTION, DEXAMETHASONE ACETATE, 1 MG
63370-0060-50		J1094		07/08/2003	05/31/2013	INJECTION, DEXAMETHASONE ACETATE, 1 MG
63370-0069-09		J7640		10/24/2006	05/31/2013	FORMOTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 12 MICROGRAMS
63370-0069-09	KO	J7640	KO	10/24/2006	05/31/2013	FORMOTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 12 MICROGRAMS
63370-0069-10		J7640		10/24/2006	05/31/2013	FORMOTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 12 MICROGRAMS
63370-0069-10	KO	J7640	KO	10/24/2006	05/31/2013	FORMOTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 12 MICROGRAMS

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
CLONIDINE HCL (USP)	1	EA	BO	NA	GM	1	MG	1000	07/08/2003	05/31/2013	
CLONIDINE HCL (USP)	1	EA	BO	NA	GM	1	MG	1000	07/08/2003	05/31/2013	
CYCLOSPORIN A (U.S.P.)	1	EA	JR	NA	GM	250	MG	4	07/08/2003	05/31/2013	
CYCLOSPORIN A (U.S.P.)	1	EA	BO	NA	GM	250	MG	4	07/08/2003	05/31/2013	
CYCLOSPORIN A (U.S.P.)	1	EA	BO	NA	GM	250	MG	4	07/08/2003	05/31/2013	
CYCLOSPORIN A (U.S.P.)	1	EA	BO	NA	GM	250	MG	4	07/08/2003	05/31/2013	
CYCLOSPORIN A (U.S.P.)	1	EA	BO	NA	GM	250	MG	4	12/19/2003	05/31/2013	
DEXAMETHASONE MICRONIZED (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	07/08/2003	05/31/2013	
DEXAMETHASONE MICRONIZED (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	01/01/2003	05/31/2013	
DEXAMETHASONE MICRONIZED (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	07/08/2003	05/31/2013	
DEXAMETHASONE MICRONIZED (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	07/08/2003	05/31/2013	
DEXAMETHASONE MICRONIZED (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	07/08/2003	05/31/2013	
FORMOTEROL FUMARATE DIHYDRATE (1X0.5GM)	1	EA	NA	NA	GM	12	MCG	83333.33	10/24/2006	05/31/2013	
FORMOTEROL FUMARATE DIHYDRATE (1X0.5GM)	1	EA	NA	NA	GM	12	MCG	83333.33	10/24/2006	05/31/2013	
FORMOTEROL FUMARATE DIHYDRATE (1X1GM)	1	EA	NA	NA	GM	12	MCG	83333.33	10/24/2006	05/31/2013	
FORMOTEROL FUMARATE DIHYDRATE (1X1GM)	1	EA	NA	NA	GM	12	MCG	83333.33	10/24/2006	05/31/2013	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
63370-0070-10		J7638		07/08/2003	05/31/2013	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
63370-0070-10	KO	J7638	KO	07/08/2003	05/31/2013	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
63370-0070-15		J7638		07/08/2003	05/31/2013	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
63370-0070-15	KO	J7638	KO	07/08/2003	05/31/2013	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
63370-0070-20		J7638		07/08/2003	05/31/2013	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
63370-0070-20	KO	J7638	KO	07/08/2003	05/31/2013	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
63370-0070-25		J7638		07/08/2003	05/31/2013	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
63370-0070-25	KO	J7638	KO	07/08/2003	05/31/2013	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
63370-0070-35		J7638		07/08/2003	05/31/2013	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
63370-0070-35	KO	J7638	KO	07/08/2003	05/31/2013	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
63370-0070-45		J7638		07/08/2003	05/31/2013	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
63370-0070-45	KO	J7638	KO	07/08/2003	05/31/2013	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
63370-0070-50		J7638		07/08/2003	05/31/2013	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
63370-0070-50	KO	J7638	KO	07/08/2003	05/31/2013	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	07/08/2003	05/31/2013	
DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	07/08/2003	05/31/2013	
DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	07/08/2003	05/31/2013	
DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	07/08/2003	05/31/2013	
DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	07/08/2003	05/31/2013	
DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	07/08/2003	05/31/2013	
DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	07/08/2003	05/31/2013	
DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	07/08/2003	05/31/2013	
DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	07/08/2003	05/31/2013	
DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	07/08/2003	05/31/2013	
DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	07/08/2003	05/31/2013	
DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	07/08/2003	05/31/2013	
DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	07/08/2003	05/31/2013	
DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	07/08/2003	05/31/2013	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
63370-0071-25		J1200		07/08/2003	05/31/2013	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG
63370-0071-35		J1200		07/08/2003	05/31/2013	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG
63370-0071-45		J1200		07/08/2003	05/31/2013	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG
63370-0071-50		J1200		07/08/2003	05/31/2013	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG
63370-0084-10		J1000		07/08/2003	05/31/2013	INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG
63370-0084-15		J1000		07/08/2003	05/31/2013	INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG
63370-0084-25		J1000		07/08/2003	05/31/2013	INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG
63370-0088-07		J7799		12/19/2003	05/31/2013	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
63370-0088-15		J7799		12/19/2003	05/31/2013	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
63370-0088-25		J7799		12/19/2003	05/31/2013	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
63370-0089-25		J1450		07/12/2004	05/31/2013	INJECTION FLUCONAZOLE, 200 MG
63370-0089-35		J1450		07/12/2004	05/31/2013	INJECTION FLUCONAZOLE, 200 MG
63370-0089-45		J1450		07/12/2004	05/31/2013	INJECTION FLUCONAZOLE, 200 MG
63370-0089-50		J1450		07/12/2004	05/31/2013	INJECTION FLUCONAZOLE, 200 MG
63370-0090-10		J1435		07/08/2003	05/31/2013	INJECTION, ESTRONE, PER 1 MG
63370-0090-15		J1435		07/08/2003	05/31/2013	INJECTION, ESTRONE, PER 1 MG
63370-0090-25		J1435		07/08/2003	05/31/2013	INJECTION, ESTRONE, PER 1 MG
63370-0090-35		J1435		07/08/2003	05/31/2013	INJECTION, ESTRONE, PER 1 MG
63370-0091-25		J3490		07/12/2004	05/31/2013	UNCLASSIFIED DRUGS
63370-0091-35		J3490		07/12/2004	05/31/2013	UNCLASSIFIED DRUGS
63370-0091-45		J3490		07/12/2004	05/31/2013	UNCLASSIFIED DRUGS
63370-0095-15		J9190		07/08/2003	05/31/2013	INJECTION, FLUOROURACIL, 500 MG
63370-0095-25		J9190		07/08/2003	05/31/2013	INJECTION, FLUOROURACIL, 500 MG
63370-0095-35		J9190		07/08/2003	05/31/2013	INJECTION, FLUOROURACIL, 500 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
DIPHENHYDRAMINE HCL (USP)	1	EA	BO	NA	GM	50	MG	20	07/08/2003	05/31/2013	
DIPHENHYDRAMINE HCL (USP)	1	EA	BO	NA	GM	50	MG	20	07/08/2003	05/31/2013	
DIPHENHYDRAMINE HCL (USP)	1	EA	BO	NA	GM	50	MG	20	07/08/2003	05/31/2013	
DIPHENHYDRAMINE HCL (USP)	1	EA	BO	NA	GM	50	MG	20	07/08/2003	05/31/2013	
ESTRADIOL CYPIONATE (USP)	1	EA	JR	NA	GM	5	MG	200	07/08/2003	05/31/2013	
ESTRADIOL CYPIONATE (USP)	1	EA	JR	NA	GM	5	MG	200	07/08/2003	05/31/2013	
ESTRADIOL CYPIONATE (USP)	1	EA	JR	NA	GM	5	MG	200	07/08/2003	05/31/2013	
EPINEPHRINE (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	12/19/2003	05/31/2013	
EPINEPHRINE (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	12/19/2003	05/31/2013	
EPINEPHRINE (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	12/19/2003	05/31/2013	
FLUCONAZOLE (USP)	1	EA	BO	NA	GM	200	MG	5	07/12/2004	05/31/2013	
FLUCONAZOLE (USP)	1	EA	BO	NA	GM	200	MG	5	07/12/2004	05/31/2013	
FLUCONAZOLE (USP)	1	EA	BO	NA	GM	200	MG	5	07/12/2004	05/31/2013	
FLUCONAZOLE (USP)	1	EA	BO	NA	GM	200	MG	5	07/12/2004	05/31/2013	
ESTRONE (USP,1X1GM)	1	EA	BO	NA	GM	1	MG	1000	07/08/2003	05/31/2013	
ESTRONE (USP,1X5GM)	1	EA	JR	NA	GM	1	MG	1000	07/08/2003	05/31/2013	
ESTRONE (USP,1X25GM)	1	EA	BO	NA	GM	1	MG	1000	07/08/2003	05/31/2013	
ESTRONE (USP,1X100GM)	1	EA	JR	NA	GM	1	MG	1000	07/08/2003	05/31/2013	
FAMOTIDINE (USP)	1	EA	BO	NA	GM	1	EA	1	07/12/2004	05/31/2013	
FAMOTIDINE (USP)	1	EA	BO	NA	GM	1	EA	1	07/12/2004	05/31/2013	
FAMOTIDINE (USP)	1	EA	BO	NA	GM	1	EA	1	07/12/2004	05/31/2013	
5-FLUOROURACIL (U.S.P.)	1	EA	BO	NA	GM	500	MG	2	07/08/2003	05/31/2013	
5-FLUOROURACIL (U.S.P.)	1	EA	BO	NA	GM	500	MG	2	07/08/2003	05/31/2013	
5-FLUOROURACIL (U.S.P.)	1	EA	BO	NA	GM	500	MG	2	07/08/2003	05/31/2013	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
63370-0098-15		J7699		07/08/2003	05/31/2013	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME
63370-0098-25		J7699		07/08/2003	05/31/2013	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME
63370-0098-35		J7699		07/08/2003	05/31/2013	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME
63370-0098-50		J7699		07/08/2003	05/31/2013	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME
63370-0098-55		J7699		07/08/2003	05/31/2013	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME
63370-0102-15		J1630		07/08/2003	05/31/2013	INJECTION, HALOPERIDOL, UP TO 5 MG
63370-0102-25		J1630		07/08/2003	05/31/2013	INJECTION, HALOPERIDOL, UP TO 5 MG
63370-0102-35		J1630		07/08/2003	05/31/2013	INJECTION, HALOPERIDOL, UP TO 5 MG
63370-0107-25		J3410		07/08/2003	05/31/2013	INJECTION, HYDROXYZINE HCL, UP TO 25 MG
63370-0107-35		J3410		07/08/2003	05/31/2013	INJECTION, HYDROXYZINE HCL, UP TO 25 MG
63370-0107-50		J3410		07/08/2003	05/31/2013	INJECTION, HYDROXYZINE HCL, UP TO 25 MG
63370-0107-55		J3410		07/08/2003	05/31/2013	INJECTION, HYDROXYZINE HCL, UP TO 25 MG
63370-0108-15		J1700		07/12/2004	05/31/2013	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG
63370-0108-25		J1700		07/12/2004	05/31/2013	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG
63370-0108-35		J1700		07/12/2004	05/31/2013	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG
63370-0108-45		J1700		07/12/2004	05/31/2013	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG
63370-0108-50		J1700		07/12/2004	05/31/2013	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG
63370-0109-10		J3490		01/01/2007	05/31/2013	UNCLASSIFIED DRUGS
63370-0109-16		J3490		01/01/2007	05/31/2013	UNCLASSIFIED DRUGS

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
GENTAMICIN SULFATE (U.S.P.)	1	EA	JR	NA	GM	1	EA	1	07/08/2003	05/31/2013	
GENTAMICIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	07/08/2003	05/31/2013	
GENTAMICIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	07/08/2003	05/31/2013	
GENTAMICIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	07/08/2003	05/31/2013	
GENTAMICIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	07/08/2003	05/31/2013	
HALOPERIDOL (U.S.P.,BASE)	1	EA	BO	NA	GM	5	MG	200	07/08/2003	05/31/2013	
HALOPERIDOL (U.S.P.,BASE)	1	EA	BO	NA	GM	5	MG	200	07/08/2003	05/31/2013	
HALOPERIDOL (U.S.P.,BASE)	1	EA	BO	NA	GM	5	MG	200	07/08/2003	05/31/2013	
HYDROXYZINE HCL (U.S.P.)	1	EA	BO	NA	GM	25	MG	40	07/08/2003	05/31/2013	
HYDROXYZINE HCL (U.S.P.)	1	EA	BO	NA	GM	25	MG	40	07/08/2003	05/31/2013	
HYDROXYZINE HCL (U.S.P.)	1	EA	BO	NA	GM	25	MG	40	07/08/2003	05/31/2013	
HYDROXYZINE HCL (U.S.P.)	1	EA	BO	NA	GM	25	MG	40	07/08/2003	05/31/2013	
HYDROCORTISONE ACETATE MICRONIZED (USP)	1	EA	BO	NA	GM	25	MG	40	07/12/2004	05/31/2013	
HYDROCORTISONE ACETATE MICRONIZED (USP)	1	EA	BO	NA	GM	25	MG	40	07/12/2004	05/31/2013	
HYDROCORTISONE ACETATE MICRONIZED (USP)	1	EA	BO	NA	GM	25	MG	40	07/12/2004	05/31/2013	
HYDROCORTISONE ACETATE MICRONIZED (USP)	1	EA	BO	NA	GM	25	MG	40	07/12/2004	05/31/2013	
HYDROCORTISONE ACETATE MICRONIZED (USP)	1	EA	BO	NA	GM	25	MG	40	07/12/2004	05/31/2013	
SODIUM HYALURONATE (1X1GM)	1	EA	NA	NA	GM	1	EA	1	01/01/2007	05/31/2013	
SODIUM HYALURONATE (1X0.2GM)	1	EA	NA	NA	GM	1	EA	1	01/01/2007	05/31/2013	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
63370-0120-10		J7645		01/01/2007	05/31/2013	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
63370-0120-10	KO	J7645	KO	01/01/2007	05/31/2013	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
63370-0120-15		J7645		01/01/2007	05/31/2013	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
63370-0120-15	KO	J7645	KO	01/01/2007	05/31/2013	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
63370-0120-25		J7645		01/01/2007	05/31/2013	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
63370-0120-25	KO	J7645	KO	01/01/2007	05/31/2013	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
63370-0120-35		J7645		01/01/2007	05/31/2013	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
63370-0120-35	KO	J7645	KO	01/01/2007	05/31/2013	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
63370-0120-50		J7645		01/01/2007	05/31/2013	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
63370-0120-50	KO	J7645	KO	01/01/2007	05/31/2013	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
63370-0122-15		J1835		07/08/2003	05/31/2013	INJECTION, ITRACONAZOLE, 50 MG
63370-0122-25		J1835		07/08/2003	05/31/2013	INJECTION, ITRACONAZOLE, 50 MG
63370-0122-35		J1835		07/08/2003	05/31/2013	INJECTION, ITRACONAZOLE, 50 MG
63370-0124-20		J1840		07/08/2003	05/31/2013	INJECTION, KANAMYCIN SULFATE, UP TO 500 MG
63370-0124-25		J1840		07/08/2003	05/31/2013	INJECTION, KANAMYCIN SULFATE, UP TO 500 MG
63370-0124-35		J1840		07/08/2003	05/31/2013	INJECTION, KANAMYCIN SULFATE, UP TO 500 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
IPRATROPIUM BROMIDE (EP)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	05/31/2013	
IPRATROPIUM BROMIDE (EP)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	05/31/2013	
IPRATROPIUM BROMIDE (EP)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	05/31/2013	
IPRATROPIUM BROMIDE (EP)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	05/31/2013	
IPRATROPIUM BROMIDE (EP)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	05/31/2013	
IPRATROPIUM BROMIDE (EP)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	05/31/2013	
IPRATROPIUM BROMIDE (EP)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	05/31/2013	
IPRATROPIUM BROMIDE (EP)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	05/31/2013	
IPRATROPIUM BROMIDE (EP)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	05/31/2013	
IPRATROPIUM BROMIDE (EP)	1	EA	BO	NA	GM	1	MG	1000	01/01/2007	05/31/2013	
ITRACONAZOLE MICRONIZED	1	EA	JR	NA	GM	50	MG	20	07/08/2003	05/31/2013	
ITRACONAZOLE MICRONIZED	1	EA	BO	NA	GM	50	MG	20	07/08/2003	05/31/2013	
ITRACONAZOLE MICRONIZED	1	EA	BO	NA	GM	50	MG	20	07/08/2003	05/31/2013	
KANAMYCIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	500	MG	2	07/08/2003	05/31/2013	
KANAMYCIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	500	MG	2	07/08/2003	05/31/2013	
KANAMYCIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	500	MG	2	07/08/2003	05/31/2013	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
63370-0138-10		J1030		10/25/2006	05/31/2013	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG
63370-0138-15		J1030		10/25/2006	05/31/2013	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG
63370-0138-25		J1030		10/25/2006	05/31/2013	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG
63370-0138-35		J1030		10/25/2006	05/31/2013	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG
63370-0138-50		J1030		10/25/2006	05/31/2013	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG
63370-0141-15		J2765		07/08/2003	05/31/2013	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG
63370-0141-25		J2765		07/08/2003	05/31/2013	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG
63370-0141-35		J2765		07/08/2003	05/31/2013	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG
63370-0143-35		J2800		07/08/2003	05/31/2013	INJECTION, METHOCARBAMOL, UP TO 10 ML
63370-0143-45		J2800		07/08/2003	05/31/2013	INJECTION, METHOCARBAMOL, UP TO 10 ML
63370-0143-50		J2800		07/08/2003	05/31/2013	INJECTION, METHOCARBAMOL, UP TO 10 ML
63370-0145-14		J2001		01/01/2004	05/31/2013	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG
63370-0145-25		J2001		01/01/2004	05/31/2013	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG
63370-0145-35		J2001		01/01/2004	05/31/2013	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG
63370-0145-50		J2001		01/01/2004	05/31/2013	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG
63370-0145-55		J2001		01/01/2004	05/31/2013	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG
63370-0152-25		J3490		07/08/2003	05/31/2013	UNCLASSIFIED DRUGS
63370-0152-35		J3490		07/08/2003	05/31/2013	UNCLASSIFIED DRUGS

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
METHYLPREDNISOLONE ACETATE MICRO (1X1GM,USP)	1	EA	NA	NA	GM	40	MG	25	10/25/2006	05/31/2013	
METHYLPREDNISOLONE ACETATE MICRO (1X5GM,USP)	1	EA	NA	NA	GM	40	MG	25	10/25/2006	05/31/2013	
METHYLPREDNISOLONE ACETATE MICRO (1X25GM,USP)	1	EA	NA	NA	GM	40	MG	25	10/25/2006	05/31/2013	
METHYLPREDNISOLONE ACETATE MICRO (1X100GM,USP)	1	EA	NA	NA	GM	40	MG	25	10/25/2006	05/31/2013	
METHYLPREDNISOLONE ACETATE MICRO (1X1000GM,USP)	1	EA	NA	NA	GM	40	MG	25	10/25/2006	05/31/2013	
METOCLOPRAMIDE HCL (U.S.P., MONOHYDRATE)	1	EA	BO	NA	GM	10	MG	100	07/08/2003	05/31/2013	
METOCLOPRAMIDE HCL (U.S.P., MONOHYDRATE)	1	EA	BO	NA	GM	10	MG	100	07/08/2003	05/31/2013	
METOCLOPRAMIDE HCL (U.S.P., MONOHYDRATE)	1	EA	BO	NA	GM	10	MG	100	07/08/2003	05/31/2013	
METHOCARBAMOL (U.S.P.)	1	EA	BO	NA	GM	10	ML	1	07/08/2003	05/31/2013	
METHOCARBAMOL (U.S.P.)	1	EA	BO	NA	GM	10	ML	1	07/08/2003	05/31/2013	
METHOCARBAMOL (U.S.P.)	1	EA	BO	NA	GM	10	ML	1	07/08/2003	05/31/2013	
LIDOCAINE HCL (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2004	05/31/2013	
LIDOCAINE HCL (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2004	05/31/2013	
LIDOCAINE HCL (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2004	05/31/2013	
LIDOCAINE HCL (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2004	05/31/2013	
LIDOCAINE HCL (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2004	05/31/2013	
METRONIDAZOLE (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	07/08/2003	05/31/2013	
METRONIDAZOLE (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	07/08/2003	05/31/2013	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
63370-0152-45		J3490		07/08/2003	05/31/2013	UNCLASSIFIED DRUGS
63370-0153-20		J7670		01/01/2007	05/31/2013	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS
63370-0153-20	KO	J7670	KO	01/01/2007	05/31/2013	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS
63370-0153-25		J7670		01/01/2007	05/31/2013	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS
63370-0153-25	KO	J7670	KO	01/01/2007	05/31/2013	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS
63370-0153-35		J7670		01/01/2007	05/31/2013	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS
63370-0153-35	KO	J7670	KO	01/01/2007	05/31/2013	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS
63370-0153-45		J7670		01/01/2007	05/31/2013	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS
63370-0153-45	KO	J7670	KO	01/01/2007	05/31/2013	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS
63370-0154-10		J8610		07/08/2003	05/31/2013	METHOTREXATE; ORAL, 2.5 MG
63370-0154-15		J8610		07/08/2003	05/31/2013	METHOTREXATE; ORAL, 2.5 MG
63370-0154-25		J8610		07/08/2003	05/31/2013	METHOTREXATE; ORAL, 2.5 MG
63370-0165-15		J2440		07/08/2003	05/31/2013	INJECTION, PAPAVERINE HCL, UP TO 60 MG
63370-0165-25		J2440		07/08/2003	05/31/2013	INJECTION, PAPAVERINE HCL, UP TO 60 MG
63370-0165-35		J2440		07/08/2003	05/31/2013	INJECTION, PAPAVERINE HCL, UP TO 60 MG
63370-0170-06		J2760		07/08/2003	05/31/2013	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
METRONIDAZOLE (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	07/08/2003	05/31/2013	
METAPROTERENOL SULFATE (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2007	05/31/2013	
METAPROTERENOL SULFATE (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2007	05/31/2013	
METAPROTERENOL SULFATE (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2007	05/31/2013	
METAPROTERENOL SULFATE (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2007	05/31/2013	
METAPROTERENOL SULFATE (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2007	05/31/2013	
METAPROTERENOL SULFATE (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2007	05/31/2013	
METAPROTERENOL SULFATE (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2007	05/31/2013	
METAPROTERENOL SULFATE (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	01/01/2007	05/31/2013	
METHOTREXATE (U.S.P.)	1	EA	BO	NA	GM	2.5	MG	400	07/08/2003	05/31/2013	
METHOTREXATE (U.S.P.)	1	EA	BO	NA	GM	2.5	MG	400	07/08/2003	05/31/2013	
METHOTREXATE (U.S.P.)	1	EA	BO	NA	GM	2.5	MG	400	07/08/2003	05/31/2013	
PAPAVERINE HYDROCHLORIDE (U.S.P.)	1	EA	BO	NA	GM	60	MG	16.66666	07/08/2003	05/31/2013	
PAPAVERINE HYDROCHLORIDE (U.S.P.)	1	EA	BO	NA	GM	60	MG	16.66666	07/08/2003	05/31/2013	
PAPAVERINE HYDROCHLORIDE (U.S.P.)	1	EA	BO	NA	GM	60	MG	16.66666	07/08/2003	05/31/2013	
PHENTOLAMINE MESYLATE (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	07/08/2003	05/31/2013	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
63370-0170-09		J2760		07/08/2003	05/31/2013	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG
63370-0170-10		J2760		07/08/2003	05/31/2013	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG
63370-0170-15		J2760		07/08/2003	05/31/2013	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG
63370-0176-25		J1165		07/08/2003	05/31/2013	INJECTION, PHENYTOIN SODIUM, PER 50 MG
63370-0176-35		J1165		07/08/2003	05/31/2013	INJECTION, PHENYTOIN SODIUM, PER 50 MG
63370-0176-45		J1165		07/08/2003	05/31/2013	INJECTION, PHENYTOIN SODIUM, PER 50 MG
63370-0176-53		J1165		07/08/2003	05/31/2013	INJECTION, PHENYTOIN SODIUM, PER 50 MG
63370-0194-15		J7506		07/12/2004	05/31/2013	PREDNISONE, ORAL, PER 5MG
63370-0194-25		J7506		07/12/2004	05/31/2013	PREDNISONE, ORAL, PER 5MG
63370-0194-35		J7506		07/12/2004	05/31/2013	PREDNISONE, ORAL, PER 5MG
63370-0194-45		J7506		07/12/2004	05/31/2013	PREDNISONE, ORAL, PER 5MG
63370-0194-50		J7506		07/12/2004	05/31/2013	PREDNISONE, ORAL, PER 5MG
63370-0195-15		J2650		07/08/2003	05/31/2013	INJECTION, PREDNISOLONE ACETATE, UP TO 1 ML
63370-0195-25		J2650		07/08/2003	05/31/2013	INJECTION, PREDNISOLONE ACETATE, UP TO 1 ML
63370-0195-35		J2650		07/08/2003	05/31/2013	INJECTION, PREDNISOLONE ACETATE, UP TO 1 ML
63370-0195-50		J2650		07/08/2003	05/31/2013	INJECTION, PREDNISOLONE ACETATE, UP TO 1 ML
63370-0195-55		J2650		07/08/2003	05/31/2013	INJECTION, PREDNISOLONE ACETATE, UP TO 1 ML
63370-0198-25		Q0165		12/19/2003	05/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PHENTOLAMINE MESYLATE (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	07/08/2003	05/31/2013	
PHENTOLAMINE MESYLATE (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	07/08/2003	05/31/2013	
PHENTOLAMINE MESYLATE (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	07/08/2003	05/31/2013	
PHENYTOIN SODIUM (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	07/08/2003	05/31/2013	
PHENYTOIN SODIUM (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	07/08/2003	05/31/2013	
PHENYTOIN SODIUM (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	07/08/2003	05/31/2013	
PHENYTOIN SODIUM (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	07/08/2003	05/31/2013	
PREDNISONE MICRONIZED (U.S.P)	1	EA	BO	NA	GM	5	MG	200	07/12/2004	05/31/2013	
PREDNISONE MICRONIZED (U.S.P)	1	EA	BO	NA	GM	5	MG	200	07/12/2004	05/31/2013	
PREDNISONE MICRONIZED (U.S.P)	1	EA	BO	NA	GM	5	MG	200	07/12/2004	05/31/2013	
PREDNISONE MICRONIZED (U.S.P)	1	EA	BO	NA	GM	5	MG	200	07/12/2004	05/31/2013	
PREDNISONE MICRONIZED (U.S.P)	1	EA	BO	NA	GM	5	MG	200	07/12/2004	05/31/2013	
PREDNISOLONE ACETATE MICRONIZED (U.S.P.)	1	EA	BO	NA	GM	1	ML	20	07/08/2003	05/31/2013	
PREDNISOLONE ACETATE MICRONIZED (U.S.P.)	1	EA	BO	NA	GM	1	ML	20	07/08/2003	05/31/2013	
PREDNISOLONE ACETATE MICRONIZED (U.S.P.)	1	EA	BO	NA	GM	1	ML	20	07/08/2003	05/31/2013	
PREDNISOLONE ACETATE MICRONIZED (U.S.P.)	1	EA	BO	NA	GM	1	ML	20	07/08/2003	05/31/2013	
PREDNISOLONE ACETATE MICRONIZED (U.S.P.)	1	EA	BO	NA	GM	1	ML	20	07/08/2003	05/31/2013	
PROCHLORPERAZINE MALEATE (USP)	1	EA	BO	NA	GM	10	MG	100	12/19/2003	05/31/2013	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
63370-0198-35		Q0165		12/19/2003	05/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63370-0198-45		Q0165		12/19/2003	05/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63370-0199-35		J2675		02/25/2004	05/31/2013	INJECTION, PROGESTERONE, PER 50 MG
63370-0199-45		J2675		02/25/2004	05/31/2013	INJECTION, PROGESTERONE, PER 50 MG
63370-0199-50		J2675		02/25/2004	05/31/2013	INJECTION, PROGESTERONE, PER 50 MG
63370-0199-55		J2675		02/25/2004	05/31/2013	INJECTION, PROGESTERONE, PER 50 MG
63370-0199-62		J2675		02/25/2004	05/31/2013	INJECTION, PROGESTERONE, PER 50 MG
63370-0200-35		J2675		12/19/2003	05/31/2013	INJECTION, PROGESTERONE, PER 50 MG
63370-0200-45		J2675		12/19/2003	05/31/2013	INJECTION, PROGESTERONE, PER 50 MG
63370-0200-50		J2675		07/08/2003	05/31/2013	INJECTION, PROGESTERONE, PER 50 MG
63370-0200-55		J2675		12/19/2003	05/31/2013	INJECTION, PROGESTERONE, PER 50 MG
63370-0202-35		J2675		07/12/2004	05/31/2013	INJECTION, PROGESTERONE, PER 50 MG
63370-0202-45		J2675		07/12/2004	05/31/2013	INJECTION, PROGESTERONE, PER 50 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PROCHLORPERAZINE MALEATE (USP)	1	EA	BO	NA	GM	10	MG	100	12/19/2003	05/31/2013	
PROCHLORPERAZINE MALEATE (USP)	1	EA	BO	NA	GM	10	MG	100	12/19/2003	05/31/2013	
PROGESTERONE MICRONIZED (USP,SOY)	1	EA	BO	NA	GM	50	MG	20	02/25/2004	05/31/2013	
PROGESTERONE MICRONIZED (USP,SOY)	1	EA	BO	NA	GM	50	MG	20	02/25/2004	05/31/2013	
PROGESTERONE MICRONIZED (USP,SOY)	1	EA	BO	NA	GM	50	MG	20	02/25/2004	05/31/2013	
PROGESTERONE MICRONIZED (USP,SOY)	1	EA	BO	NA	GM	50	MG	20	02/25/2004	05/31/2013	
PROGESTERONE MICRONIZED (USP,SOY)	1	EA	BO	NA	GM	50	MG	20	02/25/2004	05/31/2013	
PROGESTERONE (USP,YAM)	1	EA	BO	NA	GM	50	MG	20	12/19/2003	05/31/2013	
PROGESTERONE (USP,YAM)	1	EA	BO	NA	GM	50	MG	20	12/19/2003	05/31/2013	
PROGESTERONE MICRONIZED (YAM)	1	EA	BO	NA	GM	50	MG	20	07/08/2003	05/31/2013	
PROGESTERONE (USP,YAM)	1	EA	BO	NA	GM	50	MG	20	12/19/2003	05/31/2013	
PROGESTERONE WETTABLE (U.S.P.,YAM)	1	EA	BO	NA	GM	50	MG	20	07/12/2004	05/31/2013	
PROGESTERONE WETTABLE (U.S.P.,YAM)	1	EA	BO	NA	GM	50	MG	20	07/12/2004	05/31/2013	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
63370-0202-50		J2675		07/12/2004	05/31/2013	INJECTION, PROGESTERONE, PER 50 MG
63370-0203-25		J2550		07/08/2003	05/31/2013	INJECTION, PROMETHAZINE HCL, UP TO 50 MG
63370-0203-35		J2550		07/08/2003	05/31/2013	INJECTION, PROMETHAZINE HCL, UP TO 50 MG
63370-0203-45		J2550		07/08/2003	05/31/2013	INJECTION, PROMETHAZINE HCL, UP TO 50 MG
63370-0203-50		J2550		07/08/2003	05/31/2013	INJECTION, PROMETHAZINE HCL, UP TO 50 MG
63370-0204-35		J2675		02/25/2004	05/31/2013	INJECTION, PROGESTERONE, PER 50 MG
63370-0204-45		J2675		02/25/2004	05/31/2013	INJECTION, PROGESTERONE, PER 50 MG
63370-0204-50		J2675		02/25/2004	05/31/2013	INJECTION, PROGESTERONE, PER 50 MG
63370-0204-55		J2675		02/25/2004	05/31/2013	INJECTION, PROGESTERONE, PER 50 MG
63370-0204-62		J2675		02/25/2004	05/31/2013	INJECTION, PROGESTERONE, PER 50 MG
63370-0205-25		J1800		07/08/2003	05/31/2013	INJECTION, PROPRANOLOL HCL, UP TO 1 MG
63370-0205-35		J1800		07/08/2003	05/31/2013	INJECTION, PROPRANOLOL HCL, UP TO 1 MG
63370-0205-45		J1800		07/08/2003	05/31/2013	INJECTION, PROPRANOLOL HCL, UP TO 1 MG
63370-0210-04		J0270		07/08/2003	05/31/2013	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)
63370-0210-06		J0270		07/08/2003	05/31/2013	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)
63370-0210-10		J0270		07/08/2003	05/31/2013	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)
63370-0218-25		J2780		07/08/2003	05/31/2013	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG
63370-0218-35		J2780		07/08/2003	05/31/2013	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PROGESTERONE WETTABLE (U.S.P.,YAM)	1	EA	BO	NA	GM	50	MG	20	07/12/2004	05/31/2013	
PROMETHAZINE HCL (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	07/08/2003	05/31/2013	
PROMETHAZINE HCL (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	07/08/2003	05/31/2013	
PROMETHAZINE HCL (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	07/08/2003	05/31/2013	
PROMETHAZINE HCL (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	07/08/2003	05/31/2013	
PROGESTERONE MICRONIZED (YAM)	1	EA	BO	NA	GM	50	MG	20	02/25/2004	05/31/2013	
PROGESTERONE MICRONIZED (YAM)	1	EA	BO	NA	GM	50	MG	20	02/25/2004	05/31/2013	
PROGESTERONE MICRONIZED (YAM)	1	EA	BO	NA	GM	50	MG	20	02/25/2004	05/31/2013	
PROGESTERONE MICRONIZED (YAM)	1	EA	BO	NA	GM	50	MG	20	02/25/2004	05/31/2013	
PROGESTERONE MICRONIZED (YAM)	1	EA	BO	NA	GM	50	MG	20	02/25/2004	05/31/2013	
PROPRANOLOL HCL (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	07/08/2003	05/31/2013	
PROPRANOLOL HCL (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	07/08/2003	05/31/2013	
PROPRANOLOL HCL (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	07/08/2003	05/31/2013	
ALPROSTADIL (U.S.P.)	1	EA	BO	NA	GM	1.25	MCG	800000	07/08/2003	05/31/2013	
ALPROSTADIL (U.S.P.)	1	EA	BO	NA	GM	1.25	MCG	800000	07/08/2003	05/31/2013	
ALPROSTADIL (U.S.P.)	1	EA	BO	NA	GM	1.25	MCG	800000	07/08/2003	05/31/2013	
RANITIDINE HCL (U.S.P.)	1	EA	JR	NA	GM	25	MG	40	07/08/2003	05/31/2013	
RANITIDINE HCL (U.S.P.)	1	EA	JR	NA	GM	25	MG	40	07/08/2003	05/31/2013	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
63370-0218-45		J2780		07/08/2003	05/31/2013	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG
63370-0218-50		J2780		07/08/2003	05/31/2013	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG
63370-0233-35		J3000		07/08/2003	05/31/2013	INJECTION, STREPTOMYCIN, UP TO 1 GM
63370-0233-50		J3000		07/08/2003	05/31/2013	INJECTION, STREPTOMYCIN, UP TO 1 GM
63370-0250-15		J7681		07/08/2003	05/31/2013	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
63370-0250-15	KO	J7681	KO	07/08/2003	05/31/2013	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
63370-0250-20		J7681		07/08/2003	05/31/2013	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
63370-0250-20	KO	J7681	KO	07/08/2003	05/31/2013	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
63370-0250-25		J7681		07/08/2003	05/31/2013	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
63370-0250-25	KO	J7681	KO	07/08/2003	05/31/2013	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
63370-0250-35		J7681		07/08/2003	05/31/2013	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
63370-0250-35	KO	J7681	KO	07/08/2003	05/31/2013	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
63370-0275-10		J7685		01/01/2007	05/31/2013	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS
63370-0275-10	KO	J7685	KO	01/01/2007	05/31/2013	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
RANITIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	25	MG	40	07/08/2003	05/31/2013	
RANITIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	25	MG	40	07/08/2003	05/31/2013	
STREPTOMYCIN SULFATE (U.S.P., NON-STERILE)	1	EA	BO	NA	GM	1	GM	1	07/08/2003	05/31/2013	
STREPTOMYCIN SULFATE (U.S.P., NON-STERILE)	1	EA	BO	NA	GM	1	GM	1	07/08/2003	05/31/2013	
TERBUTALINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	07/08/2003	05/31/2013	
TERBUTALINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	07/08/2003	05/31/2013	
TERBUTALINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	07/08/2003	05/31/2013	
TERBUTALINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	07/08/2003	05/31/2013	
TERBUTALINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	07/08/2003	05/31/2013	
TERBUTALINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	07/08/2003	05/31/2013	
TERBUTALINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	07/08/2003	05/31/2013	
TERBUTALINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	07/08/2003	05/31/2013	
TOBRAMYCIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2007	05/31/2013	
TOBRAMYCIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2007	05/31/2013	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
63370-0275-15		J7685		01/01/2007	05/31/2013	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS
63370-0275-15	KO	J7685	KO	01/01/2007	05/31/2013	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS
63370-0275-25		J7685		01/01/2007	05/31/2013	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS
63370-0275-25	KO	J7685	KO	01/01/2007	05/31/2013	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS
63370-0275-35		J7685		01/01/2007	05/31/2013	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS
63370-0275-35	KO	J7685	KO	01/01/2007	05/31/2013	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS
63370-0300-15		J3301		07/08/2003	05/31/2013	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG
63370-0300-20		J3301		07/08/2003	05/31/2013	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG
63370-0300-25		J3301		07/08/2003	05/31/2013	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG
63370-0300-35		J3301		07/08/2003	05/31/2013	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG
63370-0350-10		J3370		07/08/2003	05/31/2013	INJECTION, VANCOMYCIN HCL, 500 MG
63370-0350-15		J3370		07/08/2003	05/31/2013	INJECTION, VANCOMYCIN HCL, 500 MG
63370-0350-25		J3370		07/08/2003	05/31/2013	INJECTION, VANCOMYCIN HCL, 500 MG
63370-0350-35		J3370		07/08/2003	05/31/2013	INJECTION, VANCOMYCIN HCL, 500 MG
63370-0414-35		J1955		10/24/2006	05/31/2013	INJECTION, LEVOCARNITINE, PER 1 GM
63370-0414-45		J1955		10/24/2006	05/31/2013	INJECTION, LEVOCARNITINE, PER 1 GM

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
TOBRAMYCIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2007	05/31/2013	
TOBRAMYCIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2007	05/31/2013	
TOBRAMYCIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2007	05/31/2013	
TOBRAMYCIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2007	05/31/2013	
TOBRAMYCIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2007	05/31/2013	
TOBRAMYCIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	300	MG	3.33333	01/01/2007	05/31/2013	
TRIAMCINOLONE ACETONIDE MICRONIZED	1	EA	BO	NA	GM	10	MG	100	07/08/2003	05/31/2013	
TRIAMCINOLONE ACETONIDE MICRONIZED	1	EA	BO	NA	GM	10	MG	100	07/08/2003	05/31/2013	
TRIAMCINOLONE ACETONIDE MICRONIZED	1	EA	BO	NA	GM	10	MG	100	07/08/2003	05/31/2013	
TRIAMCINOLONE ACETONIDE MICRONIZED	1	EA	BO	NA	GM	10	MG	100	07/08/2003	05/31/2013	
VANCOMYCIN HCL (U.S.P.)	1	EA	BO	NA	GM	500	MG	2	07/08/2003	05/31/2013	
VANCOMYCIN HCL (U.S.P.)	1	EA	BO	NA	GM	500	MG	2	07/08/2003	05/31/2013	
VANCOMYCIN HCL (U.S.P.)	1	EA	BO	NA	GM	500	MG	2	07/08/2003	05/31/2013	
VANCOMYCIN HCL (U.S.P.)	1	EA	BO	NA	GM	500	MG	2	07/08/2003	05/31/2013	
LEVOCARNITINE (1X100GM,USP)	1	EA	BO	NA	GM	1	GM	1	10/24/2006	05/31/2013	
LEVOCARNITINE (1X500GM,USP)	1	EA	BO	NA	GM	1	GM	1	10/24/2006	05/31/2013	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
63370-0414-50		J1955		10/24/2006	05/31/2013	INJECTION, LEVOCARNITINE, PER 1 GM
63370-0414-53		J1955		10/24/2006	05/31/2013	INJECTION, LEVOCARNITINE, PER 1 GM
63370-0432-35		J3520		10/24/2006	05/31/2013	EDETATE DISODIUM, PER 150 MG
63370-0432-50		J3520		10/24/2006	05/31/2013	EDETATE DISODIUM, PER 150 MG
63370-0462-10		J3430		10/25/2006	05/31/2013	INJECTION, PHYTONADIONE (VITAMIN K), PER 1 MG
63370-0462-15		J3430		10/25/2006	05/31/2013	INJECTION, PHYTONADIONE (VITAMIN K), PER 1 MG
63370-0462-25		J3430		10/25/2006	05/31/2013	INJECTION, PHYTONADIONE (VITAMIN K), PER 1 MG
63370-0472-35		J3415		10/26/2006	05/31/2013	INJECTION, PYRIDOXINE HCL, 100 MG
63370-0472-45		J3415		10/26/2006	05/31/2013	INJECTION, PYRIDOXINE HCL, 100 MG
63370-0472-50		J3415		10/26/2006	05/31/2013	INJECTION, PYRIDOXINE HCL, 100 MG
63370-0472-53		J3415		10/26/2006	05/31/2013	INJECTION, PYRIDOXINE HCL, 100 MG
63370-0485-35		J3411		10/26/2006	05/31/2013	INJECTION, THIAMINE HCL, 100 MG
63370-0485-45		J3411		10/26/2006	05/31/2013	INJECTION, THIAMINE HCL, 100 MG
63370-0485-50		J3411		10/26/2006	05/31/2013	INJECTION, THIAMINE HCL, 100 MG
63370-0485-53		J3411		10/26/2006	05/31/2013	INJECTION, THIAMINE HCL, 100 MG
63370-0905-06		J0592		07/08/2003	05/31/2013	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
LEVOCARNITINE (1X1000GM,USP)	1	EA	BO	NA	GM	1	GM	1	10/24/2006	05/31/2013	
LEVOCARNITINE (1X2500GM,USP)	1	EA	NA	NA	GM	1	GM	1	10/24/2006	05/31/2013	
EDETATE DISODIUM (1X100GM,USP)	1	EA	BO	NA	GM	150	MG	6.66666	10/24/2006	05/31/2013	
EDETATE DISODIUM (1X1000GM,USP)	1	EA	BO	NA	GM	150	MG	6.66666	10/24/2006	05/31/2013	
PHYTONADIONE (1X1GM,USP)	1	EA	BO	NA	GM	1	MG	1000	10/25/2006	05/31/2013	
PHYTONADIONE (1X5GM,USP)	1	EA	BO	NA	GM	1	MG	1000	10/25/2006	05/31/2013	
PHYTONADIONE (1X25GM,USP)	1	EA	BO	NA	GM	1	MG	1000	10/25/2006	05/31/2013	
PYRIDOXINE HYDROCHLORIDE (1X100GM,USP)	1	EA	BO	NA	GM	100	MG	10	10/26/2006	05/31/2013	
PYRIDOXINE HYDROCHLORIDE (1X500GM,USP)	1	EA	BO	NA	GM	100	MG	10	10/26/2006	05/31/2013	
PYRIDOXINE HYDROCHLORIDE (1X1000GM,USP)	1	EA	BO	NA	GM	100	MG	10	10/26/2006	05/31/2013	
PYRIDOXINE HYDROCHLORIDE (1X25000GM,USP)	1	EA	NA	NA	GM	100	MG	10	10/26/2006	05/31/2013	
THIAMINE HYDROCHLORIDE (1X100GM,USP)	1	EA	BO	NA	GM	100	MG	10	10/26/2006	05/31/2013	
THIAMINE HYDROCHLORIDE (1X500GM,USP)	1	EA	BO	NA	GM	100	MG	10	10/26/2006	05/31/2013	
THIAMINE HYDROCHLORIDE (1X1000GM,USP)	1	EA	BO	NA	GM	100	MG	10	10/26/2006	05/31/2013	
THIAMINE HYDROCHLORIDE (1X2500GM,USP)	1	EA	NA	NA	GM	100	MG	10	10/26/2006	05/31/2013	
BUPRENORPHINE HYDROCHLORIDE (USP)	1	EA	JR	NA	GM	0.1	MG	10000	07/08/2003	05/31/2013	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
63370-0905-09		J0592		07/08/2003	05/31/2013	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG
63370-0905-10		J0592		07/08/2003	05/31/2013	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG
63370-0905-15		J0592		07/08/2003	05/31/2013	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG
63370-0910-15		J0745		07/08/2003	05/31/2013	INJECTION, CODEINE PHOSPHATE, PER 30 MG
63370-0910-25		J0745		07/08/2003	05/31/2013	INJECTION, CODEINE PHOSPHATE, PER 30 MG
63370-0910-35		J0745		07/08/2003	05/31/2013	INJECTION, CODEINE PHOSPHATE, PER 30 MG
63370-0920-06		J3010		07/08/2003	05/31/2013	INJECTION, FENTANYL CITRATE, 0.1 MG
63370-0920-09		J3010		07/08/2003	05/31/2013	INJECTION, FENTANYL CITRATE, 0.1 MG
63370-0920-10		J3010		07/08/2003	05/31/2013	INJECTION, FENTANYL CITRATE, 0.1 MG
63370-0920-15		J3010		07/08/2003	05/31/2013	INJECTION, FENTANYL CITRATE, 0.1 MG
63370-0930-10		J1170		07/08/2003	05/31/2013	INJECTION, HYDROMORPHONE, UP TO 4 MG
63370-0930-15		J1170		07/08/2003	05/31/2013	INJECTION, HYDROMORPHONE, UP TO 4 MG
63370-0930-20		J1170		07/08/2003	05/31/2013	INJECTION, HYDROMORPHONE, UP TO 4 MG
63370-0930-25		J1170		07/08/2003	05/31/2013	INJECTION, HYDROMORPHONE, UP TO 4 MG
63370-0930-35		J1170		07/08/2003	05/31/2013	INJECTION, HYDROMORPHONE, UP TO 4 MG
63370-0935-10		J2060		07/08/2003	05/31/2013	INJECTION, LORAZEPAM, 2 MG
63370-0935-15		J2060		07/08/2003	05/31/2013	INJECTION, LORAZEPAM, 2 MG
63370-0935-25		J2060		07/08/2003	05/31/2013	INJECTION, LORAZEPAM, 2 MG
63370-0935-35		J2060		07/08/2003	05/31/2013	INJECTION, LORAZEPAM, 2 MG
63370-0937-15		J2175		07/08/2003	05/31/2013	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG
63370-0937-25		J2175		07/08/2003	05/31/2013	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG
63370-0937-35		J2175		07/08/2003	05/31/2013	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
BUPRENORPHINE HYDROCHLORIDE (USP)	1	EA	JR	NA	GM	0.1	MG	10000	07/08/2003	05/31/2013	
BUPRENORPHINE HYDROCHLORIDE (USP)	1	EA	JR	NA	GM	0.1	MG	10000	07/08/2003	05/31/2013	
BUPRENORPHINE HYDROCHLORIDE (USP)	1	EA	JR	NA	GM	0.1	MG	10000	07/08/2003	05/31/2013	
CODEINE PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	30	MG	33.33333	07/08/2003	05/31/2013	
CODEINE PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	30	MG	33.33333	07/08/2003	05/31/2013	
CODEINE PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	30	MG	33.33333	07/08/2003	05/31/2013	
FENTANYL CITRATE (U.S.P.)	1	EA	BO	NA	GM	0.1	MG	10000	07/08/2003	05/31/2013	
FENTANYL CITRATE (U.S.P.)	1	EA	JR	NA	GM	0.1	MG	10000	07/08/2003	05/31/2013	
FENTANYL CITRATE (U.S.P.)	1	EA	BO	NA	GM	0.1	MG	10000	07/08/2003	05/31/2013	
FENTANYL CITRATE (U.S.P.)	1	EA	JR	NA	GM	0.1	MG	10000	07/08/2003	05/31/2013	
HYDROMORPHONE HCL (U.S.P.)	1	EA	BO	NA	GM	4	MG	250	07/08/2003	05/31/2013	
HYDROMORPHONE HCL (U.S.P.)	1	EA	BO	NA	GM	4	MG	250	07/08/2003	05/31/2013	
HYDROMORPHONE HCL (U.S.P.)	1	EA	BO	NA	GM	4	MG	250	07/08/2003	05/31/2013	
HYDROMORPHONE HCL (U.S.P.)	1	EA	JR	NA	GM	4	MG	250	07/08/2003	05/31/2013	
HYDROMORPHONE HCL (U.S.P.)	1	EA	JR	NA	GM	4	MG	250	07/08/2003	05/31/2013	
LORAZEPAM (U.S.P.)	1	EA	BO	NA	GM	2	MG	500	07/08/2003	05/31/2013	
LORAZEPAM (U.S.P.)	1	EA	BO	NA	GM	2	MG	500	07/08/2003	05/31/2013	
LORAZEPAM (U.S.P.)	1	EA	BO	NA	GM	2	MG	500	07/08/2003	05/31/2013	
LORAZEPAM (U.S.P.)	1	EA	BO	NA	GM	2	MG	500	07/08/2003	05/31/2013	
MEPERIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	07/08/2003	05/31/2013	
MEPERIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	07/08/2003	05/31/2013	
MEPERIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	07/08/2003	05/31/2013	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
63370-0939-15		J1230		07/08/2003	05/31/2013	INJECTION, METHADONE HCL, UP TO 10 MG
63370-0939-25		J1230		07/08/2003	05/31/2013	INJECTION, METHADONE HCL, UP TO 10 MG
63370-0939-35		J1230		07/08/2003	05/31/2013	INJECTION, METHADONE HCL, UP TO 10 MG
63370-0950-25		J2271		07/08/2003	05/31/2013	INJECTION, MORPHINE SULFATE, 100MG
63370-0950-35		J2271		07/08/2003	05/31/2013	INJECTION, MORPHINE SULFATE, 100MG
63370-0950-45		J2271		07/08/2003	05/31/2013	INJECTION, MORPHINE SULFATE, 100MG
63370-0950-50		J2271		07/08/2003	05/31/2013	INJECTION, MORPHINE SULFATE, 100MG
63370-0968-04		J3490		07/08/2003	05/31/2013	UNCLASSIFIED DRUGS
63370-0968-06		J3490		07/08/2003	05/31/2013	UNCLASSIFIED DRUGS
63370-0970-25		J3140		01/31/2002	05/31/2013	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG
63370-0970-35		J3140		01/31/2002	05/31/2013	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG
63370-0970-45		J3140		01/31/2002	05/31/2013	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG
63370-0970-50		J3140		01/31/2002	05/31/2013	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG
63370-0971-25		J3140		12/19/2003	05/31/2013	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG
63370-0971-35		J3140		12/19/2003	05/31/2013	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG
63370-0971-45		J3140		12/19/2003	05/31/2013	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG
63370-0971-50		J3140		12/19/2003	05/31/2013	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG
63370-0980-25		J1070		07/08/2003	05/31/2013	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG
63370-0980-35		J1070		07/08/2003	05/31/2013	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG
63370-0980-50		J1070		07/08/2003	05/31/2013	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG
63370-0983-15		J3130		01/19/2004	05/31/2013	INJECTION, TESTOSTERONE ENANTHATE, UP TO 200 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
METHADONE HCL (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	07/08/2003	05/31/2013	
METHADONE HCL (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	07/08/2003	05/31/2013	
METHADONE HCL (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	07/08/2003	05/31/2013	
MORPHINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	07/08/2003	05/31/2013	
MORPHINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	07/08/2003	05/31/2013	
MORPHINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	07/08/2003	05/31/2013	
MORPHINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	07/08/2003	05/31/2013	
SUFENTANIL CITRATE (U.S.P.)	1	EA	NA	NA	GM	1	EA	1	07/08/2003	05/31/2013	
SUFENTANIL CITRATE (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	07/08/2003	05/31/2013	
TESTOSTERONE MICRONIZED (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	01/31/2002	05/31/2013	
TESTOSTERONE MICRONIZED (U.S.P.)	1	EA	BO	NA	GM	50	MG	20	01/31/2002	05/31/2013	
TESTOSTERONE MICRONIZED (U.S.P.)	1	EA	JR	NA	GM	50	MG	20	01/31/2002	05/31/2013	
TESTOSTERONE MICRONIZED (U.S.P.)	1	EA	JR	NA	GM	50	MG	20	01/31/2002	05/31/2013	
TESTOSTERONE MICRONIZED (USP,YAM)	1	EA	BO	NA	GM	50	MG	20	12/19/2003	05/31/2013	
TESTOSTERONE MICRONIZED (USP,YAM)	1	EA	BO	NA	GM	50	MG	20	12/19/2003	05/31/2013	
TESTOSTERONE MICRONIZED (USP,YAM)	1	EA	BO	NA	GM	50	MG	20	12/19/2003	05/31/2013	
TESTOSTERONE MICRONIZED (USP,YAM)	1	EA	BO	NA	GM	50	MG	20	12/19/2003	05/31/2013	
TESTOSTERONE CYPIONATE (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	07/08/2003	05/31/2013	
TESTOSTERONE CYPIONATE (U.S.P.)	1	EA	JR	NA	GM	100	MG	10	07/08/2003	05/31/2013	
TESTOSTERONE CYPIONATE (U.S.P.)	1	EA	JR	NA	GM	100	MG	10	07/08/2003	05/31/2013	
TESTOSTERONE ENANTHATE (U.S.P.)	1	EA	BO	NA	GM	200	MG	5	01/19/2004	05/31/2013	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
63370-0983-25		J3130		01/19/2004	05/31/2013	INJECTION, TESTOSTERONE ENANTHATE, UP TO 200 MG
63370-0983-35		J3130		01/19/2004	05/31/2013	INJECTION, TESTOSTERONE ENANTHATE, UP TO 200 MG
63370-0983-50		J3130		01/19/2004	05/31/2013	INJECTION, TESTOSTERONE ENANTHATE, UP TO 200 MG
63370-0985-25		J3150		07/08/2003	05/31/2013	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG
63370-0985-35		J3150		07/08/2003	05/31/2013	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG
63370-0985-45		J3150		07/08/2003	05/31/2013	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG
63370-0985-50		J3150		07/08/2003	05/31/2013	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG
63402-0511-24		J7614		04/01/2008	04/20/2016	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
63402-0511-24	KO	J7614	KO	04/01/2008	04/20/2016	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
63402-0512-24		J7614		04/01/2008	12/14/2015	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
63402-0512-24	KO	J7614	KO	04/01/2008	12/14/2015	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
63402-0513-24		J7614		04/01/2008	10/21/2015	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
63402-0513-24	KO	J7614	KO	04/01/2008	10/21/2015	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
63402-0515-30		J7612		04/01/2008	06/21/2015	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 0.5 MG
63402-0911-30	KO	J7605	KO	01/01/2008	99/99/9999	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS
63402-0911-64	KO	J7605	KO	01/01/2008	99/99/9999	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
TESTOSTERONE ENANTHATE (U.S.P.)	1	EA	BO	NA	GM	200	MG	5	01/19/2004	05/31/2013	
TESTOSTERONE ENANTHATE (U.S.P.)	1	EA	BO	NA	GM	200	MG	5	01/19/2004	05/31/2013	
TESTOSTERONE ENANTHATE (U.S.P.)	1	EA	BO	NA	GM	200	MG	5	01/19/2004	05/31/2013	
TESTOSTERONE PROPIONATE (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	07/08/2003	05/31/2013	
TESTOSTERONE PROPIONATE (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	07/08/2003	05/31/2013	
TESTOSTERONE PROPIONATE (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	07/08/2003	05/31/2013	
TESTOSTERONE PROPIONATE (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	07/08/2003	05/31/2013	
XOPENEX PEDIATRIC 0.31 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.20666	04/01/2008	04/20/2016	
XOPENEX PEDIATRIC 0.31 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.20666	04/01/2008	04/20/2016	
XOPENEX (PF) 0.63 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.42	04/01/2008	12/14/2015	
XOPENEX (PF) 0.63 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.42	04/01/2008	12/14/2015	
XOPENEX (PF) 1.25 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.83333	04/01/2008	10/21/2015	
XOPENEX (PF) 1.25 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.83333	04/01/2008	10/21/2015	
XOPENEX (PF) 1.25 MG/0.5 ML	0.5	ML	PC	IH	ML	0.5	MG	5	04/01/2008	06/21/2015	
BROVANA 15 MCG/2 ML	2	ML	PC	IH	ML	15	MCG	0.5	01/01/2008	99/99/9999	
BROVANA (60X2ML) 15 MCG/2 ML	2	ML	VL	IH	ML	15	MCG	0.5	01/01/2008	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
63459-0391-20		J3490		03/31/2008	99/99/9999	UNCLASSIFIED DRUGS
63459-0600-10		J9017		07/15/2006	12/15/2017	INJECTION, ARSENIC TRIOXIDE, 1 MG
63481-0624-10		J2410		05/07/2007	04/11/2018	INJECTION, OXYMORPHONE HCL, UP TO 1 MG
63629-1262-01		J8999		11/01/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
63629-1335-01		Q0165		11/01/2004	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63629-1335-02		Q0165		11/01/2004	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63629-1335-03		Q0165		11/01/2004	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63629-1343-01		Q0163		11/01/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63629-1343-02		Q0163		11/01/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
TREANDA	1	EA	VL	IV	EA	1	EA	1	03/31/2008	99/99/9999	
TRISENOX (10X10 AMP,PF) 1 MG/ML	10	ML	AM	IV	ML	1	MG	1	07/15/2006	12/15/2017	
OPANA (1MLX10,PARABEN-FREE) 1 MG/ML	1	ML	AM	IJ	ML	1	MG	1	05/07/2007	04/11/2018	
AROMASIN 25 MG	30	EA	NA	PO	EA	1	EA	1	11/01/2004	99/99/9999	
PROCHLORPERAZINE MALEATE 10 MG	10	EA	NA	PO	EA	10	MG	1	11/01/2004	12/31/2013	
PROCHLORPERAZINE MALEATE 10 MG	30	EA	NA	PO	EA	10	MG	1	11/01/2004	12/31/2013	
PROCHLORPERAZINE MALEATE 10 MG	20	EA	NA	PO	EA	10	MG	1	11/01/2004	12/31/2013	
DIPHENHYDRAMINE 25 MG	30	EA	BO	PO	EA	50	MG	0.5	11/01/2004	99/99/9999	
DIPHENHYDRAMINE 25 MG	20	EA	BO	PO	EA	50	MG	0.5	11/01/2004	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
63629-1343-03		Q0163		11/01/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63629-1343-04		Q0163		11/01/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63629-1349-01		Q0163		11/01/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63629-1349-02		Q0163		11/01/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63629-1349-03		Q0163		11/01/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63629-1472-01		None		11/01/2004	99/99/9999	METHOTREXATE, 2.5 MG, ORAL
63629-1533-01		Q0177		11/01/2004	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
DIPHENHYDRAMINE 25 MG	42	EA	BO	PO	EA	50	MG	0.5	11/01/2004	99/99/9999	
DIPHENHYDRAMINE 25 MG	24	EA	BO	PO	EA	50	MG	0.5	11/01/2004	99/99/9999	
DIPHENHYDRAMINE 50 MG	15	EA	BO	PO	EA	50	MG	1	11/01/2004	99/99/9999	
DIPHENHYDRAMINE 50 MG	20	EA	BO	PO	EA	50	MG	1	11/01/2004	99/99/9999	
DIPHENHYDRAMINE 50 MG	30	EA	BO	PO	EA	50	MG	1	11/01/2004	99/99/9999	
METHOTREXATE 2.5 MG	30	EA	NA	PO	EA	2.5	MG	1	11/01/2004	99/99/9999	
HYDROXYYZINE PAMOATE 25 MG	20	EA	NA	PO	EA	25	MG	1	11/01/2004	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
63629-1533-02		Q0177		11/01/2004	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63629-1579-01		J7506		11/01/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG
63629-1579-02		J7506		11/01/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG
63629-1579-03		J7506		11/01/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG
63629-1587-01		J7506		11/01/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG
63629-1587-02		J7506		11/01/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG
63629-1587-03		J7506		11/01/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG
63629-1587-04		J7506		11/01/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG
63629-1591-01		Q0169		11/01/2004	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63629-1591-02		Q0169		11/01/2004	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63629-1591-03		Q0169		11/01/2004	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63629-1591-04		Q0169		11/01/2004	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
HYDROXYYZINE PAMOATE 25 MG	30	EA	NA	PO	EA	25	MG	1	11/01/2004	99/99/9999	
PREDNISONE 10 MG	21	EA	NA	PO	EA	5	MG	2	11/01/2004	12/31/2015	
PREDNISONE 10 MG	40	EA	NA	PO	EA	5	MG	2	11/01/2004	12/31/2015	
PREDNISONE 10 MG	30	EA	NA	PO	EA	5	MG	2	11/01/2004	12/31/2015	
PREDNISONE 20 MG	20	EA	NA	PO	EA	5	MG	4	11/01/2004	12/31/2015	
PREDNISONE 20 MG	30	EA	NA	PO	EA	5	MG	4	11/01/2004	12/31/2015	
PREDNISONE 20 MG	40	EA	NA	PO	EA	5	MG	4	11/01/2004	12/31/2015	
PREDNISONE 20 MG	15	EA	NA	PO	EA	5	MG	4	11/01/2004	12/31/2015	
PROMETHAZINE 12.5 MG	12	EA	NA	PO	EA	12.5	MG	1	11/01/2004	99/99/9999	
PROMETHAZINE 12.5 MG	4	EA	NA	PO	EA	12.5	MG	1	11/01/2004	99/99/9999	
PROMETHAZINE 12.5 MG	2	EA	NA	PO	EA	12.5	MG	1	11/01/2004	99/99/9999	
PROMETHAZINE 12.5 MG	30	EA	NA	PO	EA	12.5	MG	1	11/01/2004	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
63629-1605-01		J7506		11/01/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG
63629-1605-02		J7506		11/01/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG
63629-1605-03		J7506		11/01/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG
63629-1605-04		J7506		11/01/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG
63629-1605-05		J7506		11/01/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG
63629-1676-01		J8499		11/01/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
63629-1676-02		J8499		11/01/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
63629-1676-03		J8499		11/01/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
63629-1677-01		J8499		11/01/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
63629-1677-02		J8499		11/01/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
63629-1677-03		J8499		11/01/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
63629-1678-01		J8499		11/01/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
63629-1678-02		J8499		11/01/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
63629-1678-03		J8499		11/01/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
63629-1742-01		Q0170		11/01/2004	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63629-1742-02		Q0170		11/01/2004	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63629-1742-03		Q0170		11/01/2004	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PREDNISONE 5 MG	30	EA	NA	PO	EA	5	MG	1	11/01/2004	12/31/2015	
PREDNISONE 5 MG	78	EA	NA	PO	EA	5	MG	1	11/01/2004	12/31/2015	
PREDNISONE 5 MG	36	EA	NA	PO	EA	5	MG	1	11/01/2004	12/31/2015	
PREDNISONE 5 MG	21	EA	NA	PO	EA	5	MG	1	11/01/2004	12/31/2015	
PREDNISONE 5 MG	15	EA	NA	PO	EA	5	MG	1	11/01/2004	12/31/2015	
ACYCLOVIR 200 MG	30	EA	BO	PO	EA	1	EA	1	11/01/2004	99/99/9999	
ACYCLOVIR 200 MG	25	EA	BO	PO	EA	1	EA	1	11/01/2004	99/99/9999	
ACYCLOVIR 200 MG	35	EA	BO	PO	EA	1	EA	1	11/01/2004	99/99/9999	
ACYCLOVIR 400 MG	20	EA	BO	PO	EA	1	EA	1	11/01/2004	99/99/9999	
ACYCLOVIR 400 MG	28	EA	BO	PO	EA	1	EA	1	11/01/2004	99/99/9999	
ACYCLOVIR 400 MG	30	EA	BO	PO	EA	1	EA	1	11/01/2004	99/99/9999	
ACYCLOVIR 800 MG	25	EA	BO	PO	EA	1	EA	1	11/01/2004	99/99/9999	
ACYCLOVIR 800 MG	35	EA	BO	PO	EA	1	EA	1	11/01/2004	99/99/9999	
ACYCLOVIR 800 MG	30	EA	BO	PO	EA	1	EA	1	11/01/2004	99/99/9999	
PROMETHAZINE 25 MG	15	EA	NA	PO	EA	25	MG	1	11/01/2004	12/31/2013	
PROMETHAZINE 25 MG	30	EA	NA	PO	EA	25	MG	1	11/01/2004	12/31/2013	
PROMETHAZINE 25 MG	10	EA	NA	PO	EA	25	MG	1	11/01/2004	12/31/2013	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
63629-1742-04		Q0170		11/01/2004	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63629-1841-01		Q0164		11/01/2004	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63629-1856-01		Q0177		11/01/2004	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63629-1856-02		Q0177		11/01/2004	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63629-1862-01		J7510		11/01/2004	99/99/9999	PREDNISOLONE ORAL, PER 5 MG
63629-1870-01		Q0170		11/01/2004	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63629-1870-02		Q0170		11/01/2004	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63739-0165-10		J8999		02/27/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PROMETHAZINE 25 MG	20	EA	NA	PO	EA	25	MG	1	11/01/2004	12/31/2013	
PROCHLORPERAZINE MALEATE 5 MG	20	EA	NA	PO	EA	5	MG	1	11/01/2004	99/99/9999	
HYDROXYYZINE PAMOATE 25 MG	30	EA	NA	PO	EA	25	MG	1	11/01/2004	99/99/9999	
HYDROXYYZINE PAMOATE 25 MG	60	EA	NA	PO	EA	25	MG	1	11/01/2004	99/99/9999	
PREDNISOLONE 15 MG/5 ML	60	ML	NA	PO	ML	5	MG	0.6	11/01/2004	99/99/9999	
PROMETHAZINE 6.25 MG/5 ML	120	ML	NA	PO	ML	25	MG	0.05	11/01/2004	12/31/2013	
PROMETHAZINE 6.25 MG/5 ML	240	ML	NA	PO	ML	25	MG	0.05	11/01/2004	12/31/2013	
MEGESTROL ACETATE (USP) 40 MG	100	EA	BX	PO	EA	1	EA	1	02/27/2007	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
63739-0213-10		Q0170		02/27/2007	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63739-0269-10		J8999		02/27/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
63807-0100-11		A4216		01/01/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
63807-0100-20		A4216		04/01/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
63807-0100-30		A4216		01/01/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
63807-0100-33		A4216		01/01/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
63807-0100-35		A4216		01/01/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
63807-0100-50		A4216		01/01/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
63807-0100-51		A4216		01/01/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
63807-0100-55		A4216		04/01/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
63807-0100-75		A4216		01/01/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
63807-0100-92		A4216		01/01/2007	02/03/2016	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
63807-0102-11		A4216		01/01/2007	02/03/2016	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
63807-0300-35		J1642		04/12/2007	11/25/2016	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS
63807-0400-31		J1642		01/01/2007	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS
63807-0400-35		J1642		04/12/2007	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS
63807-0500-31		J1642		01/01/2007	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PROMETHAZINE HYDROCHLORIDE (USP) 25 MG	100	EA	BX	PO	EA	25	MG	1	02/27/2007	12/31/2013	
TAMOXIFEN CITRATE (USP) 10 MG	100	EA	BX	PO	EA	1	EA	1	02/27/2007	99/99/9999	
SYREX (PF,LATEX-FREE) 0.9%	10	ML	BX	IJ	ML	10	ML	0.1	01/01/2007	99/99/9999	
SYREX (30X10ML,PF) 0.9%	10	ML	SR	IJ	ML	10	ML	0.1	04/01/2007	99/99/9999	
SYREX (SRN,PF) 0.9%	2.5	ML	SR	IJ	ML	10	ML	0.1	01/01/2007	99/99/9999	
SYREX (PF,LATEX-FREE) 0.9%	2.5	ML	BX	IJ	ML	10	ML	0.1	01/01/2007	99/99/9999	
SYREX (USP,10X3ML SYRINGE,PF) 0.9%	3	ML	SR	IJ	ML	10	ML	0.1	01/01/2007	99/99/9999	
SYREX (SRN,PF) 0.9%	5	ML	SR	IJ	ML	10	ML	0.1	01/01/2007	99/99/9999	
SYREX (PF,LATEX-FREE) 0.9%	5	ML	BX	IJ	ML	10	ML	0.1	01/01/2007	99/99/9999	
SYREX (100X5ML,PF) 0.9%	5	ML	SR	IJ	ML	10	ML	0.1	04/01/2007	99/99/9999	
SYREX (SRN,PF) 0.9%	10	ML	SR	IJ	ML	10	ML	0.1	01/01/2007	99/99/9999	
SYREX (2X10ML,PF,LATEX-FREE) 0.9%	10	ML	SR	IJ	ML	10	ML	0.1	01/01/2007	02/03/2016	
SYREX (PF,LATEX-FREE) 0.9%	10	ML	SR	IJ	ML	10	ML	0.1	01/01/2007	02/03/2016	
HEPARIN LOCK FLUSH (USP,3MLX100,PF) 1 U/ML	3	ML	SR	IV	ML	10	U	0.1	04/12/2007	11/25/2016	
HEPARIN LOCK FLUSH (LATEX-FREE) 2 U/ML	5	ML	SR	IV	ML	10	U	0.2	01/01/2007	99/99/9999	
HEPARIN LOCK FLUSH (USP,3MLX100,PF) 2 U/ML	3	ML	SR	IV	ML	10	U	0.2	04/12/2007	99/99/9999	
HEPARIN LOCK FLUSH (LATEX-FREE) 10 U/ML	3	ML	SR	IV	ML	10	U	1	01/01/2007	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
63807-0500-51		J1642		01/01/2007	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS
63807-0600-31		J1642		01/01/2007	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS
63807-0600-51		J1642		01/01/2007	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS
63807-0600-55		J1642		05/10/2005	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS
63868-0087-01		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63868-0087-24		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63868-0500-01		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63868-0611-32		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63868-0612-32		Q0163		04/01/2006	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
HEPARIN LOCK FLUSH (LATEX-FREE) 10 U/ML	5	ML	SR	IV	ML	10	U	1	01/01/2007	99/99/9999	
HEPARIN LOCK FLUSH (LATEX-FREE) 100 U/ML	3	ML	SR	IV	ML	10	U	10	01/01/2007	99/99/9999	
HEPARIN LOCK FLUSH (LATEX-FREE) 100 U/ML	5	ML	SR	IV	ML	10	U	10	01/01/2007	99/99/9999	
HEPARIN LOCK FLUSH 100 U/ML	5	ML	SR	IV	ML	10	U	10	05/10/2005	99/99/9999	
MEDIPHEDRYL 25 MG	100	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999	
MEDIPHEDRYL 25 MG	24	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999	
MEDIPHEDRYL (MINITAB) 25 MG	100	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999	
NIGHT TIME SLEEP AID 25 MG	32	EA	BX	PO	EA	50	MG	0.5	01/01/2002	99/99/9999	
QUALITY CHOICE SLEEP AID (SOFTGEL) 50 MG	32	EA	BO	PO	EA	50	MG	1	04/01/2006	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
63868-0789-24		Q0163		11/01/2003	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63868-0823-54		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0005-01		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0005-02		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0005-06		Q0163		05/10/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0005-09		Q0163		05/10/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0005-10		Q0163		05/10/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
QUALITY CHOICE REST SIMPLY (CAPLET) 25 MG	24	EA	BX	PO	EA	50	MG	0.5	11/01/2003	99/99/9999	
ALLERGY CHILDREN'S (AF,CHERRY) 12.5 MG/5 ML	118	ML	BO	PO	ML	50	MG	0.05	01/01/2002	99/99/9999	
DIPHENHYDRAMINE HCL 25 MG	100	EA	NA	PO	EA	50	MG	0.5	01/01/2002	99/99/9999	
DIPHENHYDRAMINE HCL 25 MG	1000	EA	NA	PO	EA	50	MG	0.5	01/01/2002	99/99/9999	
DIPHENHYDRAMINE HCL 25 MG	6	EA	BO	PO	EA	50	MG	0.5	05/10/2004	99/99/9999	
DIPHENHYDRAMINE HCL 25 MG	9	EA	BO	PO	EA	50	MG	0.5	05/10/2004	99/99/9999	
DIPHENHYDRAMINE HCL 25 MG	10	EA	BO	PO	EA	50	MG	0.5	05/10/2004	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
63874-0005-12		Q0163		05/10/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0005-14		Q0163		05/10/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0005-15		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0005-20		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0005-21		Q0163		05/10/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0005-24		Q0163		05/10/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0005-25		Q0163		05/10/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
DIPHENHYDRAMINE HCL 25 MG	12	EA	BO	PO	EA	50	MG	0.5	05/10/2004	99/99/9999	
DIPHENHYDRAMINE HCL 25 MG	14	EA	BO	PO	EA	50	MG	0.5	05/10/2004	99/99/9999	
DIPHENHYDRAMINE HCL 25 MG	15	EA	NA	PO	EA	50	MG	0.5	01/01/2002	99/99/9999	
DIPHENHYDRAMINE HCL 25 MG	20	EA	NA	PO	EA	50	MG	0.5	01/01/2002	99/99/9999	
DIPHENHYDRAMINE HCL 25 MG	21	EA	BO	PO	EA	50	MG	0.5	05/10/2004	99/99/9999	
DIPHENHYDRAMINE HCL 25 MG	24	EA	BO	PO	EA	50	MG	0.5	05/10/2004	99/99/9999	
DIPHENHYDRAMINE HCL 25 MG	25	EA	BO	PO	EA	50	MG	0.5	05/10/2004	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
63874-0005-28		Q0163		05/10/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0005-30		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0005-40		Q0163		05/10/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0005-45		Q0163		05/10/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0005-60		Q0163		05/10/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0005-90		Q0163		05/10/2004	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0006-01		Q0163		01/01/2002	02/03/2016	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
DIPHENHYDRAMINE HCL 25 MG	28	EA	BO	PO	EA	50	MG	0.5	05/10/2004	99/99/9999	
DIPHENHYDRAMINE HCL 25 MG	30	EA	BX	PO	EA	50	MG	0.5	01/01/2002	99/99/9999	
DIPHENHYDRAMINE HCL 25 MG	40	EA	BO	PO	EA	50	MG	0.5	05/10/2004	99/99/9999	
DIPHENHYDRAMINE HCL 25 MG	45	EA	BO	PO	EA	50	MG	0.5	05/10/2004	99/99/9999	
DIPHENHYDRAMINE HCL 25 MG	60	EA	BO	PO	EA	50	MG	0.5	05/10/2004	99/99/9999	
DIPHENHYDRAMINE HCL 25 MG	90	EA	BO	PO	EA	50	MG	0.5	05/10/2004	99/99/9999	
DIPHENHYDRAMINE HCL 50 MG	100	EA	BO	PO	EA	50	MG	1	01/01/2002	02/03/2016	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
63874-0006-02		Q0163		01/01/2002	02/03/2016	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0006-07		Q0163		05/10/2004	02/03/2016	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0006-10		Q0163		05/10/2004	02/03/2016	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0006-12		Q0163		05/10/2004	02/03/2016	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0006-14		Q0163		05/10/2004	02/03/2016	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0006-15		Q0163		01/01/2002	02/03/2016	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0006-20		Q0163		01/01/2002	02/03/2016	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
DIPHENHYDRAMINE HCL 50 MG	1000	EA	BO	PO	EA	50	MG	1	01/01/2002	02/03/2016	
DIPHENHYDRAMINE HCL 50 MG	7	EA	BO	PO	EA	50	MG	1	05/10/2004	02/03/2016	
DIPHENHYDRAMINE HCL 50 MG	10	EA	BO	PO	EA	50	MG	1	05/10/2004	02/03/2016	
DIPHENHYDRAMINE HCL 50 MG	12	EA	BO	PO	EA	50	MG	1	05/10/2004	02/03/2016	
DIPHENHYDRAMINE HCL 50 MG	14	EA	BO	PO	EA	50	MG	1	05/10/2004	02/03/2016	
DIPHENHYDRAMINE HCL 50 MG	15	EA	BO	PO	EA	50	MG	1	01/01/2002	02/03/2016	
DIPHENHYDRAMINE HCL 50 MG	20	EA	BO	PO	EA	50	MG	1	01/01/2002	02/03/2016	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
63874-0006-25		Q0163		05/10/2004	02/03/2016	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0006-28		Q0163		05/10/2004	02/03/2016	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0006-30		Q0163		01/01/2002	02/03/2016	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0006-60		Q0163		05/10/2004	02/03/2016	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0246-00		Q0144		03/15/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
63874-0246-04		Q0144		03/15/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
63874-0246-06		Q0144		03/15/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
63874-0246-10		Q0144		03/15/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
63874-0246-15		Q0144		03/15/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
63874-0327-01		J7506		05/10/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG
63874-0327-02		J7506		05/10/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG
63874-0327-10		J7506		05/10/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG
63874-0327-12		J7506		05/10/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG
63874-0327-14		J7506		05/10/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
DIPHENHYDRAMINE HCL 50 MG	25	EA	BO	PO	EA	50	MG	1	05/10/2004	02/03/2016	
DIPHENHYDRAMINE HCL 50 MG	28	EA	BO	PO	EA	50	MG	1	05/10/2004	02/03/2016	
DIPHENHYDRAMINE HCL 50 MG	30	EA	BO	PO	EA	50	MG	1	01/01/2002	02/03/2016	
DIPHENHYDRAMINE HCL 50 MG	60	EA	BO	PO	EA	50	MG	1	05/10/2004	02/03/2016	
ZITHROMAX (Z-PACK) 250 MG	6	EA	NA	PO	EA	1	GM	0.25	03/15/2006	99/99/9999	
ZITHROMAX 250 MG	4	EA	BO	PO	EA	1	GM	0.25	03/15/2006	99/99/9999	
ZITHROMAX 250 MG	6	EA	BO	PO	EA	1	GM	0.25	03/15/2006	99/99/9999	
ZITHROMAX 250 MG	10	EA	BO	PO	EA	1	GM	0.25	03/15/2006	99/99/9999	
ZITHROMAX 250 MG	15	EA	BO	PO	EA	1	GM	0.25	03/15/2006	99/99/9999	
PREDNISONE 10 MG	100	EA	BO	PO	EA	5	MG	2	05/10/2004	12/31/2015	
PREDNISONE 10 MG	1000	EA	BO	PO	EA	5	MG	2	05/10/2004	12/31/2015	
PREDNISONE 10 MG	10	EA	BO	PO	EA	5	MG	2	05/10/2004	12/31/2015	
PREDNISONE 10 MG	12	EA	BO	PO	EA	5	MG	2	05/10/2004	12/31/2015	
PREDNISONE 10 MG	14	EA	BO	PO	EA	5	MG	2	05/10/2004	12/31/2015	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
63874-0327-15		J7506		05/10/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG
63874-0327-18		J7506		05/10/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG
63874-0327-19		J7506		05/10/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG
63874-0327-20		J7506		05/10/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG
63874-0327-21		J7506		05/10/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG
63874-0327-24		J7506		05/10/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG
63874-0327-25		J7506		05/10/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG
63874-0327-28		J7506		05/10/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG
63874-0327-30		J7506		05/10/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG
63874-0327-32		J7506		05/10/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG
63874-0327-40		J7506		05/10/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG
63874-0327-42		J7506		05/10/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG
63874-0327-50		J7506		05/10/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG
63874-0327-60		J7506		05/10/2004	12/31/2015	PREDNISONE, ORAL, PER 5MG
63874-0370-01		Q0170		05/07/2004	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0370-08		Q0170		05/07/2004	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0370-10		Q0170		05/07/2004	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PREDNISONE 10 MG	15	EA	BO	PO	EA	5	MG	2	05/10/2004	12/31/2015	
PREDNISONE 10 MG	18	EA	BO	PO	EA	5	MG	2	05/10/2004	12/31/2015	
PREDNISONE 10 MG	19	EA	BO	PO	EA	5	MG	2	05/10/2004	12/31/2015	
PREDNISONE 10 MG	20	EA	BO	PO	EA	5	MG	2	05/10/2004	12/31/2015	
PREDNISONE 10 MG	21	EA	BO	PO	EA	5	MG	2	05/10/2004	12/31/2015	
PREDNISONE 10 MG	24	EA	BO	PO	EA	5	MG	2	05/10/2004	12/31/2015	
PREDNISONE 10 MG	25	EA	BO	PO	EA	5	MG	2	05/10/2004	12/31/2015	
PREDNISONE 10 MG	28	EA	BO	PO	EA	5	MG	2	05/10/2004	12/31/2015	
PREDNISONE 10 MG	30	EA	BO	PO	EA	5	MG	2	05/10/2004	12/31/2015	
PREDNISONE 10 MG	32	EA	BO	PO	EA	5	MG	2	05/10/2004	12/31/2015	
PREDNISONE 10 MG	40	EA	BO	PO	EA	5	MG	2	05/10/2004	12/31/2015	
PREDNISONE 10 MG	42	EA	BO	PO	EA	5	MG	2	05/10/2004	12/31/2015	
PREDNISONE 10 MG	50	EA	BO	PO	EA	5	MG	2	05/10/2004	12/31/2015	
PREDNISONE 10 MG	60	EA	BO	PO	EA	5	MG	2	05/10/2004	12/31/2015	
PROMETHAZINE HCL 25 MG	100	EA	BO	PO	EA	25	MG	1	05/07/2004	12/31/2013	
PROMETHAZINE HCL 25 MG	8	EA	BO	PO	EA	25	MG	1	05/07/2004	12/31/2013	
PROMETHAZINE HCL 25 MG	10	EA	BO	PO	EA	25	MG	1	05/07/2004	12/31/2013	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
63874-0370-12		Q0170		05/07/2004	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0370-15		Q0170		05/07/2004	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0370-20		Q0170		05/07/2004	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0370-24		Q0170		05/07/2004	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0370-30		Q0170		05/07/2004	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0370-40		Q0170		05/07/2004	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0370-60		Q0170		03/02/2006	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PROMETHAZINE HCL 25 MG	12	EA	BO	PO	EA	25	MG	1	05/07/2004	12/31/2013	
PROMETHAZINE HCL 25 MG	15	EA	BO	PO	EA	25	MG	1	05/07/2004	12/31/2013	
PROMETHAZINE HCL 25 MG	20	EA	BO	PO	EA	25	MG	1	05/07/2004	12/31/2013	
PROMETHAZINE HCL 25 MG	24	EA	BO	PO	EA	25	MG	1	05/07/2004	12/31/2013	
PROMETHAZINE HCL 25 MG	30	EA	BO	PO	EA	25	MG	1	05/07/2004	12/31/2013	
PROMETHAZINE HCL 25 MG	40	EA	BO	PO	EA	25	MG	1	05/07/2004	12/31/2013	
PROMETHAZINE HYDROCHLORIDE 25 MG	60	EA	NA	PO	EA	25	MG	1	03/02/2006	12/31/2013	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
63874-0373-01		J7506		01/15/2006	12/31/2015	PREDNISONE, ORAL, PER 5MG
63874-0373-02		J7506		01/15/2006	12/31/2015	PREDNISONE, ORAL, PER 5MG
63874-0373-10		J7506		01/15/2006	12/31/2015	PREDNISONE, ORAL, PER 5MG
63874-0373-15		J7506		01/15/2006	12/31/2015	PREDNISONE, ORAL, PER 5MG
63874-0373-20		J7506		01/15/2006	12/31/2015	PREDNISONE, ORAL, PER 5MG
63874-0373-21		J7506		01/15/2006	12/31/2015	PREDNISONE, ORAL, PER 5MG
63874-0373-30		J7506		01/15/2006	12/31/2015	PREDNISONE, ORAL, PER 5MG
63874-0373-33		J7506		01/15/2006	12/31/2015	PREDNISONE, ORAL, PER 5MG
63874-0373-36		J7506		01/15/2006	12/31/2015	PREDNISONE, ORAL, PER 5MG
63874-0373-40		J7506		01/15/2006	12/31/2015	PREDNISONE, ORAL, PER 5MG
63874-0373-50		J7506		01/15/2006	12/31/2015	PREDNISONE, ORAL, PER 5MG
63874-0373-60		J7506		01/15/2006	12/31/2015	PREDNISONE, ORAL, PER 5MG
63874-0392-01		J7506		01/15/2006	12/31/2015	PREDNISONE, ORAL, PER 5MG
63874-0392-02		J7506		01/15/2006	12/31/2015	PREDNISONE, ORAL, PER 5MG
63874-0392-06		J7506		01/15/2006	12/31/2015	PREDNISONE, ORAL, PER 5MG
63874-0392-10		J7506		01/15/2006	12/31/2015	PREDNISONE, ORAL, PER 5MG
63874-0392-14		J7506		01/15/2006	12/31/2015	PREDNISONE, ORAL, PER 5MG
63874-0392-15		J7506		01/15/2006	12/31/2015	PREDNISONE, ORAL, PER 5MG
63874-0392-20		J7506		01/15/2006	12/31/2015	PREDNISONE, ORAL, PER 5MG
63874-0392-21		J7506		01/15/2006	12/31/2015	PREDNISONE, ORAL, PER 5MG
63874-0392-24		J7506		01/15/2006	12/31/2015	PREDNISONE, ORAL, PER 5MG
63874-0392-28		J7506		01/15/2006	12/31/2015	PREDNISONE, ORAL, PER 5MG
63874-0392-30		J7506		01/15/2006	12/31/2015	PREDNISONE, ORAL, PER 5MG
63874-0392-40		J7506		01/15/2006	12/31/2015	PREDNISONE, ORAL, PER 5MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PREDNISONE 5 MG	100	EA	BO	PO	EA	5	MG	1	01/15/2006	12/31/2015	
PREDNISONE 5 MG	1000	EA	BO	PO	EA	5	MG	1	01/15/2006	12/31/2015	
PREDNISONE 5 MG	10	EA	BO	PO	EA	5	MG	1	01/15/2006	12/31/2015	
PREDNISONE 5 MG	15	EA	BO	PO	EA	5	MG	1	01/15/2006	12/31/2015	
PREDNISONE 5 MG	20	EA	BO	PO	EA	5	MG	1	01/15/2006	12/31/2015	
PREDNISONE 5 MG	21	EA	BO	PO	EA	5	MG	1	01/15/2006	12/31/2015	
PREDNISONE 5 MG	30	EA	BO	PO	EA	5	MG	1	01/15/2006	12/31/2015	
PREDNISONE 5 MG	33	EA	BO	PO	EA	5	MG	1	01/15/2006	12/31/2015	
PREDNISONE 5 MG	36	EA	BO	PO	EA	5	MG	1	01/15/2006	12/31/2015	
PREDNISONE 5 MG	40	EA	BO	PO	EA	5	MG	1	01/15/2006	12/31/2015	
PREDNISONE 5 MG	50	EA	BO	PO	EA	5	MG	1	01/15/2006	12/31/2015	
PREDNISONE 5 MG	60	EA	BO	PO	EA	5	MG	1	01/15/2006	12/31/2015	
PREDNISONE 20 MG	100	EA	BO	PO	EA	5	MG	4	01/15/2006	12/31/2015	
PREDNISONE 20 MG	1000	EA	BO	PO	EA	5	MG	4	01/15/2006	12/31/2015	
PREDNISONE 20 MG	60	EA	BO	PO	EA	5	MG	4	01/15/2006	12/31/2015	
PREDNISONE 20 MG	10	EA	BO	PO	EA	5	MG	4	01/15/2006	12/31/2015	
PREDNISONE 20 MG	14	EA	BO	PO	EA	5	MG	4	01/15/2006	12/31/2015	
PREDNISONE 20 MG	15	EA	BO	PO	EA	5	MG	4	01/15/2006	12/31/2015	
PREDNISONE 20 MG	20	EA	BO	PO	EA	5	MG	4	01/15/2006	12/31/2015	
PREDNISONE 20 MG	21	EA	BO	PO	EA	5	MG	4	01/15/2006	12/31/2015	
PREDNISONE 20 MG	24	EA	BO	PO	EA	5	MG	4	01/15/2006	12/31/2015	
PREDNISONE 20 MG	28	EA	BO	PO	EA	5	MG	4	01/15/2006	12/31/2015	
PREDNISONE 20 MG	30	EA	BO	PO	EA	5	MG	4	01/15/2006	12/31/2015	
PREDNISONE 20 MG	40	EA	BO	PO	EA	5	MG	4	01/15/2006	12/31/2015	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
63874-0404-01		J8499		01/23/2002	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
63874-0404-10		J8499		01/23/2002	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
63874-0404-14		J8499		01/23/2002	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
63874-0404-15		J8499		01/23/2002	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
63874-0404-20		J8499		01/23/2002	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
63874-0404-24		J8499		01/23/2002	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
63874-0404-25		J8499		01/23/2002	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
63874-0404-30		J8499		01/23/2002	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
63874-0404-35		J8499		01/15/2006	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
63874-0404-40		J8499		01/23/2002	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
63874-0404-50		J8499		01/23/2002	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
63874-0404-60		J8499		01/23/2002	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
63874-0405-01		J8499		01/15/2006	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
63874-0405-10		J8499		01/15/2006	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
63874-0405-20		J8499		01/15/2006	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
63874-0405-25		J8499		01/15/2006	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
63874-0405-30		J8499		01/15/2006	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
63874-0405-35		J8499		01/15/2006	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
63874-0413-21		J7509		01/01/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG
63874-0442-02		Q0177		05/11/2004	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
ACYCLOVIR 200 MG	100	EA	BO	PO	EA	1	EA	1	01/23/2002	02/03/2016	
ACYCLOVIR 200 MG	10	EA	BO	PO	EA	1	EA	1	01/23/2002	02/03/2016	
ACYCLOVIR 200 MG	14	EA	BO	PO	EA	1	EA	1	01/23/2002	02/03/2016	
ACYCLOVIR 200 MG	15	EA	BO	PO	EA	1	EA	1	01/23/2002	02/03/2016	
ACYCLOVIR 200 MG	20	EA	BO	PO	EA	1	EA	1	01/23/2002	02/03/2016	
ACYCLOVIR 200 MG	24	EA	BO	PO	EA	1	EA	1	01/23/2002	02/03/2016	
ACYCLOVIR 200 MG	25	EA	BO	PO	EA	1	EA	1	01/23/2002	02/03/2016	
ACYCLOVIR 200 MG	30	EA	BO	PO	EA	1	EA	1	01/23/2002	02/03/2016	
ACYCLOVIR 200 MG	35	EA	BO	PO	EA	1	EA	1	01/15/2006	02/03/2016	
ACYCLOVIR 200 MG	40	EA	BO	PO	EA	1	EA	1	01/23/2002	02/03/2016	
ACYCLOVIR 200 MG	50	EA	BO	PO	EA	1	EA	1	01/23/2002	02/03/2016	
ACYCLOVIR 200 MG	60	EA	BO	PO	EA	1	EA	1	01/23/2002	02/03/2016	
ACYCLOVIR 800 MG	100	EA	BO	PO	EA	1	EA	1	01/15/2006	02/03/2016	
ACYCLOVIR 800 MG	10	EA	BO	PO	EA	1	EA	1	01/15/2006	02/03/2016	
ACYCLOVIR 800 MG	20	EA	BO	PO	EA	1	EA	1	01/15/2006	02/03/2016	
ACYCLOVIR 800 MG	25	EA	BO	PO	EA	1	EA	1	01/15/2006	02/03/2016	
ACYCLOVIR 800 MG	30	EA	BO	PO	EA	1	EA	1	01/15/2006	02/03/2016	
ACYCLOVIR 800 MG	35	EA	BO	PO	EA	1	EA	1	01/15/2006	02/03/2016	
METHYLPREDNISOLONE 4 MG	21	EA	DP	PO	EA	4	MG	1	01/01/2002	99/99/9999	
HYDROXYZINE PAMOATE 25 MG	1000	EA	NA	PO	EA	25	MG	1	05/11/2004	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
63874-0442-03		Q0177		05/11/2004	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0442-04		Q0177		05/11/2004	02/03/2016	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0442-05		Q0177		05/11/2004	02/03/2016	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0442-09		Q0177		05/11/2004	02/03/2016	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0442-10		Q0177		05/11/2004	02/03/2016	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0442-14		Q0177		05/11/2004	02/03/2016	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0442-15		Q0177		05/11/2004	02/03/2016	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
HYDROXYZINE PAMOATE 25 MG	500	EA	NA	PO	EA	25	MG	1	05/11/2004	99/99/9999	
HYDROXYZINE PAMOATE 25 MG	120	EA	BO	PO	EA	25	MG	1	05/11/2004	02/03/2016	
HYDROXYZINE PAMOATE 25 MG	5	EA	BO	PO	EA	25	MG	1	05/11/2004	02/03/2016	
HYDROXYZINE PAMOATE 25 MG	9	EA	BO	PO	EA	25	MG	1	05/11/2004	02/03/2016	
HYDROXYZINE PAMOATE 25 MG	10	EA	BO	PO	EA	25	MG	1	05/11/2004	02/03/2016	
HYDROXYZINE PAMOATE 25 MG	14	EA	BO	PO	EA	25	MG	1	05/11/2004	02/03/2016	
HYDROXYZINE PAMOATE 25 MG	15	EA	BO	PO	EA	25	MG	1	05/11/2004	02/03/2016	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
63874-0442-20		Q0177		05/11/2004	02/03/2016	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0442-25		Q0177		05/11/2004	02/03/2016	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0442-28		Q0177		05/11/2004	02/03/2016	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0442-30		Q0177		05/11/2004	02/03/2016	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0442-40		Q0177		05/11/2004	02/03/2016	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0442-45		Q0177		05/11/2004	02/03/2016	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0442-60		Q0177		05/11/2004	02/03/2016	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
HYDROXYZINE PAMOATE 25 MG	20	EA	BO	PO	EA	25	MG	1	05/11/2004	02/03/2016	
HYDROXYZINE PAMOATE 25 MG	25	EA	BO	PO	EA	25	MG	1	05/11/2004	02/03/2016	
HYDROXYZINE PAMOATE 25 MG	28	EA	BO	PO	EA	25	MG	1	05/11/2004	02/03/2016	
HYDROXYZINE PAMOATE 25 MG	30	EA	BO	PO	EA	25	MG	1	05/11/2004	02/03/2016	
HYDROXYZINE PAMOATE 25 MG	40	EA	BO	PO	EA	25	MG	1	05/11/2004	02/03/2016	
HYDROXYZINE PAMOATE 25 MG	45	EA	BO	PO	EA	25	MG	1	05/11/2004	02/03/2016	
HYDROXYZINE PAMOATE 25 MG	60	EA	BO	PO	EA	25	MG	1	05/11/2004	02/03/2016	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
63874-0442-90		Q0177		05/11/2004	02/03/2016	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0444-01		J8540		01/01/2006	02/03/2016	DEXAMETHASONE, ORAL, 0.25 MG
63874-0444-12		J8540		01/01/2006	02/03/2016	DEXAMETHASONE, ORAL, 0.25 MG
63874-0444-15		J8540		01/01/2006	02/03/2016	DEXAMETHASONE, ORAL, 0.25 MG
63874-0444-20		J8540		01/01/2006	02/03/2016	DEXAMETHASONE, ORAL, 0.25 MG
63874-0444-21		J8540		01/01/2006	02/03/2016	DEXAMETHASONE, ORAL, 0.25 MG
63874-0444-30		J8540		01/01/2006	02/03/2016	DEXAMETHASONE, ORAL, 0.25 MG
63874-0490-01		Q0165		05/10/2004	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0490-06		Q0165		05/10/2004	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0490-08		Q0165		05/10/2004	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
HYDROXYZINE PAMOATE 25 MG	90	EA	BO	PO	EA	25	MG	1	05/11/2004	02/03/2016	
DEXAMETHASONE (DOSE PAK) 0.75 MG	100	EA	BO	PO	EA	0.25	MG	3	01/01/2006	02/03/2016	
DEXAMETHASONE (DOSE PAK) 0.75 MG	12	EA	BO	PO	EA	0.25	MG	3	01/01/2006	02/03/2016	
DEXAMETHASONE (DOSE PAK) 0.75 MG	15	EA	BO	PO	EA	0.25	MG	3	01/01/2006	02/03/2016	
DEXAMETHASONE (DOSE PAK) 0.75 MG	20	EA	BO	PO	EA	0.25	MG	3	01/01/2006	02/03/2016	
DEXAMETHASONE (DOSE PAK) 0.75 MG	12	EA	BO	PO	EA	0.25	MG	3	01/01/2006	02/03/2016	
DEXAMETHASONE (DOSE PAK) 0.75 MG	30	EA	BO	PO	EA	0.25	MG	3	01/01/2006	02/03/2016	
PROCHLORPERAZINE MALEATE 10 MG	100	EA	BO	PO	EA	10	MG	1	05/10/2004	12/31/2013	
PROCHLORPERAZINE MALEATE 10 MG	6	EA	BO	PO	EA	10	MG	1	05/10/2004	12/31/2013	
PROCHLORPERAZINE MALEATE 10 MG	8	EA	BO	PO	EA	10	MG	1	05/10/2004	12/31/2013	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
63874-0490-10		Q0165		05/10/2004	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0490-12		Q0165		05/10/2004	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0490-15		Q0165		05/10/2004	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0490-20		Q0165		05/10/2004	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0490-28		Q0165		05/10/2004	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0490-30		Q0165		05/10/2004	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0490-60		Q0165		05/10/2004	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PROCHLORPERAZINE MALEATE 10 MG	10	EA	BO	PO	EA	10	MG	1	05/10/2004	12/31/2013	
PROCHLORPERAZINE MALEATE 10 MG	12	EA	BO	PO	EA	10	MG	1	05/10/2004	12/31/2013	
PROCHLORPERAZINE MALEATE 10 MG	15	EA	BO	PO	EA	10	MG	1	05/10/2004	12/31/2013	
PROCHLORPERAZINE MALEATE 10 MG	20	EA	BO	PO	EA	10	MG	1	05/10/2004	12/31/2013	
PROCHLORPERAZINE MALEATE 10 MG	28	EA	BO	PO	EA	10	MG	1	05/10/2004	12/31/2013	
PROCHLORPERAZINE MALEATE 10 MG	30	EA	BO	PO	EA	10	MG	1	05/10/2004	12/31/2013	
PROCHLORPERAZINE MALEATE 10 MG	60	EA	BO	PO	EA	10	MG	1	05/10/2004	12/31/2013	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
63874-0500-01		J8499		03/15/2006	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
63874-0500-15		J8499		01/23/2002	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
63874-0500-20		J8499		03/15/2006	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
63874-0500-21		J8499		03/15/2006	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
63874-0500-25		J8499		03/15/2006	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
63874-0500-30		J8499		03/15/2006	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
63874-0500-40		J8499		03/15/2006	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
63874-0500-60		J8499		03/15/2006	02/03/2016	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
63874-0708-20		J7611		04/01/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG
63874-0712-12		Q0170		01/01/2002	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0757-01		Q0178		01/15/2006	12/31/2013	HYDROXYZINE PAMOATE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0757-04		Q0178		01/15/2006	12/31/2013	HYDROXYZINE PAMOATE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0757-10		Q0178		01/15/2006	12/31/2013	HYDROXYZINE PAMOATE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
ACYCLOVIR 400 MG	100	EA	BO	PO	EA	1	EA	1	03/15/2006	02/03/2016	
ACYCLOVIR 400 MG	15	EA	BO	PO	EA	1	EA	1	01/23/2002	02/03/2016	
ACYCLOVIR 400 MG	20	EA	BO	PO	EA	1	EA	1	03/15/2006	02/03/2016	
ACYCLOVIR 400 MG	21	EA	BO	PO	EA	1	EA	1	03/15/2006	02/03/2016	
ACYCLOVIR 400 MG	25	EA	BO	PO	EA	1	EA	1	03/15/2006	02/03/2016	
ACYCLOVIR 400 MG	30	EA	BO	PO	EA	1	EA	1	03/15/2006	02/03/2016	
ACYCLOVIR 400 MG	40	EA	BO	PO	EA	1	EA	1	03/15/2006	02/03/2016	
ACYCLOVIR 400 MG	60	EA	NA	PO	EA	1	EA	1	03/15/2006	02/03/2016	
ALBUTEROL SULFATE 0.5%	20	ML	NA	IH	ML	1	MG	5	04/01/2008	99/99/9999	
PROMETHAZINE HCL 6.25 MG/5 ML	120	ML	NA	PO	ML	25	MG	0.05	01/01/2002	12/31/2013	
HYDROXYZINE PAMOATE 50 MG	100	EA	BO	PO	EA	50	MG	1	01/15/2006	12/31/2013	
HYDROXYZINE PAMOATE 50 MG	120	EA	BO	PO	EA	50	MG	1	01/15/2006	12/31/2013	
HYDROXYZINE PAMOATE 50 MG	10	EA	BO	PO	EA	50	MG	1	01/15/2006	12/31/2013	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
63874-0757-15		Q0178		01/15/2006	12/31/2013	HYDROXYZINE PAMOATE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0757-20		Q0178		01/15/2006	12/31/2013	HYDROXYZINE PAMOATE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0757-21		Q0178		01/15/2006	12/31/2013	HYDROXYZINE PAMOATE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0757-24		Q0178		01/15/2006	12/31/2013	HYDROXYZINE PAMOATE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0757-28		Q0178		01/15/2006	12/31/2013	HYDROXYZINE PAMOATE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0757-30		Q0178		01/15/2006	12/31/2013	HYDROXYZINE PAMOATE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0757-60		Q0178		01/15/2006	12/31/2013	HYDROXYZINE PAMOATE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
HYDROXYZINE PAMOATE 50 MG	15	EA	BO	PO	EA	50	MG	1	01/15/2006	12/31/2013	
HYDROXYZINE PAMOATE 50 MG	20	EA	BO	PO	EA	50	MG	1	01/15/2006	12/31/2013	
HYDROXYZINE PAMOATE 50 MG	21	EA	BO	PO	EA	50	MG	1	01/15/2006	12/31/2013	
HYDROXYZINE PAMOATE 50 MG	24	EA	BO	PO	EA	50	MG	1	01/15/2006	12/31/2013	
HYDROXYZINE PAMOATE 50 MG	28	EA	BO	PO	EA	50	MG	1	01/15/2006	12/31/2013	
HYDROXYZINE PAMOATE 50 MG	30	EA	BO	PO	EA	50	MG	1	01/15/2006	12/31/2013	
HYDROXYZINE PAMOATE 50 MG	60	EA	BO	PO	EA	50	MG	1	01/15/2006	12/31/2013	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
63874-0757-90		Q0178		01/15/2006	12/31/2013	HYDROXYZINE PAMOATE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0806-12		J8498		01/15/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED
64019-0750-85		J1230		01/01/2002	99/99/9999	INJECTION, METHADONE HCL, UP TO 10 MG
64019-0750-88		J1230		01/01/2002	99/99/9999	INJECTION, METHADONE HCL, UP TO 10 MG
64116-0011-12		J9216		01/01/2002	11/12/2013	INJECTION, INTERFERON, GAMMA 1-B, 3 MILLION UNITS
64253-0111-21		A4216		01/01/2007	02/03/2016	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
64253-0111-22		A4216		01/01/2007	02/03/2016	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
64253-0111-23		A4216		01/01/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
64253-0111-25		A4216		01/01/2007	02/03/2016	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
64253-0111-30		A4216		01/01/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
64253-0111-33		A4216		01/01/2007	02/03/2016	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
64253-0111-35		A4216		01/01/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
64253-0222-22		J1642		01/01/2002	02/03/2016	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS
64253-0222-23		J1642		01/01/2002	02/03/2016	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
HYDROXYZINE PAMOATE 50 MG	90	EA	BO	PO	EA	50	MG	1	01/15/2006	12/31/2013	
PROCHLORPERAZINE 25 MG	12	EA	NA	RC	EA	1	EA	1	01/15/2006	99/99/9999	
METHADONE HCL	1	EA	BO	NA	GM	10	MG	100	01/01/2002	99/99/9999	
METHADONE HCL	1	EA	BO	NA	GM	10	MG	100	01/01/2002	99/99/9999	
ACTIMMUNE (VIAL) 2 Million IU/0.5 ML	0.5	ML	VL	SC	ML	3	MU	1.33333	01/01/2002	11/12/2013	
NORMAL SALINE FLUSH (SRN,6 ML W/LUER LOCK,PF) 0.9%	1	ML	SR	IV	ML	10	ML	0.1	01/01/2007	02/03/2016	
NORMAL SALINE FLUSH (SRN,6 ML W/LUER LOCK,PF) 0.9%	2	ML	SR	IV	ML	10	ML	0.1	01/01/2007	02/03/2016	
NORMAL SALINE FLUSH (SRN,6 ML W/LUER LOCK,PF) 0.9%	3	ML	SR	IV	ML	10	ML	0.1	01/01/2007	99/99/9999	
NORMAL SALINE FLUSH (SRN,6 ML W/LUER LOCK,PF) 0.9%	5	ML	SR	IV	ML	10	ML	0.1	01/01/2007	02/03/2016	
NORMAL SALINE FLUSH (SRN W/LUER LOCK,PF) 0.9%	10	ML	SR	IV	ML	10	ML	0.1	01/01/2007	99/99/9999	
NORMAL SALINE FLUSH (SRN,12 ML W/LUER LOK,PF) 0.9%	3	ML	SR	IV	ML	10	ML	0.1	01/01/2007	02/03/2016	
NORMAL SALINE FLUSH (SRN,12 ML W/LUER LOK,PF) 0.9%	5	ML	SR	IV	ML	10	ML	0.1	01/01/2007	99/99/9999	
HEPARIN LOCK FLUSH (SRN,6 ML W/LUER LOCK) 10 U/ML-0.9%	2	ML	SR	IV	ML	10	U	1	01/01/2002	02/03/2016	
HEPARIN LOCK FLUSH (SRN,6 ML W/LUER LOCK) 10 U/ML-0.9%	3	ML	SR	IV	ML	10	U	1	01/01/2002	02/03/2016	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
64253-0222-25		J1642		01/01/2002	02/03/2016	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS
64253-0222-30		J1642		01/01/2002	02/03/2016	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS
64253-0222-33		J1642		01/01/2002	02/03/2016	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS
64253-0222-35		J1642		01/01/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS
64253-0333-21		J1642		01/01/2002	02/03/2016	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS
64253-0333-22		J1642		01/01/2002	02/03/2016	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS
64253-0333-23		J1642		01/01/2002	02/03/2016	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS
64253-0333-25		J1642		01/01/2002	02/03/2016	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS
64253-0333-30		J1642		01/01/2002	02/03/2016	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS
64253-0333-33		J1642		01/01/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS
64253-0333-35		J1642		01/01/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS
64253-0444-25		J1642		10/10/2003	12/08/2016	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS
64281-0100-06		J7674		01/01/2005	99/99/9999	METHACHOLINE CHLORIDE ADMINISTERED AS INHALATION SOLUTION THROUGH A NEBULIZER, PER 1 MG
64370-0532-01		J9390		06/23/2008	99/99/9999	INJECTION, VINORELBINE TARTRATE, 10 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
HEPARIN LOCK FLUSH (SRN,6 ML W/LUER LOCK) 10 U/ML-0.9%	5	ML	SR	IV	ML	10	U	1	01/01/2002	02/03/2016	
HEPARIN LOCK FLUSH (SRN W/LUER LOCK) 10 U/ML-0.9%	10	ML	SR	IV	ML	10	U	1	01/01/2002	02/03/2016	
HEPARIN LOCK FLUSH (SRN,12 ML W/LUER LOCK) 10 U/ML-0.9%	3	ML	SR	IV	ML	10	U	1	01/01/2002	02/03/2016	
HEPARIN LOCK FLUSH (SRN,12 ML W/LUER LOCK) 10 U/ML-0.9%	5	ML	SR	IV	ML	10	U	1	01/01/2002	99/99/9999	
HEPARIN LOCK FLUSH (SRN,6 ML W/LUER LOCK) 100 U/ML-0.9%	1	ML	SR	IV	ML	10	U	10	01/01/2002	02/03/2016	
HEPARIN LOCK FLUSH (SRN,6 ML W/LUER LOCK) 100 U/ML-0.9%	2	ML	SR	IV	ML	10	U	10	01/01/2002	02/03/2016	
HEPARIN LOCK FLUSH (SRN,6 ML W/LUER LOCK) 100 U/ML-0.9%	3	ML	SR	IV	ML	10	U	10	01/01/2002	02/03/2016	
HEPARIN LOCK FLUSH (SRN,6 ML W/LUER LOCK) 100 U/ML-0.9%	5	ML	SR	IV	ML	10	U	10	01/01/2002	02/03/2016	
HEPARIN LOCK FLUSH (SRN W/LUER LOCK) 100 U/ML-0.9%	10	ML	SR	IV	ML	10	U	10	01/01/2002	02/03/2016	
HEPARIN LOCK FLUSH (SRN,12 ML W/LUER LOCK) 100 U/ML-0.9%	3	ML	SR	IV	ML	10	U	10	01/01/2002	99/99/9999	
HEPARIN LOCK FLUSH (SRN,12 ML W/LUER LOCK) 100 U/ML-0.9%	5	ML	SR	IV	ML	10	U	10	01/01/2002	99/99/9999	
HEPARIN LOCK FLUSH (6ML PRE-FILLED SYRINGE) 1 U/ML	5	ML	SR	IV	ML	10	U	0.1	10/10/2003	12/08/2016	
PROVOCHOLINE 100 MG	1	EA	VL	IH	EA	1	MG	100	01/01/2005	99/99/9999	
NAVELBINE (1X1ML,SINGLE USE,PF) 10 MG/ML	1	ML	VL	IV	ML	10	MG	1	06/23/2008	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
64370-0532-02		J9390		06/23/2008	99/99/9999	INJECTION, VINORELBINE TARTRATE, 10 MG
64679-0662-01		J1626		04/25/2008	05/31/2014	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG
64679-0701-02		J0696		05/18/2007	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
64679-0701-03		J0696		05/18/2007	05/31/2014	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
64679-0702-02		J0696		05/18/2007	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
64679-0703-01		J0696		05/18/2007	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
64679-0726-01		J2405		12/26/2006	08/19/2013	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG
64679-0727-01		J2405		12/26/2006	08/19/2013	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG
64679-0757-01		J1885		04/12/2007	08/19/2013	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG
64679-0757-02		J1885		04/12/2007	08/19/2013	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG
64679-0758-01		J1885		04/12/2007	08/19/2013	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG
64679-0758-02		J1885		04/12/2007	08/19/2013	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG
64679-0758-04		J1885		04/12/2007	08/19/2013	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG
64679-0758-06		J1885		04/12/2007	08/19/2013	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG
64679-0964-03		Q0144		02/14/2008	05/31/2014	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
64679-0983-02		J0696		05/26/2006	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
64679-0986-01		J0698		09/20/2006	05/31/2014	INJECTION, CEFOTAXIME SODIUM, PER GM

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
NAVELBINE (1X5ML,SINGLE USE,PF) 10 MG/ML	5	ML	VL	IV	ML	10	MG	1	06/23/2008	99/99/9999	
GRANISETRON HYDROCHLORIDE (5X1ML,PF) 0.1 MG/ML	1	ML	VL	IV	ML	100	MCG	1	04/25/2008	05/31/2014	
CEFTRIAXONE (USP) 250 MG	1	EA	VL	IJ	EA	250	MG	1	05/18/2007	99/99/9999	
CEFTRIAXONE (USP) 250 MG	1	EA	VL	IJ	EA	250	MG	1	05/18/2007	05/31/2014	
CEFTRIAXONE (USP) 500 MG	1	EA	VL	IJ	EA	250	MG	2	05/18/2007	99/99/9999	
CEFTRIAXONE (USP) 2 GM	1	EA	VL	IJ	EA	250	MG	8	05/18/2007	99/99/9999	
ONDANSETRON (5X2ML,SDV,USP) 2 MG/ML	2	ML	VL	IJ	ML	1	MG	2	12/26/2006	08/19/2013	
ONDANSETRON (MDV,USP) 2 MG/ML	20	ML	VL	IJ	ML	1	MG	2	12/26/2006	08/19/2013	
KETOROLAC TROMETHAMINE (USP,SDV) 15 MG/ML	1	ML	VL	IJ	ML	15	MG	1	04/12/2007	08/19/2013	
KETOROLAC TROMETHAMINE (USP,SDV) 15 MG/ML	1	ML	VL	IJ	ML	15	MG	1	04/12/2007	08/19/2013	
KETOROLAC TROMETHAMINE (USP,SDV) 30 MG/ML	1	ML	VL	IJ	ML	15	MG	2	04/12/2007	08/19/2013	
KETOROLAC TROMETHAMINE (USP,SDV,25X2ML) 30 MG/ML	2	ML	VL	IJ	ML	15	MG	2	04/12/2007	08/19/2013	
KETOROLAC TROMETHAMINE (USP,SDV) 30 MG/ML	1	ML	VL	IJ	ML	15	MG	2	04/12/2007	08/19/2013	
KETOROLAC TROMETHAMINE (USP,SDV,2X10ML) 30 MG/ML	2	ML	VL	IJ	ML	15	MG	2	04/12/2007	08/19/2013	
AZITHROMYCIN (FILM COATED) 500 MG	3	EA	BX	PO	EA	1	GM	0.5	02/14/2008	05/31/2014	
CEFTRIAXONE (USP) 1 GM	1	EA	VL	IJ	EA	250	MG	4	05/26/2006	99/99/9999	
CEFOTAXIME (USP) 1 GM	1	EA	VL	IJ	EA	1	GM	1	09/20/2006	05/31/2014	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
64679-0986-02		J0698		09/20/2006	05/31/2014	INJECTION, CEFOTAXIME SODIUM, PER GM
64679-0986-03		J0698		09/20/2006	05/31/2014	INJECTION, CEFOTAXIME SODIUM, PER GM
64679-0986-04		J0698		09/20/2006	05/31/2014	INJECTION, CEFOTAXIME SODIUM, PER GM
64720-0198-02		Q0166		12/29/2007	08/20/2014	GRANISETRON HYDROCHLORIDE, 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 24 HOUR DOSAGE REGIMEN
64720-0198-98		Q0166		12/29/2007	08/20/2014	GRANISETRON HYDROCHLORIDE, 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 24 HOUR DOSAGE REGIMEN
65293-0001-01		J0583		01/01/2004	99/99/9999	INJECTION, BIVALIRUDIN, 1 MG
65483-0590-10		J7500		01/01/2002	12/31/2017	AZATHIOPRINE, ORAL, 50 MG
65580-0251-01		J7510		05/09/2002	09/28/2012	PREDNISOLONE ORAL, PER 5 MG
65649-0231-41		J7500		10/31/2003	99/99/9999	AZATHIOPRINE, ORAL, 50 MG
65649-0241-41		J7500		10/31/2003	99/99/9999	AZATHIOPRINE, ORAL, 50 MG
65847-0205-25		J2325		01/01/2006	99/99/9999	INJECTION, NESIRITIDE, 0.1 MG
66105-0507-01		Q0144		08/22/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
66105-0507-03		Q0144		01/01/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
66105-0507-06		Q0144		08/22/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
66105-0507-09		Q0144		08/22/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
66105-0507-10		Q0144		08/22/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
66105-0549-10		J7507		01/01/2006	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG
66105-0653-01		Q0144		09/13/2006	02/03/2016	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
CEFOTAXIME (USP) 1 GM	1	EA	VL	IJ	EA	1	GM	1	09/20/2006	05/31/2014	
CEFOTAXIME (USP) 1 GM	1	EA	VL	IJ	EA	1	GM	1	09/20/2006	05/31/2014	
CEFOTAXIME (USP) 1 GM	1	EA	VL	IJ	EA	1	GM	1	09/20/2006	05/31/2014	
GRANISETRON HYDROCHLORIDE (FILM-COATED) 1 MG	20	EA	BO	PO	EA	1	MG	1	12/29/2007	08/20/2014	
GRANISETRON HYDROCHLORIDE (FILM-COATED) 1 MG	2	EA	DP	PO	EA	1	MG	1	12/29/2007	08/20/2014	
ANGIOMAX (VIAL,GLASS) 250 MG	1	EA	VL	IV	EA	1	MG	250	01/01/2004	99/99/9999	
IMURAN 50 MG	100	EA	BO	PO	EA	50	MG	1	01/01/2002	12/31/2017	
PREDNISOLONE SODIUM PHOSPHATE (DYE-FREE,RASPBERRY) 6.7 MG/5 ML	120	ML	BO	PO	ML	5	MG	0.268	05/09/2002	09/28/2012	
AZASAN 75 MG	100	EA	BO	PO	EA	50	MG	1.5	10/31/2003	99/99/9999	
AZASAN 100 MG	100	EA	BO	PO	EA	50	MG	2	10/31/2003	99/99/9999	
NATRECOR (S.D.V.) 1.5 MG	1	EA	VL	IV	EA	0.1	MG	15	01/01/2006	99/99/9999	
ZITHROMAX 250 MG	10	EA	BO	PO	EA	1	GM	0.25	08/22/2006	99/99/9999	
ZITHROMAX 250 MG	30	EA	BO	PO	EA	1	GM	0.25	01/01/2006	99/99/9999	
ZITHROMAX 250 MG	60	EA	BO	PO	EA	1	GM	0.25	08/22/2006	99/99/9999	
ZITHROMAX 250 MG	90	EA	BO	PO	EA	1	GM	0.25	08/22/2006	99/99/9999	
ZITHROMAX 250 MG	100	EA	BO	PO	EA	1	GM	0.25	08/22/2006	99/99/9999	
PROGRAF 1 MG	100	EA	NA	PO	EA	1	MG	1	01/01/2006	99/99/9999	
AZITHROMYCIN 500 MG	10	EA	BO	PO	EA	1	GM	0.5	09/13/2006	02/03/2016	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
66105-0653-03		Q0144		09/13/2006	02/03/2016	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
66105-0653-05		Q0144		09/13/2006	02/03/2016	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
66105-0653-06		Q0144		09/13/2006	02/03/2016	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
66105-0653-19		Q0144		09/13/2006	02/03/2016	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
66105-0670-01		Q0144		09/13/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
66105-0670-03		Q0144		09/13/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
66105-0670-05		Q0144		09/13/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
66105-0670-06		Q0144		09/13/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
66105-0670-18		Q0144		09/13/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
66105-0832-01		J8999		09/13/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
66105-0832-03		J8999		09/13/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
66105-0832-06		J8999		09/13/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
66105-0832-09		J8999		09/13/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
66105-0832-10		J8999		09/13/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
66267-0006-25		J8499		04/08/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
66267-0006-40		J8499		08/01/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
66267-0006-50		J8499		04/08/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
66267-0007-15		J8499		04/08/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
66267-0007-21		J8499		04/08/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
66267-0007-25		J8499		04/08/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
66267-0007-30		J8499		04/08/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
66267-0066-12		J8540		01/01/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
AZITHROMYCIN 500 MG	30	EA	BO	PO	EA	1	GM	0.5	09/13/2006	02/03/2016	
AZITHROMYCIN 500 MG	50	EA	BO	PO	EA	1	GM	0.5	09/13/2006	02/03/2016	
AZITHROMYCIN 500 MG	60	EA	BO	PO	EA	1	GM	0.5	09/13/2006	02/03/2016	
AZITHROMYCIN 500 MG	9	EA	BO	PO	EA	1	GM	0.5	09/13/2006	02/03/2016	
AZITHROMYCIN 250 MG	10	EA	BO	PO	EA	1	GM	0.25	09/13/2006	99/99/9999	
AZITHROMYCIN 250 MG	30	EA	BO	PO	EA	1	GM	0.25	09/13/2006	99/99/9999	
AZITHROMYCIN 250 MG	50	EA	BO	PO	EA	1	GM	0.25	09/13/2006	99/99/9999	
AZITHROMYCIN 250 MG	60	EA	BO	PO	EA	1	GM	0.25	09/13/2006	99/99/9999	
AZITHROMYCIN 250 MG	18	EA	BO	PO	EA	1	GM	0.25	09/13/2006	99/99/9999	
NOLVADEX 10 MG	10	EA	BO	PO	EA	1	EA	1	09/13/2006	99/99/9999	
NOLVADEX 10 MG	30	EA	BO	PO	EA	1	EA	1	09/13/2006	99/99/9999	
NOLVADEX 10 MG	60	EA	BO	PO	EA	1	EA	1	09/13/2006	99/99/9999	
NOLVADEX 10 MG	90	EA	BO	PO	EA	1	EA	1	09/13/2006	99/99/9999	
NOLVADEX 10 MG	100	EA	BO	PO	EA	1	EA	1	09/13/2006	99/99/9999	
ACYCLOVIR 200 MG	25	EA	BO	PO	EA	1	EA	1	04/08/2002	99/99/9999	
ACYCLOVIR 200 MG	40	EA	BO	PO	EA	1	EA	1	08/01/2002	99/99/9999	
ACYCLOVIR 200 MG	50	EA	BO	PO	EA	1	EA	1	04/08/2002	99/99/9999	
ACYCLOVIR 400 MG	15	EA	BO	PO	EA	1	EA	1	04/08/2002	99/99/9999	
ACYCLOVIR 400 MG	25	EA	BO	PO	EA	1	EA	1	04/08/2002	99/99/9999	
ACYCLOVIR 400 MG	25	EA	BO	PO	EA	1	EA	1	04/08/2002	99/99/9999	
ACYCLOVIR 400 MG	30	EA	BO	PO	EA	1	EA	1	04/08/2002	99/99/9999	
DEXAMETHASONE 0.75 MG	12	EA	BO	PO	EA	0.25	MG	3	01/01/2006	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
66267-0080-15		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
66267-0080-20		Q0163		04/05/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
66267-0080-30		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
66267-0080-60		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
66267-0081-15		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
66267-0081-20		Q0163		04/05/2002	10/17/2016	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
66267-0081-30		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
DIPHENHYDRAMINE HCL 25 MG	15	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999	
DIPHENHYDRAMINE HCL 25 MG	20	EA	BO	PO	EA	50	MG	0.5	04/05/2002	99/99/9999	
DIPHENHYDRAMINE HCL 25 MG	30	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999	
DIPHENHYDRAMINE HCL 25 MG	60	EA	BO	PO	EA	50	MG	0.5	01/01/2002	99/99/9999	
DIPHENHYDRAMINE HCL 50 MG	15	EA	BO	PO	EA	50	MG	1	01/01/2002	99/99/9999	
DIPHENHYDRAMINE HCL 50 MG	20	EA	BO	PO	EA	50	MG	1	04/05/2002	10/17/2016	
DIPHENHYDRAMINE HCL 50 MG	30	EA	BO	PO	EA	50	MG	1	01/01/2002	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
66267-0081-60		Q0163		09/04/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
66267-0171-15		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
66267-0171-20		J7506		04/04/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
66267-0171-21		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
66267-0171-30		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
66267-0171-40		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
66267-0171-42		J7506		04/04/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
66267-0172-10		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
66267-0172-15		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
66267-0172-20		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
66267-0172-30		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
66267-0173-20		J7506		04/04/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
66267-0173-30		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
66267-0173-40		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
66267-0173-42		J7506		03/24/2003	12/31/2015	PREDNISONE, ORAL, PER 5MG
66267-0173-60		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
66267-0208-10		Q0173		01/01/2002	10/17/2016	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
DIPHENHYDRAMINE HCL 50 MG	60	EA	BO	PO	EA	50	MG	1	09/04/2002	99/99/9999	
PREDNISONE 10 MG	15	EA	BO	PO	EA	5	MG	2	01/01/2002	12/31/2015	
PREDNISONE 10 MG	20	EA	BO	PO	EA	5	MG	2	04/04/2002	12/31/2015	
PREDNISONE 10 MG	21	EA	BO	PO	EA	5	MG	2	01/01/2002	12/31/2015	
PREDNISONE 10 MG	30	EA	BO	PO	EA	5	MG	2	01/01/2002	12/31/2015	
PREDNISONE 10 MG	40	EA	BO	PO	EA	5	MG	2	01/01/2002	12/31/2015	
PREDNISONE 10 MG	42	EA	BO	PO	EA	5	MG	2	04/04/2002	12/31/2015	
PREDNISONE 20 MG	10	EA	BO	PO	EA	5	MG	4	01/01/2002	12/31/2015	
PREDNISONE 20 MG	15	EA	BO	PO	EA	5	MG	4	01/01/2002	12/31/2015	
PREDNISONE 20 MG	20	EA	BO	PO	EA	5	MG	4	01/01/2002	12/31/2015	
PREDNISONE 20 MG	30	EA	BO	PO	EA	5	MG	4	01/01/2002	12/31/2015	
PREDNISONE 5 MG	20	EA	BO	PO	EA	5	MG	1	04/04/2002	12/31/2015	
PREDNISONE 5 MG	30	EA	BO	PO	EA	5	MG	1	01/01/2002	12/31/2015	
PREDNISONE 5 MG	40	EA	BO	PO	EA	5	MG	1	01/01/2002	12/31/2015	
PREDNISONE 5 MG	42	EA	BO	PO	EA	5	MG	1	03/24/2003	12/31/2015	
PREDNISONE 5 MG	60	EA	BO	PO	EA	5	MG	1	01/01/2002	12/31/2015	
TRIMETHOBENZAMIDE HCL 250 MG	10	EA	BO	PO	EA	250	MG	1	01/01/2002	10/17/2016	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
66267-0208-20		Q0173		01/01/2002	10/17/2016	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
66267-0399-30		J8499		03/15/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
66267-0928-06		Q0144		01/01/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
66267-0948-21		J7506		01/01/2002	12/31/2015	PREDNISONE, ORAL, PER 5MG
66267-0961-21		J7509		01/01/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG
66267-0977-04		Q0163		01/01/2002	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
66288-1100-01		J0690		10/01/2002	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG
66288-1300-01		J0690		10/01/2002	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG
66302-0101-01		J3285		01/01/2006	99/99/9999	INJECTION, TREPROSTINIL, 1 MG
66302-0102-01		J3285		01/01/2006	99/99/9999	INJECTION, TREPROSTINIL, 1 MG
66302-0105-01		J3285		01/01/2006	99/99/9999	INJECTION, TREPROSTINIL, 1 MG
66302-0110-01		J3285		01/01/2006	99/99/9999	INJECTION, TREPROSTINIL, 1 MG
66336-0045-06		Q0163		10/22/2004	06/01/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
66336-0045-15		Q0163		10/22/2004	06/01/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
TRIMETHOBENZAMIDE HCL 250 MG	20	EA	BO	PO	EA	250	MG	1	01/01/2002	10/17/2016	
ACYCLOVIR 800 MG	30	EA	BO	PO	EA	1	EA	1	03/15/2005	99/99/9999	
ZITHROMAX 250 MG	6	EA	BO	PO	EA	1	GM	0.25	01/01/2002	99/99/9999	
PREDNISONE (DOSEPACK) 5 MG	21	EA	DP	PO	EA	5	MG	1	01/01/2002	12/31/2015	
METHYLPREDNISOLONE 4 MG	21	EA	BO	PO	EA	4	MG	1	01/01/2002	99/99/9999	
DIPHENHYDRAMINE HCL 12.5 MG/5 ML	120	ML	BO	PO	ML	50	MG	0.05	01/01/2002	99/99/9999	
CEFAZOLIN SODIUM 100 GM	1	EA	FC	IJ	GM	500	MG	2	10/01/2002	99/99/9999	
CEFAZOLIN SODIUM 300 GM	1	EA	FC	IJ	GM	500	MG	2	10/01/2002	99/99/9999	
REMODULIN (M.D.V.) 1 MG/ML	20	ML	VL	IJ	ML	1	MG	1	01/01/2006	99/99/9999	
REMODULIN (M.D.V.) 2.5 MG/ML	20	ML	VL	IJ	ML	1	MG	2.5	01/01/2006	99/99/9999	
REMODULIN (M.D.V.) 5 MG/ML	20	ML	VL	IJ	ML	1	MG	5	01/01/2006	99/99/9999	
REMODULIN (M.D.V.) 10 MG/ML	20	ML	VL	IJ	ML	1	MG	10	01/01/2006	99/99/9999	
DIPHENHYDRAMINE HCL 50 MG	6	EA	BO	PO	EA	50	MG	1	10/22/2004	06/01/2014	
DIPHENHYDRAMINE HCL 50 MG	15	EA	BO	PO	EA	50	MG	1	10/22/2004	06/01/2014	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
66336-0045-30		Q0163		11/23/2003	06/01/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
61755-0008-01		J9999		09/28/2018	99/99/9999	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS
66336-0058-10		J7506		10/22/2004	06/01/2014	PREDNISONE, ORAL, PER 5MG
66336-0058-12		J7506		11/04/2005	06/01/2014	PREDNISONE, ORAL, PER 5MG
66336-0058-20		J7506		10/22/2004	06/01/2014	PREDNISONE, ORAL, PER 5MG
66336-0058-21		J7506		10/22/2004	06/01/2014	PREDNISONE, ORAL, PER 5MG
66336-0058-30		J7506		04/16/2002	06/01/2014	PREDNISONE, ORAL, PER 5MG
66336-0058-60		J7506		10/22/2004	06/01/2014	PREDNISONE, ORAL, PER 5MG
66336-0085-10		Q0170		10/22/2004	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
66336-0085-12		Q0170		10/22/2004	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
66336-0085-20		Q0170		05/29/2008	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
66336-0085-25		Q0170		05/29/2008	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
DIPHENHYDRAMINE HCL 50 MG	30	EA	BO	PO	EA	50	MG	1	11/23/2003	06/01/2014	
LIBTAYO 50 MG/1 ML	7	ML	VL	IV	ML	1	MG	1	09/28/2018	99/99/9999	
PREDNISONE 10 MG	10	EA	BO	PO	EA	5	MG	2	10/22/2004	06/01/2014	
PREDNISONE 10 MG	12	EA	BO	PO	EA	5	MG	2	11/04/2005	06/01/2014	
PREDNISONE 10 MG	20	EA	BO	PO	EA	5	MG	2	10/22/2004	06/01/2014	
PREDNISONE 10 MG	21	EA	BO	PO	EA	5	MG	2	10/22/2004	06/01/2014	
PREDNISONE 10 MG	30	EA	BO	PO	EA	5	MG	2	04/16/2002	06/01/2014	
PREDNISONE 10 MG	60	EA	BO	PO	EA	5	MG	2	10/22/2004	06/01/2014	
PROMETHAZINE 25 MG	10	EA	BO	PO	EA	25	MG	1	10/22/2004	12/31/2013	
PROMETHAZINE 25 MG	12	EA	BO	PO	EA	25	MG	1	10/22/2004	12/31/2013	
PROMETHAZINE HYDROCHLORIDE 25 MG	20	EA	BO	PO	EA	25	MG	1	05/29/2008	12/31/2013	
PROMETHAZINE HYDROCHLORIDE 25 MG	25	EA	BO	PO	EA	25	MG	1	05/29/2008	12/31/2013	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
66336-0085-30		Q0170		10/22/2004	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
66336-0085-60		Q0170		05/29/2008	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
66336-0094-10		J7506		10/22/2004	06/01/2014	PREDNISONE, ORAL, PER 5MG
66336-0094-18		J7506		10/22/2004	06/01/2014	PREDNISONE, ORAL, PER 5MG
66336-0094-20		J7506		10/22/2004	06/01/2014	PREDNISONE, ORAL, PER 5MG
66336-0094-30		J7506		10/22/2004	06/01/2014	PREDNISONE, ORAL, PER 5MG
66336-0150-03		J8498		01/01/2006	06/01/2014	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED
66336-0150-06		J8498		04/20/2007	06/01/2014	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED
66336-0208-20		Q0177		10/22/2004	06/01/2014	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
66336-0208-30		Q0177		10/22/2004	06/01/2014	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
66336-0400-05		Q0144		12/03/2007	06/01/2014	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
66336-0434-06		Q0164		10/22/2004	06/01/2014	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PROMETHAZINE 25 MG	30	EA	BO	PO	EA	25	MG	1	10/22/2004	12/31/2013	
PROMETHAZINE HYDROCHLORIDE 25 MG	60	EA	BO	PO	EA	25	MG	1	05/29/2008	12/31/2013	
PREDNISONE 20 MG	10	EA	BO	PO	EA	5	MG	4	10/22/2004	06/01/2014	
PREDNISONE 20 MG	18	EA	BO	PO	EA	5	MG	4	10/22/2004	06/01/2014	
PREDNISONE 20 MG	20	EA	BO	PO	EA	5	MG	4	10/22/2004	06/01/2014	
PREDNISONE 20 MG	30	EA	BO	PO	EA	5	MG	4	10/22/2004	06/01/2014	
PROCHLORPERAZINE 25 MG	3	EA	BO	RC	EA	1	EA	1	01/01/2006	06/01/2014	
PROCHLORPERAZINE 25 MG	6	EA	BX	RC	EA	1	EA	1	04/20/2007	06/01/2014	
HYDROXYZINE PAMOATE 25 MG	20	EA	BO	PO	EA	25	MG	1	10/22/2004	06/01/2014	
HYDROXYZINE PAMOATE 25 MG	30	EA	BO	PO	EA	25	MG	1	10/22/2004	06/01/2014	
AZITHROMYCIN 500 MG	5	EA	BO	PO	EA	1	GM	0.5	12/03/2007	06/01/2014	
PROCHLORPERAZINE 5 MG	6	EA	BO	PO	EA	5	MG	1	10/22/2004	06/01/2014	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
66336-0434-10		Q0164		08/18/2005	06/01/2014	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
66336-0479-06		J8540		01/01/2006	06/01/2014	DEXAMETHASONE, ORAL, 0.25 MG
66336-0515-21		J7506		10/22/2004	06/01/2014	PREDNISONE, ORAL, PER 5MG
66336-0515-30		J7506		10/22/2004	06/01/2014	PREDNISONE, ORAL, PER 5MG
66336-0515-40		J7506		10/22/2004	06/01/2014	PREDNISONE, ORAL, PER 5MG
66336-0550-12		J8540		01/01/2006	06/01/2014	DEXAMETHASONE, ORAL, 0.25 MG
66336-0589-15		Q0163		01/01/2002	06/01/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
66336-0589-20		Q0163		10/22/2004	06/01/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
66336-0589-30		Q0163		10/22/2004	06/01/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
66336-0589-60		Q0163		10/22/2004	06/01/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
66336-0642-30		J8499		06/22/2005	06/01/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
66336-0642-40		J8499		10/22/2004	06/01/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PROCHLORPERAZINE 5 MG	10	EA	BO	PO	EA	5	MG	1	08/18/2005	06/01/2014	
DEXAMETHASONE 4 MG	6	EA	BO	PO	EA	0.25	MG	16	01/01/2006	06/01/2014	
PREDNISONE 5 MG	21	EA	BO	PO	EA	5	MG	1	10/22/2004	06/01/2014	
PREDNISONE 5 MG	30	EA	BO	PO	EA	5	MG	1	10/22/2004	06/01/2014	
PREDNISONE 5 MG	40	EA	BO	PO	EA	5	MG	1	10/22/2004	06/01/2014	
DEXAMETHASONE 0.75 MG	12	EA	BO	PO	EA	0.25	MG	3	01/01/2006	06/01/2014	
DIPHENHYDRAMINE HCL 25 MG	15	EA	BO	PO	EA	50	MG	0.5	01/01/2002	06/01/2014	
DIPHENHYDRAMINE HCL 25 MG	20	EA	BO	PO	EA	50	MG	0.5	10/22/2004	06/01/2014	
DIPHENHYDRAMINE HCL 25 MG	30	EA	BO	PO	EA	50	MG	0.5	10/22/2004	06/01/2014	
DIPHENHYDRAMINE HCL 25 MG	60	EA	BO	PO	EA	50	MG	0.5	10/22/2004	06/01/2014	
ACYCLOVIR 200 MG	30	EA	BO	PO	EA	1	EA	1	06/22/2005	06/01/2014	
ACYCLOVIR 200 MG	40	EA	BO	PO	EA	1	EA	1	10/22/2004	06/01/2014	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
66336-0642-50		J8499		01/07/2008	06/01/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
66336-0735-15		J8499		10/22/2004	06/01/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
66336-0735-25		J8499		10/22/2004	06/01/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
66336-0735-40		J8499		10/22/2004	06/01/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
66336-0862-50		J8499		05/01/2006	06/01/2014	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
66336-0921-15		Q0165		12/03/2007	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
66336-0921-60		Q0165		05/29/2008	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
66479-0520-01		J0735		06/28/2006	99/99/9999	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG
66479-0521-01		J0735		06/14/2006	99/99/9999	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG
66490-0041-01		J1110		12/31/2002	99/99/9999	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG
66657-0301-05		J1457		01/01/2005	09/05/2013	INJECTION, GALLIUM NITRATE, 1 MG
66689-0681-55		J1230		02/01/2002	99/99/9999	INJECTION, METHADONE HCL, UP TO 10 MG
50090-0294-09		None		06/08/2018	99/99/9999	METHOTREXATE, 2.5 MG, ORAL
66733-0948-23		J9055		01/01/2005	99/99/9999	INJECTION, CETUXIMAB, 10 MG
66733-0958-23		J9055		05/03/2007	99/99/9999	INJECTION, CETUXIMAB, 10 MG
66758-0016-04		J2370		06/08/2005	03/31/2016	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML
66758-0017-01		J2370		01/08/2004	03/31/2016	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
ACYCLOVIR 200 MG	50	EA	BO	PO	EA	1	EA	1	01/07/2008	06/01/2014	
ACYCLOVIR 400 MG	15	EA	BO	PO	EA	1	EA	1	10/22/2004	06/01/2014	
ACYCLOVIR 400 MG	25	EA	BO	PO	EA	1	EA	1	10/22/2004	06/01/2014	
ACYCLOVIR 400 MG	40	EA	BO	PO	EA	1	EA	1	10/22/2004	06/01/2014	
DISPENSEQUICK ACYCLOVIR 800 MG	50	EA	BO	PO	EA	1	EA	1	05/01/2006	06/01/2014	
PROCHLORPERAZINE MALEATE 10 MG	15	EA	BO	PO	EA	10	MG	1	12/03/2007	12/31/2013	
PROCHLORPERAZINE MALEATE 10 MG	60	EA	BO	PO	EA	10	MG	1	05/29/2008	12/31/2013	
DURACLON (SDV,PF) 0.1 MG/ML	10	ML	VL	EP	ML	1	MG	0.1	06/28/2006	99/99/9999	
DURACLON (SDV,PF) 0.5 MG/ML	10	ML	VL	EP	ML	1	MG	0.5	06/14/2006	99/99/9999	
D.H.E. 45 (AMP) 1 MG/ML	1	ML	AM	IJ	ML	1	MG	1	12/31/2002	99/99/9999	
GANITE (PF) 25 MG/ML	20	ML	VL	IV	ML	1	MG	25	01/01/2005	09/05/2013	
METHADONE HCL	1	EA	BO	NA	GM	10	MG	100	02/01/2002	99/99/9999	
METHOTREXATE SODIUM 2.5 MG	36	EA	BO	PO	EA	2.5	MG	1	06/08/2018	99/99/9999	
ERBITUX (PF) 2 MG/ML	50	ML	VL	IV	ML	10	MG	0.2	01/01/2005	99/99/9999	
ERBITUX (PF) 2 MG/ML	100	ML	VL	IV	ML	10	MG	0.2	05/03/2007	99/99/9999	
PHENYLEPHRINE HCL (USP,25X5ML,PF) 10 MG/ML	5	ML	VL	IJ	ML	1	ML	1	06/08/2005	03/31/2016	
PHENYLEPHRINE HCL (USP, BULK PACKAGE,PF) 10 MG/ML	10	ML	VL	IJ	ML	1	ML	1	01/08/2004	03/31/2016	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
66758-0043-01		J9265		01/11/2008	12/31/2014	INJECTION, PACLITAXEL, 30 MG
66758-0043-02		J9265		01/11/2008	12/31/2014	INJECTION, PACLITAXEL, 30 MG
66758-0043-03		J9265		01/11/2008	12/31/2014	INJECTION, PACLITAXEL, 30 MG
66758-0045-01		J9390		03/05/2008	10/06/2014	INJECTION, VINORELBINE TARTRATE, 10 MG
66758-0045-02		J9390		03/05/2008	10/06/2014	INJECTION, VINORELBINE TARTRATE, 10 MG
66758-0046-01		J9185		10/12/2007	99/99/9999	INJECTION, FLUDARABINE PHOSPHATE, 50 MG
47781-0606-94		J9045		04/02/2018	99/99/9999	INJECTION, CARBOPLATIN, 50 MG
50242-0082-03		J2778		04/23/2018	99/99/9999	INJECTION, RANIBIZUMAB, 0.1 MG
67253-0101-10		J8499		10/01/2003	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
67253-0101-11		J8499		07/15/2003	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
50742-0428-02		J9171		04/13/2018	99/99/9999	INJECTION, DOCETAXEL, 1 MG
50742-0431-08		J9171		04/13/2018	99/99/9999	INJECTION, DOCETAXEL, 1 MG
50742-0463-16		J9171		04/13/2018	99/99/9999	INJECTION, DOCETAXEL, 1 MG
51754-1000-04		J3475		04/24/2018	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG
67253-0320-10		None		12/30/2005	99/99/9999	METHOTREXATE, 2.5 MG, ORAL
67253-0580-42		None		07/01/2003	09/23/2016	METHOTREXATE, 2.5 MG, ORAL

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PACLITAXEL (USP,1X5ML,MULTI-DOSE) 6 MG/ML	5	ML	VL	IV	ML	30	MG	0.2	01/11/2008	12/31/2014	
PACLITAXEL (USP,1X16.7ML,MULTI-DOSE) 6 MG/ML	16.7	ML	VL	IV	ML	30	MG	0.2	01/11/2008	12/31/2014	
PACLITAXEL (USP,1X50ML,MULTI-DOSE) 6 MG/ML	50	ML	VL	IV	ML	30	MG	0.2	01/11/2008	12/31/2014	
VINORELBINE (1X1ML,PF) 10 MG/ML	1	ML	VL	IV	ML	10	MG	1	03/05/2008	10/06/2014	
VINORELBINE (1X5ML,PF) 10 MG/ML	5	ML	VL	IV	ML	10	MG	1	03/05/2008	10/06/2014	
FLUDARABINE PHOSPHATE (SDV,PF) 25 MG/ML	2	ML	VL	IV	ML	50	MG	0.5	10/12/2007	99/99/9999	
CARBOPLATIN (PF,LATEX-FREE) 10 MG/1 ML	60	ML	VL	IV	ML	50	MG	0.2	04/02/2018	99/99/9999	
LUCENTIS (INTRAVITREAL,PF) 0.3 MG/0.05 ML	0.05	ML	VL	IO	ML	0.1	MG	60	04/23/2018	99/99/9999	
ACYCLOVIR 400 MG	100	EA	BO	PO	EA	1	EA	1	10/01/2003	99/99/9999	
ACYCLOVIR 400 MG	1000	EA	BO	PO	EA	1	EA	1	07/15/2003	99/99/9999	
DOCETAXEL (1X2ML,SINGLE-USE) 10 MG/1 ML	2	ML	VL	IV	ML	1	MG	10	04/13/2018	99/99/9999	
DOCETAXEL (1X8ML,SINGLE-USE) 10 MG/1 ML	8	ML	VL	IV	ML	1	MG	10	04/13/2018	99/99/9999	
DOCETAXEL (1X16ML,SINGLE-USE) 10 MG/1 ML	16	ML	VL	IV	ML	1	MG	10	04/13/2018	99/99/9999	
MAGNESIUM SULFATE (SDV,PF) 500 MG/1 ML	10	ML	VL	IJ	ML	500	MG	1	04/24/2018	99/99/9999	
METHOTREXATE (USP) 2.5 MG	100	EA	BO	PO	EA	2.5	MG	1	10/29/2007	99/99/9999	12/30/2005
RHEUMATREX DOSE PACK (4X2) 2.5 MG	8	EA	DP	PO	EA	2.5	MG	1	07/01/2003	09/23/2016	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
01/01/2007	1			

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
67253-0580-43		None		07/01/2003	09/23/2016	METHOTREXATE, 2.5 MG, ORAL
67253-0580-44		None		07/01/2003	09/23/2016	METHOTREXATE, 2.5 MG, ORAL
67253-0580-45		None		07/01/2003	09/23/2016	METHOTREXATE, 2.5 MG, ORAL
67253-0580-46		None		07/01/2003	09/23/2016	METHOTREXATE, 2.5 MG, ORAL
67386-0701-54		J1640		01/01/2006	10/31/2013	INJECTION, HEMIN, 1 MG
67386-0811-55		J9120		01/21/2006	10/31/2013	INJECTION, DACTINOMYCIN, 0.5 MG
67386-0911-51		J9230		01/21/2006	10/31/2013	INJECTION, MECHLORETHAMINE HYDROCHLORIDE, (NITROGEN MUSTARD), 10 MG
67425-0002-10		J3470		01/28/2005	04/21/2013	INJECTION, HYALURONIDASE, UP TO 150 UNITS
67457-0124-10		J1200		05/01/2007	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG
67457-0153-03		J0282		07/01/2005	99/99/9999	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG
67457-0153-09		J0282		11/29/2005	99/99/9999	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG
67457-0153-18		J0282		11/29/2005	99/99/9999	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG
67457-0177-50		J1212		06/22/2007	99/99/9999	INJECTION, DMSO, DIMETHYL SULFOXIDE, 50%, 50 ML
67871-0007-10		J9175		01/01/2006	06/04/2013	INJECTION, ELLIOTTS' B SOLUTION, 1 ML
67871-4790-06		J1430		01/01/2006	99/99/9999	INJECTION, ETHANOLAMINE OLEATE, 100 MG
67919-0011-01		J0878		01/01/2005	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
RHEUMATREX DOSE PACK (4X3) 2.5 MG	12	EA	DP	PO	EA	2.5	MG	1	07/01/2003	09/23/2016	
RHEUMATREX DOSE PACK (4X4) 2.5 MG	16	EA	DP	PO	EA	2.5	MG	1	07/01/2003	09/23/2016	
RHEUMATREX DOSE PACK (4X5) 2.5 MG	20	EA	DP	PO	EA	2.5	MG	1	07/01/2003	09/23/2016	
RHEUMATREX DOSE PACK (4X6) 2.5 MG	24	EA	DP	PO	EA	2.5	MG	1	07/01/2003	09/23/2016	
PANHEMATIN 313 MG	1	EA	VL	IV	EA	1	MG	313	01/01/2006	10/31/2013	
COSMEGEN 0.5 MG	1	EA	VL	IV	EA	0.5	MG	1	01/21/2006	10/31/2013	
MUSTARGEN 10 MG	1	EA	VL	IV	EA	10	MG	1	01/21/2006	10/31/2013	
VITRASE (LYOPHILIZED,OVINE,SDV) 200 U/ML	1.2	ML	VL	SC	ML	150	U	1.33333	01/28/2005	04/21/2013	
DIPHENHYDRAMINE HYDROCHLORIDE (MDV,USP) 50 MG/ML	10	ML	VL	IJ	ML	50	MG	1	05/01/2007	99/99/9999	
AMIODARONE HCL 50 MG/ML	3	ML	VL	IV	ML	30	MG	1.66666	07/01/2005	99/99/9999	
AMIODARONE HYDROCHLORIDE (9X10ML) 50 MG/ML	9	ML	VL	IV	ML	30	MG	1.66666	11/29/2005	99/99/9999	
AMIODARONE HYDROCHLORIDE 50 MG/ML	18	ML	VL	IV	ML	30	MG	1.66666	11/29/2005	99/99/9999	
RIMSO-50 (ODORLESS) 50%	50	ML	VL	IL	ML	50	%	0.02	06/22/2007	99/99/9999	
ELLIOTTS B (FOR INTRATHECAL USE,PF)	10	ML	AM	IN	ML	1	ML	1	01/01/2006	06/04/2013	
ETHAMOLIN (10X2ML AMP) 50 MG/ML	2	ML	AM	IV	ML	100	MG	0.5	01/01/2006	99/99/9999	
CUBICIN (PF) 500 MG	1	EA	VL	IV	EA	1	MG	500	01/01/2005	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
67979-0001-01		J9357		10/31/2007	99/99/9999	INJECTION, VALRUBICIN, INTRAVESICAL, 200 MG
67979-0002-01		J9226		01/01/2008	99/99/9999	HISTRELIN IMPLANT (SUPPRELIN LA), 50 MG
67979-0500-01		J9226		01/01/2008	99/99/9999	HISTRELIN IMPLANT (SUPPRELIN LA), 50 MG
68094-0518-59		J8999		07/01/2007	04/30/2015	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
68094-0518-62		J8999		11/28/2006	04/30/2015	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
68094-0528-59		J8999		07/01/2007	12/31/2014	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
68094-0528-61		J8999		02/26/2004	12/31/2014	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
68094-0528-62		J8999		02/26/2004	12/31/2014	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
68115-0770-02		J3030		01/20/2004	02/03/2016	INJECTION, SUMATRIPTAN SUCCINATE, 6 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)
68135-0020-01		J1458		01/01/2007	99/99/9999	INJECTION, GALSULFASE, 1 MG
68180-0611-01		J0696		07/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
68180-0611-10		J0696		07/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
68180-0622-01		J0696		07/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
68180-0622-10		J0696		07/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
68180-0633-01		J0696		07/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
68180-0633-10		J0696		07/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
68180-0644-01		J0696		07/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
68180-0644-10		J0696		07/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
68330-0001-01		J0696		09/15/2007	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
VALSTAR (4X5ML,PF) 40 MG/ML	5	ML	VL	IL	ML	200	MG	0.2	06/03/2009	99/99/9999	10/31/2007
SUPPRELIN LA 50 MG	1	EA	BX	SC	EA	50	MG	1	01/01/2008	99/99/9999	
VANTAS 50 MG	1	EA	BX	SC	EA	50	MG	1	01/01/2008	99/99/9999	
MEGESTROL ACETATE (1X20ML,LEMON-LIME) 40 MG/ML	20	ML	CP	PO	ML	1	EA	1	07/01/2007	04/30/2015	
MEGESTROL ACETATE (30X20ML,LEMON-LIME) 40 MG/ML	20	ML	CP	PO	ML	1	EA	1	11/28/2006	04/30/2015	
MEGESTROL ACETATE (1X10ML,LEMON-LIME) 40 MG/ML	10	ML	CP	PO	ML	1	EA	1	07/01/2007	12/31/2014	
MEGESTROL ACETATE (10X10) 40 MG/ML	10	ML	CP	PO	ML	1	EA	1	02/26/2004	12/31/2014	
MEGESTROL ACETATE 40 MG/ML	10	ML	CP	PO	ML	1	EA	1	02/26/2004	12/31/2014	
IMITREX (SRN,PREFILLED,UNIT/USE) 6 MG/0.5 ML	0.5	ML	BX	SC	ML	6	MG	2	01/20/2004	02/03/2016	
NAGLAZYME (PF) 1 MG/ML	5	ML	VL	IV	ML	1	MG	1	01/01/2007	99/99/9999	
CEFTRIAXONE 250 MG	1	EA	VL	IJ	EA	250	MG	1	07/20/2005	99/99/9999	
CEFTRIAXONE 250 MG	1	EA	VL	IJ	EA	250	MG	1	07/20/2005	99/99/9999	
CEFTRIAXONE 500 MG	1	EA	NA	IJ	EA	250	MG	2	07/20/2005	99/99/9999	
CEFTRIAXONE 500 MG	1	EA	NA	IJ	EA	250	MG	2	07/20/2005	99/99/9999	
CEFTRIAXONE 1 GM	1	EA	VL	IJ	EA	250	MG	4	07/20/2005	99/99/9999	
CEFTRIAXONE 1 GM	10	EA	VL	IJ	EA	250	MG	4	07/20/2005	99/99/9999	
CEFTRIAXONE 2 GM	1	EA	NA	IJ	EA	250	MG	8	07/20/2005	99/99/9999	
CEFTRIAXONE 2 GM	1	EA	NA	IJ	EA	250	MG	8	07/20/2005	99/99/9999	
CEFTRIAXONE (USP) 250 MG	1	EA	VL	IJ	EA	250	MG	1	09/15/2007	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
03/03/2009	0.2			

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
68330-0001-10		J0696		09/15/2007	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
68330-0002-01		J0696		09/15/2007	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
68330-0002-10		J0696		09/15/2007	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
68330-0003-01		J0696		09/15/2007	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
68330-0003-10		J0696		09/15/2007	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
68330-0004-01		J0696		09/15/2007	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
68330-0004-10		J0696		09/15/2007	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
68330-0005-01		J0696		11/05/2007	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
68330-0006-01		J0696		11/05/2007	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
68382-0003-01		J7500		05/01/2007	99/99/9999	AZATHIOPRINE, ORAL, 50 MG
68382-0003-05		J7500		05/01/2007	99/99/9999	AZATHIOPRINE, ORAL, 50 MG
68382-0040-01		Q0169		12/01/2005	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
68382-0041-01		Q0170		12/01/2005	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
68382-0041-10		Q0170		02/27/2007	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
68387-0170-01		J7509		03/26/2004	06/01/2014	METHYLPREDNISOLONE ORAL, PER 4 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
CEFTRIAXONE (USP) 250 MG	1	EA	VL	IJ	EA	250	MG	1	09/15/2007	99/99/9999	
CEFTRIAXONE (USP) 500 MG	1	EA	VL	IJ	EA	250	MG	2	09/15/2007	99/99/9999	
CEFTRIAXONE (USP) 500 MG	1	EA	VL	IJ	EA	250	MG	2	09/15/2007	99/99/9999	
CEFTRIAXONE (USP) 1 GM	1	EA	VL	IJ	EA	250	MG	4	09/15/2007	99/99/9999	
CEFTRIAXONE (USP) 1 GM	1	EA	VL	IJ	EA	250	MG	4	09/15/2007	99/99/9999	
CEFTRIAXONE (USP) 2 GM	1	EA	VL	IJ	EA	250	MG	8	09/15/2007	99/99/9999	
CEFTRIAXONE (USP) 2 GM	1	EA	VL	IJ	EA	250	MG	8	09/15/2007	99/99/9999	
CEFTRIAXONE (USP,PIGGYBACK) 1 GM	1	EA	GC	IJ	EA	250	MG	4	11/05/2007	99/99/9999	
CEFTRIAXONE (USP,PIGGYBACK) 2 GM	1	EA	GC	IJ	EA	250	MG	8	11/05/2007	99/99/9999	
AZATHIOPRINE (USP) 50 MG	100	EA	BO	PO	EA	50	MG	1	05/01/2007	99/99/9999	
AZATHIOPRINE (USP) 50 MG	500	EA	BO	PO	EA	50	MG	1	05/01/2007	99/99/9999	
PROMETHAZINE HYDROCHLORIDE 12.5 MG	100	EA	BO	PO	EA	12.5	MG	1	12/01/2005	99/99/9999	
PROMETHAZINE HYDROCHLORIDE 25 MG	100	EA	BO	PO	EA	25	MG	1	12/01/2005	12/31/2013	
PROMETHAZINE HYDROCHLORIDE 25 MG	1000	EA	BO	PO	EA	25	MG	1	02/27/2007	12/31/2013	
METHYLPREDNISOLONE 4 MG	21	EA	DP	PO	EA	4	MG	1	03/26/2004	06/01/2014	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
68387-0240-25		J7506		03/26/2004	06/01/2014	PREDNISONE, ORAL, PER 5MG
68387-0468-30		Q0178		03/01/2007	12/31/2013	HYDROXYZINE PAMOATE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
68387-0469-30		Q0178		03/01/2007	12/31/2013	HYDROXYZINE PAMOATE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
68387-0536-12		Q0170		03/08/2006	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
68387-0536-30		Q0170		05/01/2006	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
68387-0536-60		Q0170		05/04/2007	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
68387-0536-90		Q0170		05/01/2006	12/31/2013	PROMETHAZINE HYDROCHLORIDE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PREDNISONE 20 MG	25	EA	BO	PO	EA	5	MG	4	03/26/2004	06/01/2014	
HYDROXYZINE PAMOATE 50 MG	30	EA	BO	PO	EA	50	MG	1	03/01/2007	12/31/2013	
HYDROXYZINE PAMOATE 100 MG	30	EA	BO	PO	EA	50	MG	2	03/01/2007	12/31/2013	
PROMETHAZINE HYDROCHLORIDE 25 MG	12	EA	BO	PO	EA	25	MG	1	03/08/2006	12/31/2013	
PROMETHAZINE HYDROCHLORIDE 25 MG	30	EA	BO	PO	EA	25	MG	1	05/01/2006	12/31/2013	
PROMETHAZINE HYDROCHLORIDE 25 MG	60	EA	BO	PO	EA	25	MG	1	05/04/2007	12/31/2013	
PROMETHAZINE HYDROCHLORIDE 25 MG	90	EA	BO	PO	EA	25	MG	1	05/01/2006	12/31/2013	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
68387-0541-30		Q0163		05/01/2006	06/01/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
68387-0565-06		Q0144		05/01/2006	06/01/2014	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
68546-0317-30		J1595		04/28/2008	99/99/9999	INJECTION, GLATIRAMER ACETATE, 20 MG
68817-0134-50		J9264		01/01/2006	99/99/9999	INJECTION, PACLITAXEL PROTEIN-BOUND PARTICLES, 1 MG
68883-0010-03		J1642		01/05/2006	08/17/2012	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS
68883-0010-05		J1642		01/05/2006	08/17/2012	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS
68883-0010-06		J1642		01/05/2006	08/17/2012	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS
68883-0100-03		J1642		01/05/2006	08/17/2012	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS
68883-0100-04		J1642		01/05/2006	08/17/2012	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS
68883-0100-05		J1642		01/05/2006	08/17/2012	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS
68883-0100-06		J1642		01/05/2006	08/17/2012	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS
68883-0900-01		A4216		01/01/2007	08/17/2012	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
68883-0900-03		A4216		01/01/2007	08/17/2012	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
68883-0900-04		A4216		01/01/2007	08/17/2012	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
DIPHENHYDRAMINE HYDROCHLORIDE 25 MG	30	EA	BO	PO	EA	50	MG	0.5	05/01/2006	06/01/2014	
AZITHROMYCIN 250 MG	6	EA	BX	PO	EA	1	GM	0.25	05/01/2006	06/01/2014	
COPAXONE 20 MG/ML	1	ML	DP	MR	EA	20	MG	30	04/28/2008	99/99/9999	
ABRAXANE 100 MG	1	EA	VL	IV	EA	1	MG	100	01/01/2006	99/99/9999	
HEPARIN LOCK FLUSH (IN 6ML SD SYRINGE,PF) 10 U/ML	3	ML	SR	IV	ML	10	U	1	01/05/2006	08/17/2012	
HEPARIN LOCK FLUSH (IN 12ML SD SYRINGE,PF) 10 U/ML	5	ML	SR	IV	ML	10	U	1	01/05/2006	08/17/2012	
HEPARIN LOCK FLUSH (IN 3ML SD SYRINGE,PF) 10 U/ML	2.5	ML	SR	IV	ML	10	U	1	01/05/2006	08/17/2012	
HEPARIN LOCK FLUSH (IN 6ML SD SYRINGE,PF) 100 U/ML	3	ML	SR	IV	ML	10	U	10	01/05/2006	08/17/2012	
HEPARIN LOCK FLUSH (IN 12ML SD SYRINGE,PF) 100 U/ML	3	ML	SR	IV	ML	10	U	10	01/05/2006	08/17/2012	
HEPARIN LOCK FLUSH (IN 12ML SD SYRINGE,PF) 100 U/ML	5	ML	SR	IV	ML	10	U	10	01/05/2006	08/17/2012	
HEPARIN LOCK FLUSH (IN 6ML SD SYRINGE,PF) 100 U/ML	5	ML	SR	IV	ML	10	U	10	01/05/2006	08/17/2012	
SODIUM CHLORIDE FLUSH (IN 3ML SD SYRINGE,PF) 0.9%	2.5	ML	SR	IV	ML	10	ML	0.1	01/01/2007	08/17/2012	
SODIUM CHLORIDE FLUSH (IN 6ML SD SYRINGE,PF) 0.9%	3	ML	SR	IV	ML	10	ML	0.1	01/01/2007	08/17/2012	
SODIUM CHLORIDE FLUSH (IN 6ML SD SYRINGE,PF) 0.9%	5	ML	SR	IV	ML	10	ML	0.1	01/01/2007	08/17/2012	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
75137-0212-15		Q0163		01/01/2002	02/16/2016	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
68387-0240-10		J7506		05/29/2008	06/01/2014	PREDNISONE, ORAL, PER 5MG
60505-6145-04		J0692		03/15/2018	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG
52959-0127-18		J7506		06/18/2008	12/31/2015	PREDNISONE, ORAL, PER 5MG
21695-0765-48		J7506		06/09/2008	06/01/2014	PREDNISONE, ORAL, PER 5MG
63323-0318-01		J1626		06/25/2008	99/99/9999	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG
63323-0319-04		J1626		06/25/2008	99/99/9999	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG
66758-0035-01		J1626		06/30/2008	99/99/9999	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG
66758-0036-01		J1626		06/30/2008	99/99/9999	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG
50090-2345-09		None		06/08/2018	99/99/9999	METHOTREXATE, 2.5 MG, ORAL
51407-0121-01		None		06/07/2018	99/99/9999	METHOTREXATE, 2.5 MG, ORAL
68382-0751-67		None		06/01/2018	99/99/9999	TEMOZOLOMIDE, 5 MG, ORAL
68382-0751-96		None		06/01/2018	99/99/9999	TEMOZOLOMIDE, 5 MG, ORAL
42023-0118-01		J3250		08/01/2008	99/99/9999	INJECTION, TRIMETHOBENZAMIDE HCL, UP TO 200 MG
00054-3177-57		J8540		07/31/2008	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
COMPOZ NIGHTTIME SLEEP AID (GELCAPLET) 50 MG	16	EA	BO	PO	EA	50	MG	1	01/01/2002	02/16/2016	
PREDNISONE 20 MG	10	EA	DP	PO	EA	4	MG	4	05/29/2008	06/01/2014	
CEFEPIME NOVAPLUS (USP) 2 GM	10	EA	VL	IJ	EA	500	MG	4	03/15/2018	99/99/9999	
PREDNISONE 20 MG	18	EA	BO	PO	EA	5	MG	4	06/18/2008	12/31/2015	
PREDNISONE 10 MG	48	EA	NA	PO	EA	5	MG	2	06/09/2008	06/01/2014	
GRANISETRON HYDROCHLORIDE (1X1ML,SDV,PF) 1 MG/ML	1	ML	VL	IV	ML	100	MCG	10	06/25/2008	99/99/9999	
GRANISETRON HYDROCHLORIDE (1X4ML,MDV) 1 MG/ML	4	ML	VL	IV	ML	100	MCG	10	06/25/2008	99/99/9999	
GRANISETRON HYDROCHLORIDE (1X1ML,SINGLE-USE) 1 MG/ML	1	ML	VL	IV	ML	100	MCG	10	06/30/2008	99/99/9999	
GRANISETRON HYDROCHLORIDE (1X4ML,MULTI-USE) 1 MG/ML	4	ML	VL	IV	ML	100	MCG	10	06/30/2008	99/99/9999	
METHOTREXATE SODIUM 2.5 MG	36	EA	BO	PO	EA	2.5	MG	1	06/08/2018	99/99/9999	
METHOTREXATE 2.5 MG	100	EA	BO	PO	EA	2.5	MG	1	06/07/2018	99/99/9999	
TEMOZOLOMIDE (HARD GELATIN) 5 MG	14	EA	BO	PO	EA	5	MG	1	06/01/2018	99/99/9999	
TEMOZOLOMIDE (HARD GELATIN) 5 MG	5	EA	BO	PO	EA	5	MG	1	06/01/2018	99/99/9999	
TRIMETHOBENZAMIDE HCL (MDV,1X20ML) 100 MG/ML	20	ML	VL	IM	ML	200	MG	0.5	08/01/2008	99/99/9999	
DEXAMETHASONE (1X240ML)	240	ML	BO	PO	ML	0.25	MG	2	07/31/2008	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
21695-0573-30		Q0177		08/14/2008	06/01/2014	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
21695-0573-20		Q0177		08/14/2008	06/01/2014	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
21695-0307-21		J7506		08/14/2008	06/01/2014	PREDNISONE, ORAL, PER 5MG
21695-0307-15		J7506		09/03/2008	06/01/2014	PREDNISONE, ORAL, PER 5MG
68382-0752-67		None		06/01/2018	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL
68382-0752-96		None		06/01/2018	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL
68382-0753-67		None		06/01/2018	99/99/9999	TEMOZOLOMIDE, 100 MG, ORAL
68387-0241-15		J7506		07/23/2008	06/01/2014	PREDNISONE, ORAL, PER 5MG
55289-0330-07		J7506		09/16/2008	12/31/2015	PREDNISONE, ORAL, PER 5MG
21695-0571-30		Q0164		08/22/2008	06/01/2014	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
35356-0359-30		J8540		08/08/2008	01/01/2015	DEXAMETHASONE, ORAL, 0.25 MG
49999-0028-21		J7506		08/08/2008	12/31/2015	PREDNISONE, ORAL, PER 5MG
35356-0325-00		Q0165		08/01/2008	12/31/2013	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
HYDROXYZINE PAMOATE 25 MG	30	EA	BO	PO	EA	25	MG	1	08/14/2008	06/01/2014	
HYDROXYZINE PAMOATE 25 MG	20	EA	BO	PO	EA	25	MG	1	08/14/2008	06/01/2014	
PREDNISONE 20 MG	21	EA	BO	PO	EA	5	MG	4	08/14/2008	06/01/2014	
PREDNISONE 20 MG	15	EA	BO	PO	EA	5	MG	4	09/03/2008	06/01/2014	
TEMOZOLOMIDE (HARD GELATIN) 20 MG	14	EA	BO	PO	EA	20	MG	1	06/01/2018	99/99/9999	
TEMOZOLOMIDE (HARD GELATIN) 20 MG	5	EA	BO	PO	EA	20	MG	1	06/01/2018	99/99/9999	
TEMOZOLOMIDE 100 MG	14	EA	BO	PO	EA	100	MG	1	06/01/2018	99/99/9999	
PREDNISONE 10 MG	15	EA	BO	PO	EA	5	MG	2	07/23/2008	06/01/2014	
PREDNISONE 50 MG	7	EA	BO	PO	EA	5	MG	10	09/16/2008	12/31/2015	
PROCHLORPERAZINE MALEATE 5 MG	30	EA	BO	PO	EA	5	MG	1	08/22/2008	06/01/2014	
DEXAMETHASONE 1 MG	1	EA	BO	PO	EA	0.3	MG	4	08/08/2008	01/01/2015	
PREDNISONE 10 MG	21	EA	BO	PO	EA	5	MG	2	08/08/2008	12/31/2015	
PROCHLORPERAZINE MALEATE 10 MG	1	EA	BO	PO	EA	10	MG	1	08/01/2008	12/31/2013	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
42023-0119-25		J3250		07/22/2008	99/99/9999	INJECTION, TRIMETHOBENZAMIDE HCL, UP TO 200 MG
54868-5511-00		J3535		10/21/2008	99/99/9999	DRUG ADMINISTERED THROUGH A METERED DOSE INHALER
64679-0661-02		J1626		07/01/2008	04/30/2014	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG
64679-0661-03		J1626		07/01/2008	04/30/2014	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG
49502-0605-61	KO	J7606	KO	01/01/2009	99/99/9999	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS
54868-4319-00		J1750		01/01/2009	99/99/9999	INJECTION, IRON DEXTRAN, 50 MG
44206-0436-05		J1459		01/01/2009	99/99/9999	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG
44206-0437-10		J1459		01/01/2009	99/99/9999	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG
44206-0438-20		J1459		01/01/2009	99/99/9999	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG
51927-2772-00		J9181		01/01/2009	99/99/9999	INJECTION, ETOPOSIDE, 10 MG
08881-5801-21		J1642		03/14/2002	05/01/2017	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS
08881-5801-23		J1642		03/14/2002	05/01/2017	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS
08881-5801-25		J1642		08/23/2006	05/01/2017	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
TIGAN (SDV, 25X2ML) 100 MG/ML	2	ML	VL	IM	ML	200	MG	1	07/22/2008	99/99/9999	
IPRATROPIUM BROMIDE (0.017 MG/ACTUATION)	12.9	GM	PC	IH	GM	1	MG	0.017	10/21/2008	99/99/9999	
GRANISETRON HYDROCHLORIDE (1X4ML) 1 MG/ML MG/ML	4	MG	VL	IV	ML	100	MCG	10	07/01/2008	04/30/2014	
GRANISETRON HYDROCHLORIDE (1X1ML) 1 MG/ML	1	MG	VL	IV	ML	100	MCG	10	07/01/2008	04/30/2014	
PERFOROMIST 20 MCG/2 ML	2	ML	PC	IH	ML	20	MCG	0.5	01/01/2009	99/99/9999	
INFED (2MLX10) 50 MG/ML	2	ML	VL	IJ	ML	50	MG	1	01/01/2009	99/99/9999	
PRIVIGEN (PF,LATEX-FREE) 10%	1	ML	VL	IV	ML	500	MG	0.2	01/01/2009	99/99/9999	
PRIVIGEN (PF,LATEX-FREE) 10%	1	ML	VL	IV	ML	500	MG	0.2	01/01/2009	99/99/9999	
PRIVIGEN (PF,LATEX-FREE) 10%	1	ML	VL	IV	ML	500	MG	0.2	01/01/2009	99/99/9999	
ETOPOSIDE (U.S.P.) 1 GM	1	EA	BO	NA	GM	10	MG	100	01/01/2009	99/99/9999	
MONOJECT PREFILL HEPARIN LOCK FLUSH (SRN, 12 ML,LATEX-FREE) 10 U/ML (10 ML 180S)	10	ML	SR	IV	U	10	U	1	03/14/2002	05/01/2017	
MONOJECT PREFILL HEPARIN LOCK FLUSH (SRN,12 ML, PF, LATEX-FREE) 10 U/ML (2.5 ML 180S)	2.5	ML	SR	IV	U	10	U	1	03/14/2002	05/01/2017	
MONOJECT PREFILL HEPARIN LOCK FLUSH (SRN,12 ML,PF,LATEX-FREE) 10 U/ML (5 ML 180S)	10	ML	SR	IV	U	10	U	1	08/23/2006	05/01/2017	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
08881-5901-21		J1642		03/14/2002	05/01/2017	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS
08881-5901-23		J1642		03/14/2002	01/01/2017	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS
08881-5901-25		J1642		08/23/2006	05/01/2017	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS
10019-0176-39		J2270		08/21/1998	10/31/2013	INJECTION, MORPHINE SULFATE, UP TO 10 MG
10019-0177-39		J2270		09/13/2001	10/17/2016	INJECTION, MORPHINE SULFATE, UP TO 10 MG
10019-0178-37		J2270		08/21/1998	02/03/2016	INJECTION, MORPHINE SULFATE, UP TO 10 MG
10019-0179-39		J2270		05/05/1999	02/03/2016	INJECTION, MORPHINE SULFATE, UP TO 10 MG
00088-2502-05		J1817		03/04/2009	99/99/9999	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS
68382-0753-96		None		06/01/2018	99/99/9999	TEMOZOLOMIDE, 100 MG, ORAL
61553-0651-76		J2271		03/03/2005	12/31/2014	INJECTION, MORPHINE SULFATE, 100MG
00007-4205-11		None		07/01/2009	07/30/2017	TOPOTECAN, ORAL, 0.25 MG
00007-4207-11		None		07/01/2009	03/20/2017	TOPOTECAN, ORAL, 0.25 MG
51991-0940-17		J3370		07/06/2017	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
MONOJECT PREFILL HEPARIN LOCK FLUSH (SRN,12 ML,PF,LATEX-FREE) 100 U/ML (10ML 180S)	10	ML	SR	IV	U	10	U	10	03/14/2002	05/01/2017	
MONOJECT PREFILL ADVANCED HEPARIN LOCK FLUSH (SRN,12 ML,PF,LATEX-FREE) 100 U/ML (2.5 ML 180S)	2.5	ML	SR	IV	U	10	U	10	03/14/2002	01/01/2017	
MONOJECT PREFILL HEPARIN LOCK FLUSH (SRN,12 ML,PF,LATEX-FREE) 100 U/ML (5 ML 180S)	5	ML	SR	IV	U	10	U	10	08/23/2006	05/01/2017	
MORPHINE SULFATE (1X1ML,SDV,USP) 5MG/ML	1	ML	VL	IJ	ML	10	MG	0.5	08/21/1998	10/31/2013	
MORPHINE SULFATE (1X1ML,USP) 8MG/ML	1	ML	VL	IJ	ML	10	MG	0.8	09/13/2001	10/17/2016	
MORPHINE SULFATE (1X1ML,USP) 10MG/ML	1	ML	VL	IJ	ML	10	MG	1	08/21/1998	02/03/2016	
MORPHINE SULFATE (1X1ML,SDV, USP) 15MG/ML	1	ML	VL	IJ	ML	10	MG	1.5	05/05/1999	02/03/2016	
APIDRA SOLOSTAR (5X3ML) 100U/ML	3	ML	EA	IJ	ML	50	U	2	03/04/2009	99/99/9999	
TEMOZOLOMIDE 100 MG	5	EA	BO	PO	EA	100	MG	1	06/01/2018	99/99/9999	
MORPHINE SULFATE (5X55ML) 50 MG/ML	55	ML	EA	IJ	ML	100	MG	0.5	03/03/2005	12/31/2014	
HYCAMTIN 0.25 MG	10	EA	BO	PO	EA	0.25	MG	1	07/01/2009	07/30/2017	
HYCAMTIN 1 MG	10	EA	BO	PO	EA	0.25	MG	4	07/01/2009	03/20/2017	
VANCOMYCIN HCL (USP,PF,LATEX-FREE) 500 MG	10	EA	VL	IV	EA	500	MG	1	07/06/2017	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
51991-0941-17		J3370		07/06/2017	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG
68382-0754-67		None		06/01/2018	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL
00093-7477-05		J7517		05/05/2009	06/04/2018	MYCOPHENOLATE MOFETIL , ORAL, 250 MG
61553-0649-75		J2271		03/03/2005	12/31/2014	INJECTION, MORPHINE SULFATE, 100MG
00781-2102-01		J7507		08/10/2009	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG
00781-2103-01		J7507		08/10/2009	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG
00781-2104-01		J7507		08/10/2009	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG
68382-0754-96		None		06/01/2018	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL
68382-0131-01		J7517		05/04/2009	08/31/2013	MYCOPHENOLATE MOFETIL, ORAL, 250 MG
68382-0131-05		J7517		05/04/2009	09/30/2013	MYCOPHENOLATE MOFETIL, ORAL, 250 MG
24385-0431-26		Q0163		08/03/2009	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00409-1151-70		J1642		10/01/2009	02/03/2016	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS
00409-1152-12		J1642		10/01/2009	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS
00409-1152-78		J1642		10/01/2009	02/03/2016	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
VANCOMYCIN HCL (USP,PF,LATEX-FREE) 1 GM	10	EA	VL	IV	EA	500	MG	2	07/06/2017	99/99/9999	
TEMOZOLOMIDE (HARD GELATIN) 140 MG	14	EA	BO	PO	EA	20	MG	7	06/01/2018	99/99/9999	
MYCOPHENOLATE MOFETIL (FILM-COATED) 500 MG	500	EA	BO	PO	EA	250	MG	2	05/05/2009	06/04/2018	
MORPHINE SULFATE (5X50ML,LATEX-FREE) 50 MG/ML	50	ML	EA	IJ	ML	100	MG	0.5	03/03/2005	12/31/2014	
TACROLIMUS (HARD GELATIN) 0.5 MG	100	EA	BO	PO	EA	1	MG	0.5	08/10/2009	99/99/9999	
TACROLIMUS (HARD GELATIN) 1 MG	100	EA	BO	PO	EA	1	MG	1	08/10/2009	99/99/9999	
TACROLIMUS (HARD GELATIN) 5 MG	100	EA	BO	PO	EA	1	MG	5	08/10/2009	99/99/9999	
TEMOZOLOMIDE (HARD GELATIN) 140 MG	5	EA	BO	PO	EA	20	MG	7	06/01/2018	99/99/9999	
MYCOPHENOLATE MOFETIL, (FILM-COATED), 500MG	100	EA	BO	PO	EA	250	MG	2	05/04/2009	08/31/2013	
MYCOPHENOLATE MOFETIL, (FILM-COATED), 500MG	500	EA	BO	PO	EA	250	MG	2	05/04/2009	09/30/2013	
NIGHTTIME SLEEP AID (CAPLET) 25 MG	24	EA	NA	PO	EA	50	MG	0.5	08/03/2009	99/99/9999	
HEPARIN LOCK FLUSH (FTV,25X10ML) 10 U/ML	10	ML	VL	IV	ML	10	U	1	10/01/2009	02/03/2016	
HEPARIN LOCK FLUSH (VIAL,FLIPTOP,LIFESHIELD) 100 U/ML	10	ML	VL	IV	ML	10	U	10	10/01/2009	99/99/9999	
HEPARIN LOCK FLUSH (VIAL,FLIPTOP,LATEX-FREE) 100 U/ML	30	ML	VL	IV	ML	10	U	10	10/01/2009	02/03/2016	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00409-1280-31		J1642		10/01/2009	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS
00409-1280-32		J1642		10/01/2009	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS
00409-1280-33		J1642		10/01/2009	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS
00409-1280-35		J1642		03/03/2009	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS
00409-1281-31		J1642		10/01/2009	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS
00409-1281-32		J1642		10/01/2009	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS
00409-1281-33		J1642		10/01/2009	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS
00409-1281-35		J1642		10/01/2009	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS
00378-1005-01		J7500		12/22/2009	99/99/9999	AZATHIOPRINE, ORAL, 50 MG
50580-0843-10		Q0163		02/02/2009	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
50580-0843-24		Q0163		02/02/2009	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
HEPARIN LOCK FLUSH (LUER LOCK,LATEX-FREE) 10 U/ML	1	ML	SR	IV	ML	10	U	1	10/01/2009	99/99/9999	
HEPARIN LOCK FLUSH (LUER LOCK,LATEX-FREE) 10 U/ML	2	ML	SR	IV	ML	10	U	1	10/01/2009	99/99/9999	
HEPARIN LOCK FLUSH (LUER LOCK,LATEX-FREE) 10 U/ML	3	ML	CR	IV	ML	10	U	1	10/01/2009	99/99/9999	
HEPARIN LOCK FLUSH (LUER LOCK,LATEX-FREE) 10 U/ML	5	ML	CR	IV	ML	10	U	1	03/03/2009	99/99/9999	
HEPARIN LOCK FLUSH (LUER LOCK,50X1ML) 100 U/ML	1	ML	CR	IV	ML	10	U	10	10/01/2009	99/99/9999	
HEPARIN LOCK FLUSH (LUER LOCK,CARPUJECT) 100 U/ML	2	ML	CR	IV	ML	10	U	10	10/01/2009	99/99/9999	
HEPARIN LOCK FLUSH (LUER LOCK,25X3ML) 100 U/ML	3	ML	CR	IV	ML	10	U	10	10/01/2009	99/99/9999	
HEPARIN LOCK FLUSH (LUER LOCK,CARPUJECT) 100 U/ML	5	ML	CR	IV	ML	10	U	10	10/01/2009	99/99/9999	
AZATHIOPRINE, 50 MG	100	EA	BO	PO	EA	50	MG	1	12/22/2009	99/99/9999	
SIMPLY SLEEP (CAPLET) 25 MG	100	EA	BO	PO	EA	50	MG	0.5	02/02/2009	99/99/9999	
SIMPLY SLEEP (CAPLET) 25 MG	24	EA	BO	PO	EA	50	MG	0.5	02/02/2009	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00378-6989-62		J7644		10/07/2009	04/02/2013	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
00378-6989-62	KO	J7644	KO	10/07/2009	04/02/2013	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
00378-6989-66		J7644		10/07/2009	03/03/2013	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
00378-6989-66	KO	J7644	KO	10/07/2009	03/03/2013	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
00378-6989-93		J7644		10/07/2009	10/07/2013	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
00378-6989-93	KO	J7644	KO	10/07/2009	10/07/2013	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
00378-6990-52		J7613		10/07/2009	12/12/2012	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
00378-6990-52	KO	J7613	KO	10/07/2009	12/12/2012	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
00378-6990-58		J7613		10/07/2009	01/21/2013	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
00378-6990-58	KO	J7613	KO	10/07/2009	01/21/2013	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
00378-6990-91		J7613		10/07/2009	04/10/2013	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
IPRATROPIUM BROMIDE (25X2.5ML,PF) 0.02%	25	EA	SOL	IH	ML	1	MG	0.2	10/07/2009	04/02/2013	
IPRATROPIUM BROMIDE (25X2.5ML,PF) 0.02%	25	EA	SOL	IH	ML	1	MG	0.2	10/07/2009	04/02/2013	
IPRATROPIUM BROMIDE (60X2.5ML,PF) 0.02%	60	EA	SOL	IH	ML	1	MG	0.2	10/07/2009	03/03/2013	
IPRATROPIUM BROMIDE (60X2.5ML,PF) 0.02%	60	EA	SOL	IH	ML	1	MG	0.2	10/07/2009	03/03/2013	
IPRATROPIUM BROMIDE (30X2.5ML,PF) 0.02%	30	EA	SOL	IH	ML	1	MG	0.2	10/07/2009	10/07/2013	
IPRATROPIUM BROMIDE (30X2.5ML,PF) 0.02%	30	EA	SOL	IH	ML	1	MG	0.2	10/07/2009	10/07/2013	
ALBUTEROL SULFATE (5X5) 0.083%	25	EA	SOL	IH	ML	1	MG	0.83333	10/07/2009	12/12/2012	
ALBUTEROL SULFATE (5X5) 0.083%	25	EA	SOL	IH	ML	1	MG	0.83333	10/07/2009	12/12/2012	
ALBUTEROL SULFATE (6X5) 0.083%	30	EA	SOL	IH	ML	1	MG	0.83333	10/07/2009	01/21/2013	
ALBUTEROL SULFATE (6X5) 0.083%	30	EA	SOL	IH	ML	1	MG	0.83333	10/07/2009	01/21/2013	
ALBUTEROL SULFATE (12X5) 0.083%	60	EA	SOL	IH	ML	1	MG	0.83333	10/07/2009	04/10/2013	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00378-6990-91	KO	J7613	KO	10/07/2009	04/10/2013	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
00378-6993-93		J7612		08/28/2009	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
00378-6993-93	KO	J7612	KO	08/28/2009	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
66336-0045-60		Q0163		04/01/2010	06/01/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
66215-0401-01		J1325		08/27/2007	99/99/9999	INJECTION, EPOPROSTENOL, 0.5 MG
66336-0045-20		Q0163		04/01/2010	06/01/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
66336-0045-90		Q0163		04/01/2010	06/01/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
66336-0515-10		J7506		04/01/2010	06/01/2014	PREDNISONE, ORAL, PER 5MG
66336-0629-10		Q0173		04/01/2010	06/01/2014	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63629-1472-02		None		02/01/2009	99/99/9999	METHOTREXATE, 2.5 MG, ORAL
00008-1040-05		J7520		04/09/2010	99/99/9999	SIROLIMUS, ORAL, 1 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
ALBUTEROL SULFATE (12X5) 0.083%	60	EA	SOL	IH	ML	1	MG	0.83333	10/07/2009	04/10/2013	
LEVALBUTEROL (USP,PF) 1.25 MG/0.5 ML	30	EA	SOL	IH	ML	0.5	MG	5	08/28/2009	99/99/9999	
LEVALBUTEROL (USP,PF) 1.25 MG/0.5 ML	30	EA	SOL	IH	ML	0.5	MG	5	08/28/2009	99/99/9999	
DIPHENHYDRAMINE HCL 50 MG	60	EA	BO	PO	EA	50	MG	1	04/01/2010	06/01/2014	
EPOPROSTENOL (SINGLE DOSE,LYOPHILIZED) 1.5 MG	1	EA	EA	IV	EA	0.5	MG	3	08/27/2007	99/99/9999	
DIPHENHYDRAMINE HCL 50 MG	15	EA	BO	PO	EA	50	MG	1	04/01/2010	06/01/2014	
DIPHENHYDRAMINE HCL 50 MG	90	EA	BO	PO	EA	50	MG	1	04/01/2010	06/01/2014	
PREDNISONE 5 MG	10	EA	TAB	PO	EA	5	MG	1	04/01/2010	06/01/2014	
TRIMETHOBENZAMIDE HCL 250 MG	10	EA	NA	PO	EA	250	MG	1	04/01/2010	06/01/2014	
METHOTREXATE SODIUM 2.5 MG	12	EA	BO	PO	EA	2.5	MG	1	02/01/2009	99/99/9999	
RAPAMUNE 0.5 MG	100	EA	EA	PO	EA	1	MG	0.5	04/09/2010	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00378-6991-52		J7613		11/02/2009	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
00378-6991-52	KO	J7613	KO	11/02/2009	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
00378-6992-52		J7613		11/02/2009	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
00378-6992-52	KO	J7613	KO	11/02/2009	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
66336-0479-15		J8540		04/01/2010	06/01/2014	DEXAMETHASONE, ORAL, 0.25 MG
55111-0525-01		J7507		05/14/2010	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG
55111-0526-01		J7507		05/14/2010	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG
55111-0527-01		J7507		05/14/2010	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG
68382-0130-05		J7517		05/04/2009	08/31/2013	MYCOPHENOLATE MOFETIL, ORAL, 250 MG
00378-6989-64		J7644		10/07/2009	02/18/2013	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
00378-6989-64	KO	J7644	KO	10/07/2009	02/18/2013	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
00008-1040-10		J7520		04/09/2010	99/99/9999	SIROLIMUS, ORAL, 1 MG
00173-0517-00		J1325		07/27/2010	99/99/9999	INJECTION, EPOPROSTENOL, 0.5 MG
00173-0519-00		J1325		07/27/2010	99/99/9999	INJECTION, EPOPROSTENOL, 0.5 MG
54569-4026-04		J7506		08/24/2010	12/31/2015	PREDNISONE, ORAL, PER 5MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
ALBUTEROL SULFATE (25X3ML,PF) 0.63 MG/3 ML	3	ML	EA	IH	ML	1	MG	0.21	11/02/2009	99/99/9999	
ALBUTEROL SULFATE (25X3ML,PF) 0.63 MG/3 ML	3	ML	EA	IH	ML	1	MG	0.21	11/02/2009	99/99/9999	
ALBUTEROL SULFATE (25X3ML,PF) 1.25 MG/3 ML	3	ML	EA	IH	ML	1	MG	0.4166	11/02/2009	99/99/9999	
ALBUTEROL SULFATE (25X3ML,PF) 1.25 MG/3 ML	3	ML	EA	IH	ML	1	MG	0.4166	11/02/2009	99/99/9999	
DEXAMETHASONE, 4 MG	15	EA	TAB	PO	EA	0.25	MG	16	04/01/2010	06/01/2014	
TACROLIMUS (HARD GELATIN) 0.5 MG	100	EA	CAP	PO	EA	1	MG	0.5	05/14/2010	99/99/9999	
TACROLIMUS (HARD GELATIN) 1 MG	100	EA	CAP	PO	EA	1	MG	1	05/14/2010	99/99/9999	
TACROLIMUS (HARD GELATIN) 5 MG	100	EA	CAP	PO	EA	1	MG	5	05/14/2010	99/99/9999	
MYCOPHENOLATE MOFETIL (HARD GELATIN) 250 MG	500	EA	CAP	PO	EA	250	MG	1	05/04/2009	08/31/2013	
IPRATROPIUM BROMIDE (30X2.5ML,PF) 0.02%	30	EA	PC	IH	ML	1	MG	0.2	10/07/2009	02/18/2013	
IPRATROPIUM BROMIDE (30X2.5ML,PF) 0.02%	30	EA	PC	IH	ML	1	MG	0.2	10/07/2009	02/18/2013	
RAPAMUNE 0.5 MG	100	EA	BX	PO	EA	1	MG	0.5	04/09/2010	99/99/9999	
FLOLAN 0.5 MG	1	EA	VL	IV	EA	0.5	MG	1	07/27/2010	99/99/9999	
FLOLAN 1.5 MG	1	EA	VL	IV	EA	0.5	MG	3	07/27/2010	99/99/9999	
PREDNISONE 5 MG	40	EA	TAB	PO	EA	5	MG	1	08/24/2010	12/31/2015	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00378-2045-01		J7507		09/23/2010	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG
00378-2046-01		J7507		09/23/2010	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG
00378-2047-01		J7507		09/23/2010	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG
44206-0451-01		J1559		01/01/2011	99/99/9999	INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG
44206-0452-02		J1559		01/01/2011	99/99/9999	INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG
44206-0454-04		J1559		01/01/2011	99/99/9999	INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG
00591-3797-83		J7613		11/04/2010	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
00591-3797-60		J7613		11/04/2010	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
00591-3797-83	KO	J7613	KO	11/04/2010	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
00591-3797-60	KO	J7613	KO	11/04/2010	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
00093-6815-73		J7626		12/15/2009	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG
00093-6815-73	KO	J7626	KO	12/15/2009	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG
00093-6816-73		J7626		12/15/2009	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG
00093-6816-73	KO	J7626	KO	12/15/2009	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
TACROLIMUS (HARD GELATIN) 0.5 MG	100	EA	EA	PO	EA	1	MG	0.5	09/23/2010	99/99/9999	
TACROLIMUS (HARD GELATIN) 1 MG	100	EA	EA	PO	EA	1	MG	1	09/23/2010	99/99/9999	
TACROLIMUS (HARD GELATIN) 5 MG	100	EA	EA	PO	EA	1	MG	5	09/23/2010	99/99/9999	
HIZENTRA (SINGLE-USE VIAL,PF) 20%	5	ML	VL	SC	ML	100	MG	2	01/01/2011	99/99/9999	
HIZENTRA (SINGLE-USE VIAL,PF) 20%	10	ML	VL	SC	ML	100	MG	2	01/01/2011	99/99/9999	
HIZENTRA (SINGLE-USE VIAL,PF) 20%	20	ML	VL	SC	ML	100	MG	2	01/01/2011	99/99/9999	
ALBUTEROL SULFATE (2.5 MG/3ML) 0.083% (25X3ML)	25	EA	SOL	IH	ML	1	MG	0.83	11/04/2010	99/99/9999	
ALBUTEROL SULFATE (2.5 MG/3ML) 0.083% (60x3ML)	60	EA	SOL	IH	ML	1	MG	0.83	11/04/2010	99/99/9999	
ALBUTEROL SULFATE (2.5 MG/3ML) 0.083% (25X3ML)	25	EA	SOL	IH	ML	1	MG	0.83	11/04/2010	99/99/9999	
ALBUTEROL SULFATE (2.5 MG/3ML) 0.083% (60x3ML)	60	EA	SOL	IH	ML	1	MG	0.83	11/04/2010	99/99/9999	
BUDESONIDE (30X2ML,MICRONIZED) 0.25 MG/2 ML	30	EA	PC	IH	ML	0.25	MG	0.5	12/15/2009	99/99/9999	
BUDESONIDE (30X2ML,MICRONIZED) 0.25 MG/2 ML	30	EA	PC	IH	ML	0.25	MG	0.5	12/15/2009	99/99/9999	
BUDESONIDE (30X2ML,MICRONIZED) 0.5 MG/2 ML	30	EA	PC	IH	ML	0.5	MG	0.5	12/15/2009	99/99/9999	
BUDESONIDE (30X2ML,MICRONIZED) 0.5 MG/2 ML	30	EA	PC	IH	ML	0.5	MG	0.5	12/15/2009	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00093-7477-01		J7517		05/05/2009	06/04/2018	MYCOPHENOLATE MOFETIL, ORAL, 250 MG
00487-0301-01		J7613		07/19/2010	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
00487-0301-01	KO	J7613	KO	07/19/2010	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
00409-1283-10		J1170		05/15/2009	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG
00409-1312-10		J1170		10/01/2010	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG
00093-7334-05		J7517		05/06/2009	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG
12496-0757-01		J0592		01/01/2003	01/18/2015	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG
18860-0720-10		J2278		01/31/2011	99/99/9999	INJECTION, ZICONOTIDE, 1 MICROGRAM
18860-0722-10		J2278		01/31/2011	99/99/9999	INJECTION, ZICONOTIDE, 1 MICROGRAM
18860-0723-10		J2278		01/31/2011	99/99/9999	INJECTION, ZICONOTIDE, 1 MICROGRAM
54868-3826-08		None		06/29/2010	99/99/9999	METHOTREXATE, 2.5 MG, ORAL
54868-3826-09		None		09/13/2010	99/99/9999	METHOTREXATE, 2.5 MG, ORAL
13533-0800-12		J1561		12/07/2010	99/99/9999	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG
13533-0800-15		J1561		12/07/2010	99/99/9999	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
MYCOPHENOLATE MOFETIL (FILM-COATED) 500 MG	100	EA	BO	PO	EA	250	MG	2	05/05/2009	06/04/2018	
ALBUTEROL SULFATE (30X3ML,LDPE VIAL,PF) 0.63 MG/3 ML	30	EA	PC	IH	ML	1	MG	0.21	07/19/2010	99/99/9999	
ALBUTEROL SULFATE (30X3ML,LDPE VIAL,PF) 0.63 MG/3 ML	30	EA	PC	IH	ML	1	MG	0.21	07/19/2010	99/99/9999	
HYDROMORPHONE HYDROCHLORIDE (USP,ISECURE SINGLE-DOSE) 1 MG/ML	10	EA	SR	IJ	ML	4	MG	0.25	05/15/2009	99/99/9999	
HYDROMORPHONE HYDROCHLORIDE (USP,ISECURE SINGLE-DOSE) 2 MG/ML	10	EA	SR	IJ	ML	4	MG	0.5	10/01/2010	99/99/9999	
MYCOPHENOLATE MOFETIL (HARD GELATIN) 250 MG	500	EA	BO	PO	EA	250	MG	1	05/06/2009	99/99/9999	
BUPRENEX (AMP) 0.3 MG/ML	1	ML	AM	IJ	ML	0.1	MG	3.24	01/01/2003	01/18/2015	
PRIALT (1X1ML,SINGLE-USE VIAL) 100 MCG/ML	1	ML	VL	IN	ML	1	MCG	100	01/31/2011	99/99/9999	
PRIALT (1X5ML,SINGLE-USE VIAL) 100 MCG/ML	1	ML	VL	IN	ML	1	MCG	100	01/31/2011	99/99/9999	
PRIALT (1X20ML,SINGLE-USE VIAL) 25 MCG/ML	1	ML	VL	IN	ML	1	MCG	25	01/31/2011	99/99/9999	
METHOTREXATE SODIUM 2.5 MG	40	EA	BO	PO	EA	2.5	MG	1	06/29/2010	99/99/9999	
METHOTREXATE SODIUM 2.5 MG	2	EA	BO	PO	EA	2.5	MG	1	09/13/2010	99/99/9999	
GAMUNEX-C (1X10ML,SINGLE-USE) 100 MG/1 ML	10	ML	VL	IJ	ML	500	MG	0.2	12/07/2010	99/99/9999	
GAMUNEX-C (1X25ML,SINGLE-USE) 100 MG/1 ML	25	ML	VL	IJ	ML	500	MG	0.2	12/07/2010	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
13533-0800-20		J1561		12/07/2010	99/99/9999	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG
13533-0800-24		J1561		12/07/2010	99/99/9999	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG
13533-0800-71		J1561		12/07/2010	99/99/9999	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG
00944-2700-07		J1569		03/18/2011	99/99/9999	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED,(E.G. LIQUID), 500 MG
68382-0755-67		None		06/01/2018	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL
54868-3826-00		None		02/07/2011	99/99/9999	METHOTREXATE, 2.5 MG, ORAL
00004-1101-75		None		03/29/2011	12/31/2013	CAPECITABINE, 500 MG, ORAL
00591-3797-30		J7613		11/04/2010	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
00591-3797-30	KO	J7613	KO	11/04/2010	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
52609-0001-05		None		05/20/2011	99/99/9999	MELPHALAN, ORAL, 2 MG
00143-9708-01		J2260		03/29/2011	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG
00143-9709-10		J2260		03/29/2011	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG
00069-3030-20		J9000		05/19/2011	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG
00069-3031-20		J9000		05/19/2011	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG
00069-3032-20		J9000		05/19/2011	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG
00069-3033-20		J9000		05/19/2011	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG
00069-3034-20		J9000		05/19/2011	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG
33261-0759-20		None		06/01/2010	99/99/9999	METHOTREXATE, 2.5 MG, ORAL
33261-0759-30		None		06/01/2010	99/99/9999	METHOTREXATE, 2.5 MG, ORAL

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
GAMUNEX-C (1X50ML,SINGLE-USE) 100 MG/1 ML	50	ML	VL	IJ	ML	500	MG	0.2	12/07/2010	99/99/9999	
GAMUNEX-C (1X200ML,SINGLE-USE) 100 MG/1 ML	200	ML	VL	IJ	ML	500	MG	0.2	12/07/2010	99/99/9999	
GAMUNEX-C (1X100ML,SINGLE-USE) 100 MG/1 ML	100	ML	VL	IJ	ML	500	MG	0.2	12/07/2010	99/99/9999	
GAMMAGARD LIQUID (1X300ML, PF, LATEX-FREE) 100 MG/ML	1	ML	VL	IV	ML	500	MG	0.2	03/18/2011	99/99/9999	
TEMOZOLOMIDE (HARD GELATIN) 180 MG	14	EA	BO	PO	EA	20	MG	9	06/01/2018	99/99/9999	
METHOTREXATE 2.5 MG	16	EA	DP	PO	EA	2.5	MG	1	02/07/2011	99/99/9999	
XELODA (10 X 12,FILM COATED) 500MG	120	EA	BP	PO	EA	500	MG	1	03/29/2011	12/31/2013	
ALBUTEROL SULFATE (30X3ML) 0.083%	30	ML	PC	IH	ML	1	MG	0.83	11/04/2010	99/99/9999	
ALBUTEROL SULFATE (30X3ML) 0.083%	30	ML	PC	IH	ML	1	MG	0.83	11/04/2010	99/99/9999	
ALKERAN (FILM-COATED) 2 MG	50	EA	BO	PO	EA	2	MG	1	05/20/2011	99/99/9999	
MILRINONE LACTATE, 1 MG/ML	1	ML	VL	IV	ML	5	MG	0.2	03/29/2011	99/99/9999	
MILRINONE LACTATE, 1 MG/ML	10	ML	VL	IV	ML	5	MG	0.2	03/29/2011	99/99/9999	
DOXORUBICIN HCL (PF) 2 MG/ML	1	ML	VL	IV	ML	10	MG	0.2	05/19/2011	99/99/9999	
DOXORUBICIN HCL (PF) 2 MG/ML	1	ML	VL	IV	ML	10	MG	0.2	05/19/2011	99/99/9999	
DOXORUBICIN HCL (PF) 2 MG/ML	1	ML	VL	IV	ML	10	MG	0.2	05/19/2011	99/99/9999	
DOXORUBICIN HCL (PF) 2 MG/ML	1	ML	VL	IV	ML	10	MG	0.2	05/19/2011	99/99/9999	
DOXORUBICIN HCL (PF) 2 MG/ML	1	ML	VL	IV	ML	10	MG	0.2	05/19/2011	99/99/9999	
METHOTREXATE 2.5 MG	20	EA	BO	PO	EA	2.5	MG	1	06/01/2010	99/99/9999	
METHOTREXATE 2.5 MG	30	EA	BO	PO	EA	2.5	MG	1	06/01/2010	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
33261-0759-40		None		06/01/2010	99/99/9999	METHOTREXATE, 2.5 MG, ORAL
33261-0759-60		None		06/01/2010	99/99/9999	METHOTREXATE, 2.5 MG, ORAL
00591-2223-15		J7502		12/23/2008	08/02/2016	CYCLOSPORINE, ORAL, 100 MG
00904-6012-60		None		10/12/2009	12/04/2012	METHOTREXATE, 2.5 MG, ORAL
67253-0320-36		None		06/25/2009	99/99/9999	METHOTREXATE, 2.5 MG, ORAL
54868-5980-00		None		01/26/2009	99/99/9999	TEMODAR, 20 MG, ORAL
49999-0380-36		None		12/23/2009	01/01/2015	METHOTREXATE, 2.5 MG, ORAL
21695-0111-00		None		02/02/2009	06/01/2014	METHOTREXATE, 2.5 MG, ORAL
00378-2250-01		J7517		05/04/2009	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG
00378-4472-01		J7517		05/04/2009	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG
00378-4472-05		J7517		05/04/2009	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG
53270-0051-01		J1573		08/01/2010	12/31/2016	INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAVENOUS, 0.5 ML
53270-0052-01		J1573		08/01/2010	12/31/2016	INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAVENOUS, 0.5 ML
53270-0053-01		J1573		08/01/2010	12/31/2016	INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAVENOUS, 0.5 ML
53270-0054-01		J1573		08/01/2010	12/31/2016	INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAVENOUS, 0.5 ML
53270-3000-01		J2792		06/01/2010	12/31/2016	INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT, 100 IU

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
METHOTREXATE 2.5 MG	40	EA	BO	PO	EA	2.5	MG	1	06/01/2010	99/99/9999	
METHOTREXATE 2.5 MG	60	EA	BO	PO	EA	2.5	MG	1	06/01/2010	99/99/9999	
CYCLOSPORINE (USP, MODIFIED) 100 MG	30	EA	BX	PO	EA	100	MG	1	12/23/2008	08/02/2016	
METHOTREXATE (USP) 2.5 MG	100	EA	BO	PO	EA	2.5	MG	1	10/12/2009	12/04/2012	
METHOTREXATE 2.5 MG	36	EA	BO	PO	EA	2.5	MG	1	06/25/2009	99/99/9999	
TEMODAR 180 MG	14	EA	BO	PO	EA	20	MG	9	01/26/2009	99/99/9999	
METHOTREXATE 2.5 MG	36	EA	BO	PO	EA	2.5	MG	1	12/23/2009	01/01/2015	
METHOTREXATE SODIUM 2.5 MG	100	EA	BO	PO	EA	2.5	MG	1	02/02/2009	06/01/2014	
MYCOPHENOLATE MOFETIL (HARD GELATIN) 250MG	100	EA	BO	PO	EA	250	MG	1	05/04/2009	99/99/9999	
MYCOPHENOLATE MOFETIL (FILM-COATED) 500 MG	100	EA	BO	PO	EA	250	MG	2	05/04/2009	99/99/9999	
MYCOPHENOLATE MOFETIL (FILM-COATED) 500 MG	500	EA	BO	PO	EA	250	MG	2	05/04/2009	99/99/9999	
HEPAGAM B (1X5ML,>312IU/ML,SDV)	1	ML	VL	IJ	ML	0.5	ML	2	08/01/2010	12/31/2016	
HEPAGAM B (1X1ML,>312IU/ML,SDV)	1	ML	VL	IJ	ML	0.5	ML	2	08/01/2010	12/31/2016	
NOVAPLUS HEPAGAM B (1X1ML,>312IU/ML,SDV)	1	ML	VL	IJ	ML	0.5	ML	2	08/01/2010	12/31/2016	
NOVAPLUS HEPAGAM B (1X1ML,>312IU/ML,SDV)	1	ML	VL	IJ	ML	0.5	ML	2	08/01/2010	12/31/2016	
WINRHO SDF (SDV) 15000 IU	1	ML	VL	IV	ML	100	IU	150	06/01/2010	12/31/2016	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
53270-3100-01		J2792		06/01/2010	12/31/2016	INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT, 100 IU
53270-3300-01		J2792		06/01/2010	12/31/2016	INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT, 100 IU
53270-3500-01		J2792		06/01/2010	12/31/2016	INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT, 100 IU
00591-3798-30		J7644		06/24/2011	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
00591-3798-30	KO	J7644	KO	06/24/2011	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
00591-3798-60		J7644		05/23/2011	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
00591-3798-60	KO	J7644	KO	05/23/2011	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
00591-2222-15		J7515		12/23/2008	07/17/2016	CYCLOSPORINE, ORAL, 25 MG
21695-0111-30		None		10/04/2011	06/01/2014	METHOTREXATE, 2.5 MG, ORAL
00093-7236-56		Q0162		01/01/2012	10/05/2016	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
WINRHO SDF (1X4.4ML,SDV) 5000 IU	1	ML	VL	IV	ML	100	IU	50	06/01/2010	12/31/2016	
WINRHO SDF (1X1.3ML,SDV) 1500 IU	1	ML	VL	IV	ML	100	IU	15	06/01/2010	12/31/2016	
WINRHO SDF (1X2.2ML,SDV) 2500 IU	1	ML	VL	IV	ML	100	IU	25	06/01/2010	12/31/2016	
IPRATROPIUM BROMIDE (30X2.5ML,PF) 0.02%	30	ML	PC	IH	ML	1	MG	0.2	06/24/2011	99/99/9999	
IPRATROPIUM BROMIDE (30X2.5ML,PF) 0.02%	30	ML	PC	IH	ML	1	MG	0.2	06/24/2011	99/99/9999	
IPRATROPIUM BROMIDE (60X2.5ML,LDPE,PF) 0.02%	60	ML	PC	IH	ML	1	MG	0.2	05/23/2011	99/99/9999	
IPRATROPIUM BROMIDE (60X2.5ML,LDPE,PF) 0.02%	60	ML	PC	IH	ML	1	MG	0.2	05/23/2011	99/99/9999	
CYCLOSPORINE (USP,MODIFIED) 25 MG	30	EA	BX	PO	EA	25	MG	1	12/23/2008	07/17/2016	
METHOTREXATE 2.5 MG	30	EA	BO	PO	EA	2.5	MG	1	10/04/2011	06/01/2014	
ONDANSETRON HYDROCHLORIDE (FILM COATED) 8 MG	30	EA	BO	PO	EA	1	MG	8	01/01/2012	10/05/2016	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00173-0446-00		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00173-0447-00		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00173-0447-02		Q0162		01/01/2012	08/21/2013	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00173-0447-04		Q0162		01/01/2012	04/01/2014	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00173-0569-00		Q0162		01/01/2012	08/29/2017	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00173-0570-00		Q0162		01/01/2012	09/18/2017	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00378-0315-93		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
ZOFRAN 4 MG	30	EA	BO	PO	EA	1	MG	4	01/01/2012	99/99/9999	
ZOFRAN 8 MG	30	EA	BO	PO	EA	1	MG	8	01/01/2012	99/99/9999	
ZOFRAN 8 MG	100	EA	BX	PO	EA	1	MG	8	01/01/2012	08/21/2013	
ZOFRAN (1X3 DAILY PACK) 8 MG	3	EA	BX	PO	EA	1	MG	8	01/01/2012	04/01/2014	
ZOFRAN ODT 4 MG	30	EA	BX	PO	EA	1	MG	4	01/01/2012	08/29/2017	
ZOFRAN ODT 8 MG	30	EA	BX	PO	EA	1	MG	8	01/01/2012	09/18/2017	
ONDANSETRON HYDROCHLORIDE (FILM-COATED) 4 MG	30	EA	BO	PO	EA	1	MG	4	01/01/2012	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00378-0344-93		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00378-7732-93		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00378-7734-93		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00378-7734-97		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00490-0075-00		Q0162		01/01/2012	01/31/2014	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00490-0075-30		Q0162		01/01/2012	01/31/2014	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00490-0075-60		Q0162		01/01/2012	01/31/2014	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
ONDANSETRON HYDROCHLORIDE (FILM-COATED) 8 MG	30	EA	BO	PO	EA	1	MG	8	01/01/2012	99/99/9999	
ONDANSETRON (USP) 4 MG	30	EA	BO	PO	EA	1	MG	4	01/01/2012	99/99/9999	
ONDANSETRON (USP) 8 MG	30	EA	BO	PO	EA	1	MG	8	01/01/2012	99/99/9999	
ONDANSETRON (USP) 8 MG	10	EA	BO	PO	EA	1	MG	8	01/01/2012	99/99/9999	
ONDANSETRON ODT 4 MG	100	EA	BX	PO	EA	1	MG	4	01/01/2012	01/31/2014	
ONDANSETRON ODT 4 MG	30	EA	BX	PO	EA	1	MG	4	01/01/2012	01/31/2014	
ONDANSETRON ODT 4 MG	60	EA	BX	PO	EA	1	MG	4	01/01/2012	01/31/2014	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00490-0075-90		Q0162		01/01/2012	01/31/2014	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00781-1681-31		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
33358-0369-02		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
33358-0370-02		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
45802-0127-14		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
45802-0127-65		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
45802-0205-14		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
ONDANSETRON ODT 4 MG	90	EA	BX	PO	EA	1	MG	4	01/01/2012	01/31/2014	
ONDANSETRON HYDROCHLORIDE (FILM-COATED) 8 MG	30	EA	BO	PO	EA	1	MG	8	01/01/2012	99/99/9999	
ZOFRAN 4 MG	2	EA	BO	PO	EA	1	MG	4	01/01/2012	99/99/9999	
ZOFRAN 4 MG	2	EA	BO	PO	EA	1	MG	4	01/01/2012	99/99/9999	
ONDANSETRON HYDROCHLORIDE (FILM-COATED) 4 MG	3	EA	BX	PO	EA	1	MG	4	01/01/2012	99/99/9999	
ONDANSETRON HYDROCHLORIDE (FILM-COATED) 4 MG	30	EA	BO	PO	EA	1	MG	4	01/01/2012	99/99/9999	
ONDANSETRON HYDROCHLORIDE (FILM-COATED) 8 MG	3	EA	BX	PO	EA	1	MG	8	01/01/2012	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
45802-0205-65		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
49999-0783-30		Q0162		01/01/2012	01/01/2015	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
51079-0524-20		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
51079-0525-20		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54569-5873-00		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-3508-00		Q0162		01/01/2012	02/03/2016	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-3508-01		Q0162		01/01/2012	02/03/2016	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
ONDANSETRON HYDROCHLORIDE (FILM-COATED) 8 MG	30	EA	BO	PO	EA	1	MG	8	01/01/2012	99/99/9999	
ZOFRAN (CAPLET) 8 MG	30	EA	BO	PO	EA	1	MG	8	01/01/2012	01/01/2015	
ONDANSETRON HYDROCHLORIDE (USP,10X10,FILM-COATED) 4 MG	100	EA	BX	PO	EA	1	MG	4	01/01/2012	99/99/9999	
ONDANSETRON HYDROCHLORIDE (USP,10X10,FILM-COATED) 8 MG	100	EA	BX	PO	EA	1	MG	8	01/01/2012	99/99/9999	
ONDANSETRON HYDROCHLORIDE (FILM-COATED) 8 MG	4	EA	BO	PO	EA	1	MG	8	01/01/2012	99/99/9999	
ZOFRAN (1X3 DAILY PACK) 4 MG	3	EA	BX	PO	EA	1	MG	4	01/01/2012	02/03/2016	
ZOFRAN 4 MG	30	EA	BO	PO	EA	1	MG	4	01/01/2012	02/03/2016	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
54868-3508-02		Q0162		01/01/2012	02/03/2016	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-3509-00		Q0162		01/01/2012	02/03/2016	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-3509-01		Q0162		01/01/2012	02/03/2016	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
51079-0524-01		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
51079-0525-01		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
51672-4091-03		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-3509-02		Q0162		01/01/2012	02/03/2016	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
ZOFRAN 4 MG	10	EA	BO	PO	EA	1	MG	4	01/01/2012	02/03/2016	
ZOFRAN (1X3 DAILY PACK) 8 MG	3	EA	BX	PO	EA	1	MG	8	01/01/2012	02/03/2016	
ZOFRAN 8 MG	15	EA	BO	PO	EA	1	MG	8	01/01/2012	02/03/2016	
ONDANSETRON HYDROCHLORIDE (FILM-COATED) 4 MG	1	EA	BP	PO	EA	1	MG	4	01/01/2012	99/99/9999	
ONDANSETRON HYDROCHLORIDE (FILM-COATED) 8 MG	1	EA	BP	PO	EA	1	MG	8	01/01/2012	99/99/9999	
ONDANSETRON HYDROCHLORIDE (1x50ML) 4MG/5ML	1	ML	BO	PO	ML	1	MG	0.8	01/01/2012	99/99/9999	
ZOFRAN 8 MG	10	EA	BO	PO	EA	1	MG	8	01/01/2012	02/03/2016	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
54868-3509-03		Q0162		01/01/2012	02/03/2016	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-5089-00		Q0162		01/01/2012	02/03/2016	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-5089-01		Q0162		01/01/2012	02/03/2016	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-5089-02		Q0162		01/01/2012	02/03/2016	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-5089-03		Q0162		01/01/2012	02/03/2016	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-5089-04		Q0162		01/01/2012	02/03/2016	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-5089-05		Q0162		01/01/2012	02/03/2016	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
ZOFRAN 8 MG	20	EA	BO	PO	EA	1	MG	8	01/01/2012	02/03/2016	
ZOFRAN ODT 8 MG	2	EA	BO	PO	EA	1	MG	8	01/01/2012	02/03/2016	
ZOFRAN ODT 8 MG	15	EA	BO	PO	EA	1	MG	8	01/01/2012	02/03/2016	
ZOFRAN ODT 8 MG	10	EA	BX	PO	EA	1	MG	8	01/01/2012	02/03/2016	
ZOFRAN ODT 8 MG	3	EA	BO	PO	EA	1	MG	8	01/01/2012	02/03/2016	
ZOFRAN ODT 8 MG	20	EA	BO	PO	EA	1	MG	8	01/01/2012	02/03/2016	
ZOFRAN ODT 8 MG	30	EA	BX	PO	EA	1	MG	8	01/01/2012	02/03/2016	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
54868-5738-00		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-5749-00		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-5749-01		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-5801-00		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-5801-01		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-5887-00		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55045-3729-03		Q0162		01/01/2012	06/01/2014	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
ONDANSETRON HYDROCHLORIDE 8 MG	10	EA	BO	PO	EA	1	MG	8	01/01/2012	99/99/9999	
ONDANSETRON ODT 8 MG	10	EA	BX	PO	EA	1	MG	8	01/01/2012	99/99/9999	
ONDANSETRON ODT 8 MG	15	EA	BO	PO	EA	1	MG	8	01/01/2012	99/99/9999	
ONDANSETRON 4 MG	30	EA	BO	PO	EA	1	MG	4	01/01/2012	99/99/9999	
ONDANSETRON 4 MG	15	EA	BO	PO	EA	1	MG	4	01/01/2012	99/99/9999	
ONDANSETRON (STRAWBERRY) 4 MG	10	EA	BX	PO	EA	1	MG	4	01/01/2012	99/99/9999	
ONDANSETRON HYDROCHLORIDE 4 MG	30	EA	BO	PO	EA	1	MG	4	01/01/2012	06/01/2014	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
55045-3815-01		Q0162		01/01/2012	06/01/2014	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55111-0153-13		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55111-0153-30		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55111-0154-13		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55111-0154-30		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55111-0156-11		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55289-0559-03		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
ONDANSETRON 8 MG	10	EA	BX	PO	EA	1	MG	8	01/01/2012	06/01/2014	
ONDANSETRON HYDROCHLORIDE (1X3,FILM-COATED) 4 MG	3	EA	BX	PO	EA	1	MG	4	01/01/2012	99/99/9999	
ONDANSETRON HYDROCHLORIDE (FILM-COATED) 4 MG	30	EA	BO	PO	EA	1	MG	4	01/01/2012	99/99/9999	
ONDANSETRON HYDROCHLORIDE (1X3,FILM-COATED) 8 MG	3	EA	BX	PO	EA	1	MG	8	01/01/2012	99/99/9999	
ONDANSETRON HYDROCHLORIDE (FILM-COATED) 8 MG	30	EA	BO	PO	EA	1	MG	8	01/01/2012	99/99/9999	
ONDANSETRON HYDROCHLORIDE (1X1,FILM-COATED) 24 MG	1	EA	BP	PO	EA	1	MG	24	01/01/2012	99/99/9999	
ONDANSETRON (USP,STRAWBERRY) 4 MG	3	EA	BO	PO	EA	1	MG	4	01/01/2012	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
55289-0559-05		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55289-0559-06		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0084-00		Q0162		01/01/2012	01/31/2014	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0084-10		Q0162		01/01/2012	01/31/2014	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0084-30		Q0162		01/01/2012	01/31/2014	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0084-60		Q0162		01/01/2012	01/31/2014	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0084-90		Q0162		01/01/2012	01/31/2014	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
ONDANSETRON (STRAWBERRY) 4 MG	5	EA	BO	PO	EA	1	MG	4	01/01/2012	99/99/9999	
ONDANSETRON (USP,STRAWBERRY) 4 MG	6	EA	BO	PO	EA	1	MG	4	01/01/2012	99/99/9999	
ZOFRAN 8 MG	100	EA	BO	PO	EA	1	MG	8	01/01/2012	01/31/2014	
ZOFRAN 8 MG	10	EA	BO	PO	EA	1	MG	8	01/01/2012	01/31/2014	
ZOFRAN 8 MG	30	EA	BO	PO	EA	1	MG	8	01/01/2012	01/31/2014	
ZOFRAN 8 MG	60	EA	BO	PO	EA	1	MG	8	01/01/2012	01/31/2014	
ZOFRAN 8 MG	90	EA	BO	PO	EA	1	MG	8	01/01/2012	01/31/2014	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
58016-0826-00		Q0162		01/01/2012	01/31/2014	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0826-30		Q0162		01/01/2012	01/31/2014	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0826-60		Q0162		01/01/2012	01/31/2014	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0826-90		Q0162		01/01/2012	01/31/2014	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
60505-0381-05		Q0162		01/01/2012	01/31/2014	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
62756-0130-01		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
62756-0131-01		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
ZOFRAN 4 MG	100	EA	BO	PO	EA	1	MG	4	01/01/2012	01/31/2014	
ZOFRAN 4 MG	30	EA	BO	PO	EA	1	MG	4	01/01/2012	01/31/2014	
ZOFRAN 4 MG	60	EA	BO	PO	EA	1	MG	4	01/01/2012	01/31/2014	
ZOFRAN 4 MG	90	EA	BO	PO	EA	1	MG	4	01/01/2012	01/31/2014	
ONDANSETRON (USP,1X50ML) 4 MG/5 ML	1	EA	BO	PO	ML	1	MG	0.8	01/01/2012	01/31/2014	
ONDANSETRON HYDROCHLORIDE (FILM-COATED) 4 MG	30	EA	BO	PO	EA	1	MG	4	01/01/2012	99/99/9999	
ONDANSETRON HYDROCHLORIDE (FILM-COATED) 8 MG	30	EA	BO	PO	EA	1	MG	8	01/01/2012	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
62756-0240-64		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
62756-0356-64		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
62756-0356-66		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63304-0458-30		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63304-0459-30		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
65862-0187-30		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
65862-0188-30		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
ONDANSETRON 4 MG	30	EA	BX	PO	EA	1	MG	4	01/01/2012	99/99/9999	
ONDANSETRON 8 MG	30	EA	BX	PO	EA	1	MG	8	01/01/2012	99/99/9999	
ONDANSETRON 8 MG	10	EA	BX	PO	EA	1	MG	8	01/01/2012	99/99/9999	
ONDANSETRON HYDROCHLORIDE (FILM-COATED) 4 MG	30	EA	BO	PO	EA	1	MG	4	01/01/2012	99/99/9999	
ONDANSETRON HYDROCHLORIDE (FILM-COATED) 8 MG	30	EA	BO	PO	EA	1	MG	8	01/01/2012	99/99/9999	
ONDANSETRON HYDROCHLORIDE (FILM-COATED) 4 MG	30	EA	BO	PO	EA	1	MG	4	01/01/2012	99/99/9999	
ONDANSETRON HYDROCHLORIDE (FILM-COATED) 8 MG	30	EA	BO	PO	EA	1	MG	8	01/01/2012	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
66336-0268-03		Q0162		01/01/2012	06/01/2014	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
66336-0793-03		Q0162		01/01/2012	06/01/2014	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
68462-0105-30		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
68462-0106-30		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
68462-0157-13		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
68462-0158-11		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
68462-0158-13		Q0162		01/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
ONDANSETRON HYDROCHLORIDE (FILM-COATED) 8 MG	3	EA	BO	PO	EA	1	MG	8	01/01/2012	06/01/2014	
ONDANSETRON HYDROCHLORIDE (FILM-COATED) 4 MG	3	EA	BO	PO	EA	1	MG	4	01/01/2012	06/01/2014	
ONDANSETRON HYDROCHLORIDE (FILM-COATED) 4 MG	30	EA	BO	PO	EA	1	MG	4	01/01/2012	99/99/9999	
ONDANSETRON HYDROCHLORIDE (FILM-COATED) 8 MG	30	EA	BO	PO	EA	1	MG	8	01/01/2012	99/99/9999	
ONDANSETRON (STRAWBERRY) 4 MG	30	EA	BX	PO	EA	1	MG	4	01/01/2012	99/99/9999	
ONDANSETRON (STRAWBERRY) 8 MG	30	EA	BX	PO	EA	1	MG	8	01/01/2012	99/99/9999	
ONDANSETRON (STRAWBERRY) 8 MG	10	EA	BX	PO	EA	1	MG	8	01/01/2012	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00078-0414-20		J8561		01/01/2012	12/31/2012	EVEROLIMUS, ORAL, 0.25 MG
00078-0414-61		J8561		01/01/2012	12/31/2012	EVEROLIMUS, ORAL, 0.25 MG
00078-0415-20		J8561		01/01/2012	12/31/2012	EVEROLIMUS, ORAL, 0.25 MG
00078-0415-61		J8561		01/01/2012	12/31/2012	EVEROLIMUS, ORAL, 0.25 MG
00078-0417-20		J8561		01/01/2012	12/31/2012	EVEROLIMUS, ORAL, 0.25 MG
00078-0417-61		J8561		01/01/2012	12/31/2012	EVEROLIMUS, ORAL, 0.25 MG
64208-8234-01		J1557		01/01/2012	01/31/2015	INJECTION, IMMUNE GLOBULIN (GAMMAPLEX), INTRAVENOUS, NONLYOPHILIZED (E.G., LIQUID) 500 MG
64208-8234-02		J1557		01/01/2012	99/99/9999	INJECTION, IMMUNE GLOBULIN (GAMMAPLEX), INTRAVENOUS, NONLYOPHILIZED (E.G., LIQUID) 500 MG
64208-8234-03		J1557		01/01/2012	99/99/9999	INJECTION, IMMUNE GLOBULIN (GAMMAPLEX), INTRAVENOUS, NONLYOPHILIZED (E.G., LIQUID) 500 MG
00378-2046-05		J7507		07/13/2011	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG
16729-0041-01		J7507		09/30/2011	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG
67467-0843-01		J1568		11/04/2011	09/14/2015	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG
67467-0843-02		J1568		11/04/2011	09/14/2015	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG
67467-0843-03		J1568		11/04/2011	09/14/2015	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG
67467-0843-04		J1568		11/04/2011	09/14/2015	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG
67467-0843-05		J1568		11/04/2011	09/14/2015	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG
00078-0240-61		J7515		01/05/2012	99/99/9999	CYCLOSPORINE, ORAL, 25 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
ZORTRESS (6X10) 0.5 MG	60	EA	EA	PO	EA	0.25	MG	2	01/01/2012	12/31/2012	
ZORTRESS (1X1) 0.5 MG	1	EA	EA	PO	EA	0.25	MG	2	01/01/2012	12/31/2012	
ZORTRESS (6X10) 0.75 MG	60	EA	EA	PO	EA	0.25	MG	3	01/01/2012	12/31/2012	
ZORTRESS (1X1) 0.75 MG	1	EA	EA	PO	EA	0.25	MG	3	01/01/2012	12/31/2012	
ZORTRESS (6X10) 0.25 MG	60	EA	EA	PO	EA	0.25	MG	1	01/01/2012	12/31/2012	
ZORTRESS (1X1) 0.25 MG	1	EA	EA	PO	EA	0.25	MG	1	01/01/2012	12/31/2012	
GAMMAPLEX (1X50ML,SINGLE USE) 2.5 GM/50 ML	1	ML	VL	IV	ML	1	EA	0.1	01/01/2012	01/31/2015	
GAMMAPLEX (1X100ML,SINGLE USE) 5 GM/ 100 ML	1	ML	VL	IV	ML	1	EA	0.1	01/01/2012	99/99/9999	
GAMMAPLEX (1X200ML,SINGLE USE) 10 GM/ 200 ML	1	ML	VL	IV	ML	1	EA	0.1	01/01/2012	99/99/9999	
TACROLIMUS (HARD GELATIN) 1 MG	500	EA	BO	PO	EA	1	MG	1	07/13/2011	99/99/9999	
TACROLIMUS (HARD GELATIN) 0.5 MG	100	EA	BO	PO	EA	1	MG	0.5	09/30/2011	99/99/9999	
OCTAGAM (1GM/VIAL,S/D TREATED) 50 MG/ML	1	ML	VL	IV	ML	500	MG	0.1	11/04/2011	09/14/2015	
OCTAGAM (2.5GM/VIAL,S/D TREATED) 50 MG/ML	1	ML	VL	IV	ML	500	MG	0.1	11/04/2011	09/14/2015	
OCTAGAM (5GM/VIAL,S/D TREATED) 50 MG/ML	1	ML	VL	IV	ML	500	MG	0.1	11/04/2011	09/14/2015	
OCTAGAM (10GM/VIAL,S/D TREATED) 50 MG/ML	1	ML	VL	IV	ML	500	MG	0.1	11/04/2011	09/14/2015	
OCTAGAM (LATEX-FREE) 50 MG/ML	1	ML	VL	IV	ML	500	MG	0.1	11/04/2011	09/14/2015	
SANDIMMUNE (INNER PACK, SOFTGEL) 25 MG	1	EA	BP	PO	EA	25	MG	1	01/05/2012	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00078-0241-61		J7502		01/05/2012	99/99/9999	CYCLOSPORINE, ORAL, 100 MG
00078-0467-61		J0895		01/05/2012	99/99/9999	INJECTION, DEFEROXAMINE MESYLATE, 500 MG
00641-6068-01		J2270		02/08/2012	09/16/2015	INJECTION, MORPHINE SULFATE, UP TO 10 MG
00641-6070-25		J2270		02/08/2012	09/16/2015	INJECTION, MORPHINE SULFATE, UP TO 10 MG
00641-6071-25		J2271		02/08/2012	12/31/2014	INJECTION, MORPHINE SULFATE, 100 MG
00641-6072-01		J2271		02/08/2012	12/31/2014	INJECTION, MORPHINE SULFATE, 100 MG
00641-6073-25		J2270		02/08/2012	09/16/2015	INJECTION, MORPHINE SULFATE, UP TO 10 MG
00641-6075-25		J2270		02/08/2012	06/30/2016	INJECTION, MORPHINE SULFATE, UP TO 10 MG
00054-0163-25		J7517		05/04/2009	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG,
00054-0166-25		J7517		05/04/2009	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG,
00078-0616-05		J7507		02/07/2012	02/11/2015	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG
00078-0618-05		J7507		02/07/2012	02/11/2015	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG
42254-0110-30		None		01/10/2012	06/01/2014	METHOTREXATE, 2.5 MG, ORAL
62991-1003-01		J7608		10/31/2011	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM
62991-1003-01	KO	J7608	KO	10/31/2011	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
SANDIMMUNE (INNER PACK, SOFTGEL) 100 MG	1	EA	BP	PO	EA	100	MG	1	01/05/2012	99/99/9999	
DESFERAL (INNER PACK) 500 MG	1	EA	VL	IJ	EA	500	MG	1	01/05/2012	99/99/9999	
MORPHINE SULFATE (M.D.V.) 10MG/ML	1	ML	VL	IJ	ML	10	MG	1	02/08/2012	09/16/2015	
MORPHINE SULFATE (S.D.V., 25X1ML) 10MG/ML	25	ML	VL	IJ	ML	10	MG	1	02/08/2012	09/16/2015	
MORPHINE SULFATE, (S.D.V., 1MLx25) 15MG/ML	25	ML	VL	IJ	ML	100	MG	0.15	02/08/2012	12/31/2014	
MORPHINE SULFATE (M.D.V.) 15MG/ML	1	ML	VL	IJ	ML	100	MG	0.15	02/08/2012	12/31/2014	
MORPHINE SULFATE (S.D.V.) 5 MG/ ML	25	ML	VL	IJ	ML	10	MG	0.5	02/08/2012	09/16/2015	
MORPHINE SULFATE (VIAL, DOSETTE) 8MG/ML	25	ML	VL	IJ	ML	10	MG	0.8	02/08/2012	06/30/2016	
MYCOPHENOLATE MOFETIL, 250 MG	100	EA	BO	PO	EA	250	MG	1	05/04/2009	99/99/9999	
MYCOPHENOLATE MOFETIL, 500 MG	100	EA	BO	PO	EA	250	MG	2	05/04/2009	99/99/9999	
HECORIA (HARD GELATIN) 0.5 MG	100	EA	BO	PO	EA	1	MG	0.5	02/07/2012	02/11/2015	
HECORIA 5 MG	100	EA	BO	PO	EA	1	MG	5	02/07/2012	02/11/2015	
METHOTREXATE, 2.5 MG	30	EA	BO	PO	EA	2.5	MG	1	01/10/2012	06/01/2014	
ACETYLCYSTEINE (U.S.P.)	1	GM	BO	NA	GM	1	GM	1	10/31/2011	99/99/9999	
ACETYLCYSTEINE (U.S.P.)	1	GM	BO	NA	GM	1	GM	1	10/31/2011	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
62991-1041-01		J7638		10/31/2011	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
62991-1041-01	KO	J7638	KO	10/31/2011	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
62991-1486-01		J9190		08/17/2011	99/99/9999	INJECTION, FLUOROURACIL, 500 MG
00078-0617-05		J7507		02/07/2012	02/11/2015	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG
76204-0100-25	KO	J7644	KO	02/01/2012	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
76204-0100-25		J7644		02/01/2012	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
76204-0100-30	KO	J7644	KO	02/01/2012	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
76204-0100-30		J7644		02/01/2012	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
76204-0100-60	KO	J7644	KO	02/01/2012	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
76204-0100-60		J7644		02/01/2012	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
76204-0200-25	KO	J7613	KO	02/01/2012	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	GM	BO	NA	GM	1	MG	1000	10/31/2011	99/99/9999	
DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	GM	BO	NA	GM	1	MG	1000	10/31/2011	99/99/9999	
FLUOROURACIL (U.S.P.)	1	GM	BO	NA	GM	500	MG	2	08/17/2011	99/99/9999	
HECORIA 1 MG	100	EA	BO	PO	EA	1	MG	1	02/07/2012	02/11/2015	
IPRATROPIUM BROMIDE (25X2.5ML,PF) 0.02%	25	ML	SOL	IH	ML	1	MG	0.2	02/01/2012	99/99/9999	
IPRATROPIUM BROMIDE (25X2.5ML,PF) 0.02%	25	ML	SOL	IH	ML	1	MG	0.2	02/01/2012	99/99/9999	
IPRATROPIUM BROMIDE (30X2.5ML,PF) 0.02%	25	ML	SOL	IH	ML	1	MG	0.2	02/01/2012	99/99/9999	
IPRATROPIUM BROMIDE (30X2.5ML,PF) 0.02%	25	ML	SOL	IH	ML	1	MG	0.2	02/01/2012	99/99/9999	
IPRATROPIUM BROMIDE (60X2.5ML,PF) 0.02%	25	ML	SOL	IH	ML	1	MG	0.2	02/01/2012	99/99/9999	
IPRATROPIUM BROMIDE (60X2.5ML,PF) 0.02%	25	ML	SOL	IH	ML	1	MG	0.2	02/01/2012	99/99/9999	
ALBUTEROL SULFATE (25X3ML) 0.083%	30	ML	PC	IH	ML	1	MG	0.83	02/01/2012	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
76204-0200-25		J7613		02/01/2012	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
76204-0200-30	KO	J7613	KO	02/01/2012	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
76204-0200-30		J7613		02/01/2012	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
76204-0200-60	KO	J7613	KO	02/01/2012	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
76204-0200-60		J7613		02/01/2012	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
66336-0338-21		None		03/01/2012	06/01/2014	METHOTREXATE, 2.5 MG, ORAL
66336-0338-30		None		04/01/2012	06/01/2014	METHOTREXATE, 2.5 MG, ORAL
00703-5747-11		J9060		06/19/2000	99/99/9999	INJECTION, CISPLATIN, POWDER OR S0LUTION, 10 MG
49502-0605-30		J7606		07/02/2012	99/99/9999	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS
49502-0605-30	KO	J7606	KO	07/02/2012	99/99/9999	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS
76388-0713-25		None		06/22/2012	99/99/9999	BUSULFAN; ORAL, 2 MG
52152-0538-30		Q0162		07/10/2012	07/11/2012	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
ALBUTEROL SULFATE (25X3ML) 0.083%	30	ML	PC	IH	ML	1	MG	0.83	02/01/2012	99/99/9999	
ALBUTEROL SULFATE (30X3ML) 0.083%	30	ML	PC	IH	ML	1	MG	0.83	02/01/2012	99/99/9999	
ALBUTEROL SULFATE (30X3ML) 0.083%	30	ML	PC	IH	ML	1	MG	0.83	02/01/2012	99/99/9999	
ALBUTEROL SULFATE (60X3ML) 0.083%	30	ML	PC	IH	ML	1	MG	0.83	02/01/2012	99/99/9999	
ALBUTEROL SULFATE (60X3ML) 0.083%	30	ML	PC	IH	ML	1	MG	0.83	02/01/2012	99/99/9999	
METHOTREXATE, 2.5 MG	21	EA	BO	PO	EA	2.5	MG	1	03/01/2012	06/01/2014	
METHOTREXATE SODIUM, 2.5 MG	30	EA	BO	PO	EA	2.5	MG	1	04/01/2012	06/01/2014	
CISPLATIN (M.D.V.) 1 MG/ML	1	ML	VL	IV	ML	10	MG	0.1	06/19/2000	99/99/9999	
PERFOROMIST, 20 MCG/2 ML	30	ML	PC	IH	ML	20	MCG	0.5	07/02/2012	99/99/9999	
PERFOROMIST, 20 MCG/2 ML	30	ML	PC	IH	ML	20	MCG	0.5	07/02/2012	99/99/9999	
MYLERAN, (FILM-COATED), 2 MG	25	EA	BO	PO	EA	2	MG	1	06/22/2012	99/99/9999	
ONDANSETRON HYDROCHLORIDE, (FILM-COATED), 4 MG	30	EA	BO	PO	EA	1	MG	4	07/10/2012	07/11/2012	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
52152-0539-30		Q0162		07/10/2012	07/11/2012	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00781-2067-01		J7517		05/04/2009	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG
00781-2067-05		J7517		05/04/2009	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG
00781-2067-89		J7517		05/04/2009	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG
00781-5175-01		J7517		05/04/2009	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG
00781-5175-05		J7517		05/04/2009	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG
63323-0690-30		J7608		09/19/2012	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM
63323-0690-30	KO	J7608	KO	09/19/2012	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM
66215-0402-01		J1325		10/01/2012	99/99/9999	INJECTION, EPOPROSTENOL, 0.5 MG
66215-0403-01		J1325		10/01/2012	99/99/9999	INJECTION, EPOPROSTENOL, 0.5 MG
00409-1890-01		J2275		08/23/2012	12/31/2014	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG
00409-1891-01		J2275		08/06/2012	12/31/2014	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
ONDANSETRON HYDROCHLORIDE, (FILM-COATED), 8 MG	30	EA	BO	PO	EA	1	MG	8	07/10/2012	07/11/2012	
MYCOPHENOLATE MOFETIL (HARD GELATIN) 250 MG	100	EA	BO	PO	EA	250	MG	1	05/04/2009	99/99/9999	
MYCOPHENOLATE MOFETIL (HARD GELATIN) 250 MG	500	EA	BO	PO	EA	250	MG	1	05/04/2009	99/99/9999	
MYCOPHENOLATE MOFETIL (12X120,HARD GELATIN) 250 MG	1440	EA	BO	PO	EA	250	MG	1	05/04/2009	99/99/9999	
MYCOPHENOLATE MOFETIL (FILM-COATED) 500 MG	100	EA	BO	PO	EA	250	MG	2	05/04/2009	99/99/9999	
MYCOPHENOLATE MOFETIL (FILM-COATED) 500 MG	500	EA	BO	PO	EA	250	MG	2	05/04/2009	99/99/9999	
ACETYLCYSTEINE (PDF) 20%	3	ML	SOL	IH	ML	1	GM	0.2	09/19/2012	99/99/9999	
ACETYLCYSTEINE (PDF) 20%	3	ML	SOL	IH	ML	1	GM	0.2	09/19/2012	99/99/9999	
VELETRI (SINGLE DOSE,LYOPHILIZED) 1.5 MG	1	EA	VL	IV	EA	0.5	MG	3	10/01/2012	99/99/9999	
VELETRI (SINGLE DOSE,LYOPHILIZED) 0.5 MG	1	EA	VL	IV	EA	0.5	MG	1	10/01/2012	99/99/9999	
MORPHINE SULFATE (CARPUJECT SINGLE-USE) 2 MG/ML	10	ML	SR	IV	ML	10	MG	0.2	08/23/2012	12/31/2014	
MORPHINE SULFATE (CARPUJECT SINGLE-USE) 4 MG/ML	10	ML	SR	IV	ML	10	MG	0.4	08/06/2012	12/31/2014	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00409-1894-01		J2275		08/10/2012	12/31/2014	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG
50742-0208-01		J7507		10/01/2012	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG
00591-2918-23	KO	J7614	KO	08/20/2012	06/09/2014	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
00591-2918-23		J7614		08/20/2012	06/09/2014	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
00591-2919-23	KO	J7614	KO	08/20/2012	08/06/2014	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
00591-2919-23		J7614		08/20/2012	08/06/2014	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
00591-2920-23	KO	J7614	KO	08/20/2012	06/30/2014	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
00591-2920-23		J7614		08/20/2012	06/30/2014	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
00409-1893-01		J2275		08/15/2012	12/31/2014	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG
66993-0021-27		J7614		08/23/2012	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
66993-0021-27	KO	J7614	KO	08/23/2012	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
66993-0022-27		J7614		08/23/2012	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
66993-0022-27	KO	J7614	KO	08/23/2012	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
66993-0023-27		J7614		08/23/2012	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
MORPHINE SULFATE (CARPUJECT SINGLE-USE) 15 MG/ML	10	ML	SR	IV	ML	10	MG	1.5	08/10/2012	12/31/2014	
TACROLIMUS (HARD GELATIN) 1 MG	100	EA	EA	PO	EA	1	MG	1	10/01/2012	99/99/9999	
LEVALBUTEROL HCL (24X3ML,PF) 0.31 MG/3 ML	24	ML	PC	IH	ML	0.5	MG	0.20666	08/20/2012	06/09/2014	
LEVALBUTEROL HCL (24X3ML,PF) 0.31 MG/3 ML	24	ML	PC	IH	ML	0.5	MG	0.20666	08/20/2012	06/09/2014	
LEVALBUTEROL HCL (24X3ML,PF) 0.63 MG/3 ML	24	ML	PC	IH	ML	0.5	MG	0.42	08/20/2012	08/06/2014	
LEVALBUTEROL HCL (24X3ML,PF) 0.63 MG/3 ML	24	ML	PC	IH	ML	0.5	MG	0.42	08/20/2012	08/06/2014	
LEVALBUTEROL HCL (24X3ML,PF) 1.25 MG/3 ML	24	ML	PC	IH	ML	0.5	MG	0.83333	08/20/2012	06/30/2014	
LEVALBUTEROL HCL (24X3ML,PF)1.25 MG/3 ML	24	ML	PC	IH	ML	0.5	MG	0.83333	08/20/2012	06/30/2014	
MORPHINE SULFATE (CARPUJECT SINGLE-USE) 10 MG/ML	10	ML	SR	IV	ML	10	MG	1	08/15/2012	12/31/2014	
LEVALBUTEROL HCL (24X3ML,PF) 0.31 MG/3 ML	24	ML	PC	IH	ML	0.5	MG	0.20667	08/23/2012	99/99/9999	
LEVALBUTEROL HCL (24X3ML,PF) 0.31 MG/3 ML	24	ML	PC	IH	ML	0.5	MG	0.20667	08/23/2012	99/99/9999	
LEVALBUTEROL HCL (24X3ML,PF) 0.63 MG/3 ML	24	ML	PC	IH	ML	0.5	MG	0.42	08/23/2012	99/99/9999	
LEVALBUTEROL HCL (24X3ML,PF) 0.63 MG/3 ML	24	ML	PC	IH	ML	0.5	MG	0.42	08/23/2012	99/99/9999	
LEVALBUTEROL HCL (24X3ML,PF) 1.25 MG/3 ML	24	ML	PC	IH	ML	0.5	MG	0.83333	08/23/2012	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
66993-0023-27	KO	J7614	KO	08/23/2012	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
76125-0900-50		J1561		02/24/2012	99/99/9999	INJECTION, IMMUNE GLOBULIN, (GAMUNEX/GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG
00078-0414-20		J7527		01/01/2013	99/99/9999	EVEROLIMUS, ORAL, 0.25 MG
00078-0414-61		J7527		01/01/2013	99/99/9999	EVEROLIMUS, ORAL, 0.25 MG
00078-0415-20		J7527		01/01/2013	99/99/9999	EVEROLIMUS, ORAL, 0.25 MG
00078-0415-61		J7527		01/01/2013	99/99/9999	EVEROLIMUS, ORAL, 0.25 MG
00078-0417-20		J7527		01/01/2013	99/99/9999	EVEROLIMUS, ORAL, 0.25 MG
00078-0417-61		J7527		01/01/2013	99/99/9999	EVEROLIMUS, ORAL, 0.25 MG
38779-0312-03		J7501		10/01/2012	99/99/9999	AZATHIOPRINE, PARENTERAL, 100 MG
38779-0312-04		J7501		10/01/2012	99/99/9999	AZATHIOPRINE, PARENTERAL, 100 MG
38779-0312-06		J7501		10/01/2012	99/99/9999	AZATHIOPRINE, PARENTERAL, 100 MG
00085-1366-03		None		12/05/2012	99/99/9999	TEMODAR, 100 MG, ORAL
00085-1366-04		None		12/05/2012	99/99/9999	TEMODAR, 100 MG, ORAL
00085-1417-02		None		12/05/2012	99/99/9999	TEMODAR, 250 MG, ORAL
00085-1425-03		None		12/05/2012	99/99/9999	TEMODAR, 20 MG, ORAL
00085-1425-04		None		12/05/2012	99/99/9999	TEMODAR, 20 MG, ORAL
00085-1430-03		None		12/05/2012	99/99/9999	TEMODAR, 20 MG, ORAL
00085-1430-04		None		12/05/2012	99/99/9999	TEMODAR, 20 MG, ORAL
00085-1519-03		None		12/05/2012	99/99/9999	TEMODAR, 20 MG, ORAL
00085-1519-04		None		12/05/2012	99/99/9999	TEMODAR, 20 MG, ORAL
00085-3004-03		None		12/05/2012	99/99/9999	TEMODAR, 5 MG, ORAL
00085-3004-04		None		12/05/2012	99/99/9999	TEMODAR, 5 MG, ORAL

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
LEVALBUTEROL HCL (24X3ML,PF) 1.25 MG/3 ML	24	ML	PC	IH	ML	0.5	MG	0.83333	08/23/2012	99/99/9999	
GAMMAKED (1X50ML, SINGLE-USE) 10%	1	ML	VL	IJ	ML	500	MG	0.002	02/24/2012	99/99/9999	
ZORTRESS (6X10) 0.5 MG	60	EA	EA	PO	EA	0.25	MG	2	01/01/2013	99/99/9999	
ZORTRESS (1X1) 0.5 MG	1	EA	EA	PO	EA	0.25	MG	2	01/01/2013	99/99/9999	
ZORTRESS (6X10) 0.75 MG	60	EA	EA	PO	EA	0.25	MG	3	01/01/2013	99/99/9999	
ZORTRESS (1X1) 0.75 MG	1	EA	EA	PO	EA	0.25	MG	3	01/01/2013	99/99/9999	
ZORTRESS (6X10) 0.25 MG	60	EA	EA	PO	EA	0.25	MG	1	01/01/2013	99/99/9999	
ZORTRESS (1X1) 0.25 MG	1	EA	EA	PO	EA	0.25	MG	1	01/01/2013	99/99/9999	
AZATHIOPRINE (U.S.P.)	5	GM	BO	NA	GM	100	MG	10	10/01/2012	99/99/9999	
AZATHIOPRINE (U.S.P.)	25	GM	BO	NA	GM	100	MG	10	10/01/2012	99/99/9999	
AZATHIOPRINE (U.S.P.)	1	GM	BO	NA	GM	100	MG	10	10/01/2012	99/99/9999	
TEMODAR, 100 MG	5	EA	BX	PO	EA	100	MG	1	12/05/2012	99/99/9999	
TEMODAR, 100 MG	14	EA	BX	PO	EA	100	MG	1	12/05/2012	99/99/9999	
TEMODAR, 250 MG	5	EA	BX	PO	EA	250	MG	1	12/05/2012	99/99/9999	
TEMODAR, 140 MG	5	EA	BX	PO	EA	20	MG	7	12/05/2012	99/99/9999	
TEMODAR, 140 MG	14	EA	BX	PO	EA	20	MG	7	12/05/2012	99/99/9999	
TEMODAR, 180 MG	5	EA	BX	PO	EA	20	MG	9	12/05/2012	99/99/9999	
TEMODAR, 180 MG	14	EA	BX	PO	EA	20	MG	9	12/05/2012	99/99/9999	
TEMODAR, 20 MG	5	EA	BX	PO	EA	20	MG	1	12/05/2012	99/99/9999	
TEMODAR, 20 MG	14	EA	BX	PO	EA	20	MG	1	12/05/2012	99/99/9999	
TEMODAR, 5 MG	5	EA	BX	PO	EA	5	MG	1	12/05/2012	99/99/9999	
TEMODAR, 5 MG	14	EA	BX	PO	EA	5	MG	1	12/05/2012	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
62175-0381-37		J7507		09/28/2012	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG
00069-0201-01		J9065		01/14/2013	10/13/2014	INJECTION, CLADRIBINE, PER 1 MG
00378-8270-52		J7613		12/13/2012	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
00378-8270-52	KO	J7613	KO	12/13/2012	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
16729-0019-01		J7517		05/05/2009	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG
16729-0094-01		J7517		05/05/2009	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG
76204-0600-05		J7620		01/01/2013	99/99/9999	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME
76204-0600-12		J7620		01/01/2013	99/99/9999	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME
76204-0002-24		J7614		02/01/2013	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
76204-0002-24	KO	J7614	KO	02/01/2013	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
76204-0003-24		J7614		02/18/2013	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
76204-0003-24	KO	J7614	KO	02/18/2013	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
00641-6020-10		J2275		07/03/2012	12/31/2014	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
TACROLIMUS (HARD GELATIN) 1 MG	100	EA	BO	PO	EA	1	MG	1	09/28/2012	99/99/9999	
NOVAPLUS CLADRIBINE (1X10ML,SDV,PF) 1 MG/ML	10	ML	VL	IV	ML	1	MG	1	01/14/2013	10/13/2014	
ALBUTEROL SULFATE (25X3ML) 0.083%	3	ML	PC	IH	ML	1	MG	0.83333	12/13/2012	99/99/9999	
ALBUTEROL SULFATE (25X3ML) 0.083%	3	ML	PC	IH	ML	1	MG	0.83333	12/13/2012	99/99/9999	
MYCOPHENOLATE MOFETIL (FILM COATED) 500 MG	100	EA	BO	PO	EA	250	MG	2	05/05/2009	99/99/9999	
MYCOPHENOLATE MOFETIL (HARD GELATIN) 250 MG	100	EA	BO	PO	EA	250	MG	1	05/05/2009	99/99/9999	
IPRATROPIUM BROMIDE AND ALBUTEROL SULFATE, (30 x 3 ML) 3 MG/3 ML-0.5 MG/3 ML	3	ML	PC	IH	ML	3	MG	0.33333	01/01/2013	99/99/9999	
IPRATROPIUM BROMIDE AND ALBUTEROL SULFATE, (60 x 3 ML) 3 MG/3 ML-0.5 MG/3 ML	3	ML	PC	IH	ML	3	MG	0.33333	01/01/2013	99/99/9999	
LEVALBUTEROL HYDROCHLORIDE, 0.63 MG/3ML,(24X3ML, PF)	3	ML	BO	IH	ML	0.5	MG	0.42	02/01/2013	99/99/9999	
LEVALBUTEROL HYDROCHLORIDE, 0.63 MG/3ML,(24X3ML, PF)	3	ML	BO	IH	ML	0.5	MG	0.42	02/01/2013	99/99/9999	
LEVALBUTEROL HYDROCHLORIDE, 1.25 MG/3ML,(24X3ML, PF)	3	ML	BO	IH	ML	0.5	MG	0.83333	02/01/2013	99/99/9999	
LEVALBUTEROL HYDROCHLORIDE, 1.25 MG/3ML,(24X3ML, PF)	3	ML	BO	IH	ML	0.5	MG	0.83333	02/01/2013	99/99/9999	
DURAMORPH (10X10ML,PF) 0.5 MG/ML	10	ML	AM	IJ	ML	10	MG	0.05	07/03/2012	12/31/2014	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00641-6019-10		J2275		07/03/2012	12/31/2014	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG
00641-6024-10		J3010		10/10/2012	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG
00641-6026-05		J3010		10/10/2012	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG
00641-6025-10		J3010		11/13/2012	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG
00641-6027-25		J3010		07/25/2012	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG
00641-6028-25		J3010		07/25/2012	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG
00641-6029-25		J3010		10/10/2012	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG
00641-6030-01		J3010		07/25/2012	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG
00641-6039-01		J2275		07/25/2012	12/31/2014	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG
00641-6040-01		J2275		07/25/2012	12/31/2014	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG
00143-9719-10		J2260		02/23/2011	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG
00143-9718-10		J2260		02/23/2011	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG
00378-9680-44		J7614		03/15/2013	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
DURAMORPH (10X10ML,PF) 1 MG/ML	10	ML	AM	IJ	ML	10	MG	0.1	07/03/2012	12/31/2014	
FENTANYL CITRATE (SINGLE DOSE, 10X2ML) 0.05 MG/ML	10	ML	AM	IJ	ML	0.1	MG	0.5	10/10/2012	99/99/9999	
FENTANYL CITRATE (SINGLE DOSE, 20MLX5) 0.05 MG/ML	5	ML	AM	IJ	ML	0.1	MG	0.5	10/10/2012	99/99/9999	
FENTANYL CITRATE 0.05 MG/ML	10	ML	AM	IJ	ML	0.1	MG	0.5	11/13/2012	99/99/9999	
FENTANYL CITRATE (25X2ML,USP,SDV,PF) 0.05 MG/ML	25	ML	VL	IJ	ML	0.1	MG	0.5	07/25/2012	99/99/9999	
FENTANYL CITRATE (25X5ML,USP,SDV,PF) 0.05 MG/ML	25	ML	VL	IJ	ML	0.1	MG	0.5	07/25/2012	99/99/9999	
FENTANYL CITRATE (25X20ML,SDV,PF) 0.05 MG/ML	25	ML	VL	IJ	ML	0.1	MG	0.5	10/10/2012	99/99/9999	
FENTANYL CITRATE (S.D.V) 0.05 MG/ML	1	ML	VL	IJ	ML	0.1	MG	0.5	07/25/2012	99/99/9999	
INFUMORPH 200 (1X20ML,PF) 10 MG/ML	1	ML	AM	IJ	ML	10	MG	1	07/25/2012	12/31/2014	
INFUMORPH 500 (1X20ML,PF) 25 MG/ML	1	ML	AM	IJ	ML	10	MG	2.5	07/25/2012	12/31/2014	
MILRINONE LACTATE IN DEXTROSE (10X100ML, SINGLE DOSE) 5%-20 MG/100 ML	10	ML	FC	IV	ML	5	MG	0.04	02/23/2011	99/99/9999	
MILRINONE LACTATE IN DEXTROSE (10X200ML, SINGLE DOSE) 5%-20 MG/100 ML	10	ML	FC	IV	ML	5	MG	0.04	02/23/2011	99/99/9999	
LEVALBUTEROL (2X12,PF) 0.31 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.20666	03/15/2013	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00378-9680-44	KO	J7614	KO	03/15/2013	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
00378-9681-44		J7614		03/15/2013	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
00378-9681-44	KO	J7614	KO	03/15/2013	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
00378-9682-44		J7614		03/15/2013	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
00378-9682-44	KO	J7614	KO	03/15/2013	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
00409-1283-05		J1170		10/22/2012	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG
00944-2656-03		J1566		01/24/2013	99/99/9999	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT OTHERWISE SPECIFIED, 500 MG
00944-2658-04		J1566		01/24/2013	99/99/9999	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT OTHERWISE SPECIFIED, 500 MG
16729-0043-01		J7507		09/30/2011	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG
00378-7970-52		J7644		04/03/2013	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
00378-7970-52	KO	J7644	KO	04/03/2013	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
43063-0439-30		None		03/14/2013	99/99/9999	METHOTREXATE SODIUM, 2.5 MG, ORAL
44206-0439-40		J1459		06/01/2013	99/99/9999	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
LEVALBUTEROL (2X12,PF) 0.31 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.20666	03/15/2013	99/99/9999	
LEVALBUTEROL (2X12,PF) 0.63 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.42	03/15/2013	99/99/9999	
LEVALBUTEROL (2X12,PF) 0.63 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.42	03/15/2013	99/99/9999	
LEVALBUTEROL (2X12,PF) 1.25 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.83333	03/15/2013	99/99/9999	
LEVALBUTEROL (2X12,PF) 1.25 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.83333	03/15/2013	99/99/9999	
HYDROMORPHONE HYDROCHLORIDE (USP,ISECURE SINGLE-DOSE) 1 MG/ML	0.5	ML	SR	IJ	ML	4	MG	0.25	10/22/2012	99/99/9999	
GAMMAGARD S/D (IGA<1UG/ML) (SINGLE DOSE) 5 GM	1	EA	VL	IV	EA	500	MG	10	01/24/2013	99/99/9999	
GAMMAGARD S/D (IGA<1UG/ML) 10 GM	1	EA	VL	IV	EA	500	MG	20	01/24/2013	99/99/9999	
TACROLIMUS (HARD GELATIN) 5 MG	100	EA	BO	PO	EA	1	MG	5	09/30/2011	99/99/9999	
IPRATROPIUM BROMIDE (25X2.5ML,PF) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	04/03/2013	99/99/9999	
IPRATROPIUM BROMIDE (25X2.5ML,PF) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	04/03/2013	99/99/9999	
METHOTREXATE SODIUM, 2.5 MG	30	EA	BO	PO	EA	2.5	MG	1	03/14/2013	99/99/9999	
PRIVIGEN, (PF,LATEX-FREE), 10%	400	ML	VL	IV	ML	500	MG	0.2	06/01/2013	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00591-3817-30		J7620		05/13/2013	02/24/2016	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME
00591-3817-60		J7620		05/13/2013	02/24/2016	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME
67877-0225-01		J7517		03/20/2012	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG
45963-0539-30		Q0162		08/29/2011	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00093-7600-41		None		08/12/2013	99/99/9999	TEMODAR, 20 MG, ORAL
00469-0647-73		J7599		08/06/2013	12/31/2013	IMMUNOSUPPRESSIVE DRUG, NOT OTHERWISE CLASSIFIED
00469-0677-73		J7599		08/06/2013	12/31/2013	IMMUNOSUPPRESSIVE DRUG, NOT OTHERWISE CLASSIFIED
00469-0687-73		J7599		08/06/2013	12/31/2013	IMMUNOSUPPRESSIVE DRUG, NOT OTHERWISE CLASSIFIED
00781-2691-44		None		08/12/2013	99/99/9999	TEMODAR, 5 MG, ORAL
00781-2691-75		None		08/12/2013	99/99/9999	TEMODAR, 5 MG, ORAL
00781-2692-44		None		08/12/2013	99/99/9999	TEMODAR, 20 MG, ORAL
00781-2692-75		None		08/12/2013	99/99/9999	TEMODAR, 20 MG, ORAL
00781-2693-44		None		08/12/2013	99/99/9999	TEMODAR, 100 MG, ORAL
00781-2693-75		None		08/12/2013	99/99/9999	TEMODAR, 100 MG, ORAL
00781-2694-44		None		08/12/2013	99/99/9999	TEMODAR, 20 MG, ORAL
00781-2694-75		None		08/12/2013	99/99/9999	TEMODAR, 20 MG, ORAL
00781-2695-44		None		08/12/2013	99/99/9999	TEMODAR, 20 MG, ORAL
00781-2695-75		None		08/12/2013	99/99/9999	TEMODAR, 20 MG, ORAL

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
IPRATROPIUM BROMIDE AND ALBUTEROL SULFATE (30X3ML) 3 MG/3 ML-0.5 MG/3 ML	3	ML	PC	IH	ML	3	MG	0.33333	05/13/2013	02/24/2016	
IPRATROPIUM BROMIDE AND ALBUTEROL SULFATE (60X3ML) 3 MG/3 ML-0.5 MG/3 ML	3	ML	PC	IH	ML	3	MG	0.33333	05/13/2013	02/24/2016	
MYCOPHENOLATE MOFETIL (FILM-COATED) 500 MG	100	EA	BO	PO	EA	250	MG	2	03/20/2012	99/99/9999	
ONDANSETRON (USP,FILM-COATED) 8 MG	30	EA	BO	PO	EA	1	MG	8	08/29/2011	99/99/9999	
TEMOZOLOMIDE (UNIT-OF-USE) 20 MG	14	EA	BO	PO	EA	20	MG	1	08/12/2013	99/99/9999	
ASTAGRAF XL 0.5 MG	30	EA	BO	PO	EA	1	MG	1	08/06/2013	12/31/2013	
ASTAGRAF XL 1 MG	30	EA	BO	PO	EA	1	MG	1	08/06/2013	12/31/2013	
ASTAGRAF XL 5 MG	30	EA	BO	PO	EA	1	MG	1	08/06/2013	12/31/2013	
TEMOZOLOMIDE 5 MG	14	EA	BO	PO	EA	5	MG	1	08/12/2013	99/99/9999	
TEMOZOLOMIDE 5 MG	5	EA	BO	PO	EA	5	MG	1	08/12/2013	99/99/9999	
TEMOZOLOMIDE 20 MG	14	EA	BO	PO	EA	20	MG	1	08/12/2013	99/99/9999	
TEMOZOLOMIDE 20 MG	5	EA	BO	PO	EA	20	MG	1	08/12/2013	99/99/9999	
TEMOZOLOMIDE 100 MG	14	EA	BO	PO	EA	100	MG	1	08/12/2013	99/99/9999	
TEMOZOLOMIDE 100 MG	5	EA	BO	PO	EA	100	MG	1	08/12/2013	99/99/9999	
TEMOZOLOMIDE 140 MG	14	EA	BO	PO	EA	20	MG	7	08/12/2013	99/99/9999	
TEMOZOLOMIDE 140 MG	5	EA	BO	PO	EA	20	MG	7	08/12/2013	99/99/9999	
TEMOZOLOMIDE 180 MG	14	EA	BO	PO	EA	20	MG	9	08/12/2013	99/99/9999	
TEMOZOLOMIDE 180 MG	5	EA	BO	PO	EA	20	MG	9	08/12/2013	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00603-1567-56		J7510		07/01/2013	99/99/9999	PREDNISOLONE ORAL, PER 5 MG
00603-1567-58		J7510		07/01/2013	99/99/9999	PREDNISOLONE ORAL, PER 5 MG
00904-5789-61		J8499		09/13/2013	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
00904-5790-61		J8499		09/13/2013	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
00781-7146-64		J7620		07/30/2013	03/14/2017	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME
00093-7602-57		None		08/12/2013	99/99/9999	TEMODAR, 250 MG, ORAL
00093-7601-41		None		08/12/2013	99/99/9999	TEMODAR, 100 MG, ORAL
00093-7601-57		None		08/12/2013	99/99/9999	TEMODAR, 100 MG, ORAL
00093-7638-41		None		08/12/2013	99/99/9999	TEMODAR, 20 MG, ORAL
00093-7638-57		None		08/12/2013	99/99/9999	TEMODAR, 20 MG, ORAL
00093-7639-57		None		08/12/2013	99/99/9999	TEMODAR, 20 MG, ORAL
00093-7639-41		None		08/12/2013	99/99/9999	TEMODAR, 20 MG, ORAL
00093-7600-57		None		08/12/2013	99/99/9999	TEMODAR, 20 MG, ORAL
00093-7599-41		None		08/12/2013	99/99/9999	TEMODAR, 5 MG, ORAL
00093-7599-57		None		08/12/2013	99/99/9999	TEMODAR, 5 MG, ORAL

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PREDNISOLONE (CHERRY) 15 MG/5 ML	240	ML	BO	PO	ML	5	MG	0.6	07/01/2013	99/99/9999	
PREDNISOLONE (CHERRY) 15 MG/5 ML	480	ML	BO	PO	ML	5	MG	0.6	07/01/2013	99/99/9999	
ACYCLOVIR (10X10,USP,HARD GELATIN) 200 MG	100	EA	BX	PO	EA	1	MG	1	09/13/2013	99/99/9999	
ACYCLOVIR (10X10,USP) 400 MG	100	EA	BX	PO	EA	1	MG	1	09/13/2013	99/99/9999	
IPRATROPIUM BROMIDE AND ALBUTEROL SULFATE (30X3ML) 3 MG/3 ML-0.5 MG/3 ML	30	ML	VL	IH	ML	3	MG	0.33333	07/30/2013	03/14/2017	
TEMOZOLOMIDE (UNIT-OF-USE) 250 MG	5	EA	BO	PO	EA	250	MG	1	08/12/2013	99/99/9999	
TEMOZOLOMIDE (UNIT-OF-USE) 100 MG	14	EA	BO	PO	EA	100	MG	1	08/12/2013	99/99/9999	
TEMOZOLOMIDE (UNIT-OF-USE) 100 MG	5	EA	BO	PO	EA	100	MG	1	08/12/2013	99/99/9999	
TEMOZOLOMIDE (UNIT-OF-USE) 140 MG	14	EA	BO	PO	EA	20	MG	7	08/12/2013	99/99/9999	
TEMOZOLOMIDE (UNIT-OF-USE) 140 MG	5	EA	BO	PO	EA	20	MG	7	08/12/2013	99/99/9999	
TEMOZOLOMIDE (UNIT-OF-USE) 180 MG	5	EA	BO	PO	EA	20	MG	9	08/12/2013	99/99/9999	
TEMOZOLOMIDE (UNIT-OF-USE) 180 MG	14	EA	BO	PO	EA	20	MG	9	08/12/2013	99/99/9999	
TEMOZOLOMIDE (UNIT-OF-USE) 20 MG	5	EA	BO	PO	EA	20	MG	1	08/12/2013	99/99/9999	
TEMOZOLOMIDE (UNIT-OF-USE) 5 MG	14	EA	BO	PO	EA	5	MG	1	08/12/2013	99/99/9999	
TEMOZOLOMIDE (UNIT-OF-USE) 5MG	5	EA	BO	PO	EA	5	MG	1	08/12/2013	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
25021-0207-05		J9000		11/01/2013	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG
25021-0207-25		J9000		11/01/2013	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG
25021-0207-51		J9000		11/01/2013	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG
00378-9671-58		J7620		09/26/2013	01/27/2016	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME
10122-0820-56		J7682		09/20/2013	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS
10122-0820-56	KO	J7682	KO	09/20/2013	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS
00781-5238-64		Q0162		12/18/2008	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00781-2696-75		None		09/30/2013	99/99/9999	TEMODAR, 250 MG, ORAL
00469-0647-73		J7508		01/01/2014	99/99/9999	TACROLIMUS, EXTENDED RELEASE, (ASTAGRAF XL), ORAL, 0.1 MG
00469-0677-73		J7508		01/01/2014	99/99/9999	TACROLIMUS, EXTENDED RELEASE, (ASTAGRAF XL), ORAL, 0.1 MG
00469-0687-73		J7508		01/01/2014	99/99/9999	TACROLIMUS, EXTENDED RELEASE, (ASTAGRAF XL), ORAL, 0.1 MG
00093-9652-01		Q0164		01/01/2014	04/16/2018	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
DOXORUBICIN HYDROCHLORIDE (USP,STERILE,SDV) 2 MG/ML	5	ML	VL	IV	ML	10	MG	0.2	11/01/2013	99/99/9999	
DOXORUBICIN HYDROCHLORIDE (USP,STERILE,SDV) 2 MG/ML	25	ML	VL	IV	ML	10	MG	0.2	11/01/2013	99/99/9999	
DOXORUBICIN HYDROCHLORIDE (USP,STERILE,SDV) 2 MG/ML	100	ML	VL	IV	ML	10	MG	0.2	11/01/2013	99/99/9999	
IPRATROPIUM BROMIDE AND ALBUTEROL SULFATE (30X3ML,5 VIALS/POUCH) 3 MG/3 ML-0.5 MG/3 ML	3	ML	PC	IH	ML	3	MG	0.33333	09/26/2013	01/27/2016	
BETHKIS 300 MG/4 ML	56	EA	PC	IH	ML	300	MG	0.25	09/20/2013	99/99/9999	
BETHKIS 300 MG/4 ML	56	EA	PC	IH	ML	300	MG	0.25	09/20/2013	99/99/9999	
ONDANSETRON (USP,3X10,STRAWBERRY) 4 MG	30	EA	BX	PO	EA	1	MG	4	12/18/2008	99/99/9999	
TEMOZOLOMIDE 250 MG	5	EA	BO	PO	EA	250	MG	1	09/30/2013	99/99/9999	
ASTAGRAF XL 0.5 MG	30	EA	BO	PO	EA	0.1	MG	5	01/01/2014	99/99/9999	
ASTAGRAF XL 1 MG	30	EA	BO	PO	EA	0.1	MG	10	01/01/2014	99/99/9999	
ASTAGRAF XL 5 MG	30	EA	BO	PO	EA	0.1	MG	50	01/01/2014	99/99/9999	
PROCHLORPERAZINE MALEATE (USP,FILM-COATED) 10 MG	100	EA	BO	PO	EA	5	MG	2	01/01/2014	04/16/2018	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00378-5110-01		Q0164		01/01/2014	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00781-5021-01		Q0164		01/01/2014	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
16590-0327-10		Q0164		01/01/2014	06/01/2014	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
21695-0572-30		Q0164		01/01/2014	06/01/2014	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
33358-0300-10		Q0164		01/01/2014	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
33358-0300-20		Q0164		01/01/2014	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
33358-0300-30		Q0164		01/01/2014	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PROCHLORPERAZINE MALEATE 10 MG	100	EA	BO	PO	EA	5	MG	2	01/01/2014	99/99/9999	
PROCHLORPERAZINE MALEATE 10 MG	100	EA	BO	PO	EA	5	MG	2	01/01/2014	99/99/9999	
PROCHLORPERAZINE MALEATE (FILM-COATED) 10 MG	10	EA	BO	PO	EA	5	MG	2	01/01/2014	06/01/2014	
PROCHLORPERAZINE MALEATE (FILM-COATED) 10 MG	30	EA	BO	PO	EA	5	MG	2	01/01/2014	06/01/2014	
PROCHLORPERAZINE 10 MG	10	EA	BO	PO	EA	5	MG	2	01/01/2014	99/99/9999	
PROCHLORPERAZINE 10 MG	20	EA	BO	PO	EA	5	MG	2	01/01/2014	99/99/9999	
PROCHLORPERAZINE 10 MG	30	EA	BO	PO	EA	5	MG	2	01/01/2014	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
33358-0300-60		Q0164		01/01/2014	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
35356-0325-00		Q0164		01/01/2014	01/01/2015	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
38779-0180-04		Q0164		01/01/2014	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
38779-0180-05		Q0164		01/01/2014	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
38779-0180-08		Q0164		01/01/2014	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
51079-0542-01		Q0164		01/01/2014	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
51079-0542-20		Q0164		01/01/2014	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PROCHLORPERAZINE 10 MG	60	EA	BO	PO	EA	5	MG	2	01/01/2014	99/99/9999	
PROCHLORPERAZINE MALEATE (FILM-COATED) 10 MG	100	EA	BO	PO	EA	5	MG	2	01/01/2014	01/01/2015	
PROCHLORPERAZINE MALEATE (U.S.P.)	25	GM	BO	NA	GM	5	MG	200	01/01/2014	99/99/9999	
PROCHLORPERAZINE MALEATE (U.S.P.)	100	GM	BO	NA	GM	5	MG	200	01/01/2014	99/99/9999	
PROCHLORPERAZINE MALEATE (U.S.P.)	500	GM	BO	NA	GM	5	MG	200	01/01/2014	99/99/9999	
PROCHLORPERAZINE MALEATE (USP) 10 MG	1	EA	BP	PO	WA	5	MG	2	01/01/2014	99/99/9999	
PROCHLORPERAZINE MALEATE (10X10) 10 MG	100	EA	BX	PO	EA	5	MG	2	01/01/2014	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
51552-0074-05		Q0164		01/01/2014	01/01/2015	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
51552-0074-09		Q0164		01/01/2014	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
51927-2134-00		Q0164		01/01/2014	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
52959-0391-15		Q0164		01/01/2014	02/03/2016	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
52959-0476-02		Q0164		01/01/2014	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
52959-0476-10		Q0164		01/01/2014	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
52959-0476-15		Q0164		01/01/2014	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PROCHLORPERAZINE MALEATE (U.S.P.)	100	GM	BO	NA	GM	5	MG	200	01/01/2014	01/01/2015	
PROCHLORPERAZINE MALEATE (U.S.P.)	25	GM	BO	NA	GM	5	MG	200	01/01/2014	99/99/9999	
PROCHLORPERAZINE MALEATE (U.S.P.)	1	GM	BO	NA	GM	5	MG	200	01/01/2014	99/99/9999	
COMPAZINE 10 MG	15	EA	BO	PO	EA	5	MG	2	01/01/2014	02/03/2016	
PROCHLORPERAZINE MALEATE 10 MG	120	EA	BO	PO	EA	5	MG	2	01/01/2014	99/99/9999	
PROCHLORPERAZINE MALEATE 10 MG	10	EA	BO	PO	EA	5	MG	2	01/01/2014	99/99/9999	
PROCHLORPERAZINE MALEATE 10 MG	15	EA	BO	PO	EA	5	MG	2	01/01/2014	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
52959-0476-20		Q0164		01/01/2014	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
52959-0476-24		Q0164		01/01/2014	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
52959-0476-30		Q0164		01/01/2014	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
52959-0476-60		Q0164		01/01/2014	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54569-0355-00		Q0164		01/01/2014	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54569-0355-02		Q0164		01/01/2014	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-1082-00		Q0164		01/01/2014	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PROCHLORPERAZINE MALEATE (FILM-COATED) 10 MG	20	EA	BO	PO	EA	5	MG	2	01/01/2014	99/99/9999	
PROCHLORPERAZINE MALEATE 10 MG	24	EA	BO	PO	EA	5	MG	2	01/01/2014	99/99/9999	
PROCHLORPERAZINE MALEATE 10 MG	30	EA	BO	PO	EA	5	MG	2	01/01/2014	99/99/9999	
PROCHLORPERAZINE MALEATE 10 MG	60	EA	BO	PO	EA	5	MG	2	01/01/2014	99/99/9999	
PROCHLORPERAZINE (FILM-COATED) 10 MG	30	EA	BO	PO	EA	5	MG	2	01/01/2014	99/99/9999	
PROCHLORPERAZINE (FILM-COATED) 10 MG	10	EA	BO	PO	EA	5	MG	2	01/01/2014	99/99/9999	
PROCHLORPERAZINE MALEATE 10 MG	15	EA	BO	PO	EA	5	MG	2	01/01/2014	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
54868-1082-01		Q0164		01/01/2014	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-1082-02		Q0164		01/01/2014	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-1082-03		Q0164		01/01/2014	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-1082-04		Q0164		01/01/2014	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-1082-05		Q0164		01/01/2014	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-1082-06		Q0164		01/01/2014	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54888-1082-03		Q0164		01/01/2014	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PROCHLORPERAZINE MALEATE 10 MG	10	EA	BO	PO	EA	5	MG	2	01/01/2014	99/99/9999	
PROCHLORPERAZINE MALEATE 10 MG	20	EA	BO	PO	EA	5	MG	2	01/01/2014	99/99/9999	
PROCHLORPERAZINE MALEATE 10 MG	100	EA	BO	PO	EA	5	MG	2	01/01/2014	99/99/9999	
PROCHLORPERAZINE MALEATE 10 MG	30	EA	BO	PO	EA	5	MG	2	01/01/2014	99/99/9999	
PROCHLORPERAZINE MALEATE 10 MG	60	EA	BO	PO	EA	5	MG	2	01/01/2014	99/99/9999	
PROCHLORPERAZINE MALEATE 10 MG	90	EA	BO	PO	EA	5	MG	2	01/01/2014	99/99/9999	
PROCHLORPERAZINE MALEATE 10 MG	100	EA	NA	PO	EA	5	MG	2	01/01/2014	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
55045-1126-02		Q0164		01/01/2014	06/01/2014	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55045-1126-03		Q0164		01/01/2014	06/01/2014	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55045-1126-04		Q0164		01/01/2014	06/01/2014	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55045-1126-06		Q0164		01/01/2014	06/01/2014	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55045-1126-07		Q0164		01/01/2014	06/01/2014	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55045-1126-08		Q0164		01/01/2014	06/01/2014	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55289-0224-04		Q0164		01/01/2014	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PROCHLORPERAZINE MALEATE 10 MG	10	EA	BO	PO	EA	5	MG	2	01/01/2014	06/01/2014	
PROCHLORPERAZINE MALEATE 10 MG	5	EA	BO	PO	EA	5	MG	2	01/01/2014	06/01/2014	
PROCHLORPERAZINE 10 MG	12	EA	BO	PO	EA	5	MG	2	01/01/2014	06/01/2014	
PROCHLORPERAZINE MALEATE 10 MG	60	EA	BO	PO	EA	5	MG	2	01/01/2014	06/01/2014	
PROCHLORPERAZINE MALEATE 10 MG	20	EA	BO	PO	EA	5	MG	2	01/01/2014	06/01/2014	
PROCHLORPERAZINE MALEATE 10 MG	30	EA	BO	PO	EA	5	MG	2	01/01/2014	06/01/2014	
PROCHLORPERAZINE MALEATE 10 MG	4	EA	BO	PO	EA	5	MG	2	01/01/2014	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
55289-0224-06		Q0164		01/01/2014	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55289-0224-12		Q0164		01/01/2014	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0706-00		Q0164		01/01/2014	01/31/2014	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0706-02		Q0164		01/01/2014	01/31/2014	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0706-03		Q0164		01/01/2014	01/31/2014	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0706-08		Q0164		01/01/2014	01/31/2014	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0706-30		Q0164		01/01/2014	01/31/2014	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PROCHLORPERAZINE MALEATE 10 MG	10	EA	BO	PO	EA	5	MG	2	01/01/2014	99/99/9999	
PROCHLORPERAZINE MALEATE 10 MG	12	EA	BO	PO	EA	5	MG	2	01/01/2014	99/99/9999	
PROCHLORPERAZINE MALEATE 10 MG	100	EA	BO	PO	EA	5	MG	2	01/01/2014	01/31/2014	
PROCHLORPERAZINE MALEATE 10 MG	120	EA	BO	PO	EA	5	MG	2	01/01/2014	01/31/2014	
PROCHLORPERAZINE MALEATE 10 MG	150	EA	BO	PO	EA	5	MG	2	01/01/2014	01/31/2014	
PROCHLORPERAZINE MALEATE 10 MG	8	EA	NA	PO	EA	5	MG	2	01/01/2014	01/31/2014	
PROCHLORPERAZINE MALEATE 10 MG	30	EA	BO	PO	EA	5	MG	2	01/01/2014	01/31/2014	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
58016-0706-60		Q0164		01/01/2014	01/31/2014	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0706-90		Q0164		01/01/2014	01/31/2014	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
59746-0115-06		Q0164		01/01/2014	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
62991-1122-02		Q0164		01/01/2014	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63629-1335-03		Q0164		01/01/2014	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0490-01		Q0164		01/01/2014	02/03/2016	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0490-06		Q0164		01/01/2014	02/03/2016	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PROCHLORPERAZINE MALEATE 10 MG	6	EA	BO	PO	EA	5	MG	2	01/01/2014	01/31/2014	
PROCHLORPERAZINE MALEATE 10 MG	90	EA	BO	PO	EA	5	MG	2	01/01/2014	01/31/2014	
PROCHLORPERAZINE MALEATE 10 MG	100	EA	BO	PO	EA	5	MG	2	01/01/2014	99/99/9999	
PROCHLORPERAZINE MALEATE (U.S.P.)	100	GM	BO	NA	GM	5	MG	200	01/01/2014	99/99/9999	
PROCHLORPERAZINE MALEATE 10 MG	20	EA	BO	PO	EA	5	MG	2	01/01/2014	99/99/9999	
PROCHLORPERAZINE MALEATE 10 MG	100	EA	BO	PO	EA	5	MG	2	01/01/2014	02/03/2016	
PROCHLORPERAZINE MALEATE 10 MG	6	EA	NP	PO	EA	5	MG	2	01/01/2014	02/03/2016	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
63874-0490-08		Q0164		01/01/2014	02/03/2016	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0490-15		Q0164		01/01/2014	02/03/2016	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0490-20		Q0164		01/01/2014	02/03/2016	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0490-28		Q0164		01/01/2014	02/03/2016	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0490-30		Q0164		01/01/2014	02/03/2016	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0490-60		Q0164		01/01/2014	02/03/2016	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
66336-0921-15		Q0164		01/01/2014	06/01/2014	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PROCHLORPERAZINE MALEATE 10 MG	8	EA	BO	PO	EA	5	MG	2	01/01/2014	02/03/2016	
PROCHLORPERAZINE MALEATE 10 MG	15	EA	BO	PO	EA	5	MG	2	01/01/2014	02/03/2016	
PROCHLORPERAZINE MALEATE 10 MG	20	EA	BO	PO	EA	5	MG	2	01/01/2014	02/03/2016	
PROCHLORPERAZINE MALEATE 10 MG	28	EA	BO	PO	EA	5	MG	2	01/01/2014	02/03/2016	
PROCHLORPERAZINE MALEATE 10 MG	30	EA	BO	PO	EA	5	MG	2	01/01/2014	02/03/2016	
PROCHLORPERAZINE MALEATE 10 MG	60	EA	BO	PO	EA	5	MG	2	01/01/2014	02/03/2016	
PROCHLORPERAZINE MALEATE 10 MG	15	EA	BO	PO	EA	5	MG	2	01/01/2014	06/01/2014	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
66336-0921-60		Q0164		01/01/2014	06/01/2014	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-3189-00		Q0167		01/01/2014	02/03/2016	DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-3189-01		Q0167		01/01/2014	02/03/2016	DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-3189-02		Q0167		01/01/2014	02/03/2016	DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0951-30		Q0167		01/01/2014	01/31/2014	DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0951-60		Q0167		01/01/2014	01/31/2014	DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0951-90		Q0167		01/01/2014	01/31/2014	DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PROCHLORPERAZINE MALEATE 10 MG	60	EA	BO	PO	EA	5	MG	2	01/01/2014	06/01/2014	
MARINOL (SOFTGEL) 5 MG	25	EA	BO	PO	EA	2.5	MG	2	01/01/2014	02/03/2016	
MARINOL 5 MG	100	EA	BO	PO	EA	2.5	MG	2	01/01/2014	02/03/2016	
MARINOL 5 MG	60	EA	BO	PO	EA	2.5	MG	2	01/01/2014	02/03/2016	
MARINOL (SOFTGEL) 5 MG	30	EA	BO	PO	EA	2.5	MG	2	01/01/2014	01/31/2014	
MARINOL (SOFTGEL) 5 MG	60	EA	BO	PO	EA	2.5	MG	2	01/01/2014	01/31/2014	
MARINOL (SOFTGEL) 5 MG	90	EA	BO	PO	EA	2.5	MG	2	01/01/2014	01/31/2014	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00069-5420-66		Q0177		01/01/2014	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00185-0615-01		Q0177		01/01/2014	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00185-0615-05		Q0177		01/01/2014	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00463-6156-10		Q0169		01/01/2014	02/03/2016	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00555-0302-02		Q0177		01/01/2014	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00555-0302-04		Q0177		01/01/2014	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00555-0324-02		Q0177		01/01/2014	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
VISTARIL 50 MG	100	EA	BO	PO	EA	25	MG	2	01/01/2014	99/99/9999	
HYDROXYZINE PAMOATE 50 MG	100	EA	BO	PO	EA	25	MG	2	01/01/2014	99/99/9999	
HYDROXYZINE PAMOATE 50 MG	500	EA	BO	PO	EA	25	MG	2	01/01/2014	99/99/9999	
PROMACOT 25 MG	1000	EA	NA	PO	WA	12.5	MG	2	01/01/2014	02/03/2016	
HYDROXYZINE PAMOATE 50 MG	100	EA	BO	PO	EA	25	MG	2	01/01/2014	99/99/9999	
HYDROXYZINE PAMOATE 50 MG	500	EA	BO	PO	EA	25	MG	2	01/01/2014	99/99/9999	
HYDROXYZINE PAMOATE 100 MG	100	EA	BO	PO	EA	25	MG	4	01/01/2014	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00591-0801-05		Q0177		01/01/2014	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00591-5307-01		Q0169		01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00591-5307-10		Q0169		01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00591-5319-01		Q0169		01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00603-1584-54		Q0169		01/01/2014	06/11/2018	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00603-1584-58		Q0169		01/01/2014	06/11/2018	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00603-5438-21		Q0169		01/01/2014	01/09/2017	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
HYDROXYZINE PAMOATE 50 MG	500	EA	BO	PO	EA	25	MG	2	01/01/2014	99/99/9999	
PROMETHAZINE HCL 25 MG	100	EA	BO	PO	EA	12.5	MG	2	01/01/2014	99/99/9999	
PROMETHAZINE HCL 25 MG	1000	EA	BO	PO	EA	12.5	MG	2	01/01/2014	99/99/9999	
PROMETHAZINE HCL 50 MG	100	EA	BO	PO	EA	12.5	MG	4	01/01/2014	99/99/9999	
PROMETHAZINE PLAIN (USP) 6.25 MG/5 ML	118	ML	BO	PO	ML	12.5	MG	0.1	01/01/2014	06/11/2018	
PROMETHAZINE PLAIN (USP) 6.25 MG/5 ML	473	ML	BO	PO	ML	12.5	MG	0.1	01/01/2014	06/11/2018	
PROMETHAZINE HYDROCHLORIDE (USP) 25 MG	100	EA	BO	PO	EA	12.5	MG	2	01/01/2014	01/09/2017	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00603-5438-32		Q0169		01/01/2014	01/09/2017	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00603-5439-21		Q0169		01/01/2014	01/09/2017	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00781-1048-01		Q0175		01/01/2014	99/99/9999	PERPHENAZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00781-1048-13		Q0175		01/01/2014	99/99/9999	PERPHENAZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00781-1049-01		Q0175		01/01/2014	99/99/9999	PERPHENAZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00781-1830-01		Q0169		01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00781-1830-10		Q0169		01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PROMETHAZINE HYDROCHLORIDE (USP) 25 MG	1000	EA	BO	PO	EA	12.5	MG	2	01/01/2014	01/09/2017	
PROMETHAZINE HYDROCHLORIDE (USP) 50 MG	100	EA	BO	PO	EA	12.5	MG	4	01/01/2014	01/09/2017	
PERPHENAZINE 8 MG	100	EA	BO	PO	EA	4	MG	2	01/01/2014	99/99/9999	
PERPHENAZINE 8 MG	100	EA	BX	PO	EA	4	MG	2	01/01/2014	99/99/9999	
PERPHENAZINE 16 MG	100	EA	BO	PO	EA	4	MG	4	01/01/2014	99/99/9999	
PROMETHAZINE HCL 25 MG	100	EA	BO	PI	EA	12.5	MG	2	01/01/2014	99/99/9999	
PROMETHAZINE HCL 25 MG	1000	EA	BO	PI	EA	12.5	MG	2	01/01/2014	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00781-1832-01		Q0169		01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00904-5840-61		Q0169		01/01/2014	08/14/2015	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
10702-0003-01		Q0169		01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
10702-0003-10		Q0169		01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
10702-0004-01		Q0169		01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
16590-0191-10		Q0169		01/01/2014	06/01/2014	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
16590-0191-15		Q0169		01/01/2014	06/01/2014	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PROMETHAZINE HCL 50 MG	100	EA	BO	PO	EA	12.5	MG	4	01/01/2014	99/99/9999	
PROMETHAZINE HYDROCHLORIDE 25 MG	100	EA	BX	PO	EA	12.5	MG	2	01/01/2014	08/14/2015	
PROMETHAZINE HYDROCHLORIDE (USP) 25 MG	100	EA	BO	PO	EA	12.5	MG	2	01/01/2014	99/99/9999	
PROMETHAZINE HYDROCHLORIDE (USP) 25 MG	1000	EA	BO	PO	EA	12.5	MG	2	01/01/2014	99/99/9999	
PROMETHAZINE HYDROCHLORIDE (USP) 50 MG	100	EA	BO	PO	EA	12.5	MG	4	01/01/2014	99/99/9999	
PROMETHAZINE HYDROCHLORIDE 25 MG	10	EA	BO	PO	EA	12.5	MG	2	01/01/2014	06/01/2014	
PROMETHAZINE HYDROCHLORIDE 25 MG	15	EA	BO	PO	EA	12.5	MG	2	01/01/2014	06/01/2014	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
16590-0191-20		Q0169		01/01/2014	06/01/2014	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
16590-0191-30		Q0169		01/01/2014	06/01/2014	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
16590-0191-60		Q0169		01/01/2014	06/01/2014	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
16590-0191-90		Q0169		01/01/2014	06/01/2014	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
21695-0415-60		Q0175		01/01/2014	06/01/2014	PERPHENAZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
21695-0453-10		Q0169		01/01/2014	06/01/2014	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
21695-0453-15		Q0169		01/01/2014	06/01/2014	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PROMETHAZINE HYDROCHLORIDE 25 MG	20	EA	BO	PO	EA	12.5	MG	2	01/01/2014	06/01/2014	
PROMETHAZINE HYDROCHLORIDE 25 MG	30	EA	BO	PO	EA	12.5	MG	2	01/01/2014	06/01/2014	
PROMETHAZINE HYDROCHLORIDE 25 MG	60	EA	BO	PO	EA	12.5	MG	2	01/01/2014	06/01/2014	
PROMETHAZINE HYDROCHLORIDE 25 MG	90	EA	BO	PO	EA	12.5	MG	2	01/01/2014	06/01/2014	
PERPHENAZINE (FILM-COATED) 8 MG	60	EA	BO	PO	EA	4	MG	2	01/01/2014	06/01/2014	
PROMETHAZINE 25 MG	10	EA	BO	PO	EA	12.5	MG	2	01/01/2014	06/01/2014	
PROMETHAZINE 25 MG	15	EA	BO	PO	EA	12.5	MG	2	01/01/2014	06/01/2014	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
21695-0453-20		Q0169		01/01/2014	06/01/2014	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
21695-0453-25		Q0169		01/01/2014	06/01/2014	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
21695-0703-04		Q0169		01/01/2014	06/01/2014	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
33358-0302-08		Q0169		01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
33358-0302-10		Q0169		01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
33358-0302-30		Q0169		01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
33358-0302-60		Q0169		01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PROMETHAZINE 25 MG	20	EA	BO	PO	EA	12.5	MG	2	01/01/2014	06/01/2014	
PROMETHAZINE 25 MG	25	EA	BO	PO	EA	12.5	MG	2	01/01/2014	06/01/2014	
PROMETHAZINE HCL (1X120ML,TROPICAL FRUIT) 6.25 MG/5 ML	120	ML	BO	PO	ML	12.5	MG	0.1	01/01/2014	06/01/2014	
PROMETHAZINE 25 MG	8	EA	BO	PO	EA	12.5	MG	2	01/01/2014	99/99/9999	
PROMETHAZINE 25 MG	10	EA	BO	PO	EA	12.5	MG	2	01/01/2014	99/99/9999	
PROMETHAZINE 25 MG	30	EA	BO	PO	EA	12.5	MG	2	01/01/2014	99/99/9999	
PROMETHAZINE 25 MG	60	EA	BO	PO	EA	12.5	MG	2	01/01/2014	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
35356-0096-60		Q0169		01/01/2014	01/01/2015	PERPHENAZINE, 4MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
35356-0098-90		Q0169		01/01/2014	01/01/2015	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
49999-0036-12		Q0169		01/01/2014	01/01/2015	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
49999-0036-60		Q0169		01/01/2014	01/01/2015	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
49999-0090-05		Q0169		01/01/2014	12/31/2016	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
49999-0090-10		Q0169		01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
49999-0090-12		Q0169		01/01/2014	12/31/2016	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PERPHENAZINE 8 MG	60	EA	BO	PO	EA	4	MG	2	01/01/2014	01/01/2015	
CHLORPROMAZINE 100 MG	90	EA	BO	PO	EA	12.5	MG	8	01/01/2014	01/01/2015	
HYDROXYZINE PAMOATE 100 MG	12	EA	BO	PO	EA	12.5	MG	8	01/01/2014	01/01/2015	
HYDROXYZINE PAMOATE 100 MG	60	EA	BO	PO	EA	12.5	MG	8	01/01/2014	01/01/2015	
PROMETHAZINE HCL 25 MG	5	EA	BO	PO	EA	12.5	MG	2	01/01/2014	12/31/2016	
PROMETHAZINE HCL 25 MG	10	EA	BO	PO	EA	12.5	MG	2	01/01/2014	99/99/9999	
PROMETHAZINE HCL 25 MG	12	EA	BO	PO	EA	12.5	MG	2	01/01/2014	12/31/2016	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
49999-0090-15		Q0169		01/01/2014	12/31/2014	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
49999-0090-20		Q0169		01/01/2014	06/01/2017	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
49999-0090-30		Q0169		01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
49999-0090-60		Q0169		01/01/2014	12/31/2016	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
49999-0262-04		Q0169		01/01/2014	01/01/2015	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
50383-0801-16		Q0169		01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
51079-0078-01		Q0177		01/01/2014	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PROMETHAZINE HCL 25 MG	15	EA	BO	PO	EA	12.5	MG	2	01/01/2014	12/31/2014	
PROMETHAZINE HCL 25 MG	20	EA	BO	PO	EA	12.5	MG	2	01/01/2014	06/01/2017	
PROMETHAZINE HCL 25 MG	30	EA	BO	PO	EA	12.5	MG	2	01/01/2014	99/99/9999	
PROMETHAZINE HCL 25 MG	60	EA	BO	PO	EA	12.5	MG	2	01/01/2014	12/31/2016	
PROMETHAZINE HCL 6.25 MG/5 ML	120	ML	BO	PO	ML	12.5	MG	0.1	01/01/2014	01/01/2015	
PROMETHAZINE HCL (CHERRY) 6.25 MG/5 ML	473	ML	BO	PO	ML	12.5	MG	0.1	01/01/2014	99/99/9999	
HYDROXYZINE PAMOATE (USP) 50 MG	1	EA	NA	PO	EA	25	MG	2	01/01/2014	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
51079-0078-20		Q0177		01/01/2014	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
51079-0895-01		Q0169		01/01/2014	09/02/2016	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
51079-0895-20		Q0169		01/01/2014	09/02/2016	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
51552-0979-04		Q0177		01/01/2014	01/01/2015	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
51927-2316-00		Q0177		01/01/2014	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
52959-0804-04		Q0169		01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
52959-0804-08		Q0169		01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
HYDROXYZINE PAMOATE (10X10) 50 MG	100	EA	BX	PO	EA	25	MG	2	01/01/2014	99/99/9999	
PROMETHAZINE HYDROCHLORIDE (USP) 25 MG	1	EA	BX	PO	EA	12.5	MG	2	01/01/2014	09/02/2016	
PROMETHAZINE HYDROCHLORIDE (10X10) 25 MG	100	EA	BX	PO	EA	12.5	MG	2	01/01/2014	09/02/2016	
HYDROXYZINE PAMOATE (U.S.P.)	25	GM	BO	NA	GM	25	MG	40	01/01/2014	01/01/2015	
HYDROXYZINE PAMOATE (U.S.P.)	1	GM	JR	NA	GM	25	MG	40	01/01/2014	99/99/9999	
PROMETHAZINE 6.25 MG/5 ML	120	ML	BO	PO	ML	12.5	MG	0.1	01/01/2014	99/99/9999	
PROMETHAZINE 6.25 MG/5 ML	240	ML	BO	PO	ML	12.5	MG	0.1	01/01/2014	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
52959-0833-06		Q0177		01/01/2014	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
52959-0833-20		Q0177		01/01/2014	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54569-1046-00		Q0169		01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54569-1754-00		Q0169		01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54569-1754-01		Q0169		01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54569-1754-05		Q0169		01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54569-1754-06		Q0169		01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
HYDROXYZINE PAMOATE 50 MG	6	EA	BO	PO	EA	25	MG	2	01/01/2014	99/99/9999	
HYDROXYZINE PAMOATE 50 MG	20	EA	BO	PO	EA	25	MG	2	01/01/2014	99/99/9999	
PROMETHAZINE PLAIN 6.25 MG/5 ML	120	ML	BO	PO	ML	12.5	ML	0.1	01/01/2014	99/99/9999	
PROMETHAZINE HYDROCHLORIDE 25 MG	12	EA	BO	PO	EA	12.5	MG	2	01/01/2014	99/99/9999	
PROMETHAZINE HYDROCHLORIDE 25 MG	10	EA	BO	PO	EA	12.5	MG	2	01/01/2014	99/99/9999	
PROMETHAZINE HYDROCHLORIDE 25 MG	60	EA	BO	PO	EA	12.5	MG	2	01/01/2014	99/99/9999	
PROMETHAZINE HYDROCHLORIDE 25 MG	20	EA	BO	PO	EA	12.5	MG	2	01/01/2014	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
54569-1754-09		Q0169		01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54569-2571-01		Q0177		01/01/2014	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54569-4168-00		Q0169		01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-1323-00		Q0169		01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-1323-01		Q0169		01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-1323-02		Q0169		01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-1323-04		Q0169		01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PROMETHAZINE HYDROCHLORIDE 25 MG	30	EA	BO	PO	EA	12.5	MG	2	01/01/2014	99/99/9999	
HYDROXYZINE PAMOATE 50 MG	20	EA	BO	PO	EA	25	MG	2	01/01/2014	99/99/9999	
PROMETHAZINE HYDROCHLORIDE 25 MG	5	EA	BO	PO	EA	12.5	MG	2	01/01/2014	99/99/9999	
PROMETHAZINE HCL 25 MG	100	EA	BO	PO	EA	12.5	MG	2	01/01/2014	99/99/9999	
PROMETHAZINE HCL 25 MG	10	EA	BO	PO	EA	12.5	MG	2	01/01/2014	99/99/9999	
PROMETHAZINE HCL 25 MG	12	EA	BO	PO	EA	12.5	MG	2	01/01/2014	99/99/9999	
PROMETHAZINE HCL 25 MG	15	EA	BO	PO	EA	12.5	MG	2	01/01/2014	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
54868-1323-05		Q0169		01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-1323-06		Q0169		01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-1323-07		Q0169		01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-1323-08		Q0169		01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-1854-04		Q0177		01/01/2014	02/03/2016	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-1867-00		Q0169		01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-2302-00		Q0161		01/01/2014	02/03/2016	CHLORPROMAZINE HYDROCHLORIDE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PROMETHAZINE HCL 25 MG	20	EA	BO	PO	EA	12.5	MG	2	01/01/2014	99/99/9999	
PROMETHAZINE HCL 25 MG	30	EA	BO	PO	EA	12.5	MG	2	01/01/2014	99/99/9999	
PROMETHAZINE HCL 25 MG	60	EA	BO	PO	EA	12.5	MG	2	01/01/2014	99/99/9999	
PROMETHAZINE HCL 25 MG	50	EA	BO	PO	EA	12.5	MG	2	01/01/2014	99/99/9999	
HYDROXYZINE PAMOATE 50 MG	500	EA	BO	PO	EA	25	MG	2	01/01/2014	02/03/2016	
PROMETHAZINE HCL 6.25 MG/5 ML	120	ML	BO	PO	ML	12.5	MG	0.1	01/01/2014	99/99/9999	
CHLORPROMAZINE HCL 50 MG	10	EA	BO	PO	EA	5	MG	10	01/01/2014	02/03/2016	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
54868-2302-02		Q0161		01/01/2014	02/03/2016	CHLORPROMAZINE HYDROCHLORIDE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-2347-00		Q0161		01/01/2014	02/03/2016	CHLORPROMAZINE HYDROCHLORIDE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-2464-00		Q0161		01/01/2014	99/99/9999	CHLORPROMAZINE HYDROCHLORIDE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-2464-02		Q0161		01/01/2014	99/99/9999	CHLORPROMAZINE HYDROCHLORIDE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-2684-01		Q0161		01/01/2014	02/03/2016	CHLORPROMAZINE HYDROCHLORIDE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-2687-01		Q0175		01/01/2014	02/03/2016	PERPHENAZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-2687-02		Q0175		01/01/2014	02/03/2016	PERPHENAZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
CHLORPROMAZINE HCL 50 MG	100	EA	BO	PO	EA	5	MG	10	01/01/2014	02/03/2016	
CHLORPROMAZINE HCL 100 MG	100	EA	BO	PO	EA	5	MG	20	01/01/2014	02/03/2016	
CHLORPROMAZINE HCL 25 MG	30	EA	BO	PO	EA	5	MG	5	01/01/2014	99/99/9999	
CHLORPROMAZINE HCL 25 MG	60	EA	NA	PO	EA	5	MG	5	01/01/2014	99/99/9999	
CHLORPROMAZINE 10 MG	30	EA	BO	PO	EA	5	MG	2	01/01/2014	02/03/2016	
PERPHENAZINE 8 MG	100	EA	BO	PO	EA	4	MG	2	01/01/2014	02/03/2016	
PERPHENAZINE 8 MG	60	EA	BO	PO	EA	4	MG	2	01/01/2014	02/03/2016	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
54868-2844-00		Q0169		01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-2844-01		Q0169		01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
54868-4109-00		Q0169		01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55045-1596-00		Q0169		01/01/2014	06/01/2014	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55045-1596-01		Q0169		01/01/2014	06/01/2014	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55045-1596-02		Q0169		01/01/2014	06/01/2014	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55045-1596-03		Q0169		01/01/2014	06/01/2014	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PROMETHAZINE HCL 50 MG	60	EA	BO	PO	EA	12.5	MG	4	01/01/2014	99/99/9999	
PROMETHAZINE HCL 50 MG	30	EA	BO	PO	EA	12.5	MG	4	01/01/2014	99/99/9999	
HYDROXYZINE PAMOATE 100 MG	100	EA	BO	PO	EA	12.5	MG	8	01/01/2014	99/99/9999	
PROMETHAZINE HCL 25 MG	100	EA	BO	PO	EA	12.5	MG	2	01/01/2014	06/01/2014	
PROMETHAZINE HCL 25 MG	120	EA	BO	PO	EA	12.5	MG	2	01/01/2014	06/01/2014	
PROMETHAZINE HCL 25 MG	12	EA	BO	PO	EA	12.5	MG	2	01/01/2014	06/01/2014	
PROMETHAZINE HCL 25 MG	10	EA	BO	PO	EA	12.5	MG	2	01/01/2014	06/01/2014	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
55045-1596-04		Q0169		01/01/2014	06/01/2014	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55045-1596-05		Q0169		01/01/2014	06/01/2014	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55045-1596-06		Q0169		01/01/2014	06/01/2014	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55045-1596-08		Q0169		01/01/2014	06/01/2014	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55045-1596-09		Q0169		01/01/2014	06/01/2014	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55045-1643-09		Q0169		01/01/2014	06/01/2014	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55045-1661-00		Q0177		01/01/2014	06/01/2014	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PROMETHAZINE HCL 25 MG	60	EA	NA	pO	EA	12.5	MG	2	01/01/2014	06/01/2014	
PROMETHAZINE HCL 25 MG	15	EA	BO	PO	EA	12.5	MG	2	01/01/2014	06/01/2014	
PROMETHAZINE HCL 25 MG	20	EA	BO	PO	EA	12.5	MG	2	01/01/2014	06/01/2014	
PROMETHAZINE HCL 25 MG	30	EA	BO	PO	EA	12.5	MG	2	01/01/2014	06/01/2014	
PROMETHAZINE HCL 25 MG	90	EA	BO	PO	EA	12.5	MG	2	01/01/2014	06/01/2014	
PROMETHAZINE HCL (CHERRY) 6.25 MG/5 ML	118	ML	BO	PO	ML	12.5	MG	0.1	01/01/2014	06/01/2014	
HYDROXYZINE PAMOATE 50 MG	100	EA	NA	PO	EA	25	MG	2	01/01/2014	06/01/2014	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
55045-1661-01		Q0177		01/01/2014	06/01/2014	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55045-1661-02		Q0177		01/01/2014	06/01/2014	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55045-1661-03		Q0177		01/01/2014	06/01/2014	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55045-1661-06		Q0177		01/01/2014	06/01/2014	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55045-1661-08		Q0177		01/01/2014	06/01/2014	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55045-1661-09		Q0177		01/01/2014	06/01/2014	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55289-0354-10		Q0177		01/01/2014	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
HYDROXYZINE PAMOATE 50 MG	120	EA	NA	PO	EA	25	MG	2	01/01/2014	06/01/2014	
HYDROXYZINE PAMOATE 50 MG	20	EA	NA	PO	EA	25	MG	2	01/01/2014	06/01/2014	
HYDROXYZINE PAMOATE 50 MG	40	EA	NA	PO	EA	25	MG	2	01/01/2014	06/01/2014	
HYDROXYZINE PAMOATE 50 MG	60	EA	NA	PO	EA	25	MG	2	01/01/2014	06/01/2014	
HYDROXYZINE PAMOATE 50 MG	30	EA	BO	PO	EA	25	MG	2	01/01/2014	06/01/2014	
HYDROXYZINE PAMOATE 50 MG	90	EA	NA	PO	EA	25	MG	2	01/01/2014	06/01/2014	
HYDROXYZINE PAMOATE 50 MG	10	EA	BO	PO	EA	25	MG	2	01/01/2014	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
55289-0464-15		Q0169		01/01/2014	04/12/2018	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55289-0464-79		Q0169		01/01/2014	04/12/2018	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
55289-0531-04		Q0169		01/01/2014	07/12/2017	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0424-00		Q0169		01/01/2014	01/31/2014	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0424-02		Q0169		01/01/2014	01/31/2014	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0424-03		Q0169		01/01/2014	01/31/2014	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0424-10		Q0169		01/01/2014	01/31/2014	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PROMETHAZINE HCL 25 MG	15	EA	BO	PO	EA	12.5	MG	2	01/01/2014	04/12/2018	
PROMETHAZINE HCL 25 MG	1	EA	BO	PO	EA	12.5	MG	2	01/01/2014	04/12/2018	
PROMETHAZINE HYDROCHLORIDE (USP) 50 MG	4	EA	BO	PO	EA	12.5	MG	4	01/01/2014	07/12/2017	
PROMETHAZINE HCL 25 MG	100	EA	BO	PO	EA	12.5	MG	2	01/01/2014	01/31/2014	
PROMETHAZINE HCL 25 MG	120	EA	BO	PO	EA	12.5	MG	2	01/01/2014	01/31/2014	
PROMETHAZINE HCL 25 MG	150	EA	BO	PO	EA	12.5	MG	2	01/01/2014	01/31/2014	
PROMETHAZINE HCL 25 MG	10	EA	BO	PO	EA	12.5	MG	2	01/01/2014	01/31/2014	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
58016-0424-12		Q0169		01/01/2014	01/31/2014	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0424-15		Q0169		01/01/2014	01/31/2014	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0424-20		Q0169		01/01/2014	01/31/2014	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0424-30		Q0169		01/01/2014	01/31/2014	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0424-40		Q0169		01/01/2014	01/31/2014	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0424-48		Q0169		01/01/2014	01/31/2014	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0424-50		Q0169		01/01/2014	01/31/2014	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PROMETHAZINE HCL 25 MG	12	EA	BO	PO	EA	12.5	MG	2	01/01/2014	01/31/2014	
PROMETHAZINE HCL 25 MG	15	EA	BO	PO	EA	12.5	MG	2	01/01/2014	01/31/2014	
PROMETHAZINE HCL 25 MG	20	EA	BO	PO	EA	12.5	MG	2	01/01/2014	01/31/2014	
PROMETHAZINE HCL 25 MG	30	EA	BO	PO	EA	12.5	MG	2	01/01/2014	01/31/2014	
PROMETHAZINE HCL 25 MG	40	EA	NA	PO	EA	12.5	MG	2	01/01/2014	01/31/2014	
PROMETHAZINE HCL 25 MG	48	EA	NA	PO	EA	12.5	MG	2	01/01/2014	01/31/2014	
PROMETHAZINE HCL 25 MG	50	EA	BO	PO	EA	12.5	MG	2	01/01/2014	01/31/2014	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
58016-0424-60		Q0169		01/01/2014	01/31/2014	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0424-73		Q0169		01/01/2014	01/31/2014	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0424-89		Q0169		01/01/2014	01/31/2014	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0424-90		Q0169		01/01/2014	01/31/2014	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0464-10		Q0169		01/01/2014	01/31/2014	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0464-15		Q0169		01/01/2014	01/31/2014	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0464-20		Q0169		01/01/2014	01/31/2014	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PROMETHAZINE HCL 25 MG	60	EA	BO	PO	EA	12.5	MG	2	01/01/2014	01/31/2014	
PROMETHAZINE HCL 25 MG	300	EA	BO	PO	EA	12.5	MG	2	01/01/2014	01/31/2014	
PROMETHAZINE HCL 25 MG	200	EA	BO	PO	EA	12.5	MG	2	01/01/2014	01/31/2014	
PROMETHAZINE HCL 25 MG	90	EA	BO	PO	EA	12.5	MG	2	01/01/2014	01/31/2014	
HYDROXYZINE PAMOATE 50 MG	10	EA	BO	PO	EA	12.5	MG	4	01/01/2014	01/31/2014	
HYDROXYZINE PAMOATE 50 MG	15	EA	BO	PO	EA	12.5	MG	4	01/01/2014	01/31/2014	
HYDROXYZINE PAMOATE 50 MG	20	EA	BO	PO	EA	12.5	MG	4	01/01/2014	01/31/2014	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
58016-0464-30		Q0169		01/01/2014	01/31/2014	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-4008-01		Q0169		01/01/2014	01/31/2014	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58864-0761-10		Q0169		01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58864-0761-30		Q0169		01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58864-0761-42		Q0169		01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
60432-0608-04		Q0169		01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
60432-0608-16		Q0169		01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
HYDROXYZINE PAMOATE 50 MG	30	EA	BO	PO	EA	12.5	MG	4	01/01/2014	01/31/2014	
PROMETHAZINE HCL 6.25 MG/5 ML	120	ML	NA	PO	ML	12.5	MG	0.1	01/01/2014	01/31/2014	
PROMETHAZINE HCL (REDI-SCRIPT) 25 MG	10	EA	BO	PO	EA	12.5	MG	2	01/01/2014	99/99/9999	
PROMETHAZINE HCL 25 MG	30	EA	BO	PO	EA	12.5	MG	2	01/01/2014	99/99/9999	
PROMETHAZINE HCL 25 MG	42	EA	BO	PO	EA	12.5	MG	2	01/01/2014	99/99/9999	
PROMETHAZINE HCL (TROPICAL FRUIT) 6.25 MG/5 ML	118	ML	BO	PO	ML	12.5	MG	0.1	01/01/2014	99/99/9999	
PROMETHAZINE HCL (TROPICAL FRUIT) 6.25 MG/5 ML	473	ML	BO	PO	ML	12.5	MG	0.1	01/01/2014	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
60760-0830-20		Q0169		01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63629-1742-01		Q0169		01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63629-1742-02		Q0169		01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63629-1742-03		Q0169		01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63629-1742-04		Q0169		01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63629-1870-01		Q0169		01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63629-1870-02		Q0169		01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PROMETHAZINE HCL 25 MG	20	EA	BO	PO	EA	12.5	MG	2	01/01/2014	99/99/9999	
PROMETHAZINE 25 MG	15	EA	BO	PO	EA	12.5	MG	2	01/01/2014	99/99/9999	
PROMETHAZINE 25 MG	30	EA	BO	PO	EA	12.5	MG	2	01/01/2014	99/99/9999	
PROMETHAZINE 25 MG	10	EA	BO	PO	EA	12.5	MG	2	01/01/2014	99/99/9999	
PROMETHAZINE 25 MG	20	EA	BO	PO	EA	12.5	MG	2	01/01/2014	99/99/9999	
PROMETHAZINE 6.25 MG/5 ML	120	ML	BO	PO	ML	12.5	MG	0.1	01/01/2014	99/99/9999	
PROMETHAZINE 6.25 MG/5 ML	240	ML	BO	PO	ML	12.5	MG	0.1	01/01/2014	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
63739-0213-10		Q0169		01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0370-01		Q0169		01/01/2014	02/03/2016	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0370-08		Q0169		01/01/2014	02/03/2016	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0370-10		Q0169		01/01/2014	02/03/2016	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0370-12		Q0169		01/01/2014	02/03/2016	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0370-15		Q0169		01/01/2014	02/03/2016	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0370-20		Q0169		01/01/2014	02/03/2016	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PROMETHAZINE HYDROCHLORIDE (USP) 25 MG	100	EA	BX	PO	EA	12.5	MG	2	01/01/2014	99/99/9999	
PROMETHAZINE HCL 25 MG	100	EA	BO	PO	EA	12.5	MG	2	01/01/2014	02/03/2016	
PROMETHAZINE HCL 25 MG	8	EA	BO	PO	EA	12.5	MG	2	01/01/2014	02/03/2016	
PROMETHAZINE HCL 25 MG	10	EA	BO	PO	EA	12.5	MG	2	01/01/2014	02/03/2016	
PROMETHAZINE HCL 25 MG	12	EA	BO	PO	EA	12.5	MG	2	01/01/2014	02/03/2016	
PROMETHAZINE HCL 25 MG	15	EA	BO	PO	EA	12.5	MG	2	01/01/2014	02/03/2016	
PROMETHAZINE HCL 25 MG	20	EA	BO	PO	EA	12.5	MG	2	01/01/2014	02/03/2016	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
63874-0370-24		Q0169		01/01/2014	02/03/2016	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0370-30		Q0169		01/01/2014	02/03/2016	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0370-40		Q0169		01/01/2014	02/03/2016	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0370-60		Q0169		01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0712-12		Q0169		01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0757-01		Q0177		01/01/2014	02/03/2016	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0757-04		Q0177		01/01/2014	02/03/2016	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PROMETHAZINE HCL 25 MG	24	EA	BO	PO	EA	12.5	MG	2	01/01/2014	02/03/2016	
PROMETHAZINE HCL 25 MG	30	EA	BO	PO	EA	12.5	MG	2	01/01/2014	02/03/2016	
PROMETHAZINE HCL 25 MG	40	EA	BO	PO	EA	12.5	MG	2	01/01/2014	02/03/2016	
PROMETHAZINE HYDROCHLORIDE 25 MG	60	EA	BO	PO	EA	12.5	MG	2	01/01/2014	99/99/9999	
PROMETHAZINE HCL 6.25 MG/5 ML	120	ML	NA	PO	ML	12.5	MG	0.1	01/01/2014	99/99/9999	
HYDROXYZINE PAMOATE 50 MG	100	EA	BO	PO	EA	25	MG	2	01/01/2014	02/03/2016	
HYDROXYZINE PAMOATE 50 MG	120	EA	BO	PO	EA	25	MG	2	01/01/2014	02/03/2016	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
63874-0757-10		Q0177		01/01/2014	02/03/2016	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0757-15		Q0177		01/01/2014	02/03/2016	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0757-20		Q0177		01/01/2014	02/03/2016	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0757-21		Q0177		01/01/2014	02/03/2016	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0757-24		Q0177		01/01/2014	02/03/2016	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0757-28		Q0177		01/01/2014	02/03/2016	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0757-30		Q0177		01/01/2014	02/03/2016	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
HYDROXYZINE PAMOATE 50 MG	10	EA	BO	PO	EA	25	MG	2	01/01/2014	02/03/2016	
HYDROXYZINE PAMOATE 50 MG	15	EA	BO	PO	EA	25	MG	2	01/01/2014	02/03/2016	
HYDROXYZINE PAMOATE 50 MG	20	EA	BO	PO	EA	25	MG	2	01/01/2014	02/03/2016	
HYDROXYZINE PAMOATE 50 MG	21	EA	BO	PO	EA	25	MG	2	01/01/2014	02/03/2016	
HYDROXYZINE PAMOATE 50 MG	24	EA	BO	PO	EA	25	MG	2	01/01/2014	02/03/2016	
HYDROXYZINE PAMOATE 50 MG	28	EA	BO	PO	EA	25	MG	2	01/01/2014	02/03/2016	
HYDROXYZINE PAMOATE 50 MG	30	EA	BO	PO	EA	25	MG	2	01/01/2014	02/03/2016	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
63874-0757-60		Q0177		01/01/2014	02/03/2016	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63874-0757-90		Q0177		01/01/2014	02/03/2016	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
66336-0085-10		Q0169		01/01/2014	06/01/2014	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
66336-0085-12		Q0169		01/01/2014	06/01/2014	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
66336-0085-20		Q0169		01/01/2014	06/01/2014	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
66336-0085-25		Q0169		01/01/2014	06/01/2014	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
66336-0085-30		Q0169		01/01/2014	06/01/2014	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
HYDROXYZINE PAMOATE 50 MG	60	EA	BO	PO	EA	25	MG	2	01/01/2014	02/03/2016	
HYDROXYZINE PAMOATE 50 MG	90	EA	BO	PO	EA	25	MG	2	01/01/2014	02/03/2016	
PROMETHAZINE HYDROCHLORIDE 25 MG	10	EA	BO	PO	EA	12.5	MG	2	01/01/2014	06/01/2014	
PROMETHAZINE 25 MG	12	EA	BO	PO	EA	12.5	MG	2	01/01/2014	06/01/2014	
PROMETHAZINE HYDROCHLORIDE 25 MG	20	EA	BO	PO	EA	12.5	MG	2	01/01/2014	06/01/2014	
PROMETHAZINE HYDROCHLORIDE 25 MG	25	EA	BO	PO	EA	12.5	MG	2	01/01/2014	06/01/2014	
PROMETHAZINE 25 MG	30	EA	BO	PO	EA	12.5	MG	2	01/01/2014	06/01/2014	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
66336-0085-60		Q0169		01/01/2014	06/01/2014	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
68382-0041-01		Q0169		01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
68382-0041-10		Q0169		01/01/2014	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
68387-0468-30		Q0177		01/01/2014	06/01/2014	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
68387-0469-30		Q0177		01/01/2014	06/01/2014	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
68387-0536-12		Q0169		01/01/2014	06/01/2014	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
68387-0536-30		Q0169		01/01/2014	06/01/2014	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PROMETHAZINE HYDROCHLORIDE 25 MG	60	EA	BO	PO	EA	12.5	MG	2	01/01/2014	06/01/2014	
PROMETHAZINE HYDROCHLORIDE 25 MG	100	EA	BO	PO	EA	12.5	MG	2	01/01/2014	99/99/9999	
PROMETHAZINE HYDROCHLORIDE 25 MG	1000	EA	BO	PO	EA	12.5	MG	2	01/01/2014	99/99/9999	
HYDROXYZINE PAMOATE 50 MG	30	EA	BO	PO	EA	25	MG	2	01/01/2014	06/01/2014	
HYDROXYZINE PAMOATE 100 MG	30	EA	BO	PO	EA	25	MG	4	01/01/2014	06/01/2014	
PROMETHAZINE HYDROCHLORIDE 25 MG	12	EA	BO	PO	EA	12.5	MG	2	01/01/2014	06/01/2014	
PROMETHAZINE HYDROCHLORIDE 25 MG	30	EA	BO	PO	EA	12.5	MG	2	01/01/2014	06/01/2014	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
68387-0536-60		Q0169		01/01/2014	06/01/2014	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
68387-0536-90		Q0169		01/01/2014	06/01/2014	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00378-8270-93		J7613		01/22/2013	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
00378-8270-93	KO	J7613	KO	01/22/2013	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
00378-8270-91		J7613		04/11/2013	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
00378-8270-91	KO	J7613	KO	04/11/2013	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
00378-6990-93		J7613		10/07/2009	03/06/2014	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
00378-6990-93	KO	J7613	KO	10/07/2009	03/06/2014	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
00378-9671-93		J7620		06/13/2013	99/99/9999	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME
00378-7970-93		J7644		02/19/2013	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PROMETHAZINE HYDROCHLORIDE 25 MG	60	EA	BO	PO	EA	12.5	MG	2	01/01/2014	06/01/2014	
PROMETHAZINE HYDROCHLORIDE 25 MG	90	EA	BO	PO	EA	12.5	MG	2	01/01/2014	06/01/2014	
ALBUTEROL SULFATE (3MLX30) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	01/22/2013	99/99/9999	
ALBUTEROL SULFATE (3MLX30) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	01/22/2013	99/99/9999	
ALBUTEROL SULFATE (60X3ML) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	04/11/2013	99/99/9999	
ALBUTEROL SULFATE (60X3ML) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	04/11/2013	99/99/9999	
ALBUTEROL SULFATE (1X30) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	10/07/2009	03/06/2014	
ALBUTEROL SULFATE (1X30) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	10/07/2009	03/06/2014	
IPRATROPIUM BROMIDE AND ALBUTEROL SULFATE (30X3ML, 1 VIAL/POUCH) 3 MG/3 ML-0.5 MG/3 ML	3	ML	PC	IH	ML	3	MG	0.33333	06/13/2013	99/99/9999	
IPRATROPIUM BROMIDE (30X2.5ML,PF) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	02/19/2013	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00378-7970-93	KO	J7644	KO	02/19/2013	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
00378-2047-05		J7507		07/13/2011	10/13/2015	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG
63874-0490-12		Q0164		01/01/2014	02/03/2016	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63629-1335-02		Q0164		01/01/2014	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63629-1335-01		Q0164		01/01/2014	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58864-0644-42		Q0164		01/01/2014	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
58016-0951-00		Q0167		01/01/2014	01/31/2014	DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00591-0801-01		Q0177		01/01/2014	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
IPRATROPIUM BROMIDE (30X2.5ML,PF) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	02/19/2013	99/99/9999	
TACROLIMUS (HARD GELATIN) 5 MG	500	EA	BO	PO	EA	1	MG	5	07/13/2011	10/13/2015	
PROCHLORPERAZINE MALEATE 10 MG	12	EA	BO	PO	EA	5	MG	2	01/01/2014	02/03/2016	
PROCHLORPERAZINE MALEATE 10 MG	30	EA	BO	PO	EA	5	MG	2	01/01/2014	99/99/9999	
PROCHLORPERAZINE MALEATE 10 MG	10	EA	BO	PO	EA	5	MG	2	01/01/2014	99/99/9999	
PROCHLORPERAZINE MALEATE (REDI-SCRIPT) 10 MG	42	EA	BO	PO	EA	5	MG	2	01/01/2014	99/99/9999	
MARINOL (SOFTGEL) 5 MG	100	EA	BO	PO	EA	2.5	MG	2	01/01/2014	01/31/2014	
HYDROXYZINE PAMOATE 50 MG	100	EA	BO	PO	EA	25	MG	2	01/01/2014	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
59730-6502-01		J1556		12/19/2012	99/99/9999	INJECTION, IMMUNE GLOBULIN (BIVIGAM), 500 MG
51079-0028-20		J7507		08/06/2013	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG
51079-0817-20		J7507		08/06/2013	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG
00093-4085-63		J7682		11/19/2013	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS
00093-4085-63	KO	J7682	KO	11/19/2013	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS
00143-9738-05		J7506		07/03/2013	12/31/2015	PREDNISONE, ORAL, PER 5MG
00378-4201-78		J7518		01/08/2014	99/99/9999	MYCOPHENOLIC ACID, ORAL, 180 MG
00378-4202-78		J7518		01/08/2014	99/99/9999	MYCOPHENOLIC ACID, ORAL, 180 MG
68209-0843-01		J1568		03/21/2012	09/14/2015	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG
68209-0843-02		J1568		03/21/2012	09/14/2015	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG
68209-0843-03		J1568		03/21/2012	09/14/2015	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG
68209-0843-04		J1568		03/21/2012	09/14/2015	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG
44206-0455-10		J1559		10/01/2013	99/99/9999	INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG
64208-8234-05		J1557		07/26/2013	01/31/2015	INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
BIVIGAM (LATEX-FREE) 100 MG/ML	50	ML	VL	IV	ML	500	MG	0.2	12/19/2012	99/99/9999	
TACROLIMUS (10X10,HARD GELATIN) 5 MG	100	EA	BX	PO	EA	1	MG	5	08/06/2013	99/99/9999	
TACROLIMUS (10X10,HARD GELATIN) 0.5 MG	100	EA	BX	PO	EA	1	MG	0.5	08/06/2013	99/99/9999	
TOBRAMYCIN (4 AMPULES X 14 POUCHES) 300 MG/5 ML	5	ML	PC	IH	ML	300	ML	0.2	11/19/2013	99/99/9999	
TOBRAMYCIN (4 AMPULES X 14 POUCHES) 300 MG/5 ML	5	ML	PC	IH	ML	300	ML	0.2	11/19/2013	99/99/9999	
PREDNISONE 20 MG	500	EA	BO	PO	EA	5	MG	4	07/03/2013	12/31/2015	
MYCOPHENOLIC ACID (FILM-COATED) 180 MG	120	EA	BO	PO	EA	180	MG	1	01/08/2014	99/99/9999	
MYCOPHENOLIC ACID (FILM-COATED) 360 MG	120	EA	BO	PO	EA	180	MG	2	01/08/2014	99/99/9999	
OCTAGRAM (1GM/1VIAL,SD TREATED) 50MG/ML	20	ML	VL	IV	ML	500	MG	0.1	03/21/2012	09/14/2015	
OCTAGRAM (PF,SUCROSE-FREE) 50MG/ML	50	ML	VL	IV	ML	500	MG	0.1	03/21/2012	09/14/2015	
OCTAGRAM (PF,SUCROSE-FREE) 50MG/ML	100	ML	VL	IV	ML	500	MG	0.1	03/21/2012	09/14/2015	
OCTAGRAM (PF,SUCROSE-FREE) 50MG/ML	200	ML	VL	IV	ML	500	MG	0.1	03/21/2012	09/14/2015	
HIZENTRA (SINGLE-USE VIAL,PF) 20%	50	ML	VL	SC	ML	100	MG	2	10/01/2013	99/99/9999	
GAMMAPLEX (1X50ML,SINGLE USE) 2.5 GM/50ML	50	ML	VL	IV	ML	500	MG	0.1	07/26/2013	01/31/2015	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
64208-8234-06		J1557		07/26/2013	99/99/9999	INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG
64208-8234-07		J1557		07/26/2013	99/99/9999	INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG
76329-1911-01		J2270		11/01/2013	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG
54569-4827-01		J7510		09/27/2013	02/03/2016	PREDNISOLONE ORAL, PER 5 MG
54569-5749-00		J7510		01/21/2014	99/99/9999	PREDNISOLONE ORAL, PER 5 MG
00093-7473-06		None		03/07/2014	99/99/9999	CAPECITABINE, 150 MG, ORAL
00093-7474-89		None		03/07/2014	99/99/9999	CAPECITABINE, 500 MG, ORAL
00409-1890-11		J2275		01/06/2014	12/31/2014	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG
00409-1891-11		J2275		01/13/2014	12/31/2014	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG
67457-0452-20		J9100		02/26/2014	99/99/9999	INJECTION, CYTARABINE, 100 MG
76045-0004-10		J2275		04/01/2014	12/31/2014	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG
60505-2965-07		J7518		03/11/2014	99/99/9999	MYCOPHENOLIC ACID, ORAL, 180 MG
00781-7157-86		J7644		09/11/2009	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
GAMMAPLEX (1X100ML,SINGLE USE) 5 GM/100ML	100	ML	VL	IV	ML	500	MG	0.1	07/26/2013	99/99/9999	
GAMMAPLEX (1X200ML,SINGLE USE) 10 GM/200ML	200	ML	VL	IV	ML	500	MG	0.1	07/26/2013	99/99/9999	
MORPHINE SULFATE (USP, PUMP-JET) 1 MG/ML	30	ML	SR	IJ	ML	10	MG	0.1	11/01/2013	99/99/9999	
PREDNISOLONE (4X60 ML,RED CHERRY) 15 MG/5 ML	60	ML	BO	PO	ML	5	MG	0.6	09/27/2013	02/03/2016	
PREDNISOLONE SODIUM PHOSPHATE (DYE-FREE,GRAPE) 15 MG/5 ML	240	ML	BO	PO	ML	5	MG	0.6	01/21/2014	99/99/9999	
CAPECITABINE (USP,FILM-COATED) 150 MG	60	EA	BO	PO	EA	150	MG	1	03/07/2014	99/99/9999	
CAPECITABINE (USP,FILM-COATED) 500 MG	120	EA	BO	PO	EA	500	MG	1	03/07/2014	99/99/9999	
MORPHINE SULFATE (ISECURE SINGLE USE) 2 MG/ML	1	ML	SR	IV	ML	10	MG	0.2	01/06/2014	12/31/2014	
MORPHINE SULFATE (ISECURE SINGLE USE) 4 MG/ML	1	ML	SR	IV	ML	10	MG	0.4	01/13/2014	12/31/2014	
CYTARABINE (SDV,PF,LATEX-FREE) 100 MG/ML	20	ML	VL	IJ	ML	100	MG	1	02/26/2014	99/99/9999	
MORPHINE SULFATE (SINGLE USE,PF) 2 MG/ML	1	ML	SR	IJ	ML	10	MG	0.2	04/01/2014	12/31/2014	
MYCOPHENOLIC ACID 180 MG	120	EA	BO	PO	EA	180	MG	1	03/11/2014	99/99/9999	
IPRATROPIUM BROMIDE (25X2.5ML,PF) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	09/11/2009	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00781-7157-86	KO	J7644	KO	09/11/2009	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
59762-1001-01		J7520		01/16/2014	99/99/9999	SIROLIMUS, ORAL, 1 MG
68382-0520-01		J7520		01/09/2014	99/99/9999	SIROLIMUS, ORAL, 1 MG
65862-0391-10		Q0162		03/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
64380-0725-06		J7517		01/06/2014	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG
64380-0726-06		J7517		01/06/2014	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG
00944-2814-01		J0256		05/01/2014	99/99/9999	INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), NOT OTHERWISE SPECIFIED, 10 MG
00944-2815-01		J0256		05/01/2014	99/99/9999	INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), NOT OTHERWISE SPECIFIED, 10 MG
25021-0301-67		J0150		05/01/2014	12/31/2014	INJECTION, ADENOSINE FOR THERAPEUTIC USE, 6 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS, INSTEAD USE A9270)
47335-0361-41		J0894		05/01/2014	99/99/9999	INJECTION, DECITABINE, 1 MG
52118-0002-01		J3095		05/05/2014	11/30/2016	INJECTION, TELEVANCIN, 10 MG
67457-0424-10		J9060		05/23/2014	99/99/9999	INJECTION, CISPLATIN, POWDER OR S0LUTION, 10 MG
67457-0425-51		J9060		05/23/2014	99/99/9999	INJECTION, CISPLATIN, POWDER OR S0LUTION, 10 MG
47335-0890-21		None		02/13/2014	99/99/9999	TEMODAR, 5 MG, ORAL

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
IPRATROPIUM BROMIDE (25X2.5ML,PF) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	09/11/2009	99/99/9999	
SIROLIMUS 0.5 MG	100	EA	BO	PO	EA	1	MG	0.5	01/16/2014	99/99/9999	
SIROLIMUS (COATED) 0.5 MG	100	EA	BO	PO	EA	1	MG	0.5	01/09/2014	99/99/9999	
ONDANSETRON (USP,3X10) 8 MG	30	EA	BX	PO	EA	1	MG	8	03/01/2012	99/99/9999	
MYCOPHENOLATE MOFETIL (FILM-COATED) 500 MG	100	EA	BO	PO	EA	250	MG	2	01/06/2014	99/99/9999	
MYCOPHENOLATE MOFETIL (HARD GELATIN) 250 MG	100	EA	BO	PO	EA	250	MG	1	01/06/2014	99/99/9999	
ARALAST NP (500MG W/DILUENT) 1 MG	1	EA	VL	IV	EA	10	MG	0.1	05/01/2014	99/99/9999	
ARALAST NP (1000MG W/DILUENT) 1 MG	1	EA	VL	IV	EA	10	MG	0.1	05/01/2014	99/99/9999	
ADENOSINE (10X2ML,USP,PRF SYRINGE) 3 MG/ML	2	ML	SR	IV	ML	6	MG	0.5	05/01/2014	12/31/2014	
DECITABINE (W/DILUENT,LYOPHILIZED) 50 MG	1	EA	VL	IV	EA	1	MG	50	05/01/2014	99/99/9999	
VIBATIV (SDV,PF,LYOPHILIZED) 250 MG	10	EA	VL	IV	EA	10	MG	25	05/05/2014	11/30/2016	
CISPLATIN (MDV) 1 MG/ML	100	ML	VL	IV	ML	10	MG	0.1	05/23/2014	99/99/9999	
CISPLATIN 1 MG/ML	50	ML	VL	IV	ML	10	MG	0.1	05/23/2014	99/99/9999	
TEMOZOLOMIDE (HARD GELATIN) 5 MG	14	EA	BO	PO	EA	5	MG	1	02/13/2014	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
47335-0890-80		None		02/13/2014	99/99/9999	TEMODAR, 5 MG, ORAL
47335-0891-21		None		02/13/2014	99/99/9999	TEMODAR, 20 MG, ORAL
47335-0891-80		None		02/13/2014	99/99/9999	TEMODAR, 20 MG, ORAL
47335-0892-21		None		02/13/2014	99/99/9999	TEMODAR, 100 MG, ORAL
47335-0892-80		None		02/13/2014	99/99/9999	TEMODAR, 100 MG, ORAL
47335-0893-80		None		02/13/2014	99/99/9999	TEMODAR, 250 MG, ORAL
54569-1818-09		None		05/13/2008	99/99/9999	METHOTREXATE, 2.5 MG, ORAL
47335-0929-21		None		02/13/2014	99/99/9999	TEMODAR, 20 MG, ORAL
47335-0929-80		None		02/13/2014	99/99/9999	TEMODAR, 20 MG, ORAL
47335-0930-21		None		02/13/2014	99/99/9999	TEMODAR, 20 MG, ORAL
47335-0930-80		None		02/13/2014	99/99/9999	TEMODAR, 20 MG, ORAL
51079-0508-20		J7518		02/12/2014	99/99/9999	MYCOPHENOLIC ACID, ORAL, 180 MG
23155-0196-43		J2405		06/12/2014	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG
25021-0230-02		J9206		07/01/2014	99/99/9999	INJECTION, IRINOTECAN, 20 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
TEMOZOLOMIDE (HARD GELATIN) 5 MG	5	EA	BO	PO	EA	5	MG	1	02/13/2014	99/99/9999	
TEMOZOLOMIDE (HARD GELATIN) 20 MG	14	EA	BO	PO	EA	20	MG	1	02/13/2014	99/99/9999	
TEMOZOLOMIDE (HARD GELATIN) 20 MG	5	EA	BO	PO	EA	20	MG	1	02/13/2014	99/99/9999	
TEMOZOLOMIDE (HARD GELATIN) 100 MG	14	EA	BO	PO	EA	100	MG	1	02/13/2014	99/99/9999	
TEMOZOLOMIDE (HARD GELATIN) 100 MG	5	EA	BO	PO	EA	100	MG	1	02/13/2014	99/99/9999	
TEMOZOLOMIDE (HARD GELATIN) 250 MG	5	EA	BO	PO	EA	250	MG	1	02/13/2014	99/99/9999	
METHOTREXATE 2.5 MG	36	EA	BO	PO	EA	2.5	MG	1	05/13/2008	99/99/9999	
TEMOZOLOMIDE (HARD GELATIN) 140 MG	14	EA	BO	PO	EA	20	MG	7	02/13/2014	99/99/9999	
TEMOZOLOMIDE (HARD GELATIN) 140 MG	5	EA	BO	PO	EA	20	MG	7	02/13/2014	99/99/9999	
TEMOZOLOMIDE (HARD GELATIN) 180 MG	14	EA	BO	PO	EA	20	MG	9	02/13/2014	99/99/9999	
TEMOZOLOMIDE (HARD GELATIN) 180 MG	5	EA	BO	PO	EA	20	MG	9	02/13/2014	99/99/9999	
MYCOPHENOLIC ACID (FILM-COATED) 180 MG	100	EA	BX	PO	EA	180	MG	1	02/12/2014	99/99/9999	
ONDANSETRON 2 MG/ML	2	ML	VL	IJ	ML	1	MG	2	06/12/2014	99/99/9999	
IRINOTECAN HYDROCHLORIDE (1X2ML,SINGLE DOSE,PF) 20 MG/ML	2	ML	VL	IV	ML	20	MG	1	07/01/2014	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
25021-0230-05		J9206		07/01/2014	99/99/9999	INJECTION, IRINOTECAN, 20 MG
58468-0127-01		J1270		06/11/2014	99/99/9999	INJECTION, DOXERCALCIFEROL, 1 MCG
67457-0450-10		J9065		06/12/2014	99/99/9999	INJECTION, CLADRIBINE, PER 1 MG
00574-0866-10		J7516		12/12/2012	99/99/9999	CYCLOSPORIN, PARENTERAL, 250 MG
00703-2856-04		J3490		03/25/2013	01/06/2016	UNCLASSIFIED DRUGS
00703-2858-09		J3490		01/02/2014	99/99/9999	UNCLASSIFIED DRUGS
00703-2859-03		J3490		05/01/2013	05/24/2016	UNCLASSIFIED DRUGS
00703-4502-04		J2765		12/20/2013	99/99/9999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG
38779-0632-04		J7699		05/15/2014	99/99/9999	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME
38779-0632-05		J7699		05/15/2014	99/99/9999	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME
38779-0632-08		J7699		05/15/2014	99/99/9999	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME
38779-0632-09		J7699		05/15/2014	99/99/9999	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME
50111-0788-67		Q0144		02/26/2014	02/03/2016	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
54569-3701-00		J1050		01/01/2013	99/99/9999	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG
54569-4904-00		J1050		01/01/2013	99/99/9999	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG
62991-2002-01		J0278		10/31/2011	99/99/9999	INJECTION, AMIKACIN SULFATE, 100 MG
62991-2002-02		J0278		10/31/2011	99/99/9999	INJECTION, AMIKACIN SULFATE, 100 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
IRINOTECAN HYDROCHLORIDE (1X5ML,SINGLE DOSE,PF) 20 MG/ML	5	ML	VL	IV	ML	20	MG	1	07/01/2014	99/99/9999	
HECTOROL (50X2ML,MDV) 2 MCG/ML	2	ML	VL	IV	ML	1	MCG	2	06/11/2014	99/99/9999	
CLADRIBINE (1X10ML,SDV,PF) 1 MG/ML	10	ML	VL	IV	ML	1	MG	1	06/12/2014	99/99/9999	
CYCLOSPORINE 50 MG/ML	5	ML	AM	IV	ML	250	MG	0.2	12/12/2012	99/99/9999	
PROPOFOL (SDV,25X20ML) 10 MG/ML	20	ML	VL	IV	ML	1	EA	1	03/25/2013	01/06/2016	
PROPOFOL (SDV,20X50ML) 10 MG/ML	50	ML	VL	IV	ML	1	EA	1	01/02/2014	99/99/9999	
PROPOFOL (SDV,10X100ML) 10 MG/ML	100	ML	VL	IV	ML	1	EA	1	05/01/2013	05/24/2016	
METOCLOPRAMIDE HYDROCHLORIDE (S.D.V.) 5 MG/ML	2	ML	VL	IJ	ML	10	MG	0.5	12/20/2013	99/99/9999	
GENTAMICIN SULFATE (U.S.P.)	25	GM	BO	NA	GM	1	MG	1	05/15/2014	99/99/9999	
GENTAMICIN SULFATE (U.S.P.)	100	GM	BO	NA	GM	1	MG	1	05/15/2014	99/99/9999	
GENTAMICIN SULFATE (U.S.P.)	500	GM	BO	NA	GM	1	MG	1	05/15/2014	99/99/9999	
GENTAMICIN SULFATE (U.S.P.)	1000	GM	BO	NA	GM	1	MG	1	05/15/2014	99/99/9999	
AZITHROMYCIN (3X3,FILM-COATED) 500 MG	9	EA	BP	PO	EA	1000	MG	0.5	02/26/2014	02/03/2016	
DEPO-PROVERA CONTRACEPTIVE (VIAL) 150 MG/ML	1	ML	VL	IM	ML	1	MG	150	01/01/2013	99/99/9999	
DEPO-PROVERA CONTRACEPTIVE (SRN, PREFILLED) 150 MG/ML	1	ML	SR	IM	ML	1	MG	150	01/01/2013	99/99/9999	
AMIKACIN SULFATE (U.S.P.)	5	GM	BO	NA	GM	100	MG	10	10/31/2011	99/99/9999	
AMIKACIN SULFATE (U.S.P.)	25	GM	BO	NA	GM	100	MG	10	10/31/2011	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
65862-0390-10		Q0162		03/01/2012	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00574-0827-10		J1080		06/19/2014	12/31/2014	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG
00781-7171-56		J7682		07/08/2014	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS
00781-7171-56	KO	J7682	KO	07/08/2014	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS
36000-0282-25		J1940		07/01/2014	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG
36000-0283-25		J1940		07/01/2014	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG
36000-0284-25		J1940		07/01/2014	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG
42023-0129-01		J2680		07/09/2014	99/99/9999	INJECTION, FLUPHENAZINE DECANOATE, UP TO 25 MG
63739-0900-26		J1644		06/13/2014	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS
63739-0901-28		J1644		06/13/2014	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS
63739-0920-25		J1644		06/13/2014	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS
63739-0953-25		J1644		06/13/2014	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS
63739-0964-25		J1644		06/13/2014	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
ONDANSETRON (USP,3X10) 4 MG	30	EA	BX	PO	EA	1	MG	4	03/01/2012	99/99/9999	
TESTOSTERONE CYPIONATE (USP, MDV) 200 MG/ML	10	ML	VL	IM	ML	200	MG	1	06/19/2014	12/31/2014	
TOBRAMYCIN (PF) 300 MG/5 ML	5	ML	PC	IH	ML	300	MG	0.2	07/08/2014	99/99/9999	
TOBRAMYCIN (PF) 300 MG/5 ML	5	ML	PC	IH	ML	300	MG	0.2	07/08/2014	99/99/9999	
FUROSEMIDE (SDV) 10 MG/ML	2	ML	VL	IJ	ML	20	MG	0.5	07/01/2014	99/99/9999	
FUROSEMIDE (SDV) 10 MG/ML	4	ML	VL	IJ	ML	20	MG	0.5	07/01/2014	99/99/9999	
FUROSEMIDE (SDV) 10 MG/ML	10	ML	VL	IJ	ML	20	MG	0.5	07/01/2014	99/99/9999	
FLUPHENAZINE DECANOATE (LATEX-FREE) 25 MG/ML	5	ML	VL	IJ	ML	25	MG	1	07/09/2014	99/99/9999	
HEPARIN SODIUM (MDV,25X2ML,PF) 1000 U/ML	2	ML	VL	IJ	ML	1000	U	1	06/13/2014	99/99/9999	
HEPARIN SODIUM (MDV,25X10ML,LATEX-FREE) 5000 U/ML	10	ML	VL	IJ	ML	1000	U	5	06/13/2014	99/99/9999	
HEPARIN SODIUM (MDV,25X1ML,LATEX-FREE) 1000 U/ML	1	ML	VL	IJ	ML	1000	U	1	06/13/2014	99/99/9999	
HEPARIN SODIUM (MDV,25X10ML,LATEX-FREE) 5000 U/ML	1	ML	VL	IJ	ML	1000	U	5	06/13/2014	99/99/9999	
HEPARIN SODIUM (MDV,25X1ML,LATEX-FREE) 10000 U/ML	1	ML	VL	IJ	ML	1000	U	10	06/13/2014	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
63739-0986-25		J1644		06/13/2014	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS
00093-4148-64		J7614		04/29/2013	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
00093-4148-64	KO	J7614	KO	04/29/2013	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
00085-1136-02		J1327		08/18/2014	99/99/9999	INJECTION, EPTIFIBATIDE, 5 MG
67457-0263-30		J1205		08/04/2014	99/99/9999	INJECTION, CHLOROTHIAZIDE SODIUM, PER 500 MG
67457-0434-51		J9265		08/07/2014	12/31/2014	INJECTION, PACLITAXEL, 30 MG
67457-0449-17		J9265		08/07/2014	12/31/2014	INJECTION, PACLITAXEL, 30 MG
67457-0471-52		J9265		08/07/2014	12/31/2014	INJECTION, PACLITAXEL, 30 MG
00074-2108-03		J1950		08/03/2009	99/99/9999	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG
00074-2282-03		J1950		04/03/2009	99/99/9999	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG
00074-2440-03		J1950		04/17/2009	99/99/9999	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG
00074-3346-03		J9217		04/02/2009	99/99/9999	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG
00074-3473-03		J9217		06/17/2011	99/99/9999	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG
00074-3641-03		J1950		04/13/2009	99/99/9999	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG
00074-3642-03		J9217		03/25/2009	99/99/9999	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG
00074-3663-03		J1950		05/21/2009	99/99/9999	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
HEPARIN SODIUM (MDV,25X1ML,LATEX-FREE) 20000 U/ML	1	ML	VL	IJ	ML	1000	U	20	06/13/2014	99/99/9999	
LEVALBUTEROL (6X4,PF) 1.25 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.83333	04/29/2013	99/99/9999	
LEVALBUTEROL (6X4,PF) 1.25 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.83333	04/29/2013	99/99/9999	
INTEGRILIN 0.75 MG/ML	100	ML	VL	IV	ML	5	MG	0.15	08/18/2014	99/99/9999	
CHLOROTHIAZIDE SODIUM (USP, SDV,LYOPHILIZED) 0.5 GM	1	EA	VL	IV	EA	500	MG	1	08/04/2014	99/99/9999	
PACLITAXEL (MDV) 6 MG/ML	50	ML	VL	IV	ML	30	MG	0.2	08/07/2014	12/31/2014	
PACLITAXEL (MDV) 6 MG/ML	16.7	ML	VL	IV	ML	30	MG	0.2	08/07/2014	12/31/2014	
PACLITAXEL (MDV) 6 MG/ML	5	ML	VL	IV	ML	30	MG	0.2	08/07/2014	12/31/2014	
LUPRON DEPOT-PED (LYOPHILIZED) 7.5 MG	1	EA	BX	IM	EA	3.75	MG	2	08/03/2009	99/99/9999	
LUPRON DEPOT-PED (LYOPHILIZED) 11.25 MG	1	EA	BX	IM	EA	3.75	MG	3	04/03/2009	99/99/9999	
LUPRON DEPOT-PED (LYOPHILIZED) 15 MG	1	EA	BX	IM	EA	3.75	MG	4	04/17/2009	99/99/9999	
LUPRON DEPOT (STERILE,1X22.5MG) 22.5 MG	1	EA	BX	IM	EA	7.5	MG	3	04/02/2009	99/99/9999	
LUPRON DEPOT (LYOPHILIZED) 45 MG	1	EA	BX	IM	EA	7.5	MG	6	06/17/2011	99/99/9999	
LUPRON DEPOT 3.75 MG	1	EA	BX	IM	EA	3.75	MG	1	04/13/2009	99/99/9999	
LUPRON DEPOT (STERILE,1X7.5MG) 7.5 MG	1	EA	BX	IM	EA	7.5	MG	1	03/25/2009	99/99/9999	
LUPRON DEPOT (DUAL-CHAMBER SYRINGE) 11.25 MG	1	EA	BX	IM	EA	3.75	MG	3	05/21/2009	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00074-3683-03		J9217		04/17/2009	99/99/9999	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG
00074-3779-03		J1950		08/15/2011	99/99/9999	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG
00074-9694-03		J1950		08/15/2011	99/99/9999	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG
16714-0671-01		Q0162		10/15/2009	10/31/2016	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
51079-0620-06		J7500		07/23/2010	99/99/9999	AZATHIOPRINE, ORAL, 50 MG
00378-2511-91		None		08/08/2014	99/99/9999	CAPECITABINE, 150 MG
00378-2512-78		None		08/08/2014	99/99/9999	CAPECITABINE, 500 MG
17478-0340-38		J7682		09/11/2014	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS
17478-0340-38	KO	J7682	KO	09/11/2014	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS
25021-0700-01		J1885		09/01/2014	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG
25021-0701-01		J1885		09/01/2014	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG
25021-0701-02		J1885		09/01/2014	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
LUPRON DEPOT (LYOPHILIZED) 30 MG	1	EA	BX	IM	EA	7.5	MG	4	04/17/2009	99/99/9999	
LUPRON DEPOT-PED (SINGLE DOSE) 11.25 MG	1	EA	BX	IM	EA	3.75	MG	3	08/15/2011	99/99/9999	
LUPRON DEPOT-PED (SINGLE DOSE) 30 MG	1	EA	BX	IM	EA	3.75	MG	8	08/15/2011	99/99/9999	
ONDANSETRON (USP,1X60ML,STRAWBERRY) 4 MG/5ML	60	ML	BO	PO	ML	1	MG	0.8	10/15/2009	10/31/2016	
AZATHIOPRINE (5X10,USP) 50 MG	50	EA	BX	PO	EA	50	MG	1	07/23/2010	99/99/9999	
CAPECITABINE (USP,FILM COATED) 150 MG	60	EA	BO	PO	EA	150	MG	1	08/08/2014	99/99/9999	
CAPECITABINE (USP,FILM COATED) 500 MG	120	EA	BO	PO	EA	500	MG	1	08/08/2014	99/99/9999	
TOBRAMYCIN (4 AMPULES X 14 POUCHES) 300 MG/5 ML	5	ML	PC	IH	ML	300	MG	0.2	09/11/2014	99/99/9999	
TOBRAMYCIN (4 AMPULES X 14 POUCHES) 300 MG/5 ML	5	ML	PC	IH	ML	300	MG	0.2	09/11/2014	99/99/9999	
KETOROLAC TROMETHAMINE (SDV,25X1ML,PF) 15 MG/ML	1	ML	VL	IJ	ML	15	MG	1	09/01/2014	99/99/9999	
KETOROLAC TROMETHAMINE (SDV,25X1ML,PF) 30 MG/ML	1	ML	VL	IJ	ML	15	MG	2	09/01/2014	99/99/9999	
KETOROLAC TROMETHAMINE (SDV,25X2ML,PF) 30 MG/ML	2	ML	VL	IM	ML	15	MG	2	09/01/2014	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
25021-0827-61		J1740		09/02/2014	99/99/9999	INJECTION, IBANDRONATE SODIUM, 1 MG
64380-0720-06		J7507		09/10/2014	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG
64380-0721-06		J7507		09/10/2014	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG
64380-0722-06		J7507		09/10/2014	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG
67457-0429-20		J9208		09/04/2014	99/99/9999	INJECTION, IFOSFAMIDE, 1 GRAM
67457-0474-04		J9351		09/04/2014	99/99/9999	INJECTION, TOPOTECAN, 0.1 MG
67457-0476-10		J9263		09/04/2014	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG
67457-0524-33		J1740		09/02/2014	99/99/9999	INJECTION, IBANDRONATE SODIUM, 1 MG
68982-0850-01		J1568		09/05/2014	99/99/9999	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG
68982-0850-02		J1568		09/05/2014	99/99/9999	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG
68982-0850-03		J1568		09/05/2014	99/99/9999	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG
68982-0850-04		J1568		09/05/2014	99/99/9999	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG
00054-0383-25		None		06/23/2014	99/99/9999	CYCLOPHOSPHAMIDE; ORAL, 50 MG
00054-0382-25		None		06/23/2014	99/99/9999	CYCLOPHOSPHAMIDE; ORAL, 25 MG
13533-0661-06		J2788		11/01/2013	99/99/9999	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, MINIDOSE, 50 MICROGRAMS (250 I.U.)
00051-0022-21		Q0167		01/01/2014	99/99/9999	DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
IBANDRONATE SODIUM (PREFILLED, SINGLE-USE) 1 MG/ML	3	ML	SR	IV	ML	1	MG	1	09/02/2014	99/99/9999	
TACROLIMUS 0.5 MG	100	EA	BO	PO	EA	1	MG	0.5	09/10/2014	99/99/9999	
TACROLIMUS 1 MG	100	EA	BO	PO	EA	1	MG	1	09/10/2014	99/99/9999	
TACROLIMUS 5 MG	100	EA	BO	PO	EA	1	MG	5	09/10/2014	99/99/9999	
IFOSFAMIDE (1X20ML) 1 GM/20 ML	20	ML	VL	IV	ML	1	GM	0.05	09/04/2014	99/99/9999	
TOPOTECAN HYDROCHLORIDE (SINGLE-DOSE,LYOPHILIZED) 4 MG	1	EA	VL	IV	EA	0.1	MG	40	09/04/2014	99/99/9999	
OXALIPLATIN (PF,LYOPHILIZED) 100 MG	1	EA	VL	IV	EA	0.5	MG	200	09/04/2014	99/99/9999	
IBANDRONATE SODIUM 1 MG/ML	5	ML	SR	IV	ML	1	MG	1	09/02/2014	99/99/9999	
OCTAGAM 10% (PF,LATEX-FREE) 100 MG/ML	20	ML	VL	IV	ML	500	MG	0.2	09/05/2014	99/99/9999	
OCTAGAM 10% (PF,LATEX-FREE) 100 MG/ML	50	ML	VL	IV	ML	500	MG	0.2	09/05/2014	99/99/9999	
OCTAGAM 10% (PF,LATEX-FREE) 100 MG/ML	100	ML	VL	IV	ML	500	MG	0.2	09/05/2014	99/99/9999	
OCTAGAM 10% (PF,LATEX-FREE) 100 MG/ML	200	ML	VL	IV	ML	500	MG	0.2	09/05/2014	99/99/9999	
CYCLOPHOSPHAMIDE 50 MG	100	EA	BO	PO	EA	50	MG	1	06/23/2014	99/99/9999	
CYCLOPHOSPHAMIDE 25 MG	100	EA	BO	PO	EA	25	MG	1	06/23/2014	99/99/9999	
HYPERRHO S/D (MINI-DOSE,SD,PF)	10	EA	SR	IM	EA	50	MCG	1	11/01/2013	99/99/9999	
MARINOL (SOFT GELATIN) 5 MG	60	EA	BO	PO	EA	2.5	MG	2	01/01/2014	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00051-0023-21		Q0167		01/01/2014	99/99/9999	DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00074-3799-03		J0135		10/01/2014	99/99/9999	INJECTION, ADALIMUMAB, 20 MG
00074-3799-06		J0135		10/01/2014	99/99/9999	INJECTION, ADALIMUMAB, 20 MG
62935-0302-30		J9217		10/02/2014	05/06/2015	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG
67457-0443-60		J9208		10/07/2014	99/99/9999	INJECTION, IFOSFAMIDE, 1 GRAM
76045-0001-20		J2250		10/01/2014	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG
76045-0002-10		J2250		10/01/2014	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG
76045-0003-20		J2250		10/01/2014	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG
16729-0042-01		J7507		09/30/2011	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG
54505-0101-01		J0171		11/13/2014	10/03/2015	INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG
63323-0285-61		J2795		11/03/2014	99/99/9999	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG
63323-0285-63		J2795		11/03/2014	99/99/9999	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG
67457-0396-10		J9000		11/07/2014	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG
67457-0431-11		J9390		11/07/2014	08/31/2016	INJECTION, VINORELBINE TARTRATE, 10 MG
62935-0752-75		J9217		09/25/2014	05/06/2015	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG
00009-0347-02		J1071		01/01/2015	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
MARINOL (SOFTGEL) 10 MG	60	EA	BO	PO	EA	2.5	MG	4	01/01/2014	99/99/9999	
HUMIRA (PEDIATRIC,PF) 40 MG/0.8 ML	3	EA	BX	MR	EA	20	MG	2	10/01/2014	99/99/9999	
HUMIRA (PEDIATRIC,PF) 40 MG/0.8 ML	6	EA	BX	MR	EA	20	MG	2	10/01/2014	99/99/9999	
ELIGARD (SINGLE-USE) 30 MG	1	EA	BX	SC	EA	7.5	MG	4	10/02/2014	05/06/2015	
IFOSFAMIDE (1X60ML) 3 GM/60 ML	60	ML	VL	IV	ML	1	GM	0.05	10/07/2014	99/99/9999	
MIDAZOLAM (PREFILLED, USP,PF) 1 MG/ML	2	ML	SR	IJ	ML	1	MG	1	10/01/2014	99/99/9999	
MIDAZOLAM (PF) 5 MG/ML	1	ML	SR	IJ	ML	1	MG	5	10/01/2014	99/99/9999	
MIDAZOLAM (PF) 5 MG/ML	2	ML	SR	IJ	ML	1	MG	5	10/01/2014	99/99/9999	
TACROLIMUS (HARD GELATIN) 1 MG	100	EA	BO	PO	EA	1	MG	1	09/30/2011	99/99/9999	
EPINEPHRINE 0.15 MG/0.15 ML	1	EA	SR	IJ	EA	0.1	MG	1.5	11/13/2014	10/03/2015	
NAROPIN (IN FREEFLEX BAG,PF) 2 MG/ML	100	ML	BG	IJ	ML	1	MG	2	11/03/2014	99/99/9999	
NAROPIN (IN FREEFLEX BAG,PF) 2 MG/ML	200	ML	BG	IJ	ML	1	MG	2	11/03/2014	99/99/9999	
DOXORUBICIN HCL (USP,STERILE,MDV) 2 MG/ML	100	ML	VL	IV	ML	10	MG	0.2	11/07/2014	99/99/9999	
VINORELBINE (S.D.V., 1X1ML) 10 MG/ML	1	ML	VL	IV	ML	10	MG	1	11/07/2014	08/31/2016	
ELIGARD (SINGLE-USE) 7.5 MG	1	EA	BX	SC	EA	7.5	MG	1	09/25/2014	05/06/2015	
DEPO-TESTOSTERONE (VIAL) 100 MG/ML	10	ML	VL	IM	ML	1	MG	100	01/01/2015	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00009-0417-01		J1071		01/01/2015	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG
00009-0417-02		J1071		01/01/2015	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG
00172-3753-96		J9267		01/01/2015	02/10/2016	INJECTION, PACLITAXEL, 1 MG
00172-3754-94		J9267		01/01/2015	02/10/2016	INJECTION, PACLITAXEL, 1 MG
00172-3756-95		J9267		01/01/2015	02/10/2016	INJECTION, PACLITAXEL, 1 MG
00406-1521-53		J2270		01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG
00406-1521-55		J2270		01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG
00406-1521-56		J2270		01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG
00406-1521-57		J2270		01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG
00409-1134-03		J2270		01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG
00409-1134-05		J2270		01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG
00409-1135-02		J2274		01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10MG
00409-1890-01		J2274		01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10MG
00409-1890-11		J2274		01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10MG
00409-1891-01		J2274		01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10MG
63323-0371-10		J0878		04/11/2018	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
DEPO-TESTOSTERONE (VIAL) 200 MG/ML	1	ML	VL	IM	ML	1	MG	200	01/01/2015	99/99/9999	
DEPO-TESTOSTERONE (VIAL) 200 MG/ML	10	ML	VL	IM	ML	1	MG	200	01/01/2015	99/99/9999	
NOV-ONXOL (M.D.V.) 6 MG/ML	50	ML	VL	IV	ML	1	MG	6	01/01/2015	02/10/2016	
NOV-ONXOL (M.D.V.) 6 MG/ML	5	ML	VL	IV	ML	1	MG	6	01/01/2015	02/10/2016	
NOV-ONXOL (M.D.V.) 6 MG/ML	25	ML	VL	IV	ML	1	MG	6	01/01/2015	02/10/2016	
MORPHINE SULFATE	5	GM	BO	NA	GM	10	MG	100	01/01/2015	99/99/9999	
MORPHINE SULFATE	25	GM	BO	NA	GM	10	MG	100	01/01/2015	99/99/9999	
MORPHINE SULFATE	50	GM	BO	NA	GM	10	MG	100	01/01/2015	99/99/9999	
MORPHINE SULFATE	100	GM	BO	NA	GM	10	MG	100	01/01/2015	99/99/9999	
MORPHINE SULFATE (VIAL, FLIPTOP) 50 MG/ML	20	ML	VL	IJ	ML	10	MG	5	01/01/2015	99/99/9999	
MORPHINE SULFATE (LATEX-FREE) 50 MG/ML	50	ML	VL	IJ	ML	10	MG	5	01/01/2015	99/99/9999	
MORPHINE SULFATE (HIGH CONCENTRATION,PF) 25 MG/ML	10	ML	VL	IJ	ML	10	MG	2.5	01/01/2015	99/99/9999	
MORPHINE SULFATE (CARPUJECT SINGLE-USE) 2 MG/ML	1	ML	SR	IV	ML	10	MG	0.2	01/01/2015	99/99/9999	
MORPHINE SULFATE (ISECURE SINGLE USE) 2 MG/ML	1	ML	SR	IV	ML	10	MG	0.2	01/01/2015	99/99/9999	
MORPHINE SULFATE (CARPUJECT SINGLE-USE) 4 MG/ML	1	ML	SR	IV	ML	10	MG	0.4	01/01/2015	99/99/9999	
DAPTOMYCIN (PF,LYOPHILIZED) 500 MG	1	EA	VL	IV	EA	1	MG	500	04/11/2018	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00409-1891-11		J2274		01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10MG
00409-1893-01		J2274		01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10MG
00409-1894-01		J2274		01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10MG
00409-3814-12		J2274		01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10MG
00409-4057-12		J2274		01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10MG
00409-6028-04		J2270		01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG
00463-1069-10		J3490		01/01/2015	07/23/2015	UNCLASSIFIED DRUGS
00463-1073-10		J3490		01/01/2015	02/03/2016	UNCLASSIFIED DRUGS
00469-8234-12		J0153		01/01/2015	99/99/9999	INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS)
00469-8234-14		J0153		01/01/2015	99/99/9999	INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS)
00574-0820-01		J1071		01/01/2015	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG
00591-3221-26		J3121		01/01/2015	99/99/9999	INJECTION, TESTOSTERONE ENANTHATE,1 MG
00591-3223-79		J1071		01/01/2015	03/04/2015	INJECTION, TESTOSTERONE CYPIONATE, 1 MG
00641-6019-10		J2274		01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
MORPHINE SULFATE (ISECURE SINGLE USE) 4 MG/ML	1	ML	SR	IV	ML	10	MG	0.4	01/01/2015	99/99/9999	
MORPHINE SULFATE (CARPUJECT SINGLE-USE) 10 MG/ML	1	ML	SR	IV	ML	10	MG	1	01/01/2015	99/99/9999	
MORPHINE SULFATE (CARPUJECT SINGLE-USE) 15 MG/ML	1	ML	SR	IV	ML	10	MG	1.5	01/01/2015	99/99/9999	
MORPHINE SULFATE (5X10ML,PF,LATEX-FREE) 0.5 MG/ML	10	ML	VL	IJ	ML	10	MG	0.05	01/01/2015	99/99/9999	
MORPHINE SULFATE (PF,LATEX-FREE) 0.5 MG/ML	10	ML	AM	IJ	ML	10	MG	0.05	01/01/2015	99/99/9999	
MORPHINE SULFATE (SDV,30MLX10,PF) 5 MG/ML	30	ML	VL	IV	ML	10	MG	0.5	01/01/2015	99/99/9999	
TESTRO AQ (VIAL) 100 MG/ML	10	ML	VL	IM	ML	1	EA	1	01/01/2015	07/23/2015	
TESTOSTERONE PROPIONATE (VIAL) 100 MG/ML	10	ML	VL	IM	ML	1	EA	1	01/01/2015	02/03/2016	
ADENOCARD (ANSYR,LUER LOK) 3 MG/ML	2	ML	SR	IV	ML	1	MG	3	01/01/2015	99/99/9999	
ADENOCARD (ANSYR,LUER LOK) 3 MG/ML	4	ML	SR	IV	ML	1	MG	3	01/01/2015	99/99/9999	
TESTOSTERONE CYPIONATE (1X1ML,USP) 200 MG/ML	1	ML	VL	IM	ML	1	MG	200	01/01/2015	99/99/9999	
TESTOSTERONE ENANTHATE 200 MG/ML	5	ML	VL	IM	ML	1	MG	200	01/01/2015	99/99/9999	
TESTOSTERONE CYPIONATE (M.D.V.) 200 MG/ML	10	ML	VL	IM	ML	1	MG	200	01/01/2015	03/04/2015	
DURAMORPH (10X10ML,PF) 1 MG/ML	10	ML	AM	IJ	ML	10	MG	0.1	01/01/2015	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00641-6020-10		J2274		01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10MG
00641-6039-01		J2274		01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10MG
00641-6040-01		J2274		01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10MG
00641-6071-25		J2270		01/01/2015	02/28/2017	INJECTION, MORPHINE SULFATE, UP TO 10 MG
00641-6072-01		J2270		01/01/2015	09/16/2015	INJECTION, MORPHINE SULFATE, UP TO 10 MG
10019-0179-36		J2270		01/01/2015	10/17/2016	INJECTION, MORPHINE SULFATE, UP TO 10 MG
25021-0301-67		J0153		01/01/2015	99/99/9999	INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS)
35356-0058-10		J1071		01/01/2015	01/01/2015	INJECTION, TESTOSTERONE CYPIONATE, 1 MG
38779-0164-03		J1071		01/01/2015	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG
38779-0164-04		J1071		01/01/2015	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE,1 MG
38779-0164-05		J1071		01/01/2015	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE,1MG
38779-0164-08		J1071		01/01/2015	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG
38779-0164-09		J1071		01/01/2015	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE,1 MG
38779-0165-03		J3490		01/01/2015	99/99/9999	UNCLASSIFIED DRUGS
38779-0165-04		J3490		01/01/2015	99/99/9999	UNCLASSIFIED DRUGS
38779-0165-05		J3490		01/01/2015	99/99/9999	UNCLASSIFIED DRUGS

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
DURAMORPH (10X10ML,PF) 0.5 MG/ML	10	ML	AM	IJ	ML	10	MG	0.05	01/01/2015	99/99/9999	
INFUMORPH 200 (1X20ML,PF) 10 MG/ML	20	ML	AM	IJ	ML	10	MG	1	01/01/2015	99/99/9999	
INFUMORPH 500 (1X20ML,PF) 25 MG/ML	20	ML	AM	IJ	ML	10	MG	2.5	01/01/2015	99/99/9999	
MORPHINE SULFATE, (S.D.V., 1MLx25) 15MG/ML	1	ML	VL	IJ	ML	10	MG	1.5	01/01/2015	02/28/2017	
MORPHINE SULFATE (M.D.V.) 15MG/ML	20	ML	VL	IJ	ML	10	MG	1.5	01/01/2015	09/16/2015	
MORPHINE SULFATE (MDV) 15 MG/ML	20	ML	NA	IJ	ML	10	MG	1.5	01/01/2015	10/17/2016	
ADENOSINE (10X2ML,USP,PRF SYRINGE) 3 MG/ML	2	ML	SR	IV	ML	1	MG	3	01/01/2015	99/99/9999	
DEPO-TESTOSTERONE 100 MG/ML	10	ML	VL	IM	ML	1	MG	100	01/01/2015	01/01/2015	
TESTOSTERONE CYPIONATE (U.S.P.)	5	GM	BO	NA	GM	1	MG	1000	01/01/2015	99/99/9999	
TESTOSTERONE CYPIONATE (U.S.P.)	25	GM	BO	NA	GM	1	MG	1000	01/01/2015	99/99/9999	
TESTOSTERONE CYPIONATE (U.S.P.)	100	GM	BO	NA	GM	1	MG	1000	01/01/2015	99/99/9999	
TESTOSTERONE CYPIONATE (U.S.P.)	500	GM	BO	NA	GM	1	MG	1000	01/01/2015	99/99/9999	
TESTOSTERONE CYPIONATE (U.S.P.)	1000	GM	JR	NA	GM	1	MG	1000	01/01/2015	99/99/9999	
TESTOSTERONE PROPIONATE (USP,MICRONIZED)	5	GM	BO	NA	GM	1	EA	1	01/01/2015	99/99/9999	
TESTOSTERONE PROPIONATE (USP,MICRONIZED)	25	GM	BO	NA	GM	1	EA	1	01/01/2015	99/99/9999	
TESTOSTERONE PROPIONATE (U.S.P.,MICRONIZED)	100	GM	BO	NA	GM	1	EA	1	01/01/2015	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
38779-0165-08		J3490		01/01/2015	99/99/9999	UNCLASSIFIED DRUGS
38779-0673-03		J2270		01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG
38779-0673-04		J2270		01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG
38779-0673-05		J2270		01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG
38779-0673-07		J2270		01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG
38779-0855-04		J3121		01/01/2015	99/99/9999	INJECTION, TESTOSTERONE ENANTHATE,1 MG
51552-0029-01		J3490		01/01/2015	99/99/9999	UNCLASSIFIED DRUGS
51552-0029-02		J3490		01/01/2015	99/99/9999	UNCLASSIFIED DRUGS
51552-0030-01		J3490		01/01/2015	99/99/9999	UNCLASSIFIED DRUGS
51552-0030-02		J3490		01/01/2015	99/99/9999	UNCLASSIFIED DRUGS
51552-0030-04		J3490		01/01/2015	99/99/9999	UNCLASSIFIED DRUGS
51552-0030-05		J3490		01/01/2015	99/99/9999	UNCLASSIFIED DRUGS
51552-0030-08		J3490		01/01/2015	01/01/2015	UNCLASSIFIED DRUGS
51552-0030-09		J3490		01/01/2015	99/99/9999	UNCLASSIFIED DRUGS
51552-0564-04		J3490		01/01/2015	99/99/9999	UNCLASSIFIED DRUGS
51552-0564-05		J3490		01/01/2015	99/99/9999	UNCLASSIFIED DRUGS
51552-0564-07		J3490		01/01/2015	99/99/9999	UNCLASSIFIED DRUGS
51552-0678-02		J2270		01/01/2015	01/01/2015	INJECTION, MORPHINE SULFATE, UP TO 10 MG
51552-0678-04		J2270		01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG
51552-0678-06		J2270		01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG
51927-1000-00		J2270		01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
TESTOSTERONE PROPIONATE (U.S.P.,MICRONIZED)	500	GM	BO	NA	GM	1	EA	1	01/01/2015	99/99/9999	
MORPHINE SULFATE (U.S.P.)	5	GM	BO	NA	GM	10	MG	100	01/01/2015	99/99/9999	
MORPHINE SULFATE (U.S.P.)	25	GM	BO	NA	GM	10	MG	100	01/01/2015	99/99/9999	
MORPHINE SULFATE (U.S.P.)	100	GM	BO	NA	GM	10	MG	100	01/01/2015	99/99/9999	
MORPHINE SULFATE (U.S.P.)	250	GM	BO	NA	GM	10	MG	100	01/01/2015	99/99/9999	
TESTOSTERONE ENANTHATE	25	GM	NA	NA	GM	1	MG	1000	01/01/2015	99/99/9999	
TESTOSTERONE (U.S.P.)	1	GM	BO	NA	GM	1	EA	1	01/01/2015	99/99/9999	
TESTOSTERONE MICRONIZED (U.S.P.)	5	GM	JR	NA	GM	1	EA	1	01/01/2015	99/99/9999	
TESTOSTERONE PROPIONATE (U.S.P.)	1	GM	BO	NA	GM	1	EA	1	01/01/2015	99/99/9999	
TESTOSTERONE PROPIONATE (U.S.P.)	5	GM	BO	NA	GM	1	EA	1	01/01/2015	99/99/9999	
TESTOSTERONE PROPIONATE (U.S.P.)	25	GM	BO	NA	GM	1	EA	1	01/01/2015	99/99/9999	
TESTOSTERONE PROPIONATE (U.S.P.)	100	GM	BO	NA	GM	1	EA	1	01/01/2015	99/99/9999	
TESTOSTERONE PROPIONATE (U.S.P.,MICRONIZED)	0.3	GM	BO	NA	GM	1	EA	1	01/01/2015	01/01/2015	
TESTOSTERONE PROPIONATE (U.S.P.,MICRONIZED)	0.6	GM	BO	NA	GM	1	EA	1	01/01/2015	99/99/9999	
TESTOSTERONE (U.S.P.)	25	GM	JR	NA	GM	1	EA	1	01/01/2015	99/99/9999	
TESTOSTERONE (U.S.P.,MICRONIZED)	100	GM	BO	NA	GM	1	EA	1	01/01/2015	99/99/9999	
TESTOSTERONE (U.S.P.)	1000	GM	BO	NA	GM	1	EA	1	01/01/2015	99/99/9999	
MORPHINE SULFATE (1X5GM,USP)	5	GM	NA	NA	GM	10	MG	100	01/01/2015	01/01/2015	
MORPHINE SULFATE (1X25GM,USP)	25	GM	JR	NA	GM	10	MG	100	01/01/2015	99/99/9999	
MORPHINE SULFATE (1X100GM,USP)	100	GM	JR	NA	GM	10	MG	100	01/01/2015	99/99/9999	
MORPHINE SULFATE (U.S.P.; CII)	1	GM	JR	NA	GM	10	MG	100	01/01/2015	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
51927-1026-00		J3490		01/01/2015	99/99/9999	UNCLASSIFIED DRUGS
51927-1027-00		J3490		01/01/2015	99/99/9999	UNCLASSIFIED DRUGS
51927-1029-00		J3490		01/01/2015	99/99/9999	UNCLASSIFIED DRUGS
51927-2706-00		J1071		01/01/2015	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE,1 MG
54569-5610-00		J0153		01/01/2015	99/99/9999	INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS)
54868-0216-00		J1071		01/01/2015	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG
54868-0796-00		J1071		01/01/2015	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1MG
54868-3618-01		J1071		01/01/2015	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG
54868-4050-00		J2270		01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG
54868-5016-00		J3121		01/01/2015	99/99/9999	INJECTION, TESTOSTERONE ENANTHATE,1 MG
54868-5551-00		J0153		01/01/2015	99/99/9999	INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS)
55390-0067-10		J0153		01/01/2015	99/99/9999	INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS)
60977-0016-73		J2274		01/01/2015	02/28/2015	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10MG
60977-0114-74		J2274		01/01/2015	02/03/2016	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10MG
60977-0115-74		J2274		01/01/2015	02/03/2016	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
TESTOSTERONE (USP; NON MICRONIZED; SOY)	1	GM	JR	NA	GM	1	EA	1	01/01/2015	99/99/9999	
TESTOSTERONE MICRONIZED (U.S.P.; SOY; CIII)	1	GM	JR	NA	GM	1	EA	1	01/01/2015	99/99/9999	
TESTOSTERONE PROPIONATE MICRONIZED (MICRONIZED, CIII)	1	GM	JR	NA	GM	1	EA	1	01/01/2015	99/99/9999	
TESTOSTERONE CYPIONATE (U.S.P.; CIII)	1	GM	JR	NA	GM	1	MG	1000	01/01/2015	99/99/9999	
ADENOSINE (PF) 3 MG/ML	2	ML	NA	IV	ML	1	MG	3	01/01/2015	99/99/9999	
DEPO-TESTOSTERONE (VIAL) 200 MG/ML	10	ML	VL	IM	ML	1	MG	200	01/01/2015	99/99/9999	
DEPO-TESTOSTERONE 100 MG/ML	10	ML	VL	IM	ML	100	MG	100	01/01/2015	99/99/9999	
TESTOSTERONE CYPIONATE 200 MG/ML	1	ML	VL	IM	ML	1	MG	200	01/01/2015	99/99/9999	
MORPHINE SULFATE	25	GM	JR	NA	GM	10	MG	100	01/01/2015	99/99/9999	
DELATESTRYL 200 MG/ML	5	ML	VL	IM	ML	1	MG	200	01/01/2015	99/99/9999	
ADENOSINE 3 MG/ML	2	ML	VL	IV	ML	6	MG	3	01/01/2015	99/99/9999	
ADENOSINE (S.D.V.,PF) 3 MG/ML	2	ML	VL	IV	ML	1	MG	3	01/01/2015	99/99/9999	
DURAMORPH (PF) 0.5 MG/ML	10	ML	AM	IJ	ML	10	MG	0.05	01/01/2015	02/28/2015	
INFUMORPH 200 (PF) 10 MG/ML	1	ML	NA	IJ	ML	10	MG	1	01/01/2015	02/03/2016	
INFUMORPH 500 (PF) 25 MG/ML	1	ML	NA	IJ	ML	10	MG	2.5	01/01/2015	02/03/2016	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
61553-0649-75		J2270		01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG
61553-0651-76		J2270		01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG
61703-0342-09		J9267		01/01/2015	99/99/9999	INJECTION, PACLITAXEL, 1 MG
61703-0342-22		J9267		01/01/2015	99/99/9999	INJECTION, PACLITAXEL, 1 MG
61703-0342-50		J9267		01/01/2015	99/99/9999	INJECTION, PACLITAXEL, 1 MG
62991-1707-01		J1071		01/01/2015	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE,1 MG
62991-1707-02		J1071		01/01/2015	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE,1MG
62991-1707-03		J1071		01/01/2015	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG
62991-2150-01		J3490		01/01/2015	99/99/9999	UNCLASSIFIED DRUGS
62991-2150-02		J3490		01/01/2015	99/99/9999	UNCLASSIFIED DRUGS
62991-2150-03		J3490		01/01/2015	99/99/9999	UNCLASSIFIED DRUGS
62991-2150-04		J3490		01/01/2015	99/99/9999	UNCLASSIFIED DRUGS
63275-1025-04		J2270		01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG
63275-1100-05		J2270		01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG
63275-9982-04		J1071		01/01/2015	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE,1 MG
63275-9982-05		J1071		01/01/2015	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG
63275-9982-09		J1071		01/01/2015	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG
63275-9983-04		J3490		01/01/2015	99/99/9999	UNCLASSIFIED DRUGS
63275-9983-05		J3490		01/01/2015	99/99/9999	UNCLASSIFIED DRUGS
63275-9983-08		J3490		01/01/2015	99/99/9999	UNCLASSIFIED DRUGS
63275-9983-09		J3490		01/01/2015	99/99/9999	UNCLASSIFIED DRUGS

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
MORPHINE SULFATE (5X50ML,LATEX-FREE) 50 MG/ML	50	ML	EA	IJ	ML	10	MG	5	01/01/2015	99/99/9999	
MORPHINE SULFATE-SODIUM CHLORIDE (5X55ML,LATEX-FREE) 1 MG/ML-0.9%	55	ML	EA	IJ	ML	10	MG	0.1	01/01/2015	99/99/9999	
PACLITAXEL (M.D.V.) 6 MG/ML	5	ML	VL	IV	ML	1	MG	6	01/01/2015	99/99/9999	
PACLITAXEL (M.D.V.) 6 MG/ML	16.7	ML	VL	IV	ML	1	MG	6	01/01/2015	99/99/9999	
PACLITAXEL (M.D.V.) 6 MG/ML	50	ML	VL	IV	ML	1	MG	6	01/01/2015	99/99/9999	
TESTOSTERONE CYPIONATE (U.S.P.)	5	GM	BO	NA	GM	1	MG	1000	01/01/2015	99/99/9999	
TESTOSTERONE CYPIONATE (U.S.P.)	25	GM	BO	NA	GM	1	MG	1000	01/01/2015	99/99/9999	
TESTOSTERONE CYPIONATE (U.S.P.)	100	GM	BO	NA	GM	1	MG	1000	01/01/2015	99/99/9999	
TESTOSTERONE MICRONIZED (U.S.P.)	5	GM	BO	NA	GM	1	EA	1	01/01/2015	99/99/9999	
TESTOSTERONE MICRONIZED (U.S.P.)	25	GM	BO	NA	GM	1	EA	1	01/01/2015	99/99/9999	
TESTOSTERONE MICRONIZED (U.S.P.)	100	GM	BO	NA	GM	1	EA	1	01/01/2015	99/99/9999	
TESTOSTERONE MICRONIZED (U.S.P.)	500	GM	BO	NA	GM	1	EA	1	01/01/2015	99/99/9999	
MORPHINE SULFATE (U.S.P.)	25	GM	BO	NA	GM	10	MG	100	01/01/2015	99/99/9999	
MORPHINE SULFATE (U.S.P.)	100	GM	BO	NA	GM	10	MG	100	01/01/2015	99/99/9999	
TESTOSTERONE CYPIONATE (U.S.P.)	25	GM	BO	NA	GM	1	MG	1000	01/01/2015	99/99/9999	
TESTOSTERONE CYPIONATE (U.S.P.)	100	GM	BO	NA	GM	1	MG	1000	01/01/2015	99/99/9999	
TESTOSTERONE CYPIONATE (U.S.P.)	1000	GM	BO	NA	GM	1	MG	1000	01/01/2015	99/99/9999	
TESTOSTERONE MICRONIZED	25	GM	JR	NA	GM	1	EA	1	01/01/2015	99/99/9999	
TESTOSTERONE MICRONIZED	100	GM	JR	NA	GM	1	EA	1	01/01/2015	99/99/9999	
TESTOSTERONE MICRONIZED	500	GM	JR	NA	GM	1	EA	1	01/01/2015	99/99/9999	
TESTOSTERONE MICRONIZED	1000	GM	JR	NA	GM	1	EA	1	01/01/2015	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
63323-0651-02		J0153		01/01/2015	99/99/9999	INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS)
63323-0651-04		J0153		01/01/2015	99/99/9999	INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS)
66758-0043-01		J9267		01/01/2015	99/99/9999	INJECTION, PACLITAXEL, 1 MG
66758-0043-02		J9267		01/01/2015	99/99/9999	INJECTION, PACLITAXEL, 1 MG
66758-0043-03		J9267		01/01/2015	99/99/9999	INJECTION, PACLITAXEL, 1 MG
67457-0434-51		J9267		01/01/2015	99/99/9999	INJECTION, PACLITAXEL, 1 MG
67457-0449-17		J9267		01/01/2015	99/99/9999	INJECTION, PACLITAXEL, 1 MG
67457-0471-52		J9267		01/01/2015	99/99/9999	INJECTION, PACLITAXEL, 1 MG
76045-0004-10		J2274		01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10MG
51079-0510-01		None		08/25/2014	99/99/9999	CAPECITABINE, 500 MG, ORAL
51079-0510-05		None		08/25/2014	99/99/9999	CAPECITABINE, 500 MG, ORAL
54569-1411-00		J1071		01/01/2015	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG
54868-3618-00		J1071		01/01/2015	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG
55111-0653-01		J7520		10/27/2014	99/99/9999	SIROLIMUS, ORAL, 1 MG
00703-8510-21		J1650		11/19/2014	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG
00703-8510-23		J1650		11/19/2014	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
ADENOSINE (PF) 3 MG/ML	2	ML	VL	IV	ML	1	MG	3	01/01/2015	99/99/9999	
ADENOSINE (PF) 3 MG/ML	4	ML	VL	IV	ML	1	MG	3	01/01/2015	99/99/9999	
PACLITAXEL (USP,1X5ML,MULTI-DOSE) 6 MG/ML	5	ML	VL	IV	ML	1	MG	6	01/01/2015	99/99/9999	
PACLITAXEL (USP,1X16.7ML,MULTI-DOSE) 6 MG/ML	16.7	ML	VL	IV	ML	1	MG	6	01/01/2015	99/99/9999	
PACLITAXEL (USP,1X50ML,MULTI-DOSE) 6 MG/ML	50	ML	VL	IV	ML	1	MG	6	01/01/2015	99/99/9999	
PACLITAXEL (MDV) 6 MG/ML	50	ML	VL	IV	ML	1	MG	6	01/01/2015	99/99/9999	
PACLITAXEL (MDV) 6 MG/ML	16.7	ML	VL	IV	ML	1	MG	6	01/01/2015	99/99/9999	
PACLITAXEL (MDV) 6 MG/ML	5	ML	VL	IV	ML	1	MG	6	01/01/2015	99/99/9999	
MORPHINE SULFATE (SINGLE USE,PF) 2 MG/ML	1	ML	SR	IJ	ML	10	MG	0.2	01/01/2015	99/99/9999	
CAPECITABINE,(USP,FILM COATED) 500MG	1	EA	BP	PO	EA	500	MG	1	08/25/2014	99/99/9999	
CAPECITABINE,(USP,FILM COATED) 500MG	20	EA	BX	PO	EA	500	MG	1	08/25/2014	99/99/9999	
DEPO-TESTOSTERONE (VIAL) 200 MG/ML	10	ML	VL	IM	ML	1	MG	200	01/01/2015	99/99/9999	
TESTOSTERONE CYPIONATE (M.D.V.) 200 MG/ML	10	ML	VL	IM	ML	1	MG	200	01/01/2015	99/99/9999	
SIROLIMUS 1 MG	100	EA	BO	PO	EA	1	MG	1	10/27/2014	99/99/9999	
ENOXAPARIN SODIUM (PF) 150 MG/ML	1	ML	SR	IJ	ML	10	MG	15	11/19/2014	99/99/9999	
ENOXAPARIN SODIUM (PF) 150 MG/ML	1	ML	SR	IJ	ML	10	MG	15	11/19/2014	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00703-8530-21		J1650		11/19/2014	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG
00703-8530-23		J1650		11/19/2014	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG
00703-8540-21		J1650		11/19/2014	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG
00703-8540-23		J1650		11/19/2014	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG
00703-8560-21		J1650		11/19/2014	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG
00703-8560-23		J1650		11/19/2014	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG
00703-8580-21		J1650		11/19/2014	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG
00703-8580-23		J1650		11/19/2014	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG
00703-8610-21		J1650		11/19/2014	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG
00703-8610-23		J1650		11/19/2014	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG
00703-8680-21		J1650		11/19/2014	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG
00703-8680-23		J1650		11/19/2014	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG
47335-0150-40		J9045		11/17/2014	99/99/9999	INJECTION, CARBOPLATIN, 50 MG
47335-0151-40		J9045		11/17/2014	99/99/9999	INJECTION, CARBOPLATIN, 50 MG
47335-0284-40		J9045		11/17/2014	99/99/9999	INJECTION, CARBOPLATIN, 50 MG
47335-0300-40		J9045		11/17/2014	99/99/9999	INJECTION, CARBOPLATIN, 50 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
ENOXAPARIN SODIUM (PF) 30 MG/0.3 ML	0.3	ML	SR	IJ	ML	10	MG	10	11/19/2014	99/99/9999	
ENOXAPARIN SODIUM (PF) 30 MG/0.3 ML	0.3	ML	SR	IJ	ML	10	MG	10	11/19/2014	99/99/9999	
ENOXAPARIN SODIUM (PF) 40 MG/0.4 ML	0.4	ML	SR	IJ	ML	10	MG	10	11/19/2014	99/99/9999	
ENOXAPARIN SODIUM (PF) 40 MG/0.4 ML	0.4	ML	SR	IJ	ML	10	MG	10	11/19/2014	99/99/9999	
ENOXAPARIN SODIUM (PF) 60 MG/0.6 ML	0.6	ML	SR	IJ	ML	10	MG	10	11/19/2014	99/99/9999	
ENOXAPARIN SODIUM (PF) 60 MG/0.6 ML	0.6	ML	SR	IJ	ML	10	MG	10	11/19/2014	99/99/9999	
ENOXAPARIN SODIUM (PF) 100 MG/ML	1	ML	SR	IJ	ML	10	MG	10	11/19/2014	99/99/9999	
ENOXAPARIN SODIUM (PF) 100 MG/ML	1	ML	SR	IJ	ML	10	MG	10	11/19/2014	99/99/9999	
ENOXAPARIN SODIUM (PF) 120 MG/0.8 ML	0.8	ML	SR	IJ	ML	10	MG	15	11/19/2014	99/99/9999	
ENOXAPARIN SODIUM (PF) 120 MG/0.8 ML	0.8	ML	SR	IJ	ML	10	MG	15	11/19/2014	99/99/9999	
ENOXAPARIN SODIUM (PF) 80 MG/0.8 ML	0.8	ML	SR	IJ	ML	10	MG	10	11/19/2014	99/99/9999	
ENOXAPARIN SODIUM (PF) 80 MG/0.8 ML	0.8	ML	SR	IJ	ML	10	MG	10	11/19/2014	99/99/9999	
CARBOPLATIN (PF) 10 MG/ML	5	ML	VL	IV	ML	50	MG	0.2	11/17/2014	99/99/9999	
CARBOPLATIN (PF) 10 MG/ML	15	ML	VL	IV	ML	50	MG	0.2	11/17/2014	99/99/9999	
CARBOPLATIN (PF) 10 MG/ML	60	ML	VL	IV	ML	50	MG	0.2	11/17/2014	99/99/9999	
CARBOPLATIN (PF) 10 MG/ML	45	ML	VL	IV	ML	50	MG	0.2	11/17/2014	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
67457-0479-53		J9390		09/04/2014	08/31/2016	INJECTION, VINORELBINE TARTRATE, 10 MG
63459-0177-14		J9262		11/12/2012	99/99/9999	INJECTION, OMACETAXINE MEPESUCCINATE, 0.01 MG
59762-1002-01		J7520		10/27/2014	99/99/9999	SIROLIMUS, ORAL, 1 MG
59762-1003-01		J7520		10/27/2014	99/99/9999	SIROLIMUS, ORAL, 1 MG
38779-0310-09		J2675		09/26/2008	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG
00024-5860-01		J9027		12/15/2014	99/99/9999	INJECTION, CLOFARABINE, 1 MG
00093-4147-19		J7614		12/11/2014	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
00093-4147-19	KO	J7614	KO	12/11/2014	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
00093-4147-56		J7614		12/11/2014	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
00093-4147-56	KO	J7614	KO	12/11/2014	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
15054-1060-03		J1930		01/02/2015	99/99/9999	INJECTION, LANREOTIDE, 1 MG
15054-1090-03		J1930		01/02/2015	99/99/9999	INJECTION, LANREOTIDE, 1 MG
15054-1120-03		J1930		01/02/2015	99/99/9999	INJECTION, LANREOTIDE, 1 MG
24987-0362-10		J2780		12/01/2014	01/10/2017	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG
25021-0159-10		J0770		12/15/2014	99/99/9999	INJECTION, COLISTIMETHATE SODIUM, UP TO 150 MG
25021-0234-10		J9201		01/01/2015	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
VINORELBINE (S.D.V.) 10 MG/ML	5	ML	VL	IV	ML	10	MG	1	09/04/2014	08/31/2016	
SYNRIBO (PF,LYOPHILIZED) 3.5MG	1	EA	VL	SC	EA	0.01	MG	350	11/12/2012	99/99/9999	
SIROLIMUS 1 MG	100	EA	BO	PO	EA	1	MG	1	10/27/2014	99/99/9999	
SIROLIMUS 2 MG	100	EA	BO	PO	EA	1	MG	2	10/27/2014	99/99/9999	
PROGESTERONE (MILLED, U.S.P.)	1000	GM	BO	NA	GM	50	MG	20	09/26/2008	99/99/9999	
CLOLAR (SINGLE-USE VIAL,PF) 1 MG/ML	20	ML	VL	IV	ML	1	MG	1	12/15/2014	99/99/9999	
LEVALBUTEROL (INNER PACK,PF) 1.25 MG/0.5 ML	1	EA	PC	IH	EA	0.5	MG	2.5	12/11/2014	99/99/9999	
LEVALBUTEROL (INNER PACK,PF) 1.25 MG/0.5 ML	1	EA	PC	IH	EA	0.5	MG	2.5	12/11/2014	99/99/9999	
LEVALBUTEROL (USP,PF) 1.25 MG/0.5 ML	30	EA	PC	IH	EA	0.5	MG	2.5	12/11/2014	99/99/9999	
LEVALBUTEROL (USP,PF) 1.25 MG/0.5 ML	30	EA	PC	IH	EA	0.5	MG	2.5	12/11/2014	99/99/9999	
SOMATULINE DEPOT (1X0.2ML, SINGLE USE) 60 MG/0.2 ML	0.2	ML	SR	SC	ML	1	MG	300	01/02/2015	99/99/9999	
SOMATULINE DEPOT (1X0.3ML, SINGLE USE) 90 MG/0.3 ML	0.3	ML	SR	SC	ML	1	MG	300	01/02/2015	99/99/9999	
SOMATULINE DEPOT (1X0.5ML, SINGLE USE) 120 MG/0.5 ML	0.5	ML	SR	SC	ML	1	MG	240	01/02/2015	99/99/9999	
ZANTAC 25 MG/ML	2	ML	VL	IJ	ML	25	MG	1	12/01/2014	01/10/2017	
COLISTIMETHATE (USP,LYOPHILIZED) 150 MG	1	EA	VL	IJ	EA	150	MG	1	12/15/2014	99/99/9999	
GEMCITABINE HCL (SDV,USP,PF,LYOPHILIZED) 200 MG	1	EA	VL	IV	EA	200	MG	1	01/01/2015	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
25021-0235-50		J9201		01/01/2015	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG
52118-0001-01		J3095		01/02/2015	09/30/2016	INJECTION, TELEVANCIN, 10 MG
63323-0404-00		J0290		12/12/2014	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG
67457-0273-10		J2800		12/05/2014	99/99/9999	INJECTION, METHOCARBAMOL, UP TO 10 ML
67457-0395-25		J9000		12/16/2014	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG
00591-2737-23		J7614		08/07/2014	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
00591-2737-23	KO	J7614	KO	08/07/2014	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
60505-2966-07		J7518		08/20/2014	99/99/9999	MYCOPHENOLIC ACID, ORAL, 180 MG
00409-1008-01		J2501		11/01/2014	99/99/9999	INJECTION, PARICALCITOL, 1 MCG
00409-1008-02		J2501		11/01/2014	99/99/9999	INJECTION, PARICALCITOL, 1 MCG
12496-0757-05		J0592		01/19/2015	99/99/9999	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG
23155-0473-41		J1940		12/08/2014	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG
23155-0473-42		J1940		12/08/2014	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG
23155-0473-44		J1940		12/08/2014	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG
25021-0236-04		J9351		01/01/2015	99/99/9999	INJECTION, TOPOTECAN, 0.1 MG
45963-0608-60		J9178		01/13/2015	99/99/9999	INJECTION, EPIRUBICIN HCL, 2 MG
45963-0608-68		J9178		02/02/2015	99/99/9999	INJECTION, EPIRUBICIN HCL, 2 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
GEMCITABINE HCL (SDV,USP,PF,LYOPHILIZED) 1 GM	1	EA	VL	IV	EA	200	MG	5	01/01/2015	99/99/9999	
VIBATIV (SDV,PF,LYOPHILIZED) 750 MG	10	EA	VL	IV	EA	10	MG	75	01/02/2015	09/30/2016	
AMPICILLIN (BULK PACKAGE,LATEX-FREE) 10 GM	1	EA	VL	IV	EA	500	MG	20	12/12/2014	99/99/9999	
METHOCARBAMOL (25X10ML, SDV) 100 MG/ML	10	ML	VL	IJ	ML	10	ML	0.1	12/05/2014	99/99/9999	
DOXORUBICIN HCL (USP,STERILE,SDV) 2 MG/ML	25	ML	VL	IV	ML	10	MG	0.2	12/16/2014	99/99/9999	
LEVALBUTEROL HCL (24X3ML,PF) 0.63 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.42	08/07/2014	99/99/9999	
LEVALBUTEROL HCL (24X3ML,PF) 0.63 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.42	08/07/2014	99/99/9999	
MYCOPHENOLIC ACID (ENTERIC COATED) 360 MG	120	EA	BO	PO	EA	180	MG	2	08/20/2014	99/99/9999	
PARICALCITOL 0.005 MG/ML	1	ML	VL	IV	ML	1	MCG	5	11/01/2014	99/99/9999	
PARICALCITOL 0.005 MG/ML	2	ML	VL	IV	ML	1	MCG	5	11/01/2014	99/99/9999	
BUPRENEX 0.3 MG/ML	1	ML	AM	IJ	ML	0.1	MG	3	01/19/2015	99/99/9999	
FUROSEMIDE (SDV) 10 MG/ML	2	ML	VL	IJ	ML	20	MG	0.5	12/08/2014	99/99/9999	
FUROSEMIDE (SDV) 10 MG/ML	4	ML	VL	IJ	ML	20	MG	0.5	12/08/2014	99/99/9999	
FUROSEMIDE (SDV) 10 MG/ML	10	ML	VL	IJ	ML	20	MG	0.5	12/08/2014	99/99/9999	
TOPOTECAN HCL (1X4ML,PF) 1 MG/ML	4	ML	VL	IV	ML	0.1	MG	10	01/01/2015	99/99/9999	
EPIRUBICIN HCL (SDV,PF) 2 MG/ML	100	ML	VL	IV	ML	2	MG	1	01/13/2015	99/99/9999	
EPIRUBICIN HCL (SDV,PF) 2 MG/ML	25	ML	VL	IV	ML	2	MG	1	02/02/2015	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
45963-0609-55		J9185		01/13/2015	99/99/9999	INJECTION, FLUDARABINE PHOSPHATE, 50 MG
45963-0611-53		J9263		01/13/2015	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG
45963-0611-59		J9263		01/13/2015	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG
45963-0612-57		J9201		01/13/2015	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG
45963-0614-51		J9206		01/13/2015	99/99/9999	INJECTION, IRINOTECAN, 20 MG
45963-0614-55		J9206		01/13/2015	99/99/9999	INJECTION, IRINOTECAN, 20 MG
45963-0615-56		J9351		01/13/2015	99/99/9999	INJECTION, TOPOTECAN, 0.1 MG
45963-0619-59		J9201		01/13/2015	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG
45963-0733-55		J9000		01/13/2015	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG
45963-0733-57		J9000		01/13/2015	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG
45963-0733-60		J9000		01/13/2015	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG
45963-0733-68		J9000		01/13/2015	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG
45963-0734-52		J9171		01/13/2015	12/21/2016	INJECTION, DOCETAXEL, 1 MG
45963-0734-54		J9171		01/13/2015	99/99/9999	INJECTION, DOCETAXEL, 1 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
FLUDARABINE PHOSPHATE (USP,SDV,PF,LYOPHILIZED) 50 MG	1	EA	VL	IV	EA	50	MG	1	01/13/2015	99/99/9999	
OXALIPLATIN (SDV,PF,LYOPHILIZED) 50 MG	1	EA	VL	IV	EA	0.5	MG	100	01/13/2015	99/99/9999	
OXALIPLATIN (SDV,PF,LYOPHILIZED) 100 MG	1	EA	VL	IV	EA	0.5	MG	200	01/13/2015	99/99/9999	
GEMCITABINE (SDV,USP,PF,LYOPHILIZED) 200 MG	1	EA	VL	IV	EA	200	MG	1	01/13/2015	99/99/9999	
IRINOTECAN HYDROCHLORIDE (SDV;USP,PF) 20 MG/ML	2	ML	VL	IV	ML	20	MG	1	01/13/2015	99/99/9999	
IRINOTECAN HYDROCHLORIDE (SDV;USP,PF) 20 MG/ML	5	ML	VL	IV	ML	20	MG	1	01/13/2015	99/99/9999	
TOPOTECAN HCL (SDV,PF) 4 MG	1	EA	VL	IV	EA	0.1	MG	40	01/13/2015	99/99/9999	
GEMCITABINE (SDV, USP,PF,LYOPHILIZED) 1 GM	1	EA	VL	IV	EA	200	MG	5	01/13/2015	99/99/9999	
DOXORUBICIN HCL (USP,SDV,PF) 2 MG/ML	5	ML	VL	IV	ML	10	MG	0.2	01/13/2015	99/99/9999	
DOXORUBICIN HCL (USP,SDV,PF) 2 MG/ML	10	ML	VL	IV	ML	10	MG	0.2	01/13/2015	99/99/9999	
DOXORUBICIN HCL (USP,MDV,PF) 2 MG/ML	100	ML	VL	IV	ML	10	MG	0.2	01/13/2015	99/99/9999	
DOXORUBICIN HCL (USP,SDV,PF) 2 MG/ML	25	ML	VL	IV	ML	10	MG	0.2	01/13/2015	99/99/9999	
DOCETAXEL (SINGLE-USE VIAL,PF) 20 MG/ML	4	ML	VL	IV	ML	1	MG	20	01/13/2015	12/21/2016	
DOCETAXEL (SINGLE-USE VIAL,PF) 20 MG/ML	1	ML	VL	IV	ML	1	MG	20	01/13/2015	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
45963-0734-74		J9171		01/13/2015	05/31/2016	INJECTION, DOCETAXEL, 1 MG
55513-0192-01		J2505		02/02/2015	99/99/9999	INJECTION, PEGFILGRASTIM, 6 MG
67457-0440-22		J2405		12/22/2014	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG
67457-0441-20		J2405		12/22/2014	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG
67457-0582-10		J1652		01/01/2015	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG
67457-0583-04		J1652		01/01/2015	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG
67457-0584-06		J1652		01/01/2015	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG
67457-0585-08		J1652		01/01/2015	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG
68001-0265-25		J9181		02/05/2015	99/99/9999	INJECTION, ETOPOSIDE, 10 MG
68001-0265-26		J9181		02/05/2015	99/99/9999	INJECTION, ETOPOSIDE, 10 MG
68001-0265-27		J9181		02/05/2015	99/99/9999	INJECTION, ETOPOSIDE, 10 MG
55111-0654-01		J7520		10/27/2014	99/99/9999	SIROLIMUS, ORAL, 1 MG
00003-0293-28		J3301		07/01/1989	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG
00378-6986-01		A4216		10/08/2009	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
00487-9007-60		A4216		07/05/2012	03/12/2017	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
59762-4537-01		J1050		09/27/2004	99/99/9999	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
DOCETAXEL (SINGLE-USE VIAL,PF) 20 MG/ML	7	ML	VL	IV	ML	1	MG	20	01/13/2015	05/31/2016	
NEULASTA (DELIVERY KIT,PF) 6 MG/0.6 ML	0.6	ML	SR	SC	ML	6	MG	1.66667	02/02/2015	99/99/9999	
ONDANSETRON HCL (25X2ML; SDV;USP,PF) 2 MG/ML	2	ML	VL	IJ	ML	1	MG	2	12/22/2014	99/99/9999	
ONDANSETRON HCL (1X20ML;MDV;USP,PF) 2 MG/ML	20	ML	VL	IJ	ML	1	MG	2	12/22/2014	99/99/9999	
FONDAPARINUX SODIUM (PREFILLED,PF) 2.5 MG/0.5 ML	0.5	ML	SR	SC	ML	0.5	MG	10	01/01/2015	99/99/9999	
FONDAPARINUX SODIUM (PFS,PF) 5 MG/0.4 ML	0.4	ML	SR	SC	ML	0.5	MG	25	01/01/2015	99/99/9999	
FONDAPARINUX SODIUM (PREFILLED,PF) 7.5 MG/0.6 ML	0.6	ML	SR	SC	ML	0.5	MG	25	01/01/2015	99/99/9999	
FONDAPARINUX SODIUM (PREFILLED,PF) 10 MG/0.8 ML	0.8	ML	SR	SC	ML	0.5	MG	25	01/01/2015	99/99/9999	
ETOPOSIDE (USP, MDV) 20 MG/ML	5	ML	VL	IV	ML	10	MG	2	02/05/2015	99/99/9999	
ETOPOSIDE (USP, MDV) 20 MG/ML	25	ML	VL	IV	ML	10	MG	2	02/05/2015	99/99/9999	
ETOPOSIDE (USP, MDV) 20 MG/ML	50	ML	VL	IV	ML	10	MG	2	02/05/2015	99/99/9999	
SIROLIMUS 2 MG	100	EA	BO	PO	EA	1	MG	2	10/27/2014	99/99/9999	
KENALOG-40 (VIAL) 40 MG/ML	10	ML	VL	IJ	ML	10	MG	4	07/01/1989	99/99/9999	
SODIUM CHLORIDE (100X5ML,PF) 0.9%	5	ML	PC	IH	ML	10	ML	0.1	10/08/2009	99/99/9999	
SODIUM CHLORIDE (PF) 0.7%	4	ML	PC	IH	ML	10	ML	0.1	07/05/2012	03/12/2017	
MEDROXYPROGESTERONE ACETATE 150 MG/ML	1	ML	VL	IM	ML	1	MG	150	09/27/2004	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
42291-0594-01		None		12/04/2014	99/99/9999	METHOTREXATE, 2.5 MG, ORAL
45963-0607-55		J9390		02/26/2015	99/99/9999	INJECTION, VINORELBINE TARTRATE, 10 MG
45963-0607-56		J9390		02/26/2015	99/99/9999	INJECTION, VINORELBINE TARTRATE, 10 MG
47335-0936-40		J9218		03/02/2015	99/99/9999	LEUPROLIDE ACETATE, PER 1 MG
55513-0098-04		J0881		03/16/2015	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)
63323-0413-10		J2710		02/18/2015	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG
63323-0415-10		J2710		02/18/2015	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG
63323-0565-86		J1650		04/01/2015	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG
63323-0568-83		J1650		04/01/2015	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG
63323-0568-84		J1650		04/01/2015	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG
63323-0568-87		J1650		04/01/2015	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG
63323-0568-88		J1650		04/01/2015	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG
63323-0568-90		J1650		04/01/2015	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG
63323-0569-84		J1650		04/01/2015	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
METHOTREXATE SODIUM (USP) 2.5 MG	100	EA	BO	PO	EA	2.5	MG	1	12/04/2014	99/99/9999	
VINORELBINE (USP;SINGLE-USE VIAL,PF) 10 MG/ML	1	ML	VL	IV	ML	10	MG	1	02/26/2015	99/99/9999	
VINORELBINE (USP;SINGLE-USE VIAL,PF) 10 MG/ML	5	ML	VL	IV	ML	10	MG	1	02/26/2015	99/99/9999	
LEUPROLIDE ACETATE (MDV) 5 MG/ML	1	EA	BX	SC	EA	1	MG	5	03/02/2015	99/99/9999	
ARANESP (SINGLE USE,PF) 0.01 MG/0.4 ML	0.4	ML	SR	IJ	ML	1	MCG	25	03/16/2015	99/99/9999	
NEOSTIGMINE METHYLSULFATE (MDV, USP) 0.5 MG/ML	10	ML	VL	IV	ML	0.5	MG	1	02/18/2015	99/99/9999	
NEOSTIGMINE METHYLSULFATE (MDV, USP) 1 MG/ML	10	ML	VL	IV	ML	0.5	MG	2	02/18/2015	99/99/9999	
ENOXAPARIN SODIUM (MDV;RED LABEL) 100 MG/ML	3	ML	VL	IJ	ML	10	MG	10	04/01/2015	99/99/9999	
ENOXAPARIN SODIUM (MED BLUE LABEL,PF) 30 MG/0.3 ML	0.3	ML	SR	SC	ML	10	MG	10	04/01/2015	99/99/9999	
ENOXAPARIN SODIUM (BLACK LABEL,PF) 100 MG/ML	1	ML	SR	SC	ML	10	MG	10	04/01/2015	99/99/9999	
ENOXAPARIN SODIUM (YELLOW LABEL,PF) 40 MG/0.4 ML	0.4	ML	SR	SC	ML	10	MG	10	04/01/2015	99/99/9999	
ENOXAPARIN SODIUM (ORANGE LABEL,PF) 60 MG/0.6 ML	0.6	ML	SR	SC	ML	10	MG	10	04/01/2015	99/99/9999	
ENOXAPARIN SODIUM (PF) 80 MG/0.8 ML	0.8	ML	SR	SC	ML	10	MG	10	04/01/2015	99/99/9999	
ENOXAPARIN SODIUM (NAVY BLUE LABEL,PF) 150 MG/ML	1	ML	SR	SC	ML	10	MG	15	04/01/2015	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
63323-0569-90		J1650		04/01/2015	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG
67457-0211-02		J1451		09/30/2009	99/99/9999	INJECTION, FOMEPIZOLE, 15 MG
67253-0102-10		J8499		03/03/2015	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
67253-0102-50		J8499		03/03/2015	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
69238-1076-01		J7500		01/29/2015	04/28/2017	AZATHIOPRINE, ORAL, 50MG
00009-5137-04		J2020		04/06/2015	99/99/9999	INJECTION, LINEZOLID, 200MG
00009-5140-04		J2020		04/06/2015	99/99/9999	INJECTION, LINEZOLID, 200MG
00069-0195-02		J1645		03/18/2015	99/99/9999	INJECTION, DALTEPARIN SODIUM, PER 2500 IU
00069-0196-02		J1645		03/18/2015	99/99/9999	INJECTION, DALTEPARIN SODIUM, PER 2500 IU
00069-0206-02		J1645		03/18/2015	99/99/9999	INJECTION, DALTEPARIN SODIUM, PER 2500 IU
00069-0217-02		J1645		03/18/2015	99/99/9999	INJECTION, DALTEPARIN SODIUM, PER 2500 IU
00069-0220-02		J1645		03/18/2015	99/99/9999	INJECTION, DALTEPARIN SODIUM, PER 2500 IU
00069-0223-02		J1645		03/18/2015	99/99/9999	INJECTION, DALTEPARIN SODIUM, PER 2500 IU
00069-0228-02		J1645		03/18/2015	99/99/9999	INJECTION, DALTEPARIN SODIUM, PER 2500 IU
00069-0232-01		J1645		03/18/2015	99/99/9999	INJECTION, DALTEPARIN SODIUM, PER 2500 IU
00078-0646-81		J2353		04/10/2015	05/09/2017	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
ENOXAPARIN SODIUM (PURPLE LABEL,PF) 120 MG/0.8 ML	0.8	ML	SR	SC	ML	10	MG	15	04/01/2015	99/99/9999	
FOMEPIZOLE (1X1.5ML,PF) 1 GM/ML	1.5	ML	VL	IV	ML	15	MG	66.66666	09/30/2009	99/99/9999	
ACYCLOVIR 800 MG	100	EA	BO	PO	EA	1	MG	1	03/03/2015	99/99/9999	
ACYCLOVIR 800 MG	500	EA	BO	PO	EA	1	MG	1	03/03/2015	99/99/9999	
AZATHIOPRINE (USP)50 MG	1	EA	BO	PO	EA	50	MG	1	01/29/2015	04/28/2017	
ZYVOX (FREEFLEX BAGS) 2 MG/ML	100	ML	FC	IV	ML	200	MG	0.01	04/06/2015	99/99/9999	
ZYVOX (FREEFLEX BAG,LATEX-FREE) 2 MG/ML	300	ML	FC	IV	ML	200	MG	0.01	04/06/2015	99/99/9999	
FRAGMIN (PREFILLED SYRINGE,PF) 2500 IU/0.2 ML	0.2	ML	SR	SC	ML	2500	IU	5	03/18/2015	99/99/9999	
FRAGMIN (PREFILLED SYRINGE,PF) 5000 IU/0.2 ML	0.2	ML	SR	SC	ML	2500	IU	10	03/18/2015	99/99/9999	
FRAGMIN (PREFILLED SYRINGE,PF) 7500 IU/0.3 ML	0.3	ML	SR	SC	ML	2500	IU	10	03/18/2015	99/99/9999	
FRAGMIN (PREFILLED SYRINGE,PF) 10000 IU/ML	1	ML	SR	SC	ML	2500	IU	4	03/18/2015	99/99/9999	
FRAGMIN (PREFILLED SYRINGE,PF) 12500 IU/0.5 ML	0.5	ML	SR	SC	ML	2500	IU	10	03/18/2015	99/99/9999	
FRAGMIN (PREFILLED SYRINGE,PF) 15000 IU/0.6 ML	0.6	ML	SR	SC	ML	2500	IU	10	03/18/2015	99/99/9999	
FRAGMIN (PREFILLED SYRINGE,PF) 18000 IU/0.72 ML	0.72	ML	SR	SC	ML	2500	IU	10	03/18/2015	99/99/9999	
FRAGMIN (MDV) 25000 IU/ML	3.8	ML	VL	SC	ML	2500	IU	10	03/18/2015	99/99/9999	
SANDOSTATIN LAR DEPOT (1 1/2"X20G) 10 MG	1	EA	BX	IM	EA	1	MG	10	04/10/2015	05/09/2017	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00078-0647-81		J2353		04/10/2015	12/07/2016	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG
00078-0648-81		J2353		04/10/2015	12/05/2016	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG
00169-7703-21		J2941		03/23/2015	99/99/9999	INJECTION, SOMATROPIN, 1 MG
00409-0212-01		J2260		04/06/2015	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG
00409-0212-02		J2260		04/06/2015	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG
00409-0212-03		J2260		04/06/2015	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG
00517-1820-01		J1205		04/01/2015	99/99/9999	INJECTION, CHLOROTHIAZIDE SODIUM, PER 500 MG
55566-2200-00		J2597		04/15/2015	99/99/9999	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG
59627-0111-03		J1826		04/01/2015	99/99/9999	INJECTION, INTERFERON BETA-1A, 30 MCG
59627-0222-05		J1826		04/01/2015	99/99/9999	INJECTION, INTERFERON BETA-1A, 30 MCG
59627-0333-04		J1826		04/01/2015	99/99/9999	INJECTION, INTERFERON BETA-1A, 30 MCG
63323-0311-19		J0610		03/26/2015	99/99/9999	INJECTION, CALCIUM GLUCONATE, PER 10 ML
63323-0311-59		J0610		03/26/2015	99/99/9999	INJECTION, CALCIUM GLUCONATE, PER 10 ML
63323-0311-66		J0610		03/26/2015	99/99/9999	INJECTION, CALCIUM GLUCONATE, PER 10 ML

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
SANDOSTATIN LAR DEPOT (1 1/2"X20G) 20 MG	1	EA	BX	IM	EA	1	MG	20	04/10/2015	12/07/2016	
SANDOSTATIN LAR DEPOT (1 1/2"X20G) 30 MG	1	EA	BX	IM	EA	1	MG	30	04/10/2015	12/05/2016	
NORDITROPIN FLEXPRO (PREFILLED PURPLE PEN) 30 MG/3 ML	3	ML	SR	SC	ML	1	MG	10	03/23/2015	99/99/9999	
MILRINONE LACTATE (SDV,PF) 1 MG/ML	10	ML	VL	IV	ML	5	MG	0.2	04/06/2015	99/99/9999	
MILRINONE LACTATE (SDV,PF) 1 MG/ML	20	ML	VL	IV	ML	5	MG	0.2	04/06/2015	99/99/9999	
MILRINONE LACTATE (SDV,PF) 1 MG/ML	50	ML	VL	IV	ML	5	MG	0.2	04/06/2015	99/99/9999	
CHLOROTHIAZIDE SODIUM (USP, SDV,LYOPHILIZED) 0.5 GM	1	EA	VL	IV	EA	500	MG	1	04/01/2015	99/99/9999	
DDAVP 4 MCG/ML	1	ML	AM	IJ	ML	1	MCG	4	04/15/2015	99/99/9999	
AVONEX (4 DOSE PACKS; S.D.V.) 30 MCG	4	EA	BX	IM	EA	30	MCG	1	04/01/2015	99/99/9999	
AVONEX (4 DOSE PACKS) 30 MCG/0.5 ML	1	EA	BX	MR	EA	30	MCG	1	04/01/2015	99/99/9999	
AVONEX PEN (SINGLE USE,25G,5/8") 30 MCG/0.5 ML	1	EA	BX	MR	EA	30	MCG	1	04/01/2015	99/99/9999	
CALCIUM GLUCONATE (SDV,PF,LATEX-FREE) 100 MG/ML	10	ML	VL	IV	ML	10	ML	0.1	03/26/2015	99/99/9999	
CALCIUM GLUCONATE (SDV,PF,LATEX-FREE) 100 MG/ML	50	ML	VL	IV	ML	10	ML	0.1	03/26/2015	99/99/9999	
CALCIUM GLUCONATE (PHARMACY BULK, 2X20,PF) 100 MG/ML	100	ML	VL	IV	ML	10	ML	0.1	03/26/2015	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
55566-2300-00		J2597		05/10/2015	99/99/9999	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG
00143-9570-10		J2916		04/21/2015	99/99/9999	INJECTION, SODIUM FERRIC GLUCONATE COMPLEX IN SUCROSE INJECTION, 12.5 MG
00703-4805-01		J9209		04/23/2015	99/99/9999	INJECTION, MESNA, 200 MG
00781-3315-70		J9263		04/14/2015	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG
00781-3317-80		J9263		04/14/2015	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG
55566-1801-01		J2941		05/18/2015	99/99/9999	INJECTION, SOMATROPIN, 1 MG
55566-1901-01		J2941		05/18/2015	99/99/9999	INJECTION, SOMATROPIN, 1 MG
62935-0223-05		J9217		05/07/2015	99/99/9999	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG
67457-0592-10		J1652		05/06/2015	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG
42291-0190-60		None		03/24/2015	03/19/2018	CAPECITABINE, 150 MG, ORAL
42291-0191-12		None		03/24/2015	03/19/2018	CAPECITABINE, 500 MG, ORAL
67877-0230-22		J7517		11/17/2014	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG
62856-0796-01		Q9978		07/01/2015	12/31/2015	NETUPITANT 300 MG AND PALONOSETRON 0.5 MG, ORAL
00597-0053-45		J1610		04/09/2015	99/99/9999	INJECTION, GLUCAGON HYDROCHLORIDE, PER 1 MG
00597-0260-10		J1610		04/09/2015	99/99/9999	INJECTION, GLUCAGON HYDROCHLORIDE, PER 1 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
DDAVP 4 MCG/ML	10	ML	VL	IJ	ML	1	MCG	4	05/10/2015	99/99/9999	
SODIUM FERRIC GLUCONATE COMPLEX IN SUCROSE (SDV) 62.5 MG/5 ML	5	ML	VL	IV	ML	12.5	MG	1	04/21/2015	99/99/9999	
MESNA (M.D.V.) 100 MG/ML	10	ML	VL	IV	ML	200	MG	0.5	04/23/2015	99/99/9999	
OXALIPLATIN (1X10ML,SINGLE USE,PF) 5 MG/ML	10	ML	VL	IV	ML	0.5	MG	10	04/14/2015	99/99/9999	
OXALIPLATIN (1X20ML,SINGLE USE,PF) 5 MG/ML	20	ML	VL	IV	ML	0.5	MG	10	04/14/2015	99/99/9999	
ZOMACTON (VIAL W/DILUENT) 5 MG	1	EA	VL	SC	EA	1	MG	5	05/18/2015	99/99/9999	
ZOMACTON (VIAL W/DILUENT) 10 MG	1	EA	VL	SC	EA	1	MG	10	05/18/2015	99/99/9999	
ELIGARD (W/SAFETY NEEDLE) 22.5 MG	1	EA	BX	SC	EA	7.5	MG	3	05/07/2015	99/99/9999	
ARIXTRA (SRN, PREFL,27GX1/2",PF) 2.5 MG/0.5 ML	0.5	ML	SR	SC	ML	0.5	MG	10	05/06/2015	99/99/9999	
CAPECITABINE (USP,FILM-COATED) 150 MG	60	EA	BO	PO	EA	150	MG	1	03/24/2015	03/19/2018	
CAPECITABINE (USP,FILM-COATED) 500 MG	120	EA	BO	PO	EA	500	MG	1	03/24/2015	03/19/2018	
MYCOPHENOLATE MOFETIL (FRUIT) 200 MG/ML	225	ML	BO	PO	ML	250	MG	0.8	11/17/2014	99/99/9999	
AKYNZEO (HARD GELATIN) 300 MG-0.5 MG	1	EA	DP	PO	EA	300.5	MG	1	07/01/2015	12/31/2015	
GLUCAGEN (VIAL) 1 MG	10	EA	VL	IJ	EA	1	MG	1	04/09/2015	99/99/9999	
GLUCAGEN DIAGNOSTIC KIT (VIAL W/STERILE WATER) 1 MG	1	EA	VL	IJ	EA	1	MG	1	04/09/2015	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00641-6164-10		J0706		05/14/2015	99/99/9999	INJECTION, CAFFEINE CITRATE, 5MG
16729-0072-12		None		06/15/2015	99/99/9999	CAPECITABINE, 150 MG, ORAL
16729-0073-29		None		06/15/2015	99/99/9999	CAPECITABINE, 500 MG, ORAL
44567-0245-25		J0694		05/20/2015	99/99/9999	INJECTION, CEFOXITIN SODIUM, 1 GM
44567-0247-10		J0694		05/20/2015	99/99/9999	INJECTION, CEFOXITIN SODIUM, 1 GM
00781-7157-64		J7644		09/09/2011	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MG
00781-7157-64	KO	J7644	KO	09/09/2011	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MG
23155-0119-01		J8499		05/28/2013	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
16571-0600-96		J8499		12/12/2011	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
43598-0412-25		J7614		09/16/2014	99/99/9999	LEVALBUTERAL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5MG
43598-0412-25	KO	J7614	KO	09/16/2014	99/99/9999	LEVALBUTERAL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5MG
00074-4911-34		J0461		01/01/2010	02/03/2016	INJECTION, ATROPINE SULFATE, 0.01 MG
00338-2691-75		J2175		05/02/2011	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
CAFCIT (SINGLE USE,10X3ML,PF) 20 MG/ML	3	ML	VL	IV	ML	5	MG	4	05/14/2015	99/99/9999	
CAPECITABINE (USP,FILM COATED) 150 MG	60	EA	BO	PO	EA	150	MG	1	06/15/2015	99/99/9999	
CAPECITABINE (USP,FILM COATED) 500 MG	120	EA	BO	PO	EA	500	MG	1	06/15/2015	99/99/9999	
CEFOXITIN SODIUM (USP,LATEX-FREE) 1 GM	25	EA	VL	IV	EA	1	GM	1	05/20/2015	99/99/9999	
CEFOXITIN SODIUM (BULK PACKAGE,USP) 10 GM	10	EA	VL	IV	EA	1	GM	10	05/20/2015	99/99/9999	
IPRATROPIUM BROMIDE (30X2.5ML,PF) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	09/09/2011	99/99/9999	
IPRATROPIUM BROMIDE (30X2.5ML,PF) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	09/09/2011	99/99/9999	
CALCITRIOL 0.5 MCG	100	EA	BO	PO	EA	1	MCG	1	05/28/2013	99/99/9999	
CROMOLYN SODIUM (96X5ML,CONCENTRATE) 100MG/5ML	5	ML	PC	PO	ML	1	MG	1	12/12/2011	99/99/9999	
LEVALBUTERAL HYDROCHLORIDE (5X5,PF), 0.31MG/3ML	3	ML	PC	IH	ML	0.5	MG	0.20666	09/16/2014	99/99/9999	
LEVALBUTERAL HYDROCHLORIDE (5X5,PF), 0.31MG/3ML	3	ML	PC	IH	ML	0.5	MG	0.20666	09/16/2014	99/99/9999	
ATROPINE SULFATE (LIFESHIELD, 21GX1-1/2) 0.1 MG/ML	10	ML	SR	IJ	ML	0.01	MG	10	01/01/2010	02/03/2016	
MEPERIDINE HCL (SRN,PREFILLED,GLASS) 10 MG/ML	50	ML	SR	IJ	ML	100	MG	0.1	05/02/2011	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
17478-0040-01		J2060		09/21/2011	99/99/9999	INJECTION, LORAZEPAM, 2 MG
38779-0043-01		J2675		10/01/2012	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG
38779-0043-04		J2675		10/01/2012	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG
38779-0043-05		J2675		10/01/2012	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG
38779-0043-08		J2675		10/01/2012	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG
38779-0043-09		J2675		10/01/2012	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG
38779-0082-04		J2001		10/01/2012	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG
38779-0082-05		J2001		10/01/2012	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG
38779-0082-08		J2001		10/01/2012	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG
38779-0082-09		J2001		10/01/2012	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG
38779-0189-03		J1320		10/01/2012	99/99/9999	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG
38779-0189-04		J1320		10/01/2012	99/99/9999	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG
38779-0189-05		J1320		10/01/2012	99/99/9999	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG
38779-0925-05		J3360		04/23/2012	99/99/9999	INJECTION, DIAZEPAM, UP TO 5 MG
38779-0925-08		J3360		04/23/2012	99/99/9999	INJECTION, DIAZEPAM, UP TO 5 MG
38779-0925-09		J3360		04/23/2012	99/99/9999	INJECTION, DIAZEPAM, UP TO 5 MG
50111-0787-66		Q0144		01/10/2012	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
54569-4827-00		J7510		12/02/2011	99/99/9999	PREDNISOLONE ORAL, PER 5 MG
54868-0753-00		J0561		01/01/2011	99/99/9999	INJECTION, PENICILLIN G BENZATHINE, 100,000 UNITS
54868-0753-01		J0561		01/01/2011	99/99/9999	INJECTION, PENICILLIN G BENZATHINE, 100,000 UNITS
54868-3349-00		J0561		01/01/2011	02/03/2016	INJECTION, PENICILLIN G BENZATHINE, 100,000 UNITS
59762-4538-01		J1055		07/30/2011	12/31/2012	INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
LORAZEPAM (S.D.V.) 2 MG/ML	1	ML	VL	IJ	ML	2	MG	1	09/21/2011	99/99/9999	
PROGESTERONE (U.S.P.,MICRONIZED)	10	GM	BO	NA	GM	50	MG	20	10/01/2012	99/99/9999	
PROGESTERONE (U.S.P.,MICRONIZED)	25	GM	BO	NA	GM	50	MG	20	10/01/2012	99/99/9999	
PROGESTERONE (U.S.P.,MICRONIZED)	100	GM	BO	NA	GM	50	MG	20	10/01/2012	99/99/9999	
PROGESTERONE (U.S.P.,MICRONIZED)	500	GM	BO	NA	GM	50	MG	20	10/01/2012	99/99/9999	
PROGESTERONE (U.S.P.,MICRONIZED)	1000	GM	BO	NA	GM	50	MG	20	10/01/2012	99/99/9999	
LIDOCAINE HCL (U.S.P.)	25	GM	BO	NA	GM	10	MG	100	10/01/2012	99/99/9999	
LIDOCAINE HCL (U.S.P.)	100	GM	BO	NA	GM	10	MG	100	10/01/2012	99/99/9999	
LIDOCAINE HCL (U.S.P.)	500	GM	BO	NA	GM	10	MG	100	10/01/2012	99/99/9999	
LIDOCAINE HCL (U.S.P.)	1000	GM	JR	NA	GM	10	MG	100	10/01/2012	99/99/9999	
AMITRIPTYLINE HCL (U.S.P.)	5	GM	BO	NA	GM	20	MG	50	10/01/2012	99/99/9999	
AMITRIPTYLINE HCL (U.S.P.)	25	GM	BO	NA	GM	20	MG	50	10/01/2012	99/99/9999	
AMITRIPTYLINE HCL (U.S.P.)	100	GM	BO	NA	GM	20	MG	50	10/01/2012	99/99/9999	
DIAZEPAM (U.S.P.)	100	GM	BO	NA	GM	5	MG	200	04/23/2012	99/99/9999	
DIAZEPAM (U.S.P.)	500	GM	BO	NA	GM	5	MG	200	04/23/2012	99/99/9999	
DIAZEPAM (U.S.P.)	1000	GM	BO	NA	GM	5	MG	200	04/23/2012	99/99/9999	
AZITHROMYCIN (6X3,FILM-COATED) 250 MG	18	EA	DP	PO	EA	1	GM	0.25	01/10/2012	99/99/9999	
PREDNISOLONE (2X120 ML,RED CHERRY) 15 MG/5 ML	120	ML	BO	PO	ML	5	MG	0.6	12/02/2011	99/99/9999	
BICILLIN L-A (TUBEX) 600000 U/ML	2	ML	SR	IM	ML	100000	UNITS	6	01/01/2011	99/99/9999	
BICILLIN L-A (TUBEX) 600000 U/ML	2	ML	SR	IM	ML	100000	UNITS	6	01/01/2011	99/99/9999	
BICILLIN L-A (M.D.V.) 300000 U/ML	10	ML	VL	IM	ML	100000	UNITS	3	01/01/2011	02/03/2016	
MEDROXYPROGESTERONE ACETATE (PREFILLED SYRINGE,USP) 150 MG/ML	1	ML	SR	IM	ML	150	MG	1	07/30/2011	12/31/2012	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
59762-4538-01		J1050		01/01/2013	99/99/9999	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG
62991-1707-05		J1070		10/31/2011	12/31/2014	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG
62991-1707-05		J1071		01/01/2015	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG
66758-0016-03		J2370		03/04/2011	99/99/9999	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML
00409-4883-01		J2020		06/22/2015	99/99/9999	INJECTION, LINEZOLID, 200MG
00781-3158-95		J0583		07/06/2015	99/99/9999	INJECTION, BIVALIRUDIN, 1 MG
17478-0171-30		J7612		06/22/2015	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 0.5 MG
17478-0660-30		J0132		06/24/2015	99/99/9999	INJECTION, ACETYLCYSTEINE, 100 MG
18657-0117-04		J3473		07/01/2015	99/99/9999	INJECTION, HYALURONIDASE, RECOMBINANT, 1 USP UNIT
23155-0521-41		J1940		08/01/2015	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG
23155-0521-42		J1940		08/01/2015	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG
23155-0521-44		J1940		08/01/2015	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG
44567-0246-25		J0694		06/25/2015	99/99/9999	INJECTION, CEFOXITIN SODIUM, 1 GM
51927-3213-00		J3490		01/13/2015	99/99/9999	UNCLASSIFIED DRUGS
38779-0101-08		J3350		10/01/2012	99/99/9999	INJECTION, UREA, UP TO 40 GM
38779-0101-09		J3350		10/01/2012	99/99/9999	INJECTION, UREA, UP TO 40 GM

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
MEDROXYPROGESTERONE ACETATE (PREFILLED SYRINGE,USP) 150 MG/ML	1	ML	SR	IM	ML	1	MG	150	01/01/2013	99/99/9999	
TESTOSTERONE CYPIONATE (U.S.P.)	1	EA	BO	NA	GM	100	MG	10	10/31/2011	12/31/2014	
TESTOSTERONE CYPIONATE (U.S.P.)	1000	GM	VL	NA	GM	1	MG	1000	01/01/2015	99/99/9999	
PHENYLEPHRINE HCL (USP,PF) 10 MG/ML	5	ML	VL	IJ	ML	1	ML	1	03/04/2011	99/99/9999	
LINEZOLID 2 MG/ML	300	ML	FC	IV	ML	200	MG	0.01	06/22/2015	99/99/9999	
BIVALIRUDIN (SINGLE-USE,LYOPHILIZED) 250 MG	10	EA	VL	IV	EA	1	MG	250	07/06/2015	99/99/9999	
XOPENEX (PF) 1.25 MG/0.5 ML	30	EA	PC	IH	EA	0.5	MG	5	06/22/2015	99/99/9999	
ACETYLCYSTEINE (SDV; 4X30ML,PF) 200 MG/ML	30	ML	VL	IV	ML	100	MG	2	06/24/2015	99/99/9999	
HYLENEX (4X1ML,SDV) 150 U/ML	1	ML	VL	IJ	ML	1	USP UNIT	150	07/01/2015	99/99/9999	
PREMIERPRO RX FUROSEMIDE (SDV) 10 MG/ML	2	ML	VL	IJ	ML	20	MG	0.5	08/01/2015	99/99/9999	
PREMIERPRO RX FUROSEMIDE (SDV) 10 MG/ML	4	ML	VL	IJ	ML	20	MG	0.5	08/01/2015	99/99/9999	
PREMIERPRO RX FUROSEMIDE (SDV) 10 MG/ML	10	ML	VL	IJ	ML	20	MG	0.5	08/01/2015	99/99/9999	
CEFOXITIN SODIUM (LATEX-FREE) 2 GM	25	EA	VL	IV	EA	1	GM	2	06/25/2015	99/99/9999	
SUFENTANIL CITRATE (U.S.P)	1	GM	BO	NA	GM	1	GM	1	01/13/2015	99/99/9999	
UREA (U.S.P)	500	GM	BO	NA	GM	40	GM	0.025	10/01/2012	99/99/9999	
UREA (U.S.P)	1000	GM	BO	NA	GM	40	GM	0.025	10/01/2012	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
38779-0163-03		J3490		10/01/2012	99/99/9999	UNCLASSIFIED DRUGS
38779-0163-04		J3490		10/01/2012	99/99/9999	UNCLASSIFIED DRUGS
38779-0163-05		J3490		10/01/2012	99/99/9999	UNCLASSIFIED DRUGS
38779-0163-08		J3490		10/01/2012	99/99/9999	UNCLASSIFIED DRUGS
38779-0163-09		J3490		01/31/2011	99/99/9999	UNCLASSIFIED DRUGS
62991-2577-01		J0456		10/31/2011	99/99/9999	INJECTION, AZITHROMYCIN, 500 MG
00591-3767-30		J7626		04/02/2013	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG
00591-3767-30	KO	J7626	KO	04/02/2013	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG
00591-3768-30		J7626		04/02/2013	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG
00591-3768-30	KO	J7626	KO	04/02/2013	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG
00003-3772-11		J9999		12/23/2014	12/31/2015	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS
00944-2510-02		J7799		10/06/2014	12/31/2015	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00944-2511-02		J7799		10/06/2014	12/31/2015	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00944-2512-02		J7799		10/06/2014	12/31/2015	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
TESTOSTERONE (U.S.P.,MICRONIZED)	5	GM	BO	NA	GM	1	GM	1	10/01/2012	99/99/9999	
TESTOSTERONE (U.S.P.,MICRONIZED)	25	GM	JR	NA	GM	1	GM	1	10/01/2012	99/99/9999	
TESTOSTERONE (U.S.P.,MICRONIZED)	100	GM	BO	NA	GM	1	GM	1	10/01/2012	99/99/9999	
TESTOSTERONE (U.S.P.,MICRONIZED)	500	GM	JR	NA	GM	1	GM	1	10/01/2012	99/99/9999	
TESTOSTERONE (U.S.P.,MICRONIZED)	1000	GM	JR	NA	GM	1	GM	1	01/31/2011	99/99/9999	
AZITHROMYCIN DIHYDRATE (U.S.P.,MICRONIZED)	1000	GM	NA	NA	GM	500	MG	2	10/31/2011	99/99/9999	
BUDESONIDE (30x2ML,SINGLEDOSE) 0.25MG/2ML	2	ML	AM	IH	ML	0.5	MG	0.25	04/02/2013	99/99/9999	
BUDESONIDE (30x2ML,SINGLEDOSE) 0.25MG/2ML	2	ML	AM	IH	ML	0.5	MG	0.25	04/02/2013	99/99/9999	
BUDESONIDE (30x2ML,SINGLEDOSE) 0.5MG/2ML	2	ML	PC	IH	ML	0.5	MG	0.5	04/02/2013	99/99/9999	
BUDESONIDE (30x2ML,SINGLEDOSE) 0.5MG/2ML	2	ML	PC	IH	ML	0.5	MG	0.5	04/02/2013	99/99/9999	
OPDIVO (PF) 10 MG/ML	4	ML	VL	IV	ML	1	MG	1	12/23/2014	12/31/2015	
HYQVIA (PF,LATEX-FREE) 160 U/ML-10%	26.25	ML	VL	SC	ML	1	ML	1	10/06/2014	12/31/2015	
HYQVIA (PF,LATEX-FREE) 160 U/ML-10%	52.5	ML	VL	SC	ML	1	ML	1	10/06/2014	12/31/2015	
HYQVIA (PF,LATEX-FREE) 160 U/ML-10%	105	ML	VL	SC	ML	1	ML	1	10/06/2014	12/31/2015	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00944-2513-02		J7799		10/06/2014	12/31/2015	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00944-2514-02		J7799		10/06/2014	12/31/2015	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00093-5740-65		J7515		07/06/2015	99/99/9999	CYCLOSPORINE, ORAL, 25 MG
65162-0801-14		None		05/26/2015	99/99/9999	TEMOZOLOMIDE, 5 MG, ORAL
65162-0801-51		None		05/26/2015	99/99/9999	TEMOZOLOMIDE, 5 MG, ORAL
65162-0802-14		None		05/26/2015	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL
65162-0802-51		None		05/26/2015	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL
65162-0803-14		None		05/26/2015	99/99/9999	TEMOZOLOMIDE, 100 MG, ORAL
65162-0803-51		None		05/26/2015	99/99/9999	TEMOZOLOMIDE, 100 MG, ORAL
65162-0806-51		None		05/26/2015	99/99/9999	TEMOZOLOMIDE, 250 MG, ORAL
65162-0804-14		None		05/26/2015	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL
65162-0804-51		None		05/26/2015	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL
65162-0805-14		None		05/26/2015	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL
65162-0805-51		None		05/26/2015	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL
00002-7712-27		J1815		05/28/2015	99/99/9999	INJECTION, INSULIN, PER 5 UNITS
00409-4882-01		J2020		07/07/2015	10/18/2017	INJECTION, LINEZOLID, 200MG
00409-8300-10		J0583		08/03/2015	99/99/9999	INJECTION, BIVALIRUDIN, 1 MG
00944-4177-05		J2724		07/01/2015	99/99/9999	INJECTION, PROTEIN C CONCENTRATE, INTRAVENOUS, HUMAN, 10 IU
00944-4179-10		J2724		07/01/2015	99/99/9999	INJECTION, PROTEIN C CONCENTRATE, INTRAVENOUS, HUMAN, 10 IU

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
HYQVIA (PF,LATEX-FREE) 160 U/ML-10%	210	ML	VL	SC	ML	1	ML	1	10/06/2014	12/31/2015	
HYQVIA (PF,LATEX-FREE) 160 U/ML-10%	315	ML	VL	SC	ML	1	ML	1	10/06/2014	12/31/2015	
CYCLOSPORINE, MODIFIED (SOFT GELATIN) 25 MG	30	EA	BX	PO	EA	25	MG	1	07/06/2015	99/99/9999	
TEMOZOLOMIDE 5MG	14	EA	BO	PO	EA	5	MG	1	05/26/2015	99/99/9999	
TEMOZOLOMIDE 5MG	5	EA	BO	PO	EA	5	MG	1	05/26/2015	99/99/9999	
TEMOZOLOMIDE 20MG	14	EA	BO	PO	EA	20	MG	1	05/26/2015	99/99/9999	
TEMOZOLOMIDE 20MG	5	EA	BO	PO	EA	20	MG	1	05/26/2015	99/99/9999	
TEMOZOLOMIDE 100MG	14	EA	BO	PO	EA	100	MG	1	05/26/2015	99/99/9999	
TEMOZOLOMIDE 100MG	5	EA	BO	PO	EA	100	MG	1	05/26/2015	99/99/9999	
TEMOZOLOMIDE 250MG	5	EA	BO	PO	EA	250	MG	1	05/26/2015	99/99/9999	
TEMOZOLOMIDE 140MG	14	EA	BO	PO	EA	20	MG	7	05/26/2015	99/99/9999	
TEMOZOLOMIDE 140MG	5	EA	BO	PO	EA	20	MG	7	05/26/2015	99/99/9999	
TEMOZOLOMIDE 180MG	14	EA	BO	PO	EA	20	MG	9	05/26/2015	99/99/9999	
TEMOZOLOMIDE 180MG	5	EA	BO	PO	EA	20	MG	9	05/26/2015	99/99/9999	
HUMALOG (2X3ML) 200 U/ML	3	ML	SR	SC	ML	5	U	40	05/28/2015	99/99/9999	
LINEZOLID 2 MG/ML	300	ML	FC	IV	ML	200	MG	0.01	07/07/2015	10/18/2017	
BIVALIRUDIN (SINGLE-USE,LYOPHILIZED) 250 MG	10	EA	VL	IV	EA	1	MG	250	08/03/2015	99/99/9999	
CEPROTIN (POTENCY PRINTED ON VIAL) 1 IU	1	EA	VL	IV	EA	10	IU	0.1	07/01/2015	99/99/9999	
CEPROTIN (POTENCY PRINTED ON VIAL) 1 IU	1	EA	VL	IV	EA	10	IU	0.1	07/01/2015	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
13533-0701-01		J0256		09/01/2015	99/99/9999	INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), NOT OTHERWISE SPECIFIED, 10 MG
42023-0179-05		J0592		07/29/2015	99/99/9999	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG
63323-0750-10		J9263		07/30/2015	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG
63323-0850-74		J2280		07/20/2015	99/99/9999	INJECTION, MOXIFLOXACIN, 100 MG
65162-0914-46		J7682		07/16/2015	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS
65162-0914-46	KO	J7682	KO	07/16/2015	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS
00074-3012-07		J7799		02/03/2015	12/31/2015	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
55513-0150-01		J7799		12/16/2014	12/31/2015	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
55513-0160-01		J7799		12/16/2014	12/31/2015	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00143-9596-25		J2501		08/17/2015	99/99/9999	INJECTION, PARICALCITOL, 1 MCG
00143-9624-25		J2501		08/17/2015	99/99/9999	INJECTION, PARICALCITOL, 1 MCG
00143-9625-25		J2501		08/17/2015	99/99/9999	INJECTION, PARICALCITOL, 1 MCG
54766-0149-23		J0630		08/31/2015	09/15/2016	INJECTION, CALCITONIN SALMON, UP TO 400 UNITS
67457-0593-04		J1652		08/07/2015	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG
00003-0293-05		J3301		02/01/1989	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG
00003-0293-20		J3301		07/01/1989	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PROLASTIN-C (1000MG,LYOPHILIZED) 1 MG	1	EA	VL	IV	EA	10	MG	0.1	09/01/2015	99/99/9999	
BUPRENORPHINE HYDROCHLORIDE (5X1ML; SDV) 0.3 MG/ML	1	ML	VL	IJ	ML	0.1	MG	3	07/29/2015	99/99/9999	
OXALIPLATIN (SINGLE-USE VIAL; USP,PF) 5 MG/ML	10	ML	VL	IV	ML	0.5	MG	10	07/30/2015	99/99/9999	
MOXIFLOXACIN HCL (FREEFLEX,LATEX-FREE) 400 MG/250 ML	250	ML	FC	IV	ML	100	MG	0.016	07/20/2015	99/99/9999	
TOBRAMYCIN (4 AMPULES X 14 POUCHES) 300 MG/5 ML	5	ML	PC	IH	ML	300	MG	0.2	07/16/2015	99/99/9999	
TOBRAMYCIN (4 AMPULES X 14 POUCHES) 300 MG/5 ML	5	ML	PC	IH	ML	300	MG	0.2	07/16/2015	99/99/9999	
DUOPA 4.63 MG/ML-20 MG/ML	100	ML	BX	NA	ML	100	ML	0.01	02/03/2015	12/31/2015	
BLINCYTO (INNER VIAL NDC,PF) 35 MCG	1	EA	VL	IV	EA	1	MCG	1	12/16/2014	12/31/2015	
BLINCYTO (W/ SOLN STABALIZER,PF) 35 MCG	1	EA	VL	IV	EA	1	MCG	1	12/16/2014	12/31/2015	
PARICALCITOL (MDV) 0.005 MG/1 ML	2	ML	VL	IV	ML	1	MCG	5	08/17/2015	99/99/9999	
PARICALCITOL (SDV) 0.005 MG/1 ML	1	ML	VL	IV	ML	1	MCG	5	08/17/2015	99/99/9999	
PARICALCITOL (SDV) 0.002 MG/1 ML	1	ML	VL	IV	ML	1	MCG	2	08/17/2015	99/99/9999	
MIACALCIN 200 IU/1 ML	2	ML	VL	IJ	ML	400	U	0.5	08/31/2015	09/15/2016	
ARIXTRA (27GX1/2",PF) 5 MG/0.4 ML	0.4	ML	SR	SC	ML	0.5	MG	25	08/07/2015	99/99/9999	
KENALOG-40 (VIAL) 40 MG/1 ML	1	ML	VL	IJ	ML	10	MG	4	02/01/1989	99/99/9999	
KENALOG-40 (VIAL) 40 MG/1 ML	5	ML	VL	IJ	ML	10	MG	4	07/01/1989	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
25021-0402-01		J1644		07/06/2010	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS
50242-0140-01		J8999		01/31/2012	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
00781-7516-87	KO	J7626	KO	08/20/2015	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG
24208-0002-02		J3471		09/22/2015	99/99/9999	INJECTION, HYALURONIDASE, OVINE, PRESERVATIVE FREE, PER 1 USP UNIT (UP TO 999 USP UNITS)
67457-0348-15		J0295		09/04/2015	11/30/2017	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM
67457-0349-03		J0295		09/04/2015	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM
67457-0649-10		J0295		09/04/2015	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM
39822-0500-04		J0360		09/21/2015	99/99/9999	INJECTION, HYDRALAZINE HCL, UP TO 20 MG
00409-8300-15		J0583		10/05/2015	99/99/9999	INJECTION, BIVALIRUDIN, 1 MG
60505-0761-01		J0694		10/06/2015	99/99/9999	INJECTION, CEFOXITIN SODIUM, 1 GM
00781-7516-87		J7626		08/20/2015	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG
60505-0760-01		J0694		10/06/2015	99/99/9999	INJECTION, CEFOXITIN SODIUM, 1 GM
60505-0759-01		J0694		10/06/2015	99/99/9999	INJECTION, CEFOXITIN SODIUM, 1 GM
25021-0305-20		J1205		10/15/2015	99/99/9999	INJECTION, CHLOROTHIAZIDE SODIUM, PER 500 MG
17478-0987-12		J1270		09/21/2015	10/21/2016	INJECTION, DOXERCALCIFEROL, 1 MCG
68982-0840-04		J1568		09/15/2015	99/99/9999	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
HEPARIN SODIUM (MDV,LATEX-FREE) 5000 U/ML	1	ML	VL	IJ	ML	1000	U	5	07/06/2010	99/99/9999	
ERIVEDGE 150 MG	28	EA	BO	PO	EA	1	MG	1	01/31/2012	99/99/9999	
BUDESONIDE (30X2ML,SINGLE-DOSE) 0.5 MG/2 ML	2	ML	PC	IH	ML	0.5	MG	0.5	08/20/2015	99/99/9999	
VITRASE (OVINE, SDV,PF) 200 U/1 ML	1.2	ML	VL	SC	ML	1	USP UNIT	200	09/22/2015	99/99/9999	
AMPICILLIN-SULBACTAM 1 GM-0.5 GM	1	EA	VL	IJ	EA	1.5	GM	1	09/04/2015	11/30/2017	
AMPICILLIN-SULBACTAM 2 GM-1 GM	1	EA	VL	IJ	EA	1.5	GM	2	09/04/2015	99/99/9999	
AMPICILLIN-SULBACTAM 10 GM-5 GM	1	EA	VL	IV	EA	1.5	GM	10	09/04/2015	99/99/9999	
HYDRALAZINE HCL (USP) 20 MG/1 ML	1	ML	VL	IJ	ML	20	MG	1	09/21/2015	99/99/9999	
BIVALIRUDIN (SINGLE-USE ADD-VANTAGE) 250 MG	10	EA	VL	IV	EA	1	MG	250	10/05/2015	99/99/9999	
CEFOXITIN SODIUM (BULK PACKAGE) 10 GM	1	EA	VL	IV	EA	1	GM	10	10/06/2015	99/99/9999	
BUDESONIDE (30X2ML,SINGLE-DOSE) 0.5 MG/2 ML	2	ML	PC	IH	ML	0.5	MG	0.5	08/20/2015	99/99/9999	
CEFOXITIN SODIUM 2 GM	1	EA	VL	IV	EA	1	GM	2	10/06/2015	99/99/9999	
CEFOXITIN SODIUM 1 GM	1	EA	VL	IV	EA	1	GM	1	10/06/2015	99/99/9999	
CHLOROTHIAZIDE SODIUM (USP, SDV,PF,LATEX-FREE) 0.5 GM	1	EA	VL	IV	EA	500	MG	1	10/15/2015	99/99/9999	
DOXERCALCIFEROL (2MLX10, SDV) 2 MCG/1 ML	2	ML	VL	IV	ML	1	MCG	2	09/21/2015	10/21/2016	
OCTAGAM (10GM/VIAL,S/D TREATED) 50 MG/1 ML	200	ML	VL	IV	ML	500	MG	0.1	09/15/2015	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
68982-0840-01		J1568		09/15/2015	99/99/9999	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG
68982-0840-02		J1568		09/15/2015	99/99/9999	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG
68982-0840-03		J1568		09/15/2015	99/99/9999	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG
68982-0840-05		J1568		09/15/2015	99/99/9999	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG
55150-0191-83		J1740		09/08/2015	99/99/9999	INJECTION, IBANDRONATE SODIUM, 1 MG
00264-3183-11		J2185		09/15/2015	99/99/9999	INJECTION, MEROPENEM, 100 MG
00264-3185-11		J2185		09/15/2015	99/99/9999	INJECTION, MEROPENEM, 100 MG
60505-0686-01		J2543		10/06/2015	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)
60505-0687-01		J2543		10/06/2015	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)
60505-0688-01		J2543		10/06/2015	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)
00143-9565-01		J9340		08/31/2015	99/99/9999	INJECTION, THIOTEPA, 15 MG
00548-9090-10		J3470		10/05/2015	99/99/9999	INJECTION, HYALURONIDASE, UP TO 150 UNITS
00574-0820-10		J1071		12/12/2014	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG
49452-0001-03		J0133		06/01/2015	10/17/2016	INJECTION, ACYCLOVIR, 5 MG
49452-0027-02		J0745		06/01/2015	10/17/2016	INJECTION, CODEINE PHOSPHATE, PER 30 MG
49452-0027-03		J0745		06/01/2015	10/17/2016	INJECTION, CODEINE PHOSPHATE, PER 30 MG
49452-0430-01		J0280		06/01/2015	99/99/9999	INJECTION, AMINOPHYLLIN, UP TO 250 MG
49452-0430-02		J0280		06/01/2015	10/17/2016	INJECTION, AMINOPHYLLIN, UP TO 250 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
OCTAGAM (1GM/VIAL,S/D TREATED) 50 MG/1 ML	20	ML	VL	IV	ML	500	MG	0.1	09/15/2015	99/99/9999	
OCTAGAM (2.5GM/VIAL,S/D TREATED) 50 MG/1 ML	50	ML	VL	IV	ML	500	MG	0.1	09/15/2015	99/99/9999	
OCTAGAM (5GM/VIAL,S/D TREATED) 50 MG/1 ML	100	ML	VL	IV	ML	500	MG	0.1	09/15/2015	99/99/9999	
OCTAGAM (LATEX-FREE) 50 MG/1 ML	500	ML	VL	IV	ML	500	MG	0.1	09/15/2015	99/99/9999	
IBANDRONATE SODIUM 1 MG/1 ML	3	ML	SR	IV	ML	1	MG	1	09/08/2015	99/99/9999	
MEROPENEM 500 MG	24	EA	FC	IV	EA	100	MG	5	09/15/2015	99/99/9999	
MEROPENEM 1 GM	24	EA	FC	IV	EA	100	MG	10	09/15/2015	99/99/9999	
PIPERACILLIN AND TAZOBACTAM (SDV) 2 GM-0.25 GM	1	EA	VL	IV	EA	1.125	GM	2	10/06/2015	99/99/9999	
PIPERACILLIN AND TAZOBACTAM (SDV) 3 GM-0.375 GM	1	EA	VL	IV	EA	1.125	GM	3	10/06/2015	99/99/9999	
PIPERACILLIN AND TAZOBACTAM (SDV) 4 GM-0.5 GM	1	EA	VL	IV	EA	1.125	GM	4	10/06/2015	99/99/9999	
THIOTEPA (LYOPHILIZED) 15 MG	1	EA	VL	IJ	EA	15	MG	1	08/31/2015	99/99/9999	
AMPHADASE 150 U/1 ML	10	EA	VL	SC	EA	150	UNITS	1	10/05/2015	99/99/9999	
TESTOSTERONE CYPIONATE (1x10 Ml,USP) 200 MG/1 ML	10	ML	VL	IM	ML	1	MG	200	12/12/2014	99/99/9999	
ACYCLOVIR (U.S.P.)	25	GM	BO	NA	GM	5	MG	200	06/01/2015	10/17/2016	
CODEINE PHOSPHATE (U.S.P.)	25	GM	BO	NA	GM	30	MG	33.33333	06/01/2015	10/17/2016	
CODEINE PHOSPHATE (U.S.P.)	5	GM	JR	NA	GM	30	MG	33.33333	06/01/2015	10/17/2016	
AMINOPHYLLINE ANHYDROUS (U.S.P.)	1000	GM	BO	NA	GM	250	MG	4	06/01/2015	99/99/9999	
AMINOPHYLLINE ANHYDROUS (U.S.P.)	500	GM	BO	NA	GM	250	MG	4	06/01/2015	10/17/2016	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
49452-0735-01		J9017		06/01/2015	10/17/2016	INJECTION, ARSENIC TRIOXIDE, 1 MG
49452-0735-02		J9017		06/01/2015	10/17/2016	INJECTION, ARSENIC TRIOXIDE, 1 MG
49452-0783-02		J7501		06/01/2015	10/17/2016	AZATHIOPRINE, PARENTERAL, 100 MG
49452-0970-01		J3490		06/01/2015	10/17/2016	UNCLASSIFIED DRUGS
49452-0970-02		J3490		06/01/2015	10/17/2016	UNCLASSIFIED DRUGS
49452-0970-03		J3490		06/01/2015	10/17/2016	UNCLASSIFIED DRUGS
49452-1072-02		J3490		06/01/2015	99/99/9999	UNCLASSIFIED DRUGS
49452-1309-01		J0945		06/01/2015	10/17/2016	INJECTION, BROMPHENIRAMINE MALEATE, PER 10 MG
49452-1317-01		J0595		06/01/2015	10/17/2016	INJECTION, BUTORPHANOL TARTRATE, 1 MG
49452-1317-02		J0595		06/01/2015	10/17/2016	INJECTION, BUTORPHANOL TARTRATE, 1 MG
49452-2147-02		J0735		06/01/2015	99/99/9999	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG
49452-2147-03		J0735		06/01/2015	99/99/9999	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG
49452-2210-02		J0760		06/01/2015	10/17/2016	INJECTION, COLCHICINE, PER 1MG
49452-2210-03		J0760		06/01/2015	10/17/2016	INJECTION, COLCHICINE, PER 1MG
49452-8253-01		J0592		06/01/2015	10/17/2016	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG
49452-8253-02		J0592		06/01/2015	10/17/2016	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG
49452-8253-03		J0592		06/01/2015	10/17/2016	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG
00093-5740-19		J7515		07/06/2015	99/99/9999	CYCLOSPORINE, ORAL, 25 MG
00093-5741-65		J7515		09/28/2015	99/99/9999	CYCLOSPORINE, ORAL, 25 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
ARSENIC TRIOXIDE (A.C.S.,REAGENT)	125	GM	BO	NA	GM	1	MG	1000	06/01/2015	10/17/2016	
ARSENIC TRIOXIDE (A.C.S.,REAGENT)	500	GM	BO	NA	GM	1	MG	1000	06/01/2015	10/17/2016	
AZATHIOPRINE (U.S.P.)	5	GM	BO	NA	GM	100	MG	10	06/01/2015	10/17/2016	
BENZOCAINE (U.S.P.)	125	GM	BO	NA	GM	1	EA	1	06/01/2015	10/17/2016	
BENZOCAINE (U.S.P.)	500	GM	BO	NA	GM	1	EA	1	06/01/2015	10/17/2016	
BENZOCAINE (U.S.P.)	2500	GM	BO	NA	GM	1	EA	1	06/01/2015	10/17/2016	
BETAMETHASONE ACETATE MICRONIZED (U.S.P.)	1	GM	BO	NA	GM	1	EA	1	06/01/2015	99/99/9999	
BROMPHENIRAMINE MALEATE (U.S.P.)	25	GM	BO	NA	GM	10	MG	100	06/01/2015	10/17/2016	
BUTORPHANOL TARTRATE (U.S.P.)	1	GM	BO	NA	GM	1	MG	1000	06/01/2015	10/17/2016	
BUTORPHANOL TARTRATE (U.S.P.)	1	GM	BO	NA	GM	1	MG	1000	06/01/2015	10/17/2016	
CLONIDINE HCL (U.S.P.)	1	GM	BO	NA	GM	1	MG	1000	06/01/2015	99/99/9999	
CLONIDINE HCL (U.S.P.)	5	GM	BO	NA	GM	1	MG	1000	06/01/2015	99/99/9999	
COLCHICINE (U.S.P.)	1	GM	BO	NA	GM	1	MG	1000	06/01/2015	10/17/2016	
COLCHICINE (U.S.P.)	5	GM	BO	NA	GM	1	MG	1000	06/01/2015	10/17/2016	
BUPRENORPHINE HYDROCHLORIDE (U.S.P.)	0.1	GM	JR	NA	GM	0.1	MG	10000	06/01/2015	10/17/2016	
BUPRENORPHINE HYDROCHLORIDE (U.S.P.)	0.5	GM	JR	NA	GM	0.1	MG	10000	06/01/2015	10/17/2016	
BUPRENORPHINE HYDROCHLORIDE (U.S.P.)	1	GM	JR	NA	GM	0.1	MG	10000	06/01/2015	10/17/2016	
CYCLOSPORINE, MODIFIED (INNERPACK,SOFT GELATIN) 25 MG	1	EA	BP	PO	EA	25	MG	1	07/06/2015	99/99/9999	
CYCLOSPORINE, MODIFIED (USP,SOFTGEL) 50 MG	30	EA	BX	PO	EA	25	MG	2	09/28/2015	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00093-5742-65		J7502		08/27/2015	99/99/9999	CYCLOSPORINE, ORAL, 100 MG
49999-0028-30		J7512		01/01/2016	12/31/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
51991-0458-01		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
49999-0028-40		J7512		01/01/2016	06/01/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
67457-0520-40		J9280		03/19/2018	99/99/9999	INJECTION, MITOMYCIN, 5 MG
00054-0018-20		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
49999-0110-14		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
49999-0110-00		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
00054-0018-25		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
49999-0110-12		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
67457-0662-05		J9351		04/09/2018	99/99/9999	INJECTION, TOPOTECAN, 0.1 MG
00054-0017-29		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
00054-0017-25		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
00054-0017-20		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
49999-0110-06		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
49999-0110-07		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
00054-0018-29		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
00054-4741-31		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
49999-0028-60		J7512		01/01/2016	06/01/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
00054-0019-25		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
00054-8740-25		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
00054-8739-25		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
00054-8724-25		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
CYCLOSPORINE (USP,MODIFIED,SOFTGEL) 100 MG	30	EA	BX	PO	EA	100	MG	1	08/27/2015	99/99/9999	
PREDNISONE 10 MG	30	EA	BO	PO	EA	1	MG	10	01/01/2016	12/31/2016	
PREDNISONE (U.S.P.) 1 MG	100	EA	BO	PO	EA	1	MG	1	01/01/2016	99/99/9999	
PREDNISONE 10 MG	40	EA	BO	PO	EA	1	MG	10	01/01/2016	06/01/2017	
MITOMYCIN (SDV,PF) 40 MG	1	EA	VL	IV	EA	5	MG	8	03/19/2018	99/99/9999	
PREDNISONE (10X10) 20 MG	100	EA	BX	PO	EA	1	MG	20	01/01/2016	99/99/9999	
PREDNISONE 20 MG	14	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999	
PREDNISONE 20 MG	100	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999	
PREDNISONE 20 MG	100	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999	
PREDNISONE 20 MG	12	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999	
TOPOTECAN (SDV) 1 MG/1 ML	4	ML	VL	IV	ML	0.1	MG	10	04/09/2018	99/99/9999	
PREDNISONE 10 MG	500	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999	
PREDNISONE 10 MG	100	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999	
PREDNISONE (10X10) 10 MG	100	EA	BX	PO	EA	1	MG	10	01/01/2016	99/99/9999	
PREDNISONE 20 MG	6	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999	
PREDNISONE 20 MG	7	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999	
PREDNISONE 20 MG	500	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999	
PREDNISONE 1 MG	1000	EA	BO	PO	EA	1	MG	1	01/01/2016	99/99/9999	
PREDNISONE 10 MG	60	EA	BO	PO	EA	1	MG	10	01/01/2016	06/01/2017	
PREDNISONE 50 MG	100	EA	BO	PO	EA	1	MG	50	01/01/2016	99/99/9999	
PREDNISONE (10X10) 2.5 MG	100	EA	BX	PO	EA	1	MG	2.5	01/01/2016	99/99/9999	
PREDNISONE (10X10) 1 MG	100	EA	BX	PO	EA	1	MG	1	01/01/2016	99/99/9999	
PREDNISONE (10X10) 5 MG	100	EA	BX	PO	EA	1	MG	5	01/01/2016	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00054-0019-20		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
00054-4742-25		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
38779-0154-09		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
00054-4741-25		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
00054-4728-31		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
00054-4728-25		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
00054-3722-63		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
00054-3722-50		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
00054-3721-44		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
52959-0127-21		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
00143-1475-01		J7512		01/01/2016	06/15/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
54569-0331-01		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
54569-0331-02		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
54569-0331-04		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
54569-0331-05		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
54569-0331-07		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
52959-0127-42		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
54569-0330-07		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
52959-0127-25		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
54569-0330-04		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
54569-0331-08		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
54569-0332-01		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PREDNISONE (10X10) 50 MG	100	EA	BX	PO	EA	1	MG	50	01/01/2016	99/99/9999	
PREDNISONE 2.5 MG	100	EA	BO	PO	EA	1	MG	2.5	01/01/2016	99/99/9999	
PREDNISONE ANHYDROUS (U.S.P.,MICRONIZED)	1000	GM	BO	NA	GM	1	MG	1000	01/01/2016	99/99/9999	
PREDNISONE 1 MG	100	EA	BO	PO	EA	1	MG	1	01/01/2016	99/99/9999	
PREDNISONE 5 MG	1000	EA	BO	PO	EA	1	MG	5	01/01/2016	99/99/9999	
PREDNISONE 5 MG	100	EA	BO	PO	EA	1	MG	5	01/01/2016	99/99/9999	
PREDNISONE (PEPPERMINT-VANILLA) 5 MG/5 ML	500	ML	BO	PO	ML	1	MG	1	01/01/2016	99/99/9999	
PREDNISONE (PEPPERMINT-VANILLA) 5 MG/5 ML	120	ML	BO	PO	ML	1	MG	1	01/01/2016	99/99/9999	
PREDNISONE INTENSOL 5 MG/ML	30	ML	BO	PO	ML	1	MG	5	01/01/2016	99/99/9999	
PREDNISONE 20 MG	21	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999	
PREDNISONE 5 MG	100	EA	BO	PO	EA	1	MG	5	01/01/2016	06/15/2016	
PREDNISONE 10 MG	15	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999	
PREDNISONE 10 MG	21	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999	
PREDNISONE 10 MG	50	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999	
PREDNISONE 10 MG	30	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999	
PREDNISONE 10 MG	100	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999	
PREDNISONE 20 MG	42	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999	
PREDNISONE 5 MG	60	EA	BO	PO	EA	1	MG	5	01/01/2016	99/99/9999	
PREDNISONE 20 MG	25	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999	
PREDNISONE 5 MG	30	EA	BO	PO	EA	1	MG	5	01/01/2016	99/99/9999	
PREDNISONE 10 MG	40	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999	
PREDNISONE 20 MG	10	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
54569-0332-02		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
54569-0332-03		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
52959-0127-20		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
52959-0127-15		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
52959-0127-12		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
52959-0127-30		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
52959-0220-30		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
51552-0028-05		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
51552-0028-04		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
51552-0028-02		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
51552-0028-01		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
52959-0127-37		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
52959-0220-75		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
52959-0220-60		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
54569-0331-00		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
52959-0220-36		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
52959-0127-00		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
52959-0220-21		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
52959-0220-20		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
52959-0220-10		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
52959-0220-00		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
54569-0330-00		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
54569-0330-01		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
54569-0330-03		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PREDNISONE 20 MG	21	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999	
PREDNISONE 20 MG	30	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999	
PREDNISONE 20 MG	20	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999	
PREDNISONE 20 MG	15	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999	
PREDNISONE 20 MG	12	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999	
PREDNISONE 20 MG	30	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999	
PREDNISONE 5 MG	30	EA	BO	PO	EA	1	MG	5	01/01/2016	99/99/9999	
PREDNISONE (U.S.P.)	100	GM	BO	NA	GM	1	MG	1000	01/01/2016	99/99/9999	
PREDNISONE (U.S.P.)	25	GM	BO	NA	GM	1	MG	1000	01/01/2016	99/99/9999	
PREDNISONE (U.S.P.)	5	GM	BO	NA	GM	1	MG	1000	01/01/2016	99/99/9999	
PREDNISONE	1	GM	BO	NA	GM	1	MG	1000	01/01/2016	99/99/9999	
PREDNISONE 20 MG	37	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999	
PREDNISONE 5 MG	75	EA	BO	PO	EA	1	MG	5	01/01/2016	99/99/9999	
PREDNISONE 5 MG	60	EA	BO	PO	EA	1	MG	5	01/01/2016	99/99/9999	
PREDNISONE 10 MG	10	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999	
PREDNISONE 5 MG	36	EA	BO	PO	EA	1	MG	5	01/01/2016	99/99/9999	
PREDNISONE 20 MG	100	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999	
PREDNISONE 5 MG	21	EA	BO	PO	EA	1	MG	5	01/01/2016	99/99/9999	
PREDNISONE 5 MG	20	EA	BO	PO	EA	1	MG	5	01/01/2016	99/99/9999	
PREDNISONE 5 MG	10	EA	BO	PO	EA	1	MG	5	01/01/2016	99/99/9999	
PREDNISONE 5 MG	100	EA	BO	PO	EA	1	MG	5	01/01/2016	99/99/9999	
PREDNISONE 5 MG	21	EA	BO	PO	EA	1	MG	5	01/01/2016	99/99/9999	
PREDNISONE 5 MG	50	EA	BO	PO	EA	1	MG	5	01/01/2016	99/99/9999	
PREDNISONE 5 MG	100	EA	BO	PO	EA	1	MG	5	01/01/2016	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
52959-0220-40		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
54569-3043-06		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
52959-0126-05		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
52959-0126-00		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
00143-1475-10		J7512		01/01/2016	06/15/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
00143-1473-01		J7512		01/01/2016	06/15/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
54569-3043-00		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
54569-3043-01		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
52959-0127-10		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
54569-3043-05		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
52959-0126-12		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
54569-3302-00		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
67457-0863-01		J1626		03/21/2018	99/99/9999	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG
38779-0154-08		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
38779-0154-05		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
38779-0154-04		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
38779-0154-03		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
54569-3302-01		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
54569-3413-00		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
54569-3043-02		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
52959-0126-40		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
49999-0008-05		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PREDNISONE 5 MG	40	EA	BO	PO	EA	1	MG	5	01/01/2016	99/99/9999	
PREDNISONE 20 MG	25	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999	
PREDNISONE 10 MG	5	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999	
PREDNISONE 10 MG	100	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999	
PREDNISONE 5 MG	1000	EA	BO	PO	EA	1	MG	5	01/01/2016	06/15/2016	
PREDNISONE 10 MG	100	EA	BO	PO	EA	1	MG	10	01/01/2016	06/15/2016	
PREDNISONE 20 MG	20	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999	
PREDNISONE 20 MG	12	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999	
PREDNISONE 20 MG	10	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999	
PREDNISONE 20 MG	14	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999	
PREDNISONE 10 MG	12	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999	
PREDNISONE 10 MG	60	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999	
GRANISETRON HYDROCHLORIDE (1X1ML,SDV,PF,LATEX-FREE) 1 MG/1 ML	1	ML	VL	IV	ML	100	MCG	10	03/21/2018	99/99/9999	
PREDNISONE ANHYDROUS (U.S.P.,MICRONIZED)	500	GM	BO	NA	GM	1	MG	1000	01/01/2016	99/99/9999	
PREDNISONE (U.S.P.,MICRONIZED)	100	GM	BO	NA	GM	1	MG	1000	01/01/2016	99/99/9999	
PREDNISONE (U.S.P.,MICRONIZED)	25	GM	BO	NA	GM	1	MG	1000	01/01/2016	99/99/9999	
PREDNISONE (U.S.P.,MICRONIZED)	5	GM	BO	NA	GM	1	MG	1000	01/01/2016	99/99/9999	
PREDNISONE 10 MG	20	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999	
PREDNISONE 5 MG	21	EA	DP	PO	EA	1	MG	5	01/01/2016	99/99/9999	
PREDNISONE 20 MG	6	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999	01/01/2002
PREDNISONE 10 MG	40	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999	
PREDNISONE 5 MG	5	EA	NA	PO	EA	1	MG	5	01/01/2016	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
06/10/2003	4			

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
52959-0126-60		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
52959-0126-50		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
52959-0126-45		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
54569-0332-05		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
54569-0332-09		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
54569-0333-00		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
52959-0126-07		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
52959-0126-42		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
52959-0126-10		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
52959-0126-37		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
52959-0126-30		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
52959-0126-25		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
52959-0126-21		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
52959-0126-20		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
52959-0126-18		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
52959-0126-15		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
52959-0127-07		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
52959-0126-44		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
00591-5443-01		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
00603-5338-21		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
00603-5338-15		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
00603-5337-32		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
00603-5337-31		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
00603-5337-15		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PREDNISONE 10 MG	60	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999	
PREDNISONE 10 MG	50	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999	
PREDNISONE 10 MG	45	EA	NA	PO	EA	1	MG	10	01/01/2016	99/99/9999	
PREDNISONE 20 MG	100	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999	
PREDNISONE 20 MG	18	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999	
PREDNISONE 50 MG	8	EA	BO	PO	EA	1	MG	50	01/01/2016	99/99/9999	
PREDNISONE 10 MG	7	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999	
PREDNISONE 10 MG	42	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999	
PREDNISONE 10 MG	10	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999	
PREDNISONE 10 MG	37	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999	
PREDNISONE 10 MG	30	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999	
PREDNISONE 10 MG	25	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999	
PREDNISONE 10 MG	21	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999	
PREDNISONE 10 MG	20	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999	
PREDNISONE 10 MG	18	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999	
PREDNISONE 10 MG	15	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999	
PREDNISONE 20 MG	7	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999	
PREDNISONE 10 MG	44	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999	
PREDNISONE 20 MG	100	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999	
PREDNISONE 10 MG	100	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999	
PREDNISONE (DOSE PACK) 10 MG	21	EA	DP	PO	EA	1	MG	10	01/01/2016	99/99/9999	
PREDNISONE 5 MG	1000	EA	BO	PO	EA	1	MG	5	01/01/2016	99/99/9999	
PREDNISONE (DOSE PACK) 5 MG	48	EA	DP	PO	EA	1	MG	5	01/01/2016	99/99/9999	
PREDNISONE (DOSE PACK) 5 MG	21	EA	DP	PO	EA	1	MG	5	01/01/2016	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00603-5335-32		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
00603-5335-21		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
00463-6140-10		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
00591-5443-05		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
00603-5338-32		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
00591-5442-10		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
00591-5442-05		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
00591-5442-01		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
00591-5052-10		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
00591-5052-01		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
00463-6155-10		J7512		01/01/2016	01/01/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
00463-6141-10		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
00591-5443-10		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
33358-0294-15		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
51927-1435-00		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
33358-0292-12		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
33358-0292-15		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
33358-0292-21		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
33358-0292-30		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
33358-0292-78		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
33358-0293-20		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
00603-5338-28		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
33358-0293-40		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
00603-5338-31		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PREDNISONE 1 MG	1000	EA	BO	PO	EA	1	MG	1	01/01/2016	99/99/9999	
PREDNISONE 1 MG	100	EA	BO	PO	EA	1	MG	1	01/01/2016	99/99/9999	
PREDNICOT 10 MG	1000	EA	NA	PO	EA	1	MG	10	01/01/2016	02/03/2016	
PREDNISONE 20 MG	500	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999	
PREDNISONE 10 MG	1000	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999	
PREDNISONE 10 MG	1000	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999	
PREDNISONE 10 MG	500	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999	
PREDNISONE 10 MG	100	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999	
PREDNISONE 5 MG	1000	EA	BO	PO	EA	1	MG	5	01/01/2016	99/99/9999	
PREDNISONE 5 MG	100	EA	BO	PO	EA	1	MG	5	01/01/2016	99/99/9999	
PREDNICOT 5 MG	1000	EA	NA	PO	EA	1	MG	5	01/01/2016	01/01/2016	
PREDNICOT 20 MG	1000	EA	NA	PO	EA	1	MG	20	01/01/2016	02/03/2016	
PREDNISONE 20 MG	1000	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999	
PREDNISONE 20 MG	15	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999	
PREDNISONE MICRONIZED (USP)	1	GM	BO	NA	GM	1	1000	200	01/01/2016	99/99/9999	
PREDNISONE 5 MG	12	EA	BO	PO	EA	1	MG	5	01/01/2016	99/99/9999	
PREDNISONE 5 MG	15	EA	BO	PO	EA	1	MG	5	01/01/2016	99/99/9999	
PREDNISONE 5 MG	21	EA	BO	PO	EA	1	MG	5	01/01/2016	99/99/9999	
PREDNISONE 5 MG	30	EA	BO	PO	EA	1	MG	5	01/01/2016	99/99/9999	
PREDNISONE 5 MG	78	EA	BO	PO	EA	1	MG	5	01/01/2016	99/99/9999	
PREDNISONE 10 MG	20	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999	
PREDNISONE 10 MG	500	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999	
PREDNISONE 10 MG	40	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999	
PREDNISONE (DOSE PACK) 10 MG	48	EA	DP	PO	EA	1	MG	10	01/01/2016	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
33358-0294-20		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
33358-0294-30		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
33358-0294-40		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
33358-0294-60		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
00603-5339-32		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
00603-5339-28		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
00603-5339-21		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
00603-5336-21		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
33358-0293-30		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
00603-5337-21		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
59746-0171-10		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
58864-0362-20		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
58864-0362-56		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
58864-0423-15		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
58864-0423-20		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
58864-0423-30		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
58864-0423-40		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
59746-0173-06		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
63629-1605-05		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
59746-0172-06		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
63629-1579-03		J7512		01/01/2016	01/30/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
58864-0424-14		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PREDNISONE 20 MG	20	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999	
PREDNISONE 20 MG	30	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999	
PREDNISONE 20 MG	40	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999	
PREDNISONE 20 MG	60	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999	
PREDNISONE 20 MG	1000	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999	
PREDNISONE 20 MG	500	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999	
PREDNISONE 20 MG	100	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999	
PREDNISONE 2.5 MG	100	EA	BO	PO	EA	1	MG	2.5	01/01/2016	99/99/9999	
PREDNISONE 10 MG	30	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999	
PREDNISONE 5 MG	100	EA	BO	PO	EA	1	MG	5	01/01/2016	99/99/9999	
PREDNISONE 1 MG	1000	EA	BO	PO	EA	1	MG	1	01/01/2016	99/99/9999	
PREDNISONE (U.S.P.,REDI-SCRIPT) 5 MG	20	EA	BO	PO	EA	1	MG	5	01/01/2016	99/99/9999	
PREDNISONE (U.S.P.,REDI-SCRIPT) 5 MG	56	EA	BO	PO	EA	1	MG	5	01/01/2016	99/99/9999	
PREDNISONE 10 MG	15	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999	
PREDNISONE 10 MG	20	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999	
PREDNISONE (REDI-SCRIPT) 10 MG	30	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999	
PREDNISONE (REDI-SCRIPT) 10 MG	40	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999	
PREDNISONE (USP) 10 MG	100	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999	
PREDNISONE 5 MG	15	EA	NA	PO	EA	1	MG	5	01/01/2016	99/99/9999	
PREDNISONE (USP) 5 MG	100	EA	BO	PO	EA	1	MG	5	01/01/2016	99/99/9999	
PREDNISONE 10 MG	30	EA	NA	PO	EA	1	MG	10	01/01/2016	01/30/2017	
PREDNISONE (REDI-SCRIPT) 20 MG	14	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
58864-0424-20		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
59746-0171-06		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
59746-0008-10		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
59746-0008-06		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
59746-0007-10		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
59746-0007-06		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
59746-0172-10		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
62991-1206-02		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
58864-0424-30		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
63629-1605-04		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
59746-0175-10		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
59746-0175-09		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
59746-0175-06		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
59746-0173-10		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
63629-1605-03		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
63629-1579-01		J7512		01/01/2016	01/30/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
59746-0173-09		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
63629-1579-02		J7512		01/01/2016	01/30/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
62991-1206-01		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
63629-1605-02		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
63629-1605-01		J7512		01/01/2016	05/30/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
63629-1587-04		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
63629-1587-03		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
63629-1587-02		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PREDNISONE (REDI-SCRIPT) 20 MG	20	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999	
PREDNISONE 1 MG	100	EA	BO	PO	EA	1	MG	1	01/01/2016	99/99/9999	
PREDNISONE 10 MG	1000	EA	NA	PO	EA	1	MG	10	01/01/2016	02/03/2016	
PREDNISONE 10 MG	100	EA	NA	PO	EA	1	MG	10	01/01/2016	02/03/2016	
PREDNISONE 5 MG	1000	EA	NA	PO	EA	1	MG	5	01/01/2016	02/03/2016	
PREDNISONE 5 MG	100	EA	NA	PO	EA	1	MG	5	01/01/2016	02/03/2016	
PREDNISONE (USP) 5 MG	1000	EA	BO	PO	EA	1	MG	5	01/01/2016	99/99/9999	
PREDNISONE (U.S.P.,MICRONIZED)	25	GM	BO	NA	GM	1	MG	1000	01/01/2016	99/99/9999	
PREDNISONE 20 MG	30	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999	
PREDNISONE 5 MG	21	EA	NA	PO	EA	1	MG	5	01/01/2016	99/99/9999	
PREDNISONE (USP) 20 MG	1000	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999	
PREDNISONE (USP) 20 MG	500	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999	
PREDNISONE (USP) 20 MG	100	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999	
PREDNISONE (USP) 10 MG	1000	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999	
PREDNISONE 5 MG	36	EA	NA	PO	EA	1	MG	5	01/01/2016	99/99/9999	
PREDNISONE 10 MG	21	EA	NA	PO	EA	1	MG	10	01/01/2016	01/30/2017	
PREDNISONE (USP) 10 MG	500	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999	
PREDNISONE 10 MG	40	EA	NA	PO	EA	1	MG	10	01/01/2016	01/30/2017	
PREDNISONE (U.S.P.,MICRONIZED)	5	GM	BO	NA	GM	1	MG	1000	01/01/2016	99/99/9999	
PREDNISONE 5 MG	78	EA	NA	PO	EA	1	MG	5	01/01/2016	99/99/9999	
PREDNISONE 5 MG	30	EA	NA	PO	EA	1	MG	5	01/01/2016	05/30/2016	
PREDNISONE 20 MG	15	EA	NA	PO	EA	1	MG	20	01/01/2016	99/99/9999	
PREDNISONE 20 MG	40	EA	NA	PO	EA	1	MG	20	01/01/2016	99/99/9999	
PREDNISONE 20 MG	30	EA	NA	PO	EA	1	MG	20	01/01/2016	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
63629-1587-01		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
60760-0002-21		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
00143-9738-05		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
54868-0836-07		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
54868-0836-05		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
55289-0352-12		J7512		01/01/2016	03/08/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
55289-0352-10		J7512		01/01/2016	03/08/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
55289-0352-09		J7512		01/01/2016	03/08/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
55289-0352-07		J7512		01/01/2016	03/08/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
55289-0352-05		J7512		01/01/2016	03/08/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
66267-0172-15		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
55289-0330-05		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
54868-0836-02		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
54868-0836-08		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
54868-0908-00		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
66267-0171-15		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
66267-0171-20		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
66267-0171-21		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
66267-0171-40		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
55289-0330-10		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
55289-0352-14		J7512		01/01/2016	03/08/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
55289-0352-30		J7512		01/01/2016	03/08/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
55289-0352-21		J7512		01/01/2016	03/08/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
55289-0352-20		J7512		01/01/2016	03/08/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PREDNISONE 20 MG	20	EA	NA	PO	EA	1	MG	20	01/01/2016	99/99/9999	
PREDNISONE 20 MG	21	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999	01/01/2002
PREDNISONE 20 MG	500	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999	
PREDNISONE 10 MG	30	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999	
PREDNISONE 10 MG	60	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999	
PREDNISONE (USP) 20 MG	12	EA	BO	PO	EA	1	MG	20	01/01/2016	03/08/2017	
PREDNISONE 20 MG	10	EA	BO	PO	EA	1	MG	20	01/01/2016	03/08/2017	
PREDNISONE 20 MG	9	EA	BO	PO	EA	1	MG	20	01/01/2016	03/08/2017	
PREDNISONE 20 MG	7	EA	BO	PO	EA	1	MG	20	01/01/2016	03/08/2017	
PREDNISONE (USP) 20 MG	5	EA	BO	PO	EA	1	MG	20	01/01/2016	03/08/2017	
PREDNISONE 20 MG	15	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999	
PREDNISONE (USP) 50 MG	5	EA	BO	PO	EA	1	MG	50	01/01/2016	99/99/9999	
PREDNISONE 10 MG	100	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999	
PREDNISONE 10 MG	20	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999	
PREDNISONE 50 MG	30	EA	BO	PO	EA	1	MG	50	01/01/2016	99/99/9999	
PREDNISONE 10 MG	15	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999	
PREDNISONE 10 MG	20	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999	
PREDNISONE 10 MG	21	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999	
PREDNISONE 10 MG	40	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999	
PREDNISONE 50 MG	10	EA	BO	PO	EA	1	MG	50	01/01/2016	99/99/9999	
PREDNISONE 20 MG	14	EA	BO	PO	EA	1	MG	20	01/01/2016	03/08/2017	
PREDNISONE 20 MG	30	EA	BO	PO	EA	1	MG	20	01/01/2016	03/08/2017	
PREDNISONE 20 MG	21	EA	BO	PO	EA	1	MG	20	01/01/2016	03/08/2017	
PREDNISONE 20 MG	20	EA	BO	PO	EA	1	MG	20	01/01/2016	03/08/2017	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
09/26/2002	4	03/01/2006	09/01/2007	4

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
54569-5840-00		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
54569-5841-00		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
54569-5911-00		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
54868-0258-01		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
54868-0836-04		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
55289-0352-15		J7512		01/01/2016	03/08/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
54868-0836-03		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
54868-0258-04		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
54868-0258-05		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
54868-0258-06		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
54868-0258-08		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
54868-0258-09		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
54868-0836-00		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
66267-0172-20		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
54868-0258-02		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
54868-1183-00		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
54868-4096-00		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
54868-1119-01		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
54868-1119-02		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
54868-1119-03		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
66267-0172-10		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
54868-1119-05		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
52959-0127-18		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
54868-1183-01		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PREDNISONE 10 MG	21	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999	
PREDNISONE 10 MG	48	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999	
PREDNISONE (PACK) 5 MG	48	EA	BO	PO	EA	1	MG	5	01/01/2016	99/99/9999	
PREDNISONE 5 MG	30	EA	BO	PO	EA	1	MG	5	01/01/2016	99/99/9999	
PREDNISONE 10 MG	15	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999	
PREDNISONE 20 MG	15	EA	BO	PO	EA	1	MG	20	01/01/2016	03/08/2017	
PREDNISONE 10 MG	50	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999	
PREDNISONE 5 MG	20	EA	BO	PO	EA	1	MG	5	01/01/2016	99/99/9999	
PREDNISONE 5 MG	36	EA	BO	PO	EA	1	MG	5	01/01/2016	99/99/9999	
PREDNISONE 5 MG	55	EA	BO	PO	EA	1	MG	5	01/01/2016	99/99/9999	
PREDNISONE 5 MG	60	EA	BO	PO	EA	1	MG	5	01/01/2016	99/99/9999	
PREDNISONE 5 MG	15	EA	BO	PO	EA	1	MG	5	01/01/2016	02/03/2016	
PREDNISONE 10 MG	40	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999	
PREDNISONE 20 MG	20	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999	
PREDNISONE 5 MG	100	EA	BO	PO	EA	1	MG	5	01/01/2016	99/99/9999	
PREDNISONE 20 MG	100	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999	
PREDNISONE (6 DAY DOSEPAK) 5 MG	21	EA	BX	PO	EA	1	MG	5	01/01/2016	99/99/9999	
PREDNISONE 1 MG	100	EA	BO	PO	EA	1	MG	1	01/01/2016	99/99/9999	
PREDNISONE 1 MG	90	EA	BO	PO	EA	1	MG	1	01/01/2016	02/03/2016	
PREDNISONE 1 MG	30	EA	BO	PO	EA	1	MG	1	01/01/2016	99/99/9999	
PREDNISONE 20 MG	10	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999	
PREDNISONE 1 MG	60	EA	BO	PO	EA	1	MG	1	01/01/2016	99/99/9999	
PREDNISONE 20 MG	18	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999	
PREDNISONE 20 MG	15	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
54868-1183-02		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
54868-1183-03		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
54868-1183-07		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
54868-1183-08		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
54868-1183-09		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
54569-4026-04		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
54868-1119-04		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
54868-0908-01		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
66267-0172-30		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
66267-0173-20		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
66267-0173-30		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
66267-0173-40		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
66267-0173-42		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
66267-0173-60		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
66267-0948-21		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
49999-0028-21		J7512		01/01/2016	06/01/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
54868-5213-00		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
55289-0330-07		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
54868-0908-02		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
54868-0908-03		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
54868-0908-04		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
54868-0923-01		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
63874-0327-01		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
63874-0392-30		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PREDNISONE 20 MG	60	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999	
PREDNISONE 20 MG	30	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999	
PREDNISONE 20 MG	20	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999	
PREDNISONE 20 MG	10	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999	
PREDNISONE 20 MG	25	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999	
PREDNISONE 5 MG	40	EA	TAB	PO	EA	1	MG	5	01/01/2016	99/99/9999	
PREDNISONE 1 MG	15	EA	BO	PO	EA	1	MG	1	01/01/2016	02/03/2016	
PREDNISONE 50 MG	10	EA	BO	PO	EA	1	MG	50	01/01/2016	99/99/9999	
PREDNISONE 20 MG	30	EA	BO	PO	EA	1	MG	20	01/01/2016	99/99/9999	
PREDNISONE 5 MG	20	EA	BO	PO	EA	1	MG	5	01/01/2016	99/99/9999	
PREDNISONE 5 MG	30	EA	BO	PO	EA	1	MG	5	01/01/2016	99/99/9999	
PREDNISONE 5 MG	40	EA	BO	PO	EA	1	MG	5	01/01/2016	99/99/9999	
PREDNISONE 5 MG	42	EA	BO	PO	EA	1	MG	5	01/01/2016	99/99/9999	
PREDNISONE 5 MG	60	EA	BO	PO	EA	1	MG	5	01/01/2016	99/99/9999	
PREDNISONE (DOSEPACK) 5 MG	21	EA	DP	PO	EA	1	MG	5	01/01/2016	99/99/9999	
PREDNISONE 10 MG	21	EA	BO	PO	EA	1	MG	10	01/01/2016	06/01/2017	
PREDNISONE 5 MG	48	EA	DP	PO	EA	1	MG	5	01/01/2016	99/99/9999	
PREDNISONE 50 MG	7	EA	BO	PO	EA	1	MG	50	01/01/2016	99/99/9999	
PREDNISONE 50 MG	3	EA	BO	PO	EA	1	MG	50	01/01/2016	02/03/2016	
PREDNISONE (USP) 50 MG	50	EA	BO	PO	EA	1	MG	50	01/01/2016	99/99/9999	
PREDNISONE (USP) 50 MG	60	EA	BO	PO	EA	1	MG	50	01/01/2016	02/03/2016	
DELTASONE 5 MG	30	EA	BO	PO	EA	1	MG	5	01/01/2016	02/03/2016	
PREDNISONE 10 MG	100	EA	BO	PO	EA	1	MG	10	01/01/2016	02/03/2016	
PREDNISONE 20 MG	30	EA	BO	PO	EA	1	MG	20	01/01/2016	02/03/2016	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
66267-0171-30		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
54868-5230-00		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
63874-0373-36		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
63874-0373-20		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
63874-0327-28		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
63874-0327-30		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
63874-0392-01		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
63874-0373-60		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
63874-0373-50		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
63874-0373-02		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
63874-0392-20		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
63874-0392-14		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
63874-0373-40		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
63874-0327-32		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
63874-0327-40		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
63874-0327-24		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
63874-0392-40		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
63874-0327-21		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
63874-0373-33		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
63874-0392-28		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
63874-0373-30		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
63874-0392-24		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
63874-0392-21		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
63874-0327-50		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PREDNISONE 10 MG	30	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999	
PREDNISONE (DOSE PACK) 10 MG	21	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999	
PREDNISONE 5 MG	36	EA	BO	PO	EA	1	MG	5	01/01/2016	02/03/2016	
PREDNISONE 5 MG	20	EA	BO	PO	EA	1	MG	5	01/01/2016	02/03/2016	
PREDNISONE 10 MG	28	EA	BO	PO	EA	1	MG	10	01/01/2016	02/03/2016	
PREDNISONE 10 MG	30	EA	BO	PO	EA	1	MG	10	01/01/2016	02/03/2016	
PREDNISONE 20 MG	100	EA	BO	PO	EA	1	MG	20	01/01/2016	02/03/2016	
PREDNISONE 5 MG	60	EA	BO	PO	EA	1	MG	5	01/01/2016	02/03/2016	
PREDNISONE 5 MG	50	EA	BO	PO	EA	1	MG	5	01/01/2016	02/03/2016	
PREDNISONE 5 MG	1000	EA	BO	PO	EA	1	MG	5	01/01/2016	02/03/2016	
PREDNISONE 20 MG	20	EA	BO	PO	EA	1	MG	20	01/01/2016	02/03/2016	
PREDNISONE 20 MG	14	EA	BO	PO	EA	1	MG	20	01/01/2016	02/03/2016	
PREDNISONE 5 MG	40	EA	BO	PO	EA	1	MG	5	01/01/2016	02/03/2016	
PREDNISONE 10 MG	32	EA	BO	PO	EA	1	MG	10	01/01/2016	02/03/2016	
PREDNISONE 10 MG	40	EA	BO	PO	EA	1	MG	10	01/01/2016	02/03/2016	
PREDNISONE 10 MG	24	EA	BO	PO	EA	1	MG	10	01/01/2016	02/03/2016	
PREDNISONE 20 MG	40	EA	BO	PO	EA	1	MG	20	01/01/2016	02/03/2016	
PREDNISONE 10 MG	21	EA	BO	PO	EA	1	MG	10	01/01/2016	02/03/2016	
PREDNISONE 5 MG	33	EA	BO	PO	EA	1	MG	5	01/01/2016	02/03/2016	
PREDNISONE 20 MG	28	EA	BO	PO	EA	1	MG	20	01/01/2016	02/03/2016	
PREDNISONE 5 MG	30	EA	BO	PO	EA	1	MG	5	01/01/2016	02/03/2016	
PREDNISONE 20 MG	24	EA	BO	PO	EA	1	MG	20	01/01/2016	02/03/2016	
PREDNISONE 20 MG	21	EA	BO	PO	EA	1	MG	20	01/01/2016	02/03/2016	
PREDNISONE 10 MG	50	EA	BO	PO	EA	1	MG	10	01/01/2016	02/03/2016	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
63874-0327-60		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
63874-0373-01		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
66267-0171-42		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
63874-0373-21		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
55289-0373-30		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
63874-0373-10		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
63874-0373-15		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
63874-0327-42		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
63874-0327-14		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
55289-0373-36		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
55289-0373-42		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
55289-0373-46		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
63874-0392-10		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
63874-0392-06		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
63874-0327-02		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
63874-0392-15		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
55289-0373-55		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
63874-0392-02		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
63874-0327-10		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
63874-0327-12		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
55289-0373-60		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
63874-0327-25		J7512		01/01/2016	10/17/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
55289-0438-20		J7512		01/01/2016	03/08/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
55289-0438-40		J7512		01/01/2016	03/08/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PREDNISONE 10 MG	60	EA	BO	PO	EA	1	MG	10	01/01/2016	02/03/2016	
PREDNISONE 5 MG	100	EA	BO	PO	EA	1	MG	5	01/01/2016	02/03/2016	
PREDNISONE 10 MG	42	EA	BO	PO	EA	1	MG	10	01/01/2016	99/99/9999	
PREDNISONE 5 MG	21	EA	BO	PO	EA	1	MG	5	01/01/2016	02/03/2016	
PREDNISONE 5 MG	30	EA	BO	PO	EA	1	MG	5	01/01/2016	99/99/9999	
PREDNISONE 5 MG	10	EA	BO	PO	EA	1	MG	5	01/01/2016	02/03/2016	
PREDNISONE 5 MG	15	EA	BO	PO	EA	1	MG	5	01/01/2016	02/03/2016	
PREDNISONE 10 MG	42	EA	BO	PO	EA	1	MG	10	01/01/2016	02/03/2016	
PREDNISONE 10 MG	14	EA	BO	PO	EA	1	MG	10	01/01/2016	02/03/2016	
PREDNISONE 5 MG	36	EA	BO	PO	EA	1	MG	5	01/01/2016	99/99/9999	
PREDNISONE 5 MG	42	EA	BO	PO	EA	1	MG	5	01/01/2016	99/99/9999	
PREDNISONE 5 MG	46	EA	BO	PO	EA	1	MG	5	01/01/2016	99/99/9999	
PREDNISONE 20 MG	10	EA	BO	PO	EA	1	MG	20	01/01/2016	02/03/2016	
PREDNISONE 20 MG	60	EA	BO	PO	EA	1	MG	20	01/01/2016	02/03/2016	
PREDNISONE 10 MG	1000	EA	BO	PO	EA	1	MG	10	01/01/2016	02/03/2016	
PREDNISONE 20 MG	15	EA	BO	PO	EA	1	MG	20	01/01/2016	02/03/2016	
PREDNISONE 5 MG	55	EA	BO	PO	EA	1	MG	5	01/01/2016	99/99/9999	
PREDNISONE 20 MG	1000	EA	BO	PO	EA	1	MG	20	01/01/2016	02/03/2016	
PREDNISONE 10 MG	10	EA	BO	PO	EA	1	MG	10	01/01/2016	02/03/2016	
PREDNISONE 10 MG	12	EA	BO	PO	EA	1	MG	10	01/01/2016	02/03/2016	
PREDNISONE 5 MG	60	EA	BO	PO	EA	1	MG	5	01/01/2016	99/99/9999	
PREDNISONE 10 MG	25	EA	BO	PO	EA	1	MG	10	01/01/2016	10/17/2016	
PREDNISONE 10 MG	20	EA	BO	PO	EA	1	MG	10	01/01/2016	03/08/2017	
PREDNISONE 10 MG	40	EA	BO	PO	EA	1	MG	10	01/01/2016	03/08/2017	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
63874-0327-20		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
55289-0438-60		J7512		01/01/2016	03/08/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
55289-0438-50		J7512		01/01/2016	03/08/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
55289-0438-42		J7512		01/01/2016	03/08/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
63874-0327-19		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
55289-0373-72		J7512		01/01/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
63874-0327-15		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
55289-0438-38		J7512		01/01/2016	03/08/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
55289-0438-36		J7512		01/01/2016	03/08/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
55289-0438-30		J7512		01/01/2016	03/08/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
55289-0438-21		J7512		01/01/2016	03/08/2017	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
63874-0327-18		J7512		01/01/2016	02/03/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
62856-0796-01		J8655		01/01/2016	03/31/2017	Netupitant 300 mg and palonosetron 0.5 mg, oral
55513-0150-01		J9039		01/01/2016	99/99/9999	INJECTION, BLINATUMOMAB, 1 MICROGRAM
55513-0160-01		J9039		01/01/2016	99/99/9999	INJECTION, BLINATUMOMAB, 1 MICROGRAM
00074-3012-07		J7340		01/01/2016	99/99/9999	CARBIDOPA 5 MG/LEVODOPA 20 MG ENTERAL SUSPENSION, 100 ML
00944-2514-02		J1575		01/01/2016	99/99/9999	INJECTION, IMMUNE GLOBULIN/HYALURONIDASE, (HYQVIA), 100 MG IMMUNEGLOBULIN
00944-2513-02		J1575		01/01/2016	99/99/9999	INJECTION, IMMUNE GLOBULIN/HYALURONIDASE, (HYQVIA), 100 MG IMMUNEGLOBULIN
00944-2512-02		J1575		01/01/2016	99/99/9999	INJECTION, IMMUNE GLOBULIN/HYALURONIDASE, (HYQVIA), 100 MG IMMUNEGLOBULIN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PREDNISONE 10 MG	20	EA	BO	PO	EA	1	MG	10	01/01/2016	02/03/2016	
PREDNISONE 10 MG	60	EA	BO	PO	EA	1	MG	10	01/01/2016	03/08/2017	
PREDNISONE 10 MG	50	EA	BO	PO	EA	1	MG	10	01/01/2016	03/08/2017	
PREDNISONE (USP) 10 MG	42	EA	BO	PO	EA	1	MG	10	01/01/2016	03/08/2017	
PREDNISONE 10 MG	19	EA	BO	PO	EA	1	MG	10	01/01/2016	02/03/2016	
PREDNISONE 5 MG	72	EA	BO	PO	EA	1	MG	5	01/01/2016	99/99/9999	
PREDNISONE 10 MG	15	EA	BO	PO	EA	1	MG	10	01/01/2016	02/03/2016	
PREDNISONE 10 MG	38	EA	BO	PO	EA	1	MG	10	01/01/2016	03/08/2017	
PREDNISONE 10 MG	36	EA	BO	PO	EA	1	MG	10	01/01/2016	03/08/2017	
PREDNISONE 10 MG	30	EA	BO	PO	EA	1	MG	10	01/01/2016	03/08/2017	
PREDNISONE 10 MG	21	EA	BO	PO	EA	1	MG	10	01/01/2016	03/08/2017	
PREDNISONE 10 MG	18	EA	BO	PO	EA	1	MG	10	01/01/2016	02/03/2016	
AKYNZEO (HARD GELATIN) 300 MG-0.5 MG	1	EA	DP	PO	EA	300.5	MG	1	01/01/2016	03/31/2017	
BLINCYTO (INNER VIAL NDC,PF) 35 MCG	1	EA	VL	IV	EA	1	MCG	35	01/01/2016	99/99/9999	
BLINCYTO (W/ SOLN STABALIZER,PF) 35 MCG	1	EA	VL	IV	EA	1	MCG	35	01/01/2016	99/99/9999	
DUOPA 4.63 MG/ML-20 MG/ML	100	ML	BX	NA	ML	25	MG	1	01/01/2016	99/99/9999	
HYQVIA (PF,LATEX-FREE) 160 U/ML-10%	315	ML	VL	SC	ML	100	MG	1	01/01/2016	99/99/9999	
HYQVIA (PF,LATEX-FREE) 160 U/ML-10%	210	ML	VL	SC	ML	100	MG	1	01/01/2016	99/99/9999	
HYQVIA (PF,LATEX-FREE) 160 U/ML-10%	105	ML	VL	SC	ML	100	MG	1	01/01/2016	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00944-2511-02		J1575		01/01/2016	99/99/9999	INJECTION, IMMUNE GLOBULIN/HYALURONIDASE, (HYQVIA), 100 MG IMMUNEGLOBULIN
00944-2510-02		J1575		01/01/2016	99/99/9999	INJECTION, IMMUNE GLOBULIN/HYALURONIDASE, (HYQVIA), 100 MG IMMUNEGLOBULIN
00003-3772-11		J9299		01/01/2016	99/99/9999	INJECTION, NIVOLUMAB, 1 MG
59148-0046-70		J0894		10/21/2015	99/99/9999	INJECTION, DECITABINE, 1 MG
60505-0750-01		J0696		11/02/2015	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
60505-0751-01		J0696		11/02/2015	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
60505-0752-03		J0696		11/02/2015	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
60505-0753-03		J0696		11/02/2015	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
23155-0547-41		J2405		11/01/2015	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG
23155-0549-31		J2405		11/01/2015	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG
23155-0547-42		J2405		11/01/2015	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG
17478-0174-24		J7614		10/20/2015	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
24492-0899-99		J7682		11/01/2015	02/16/2016	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS
49452-0028-01		J2270		06/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG
49452-0028-02		J2270		06/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG
49452-0028-03		J2270		06/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG
49452-0029-01		J1170		06/01/2015	10/17/2016	INJECTION, HYDROMORPHONE, UP TO 4 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
HYQVIA (PF,LATEX-FREE) 160 U/ML-10%	52.5	ML	VL	SC	ML	100	MG	1	01/01/2016	99/99/9999	
HYQVIA (PF,LATEX-FREE) 160 U/ML-10%	26.25	ML	VL	SC	ML	100	MG	1	01/01/2016	99/99/9999	
OPDIVO (PF) 10 MG/ML	4	ML	VL	IV	ML	1	MG	10	01/01/2016	99/99/9999	
DACOGEN (SDV) 50 MG	1	EA	VL	IV	EA	1	MG	50	10/21/2015	99/99/9999	
CEFTRIAXONE (SDV, USP,CRYSTALLINE) 250 MG	1	EA	VL	IJ	EA	250	MG	1	11/02/2015	99/99/9999	
CEFTRIAXONE (SDV, USP,CRYSTALLINE) 500 MG	1	EA	VL	IJ	EA	250	MG	2	11/02/2015	99/99/9999	
CEFTRIAXONE (SDV, USP,CRYSTALLINE) 1 GM	1	EA	VL	IJ	EA	250	MG	4	11/02/2015	99/99/9999	
CEFTRIAXONE (SDV, USP,CRYSTALLINE) 2 GM	1	EA	VL	IJ	EA	250	MG	8	11/02/2015	99/99/9999	
ONDANSETRON (SDV,PF) 2 MG/1 ML	2	ML	VL	IJ	ML	1	MG	2	11/01/2015	99/99/9999	
ONDANSETRON (MDV) 2 MG/1 ML	20	ML	VL	IJ	ML	1	MG	2	11/01/2015	99/99/9999	
ONDANSETRON (SDV,PF) 2 MG/1 ML	2	ML	VL	IJ	ML	1	MG	2	11/01/2015	99/99/9999	
XOPENEX (PF) 1.25 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.83333	10/20/2015	99/99/9999	
TOBRAMYCIN (PAK,PF) 300 MG/5 ML	5	ML	PC	IH	ML	300	MG	0.2	11/01/2015	02/16/2016	
MORPHINE SULFATE (U.S.P.)	5	GM	JR	NA	GM	10	MG	100	06/01/2015	99/99/9999	
MORPHINE SULFATE (U.S.P.)	25	GM	JR	NA	GM	10	MG	100	06/01/2015	99/99/9999	
MORPHINE SULFATE	100	GM	JR	NA	GM	10	MG	100	06/01/2015	99/99/9999	
HYDROMORPHONE HCL (U.S.P.)	1	GM	BO	NA	GM	4	MG	250	06/01/2015	10/17/2016	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
49452-0029-02		J1170		06/01/2015	10/17/2016	INJECTION, HYDROMORPHONE, UP TO 4 MG
49452-0029-04		J1170		06/01/2015	10/17/2016	INJECTION, HYDROMORPHONE, UP TO 4 MG
49452-0031-03		J2175		06/01/2015	10/17/2016	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG
49452-0032-01		J3010		06/01/2015	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG
49452-0032-02		J3010		06/01/2015	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG
49452-1775-01		J1955		06/01/2015	10/17/2016	INJECTION, LEVOCARNITINE, PER 1 GM
49452-1775-02		J1955		06/01/2015	10/17/2016	INJECTION, LEVOCARNITINE, PER 1 GM
49452-2400-02		J3420		06/01/2015	10/17/2016	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG
49452-2400-03		J3420		06/01/2015	10/17/2016	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG
49452-2460-01		J1094		06/01/2015	10/17/2016	INJECTION, DEXAMETHASONE ACETATE, 1 MG
49452-2460-02		J1094		06/01/2015	99/99/9999	INJECTION, DEXAMETHASONE ACETATE, 1 MG
49452-2460-03		J1094		06/01/2015	10/17/2016	INJECTION, DEXAMETHASONE ACETATE, 1 MG
49452-2588-01		J1212		06/01/2015	10/17/2016	INJECTION, DMSO, DIMETHYL SULFOXIDE, 50%, 50 ML
49452-2612-02		J1160		06/01/2015	10/17/2016	INJECTION, DIGOXIN, UP TO 0.5 MG
49452-2640-01		J1200		06/01/2015	10/17/2016	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG
49452-2640-02		J1200		06/01/2015	10/17/2016	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG
49452-2702-03		J3520		06/01/2015	10/17/2016	EDETATE DISODIUM, PER 150 MG
49452-2740-01		J7799		06/01/2015	10/17/2016	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
49452-2791-01		J1380		06/01/2015	10/17/2016	INJECTION, ESTRADIOL VALERATE, UP TO 10 MG
49452-2791-02		J1380		06/01/2015	10/17/2016	INJECTION, ESTRADIOL VALERATE, UP TO 10 MG
49452-2795-01		J1435		06/01/2015	10/17/2016	INJECTION, ESTRONE, PER 1 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
HYDROMORPHONE HCL (U.S.P.)	5	GM	JR	NA	GM	4	MG	250	06/01/2015	10/17/2016	
HYDROMORPHONE HCL (U.S.P.)	25	GM	JR	NA	GM	4	MG	250	06/01/2015	10/17/2016	
MEPERIDINE HCL (U.S.P.)	5	GM	BO	NA	GM	100	MG	10	06/01/2015	10/17/2016	
FENTANYL CITRATE (U.S.P.)	1	GM	BO	NA	GM	0.1	MG	10000	06/01/2015	99/99/9999	
FENTANYL CITRATE (U.S.P.)	0.1	GM	JR	NA	GM	0.1	MG	10000	06/01/2015	99/99/9999	
L-CARNITINE FREE BASE	25	GM	BO	NA	GM	1	GM	1	06/01/2015	10/17/2016	
L-CARNITINE FREE BASE	100	GM	BO	NA	GM	1	GM	1	06/01/2015	10/17/2016	
CYANOCOBALAMIN (U.S.P.)	1	GM	BO	NA	GM	1000	MCG	1000	06/01/2015	10/17/2016	
CYANOCOBALAMIN (U.S.P.)	5	GM	BO	NA	GM	1000	MCG	1000	06/01/2015	10/17/2016	
DEXAMETHASONE ACETATE ANHYDROUS (U.S.P,MICRONIZED)	5	GM	BO	NA	GM	1	MG	1000	06/01/2015	10/17/2016	
DEXAMETHASONE ACETATE ANHYDROUS (U.S.P,MICRONIZED)	25	GM	BO	NA	GM	1	MG	1000	06/01/2015	99/99/9999	
DEXAMETHASONE ACETATE ANHYDROUS (U.S.P,MICRONIZED)	1	GM	BO	NA	GM	1	MG	1000	06/01/2015	10/17/2016	
DIMETHYL SULFOXIDE (U.S.P.)	500	ML	BO	NA	ML	50	ML	0.02	06/01/2015	10/17/2016	
DIGOXIN (U.S.P.)	1	GM	BO	NA	GM	0.5	MG	2000	06/01/2015	10/17/2016	
DIPHENHYDRAMINE HCL (U.S.P.)	100	GM	BO	NA	GM	50	MG	20	06/01/2015	10/17/2016	
DIPHENHYDRAMINE HCL (U.S.P.)	500	GM	BO	NA	GM	50	MG	20	06/01/2015	10/17/2016	
EDETATE DISODIUM DIHYDRATE (U.S.P.)	125	GM	BO	NA	GM	150	MG	6.66666	06/01/2015	10/17/2016	
EPINEPHRINE (U.S.P.)	100	GM	BO	NA	GM	1	GM	1	06/01/2015	10/17/2016	
ESTRADIOL VALERATE (U.S.P.)	1	GM	BO	NA	GM	10	MG	100	06/01/2015	10/17/2016	
ESTRADIOL VALERATE (U.S.P.)	5	GM	BO	NA	GM	10	MG	100	06/01/2015	10/17/2016	
ESTRONE (U.S.P.)	1	GM	BO	NA	GM	1	MG	1000	06/01/2015	10/17/2016	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
49452-2795-02		J1435		06/01/2015	10/17/2016	INJECTION, ESTRONE, PER 1 MG
49452-2795-04		J1435		09/01/2015	10/17/2016	INJECTION, ESTRONE, PER 1 MG
49452-3175-01		J9190		06/01/2015	10/17/2016	INJECTION, FLUOROURACIL, 500 MG
49452-3175-02		J9190		06/01/2015	10/17/2016	INJECTION, FLUOROURACIL, 500 MG
49452-3175-03		J9190		06/01/2015	10/17/2016	INJECTION, FLUOROURACIL, 500 MG
49452-3175-04		J9190		06/01/2015	10/17/2016	INJECTION, FLUOROURACIL, 500 MG
49452-3222-01		J1940		06/01/2015	10/17/2016	INJECTION, FUROSEMIDE, UP TO 20 MG
49452-3446-01		J1630		06/01/2015	10/17/2016	INJECTION, HALOPERIDOL, UP TO 5 MG
49452-3446-02		J1630		06/01/2015	10/17/2016	INJECTION, HALOPERIDOL, UP TO 5 MG
49452-3590-01		J1700		06/01/2015	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG
49452-3590-02		J1700		06/01/2015	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG
49452-3590-03		J1700		06/01/2015	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG
49452-3652-02		J3410		06/01/2015	99/99/9999	INJECTION, HYDROXYZINE HCL, UP TO 25 MG
49452-3659-01		Q0177		06/01/2015	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
49452-3659-02		Q0177		06/01/2015	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
49452-3845-01		J1835		06/01/2015	10/17/2016	INJECTION, ITRACONAZOLE, 50 MG
49452-3919-05		J1885		06/01/2015	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
ESTRONE (U.S.P.)	5	GM	BO	NA	GM	1	MG	1000	06/01/2015	10/17/2016	
ESTRONE (U.S.P.)	25	GM	BO	NA	GM	1	MG	1000	09/01/2015	10/17/2016	
5-FLUOROURACIL (U.S.P.)	1	GM	BO	NA	GM	500	MG	2	06/01/2015	10/17/2016	
5-FLUOROURACIL (U.S.P.)	5	GM	BO	NA	GM	500	MG	2	06/01/2015	10/17/2016	
5-FLUOROURACIL (U.S.P.)	25	GM	BO	NA	GM	500	MG	2	06/01/2015	10/17/2016	
5-FLUOROURACIL (U.S.P.)	100	GM	BO	NA	GM	500	MG	2	06/01/2015	10/17/2016	
FUROSEMIDE (U.S.P./N.F.)	25	GM	BO	NA	GM	20	MG	50	06/01/2015	10/17/2016	
HALOPERIDOL (U.S.P.)	5	GM	BO	NA	GM	5	MG	200	06/01/2015	10/17/2016	
HALOPERIDOL (U.S.P.)	25	GM	BO	NA	GM	5	MG	200	06/01/2015	10/17/2016	
HYDROCORTISONE ACETATE (U.S.P,MICRONIZED)	5	GM	BO	NA	GM	25	MG	40	06/01/2015	99/99/9999	
HYDROCORTISONE ACETATE (U.S.P,MICRONIZED)	25	GM	BO	NA	GM	25	MG	40	06/01/2015	99/99/9999	
HYDROCORTISONE ACETATE (U.S.P,MICRONIZED)	100	GM	BO	NA	GM	25	MG	40	06/01/2015	99/99/9999	
HYDROXYZINE HCL (U.S.P.)	25	GM	BO	NA	GM	25	MG	40	06/01/2015	99/99/9999	
HYDROXYZINE PAMOATE (U.S.P./N.F.)	25	GM	BO	NA	GM	25	MG	40	06/01/2015	99/99/9999	
HYDROXYZINE PAMOATE (U.S.P./N.F.)	100	GM	BO	NA	GM	25	MG	40	06/01/2015	99/99/9999	
ITRACONAZOLE	1	GM	BO	NA	GM	50	MG	20	06/01/2015	10/17/2016	
KETOROLAC TROMETHAMINE (U.S.P.)	5	GM	BO	NA	GM	15	MG	66.66666	06/01/2015	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
49452-4036-01		J0640		06/01/2015	10/17/2016	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG
49452-4036-02		J0640		06/01/2015	10/17/2016	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG
49452-4036-04		J0640		09/01/2015	10/17/2016	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG
49452-4050-01		J2001		06/01/2015	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG
49452-4050-02		J2001		06/01/2015	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG
49452-4050-03		J2001		06/01/2015	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG
49452-4140-01		J2060		06/01/2015	10/17/2016	INJECTION, LORAZEPAM, 2 MG
49452-4140-02		J2060		06/01/2015	10/17/2016	INJECTION, LORAZEPAM, 2 MG
49452-4140-03		J2060		06/01/2015	10/17/2016	INJECTION, LORAZEPAM, 2 MG
49452-4140-04		J2060		06/01/2015	10/17/2016	INJECTION, LORAZEPAM, 2 MG
49452-4300-01		J3475		06/01/2015	10/17/2016	INJECTION, MAGNESIUM SULFATE, PER 500 MG
49452-4300-02		J3475		06/01/2015	10/17/2016	INJECTION, MAGNESIUM SULFATE, PER 500 MG
49452-4300-03		J3475		06/01/2015	10/17/2016	INJECTION, MAGNESIUM SULFATE, PER 500 MG
49452-4380-01		J2150		06/01/2015	10/17/2016	INJECTION, MANNITOL, 25% IN 50 ML
49452-4380-02		J2150		06/01/2015	10/17/2016	INJECTION, MANNITOL, 25% IN 50 ML
49452-4380-03		J2150		06/01/2015	10/17/2016	INJECTION, MANNITOL, 25% IN 50 ML
49452-4410-01		J3430		06/01/2015	10/17/2016	INJECTION, PHYTONADIONE (VITAMIN K), PER 1 MG
49452-4410-02		J3430		06/01/2015	10/17/2016	INJECTION, PHYTONADIONE (VITAMIN K), PER 1 MG
49452-4553-01		J1230		06/01/2015	10/17/2016	INJECTION, METHADONE HCL, UP TO 10 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
LEUCOVORIN CALCIUM (U.S.P.)	0.5	GM	BO	NA	GM	50	MG	20	06/01/2015	10/17/2016	
LEUCOVORIN CALCIUM (U.S.P.)	1	GM	BO	NA	GM	50	MG	20	06/01/2015	10/17/2016	
LEUCOVORIN CALCIUM (U.S.P.)	0.1	GM	BO	NA	GM	50	MG	20	09/01/2015	10/17/2016	
LIDOCAINE HCL MONOHYDRATE (U.S.P.)	25	GM	BO	NA	GM	10	MG	100	06/01/2015	99/99/9999	
LIDOCAINE HCL MONOHYDRATE (U.S.P.)	100	GM	BO	NA	GM	10	MG	100	06/01/2015	99/99/9999	
LIDOCAINE HCL MONOHYDRATE (U.S.P.)	500	GM	BO	NA	GM	10	MG	100	06/01/2015	99/99/9999	
LORAZEPAM (U.S.P.)	5	GM	JR	NA	GM	2	MG	500	06/01/2015	10/17/2016	
LORAZEPAM (U.S.P.)	25	GM	JR	NA	GM	2	MG	500	06/01/2015	10/17/2016	
LORAZEPAM (U.S.P.)	100	GM	JR	NA	GM	2	MG	500	06/01/2015	10/17/2016	
LORAZEPAM (U.S.P.)	500	GM	JR	NA	GM	2	MG	500	06/01/2015	10/17/2016	
MAGNESIUM SULFATE HEPTAHYDRATE (U.S.P.,E.P.,B.P.,J.P.)	500	GM	BO	NA	GM	500	MG	2	06/01/2015	10/17/2016	
MAGNESIUM SULFATE HEPTAHYDRATE (U.S.P.,E.P.,B.P.,J.P.)	2500	GM	BO	NA	GM	500	MG	2	06/01/2015	10/17/2016	
MAGNESIUM SULFATE HEPTAHYDRATE (U.S.P.,E.P.,B.P.,J.P.)	12000	GM	BO	NA	GM	500	MG	2	06/01/2015	10/17/2016	
MANNITOL (U.S.P.)	500	GM	BO	NA	GM	50	ML	0.8	06/01/2015	10/17/2016	
MANNITOL (U.S.P.)	2500	GM	BO	NA	GM	50	ML	0.8	06/01/2015	10/17/2016	
MANNITOL (U.S.P.)	12000	GM	BO	NA	GM	50	ML	0.8	06/01/2015	10/17/2016	
MENADIONE (U.S.P.)	25	GM	BO	NA	GM	1	MG	1000	06/01/2015	10/17/2016	
MENADIONE (U.S.P.)	100	GM	BO	NA	GM	1	MG	1000	06/01/2015	10/17/2016	
METHADONE HCL (U.S.P.)	5	GM	BO	NA	GM	10	MG	100	06/01/2015	10/17/2016	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
49452-4553-02		J1230		06/01/2015	10/17/2016	INJECTION, METHADONE HCL, UP TO 10 MG
49452-4553-03		J1230		06/01/2015	10/17/2016	INJECTION, METHADONE HCL, UP TO 10 MG
49452-4686-01		J7509		06/01/2015	10/17/2016	METHYLPREDNISOLONE ORAL, PER 4 MG
49452-4686-02		J7509		06/01/2015	10/17/2016	METHYLPREDNISOLONE ORAL, PER 4 MG
49452-4686-03		J7509		06/01/2015	10/17/2016	METHYLPREDNISOLONE ORAL, PER 4 MG
49452-4688-01		J1030		06/01/2015	10/17/2016	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG
49452-4688-02		J1030		06/01/2015	10/17/2016	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG
49452-4688-03		J1030		06/01/2015	10/17/2016	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG
49452-4715-01		J2765		06/01/2015	99/99/9999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG
49452-4715-02		J2765		06/01/2015	10/17/2016	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG
49452-4715-03		J2765		06/01/2015	10/17/2016	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG
49452-4726-01		J3490		06/01/2015	99/99/9999	UNCLASSIFIED DRUGS
49452-4726-02		J3490		06/01/2015	10/17/2016	UNCLASSIFIED DRUGS
49452-4726-03		J3490		06/01/2015	99/99/9999	UNCLASSIFIED DRUGS
49452-4800-01		J2300		06/01/2015	99/99/9999	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG
49452-4800-02		J2300		06/01/2015	99/99/9999	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG
49452-4800-03		J2300		06/01/2015	99/99/9999	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
METHADONE HCL (U.S.P.)	25	GM	BO	NA	GM	10	MG	100	06/01/2015	10/17/2016	
METHADONE HCL (U.S.P.)	100	GM	BO	NA	GM	10	MG	100	06/01/2015	10/17/2016	
METHYLPREDNISOLONE (U.S.P.,MICRONIZED)	1	GM	BO	NA	GM	4	MG	250	06/01/2015	10/17/2016	
METHYLPREDNISOLONE (U.S.P.,MICRONIZED)	5	GM	BO	NA	GM	4	MG	250	06/01/2015	10/17/2016	
METHYLPREDNISOLONE (U.S.P.,MICRONIZED)	25	GM	BO	NA	GM	4	MG	250	06/01/2015	10/17/2016	
METHYLPREDNISOLONE ACETATE (U.S.P.,MICRONIZED)	1	GM	BO	NA	GM	40	MG	25	06/01/2015	10/17/2016	
METHYLPREDNISOLONE ACETATE (U.S.P.,MICRONIZED)	5	GM	BO	NA	GM	40	MG	25	06/01/2015	10/17/2016	
METHYLPREDNISOLONE ACETATE (U.S.P.,MICRONIZED)	25	GM	BO	NA	GM	40	MG	25	06/01/2015	10/17/2016	
METOCLOPRAMIDE HCL MONOHYDRATE (U.S.P.)	10	GM	BO	NA	GM	10	MG	100	06/01/2015	99/99/9999	
METOCLOPRAMIDE HCL MONOHYDRATE (U.S.P.)	25	GM	BO	NA	GM	10	MG	100	06/01/2015	10/17/2016	
METOCLOPRAMIDE HCL MONOHYDRATE (U.S.P.)	100	GM	BO	NA	GM	10	MG	100	06/01/2015	10/17/2016	
METRONIDAZOLE (U.S.P.)	25	GM	BO	NA	GM	1	GM	1	06/01/2015	99/99/9999	
METRONIDAZOLE (U.S.P.)	100	GM	JR	NA	GM	1	GM	1	06/01/2015	10/17/2016	
METRONIDAZOLE (U.S.P.)	500	GM	BO	NA	GM	1	GM	1	06/01/2015	99/99/9999	
NALBUPHINE HCL	0.1	GM	BO	NA	GM	10	MG	100	06/01/2015	99/99/9999	
NALBUPHINE HCL	1	GM	BO	NA	GM	10	MG	100	06/01/2015	99/99/9999	
NALBUPHINE HCL	5	GM	BO	NA	GM	10	MG	100	06/01/2015	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
49452-4836-03		J2310		06/01/2015	10/17/2016	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG
49452-5000-01		J2440		06/01/2015	10/17/2016	INJECTION, PAPAVERINE HCL, UP TO 60 MG
49452-5000-02		J2440		06/01/2015	10/17/2016	INJECTION, PAPAVERINE HCL, UP TO 60 MG
49452-5000-03		J2440		06/01/2015	10/17/2016	INJECTION, PAPAVERINE HCL, UP TO 60 MG
49452-5200-03		J2560		06/01/2015	10/17/2016	INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MG
49452-5217-01		J2760		06/01/2015	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG
49452-5217-02		J2760		06/01/2015	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG
49452-5217-05		J2760		06/01/2015	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG
49452-5290-01		J7799		06/01/2015	10/17/2016	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
49452-5290-02		J7799		06/01/2015	10/17/2016	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
49452-5290-03		J7799		06/01/2015	10/17/2016	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
49452-5770-01		J3480		06/01/2015	10/17/2016	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ
49452-5770-02		J3480		06/01/2015	10/17/2016	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ
49452-5770-03		J3480		06/01/2015	10/17/2016	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ
49452-5780-01		J3480		06/01/2015	10/17/2016	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ
49452-5780-02		J3480		06/01/2015	10/17/2016	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ
49452-5780-03		J3480		06/01/2015	10/17/2016	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ
49452-6087-04		J2550		09/01/2015	10/17/2016	INJECTION, PROMETHAZINE HCL, UP TO 50 MG
49452-6089-04		J1800		09/01/2015	99/99/9999	INJECTION, PROPRANOLOL HCL, UP TO 1 MG
49452-9201-01		J1960		06/01/2015	10/17/2016	INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MG
13533-0700-01		J0256		12/01/2009	09/24/2014	INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), NOT OTHERWISE SPECIFIED, 10 MG
13533-0700-02		J0256		11/01/2012	99/99/9999	INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), NOT OTHERWISE SPECIFIED, 10 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
NALOXONE HCL DIHYDRATE (U.S.P.)	1	GM	JR	NA	GM	1	MG	1000	06/01/2015	10/17/2016	
PAPAVERINE HCL (U.S.P.)	5	GM	BO	NA	GM	60	MG	16.66666	06/01/2015	10/17/2016	
PAPAVERINE HCL (U.S.P.)	25	GM	BO	NA	GM	60	MG	16.66666	06/01/2015	10/17/2016	
PAPAVERINE HCL (U.S.P.)	100	GM	BO	NA	GM	60	MG	16.66666	06/01/2015	10/17/2016	
PHENOBARBITAL SODIUM (U.S.P.)	25	GM	BO	NA	GM	120	MG	8.33333	06/01/2015	10/17/2016	
PHENTOLAMINE MESYLATE (U.S.P.)	0.1	GM	BO	NA	GM	5	MG	200	06/01/2015	99/99/9999	
PHENTOLAMINE MESYLATE (U.S.P.)	0.5	GM	BO	NA	GM	5	MG	200	06/01/2015	99/99/9999	
PHENTOLAMINE MESYLATE (U.S.P.)	5	GM	BO	NA	GM	5	MG	200	06/01/2015	99/99/9999	
PHENYLEPHRINE HCL (U.S.P.)	5	GM	BO	NA	GM	1	GM	1	06/01/2015	10/17/2016	
PHENYLEPHRINE HCL (U.S.P.)	25	GM	BO	NA	GM	1	GM	1	06/01/2015	10/17/2016	
PHENYLEPHRINE HCL (U.S.P.)	100	GM	BO	NA	GM	1	GM	1	06/01/2015	10/17/2016	
POTASSIUM CHLORIDE (U.S.P.)	500	GM	BO	NA	GM	2	MEQ	6.71141	06/01/2015	10/17/2016	
POTASSIUM CHLORIDE (U.S.P.)	2500	GM	BO	NA	GM	2	MEQ	6.71141	06/01/2015	10/17/2016	
POTASSIUM CHLORIDE (U.S.P.)	12000	GM	BO	NA	GM	2	MEQ	6.71141	06/01/2015	10/17/2016	
POTASSIUM CHLORIDE (U.S.P.)	500	GM	BO	NA	GM	2	MEQ	6.71141	06/01/2015	10/17/2016	
POTASSIUM CHLORIDE (U.S.P.)	2500	GM	BO	NA	GM	2	MEQ	6.71141	06/01/2015	10/17/2016	
POTASSIUM CHLORIDE (U.S.P.)	12000	GM	BO	NA	GM	2	MEQ	6.71141	06/01/2015	10/17/2016	
PROMETHAZINE HCL (U.S.P.)	500	GM	BO	NA	GM	50	MG	20	09/01/2015	10/17/2016	
PROPRANOLOL HCL	100	GM	BO	NA	GM	1	MG	1000	09/01/2015	99/99/9999	
LEVORPHANOL TARTRATE	5	GM	BO	NA	GM	2	MG	500	06/01/2015	10/17/2016	
PROLASTIN-C (1000MG W/20ML DILUENT) 1 MG	1	EA	VL	IV	EA	10	MG	0.1	12/01/2009	09/24/2014	
PROLASTIN-C (1000MG W/20ML DILUENT) 1 MG	1	EA	VL	IV	EA	10	MG	0.1	11/01/2012	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
13533-0800-40		J1561		10/01/2014	99/99/9999	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E. G. LIQUID), 500 MG
59676-0610-01		J9999		10/23/2015	99/99/9999	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS
17478-0174-24	KO	J7614	KO	10/20/2015	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
24492-0899-99	KO	J7682	KO	11/01/2015	02/16/2016	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS
49452-6061-05		J2675		06/01/2015	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG
49452-6080-02		J2675		06/01/2015	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG
49452-6080-03		J2675		06/01/2015	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG
49452-6080-06		J2675		09/01/2015	10/17/2016	INJECTION, PROGESTERONE, PER 50 MG
49452-6087-01		J2550		06/01/2015	10/17/2016	INJECTION, PROMETHAZINE HCL, UP TO 50 MG
49452-6087-02		J2550		06/01/2015	10/17/2016	INJECTION, PROMETHAZINE HCL, UP TO 50 MG
49452-6089-02		J1800		06/01/2015	10/17/2016	INJECTION, PROPRANOLOL HCL, UP TO 1 MG
49452-6089-03		J1800		06/01/2015	99/99/9999	INJECTION, PROPRANOLOL HCL, UP TO 1 MG
49452-6140-01		J3415		06/01/2015	99/99/9999	INJECTION, PYRIDOXINE HCL, 100 MG
49452-6140-02		J3415		06/01/2015	99/99/9999	INJECTION, PYRIDOXINE HCL, 100 MG
49452-6140-03		J3415		06/01/2015	99/99/9999	INJECTION, PYRIDOXINE HCL, 100 MG
49452-7660-01		J1071		06/01/2015	10/17/2016	INJECTION, TESTOSTERONE CYPIONATE, 1MG
49452-7660-02		J1071		06/01/2015	10/17/2016	INJECTION, TESTOSTERONE CYPIONATE, 1MG
49452-7660-03		J1071		06/01/2015	10/17/2016	INJECTION, TESTOSTERONE CYPIONATE, 1MG
49452-7720-01		J2810		06/01/2015	10/17/2016	INJECTION, THEOPHYLLINE, PER 40 MG
49452-7720-02		J2810		06/01/2015	10/17/2016	INJECTION, THEOPHYLLINE, PER 40 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
GAMUNEX-C (1X400ML,SINGLE-USE) 100 MG/ML	400	ML	VL	IJ	ML	500	MG	0.2	10/01/2014	99/99/9999	
YONDELIS (PF,LYOPHILIZED) 1 MG	1	EA	VL	IV	EA	1	MG	1	10/23/2015	99/99/9999	
XOPENEX (PF) 1.25 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.83333	10/20/2015	99/99/9999	
TOBRAMYCIN (PAK,PF) 300 MG/5 ML	5	ML	PC	IH	ML	300	MG	0.2	11/01/2015	02/16/2016	
PROGESTERONE (U.S.P.,YAM,MICRONIZED)	1000	GM	JR	NA	GM	50	MG	20	06/01/2015	99/99/9999	
PROGESTERONE (WETTABLE/U.S.P.)	25	GM	BO	NA	GM	50	MG	20	06/01/2015	99/99/9999	
PROGESTERONE (WETTABLE/U.S.P.)	100	GM	BO	NA	GM	50	MG	20	06/01/2015	99/99/9999	
PROGESTERONE (WETTABLE/U.S.P.)	500	GM	BO	NA	GM	50	MG	20	09/01/2015	10/17/2016	
PROMETHAZINE HCL (U.S.P.)	25	GM	BO	NA	GM	50	MG	20	06/01/2015	10/17/2016	
PROMETHAZINE HCL (U.S.P.)	100	GM	BO	NA	GM	50	MG	20	06/01/2015	10/17/2016	
PROPRANOLOL HCL (U.S.P.)	5	GM	BO	NA	GM	1	MG	1000	06/01/2015	10/17/2016	
PROPRANOLOL HCL (U.S.P.)	25	GM	BO	NA	GM	1	MG	1000	06/01/2015	99/99/9999	
PYRIDOXINE HCL (U.S.P.)	25	GM	BO	NA	GM	100	MG	10	06/01/2015	99/99/9999	
PYRIDOXINE HCL (U.S.P.)	100	GM	BO	NA	GM	100	MG	10	06/01/2015	99/99/9999	
PYRIDOXINE HCL (U.S.P.)	1000	GM	BO	NA	GM	100	MG	10	06/01/2015	99/99/9999	
TESTOSTERONE CYPIONATE (U.S.P.)	5	GM	BO	NA	GM	1	MG	1000	06/01/2015	10/17/2016	
TESTOSTERONE CYPIONATE (U.S.P.)	25	GM	BO	NA	GM	1	MG	1000	06/01/2015	10/17/2016	
TESTOSTERONE CYPIONATE (U.S.P.)	100	GM	BO	NA	GM	1	MG	1000	06/01/2015	10/17/2016	
THEOPHYLLINE ANHYDROUS (U.S.P.)	100	GM	BO	NA	GM	40	MG	25	06/01/2015	10/17/2016	
THEOPHYLLINE ANHYDROUS (U.S.P.)	500	GM	BO	NA	GM	40	MG	25	06/01/2015	10/17/2016	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
49452-7910-01		J3302		06/01/2015	10/17/2016	INJECTION, TRIAMCINOLONE DIACETATE, PER 5MG
49452-7910-02		J3302		06/01/2015	10/17/2016	INJECTION, TRIAMCINOLONE DIACETATE, PER 5MG
49452-7910-03		J3302		06/01/2015	10/17/2016	INJECTION, TRIAMCINOLONE DIACETATE, PER 5MG
49452-7924-01		J3250		06/01/2015	10/17/2016	INJECTION, TRIMETHOBENZAMIDE HCL, UP TO 200 MG
49452-7924-02		J3250		06/01/2015	10/17/2016	INJECTION, TRIMETHOBENZAMIDE HCL, UP TO 200 MG
49452-8070-01		J3350		06/01/2015	99/99/9999	INJECTION, UREA, UP TO 40 GM
49452-8070-02		J3350		06/01/2015	99/99/9999	INJECTION, UREA, UP TO 40 GM
49452-8070-03		J3350		06/01/2015	99/99/9999	INJECTION, UREA, UP TO 40 GM
00603-6330-20		J8499		11/18/2014	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
68992-3010-01		J7503		01/01/2016	99/99/9999	TACROLIMUS, EXTENDED RELEASE, (ENVARSUS XR), ORAL, 0.25 MG
68992-3010-03		J7503		01/01/2016	99/99/9999	TACROLIMUS, EXTENDED RELEASE, (ENVARSUS XR), ORAL, 0.25 MG
68992-3040-01		J7503		01/01/2016	99/99/9999	TACROLIMUS, EXTENDED RELEASE, (ENVARSUS XR), ORAL, 0.25 MG
68992-3040-03		J7503		01/01/2016	99/99/9999	TACROLIMUS, EXTENDED RELEASE, (ENVARSUS XR), ORAL, 0.25 MG
68992-3075-01		J7503		01/01/2016	99/99/9999	TACROLIMUS, EXTENDED RELEASE, (ENVARSUS XR), ORAL, 0.25 MG
68992-3075-03		J7503		01/01/2016	99/99/9999	TACROLIMUS, EXTENDED RELEASE, (ENVARSUS XR), ORAL, 0.25 MG
49452-0011-01		J3490		06/01/2015	99/99/9999	UNCLASSIFIED DRUGS
49452-0011-02		J3490		06/01/2015	99/99/9999	UNCLASSIFIED DRUGS
49452-0011-03		J3490		06/01/2015	99/99/9999	UNCLASSIFIED DRUGS
49452-3543-02		J3490		06/01/2015	10/17/2016	UNCLASSIFIED DRUGS

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
TRIAMCINOLONE DIACETATE (U.S.P.,MICRONIZED)	1	GM	BO	NA	GM	5	MG	200	06/01/2015	10/17/2016	
TRIAMCINOLONE DIACETATE (U.S.P.,MICRONIZED)	5	GM	BO	NA	GM	5	MG	200	06/01/2015	10/17/2016	
TRIAMCINOLONE DIACETATE (U.S.P.,MICRONIZED)	10	GM	BO	NA	GM	5	MG	200	06/01/2015	10/17/2016	
TRIMETHOBENZAMIDE HCL (U.S.P.)	5	GM	BO	NA	GM	200	MG	5	06/01/2015	10/17/2016	
TRIMETHOBENZAMIDE HCL (U.S.P.)	25	GM	BO	NA	GM	200	MG	5	06/01/2015	10/17/2016	
UREA (U.S.P.,J.P.)	500	GM	BO	NA	GM	40	GM	0.025	06/01/2015	99/99/9999	
UREA (U.S.P.,J.P.)	2500	GM	BO	NA	GM	40	GM	0.025	06/01/2015	99/99/9999	
UREA (U.S.P.,J.P.)	12000	GM	BO	NA	GM	40	GM	0.025	06/01/2015	99/99/9999	
VALGANCICLOVIR HYDROCHLORIDE (USP,FILM-COATED) 450 MG	60	EA	BO	PO	EA	1	MG	1	11/18/2014	99/99/9999	
ENVARSUS XR 1 MG	100	EA	BO	PO	EA	0.25	MG	4	01/01/2016	99/99/9999	
ENVARSUS XR 1 MG	30	EA	BO	PO	EA	0.25	MG	4	01/01/2016	99/99/9999	
ENVARSUS XR 4 MG	100	EA	BO	PO	EA	0.25	MG	16	01/01/2016	99/99/9999	
ENVARSUS XR 4 MG	30	EA	BO	PO	EA	0.25	MG	16	01/01/2016	99/99/9999	
ENVARSUS XR 0.75 MG	100	EA	BO	PO	EA	0.25	MG	3	01/01/2016	99/99/9999	
ENVARSUS XR 0.75 MG	30	EA	BO	PO	EA	0.25	MG	3	01/01/2016	99/99/9999	
TESTOSTERONE PROPIONATE (U.S.P.,MICRONIZED)	5	GM	BO	NA	GM	1	GM	1	06/01/2015	99/99/9999	
TESTOSTERONE PROPIONATE (U.S.P.,MICRONIZED)	25	GM	BO	NA	GM	1	GM	1	06/01/2015	99/99/9999	
TESTOSTERONE PROPIONATE (U.S.P.,MICRONIZED)	100	GM	BO	NA	GM	1	GM	1	06/01/2015	99/99/9999	
HYALURONIC ACID	1	GM	BO	NA	GM	1	GM	1	06/01/2015	10/17/2016	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
49452-5980-01		J7510		06/01/2015	10/17/2016	PREDNISOLONE ORAL, PER 5 MG
49452-5980-02		J7510		06/01/2015	10/17/2016	PREDNISOLONE ORAL, PER 5 MG
49452-5980-03		J7510		06/01/2015	10/17/2016	PREDNISOLONE ORAL, PER 5 MG
49452-6000-01		J7506		06/01/2015	12/31/2015	PREDNISONE, ORAL, PER 5MG
49452-6000-02		J7506		06/01/2015	12/31/2015	PREDNISONE, ORAL, PER 5MG
49452-6000-03		J7506		06/01/2015	12/31/2015	PREDNISONE, ORAL, PER 5MG
49452-6061-02		J2675		06/01/2015	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG
49452-6061-03		J2675		06/01/2015	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG
49452-6061-04		J2675		06/01/2015	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG
63323-0400-05		J1953		11/13/2015	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG
00641-6166-10		J0278		12/02/2015	99/99/9999	INJECTION, AMIKACIN SULFATE, 100 MG
00641-6167-10		J0278		12/02/2015	99/99/9999	INJECTION, AMIKACIN SULFATE, 100 MG
00143-9935-01		J0698		11/19/2015	08/23/2018	INJECTION, CEFOTAXIME SODIUM, PER GM
67457-0595-08		J1652		11/13/2015	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG
00641-6132-25		J2310		11/09/2015	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG
00781-3344-95		J2543		11/10/2015	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PREDNISOLONE (U.S.P.,MICRONIZED)	5	GM	BO	NA	GM	5	MG	200	06/01/2015	10/17/2016	
PREDNISOLONE (U.S.P.,MICRONIZED)	25	GM	BO	NA	GM	5	MG	200	06/01/2015	10/17/2016	
PREDNISOLONE (U.S.P.,MICRONIZED)	100	GM	BO	NA	GM	5	MG	200	06/01/2015	10/17/2016	
PREDNISONE (U.S.P.,ANH,MICRONIZED)	5	GM	BO	NA	GM	5	MG	200	06/01/2015	12/31/2015	
PREDNISONE (U.S.P.,ANH,MICRONIZED)	25	GM	BO	NA	GM	5	MG	200	06/01/2015	12/31/2015	
PREDNISONE (U.S.P.,ANH,MICRONIZED)	100	GM	BO	NA	GM	5	MG	200	06/01/2015	12/31/2015	
PROGESTERONE (U.S.P.,YAM,MICRONIZED)	25	GM	JR	NA	GM	50	MG	20	06/01/2015	99/99/9999	
PROGESTERONE (U.S.P.,YAM,MICRONIZED)	100	GM	JR	NA	GM	50	MG	20	06/01/2015	99/99/9999	
PROGESTERONE (U.S.P.,YAM,MICRONIZED)	500	GM	JR	NA	GM	50	MG	20	06/01/2015	99/99/9999	
LEVETIRACETAM (SINGLE USE,LATEX-FREE) 100 MG/1 ML	5	ML	VL	IV	ML	10	MG	10	11/13/2015	99/99/9999	
AMIKACIN SULFATE (10X4ML) 250 MG/1 ML	4	ML	VL	IJ	ML	100	MG	2.5	12/02/2015	99/99/9999	
AMIKACIN SULFATE (10X2ML) 250 MG/1 ML	2	ML	VL	IJ	ML	100	MG	2.5	12/02/2015	99/99/9999	
CEFOTAXIME (USP,PHARMACY BULK) 10 GM	1	EA	VL	IV	EA	1	GM	10	11/19/2015	08/23/2018	
ARIXTRA (PF) 10 MG/0.8 ML	0.8	ML	SR	SC	ML	0.5	MG	25	11/13/2015	99/99/9999	
NALOXONE HCL 0.4 MG/1 ML	1	ML	VL	IJ	ML	1	MG	0.4	11/09/2015	99/99/9999	
PIPERACILLIN AND TAZOBACTAM (SINGLE USE,PF) 2 GM-0.25 GM	10	EA	VL	IV	EA	1.125	GM	2	11/10/2015	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00781-3367-95		J2543		11/10/2015	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)
00143-9564-10		J2760		11/04/2015	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG
00074-3109-32		J7502		11/10/2015	99/99/9999	CYCLOSPORINE, ORAL, 100 MG
00074-3108-32		J7515		12/08/2015	99/99/9999	CYCLOSPORINE, ORAL, 25 MG
16714-0467-01		None		01/01/2016	99/99/9999	CAPECITABINE, 150 MG, ORAL
16714-0468-01		None		01/01/2016	99/99/9999	CAPECITABINE, 500 MG, ORAL
00597-0143-60		J8499		10/16/2014	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
00487-0201-03		J7620		01/01/2008	99/99/9999	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME
00597-0145-60		J8499		10/16/2014	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
49452-6000-01		J7512		01/01/2016	10/17/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
49452-6000-02		J7512		01/01/2016	10/17/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
49452-6000-03		J7512		01/01/2016	10/17/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
43598-0409-25		J7614		09/16/2014	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
43598-0409-25	KO	J7614	KO	09/16/2014	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
68992-3010-01		J7508		09/01/2015	12/31/2015	TACROLIMUS, EXTENDED RELEASE, ORAL, 0.1 MG
68992-3010-03		J7508		09/01/2015	12/31/2015	TACROLIMUS, EXTENDED RELEASE, ORAL, 0.1 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PIPERACILLIN AND TAZOBACTAM (SINGLE USE,PF) 4 GM-0.5 GM	10	EA	VL	IV	EA	1.125	GM	4	11/10/2015	99/99/9999	
PHENTOLAMINE MESYLATE (LYOPHILIZED) 5 MG	10	EA	VL	IJ	EA	5	MG	1	11/04/2015	99/99/9999	
GENGRAF (BLISTER PACK) 100 MG	30	EA	BX	PO	EA	100	MG	1	11/10/2015	99/99/9999	
GENGRAF (BLISTER PACK) 25 MG	30	EA	BX	PO	EA	25	MG	1	12/08/2015	99/99/9999	
CAPECITABINE (USP,FILM COATED) 150 MG	60	EA	BO	PO	EA	150	MG	1	01/01/2016	99/99/9999	
CAPECITABINE (USP,FILM COATED) 500 MG	120	EA	BO	PO	EA	500	MG	1	01/01/2016	99/99/9999	
OFEV 100 MG	60	EA	BO	PO	EA	1	EA	1	10/16/2014	99/99/9999	
IPRATROPIUM BROMIDE-ALBUTEROL SULFATE (30X3ML)	3	ML	PC	IH	ML	3	MG	0.33333	01/01/2008	99/99/9999	
OFEV 150 MG	60	EA	BO	PO	EA	1	EA	1	10/16/2014	99/99/9999	
PREDNISONE (U.S.P.,ANH,MICRONIZED)	5	GM	BO	NA	GM	1	MG	1000	01/01/2016	10/17/2016	
PREDNISONE (U.S.P.,ANH,MICRONIZED)	25	GM	BO	NA	GM	1	MG	1000	01/01/2016	10/17/2016	
PREDNISONE (U.S.P.,ANH,MICRONIZED)	100	GM	BO	NA	GM	1	MG	1000	01/01/2016	10/17/2016	
LEVALBUTEROL (5X5,PF) 1.25 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.83332	09/16/2014	99/99/9999	
LEVALBUTEROL (5X5,PF) 1.25 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.83332	09/16/2014	99/99/9999	
ENVARSUS XR 1 MG	0.1	EA	BO	PO	EA	0.1	MG	10	09/01/2015	12/31/2015	
ENVARSUS XR 1 MG	30	EA	BO	PO	EA	0.1	MG	10	09/01/2015	12/31/2015	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
68992-3040-01		J7508		09/01/2015	12/31/2015	TACROLIMUS, EXTENDED RELEASE, ORAL, 0.1 MG
68992-3040-03		J7508		09/01/2015	12/31/2015	TACROLIMUS, EXTENDED RELEASE, ORAL, 0.1 MG
68992-3075-01		J7508		09/01/2015	12/31/2015	TACROLIMUS, EXTENDED RELEASE, ORAL, 0.1 MG
68992-3075-03		J7508		09/01/2015	12/31/2015	TACROLIMUS, EXTENDED RELEASE, ORAL, 0.1 MG
00173-0821-02		J9302		01/05/2016	02/10/2016	INJECTION, OFATUMUMAB, 10 MG
70020-1911-01		J9207		01/01/2016	99/99/9999	INJECTION, IXABEPILONE, 1 MG
70020-1910-01		J9207		01/01/2016	99/99/9999	INJECTION, IXABEPILONE, 1 MG
55150-0220-99		J1327		12/14/2015	99/99/9999	INJECTION, EPTIFIBATIDE, 5 MG
55150-0218-99		J1327		12/14/2015	99/99/9999	INJECTION, EPTIFIBATIDE, 5 MG
55150-0219-10		J1327		12/14/2015	99/99/9999	INJECTION, EPTIFIBATIDE, 5 MG
00703-1179-01		J1327		12/11/2015	99/99/9999	INJECTION, EPTIFIBATIDE, 5 MG
63481-0367-06		J3030		11/09/2015	04/13/2018	INJECTION, SUMATRIPTAN SUCCINATE, 6 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)
17478-0173-24		J7614		12/15/2015	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
63323-0750-20		J9263		12/17/2015	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG
43598-0410-25		J7614		09/16/2014	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
76204-0600-30		J7620		09/03/2015	99/99/9999	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
ENVARSUS XR 4 MG	100	EA	BO	PO	EA	0.1	MG	40	09/01/2015	12/31/2015	
ENVARSUS XR 4 MG	30	EA	BO	PO	EA	0.1	MG	40	09/01/2015	12/31/2015	
ENVARSUS XR 0.75 MG	100	EA	BO	PO	EA	0.1	MG	7.5	09/01/2015	12/31/2015	
ENVARSUS XR 0.75 MG	30	EA	BO	PO	EA	0.1	MG	7.5	09/01/2015	12/31/2015	
ARZERRA (PF,LATEX-FREE) 20 MG/1 ML	5	ML	VL	IV	ML	10	MG	2	01/05/2016	02/10/2016	
IXEMPRA (W/DILUENT) 45 MG	1	EA	VL	IV	EA	1	MG	45	01/01/2016	99/99/9999	
IXEMPRA (W/DILUENT) 15 MG	1	EA	VL	IV	EA	1	MG	15	01/01/2016	99/99/9999	
EPTIFIBATIDE (PF,LATEX-FREE) 2 MG/1 ML	100	ML	VL	IV	ML	5	MG	0.4	12/14/2015	99/99/9999	
EPTIFIBATIDE (PF,LATEX-FREE) 0.75 MG/1 ML	100	ML	VL	IV	ML	5	MG	0.15	12/14/2015	99/99/9999	
EPTIFIBATIDE (PF,LATEX-FREE) 2 MG/1 ML	10	ML	VL	IV	ML	5	MG	0.4	12/14/2015	99/99/9999	
EPTIFIBATIDE 0.75 MG/1 ML	100	ML	VL	IV	ML	5	MG	0.15	12/11/2015	99/99/9999	
SUMAVEL DOSEPRO 6 MG/0.5 ML	0.5	ML	SR	SC	ML	6	MG	2	11/09/2015	04/13/2018	
XOPENEX (PF) 0.63 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.42	12/15/2015	99/99/9999	
OXALIPLATIN (SINGLE-USE VIAL; USP,PF) 5 MG/1 ML	20	ML	VL	IV	ML	0.5	MG	10	12/17/2015	99/99/9999	
LEVALBUTEROL (5X5,PF) 0.63 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.42	09/16/2014	99/99/9999	
IPRATROPIUM BROMIDE-ALBUTEROL SULFATE (30 VIALS X 1 POUCH) 3MG/3ML-0.5MG/3ML	3	ML	PC	IH	ML	3	MG	0.33333	09/03/2015	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
17478-0173-24	KO	J7614	KO	12/15/2015	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
43598-0410-25	KO	J7614	KO	09/16/2014	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
00078-0690-61		J9302		02/11/2016	99/99/9999	INJECTION, OFATUMUMAB, 10 MG
00078-0669-13		J9302		02/11/2016	99/99/9999	INJECTION, OFATUMUMAB, 10 MG
00078-0669-61		J9302		02/11/2016	99/99/9999	INJECTION, OFATUMUMAB, 10 MG
00781-9261-95		J0290		12/10/2015	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG
00781-9250-95		J0290		12/10/2015	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG
00781-9242-95		J0290		12/10/2015	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG
00781-9273-95		J0290		12/10/2015	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG
00409-4684-12		J1450		12/29/2015	09/01/2017	INJECTION FLUCONAZOLE, 200 MG
00409-4688-12		J1450		12/29/2015	99/99/9999	INJECTION FLUCONAZOLE, 200 MG
67457-0594-06		J1652		02/11/2016	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG
60505-6097-00		J1740		01/15/2016	99/99/9999	INJECTION, IBANDRONATE SODIUM, 1 MG
00002-8824-27		J1815		02/29/2016	99/99/9999	INJECTION, INSULIN, PER 5 UNITS
39822-0353-06		J2010		02/01/2016	99/99/9999	INJECTION, LINCOMYCIN HCL, UP TO 300 MG
39822-0350-02		J2010		02/01/2016	99/99/9999	INJECTION, LINCOMYCIN HCL, UP TO 300 MG
63323-0284-21		J3370		01/22/2016	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
XOPENEX (PF) 0.63 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.42	12/15/2015	99/99/9999	
LEVALBUTEROL (5X5,PF) 0.63 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.42	09/16/2014	99/99/9999	
ARZERRA (SINGLE-USE W/2 FILTERS) 20 MG/1 ML	50	ML	VL	IV	ML	10	MG	2	02/11/2016	99/99/9999	
ARZERRA (SINGLE-USE W/2 FILTERS) 20 MG/1 ML	5	ML	VL	IV	ML	10	MG	2	02/11/2016	99/99/9999	
ARZERRA (PF,LATEX-FREE) 20 MG/1 ML	5	ML	VL	IV	ML	10	MG	2	02/11/2016	99/99/9999	
PREMIERPRO RX AMPICILLIN 1 GM	10	EA	VL	IJ	EA	500	MG	2	12/10/2015	99/99/9999	
PREMIERPRO RX AMPICILLIN 500 MG	10	EA	VL	IJ	EA	500	MG	1	12/10/2015	99/99/9999	
PREMIERPRO RX AMPICILLIN 250 MG	10	EA	VL	IJ	EA	500	MG	0.5	12/10/2015	99/99/9999	
PREMIERPRO RX AMPICILLIN 2 GM	10	EA	VL	IJ	EA	500	MG	4	12/10/2015	99/99/9999	
FLUCONAZOLE (LATEX-FREE) 400 MG/200 ML	200	ML	FC	IV	ML	200	MG	0.01	12/29/2015	09/01/2017	
FLUCONAZOLE 400 MG/200 ML	200	ML	FC	IV	ML	200	MG	0.01	12/29/2015	99/99/9999	
ARIXTRA (PREFL,27GX1/2",PF) 7.5 MG/0.6 ML	0.6	ML	SR	SC	ML	0.5	MG	25	02/11/2016	99/99/9999	
IBANDRONATE SODIUM 1 MG/1 ML	3	ML	SR	IV	ML	1	MG	1	01/15/2016	99/99/9999	
HUMULIN R CONCENTRATED U-500 KWIKPEN 500 U/1 ML	3	ML	SR	SC	ML	5	U	100	02/29/2016	99/99/9999	
LINCOMYCIN HCL 300 MG/1 ML	10	ML	VL	IJ	ML	300	MG	1	02/01/2016	99/99/9999	
LINCOMYCIN HCL 300 MG/1 ML	2	ML	VL	IJ	ML	300	MG	1	02/01/2016	99/99/9999	
VANCOMYCIN HCL (PF,LATEX-FREE) 1 GM	10	EA	VL	IV	EA	500	MG	2	01/22/2016	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00378-9671-30		J7620		01/28/2016	99/99/9999	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME
49452-2588-04		J1212		09/01/2015	99/99/9999	INJECTION, DMSO, DIMETHYL SULFOXIDE, 50%, 50 ML
00944-2884-01		J0257		10/11/2010	99/99/9999	INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), (GLASSIA), 10 MG
76204-0600-60		J7620		09/03/2015	99/99/9999	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME
00781-7157-29		J7644		09/09/2011	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
00781-7157-29	KO	J7644	KO	09/09/2011	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
55150-0238-05		J1100		02/19/2016	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG
55150-0239-30		J1100		02/19/2016	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG
55150-0237-01		J1100		02/19/2016	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG
00409-4688-18		J1450		12/18/2015	99/99/9999	INJECTION FLUCONAZOLE, 200 MG
60429-0378-01		J7507		02/10/2016	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
IPRATROPIUM BROMIDE-ALBUTEROL SULFATE (30X3ML,5 VIALS/POUCH)	3	ML	PC	IH	ML	3	MG	0.33333	01/28/2016	99/99/9999	
DIMETHYL SULFOXIDE (U.S.P.)	100	ML	BO	NA	ML	50	ML	0.02	09/01/2015	99/99/9999	
GLASSIA (APRX 1000MG/50MLSOLN) 1 MG	1	EA	VL	IV	EA	10	MG	0.1	10/11/2010	99/99/9999	
IPRATROPIUM BROMIDE-ALBUTEROL SULFATE (30 VIALS X 2 POUCHES) 3MG/3ML-0.5MG/3ML	3	ML	PC	IH	ML	3	MG	0.33333	09/03/2015	99/99/9999	
IPRATROPIUM BROMIDE (60X2.5ML,PF) 0.02%	2.5	ML	PC	IH	ML	1	ML	0.2	09/09/2011	99/99/9999	
IPRATROPIUM BROMIDE (60X2.5ML,PF) 0.02%	2.5	ML	PC	IH	ML	1	ML	0.2	09/09/2011	99/99/9999	
DEXAMETHASONE SODIUM PHOSPHATE (USP, MDV,LATEX-FREE) 4 MG/1 ML	5	ML	VL	IJ	ML	1	MG	4	02/19/2016	99/99/9999	
DEXAMETHASONE SODIUM PHOSPHATE (USP, MDV,LATEX-FREE) 4 MG/1 ML	30	ML	VL	IJ	ML	1	MG	4	02/19/2016	99/99/9999	
DEXAMETHASONE SODIUM PHOSPHATE (USP, SDV,LATEX-FREE) 4 MG/1 ML	1	ML	VL	IJ	ML	1	MG	4	02/19/2016	99/99/9999	
FLUCONAZOLE (LATEX-FREE) 200 MG/100 ML	100	ML	FC	IV	ML	200	MG	0.01	12/18/2015	99/99/9999	
TACROLIMUS (HARD GELATIN) 1 MG	100	EA	BO	PO	EA	1	MG	1	02/10/2016	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
60429-0377-01		J7507		02/10/2016	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG
60429-0379-01		J7507		02/10/2016	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG
00378-9671-60		J7620		03/03/2016	99/99/9999	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME
00591-3817-66		J7620		02/25/2016	99/99/9999	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME
00591-3817-39		J7620		02/25/2016	99/99/9999	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME
00093-6817-73		J7626		03/09/2016	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG
00143-1473-10		J7512		03/01/2016	06/15/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
00143-1477-01		J7512		03/01/2016	06/15/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
00143-1477-05		J7512		03/01/2016	06/15/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
00143-1477-10		J7512		03/01/2016	06/15/2016	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
49452-0001-04		J0133		09/01/2015	99/99/9999	INJECTION, ACYCLOVIR, 5 MG
49452-0027-04		J0745		09/01/2015	10/17/2016	INJECTION, CODEINE PHOSPHATE, PER 30 MG
49452-0073-03		J0270		09/01/2015	10/17/2016	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)
49452-0073-04		J0270		09/01/2015	10/17/2016	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
TACROLIMUS (HARD GELATIN) 0.5 MG	100	EA	BO	PO	EA	1	MG	0.5	02/10/2016	99/99/9999	
TACROLIMUS (HARD GELATIN) 5 MG	100	EA	BO	PO	EA	1	MG	5	02/10/2016	99/99/9999	
IPRATROPIUM BROMIDE-ALBUTEROL SULFATE (STERILE (60X3ML)) 3 MG/3 ML-0.5 MG/3 ML	3	ML	PC	IH	ML	3	MG	0.33333	03/03/2016	99/99/9999	
IPRATROPIUM BROMIDE-ALBUTEROL SULFATE (60X3ML) 3 MG/3 ML-0.5 MG/3 ML	3	ML	PC	IH	ML	3	MG	0.33333	02/25/2016	99/99/9999	
IPRATROPIUM BROMIDE-ALBUTEROL SULFATE (30X3ML) 3 MG/3 ML-0.5 MG/3 ML	3	ML	PC	IH	ML	3	MG	0.33333	02/25/2016	99/99/9999	
BUDESONIDE (MICRONIZED) 1 MG/2 ML	2	ML	PC	IH	ML	0.5	MG	1	03/09/2016	99/99/9999	
PREDNISONE 10 MG	1000	EA	BO	PO	EA	1	MG	10	03/01/2016	06/15/2016	
PREDNISONE 20 MG	100	EA	BO	PO	EA	1	MG	20	03/01/2016	06/15/2016	
PREDNISONE 20 MG	500	EA	BO	PO	EA	1	MG	20	03/01/2016	06/15/2016	
PREDNISONE 20 MG	1000	EA	BO	PO	EA	1	MG	20	03/01/2016	06/15/2016	
ACYCLOVIR (U.S.P.)	100	GM	BO	NA	GM	5	MG	200	09/01/2015	99/99/9999	
CODEINE PHOSPHATE (U.S.P.)	100	GM	BO	NA	GM	30	MG	33.33333	09/01/2015	10/17/2016	
ALPROSTADIL (U.S.P.)	0.1	GM	BO	NA	GM	1.25	MCG	800000	09/01/2015	10/17/2016	
ALPROSTADIL (U.S.P.)	0.025	GM	BO	NA	GM	1.25	MCG	800000	09/01/2015	10/17/2016	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
49452-0409-01		J3490		09/01/2015	10/17/2016	UNCLASSIFIED DRUGS
49452-0409-02		J3490		09/01/2015	10/17/2016	UNCLASSIFIED DRUGS
49452-0409-03		J3490		09/01/2015	10/17/2016	UNCLASSIFIED DRUGS
49452-0409-04		J3490		09/01/2015	99/99/9999	UNCLASSIFIED DRUGS
49452-0783-01		J7501		09/01/2015	10/17/2016	AZATHIOPRINE, PARENTERAL, 100 MG
49452-1072-03		J3490		09/01/2015	10/17/2016	UNCLASSIFIED DRUGS
49452-1309-04		J0945		09/01/2015	10/17/2016	INJECTION, BROMPHENIRAMINE MALEATE, PER 10 MG
49452-1309-05		J0945		09/01/2015	10/17/2016	INJECTION, BROMPHENIRAMINE MALEATE, PER 10 MG
49452-2147-04		J0735		09/01/2015	10/17/2016	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG
49452-2400-04		J3420		09/01/2015	10/17/2016	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG
49452-2541-02		J1730		09/01/2015	10/17/2016	INJECTION, DIAZOXIDE, UP TO 300 MG
49452-2541-03		J1730		09/01/2015	10/17/2016	INJECTION, DIAZOXIDE, UP TO 300 MG
49452-2588-02		J1212		09/01/2015	10/17/2016	INJECTION, DMSO, DIMETHYL SULFOXIDE, 50%, 50 ML
49452-6053-01		Q0164		02/01/2016	10/17/2016	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
49452-6053-02		Q0164		02/01/2016	10/17/2016	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
AMINOCAPROIC ACID (U.S.P.)	25	GM	BO	NA	GM	1	EA	1	09/01/2015	10/17/2016	
AMINOCAPROIC ACID (U.S.P.)	100	GM	BO	NA	GM	1	EA	1	09/01/2015	10/17/2016	
AMINOCAPROIC ACID (U.S.P.)	500	GM	BO	NA	GM	1	EA	1	09/01/2015	10/17/2016	
AMINOCAPROIC ACID (U.S.P.)	2500	GM	BO	NA	GM	1	EA	1	09/01/2015	99/99/9999	
AZATHIOPRINE (U.S.P.)	1	GM	BO	NA	GM	100	MG	10	09/01/2015	10/17/2016	
BETAMETHASONE ACETATE MICRONIZED (U.S.P.)	5	GM	BO	NA	GM	1	EA	1	09/01/2015	10/17/2016	
BROMPHENIRAMINE MALEATE (U.S.P.)	5	GM	BO	NA	GM	10	MG	100	09/01/2015	10/17/2016	
BROMPHENIRAMINE MALEATE (U.S.P.)	100	GM	BO	NA	GM	10	MG	100	09/01/2015	10/17/2016	
CLONIDINE HCL (U.S.P.)	25	GM	BO	NA	GM	1	MG	1000	09/01/2015	10/17/2016	
CYANOCOBALAMIN (U.S.P.)	25	GM	BO	NA	GM	1000	MCG	1000	09/01/2015	10/17/2016	
DIAZOXIDE (U.S.P./N.F.)	1	GM	BO	NA	GM	300	MG	3.33333	09/01/2015	10/17/2016	
DIAZOXIDE (U.S.P./N.F.)	5	GM	BO	NA	GM	300	MG	3.33333	09/01/2015	10/17/2016	
DIMETHYL SULFOXIDE (U.S.P.)	4000	ML	BO	NA	ML	50	%	0.02	09/01/2015	10/17/2016	
PROCHLORPERAZINE MALEATE (U.S.P., N.F.)	5	GM	BO	NA	GM	5	MG	200	02/01/2016	10/17/2016	
PROCHLORPERAZINE MALEATE (U.S.P., N.F.)	25	GM	BO	NA	GM	5	MG	200	02/01/2016	10/17/2016	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
49452-6053-03		Q0164		02/01/2016	10/17/2016	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
49452-6053-05		Q0164		02/01/2016	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
49452-8253-04		J0592		09/01/2015	99/99/9999	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG
00078-0438-15		J8999		04/12/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
00093-6817-73	KO	J7626	KO	03/09/2016	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG
00641-0928-25		J2550		12/27/2002	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG
00641-6173-10		J0500		03/23/2016	99/99/9999	INJECTION, DICYCLOMINE HCL, UP TO 20 MG
63323-0713-13		J2020		03/25/2016	99/99/9999	INJECTION, LINEZOLID, 200MG
16729-0311-93		J2501		03/15/2016	99/99/9999	INJECTION, PARICALCITOL, 1 MCG
16729-0310-08		J2501		03/15/2016	99/99/9999	INJECTION, PARICALCITOL, 1 MCG
16729-0311-08		J2501		03/15/2016	99/99/9999	INJECTION, PARICALCITOL, 1 MCG
67857-0809-38		J3030		03/17/2016	99/99/9999	INJECTION, SUMATRIPTAN SUCCINATE, 6 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)
58468-0030-02		J3240		05/01/2016	99/99/9999	INJECTION, THYROTROPIN ALPHA, 0.9 MG, PROVIDED IN 1.1 MG VIAL
76204-0700-24		J7614		04/22/2016	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PROCHLORPERAZINE MALEATE (U.S.P., N.F.)	100	GM	BO	NA	GM	5	MG	200	02/01/2016	10/17/2016	
PROCHLORPERAZINE MALEATE (U.S.P.)	500	GM	BO	NA	GM	5	MG	200	02/01/2016	99/99/9999	
BUPRENORPHINE HYDROCHLORIDE (U.S.P.)	5	GM	BO	NA	GM	0.1	MG	10000	09/01/2015	99/99/9999	
GLEEVEC (FILM-COATED) 400 MG	30	EA	BO	PO	EA	1	EA	1	04/12/2005	99/99/9999	
BUDESONIDE (MICRONIZED) 1 MG/2 ML	2	ML	PC	IH	ML	0.5	MG	1	03/09/2016	99/99/9999	
PROMETHAZINE HCL (DOSETTE,VIAL) 25 MG/1 ML	1	ML	VL	IJ	ML	50	MG	0.5	12/27/2002	99/99/9999	
DICYCLOMINE 10 MG/1 ML	2	ML	VL	IM	ML	20	MG	0.5	03/23/2016	99/99/9999	
LINEZOLID (LATEX-FREE) 2 MG/1 ML	300	ML	FC	IV	ML	200	MG	0.01	03/25/2016	99/99/9999	
PARICALCITOL (MDV) 0.005 MG/1 ML	2	ML	VL	IV	ML	1	MCG	5	03/15/2016	99/99/9999	
PARICALCITOL (SDV) 0.002 MG/1 ML	1	ML	VL	IV	ML	1	MCG	2	03/15/2016	99/99/9999	
PARICALCITOL (SDV) 0.005 MG/1 ML	1	ML	VL	IV	ML	1	MCG	5	03/15/2016	99/99/9999	
ZEMBRACE SYMTOUCH (AUTOINJECTOR) 3 MG/0.5 ML	0.5	ML	SR	SC	ML	6	MG	1	03/17/2016	99/99/9999	
THYROGEN (LYOPHILIZED) 1.1 MG	2	EA	VL	IM	EA	1.1	MG	1	05/01/2016	99/99/9999	
LEVALBUTEROL (2X12 POUCHES,PF) 0.31 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.20666	04/22/2016	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
76204-0900-24		J7614		04/22/2016	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
76204-0800-24		J7614		04/22/2016	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
49452-0029-03		J1170		09/01/2015	10/17/2016	INJECTION, HYDROMORPHONE, UP TO 4 MG
49452-0031-01		J2175		09/01/2015	10/17/2016	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG
49452-1775-03		J1955		09/01/2015	10/17/2016	INJECTION, LEVOCARNITINE, PER 1 GM
49452-2702-01		J3520		09/01/2015	10/17/2016	EDETATE DISODIUM, PER 150 MG
49452-2702-02		J3520		09/01/2015	10/17/2016	EDETATE DISODIUM, PER 150 MG
49452-2791-03		J1380		09/01/2015	10/17/2016	INJECTION, ESTRADIOL VALERATE, UP TO 10 MG
49452-3038-03		J3490		09/01/2015	10/17/2016	UNCLASSIFIED DRUGS
49452-3222-03		J1940		09/01/2015	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG
49452-3544-01		J0360		09/01/2015	10/17/2016	INJECTION, HYDRALAZINE HCL, UP TO 20 MG
49452-3544-02		J0360		09/01/2015	10/17/2016	INJECTION, HYDRALAZINE HCL, UP TO 20 MG
49452-3544-03		J0360		09/01/2015	99/99/9999	INJECTION, HYDRALAZINE HCL, UP TO 20 MG
49452-3652-03		J3410		09/01/2015	10/17/2016	INJECTION, HYDROXYZINE HCL, UP TO 25 MG
49452-4836-02		J2310		09/01/2015	10/17/2016	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG
49452-4836-04		J2310		09/01/2015	10/17/2016	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG
49452-4936-01		J2360		09/01/2015	10/17/2016	INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG
49452-4936-02		J2360		09/01/2015	10/17/2016	INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG
49452-5217-04		J2760		09/01/2015	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG
49452-5344-01		J1165		09/01/2015	10/17/2016	INJECTION, PHENYTOIN SODIUM, PER 50 MG
49452-5344-02		J1165		09/01/2015	10/17/2016	INJECTION, PHENYTOIN SODIUM, PER 50 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
LEVALBUTEROL (2X12 POUCHES,PF) 1.25 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.83333	04/22/2016	99/99/9999	
LEVALBUTEROL (2X12 POUCHES,PF) 0.63 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.42	04/22/2016	99/99/9999	
HYDROMORPHONE HCL (U.S.P.)	10	GM	BO	NA	GM	4	MG	250	09/01/2015	10/17/2016	
MEPERIDINE HCL (U.S.P.)	25	GM	BO	NA	GM	100	MG	10	09/01/2015	10/17/2016	
L-CARNITINE FREE BASE	500	GM	BO	NA	GM	1	GM	1	09/01/2015	10/17/2016	
EDETATE DISODIUM DIHYDRATE (U.S.P.)	500	GM	BO	NA	GM	150	MG	6.66666	09/01/2015	10/17/2016	
EDETATE DISODIUM DIHYDRATE (U.S.P.)	2500	GM	BO	NA	GM	150	MG	6.66666	09/01/2015	10/17/2016	
ESTRADIOL VALERATE (U.S.P.)	25	GM	BO	NA	GM	10	MG	100	09/01/2015	10/17/2016	
FAMOTIDINE (U.S.P.)	25	GM	BO	NA	GM	1	GM	1	09/01/2015	10/17/2016	
FUROSEMIDE (U.S.P./N.F.)	500	GM	BO	NA	GM	20	MG	50	09/01/2015	99/99/9999	
HYDRALAZINE HCL (U.S.P.)	5	GM	BO	NA	GM	20	MG	50	09/01/2015	10/17/2016	
HYDRALAZINE HCL (U.S.P.)	25	GM	BO	NA	GM	20	MG	50	09/01/2015	10/17/2016	
HYDRALAZINE HCL (U.S.P.)	100	GM	BO	NA	GM	20	MG	50	09/01/2015	99/99/9999	
HYDROXYZINE HCL (U.S.P.)	100	GM	BO	NA	GM	25	MG	40	09/01/2015	10/17/2016	
NALOXONE HCL DIHYDRATE (U.S.P.)	0.25	GM	BO	NA	GM	1	MG	1000	09/01/2015	10/17/2016	
NALOXONE HCL DIHYDRATE (U.S.P.)	5	GM	BO	NA	GM	1	MG	1000	09/01/2015	10/17/2016	
ORPHENADRINE CITRATE (U.S.P.)	25	GM	BO	NA	GM	60	MG	16.66666	09/01/2015	10/17/2016	
ORPHENADRINE CITRATE (U.S.P.)	100	GM	BO	NA	GM	60	MG	16.66666	09/01/2015	10/17/2016	
PHENTOLAMINE MESYLATE (U.S.P.)	1	GM	BO	NA	GM	5	MG	200	09/01/2015	99/99/9999	
PHENYTOIN SODIUM (U.S.P.)	25	GM	BO	NA	GM	50	MG	20	09/01/2015	10/17/2016	
PHENYTOIN SODIUM (U.S.P.)	100	GM	BO	NA	GM	50	MG	20	09/01/2015	10/17/2016	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
49452-5344-03		J1165		09/01/2015	10/17/2016	INJECTION, PHENYTOIN SODIUM, PER 50 MG
49452-5390-03		J3430		09/01/2015	10/17/2016	INJECTION, PHYTONADIONE (VITAMIN K), PER 1 MG
49452-5971-01		J2730		09/01/2015	99/99/9999	INJECTION, PRALIDOXIME CHLORIDE, UP TO 1 GM
49452-5971-02		J2730		09/01/2015	99/99/9999	INJECTION, PRALIDOXIME CHLORIDE, UP TO 1 GM
49452-5971-03		J2730		09/01/2015	99/99/9999	INJECTION, PRALIDOXIME CHLORIDE, UP TO 1 GM
49452-6080-04		J2675		09/01/2015	10/17/2016	INJECTION, PROGESTERONE, PER 50 MG
49452-6109-01		J2720		09/01/2015	99/99/9999	INJECTION, PROTAMINE SULFATE, PER 10 MG
49452-6109-02		J2720		09/01/2015	99/99/9999	INJECTION, PROTAMINE SULFATE, PER 10 MG
49452-6109-03		J2720		09/01/2015	99/99/9999	INJECTION, PROTAMINE SULFATE, PER 10 MG
49452-6222-04		J3490		09/01/2015	10/17/2016	UNCLASSIFIED DRUGS
49452-7720-03		J2810		09/01/2015	10/17/2016	INJECTION, THEOPHYLLINE, PER 40 MG
49452-7910-04		J3302		09/01/2015	10/17/2016	INJECTION, TRIAMCINOLONE DIACETATE, PER 5MG
49452-9201-05		J1960		09/01/2015	99/99/9999	INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MG
49452-9201-06		J1960		09/01/2015	99/99/9999	INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MG
55513-0098-01		J0881		03/16/2015	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MCG (NON-ESRD USE)
76204-0800-24	KO	J7614	KO	04/22/2016	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
76204-0700-24	KO	J7614	KO	04/22/2016	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
76204-0900-24	KO	J7614	KO	04/22/2016	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
55150-0177-05		J1953		04/21/2016	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PHENYTOIN SODIUM (U.S.P.)	500	GM	BO	NA	GM	50	MG	20	09/01/2015	10/17/2016	
PHYTONADIONE (U.S.P.)	25	GM	BO	NA	GM	1	MG	1000	09/01/2015	10/17/2016	
PRALIDOXIME CHLORIDE (U.S.P.)	1	GM	BO	NA	GM	1	GM	1	09/01/2015	99/99/9999	
PRALIDOXIME CHLORIDE (U.S.P.)	5	GM	BO	NA	GM	1	GM	1	09/01/2015	99/99/9999	
PRALIDOXIME CHLORIDE (U.S.P.)	25	GM	BO	NA	GM	1	GM	1	09/01/2015	99/99/9999	
PROGESTERONE (WETTABLE/U.S.P./PR111)	1000	GM	BO	NA	GM	50	MG	20	09/01/2015	10/17/2016	
PROTAMINE SULFATE (U.S.P.)	5	GM	BO	NA	GM	10	MG	100	09/01/2015	99/99/9999	
PROTAMINE SULFATE (U.S.P.)	25	GM	BO	NA	GM	10	MG	100	09/01/2015	99/99/9999	
PROTAMINE SULFATE (U.S.P.)	100	GM	BO	NA	GM	10	MG	100	09/01/2015	99/99/9999	
RIFAMPIN (U.S.P.)	100	GM	BO	NA	GM	1	GM	1	09/01/2015	10/17/2016	
THEOPHYLLINE ANHYDROUS (U.S.P.)	2500	GM	BO	NA	GM	40	MG	25	09/01/2015	10/17/2016	
TRIAMCINOLONE DIACETATE (MICRONIZED, U.S.P.)	100	GM	BO	NA	GM	5	MG	200	09/01/2015	10/17/2016	
LEVORPHANOL TARTRATE (U.S.P.)	1	GM	BO	NA	GM	2	MG	500	09/01/2015	99/99/9999	
LEVORPHANOL TARTRATE (U.S.P.)	0.5	GM	BO	NA	GM	2	MG	500	09/01/2015	99/99/9999	
ARANESP (INNER PACK,PF) 0.01 MG/0.4 ML	0.4	ML	BO	IJ	ML	1	MCG	25	03/16/2015	99/99/9999	
LEVALBUTEROL (2X12 POUCHES,PF) 0.63 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.42	04/22/2016	99/99/9999	
LEVALBUTEROL (2X12 POUCHES,PF) 0.31 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.20666	04/22/2016	99/99/9999	
LEVALBUTEROL (2X12 POUCHES,PF) 1.25 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.83333	04/22/2016	99/99/9999	
LEVETIRACETAM (LATEX-FREE) 100 MG/1 ML	5	ML	VL	IV	ML	10	MG	10	04/21/2016	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
67457-0291-01		J0360		04/28/2016	99/99/9999	INJECTION, HYDRALAZINE HCL, UP TO 20 MG
00548-9021-00		J1885		03/01/2016	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG
60505-6130-00		J2405		04/28/2016	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG
60505-6130-05		J2405		04/28/2016	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG
00338-3583-01		J3370		04/18/2016	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG
00338-3582-01		J3370		05/10/2016	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG
00338-3581-01		J3370		05/10/2016	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG
61553-0436-48		J3475		01/01/2016	12/31/2016	INJECTION, MAGNESIUM SULFATE, PER 500 MG
63323-0642-50		J3475		05/18/2016	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG
63323-0642-20		J3475		05/18/2016	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG
00143-9566-01		J7501		04/21/2016	99/99/9999	AZATHIOPRINE, PARENTERAL, 100 MG
17478-0172-24		J7614		04/21/2016	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
45963-0623-57		J9201		04/12/2016	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
HYDRALAZINE HCL (PF) 20 MG/1 ML	1	ML	VL	IJ	ML	20	MG	1	04/28/2016	99/99/9999	
KETOROLAC TROMETHAMINE 30 MG/1 ML	1	ML	VL	IJ	ML	15	MG	2	03/01/2016	99/99/9999	
ONDANSETRON 2 MG/1 ML	2	ML	VL	IJ	ML	1	MG	2	04/28/2016	99/99/9999	
ONDANSETRON 2 MG/1 ML	2	ML	VL	IJ	ML	1	MG	2	04/28/2016	99/99/9999	
VANCOMYCIN HCL-SODIUM CHLORIDE 0.9%-1 GM	200	ML	VL	IV	ML	500	MG	0.01	04/18/2016	99/99/9999	
VANCOMYCIN HCL-SODIUM CHLORIDE (GALAXY CONTAINER) 0.9%-750 MG/150 ML	150	ML	VL	IV	ML	500	MG	0.01	05/10/2016	99/99/9999	
VANCOMYCIN HCL-SODIUM CHLORIDE (GALAXY CONTAINER) 0.9%-500 MG/100 ML	100	ML	VL	IV	ML	500	MG	0.01	05/10/2016	99/99/9999	
MAGNESIUM SULFATE-SODIUM CHLORIDE (VIAFLEX BAG,PF) 2 GM-0.9%	100	ML	FC	IV	ML	500	MG	0.04	01/01/2016	12/31/2016	
MAGNESIUM SULFATE (S.D.V.,PF) 500 MG/1 ML	50	ML	VL	IJ	ML	500	MG	1	05/18/2016	99/99/9999	
MAGNESIUM SULFATE (S.D.V.,PF) 500 MG/1 ML	20	ML	VL	IJ	ML	500	MG	1	05/18/2016	99/99/9999	
AZATHIOPRINE SODIUM (LYOPHILIZED) 100 MG	1	EA	VL	IV	EA	100	MG	1	04/21/2016	99/99/9999	
XOPENEX PEDIATRIC (PF) 0.31 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.20666	04/21/2016	99/99/9999	
GEMCITABINE (PF,LATEX-FREE) 38 MG/1 ML	5.26	ML	VL	IV	ML	200	MG	0.19	04/12/2016	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
45963-0624-58		J9201		04/12/2016	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG
45963-0636-60		J9201		04/12/2016	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG
16729-0035-15		J8999		02/08/2011	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOT OTHERWISE SPECIFIED
69656-0101-02		Q9981		07/01/2016	12/31/2016	ROLAPITANT, ORAL, 1 MG
66887-0004-20		J3490		10/31/2014	99/99/9999	UNCLASSIFIED DRUGS
17478-0172-24	KO	J7614	KO	04/21/2016	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
25021-0173-04		J0278		06/15/2016	99/99/9999	INJECTION, AMIKACIN SULFATE, 100 MG
25021-0173-02		J0278		06/15/2016	99/99/9999	INJECTION, AMIKACIN SULFATE, 100 MG
67457-0523-45		J2543		06/02/2016	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)
69452-0153-20		J7507		06/10/2016	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG
69452-0154-20		J7507		06/10/2016	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG
69452-0155-20		J7507		06/10/2016	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG
68001-0282-25		J9201		06/07/2016	08/27/2018	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG
68001-0282-26		J9201		06/07/2016	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG
68001-0282-27		J9201		06/07/2016	08/27/2018	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG
00008-4990-02		J3243		05/31/2016	08/14/2017	INJECTION, TIGECYCLINE, 1 MG
76388-0635-50		J8999		06/22/2012	10/31/2017	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
55513-0730-01		J0897		11/20/2010	99/99/9999	INJECTION, DENOSUMAB, 1 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
GEMCITABINE (PF,LATEX-FREE) 38 MG/1 ML	26.3	ML	VL	IV	ML	200	MG	0.19	04/12/2016	99/99/9999	
GEMCITABINE (PF,LATEX-FREE) 38 MG/1 ML	52.6	ML	VL	IV	ML	200	MG	0.19	04/12/2016	99/99/9999	
ANASTROZOLE (FILM-COATED) 1 MG	90	EA	BO	PO	EA	1	MG	1	02/08/2011	99/99/9999	
VARUBI (FILM COATED) 90 MG	2	EA	DP	PO	EA	1	MG	90	07/01/2016	12/31/2016	
TESTOPEL PELLETS	100	EA	BX	SC	EA	1	EA	1	10/31/2014	99/99/9999	
XOPENEX PEDIATRIC (PF) 0.31 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.20666	04/21/2016	99/99/9999	
AMIKACIN SULFATE 250 MG/1 ML	4	ML	VL	IJ	ML	100	MG	2.5	06/15/2016	99/99/9999	
AMIKACIN SULFATE 250 MG/1 ML	2	ML	VL	IJ	ML	100	MG	2.5	06/15/2016	99/99/9999	
PIPERACILLIN AND TAZOBACTAM (SINGLE USE,PF) 4 GM-0.5 GM	10	EA	VL	IV	EA	1.125	GM	4	06/02/2016	99/99/9999	
TACROLIMUS (HARD GELATIN) 0.5 MG	100	EA	BO	PO	EA	1	MG	0.5	06/10/2016	99/99/9999	
TACROLIMUS (HARD GELATIN) 1 MG	100	EA	BO	PO	EA	1	MG	1	06/10/2016	99/99/9999	
TACROLIMUS (HARD GELATIN) 5 MG	100	EA	BO	PO	EA	1	MG	5	06/10/2016	99/99/9999	
GEMCITABINE (SINGLE-USE,USP) 200 MG	1	EA	VL	IV	EA	200	MG	1	06/07/2016	08/27/2018	
GEMCITABINE (SINGLE-USE,USP) 1 GM	1	EA	VL	IV	EA	200	MG	5	06/07/2016	99/99/9999	
GEMCITABINE (SINGLE-USE,USP) 2 GM	1	EA	VL	IV	EA	200	MG	10	06/07/2016	08/27/2018	
TYGACIL (SDV,PF) 50 MG	10	EA	VL	IV	EA	1	MG	50	05/31/2016	08/14/2017	
LEUKERAN (FILM-COATED) 2 MG	50	EA	BO	PO	EA	1	MG	1	06/22/2012	10/31/2017	
XGEVA (PF) 120 MG/1.7 ML	1.7	ML	VL	SC	ML	1	MG	70.58823	11/20/2010	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
55513-0710-01		J0897		06/05/2010	99/99/9999	INJECTION, DENOSUMAB, 1 MG
00259-1620-01		J0588		01/25/2016	99/99/9999	INJECTION, INCOBOTULINUMTOXIN A, 1 UNIT
44567-0436-24		J1956		07/01/2016	99/99/9999	INJECTION, LEVOFLOXACIN, 250 MG
44567-0435-24		J1956		07/01/2016	99/99/9999	INJECTION, LEVOFLOXACIN, 250 MG
44567-0437-24		J1956		07/01/2016	99/99/9999	INJECTION, LEVOFLOXACIN, 250 MG
00078-0642-61		J2502		01/05/2016	99/99/9999	INJECTION, PASIREOTIDE LONG ACTING, 1 MG
00078-0641-61		J2502		01/05/2016	99/99/9999	INJECTION, PASIREOTIDE LONG ACTING, 1 MG
00078-0643-61		J2502		01/05/2016	99/99/9999	INJECTION, PASIREOTIDE LONG ACTING, 1 MG
67457-0521-22		J2543		06/23/2016	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)
17478-0081-30		J2795		06/08/2016	99/99/9999	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG
55150-0223-10		J2800		07/07/2016	99/99/9999	INJECTION, METHOCARBAMOL, UP TO 10 ML
63323-0106-01		J3475		06/03/2016	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG
63323-0108-01		J3475		06/03/2016	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG
63323-0106-05		J3475		06/03/2016	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PROLIA (PF) 60 MG/1 ML	1	ML	SR	SC	ML	1	MG	60	06/05/2010	99/99/9999	
XEOMIN (SINGLE-USE,PF) 200 U	1	EA	VL	IM	EA	1	U	200	01/25/2016	99/99/9999	
LEVOFLOXACIN IN 5% DEXTROSE (NEXCEL PREMIX BAG,PF) 5%-500 MG/100 ML	100	ML	FC	IV	ML	250	MG	0.02	07/01/2016	99/99/9999	
LEVOFLOXACIN IN 5% DEXTROSE (NEXCEL PREMIX BAG,PF) 5%-250 MG/50 ML	50	ML	FC	IV	ML	250	MG	0.02	07/01/2016	99/99/9999	
LEVOFLOXACIN IN 5% DEXTROSE (NEXCEL PREMIX BAG,PF) 5%-750 MG/150 ML	150	ML	FC	IV	ML	250	MG	0.02	07/01/2016	99/99/9999	
SIGNIFOR LAR (6ML VIAL) 40 MG	1	EA	VL	IM	EA	1	MG	40	01/05/2016	99/99/9999	
SIGNIFOR LAR (6ML VIAL) 20 MG	1	EA	VL	IM	EA	1	MG	20	01/05/2016	99/99/9999	
SIGNIFOR LAR (6ML VIAL) 60 MG	1	EA	VL	IM	EA	1	MG	60	01/05/2016	99/99/9999	
PIPERACILLIN AND TAZOBACTAM (SINGLE DOSE,PF) 2 GM-0.25 GM	10	EA	VL	IV	EA	1.125	GM	2	06/23/2016	99/99/9999	
ROPIVACAINE HCL (PF,LATEX-FREE) 5 MG/1 ML	30	ML	VL	IJ	ML	1	MG	5	06/08/2016	99/99/9999	
METHOCARBAMOL (LATEX-FREE) 100 MG/1 ML	10	ML	VL	IJ	ML	10	ML	0.1	07/07/2016	99/99/9999	
MAGNESIUM SULFATE (FREEFLEX BAG,LATEX-FREE) 40 MG/1 ML	100	ML	FC	IV	ML	500	MG	0.08	06/03/2016	99/99/9999	
MAGNESIUM SULFATE-DEXTROSE (FREEFLEX BAG,LATEX-FREE) 5%-1 GM/100 ML	100	ML	FC	IV	ML	500	MG	0.02	06/03/2016	99/99/9999	
MAGNESIUM SULFATE (FREEFLEX BAG,LATEX-FREE) 40 MG/1 ML	50	ML	FC	IV	ML	500	MG	0.08	06/03/2016	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
63323-0107-05		J3475		06/03/2016	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG
63323-0106-10		J3475		06/03/2016	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG
63323-0106-15		J3475		06/03/2016	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG
00591-5442-43		J7512		04/05/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
00591-5052-21		J7512		04/05/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
00591-5052-43		J7512		04/05/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
00591-5442-21		J7512		04/05/2016	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
76075-0102-01		J9047		07/14/2016	99/99/9999	INJECTION, CARFILZOMIB, 1 MG
16714-0500-01		J9171		03/14/2016	99/99/9999	INJECTION, DOCETAXEL, 1 MG
16714-0465-01		J9171		03/14/2016	99/99/9999	INJECTION, DOCETAXEL, 1 MG
68001-0284-25		J9206		06/17/2016	99/99/9999	INJECTION, IRINOTECAN, 20 MG
68001-0284-34		J9206		06/17/2016	99/99/9999	INJECTION, IRINOTECAN, 20 MG
57237-0076-30		Q0162		04/01/2016	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
57237-0078-30		Q0162		02/19/2016	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
MAGNESIUM SULFATE (FREEFLEX BAG,LATEX-FREE) 80 MG/1 ML	50	ML	FC	IV	ML	500	MG	0.16	06/03/2016	99/99/9999	
MAGNESIUM SULFATE (FREEFLEX BAG,LATEX-FREE) 40 MG/1 ML	1000	ML	FC	IV	ML	500	MG	0.08	06/03/2016	99/99/9999	
MAGNESIUM SULFATE (FREEFLEX BAG,LATEX-FREE) 40 MG/1 ML	500	ML	FC	IV	ML	500	MG	0.08	06/03/2016	99/99/9999	
PREDNISONE 10 MG	48	EA	BX	PO	EA	1	MG	10	04/05/2016	99/99/9999	
PREDNISONE 5 MG	21	EA	BX	PO	EA	1	MG	5	04/05/2016	99/99/9999	
PREDNISONE 5 MG	48	EA	BX	PO	EA	1	MG	5	04/05/2016	99/99/9999	
PREDNISONE 10 MG	21	EA	BX	PO	EA	1	MG	10	04/05/2016	99/99/9999	
KYPROLIS (LYOPHILIZED) 30 MG	1	EA	VL	IV	EA	1	MG	30	07/14/2016	99/99/9999	
DOCETAXEL 20 MG/1 ML	4	ML	VL	IV	ML	1	MG	20	03/14/2016	99/99/9999	
DOCETAXEL 20 MG/1 ML	1	ML	VL	IV	ML	1	MG	20	03/14/2016	99/99/9999	
IRINOTECAN HYDROCHLORIDE (1X5ML,SINGLE DOSE,PF) 20 MG/1 ML	5	ML	VL	IV	ML	20	MG	1	06/17/2016	99/99/9999	
IRINOTECAN HYDROCHLORIDE (PF,LATEX-FREE) 20 MG/1 ML	2	ML	VL	IV	ML	20	MG	1	06/17/2016	99/99/9999	
ONDANSETRON HCL (FILM-COATED) 8 MG	30	EA	BO	PO	EA	1	MG	8	04/01/2016	99/99/9999	
ONDANSETRON (USP,STRAWBERRY GUARANA) 8 MG	30	EA	BO	PO	EA	1	MG	8	02/19/2016	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
57237-0077-30		Q0162		02/19/2016	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
57237-0075-30		Q0162		04/01/2016	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
70332-0103-01		Q0163		04/01/2016	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
10702-0003-50		Q0169		06/08/2016	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00003-2188-51		J0129		06/13/2016	99/99/9999	INJECTION, ABATACEPT, 10 MG
00641-0367-25		J1100		04/27/1983	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG
55513-0078-01		J9999		10/28/2015	99/99/9999	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS
55513-0079-01		J9999		10/28/2015	99/99/9999	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS
55513-0221-01		J2796		08/25/2008	99/99/9999	INJECTION, ROMIPLOSTIM, 10 MICROGRAMS
55513-0222-01		J2796		08/25/2008	99/99/9999	INJECTION, ROMIPLOSTIM, 10 MICROGRAMS

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
ONDANSETRON (USP,STRAWBERRY GUARANA) 4 MG	30	EA	BO	PO	EA	1	MG	4	02/19/2016	99/99/9999	
ONDANSETRON HCL (FILM-COATED) 4 MG	30	EA	BO	PO	EA	1	MG	4	04/01/2016	99/99/9999	
RAPIDPAQ DICOPANOL (1X150ML) 5 MG/1 ML	150	ML	BO	PO	ML	50	MG	0.1	04/01/2016	99/99/9999	
PROMETHAZINE HCL (USP) 25 MG	500	EA	BO	PO	EA	12.5	MG	2	06/08/2016	99/99/9999	
ORENCIA CLICKJECT (PF) 125 MG/1 ML	1	ML	SR	SC	ML	10	MG	12.5	06/13/2016	99/99/9999	
DEXAMETHASONE SODIUM PHOSPHATE (VIAL, DOSETTE) 10 MG/1 ML	1	ML	VL	IJ	ML	1	MG	10	04/27/1983	99/99/9999	
IMLYGIC (PF) 1000000 PFU/1 ML	1	ML	VL	IJ	ML	1	U	1	10/28/2015	99/99/9999	
IMLYGIC (PF) 100000000 PFU/1 ML	1	ML	VL	IJ	ML	1	U	1	10/28/2015	99/99/9999	
NPLATE (PF,STERILE, LYOPHILIZED) 250 MCG	1	EA	VL	SC	EA	10	MCG	25	08/25/2008	99/99/9999	
NPLATE (PF,STERILE, LYOPHILIZED) 500 MCG	1	EA	VL	SC	EA	10	MCG	50	08/25/2008	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
69097-0173-53		J7620		07/01/2015	99/99/9999	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME
76075-0101-01		J9047		07/20/2012	99/99/9999	INJECTION, CARFILZOMIB, 1 MG
00487-9601-01		J7626		06/13/2016	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG
00487-9601-30		J7626		06/13/2016	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG
00487-9701-01		J7626		06/13/2016	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG
00487-9701-30		J7626		06/13/2016	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG
00487-9601-01	KO	J7626	KO	06/13/2016	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG
00487-9601-30	KO	J7626	KO	06/13/2016	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG
00487-9701-01	KO	J7626	KO	06/13/2016	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG
00487-9701-30	KO	J7626	KO	06/13/2016	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
IPRATROPIUM BROMIDE-ALBUTEROL SULFATE (30X3ML 5 VIALS/POUCH) 3MG/3ML-0.5MG/3ML	3	ML	PC	IH	ML	3	MG	0.33333	07/01/2015	99/99/9999	
KYPROLIS 60 MG	1	EA	VL	IV	EA	1	MG	60	07/20/2012	99/99/9999	
BUDESONIDE (30x2mL) .25MG/2ML	30	ML	PC	IH	ML	0.5	MG	0.25	06/13/2016	99/99/9999	
BUDESONIDE (30x2mL) .25MG/2ML	30	ML	PC	IH	ML	0.5	MG	0.25	06/13/2016	99/99/9999	
BUDESONIDE (30x2mL) .5MG/2ML	30	ML	PC	IH	ML	0.5	MG	0.5	06/13/2016	99/99/9999	
BUDESONIDE (30x2mL) .5MG/2ML	30	ML	AM	IH	ML	0.5	MG	0.5	06/13/2016	99/99/9999	
BUDESONIDE (30x2mL) .25MG/2ML	30	ML	PC	IH	ML	0.5	MG	0.25	06/13/2016	99/99/9999	
BUDESONIDE (30x2mL) .25MG/2ML	30	ML	PC	IH	ML	0.5	MG	0.25	06/13/2016	99/99/9999	
BUDESONIDE (30x2mL) .5MG/2ML	30	ML	PC	IH	ML	0.5	MG	0.5	06/13/2016	99/99/9999	
BUDESONIDE (30x2mL) .5MG/2ML	30	ML	AM	IH	ML	0.5	MG	0.5	06/13/2016	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
55513-0209-01		J1442		08/08/2000	99/99/9999	INJECTION, FILGRASTIM (G-CSF), EXCLUDES BIOSIMILARS, 1 MICROGRAM
55513-0209-10		J1442		08/08/2000	99/99/9999	INJECTION, FILGRASTIM (G-CSF), EXCLUDES BIOSIMILARS, 1 MICROGRAM
55513-0530-01		J1442		03/17/1997	99/99/9999	INJECTION, FILGRASTIM (G-CSF), EXCLUDES BIOSIMILARS, 1 MICROGRAM
55513-0530-10		J1442		03/17/1997	99/99/9999	INJECTION, FILGRASTIM (G-CSF), EXCLUDES BIOSIMILARS, 1 MICROGRAM
55513-0546-01		J1442		03/17/1997	99/99/9999	INJECTION, FILGRASTIM (G-CSF), EXCLUDES BIOSIMILARS, 1 MICROGRAM
55513-0546-10		J1442		03/17/1997	99/99/9999	INJECTION, FILGRASTIM (G-CSF), EXCLUDES BIOSIMILARS, 1 MICROGRAM
55513-0924-01		J1442		08/08/2000	99/99/9999	INJECTION, FILGRASTIM (G-CSF), EXCLUDES BIOSIMILARS, 1 MICROGRAM
55513-0924-10		J1442		08/08/2000	99/99/9999	INJECTION, FILGRASTIM (G-CSF), EXCLUDES BIOSIMILARS, 1 MICROGRAM
00143-9558-01		J0641		08/01/2016	99/99/9999	INJECTION, LEVOLEUCOVORIN CALCIUM, 0.5 MG
39822-0617-01		J0770		07/01/2016	99/99/9999	INJECTION, COLISTIMETHATE SODIUM, UP TO 150 MG
00409-6557-01		J1071		07/19/2016	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1MG
00409-6562-01		J1071		07/19/2016	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1MG
00409-6562-20		J1071		07/19/2016	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
NEUPOGEN (26GX5/8",PF,SINGLEJECT) 480 MCG/0.8 ML	0.8	ML	SR	IJ	ML	1	MCG	600	08/08/2000	99/99/9999	
NEUPOGEN (26GX5/8",0.8MLX10,PF) 480 MCG/0.8 ML	0.8	ML	SR	IJ	ML	1	MCG	600	08/08/2000	99/99/9999	
NEUPOGEN (S.D.V.,PF) 300 MCG/1 ML	1	ML	VL	IJ	ML	1	MCG	300	03/17/1997	99/99/9999	
NEUPOGEN (SDV,1MLX10,PF) 300 MCG/1 ML	1	ML	VL	IJ	ML	1	MCG	300	03/17/1997	99/99/9999	
NEUPOGEN (S.D.V.,PF) 480 MCG/1.6 ML	1.6	ML	VL	IJ	ML	1	MCG	300	03/17/1997	99/99/9999	
NEUPOGEN (SDV,1.6MLX10,PF) 480 MCG/1.6 ML	1.6	ML	VL	IJ	ML	1	MCG	300	03/17/1997	99/99/9999	
NEUPOGEN ((26GX5/8"),SINGLE-USE) 300 MCG/0.5 ML	0.5	ML	SR	IJ	ML	1	MCG	600	08/08/2000	99/99/9999	
NEUPOGEN (26GX5/8",0.5MLX10,PF) 300 MCG/0.5 ML	0.5	ML	SR	IJ	ML	1	MCG	600	08/08/2000	99/99/9999	
LEVOLEUCOVORIN CALCIUM (PF,LYOPHILIZED) 50 MG	1	EA	VL	IV	EA	0.5	MG	100	08/01/2016	99/99/9999	
COLISTIMETHATE (LYOPHILIZED CAKE) 150 MG	1	EA	VL	IJ	EA	150	MG	1	07/01/2016	99/99/9999	
TESTOSTERONE CYPIONATE (MDV) 100 MG/1 ML	10	ML	VL	IM	ML	1	MG	100	07/19/2016	99/99/9999	
TESTOSTERONE CYPIONATE 200 MG/1 ML	1	ML	VL	IM	ML	1	MG	200	07/19/2016	99/99/9999	
TESTOSTERONE CYPIONATE (MDV) 200 MG/1 ML	10	ML	VL	IM	ML	1	MG	200	07/19/2016	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
61553-0242-52		J1170		04/01/2016	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG
61553-0915-04		J1644		04/01/2016	03/31/2017	INJECTION, HEPARIN SODIUM, PER 1000 UNITS
00143-9673-25		J1953		07/29/2016	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG
00781-3433-95		J2020		08/02/2016	99/99/9999	INJECTION, LINEZOLID, 200MG
39822-5525-03		J2550		08/01/2016	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG
39822-5550-06		J2550		08/01/2016	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG
00093-2014-12		J3030		07/20/2016	99/99/9999	INJECTION, SUMATRIPTAN SUCCINATE, 6 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)
00093-2013-12		J3030		07/20/2016	99/99/9999	INJECTION, SUMATRIPTAN SUCCINATE, 6 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)
70069-0005-10		J3420		07/28/2016	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG
00054-0271-21		None		07/18/2016	99/99/9999	CAPECITABINE, 150 MG, ORAL
00054-0272-23		None		07/18/2016	99/99/9999	CAPECITABINE, 500 MG, ORAL
67457-0455-52		J9100		07/22/2016	99/99/9999	INJECTION, CYTARABINE, 100 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
HYDROMORPHONE HCL-SODIUM CHLORIDE (LIFECARE BAG,LATEX-FREE) 1 MG/1 ML-0.9%	100	ML	FC	IV	ML	4	MG	0.25	04/01/2016	99/99/9999	
HEPARIN SODIUM-SODIUM CHLORIDE (VIAFLEX BAG,LATEX-FREE) 1000 U/1000 ML-0.9%	1000	ML	FC	IV	ML	1000	U	0.001	04/01/2016	03/31/2017	
LEVETIRACETAM 100 MG/1 ML	5	ML	VL	IV	ML	10	MG	10	07/29/2016	99/99/9999	
LINEZOLID (10X300ML BAGS) 2 MG/1 ML	300	ML	FC	IV	ML	200	MG	0.01	08/02/2016	99/99/9999	
PROMETHAZINE HCL (25X1ML,USP) 25 MG/1 ML	1	ML	AM	IJ	ML	50	MG	0.5	08/01/2016	99/99/9999	
PROMETHAZINE HCL (25X1ML,USP) 50 MG/1 ML	1	ML	AM	IJ	ML	50	MG	1	08/01/2016	99/99/9999	
SUMATRIPTAN SUCCINATE 6 MG/0.5 ML	0.5	ML	SR	SC	ML	6	MG	2	07/20/2016	99/99/9999	
SUMATRIPTAN SUCCINATE 4 MG/0.5 ML	0.5	ML	SR	SC	ML	6	MG	1.33333	07/20/2016	99/99/9999	
CYANOCOBALAMIN (M.D.V.,25X1ML) 1000 MCG/1 ML	1	ML	VL	IJ	ML	1000	MCG	1	07/28/2016	99/99/9999	
CAPECITABINE (USP,FILM-COATED) 150 MG	60	EA	BO	PO	EA	150	MG	1	07/18/2016	99/99/9999	
CAPECITABINE (USP,FILM COATED) 500 MG	120	EA	BO	PO	EA	500	MG	1	07/18/2016	99/99/9999	
CYTARABINE (SDV,PF,LATEX-FREE) 20 MG/1 ML	5	ML	VL	IJ	ML	100	MG	0.2	07/22/2016	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00409-0367-01		J9171		07/08/2016	99/99/9999	INJECTION, DOCETAXEL, 1 MG
00409-0366-01		J9171		07/08/2016	99/99/9999	INJECTION, DOCETAXEL, 1 MG
00944-3810-01		J9266		08/16/2016	99/99/9999	INJECTION, PEGASPARGASE, PER SINGLE DOSE VIAL
61755-0005-02		J0178		11/21/2011	99/99/9999	INJECTION, AFLIBERCEPT, 1 MG
59676-0320-04		J0885		01/01/2016	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS
00074-4339-07		J0135		03/19/2009	99/99/9999	INJECTION, ADALIMUMAB, 20 MG
00074-6347-02		J0135		10/15/2014	99/99/9999	INJECTION, ADALIMUMAB, 20 MG
13533-0703-10		J0256		08/31/2016	99/99/9999	INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), NOT OTHERWISE SPECIFIED, 10 MG
67457-0350-10		J0290		09/12/2016	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG
67457-0404-10		J0290		09/12/2016	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG
67457-0351-10		J0290		09/12/2016	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG
00143-9552-01		J0640		08/24/2016	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG
00703-0125-01		J0878		09/14/2016	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG
55150-0243-46		J1956		09/01/2016	99/99/9999	INJECTION, LEVOFLOXACIN, 250 MG
55150-0244-47		J1956		09/01/2016	99/99/9999	INJECTION, LEVOFLOXACIN, 250 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
DOCETAXEL 20 MG/1 ML	4	ML	VL	IV	ML	1	MG	20	07/08/2016	99/99/9999	
DOCETAXEL 20 MG/1 ML	1	ML	VL	IV	ML	1	MG	20	07/08/2016	99/99/9999	
ONCASPAR (S.D.V.,PF) 750 IU/1 ML	5	ML	VL	IJ	ML	1	VL	0.2	08/16/2016	99/99/9999	
EYLEA (PF) 40 MG/1 ML	0.05	ML	VL	IO	ML	1	MG	40	11/21/2011	99/99/9999	
PROCRIT (MULTIDOSE) 20000 U/ML	1	ML	VL	IJ	ML	1000	U	20	01/01/2016	99/99/9999	
HUMIRA (SINGLE-USE PEN; 4X1ML) 40 MG/0.8 ML	4	EA	BX	SC	EA	20	MG	2	03/19/2009	99/99/9999	
HUMIRA (PRE-FILLED SYRINGE,PF) 10 MG/0.2 ML	2	EA	BX	SC	EA	20	MG	0.5	10/15/2014	99/99/9999	
PROLASTIN-C (1000MG,LYOPHILIZED) 1 MG	1	EA	VL	IV	EA	10	MG	0.1	08/31/2016	99/99/9999	
AMPICILLIN (USP,CRYSTALLINE) 500 MG	10	EA	VL	IJ	EA	500	MG	1	09/12/2016	99/99/9999	
AMPICILLIN (USP,CRYSTALLINE) 10 GM	1	EA	VL	IV	EA	500	MG	20	09/12/2016	99/99/9999	
AMPICILLIN (USP,CRYSTALLINE) 1 GM	10	EA	VL	IJ	EA	500	MG	2	09/12/2016	99/99/9999	
LEUCOVORIN CALCIUM (PF,LYOPHILIZED) 350 MG	1	EA	VL	IJ	EA	50	MG	7	08/24/2016	99/99/9999	
DAPTOMYCIN (PF,LYOPHILIZED) 500 MG	1	EA	VL	IV	EA	1	MG	500	09/14/2016	99/99/9999	
LEVOFLOXACIN IN 5% DEXTROSE (24X50ML, SINGLE-USE,PF) 5%-250 MG/50 ML	50	ML	FC	IV	ML	250	MG	0.02	09/01/2016	99/99/9999	
LEVOFLOXACIN IN 5% DEXTROSE (24X100ML, SINGLE-USE,PF) 5%-500 MG/100 ML	100	ML	FC	IV	ML	250	MG	0.02	09/01/2016	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
55150-0245-52		J1956		09/01/2016	99/99/9999	INJECTION, LEVOFLOXACIN, 250 MG
00781-3000-96		J2185		09/12/2016	99/99/9999	INJECTION, MEROPENEM, 100 MG
00781-3000-95		J2185		09/12/2016	99/99/9999	INJECTION, MEROPENEM, 100 MG
00781-3098-96		J2185		09/12/2016	99/99/9999	INJECTION, MEROPENEM, 100 MG
00781-3098-95		J2185		09/12/2016	99/99/9999	INJECTION, MEROPENEM, 100 MG
67457-0299-10		J2310		09/14/2016	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG
00143-9890-10		J2405		09/14/2016	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG
62847-0001-01		J3095		10/01/2016	99/99/9999	INJECTION, TELEVANCIN, 10 MG
25208-0001-04		J3246		09/01/2016	99/99/9999	INJECTION, TIROFIBAN HCL, 0.25MG
25208-0002-03		J3246		09/01/2016	99/99/9999	INJECTION, TIROFIBAN HCL, 0.25MG
67457-0281-01		J3415		09/01/2016	99/99/9999	INJECTION, PYRIDOXINE HCL, 100 MG
68001-0283-27		J9060		09/12/2016	99/99/9999	INJECTION, CISPLATIN, POWDER OR S0LUTION, 10 MG
68001-0283-32		J9060		09/12/2016	99/99/9999	INJECTION, CISPLATIN, POWDER OR S0LUTION, 10 MG
25021-0215-98		J9190		09/29/2016	99/99/9999	INJECTION, FLUOROURACIL, 500 MG
42023-0149-01		J9245		08/24/2016	99/99/9999	INJECTION, MELPHALAN HYDROCHLORIDE, 50 MG
59572-0984-01		J9315		09/16/2016	99/99/9999	INJECTION, ROMIDEPSIN, 1 MG
38779-1816-05		J2810		08/01/2016	99/99/9999	INJECTION, THEOPHYLLINE, PER 40 MG
38779-1816-08		J2810		08/01/2016	99/99/9999	INJECTION, THEOPHYLLINE, PER 40 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
LEVOFLOXACIN IN 5% DEXTROSE (24X150ML, SINGLE-USE,PF) 5%-750 MG/150 ML	150	ML	FC	IV	ML	250	MG	0.02	09/01/2016	99/99/9999	
MEROPENEM 500 MG	25	EA	VL	IV	EA	100	MG	5	09/12/2016	99/99/9999	
MEROPENEM 500 MG	10	EA	VL	IV	EA	100	MG	5	09/12/2016	99/99/9999	
MEROPENEM 1 GM	25	EA	VL	IV	EA	100	MG	10	09/12/2016	99/99/9999	
MEROPENEM 1 GM	10	EA	VL	IV	EA	100	MG	10	09/12/2016	99/99/9999	
NALOXONE HCL 0.4 MG/1 ML	10	ML	VL	IJ	ML	1	MG	0.4	09/14/2016	99/99/9999	
ONDANSETRON (USP,MULTIDOSE) 2 MG/1 ML	20	ML	VL	IJ	ML	1	MG	2	09/14/2016	99/99/9999	
VIBATIV (SDV,PF,LYOPHILIZED) 750 MG	10	EA	VL	IV	EA	10	MG	75	10/01/2016	99/99/9999	
AGGRASTAT (PF) 0.25 MG/1 ML	15	ML	PC	IV	ML	0.25	MG	1	09/01/2016	99/99/9999	
AGGRASTAT (1X100ML) 0.05 MG/1 ML	100	ML	PC	IV	ML	0.25	mg	0.2	09/01/2016	99/99/9999	
PYRIDOXINE HCL 100 MG/1 ML	1	ML	VL	IJ	ML	100	MG	1	09/01/2016	99/99/9999	
CISPLATIN (MDV,LATEX-FREE) 1 MG/1 ML	50	ML	VL	IV	ML	10	MG	0.1	09/12/2016	99/99/9999	
CISPLATIN (MDV,LATEX-FREE) 1 MG/1 ML	100	ML	VL	IV	ML	10	MG	0.1	09/12/2016	99/99/9999	
FLUOROURACIL (BULK PACKAGE,PF) 50 MG/1 ML	50	ML	VL	IV	ML	500	MG	0.1	09/29/2016	99/99/9999	
MELPHALAN HYDROCHLORIDE (W/ 10ML DILUENT) 50 MG	1	EA	VL	IV	EA	50	MG	1	08/24/2016	99/99/9999	
ISTODAX (W/DILUENT) 10 MG	1	EA	VL	IV	EA	1	MG	10	09/16/2016	99/99/9999	
THEOPHYLLINE ANHYDROUS (USP)	100	GM	BO	NA	GM	40	MG	25	08/01/2016	99/99/9999	
THEOPHYLLINE ANHYDROUS (USP)	500	GM	BO	NA	GM	40	MG	25	08/01/2016	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
66302-0206-03		J7686		01/01/2011	99/99/9999	TREPROSTINIL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 1.74 MG
66302-0206-03	KO	J7686	KO	01/01/2011	99/99/9999	TREPROSTINIL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 1.74 MG
00409-0805-11		J0690		12/15/2015	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG
51862-0460-47		J7502		08/03/2016	99/99/9999	CYCLOSPORINE, ORAL, 100 MG
60505-6110-00		J3489		10/04/2013	99/99/9999	INJECTION, ZOLEDRONIC ACID, 1 MG
67457-0352-10		J0290		10/06/2016	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG
67457-0353-10		J0290		10/06/2016	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG
67457-0675-02		J0630		09/16/2016	99/99/9999	INJECTION, CALCITONIN SALMON, UP TO 400 UNITS
55150-0242-51		J2020		09/26/2016	99/99/9999	INJECTION, LINEZOLID, 200MG
70121-1453-07		J2185		10/03/2016	99/99/9999	INJECTION, MEROPENEM, 100 MG
70121-1454-07		J2185		10/03/2016	99/99/9999	INJECTION, MEROPENEM, 100 MG
16729-0297-83		J2405		10/08/2016	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG
16729-0298-05		J2405		10/08/2016	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG
43598-0565-10		J2501		09/16/2016	99/99/9999	INJECTION, PARICALCITOL, 1 MCG
43598-0564-25		J2501		09/16/2016	99/99/9999	INJECTION, PARICALCITOL, 1 MCG
43598-0563-25		J2501		09/16/2016	99/99/9999	INJECTION, PARICALCITOL, 1 MCG
57894-0054-27		J3357		09/27/2016	12/31/2016	USTEKINUMAB, FOR SUBCUTANEOUS INJECTION, 1 MG
63323-0203-20		J3370		10/03/2016	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG
44567-0410-24		J3475		10/24/2016	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
TYVASO (4X2.9ML) 0.6 MG/1 ML	2.9	ML	PC	IH	ML	1.74	MG	0.34482	01/01/2011	99/99/9999	
TYVASO (4X2.9ML) 0.6 MG/1 ML	2.9	ML	PC	IH	ML	1.74	MG	0.34482	01/01/2011	99/99/9999	
CEFAZOLIN (INNER NDC) 1 GM	1	EA	VL	IJ	EA	500	MG	2	12/15/2015	99/99/9999	
CYCLOSPORINE (USP,SOFT GELATIN) 100 MG	30	EA	BX	PO	EA	100	MG	1	08/03/2016	99/99/9999	
ZOLEDRONIC ACID (SDV) 4 MG/5 ML	5	ML	VL	IV	ML	1	MG	0.8	10/04/2013	99/99/9999	
AMPICILLIN (USP,CRYSTALLINE) 2 GM	10	EA	VL	IJ	EA	500	MG	4	10/06/2016	99/99/9999	
AMPICILLIN (USP,CRYSTALLINE) 250 MG	10	EA	VL	IJ	EA	500	MG	0.5	10/06/2016	99/99/9999	
MIACALCIN 200 IU/1 ML	2	ML	VL	IJ	ML	400	IU	0.5	09/16/2016	99/99/9999	
LINEZOLID 2 MG/1 ML	300	ML	FC	IV	ML	200	MG	0.01	09/26/2016	99/99/9999	
MEROPENEM (USP) 1 GM	10	EA	VL	IV	EA	100	MG	10	10/03/2016	99/99/9999	
MEROPENEM (USP) 500 MG	10	EA	VL	IV	EA	100	MG	5	10/03/2016	99/99/9999	
ONDANSETRON (5X2ML,SINGLE DOSE) 2 MG/1 ML	2	ML	VL	IJ	ML	1	MG	2	10/08/2016	99/99/9999	
ONDANSETRON (MDV) 2 MG/1 ML	20	ML	VL	IJ	ML	1	MG	2	10/08/2016	99/99/9999	
PARICALCITOL (MDV) 0.005 MG/1 ML	2	ML	VL	IV	ML	1	MCG	5	09/16/2016	99/99/9999	
PARICALCITOL (SDV) 0.005 MG/1 ML	1	ML	VL	IV	ML	1	MCG	5	09/16/2016	99/99/9999	
PARICALCITOL (SDV) 0.002 MG/1 ML	1	ML	VL	IV	ML	1	MCG	2	09/16/2016	99/99/9999	
STELARA (SDV,PF) 5 MG/1 ML	26	ML	VL	IV	ML	1	MG	5	09/27/2016	12/31/2016	
VANCOMYCIN HCL (FLIP TOP VIAL) 750 MG	10	EA	VL	IV	EA	500	MG	1.5	10/03/2016	99/99/9999	
MAGNESIUM SULFATE-DEXTROSE (LATEX-FREE) 5%-1 GM/100 ML	100	ML	FC	IV	ML	500	MG	0.02	10/24/2016	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
70644-0899-99		J7682		10/01/2016	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS
00591-2897-49		J9025		09/16/2016	99/99/9999	INJECTION, AZACITIDINE, 1 MG
25021-0215-99		J9190		09/29/2016	99/99/9999	INJECTION, FLUOROURACIL, 500 MG
00069-0809-01		Q5102		10/17/2016	03/31/2018	INJECTION, INFLIXIMAB, BIOSIMILAR, 10 MG
55150-0259-30		J0132		10/06/2016	99/99/9999	INJECTION, ACETYLCYSTEINE, 100 MG
00378-5260-14		None		06/29/2016	99/99/9999	TEMOZOLOMIDE, 5 MG, ORAL
00378-5260-98		None		06/29/2016	99/99/9999	TEMOZOLOMIDE, 5 MG, ORAL
00378-5261-14		None		06/29/2016	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL
00378-5261-98		None		06/29/2016	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL
00378-5262-14		None		06/29/2016	99/99/9999	TEMOZOLOMIDE, 100 MG, ORAL
00378-5262-98		None		06/29/2016	99/99/9999	TEMOZOLOMIDE, 100 MG, ORAL
00378-5263-14		None		06/29/2016	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL
00378-5263-98		None		06/29/2016	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL
00378-5264-14		None		06/29/2016	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL
00378-5264-98		None		06/29/2016	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL
00378-5265-98		None		06/29/2016	99/99/9999	TEMOZOLOMIDE, 250 MG, ORAL
00944-2850-01		J7799		09/26/2016	12/31/2017	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00944-2850-02		J7799		09/26/2016	12/31/2017	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00944-2850-03		J7799		09/26/2016	12/31/2017	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
TOBRAMYCIN INHALATION SOLUTION PAK (PF) 300 MG/5 ML	5	ML	PC	IH	ML	300	MG	0.2	10/01/2016	99/99/9999	
AZACITIDINE (SDV,PF,LATEX-FREE) 100 MG	1	EA	VL	IJ	EA	1	MG	100	09/16/2016	99/99/9999	
FLUOROURACIL (BULK PACKAGE,PF) 50 MG/1 ML	100	ML	VL	IV	ML	500	MG	0.1	09/29/2016	99/99/9999	
INFLECTRA (SDV,PF) 100 MG	1	EA	VL	IV	EA	10	MG	10	10/17/2016	03/31/2018	
ACETYLCYSTEINE (SDV; 4X30ML,PF) 200 MG/1 ML	30	ML	VL	IV	ML	100	MG	2	10/06/2016	99/99/9999	
TEMOZOLOMIDE 5 MG	14	EA	BO	PO	EA	5	MG	1	06/29/2016	99/99/9999	
TEMOZOLOMIDE 5 MG	5	EA	BO	PO	EA	5	MG	1	06/29/2016	99/99/9999	
TEMOZOLOMIDE 20 MG	14	EA	BO	PO	EA	20	MG	1	06/29/2016	99/99/9999	
TEMOZOLOMIDE 20 MG	5	EA	BO	PO	EA	20	MG	1	06/29/2016	99/99/9999	
TEMOZOLOMIDE 100 MG	14	EA	BO	PO	EA	100	MG	1	06/29/2016	99/99/9999	
TEMOZOLOMIDE 100 MG	5	EA	BO	PO	EA	100	MG	1	06/29/2016	99/99/9999	
TEMOZOLOMIDE 140 MG	14	EA	BO	PO	EA	20	MG	7	06/29/2016	99/99/9999	
TEMOZOLOMIDE 140 MG	5	EA	BO	PO	EA	20	MG	7	06/29/2016	99/99/9999	
TEMOZOLOMIDE 180 MG	14	EA	BO	PO	EA	20	MG	9	06/29/2016	99/99/9999	
TEMOZOLOMIDE 180 MG	5	EA	BO	PO	EA	20	MG	9	06/29/2016	99/99/9999	
TEMOZOLOMIDE 250 MG	5	EA	BO	PO	EA	250	MG	1	06/29/2016	99/99/9999	
CUVITRU (1GM,PF,LATEX-FREE) 20%	5	ML	VL	SC	ML	1	GM	2	09/26/2016	12/31/2017	
CUVITRU (1GM, INNER PACK NDC,PF) 20%	5	ML	VL	SC	ML	1	GM	2	09/26/2016	12/31/2017	
CUVITRU (2GM,PF,LATEX-FREE) 20%	10	ML	VL	SC	ML	1	GM	2	09/26/2016	12/31/2017	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00944-2850-04		J7799		09/26/2016	12/31/2017	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00944-2850-05		J7799		09/26/2016	12/31/2017	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00944-2850-06		J7799		09/26/2016	12/31/2017	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00944-2850-07		J7799		09/26/2016	12/31/2017	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00944-2850-08		J7799		09/26/2016	12/31/2017	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
70644-0899-99	KO	J7682	KO	10/01/2016	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS
00781-7515-87	KO	J7626	KO	08/20/2015	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG
61553-0243-72		J0171		07/01/2016	06/30/2017	INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG
67457-0349-10		J0295		10/31/2016	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM
00641-6135-25		J0780		10/31/2016	99/99/9999	INJECTION, PROCHLORPERAZINE, UP TO 10 MG
00143-9659-01		J1071		11/08/2016	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG
76329-3399-05		J2690		11/07/2016	99/99/9999	INJECTION, PROCAINAMIDE HCL, UP TO 1 GM
55150-0200-10		J2795		10/31/2016	99/99/9999	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG
55150-0201-20		J2795		10/31/2016	99/99/9999	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
CUVITRU (2GM, INNER PACK NDC,PF) 20%	10	ML	VL	SC	ML	1	GM	2	09/26/2016	12/31/2017	
CUVITRU (4GM,PF,LATEX-FREE) 20%	20	ML	VL	SC	ML	1	GM	2	09/26/2016	12/31/2017	
CUVITRU (4GM, INNER PACK NDC,PF) 20%	20	ML	VL	SC	ML	1	GM	2	09/26/2016	12/31/2017	
CUVITRU (8GM,PF,LATEX-FREE) 20%	40	ML	VL	SC	ML	1	GM	2	09/26/2016	12/31/2017	
CUVITRU (8GM, INNER PACK NDC,PF) 20%	40	ML	VL	SC	ML	1	GM	2	09/26/2016	12/31/2017	
TOBRAMYCIN INHALATION SOLUTION PAK (PF) 300 MG/5 ML	5	ML	PC	IH	ML	300	MG	0.2	10/01/2016	99/99/9999	
BUDESONIDE (30X2ML,SINGLE-DOSE) 0.25 MG/2 ML	2	ML	PC	IH	ML	0.5	MG	0.25	08/20/2015	99/99/9999	
EPINEPHRINE HCL-SODIUM CHLORIDE (BD SYRINGE,PF) 50 MCG/1 ML-0.9%	10	ML	SR	IV	ML	0.1	MG	0.5	07/01/2016	06/30/2017	
AMPICILLIN-SULBACTAM 2 GM-1 GM	10	EA	VL	IJ	EA	1.5	GM	2	10/31/2016	99/99/9999	
PROCHLORPERAZINE EDISYLATE 5 MG/1 ML	2	ML	VL	IJ	ML	10	MG	0.5	10/31/2016	99/99/9999	
TESTOSTERONE CYPIONATE 200 MG/1 ML	1	ML	VL	IM	ML	1	MG	200	11/08/2016	99/99/9999	
PROCAINAMIDE HCL (LUER-JET, LUER-LOCK) 100 MG/1 ML	10	ML	VL	IJ	ML	1	GM	0.1	11/07/2016	99/99/9999	
ROPIVACAINE HCL (SDV,PF,LATEX-FREE) 10 MG/1 ML	10	ML	VL	IJ	ML	1	MG	10	10/31/2016	99/99/9999	
ROPIVACAINE HCL (SDV,PF,LATEX-FREE) 10 MG/1 ML	20	ML	VL	IJ	ML	1	MG	10	10/31/2016	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
55150-0195-20		J2795		10/31/2016	99/99/9999	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG
55150-0199-20		J2795		10/31/2016	99/99/9999	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG
55150-0198-30		J2795		10/31/2016	99/99/9999	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG
55150-0196-99		J2795		10/31/2016	99/99/9999	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG
55150-0197-20		J2795		10/31/2016	99/99/9999	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG
00904-6574-61		J7509		11/07/2016	01/08/2018	METHYLPREDNISOLONE ORAL, PER 4 MG
43975-0256-05		None		08/02/2016	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL
43975-0256-14		None		08/02/2016	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL
43975-0255-05		None		08/02/2016	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL
43975-0254-14		None		08/02/2016	99/99/9999	TEMOZOLOMIDE, 100 MG, ORAL
43975-0254-05		None		08/02/2016	99/99/9999	TEMOZOLOMIDE, 100 MG, ORAL
43975-0253-14		None		08/02/2016	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL
43975-0253-05		None		08/02/2016	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL
43975-0252-14		None		08/02/2016	99/99/9999	TEMOZOLOMIDE, 5 MG, ORAL
43975-0252-05		None		08/02/2016	99/99/9999	TEMOZOLOMIDE, 5 MG, ORAL
43975-0257-05		None		08/02/2016	99/99/9999	TEMOZOLOMIDE, 250 MG, ORAL
43975-0255-14		None		08/02/2016	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL
00143-9547-01		J9000		11/04/2016	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG
00143-9548-10		J9000		11/04/2016	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG
00143-9549-10		J9000		11/04/2016	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
ROPIVACAINE HCL (SDV,PF,LATEX-FREE) 2 MG/1 ML	20	ML	VL	IJ	ML	1	MG	2	10/31/2016	99/99/9999	
ROPIVACAINE HCL (SDV,PF,LATEX-FREE) 7.5 MG/1 ML	20	ML	VL	IJ	ML	1	MG	7.5	10/31/2016	99/99/9999	
ROPIVACAINE HCL (SDV,PF,LATEX-FREE) 5 MG/1 ML	30	ML	VL	IJ	ML	1	MG	5	10/31/2016	99/99/9999	
ROPIVACAINE HCL (SDV,PF,LATEX-FREE) 2 MG/1 ML	100	ML	BO	IJ	ML	1	MG	2	10/31/2016	99/99/9999	
ROPIVACAINE HCL (SDV,PF,LATEX-FREE) 5 MG/1 ML	20	ML	VL	IJ	ML	1	MG	5	10/31/2016	99/99/9999	
METHYLPREDNISOLONE (10X10) 4 MG	100	EA	BX	PO	EA	4	MG	1	11/07/2016	01/08/2018	
TEMOZOLOMIDE 180 MG	5	EA	BO	PO	EA	20	MG	9	08/02/2016	99/99/9999	
TEMOZOLOMIDE 180 MG	14	EA	BO	PO	EA	20	MG	9	08/02/2016	99/99/9999	
TEMOZOLOMIDE 140 MG	5	EA	BO	PO	EA	20	MG	7	08/02/2016	99/99/9999	
TEMOZOLOMIDE 100 MG	14	EA	BO	PO	EA	100	MG	1	08/02/2016	99/99/9999	
TEMOZOLOMIDE 100 MG	5	EA	BO	PO	EA	100	MG	1	08/02/2016	99/99/9999	
TEMOZOLOMIDE 20 MG	14	EA	BO	PO	EA	20	MG	1	08/02/2016	99/99/9999	
TEMOZOLOMIDE 20 MG	5	EA	BO	PO	EA	20	MG	1	08/02/2016	99/99/9999	
TEMOZOLOMIDE 5 MG	14	EA	BO	PO	EA	5	MG	1	08/02/2016	99/99/9999	
TEMOZOLOMIDE 5 MG	5	EA	BO	PO	EA	5	MG	1	08/02/2016	99/99/9999	
TEMOZOLOMIDE 250 MG	5	EA	BO	PO	EA	250	MG	1	08/02/2016	99/99/9999	
TEMOZOLOMIDE 140 MG	14	EA	BO	PO	EA	20	MG	7	08/02/2016	99/99/9999	
ADRIAMYCIN (S.D.V.,PF) 2 MG/1 ML	25	ML	VL	IV	ML	10	MG	0.2	11/04/2016	99/99/9999	
ADRIAMYCIN (S.D.V.,PF) 2 MG/1 ML	10	ML	VL	IV	ML	10	MG	0.2	11/04/2016	99/99/9999	
ADRIAMYCIN (S.D.V.,PF) 2 MG/1 ML	5	ML	VL	IV	ML	10	MG	0.2	11/04/2016	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00143-9546-01		J9000		11/04/2016	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG
44567-0511-01		J9060		10/17/2016	99/99/9999	INJECTION, CISPLATIN, POWDER OR SOLUTION, 10 MG
45963-0620-60		J9201		10/21/2016	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG
00078-0683-06		J9261		10/11/2016	99/99/9999	INJECTION, NELARABINE, 50 MG
00078-0683-61		J9261		10/11/2016	99/99/9999	INJECTION, NELARABINE, 50 MG
00781-7515-87		J7626		08/20/2015	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG
63323-0300-30		J2543		09/24/2012	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)
00264-7751-00		J7121		01/01/2016	99/99/9999	5% DEXTROSE IN LACTATED RINGERS INFUSION, UP TO 1000 CC
00264-7751-10		J7121		01/01/2016	99/99/9999	5% DEXTROSE IN LACTATED RINGERS INFUSION, UP TO 1000 CC
00338-0125-03		J7121		01/01/2016	99/99/9999	5% DEXTROSE IN LACTATED RINGERS INFUSION, UP TO 1000 CC
00338-0125-04		J7121		01/01/2016	99/99/9999	5% DEXTROSE IN LACTATED RINGERS INFUSION, UP TO 1000 CC
00409-7929-03		J7121		01/01/2016	99/99/9999	5% DEXTROSE IN LACTATED RINGERS INFUSION, UP TO 1000 CC
00409-7929-09		J7121		01/01/2016	99/99/9999	5% DEXTROSE IN LACTATED RINGERS INFUSION, UP TO 1000 CC
69656-0101-02		J8670		01/01/2017	99/99/9999	ROLAPITANT, ORAL, 1 MG
68001-0286-38		J0640		11/23/2016	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
ADRIAMYCIN (M.D.V.,PF) 2 MG/1 ML	100	ML	VL	IV	ML	10	MG	0.2	11/04/2016	99/99/9999	
CISPLATIN (MDV,PF) 1 MG/1 ML	200	ML	VL	IV	ML	10	MG	0.1	10/17/2016	99/99/9999	
GEMCITABINE HCL (PF,LATEX-FREE) 2 GM	1	EA	VL	IV	EA	200	MG	10	10/21/2016	99/99/9999	
ARRANON (6X50ML,LATEX-FREE) 5 MG/1 ML	50	ML	VL	IV	ML	50	MG	0.1	10/11/2016	99/99/9999	
ARRANON (LATEX-FREE) 5 MG/1 ML	50	ML	VL	IV	ML	50	MG	0.1	10/11/2016	99/99/9999	
BUDESONIDE (30X2ML,SINGLE-DOSE) 0.25 MG/2 ML	2	ML	PC	IH	ML	0.5	MG	0.25	08/20/2015	99/99/9999	
PIPERACILLIN AND TAZOBACTAM (SINGLE USE,PF) 3 GM-0.375 GM	10	EA	VL	IV	EA	1.125	GM	3	09/24/2012	99/99/9999	
DEXTROSE 5%/LACTATED RINGERS (EXCEL)	1000	ML	FC	IV	ML	1000	ML	0.001	01/01/2016	99/99/9999	
DEXTROSE 5%/LACTATED RINGERS (EXCEL)	500	ML	FC	IV	ML	1000	ML	0.001	01/01/2016	99/99/9999	
LACTATED RINGER'S AND 5% DEXTROSE (VIAFLEX)	500	ML	FC	IV	ML	1000	ML	0.001	01/01/2016	99/99/9999	
LACTATED RINGER'S AND 5% DEXTROSE (VIAFLEX, 14X1000ML)	1000	ML	FC	IV	ML	1000	ML	0.001	01/01/2016	99/99/9999	
DEXTROSE 5% IN RINGERS (LATEX-FREE)	500	ML	FC	IV	ML	1000	ML	0.001	01/01/2016	99/99/9999	
DEXTROSE 5% IN RINGERS (LIFECARE,LATEX-FREE)	1000	ML	FC	IV	ML	1000	ML	0.001	01/01/2016	99/99/9999	
VARUBI (FILM COATED) 90 MG	2	EA	DP	PO	EA	1	MG	90	01/01/2017	99/99/9999	
LEUCOVORIN CALCIUM (SDV,PF,LATEX-FREE) 350 MG	1	EA	VL	IJ	EA	50	MG	7	11/23/2016	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
68001-0285-40		J0640		11/23/2016	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG
68001-0285-36		J0640		11/23/2016	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG
68001-0285-37		J0640		11/23/2016	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG
63323-0871-15		J0878		08/30/2016	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG
60505-6160-04		J1267		12/12/2016	99/99/9999	INJECTION, DORIPENEM, 10 MG
60505-6161-00		J1267		12/12/2016	99/99/9999	INJECTION, DORIPENEM, 10 MG
60505-6161-04		J1267		12/12/2016	99/99/9999	INJECTION, DORIPENEM, 10 MG
60505-6160-00		J1267		12/12/2016	99/99/9999	INJECTION, DORIPENEM, 10 MG
70121-1002-01		J1327		12/14/2016	99/99/9999	INJECTION, EPTIFIBATIDE, 5 MG
70121-1003-01		J1327		12/14/2016	99/99/9999	INJECTION, EPTIFIBATIDE, 5 MG
51991-0144-17		J2210		11/10/2016	99/99/9999	INJECTION, METHYLERGONOVINE MALEATE, UP TO 0.2 MG
00078-0818-81		J2353		12/08/2016	99/99/9999	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG
00078-0825-81		J2353		12/06/2016	99/99/9999	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG
00143-9529-01		J2680		12/12/2016	99/99/9999	INJECTION, FLUPHENAZINE DECANOATE, UP TO 25 MG
36000-0242-01		J3260		09/17/2016	99/99/9999	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG
36000-0244-25		J3260		09/17/2016	99/99/9999	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
LEUCOVORIN CALCIUM (SDV,PF,LATEX-FREE) 50 MG	10	EA	VL	IJ	EA	50	MG	1	11/23/2016	99/99/9999	
LEUCOVORIN CALCIUM (PF,LATEX-FREE) 100 MG	1	EA	VL	IJ	EA	50	MG	2	11/23/2016	99/99/9999	
LEUCOVORIN CALCIUM (SDV,PF,LATEX-FREE) 200 MG	1	EA	VL	IJ	EA	50	MG	4	11/23/2016	99/99/9999	
DAPTOMYCIN (PF,LYOPHILIZED) 500 MG	1	EA	VL	IV	EA	1	MG	500	08/30/2016	99/99/9999	
DORIPENEM 250 MG	10	EA	VL	IV	EA	10	MG	25	12/12/2016	99/99/9999	
DORIPENEM 500 MG	1	EA	VL	IV	EA	10	MG	50	12/12/2016	99/99/9999	
DORIPENEM 500 MG	10	EA	VL	IV	EA	10	MG	50	12/12/2016	99/99/9999	
DORIPENEM 250 MG	1	EA	VL	IV	EA	10	MG	25	12/12/2016	99/99/9999	
EPTIFIBATIDE (SDV) 2 MG/1 ML	10	ML	VL	IV	ML	5	MG	0.4	12/14/2016	99/99/9999	
EPTIFIBATIDE (SDV) 0.75 MG/1 ML	100	ML	VL	IV	ML	5	MG	0.15	12/14/2016	99/99/9999	
METHYLERGONOVINE MALEATE (USP) 0.2 MG/1 ML	1	ML	AM	IJ	ML	0.2	MG	1	11/10/2016	99/99/9999	
SANDOSTATIN LAR DEPOT (1 1/2"X19G) 20 MG	1	EA	BX	IM	EA	1	MG	20	12/08/2016	99/99/9999	
SANDOSTATIN LAR DEPOT (1 1/2"X19G) 30 MG	1	EA	BX	IM	EA	1	MG	30	12/06/2016	99/99/9999	
FLUPHENAZINE DECANOATE 25 MG/1 ML	5	ML	VL	IJ	ML	25	MG	1	12/12/2016	99/99/9999	
TOBRAMYCIN SULFATE (MDV;USP,LATEX-FREE) 40 MG/1 ML	30	ML	VL	IJ	ML	80	MG	0.5	09/17/2016	99/99/9999	
TOBRAMYCIN SULFATE (MDV;USP,LATEX-FREE) 40 MG/1 ML	2	ML	VL	IJ	ML	80	MG	0.5	09/17/2016	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
51862-0083-14		None		11/18/2016	99/99/9999	TEMOZOLOMIDE, 5 MG, ORAL
51862-0087-51		None		11/18/2016	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL
51862-0088-51		None		11/18/2016	99/99/9999	TEMOZOLOMIDE, 250 MG, ORAL
51862-0084-14		None		11/18/2016	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL
51862-0086-51		None		11/18/2016	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL
51862-0084-51		None		11/18/2016	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL
51862-0085-14		None		11/18/2016	99/99/9999	TEMOZOLOMIDE, 100 MG, ORAL
51862-0087-14		None		11/18/2016	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL
51862-0083-51		None		11/18/2016	99/99/9999	TEMOZOLOMIDE, 5MG, ORAL
51862-0085-51		None		11/18/2016	99/99/9999	TEMOZOLOMIDE, 100 MG, ORAL
51862-0086-14		None		11/18/2016	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL
16729-0288-11		J9060		12/07/2016	99/99/9999	INJECTION, CISPLATIN, POWDER OR SOLUTION, 10 MG
16729-0288-38		J9060		12/07/2016	99/99/9999	INJECTION, CISPLATIN, POWDER OR SOLUTION, 10 MG
00955-1022-08		J9171		11/17/2016	99/99/9999	INJECTION, DOCETAXEL, 1 MG
57894-0200-01		J0130		01/01/2017	99/99/9999	INJECTION ABCIXIMAB, 10 MG
00009-0274-01		J1020		02/02/1987	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 20 MG
45963-0613-59		J9267		01/13/2015	99/99/9999	INJECTION, PACLITAXEL, 1 MG
54569-1818-04		None		01/08/2015	10/17/2016	METHOTREXATE, 2.5 MG, ORAL
60687-0149-11		None		03/11/2016	99/99/9999	CAPECITABINE, 500 MG, ORAL
60687-0149-94		None		03/11/2016	99/99/9999	CAPECITABINE, 500 MG, ORAL
49502-0101-02		J0171		12/15/2016	99/99/9999	INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
TEMOZOLOMIDE 5 MG	14	EA	BO	PO	EA	5	MG	1	11/18/2016	99/99/9999	
TEMOZOLOMIDE 180 MG	5	EA	BO	PO	EA	20	MG	9	11/18/2016	99/99/9999	
TEMOZOLOMIDE 250 MG	5	EA	BO	PO	EA	250	MG	1	11/18/2016	99/99/9999	
TEMOZOLOMIDE 20 MG	14	EA	BO	PO	EA	20	MG	1	11/18/2016	99/99/9999	
TEMOZOLOMIDE 140 MG	5	EA	BO	PO	EA	20	MG	7	11/18/2016	99/99/9999	
TEMOZOLOMIDE 20 MG	5	EA	BO	PO	EA	20	MG	1	11/18/2016	99/99/9999	
TEMOZOLOMIDE 100 MG	14	EA	BO	PO	EA	100	MG	1	11/18/2016	99/99/9999	
TEMOZOLOMIDE 180 MG	14	EA	BO	PO	EA	20	MG	9	11/18/2016	99/99/9999	
TEMOZOLOMIDE 5 MG	5	EA	BO	PO	EA	5	MG	1	11/18/2016	99/99/9999	
TEMOZOLOMIDE 100 MG	5	EA	BO	PO	EA	100	MG	1	11/18/2016	99/99/9999	
TEMOZOLOMIDE 140 MG	14	EA	BO	PO	EA	20	MG	7	11/18/2016	99/99/9999	
CISPLATIN (LATEX-FREE) 1 MG/1 ML	50	ML	VL	IV	ML	10	MG	0.1	12/07/2016	99/99/9999	
CISPLATIN (LATEX-FREE) 1 MG/1 ML	100	ML	VL	IV	ML	10	MG	0.1	12/07/2016	99/99/9999	
DOCETAXEL (1X8ML,SINGLE USE) 20 MG/1 ML	8	ML	VL	IV	ML	1	MG	20	11/17/2016	99/99/9999	
REOPRO (VIAL,PF) 2 MG/1 ML	5	ML	VL	IV	ML	10	MG	0.2	01/01/2017	99/99/9999	
DEPO-MEDROL (M.D.V.) 20 MG/1 ML	5	ML	VL	IJ	ML	20	MG	1	02/02/1987	99/99/9999	
PACLITAXEL (MDV,PF) 6 MG/1 ML	50	ML	VL	IV	ML	1	MG	6	01/13/2015	99/99/9999	
METHOTREXATE SODIUM 2.5 MG	12	EA	BO	PO	EA	2.5	MG	1	01/08/2015	10/17/2016	
CAPECITABINE (INNER NDC,FILM-COATED) 500 MG	1	EA	BP	PO	EA	500	MG	1	03/11/2016	99/99/9999	
CAPECITABINE (2X10,FILM-COATED) 500 MG	20	EA	BX	PO	EA	500	MG	1	03/11/2016	99/99/9999	
EPINEPHRINE (0.15 MG/DELIVERY) 0.15 MG/0.3 ML	2	EA	SR	MR	EA	0.1	MG	1.5	12/15/2016	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
49502-0102-02		J0171		12/15/2016	99/99/9999	INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG
63323-0707-20		J0290		01/05/2017	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG
63323-0705-08		J0290		01/05/2017	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG
00143-9559-01		J0883		12/27/2016	99/99/9999	INJECTION, ARGATROBAN, 1 MG (FOR NON-ESRD USE)
50242-0080-03		J2778		01/30/2017	99/99/9999	INJECTION, RANIBIZUMAB, 0.1 MG
70504-3500-02		J2792		01/01/2017	99/99/9999	INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT, 100 IU
70504-3100-02		J2792		01/01/2017	99/99/9999	INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT, 100 IU
70504-3000-02		J2792		01/01/2017	99/99/9999	INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT, 100 IU
64679-0096-01		J9025		12/23/2016	99/99/9999	INJECTION, AZACITIDINE, 1 MG
45963-0765-52		J9171		12/22/2016	99/99/9999	INJECTION, DOCETAXEL, 1 MG
25021-0242-02		J9185		12/19/2016	99/99/9999	INJECTION, FLUDARABINE PHOSPHATE, 50 MG
60505-6132-07		J9263		01/05/2017	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG
60505-6132-06		J9263		01/05/2017	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG
00078-0674-61		J9351		01/05/2017	99/99/9999	INJECTION, TOPOTECAN, 0.1 MG
60842-0023-01		J0171		01/19/2017	99/99/9999	INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG
60842-0022-01		J0171		01/19/2017	99/99/9999	INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG
00115-1695-49		J0171		02/10/2017	99/99/9999	INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
EPINEPHRINE AUTO-INJECTORS (0.3 MG/DELIVERY) 0.3 MG/0.3 ML	2	EA	SR	MR	EA	0.1	MG	3	12/15/2016	99/99/9999	
AMPICILLIN SODIUM 250 MG	10	EA	VL	IJ	EA	500	MG	0.5	01/05/2017	99/99/9999	
AMPICILLIN SODIUM 2 GM	10	EA	VL	IJ	EA	500	MG	4	01/05/2017	99/99/9999	
ARGATROBAN (SDV,PF) 1 MG/1 ML	50	ML	VL	IV	ML	1	MG	1	12/27/2016	99/99/9999	
LUCENTIS (INTRAVITREAL INJECTION) 0.5 MG/0.05 ML	0.05	ML	SR	IO	ML	0.1	MG	100	01/30/2017	99/99/9999	
WINRHO SDF (1X2.2ML,SDV) 2500 IU	2.2	ML	VL	IV	ML	100	IU	11.36363	01/01/2017	99/99/9999	
WINRHO SDF (1X4.4ML,SDV) 5000 IU	4.4	ML	VL	IV	ML	100	IU	11.36363	01/01/2017	99/99/9999	
WINRHO SDF (SDV) 15000 IU	13	ML	VL	IV	ML	100	IU	11.53846	01/01/2017	99/99/9999	
AZACITIDINE (SDV) 100 MG	1	EA	VL	IJ	EA	1	MG	100	12/23/2016	99/99/9999	
DOCETAXEL (SINGLE-USE VIAL,PF) 20 MG/1 ML	4	ML	VL	IV	ML	1	MG	20	12/22/2016	99/99/9999	
FLUDARABINE PHOSPHATE (1X2ML,SDV,USP,PF) 25 MG/1 ML	2	ML	VL	IV	ML	50	MG	0.5	12/19/2016	99/99/9999	
OXALIPLATIN (1X20ML,SINGLE USE,PF) 5 MG/1 ML	20	ML	VL	IV	ML	0.5	MG	10	01/05/2017	99/99/9999	
OXALIPLATIN (1X10ML,SINGLE USE,PF) 5 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	10	01/05/2017	99/99/9999	
HYCAMTIN (S.D.V.) 4 MG	1	EA	VL	IV	EA	0.1	MG	40	01/05/2017	99/99/9999	
AUVI-Q 0.3 MG/0.3 ML	2	EA	BX	IJ	EA	0.1	MG	3	01/19/2017	99/99/9999	
AUVI-Q 0.15 MG/0.15 ML	2	EA	BX	IJ	EA	0.1	MG	1.5	01/19/2017	99/99/9999	
EPINEPHRINE 0.15 MG/0.15 ML	2	EA	BX	IJ	EA	0.1	MG	1.5	02/10/2017	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00115-1694-49		J0171		02/15/2017	99/99/9999	INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG
70860-0100-10		J0456		02/01/2017	99/99/9999	INJECTION, AZITHROMYCIN, 500 MG
45963-0762-57		J0641		02/14/2017	99/99/9999	INJECTION, LEVOLEUCOVORIN CALCIUM, 0.5 MG
70121-1099-01		J0641		02/16/2017	99/99/9999	INJECTION, LEVOLEUCOVORIN CALCIUM, 0.5 MG
23155-0294-41		J0780		01/09/2017	99/99/9999	INJECTION, PROCHLORPERAZINE, UP TO 10 MG
00409-0106-01		J0878		01/04/2017	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG
00641-6145-25		J1100		01/20/2017	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG
00641-6146-25		J1100		01/20/2017	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG
00004-6940-04		J1570		03/01/2017	99/99/9999	INJECTION, GANCICLOVIR SODIUM, 500 MG
55150-0246-47		J1953		01/06/2017	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG
55150-0248-47		J1953		01/06/2017	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG
55150-0247-47		J1953		01/06/2017	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG
70860-0600-02		J2250		02/01/2017	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG
70860-0601-05		J2250		02/01/2017	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG
70860-0601-10		J2250		02/01/2017	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG
23155-0601-42		J2250		01/30/2017	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
EPINEPHRINE (USP) 0.3 MG/0.3 ML	2	EA	BX	IJ	EA	0.1	MG	3	02/15/2017	99/99/9999	
AZITHROMYCIN (SDV,LYOPHILIZED) 500 MG	10	EA	VL	IV	EA	500	MG	1	02/01/2017	99/99/9999	
LEVOLEUCOVORIN CALCIUM (SDV,PF,LATEX-FREE) 50 MG	1	EA	VL	IV	EA	0.5	MG	100	02/14/2017	99/99/9999	
LEVOLEUCOVORIN CALCIUM (SDV,PF,LYOPHILIZED) 50 MG	1	EA	VL	IV	EA	0.5	MG	100	02/16/2017	99/99/9999	
PROCHLORPERAZINE EDISYLATE 5 MG/1 ML	2	ML	VL	IJ	ML	10	MG	0.5	01/09/2017	99/99/9999	
DAPTOMYCIN (SDV,PF,LYOPHILIZED) 500 MG	1	EA	VL	IV	EA	1	MG	500	01/04/2017	99/99/9999	
DEXAMETHASONE SODIUM PHOSPHATE 4 MG/1 ML	2	ML	VL	IJ	ML	1	MG	4	01/20/2017	99/99/9999	
DEXAMETHASONE SODIUM PHOSPHATE 4 MG/1 ML	5	ML	VL	IJ	ML	1	MG	4	01/20/2017	99/99/9999	
CYTOVENE IV 500 MG	5	EA	VL	IV	EA	500	MG	1	03/01/2017	99/99/9999	
LEVETIRACETAM-SODIUM CHLORIDE (LATEX-FREE) 500 MG/100 ML-0.82%	100	ML	BG	IV	ML	10	MG	0.5	01/06/2017	99/99/9999	
LEVETIRACETAM-SODIUM CHLORIDE (LATEX-FREE) 1500 MG/100 ML-0.54%	100	ML	BG	IV	ML	10	MG	1.5	01/06/2017	99/99/9999	
LEVETIRACETAM-SODIUM CHLORIDE (LATEX-FREE) 1000 MG/100 ML-0.75%	100	ML	BG	IV	ML	10	MG	1	01/06/2017	99/99/9999	
MIDAZOLAM (SDV) 1 MG/1 ML	2	ML	VL	IJ	ML	1	MG	1	02/01/2017	99/99/9999	
MIDAZOLAM (MDV) 5 MG/1 ML	5	ML	VL	IJ	ML	1	MG	5	02/01/2017	99/99/9999	
MIDAZOLAM (MDV) 5 MG/1 ML	10	ML	VL	IJ	ML	1	MG	5	02/01/2017	99/99/9999	
MIDAZOLAM (MDV) 5 MG/1 ML	10	ML	VL	IJ	ML	1	MG	5	01/30/2017	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
23155-0600-41		J2250		01/30/2017	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG
23155-0601-41		J2250		01/30/2017	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG
70860-0776-02		J2405		02/01/2017	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG
70860-0777-20		J2405		02/01/2017	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG
39822-0123-02		J2543		02/13/2017	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)
39822-0125-04		J2543		02/13/2017	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)
39822-0127-06		J2543		02/13/2017	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)
39822-0139-07		J2543		02/13/2017	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)
00409-2999-14		J2543		01/23/2017	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)
52565-0102-01		J2780		01/11/2017	99/99/9999	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG
52565-0101-10		J2780		01/11/2017	99/99/9999	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG
52565-0096-01		J2780		01/11/2017	99/99/9999	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG
70860-0105-20		J3370		02/01/2017	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG
70860-0104-10		J3370		02/01/2017	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG
49702-0213-26		J3485		01/05/2017	99/99/9999	INJECTION, ZIDOVUDINE, 10 MG
00121-0777-08		J7510		02/10/2017	99/99/9999	PREDNISOLONE ORAL, PER 5 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
MIDAZOLAM (SDV) 1 MG/1 ML	2	ML	VL	IJ	ML	1	MG	1	01/30/2017	99/99/9999	
MIDAZOLAM (MDV) 5 MG/1 ML	5	ML	VL	IJ	ML	1	MG	5	01/30/2017	99/99/9999	
ONDANSETRON HCL (SDV,PF) 2 MG/1 ML	2	ML	VL	IJ	ML	1	MG	2	02/01/2017	99/99/9999	
ONDANSETRON (MDV) 2 MG/1 ML	20	ML	VL	IJ	ML	1	MG	2	02/01/2017	99/99/9999	
PIPERACILLIN AND TAZOBACTAM (PF,LATEX-FREE) 2 GM-0.25 GM	10	EA	VL	IV	EA	1.125	GM	2	02/13/2017	99/99/9999	
PIPERACILLIN AND TAZOBACTAM (PF,LATEX-FREE) 3 GM-0.375 GM	10	EA	VL	IV	EA	1.125	GM	3	02/13/2017	99/99/9999	
PIPERACILLIN AND TAZOBACTAM (PF,LATEX-FREE) 4 GM-0.5 GM	10	EA	VL	IV	EA	1.125	GM	4	02/13/2017	99/99/9999	
PIPERACILLIN AND TAZOBACTAM (PHARMACY BULK PACKAGE) 36 GM-4.5 GM	1	EA	VL	IV	EA	1.125	GM	36	02/13/2017	99/99/9999	
PIPERACILLIN AND TAZOBACTAM (PF,LYOPHILIZED) 12 GM-1.5 GM	1	EA	BO	IV	EA	1.125	GM	12	01/23/2017	99/99/9999	
ZANTAC (M.D.V.) 25 MG/1 ML	6	ML	VL	IJ	ML	25	MG	1	01/11/2017	99/99/9999	
ZANTAC 25 MG/1 ML	2	ML	VL	IJ	ML	25	MG	1	01/11/2017	99/99/9999	
ZANTAC 25 MG/1 ML	40	ML	VL	IJ	ML	25	MG	1	01/11/2017	99/99/9999	
VANCOMYCIN HCL (PF,LATEX-FREE) 1 GM	10	EA	VL	IV	EA	500	MG	2	02/01/2017	99/99/9999	
VANCOMYCIN HCL (PF) 500 MG	10	EA	VL	IV	EA	500	MG	1	02/01/2017	99/99/9999	
RETROVIR (SINGLE USE,PF) 10 MG/1 ML	20	ML	VL	IV	ML	10	MG	1	01/05/2017	99/99/9999	
PREDNISOLONE SODIUM PHOSPHATE (AF,DYE-FREE) 20 MG/5 ML	237	ML	BO	PO	ML	5	MG	0.8	02/10/2017	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00121-0773-08		J7510		02/10/2017	99/99/9999	PREDNISOLONE ORAL, PER 5 MG
49884-0373-01		J8540		01/25/2017	01/05/2018	DEXAMETHASONE, ORAL, 0.25 MG
45963-0687-49		J9245		01/19/2017	99/99/9999	INJECTION, MELPHALAN HYDROCHLORIDE, 50 MG
45963-0686-02		J9245		01/19/2017	99/99/9999	INJECTION, MELPHALAN HYDROCHLORIDE, 50 MG
43825-0102-01		J0131		01/03/2011	99/99/9999	INJECTION, ACETAMINOPHEN, 10 MG
51862-0458-47		J7515		07/18/2016	99/99/9999	CYCLOSPORINE, ORAL, 25 MG
00023-5902-04		J3315		03/13/2017	99/99/9999	INJECTION, TRIPTORELIN PAMOATE, 3.75 MG
00023-5904-12		J3315		03/13/2017	99/99/9999	INJECTION, TRIPTORELIN PAMOATE, 3.75 MG
00078-0734-61		J0638		03/08/2017	99/99/9999	INJECTION, CANAKINUMAB, 1 MG
00409-1140-01		J0883		02/22/2017	99/99/9999	INJECTION, ARGATROBAN, 1 MG (FOR NON-ESRD USE)
00781-7146-63		J7620		02/21/2017	99/99/9999	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME
00781-7146-87		J7620		03/15/2017	99/99/9999	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME
00904-6623-61		J7507		03/20/2017	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG
00904-6624-61		J7507		03/20/2017	99/99/9999	TACROLIMUS, IMMEDIATE RELEASE, ORAL, 1 MG
16729-0224-05		J0894		03/03/2017	99/99/9999	INJECTION, DECITABINE, 1 MG
17478-0931-01		J0636		02/28/2017	99/99/9999	INJECTION, CALCITRIOL, 0.1 MCG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PREDNISOLONE SODIUM PHOSPHATE (AF,DYE-FREE,GRAPE) 10 MG/5 ML	237	ML	BO	PO	ML	5	MG	0.4	02/10/2017	99/99/9999	
DEXAMETHASONE 6 MG	100	EA	BO	PO	EA	0.25	MG	24	01/25/2017	01/05/2018	
MELPHALAN HYDROCHLORIDE (INNER VIAL NDC,PF) 50 MG	1	EA	VL	IV	EA	50	MG	1	01/19/2017	99/99/9999	
MELPHALAN HYDROCHLORIDE (W/ 10ML DILUENT,PF) 50 MG	1	EA	VL	IV	EA	50	MG	1	01/19/2017	99/99/9999	
OFIRMEV 10 MG/1 ML	100	ML	VL	IV	ML	10	MG	1	01/03/2011	99/99/9999	
CYCLOSPORINE (USP,MODIFIED) 25 MG	30	EA	ST	PO	EA	25	MG	1	07/18/2016	99/99/9999	
TRELSTAR (W/MIXJECT SYSTEM) 3.75 MG	1	EA	VL	IM	EA	3.75	MG	1	03/13/2017	99/99/9999	
TRELSTAR (W/MIXJECT SYSTEM) 11.25 MG	1	EA	VL	IM	EA	3.75	MG	3	03/13/2017	99/99/9999	
ILARIS (PF) 150 MG/1 ML	1	ML	VL	SC	ML	1	MG	150	03/08/2017	99/99/9999	
ARGATROBAN (SDV,PF) 100 MG/1 ML	2.5	ML	VL	IV	ML	1	MG	100	02/22/2017	99/99/9999	
IPRATROPIUM BROMIDE-ALBUTEROL SULFATE (60X3ML) 3 MG/3 ML-0.5 MG/3 ML	3	ML	VL	IH	ML	3	MG	0.33333	02/21/2017	99/99/9999	
IPRATROPIUM BROMIDE-ALBUTEROL SULFATE (30X3ML) 3 MG/3 ML-0.5 MG/3 ML	3	ML	VL	IH	ML	3	MG	0.33333	03/15/2017	99/99/9999	
TACROLIMUS (HARD GELATIN) 0.5 MG	100	EA	ST	PO	EA	1	MG	0.5	03/20/2017	99/99/9999	
TACROLIMUS (HARD GELATIN) 5 MG	100	EA	ST	PO	EA	1	MG	5	03/20/2017	99/99/9999	
DECITABINE (LYOPHILIZED) 50 MG	1	EA	VL	IV	EA	1	MG	50	03/03/2017	99/99/9999	
CALCITRIOL (10 X 1ML) 1 MCG/1 ML	1	ML	AM	IV	ML	0.1	MCG	10	02/28/2017	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
45963-0621-51		J9185		03/02/2017	99/99/9999	INJECTION, FLUDARABINE PHOSPHATE, 50 MG
63323-0106-26		J3475		03/14/2017	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG
63323-0108-26		J3475		03/14/2017	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG
69639-0101-01		J8655		04/01/2017	99/99/9999	Netupitant 300 mg and palonosetron 0.5 mg, oral
70121-1000-05		J2920		02/28/2017	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG
70121-1001-05		J2930		02/28/2017	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG
00409-7241-10		J0171		09/01/2016	99/99/9999	INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG
16729-0048-53		None		02/28/2017	99/99/9999	TEMOZOLOMIDE, 5 MG, ORAL
16729-0048-54		None		02/28/2017	99/99/9999	TEMOZOLOMIDE, 5 MG, ORAL
16729-0049-53		None		02/28/2017	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL
16729-0049-54		None		02/28/2017	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL
16729-0050-53		None		02/28/2017	99/99/9999	TEMOZOLOMIDE, 100 MG, ORAL
16729-0050-54		None		02/28/2017	99/99/9999	TEMOZOLOMIDE, 100 MG, ORAL
16729-0051-53		None		02/28/2017	99/99/9999	TEMOZOLOMIDE, 250 MG, ORAL
16729-0129-53		None		02/28/2017	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL
16729-0129-54		None		02/28/2017	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL
16729-0130-53		None		02/28/2017	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
FLUDARABINE PHOSPHATE (PF,LATEX-FREE) 25 MG/1 ML	2	ML	VL	IV	ML	50	MG	0.5	03/02/2017	99/99/9999	
PREMIERPRO RX MAGNESIUM SULFATE (FREEFLEX BAG,LATEX-FREE) 40 MG/1 ML	50	ML	BG	IV	ML	500	MG	0.08	03/14/2017	99/99/9999	
PREMIERPRO RX MAGNESIUM SULFATE-DEXTROSE (FREEFLEX BAG,LATEX-FREE) 5%-1 GM/100 ML	100	ML	BG	IV	ML	500	MG	0.02	03/14/2017	99/99/9999	
AKYNZEO (HARD GELATIN) 300 MG-0.5 MG	1	EA	ST	PO	EA	300.5	MG	1	04/01/2017	99/99/9999	
METHYLPREDNISOLONE SODIUM SUCCINATE (SDV,LYOPHILIZED) 40 MG	25	EA	VL	IJ	EA	40	MG	1	02/28/2017	99/99/9999	
METHYLPREDNISOLONE SODIUM SUCCINATE (SDV,LYOPHILIZED) 125 MG	25	EA	VL	IJ	EA	125	MG	1	02/28/2017	99/99/9999	
EPINEPHRINE (INNER NDC) 1 MG/1 ML	1	ML	AM	IJ	ML	0.1	MG	10	09/01/2016	99/99/9999	
TEMOZOLOMIDE 5 MG	5	EA	BO	PO	EA	5	MG	1	02/28/2017	99/99/9999	
TEMOZOLOMIDE 5 MG	14	EA	BO	PO	EA	5	MG	1	02/28/2017	99/99/9999	
TEMOZOLOMIDE 20 MG	5	EA	BO	PO	EA	20	MG	1	02/28/2017	99/99/9999	
TEMOZOLOMIDE 20 MG	14	EA	BO	PO	EA	20	MG	1	02/28/2017	99/99/9999	
TEMOZOLOMIDE 100 MG	5	EA	BO	PO	EA	100	MG	1	02/28/2017	99/99/9999	
TEMOZOLOMIDE 100 MG	14	EA	BO	PO	EA	100	MG	1	02/28/2017	99/99/9999	
TEMOZOLOMIDE 250 MG	5	EA	BO	PO	EA	250	MG	1	02/28/2017	99/99/9999	
TEMOZOLOMIDE 140 MG	5	EA	BO	PO	EA	20	MG	7	02/28/2017	99/99/9999	
TEMOZOLOMIDE 140 MG	14	EA	BO	PO	EA	20	MG	7	02/28/2017	99/99/9999	
TEMOZOLOMIDE 180 MG	5	EA	BO	PO	EA	20	MG	9	02/28/2017	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
16729-0130-54		None		02/28/2017	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL
64980-0276-06		None		03/15/2017	99/99/9999	CAPECITABINE, 150 MG, ORAL
64980-0277-12		None		03/15/2017	99/99/9999	CAPECITABINE, 500 MG, ORAL
65162-0843-06		None		03/10/2017	99/99/9999	CAPECITABINE, 150 MG, ORAL
65162-0844-16		None		03/10/2017	99/99/9999	CAPECITABINE, 500 MG, ORAL
68382-0775-01		None		02/27/2017	99/99/9999	METHOTREXATE, 2.5 MG, ORAL
00078-0673-01		None		03/21/2017	99/99/9999	TOPOTECAN, ORAL, 0.25 MG
00143-9875-25		J0282		03/30/2017	99/99/9999	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG
00517-0920-01		J0594		04/01/2017	99/99/9999	INJECTION, BUSULFAN, 1 MG
00517-0920-08		J0594		04/01/2017	99/99/9999	INJECTION, BUSULFAN, 1 MG
16714-0221-10		Q0166		03/17/2017	99/99/9999	GRANISETRON HYDROCHLORIDE, 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 24 HOUR DOSAGE REGIMEN
16714-0221-12		Q0166		03/17/2017	99/99/9999	GRANISETRON HYDROCHLORIDE, 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 24 HOUR DOSAGE REGIMEN
25021-0221-60		J9245		04/21/2017	99/99/9999	INJECTION, MELPHALAN HYDROCHLORIDE, 50 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
TEMOZOLOMIDE 180 MG	14	EA	BO	PO	EA	20	MG	9	02/28/2017	99/99/9999	
CAPECITABINE (USP,FILM COATED) 150 MG	60	EA	BO	PO	EA	150	MG	1	03/15/2017	99/99/9999	
CAPECITABINE (USP,FILM COATED) 500 MG	120	EA	BO	PO	EA	500	MG	1	03/15/2017	99/99/9999	
CAPECITABINE (USP,FILM COATED) 150 MG	60	EA	BO	PO	EA	150	MG	1	03/10/2017	99/99/9999	
CAPECITABINE (USP,FILM COATED) 500 MG	120	EA	BO	PO	EA	500	MG	1	03/10/2017	99/99/9999	
METHOTREXATE (USP) 2.5 MG	100	EA	BO	PO	EA	2.5	MG	1	02/27/2017	99/99/9999	
HYCAMTIN 1 MG	10	EA	BO	PO	EA	0.25	MG	4	03/21/2017	99/99/9999	
AMIODARONE HCL (10X3ML) 50 MG/1 ML	3	ML	VL	IV	ML	30	MG	1.66666	03/30/2017	99/99/9999	
BUSULFAN 6 MG/1 ML	10	ML	VL	IV	ML	1	MG	6	04/01/2017	99/99/9999	
BUSULFAN (8X10ML,SINGLE-USE) 6 MG/1 ML	10	ML	VL	IV	ML	1	MG	6	04/01/2017	99/99/9999	
GRANISETRON HYDROCHLORIDE (INNER NDC,FILM-COATED) 1 MG	1	EA	ST	PO	EA	1	MG	1	03/17/2017	99/99/9999	
GRANISETRON HYDROCHLORIDE (FILM-COATED) 1 MG	10	EA	ST	PO	EA	1	MG	1	03/17/2017	99/99/9999	
MELPHALAN HYDROCHLORIDE (W/10ML DILUENT,PF) 50 MG	1	EA	VL	IV	EA	50	MG	1	04/21/2017	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
25021-0807-05		J2920		04/17/2017	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG
25021-0808-10		J2930		04/17/2017	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG
25021-0810-30		J2930		04/17/2017	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG
42023-0173-25		J1570		04/05/2017	99/99/9999	INJECTION, GANCICLOVIR SODIUM, 500 MG
42023-0191-10		J2185		04/05/2017	12/21/2017	INJECTION, MEROPENEM, 100 MG
42023-0192-10		J2185		04/05/2017	12/21/2017	INJECTION, MEROPENEM, 100 MG
50419-0537-01		J2280		04/01/2017	99/99/9999	INJECTION, MOXIFLOXACIN, 100 MG
55150-0207-20		J2185		03/27/2017	99/99/9999	INJECTION, MEROPENEM, 100 MG
55150-0208-30		J2185		03/27/2017	99/99/9999	INJECTION, MEROPENEM, 100 MG
60505-6146-00		J0692		04/03/2017	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG
60505-6146-04		J0692		04/03/2017	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG
60505-6147-00		J0692		04/03/2017	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG
60505-6147-04		J0692		04/03/2017	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG
63323-0771-39		J9025		04/13/2017	99/99/9999	INJECTION, AZACITIDINE, 1 MG
63323-0966-00		J3489		03/31/2017	99/99/9999	INJECTION, ZOLEDRONIC ACID, 1 MG
64208-8235-05		J1557		04/01/2017	99/99/9999	INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG
64208-8235-06		J1557		04/01/2017	99/99/9999	INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
METHYLPREDNISOLONE SODIUM SUCCINATE (LYOPHILIZED) 40 MG	10	EA	VL	IJ	EA	40	MG	1	04/17/2017	99/99/9999	
METHYLPREDNISOLONE SODIUM SUCCINATE (LYOPHILIZED) 125 MG	10	EA	VL	IJ	EA	125	MG	1	04/17/2017	99/99/9999	
METHYLPREDNISOLONE SODIUM SUCCINATE (LATEX-FREE,LYOPHILIZED) 1 GM	1	EA	VL	IJ	EA	125	MG	8	04/17/2017	99/99/9999	
GANCICLOVIR (SDV,PF,LYOPHILIZED) 500 MG	25	EA	VL	IV	EA	500	MG	1	04/05/2017	99/99/9999	
MEROPENEM (SDV,USP) 500 MG	10	EA	VL	IV	EA	100	MG	5	04/05/2017	12/21/2017	
MEROPENEM (SDV,USP) 1 GM	10	EA	VL	IV	EA	100	MG	10	04/05/2017	12/21/2017	
AVELOX I.V. (SINGLE-DOSE FLEXIBAG,PF) 400 MG/250 ML	250	ML	BG	IV	ML	100	MG	0.016	04/01/2017	99/99/9999	
MEROPENEM (USP) 500 MG	10	EA	VL	IV	EA	100	MG	5	03/27/2017	99/99/9999	
MEROPENEM (USP) 1 GM	10	EA	VL	IV	EA	100	MG	10	03/27/2017	99/99/9999	
CEFEPIME (USP,SDV) 1 GM	1	EA	VL	IJ	EA	500	MG	2	04/03/2017	99/99/9999	
CEFEPIME (USP,SDV) 1 GM	10	EA	VL	IJ	EA	500	MG	2	04/03/2017	99/99/9999	
CEFEPIME (USP,SDV) 2 GM	1	EA	VL	IJ	EA	500	MG	4	04/03/2017	99/99/9999	
CEFEPIME (USP,SDV) 2 GM	10	EA	VL	IJ	EA	500	MG	4	04/03/2017	99/99/9999	
AZACITIDINE (SDV) 100 MG	1	EA	VL	IJ	EA	1	MG	100	04/13/2017	99/99/9999	
ZOLEDRONIC ACID (SDV) 5 MG/100 ML	100	ML	VL	IV	ML	1	MG	0.05	03/31/2017	99/99/9999	
GAMMAPLEX 10% (PF,LATEX-FREE) 100 MG/1 ML	50	ML	VL	IV	ML	500	MG	0.2	04/01/2017	99/99/9999	
GAMMAPLEX 10% (PF,LATEX-FREE) 100 MG/1 ML	100	ML	VL	IV	ML	500	MG	0.2	04/01/2017	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
64208-8235-07		J1557		04/01/2017	99/99/9999	INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG
50111-0788-10		Q0144		04/05/2017	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
50268-0761-11		None		03/24/2017	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL
50268-0761-12		None		03/24/2017	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL
50268-0762-11		None		03/24/2017	99/99/9999	TEMOZOLOMIDE, 100 MG, ORAL
50268-0762-12		None		03/24/2017	99/99/9999	TEMOZOLOMIDE, 100 MG, ORAL
50268-0763-11		None		03/24/2017	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL
50268-0763-12		None		03/24/2017	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL
00143-9501-25		J1630		04/17/2017	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG
00143-9502-01		J1630		04/17/2017	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG
00409-0528-15		J1956		05/15/2017	99/99/9999	INJECTION, LEVOFLOXACIN, 250 MG
00409-0528-25		J1956		05/15/2017	99/99/9999	INJECTION, LEVOFLOXACIN, 250 MG
00409-0528-35		J1956		05/15/2017	99/99/9999	INJECTION, LEVOFLOXACIN, 250 MG
39822-2180-01		J9171		05/05/2017	99/99/9999	INJECTION, DOCETAXEL, 1 MG
39822-2200-01		J9171		05/05/2017	99/99/9999	INJECTION, DOCETAXEL, 1 MG
44087-0016-01		J2941		04/21/2017	99/99/9999	INJECTION, SOMATROPIN, 1 MG
50242-0080-02		J2778		05/15/2017	04/30/2018	INJECTION, RANIBIZUMAB, 0.1 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
GAMMAPLEX 10% (PF,LATEX-FREE) 100 MG/1 ML	200	ML	VL	IV	ML	500	MG	0.2	04/01/2017	99/99/9999	
AZITHROMYCIN (FILM-COATED) 500 MG	30	EA	BO	PO	EA	1	GM	0.5	04/05/2017	99/99/9999	
TEMOZOLOMIDE (INNER PACK) 20 MG	1	EA	ST	PO	EA	20	MG	1	03/24/2017	99/99/9999	
TEMOZOLOMIDE (4 X 5) 20 MG	20	EA	ST	PO	EA	20	MG	1	03/24/2017	99/99/9999	
TEMOZOLOMIDE (INNERPACK) 100 MG	1	EA	ST	PO	EA	100	MG	1	03/24/2017	99/99/9999	
TEMOZOLOMIDE 100 MG	20	EA	ST	PO	EA	100	MG	1	03/24/2017	99/99/9999	
TEMOZOLOMIDE (INNERPACK) 140 MG	1	EA	ST	PO	EA	20	MG	7	03/24/2017	99/99/9999	
TEMOZOLOMIDE 140 MG	20	EA	ST	PO	EA	20	MG	7	03/24/2017	99/99/9999	
HALOPERIDOL LACTATE 5 MG/1 ML	1	ML	VL	IM	ML	5	MG	1	04/17/2017	99/99/9999	
HALOPERIDOL LACTATE 5 MG/1 ML	10	ML	VL	IM	ML	5	MG	1	04/17/2017	99/99/9999	
LEVOFLOXACIN IN 5% DEXTROSE (24X50ML, SINGLE-USE,PF) 5%-250 MG/50 ML	50	ML	BG	IV	ML	250	MG	0.02	05/15/2017	99/99/9999	
LEVOFLOXACIN IN 5% DEXTROSE (24X100ML, SINGLE-USE,PF) 5%-500 MG/100 ML	100	ML	BG	IV	ML	250	MG	0.02	05/15/2017	99/99/9999	
LEVOFLOXACIN IN 5% DEXTROSE (24X150ML, SINGLE-USE,PF) 5%-750 MG/150 ML	150	ML	BG	IV	ML	250	MG	0.02	05/15/2017	99/99/9999	
DOCETAXEL (SDV) 20 MG/1 ML	4	ML	VL	IV	ML	1	MG	20	05/05/2017	99/99/9999	
DOCETAXEL (SDV) 20 MG/1 ML	10	ML	VL	IV	ML	1	MG	20	05/05/2017	99/99/9999	
SAIZEN SAIZENPREP CARTRIDGE (W/DILUENT) 8.8 MG	1	EA	CT	IJ	EA	1	MG	8.8	04/21/2017	99/99/9999	
LUCENTIS (INTRAVITREAL INJECTION) 0.5 MG/0.05 ML	0.05	ML	VL	IO	ML	0.1	MG	100	05/15/2017	04/30/2018	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
50242-0082-02		J2778		05/15/2017	99/99/9999	INJECTION, RANIBIZUMAB, 0.1 MG
51754-2500-03		J1570		06/01/2017	99/99/9999	INJECTION, GANCICLOVIR SODIUM, 500 MG
53964-0001-01		J9340		04/21/2017	99/99/9999	INJECTION, THIOTEPA, 15 MG
53964-0002-02		J9340		04/21/2017	99/99/9999	INJECTION, THIOTEPA, 15 MG
63323-0572-70		J9027		04/25/2017	99/99/9999	INJECTION, CLOFARABINE, 1 MG
62991-2700-01		J3121		10/17/2016	99/99/9999	INJECTION, TESTOSTERONE ENANTHATE, 1 MG
00781-7517-87		J7626		07/27/2015	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG
59137-0510-04		J9250		09/22/2014	99/99/9999	METHOTREXATE SODIUM, 5 MG
42291-0167-12		None		04/14/2017	99/99/9999	CAPECITABINE, 500 MG, ORAL
00781-7517-87	KO	J7626	KO	07/27/2015	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG
00003-2814-11		J0129		04/06/2017	99/99/9999	INJECTION, ABATACEPT, 10 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)
00003-2818-11		J0129		04/06/2017	99/99/9999	INJECTION, ABATACEPT, 10 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
LUCENTIS (INTRAVITREAL INJECTION) 0.3 MG/0.05 ML	0.05	ML	VL	IO	ML	0.1	MG	60	05/15/2017	99/99/9999	
GANCICLOVIR-SODIUM CHLORIDE (PF) 500 MG/250 ML-0.8%	250	ML	BG	IV	ML	500	MG	0.004	06/01/2017	99/99/9999	
TEPADINA 15 MG	1	EA	VL	IJ	EA	15	MG	1	04/21/2017	99/99/9999	
TEPADINA 100 MG	1	EA	VL	IJ	EA	15	MG	6.66666	04/21/2017	99/99/9999	
CLOFARABINE (PF,LATEX-FREE) 1 MG/1 ML	20	ML	VL	IV	ML	1	MG	1	04/25/2017	99/99/9999	
TESTOSTERONE ENANTHATE (USP, 1X1000GM)	1000	GM	BO	NA	GM	1	MG	1000	10/17/2016	99/99/9999	
BUDESONIDE (SINGLE DOSE) 1 MG/2 ML	2	ML	AM	IH	ML	0.5	MG	1	07/27/2015	99/99/9999	
RASUVO (1X4 AUTO INJECTORS,PF) 10 MG/0.2 ML	0.2	ML	CT	SC	ML	5	MG	10	09/22/2014	99/99/9999	
CAPECITABINE (USP, FILM COATED) 500 MG	120	EA	BO	PO	EA	500	MG	1	04/14/2017	99/99/9999	
BUDESONIDE (SINGLE DOSE) 1 MG/2 ML	2	ML	AM	IH	ML	0.5	MG	1	07/27/2015	99/99/9999	
ORENCIA (PF,LYOPHILIZED) 50 MG/0.4 ML	0.4	ML	SR	SC	ML	10	MG	12.5	04/06/2017	99/99/9999	
ORENCIA (SD PREFILLED SYRINGE,PF) 87.5 MG/0.7 ML	0.7	ML	SR	SC	ML	10	MG	12.5	04/06/2017	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00023-5906-23		J3315		06/08/2017	99/99/9999	INJECTION, TRIPTORELIN PAMOATE, 3.75 MG
00078-0811-81		J2353		05/10/2017	99/99/9999	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG
00085-4320-01		J0702		05/16/2017	99/99/9999	INJECTION, BETAMETHASONE ACETATE 3 MG AND BETAMETHASONE SODIUM PHOSPHATE 3 MG
00121-0489-00		Q0163		06/07/2017	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00121-0978-00		Q0163		06/07/2017	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00955-1746-01		J9027		05/30/2017	99/99/9999	INJECTION, CLOFARABINE, 1 MG
25021-0241-10		J0594		06/19/2017	99/99/9999	INJECTION, BUSULFAN, 1 MG
25021-0676-20		J2515		05/10/2017	99/99/9999	INJECTION, PENTOBARBITAL SODIUM, PER 50 MG
42023-0188-10		J2710		05/22/2017	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG
42023-0189-10		J2710		05/22/2017	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG
50242-0132-01		J9355		05/30/2017	99/99/9999	INJECTION, TRASTUZUMAB, 10 MG
55111-0652-07		J0583		05/31/2017	99/99/9999	INJECTION, BIVALIRUDIN, 1 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
TRELSTAR (W/MIXJECT SYSTEM) 22.5 MG	1	EA	VL	IM	EA	3.75	MG	6	06/08/2017	99/99/9999	
SANDOSTATIN LAR DEPOT (1 1/2"X19G) 10 MG	1	EA	BX	IM	EA	1	MG	10	05/10/2017	99/99/9999	
CELESTONE SOLUSPAN (MDV) 3 MG/1 ML-3 MG/1 ML	5	ML	VL	IJ	ML	6	MG	1	05/16/2017	99/99/9999	
DIPHENHYDRAMINE HCL 12.5 MG/5 ML	5	ML	CP	PO	ML	50	MG	0.05	06/07/2017	99/99/9999	
DIPHENHYDRAMINE HCL 12.5 MG/5 ML	10	ML	CP	PO	ML	50	MG	0.05	06/07/2017	99/99/9999	
CLOFARABINE (PF) 1 MG/1 ML	20	ML	VL	IV	ML	1	MG	1	05/30/2017	99/99/9999	
BUSULFAN 6 MG/1 ML	10	ML	VL	IV	ML	1	MG	6	06/19/2017	99/99/9999	
PENTOBARBITAL SODIUM (MDV,PF,LATEX-FREE) 50 MG/1 ML	20	ML	VL	IJ	ML	50	MG	1	05/10/2017	99/99/9999	
NEOSTIGMINE METHYLSULFATE (LATEX-FREE) 0.5 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	1	05/22/2017	99/99/9999	
NEOSTIGMINE METHYLSULFATE (LATEX-FREE) 1 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	2	05/22/2017	99/99/9999	
HERCEPTIN (SDV,PF,LYPHOLIZED) 150 MG	1	EA	VL	IV	EA	10	MG	15	05/30/2017	99/99/9999	
BIVALIRUDIN (SINGLE-USE,LYOPHILIZED) 250 MG	1	EA	VL	IV	EA	1	MG	250	05/31/2017	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
55111-0652-37		J0583		05/31/2017	99/99/9999	INJECTION, BIVALIRUDIN, 1 MG
64679-0012-01		J2543		06/12/2017	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)
64679-0034-01		J2543		06/12/2017	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)
64679-0056-01		J2543		06/12/2017	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)
64679-0679-01		J2543		06/12/2017	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)
65757-0404-03		J1942		06/05/2017	99/99/9999	INJECTION, ARIPIPRAZOLE LAUROXIL, 1 MG
67457-0619-10		J3489		05/19/2017	99/99/9999	INJECTION, ZOLEDRONIC ACID, 1 MG
70655-0071-25		J2800		04/01/2017	99/99/9999	INJECTION, METHOCARBAMOL, UP TO 10 ML
71297-0127-27		J8540		03/17/2017	03/21/2018	DEXAMETHASONE, ORAL, 0.25 MG
71297-0211-41		J8540		03/17/2017	03/21/2018	DEXAMETHASONE, ORAL, 0.25 MG
76204-0700-01		J7614		05/19/2017	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
76204-0800-01		J7614		05/19/2017	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
76204-0900-01		J7614		05/19/2017	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
67919-0030-01		J0695		12/22/2014	99/99/9999	INJECTION, CEFTOLOZANE 50 MG AND TAZOBACTAM 25 MG
76204-0700-01	KO	J7614	KO	05/19/2017	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
76204-0800-01	KO	J7614	KO	05/19/2017	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
BIVALIRUDIN (SINGLE-USE,LYOPHILIZED) 250 MG	10	EA	VL	IV	EA	1	MG	250	05/31/2017	99/99/9999	
PIPERACILLIN AND TAZOBACTAM (SINGLE DOSE,PF) 4 GM-0.5 GM	10	EA	VL	IV	EA	1.125	GM	4	06/12/2017	99/99/9999	
PIPERACILLIN AND TAZOBACTAM (SINGLE DOSE,PF) 2 GM-0.25 GM	10	EA	VL	IV	EA	1.125	GM	2	06/12/2017	99/99/9999	
PIPERACILLIN AND TAZOBACTAM (SINGLE DOSE,PF) 3 GM-0.375 GM	10	EA	VL	IV	EA	1.125	GM	3	06/12/2017	99/99/9999	
PIPERACILLIN AND TAZOBACTAM (SINGLE DOSE,PF) 36 GM-4.5 GM	1	EA	VL	IV	EA	1.125	GM	36	06/12/2017	99/99/9999	
ARISTADA 1064 MG/3.9 ML	3.9	ML	SR	IM	ML	1	MG	272.82051	06/05/2017	99/99/9999	
ZOLEDRONIC ACID 5 MG/100 ML	100	ML	VL	IV	ML	1	MG	0.05	05/19/2017	99/99/9999	
METHOCARBAMOL (LATEX-FREE) 100 MG/1 ML	10	ML	VL	IJ	ML	10	ML	0.1	04/01/2017	99/99/9999	
LOCORT (7-DAY) 1.5 MG	27	EA	ST	PO	EA	0.25	MG	6	03/17/2017	03/21/2018	
LOCORT (11-DAY) 1.5 MG	41	EA	ST	PO	EA	0.25	MG	6	03/17/2017	03/21/2018	
LEVALBUTEROL (PF) 0.31 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.20666	05/19/2017	99/99/9999	
LEVALBUTEROL (PF) 0.63 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.42	05/19/2017	99/99/9999	
LEVALBUTEROL (PF) 1.25 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.83333	05/19/2017	99/99/9999	
ZERBAXA (PF) 1 GM-0.5 GM	10	EA	VL	IV	EA	75	MG	20	12/22/2014	99/99/9999	
LEVALBUTEROL (PF) 0.31 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.20666	05/19/2017	99/99/9999	
LEVALBUTEROL (PF) 0.63 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.42	05/19/2017	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
76204-0900-01	KO	J7614	KO	05/19/2017	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
60219-1076-01		J7500		04/13/2017	99/99/9999	AZATHIOPRINE, ORAL, 50 MG
00006-3061-00		J1453		06/19/2017	99/99/9999	INJECTION, FOSAPREPITANT, 1 MG
00078-0790-61		J2353		07/11/2017	99/99/9999	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG
00078-0797-61		J2353		07/11/2017	99/99/9999	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG
00078-0804-61		J2353		07/11/2017	99/99/9999	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG
13925-0523-01		J9025		07/07/2017	02/13/2018	INJECTION, AZACITIDINE, 1 MG
47781-0200-50		None		06/27/2017	99/99/9999	MELPHALAN, 2 MG, ORAL
55292-0702-54		J1640		07/01/2017	99/99/9999	INJECTION, HEMIN, 1 MG
55292-0702-55		J1640		07/01/2017	99/99/9999	INJECTION, HEMIN, 1 MG
60505-6148-00		J0696		06/23/2017	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
60505-6148-04		J0696		06/23/2017	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
60505-6149-00		J0696		06/23/2017	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
60505-6149-04		J0696		06/23/2017	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
60505-6151-01		J0696		06/23/2017	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
60505-6151-04		J0696		06/23/2017	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
60505-6152-01		J0696		06/23/2017	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
LEVALBUTEROL (PF) 1.25 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.83333	05/19/2017	99/99/9999	
AZATHIOPRINE (USP) 50 MG	100	EA	BO	PO	EA	50	MG	1	04/13/2017	99/99/9999	
EMEND (LYOPHILIZED) 150 MG	1	EA	VL	IV	EA	1	MG	150	06/19/2017	99/99/9999	
SANDOSTATIN LAR DEPOT (INNER PACK) 10 MG	1	EA	VL	IM	EA	1	MG	10	07/11/2017	99/99/9999	
SANDOSTATIN LAR DEPOT (INNER PACK) 20 MG	1	EA	VL	IM	EA	1	MG	20	07/11/2017	99/99/9999	
SANDOSTATIN LAR DEPOT (INNER PACK) 30 MG	1	EA	VL	IM	EA	1	MG	30	07/11/2017	99/99/9999	
AZACITIDINE (PF,LYOPHILIZED) 100 MG	1	EA	VL	IJ	EA	1	MG	100	07/07/2017	02/13/2018	
MELPHALAN (FILM COATED) 2 MG	50	EA	BO	PO	EA	2	MG	1	06/27/2017	99/99/9999	
PANHEMATIN (PF,LYOPHIIZED) 350 MG	1	EA	VL	IV	EA	1	MG	350	07/01/2017	99/99/9999	
PANHEMATIN (PF,LYOPHIIZED) 350 MG	1	EA	VL	IV	EA	1	MG	350	07/01/2017	99/99/9999	
CEFTRIAXONE (CRYSTALLINE) 1 GM	1	EA	VL	IJ	EA	250	MG	4	06/23/2017	99/99/9999	
CEFTRIAXONE (10X20ML,CRYSTALLINE) 1 GM	10	EA	VL	IJ	EA	250	MG	4	06/23/2017	99/99/9999	
CEFTRIAXONE (CRYSTALLINE) 2 GM	1	EA	VL	IJ	EA	250	MG	8	06/23/2017	99/99/9999	
CEFTRIAXONE (10X20ML,CRYSTALLINE) 2 GM	10	EA	VL	IJ	EA	250	MG	8	06/23/2017	99/99/9999	
CEFTRIAXONE (SDV,CRYSTALLINE) 250 MG	10	EA	VL	IJ	EA	250	MG	1	06/23/2017	99/99/9999	
CEFTRIAXONE (SDV,CRYSTALLINE) 250 MG	1	EA	VL	IJ	EA	250	MG	1	06/23/2017	99/99/9999	
CEFTRIAXONE (10X10ML,CRYSTALLINE) 500 MG	10	EA	VL	IJ	EA	250	MG	2	06/23/2017	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
60505-6152-04		J0696		06/23/2017	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
63323-0704-08		J0290		06/23/2017	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG
67457-0399-25		J3420		07/06/2017	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG
67457-0400-05		J3420		07/06/2017	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG
68001-0323-31		J2185		07/14/2017	99/99/9999	INJECTION, MEROPENEM, 100 MG
68001-0324-57		J2185		07/14/2017	99/99/9999	INJECTION, MEROPENEM, 100 MG
70257-0562-55		J0476		07/10/2017	99/99/9999	INJECTION, BACLOFEN, 50 MCG FOR INTRATHECAL TRIAL
70860-0200-05		J9267		06/29/2017	99/99/9999	INJECTION, PACLITAXEL, 1 MG
70860-0200-17		J9267		06/29/2017	99/99/9999	INJECTION, PACLITAXEL, 1 MG
70860-0200-50		J9267		06/29/2017	99/99/9999	INJECTION, PACLITAXEL, 1 MG
70860-0201-10		J9263		06/29/2017	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG
70860-0201-20		J9263		06/29/2017	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG
70860-0700-01		J1885		07/01/2017	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG
70860-0701-01		J1885		07/01/2017	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG
70860-0701-02		J1885		07/01/2017	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG
70860-0801-01		J3105		06/12/2017	99/99/9999	INJECTION, TERBUTALINE SULFATE, UP TO 1 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
CEFTRIAXONE (CRYSTALLINE) 500 MG	1	EA	VL	IJ	EA	250	MG	2	06/23/2017	99/99/9999	
AMPICILLIN SODIUM (VIAL) 1 GM	10	EA	VL	IJ	EA	500	MG	2	06/23/2017	99/99/9999	
CYANOCOBALAMIN 1000 MCG/1 ML	10	ML	VL	IJ	ML	1000	MCG	1	07/06/2017	99/99/9999	
CYANOCOBALAMIN 1000 MCG/1 ML	30	ML	VL	IJ	ML	1000	MCG	1	07/06/2017	99/99/9999	
MEROPENEM (SDV,USP) 500 MG	10	EA	VL	IV	EA	100	MG	5	07/14/2017	99/99/9999	
MEROPENEM (SDV,USP) 1 GM	10	EA	VL	IV	EA	100	MG	10	07/14/2017	99/99/9999	
LIORESAL INTRATHECAL (SCREENING #8563,PF) 0.05 MG/1 ML	1	ML	AM	IN	ML	50	MCG	1	07/10/2017	99/99/9999	
PACLITAXEL (MDV,PF,LATEX-FREE) 6 MG/1 ML	5	ML	VL	IV	ML	1	MG	6	06/29/2017	99/99/9999	
PACLITAXEL (MDV,PF,LATEX-FREE) 6 MG/1 ML	16.7	ML	VL	IV	ML	1	MG	6	06/29/2017	99/99/9999	
PACLITAXEL (MDV,PF,LATEX-FREE) 6 MG/1 ML	50	ML	VL	IV	ML	1	MG	6	06/29/2017	99/99/9999	
OXALIPLATIN (MDV,PF,LATEX-FREE) 5 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	10	06/29/2017	99/99/9999	
OXALIPLATIN (MDV,PF,LATEX-FREE) 5 MG/1 ML	20	ML	VL	IV	ML	0.5	MG	10	06/29/2017	99/99/9999	
KETOROLAC TROMETHAMINE (PF,LATEX-FREE) 15 MG/1 ML	1	ML	VL	IJ	ML	15	MG	1	07/01/2017	99/99/9999	
KETOROLAC TROMETHAMINE (PF,LATEX-FREE) 30 MG/1 ML	1	ML	VL	IJ	ML	15	MG	2	07/01/2017	99/99/9999	
KETOROLAC TROMETHAMINE (PF,LATEX-FREE) 30 MG/1 ML	2	ML	VL	IM	ML	15	MG	2	07/01/2017	99/99/9999	
TERBUTALINE SULFATE (PF,LATEX-FREE) 1 MG/1 ML	1	ML	VL	SC	ML	1	MG	1	06/12/2017	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
63323-0130-11		J3490		10/29/2003	99/99/9999	UNCLASSIFIED DRUGS
00006-4305-02		Q5102		07/25/2017	03/31/2018	INJECTION, INFLIXIMAB, BIOSIMILAR, 10 MG
00037-9001-05		J1980		08/07/2017	99/99/9999	INJECTION, HYOSCYAMINE SULFATE, UP TO 0.25 MG
00078-0672-01		None		07/31/2017	99/99/9999	TOPOTECAN, ORAL, 0.25 MG
00143-9217-01		J9211		07/18/2017	99/99/9999	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG
00143-9218-01		J9211		07/18/2017	99/99/9999	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG
00143-9219-01		J9211		07/18/2017	99/99/9999	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG
00143-9261-10		J0690		07/27/2017	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG
00143-9262-25		J0690		07/27/2017	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG
00781-3411-95		J0330		07/17/2017	99/99/9999	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG
17478-0041-01		J2310		08/07/2017	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG
17478-0042-10		J2310		08/14/2017	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG
51991-0922-98		J9263		07/19/2017	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG
51991-0923-98		J9263		07/19/2017	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG
51991-0936-98		J9267		07/19/2017	99/99/9999	INJECTION, PACLITAXEL, 1 MG
51991-0937-98		J9267		07/19/2017	99/99/9999	INJECTION, PACLITAXEL, 1 MG
51991-0938-98		J9267		07/19/2017	99/99/9999	INJECTION, PACLITAXEL, 1 MG
57664-0683-31		J2020		08/10/2017	99/99/9999	INJECTION, LINEZOLID, 200 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
DOXY 100 (VIAL,PF) 100 MG	10	EA	VL	IV	EA	1	MG	1	10/29/2003	99/99/9999	
RENFLEXIS (PF,LYOPHILIZED) 100 MG	1	EA	VL	IV	EA	10	MG	10	07/25/2017	03/31/2018	
LEVSIN (5X1ML) 0.5 MG/1 ML	1	ML	AM	IJ	ML	0.25	MG	2	08/07/2017	99/99/9999	
HYCAMTIN 0.25 MG	10	EA	BO	PO	EA	0.25	MG	1	07/31/2017	99/99/9999	
IDARUBICIN HYDROCHLORIDE (PF) 1 MG/1 ML	5	ML	VL	IV	ML	5	MG	0.2	07/18/2017	99/99/9999	
IDARUBICIN HYDROCHLORIDE (PF) 1 MG/1 ML	10	ML	VL	IV	ML	5	MG	0.2	07/18/2017	99/99/9999	
IDARUBICIN HYDROCHLORIDE (PF) 1 MG/1 ML	20	ML	VL	IV	ML	5	MG	0.2	07/18/2017	99/99/9999	
CEFAZOLIN NOVAPLUS (PF,LATEX-FREE) 10 GM	10	EA	VL	IV	EA	500	MG	20	07/27/2017	99/99/9999	
CEFAZOLIN NOVAPLUS (PF,LATEX-FREE) 1 GM	25	EA	VL	IJ	EA	500	MG	2	07/27/2017	99/99/9999	
ANECTINE (MDV) 20 MG/1 ML	10	ML	VL	IV	ML	20	MG	1	07/17/2017	99/99/9999	
NALOXONE HCL (SDV,PF) 0.4 MG/1 ML	1	ML	VL	IJ	ML	1	MG	0.4	08/07/2017	99/99/9999	
NALOXONE HCL (MDV) 0.4 MG/1 ML	10	ML	VL	IJ	ML	1	MG	0.4	08/14/2017	99/99/9999	
OXALIPLATIN (PF,LATEX-FREE) 5 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	10	07/19/2017	99/99/9999	
OXALIPLATIN (PF,LATEX-FREE) 5 MG/1 ML	20	ML	VL	IV	ML	0.5	MG	10	07/19/2017	99/99/9999	
PACLITAXEL (MDV) 6 MG/1 ML	5	ML	VL	IV	ML	1	MG	6	07/19/2017	99/99/9999	
PACLITAXEL (MDV) 6 MG/1 ML	16.7	ML	VL	IV	ML	1	MG	6	07/19/2017	99/99/9999	
PACLITAXEL (MDV) 6 MG/1 ML	50	ML	VL	IV	ML	1	MG	6	07/19/2017	99/99/9999	
LINEZOLID (INNER PACK,LATEX-FREE) 2 MG/1 ML	300	ML	BG	IV	ML	200	MG	0.01	08/10/2017	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
57664-0683-57		J2020		08/10/2017	99/99/9999	INJECTION, LINEZOLID, 200 MG
59676-0966-01		Q2050		07/24/2017	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, NOT OTHERWISE SPECIFIED, 10 MG
60505-6101-04		J0583		07/17/2017	99/99/9999	INJECTION, BIVALIRUDIN, 1 MG
60505-6142-00		J0690		08/07/2017	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG
60505-6142-05		J0690		08/07/2017	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG
63323-0356-10		J0637		07/28/2017	99/99/9999	INJECTION, CASPOFUNGIN ACETATE, 5 MG
63323-0358-10		J0637		07/28/2017	99/99/9999	INJECTION, CASPOFUNGIN ACETATE, 5 MG
66220-0110-01		J1190		07/25/2017	99/99/9999	INJECTION, DEXRAZOXANE HYDROCHLORIDE, PER 250 MG
67457-0790-05		J1953		07/24/2017	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG
68001-0313-56		J9025		08/16/2017	99/99/9999	INJECTION, AZACITIDINE, 1 MG
70069-0071-10		J2310		08/09/2017	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG
70069-0072-10		J2310		08/09/2017	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG
70069-0172-10		J3420		07/31/2017	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG
70121-1408-05		J1270		07/10/2017	99/99/9999	INJECTION, DOXERCALCIFEROL, 1 MCG
70257-0563-01		J0475		07/24/2017	99/99/9999	INJECTION, BACLOFEN, 10 MG
70257-0563-02		J0475		07/24/2017	99/99/9999	INJECTION, BACLOFEN, 10 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
LINEZOLID (10X300ML BAGS) 2 MG/1 ML	300	ML	BG	IV	ML	200	MG	0.01	08/10/2017	99/99/9999	
DOXORUBICIN HCL LIPOSOME 2 MG/1 ML	10	ML	VL	IV	ML	10	MG	0.2	07/24/2017	99/99/9999	
BIVALIRUDIN (SDV,LYOPHILIZED) 250 MG	10	EA	VL	IV	EA	1	MG	250	07/17/2017	99/99/9999	
CEFAZOLIN (INNER PACK,PF) 1 GM	1	EA	VL	IJ	EA	500	MG	2	08/07/2017	99/99/9999	
CEFAZOLIN (USP,PF,LATEX-FREE) 1 GM	25	EA	VL	IJ	EA	500	MG	2	08/07/2017	99/99/9999	
CASPOFUNGIN ACETATE (PF,LATEX-FREE) 50 MG	10	EA	VL	IV	EA	5	MG	10	07/28/2017	99/99/9999	
CASPOFUNGIN ACETATE (PF,LATEX-FREE) 70 MG	10	EA	VL	IV	EA	5	MG	14	07/28/2017	99/99/9999	
TOTECT (LYOPHILIZED) 500 MG	1	EA	VL	IV	EA	250	MG	2	07/25/2017	99/99/9999	
LEVETIRACETAM (SDV) 100 MG/1 ML	5	ML	VL	IV	ML	10	MG	10	07/24/2017	99/99/9999	
AZACITIDINE (PF,LATEX-FREE) 100 MG	1	EA	VL	IJ	EA	1	MG	100	08/16/2017	99/99/9999	
NALOXONE HCL (SINGLE-DOSE) 0.4 MG/1 ML	1	ML	VL	IJ	ML	1	MG	0.4	08/09/2017	99/99/9999	
NALOXONE HCL (MDV) 0.4 MG/1 ML	10	ML	VL	IJ	ML	1	MG	0.4	08/09/2017	99/99/9999	
CYANOCOBALAMIN (MDV,LATEX-FREE) 1000 MCG/1 ML	10	ML	VL	IJ	ML	1000	MCG	1	07/31/2017	99/99/9999	
DOXERCALCIFEROL (MDV) 2 MCG/1 ML	2	ML	VL	IV	ML	1	MCG	2	07/10/2017	99/99/9999	
LIORESAL INTRATHECAL REFILL KIT (PF) 2 MG/1 ML	20	ML	AM	IN	ML	10	MG	0.2	07/24/2017	99/99/9999	
LIORESAL INTRATHECAL REFILL KIT (PF) 2 MG/1 ML	20	ML	AM	IN	ML	10	MG	0.2	07/24/2017	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
76204-0700-25		J7614		07/17/2017	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
76204-0800-25		J7614		07/17/2017	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
76204-0900-25		J7614		07/17/2017	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
76204-0700-25	KO	J7614	KO	07/17/2017	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
76204-0800-25	KO	J7614	KO	07/17/2017	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
76204-0900-25	KO	J7614	KO	07/17/2017	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
00002-7714-59		J1815		08/14/2017	99/99/9999	INJECTION, INSULIN, PER 5 UNITS
00078-0679-19		Q0162		08/30/2017	10/17/2018	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00409-3718-01		J0290		08/07/2017	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG
00409-3719-01		J0290		08/07/2017	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG
00409-3720-01		J0290		08/01/2017	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG
00409-3725-01		J0290		08/07/2017	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG
00409-3726-01		J0290		08/01/2017	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
LEVALBUTEROL (PF) 0.31 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.20666	07/17/2017	99/99/9999	
LEVALBUTEROL (PF) 0.63 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.42	07/17/2017	99/99/9999	
LEVALBUTEROL (PF) 1.25 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.83333	07/17/2017	99/99/9999	
LEVALBUTEROL (PF) 0.31 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.20666	07/17/2017	99/99/9999	
LEVALBUTEROL (PF) 0.63 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.42	07/17/2017	99/99/9999	
LEVALBUTEROL (PF) 1.25 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.83333	07/17/2017	99/99/9999	
HUMALOG JUNIOR KWIKPEN 100 U/1 ML	3	ML	BX	SC	ML	5	U	20	08/14/2017	99/99/9999	
ZOFRAN ODT (3X10) 4 MG	30	EA	ST	PO	EA	1	MG	4	08/30/2017	10/17/2018	
AMPICILLIN (USP,PF,LATEX-FREE) 500 MG	10	EA	VL	IJ	EA	500	MG	1	08/07/2017	99/99/9999	
AMPICILLIN (USP,PF,LATEX-FREE) 250 MG	10	EA	VL	IJ	EA	500	MG	0.5	08/07/2017	99/99/9999	
AMPICILLIN (PF,LATEX-FREE) 2 GM	10	EA	VL	IJ	EA	500	MG	4	08/01/2017	99/99/9999	
AMPICILLIN (USP,PF,LATEX-FREE) 10 GM	10	EA	VL	IJ	EA	500	MG	20	08/07/2017	99/99/9999	
AMPICILLIN (PF,LATEX-FREE) 1 GM	10	EA	VL	IJ	EA	500	MG	2	08/01/2017	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00409-4215-01		J3489		08/21/2017	99/99/9999	INJECTION, ZOLEDRONIC ACID, 1 MG
00409-4228-01		J3489		08/21/2017	99/99/9999	INJECTION, ZOLEDRONIC ACID, 1 MG
00409-4229-01		J3489		08/21/2017	99/99/9999	INJECTION, ZOLEDRONIC ACID, 1 MG
00517-1980-05		J0500		08/30/2017	99/99/9999	INJECTION, DICYCLOMINE HCL, UP TO 20 MG
16729-0189-29		J7518		09/07/2017	99/99/9999	MYCOPHENOLIC ACID, ORAL, 180 MG
16729-0261-29		J7518		09/07/2017	99/99/9999	MYCOPHENOLIC ACID, ORAL, 180 MG
16729-0295-12		J9045		09/14/2017	99/99/9999	INJECTION, CARBOPLATIN, 50 MG
16729-0295-31		J9045		09/14/2017	99/99/9999	INJECTION, CARBOPLATIN, 50 MG
16729-0295-33		J9045		09/14/2017	99/99/9999	INJECTION, CARBOPLATIN, 50 MG
16729-0295-34		J9045		09/14/2017	99/99/9999	INJECTION, CARBOPLATIN, 50 MG
24338-0150-20		J3315		09/25/2017	99/99/9999	INJECTION, TRIPTORELIN PAMOATE, 3.75 MG
47781-0588-68		J2250		08/21/2017	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG
47781-0589-17		J2250		08/21/2017	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG
47781-0589-91		J2250		08/21/2017	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG
51991-0942-98		J1190		09/15/2017	99/99/9999	INJECTION, DEXRAZOXANE HYDROCHLORIDE, PER 250 MG
55566-1502-01		J0725		09/15/2017	99/99/9999	INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
ZOLEDRONIC ACID (SINGLE USE) 4 MG/5 ML	5	ML	VL	IV	ML	1	MG	0.8	08/21/2017	99/99/9999	
ZOLEDRONIC ACID (SINGLE USE,LATEX-FREE) 5 MG/100 ML	100	ML	BG	IV	ML	1	MG	0.05	08/21/2017	99/99/9999	
ZOLEDRONIC ACID (SINGLE USE,LATEX-FREE) 4 MG/100 ML	100	ML	BG	IV	ML	1	MG	0.04	08/21/2017	99/99/9999	
DICYCLOMINE 10 MG/1 ML	2	ML	VL	IM	ML	20	MG	0.5	08/30/2017	99/99/9999	
MYCOPHENOLIC ACID (DELAYED RELEASE) 360 MG	120	EA	BO	PO	EA	180	MG	2	09/07/2017	99/99/9999	
MYCOPHENOLIC ACID (DELAYED RELEASE) 180 MG	120	EA	BO	PO	EA	180	MG	1	09/07/2017	99/99/9999	
CARBOPLATIN (PF) 10 MG/1 ML	60	ML	VL	IV	ML	50	MG	0.2	09/14/2017	99/99/9999	
CARBOPLATIN (PF) 10 MG/1 ML	5	ML	VL	IV	ML	50	MG	0.2	09/14/2017	99/99/9999	
CARBOPLATIN (PF) 10 MG/1 ML	15	ML	VL	IV	ML	50	MG	0.2	09/14/2017	99/99/9999	
CARBOPLATIN (PF) 10 MG/1 ML	45	ML	VL	IV	ML	50	MG	0.2	09/14/2017	99/99/9999	
TRIPTODUR (LYOPHILIZED) 22.5 MG	1	EA	VL	IM	EA	3.75	MG	6	09/25/2017	99/99/9999	
MIDAZOLAM HCL (LATEX-FREE) 1 MG/1 ML	2	ML	VL	IJ	ML	1	MG	1	08/21/2017	99/99/9999	
MIDAZOLAM HCL (LATEX-FREE) 5 MG/1 ML	5	ML	VL	IJ	ML	1	MG	5	08/21/2017	99/99/9999	
MIDAZOLAM HCL (LATEX-FREE) 5 MG/1 ML	10	ML	VL	IJ	ML	1	MG	5	08/21/2017	99/99/9999	
DEXRAZOXANE (LYOPHILIZED) 500 MG	1	EA	VL	IV	EA	250	MG	2	09/15/2017	99/99/9999	
NOVAREL (10MLVIALBACTRIOSTTICH2O) 5000 U	1	EA	VL	IM	EA	1000	U	5	09/15/2017	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
59676-0966-02		Q2050		08/28/2017	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, NOT OTHERWISE SPECIFIED, 10 MG
63323-0360-19		J0610		08/31/2017	99/99/9999	INJECTION, CALCIUM GLUCONATE, PER 10 ML
63323-0360-59		J0610		08/31/2017	99/99/9999	INJECTION, CALCIUM GLUCONATE, PER 10 ML
63323-0360-61		J0610		08/31/2017	99/99/9999	INJECTION, CALCIUM GLUCONATE, PER 10 ML
67457-0856-20		J0153		08/31/2017	99/99/9999	INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS)
67457-0857-30		J0153		08/31/2017	99/99/9999	INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS)
70069-0101-05		J2800		09/12/2017	99/99/9999	INJECTION, METHOCARBAMOL, UP TO 10 ML
70069-0101-25		J2800		09/12/2017	99/99/9999	INJECTION, METHOCARBAMOL, UP TO 10 ML
70121-1630-01		J9340		09/11/2017	99/99/9999	INJECTION, THIOTEPA, 15 MG
70121-1631-01		J9340		09/11/2017	99/99/9999	INJECTION, THIOTEPA, 15 MG
75987-0080-10		J2507		08/25/2017	99/99/9999	INJECTION, PEGLOTICASE, 1 MG
00487-9007-60		A4216		03/13/2017	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
00008-4510-01		J9300		09/01/2017	12/31/2017	INJECTION, GEMTUZUMAB OZOGAMICIN, 5 MG
00078-0680-19		Q0162		09/19/2017	10/17/2018	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00143-9209-10		J2400		09/28/2017	99/99/9999	INJECTION, CHLOROPROCAINE HYDROCHLORIDE, PER 30 ML

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
DOXORUBICIN HCL LIPOSOME 2 MG/1 ML	25	ML	VL	IV	ML	10	MG	0.2	08/28/2017	99/99/9999	
CALCIUM GLUCONATE (PF,LATEX-FREE) 100 MG/1 ML	10	ML	VL	IV	ML	10	ML	0.1	08/31/2017	99/99/9999	
CALCIUM GLUCONATE (PF,LATEX-FREE) 100 MG/1 ML	50	ML	VL	IV	ML	10	ML	0.1	08/31/2017	99/99/9999	
CALCIUM GLUCONATE (PF,LATEX-FREE) 100 MG/1 ML	100	ML	VL	IV	ML	10	ML	0.1	08/31/2017	99/99/9999	
ADENOSINE (1X20ML,USP,SDV,PF) 3 MG/1 ML	20	ML	VL	IV	ML	1	MG	3	08/31/2017	99/99/9999	
ADENOSINE (1X30ML,USP,SDV,PF) 3 MG/1 ML	30	ML	VL	IV	ML	1	MG	3	08/31/2017	99/99/9999	
METHOCARBAMOL 100 MG/1 ML	10	ML	VL	IJ	ML	10	ML	0.1	09/12/2017	99/99/9999	
METHOCARBAMOL 100 MG/1 ML	10	ML	VL	IJ	ML	10	ML	0.1	09/12/2017	99/99/9999	
TEPADINA 15 MG	1	EA	VL	IJ	EA	15	MG	1	09/11/2017	99/99/9999	
TEPADINA 100 MG	1	EA	VL	IJ	EA	15	MG	6.66666	09/11/2017	99/99/9999	
KRYSTEXXA (LATEX-FREE) 8 MG/1 ML	1	ML	VL	IV	ML	1	MG	8	08/25/2017	99/99/9999	
SODIUM CHLORIDE (30 x 4ML,PF) 7%	4	ML	VL	IH	ML	10	ML	0.1	03/13/2017	99/99/9999	
MYLOTARG (PF,LYOPHILIZED CAKE) 4.5 MG	1	EA	VL	IV	EA	5	MG	0.9	09/01/2017	12/31/2017	
ZOFRAN ODT 8 MG	30	EA	ST	PO	EA	1	MG	8	09/19/2017	10/17/2018	
CHLOROPROCAINE HCL (400MG/20ML, SDV, USP,PF) 2%	20	ML	VL	IJ	ML	30	ML	0.03333	09/28/2017	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00143-9210-10		J2400		09/28/2017	99/99/9999	INJECTION, CHLOROPROCAINE HYDROCHLORIDE, PER 30 ML
00169-3201-11		J1817		09/29/2017	99/99/9999	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS
00169-3204-15		J1815		09/29/2017	99/99/9999	INJECTION, INSULIN, PER 5 UNITS
00378-6960-93		J1595		10/04/2017	99/99/9999	INJECTION, GLATIRAMER ACETATE, 20 MG
00548-9601-00		J2710		10/10/2017	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG
00548-9602-00		J2710		10/10/2017	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG
15054-0043-01		J9205		10/16/2017	99/99/9999	INJECTION, IRINOTECAN LIPOSOME, 1 MG
16714-0725-01		J9206		11/01/2017	99/99/9999	INJECTION, IRINOTECAN, 20 MG
16714-0726-01		J9206		11/01/2017	99/99/9999	INJECTION, IRINOTECAN, 20 MG
16714-0727-01		J9263		11/06/2017	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG
16714-0728-01		J9263		11/06/2017	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG
16714-0742-01		Q2050		10/04/2017	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, NOT OTHERWISE SPECIFIED, 10 MG
16714-0856-01		Q2050		10/04/2017	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, NOT OTHERWISE SPECIFIED, 10 MG
16729-0242-31		J3489		10/04/2017	99/99/9999	INJECTION, ZOLEDRONIC ACID, 1 MG
47781-0578-07		J1190		09/14/2017	99/99/9999	INJECTION, DEXRAZOXANE HYDROCHLORIDE, PER 250 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
CHLOROPROCAINE HCL (600MG/20ML, SDV, USP,PF) 3%	20	ML	VL	IJ	ML	30	ML	0.03333	09/28/2017	99/99/9999	
FIASP 100 U/1 ML	10	ML	VL	IJ	ML	50	U	2	09/29/2017	99/99/9999	
FIASP FLEXTOUCH (PREFILLED PEN, SU) 100 U/1 ML	3	ML	CT	SC	ML	5	U	20	09/29/2017	99/99/9999	
GLATIRAMER ACETATE 20 MG/1 ML	1	ML	SR	SC	ML	20	MG	1	10/04/2017	99/99/9999	
NEOSTIGMINE METHYLSULFATE (LATEX-FREE) 0.5 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	1	10/10/2017	99/99/9999	
NEOSTIGMINE METHYLSULFATE (LATEX-FREE) 1 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	2	10/10/2017	99/99/9999	
ONIVYDE (SDV) 4.3 MG/1 ML	10	ML	VL	IV	ML	1	MG	4.3	10/16/2017	99/99/9999	
IRINOTECAN HYDROCHLORIDE (SDV,PF,LATEX-FREE) 20 MG/1 ML	2	ML	VL	IV	ML	20	MG	1	11/01/2017	99/99/9999	
IRINOTECAN HYDROCHLORIDE (SDV,PF,LATEX-FREE) 20 MG/1 ML	5	ML	VL	IV	ML	20	MG	1	11/01/2017	99/99/9999	
OXALIPLATIN (1X10ML,SINGLE DOSE,PF) 5 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	10	11/06/2017	99/99/9999	
OXALIPLATIN (1X20ML,SINGLE DOSE,PF) 5 MG/1 ML	20	ML	VL	IV	ML	0.5	MG	10	11/06/2017	99/99/9999	
DOXORUBICIN HCL LIPOSOME 2 MG/1 ML	10	ML	VL	IV	ML	10	MG	0.2	10/04/2017	99/99/9999	
DOXORUBICIN HCL LIPOSOME 2 MG/1 ML	25	ML	VL	IV	ML	10	MG	0.2	10/04/2017	99/99/9999	
ZOLEDRONIC ACID (SDV) 4 MG/5 ML	5	ML	VL	IV	ML	1	MG	0.8	10/04/2017	99/99/9999	
DEXRAZOXANE (SDV,W/DILUENT) 500 MG	1	EA	VL	IV	EA	250	MG	2	09/14/2017	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
47781-0583-68		J1885		10/10/2017	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG
47781-0584-68		J1885		10/10/2017	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG
47781-0609-25		J9060		10/09/2017	99/99/9999	INJECTION, CISPLATIN, POWDER OR SOLUTION, 10 MG
47781-0610-23		J9060		10/09/2017	99/99/9999	INJECTION, CISPLATIN, POWDER OR SOLUTION, 10 MG
51991-0218-98		J9263		09/27/2017	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG
51991-0219-98		J9263		09/27/2017	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG
51991-0797-98		J9025		09/25/2017	99/99/9999	INJECTION, AZACITIDINE, 1 MG
58406-0456-01		J1438		11/17/2017	99/99/9999	INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)
58406-0456-04		J1438		11/17/2017	99/99/9999	INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)
66794-0151-01		J0476		11/01/2017	99/99/9999	INJECTION, BACLOFEN, 50 MCG FOR INTRATHECAL TRIAL
67457-0323-25		J2280		10/03/2017	99/99/9999	INJECTION, MOXIFLOXACIN, 100 MG
67457-0831-50		J0637		09/29/2017	99/99/9999	INJECTION, CASPOFUNGIN ACETATE, 5 MG
68462-0583-85		J8501		10/13/2017	99/99/9999	APREPITANT, ORAL, 5 MG
68462-0584-58		J8501		10/13/2017	99/99/9999	APREPITANT, ORAL, 5 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
KETOROLAC TROMETHAMINE (SDV,25X1ML,PF) 15 MG/1 ML	1	ML	VL	IJ	ML	15	MG	1	10/10/2017	99/99/9999	
KETOROLAC TROMETHAMINE (SDV,25X1ML,PF) 30 MG/1 ML	1	ML	VL	IJ	ML	15	MG	2	10/10/2017	99/99/9999	
CISPLATIN (PF,LATEX-FREE) 1 MG/1 ML	50	ML	VL	IV	ML	10	MG	0.1	10/09/2017	99/99/9999	
CISPLATIN (PF,LATEX-FREE) 1 MG/1 ML	100	ML	VL	IV	ML	10	MG	0.1	10/09/2017	99/99/9999	
OXALIPLATIN (SINGLE-USE,PF) 50 MG	1	EA	VL	IV	EA	0.5	MG	100	09/27/2017	99/99/9999	
OXALIPLATIN (SINGLE-USE,PF) 100 MG	1	EA	VL	IV	EA	0.5	MG	200	09/27/2017	99/99/9999	
AZACITIDINE (PF,LYOPHILIZED) 100 MG	1	EA	VL	IJ	EA	1	MG	100	09/25/2017	99/99/9999	
ENBREL (MINI,PF) 50 MG/1 ML	0.98	ML	BX	SC	ML	25	MG	2	11/17/2017	99/99/9999	
ENBREL (MINI,PF) 50 MG/1 ML	0.98	ML	BX	SC	ML	25	MG	2	11/17/2017	99/99/9999	
GABLOFEN (1X1ML,SINGLE USE) 0.05 MG/1 ML	1	ML	SR	IN	ML	50	MCG	1	11/01/2017	99/99/9999	
MOXIFLOXACIN HCL (FLEXIBAG,LATEX-FREE) 400 MG/250 ML	250	ML	BG	IV	ML	100	MG	0.016	10/03/2017	99/99/9999	
CASPOFUNGIN ACETATE (SDV,PF,LYOPHILIZED) 50 MG	1	EA	VL	IV	EA	5	MG	10	09/29/2017	99/99/9999	
APREPITANT (1X5,HARD GELATIN) 40 MG	5	EA	ST	PO	EA	5	MG	8	10/13/2017	99/99/9999	
APREPITANT (2-DAY PACK,HARD GELATIN) 80 MG	2	EA	ST	PO	EA	5	MG	16	10/13/2017	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
68462-0584-76		J8501		10/13/2017	99/99/9999	APREPITANT, ORAL, 5 MG
68462-0585-76		J8501		10/13/2017	99/99/9999	APREPITANT, ORAL, 5 MG
69784-0205-60		J7631		10/18/2017	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS
70860-0206-50		J9060		09/15/2017	99/99/9999	INJECTION, CISPLATIN, POWDER OR SOLUTION, 10 MG
70860-0206-51		J9060		09/15/2017	99/99/9999	INJECTION, CISPLATIN, POWDER OR SOLUTION, 10 MG
68462-0502-01		J7500		11/20/2008	99/99/9999	AZATHIOPRINE, ORAL, 50 MG
69784-0205-60	KO	J7631	KO	10/18/2017	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS
64011-0247-02		J1726		01/01/2018	99/99/9999	INJECTION, HYDROXYPROGESTERONE CAPROATE, (MAKENA), 10 MG
62559-0540-15		J1729		01/01/2018	99/99/9999	INJECTION, HYDROXYPROGESTERONE CAPROATE, NOT OTHERWISE SPECIFIED, 10 MG
00008-4510-01		J9203		01/01/2018	99/99/9999	INJECTION, GEMTUZUMAB OZOGAMICIN, 0.1 MG
64980-0336-05		None		05/25/2017	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL
64980-0336-14		None		05/25/2017	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL
64980-0337-05		None		05/25/2017	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL
00115-1687-74		J7626		11/10/2017	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
APREPITANT (1X6,HARD GELATIN) 80 MG	6	EA	ST	PO	EA	5	MG	16	10/13/2017	99/99/9999	
APREPITANT (1X6,HARD GELATIN) 125 MG	6	EA	ST	PO	EA	5	MG	25	10/13/2017	99/99/9999	
CROMOLYN SODIUM 10 MG/1 ML	2	ML	VL	IH	ML	10	MG	1	10/18/2017	99/99/9999	
CISPLATIN (PF,LATEX-FREE) 1 MG/1 ML	50	ML	VL	IV	ML	10	MG	0.1	09/15/2017	99/99/9999	
CISPLATIN (PF,LATEX-FREE) 1 MG/1 ML	100	ML	VL	IV	ML	10	MG	0.1	09/15/2017	99/99/9999	
AZATHIOPRINE 50 MG	100	EA	BO	PO	EA	50	MG	1	11/20/2008	99/99/9999	
CROMOLYN SODIUM 10 MG/1 ML	2	ML	VL	IH	ML	10	MG	1	10/18/2017	99/99/9999	
MAKENA 250 MG/1 ML	1	ML	VL	IM	ML	10	MG	25	01/01/2018	99/99/9999	
HYDROXYPROGESTERONE CAPROATE 250 MG/1 ML	5	ML	VL	IM	ML	10	MG	25	01/01/2018	99/99/9999	
MYLOTARG (PF,LYOPHILIZED CAKE) 4.5 MG	1	EA	VL	IV	EA	0.1	MG	45	01/01/2018	99/99/9999	
TEMOZOLOMIDE 140 MG	5	EA	BO	PO	EA	20	MG	7	05/25/2017	99/99/9999	
TEMOZOLOMIDE 140 MG	14	EA	BO	PO	EA	20	MG	7	05/25/2017	99/99/9999	
TEMOZOLOMIDE 180 MG	5	EA	BO	PO	EA	20	MG	9	05/25/2017	99/99/9999	
BUDESONIDE (30X2ML,SINGLE-DOSE) 0.25 MG/2 ML	2	ML	AM	IH	ML	0.5	MG	0.25	11/10/2017	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00115-1689-74		J7626		11/07/2017	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG
00338-9586-24		J2001		10/02/2017	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG
00338-9590-30		J2001		10/02/2017	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG
00641-6174-10		J2354		10/20/2017	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG
00641-6175-10		J2354		10/20/2017	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG
00641-6176-10		J2354		10/20/2017	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG
00641-6177-01		J2354		10/20/2017	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG
00641-6178-01		J2354		10/20/2017	99/99/9999	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG
00641-6182-10		J2360		11/07/2017	99/99/9999	INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG
17478-0380-20		J1230		11/13/2017	99/99/9999	INJECTION, METHADONE HCL, UP TO 10 MG
43598-0309-20		J9027		11/08/2017	99/99/9999	INJECTION, CLOFARABINE, 1 MG
50580-0226-50		Q0163		10/30/2017	99/99/9999	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
51991-0064-98		J3489		10/30/2017	99/99/9999	INJECTION, ZOLEDRONIC ACID, 1 MG
51991-0065-98		J3489		10/30/2017	99/99/9999	INJECTION, ZOLEDRONIC ACID, 1 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
BUDESONIDE (30X2ML,SINGLE-DOSE) 0.5 MG/2 ML	2	ML	AM	IH	ML	0.5	MG	0.5	11/07/2017	99/99/9999	
LIDOCAINE HCL-DEXTROSE 5%-0.4%	500	ML	BG	IV	ML	10	MG	0.4	10/02/2017	99/99/9999	
LIDOCAINE HCL-DEXTROSE 5%-0.4%	250	ML	BG	IV	ML	10	MG	0.4	10/02/2017	99/99/9999	
OCTREOTIDE ACETATE 50 MCG/1 ML	1	ML	VL	IJ	ML	25	MCG	2	10/20/2017	99/99/9999	
OCTREOTIDE ACETATE 100 MCG/1 ML	1	ML	VL	IJ	ML	25	MCG	4	10/20/2017	99/99/9999	
OCTREOTIDE ACETATE 500 MCG/1 ML	1	ML	VL	IJ	ML	25	MCG	20	10/20/2017	99/99/9999	
OCTREOTIDE ACETATE 200 MCG/1 ML	5	ML	VL	IJ	ML	25	MCG	8	10/20/2017	99/99/9999	
OCTREOTIDE ACETATE 1000 MCG/1 ML	5	ML	VL	IJ	ML	25	MCG	40	10/20/2017	99/99/9999	
ORPHENADRINE CITRATE 30 MG/1 ML	2	ML	VL	IJ	ML	60	MG	0.5	11/07/2017	99/99/9999	
METHADONE HCL 10 MG/1 ML	20	ML	VL	IJ	ML	10	MG	1	11/13/2017	99/99/9999	
CLOFARABINE (PF) 1 MG/1 ML	20	ML	VL	IV	ML	1	MG	1	11/08/2017	99/99/9999	
BENADRYL ALLERGY (ULTRATAB) 25 MG	100	EA	BX	PO	EA	50	MG	0.5	10/30/2017	99/99/9999	
ZOLEDRONIC ACID (1X100ML,SINGLE USE) 5 MG/100 ML	100	ML	BO	IV	ML	1	MG	0.05	10/30/2017	99/99/9999	
ZOLEDRONIC ACID (SINGLE-USE) 4 MG/5 ML	5	ML	VL	IV	ML	1	MG	0.8	10/30/2017	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
63323-0314-68		J3370		10/26/2017	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG
67457-0212-02		J0883		11/14/2017	99/99/9999	INJECTION, ARGATROBAN, 1 MG (FOR NON-ESRD USE)
67457-0546-20		J9027		11/06/2017	99/99/9999	INJECTION, CLOFARABINE, 1 MG
67457-0832-70		J0637		11/15/2017	99/99/9999	INJECTION, CASPOFUNGIN ACETATE, 5 MG
69543-0386-25		J1885		11/16/2017	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG
70121-1236-01		J9027		11/06/2017	99/99/9999	INJECTION, CLOFARABINE, 1 MG
50242-0150-01		J2350		01/01/2018	99/99/9999	INJECTION, OCRELIZUMAB, 1 MG
63323-0691-30		J7608		07/14/2014	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM
63323-0694-04		J7608		12/10/2013	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM
64980-0333-14		None		05/25/2017	99/99/9999	TEMOZOLOMIDE, 5 MG, ORAL
64980-0335-14		None		05/25/2017	99/99/9999	TEMOZOLOMIDE, 100 MG, ORAL
64980-0337-14		None		05/25/2017	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL
64980-0338-05		None		05/25/2017	99/99/9999	TEMOZOLOMIDE, 250 MG, ORAL
00944-2850-01		J1555		01/01/2018	99/99/9999	INJECTION, IMMUNE GLOBULIN (CUVITRU), 100 MG
00944-2850-02		J1555		01/01/2018	99/99/9999	INJECTION, IMMUNE GLOBULIN (CUVITRU), 100 MG
00944-2850-03		J1555		01/01/2018	99/99/9999	INJECTION, IMMUNE GLOBULIN (CUVITRU), 100 MG
00944-2850-04		J1555		01/01/2018	99/99/9999	INJECTION, IMMUNE GLOBULIN (CUVITRU), 100 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
VANCOMYCIN HCL (PHARMACY BULK PACKAGE) 10 GM	1	EA	VL	IV	EA	500	MG	20	10/26/2017	99/99/9999	
ARGATROBAN (SDV,PF) 100 MG/1 ML	2.5	ML	VL	IV	ML	1	MG	100	11/14/2017	99/99/9999	
CLOFARABINE (PF) 1 MG/1 ML	20	ML	VL	IV	ML	1	MG	1	11/06/2017	99/99/9999	
CASPOFUNGIN ACETATE (PF,LYOPHILIZED) 70 MG	1	EA	VL	IV	EA	5	MG	14	11/15/2017	99/99/9999	
KETOROLAC TROMETHAMINE 30 MG/1 ML	1	ML	VL	IJ	ML	15	MG	2	11/16/2017	99/99/9999	
CLOFARABINE (PF) 1 MG/1 ML	20	ML	VL	IV	ML	1	MG	1	11/06/2017	99/99/9999	
OCREVUS (SDV,PF) 30 MG/1 ML	10	ML	VL	IV	ML	1	MG	30	01/01/2018	99/99/9999	
ACETYLCYSTEINE (PF) 10%	30	ML	VL	IH	ML	1	GM	0.1	07/14/2014	99/99/9999	
ACETYLCYSTEINE (PF) 20%	4	ML	VL	PO	ML	1	GM	0.2	12/10/2013	99/99/9999	
TEMOZOLOMIDE 5 MG	14	EA	BO	PO	EA	5	MG	1	05/25/2017	99/99/9999	
TEMOZOLOMIDE 100 MG	14	EA	BO	PO	EA	100	MG	1	05/25/2017	99/99/9999	
TEMOZOLOMIDE 180 MG	14	EA	BO	PO	EA	20	MG	9	05/25/2017	99/99/9999	
TEMOZOLOMIDE 250 MG	5	EA	BO	PO	EA	250	MG	1	05/25/2017	99/99/9999	
CUVITRU (1GM,PF,LATEX-FREE) 20%	5	ML	VL	SC	ML	100	MG	2	01/01/2018	99/99/9999	
CUVITRU (1GM, INNER PACK NDC,PF) 20%	5	ML	VL	SC	ML	100	MG	2	01/01/2018	99/99/9999	
CUVITRU (2GM,PF,LATEX-FREE) 20%	10	ML	VL	SC	ML	100	MG	2	01/01/2018	99/99/9999	
CUVITRU (2GM, INNER PACK NDC,PF) 20%	10	ML	VL	SC	ML	100	MG	2	01/01/2018	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00944-2850-05		J1555		01/01/2018	99/99/9999	INJECTION, IMMUNE GLOBULIN (CUVITRU), 100 MG
00944-2850-06		J1555		01/01/2018	99/99/9999	INJECTION, IMMUNE GLOBULIN (CUVITRU), 100 MG
00944-2850-07		J1555		01/01/2018	99/99/9999	INJECTION, IMMUNE GLOBULIN (CUVITRU), 100 MG
00944-2850-08		J1555		01/01/2018	99/99/9999	INJECTION, IMMUNE GLOBULIN (CUVITRU), 100 MG
00115-1687-74	KO	J7626	KO	11/10/2017	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG
00115-1689-74	KO	J7626	KO	11/07/2017	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG
63323-0691-30	KO	J7608	KO	07/14/2014	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM
63323-0694-04	KO	J7608	KO	12/10/2013	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM
62559-0540-15		Q9985		07/01/2017	12/31/2017	INJECTION, HYDROXYPROGESTERONE CAPROATE, NOT OTHERWISE SPECIFIED, 10 MG
64011-0247-02		Q9986		07/01/2017	12/31/2017	INJECTION, HYDROXYPROGESTERONE CAPROATE, (MAKENA), 10 MG
64980-0333-05		None		05/25/2017	99/99/9999	TEMOZOLOMIDE, 5 MG, ORAL
64980-0334-05		None		05/25/2017	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL
64980-0334-14		None		05/25/2017	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL
64980-0335-05		None		05/25/2017	99/99/9999	TEMOZOLOMIDE, 100 MG, ORAL
00143-9273-10		J1110		11/28/2017	99/99/9999	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
CUVITRU (4GM,PF,LATEX-FREE) 20%	20	ML	VL	SC	ML	100	MG	2	01/01/2018	99/99/9999	
CUVITRU (4GM, INNER PACK NDC,PF) 20%	20	ML	VL	SC	ML	100	MG	2	01/01/2018	99/99/9999	
CUVITRU (8GM,PF,LATEX-FREE) 20%	40	ML	VL	SC	ML	100	MG	2	01/01/2018	99/99/9999	
CUVITRU (8GM, INNER PACK NDC,PF) 20%	40	ML	VL	SC	ML	100	MG	2	01/01/2018	99/99/9999	
BUDESONIDE (30X2ML,SINGLE-DOSE) 0.25 MG/2 ML	2	ML	AM	IH	ML	0.5	MG	0.25	11/10/2017	99/99/9999	
BUDESONIDE (30X2ML,SINGLE-DOSE) 0.5 MG/2 ML	2	ML	AM	IH	ML	0.5	MG	0.5	11/07/2017	99/99/9999	
ACETYLCYSTEINE (PF) 10%	30	ML	VL	IH	ML	1	GM	0.1	07/14/2014	99/99/9999	
ACETYLCYSTEINE (PF) 20%	4	ML	VL	PO	ML	1	GM	0.2	12/10/2013	99/99/9999	
HYDROXYPROGESTERONE CAPROATE 250 MG/1 ML	5	ML	VL	IM	ML	10	MG	25	07/01/2017	12/31/2017	
MAKENA 250 MG/1 ML	1	ML	VL	IM	ML	10	MG	25	07/01/2017	12/31/2017	
TEMOZOLOMIDE 5 MG	5	EA	BO	PO	EA	5	MG	1	05/25/2017	99/99/9999	
TEMOZOLOMIDE 20 MG	5	EA	BO	PO	EA	20	MG	1	05/25/2017	99/99/9999	
TEMOZOLOMIDE 20 MG	14	EA	BO	PO	EA	20	MG	1	05/25/2017	99/99/9999	
TEMOZOLOMIDE 100 MG	5	EA	BO	PO	EA	100	MG	1	05/25/2017	99/99/9999	
DIHYDROERGOTAMINE MESYLATE 1 MG/1 ML	1	ML	AM	IJ	ML	1	MG	1	11/28/2017	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00143-9553-01		J0640		06/14/2017	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG
00143-9554-01		J0640		06/14/2017	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG
00143-9555-01		J0640		06/14/2017	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG
00143-9830-01		J9260		11/20/2017	99/99/9999	METHOTREXATE SODIUM, 50 MG
00409-0368-01		J9171		12/08/2017	99/99/9999	INJECTION, DOCETAXEL, 1 MG
00781-3481-92		J3243		11/30/2017	99/99/9999	INJECTION, TIGECYCLINE, 1 MG
16714-0749-01		J0894		12/19/2017	99/99/9999	INJECTION, DECITABINE, 1 MG
55513-0073-30		J0604		04/05/2004	99/99/9999	CINACALCET, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)
17478-0902-10		J1327		11/20/2017	99/99/9999	INJECTION, EPTIFIBATIDE, 5 MG
17478-0902-90		J1327		11/20/2017	99/99/9999	INJECTION, EPTIFIBATIDE, 5 MG
17478-0903-90		J1327		11/20/2017	99/99/9999	INJECTION, EPTIFIBATIDE, 5 MG
25021-0831-01		J1631		12/11/2017	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG
25021-0833-01		J1631		12/11/2017	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG
25021-0834-05		J1631		12/11/2017	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG
47781-0585-68		J1885		11/22/2017	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG
47781-0613-07		J0637		12/11/2017	99/99/9999	INJECTION, CASPOFUNGIN ACETATE, 5 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
LEUCOVORIN CALCIUM (PF,LATEX-FREE) 200 MG	1	EA	VL	IJ	EA	50	MG	4	06/14/2017	99/99/9999	
LEUCOVORIN CALCIUM (PF,LATEX-FREE) 100 MG	1	EA	VL	IJ	EA	50	MG	2	06/14/2017	99/99/9999	
LEUCOVORIN CALCIUM (PF,LATEX-FREE) 50 MG	1	EA	VL	IJ	EA	50	MG	1	06/14/2017	99/99/9999	
METHOTREXATE (SINGLE USE VIAL,PF) 1 GM	1	EA	VL	IJ	EA	50	MG	20	11/20/2017	99/99/9999	
DOCETAXEL 20 MG/1 ML	8	ML	VL	IV	ML	1	MG	20	12/08/2017	99/99/9999	
TIGECYCLINE (10ML VIALS,PF) 50 MG	10	EA	VL	IV	EA	1	MG	50	11/30/2017	99/99/9999	
DECITABINE (LYOPHILIZED) 50 MG	1	EA	VL	IV	EA	1	MG	50	12/19/2017	99/99/9999	
SENSIPAR (FILM COATED) 30 MG	30	EA	BO	PO	EA	1	MG	30	04/05/2004	99/99/9999	
EPTIFIBATIDE (SDV) 2 MG/1 ML	10	ML	VL	IV	ML	5	MG	0.4	11/20/2017	99/99/9999	
EPTIFIBATIDE (SDV) 2 MG/1 ML	100	ML	VL	IV	ML	5	MG	0.4	11/20/2017	99/99/9999	
EPTIFIBATIDE 0.75 MG/1 ML	100	ML	VL	IV	ML	5	MG	0.15	11/20/2017	99/99/9999	
HALOPERIDOL DECANOATE (SDV,LATEX-FREE) 50 MG/1 ML	1	ML	VL	IM	ML	50	MG	1	12/11/2017	99/99/9999	
HALOPERIDOL DECANOATE (SDV,LATEX-FREE) 100 MG/1 ML	1	ML	VL	IM	ML	50	MG	2	12/11/2017	99/99/9999	
HALOPERIDOL DECANOATE (SDV,LATEX-FREE) 100 MG/1 ML	5	ML	VL	IM	ML	50	MG	2	12/11/2017	99/99/9999	
KETOROLAC TROMETHAMINE (USP,25X2ML,SDV) 30 MG/1 ML	2	ML	VL	IM	ML	15	MG	2	11/22/2017	99/99/9999	
CASPOFUNGIN ACETATE (PF,LATEX-FREE) 50 MG	1	EA	VL	IV	EA	5	MG	10	12/11/2017	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
47781-0614-07		J0637		12/11/2017	99/99/9999	INJECTION, CASPOFUNGIN ACETATE, 5 MG
55513-0740-01		J0606		10/09/2017	99/99/9999	INJECTION, ETELCALCETIDE, 0.1 MG
55513-0740-10		J0606		10/09/2017	99/99/9999	INJECTION, ETELCALCETIDE, 0.1 MG
55513-0741-01		J0606		10/09/2017	99/99/9999	INJECTION, ETELCALCETIDE, 0.1 MG
55513-0741-10		J0606		10/09/2017	99/99/9999	INJECTION, ETELCALCETIDE, 0.1 MG
55513-0742-01		J0606		10/09/2017	99/99/9999	INJECTION, ETELCALCETIDE, 0.1 MG
55513-0742-10		J0606		10/09/2017	99/99/9999	INJECTION, ETELCALCETIDE, 0.1 MG
63323-0708-00		J0290		12/01/2017	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG
63459-0601-06		J9017		12/05/2017	99/99/9999	INJECTION, ARSENIC TRIOXIDE, 1 MG
65862-0942-03		J7612		12/07/2017	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 0.5 MG
65862-0943-24		J7614		12/07/2017	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
65862-0944-24		J7614		12/07/2017	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
65862-0945-24		J7614		12/07/2017	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
66794-0155-01		J0475		01/01/2018	99/99/9999	INJECTION, BACLOFEN, 10 MG
66794-0157-01		J0475		01/01/2018	99/99/9999	INJECTION, BACLOFEN, 10 MG
66993-0489-83		J9120		12/07/2017	99/99/9999	INJECTION, DACTINOMYCIN, 0.5 MG
67457-0348-10		J0295		12/01/2017	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
CASPOFUNGIN ACETATE (PF,LATEX-FREE) 70 MG	1	EA	VL	IV	EA	5	MG	14	12/11/2017	99/99/9999	
PARSABIV (PF) 2.5 MG/0.5 ML	0.5	ML	VL	IV	ML	0.1	MG	50	10/09/2017	99/99/9999	
PARSABIV (PF) 2.5 MG/0.5 ML	0.5	ML	VL	IV	ML	0.1	MG	50	10/09/2017	99/99/9999	
PARSABIV (PF) 5 MG/1 ML	1	ML	VL	IV	ML	0.1	MG	50	10/09/2017	99/99/9999	
PARSABIV (PF) 5 MG/1 ML	1	ML	VL	IV	ML	0.1	MG	50	10/09/2017	99/99/9999	
PARSABIV (SDV,PF) 10 MG/2 ML	2	ML	VL	IV	ML	0.1	MG	50	10/09/2017	99/99/9999	
PARSABIV (SDV,PF) 10 MG/2 ML	2	ML	VL	IV	ML	0.1	MG	50	10/09/2017	99/99/9999	
AMPICILLIN SODIUM 500 MG	10	EA	VL	IJ	EA	500	MG	1	12/01/2017	99/99/9999	
TRISENOX (PF) 2 MG/1 ML	6	ML	VL	IV	ML	1	MG	2	12/05/2017	99/99/9999	
LEVALBUTEROL (CONCENTRATE,PF) 1.25 MG/0.5 ML	30	EA	VL	IH	EA	0.5	MG	2.5	12/07/2017	99/99/9999	
LEVALBUTEROL (PF) 0.31 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.20666	12/07/2017	99/99/9999	
LEVALBUTEROL (2X12 POUCHES,PF) 0.63 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.42	12/07/2017	99/99/9999	
LEVALBUTEROL (2X12 POUCHES,PF) 1.25 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.83333	12/07/2017	99/99/9999	
GABLOFEN (1X20ML,SINGLE USE) 0.5 MG/1 ML	20	ML	SR	IN	ML	10	MG	0.05	01/01/2018	99/99/9999	
GABLOFEN (1X20ML,SINGLE USE) 2 MG/1 ML	20	ML	SR	IN	ML	10	MG	0.2	01/01/2018	99/99/9999	
DACTINOMYCIN (SDV,PF,LYOPHILIZED) 0.5 MG	1	EA	VL	IV	EA	0.5	MG	1	12/07/2017	99/99/9999	
AMPICILLIN-SULBACTAM 1 GM-0.5 GM	10	EA	VL	IJ	EA	1.5	GM	1	12/01/2017	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
67457-0886-05		J1729		09/22/2017	99/99/9999	INJECTION, HYDROXYPROGESTERONE CAPROATE, NOT OTHERWISE SPECIFIED, 10 MG
67457-0893-08		J0594		11/21/2017	99/99/9999	INJECTION, BUSULFAN, 1 MG
67877-0537-07		None		04/26/2017	99/99/9999	TEMOZOLOMIDE, 5 MG, ORAL
67877-0537-14		None		04/26/2017	99/99/9999	TEMOZOLOMIDE, 5 MG, ORAL
67877-0538-07		None		04/26/2017	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL
67877-0538-14		None		04/26/2017	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL
67877-0539-07		None		04/26/2017	99/99/9999	TEMOZOLOMIDE, 100 MG, ORAL
67877-0539-14		None		04/26/2017	99/99/9999	TEMOZOLOMIDE, 100 MG, ORAL
67877-0540-07		None		04/26/2017	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL
67877-0540-14		None		04/26/2017	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL
67877-0541-07		None		04/26/2017	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL
67877-0541-14		None		04/26/2017	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL
67877-0542-07		None		04/26/2017	99/99/9999	TEMOZOLOMIDE, 250 MG, ORAL
69097-0285-37		J0894		11/17/2017	99/99/9999	INJECTION, DECITABINE, 1 MG
70121-1049-05		J3301		12/12/2017	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG
70121-1168-01		J3301		12/12/2017	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG
70121-1169-01		J3301		12/12/2017	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG
47335-0235-83		None		12/01/2017	99/99/9999	METHOTREXATE, 2.5 MG, ORAL
47335-0235-96		None		12/01/2017	99/99/9999	METHOTREXATE, 2.5 MG, ORAL
55513-0074-30		J0604		04/05/2004	99/99/9999	CINACALCET, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
HYDROXYPROGESTERONE CAPROATE 250 MG/1 ML	5	ML	VL	IM	ML	10	MG	25	09/22/2017	99/99/9999	
BUSULFAN (8X10ML,SINGLE-USE) 6 MG/1 ML	10	ML	VL	IV	ML	1	MG	6	11/21/2017	99/99/9999	
TEMOZOLOMIDE 5 MG	5	EA	BO	PO	EA	5	MG	1	04/26/2017	99/99/9999	
TEMOZOLOMIDE 5 MG	14	EA	BO	PO	EA	5	MG	1	04/26/2017	99/99/9999	
TEMOZOLOMIDE 20 MG	5	EA	BO	PO	EA	20	MG	1	04/26/2017	99/99/9999	
TEMOZOLOMIDE 20 MG	14	EA	BO	PO	EA	20	MG	1	04/26/2017	99/99/9999	
TEMOZOLOMIDE 100 MG	5	EA	BO	PO	EA	100	MG	1	04/26/2017	99/99/9999	
TEMOZOLOMIDE 100 MG	14	EA	BO	PO	EA	100	MG	1	04/26/2017	99/99/9999	
TEMOZOLOMIDE 140 MG	5	EA	BO	PO	EA	20	MG	7	04/26/2017	99/99/9999	
TEMOZOLOMIDE 140 MG	14	EA	BO	PO	EA	20	MG	7	04/26/2017	99/99/9999	
TEMOZOLOMIDE 180 MG	5	EA	BO	PO	EA	20	MG	9	04/26/2017	99/99/9999	
TEMOZOLOMIDE 180 MG	14	EA	BO	PO	EA	20	MG	9	04/26/2017	99/99/9999	
TEMOZOLOMIDE 250 MG	5	EA	BO	PO	EA	250	MG	1	04/26/2017	99/99/9999	
DECITABINE (LYOPHILIZED) 50 MG	1	EA	VL	IV	EA	1	MG	50	11/17/2017	99/99/9999	
TRIAMCINOLONE ACETONIDE 40 MG/1 ML	1	ML	VL	IJ	ML	10	MG	4	12/12/2017	99/99/9999	
TRIAMCINOLONE ACETONIDE 40 MG/1 ML	5	ML	VL	IJ	ML	10	MG	4	12/12/2017	99/99/9999	
TRIAMCINOLONE ACETONIDE 40 MG/1 ML	10	ML	VL	IJ	ML	10	MG	4	12/12/2017	99/99/9999	
METHOTREXATE 2.5 MG	100	EA	BO	PO	EA	2.5	MG	1	12/01/2017	99/99/9999	
METHOTREXATE 2.5 MG	36	EA	BO	PO	EA	2.5	MG	1	12/01/2017	99/99/9999	
SENSIPAR (FILM COATED) 60 MG	30	EA	BO	PO	EA	1	MG	60	04/05/2004	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
55513-0075-30		J0604		04/05/2004	99/99/9999	CINACALCET, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)
63323-0721-10		J9041		11/17/2017	12/31/2018	INJECTION, BORTEZOMIB, 0.1 MG
67877-0568-60		Q0167		09/22/2017	99/99/9999	DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
67877-0569-60		Q0167		09/22/2017	99/99/9999	DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
67877-0570-60		Q0167		09/22/2017	99/99/9999	DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
65862-0943-24	KO	J7614	KO	12/07/2017	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
65862-0944-24	KO	J7614	KO	12/07/2017	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
65862-0945-24	KO	J7614	KO	12/07/2017	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
00003-3734-13		J9299		01/02/2018	99/99/9999	INJECTION, NIVOLUMAB, 1 MG
00069-0983-01		J9315		01/04/2018	99/99/9999	INJECTION, ROMIDEPSIN, 1 MG
00078-0676-15		Q0162		01/11/2018	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
SENSIPAR (FILM COATED) 90 MG	30	EA	BO	PO	EA	1	MG	90	04/05/2004	99/99/9999	
BORTEZOMIB, (SDV,LATEX-FREE) 3.5 MG	1	EA	VL	IV	EA	0.1	MG	35	11/17/2017	12/31/2018	
DRONABINOL (SOFT GELATIN) 2.5 MG	60	EA	BO	PO	EA	2.5	MG	1	09/22/2017	99/99/9999	
DRONABINOL (SOFT GELATIN) 5 MG	60	EA	BO	PO	EA	2.5	MG	2	09/22/2017	99/99/9999	
DRONABINOL (SOFT GELATIN) 10 MG	60	EA	BO	PO	EA	2.5	MG	4	09/22/2017	99/99/9999	
LEVALBUTEROL (PF) 0.31 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.20666	12/07/2017	99/99/9999	
LEVALBUTEROL (2X12 POUCHES,PF) 0.63 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.42	12/07/2017	99/99/9999	
LEVALBUTEROL (2X12 POUCHES,PF) 1.25 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.83333	12/07/2017	99/99/9999	
OPDIVO (PF) 10 MG/1 ML	24	ML	VL	IV	ML	1	MG	10	01/02/2018	99/99/9999	
ROMIDEPSIN (W/DILUENT) 10 MG	1	EA	VL	IV	EA	1	MG	10	01/04/2018	99/99/9999	
ZOFRAN (FILM COATED) 8 MG	30	EA	BO	PO	EA	1	MG	8	01/11/2018	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00115-9930-78		J7614		01/09/2018	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
00115-9931-78		J7614		01/09/2018	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
00115-9932-78		J7614		01/09/2018	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
00143-9530-01		J9208		01/11/2018	99/99/9999	INJECTION, IFOSFAMIDE, 1 GRAM
00143-9531-01		J9208		12/14/2017	99/99/9999	INJECTION, IFOSFAMIDE, 1 GRAM
00406-8020-03		J0574		01/05/2018	99/99/9999	BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 6 MG, BUT LESS THAN OR EQUAL TO 10 MG BUPRENORPHINE
00409-1007-01		J2501		01/01/2018	99/99/9999	INJECTION, PARICALCITOL, 1 MCG
00548-5400-00		J1050		01/15/2018	99/99/9999	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG
00548-5400-25		J1050		02/05/2018	99/99/9999	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG
00548-5701-00		J1050		01/15/2018	99/99/9999	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG
13533-0705-01		J0256		01/09/2018	99/99/9999	INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), NOT OTHERWISE SPECIFIED, 10 MG
16729-0391-30		J9201		01/15/2018	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG
16729-0419-30		J9201		01/15/2018	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG
16729-0423-33		J9201		01/15/2018	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG
16729-0426-05		J9201		01/15/2018	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
LEVALBUTEROL (PF) 0.31 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.20666	01/09/2018	99/99/9999	
LEVALBUTEROL (PF) 0.63 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.42	01/09/2018	99/99/9999	
LEVALBUTEROL (PF) 1.25 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.83333	01/09/2018	99/99/9999	
IFOSFAMIDE (S.D.V, 1X60ML,PF) 3 GM/60 ML	60	ML	VL	IV	ML	1	GM	0.05	01/11/2018	99/99/9999	
IFOSFAMIDE (S.D.V, 1X20ML) 1 GM/20 ML	20	ML	VL	IV	ML	1	GM	0.05	12/14/2017	99/99/9999	
BUPRENORPHINE-NALOXONE (LEMON) 8 MG-2 MG	30	EA	BO	SL	EA	8	MG	1	01/05/2018	99/99/9999	
PARICALCITOL (LATEX-FREE) 0.002 MG/1 ML	1	ML	VL	IV	ML	1	MCG	2	01/01/2018	99/99/9999	
MEDROXYPROGESTERONE ACETATE 150 MG/1 ML	1	ML	VL	IM	ML	1	MG	150	01/15/2018	99/99/9999	
MEDROXYPROGESTERONE ACETATE 150 MG/1 ML	1	ML	VL	IM	ML	1	MG	150	02/05/2018	99/99/9999	
MEDROXYPROGESTERONE ACETATE (PRE-FILLED SYRINGE) 150 MG/1 ML	1	ML	SR	IM	ML	1	MG	150	01/15/2018	99/99/9999	
PROLASTIN-C (APPROX 1000MG,PF) 1 MG	1	EA	VL	IV	EA	10	MG	0.1	01/09/2018	99/99/9999	
GEMCITABINE 100 MG/1 ML	2	ML	VL	IV	ML	200	MG	0.5	01/15/2018	99/99/9999	
GEMCITABINE 100 MG/1 ML	10	ML	VL	IV	ML	200	MG	0.5	01/15/2018	99/99/9999	
GEMCITABINE 100 MG/1 ML	15	ML	VL	IV	ML	200	MG	0.5	01/15/2018	99/99/9999	
GEMCITABINE 100 MG/1 ML	20	ML	VL	IV	ML	200	MG	0.5	01/15/2018	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
43598-0392-48		J9245		12/21/2017	99/99/9999	INJECTION, MELPHALAN HYDROCHLORIDE, 50 MG
43598-0678-11		J9025		12/21/2017	99/99/9999	INJECTION, AZACITIDINE, 1 MG
45963-0640-77		J0594		01/04/2018	99/99/9999	INJECTION, BUSULFAN, 1 MG
51224-0012-20		J2760		01/31/2018	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG
54766-0590-10		J7500		01/01/2018	99/99/9999	AZATHIOPRINE, ORAL, 50 MG
55150-0230-10		J1652		01/12/2018	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG
55150-0231-10		J1652		01/12/2018	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG
55150-0232-10		J1652		01/12/2018	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG
55150-0233-10		J1652		01/12/2018	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG
60505-6128-00		J9206		01/10/2018	99/99/9999	INJECTION, IRINOTECAN, 20 MG
60505-6128-01		J9206		01/10/2018	99/99/9999	INJECTION, IRINOTECAN, 20 MG
60505-6166-00		J9027		01/09/2018	99/99/9999	INJECTION, CLOFARABINE, 1 MG
63323-0221-38		J3370		01/10/2018	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG
67457-0513-99		J9120		01/01/2018	02/27/2018	INJECTION, DACTINOMYCIN, 0.5 MG
67457-0616-10		J9201		01/03/2018	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG
67457-0617-30		J9201		12/18/2017	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
MELPHALAN HYDROCHLORIDE (W/ 10ML DILUENT) 50 MG	1	EA	VL	IV	EA	50	MG	1	12/21/2017	99/99/9999	
AZACITIDINE 100 MG	1	EA	VL	IJ	EA	1	MG	100	12/21/2017	99/99/9999	
BUSULFAN (8X10ML,SINGLE-USE,PF) 6 MG/1 ML	10	ML	VL	IV	ML	1	MG	6	01/04/2018	99/99/9999	
PHENTOLAMINE MESYLATE (LYOPHILIZED) 5 MG	1	EA	VL	IJ	EA	5	MG	1	01/31/2018	99/99/9999	
IMURAN 50 MG	100	EA	BO	PO	EA	50	MG	1	01/01/2018	99/99/9999	
FONDAPARINUX SODIUM (PF) 2.5 MG/0.5 ML	0.5	ML	SR	SC	ML	0.5	MG	10	01/12/2018	99/99/9999	
FONDAPARINUX SODIUM (PF) 5 MG/0.4 ML	0.4	ML	SR	SC	ML	0.5	MG	25	01/12/2018	99/99/9999	
FONDAPARINUX SODIUM (PF) 7.5 MG/0.6 ML	0.6	ML	SR	SC	ML	0.5	MG	25	01/12/2018	99/99/9999	
FONDAPARINUX SODIUM (PF) 10 MG/0.8 ML	0.8	ML	SR	SC	ML	0.5	MG	25	01/12/2018	99/99/9999	
IRINOTECAN HYDROCHLORIDE (SDV;USP,PF) 20 MG/1 ML	2	ML	VL	IV	ML	20	MG	1	01/10/2018	99/99/9999	
IRINOTECAN HYDROCHLORIDE (SDV;USP,PF) 20 MG/1 ML	5	ML	VL	IV	ML	20	MG	1	01/10/2018	99/99/9999	
CLOFARABINE (SDV,PF) 1 MG/1 ML	20	ML	VL	IV	ML	1	MG	1	01/09/2018	99/99/9999	
VANCOMYCIN HCL (PF,LATEX-FREE) 500 MG	25	EA	VL	IV	EA	500	MG	1	01/10/2018	99/99/9999	
DACTINOMYCIN (PF,LYOPHILIZED) 0.5 MG	12	EA	VL	IV	EA	0.5	MG	1	01/01/2018	02/27/2018	
GEMCITABINE (1X5.26ML) 38 MG/1 ML	5.26	ML	VL	IV	ML	200	MG	0.19	01/03/2018	99/99/9999	
GEMCITABINE (1X26.3ML) 38 MG/1 ML	26.3	ML	VL	IV	ML	200	MG	0.19	12/18/2017	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
67457-0618-10		J9201		12/18/2017	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG
68094-0101-10		J2760		12/19/2017	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG
68094-0101-20		J2760		12/19/2017	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG
70121-1244-07		J0594		12/28/2017	99/99/9999	INJECTION, BUSULFAN, 1 MG
70257-0560-01		J0475		01/25/2018	99/99/9999	INJECTION, BACLOFEN, 10 MG
70257-0560-02		J0475		01/25/2018	99/99/9999	INJECTION, BACLOFEN, 10 MG
70257-0561-02		J0475		01/25/2018	99/99/9999	INJECTION, BACLOFEN, 10 MG
70515-0260-10		J1160		01/17/2018	99/99/9999	INJECTION, DIGOXIN, UP TO 0.5 MG
70515-0262-10		J1160		01/17/2018	99/99/9999	INJECTION, DIGOXIN, UP TO 0.5 MG
70860-0205-50		J9201		10/11/2017	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG
70860-0208-05		J9000		12/15/2017	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG
70860-0208-25		J9000		12/15/2017	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG
70860-0208-51		J9000		12/15/2017	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG
75987-0111-01		J9216		01/15/2018	99/99/9999	INJECTION, INTERFERON, GAMMA 1-B, 3 MILLION UNITS
75987-0111-11		J9216		01/15/2018	99/99/9999	INJECTION, INTERFERON, GAMMA 1-B, 3 MILLION UNITS
00574-0805-30		J0132		12/27/2012	99/99/9999	INJECTION, ACETYLCYSTEINE, 100 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
GEMCITABINE 38 MG/1 ML	52.6	ML	VL	IV	ML	200	MG	0.19	12/18/2017	99/99/9999	
PHENTOLAMINE MESYLATE (LYOPHILIZED) 5 MG	10	EA	VL	IJ	EA	5	MG	1	12/19/2017	99/99/9999	
PHENTOLAMINE MESYLATE (LYOPHILIZED) 5 MG	1	EA	VL	IJ	EA	5	MG	1	12/19/2017	99/99/9999	
BUSULFAN 6 MG/1 ML	10	ML	VL	IV	ML	1	MG	6	12/28/2017	99/99/9999	
LIORESAL INTRATHECAL REFILL KIT 0.5 MG/1 ML	20	ML	AM	IN	ML	10	MG	0.05	01/25/2018	99/99/9999	
LIORESAL INTRATHECAL REFILL KIT 0.5 MG/1 ML	20	ML	AM	IN	ML	10	MG	0.05	01/25/2018	99/99/9999	
LIORESAL INTRATHECAL REFILL KIT 2 MG/1 ML	5	ML	AM	IN	ML	10	MG	0.2	01/25/2018	99/99/9999	
LANOXIN 0.25 MG/1 ML	2	ML	AM	IJ	ML	0.5	MG	0.5	01/17/2018	99/99/9999	
LANOXIN PEDIATRIC 0.1 MG/1 ML	1	ML	AM	IJ	ML	0.5	MG	0.2	01/17/2018	99/99/9999	
GEMCITABINE (SDV, USP,PF,LATEX-FREE) 1 GM	1	EA	VL	IV	EA	200	MG	5	10/11/2017	99/99/9999	
DOXORUBICIN HCL (USP,SDV,PF,LATEX-FREE) 2 MG/1 ML	5	ML	VL	IV	ML	10	MG	0.2	12/15/2017	99/99/9999	
DOXORUBICIN HCL (USP,SDV,PF,LATEX-FREE) 2 MG/1 ML	25	ML	VL	IV	ML	10	MG	0.2	12/15/2017	99/99/9999	
DOXORUBICIN HCL (USP,SDV,PF,LATEX-FREE) 2 MG/1 ML	100	ML	VL	IV	ML	10	MG	0.2	12/15/2017	99/99/9999	
ACTIMMUNE 2 MILLION IU/0.5 ML	0.5	ML	VL	SC	ML	3000000	U	1.33333	01/15/2018	99/99/9999	
ACTIMMUNE 2 MILLION IU/0.5 ML	0.5	ML	VL	SC	ML	3000000	U	1.33333	01/15/2018	99/99/9999	
ACETYLCYSTEINE (SDV, 4X30ML,PF) 200 MG/1 ML	30	ML	VL	IV	ML	100	MG	2	12/27/2012	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00115-9930-78	KO	J7614	KO	01/09/2018	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
00115-9931-78	KO	J7614	KO	01/09/2018	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
00115-9932-78	KO	J7614	KO	01/09/2018	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
00069-0809-01		Q5103		04/01/2018	99/99/9999	INJECTION, INFLIXIMAB-DYYB, BIOSIMILAR, (INFLECTRA), 10 MG
00006-4305-02		Q5104		04/01/2018	99/99/9999	INJECTION, INFLIXIMAB-ABDA, BIOSIMILAR, (RENFLEXIS), 10 MG
61314-0304-01		Q5101		04/01/2018	99/99/9999	INJECTION, FILGRASTIM-SNDZ, BIOSIMILAR, (ZARXIO), 1 MICROGRAM
63402-0201-00	KO	J7643	KO	02/16/2018	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
63402-0301-01	KO	J7643	KO	02/16/2018	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
71288-0100-05		J9045		09/15/2017	99/99/9999	INJECTION, CARBOPLATIN, 50 MG
71288-0100-15		J9045		09/15/2017	99/99/9999	INJECTION, CARBOPLATIN, 50 MG
71288-0100-45		J9045		09/15/2017	99/99/9999	INJECTION, CARBOPLATIN, 50 MG
71288-0100-51		J9045		09/15/2017	99/99/9999	INJECTION, CARBOPLATIN, 50 MG
00143-9247-01		J1190		01/29/2018	99/99/9999	INJECTION, DEXRAZOXANE HYDROCHLORIDE, PER 250 MG
00143-9248-01		J1190		01/29/2018	99/99/9999	INJECTION, DEXRAZOXANE HYDROCHLORIDE, PER 250 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
LEVALBUTEROL (PF) 0.31 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.20666	01/09/2018	99/99/9999	
LEVALBUTEROL (PF) 0.63 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.42	01/09/2018	99/99/9999	
LEVALBUTEROL (PF) 1.25 MG/3 ML	3	ML	VL	IH	ML	0.5	MG	0.83333	01/09/2018	99/99/9999	
INFLECTRA (SDV,PF) 100 MG	1	EA	VL	IV	EA	10	MG	10	04/01/2018	99/99/9999	
RENFLEXIS (PF,LYOPHILIZED) 100 MG	1	EA	VL	IV	EA	10	MG	10	04/01/2018	99/99/9999	
ZARXIO (PF) 300 MCG/0.5 ML	0.5	ML	SR	IJ	ML	1	MCG	600	04/01/2018	99/99/9999	
LONHALA MAGNAIR (STARTER KIT) 25 MCG/1 ML	1	ML	VL	IH	ML	1	MG	0.025	02/16/2018	99/99/9999	
LONHALA MAGNAIR (REFILL KIT) 25 MCG/1 ML	1	ML	VL	IH	ML	1	MG	0.025	02/16/2018	99/99/9999	
CARBOPLATIN (PF,LATEX-FREE) 10 MG/1 ML	5	ML	VL	IV	ML	50	MG	0.2	09/15/2017	99/99/9999	
CARBOPLATIN (PF,LATEX-FREE) 10 MG/1 ML	15	ML	VL	IV	ML	50	MG	0.2	09/15/2017	99/99/9999	
CARBOPLATIN (PF,LATEX-FREE) 10 MG/1 ML	45	ML	VL	IV	ML	50	MG	0.2	09/15/2017	99/99/9999	
CARBOPLATIN (PF,LATEX-FREE) 10 MG/1 ML	60	ML	VL	IV	ML	50	MG	0.2	09/15/2017	99/99/9999	
DEXRAZOXANE (SDV W/DILUENT) 250 MG	1	EA	VL	IV	EA	250	MG	1	01/29/2018	99/99/9999	
DEXRAZOXANE (SDV W/ DILUENT) 500 MG	1	EA	VL	IV	EA	250	MG	2	01/29/2018	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00143-9298-10		J2916		02/14/2018	99/99/9999	INJECTION, SODIUM FERRIC GLUCONATE COMPLEX IN SUCROSE INJECTION, 12.5 MG
00143-9519-10		J9250		02/13/2018	99/99/9999	METHOTREXATE SODIUM, 5 MG
00143-9872-10		J1800		02/12/2018	99/99/9999	INJECTION, PROPRANOLOL HCL, UP TO 1 MG
00378-6961-12		J1595		10/04/2017	99/99/9999	INJECTION, GLATIRAMER ACETATE, 20 MG
00409-3595-01		J0698		01/22/2018	99/99/9999	INJECTION, CEFOTAXIME SODIUM, PER GM
00517-1825-10		J2800		01/29/2018	99/99/9999	INJECTION, METHOCARBAMOL, UP TO 10 ML
25021-0245-01		J9171		02/14/2018	99/99/9999	INJECTION, DOCETAXEL, 1 MG
25021-0245-04		J9171		02/14/2018	99/99/9999	INJECTION, DOCETAXEL, 1 MG
25021-0676-50		J2515		01/29/2018	99/99/9999	INJECTION, PENTOBARBITAL SODIUM, PER 50 MG
42195-0121-06		J8540		01/31/2018	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG
42195-0149-12		J8540		01/31/2018	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG
47781-0593-07		J9267		01/23/2018	99/99/9999	INJECTION, PACLITAXEL, 1 MG
47781-0594-07		J9267		01/23/2018	99/99/9999	INJECTION, PACLITAXEL, 1 MG
47781-0595-07		J9267		01/23/2018	99/99/9999	INJECTION, PACLITAXEL, 1 MG
50742-0401-02		J9206		02/05/2018	99/99/9999	INJECTION, IRINOTECAN, 20 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
SODIUM FERRIC GLUCONATE COMPLEX SUCROSE NOVAPLUS (LATEX-FREE) 62.5 MG/5 ML	5	ML	VL	IV	ML	12.5	MG	1	02/14/2018	99/99/9999	
METHOTREXATE SODIUM (10X2ML SDV,PF) 25 MG/1 ML	2	ML	VL	IJ	ML	5	MG	5	02/13/2018	99/99/9999	
PROPRANOLOL HCL (10X1ML) 1 MG/1 ML	1	ML	VL	IV	ML	1	MG	1	02/12/2018	99/99/9999	
GLATIRAMER ACETATE 40 MG/1 ML	1	ML	SR	SC	ML	20	MG	2	10/04/2017	99/99/9999	
CEFOTAXIME (USP) 1 GM	25	EA	VL	IJ	EA	1	GM	1	01/22/2018	99/99/9999	
METHOCARBAMOL 100 MG/1 ML	10	ML	VL	IJ	ML	10	ML	0.1	01/29/2018	99/99/9999	
DOCETAXEL (SDV,PF,LATEX-FREE) 20 MG/1 ML	1	ML	VL	IV	ML	1	MG	20	02/14/2018	99/99/9999	
DOCETAXEL (SDV,PF,LATEX-FREE) 20 MG/1 ML	4	ML	VL	IV	ML	1	MG	20	02/14/2018	99/99/9999	
PENTOBARBITAL SODIUM (MDV,PF,LATEX-FREE) 50 MG/1 ML	50	ML	VL	IJ	ML	50	MG	1	01/29/2018	99/99/9999	
TAPERDEX (6-DAY) 1.5 MG	21	EA	ST	PO	EA	0.25	MG	6	01/31/2018	99/99/9999	
TAPERDEX (12-DAY) 1.5 MG	49	EA	ST	PO	EA	0.25	MG	6	01/31/2018	99/99/9999	
PACLITAXEL (MDV,PF,LATEX-FREE) 6 MG/1 ML	5	ML	VL	IV	ML	1	MG	6	01/23/2018	99/99/9999	
PACLITAXEL (MDV,PF,LATEX-FREE) 6 MG/1 ML	16.7	ML	VL	IV	ML	1	MG	6	01/23/2018	99/99/9999	
PACLITAXEL (MDV,PF,LATEX-FREE) 6 MG/1 ML	50	ML	VL	IV	ML	1	MG	6	01/23/2018	99/99/9999	
IRINOTECAN HYDROCHLORIDE (SDV) 20 MG/1 ML	2	ML	VL	IV	ML	20	MG	1	02/05/2018	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
50742-0402-05		J9206		02/05/2018	99/99/9999	INJECTION, IRINOTECAN, 20 MG
50742-0445-05		J9045		01/29/2018	99/99/9999	INJECTION, CARBOPLATIN, 50 MG
50742-0446-15		J9045		01/29/2018	99/99/9999	INJECTION, CARBOPLATIN, 50 MG
50742-0447-45		J9045		01/29/2018	99/99/9999	INJECTION, CARBOPLATIN, 50 MG
50742-0448-60		J9045		01/29/2018	99/99/9999	INJECTION, CARBOPLATIN, 50 MG
51991-0933-17		J1630		02/05/2018	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG
55150-0192-20		J0153		02/08/2018	99/99/9999	INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS)
55150-0193-30		J0153		02/08/2018	99/99/9999	INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS)
63323-0064-03		J3475		01/30/2018	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG
63323-0064-11		J3475		01/30/2018	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG
63402-0201-00		J7643		02/16/2018	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
63402-0301-01		J7643		02/16/2018	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
66794-0156-01		J0475		02/01/2018	99/99/9999	INJECTION, BACLOFEN, 10 MG
68001-0338-62		J3370		02/15/2018	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG
68001-0339-64		J3370		02/15/2018	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG
68001-0341-36		J9263		02/15/2018	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
IRINOTECAN HYDROCHLORIDE (SDV) 20 MG/1 ML	5	ML	VL	IV	ML	20	MG	1	02/05/2018	99/99/9999	
CARBOPLATIN (PF) 10 MG/1 ML	5	ML	VL	IV	ML	50	MG	0.2	01/29/2018	99/99/9999	
CARBOPLATIN (PF) 10 MG/1 ML	15	ML	VL	IV	ML	50	MG	0.2	01/29/2018	99/99/9999	
CARBOPLATIN (PF) 10 MG/1 ML	45	ML	VL	IV	ML	50	MG	0.2	01/29/2018	99/99/9999	
CARBOPLATIN (PF) 10 MG/1 ML	60	ML	VL	IV	ML	50	MG	0.2	01/29/2018	99/99/9999	
HALOPERIDOL (10X1ML) 5 MG/1 ML	1	ML	SR	IM	ML	5	MG	1	02/05/2018	99/99/9999	
ADENOSINE (SDV,PF,LATEX-FREE) 3 MG/1 ML	20	ML	VL	IV	ML	1	MG	3	02/08/2018	99/99/9999	
ADENOSINE (SDV,PF,LATEX-FREE) 3 MG/1 ML	30	ML	VL	IV	ML	1	MG	3	02/08/2018	99/99/9999	
MAGNESIUM SULFATE (25X2ML,PF) 500 MG/1 ML	2	ML	VL	IJ	ML	500	MG	1	01/30/2018	99/99/9999	
MAGNESIUM SULFATE (25X10ML,PF) 500 MG/1 ML	10	ML	VL	IJ	ML	500	MG	1	01/30/2018	99/99/9999	
LONHALA MAGNAIR (STARTER KIT) 25 MCG/1 ML	1	ML	VL	IH	ML	1	MG	0.025	02/16/2018	99/99/9999	
LONHALA MAGNAIR (REFILL KIT) 25 MCG/1 ML	1	ML	VL	IH	ML	1	MG	0.025	02/16/2018	99/99/9999	
GABLOFEN (1X20ML,SINGLE USE) 1 MG/1 ML	20	ML	SR	IN	ML	10	MG	0.1	02/01/2018	99/99/9999	
VANCOMYCIN HCL (PF,LATEX-FREE) 500 MG	10	EA	VL	IV	EA	500	MG	1	02/15/2018	99/99/9999	
VANCOMYCIN HCL (PF,LATEX-FREE) 1 GM	10	EA	VL	IV	EA	500	MG	2	02/15/2018	99/99/9999	
OXALIPLATIN (PF) 5 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	10	02/15/2018	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
68001-0341-37		J9263		02/15/2018	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG
70720-0951-30		J9202		02/02/2018	99/99/9999	GOSERELIN ACETATE IMPLANT, PER 3.6 MG
67457-0864-04		J1626		03/21/2018	99/99/9999	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG
69097-0927-35		J2469		03/23/2018	99/99/9999	INJECTION, PALONOSETRON HCL, 25 MCG
70720-0950-36		J9202		04/06/2018	99/99/9999	GOSERELIN ACETATE IMPLANT, PER 3.6 MG
70860-0106-10		J0637		03/01/2018	99/99/9999	INJECTION, CASPOFUNGIN ACETATE, 5 MG
70860-0107-10		J0637		03/01/2018	99/99/9999	INJECTION, CASPOFUNGIN ACETATE, 5 MG
68382-0755-96		None		06/01/2018	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL
00078-0930-61		J0883		03/14/2018	99/99/9999	INJECTION, ARGATROBAN, 1 MG (FOR NON-ESRD USE)
00143-9510-01		J9181		02/26/2018	99/99/9999	INJECTION, ETOPOSIDE, 10 MG
00143-9511-01		J9181		02/26/2018	99/99/9999	INJECTION, ETOPOSIDE, 10 MG
00143-9512-01		J9181		02/26/2018	99/99/9999	INJECTION, ETOPOSIDE, 10 MG
00409-7241-61		J0171		01/01/2018	99/99/9999	INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG
00781-3250-89		J1595		02/27/2018	99/99/9999	INJECTION, GLATIRAMER ACETATE, 20 MG
13533-0631-11		J2790		04/01/2018	99/99/9999	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MICROGRAMS (1500 I.U.)
43066-0001-01		J9171		02/23/2018	99/99/9999	INJECTION, DOCETAXEL, 1 MG
43066-0006-01		J9171		02/23/2018	99/99/9999	INJECTION, DOCETAXEL, 1 MG
43066-0010-01		J9171		02/23/2018	99/99/9999	INJECTION, DOCETAXEL, 1 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
OXALIPLATIN (PF) 5 MG/1 ML	20	ML	VL	IV	ML	0.5	MG	10	02/15/2018	99/99/9999	
ZOLADEX (SAFESYSTEM SRN) 10.8 MG	1	EA	SR	SC	EA	3.6	MG	3	02/02/2018	99/99/9999	
GRANISETRON HYDROCHLORIDE (1X4ML,MDV,LATEX-FREE) 1 MG/1 ML	4	ML	VL	IV	ML	100	MCG	10	03/21/2018	99/99/9999	
PALONOSETRON HCL (S.D.V.) 0.05 MG/1 ML	5	ML	VL	IV	ML	25	MCG	2	03/23/2018	99/99/9999	
ZOLADEX (SAFESYSTEM SRN) 3.6 MG	1	EA	SR	SC	EA	3.6	MG	1	04/06/2018	99/99/9999	
CASPOFUNGIN ACETATE (PF,LATEX-FREE) 50 MG	1	EA	VL	IV	EA	5	MG	10	03/01/2018	99/99/9999	
CASPOFUNGIN ACETATE (PF,LATEX-FREE) 70 MG	1	EA	VL	IV	EA	5	MG	14	03/01/2018	99/99/9999	
TEMOZOLOMIDE (HARD GELATIN) 180 MG	5	EA	BO	PO	EA	20	MG	9	06/01/2018	99/99/9999	
ARGATROBAN (SINGLE USE VIAL,PF) 100 MG/1 ML	2.5	ML	VL	IV	ML	1	MG	100	03/14/2018	99/99/9999	
ETOPOSIDE (USP, MDV) 20 MG/1 ML	5	ML	VL	IV	ML	10	MG	2	02/26/2018	99/99/9999	
ETOPOSIDE (USP, MDV) 20 MG/1 ML	25	ML	VL	IV	ML	10	MG	2	02/26/2018	99/99/9999	
ETOPOSIDE (USP, MDV) 20 MG/1 ML	50	ML	VL	IV	ML	10	MG	2	02/26/2018	99/99/9999	
EPINEPHRINE 1 MG/1 ML	1	ML	AM	IJ	ML	0.1	MG	10	01/01/2018	99/99/9999	
GLATOPA 40 MG/1 ML	1	ML	SR	SC	ML	20	MG	2	02/27/2018	99/99/9999	
HYPERRHO S/D (PF,LATEX-FREE) 300 MCG	10	EA	SR	IM	EA	300	MCG	1	04/01/2018	99/99/9999	
DOCETAXEL (1X2ML,MDV) 10 MG/1 ML	2	ML	VL	IV	ML	1	MG	10	02/23/2018	99/99/9999	
DOCETAXEL (1X8ML,MDV) 10 MG/1 ML	8	ML	VL	IV	ML	1	MG	10	02/23/2018	99/99/9999	
DOCETAXEL (1X2ML,MDV) 10 MG/1 ML	16	ML	VL	IV	ML	1	MG	10	02/23/2018	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
43066-0014-01		J9263		02/23/2018	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG
43066-0018-01		J9263		02/23/2018	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG
47781-0597-91		J3370		04/01/2017	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG
51224-0012-10		J2760		03/15/2018	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG
60505-6114-00		J9201		02/23/2018	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG
60505-6115-02		J9201		02/23/2018	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG
63323-0760-20		J9245		02/21/2018	99/99/9999	INJECTION, MELPHALAN HYDROCHLORIDE, 50 MG
64208-8235-01		J1557		04/01/2017	99/99/9999	INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG
64208-8235-02		J1557		04/01/2017	99/99/9999	INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG
64208-8235-03		J1557		04/01/2017	99/99/9999	INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG
66794-0155-02		J0475		04/01/2018	99/99/9999	INJECTION, BACLOFEN, 10 MG
66794-0156-02		J0475		04/01/2018	99/99/9999	INJECTION, BACLOFEN, 10 MG
66794-0157-02		J0475		04/01/2018	99/99/9999	INJECTION, BACLOFEN, 10 MG
67457-0374-99		J1644		03/16/2018	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS
67457-0384-99		J1644		03/16/2018	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
OXALIPLATIN (PF) 5 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	10	02/23/2018	99/99/9999	
OXALIPLATIN (PF) 5 MG/1 ML	20	ML	VL	IV	ML	0.5	MG	10	02/23/2018	99/99/9999	
VANCOMYCIN HCL (PF,LATEX-FREE) 1 GM	10	EA	VL	IV	EA	500	MG	2	04/01/2017	99/99/9999	
PHENTOLAMINE MESYLATE (LYOPHILIZED) 5 MG	10	EA	VL	IJ	EA	5	MG	1	03/15/2018	99/99/9999	
GEMCITABINE 38 MG/1 ML	26.3	ML	VL	IV	ML	200	MG	0.19	02/23/2018	99/99/9999	
GEMCITABINE 38 MG/1 ML	52.6	ML	VL	IV	ML	200	MG	0.19	02/23/2018	99/99/9999	
MELPHALAN HYDROCHLORIDE (W/10ML DILUENT) 50 MG	1	EA	VL	IV	EA	50	MG	1	02/21/2018	99/99/9999	
GAMMAPLEX 10% (INNER PACK NDC,PF) 100 MG/1 ML	50	ML	VL	IV	ML	500	MG	0.2	04/01/2017	99/99/9999	
GAMMAPLEX 10% (INNER PACK NDC,PF) 100 MG/1 ML	100	ML	VL	IV	ML	500	MG	0.2	04/01/2017	99/99/9999	
GAMMAPLEX 10% (INNER PACK NDC,PF) 100 MG/1 ML	200	ML	VL	IV	ML	500	MG	0.2	04/01/2017	99/99/9999	
GABLOFEN (1X20ML,SINGLE USE) 0.5 MG/1 ML	20	ML	VL	IN	ML	10	MG	0.05	04/01/2018	99/99/9999	
GABLOFEN (1X20ML,SINGLE USE) 1 MG/1 ML	20	ML	VL	IN	ML	10	MG	0.1	04/01/2018	99/99/9999	
GABLOFEN (1X20ML,SINGLE USE) 2 MG/1 ML	20	ML	VL	IN	ML	10	MG	0.2	04/01/2018	99/99/9999	
HEPARIN SODIUM (MDV,25X1ML) 5000 U/1 ML	1	ML	VL	IJ	ML	1000	U	5	03/16/2018	99/99/9999	
HEPARIN SODIUM (MDV,25X30ML) 1000 U/1 ML	30	ML	VL	IJ	ML	1000	U	1	03/16/2018	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
67457-0385-99		J1644		03/16/2018	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS
67457-0513-05		J9120		01/01/2018	99/99/9999	INJECTION, DACTINOMYCIN, 0.5 MG
67457-0518-05		J9280		02/28/2018	99/99/9999	INJECTION, MITOMYCIN, 5 MG
67457-0519-20		J9280		02/28/2018	99/99/9999	INJECTION, MITOMYCIN, 5 MG
68001-0345-26		Q2050		04/02/2018	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, NOT OTHERWISE SPECIFIED, 10 MG
68001-0345-36		Q2050		04/02/2018	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, NOT OTHERWISE SPECIFIED, 10 MG
69448-0001-05		J9280		09/25/2017	99/99/9999	INJECTION, MITOMYCIN, 5 MG
69448-0002-11		J9280		09/25/2017	99/99/9999	INJECTION, MITOMYCIN, 5 MG
69448-0003-38		J9280		09/25/2017	99/99/9999	INJECTION, MITOMYCIN, 5 MG
70121-1076-05		J1940		04/19/2017	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG
70121-1163-05		J1940		04/19/2017	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG
70121-1164-05		J1940		04/19/2017	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG
70860-0209-10		J9209		01/10/2018	99/99/9999	INJECTION, MESNA, 200 MG
70860-0700-02		J1885		03/01/2018	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG
70860-0701-03		J1885		03/01/2018	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG
70860-0701-04		J1885		03/01/2018	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG
68382-0756-96		None		06/01/2018	99/99/9999	TEMOZOLOMIDE, 250 MG, ORAL

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
HEPARIN SODIUM (MDV,25X10ML) 1000 U/1 ML	10	ML	VL	IJ	ML	1000	U	1	03/16/2018	99/99/9999	
DACTINOMYCIN (PF,LYOPHILIZED) 0.5 MG	1	EA	VL	IV	EA	0.5	MG	1	01/01/2018	99/99/9999	
MITOMYCIN (PF,LYOPHILIZED) 5 MG	1	EA	VL	IV	EA	5	MG	1	02/28/2018	99/99/9999	
MITOMYCIN (SDV,PF,LYOPHILIZED) 20 MG	1	EA	VL	IV	EA	5	MG	4	02/28/2018	99/99/9999	
DOXORUBICIN HCL LIPOSOME 2 MG/1 ML	25	ML	VL	IV	ML	10	MG	0.2	04/02/2018	99/99/9999	
DOXORUBICIN HCL LIPOSOME 2 MG/1 ML	10	ML	VL	IV	ML	10	MG	0.2	04/02/2018	99/99/9999	
MUTAMYCIN 5 MG	1	EA	VL	IV	EA	5	MG	1	09/25/2017	99/99/9999	
MUTAMYCIN 20 MG	1	EA	VL	IV	EA	5	MG	4	09/25/2017	99/99/9999	
MUTAMYCIN 40 MG	1	EA	VL	IV	EA	5	MG	8	09/25/2017	99/99/9999	
FUROSEMIDE (SDV) 10 MG/1 ML	10	ML	VL	IJ	ML	20	MG	0.5	04/19/2017	99/99/9999	
FUROSEMIDE (SDV) 10 MG/1 ML	2	ML	VL	IJ	ML	20	MG	0.5	04/19/2017	99/99/9999	
FUROSEMIDE (SDV) 10 MG/1 ML	4	ML	VL	IJ	ML	20	MG	0.5	04/19/2017	99/99/9999	
MESNA 100 MG/1 ML	10	ML	VL	IV	ML	200	MG	0.5	01/10/2018	99/99/9999	
KETOROLAC TROMETHAMINE (PF,LATEX-FREE) 15 MG/1 ML	1	ML	VL	IJ	ML	15	MG	1	03/01/2018	99/99/9999	
KETOROLAC TROMETHAMINE (PF,LATEX-FREE) 30 MG/1 ML	1	ML	VL	IM	ML	15	MG	2	03/01/2018	99/99/9999	
KETOROLAC TROMETHAMINE (PF,LATEX-FREE) 30 MG/1 ML	2	ML	VL	IM	ML	15	MG	2	03/01/2018	99/99/9999	
TEMOZOLOMIDE (HARD GELATIN) 250 MG	5	EA	BO	PO	EA	250	MG	1	06/01/2018	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
69097-0537-37		J1071		06/19/2018	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG
70069-0064-01		J2795		07/02/2018	99/99/9999	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG
70801-0003-01		Q9993		07/01/2018	12/31/2018	INJECTION, TRIAMCINOLONE ACETONIDE, PRESERVATIVE-FREE, EXTENDED-RELEASE, MICROSPHERE FORMULATION, 1 MG
70842-0140-03		J2407		06/25/2018	99/99/9999	INJECTION, ORITAVANCIN, 10 MG
70860-0118-99		J0290		06/25/2018	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG
71930-0017-30		Q0162		07/18/2018	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
71930-0018-30		Q0162		07/18/2018	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00517-1767-01		J1729		06/22/2018	99/99/9999	INJECTION, HYDROXYPROGESTERONE CAPROATE, NOT OTHERWISE SPECIFIED, 10 MG
12496-0100-01		Q9991		07/01/2018	99/99/9999	INJECTION, BUPRENORPHINE EXTENDED-RELEASE (SUBLOCADE), LESS THAN OR EQUAL TO 100 MG
12496-0300-01		Q9992		07/01/2018	99/99/9999	INJECTION, BUPRENORPHINE EXTENDED-RELEASE (SUBLOCADE), GREATER THAN 100 MG
16714-0834-01		J2469		08/08/2018	99/99/9999	INJECTION, PALONOSETRON HCL, 25 MCG
43598-0650-11		J9340		05/08/2018	99/99/9999	INJECTION, THIOTEPA, 15 MG
52652-2001-06		None		07/31/2018	99/99/9999	METHOTREXATE, 2.5 MG, ORAL
55111-0694-07		J2469		03/23/2018	99/99/9999	INJECTION, PALONOSETRON HCL, 25 MCG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
TESTOSTERONE CYPIONATE (USP,MDV) 200 MG/1 ML	10	ML	VL	IM	ML	1	MG	200	06/19/2018	99/99/9999	
ROPIVACAINE HCL (PF,LATEX-FREE) 5 MG/1 ML	30	ML	VL	IJ	ML	1	MG	5	07/02/2018	99/99/9999	
ZILRETTA (W/DILUENT) 32 MG	1	EA	VL	IJ	EA	1	MG	32	07/01/2018	12/31/2018	
ORBACTIV (PF,LYOPHILIZED) 400 MG	3	EA	VL	IV	EA	10	MG	40	06/25/2018	99/99/9999	
AMPICILLIN (PHARMACY BULK,USP,PF) 10 GM	1	EA	VL	IJ	EA	500	MG	20	06/25/2018	99/99/9999	
ONDANSETRON HCL (FILM-COATED) 4 MG	30	EA	BO	PO	EA	1	MG	4	07/18/2018	99/99/9999	
ONDANSETRON (FILM-COATED) 8 MG	30	EA	BO	PO	EA	1	MG	8	07/18/2018	99/99/9999	
HYDROXYPROGESTERONE CAPROATE (PF) 250 MG/1 ML	1	ML	VL	IM	ML	10	MG	25	06/22/2018	99/99/9999	
SUBLOCADE 100 MG/0.5 ML	0.5	ML	SR	SC	ML	100	MG	2	07/01/2018	99/99/9999	
SUBLOCADE 100 MG/0.5 ML	1.5	ML	SR	SC	ML	100	MG	2	07/01/2018	99/99/9999	
PALONOSETRON HCL 0.05 MG/1 ML	5	ML	VL	IV	ML	25	MCG	2	08/08/2018	99/99/9999	
THIOTEPA (SDV,LYOPHILIZED) 15 MG	1	EA	VL	IJ	EA	15	MG	1	05/08/2018	99/99/9999	
XATMEP 2.5 MG/1 ML	60	ML	BO	PO	ML	2.5	MG	1	07/31/2018	99/99/9999	
PALONOSETRON HCL 0.05 MG/1 ML	5	ML	VL	IV	ML	25	MCG	2	03/23/2018	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
55150-0282-20		J1335		06/27/2018	99/99/9999	INJECTION, ERTAPENEM SODIUM, 500 MG
63323-0852-25		J1170		06/19/2018	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG
63323-0853-25		J1170		06/19/2018	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG
63323-0854-10		J1170		06/19/2018	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG
65757-0500-03		J1942		07/02/2018	99/99/9999	INJECTION, ARIPIPRAZOLE LAUROXIL, 1 MG
66993-0038-83		J1729		07/02/2018	99/99/9999	INJECTION, HYDROXYPROGESTERONE CAPROATE, NOT OTHERWISE SPECIFIED, 10 MG
69097-0536-37		J1071		06/19/2018	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG
69097-0537-31		J1071		06/19/2018	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG
00009-3475-01		J1040		01/07/1992	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG
00310-1730-30		J3490		11/14/2017	99/99/9999	UNCLASSIFIED DRUGS
00409-3795-19		J1885		01/06/2006	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG
70860-0113-15		J0290		08/01/2018	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG
70860-0114-15		J0290		08/01/2018	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG
70860-0115-26		J0290		07/31/2018	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG
71274-0350-02		J0596		04/01/2018	99/99/9999	INJECTION, C1 ESTERASE INHIBITOR (RECOMBINANT), RUCONEST, 10 UNITS
76075-0103-01		J9047		08/21/2018	99/99/9999	INJECTION, CARFILZOMIB, 1 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
ERTAPENEM (LATEX-FREE,LYOPHILIZED) 1 GM	10	EA	VL	IJ	EA	500	MG	2	06/27/2018	99/99/9999	
HYDROMORPHONE HCL (PF,LATEX-FREE) 1 MG/1 ML	1	ML	VL	IJ	ML	4	MG	0.25	06/19/2018	99/99/9999	
HYDROMORPHONE HCL (PF,LATEX-FREE) 2 MG/1 ML	1	ML	VL	IJ	ML	4	MG	0.5	06/19/2018	99/99/9999	
HYDROMORPHONE HCL (PF,LATEX-FREE) 4 MG/1 ML	1	ML	VL	IJ	ML	4	MG	1	06/19/2018	99/99/9999	
ARISTADA INITIO (LATEX-FREE) 675 MG/2.4 ML	2.4	ML	SR	IM	ML	1	MG	281.25	07/02/2018	99/99/9999	
HYDROXYPROGESTERONE CAPROATE (PF) 250 MG/1 ML	1	ML	VL	IM	ML	10	MG	25	07/02/2018	99/99/9999	
TESTOSTERONE CYPIONATE (USP,MDV) 100 MG/1 ML	10	ML	VL	IM	ML	1	MG	100	06/19/2018	99/99/9999	
TESTOSTERONE CYPIONATE (USP,SDV) 200 MG/1 ML	1	ML	VL	IM	ML	1	MG	200	06/19/2018	99/99/9999	
DEPO-MEDROL (S.D.V.) 80 MG/1 ML	1	ML	VL	IJ	ML	80	MG	1	01/07/1992	99/99/9999	
FASENRA (PF) 30 MG/1 ML	1	ML	SR	SC	ML	1	MG	1	11/14/2017	99/99/9999	
KETOROLAC TROMETHAMINE (INNER PACK,LATEX-FREE) 30 MG/1 ML	1	ML	VL	IJ	ML	15	MG	2	01/06/2006	99/99/9999	
AMPICILLIN (USP,PF,LATEX-FREE) 500 MG	10	EA	VL	IJ	EA	500	MG	1	08/01/2018	99/99/9999	
AMPICILLIN (PF,LATEX-FREE) 1 GM	10	EA	VL	IJ	EA	500	MG	2	08/01/2018	99/99/9999	
AMPICILLIN (PF,LATEX-FREE) 2 GM	10	EA	VL	IJ	EA	500	MG	4	07/31/2018	99/99/9999	
RUCONEST (PF) 2100 IU	1	EA	BX	IV	EA	10	U	210	04/01/2018	99/99/9999	
KYPROLIS (LYOPHILIZED) 10 MG	1	EA	VL	IV	EA	1	MG	10	08/21/2018	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
63275-5100-04		J3010		06/01/2015	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG
00069-1308-10		J0885		05/22/2018	12/31/2018	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS
00069-1309-04		J0885		05/22/2018	12/31/2018	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS
59353-0002-01		J0885		05/25/2018	12/31/2018	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS
59353-0002-10		J0885		05/25/2018	12/31/2018	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS
59353-0003-01		J0885		05/25/2018	12/31/2018	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS
59353-0003-10		J0885		05/25/2018	12/31/2018	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS
59353-0003-10		Q5106		01/01/2019	99/99/9999	INJECTION, EPOETIN ALFA, BIOSIMILAR, (RETACRIT) (FOR NON-ESRD USE), 1000 UNITS
59353-0004-01		Q5106		01/01/2019	99/99/9999	INJECTION, EPOETIN ALFA, BIOSIMILAR, (RETACRIT) (FOR NON-ESRD USE), 1000 UNITS
59353-0004-10		Q5106		01/01/2019	99/99/9999	INJECTION, EPOETIN ALFA, BIOSIMILAR, (RETACRIT) (FOR NON-ESRD USE), 1000 UNITS
59353-0010-01		Q5106		01/01/2019	99/99/9999	INJECTION, EPOETIN ALFA, BIOSIMILAR, (RETACRIT) (FOR NON-ESRD USE), 1000 UNITS
59353-0010-10		Q5106		01/01/2019	99/99/9999	INJECTION, EPOETIN ALFA, BIOSIMILAR, (RETACRIT) (FOR NON-ESRD USE), 1000 UNITS
62064-0122-02		J1746		01/01/2019	99/99/9999	INJECTION, IBALIZUMAB-UIYK, 10 MG
63459-0918-59		J1447		09/04/2018	99/99/9999	INJECTION, TBO-FILGRASTIM, 1 MICROGRAM
63459-0920-59		J1447		09/04/2018	99/99/9999	INJECTION, TBO-FILGRASTIM, 1 MICROGRAM
66621-0790-02		J0841		01/01/2019	99/99/9999	INJECTION, CROTALIDAE IMMUNE F(AB')2 (EQUINE), 120 MG
67457-0879-05		J3030		11/06/2018	99/99/9999	INJECTION, SUMATRIPTAN SUCCINATE, 6 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
FENTANYL CITRATE (USP)	25	GM	BO	NA	GM	0.1	MG	10000	06/01/2015	99/99/9999	
RETACRIT (PF) 10000 U/1 ML	1	ML	VL	IJ	ML	1000	U	10	05/22/2018	12/31/2018	
RETACRIT (PF) 40000 U/1 ML	1	ML	VL	IJ	ML	1000	U	40	05/22/2018	12/31/2018	
RETACRIT (PF) 2000 U/1 ML	1	ML	VL	IJ	ML	1000	U	2	05/25/2018	12/31/2018	
RETACRIT (PF) 2000 U/1 ML	1	ML	VL	IJ	ML	1000	U	2	05/25/2018	12/31/2018	
RETACRIT (PF) 3000 U/1 ML	1	ML	VL	IJ	ML	1000	U	3	05/25/2018	12/31/2018	
RETACRIT (PF) 3000 U/1 ML	1	ML	VL	IJ	ML	1000	U	3	05/25/2018	12/31/2018	
RETACRIT (PF) 3000 U/1 ML	1	ML	VL	IJ	ML	1000	U	3	01/01/2019	99/99/9999	
RETACRIT (PF) 4000 U/1 ML	1	ML	VL	IJ	ML	1000	U	4	01/01/2019	99/99/9999	
RETACRIT (PF) 4000 U/1 ML	1	ML	VL	IJ	ML	1000	U	4	01/01/2019	99/99/9999	
RETACRIT (PF) 10000 U/1 ML	1	ML	VL	IJ	ML	1000	U	10	01/01/2019	99/99/9999	
RETACRIT (PF) 10000 U/1 ML	1	ML	VL	IJ	ML	1000	U	10	01/01/2019	99/99/9999	
TROGARZO (PF) 150 MG/1 ML	1.33	ML	VL	IV	ML	10	MG	15	01/01/2019	99/99/9999	
GRANIX (PF) 300 MCG/1 ML	1	ML	VL	SC	ML	1	MCG	300	09/04/2018	99/99/9999	
GRANIX (PF) 480 MCG/1.6 ML	1.6	ML	VL	SC	ML	1	MCG	300	09/04/2018	99/99/9999	
ANAVIP (LYOPHILIZED) (10ML VL) 24 MG/1 ML	1	EA	VL	IV	EA	120	MG	2	01/01/2019	99/99/9999	
SUMATRIPTAN SUCCINATE (PREFILLED,PF,LATEX-FREE) 6 MG/0.5 ML	0.5	ML	SR	SC	ML	6	MG	2	11/06/2018	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
67457-0880-05		J3030		11/06/2018	99/99/9999	INJECTION, SUMATRIPTAN SUCCINATE, 6 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)
68001-0370-27		J9070		11/05/2018	99/99/9999	CYCLOPHOSPHAMIDE, 100 MG
68001-0371-32		J9070		11/05/2018	99/99/9999	CYCLOPHOSPHAMIDE, 100 MG
68001-0372-32		J9070		11/05/2018	99/99/9999	CYCLOPHOSPHAMIDE, 100 MG
69639-0102-01		J1454		01/01/2019	99/99/9999	INJECTION, FOSNETUPITANT 235 MG AND PALONOSETRON 0.25 MG
69656-0102-10		J2797		01/01/2019	99/99/9999	INJECTION, ROLAPITANT, 0.5 MG
69794-0001-01		J3397		01/01/2019	99/99/9999	INJECTION, VESTRONIDASE ALFA-VJBK, 1 MG
69794-0102-01		J3490		04/17/2018	12/31/2018	UNCLASSIFIED DRUGS
69794-0203-01		J3490		04/17/2018	12/31/2018	UNCLASSIFIED DRUGS
69794-0304-01		J3490		04/17/2018	12/31/2018	UNCLASSIFIED DRUGS
69918-0720-10		J9017		11/13/2018	99/99/9999	INJECTION, ARSENIC TRIOXIDE, 1 MG
70594-0046-02		J3370		11/06/2018	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG
70594-0048-01		J3370		12/14/2018	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG
70860-0778-02		J0780		11/02/2018	99/99/9999	INJECTION, PROCHLORPERAZINE, UP TO 10 MG
70860-0778-10		J0780		11/01/2018	99/99/9999	INJECTION, PROCHLORPERAZINE, UP TO 10 MG
72485-0201-01		J9025		10/25/2018	99/99/9999	INJECTION, AZACITIDINE, 1 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
SUMATRIPTAN SUCCINATE (5X0.5ML,SDV,PF) 6 MG/0.5 ML	0.5	ML	VL	SC	ML	6	MG	2	11/06/2018	99/99/9999	
CYCLOPHOSPHAMIDE (SDV,USP,PF) 500 MG	1	EA	VL	IV	EA	100	MG	5	11/05/2018	99/99/9999	
CYCLOPHOSPHAMIDE (SDV,USP,PF) 1 GM	1	EA	VL	IV	EA	100	MG	10	11/05/2018	99/99/9999	
CYCLOPHOSPHAMIDE (SDV,USP,PF) 2 GM	1	EA	VL	IV	EA	100	MG	20	11/05/2018	99/99/9999	
AKYNZEO (SDV,PF,LYOPHILIZED) 235 MG-0.25 MG	1	EA	VL	IV	EA	235.25	MG	1	01/01/2019	99/99/9999	
VARUBI (SDV) 1.8 MG/1 ML	92.5	ML	VL	IV	ML	0.5	MG	3.6	01/01/2019	99/99/9999	
MEPSEVII (PF) 2 MG/1 ML	5	ML	VL	IV	ML	1	MG	2	01/01/2019	99/99/9999	
CRYSVITA (PF) 10 MG/1 ML	1	ML	VL	SC	ML	1	MG	1	04/17/2018	12/31/2018	
CRYSVITA (PF) 20 MG/1 ML	1	ML	VL	SC	ML	1	MG	1	04/17/2018	12/31/2018	
CRYSVITA (PF) 30 MG/1 ML	1	ML	VL	SC	ML	1	MG	1	04/17/2018	12/31/2018	
ARSENIC TRIOXIDE (10X10 SDV,PF) 1 MG/1 ML	10	ML	VL	IV	ML	1	MG	1	11/13/2018	99/99/9999	
VANCOMYCIN HCL (USP,LATEX-FREE) 1 GM	10	EA	VL	IV	EA	500	MG	2	11/06/2018	99/99/9999	
VANCOMYCIN HCL (PHARMACY BULK PACKAGE) 10 GM	1	EA	VL	IV	EA	500	MG	20	12/14/2018	99/99/9999	
PROCHLORPERAZINE EDISYLATE (LATEX-FREE) 5 MG/1 ML	2	ML	VL	IJ	ML	10	MG	0.5	11/02/2018	99/99/9999	
PROCHLORPERAZINE EDISYLATE (MDV,LATEX-FREE) 5 MG/1 ML	10	ML	VL	IJ	ML	10	MG	0.5	11/01/2018	99/99/9999	
AZACITIDINE (SDV) 100 MG	1	EA	VL	IJ	EA	1	MG	100	10/25/2018	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00143-9739-10		J7512		06/11/2013	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
51079-0721-20		J7517		06/01/2009	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG
60505-0687-04		J2543		09/21/2009	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)
60505-0688-04		J2543		09/21/2009	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)
00003-0371-13		J0485		06/23/2011	99/99/9999	INJECTION, BELATACEPT, 1 MG
50090-3418-02		None		06/08/2018	99/99/9999	METHOTREXATE,2.5 MG, ORAL
50090-3418-09		None		06/08/2018	99/99/9999	METHOTREXATE,2.5 MG, ORAL
51407-0095-60		None		08/08/2018	99/99/9999	CAPECITABINE, 150 MG, ORAL
51407-0096-12		None		08/08/2018	99/99/9999	CAPECITABINE, 500 MG, ORAL
69097-0948-08		None		08/01/2018	99/99/9999	CAPECITABINE, 500 MG, ORAL
69097-0949-03		None		08/01/2018	99/99/9999	CAPECITABINE, 150 MG, ORAL
59353-0004-01		J0885		05/25/2018	12/31/2018	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS
59353-0004-10		J0885		05/25/2018	12/31/2018	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS
59353-0010-01		J0885		05/25/2018	12/31/2018	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS
59353-0010-10		J0885		05/25/2018	12/31/2018	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS
60505-0773-00		J2543		09/21/2009	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)
60505-6076-04		J0456		09/02/2010	99/99/9999	INJECTION, AZITHROMYCIN, 500 MG
60505-6093-05		J0690		09/10/2012	05/31/2018	INJECTION, CEFAZOLIN SODIUM, 500 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PREDNISONE 10 MG	1000	EA	BO	PO	EA	1	MG	10	06/11/2013	99/99/9999	
MYCOPHENOLATE MOFETIL (10 X 10,HARD GELATIN) 250 MG	100	EA	ST	PO	EA	250	MG	1	06/01/2009	99/99/9999	
PIPERACILLIN AND TAZOBACTAM (SDV) 3 GM-0.375 GM	10	EA	VL	IV	EA	1.125	GM	3	09/21/2009	99/99/9999	
PIPERACILLIN AND TAZOBACTAM (SDV) 4 GM-0.5 GM	10	EA	VL	IV	EA	1.125	GM	4	09/21/2009	99/99/9999	
NULOJIX 250 MG	1	EA	VL	IV	EA	1	MG	250	06/23/2011	99/99/9999	
METHOTREXATE SODIUM 2.5 MG	100	EA	BO	PO	EA	2.5	MG	1	06/08/2018	99/99/9999	
METHOTREXATE SODIUM 2.5 MG	36	EA	BO	PO	EA	2.5	MG	1	06/08/2018	99/99/9999	
CAPECITABINE 150 MG	60	EA	BO	PO	EA	150	MG	1	08/08/2018	99/99/9999	
CAPECITABINE 500 MG	120	EA	BO	PO	EA	500	MG	1	08/08/2018	99/99/9999	
CAPECITABINE (FILM COATED) 500 MG	120	EA	BO	PO	EA	500	MG	1	08/01/2018	99/99/9999	
CAPECITABINE (FILM COATED) 150 MG	60	EA	BO	PO	EA	150	MG	1	08/01/2018	99/99/9999	
RETACRIT (PF) 4000 U/1 ML	1	ML	VL	IJ	ML	1000	U	4	05/25/2018	12/31/2018	
RETACRIT (PF) 4000 U/1 ML	1	ML	VL	IJ	ML	1000	U	4	05/25/2018	12/31/2018	
RETACRIT (PF) 10000 U/1 ML	1	ML	VL	IJ	ML	1000	U	10	05/25/2018	12/31/2018	
RETACRIT (PF) 10000 U/1 ML	1	ML	VL	IJ	ML	1000	U	10	05/25/2018	12/31/2018	
PIPERACILLIN AND TAZOBACTAM (PHARMACY BULK PACKAGE) 36 GM-4.5 GM	1	EA	BO	IV	EA	1.125	GM	36	09/21/2009	99/99/9999	
AZITHROMYCIN (MONOHYDRATE;SINGLE-DOSE) 500 MG	10	EA	VL	IV	EA	500	MG	1	09/02/2010	99/99/9999	
CEFAZOLIN NOVAPLUS (USP) 1 GM	25	EA	VL	IJ	EA	500	MG	2	09/10/2012	05/31/2018	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
60505-6102-04		J0696		11/22/2013	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
00093-5986-27		J0171		11/27/2018	99/99/9999	INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG
72627-2100-01		J1071		12/10/2018	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG
67457-0631-10		J1327		12/13/2018	99/99/9999	INJECTION, EPTIFIBATIDE, 5 MG
70710-1478-01		J1451		12/07/2018	99/99/9999	INJECTION, FOMEPIZOLE, 15 MG
51224-0013-10		J1953		12/10/2018	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG
51224-0013-25		J1953		12/10/2018	99/99/9999	INJECTION, LEVETIRACETAM, 10 MG
43063-0911-21		J7512		11/30/2018	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
50436-1730-05		J7512		11/01/2018	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
00093-4145-56		J7614		12/14/2018	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
00093-4148-56		J7614		12/14/2018	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
60429-0846-60		J8499		11/12/2018	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
69097-0277-03		J8499		12/12/2018	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
68382-0383-06		J8999		11/08/2018	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
50742-0438-10		J9017		11/15/2018	99/99/9999	INJECTION, ARSENIC TRIOXIDE, 1 MG
68382-0997-10		J9017		12/11/2018	99/99/9999	INJECTION, ARSENIC TRIOXIDE, 1 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
CEFTRIAXONE NOVAPLUS (CRYSTALLINE) 2 GM	10	EA	VL	IJ	EA	250	MG	8	11/22/2013	99/99/9999	
EPINEPHRINE (USP) 0.3 MG/0.3 ML	2	EA	PG	IJ	EA	0.1	MG	3	11/27/2018	99/99/9999	
TESTOSTERONE CYPIONATE (MDV) 200 MG/1 ML	30	ML	VL	IM	ML	1	MG	200	12/10/2018	99/99/9999	
EPTIFIBATIDE 0.75 MG/1 ML	100	ML	VL	IV	ML	5	MG	0.15	12/13/2018	99/99/9999	
FOMEPIZOLE (1X1.5ML,PF) 1 GM/1 ML	1.5	ML	VL	IV	ML	15	MG	66.66666	12/07/2018	99/99/9999	
LEVETIRACETAM (10X5ML,SINGLE-USE) 100 MG/1 ML	5	ML	VL	IV	ML	10	MG	10	12/10/2018	99/99/9999	
LEVETIRACETAM (SINGLE-USE) 100 MG/1 ML	5	ML	VL	IV	ML	10	MG	10	12/10/2018	99/99/9999	
PREDNISONE 20 MG	21	EA	BO	PO	EA	1	MG	20	11/30/2018	99/99/9999	
PREDNISONE 10 MG	21	EA	BO	PO	EA	1	MG	10	11/01/2018	99/99/9999	
LEVALBUTEROL (6X5,PF) 0.31 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.20666	12/14/2018	99/99/9999	
LEVALBUTEROL (6X5,PF) 1.25 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.83333	12/14/2018	99/99/9999	
VALGANCICLOVIR HYDROCHLORIDE 450 MG	60	EA	BO	PO	EA	1	MG	1	11/12/2018	99/99/9999	
VALGANCICLOVIR HYDROCHLORIDE (FILM-COATED) 450 MG	60	EA	BO	PO	EA	1	MG	1	12/12/2018	99/99/9999	
EXEMESTANE (FILM COATED) 25 MG	30	EA	BO	PO	EA	1	MG	1	11/08/2018	99/99/9999	
ARSENIC TRIOXIDE (SDV,PF,LATEX-FREE) 1 MG/1 ML	10	ML	VL	IV	ML	1	MG	1	11/15/2018	99/99/9999	
ARSENIC TRIOXIDE (SDV,PF,LATEX-FREE) 1 MG/1 ML	10	ML	VL	IV	ML	1	MG	1	12/11/2018	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
70121-1482-02		J9050		11/15/2018	99/99/9999	INJECTION, CARMUSTINE, 100 MG
55700-0705-06		Q0144		11/30/2018	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
50436-1880-01		Q0162		12/04/2018	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
43063-0742-15		Q0164		11/06/2018	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
43063-0874-20		Q0169		12/05/2018	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
43063-0876-04		Q0169		12/05/2018	99/99/9999	PROMETHAZINE HYDROCHLORIDE, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00115-1804-02		Q0177		12/03/2018	99/99/9999	HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
67877-0225-05		J7517		03/20/2012	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG
59762-4538-02		J1050		09/17/2012	99/99/9999	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
CARMUSTINE (SDV,LYOPHILIZED) 100 MG	1	EA	VL	IV	EA	100	MG	1	11/15/2018	99/99/9999	
AZITHROMYCIN 250 MG	6	EA	BO	PO	EA	1000	MG	0.25	11/30/2018	99/99/9999	
ONDANSETRON HYDROCHLORIDE 8 MG	30	EA	BO	PO	EA	1	MG	8	12/04/2018	99/99/9999	
PROCHLORPERAZINE MALEATE 10 MG	15	EA	BO	PO	EA	5	MG	2	11/06/2018	99/99/9999	
PROMETHAZINE HCL 25 MG	20	EA	BO	PO	EA	12.5	MG	2	12/05/2018	99/99/9999	
PROMETHAZINE HCL 50 MG	4	EA	BO	PO	EA	12.5	MG	4	12/05/2018	99/99/9999	
HYDROXYZINE PAMOATE 50 MG	500	EA	BO	PO	EA	25	MG	2	12/03/2018	99/99/9999	
MYCOPHENOLATE MOFETIL (FILM-COATED) 500 mg	500	EA	BO	PO	EA	250	MG	2	03/20/2012	99/99/9999	
MEDROXYPROGESTERONE ACETATE (1X1ML) strength 150 mg/1 ml	1	ML	SY	IM	ML	1	MG	150	09/17/2012	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
57902-0249-01		J9019		11/01/2017	99/99/9999	INJECTION,ASPARAGINASE (ERWINAZE), 1000 IU
57902-0249-05		J9019		11/01/2017	99/99/9999	INJECTION,ASPARAGINASE (ERWINAZE), 1000 IU
00409-3815-12		J2274		01/01/2015	99/99/9999	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10MG
00093-4145-56	KO	J7614	KO	12/14/2018	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
00093-4148-56	KO	J7614	KO	12/14/2018	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
00023-3921-02		J0585		01/01/2010	99/99/9999	INJECTION, ONABOTULINUMTOXINA, 1 UNIT
49502-0806-93		J7699		12/14/2018	99/99/9999	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME
43975-0308-10		None		03/26/2018	99/99/9999	CYCLOPHOSPHAMIDE, 50 MG, ORAL
50242-0051-21		J9312		01/01/2019	99/99/9999	INJECTION, RITUXIMAB, 10 MG
50242-0053-06		J9312		01/01/2019	99/99/9999	INJECTION, RITUXIMAB, 10 MG
00085-0566-05		J0702		01/01/2002	02/28/2018	INJECTION, BETAMETHASONE ACETATE 3MG AND BETAMETHASONE SODIUM PHOSPHATE 3MG
00006-3845-71		J1335		04/16/2007	07/31/2018	INJECTION, ERTAPENEM SODIUM, 500 MG
00703-5040-01		J9000		01/01/2002	01/08/2019	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG
00703-5046-01		J9000		01/01/2002	01/08/2019	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG
00703-5043-03		J9000		01/01/2002	01/08/2019	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG
25021-0237-06		J9185		01/01/2015	10/03/2018	INJECTION, FLUDARABINE PHOSPHATE, 50 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
ERWINAZE (SDV,LYOPHILIZED POWDER) 10000 iu	1	EA	VL	IJ	EA	1000	IU	10	11/01/2017	99/99/9999	
ERWINAZE (LYOPHILIZED POWDER) 10000 iu	1	EA	VL	IJ	EA	1000	IU	10	11/01/2017	99/99/9999	
MORPHINE SULFATE (5X10ML,LATEX-FREE) 1 MG/ML	10	ML	VL	IJ	ML	10	MG	0.1	01/01/2015	99/99/9999	
LEVALBUTEROL (6X5,PF) 0.31 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.20666	12/14/2018	99/99/9999	
LEVALBUTEROL (6X5,PF) 1.25 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.83333	12/14/2018	99/99/9999	
BOTOX (SINGLE USE) 200 u	1	EA	VL	IJ	EA	1	U	200	01/01/2010	99/99/9999	
YUPELRI 175 mcg/3 ml	3	ML	VL	IH	ML	1	EA	1	12/14/2018	99/99/9999	
CYCLOPHOSPHAMIDE 50 mg	100	EA	BO	PO	EA	50	MG	1	03/26/2018	99/99/9999	
RITUXAN (S.D.V.,PF) 10 MG/ML	10	ML	VL	IV	ML	10	MG	1	01/01/2019	99/99/9999	
RITUXAN (S.D.V.,PF) 10 MG/ML	50	ML	VL	IV	ML	10	MG	1	01/01/2019	99/99/9999	
CELESTONE SOLUSPAN (M.D.V.) 3 MG/ML-3 MG/ML	5	ML	VL	IJ	ML	3	MG	1	01/01/2002	02/28/2018	
INVANZ (SD,ADD-VANTAGE) 1 GM	1	EA	VL	IJ	EA	500	MG	2	04/16/2007	07/31/2018	
DOXORUBICIN HCL (M.D.V. POLYMER) 2 MG/ML	100	ML	VL	IV	ML	10	MG	0.2	01/01/2002	01/08/2019	
DOXORUBICIN HCL (S.D.V. POLYMER) 2 MG/ML	25	ML	VL	IV	ML	10	MG	0.2	01/01/2002	01/08/2019	
DOXORUBICIN HCL (S.D.V. POLYMER) 2 MG/ML	5	ML	VL	IV	ML	10	MG	0.2	01/01/2002	01/08/2019	
FLUDARABINE PHOSPHATE (USP,SINGLE-DOSE,PF) 50 MG	1	EA	VL	IV	EA	50	MG	1	01/01/2015	10/03/2018	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
25021-0155-15		J2185		03/27/2017	09/04/2018	INJECTION, MEROPENEM, 100 MG
25021-0156-30		J2185		03/27/2017	09/04/2018	INJECTION, MEROPENEM, 100 MG
00781-3442-20		J0171		01/16/2019	99/99/9999	INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG
71288-0005-20		J0295		01/07/2019	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM
71288-0006-30		J0295		01/07/2019	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM
71288-0007-75		J0295		01/07/2019	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM
70436-0019-82		J0456		12/17/2018	99/99/9999	INJECTION, AZITHROMYCIN, 500 MG
67457-0562-20		J0475		12/21/2018	99/99/9999	INJECTION, BACLOFEN, 10 MG
67457-0563-20		J0475		12/21/2018	99/99/9999	INJECTION, BACLOFEN, 10 MG
67457-0564-20		J0475		12/21/2018	99/99/9999	INJECTION, BACLOFEN, 10 MG
67457-0530-35		J0640		01/02/2019	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG
71288-0008-15		J0692		01/07/2019	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG
71288-0009-20		J0692		01/07/2019	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG
70594-0023-04		J0770		01/16/2019	99/99/9999	INJECTION, COLISTIMETHATE SODIUM, UP TO 150 MG
70594-0034-01		J0878		01/15/2019	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG
64980-0467-99		J1071		01/14/2019	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
MEROPENEM (PF,LATEX-FREE) 500 MG	10	EA	VL	IV	EA	100	MG	5	03/27/2017	09/04/2018	
MEROPENEM (PF,LATEX-FREE) 1 GM	10	EA	VL	IV	EA	100	MG	10	03/27/2017	09/04/2018	
SYMJEPI 0.3 MG/0.3 ML	2	EA	SY	IJ	EA	0.1	MG	3	01/16/2019	99/99/9999	
AMPICILLIN-SULBACTAM (USP,PF,LATEX-FREE) 1 GM-0.5 GM	10	EA	VL	IJ	EA	1.5	GM	1	01/07/2019	99/99/9999	
AMPICILLIN-SULBACTAM (USP,PF,LATEX-FREE) 2 GM-1 GM	10	EA	VL	IJ	EA	1.5	GM	2	01/07/2019	99/99/9999	
AMPICILLIN-SULBACTAM (PHARMACY BULK PACKAGE) 10 GM-5 GM	1	EA	BO	IV	EA	1.5	GM	10	01/07/2019	99/99/9999	
AZITHROMYCIN (LYOPHILIZED) 500 MG	10	EA	VL	IV	EA	500	MG	1	12/17/2018	99/99/9999	
BACLOFEN (SDV) 0.5 MG/1 ML	20	ML	VL	IN	ML	10	MG	0.05	12/21/2018	99/99/9999	
BACLOFEN (SDV) 1 MG/1 ML	20	ML	VL	IN	ML	10	MG	0.1	12/21/2018	99/99/9999	
BACLOFEN (SDV) 1 MG/1 ML	20	ML	VL	IN	ML	10	MG	0.1	12/21/2018	99/99/9999	
LEUCOVORIN CALCIUM (PF,LYOPHILIZED) 350 MG	1	EA	VL	IJ	EA	50	MG	7	01/02/2019	99/99/9999	
CEFEPIME (SDV,PF,LATEX-FREE) 1 GM	10	EA	VL	IJ	EA	500	MG	2	01/07/2019	99/99/9999	
CEFEPIME (SDV,PF,LATEX-FREE) 2 GM	10	EA	VL	IJ	EA	500	MG	4	01/07/2019	99/99/9999	
COLISTIMETHATE 150 MG	12	EA	VL	IJ	EA	150	MG	1	01/16/2019	99/99/9999	
DAPTOMYCIN (SDV,PF,LYOPHILIZED) 500 MG	1	EA	VL	IV	EA	1	MG	500	01/15/2019	99/99/9999	
TESTOSTERONE CYPIONATE (SDV) 200 MG/1 ML	1	ML	VL	IM	ML	1	MG	200	01/14/2019	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
70436-0089-55		J1570		01/10/2019	99/99/9999	INJECTION, GANCICLOVIR SODIUM, 500 MG
60505-0791-04		J1650		01/16/2019	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG
60505-0792-04		J1650		01/16/2019	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG
60505-0793-04		J1650		01/16/2019	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG
60505-0794-04		J1650		01/16/2019	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG
60505-0795-04		J1650		01/16/2019	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG
60505-0796-04		J1650		01/16/2019	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG
60505-0798-04		J1650		01/16/2019	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG
00023-6082-10		J1750		01/01/2019	99/99/9999	INJECTION, IRON DEXTRAN, 50 MG
00024-5926-05		J1817		01/28/2019	99/99/9999	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS
00338-0072-25		J1885		01/30/2019	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG
00143-9326-10		J2260		01/14/2019	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG
00781-3415-75		J2469		01/08/2019	99/99/9999	INJECTION, PALONOSETRON HCL, 25 MCG
67457-0379-25		J2501		12/21/2018	99/99/9999	INJECTION, PARICALCITOL, 1 MCG
67457-0380-25		J2501		12/21/2018	99/99/9999	INJECTION, PARICALCITOL, 1 MCG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
GANCICLOVIR (USP,LYOPHILIZED) 500 MG	25	EA	VL	IV	EA	500	MG	1	01/10/2019	99/99/9999	
ENOXAPARIN SODIUM (PF) 30 MG/0.3 ML	0.3	ML	SY	IJ	ML	10	MG	10	01/16/2019	99/99/9999	
ENOXAPARIN SODIUM (PF) 40 MG/0.4 ML	0.4	ML	SY	IJ	ML	10	MG	10	01/16/2019	99/99/9999	
ENOXAPARIN SODIUM (PF) 60 MG/0.6 ML	0.6	ML	SY	IJ	ML	10	MG	10	01/16/2019	99/99/9999	
ENOXAPARIN SODIUM (PF) 80 MG/0.8 ML	0.8	ML	SY	IJ	ML	10	MG	10	01/16/2019	99/99/9999	
ENOXAPARIN SODIUM (PF) 100 MG/1 ML	1	ML	SY	IJ	ML	10	MG	10	01/16/2019	99/99/9999	
ENOXAPARIN SODIUM (PF) 120 MG/0.8 ML	0.8	ML	SY	IJ	ML	10	MG	15	01/16/2019	99/99/9999	
ENOXAPARIN SODIUM (PF) 150 MG/1 ML	1	ML	SY	IJ	ML	10	MG	15	01/16/2019	99/99/9999	
INFED (S.D.V.) 50 MG/1 ML	2	ML	VL	IJ	ML	50	MG	1	01/01/2019	99/99/9999	
ADMELOG 100 U/1 ML	3	ML	VL	IJ	ML	50	UNITS	2	01/28/2019	99/99/9999	
KETOROLAC TROMETHAMINE 30 MG/1 ML	1	ML	VL	IJ	ML	15	MG	2	01/30/2019	99/99/9999	
PREMIERPRO RX MILRINONE LACTATE (PF) 1 MG/1 ML	20	ML	VL	IV	ML	5	MG	0.2	01/14/2019	99/99/9999	
PALONOSETRON HCL NOVAPLUS (SDV) 0.05 MG/1 ML	5	ML	VL	IV	ML	25	MCG	2	01/08/2019	99/99/9999	
PARICALCITOL 0.002 MG/1 ML	1	ML	VL	IV	ML	1	MCG	2	12/21/2018	99/99/9999	
PARICALCITOL 0.005 MG/1 ML	1	ML	VL	IV	ML	1	MCG	5	12/21/2018	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
67457-0389-25		J2501		12/21/2018	99/99/9999	INJECTION, PARICALCITOL, 1 MCG
25021-0162-68		J2700		01/22/2019	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG
25021-0163-68		J2700		01/22/2019	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG
70655-0103-95		J2700		01/02/2019	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG
70121-1478-07		J2710		12/20/2018	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG
70121-1479-07		J2710		12/20/2018	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG
63323-0778-10		J2800		01/11/2019	99/99/9999	INJECTION, METHOCARBAMOL, UP TO 10 ML
71288-0716-10		J2800		01/21/2019	99/99/9999	INJECTION, METHOCARBAMOL, UP TO 10 ML
70121-1049-02		J3301		01/11/2019	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG
70121-1651-01		J3301		12/28/2018	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG
70121-1651-05		J3301		12/28/2018	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG
70121-1652-01		J3301		12/28/2018	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG
70121-1653-01		J3301		12/28/2018	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG
70121-1654-01		J3301		12/28/2018	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PARICALCITOL 0.005 MG/1 ML	2	ML	VL	IV	ML	1	MCG	5	12/21/2018	99/99/9999	
OXACILLIN NOVAPLUS (USP,PF,LATEX-FREE) 2 GM	10	EA	VL	IJ	EA	250	MG	8	01/22/2019	99/99/9999	
OXACILLIN NOVAPLUS (PHARMACY BULK PACKAGE) 10 GM	10	EA	BO	IV	EA	250	MG	40	01/22/2019	99/99/9999	
OXACILLIN 10 GM	10	EA	VL	IV	EA	250	MG	40	01/02/2019	99/99/9999	
NEOSTIGMINE METHYLSULFATE (LATEX-FREE) 0.5 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	1	12/20/2018	99/99/9999	
NEOSTIGMINE METHYLSULFATE (LATEX-FREE) 1 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	2	12/20/2018	99/99/9999	
METHOCARBAMOL (LATEX-FREE) 100 MG/1 ML	10	ML	VL	IJ	ML	10	ML	0.1	01/11/2019	99/99/9999	
METHOCARBAMOL (PF,LATEX-FREE) 100 MG/1 ML	10	ML	VL	IJ	ML	10	ML	0.1	01/21/2019	99/99/9999	
TRIAMCINOLONE ACETONIDE 40 MG/1 ML	1	ML	VL	IJ	ML	10	MG	4	01/11/2019	99/99/9999	
TRIAMCINOLONE ACETONIDE NOVAPLUS 40 MG/1 ML	1	ML	VL	IJ	ML	10	MG	4	12/28/2018	99/99/9999	
TRIAMCINOLONE ACETONIDE NOVAPLUS 40 MG/1 ML	1	ML	VL	IJ	ML	10	MG	4	12/28/2018	99/99/9999	
TRIAMCINOLONE ACETONIDE NOVAPLUS 40 MG/1 ML	5	ML	VL	IJ	ML	10	MG	4	12/28/2018	99/99/9999	
TRIAMCINOLONE ACETONIDE NOVAPLUS 40 MG/1 ML	10	ML	VL	IJ	ML	10	MG	4	12/28/2018	99/99/9999	
PREMIERPRO RX TRIAMCINOLONE ACETONIDE 40 MG/1 ML	5	ML	VL	IJ	ML	10	MG	4	12/28/2018	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
70121-1655-01		J3301		12/28/2018	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG
70121-1657-01		J3301		12/28/2018	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG
69680-0112-25		J3420		01/02/2019	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG
69680-0113-99		J3420		01/02/2019	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG
70436-0029-80		J3465		01/10/2019	99/99/9999	INJECTION, VORICONAZOLE, 10 MG
54288-0100-01		J3489		01/09/2019	99/99/9999	INJECTION, ZOLEDRONIC ACID, 1 MG
70594-0026-02		J3490		01/07/2019	99/99/9999	UNCLASSIFIED DRUGS
00338-9147-30		J7060		01/28/2019	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)
00904-6785-04		J7518		12/24/2018	99/99/9999	MYCOPHENOLIC ACID, ORAL, 180 MG
00904-6785-61		J7518		12/24/2018	99/99/9999	MYCOPHENOLIC ACID, ORAL, 180 MG
60687-0395-83		J7613		12/26/2018	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
60687-0405-83		J7620		12/26/2018	99/99/9999	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME
00093-6815-55		J7626		01/11/2019	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG
00093-6816-55		J7626		01/11/2019	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PREMIERPRO RX TRIAMCINOLONE ACETONIDE 40 MG/1 ML	10	ML	VL	IJ	ML	10	MG	4	12/28/2018	99/99/9999	
PREMIERPRO RX TRIAMCINOLONE ACETONIDE 40 MG/1 ML	1	ML	VL	IJ	ML	10	MG	4	12/28/2018	99/99/9999	
CYANOCOBALAMIN (MDV) 1000 MCG/1 ML	1	ML	VL	IJ	ML	1000	MCG	1	01/02/2019	99/99/9999	
CYANOCOBALAMIN (MDV) 1000 MCG/1 ML	10	ML	VL	IJ	ML	1000	MCG	1	01/02/2019	99/99/9999	
VORICONAZOLE (PF,LATEX-FREE) 200 MG	1	EA	VL	IV	EA	10	MG	20	01/10/2019	99/99/9999	
ZOLEDRONIC ACID (SINGLE-USE,LATEX-FREE) 4 MG/5 ML	5	ML	VL	IV	ML	1	MG	0.8	01/09/2019	99/99/9999	
BACITRACIN (LYOPHILIZED) 50000 U	10	EA	VL	IM	EA	1	EA	1	01/07/2019	99/99/9999	
DEXTROSE (MINI-BAG PLUS) 5%	100	ML	FC	IV	ML	500	ML	0.002	01/28/2019	99/99/9999	
MYCOPHENOLIC ACID (3X10) 180 MG	30	EA	BX	PO	EA	180	MG	1	12/24/2018	99/99/9999	
MYCOPHENOLIC ACID (10X10) 180 MG	100	EA	BX	PO	EA	180	MG	1	12/24/2018	99/99/9999	
ALBUTEROL SULFATE 0.083%	3	ML	PC	IH	ML	1	MG	0.83	12/26/2018	99/99/9999	
IPRATROPIUM BROMIDE-ALBUTEROL SULFATE 3 MG/3 ML-0.5 MG/3 ML	3	ML	PC	IH	ML	3	MG	0.3333333	12/26/2018	99/99/9999	
BUDESONIDE (30X2ML,MICRONIZED) 0.25 MG/2 ML	2	ML	PC	IH	ML	0.5	MG	0.25	01/11/2019	99/99/9999	
BUDESONIDE (30X2ML,MICRONIZED) 0.5 MG/2 ML	2	ML	PC	IH	ML	0.5	MG	0.5	01/11/2019	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
55150-0292-01		J7643		01/08/2019	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
55150-0293-02		J7643		01/08/2019	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
55150-0294-05		J7643		01/08/2019	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
55150-0295-20		J7643		01/08/2019	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
60687-0394-83		J7644		12/26/2018	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
42195-0151-10		J8540		01/07/2019	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG
16729-0306-10		J9025		01/01/2019	99/99/9999	INJECTION, AZACITIDINE, 1 MG
71288-0113-10		J9201		02/04/2019	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG
71288-0114-50		J9201		02/04/2019	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG
45963-0614-81		J9206		01/17/2019	99/99/9999	INJECTION, IRINOTECAN, 20 MG
00143-9279-01		J9280		01/14/2019	99/99/9999	INJECTION, MITOMYCIN, 5 MG
00143-9280-01		J9280		01/14/2019	99/99/9999	INJECTION, MITOMYCIN, 5 MG
59651-0007-15		Q0144		12/19/2018	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
59651-0008-15		Q0144		12/19/2018	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
59651-0008-23		Q0144		12/19/2018	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
GLYCOPYRROLATE (SDV,LATEX-FREE) 0.2 MG/1 ML	1	ML	VL	IJ	ML	1	MG	0.2	01/08/2019	99/99/9999	
GLYCOPYRROLATE (SDV,LATEX-FREE) 0.2 MG/1 ML	2	ML	VL	IJ	ML	1	MG	0.2	01/08/2019	99/99/9999	
GLYCOPYRROLATE (MDV,LATEX-FREE) 0.2 MG/1 ML	5	ML	VL	IJ	ML	1	MG	0.2	01/08/2019	99/99/9999	
GLYCOPYRROLATE (MDV,LATEX-FREE) 0.2 MG/1 ML	20	ML	VL	IJ	ML	1	MG	0.2	01/08/2019	99/99/9999	
IPRATROPIUM BROMIDE (30X2.5ML,PF) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	12/26/2018	99/99/9999	
DEXAMETHASONE (USP) 1.5 MG	100	EA	BO	PO	EA	0.25	MG	6	01/07/2019	99/99/9999	
AZACITIDINE (PF,LYOPHILIZED) 100 MG	1	EA	VL	IJ	EA	1	MG	100	01/01/2019	99/99/9999	
GEMCITABINE (PF,LATEX-FREE) 200 MG	1	EA	VL	IV	EA	200	MG	1	02/04/2019	99/99/9999	
GEMCITABINE (PF,LATEX-FREE) 1 GM	1	EA	VL	IV	EA	200	MG	5	02/04/2019	99/99/9999	
PREMIERPRO RX IRINOTECAN HCL (PF,LATEX-FREE) 20 MG/1 ML	2	ML	VL	IV	ML	20	MG	1	01/17/2019	99/99/9999	
MITOMYCIN 20 MG	1	EA	VL	IV	EA	5	MG	4	01/14/2019	99/99/9999	
MITOMYCIN 40 MG	1	EA	VL	IV	EA	5	MG	8	01/14/2019	99/99/9999	
AZITHROMYCIN (CHERRY BANANA) 100 MG/5 ML	15	ML	BO	PO	ML	1	GM	0.02	12/19/2018	99/99/9999	
AZITHROMYCIN (CHERRY BANANA) 200 MG/5 ML	15	ML	BO	PO	ML	1	GM	0.04	12/19/2018	99/99/9999	
AZITHROMYCIN (CHERRY BANANA) 200 MG/5 ML	22.5	ML	BO	PO	ML	1	GM	0.04	12/19/2018	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
59651-0008-30		Q0144		12/19/2018	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
65862-0642-90		Q0144		01/03/2019	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
60687-0395-83	KO	J7613	KO	12/26/2018	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG
60687-0405-83	KO	J7620	KO	12/26/2018	99/99/9999	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME
00093-6815-55	KO	J7626	KO	01/11/2019	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG
00093-6816-55	KO	J7626	KO	01/11/2019	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG
55150-0292-01	KO	J7643	KO	01/08/2019	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
55150-0293-02	KO	J7643	KO	01/08/2019	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
55150-0294-05	KO	J7643	KO	01/08/2019	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
55150-0295-20	KO	J7643	KO	01/08/2019	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
60687-0394-83	KO	J7644	KO	12/26/2018	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
00264-1290-55		J7799		01/01/2002	01/31/2018	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
AZITHROMYCIN (CHERRY BANANA) 200 MG/5 ML	30	ML	BO	PO	ML	1	GM	0.04	12/19/2018	99/99/9999	
AZITHROMYCIN (3X3,FILM-COATED) 500 MG	9	EA	BX	PO	EA	1	GM	0.5	01/03/2019	99/99/9999	
ALBUTEROL SULFATE 0.083%	3	ML	PC	IH	ML	1	MG	0.83	12/26/2018	99/99/9999	
IPRATROPIUM BROMIDE-ALBUTEROL SULFATE 3 MG/3 ML-0.5 MG/3 ML	3	ML	PC	IH	ML	3	MG	0.3333333	12/26/2018	99/99/9999	
BUDESONIDE (30X2ML,MICRONIZED) 0.25 MG/2 ML	2	ML	PC	IH	ML	0.5	MG	0.25	01/11/2019	99/99/9999	
BUDESONIDE (30X2ML,MICRONIZED) 0.5 MG/2 ML	2	ML	PC	IH	ML	0.5	MG	0.5	01/11/2019	99/99/9999	
GLYCOPYRROLATE (SDV,LATEX-FREE) 0.2 MG/1 ML	1	ML	VL	IJ	ML	1	MG	0.2	01/08/2019	99/99/9999	
GLYCOPYRROLATE (SDV,LATEX-FREE) 0.2 MG/1 ML	2	ML	VL	IJ	ML	1	MG	0.2	01/08/2019	99/99/9999	
GLYCOPYRROLATE (MDV,LATEX-FREE) 0.2 MG/1 ML	5	ML	VL	IJ	ML	1	MG	0.2	01/08/2019	99/99/9999	
GLYCOPYRROLATE (MDV,LATEX-FREE) 0.2 MG/1 ML	20	ML	VL	IJ	ML	1	MG	0.2	01/08/2019	99/99/9999	
IPRATROPIUM BROMIDE (30X2.5ML,PF) 0.02%	2.5	ML	PC	IH	ML	1	MG	0.2	12/26/2018	99/99/9999	
DEXTROSE HYPERTONIC (GLASS W/SOLID STOPPER) 70%	1000	ML	GC	IV	ML	1	EA	1	01/01/2002	01/31/2018	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
57896-0782-01		Q0163		08/01/2002	01/24/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
57896-0781-01		Q0163		08/01/2002	01/24/2014	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00264-1510-36		J7060		01/01/2002	08/31/2017	5% DEXTROSE/WATER (500 ML = 1 UNIT)
00264-7612-20		J7799		01/01/2002	03/31/2019	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00264-7578-20		J7799		01/01/2002	03/31/2019	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME
00703-4434-11		J9206		02/28/2008	05/02/2018	INJECTION, IRINOTECAN, 20 MG
60505-0686-04		J2543		09/21/2009	02/20/2019	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)
60505-0681-04		J0692		06/19/2007	02/04/2019	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG
00093-4146-64	KO	J7614	KO	04/29/2013	02/15/2019	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
00093-4146-64		J7614		04/29/2013	02/15/2019	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
42367-0121-21		J9171		01/29/2016	09/30/2018	INJECTION, DOCETAXEL, 1 MG
42367-0121-25		J9171		01/29/2016	09/30/2018	INJECTION, DOCETAXEL, 1 MG
42367-0121-29		J9171		01/29/2016	09/30/2018	INJECTION, DOCETAXEL, 1 MG
39822-0617-02		J0770		07/01/2016	02/08/2019	INJECTION, COLISTIMETHATE SODIUM, UP TO 150 MG
39822-2120-01		J9171		05/05/2017	02/22/2019	INJECTION, DOCETAXEL, 1 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
GERIDRYL (CAPLET) 25 MG	100	EA	NA	PO	EA	50	MG	0.5	08/01/2002	01/24/2014	
GERIDRYL 25 MG	100	EA	NA	PO	EA	50	MG	0.5	08/01/2002	01/24/2014	
DEXTROSE (100 ML PAB) 5%	25	ML	FC	IV	ML	500	ML	0.002	01/01/2002	08/31/2017	
DEXTROSE/SODIUM CHLORIDE (EXCEL) 5%-0.45%	250	ML	FC	IV	ML	1	EA	1	01/01/2002	03/31/2019	
MANNITOL (EXCEL) 20%	250	ML	FC	IV	ML	1	EA	1	01/01/2002	03/31/2019	
IRINOTECAN HYDROCHLORIDE (1X5ML,SINGLE DOSE) 20 MG/ML	5	ML	VL	IV	ML	20	MG	1	02/28/2008	05/02/2018	
PIPERACILLIN AND TAZOBACTAM (SDV) 2 GM-0.25 GM	10	EA	VL	IV	EA	1.125	GM	2	09/21/2009	02/20/2019	
CEFEPIME (USP) 2 GM	10	EA	VL	IJ	EA	500	MG	4	06/19/2007	02/04/2019	
LEVALBUTEROL (6X4,PF) 0.63 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.42	04/29/2013	02/15/2019	
LEVALBUTEROL (6X4,PF) 0.63 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.42	04/29/2013	02/15/2019	
DOCETAXEL (AF) 20 MG/1 ML	1	ML	VL	IV	ML	1	MG	20	01/29/2016	09/30/2018	
DOCETAXEL (AF) 20 MG/1 ML	4	ML	VL	IV	ML	1	MG	20	01/29/2016	09/30/2018	
DOCETAXEL (AF) 20 MG/1 ML	8	ML	VL	IV	ML	1	MG	20	01/29/2016	09/30/2018	
COLISTIMETHATE (LYOPHILIZED CAKE) 150 MG	12	EA	VL	IJ	EA	150	MG	1	07/01/2016	02/08/2019	
DOCETAXEL (SDV) 20 MG/1 ML	1	ML	VL	IV	ML	1	MG	20	05/05/2017	02/22/2019	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00409-1112-01		J0594		02/28/2019	99/99/9999	INJECTION, BUSULFAN, 1 MG
16714-0890-01		J0641		03/14/2019	99/99/9999	INJECTION, LEVOLEUCOVORIN CALCIUM, 0.5 MG
16714-0915-01		J0641		03/14/2019	99/99/9999	INJECTION, LEVOLEUCOVORIN CALCIUM, 0.5 MG
51754-5060-01		J0702		02/04/2019	99/99/9999	INJECTION, BETAMETHASONE ACETATE 3 MG AND BETAMETHASONE SODIUM PHOSPHATE 3 MG
55150-0241-10		J0883		02/07/2019	99/99/9999	INJECTION, ARGATROBAN, 1 MG (FOR NON-ESRD USE)
55150-0186-05		J2469		02/07/2019	99/99/9999	INJECTION, PALONOSETRON HCL, 25 MCG
60505-6156-00		J2543		02/15/2019	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)
60505-6156-04		J2543		02/15/2019	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)
60505-6157-00		J2543		02/15/2019	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)
60505-6157-04		J2543		02/15/2019	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)
60505-6159-00		J2543		02/15/2019	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)
60505-6159-04		J2543		02/15/2019	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)
70860-0653-10		J2800		01/02/2019	99/99/9999	INJECTION, METHOCARBAMOL, UP TO 10 ML

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
BUSULFAN (8X10ML,SINGLE-USE) 6 MG/1 ML	10	ML	VL	IV	ML	1	MG	6	02/28/2019	99/99/9999	
LEVOLEUCOVORIN CALCIUM (PF) 10 MG/1 ML	17.5	ML	VL	IV	ML	0.5	MG	20	03/14/2019	99/99/9999	
LEVOLEUCOVORIN CALCIUM (PF) 10 MG/1 ML	25	ML	VL	IV	ML	0.5	MG	20	03/14/2019	99/99/9999	
BETAMETHASONE ACETATE-BETAMETHASONE SODIUM PHOSPH (MDV) 3 MG/1 ML-3 MG/1 ML	5	ML	VL	IJ	ML	6	MG	1	02/04/2019	99/99/9999	
ARGATROBAN (LATEX-FREE) 1 MG/1 ML	50	ML	VL	IV	ML	1	MG	1	02/07/2019	99/99/9999	
PALONOSETRON HCL (PF,LATEX-FREE) 0.05 MG/1 ML	5	ML	VL	IV	ML	25	MCG	2	02/07/2019	99/99/9999	
PIPERACILLIN AND TAZOBACTAM (SINGLE DOSE,PF) 2 GM-0.25 GM	1	EA	VL	IV	EA	1.125	GM	2	02/15/2019	99/99/9999	
PIPERACILLIN AND TAZOBACTAM (SINGLE DOSE,PF) 2 GM-0.25 GM	10	EA	VL	IV	EA	1.125	GM	2	02/15/2019	99/99/9999	
PIPERACILLIN AND TAZOBACTAM (SINGLE DOSE,PF) 3 GM-0.375 GM	1	EA	VL	IV	EA	1.125	GM	3	02/15/2019	99/99/9999	
PIPERACILLIN AND TAZOBACTAM (SINGLE DOSE,PF) 3 GM-0.375 GM	10	EA	VL	IV	EA	1.125	GM	3	02/15/2019	99/99/9999	
PIPERACILLIN AND TAZOBACTAM (SINGLE DOSE,PF) 4 GM-0.5 GM	1	EA	VL	IV	EA	1.125	GM	4	02/15/2019	99/99/9999	
PIPERACILLIN AND TAZOBACTAM (SINGLE DOSE,PF) 4 GM-0.5 GM	10	EA	VL	IV	EA	1.125	GM	4	02/15/2019	99/99/9999	
METHOCARBAMOL (PF,LATEX-FREE) 100 MG/1 ML	10	ML	VL	IJ	ML	10	ML	0.1	01/02/2019	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
70069-0171-10		J3420		02/15/2019	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG
55566-1000-01		J3490		02/14/2019	99/99/9999	UNCLASSIFIED DRUGS
00019-1188-27		A4217		01/08/2019	99/99/9999	STERILE WATER/SALINE, 500 ML
00019-1188-75		A4216		01/08/2019	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
00019-1188-81		A4217		01/08/2019	99/99/9999	STERILE WATER/SALINE, 500 ML
66689-0307-08		J7517		02/15/2019	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG
66689-0347-02		J7520		02/01/2019	99/99/9999	SIROLIMUS, ORAL, 1 MG
00093-4146-56		J7614		02/15/2019	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
00093-4146-56		J7614	KO	02/15/2019	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
42291-0017-01		J8499		01/21/2019	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
42291-0017-50		J8499		01/21/2019	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
25021-0239-05		J9201		02/19/2019	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG
25021-0239-26		J9201		02/19/2019	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG
25021-0239-52		J9201		02/19/2019	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG
10019-0927-01		J9208		01/18/2019	99/99/9999	INJECTION, IFOSFAMIDE, 1 GRAM
10019-0929-03		J9208		01/18/2019	99/99/9999	INJECTION, IFOSFAMIDE, 1 GRAM
10019-0951-05		J9209		01/18/2019	99/99/9999	INJECTION, MESNA, 200 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
CYANOCOBALAMIN (MDV) 1000 MCG/1 ML	30	ML	VL	IJ	ML	1000	MCG	1	02/15/2019	99/99/9999	
GANIRELIX ACETATE 250 MCG/0.5 ML	0.5	ML	SR	SC	ML	1	EA	1	02/14/2019	99/99/9999	
SODIUM CHLORIDE (RFID TAGGED,PF) 0.9%	125	ML	SR	IJ	ML	500	ML	0.002	01/08/2019	99/99/9999	
SODIUM CHLORIDE (PF) 0.9%	50	ML	SR	IJ	ML	10	ML	0.1	01/08/2019	99/99/9999	
SODIUM CHLORIDE (PF) 0.9%	125	ML	SR	IJ	ML	500	ML	0.002	01/08/2019	99/99/9999	
MYCOPHENOLATE MOFETIL (BANANA) 200 MG/1 ML	175	ML	BO	PO	ML	250	MG	0.8	02/15/2019	99/99/9999	
SIROLIMUS 1 MG/1 ML	60	ML	BO	PO	ML	1	MG	1	02/01/2019	99/99/9999	
LEVALBUTEROL (6X5,PF) 0.63 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.42	02/15/2019	99/99/9999	
LEVALBUTEROL (6X5,PF) 0.63 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.42	02/15/2019	99/99/9999	
ACYCLOVIR 200 MG	100	EA	BO	PO	EA	1	MG	1	01/21/2019	99/99/9999	
ACYCLOVIR 200 MG	500	EA	BO	PO	EA	1	MG	1	01/21/2019	99/99/9999	
GEMCITABINE (PF,LATEX-FREE) 38 MG/1 ML	5.26	ML	VL	IV	ML	200	MG	0.19	02/19/2019	99/99/9999	
GEMCITABINE (PF,LATEX-FREE) 38 MG/1 ML	26.3	ML	VL	IV	ML	200	MG	0.19	02/19/2019	99/99/9999	
GEMCITABINE (PF,LATEX-FREE) 38 MG/1 ML	52.6	ML	VL	IV	ML	200	MG	0.19	02/19/2019	99/99/9999	
IFOSFAMIDE NOVAPLUS 1 GM	1	EA	VL	IV	EA	1	GM	1	01/18/2019	99/99/9999	
IFOSFAMIDE NOVAPLUS 3 GM	1	EA	VL	IV	EA	1	GM	3	01/18/2019	99/99/9999	
MESNA NOVAPLUS (MDV) 100 MG/1 ML	10	ML	VL	IV	ML	200	MG	0.5	01/18/2019	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
50742-0405-10		J9263		02/20/2019	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG
50742-0406-20		J9263		02/20/2019	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG
00904-6708-06		Q0144		02/25/2019	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
00904-6708-61		Q0144		02/25/2019	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
60687-0252-86		Q0162		01/28/2019	99/99/9999	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
59923-0703-05		None		01/25/2019	99/99/9999	TEMODAR, 5 MG, ORAL
59923-0704-14		None		01/25/2019	99/99/9999	TEMODAR, 5 MG, ORAL
59923-0713-05		None		01/25/2019	99/99/9999	TEMOZOLOMIDE, 250 MG, ORAL
59923-0707-05		None		01/25/2019	99/99/9999	TEMODAR, 100 MG, ORAL
59923-0708-14		None		01/25/2019	99/99/9999	TEMODAR, 100 MG, ORAL
59923-0705-05		None		01/25/2019	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL
59923-0706-14		None		01/25/2019	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL
59923-0709-05		None		01/25/2019	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL
59923-0710-14		None		01/25/2019	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL
59923-0711-05		None		01/25/2019	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL
59923-0712-14		None		01/25/2019	99/99/9999	TEMOZOLOMIDE, 20 MG, ORAL
69097-0516-07		None		01/28/2019	99/99/9999	CYCLOPHOSPHAMIDE, 25 MG, ORAL
69097-0517-07		None		01/28/2019	99/99/9999	CYCLOPHOSPHAMIDE, 50 MG, ORAL
50383-0810-16		J8499		06/13/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
OXALIPLATIN (PF) 5 MG/1 ML	10	ML	VL	IV	ML	0.5	MG	10	02/20/2019	99/99/9999	
OXALIPLATIN (PF) 5 MG/1 ML	20	ML	VL	IV	ML	0.5	MG	10	02/20/2019	99/99/9999	
AZITHROMYCIN (5X10,FILM-COATED) 250 MG	50	EA	BX	PO	EA	1	GM	0.25	02/25/2019	99/99/9999	
AZITHROMYCIN (10X10,FILM-COATED) 250 MG	100	EA	BX	PO	EA	1	GM	0.25	02/25/2019	99/99/9999	
ONDANSETRON 4 MG/5 ML	5	ML	CP	PO	ML	1	MG	0.8	01/28/2019	99/99/9999	
TEMOZOLOMIDE 5 MG	5	EA	BO	PO	EA	5	MG	1	01/25/2019	99/99/9999	
TEMOZOLOMIDE 5 MG	14	EA	BO	PO	EA	5	MG	1	01/25/2019	99/99/9999	
TEMOZOLOMIDE 250 MG	5	EA	BO	PO	EA	250	MG	1	01/25/2019	99/99/9999	
TEMOZOLOMIDE 100 MG	5	EA	BO	PO	EA	100	MG	1	01/25/2019	99/99/9999	
TEMOZOLOMIDE 100 MG	14	EA	BO	PO	EA	100	MG	1	01/25/2019	99/99/9999	
TEMOZOLOMIDE 20 MG	5	EA	BO	PO	EA	20	MG	1	01/25/2019	99/99/9999	
TEMOZOLOMIDE 20 MG	14	EA	BO	PO	EA	20	MG	1	01/25/2019	99/99/9999	
TEMOZOLOMIDE 140 MG	5	EA	BO	PO	EA	20	MG	7	01/25/2019	99/99/9999	
TEMOZOLOMIDE 140 MG	14	EA	BO	PO	EA	20	MG	7	01/25/2019	99/99/9999	
TEMOZOLOMIDE 180 MG	5	EA	BO	PO	EA	20	MG	9	01/25/2019	99/99/9999	
TEMOZOLOMIDE 180 MG	14	EA	BO	PO	EA	20	MG	9	01/25/2019	99/99/9999	
CYCLOPHOSPHAMIDE (HARD GELATIN) 25 MG	100	EA	PC	PO	EA	25	MG	1	01/28/2019	99/99/9999	
CYCLOPHOSPHAMIDE (HARD GELATIN) 50 MG	100	EA	PC	PO	EA	50	MG	1	01/28/2019	99/99/9999	
ACYCLOVIR (BANANA) 200 MG/5 ML	473	ML	BO	PO	ML	1	EA	1	03/25/2019	99/99/9999	06/13/2005

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
09/01/2017	1			

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00574-0827-10		J1071		01/01/2015	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG
00517-5610-25		J3410		01/01/2002	02/22/2019	INJECTION, HYDROXYZINE HCL, UP TO 25 MG
00093-8940-01		J8499		01/01/2002	02/25/2019	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
00093-8940-05		J8499		01/01/2002	02/25/2019	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
00093-8943-05		J8499		01/01/2002	02/25/2019	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
00093-8943-01		J8499		01/01/2002	02/25/2019	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
00093-8947-01		J8499		01/01/2002	02/25/2019	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
00591-2738-23	KO	J7614	KO	07/01/2014	02/18/2019	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
00591-2738-23		J7614		07/01/2014	02/18/2019	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG
70504-3300-02		J2792		01/01/2017	03/18/2019	INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT, 100 IU
00173-0489-00		Q0162		01/01/2017	02/21/2019	ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00093-8947-05		J8499		01/01/2002	02/25/2019	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS
51552-0498-01		J0270		09/01/2003	05/01/2015	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)
51552-0763-05		J3490		09/01/2003	05/01/2015	UNCLASSIFIED DRUGS
51552-0763-07		J3490		09/01/2003	05/01/2015	UNCLASSIFIED DRUGS
00039-0018-10		J0698		01/01/2002	01/31/2016	INJECTION, CEFOTAXIME SODIUM, PER GM
00039-0019-10		J0698		01/01/2002	01/31/2016	INJECTION, CEFOTAXIME SODIUM, PER GM

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
TESTOSTERONE CYPIONATE (USP, MDV) 200 MG/ML	10	ML	VL	IM	ML	1	MG	200	03/08/2019	99/99/9999	01/01/2015
HYDROXYZINE HCL (M.D.V.) 50 MG/ML	10	ML	VL	IM	ML	25	MG	2	01/01/2002	02/22/2019	
ACYCLOVIR 200 MG	100	EA	BO	PO	EA	1	EA	1	01/01/2002	02/25/2019	
ACYCLOVIR 200 MG	500	EA	BO	PO	EA	1	EA	1	01/01/2002	02/25/2019	
ACYCLOVIR 400 MG	500	EA	BO	PO	EA	1	EA	1	01/01/2002	02/25/2019	
ACYCLOVIR 400 MG	100	EA	BO	PO	EA	1	EA	1	01/01/2002	02/25/2019	
ACYCLOVIR 800 MG	100	EA	BO	PO	EA	1	EA	1	01/01/2002	02/25/2019	
LEVALBUTEROL HCL (24X3ML,PF) 1.25 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.83	07/01/2014	02/18/2019	
LEVALBUTEROL HCL (24X3ML,PF) 1.25 MG/3 ML	3	ML	PC	IH	ML	0.5	MG	0.83	07/01/2014	02/18/2019	
WINRHO SDF (1X1.3ML,SDV) 1500 IU	1.3	ML	VL	IV	ML	100	IU	11.54	01/01/2017	03/18/2019	
ZOFRAN (BERRY) 4 MG/5 ML	1	ML	BO	PO	ML	1	MG	0.8	01/01/2017	02/21/2019	
ACYCLOVIR 800 MG	500	EA	BO	PO	EA	1	EA	1	01/01/2002	02/25/2019	
PROSTAGLANDIN E1 (1X1MG,USP)	1	EA	BO	NA	GM	1.25	MCG	800000	09/01/2003	05/01/2015	
6-AMINOCAPROIC ACID (1X100GM)	1	EA	BO	NA	GM	1	EA	1	09/01/2003	05/01/2015	
6-AMINOCAPROIC ACID (1X1000GM)	1	EA	BO	NA	GM	1	EA	1	09/01/2003	05/01/2015	
CLAFORAN (VIAL) 1 GM	1	EA	VL	IJ	EA	1	GM	1	01/01/2002	01/31/2016	
CLAFORAN (VIAL) 2 GM	1	EA	VL	IJ	EA	1	GM	2	01/01/2002	01/31/2016	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
08/31/2017	200			

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00039-0017-10		J0698		01/01/2002	09/01/2014	INJECTION, CEFOTAXIME SODIUM, PER GM
00039-0020-01		J0698		01/01/2002	01/31/2016	INJECTION, CEFOTAXIME SODIUM, PER GM
00039-0023-25		J0698		01/01/2002	07/01/2015	INJECTION, CEFOTAXIME SODIUM, PER GM
00039-0024-25		J0698		01/01/2002	05/01/2015	INJECTION, CEFOTAXIME SODIUM, PER GM
00703-4412-11		J9370		01/01/2002	03/11/2019	VINCRISTINE SULFATE, 1 MG
59730-6503-01		J1556		12/19/2012	12/16/2016	INJECTION, IMMUNE GLOBULIN (BIVIGAM), 500 MG
60505-0834-00		J0692		06/19/2007	03/18/2019	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG
60505-0834-04		J0692		06/19/2007	03/18/2019	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG
60505-0681-00		J0692		06/19/2007	03/18/2019	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG
60505-0834-01		J0692		11/02/2015	03/18/2019	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG
60505-0681-01		J0692		11/02/2015	03/18/2019	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG
00703-1165-01		J1327		07/06/2016	03/18/2019	INJECTION, EPTIFIBATIDE, 5 MG
00591-4130-54		J0641		02/06/2017	03/18/2019	INJECTION, LEVOLEUCOVORIN CALCIUM, 0.5 MG
00264-5705-05		J1644		04/22/2019	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS
00378-0640-01		J7512		03/08/2019	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
00378-0640-10		J7512		03/08/2019	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
00378-0641-01		J7512		04/04/2019	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
00378-0641-10		J7512		04/04/2019	99/99/9999	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG
00409-4215-05		J3489		03/07/2019	99/99/9999	INJECTION, ZOLEDRONIC ACID, 1 MG
00574-0827-01		J1071		03/08/2019	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
CLAFORAN (VIAL) 500 MG	1	EA	VL	IJ	EA	1	GM	0.5	01/01/2002	09/01/2014	
CLAFORAN (BULK VIAL) 10 GM	1	EA	GC	IJ	EA	1	GM	10	01/01/2002	01/31/2016	
CLAFORAN (ADD-VANTAGE) 1 GM	1	EA	VL	IJ	EA	1	GM	1	01/01/2002	07/01/2015	
CLAFORAN (ADD-VANTAGE) 2 GM	1	EA	VL	IJ	EA	1	GM	2	01/01/2002	05/01/2015	
VINCRISTINE SULFATE (S.D.V.) 1 MG/ML	2	ML	VL	IV	ML	1	MG	1	01/01/2002	03/11/2019	
BIVIGAM (LATEX-FREE) 100 MG/ML	100	ML	VL	IV	ML	500	MG	0.2	12/19/2012	12/16/2016	
CEFEPIME (USP) 1 GM	1	EA	VL	IJ	EA	500	MG	2	06/19/2007	03/18/2019	
CEFEPIME (USP) 1 GM	10	EA	VL	IJ	EA	500	MG	2	06/19/2007	03/18/2019	
CEFEPIME (USP) 2 GM	1	EA	VL	IJ	EA	500	MG	4	06/19/2007	03/18/2019	
CEFEPIME 1 GM	1	EA	VL	IJ	EA	500	MG	2	11/02/2015	03/18/2019	
CEFEPIME 2 GM	1	EA	VL	IJ	EA	500	MG	4	11/02/2015	03/18/2019	
EPTIFIBATIDE 2 MG/1 ML	10	ML	VL	IV	ML	5	MG	0.4	07/06/2016	03/18/2019	
LEVOLEUCOVORIN CALCIUM (SDV,PF,LATEX-FREE) 175 MG	1	EA	VL	IV	EA	0.5	MG	350	02/06/2017	03/18/2019	
HEPARIN SODIUM (NOT FOR LOCK FLUSH,PF) 5000 U/0.5 ML	0.5	ML	SR	IJ	ML	1000	IU	10	04/22/2019	99/99/9999	
PREDNISONE 5 MG	100	EA	BO	PO	EA	1	MG	5	03/08/2019	99/99/9999	
PREDNISONE 5 MG	1000	EA	BO	PO	EA	1	MG	5	03/08/2019	99/99/9999	
PREDNISONE 10 MG	100	EA	BO	PO	EA	1	MG	10	04/04/2019	99/99/9999	
PREDNISONE 10 MG	1000	EA	BO	PO	EA	1	MG	10	04/04/2019	99/99/9999	
PREMIERPRO RX ZOLEDRONIC ACID 4 MG/5 ML	5	ML	VL	IV	ML	1	MG	0.8	03/07/2019	99/99/9999	
TESTOSTERONE CYPIONATE 200 MG/1 ML	1	ML	VL	IM	ML	1	MG	200	03/08/2019	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00781-3420-80		J3285		02/27/2019	99/99/9999	INJECTION, TREPROSTINIL, 1 MG
00781-3425-80		J3285		02/27/2019	99/99/9999	INJECTION, TREPROSTINIL, 1 MG
00781-3427-80		J3285		02/27/2019	99/99/9999	INJECTION, TREPROSTINIL, 1 MG
00781-3430-80		J3285		02/27/2019	99/99/9999	INJECTION, TREPROSTINIL, 1 MG
00904-6621-04		J8999		04/08/2019	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
00904-6786-04		J7518		04/15/2019	99/99/9999	MYCOPHENOLIC ACID, ORAL, 180 MG
00904-6786-61		J7518		04/15/2019	99/99/9999	MYCOPHENOLIC ACID, ORAL, 180 MG
13925-0515-10		J7676		03/20/2019	99/99/9999	PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MG
13925-0515-10		J7676	KO	03/20/2019	99/99/9999	PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MG
15014-0211-21		J8540		03/05/2019	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG
16714-0857-01		J9070		03/04/2019	99/99/9999	CYCLOPHOSPHAMIDE, 100 MG
16714-0858-01		J9070		03/04/2019	99/99/9999	CYCLOPHOSPHAMIDE, 100 MG
16714-0859-01		J9070		03/04/2019	99/99/9999	CYCLOPHOSPHAMIDE, 100 MG
16714-0909-01		J9201		03/27/2019	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG
16714-0928-01		J0894		03/27/2019	99/99/9999	INJECTION, DECITABINE, 1 MG
16714-0930-01		J9201		03/27/2019	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MG
16729-0364-68		J3243		03/04/2019	99/99/9999	INJECTION, TIGECYCLINE, 1 MG
42195-0127-07		J8540		03/01/2019	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG
50742-0189-01		J7509		03/25/2019	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
TREPROSTINIL (M.D.V.) 1 MG/1 ML	20	ML	VL	IJ	ML	1	MG	1	02/27/2019	99/99/9999	
TREPROSTINIL (M.D.V.) 2.5 MG/1 ML	20	ML	VL	IJ	ML	1	MG	2.5	02/27/2019	99/99/9999	
TREPROSTINIL (M.D.V.) 5 MG/1 ML	20	ML	VL	IJ	ML	1	MG	5	02/27/2019	99/99/9999	
TREPROSTINIL (M.D.V.) 10 MG/1 ML	20	ML	VL	IJ	ML	1	MG	10	02/27/2019	99/99/9999	
IMATINIB MESYLATE (FILM COATED) 400 MG	30	EA	BX	PO	EA	1	EA	1	04/08/2019	99/99/9999	
MYCOPHENOLIC ACID (ENTERIC COATED) 360 MG	30	EA	CT	PO	EA	180	MG	2	04/15/2019	99/99/9999	
MYCOPHENOLIC ACID (ENTERIC COATED) 360 MG	100	EA	CT	PO	EA	180	MG	2	04/15/2019	99/99/9999	
PENTAMIDINE ISETHIONATE (SDV,LYOPHILIZED) 300 MG	10	EA	VL	IJ	EA	300	MG	1	03/20/2019	99/99/9999	
PENTAMIDINE ISETHIONATE (SDV,LYOPHILIZED) 300 MG	10	EA	VL	IJ	EA	300	MG	1	03/20/2019	99/99/9999	
HIDEX (6-DAY) 1.5 MG	21	EA	DP	PO	EA	0.25	MG	6	03/05/2019	99/99/9999	
CYCLOPHOSPHAMIDE 1 GM	1	EA	VL	IV	EA	100	MG	10	03/04/2019	99/99/9999	
CYCLOPHOSPHAMIDE 2 GM	1	EA	VL	IV	EA	100	MG	20	03/04/2019	99/99/9999	
CYCLOPHOSPHAMIDE 500 MG	1	EA	VL	IV	EA	100	MG	5	03/04/2019	99/99/9999	
GEMCITABINE (PF,LATEX-FREE) 200 MG	1	EA	VL	IV	EA	200	MG	1	03/27/2019	99/99/9999	
DECITABINE (LYOPHILIZED) 50 MG	1	EA	CT	IV	EA	1	MG	50	03/27/2019	99/99/9999	
GEMCITABINE (PF,LATEX-FREE) 1 GM	1	EA	VL	IV	EA	200	MG	5	03/27/2019	99/99/9999	
TIGECYCLINE (PF,LYOPHILIZED) 50 MG	10	EA	VL	IV	EA	1	MG	50	03/04/2019	99/99/9999	
TAPERDEX 7-DAY 1.5 MG	27	EA	DP	PO	EA	0.25	MG	6	03/01/2019	99/99/9999	
METHYLPREDNISOLONE 4 MG	100	EA	BO	PO	EA	4	MG	1	03/25/2019	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
50742-0189-21		J7509		03/25/2019	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG
50742-0512-20		J9027		02/25/2019	99/99/9999	INJECTION, CLOFARABINE, 1 MG
60505-6098-01		J3243		04/02/2019	99/99/9999	INJECTION, TIGECYCLINE, 1 MG
60505-6150-05		J0696		02/28/2019	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG
60505-6196-04		J1335		04/02/2019	99/99/9999	INJECTION, ERTAPENEM SODIUM, 500 MG
63323-0651-89		J0153		03/11/2019	99/99/9999	INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS)
63323-0651-90		J0153		03/11/2019	99/99/9999	INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS)
67457-0948-01		J1644		02/21/2019	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS
67457-0949-01		J1644		02/21/2019	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS
69097-0410-02		J0604		03/04/2019	99/99/9999	CINACALCET, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)
69097-0411-02		J0604		03/04/2019	99/99/9999	CINACALCET, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)
69097-0412-02		J0604		03/04/2019	99/99/9999	CINACALCET, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)
69097-0439-35		J2469		03/25/2019	99/99/9999	INJECTION, PALONOSETRON HCL, 25 MCG
69097-0802-32		J1071		03/21/2019	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG
69097-0802-37		J1071		03/21/2019	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 MG
69238-1423-01		None		02/20/2019	99/99/9999	METHOTREXATE, 2.5 MG, ORAL
69238-1423-06		None		02/20/2019	99/99/9999	METHOTREXATE, 2.5 MG, ORAL

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
METHYLPREDNISOLONE 4 MG	21	EA	DP	PO	EA	4	MG	1	03/25/2019	99/99/9999	
CLOFARABINE (SDV,PF) 1 MG/1 ML	20	ML	VL	IV	ML	1	MG	1	02/25/2019	99/99/9999	
TIGECYCLINE (PF,LYOPHILIZED) 50 MG	10	EA	VL	IV	EA	1	MG	50	04/02/2019	99/99/9999	
CEFTRIAXONE (BULK PKG) 10 GM	1	EA	VL	IV	EA	250	MG	40	02/28/2019	99/99/9999	
ERTAPENEM (LYOPHILIZED) 1 GM	10	EA	CT	IJ	EA	500	MG	2	04/02/2019	99/99/9999	
SIMPLIST ADENOSINE (PF,LATEX-FREE) 3 MG/1 ML	2	ML	SR	IV	ML	1	MG	3	03/11/2019	99/99/9999	
SIMPLIST ADENOSINE (PF,LATEX-FREE) 3 MG/1 ML	4	ML	SR	IV	ML	1	MG	3	03/11/2019	99/99/9999	
PREMIERPRO RX HEPARIN SODIUM (25X1ML) 1000 U/1 ML	1	ML	VL	IJ	ML	1000	IU	1	02/21/2019	99/99/9999	
PREMIERPRO RX HEPARIN SODIUM 5000 U/1 ML	1	ML	VL	IJ	ML	1000	IU	5	02/21/2019	99/99/9999	
CINACALCET HYDROCHLORIDE (FILM COATED) 30 MG	30	EA	BO	PO	EA	1	MG	30	03/04/2019	99/99/9999	
CINACALCET HYDROCHLORIDE (FILM COATED) 60 MG	30	EA	BO	PO	EA	1	MG	60	03/04/2019	99/99/9999	
CINACALCET HYDROCHLORIDE (FILM COATED) 90 MG	30	EA	BO	PO	EA	1	MG	90	03/04/2019	99/99/9999	
PALONOSETRON HCL 0.05 MG/1 ML	5	ML	VL	IV	ML	25	MCG	2	03/25/2019	99/99/9999	
TESTOSTERONE CYPIONATE 200 MG/1 ML	1	ML	VL	IM	ML	1	MG	200	03/21/2019	99/99/9999	
TESTOSTERONE CYPIONATE 200 MG/1 ML	10	ML	VL	IM	ML	1	MG	200	03/21/2019	99/99/9999	
METHOTREXATE 2.5 MG	100	EA	BO	PO	EA	2.5	MG	1	02/20/2019	99/99/9999	
METHOTREXATE 2.5 MG	36	EA	BO	PO	EA	2.5	MG	1	02/20/2019	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
69238-1797-01		J1729		03/08/2019	99/99/9999	INJECTION, HYDROXYPROGESTERONE CAPROATE, NOT OTHERWISE SPECIFIED, 10 MG
69339-0136-32		J3360		03/22/2019	99/99/9999	INJECTION, DIAZEPAM, UP TO 5 MG
69639-0103-01		J2469		03/12/2019	99/99/9999	INJECTION, PALONOSETRON HCL, 25 MCG
70121-1581-05		J0330		04/02/2019	99/99/9999	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG
70257-0330-51		J2792		03/19/2019	99/99/9999	INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT, 100 IU
70362-0702-39		J8540		03/15/2019	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG
71225-0105-01		J1729		03/25/2019	99/99/9999	INJECTION, HYDROXYPROGESTERONE CAPROATE, NOT OTHERWISE SPECIFIED, 10 MG
76045-0203-10		J7643		03/04/2019	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
76045-0203-10		J7643	KO	03/04/2019	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
76045-0203-20		J7643		03/04/2019	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
76045-0203-20		J7643	KO	03/04/2019	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
67457-0640-02		J0780		04/03/2019	99/99/9999	INJECTION, PROCHLORPERAZINE, UP TO 10 MG
67457-0640-99		J0780		04/03/2019	99/99/9999	INJECTION, PROCHLORPERAZINE, UP TO 10 MG
00517-0650-02		J1439		12/01/2017	99/99/9999	INJECTION, FERRIC CARBOXYMALTOSE, 1 MG
00517-9120-25		J3490		03/12/2003	99/99/9999	UNCLASSIFIED DRUGS
58864-0791-06		Q0144		07/01/2004	03/13/2019	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
HYDROXYPROGESTERONE CAPROATE (PF) 250 MG/1 ML	1	ML	VL	IM	ML	10	MG	25	03/08/2019	99/99/9999	
DIAZEPAM (10X2ML) 5 MG/1 ML	2	ML	SR	IJ	ML	5	MG	1	03/22/2019	99/99/9999	
ALOXI (PF,LATEX-FREE) 0.05 MG/1 ML	5	ML	VL	IV	ML	25	MCG	2	03/12/2019	99/99/9999	
SUCCINYLCHOLINE CHLORIDE 20 MG/1 ML	10	ML	VL	IJ	ML	20	MG	1	04/02/2019	99/99/9999	
WINRHO SDF (PF) 1500 IU/1.3 ML	1.3	ML	VL	IJ	ML	100	IU	11.538462	03/19/2019	99/99/9999	
DXEVO (11-DAY DOSE PACK) 1.5 MG	39	EA	DP	PO	EA	0.25	MG	6	03/15/2019	99/99/9999	
HYDROXYPROGESTERONE CAPROATE (PF) 250 MG/1 ML	1	ML	VL	IM	ML	10	MG	25	03/25/2019	99/99/9999	
SIMPLIST GLYCOPYRROLATE (PF) 0.2 MG/1 ML	1	ML	SR	IJ	ML	1	MG	0.2	03/04/2019	99/99/9999	
SIMPLIST GLYCOPYRROLATE (PF) 0.2 MG/1 ML	1	ML	SR	IJ	ML	1	MG	0.2	03/04/2019	99/99/9999	
SIMPLIST GLYCOPYRROLATE (PF) 0.2 MG/1 ML	2	ML	SR	IJ	ML	1	MG	0.2	03/04/2019	99/99/9999	
SIMPLIST GLYCOPYRROLATE (PF) 0.2 MG/1 ML	2	ML	SR	IJ	ML	1	MG	0.2	03/04/2019	99/99/9999	
PROCHLORPERAZINE EDISYLATE 5 MG/1 ML	2	ML	VL	IJ	ML	10	MG	0.5	04/03/2019	99/99/9999	
PROCHLORPERAZINE EDISYLATE 5 MG/1 ML	2	ML	VL	IJ	ML	10	MG	0.5	04/03/2019	99/99/9999	
INJECTAFER (2 X15ML) 50 MG/1 ML	15	ML	VL	IV	ML	1	MG	50	04/01/2019	99/99/9999	12/01/2017
AMINOCAPROIC ACID (M.D.V.) 250 MG/ML	20	ML	VL	IV	ML	1	EA	1	02/25/2019	99/99/9999	03/12/2003
AZITHROMYCIN DIHYDRATE 250 MG	6	EA	BO	PO	EA	1	GM	0.25	07/01/2004	03/13/2019	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
02/22/2019	50			
01/31/2014	1			

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
00703-4432-11		J9206		02/28/2008	04/16/2019	INJECTION, IRINOTECAN, 20 MG
63874-0490-10		Q0164		01/01/2014	02/03/2016	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
00591-2416-30		J0604		01/02/2019	01/31/2019	CINACALCET, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)
00591-2417-30		J0604		01/02/2019	01/31/2019	CINACALCET, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)
00591-2418-30		J0604		01/02/2019	01/31/2019	CINACALCET, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)
00904-6939-61		J8999		04/15/2019	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
25021-0788-74		J2469		04/18/2019	99/99/9999	INJECTION, PALONOSETRON HCL, 25 MCG
36000-0294-24		J1956		04/15/2019	99/99/9999	INJECTION, LEVOFLOXACIN, 250 MG
36000-0295-24		J1956		04/15/2019	99/99/9999	INJECTION, LEVOFLOXACIN, 250 MG
36000-0296-24		J1956		04/15/2019	99/99/9999	INJECTION, LEVOFLOXACIN, 250 MG
59923-0714-02		J9206		03/01/2019	99/99/9999	INJECTION, IRINOTECAN, 20 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
IRINOTECAN HYDROCHLORIDE (1X2ML,SINGLE DOSE) 20 MG/ML	2	ML	VL	IV	ML	20	MG	1	02/28/2008	04/16/2019	
PROCHLORPERAZINE MALEATE 10 MG	10	EA	BO	PO	EA	5	MG	2	01/01/2014	02/03/2016	
CINACALCET HYDROCHLORIDE (FILM-COATED) 30 MG	30	EA	BO	PO	EA	1	MG	30	01/02/2019	01/31/2019	
CINACALCET HYDROCHLORIDE (FILM-COATED) 60 MG	30	EA	BO	PO	EA	1	MG	60	01/02/2019	01/31/2019	
CINACALCET HYDROCHLORIDE (FILM COATED) 90 MG	30	EA	BO	PO	EA	1	MG	90	01/02/2019	01/31/2019	
HYDROXYUREA (10X10, USP) 500 MG	100	EA	BX	PO	EA	1	EA	1	04/15/2019	99/99/9999	
PALONOSETRON HCL (PF,LATEX-FREE) 0.05 MG/1 ML	5	ML	SR	IV	ML	25	MCG	2	04/18/2019	99/99/9999	
PREMIERPRO RX LEVOFLOXACIN IN 5% DEXTROSE (PF,LATEX-FREE) 5%-250 MG/50 ML	50	ML	FC	IV	ML	250	MG	0.02	04/15/2019	99/99/9999	
PREMIERPRO RX LEVOFLOXACIN IN 5% DEXTROSE (PF,LATEX-FREE) 5%-500 MG/100 ML	100	ML	FC	IV	ML	250	MG	0.02	04/15/2019	99/99/9999	
PREMIERPRO RX LEVOFLOXACIN IN 5% DEXTROSE (PF,LATEX-FREE) 5%-750 MG/150 ML	150	ML	FC	IV	ML	250	MG	0.02	04/15/2019	99/99/9999	
IRINOTECAN HYDROCHLORIDE (SDV) 20 MG/1 ML	2	ML	VL	IV	ML	20	MG	1	03/01/2019	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
59923-0715-05		J9206		03/01/2019	99/99/9999	INJECTION, IRINOTECAN, 20 MG
60505-6143-00		J0690		04/11/2019	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG
60505-6143-04		J0690		04/11/2019	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG
69097-0805-40		J9025		04/10/2019	99/99/9999	INJECTION, AZACITIDINE, 1 MG
69918-0700-25		J0330		04/10/2019	99/99/9999	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG
70121-1572-01		J0641		04/19/2019	99/99/9999	INJECTION, LEVOLEUCOVORIN CALCIUM, 0.5 MG
70569-0151-11		J8540		04/22/2019	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG
76282-0640-38		J7626		04/16/2019	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG
76282-0641-38		J7626		04/16/2019	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG
76282-0642-38		J7626		04/16/2019	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG
76297-0001-11		J7050		04/16/2019	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC
76297-0001-21		J7050		04/16/2019	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC
76297-0001-31		J7050		04/16/2019	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC
76297-0001-41		J7030		04/16/2019	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 1000 CC

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
IRINOTECAN HYDROCHLORIDE (SDV) 20 MG/1 ML	5	ML	VL	IV	ML	20	MG	1	03/01/2019	99/99/9999	
CEFAZOLIN (PF,LATEX-FREE) 10 GM	1	EA	VL	IV	EA	500	MG	20	04/11/2019	99/99/9999	
CEFAZOLIN (PF,LATEX-FREE) 10 GM	10	EA	VL	IV	EA	500	MG	20	04/11/2019	99/99/9999	
AZACITIDINE (SDV) 100 MG	1	EA	VL	IJ	EA	1	MG	100	04/10/2019	99/99/9999	
SUCCINYLCHOLINE CHLORIDE (MDV) 20 MG/1 ML	10	ML	VL	IJ	ML	20	MG	1	04/10/2019	99/99/9999	
LEVOLEUCOVORIN CALCIUM (PF) 10 MG/1 ML	17.5	ML	VL	IV	ML	0.5	MG	20	04/19/2019	99/99/9999	
DXEVO (11-DAY DOSE PACK) 1.5 MG	39	EA	DP	PO	EA	0.25	MG	6	04/22/2019	99/99/9999	
BUDESONIDE (30X2ML,SINGLE-DOSE) 0.25 MG/2 ML	30	ML	PC	IH	ML	0.5	MG	0.25	04/16/2019	99/99/9999	
BUDESONIDE (30X2ML,SINGLE-DOSE) 0.5 MG/2 ML	30	ML	PC	IH	ML	0.5	MG	0.5	04/16/2019	99/99/9999	
BUDESONIDE (MICRONIZED) 1 MG/2 ML	30	ML	PC	IH	ML	0.5	MG	1	04/16/2019	99/99/9999	
SODIUM CHLORIDE (50ML FLEBOFLEX) 0.9%	50	ML	FC	IV	ML	250	ML	0.004	04/16/2019	99/99/9999	
SODIUM CHLORIDE (100ML FLEBOFLEX) 0.9%	100	ML	FC	IV	ML	250	ML	0.004	04/16/2019	99/99/9999	
SODIUM CHLORIDE (250ML FLEBOFLEX) 0.9%	250	ML	FC	IV	ML	250	ML	0.004	04/16/2019	99/99/9999	
SODIUM CHLORIDE (1000ML FLEBOFLEX) 0.9%	1000	ML	FC	IV	ML	1000	ML	0.001	04/16/2019	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
76282-0640-38	KO	J7626		04/16/2019	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG
76282-0641-38	KO	J7626		04/16/2019	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG
76282-0642-38	KO	J7626		04/16/2019	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG
49452-3038-05		J3490		09/01/2015	99/99/9999	UNCLASSIFIED DRUGS
49452-3038-04		J3490		09/01/2015	99/99/9999	UNCLASSIFIED DRUGS
64253-0222-21		J1642		01/01/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS
24385-0462-62		Q0163		01/01/2002	02/14/2018	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
24385-0462-78		Q0163		01/01/2002	11/02/2017	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
24385-0479-62		Q0163		01/01/2002	11/02/2017	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
63323-0942-05		J2469		03/27/2018	04/23/2019	INJECTION, PALONOSETRON HCL, 25 MCG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
BUDESONIDE (30X2ML,SINGLE-DOSE) 0.25 MG/2 ML	30	ML	PC	IH	ML	0.5	MG	0.25	04/16/2019	99/99/9999	
BUDESONIDE (30X2ML,SINGLE-DOSE) 0.5 MG/2 ML	30	ML	PC	IH	ML	0.5	MG	0.5	04/16/2019	99/99/9999	
BUDESONIDE (MICRONIZED) 1 MG/2 ML	30	ML	PC	IH	ML	0.5	MG	1	04/16/2019	99/99/9999	
FAMOTIDINE (U.S.P.)	500	GM	BO	NA	GM	1	GM	1	10/18/2016	99/99/9999	09/01/2015
FAMOTIDINE (U.S.P.)	100	GM	BO	NA	GM	1	GM	1	10/18/2016	99/99/9999	09/01/2015
HEPARIN LOCK FLUSH (SRN,6 ML W/LUER LOCK) 10 U/ML-0.9%	1	ML	SR	IV	ML	10	U	1	05/01/2019	99/99/9999	01/01/2002
DIPHEDRYL 25 MG	24	EA	BX	PO	EA	50	MG	0.5	01/01/2002	02/14/2018	
DIPHEDRYL 25 MG	100	EA	BO	PO	EA	50	MG	0.5	01/01/2002	11/02/2017	
DIPHEDRYL 25 MG	24	EA	BX	PO	EA	50	MG	0.5	01/01/2002	11/02/2017	
PALONOSETRON HCL (LATEX-FREE) 0.05 MG/1 ML	5	ML	VL	IV	ML	25	MCG	2	03/27/2018	04/23/2019	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
10/17/2016	1			
10/17/2016	1			
02/03/2016	1			

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
66794-0206-41		J0295		04/15/2019	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM
66794-0207-41		J0295		04/15/2019	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM
66794-0208-15		J0295		04/15/2019	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM
66794-0209-41		J0692		04/15/2019	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG
66794-0210-41		J0692		04/15/2019	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG
68001-0376-68		J0878		05/13/2019	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG
70594-0053-01		J0878		06/01/2019	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG
55150-0282-09		J1335		05/03/2019	99/99/9999	INJECTION, ERTAPENEM SODIUM, 500 MG
67457-0950-01		J1644		04/17/2019	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS
67457-0953-10		J1644		04/30/2019	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS
00338-0069-10		J1885		04/30/2019	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG
00338-0076-10		J1885		04/30/2019	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG
63323-0673-05		J2469		04/24/2019	99/99/9999	INJECTION, PALONOSETRON HCL, 25 MCG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
AMPICILLIN-SULBACTAM (USP, SDV,PF,LATEX-FREE) 1 GM-0.5 GM	10	EA	VL	IJ	EA	1.5	GM	1	04/15/2019	99/99/9999	
AMPICILLIN-SULBACTAM (USP, SDV,PF,LATEX-FREE) 2 GM-1 GM	10	EA	VL	IJ	EA	1.5	GM	2	04/15/2019	99/99/9999	
AMPICILLIN-SULBACTAM (PHARMACY BULK,USP,PF) 10 GM-5 GM	1	EA	BO	IV	EA	1.5	GM	10	04/15/2019	99/99/9999	
CEFEPIME (SDV,PF,LATEX-FREE) 1 GM	10	EA	VL	IJ	EA	500	MG	2	04/15/2019	99/99/9999	
CEFEPIME (SDV,PF,LATEX-FREE) 2 GM	10	EA	VL	IJ	EA	500	MG	4	04/15/2019	99/99/9999	
DAPTOMYCIN (PF,LYOPHILIZED) 500 MG	1	EA	VL	IV	EA	1	MG	500	05/13/2019	99/99/9999	
DAPTOMYCIN (PF,LYOPHILIZED) 350 MG	1	EA	VL	IV	EA	1	MG	350	06/01/2019	99/99/9999	
ERTAPENEM NOVAPLUS (LATEX-FREE,LYOPHILIZED) 1 GM	10	EA	VL	IJ	EA	500	MG	2	05/03/2019	99/99/9999	
PREMIERPRO RX HEPARIN SODIUM (SDV) 10000 U/1 ML	1	ML	VL	IJ	ML	1000	UNITS	10	04/17/2019	99/99/9999	
PREMIERPRO RX HEPARIN SODIUM (25X10ML) 1000 U/1 ML	10	ML	VL	IJ	ML	1000	UNITS	1	04/30/2019	99/99/9999	
KETOROLAC TROMETHAMINE 15 MG/1 ML	1	ML	VL	IJ	ML	15	MG	1	04/30/2019	99/99/9999	
KETOROLAC TROMETHAMINE 30 MG/1 ML	2	ML	VL	IM	ML	15	MG	2	04/30/2019	99/99/9999	
PALONOSETRON HCL (SDV,LATEX-FREE) 0.05 MG/1 ML	5	ML	VL	IV	ML	25	MCG	2	04/24/2019	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
70860-0120-20		J2543		05/01/2019	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)
70860-0121-30		J2543		05/01/2019	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)
70860-0122-50		J2543		05/01/2019	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)
70860-0123-99		J2543		05/01/2019	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)
76045-0383-30		J2710		05/09/2019	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG
00143-9355-10		J3370		05/06/2019	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG
00143-9358-01		J3370		04/29/2019	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG
00143-9359-01		J3370		04/29/2019	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG
70860-0210-51		J3489		05/10/2019	99/99/9999	INJECTION, ZOLEDRONIC ACID, 1 MG
68180-0984-30		J7626		04/25/2019	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG
68180-0984-30		J7626	KO	04/25/2019	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
PIPERACILLIN AND TAZOBACTAM (10X2.25GM,PF,LATEX-FREE) 2 GM-0.25 GM	10	EA	CT	IV	EA	1.125	GM	2	05/01/2019	99/99/9999	
PIPERACILLIN AND TAZOBACTAM (10X3.375GM,PF) 3 GM-0.375 GM	10	EA	CT	IV	EA	1.125	GM	3	05/01/2019	99/99/9999	
PIPERACILLIN AND TAZOBACTAM (10X4.5GM,PF,LATEX-FREE) 4 GM-0.5 GM	10	EA	CT	IV	EA	1.125	GM	4	05/01/2019	99/99/9999	
PIPERACILLIN AND TAZOBACTAM (PHARMACY BULK PACKAGE) 36 GM-4.5 GM	1	EA	BO	IV	EA	1.125	GM	36	05/01/2019	99/99/9999	
SIMPLIST NEOSTIGMINE METHYLSULFATE 1 MG/1 ML	3	ML	SR	IV	ML	0.5	MG	2	05/09/2019	99/99/9999	
VANCOMYCIN HCL (PF,LYOPHILIZED) 750 MG	10	EA	VL	IV	EA	500	MG	1.5	05/06/2019	99/99/9999	
VANCOMYCIN HCL (PHARMACY BULK PKG,PF) 5 GM	1	EA	BO	IV	EA	500	MG	10	04/29/2019	99/99/9999	
VANCOMYCIN HCL (PHARMACY BULK PKG) 10 GM	1	EA	BO	IV	EA	500	MG	20	04/29/2019	99/99/9999	
ZOLEDRONIC ACID (PF,LATEX-FREE) 4 MG/100 ML	100	ML	VL	IV	ML	1	MG	0.04	05/10/2019	99/99/9999	
BUDESONIDE (30X2ML,SINGLE-DOSE) 0.5 MG/2 ML	2	ML	PC	IH	ML	0.5	MG	0.5	04/25/2019	99/99/9999	
BUDESONIDE (30X2ML,SINGLE-DOSE) 0.5 MG/2 ML	2	ML	PC	IH	ML	0.5	MG	0.5	04/25/2019	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
66794-0202-42		J7643		04/15/2019	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
66794-0202-42		J7643	KO	04/15/2019	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
66794-0203-42		J7643		04/15/2019	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
66794-0203-42		J7643	KO	04/15/2019	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
66794-0204-42		J7643		04/15/2019	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
66794-0204-42		J7643	KO	04/15/2019	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
66794-0205-41		J7643		04/15/2019	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
66794-0205-41		J7643	KO	04/15/2019	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM
72485-0203-30		J8999		05/06/2019	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS
72485-0211-02		J9206		05/06/2019	99/99/9999	INJECTION, IRINOTECAN, 20 MG
72485-0212-05		J9206		05/06/2019	99/99/9999	INJECTION, IRINOTECAN, 20 MG
68001-0389-36		J9280		05/01/2019	99/99/9999	INJECTION, MITOMYCIN, 5 MG
68001-0390-77		J9280		05/01/2019	99/99/9999	INJECTION, MITOMYCIN, 5 MG
68001-0391-79		J9280		05/01/2019	99/99/9999	INJECTION, MITOMYCIN, 5 MG
69452-0171-13		Q0144		05/06/2019	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
GLYCOPYRROLATE (SDV) 0.2 MG/1 ML	1	ML	VL	IJ	ML	1	MG	0.2	04/15/2019	99/99/9999	
GLYCOPYRROLATE (SDV) 0.2 MG/1 ML	1	ML	VL	IJ	ML	1	MG	0.2	04/15/2019	99/99/9999	
GLYCOPYRROLATE (SDV) 0.2 MG/1 ML	2	ML	VL	IJ	ML	1	MG	0.2	04/15/2019	99/99/9999	
GLYCOPYRROLATE (SDV) 0.2 MG/1 ML	2	ML	VL	IJ	ML	1	MG	0.2	04/15/2019	99/99/9999	
GLYCOPYRROLATE (MDV) 0.2 MG/1 ML	5	ML	VL	IJ	ML	1	MG	0.2	04/15/2019	99/99/9999	
GLYCOPYRROLATE (MDV) 0.2 MG/1 ML	5	ML	VL	IJ	ML	1	MG	0.2	04/15/2019	99/99/9999	
GLYCOPYRROLATE (MDV) 0.2 MG/1 ML	20	ML	VL	IJ	ML	1	MG	0.2	04/15/2019	99/99/9999	
GLYCOPYRROLATE (MDV) 0.2 MG/1 ML	20	ML	VL	IJ	ML	1	MG	0.2	04/15/2019	99/99/9999	
IMATINIB MESYLATE (FILM COATED) 400 MG	30	EA	BO	PO	EA	1	EA	1	05/06/2019	99/99/9999	
IRINOTECAN HYDROCHLORIDE (SDV) 20 MG/1 ML	2	ML	VL	IV	ML	20	MG	1	05/06/2019	99/99/9999	
IRINOTECAN HYDROCHLORIDE (SDV) 20 MG/1 ML	5	ML	VL	IV	ML	20	MG	1	05/06/2019	99/99/9999	
MITOMYCIN (USP) 5 MG	1	EA	VL	IV	EA	5	MG	1	05/01/2019	99/99/9999	
MITOMYCIN (USP) 20 MG	1	EA	VL	IV	EA	5	MG	4	05/01/2019	99/99/9999	
MITOMYCIN (USP) 40 MG	1	EA	VL	IV	EA	5	MG	8	05/01/2019	99/99/9999	
AZITHROMYCIN (USP,FILM-COATED) 250 MG	30	EA	BO	PO	EA	1	GM	0.25	05/06/2019	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description
69452-0172-13		Q0144		05/06/2019	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
69452-0173-13		Q0144		05/06/2019	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM
50268-0684-15		Q0164		05/01/2019	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
50268-0685-15		Q0164		05/01/2019	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN
72485-0204-60		None		05/06/2019	99/99/9999	CAPECITABINE, 150 MG, ORAL
72485-0205-12		None		05/06/2019	99/99/9999	CAPECITABINE, 500 MG, ORAL

NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2
AZITHROMYCIN (USP,FILM-COATED) 500 MG	30	EA	BO	PO	EA	1	GM	0.5	05/06/2019	99/99/9999	
AZITHROMYCIN (USP,FILM-COATED) 600 MG	30	EA	BO	PO	EA	1	GM	0.6	05/06/2019	99/99/9999	
PROCHLORPERAZINE MALEATE AVPAK (USP,5X10,FILM-COATED) 5 MG	50	EA	BX	PO	EA	5	MG	1	05/01/2019	99/99/9999	
PROCHLORPERAZINE MALEATE AVPAK (USP,5X10,FILM-COATED) 10 MG	50	EA	BX	PO	EA	5	MG	2	05/01/2019	99/99/9999	
CAPECITABINE (USP,FILM COATED) 150 MG	60	EA	BO	PO	EA	150	MG	1	05/06/2019	99/99/9999	
CAPECITABINE (USP,FILM COATED) 500 MG	120	EA	BO	PO	EA	500	MG	1	05/06/2019	99/99/9999	

Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3