

MedStar Medicare Choice Pharmacy Services

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At a Glance

Welcome to Medicare Choice Pharmacy Services. Pharmacy services partners with the physician-led network of Medicare Choice providers to meet the medication and cost needs of members. The approach focuses on improving patient health through coordinated formulary and Care Advising programs that enhance the member and provider experience.

Medicare Choice develops a formulary of medications chosen based on clinical effectiveness, safety and value. The formulary's pricing strategy is designed to achieve the goal of better clinical outcomes at an affordable cost. The formulary is developed by physicians and clinical pharmacists.

Medicare Choice formulary includes the following features:

- Required generics
- Lists of preferred drugs (formulary medications)
- Prior authorization or step therapy requirements for selected medications
- Quantity limits (based on FDA guidelines and accepted standards of care)

Contact a Clinical Pharmacist

Medicare Choice encourages providers to contact the Pharmacy Services department at **855-266-0712** from Monday through Friday, 8 a.m. to 5 p.m., with comments or questions about a member's medication history, duplicate medications or compliance. A dedicated clinical pharmacy team is available to provide extra support, including

- Answering medication-related questions from providers and network pharmacies
- Developing and conducting prospective and retrospective drug utilization reviews
- Supporting providers, network pharmacies and members on pharmacy changes
- Serving as a clinical resource for the provider network
- Conducting a medication therapy management (MTM) program
- Providing physician and member education materials to network practices to support drug selection and use based on the best objective and clinical evidence

Coverage Reviews/Prior Authorizations

A limited number of medications require authorization before they are provided for patients. Authorizations may be needed for the following reasons:

- Prior authorization or a step therapy requirement as indicated on the formulary
- Prescriptions that exceed Medicare Choice quantity limits
- Non-formulary medications
- Early refills

In some cases, clinical documentation is necessary to review these medication requests. All requests will be reviewed promptly, and the decision will be communicated to the physician or patient.

How to Obtain Prior Authorization

To receive authorization for a medication requiring a prior authorization or quantity limits or for a non-formulary medication:

- Obtain a prior authorization form from the following website:
<http://medstarprovidernetwork.com/medicare-choice/pharmacy-prior-authorization-forms>
- Fax: **855-862-6517**

Medicare Choice will immediately communicate all coverage determinations/prior authorization decisions by fax to the physician's office once the review process is complete. If a fax number is not available, Medicare Choice Pharmacy Services will communicate decisions by phone and will mail a copy of any decision documentation to the provider's office. Patients will be notified of all pharmacy coverage determinations/prior authorization decisions determined by Medicare Choice.

Submitting a Request for a Coverage Determination or Appeal

A request may be made for a coverage decision for formulary exceptions which include: coverage of a drug not on the plan formulary; a request to waive restrictions on the plan's coverage of a drug such as quantity limits, the removal of prior authorization requirements, the requirement to use a generic version of the drug or the requirement to try a different drug first (often referred to as step therapy.) Coverage decisions may also be requested for a tiering exception to change the coverage of a drug to a lower cost-sharing tier. If the drug is in Tier 4 (non-preferred brand drugs), a request may be made to cover it at the cost-sharing amount that applies to drugs in Tier 3 (preferred brand drugs). Tiering exceptions may not be made for any drug in Tier 5 (specialty drugs).

If the health of the member requires a quick response, a provider may request an expedited coverage decision. A supporting statement outlining the medical reasons for the request must be submitted. A standard coverage decision means the plan will provide a response within 72 hours of receiving the request and supporting statement. For an expedited coverage decision, a response will be provided within 24 hours of receiving the request and supporting statement. A request for an expedited coverage decision will only be granted if using the standard deadlines could cause serious harm to the health of the member.

If a coverage decision that has been made for a formulary or tiering exception has been denied, a Level 1 appeal may be requested. The appeal must be submitted within 60 calendar days from the date of the denial. As with a coverage decision, if the health of the member requires it, the provider may request an expedited appeal. A decision on an expedited Level 1 appeal will be communicated within 72 hours of receiving the request and supporting documents. A response will be made sooner if the health of the member requires it. A decision will be made on standard Level 1 appeals within seven calendar days of receipt of the request and supporting documents. A decision will be made sooner if the member has not received the drug yet and their health condition requires it.

A Level 2 appeal may be requested through an independent review entity (IRE) if the Level 1 appeal upholds the initial coverage determination. Specific instructions on filing deadlines and how to submit the next level appeal are included in the written notification of the denial. When an appeal is made to the independent review organization, the plan will send the Level 1 appeal information to this organization. The independent review organization is an independent organization that is hired by Medicare. This organization is not connected with the plan, and it is not a government agency. This organization is a company chosen by Medicare to review plan decisions on Part D benefits. If the health of the member requires an expedited appeal, the IRE must provide a response to the Level 2 appeal within 72 hours of receipt. If the IRE approves all or part of the appeal, the drug will be supplied within 24 hours after the decision from the review organization is received. For a standard Level 2 Appeal, the IRE must respond within seven

calendar days of receipt. If the IRE approves all or part of the appeal, the drug will be supplied within 72 hours after the decision from the review organization is received.

If the IRE upholds the decision, there are three additional levels in the appeals process. However, in order to request a Level 3, 4, or 5 appeal, the dollar value of the drug coverage requested must meet a minimum amount. For most situations, the last three levels of appeals work in much the same way as the Level 1 and Level 2 appeals. Specific instructions on filing deadlines and how to submit the next level appeal are included in the written notification of the denial. A Level 3, 4, and 5 appeal is handled by an administrative law judge or the Appeals, Council, and Federal District Court, respectively. If the result of the appeal is overturned at any of these levels, the plan will authorize or provide the drug coverage that was approved within 72 hours. If a Level 3 or 4 appeal is upheld, the member may appeal to the next level. A Level 5 appeal is the last step of the appeals process.

Coverage decisions and appeals for Part D prescription drugs may be submitted to the following address:

**MedStar Medicare Choice
Attn: Pharmacy Services
950 N. Meridian St.
Suite 600
Indianapolis, IN 46204**

Pharmacy Policies

Prior Authorization Criteria

Prior authorizations are set on a specific drug-by-drug basis and require specific criteria for approval based upon FDA and manufacturer guidelines, medical literature, safety concerns and appropriate use. Drugs that require prior authorization may be

- Newer medications requiring monitoring by Medicare Choice
- Medications not used as a standard first option in treating a medical condition
- Medications with potential side effects that Medicare Choice would like to monitor to ensure safety

All prior authorization criteria are reviewed by the Pharmacy and Therapeutics (P&T) committee.

The physician should submit clinical information to the Medicare Choice Pharmacy Services department. Once that information has been received, a decision regarding the medical necessity of the requested medication will be made.

Step Therapy

Step therapy ensures patients are taking the most effective medication at the best cost. This means trying the least expensive medication that has been proven effective to treat a condition. The step therapy process for Medicare Choice includes

- Step 1: When your prescribed drug is impacted by step therapy, the patient will be asked to try preferred, often generic, drugs first. The generic drugs recommended will be approved by the Food and Drug Administration (FDA) as providing the same benefits at a much lower cost.
- Step 2: If the drug in Step 1 does not work, patients may need to try a drug in Step 2. Step therapy is coordinated with the patient's benefit plan. Some medications are automatically approved if there is a record that the patient has already tried a preferred medication.

If there is no record of a preferred medication in the patient's medication history, the physician must submit clinical information to the Medicare Choice Pharmacy Services team. Once that information is received, a decision regarding payment for the requested medication will be made.

Quantity Limits

A quantity limit or dose duration may be placed on certain medications to ensure patients are getting the most cost-effective drug/dose combination.

Medicare Choice follows the FDA and manufacturer's recommended dosing guidelines and limits how much of the medication the patient may receive in a certain time period. Providers are encouraged to incorporate these quantity limits into their prescribing patterns.

For the above pharmacy exceptions, please call Pharmacy Services at **855-266-0712** from Monday through Friday, 8 a.m. to 5 p.m.

Mandatory Generics

Most formularies require the use of a generic version of a drug if one is available.

Medicare Choice Pharmacy Programs

Medicare Choice Pharmacy Benefit Coverage

Medicare Choice pharmacy plan includes a five tier formulary. Many medications, unless they are benefit exclusions, are covered under this benefit.

The formulary allows patients to access multiple medications, allowing patients and providers to determine the medication that is best for the individual patient.

- **First tier:** The first tier consists of preferred generic medications and has the lowest copay. These are therapeutically equivalent to the branded products and approved by the FDA. When a generic medication is available, providers are encouraged to prescribe the generic medication to patients.
- **Second tier:** The second tier has a slightly higher cost share and consists of non-preferred generic medications. These are therapeutically equivalent to the branded products and are approved by the FDA. When a generic medication is available, providers are encouraged to prescribe the generic medication to patients.
- **Third tier:** The third tier includes the brand-name drugs to be used when generics are not available. Medicare Choice has designated these medications as “preferred” based on clinical efficacy, safety profile and cost effectiveness.
- **Fourth tier:** The fourth tier includes brand-name medications that are not preferred but which the patient may purchase at a higher cost share.
- **Fifth tier:** The fifth tier includes specialty, high-cost and biological medication regardless of how the medication is administered (injectable, oral, transdermal or inhaled). These medications are often used to treat complex clinical conditions and usually require close management by a physician because of their potential side effects and the need for frequent dosage adjustments.

Additional Information about the Medicare Choice Pharmacy Benefit

The Medicare Choice pharmacy benefit is designed to provide patients with coverage for medications at an affordable cost.

Generics

To achieve this goal, prescribing a generic version of the drug is recommended if one is available. If members receive a brand-name drug when a generic is available, the member must pay the cost share amount in addition to the retail cost difference between the brand-name and generic forms of the drug.

Quantity Limits

Also, quantities are limited to a 30-day supply for controlled substances and for medications defined as specialty. A 90-day supply of most drugs is available from the mail order pharmacy, Express Scripts, Inc. (ESI). The ESI customer service center is available 24/7 at **877-787-6279**. TTY users may call toll free at **800-899-2114**.

Formulary

The drugs are listed in the 2017 formulary. This is a COMPLETE listing of the most commonly prescribed drugs and represents the drug formulary that is at the core of this pharmacy benefit plan. As drugs are released into the market, they are reviewed by the P&T Committee for formulary placement. Benefit exclusions may apply. Call Medicare Choice Pharmacy Services for more information at **855-266-0712**.

Where to Obtain Prescriptions

How to Fill Prescription Medications

Short-term Medications

These are drugs needed immediately and include medications used to treat short-term infections or to relieve pain temporarily. Providers can send these prescriptions:

- To a MedStar pharmacy: To locate a MedStar pharmacy, members should call Medicare Choice Member Services at **855-222-1041**.
- To a retail network pharmacy: Medicare Choice uses the Express Scripts national retail network for members to obtain prescription drugs. To locate the nearest retail network, pharmacy members should call Medicare Choice Member Services at **855-222-1041**.

Long-term Medications

These are drugs taken on a regular basis and can be picked up at a MedStar pharmacy or mailed to the members home for up to a 90-day supply. Members can fill these prescriptions:

- At a MedStar pharmacy: MedStar pharmacies can fill prescriptions for up to a 90-day supply. Often, the MedStar pharmacy may have a lower copay for the member's medication.
- Through home delivery from the Express Scripts pharmacy: Members may also receive home delivery for long-term medications from Express Scripts. These medications will be delivered directly to the member's home in a plain, weather-resistant pouch for privacy and protection. Standard shipping is free.

Specialty Medications

Specialty medications treat specific medical conditions such as cancer, hemophilia, hepatitis, multiple sclerosis, psoriasis, pulmonary arterial hypertension, respiratory syncytial virus, rheumatoid arthritis and more. Providers can send these prescriptions:

- To MedStar pharmacy: To locate a MedStar pharmacy, members should call MedStar Medicare Choice Member Services at **855-222-1041**.
- To Accredo (the Express Scripts specialty pharmacy): Members should call MedStar Medicare Choice Pharmacy Services at **855-266-0712** to learn more about specialty medications.

For Medicare Choice members who require specialty medications to be administered by a healthcare professional, such as Remicade, Orencia, etc., please follow the defined protocol to assist with prior authorization requests.

Obtaining Prior Authorization for Specialty Medications

For Medications Covered under the Pharmacy Benefit:

- To request prior authorization for medications covered under the pharmacy benefit, please visit the following website: <http://medstarprovidernetwork.com/medicare-choice/pharmacy-prior-authorization-forms>
- From the website, complete, print and fax prior authorization forms for specific drugs and non-formulary exceptions. Fax completed prior authorization forms for Pharmacy Services along with supporting documentation to **855-862-6517**.
- Please contact the Medicare Choice Pharmacy Services team at **855-266-0712** for assistance with steps 1 and 2 mentioned above.

For Medications Covered under the Medical Benefit:

To request prior authorization for medications covered under the medical benefit, please contact the Medicare Choice Medical Management/Prior Authorization team for assistance at **855-242-4875**.

Fax Instructions for Prior Authorization Forms:

Completed forms should be faxed, along with supporting documentation, to Pharmacy Services at **855-862-6517**.

- Please indicate on the form that the request is going to be paid through the “buy and bill” method.
- To avoid delays in responses, please provide all relevant information. Examples follow:
 - Patient diagnosis
 - Previously medications attempts (including the trial period)
 - Supporting lab reports
 - Notes from the member’s most recent office visit
 - Contact information for attending physician or office manager on the fax document
- For additional support regarding J-Code selection for specialty medications provided under the medical benefit, please refer to the table provided below.

Prior Authorization for Medical Necessity Pharmacy Review Process

If the request is approved under the medical benefit (e.g., buy and bill), you will be provided with an authorization number to provide on your claim submittal via a faxed approval letter.

If the request is approved under the pharmacy benefit, no additional authorization numbers are needed and the medication can be obtained at any network pharmacy.

If coverage is denied, you will be notified of the denial reason and the appeals process via a fax to your office and a letter to the member.

Jcode	Brand Name	Description	Prior Authorization for Medical <i>PA's apply at all places of service except 21 (inpatient) unless otherwise specified</i>
90378 (CPT)	Synagis	PALIVIZUMAB	X
A9606	Xofigo	RADIUM RA-223 DICHLORIDE, THERAPEUTIC, PER MICROCURIE	X
C9132	Kcentra	PROTHROMBIN COMPLEX CONCENTRATE (HUMAN), KCENTRA, PER I.U. OF FACTOR IX ACTIVITY	
C9137	Adynovate	INJECTION, FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PEGYLATED, 1 IU	
C9138	Nuwiq	INJECTION, FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) (NUWIQ), 1 IU SIMOCTOCOG ALFA	
C9290	Exparel	INJECTION, BUPIVACAINE LIPOSOME, 1 MG	
C9293	Voraxaze	INJECTION, GLUCARPIDASE, 10 UNITS	
C9447	Omidria	INJECTION, PHENYLEPHRINE AND KETOROLAC, 4 ML VIAL	
C9461		CHOLINE C 11, DIAGNOSTIC, PER STUDY DOSE	
C9470	Aristada	INJECTION, ARIPIRAZOLE LAUROXIL, 1 MG	X
C9471	Hymovis	HYALURONAN OR DERIVATIVE, HYMOVIS, FOR INTRA-ARTICULAR INJECTION, 1 MG	X
C9472	Imlygic	INJECTION, TALIMOGENE LAHERPAREPVEC, 1 MILLION PLAQUE FORMING UNITS (PFU)	
C9473	Nucala	INJECTION, MEPOLIZUMAB, 1 MG	X
C9474	Onivyde	INJECTION, IRINOTECAN LIPOSOME, 1 MG	
C9475	Portrazza	INJECTION, NECITUMUMAB, 1 MG	
C9476	Darzalex	INJECTION, DARATUMUMAB, 10 MG	
C9477	Empliciti	INJECTION, ELOTUZUMAB, 1 MG	
C9478	Kanuma	INJECTION, SEBELIPASE ALFA , 1 MG	
C9479	Cetraxel	INSTILLATION, CIPROFLOXACIN OTIC SUSPENSION, 6 MG	
C9480	Yondelis	INJECTION, TRABECTEDIN, 0.1 MG	
C9497	Adasuve	LOXAPINE, INHALATION POWDER, 10 MG	
J0129	Orencia	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)	X
J0130	Reopro	INJECTION ABCIXIMAB, 10 MG	
J0132	Acetadote	INJECTION, ACETYLCYSTEINE, 100 MG	
J0133		INJECTION, ACYCLOVIR, 5 MG	
J0135	Humira	INJECTION, ADALIMUMAB, 20 MG	X
J0150		INJECTION, ADENOSINE FOR THERAPEUTIC USE, 6 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS, INSTEAD USE A9270)	
J0151	Adenoscan	INJECTION, ADENOSINE FOR DIAGNOSTIC USE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS, INSTEAD USE A9270)	
J0152	Adenoscan	INJECTION, ADENOSINE FOR DIAGNOSTIC USE, 30 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS; INSTEAD USE A9270)	
J0153	Adenoscan	INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS)	

J0171		INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG	
J0178	Eylea	INJECTION, AFLIBERCEPT, 1 MG	X
J0180	Fabrazyme	INJECTION, AGALSIDASE BETA, 1 MG	X
J0202	Lemtrada	INJECTION ALEMTUZUMAB 1 MG	X
J0205	Ceredase	INJECTION, ALGLUCERASE, 1 MG	
J0207	Ethyol	INJECTION, AMIFOSTINE, 500 MG	
J0210		INJECTION, METHYLDOPATE HCL, UP TO 250 MG	
J0215	Amevive	ALEFACEPT	
J0220	Myozyme	INJECTION, ALGLUCOSIDASE ALFA, 10 MG, NOT OTHERWISE SPECIFIED	X
J0221	Lumizyme	INJECTION, ALGLUCOSIDASE ALFA, (LUMIZYME), 10 MG	X
J0256	Aralast NP, Prolastin, Prolastin C, Zemaira	INJECTION, ALPHA 1-PROTEINASE INHIBITOR (HUMAN), NOT OTHERWISE SPECIFIED, 10 MG	X
J0257	Glassia	INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), (GLASSIA), 10 MG	X
J0278		INJECTION, AMIKACIN SULFATE, 100 MG	
J0280		INJECTION, AMINOPHYLLIN, UP TO 250 MG	
J0285		INJECTION, AMPHOTERICIN B, 50MG	
J0287	Abelcet	INJECTION, AMPHOTERICIN B LIPID COMPLEX, 10 MG	
J0288	Amphotec	INJECTION, AMPHO B CHOLESTERYL SULFATE, 10MG	
J0289	Ambisome	INJECTION, AMPHOTERICIN B LIPOSOME, 10MG	
J0290		INJECTION, AMPICILLIN SODIUM, 500 MG	
J0295		INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 G	
J0348	Eraxis	INJECTION, ANIDULAFUNGIN, 1 MG	
J0360		INJECTION, HYDRALAZINE HCL, UP TO 20 MG	
J0364	Apokyn	INJECTION, APOMORPHINE HYDROCHLORIDE 1 MG	
J0365	Trasylol	INJECTION, APRTONIN, 10,000KIU	
J0400		INJECTION, ARIPIPRAZOLE, 0.25MG	
J0401	Abilify Maintena	INJECTION, ARIPIPRAZOLE, EXTENDED RELEASE, 1 MG	
J0456	Zithromax	INJECTION, AZITHROMYCIN, 500 MG	
J0461		INJECTION, ATROPINE SULFATE, 0.01 MG	
J0470	Bal in Oil	INJECTION, DIMECAPROL 100MG	
J0475	Lioresal	INJECTION, BACLOFEN, 10 MG	
J0476	Gablofen, Lioresal,	INJECTION, BACLOFEN, 50 MCG FOR INTRATHECAL TRIAL	
J0485	Nulojix	INJECTION, BELATACEPT, 1 MG	X
J0490	Benlysta	INJECTION, BELIMUMAB, 10 MG	X
J0500	Bentyl	INJECTION, DICYCLOMINE HCL, UP TO 20 MG	
J0515	Cogentin	INJECTION, BENZTROPINE MESYLATE, PER 1 MG	
J0558	Bicillin C-R	INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, 100,000 UNITS	

J0561	Bicillin L-A	INJECTION, PENICILLIN G BENZATHINE, 100,000 UNITS	
J0571	Subutex	BUPRENORPHINE, ORAL, 1 MG	X
J0572	Suboxone	BUPRENORPHINE/NALOXONE, ORAL, LESS THAN OR EQUAL TO 3 MG	X
J0573	Suboxone	BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 3 MG, BUT LESS THAN OR EQUAL TO 6 MG	X
J0574	Suboxone	BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 6 MG, BUT LESS THAN OR EQUAL TO 10 MG	X
J0575	Suboxone	BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 10 MG	X
J0583	Angiomax	INJECTION, BIVALIRUDIN, 1 MG	
J0585	Botox	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	X
J0586	Dysport	ABOBOTULINUMTOXINA	X
J0587	Myobloc	INJECTION, RIMABOTULINUMTOXINB, 100 UNITS	X
J0588	Xeomin	INJECTION, INCOBOTULINUMTOXINA, 1 UNIT	X
J0592		INJECTION, BUPRENORPHINE HCL, 0.1 MG	
J0594		INJECTION, BUSULFAN, 1 MG	
J0595		INJECTION, BUTORPHANOL TARTRATE, 1 MG	
J0596	Ruconest	INJ C1 ESTERASE INHIB RUCONEST 10 U	X
J0597	Berinert	INJECTION, C-1 ESTERASE INHIBITOR (HUMAN), BERINERT, 10 UNITS	X
J0598	Cinryze	INJECTION, C-1 ESTERASE, 10 UNITS	X
J0600		INJECTION, EDTATE CALCIUM DISODIUM, 1000MG	
J0610		INJECTION, CALCIUM GLUCONATE, PER 10 ML	
J0630	Micalcin	INJECTION, CALCITONIN SALMON, UP TO 400 UNITS	
J0637	Canidas	INJECTION, CASPOFUNGIN ACETATE, 5 MG	
J0638	Ilaris	CANAKINUMAB INJECTION	X
J0640		INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	
J0641		INJECTION, LEVOLEUCOVORIN CALCIUM, 0.5 MG	
J0670	Polocaine	INJECTION, MEPIVACAINE HCL, PER 10 ML	
J0690		INJECTION, CEFAZOLIN SODIUM, 500 MG	
J0692	Maxipime	INJECTION, CEFEPIME HCL, 500 MG	
J0694	Mefoxin	INJECTION, CEFOXITIN SODIUM, 1 G	
J0695	Zerbaxa	INJ CEFTOLOZANE 50 MG & TAZ 25 MG	
J0696	Rocephin	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	
J0697	Zinacef	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	
J0698	Claforan	INJECTION, CEFOTAXIME SODIUM, PER G	
J0702	Celestone Soluspan	INJECTION, BETAMETHASONE ACETATE 3 MG AND BETAMETHASONE SODIUM PHOSPHATE 3 MG	
J0706		INJECTION, CAFFINE CITRATE 5 MG	
J0712	Teflaro	INJECTION, CEFTAROLINE FOSAMIL, 10 MG	
J0713	Fortaz	INJECTION, CEFTAZIDIME, PER 500 MG	
J0714	Avycaz	INJ CFTAZDM & AVIBCTM 0.5 G/0.125 G	

J0716	Anascorp	INJECTION, CENTRUROIDES IMMUNE F(AB)2, UP TO 120 MG	
J0717	Cimzia	INJECTION, CERTOLIZUMAB PEGOL, 1 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)	X
J0718	Cimzia	INJECTION, CERTOLIZUMAB PEGOL, 1 MG	X
J0720		INJECTION, CHOLORAMPHENICOL SODIUM, 1GM	
J0725	Novarel	INJECTION, GONADOTROPIN, 1000UNITS	
J0735	Duraclon	INJECTION, CLONIDINE HCL, 1 MG	
J0740	Vistide	INJECTION, CIDOFOVIR, 375 MG	
J0743	Primaxin	INJECTION, CILASTATIN SODIUM; IMPENEM, PER 250 MG	
J0744		INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	
J0745		INJECTION, CODEINE PHOSPHATE, PER 30 MG	
J0770	Coly-Mycin	INJECTION, COLISTIMETHATE SODIUM, UP TO 150MG	
J0775	Xiaflex	INJECTION, COLLAGENASE, CLOSTRIDIUM HISTOLYTICUM, 0.01 MG	X
J0780		INJECTION, PROCHLORPERAZINE, UP TO 10 MG	
J0795	Acthrel	INJECTION, CORTICORELIN OVINE TRIFLUTATE, 1 MCG	
J0800	Acthar Gel	CORTICOTROPIN INJECTION	X
J0834		INJECTION, COSYNTROPIN (CORTROSYN), 0.25 MG	
J0840	Crofab	INJECTION, CROTALIDAE POLYVALENT IMMUNE FAB (OVINE), UP TO 1 G	
J0850	Cytogam	INJECTION, CYMOMEGALOVIRUS IMM, PER VIAL	
J0875	Dalvance	INJECTION DALBAVANCIN 5MG	
J0878	CUBICIN	INJECTION, DAPTOMYCIN, 1 MG	
J0881	Aranesp	INJECTION, DARBEPOETIN ALFA, 1 MCG (NON-ESRD USE)	
J0882	Aranesp	INJECTION, DARBEPOETIN ALFA, 1 MCG (FOR ESRD ON DIALYSIS)	
J0885	Procrit/Epogen	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	
J0886	Procrit/Epogen	INJECTION, EPOETIN ALFA, (FOR ESRD USE), 1000 UNITS	
J0887	Mircera	INJECTION, EPOETIN BETA, 1 MICROGRAM, (FOR ESRD USE)	
J0888	Mircera	INJECTION, EPOETIN BETA, 1 MICROGRAM, (FOR NON- ESRD USE)	
J0890	Omontys	INJECTION, PEGINESATIDE, 0.1 MG (FOR ESRD ON DIALYSIS)	
J0894		INJECTION, DECITABINE, 1 MG	
J0895	Desferal	INJECTION, DEFEROXAMINE MESYLATE, 500 MG	
J0897	Prolia/Xgeva	INJECTION, DENOSUMAB, 1 MG	X
J1000		INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG	

J1020	Methylpred	INJECTION, METHYLPREDNISOLONE ACETATE, 20 MG	
J1030	Depo-Medrol	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	
J1040	Depo-Medrol	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	
J1050	Depo-Provera	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	
J1051		INJECTION, MEDROXYPROGESTERONE ACETATE, 50 MG	
J1055		INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG	
J1060		INJECTION, TESTOSTERONE CYPIONATE AND ESTRADIOL CYPIONATE, UP TO 1 ML	
J1070	Depo-Testosterone	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG	X
J1071	Depo-Testosterone	INJECTION, TESTOSTERONE CYPIONATE, 1 MG	X
J1080	Depo-Testosterone	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG	X
J1094		INJECTION, DEXAMETHASONE ACETATE, 1 MG	
J1100		INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG	
J1110	D.H.E 45	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG	
J1120		INJECTION, ACETAZOLAMIDE SODIUM, UP TO 500 MG	
J1160	Lanoxin	INJECTION, DIGOXIN, UP TO 0.5 MG	
J1162	Digibind, Digfab	INJECTION, DIGOXIN IMMUNE FAB (OVINE), PER VIAL	
J1165		INJECTION, PHENYTOIN SODIUM, PER 50 MG	
J1170		INJECTION, HYDROMORPHONE, UP TO 4 MG	
J1190	Zinecard, Totect	INJECTION, DEXRAZOXANE HCL, PER 250 MG	
J1200	Benadryl	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	
J1205	Diuril	INJECTION, CHLOROTHIAZIDE SODIUM, PER 500 MG	
J1212	Rimso-50	INJECTION, DMSO, DIMETHYL SULFOXIDE, 50%, 50 ML	
J1230		INJECTION, METHADONE HCL 10 MG	
J1240		INJECTION, DIMENHYDRINATE, UP TO 50 MG	
J1245		INJECTION, DIPYRIDAMOLE, PER 10 MG	
J1250		INJECTION, DOBUTAMINE HCL, PER 250 MG	
J1260	Anzemet	INJECTION, DOLASETRON MESYLATE, 10 MG	
J1265		INJECTION, DOPAMINE HCL, 40 MG	
J1267	Doribax	INJECTION, DORIPENEM, 10 MG	
J1270	Hectrol	INJECTION, DOXERCALCIFEROL, 1 MCG	
J1290	Kalbitor	ECALLANTIDE INJECTION	X
J1300	Soliris	INJECTION, ECULIZUMAB, 10 MG	X
J1322	Vimizim	INJECTION, ELOSULFASE ALFA, 1 MG	X
J1325	Flolan	EPOPROSTENOL INJECTION	X

J1327	Integrilin	INJECTION, EPTIFIBATIDE, 5 MG	
J1335	Invanz	INJECTION, ERTAPENEM SODIUM, 500 MG	
J1364		INJECTION, ERYTHROMYCIN LACTOBIONATE, PER 500 MG	
J1380	Delestrogen	INJECTION, ESTRADIOL VALERATE, 10 MG	
J1410	Premarin	INJECTION, ESTROGEN CONJUGATE 25 MG	
J1430		INJECTION, ETHANOLAMINE OLEATE, 100MG	
J1438	Enbrel	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)	X
J1439	Injectafer	INJECTION, FERRIC CARBOXYMALTOSIDE, 1 MG	
J1440	Neupogen	INJECTION, FILGRASTIM (G-CSF), 300 MCG	
J1441	Neupogen	INJECTION, FILGRASTIM (G-CSF), 480 MCG	
J1442	Neupogen	1 MICROGRAM INJECTION, FILGRASTIM (G-CSF)	
J1443	Ferric Citrate	INJ FERRIC PRPP CIT SOL 0.1 MG IRON	
J1447	Granix	INJECTION TBO-FILGRASTIM 1 MICROG	
J1450	Diflucan	INJECTION, FLUCONAZOLE, 200 MG	
J1451	Antizol	INJECTION, FOMEPIZOLE, 15 MG	
J1453	Emend	INJECTION, FOSAPREPITANT, 1 MG	
J1458	Naglazyme	GALSULFASE INJECTION	X
J1459	Privigen	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NONLYOPHILIZED (E.G., LIQUID), 500 MG	X
J1460	Gamastan	INJECTION, GAMMA GLOBULIN, 1CC	X
J1556	Bivigam	INJECTION, IMMUNE GLOBULIN (BIVIGAM) 500 MG	X
J1557	Gammplex	INJECTION, IMMUNE GLOBULIN, (GAMMALEX), INTRAVENOUS, NONLYOPHILIZED (E.G. LIQUID), 500 MG	X
J1559	Hizentra	HIZENTRA INJECTION	X
J1560	Gamastan	INJECTION, GAMMA GLOBULIN, 10CC	X
J1561	Gamunex, Gammunex-C, Gammaked	INJECTION, IMMUNE GLOBULIN, (GAMUNEX/GAMUNEX-C/GAMMAKED), NONLYOPHILIZED (E.G., LIQUID), 500 MG	X
J1562	Vivaglobin	IVIG	X
J1566	Gammagard S/D / Carimune Nf	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G., POWDER), NOT OTHERWISE SPECIFIED, 500 MG	X
J1568	Octagam	INJECTION, OCTAGAM, 500MG	X
J1569	Gammagard Liquid	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), INTRAVENOUS, NONLYOPHILIZED, (E.G., LIQUID), 500 MG	X
J1570	Cytovene	INJECTION, GANCICLOVIR SODIUM, 500 MG	
J1571		INJECTION, HEPAGAM B IM, 0.5ML	
J1572	Flebogamma	INJECTION, IMMUNE GLOBULIN, (FLEBOGAMMA/FLEBOGAMMA DIF), INTRAVENOUS, NONLYOPHILIZED (E.G., LIQUID), 500 MG	X
J1573	Hepagam B	INJECTION, HEPAGAM B INTRAVENOUS, 0.5ML	

J1575	HyQyvia	INJ IG/HYALURONIDASE 100 MG IG	X
J1580		INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	
J1595	Copaxone	INJECTION, GLATIRAMER ACETATE, 20 MG	
J1599		IVIG, NON-LYOPHILIZED, LIQUID, NOS	X
J1600	Myochrysine	INJECTION, GOLD SODIUM THIOMALEATE, 50MG	
J1602	Simponi Aria	INJECTION, GOLIMUMAB, 1 MG FOR INTRAVENOUS USE	X
J1610		INJECTION, GLUCAGON HCL, PER 1 MG	
J1626	Kytril	INJECTION, GRANISETRON HCL, 100 MCG	
J1630	Haldol	INJECTION, HALOPERIDOL, UP TO 5 MG	
J1631	Haldol	INJECTION, HALOPERIDOL DECANOATE, 50 MG	
J1640	Panhematin	INJECTION, HEMIN, 1 MG	
J1642		INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	
J1644		INJECTION, HEPARIN SODIUM, PER 1000 UNITS	
J1645	Fragmin	INJECTION, DALTEPARIN SODIUM, PER 2500 IU	
J1650	Lovenox	INJECTION, ENOXAPARIN SODIUM, 10 MG	
J1652	Arixtra	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	
J1670	Hypertet	INJECTION, TETANUS IMMUNE GLOBULIN, HUMAN, UP TO 250 UNITS	
J1720	Solu- Cortef	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG	
J1725	Makena	1 MG INJECTION, HYDROXYPROGESTERONE CAPROATE, 1 MG	X
J1740	Boniva	INJECTION, IBANDRONATE SODIUM, 1 MG	X
J1741	Motrin	INJECTION, IBUPROFEN, 100 MG	
J1742	Corvert	INJECTION, IBUTILIDE FUMARATE, 1 MG	
J1743	Elaprase	IDURSULFASE INJECTION	X
J1744	Firazyr	INJECTION, ICATIBANT, 1 MG	X
J1745	Remicade	INJECTION INFLIXIMAB, 10 MG	X
J1750	Dexferrum, Infed	INJECTION, IRON DEXTRAN, 50 MG	
J1756	Venofer	INJECTION, IRON SUCROSE, 1 MG	
J1786	Cerezyme	INJECTION, IMIGLUCERASE, 10 UNITS	X
J1790	Inapsine	INJECTION, DROPERIDOL, UP TO 5 MG	
J1800		INJECTION, PROPRANOLOL HCL, UP TO 1 MG	
J1815		INJECTION, INSULIN, PER 5 UNITS	
J1817		INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	
J1830	Betaseron/ Extavia	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)	
J1833	Cresemba	INJECTION ISAVUCONAZONIUM 1 MG	
J1840		INJECTION, KANAMYCIN SULFATE, UP TO 500 MG	
J1850		INJECTION, KANAMYCIN SULFATE, 75 MG	

J1885		INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	
J1930	Somatuline Depot	LARONIDASE INJECTION	X
J1931	Aldurazyme	LARONIDASE INJECTION	X
J1940		INJECTION, FUROSEMIDE, UP TO 20 MG	
J1945	Refludan	INJECTION, LEPIRUDIN, 50 MG	
J1950	Lupron	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG	X
J1953	Keppra	INJECTION, LEVETIRACETAM, 10 MG	
J1955	Carnitor	INJECTION, LEVOCARNITINE, PER 1 G	
J1956	Levaquin	INJECTION, LEVOFLOXACIN, 250 MG	
J1980	Levsin	INJECTION, HYOSCYAMINE SULFATE, 0.25MG	
J2001	Xylocaine	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	
J2010	Lincocin	INJECTION, LINCOMYCIN HCL, UP TO 300 MG	
J2020	Zyvox	INJECTION, LINEZOLID, 200 MG	
J2060	Ativan	INJECTION, LORAZEPAM, 2 MG	
J2150		INJECTION, MANNITOL, 25% IN 50 ML	
J2175	Demerol	INJECTION, MEPERIDINE HCL, PER 100 MG	
J2185		INJECTION, MEROPENEM, 100 MG	
J2210	Methergine	INJECTION, METHYLERGONOVINE MALEATE, UP TO 0.2 MG	
J2212	Relistor	INJECTION, METHYLNALTREXONE, 0.1 MG	X
J2250		INJECTION, MIDAZOLAM HCL, PER 1 MG	
J2260		INJECTION, MILRINONE LACTATE, 5 MG	
J2270		INJECTION, MORPHINE SULFATE, UP TO 10 MG	
J2271		INJECTION, MORPHINE SULFATE, 100 MG	
J2274	Duramorph	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10 MG	
J2275	Astramorph	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG	
J2278	Prialt	INJECTION, ZICONOTIDE, 1 MCG	
J2280	Avelox	INJECTION, MOXIFLOXACIN, 100 MG	
J2300		INJECTION, NALBUPHINE HCL, PER 10 MG	
J2310		INJECTION, NALOXONE HCL, PER 1 MG	
J2315	Vivitrol	INJECTION, NALTREXONE, DEPOT FORM, 1 MG	
J2323	Tysabri	INJECTION, NATALIZUMAB, 1 MG	X
J2325	Natrecor	INJECTION, NESTIRITIDE, 0.1MG	
J2353	Sandostatin LAR	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	X
J2354	Sandostatin	INJECTION, OCTREOTIDE, NONDEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	
J2355	Neumega	INJECTION, OPRELVEKIN, 5 MG	
J2357	Xolair	INJECTION, OMALIZUMAB, 5 MG	X
J2358	Zyprexa Relprevv	INJECTION, OLANZAPINE, LONG-ACTING, 1 MG	
J2360		INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG	

J2370		INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	
J2400	Nesacaine	INJECTION, CHLOROPROCAINE HCL, PER 30 ML	
J2405	Zofran	INJECTION, ONDANSETRON HCL, PER 1 MG	
J2407	Orbactiv	INJECTION ORITAVANCIN 10 MG	
J2410	Opana	INJECTION, OXYMORPHONE HCL 1 MG	
j2425	Kepivance	INJECTION, PALIFERMIN, 50 MCG	
J2426	Invega Sustenna, Invega Trinza	PALIPERIDONE PALMITATE INJECTION	
J2430	Aredia	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	
J2469	Aloxi	INJECTION, PALONOSETRON HCL, 25 MCG	
J2501	Zemplar	INJECTION, PARICALCITOL, 1 MCG	
J2502	Signifor LAR	INJ PASIREOTIDE LONG ACTING 1 MG	X
J2503	Macugen	INJECTION, PEGAPTANIB SODIUM, 0.3 MG	
J2504	Adagen	PEGADEMASE BOVINE, 25 IU	X
J2505	Neulasta	INJECTION, PEGFILGRASTIM, 6 MG	
J2507	Krystexxa	INJECTION, PEGLOTICASE, 1 MG	X
J2510		INJECTION, PENICILLIN G PROCAINE, AQUEOUS, UP TO 600,000 UNITS	
J2515	Nembutal	INJECTION, PENTOBARBITAL SODIUM, PER 50 MG	
J2540	Pfizerpen-G	INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS	
J2543	Zosyn	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 G/0.125 G (1.125 G)	
J2545	Nebupent	PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MG	
J2547	Rapivab	INJECTION PERAMIVIR 1 MG	X
J2550	Phenergan	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	
J2560		INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MG	
J2562	Mozobil	PLERIXAFOR	X
J2590	Pitocin	INJECTION, OXYTOCIN, UP TO 10 UNITS	
J2597	Ddavp	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG	
J2675		INJECTION, PROGESTERONE, PER 50 MG	
J2680		INJECTION, FLUPHENAZINE DECANOATE, UP TO 25 MG	
J2690		INJECTION, PROCAINAMIDE HCL, UP TO 1 G	
J2700		INJECTION, OXACILLIN SODIUM, 250 MG	
J2704	Diprivan	INJECTION, PROPOFOL, 10MG	

J2720		INJECTION, PROTAMINE SULFATE, PER 10 MG	
J2724	Ceprotein	INJECTION, PROTEIN C CONCENTRATE, 10 UNITS	
J2730		INJECTION, PRALIDOXIME CHLORIDE, UP TO 1 G	
J2760		INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	
J2765	Reglan	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	
J2770	Synercid	INJECTION, QUINUPRISTIN/ DALFOPRISTIN, 500MG	
J2778	Lucentis	INJECTION, RANIBIZUMAB, 0.1 MG	X
J2780	Zantac	INJECTION, RANITIDINE HCL, 25 MG	
J2783	Elitek	INJECTION, RASBURICASE, 0.5 MG	
J2785		INJECTION, REGADENOSON, 0.1 MG	
J2788	Micrhogam, Bayrho	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, MINIDOSE, 50 MCG (250 I.U.)	
J2790	Rhogam ultra	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MCG (1500 I.U.)	
J2791	Rhophylac	INJECTION, RHO(D) IMMUNE GLOBULIN (HUMAN), (RHOPHYLAC), INTRAMUSCULAR OR INTRAVENOUS, 100 IU	
J2792	Winrho sdf	INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT, 100 IU	
J2793	Arcalyst	RILONACEPT	X
J2794	Risperdal Consta	INJECTION, RISPERIDONE, LONG ACTING, 0.5 MG	
J2795	Naropin	INJECTION, ROPIVACAINE HCL, 1 MG	
J2796	Nplate	INJECTION, ROMIPLOSTIM, 10 MCG	X
J2800	Robaxin	INJECTION, METHOCARBAMOL, UP TO 10 ML	
J2805	Sincalide	INJECTION, SINCALIDE, 5 MCG	
J2810		INJECTION, THEOPHYLLINE, PER 40 MG	
J2820	Leukine	INJECTION, SARGRAMOSTIM (GM-CSF), 50 MCG	
J2850	Chirhostim	INJECTION, SECRETIN, SYNTHETIC, HUMAN, 1 MCG	
J2860	Sylvant	INJECTION SILTUXIMAB 10 MG	X
J2916	Ferrelcit	INJECTION, SODIUM FERRIC GLUCONATE COMPLEX IN SUCROSE INJECTION, 12.5 MG	
J2920	Solu- Medrol	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG	
J2930	Solu- Medrol	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	
J2941	Genotropin	SOMATROPIN	X
J2993	Retavase	INJECTION, RETEPLASE RECOMBINANT, 18.1MG	
J2997	Activase	INJECTION, ALTEPLASE RECOMBINANT, 1 MG	
J3010	Sublimaze	INJECTION, FENTANYL CITRATE, 0.1 MG	

J3030	Imitrex	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)	
J3060	ElELYso	INJECTION, TALIGLUCERACE ALFA, 10 UNITS	X
J3070	Talwin	INJECTION, PENTAZOCINE, 30 MG	
J3090	Sivextro	INJECTION TEDIZOLID PHOSPHATE 1 MG	
J3095	Vibrativ	INJECTION, TELAVANCIN, 10 MG	
J3101	Tnkase	INJECTION, TENECTEPLASE, 1 MG	
J3105		INJECTION, TERBUTALINE SULFATE, UP TO 1 MG	
J3120	Delatestryl	INJECTION, TESTOSTERONE ENANTHATE, UP TO 100 MG	X
J3121	Delatestryl	INJECTION, TESTOSTERONE ENANTHATE 1 MG	X
J3130	Delatestryl	INJECTION, TESTOSTERONE ENANTHATE, UP TO 200 MG	X
J3140		INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	
J3145	Aveed	INJECTION, TESTOSTERONE UNDECANOATE, 1 MG	X
J3150		INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	
J3230		INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG	
J3240	Thyrogen	INJECTION, THYROTROPIN ALPHA, 0.9 MG, PROVIDED IN 1.1 MG VIAL	
J3243		INJECTION, TIGECYCLINE, 1 MG	
J3246	Aggrastat	INJECTION, TIROFIBAN HCL, 0.25MG	
J3250	Tigan	INJECTION, TRIMETHOBENZAMIDE HCL, UP TO 200 MG	
J3260		INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	
J3262	Actemra	INJECTION, TOCILIZUMAB, 1 MG	X
J3285	Remodulin	TREPROSTINIL INJECTION	X
J3300		INJECTION, TRIAMCINOLONE ACETONIDE, PRESERVATIVE FREE, 1 MG	
J3301	Kenalog	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	
J3302	Clinacort	INJECTION, TRIAMCINOLONE DIACETATE, PER 5 MG	
J3303	Aristospan	INJECTION, TRIAMCINOLONE HEXACETONIDE, PER 5 MG	
J3315	Trelstar	INJECTION, TRIPTORELIN PAMOATE, 3.75 MG	X
J3355	Bravelle	INJECTION, UROFOLLITROPIN, 75 IU	
J3357	Stelara	USTEKINUMAB INJECTION	X
J3360		INJECTION, DIAZEPAM, UP TO 5 MG	
J3365	Abbokinase	INJECTION, UROKINASE, 250,000 IU	
J3370		INJECTION, VANCOMYCIN HCL, 500 MG	
J3380	Entyvio	INJECTION VEDOLIZUMAB 1 MG	X
J3385	Vpriv	VELAGLUCERASE ALFA	X
J3396	Visudyne	INJECTION, VERTEPORFIN, 0.1 MG	

J3410		INJECTION, HYDROXYZINE HCL, UP TO 25 MG	
J3411		INJECTION, THIAMINE HCL, 100 MG	
J3415		INJECTION, PYRIDOXINE HCL, 100 MG	
J3420		INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1,000 MCG	
J3430		INJECTION, PHYTONADIONE (VITAMIN K), PER 1 MG	
J3465	Vfend	INJECTION, VORICONAZOLE, 10MG	
J3470	Amphadase	INJECTION, HYALURONIDASE, UP TO 150 UNITS	
J3471		INJECTION, HYALURONIDASE, OVINE, PRESERVATIVE FREE, PER 1 USP UNIT (UP TO 999 USP UNITS)	
J3473		INJECTION, HYALURONIDASE RECOMBINANT, 1 USP UNIT	
J3475		INJECTION, MAGNESIUM SULFATE, PER 500 MG	
J3480		INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	
J3486	Geodon	INJECTION, ZIPRASIDONE MESYLATE, 10 MG	
J3489	Reclast/Zometa	INJECTION, ZOLEDRONIC ACID, 1 MG	
J3490		UNCLASSIFIED DRUGS	*
J3535		DRUG ADMINISTERED THROUGH A METERED DOSE INHALER	
J3585	Retrovir	INJECTION, ZIDOVUDINE, 10 MG	
J3590		UNCLASSIFIED BIOLOGICS	*
J7030	sodium chloride	INFUSION, NORMAL SALINE SOLUTION, 1,000 CC	
J7040	sodium chloride	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	
J7042	Dextrose- Nacl	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)	
J7050	sodium chloride	INFUSION, NORMAL SALINE SOLUTION, 250 CC	
J7060	dextrose	5% DEXTROSE/WATER (500 ML = 1 UNIT)	
J7070	dextrose	INFUSION, D-5-W, 1,000 CC	
J7100		INFUSION, DEXTRAN40, LMD 10% IN 0.95 SODIUM HCL, 500 ML	
J7110		INFUSION , DEXTRAN 75 IN D5W	
J7120		RINGERS LACTATE INFUSION, UP TO 1,000 CC	
J7121		5% DEXTROSE LR INFUSION TO 1000 CC	
J7130		HYPERTONIC SALINE SOLUTION, 50 OR 100 MEQ, 20 CC VIAL	
J7178	RiaSTAP	INJECTION, HUMAN FIBRINOGEN CONCENTRATE, 1 MG	
J7180		INJECTION, FACTOR XIII (ANTIHEMOPHILIC FACTOR, HUMAN), 1 IU	
J7181	Tretten	INJECTION, FACTOR XIII A-SUBUNIT, (RECOMBINANT), PER IU	
J7182	NovoEight	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (NOVOEIGHT), PER IU	
J7183	WILATE	INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMAN), WILATE, 1 IU VWF:RCO	

J7185	Xyntha	INJECTION, XYNTHA, 1 IU	
J7186		ALPHANATE/ VON WILLEBRAN FACTOR COMPLEX	
J7187		INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMATE-P), PER IU VWF-RCO	
J7188	Obizur	INJECTION FACTOR VIII PER I.U.	
J7189	Novoseven	FACTOR VIIA (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PER 1 MCG	
J7192	Kogenate FS, Helixate FS	FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER IU, NOT OTHERWISE SPECIFIED	
J7193	Alphanine	FACTOR IX NON- RECOMBINANT, 1 IU	
J7194	Bebulin, Profilnine	FACTOR IX COMPLEX, 1 IU	
J7195	Benefix	FACTOR IX RECOMBINANT, 1IU	
J7197	Thrombate iii	INJECTION, ANTITHROMBIN III, 1 IU	
J7198	Feiba NF	ANTI-INHIBITOR, FEIBA VH IMMUNO (ANTI-INHIBITOR COAGULANT COMPLEX), 1IU	
J7200	Rixubis	INJECTION, FACTOR IX, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), RIXUBIS, PER IU	
J7201	Alprolix	INJECTION, FACTOR IX, FC FUSION PROTEIN (RECOMBINANT), PER IU	
J7205	Eloctate	INJ FACTOR VIII FC FUSION PER IU	
J7297	Liletta	LNG-RELEASING IUC SYS 52MG 3 YR DUR	
J7298	Mirena	LNG-RELEASING IUC SYS 52MG 5 YR DUR	
J7301	Skylla	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM (SKYLA), 13.5 MG	
J7308	Levulan Kerastick	AMINOLEVULINIC ACID HCL FOR TOPICAL ADMINISTRATION, 20%, SINGLE UNIT DOSAGE FORM (354 MG)	
J7311	Retisert	IMPLANT, FLUOCINOLONE ACETONIDE, 0.59MG	
J7312	Ozurdex	INJECTION, DEXAMETHASONE, INTRAVITREAL IMPLANT, 0.1 MG	X
J7313	Iluvien	INJ FA INTRAVITREAL IMPL 0.01 MG	X
J7315	Mitosol	MITOMYCIN, OPHTHALMIC, 0.2 MG	
J7316	Jetrea	INJECTION, OCRIPLASMIN, 0.125 MG	X
J7321	Supartz/ Hyalgan	HYALURONAN OR DERIVATIVE, HYALGAN OR SUPARTZ, FOR INTRA-ARTICULAR INJECTION, PER DOSE	X
J7323	Euflexxa	HYALURONAN OR DERIVATIVE, EUFLEXXA, FOR INTRA-ARTICULAR INJECTION, PER DOSE	X
J7324	Orthovisc	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	X
J7325	Synvisc/ Synvisc-One	HYALURONAN OR DERIVATIVE, SYNVISC OR SYNVISC-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG	X
J7326	Hyaluronan "Gel-One"	HYALURONAN OR DERIVATIVE, GEL-ONE, FOR INTRA-ARTICULAR INJECTION, PER DOSE	X
J7327	Monovisc	HYALURONAN OR DERIVATIVE, MONOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	X
J7328	Gel-Syn	HYAL/DERIVATV GEL-SYN IA INJ 0.1 MG	X

J7330	Carticel	IMPLANT, CULTURED CHONDROCYTES, 1 EA	
J7336	Qutenza	CAPSAICIN 8% PATCH, PER SQ CM	X
J7340	Duopa	CARBIDPA 5 MG/LEVODPA 20 MG EN SUSP	
J7500		AZATHIOPRINE, ORAL, 50 MG	
J7501		PARENTERAL, AZATHIOPRINE, 100MG	
J7502		CYCLOSPORINE, ORAL, 100 MG	
J7503	Envarsus XR	TACROLIMUS EXT RELEASE ORAL 0.25 MG	
J7504	Atgam	INJECTION LYMPHOCYTE IMMUNE GLOBULIN, 250MG	
J7505	Orthoclone	INJECTION, MONOCLONAL ANTIBODIES, 5 MG	
J7506		PREDNISONE, ORAL, PER 5 MG	
J7507	Prograf	TACROLIMUS, ORAL, PER 1 MG	
J7508	Astagraf XL	TACROLIMUS, EXTENDED RELEASE, ORAL, 0.1 MG	
J7509	Medrol	METHYLPREDNISOLONE, ORAL, PER 4 MG	
J7510		PREDNISOLONE, ORAL, PER 5 MG	
J7511	Thymoglobulin	LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, RABBIT, PARENTERAL, 25 MG	
J7512	Prednisone	PDN IMMED RLSE/DELAY RLSE ORAL 1 MG	
J7513	Zenapax	DACLIZUMAB, PARENTERAL	
J7515	Gengraf, Neoral	CYCLOSPORINE, ORAL, 25 MG	
J7516	Sandimmune	PARENTERAL, CYCLOSPORIN, 250 MG	
J7517	Cellcept	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	
J7518	Myfortic	MYCOPHENOLIC ACID, ORAL, 180 MG	
J7520	Rapamune	ORAL, SIROLIMUS, 1 MG	
J7525	Prograf	INJECTION, TACROLIMUS, 5MG	
J7527	Zortress	EVEROLIMUS, ORAL, 0.25 MG	
J7605	Arformoterol	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NONCOMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MCG	
J7607	Perforomist	LEVALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 0.5 MG	
J7608	Acetylcysteine	ACETYLCYSTEINE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER G	
J7611		ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG	
J7612	Xopenex	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 0.5 MG	
J7613	Accuneb	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	

J7614	Xopenex	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	
J7620		ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED, ADMINISTERED THROUGH DME	
J7626	Pulmicort	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	
J7631		CROMOLYN SODIUM NONCOMP UNIT, 10 MG	
J7639	Pulmozyme	DORNASE ALFA, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MG	X
J7643		GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MG	
J7644		IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MG	
J7665	Aridol	MANNITOL, ADMINISTERED THROUGH AN INHALER, 5 MG	
J7669		METERPROTERENOL SULFATE NON- COMP UNIT, 10 MG	
J7674	Provocholine	METHACHOLINE CHLORIDE ADMINISTERED AS INHALATION SOLUTION THROUGH A NEBULIZER, PER 1 MG	
J7682	Tobi	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MG	
J7686	Tyvaso	TREPROSTINIL, NON-COMP UNIT	X
J7699		NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	
J7799		NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	
J7999		COMPOUNDED DRUG NOC	
J8499		PRESCRIPTION DRUG, ORAL, NONCHEMOTHERAPEUTIC, NOS	
J8501	Emend	APREPITANT, ORAL, 5 MG	
J8510	Myleran	ORAL BUSULFAN	
J8520	Xeloda	CAPECITABINE, ORAL, 150 MG	
J8521	Xeloda	CAPECITABINE, ORAL, 500 MG	
J8530		ORAL, CYCLOPHOPHAMIDE 25 MG	
J8540		DEXAMETHASONE, ORAL, 0.25 MG	
J8560	Etoposide	ETOPOSIDE ORAL 50 MG	
J8562	Oforta	ORAL FLUDARABINE PHOSPHATE	X

J8597		ANTIEMETIC DRUG, ORAL, NOT OTHERWISE SPECIFIED	
J8600	Alkeran	MELPHALAN ORAL 2 MG	
J8610		METHOTREXATE; ORAL, 2.5 MG	
J8655	Akynzeo	NETUPITNT 300 MG&PALONOSETRIN 0.5 MG	
J8700	Temodar	TEMOZOLOMIDE	
J8705	Hycamtin	TOPOTECAN ORAL	
J8999		PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	X
J9000	Adriamycin	INJECTION, DOXORUBICIN HCL, 10 MG	
J9001		INJECTION, DOXORUBICIN HCL, ALL LIPID FORMULATIONS, 10 MG	
J9002	Doxil	INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, DOXIL, 10 MG	
J9010	Campath	INJECTION, ALEMTUZUMAB, 10 MG	
J9015	Proleukin	INJECTION, ALDESLEUKIN, 1 EA	
J9017	Trisenox	INJECTION, ARSENIC TRIOXIDE, 1 MG	
J9019	Erwinaze	INJECTION, ASPARAGINASE (ERWINAZE), 1,000 IU	
J9020	Elspar	INJECTION, ASPARAGINASE, 10,000 UNITS	
J9025	Vidaza	INJECTION, AZACITIDINE, 1 MG	
J9027	Clolar	INJECTION, CLOFARABINE, 1 MG	
J9031	Tice Bcg, Theracys	BCG (INTRAVESICAL) PER INSTILLATION	
J9032	Beleodaq	INJECTION BELINOSTAT 10 MG	
J9033	Treanda	INJECTION, BENDAMUSTINE HCL, 1 MG	
J9035	Avastin	INJECTION, BEVACIZUMAB, 10 MG	
J9039	Blinicyto	INJECTION BLINATUMOMAB 1 MICROGRAM	
J9040		INJECTION, BLEOMYCIN SULFATE, 15 UNITS	
J9041	Velcade	INJECTION, BORTEZOMIB, 0.1 MG	
J9042	Adcetris	INJECTION, BRENTUXIMAB VEDOTIN, 1 MG	
J9043	Jevtana	INJECTION, CABAZITAXEL, 1 MG	
J9045		INJECTION, CARBOPLATIN, 50 MG	
J9047	Kyprolis	INJECTION, CARFILZOMIB, 1 MG	
J9050	BICNU	INJECTION, CARMUSTINE, 100MG	
J9055	Erbix	INJECTION, CETUXIMAB, 10 MG	
J9060		CISPLATIN, POWDER OR SOLUTION, PER 10 MG	
J9065	Leustatin	INJECTION, CLADRIBINE, PER 1 MG	
J9070		CYCLOPHOSPHAMIDE, 100 MG	
J9098	Depocyt	INJECTION, CYTARABINE LIPOSOME, 10 MG	
J9100		INJECTION, CYTARABINE, 100 MG	
J9120	Cosmegen	INJECTION, DACTINOMYCIN, 0.5 MG	
J9130		DACARBAZINE, 100 MG	
J9150	Cerubidine	INJECTION, DAUNORUBICIN, 10 MG	
J9155	Firmagon	INJECTION, DEGARELIX, 1 MG	X
J9160	Ontak	INJECTION, DENILEUKIN DIFTITOX, 300 MCG	
J9171	Taxotere	INJECTION, DOCETAXEL, 1 MG	
J9178		INJECTION, EPIRUBICIN HCL, 2 MG	
J9179	Halaven	INJECTION, ERIBULIN MESYLATE, 0.1 MG	
J9181		INJECTION, ETOPOSIDE, 10 MG	

J9185		INJECTION, FLUDARABINE PHOSPHATE, 50 MG	
J9190	Adrucil	INJECTION, FLUOROURACIL, 500 MG	
J9200		INJECTION, FLOXURIDINE, 500 MG	
J9201	Gemzar	INJECTION, GEMCITABINE HCL, 200 MG	
J9202	Zoladex	GOSERELIN ACETATE IMPLANT, PER 3.6 MG	X
J9206	Camptosar	INJECTION, IRINOTECAN, 20 MG	
J9207		INJECTION, IXABEPILONE, 1 MG	
J9208	Ifex	INJECTION, IFOSFAMIDE, 1 G	
J9209		INJECTION, MESNA, 200 MG	
J9211	Idamycin	INJECTION, IDARUBICIN HCL, 5 MG	
J9214	Intron A	INJECTION, INTERFERON, ALFA-2B, RECOMBINANT, 1 MILLION UNITS	
J9216	Actimmune	INTERFERON GAMMA 1-B	X
J9217	Eligard	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	X
J9218	Lupron	LEUPROLIDE ACETATE, PER 1 MG	X
J9219	Viadur	IMPLANT, LEUPROLIDE ACETATE, 65 MG	
J9225	Vantas	HISTRELIN IMPLANT (VANTAS), 50 MG	X
J9226	Supprelin LA	HISTRELIN IMPLANT	X
J9228	Yervoy	INJECTION, IPILIMUMAB, 1 MG	
J9230	Mustargen	INJECTION, MECHLORETHAMINE HCL, 10 MG	
J9245	Alkeran	INJECTION, MELPHALAN HYDROCHL, 50MG	
J9250		METHOTREXATE SODIUM, 5 MG	
J9260		METHOTREXATE SODIUM, 50 MG	
J9261	Arranon	INJECTION, NELARBINE, 50 MG	
J9262	Synribo	INJECTION, OMACETAXINE MEPEUSUCCINATE, 0.01 MG	
J9263	Eloxatin	INJECTION, OXALIPLATIN, 0.5 MG	
J9264	Abraxane	INJECTION, PACLITAXEL PROTEIN-BOUND PARTICLES, 1 MG	
J9265	Taxol	INJECTION, PACLITAXEL, 30 MG	
J9266	Oncaspar	INJECTION, PEGASPARGASE, PER SINGLE DOSE VIAL	
J9267	Nov-Onxol	INJECTION, PACLITAXEL, 1 MG	
J9268	Nipent	INJECTION, PENTOSTATIN, 10 MG	
J9271	Keytruda	INJECTION PEMBROLIZUMAB 1 MG	
J9280		MITOMYCIN, 5 MG	
J9293		INJECTION, MITOXANTRONE HCL, PER 5 MG	
J9299	Opdivo	INJECTION NIVOLUMAB 1 MG	
J9300	Mylotarg	INJECTION, GEMTUZUMAB OZOGAMICIN, 5 MG	
J9301	Gazyva	INJECTION, OBINUTUZUMAB, 10 MG	
J9302	Arzerra	INJECTION, OFATUMUMAB, 10 MG	
J9303		INJECTION, PANITUMUMAB, 10 MG	
J9305	Alimta	INJECTION, PEMETREXED, 10 MG	
J9306	Perjeta	INJECTION, PERTUZUMAB, 1 MG	
J9307	Folotyn	INJECTION, PRALATREXATE, 1 MG	
J9308	Cyramza	INJECTION RAMUCIRUMAB 5 MG	
J9310	Rituxan	INJECTION, RITUXIMAB, 100 MG	X
J9315	Istodax	INJECTION, ROMIDEPSIN, 1 MG	

J9320	Zansosar	INJECTION, STREPTOZOCIN, 1 G	
J9328	Temodar IV	INJECTION, TEMOZOLOMIDE, 1 MG	
J9330	Torisel	INJECTION, TEMSIROLIMUS, 1 MG	
J9340		INJECTION, THIOTEPA, 15 MG	
J9351		INJECTION, TOPOTECAN, 0.1 MG	
J9354	Kadcyla	INJECTION, ADO-TRASTUZUMAB EMTANSINE, 1 MG	
J9355	Herceptin	INJECTION, TRASTUZUMAB, 10 MG	
J9357	Valstar	INJECTION, VALRUBICIN, INTRAVESICAL, 200 MG	
J9360		INJECTION, VINBLASTINE SULFATE, 1 MG	
J9370		VINCRISTINE SULFATE, 1 MG	
J9371	Marquibo	INJECTION, VINCRISTINE SULFATE LIPOSOME, 1 MG	
J9390	Navelbine	INJECTION, VINOURELBINE TARTRATE, 10 MG	
J9395	Faslodex	INJECTION, FULVESTRANT, 25 MG	
J9400	Zaltrap	INJECTION, ZIV-AFLIBERCEPT, 1 MG	
J9999		NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	X
Q0161	Chlorpromazine	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	
Q2033	Flublok	INFLUENZA VACCINE, RECOMBINANT HEMAGGLUTININ ANTIGENS, FOR INTRAMUSCULAR USE (FLUBLOK)	
Q2043	Provenge	SIPULEUCEL-T AUTO CD54+	X
Q2050	Doxil/Lipodox	INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, NOT OTHERWISE SPECIFIED, 10 MG	
Q3027	Avonex	INJECTION, INTERFERON BETA-1A, 1 MCG FOR INTRAMUSCULAR USE	
Q3028	Rebif	INJECTION, INTERFERON BETA-1A, 1 MCG FOR SUBCUTANEOUS USE	X
Q4074	Ventavis	ILOPROST NON-COMP UNIT DOSE	X
Q5101	Zarxio	INJECTION FILGRASTIM BIOSIMILAR 1 MICROGRAM	
Q5102	Inflectra	INJECTION, INFLIXIMAB, BIOSIMILAR 10 MG	
Q9974	Duramorph	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE OR EPIDURAL OR INTRATHECAL USE, 10 MG	
Q9976	Triferic	INJECTION FERRIC PYP CITRATE SOL 0.1 MG IRON	
Q9978	Akynzeo	NETUPITANT 300 MG AND PALONOSETRON 0.5 MG ORAL	
Q9980	Genvisc 850	HYLAN/DER GENVISC 850 FOR IA INJ	X
Q9981	Varubi	ROLAPITANT, ORAL 1 MG	
S0088	Gleevec	IMATINIB	
S0144	Diprivan	INJECTION, PROPOFOL, 10MG	
S0189	Testopel	IMPLANT, TESTOSTERONE PELLETT	X