

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00002-7140-01		J0130		1/1/2002	99/99/9999	INJECTION ABCIXIMAB, 10 MG	REOPRO (VIAL) 2 MG/ML	5 ML	VL	IV	ML		10 MG		0.2	1/1/2002	99/99/9999						
00002-7335-11	J2941			3/1/2006	99/99/9999	INJECTION, SOMATROPIN, 1 MG	HUMATROPE (WITH STERILE DILUENT) 5 MG	1 EA	VL	SC	EA		1 MG		5	3/1/2006	99/99/9999						
00002-7335-16	J2941			1/1/2002	2/14/2012	INJECTION, SOMATROPIN, 1 MG	HUMATROPE (W/DILUENT) 5 MG	1 EA	VL	SC	EA		1 MG		5	1/1/2002	2/14/2012						
00002-7501-01	J9201			1/1/2002	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MC	GEMZAR (VIAL) 200 MG	1 EA	VL	IV	EA		200 MG		1	1/1/2002	99/99/9999						
00002-7501-01	QR J9201	QR		1/28/2005	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MC	GEMZAR (VIAL) 200 MG	1 EA	VL	IV	EA		200 MG		1	1/28/2005	99/99/9999						
00002-7502-01	J9201			1/1/2002	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MC	GEMZAR (VIAL) 1 GM	1 EA	VL	IV	EA		200 MG		5	1/1/2002	99/99/9999						
00002-7502-01	QR J9201	QR		1/28/2005	99/99/9999	INJECTION, GEMCITABINE HYDROCHLORIDE, 200 MC	GEMZAR (VIAL) 1 GM	1 EA	VL	IV	EA		200 MG		5	1/28/2005	99/99/9999						
00002-7510-01	J1817			1/1/2003	99/99/9999	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	HUMALOG (VIAL) 100 U/ML	10 ML	VL	SC	ML		50 U		2	1/1/2003	99/99/9999						
00002-7511-01	J1815			1/1/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMALOG MIX 75/25 (VIAL) 75 U/ML-25 U/ML	10 ML	VL	SC	ML		5 U		20	1/1/2003	99/99/9999						
00002-7512-01	J1815			11/1/2006	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMALOG MIX 50/50 50 U/ML-50 U/ML	10 ML	VL	SC	ML		5 U		2	11/1/2006	99/99/9999						
00002-7516-59	J1815			1/1/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMALOG (CARTRIDGE) 100 U/ML	3 ML	CT	SC	ML		5 U		20	1/1/2003	99/99/9999						
00002-7623-01	J9305			1/1/2005	99/99/9999	INJECTION, PEMETREXED, 10 MG	ALIMTA 500 MG	1 EA	VL	IV	EA		10 MG		50	1/1/2005	99/99/9999						
00002-7640-01	J9305			1/7/2008	99/99/9999	INJECTION, PEMETREXED, 10 MG	ALIMTA (SINGLE-USE) 100 MG	1 EA	VL	IV	EA		10 MG		10	1/7/2008	99/99/9999						
00002-8031-01	J1610			1/1/2002	99/99/9999	INJECTION, GLUCAGON HYDROCHLORIDE, PER 1 MG	GLUCAGON EMERGENCY KIT (HYPORET DISPOSABLE SRN) 1 MG	1 EA	BX	IJ	EA		1 MG		1	1/1/2002	99/99/9999						
00002-8147-01	J2941			8/30/2005	99/99/9999	INJECTION, SOMATROPIN, 1 MG	HUMATROPE (CARTRIDGE W/DILUENT) 5 MG	1 EA	CT	IJ	EA		1 MG		6	8/30/2005	99/99/9999						
00002-8148-01	J2941			8/30/2005	99/99/9999	INJECTION, SOMATROPIN, 1 MG	HUMATROPE (CARTRIDGE W/DILUENT) 12 MG	1 EA	CT	IJ	EA		1 MG		12	8/30/2005	99/99/9999						
00002-8149-01	J2941			8/30/2005	99/99/9999	INJECTION, SOMATROPIN, 1 MG	HUMATROPE (CARTRIDGE W/DILUENT) 24 MG	1 EA	CT	IJ	EA		1 MG		24	8/30/2005	99/99/9999						
00002-8215-01	J1815			1/1/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMULIN R (VIAL) 100 U/ML	10 ML	VL	IJ	ML		5 U		20	1/1/2003	99/99/9999						
00002-8315-01	J1815			1/1/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMULIN N (VIAL) 100 U/ML	10 ML	VL	SC	ML		5 U		20	1/1/2003	99/99/9999						
00002-8501-01	J1817			1/1/2003	99/99/9999	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	HUMULIN R U-500 (VIAL, CONCENTRATED) 500 U/ML	20 ML	VL	IJ	ML		50 U		10	1/1/2003	99/99/9999						
00002-8615-01	J1815			1/1/2003	7/1/2007	INJECTION, INSULIN, PER 5 UNITS	HUMULIN U (VIAL) 100 U/ML	10 ML	VL	SC	ML		5 U		20	1/1/2003	7/1/2007						
00002-8715-01	J1815			1/1/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMULIN 70/30 (VIAL) 70 U/ML-30 U/ML	10 ML	VL	SC	ML		5 U		20	1/1/2003	99/99/9999						
00002-8725-59	J1815			1/1/2003	12/10/2010	INJECTION, INSULIN, PER 5 UNITS	HUMALOG PEN (PREFILLED DISPOSABLE) 100 U/ML	3 ML	SR	SC	ML		5 U		20	1/1/2003	12/10/2010						
00002-8730-59	J1815			1/1/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMULIN N PEN (PREFILLED DISPOSABLE) 100 U/ML	3 ML	CT	SC	ML		5 U		20	1/1/2003	99/99/9999						
00002-8770-59	J1815			1/1/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMULIN 70/30 PEN (PREFILLED DISPOSABLE) 70 U/ML-30 U/ML	3 ML	CT	SC	ML		5 U		20	1/1/2003	99/99/9999						
00002-8793-59	J1815			1/20/2006	12/10/2010	INJECTION, INSULIN, PER 5 UNITS	HUMALOG MIX 50/50 (PEN,5X3ML) 50 U/ML-50 U/ML	3 ML	SR	SC	ML		5 U		2	1/20/2006	12/10/2010						
00002-8794-59	J1815			1/1/2003	12/10/2010	INJECTION, INSULIN, PER 5 UNITS	HUMALOG MIX 75/25 PEN (PREFILLED DISPOSABLE) 75 U/ML-25 U/ML	3 ML	SR	SC	ML		5 U		20	1/1/2003	12/10/2010						
00002-8797-59	J1815			12/10/2007	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMALOG MIX 75/25 (KWIKPEN,5X3ML) 75 U/ML-25 U/ML	3 ML	SR	SC	ML		5 U		20	12/10/2007	99/99/9999						
00002-8798-59	J1815			12/10/2007	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	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						
00002-8799-59	J1815			12/10/2007	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMALOG (KWIKPEN,5X3ML) 100 U/ML	3 ML	SR	SC	ML		5 U		20	12/10/2007	99/99/9999						
00002-8971-01	J3110			1/1/2005	10/15/2008	INJECTION, TERIPARATIDE, 10 MCG	FORTEO 250 MCG/ML	3 ML	SR	SC	ML		10 MCG		25	1/1/2005	10/15/2008						
00002-9515-01	J1815			1/1/2003	2/15/2010	INJECTION, INSULIN, PER 5 UNITS	HUMULIN 50/50 (VIAL) 50 U/ML-50 U/ML	10 ML	VL	SC	ML		5 U		20	1/1/2003	2/15/2010						
00003-0494-20	J3301			1/1/2002	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MC	KENALOG-10 (VIAL) 10 MG/ML	5 ML	VL	IJ	ML		10 MG		1	1/1/2002	99/99/9999						
00003-0830-50	J8999			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOC	HYDREA 500 MG	100 EA	BO	PO	EA		1 EA		1	1/1/2002	99/99/9999						
00003-2187-10	J3490			1/3/2006	12/31/2006	UNCLASSIFIED DRUGS	ORENCIA (W/SYRINGE), PF) 250 MG	1 EA	VL	IV	EA		1 EA		1	1/3/2006	12/31/2006						
00003-6335-17	J8999			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOC	DROXIA 200 MG	60 EA	BO	PO	EA		1 EA		1	1/1/2002	99/99/9999						
00003-6336-17	J8999			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOC	DROXIA 300 MG	60 EA	BO	PO	EA		1 EA		1	1/1/2002	99/99/9999						
00003-6337-17	J8999			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOC	DROXIA 400 MG	60 EA	BO	PO	EA		1 EA		1	1/1/2002	99/99/9999						
00004-0038-22	J3490			1/1/2002	99/99/9999	IMMUNOSUPPRESSIVE DRUG, NOT OTHERWISE CLASSIFIED	VALCYTE 450 MG	60 EA	BO	PO	EA		1 EA		1	1/1/2002	99/99/9999						
00004-0188-09	J1740			1/1/2007	99/99/9999	INJECTION, IBANDRONATE SODIUM, 1 MG	BONIVA 1 MG/ML	3 ML	BX	IV	EA		1 MG		1	1/1/2007	99/99/9999						
00004-0188-09	J3490			2/24/2006	12/31/2006	UNCLASSIFIED DRUGS	BONIVA 1 MG/ML	3 ML	BX	IV	EA		1 EA		1	2/24/2006	12/31/2006						
00004-0239-09	J1626			1/3/2002	7/18/2007	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	KYTRIL (S.D.V.) 1 MG/ML	1 ML	VL	IV	ML		100 MCG		10	1/3/2002	7/18/2007						
00004-0240-09	J1626			1/1/2002	11/4/2008	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	KYTRIL (M.D.V.) 1 MG/ML	4 ML	VL	IV	ML		100 MCG		10	1/1/2002	11/4/2008						
00004-0241-26	Q0166			1/1/2002	10/8/2007	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	KYTRIL 1 MG	20 EA	BX	PO	EA		1 MG		1	1/1/2002	10/8/2007						
00004-0241-33	Q0166			1/1/2002	6/14/2007	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	KYTRIL (UNIT OF USE) 1 MG	2 EA	BX	PO	EA		1 MG		1	1/1/2002	6/14/2007						
00004-0259-01	J7517			1/1/2002	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	CELLCEPT 250 MG	100 EA	BO	PO	EA		250 MG		1	1/1/2002	99/99/9999						
00004-0259-05	J7517			1/1/2002	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	CELLCEPT 250 MG	120 EA	BO	PO	EA		250 MG		1	1/1/2002	99/99/9999						
00004-0259-43	J7517			1/1/2002	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	CELLCEPT 250 MG	500 EA	BO	PO	EA		250 MG		1	1/1/2002	99/99/9999						
00004-0260-01	J7517			1/1/2002	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	CELLCEPT (CAPLET) 500 MG	100 EA	BO	PO	EA		250 MG		2	1/1/2002	99/99/9999						
00004-0260-43	J7517			1/1/2002	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	CELLCEPT (CAPLET) 500 MG	500 EA	BO	PO	EA		250 MG		2	1/1/2002	99/99/9999						
00004-0261-29	J7517			1/1/2002	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	CELLCEPT (FRUIT) 200 MG/ML	175 ML	BO	PO	ML		250 MG		0.8	1/1/2002	99/99/9999						
00004-0267-06	J3265			1/1/2002	4/30/2008	INJECTION, TORSEMIDE, 10 MG/ML	DEMADEX (AMP) 10 MG/ML	2 ML	AM	IV	ML		10 MG		1	1/1/2002	4/30/2008						
00004-0268-06	J3265			1/1/2002	5/30/2008	INJECTION, TORSEMIDE, 10 MG/ML	DEMADEX (AMP) 10 MG/ML	5 ML	AM	IV	ML		10 MG		1	1/1/2002	5/30/2008						
00004-0350-09	J3490			10/16/2002	99/99/9999	UNCLASSIFIED DRUGS	PEGASYS (S.D.V.) 180 MCG/ML	1 ML	VL	MR	EA		1 EA		1	10/16/2002	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00004-0352-39	J3490			1/19/2004	99/99/9999	UNCLASSIFIED DRUGS	PEGASYS (MONTHLY CONVENIENCE	2 ML	BX	MR	EA		1 EA		1	1/19/2004	99/99/9999						
00004-0380-39	J1324			1/1/2007	6/30/2013	INJECTION, ENFUVRTIDE, 1 MG	PK) 180 MCG/0.5 ML	1 EA	PG	SC	EA		1 MG		90	1/1/2007	6/30/2013						
00004-0380-39	J3490			3/12/2003	12/31/2006	UNCLASSIFIED DRUGS	FUZEON (PF) 90 MG	1 EA	PG	SC	EA		1 EA		1	3/12/2003	12/31/2006						
00004-0501-09	J7513			1/1/2002	2/18/2009	DACLIZUMAB, PARENTERAL, 25 MG	ZENAPAX (S.D.V.) 5 MG/ML	5 ML	VL	IV	ML		25 MG		0.2	1/1/2002	2/18/2009						
00004-1100-20	QR J8520	QR		1/28/2005	99/99/9999	CAPECITABINE, ORAL, 150 MG	XELODA 150 MG	60 EA	BO	PO	EA		150 MG		1	1/28/2005	99/99/9999						
00004-1100-20	None			10/1/2003	99/99/9999	CAPECITABINE, 150 MG, ORAL	XELODA 150 MG	60 EA	BO	PO	EA		150 MG		1	10/1/2003	99/99/9999						
00004-1101-50	QR J8521	QR		1/28/2005	99/99/9999	CAPECITABINE, ORAL, 500 MG	XELODA 500 MG	120 EA	BO	PO	EA		500 MG		1	1/28/2005	99/99/9999						
00004-1101-50	None			10/1/2003	99/99/9999	CAPECITABINE, 500 MG, ORAL	XELODA 500 MG	120 EA	BO	PO	EA		500 MG		1	10/1/2003	99/99/9999						
00004-1101-75	None			3/29/2011	99/99/9999	CAPECITABINE, 500 MG, ORAL	XELODA (10 X 12.FILM COATED) 500MG	120 EA	BP	PO	EA		500 MG		1	3/29/2011	99/99/9999						
00004-1963-01	J0696			1/1/2002	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	ROCEPHIN (S.D.V.) 500 MG	1 EA	VL	IJ	EA		250 MG		2	1/1/2002	99/99/9999						
00004-1963-02	J0696			1/1/2002	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	ROCEPHIN (S.D.V.) 500 MG	1 EA	VL	IJ	EA		250 MG		2	1/1/2002	99/99/9999						
00004-1964-01	J0696			1/1/2002	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	ROCEPHIN (S.D.V.) 1 GM	1 EA	VL	IJ	EA		250 MG		4	1/1/2002	99/99/9999						
00004-1964-04	J0696			1/1/2002	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	ROCEPHIN (S.D.V.) 1 GM	1 EA	VL	IJ	EA		250 MG		4	1/1/2002	99/99/9999						
00004-1965-01	J0696			1/1/2002	9/2/2008	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	ROCEPHIN (S.D.V.) 2 GM	1 EA	VL	IJ	EA		250 MG		8	1/1/2002	9/2/2008						
00004-1965-05	J0696			1/1/2002	3/30/2007	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	ROCEPHIN (ADD-VANTAGE) 2 GM	1 EA	VL	IJ	EA		250 MG		8	1/1/2002	3/30/2007						
00004-2015-07	J9213			1/1/2002	2/28/2008	INJECTION, INTERFERON, ALFA-2A, RECOMBINANT, 3 MILLION UNITS	ROFERON-A (SRN,PREFILLED) 3 Million IU/0.5 ML	6 SR	BX	MR	EA		3 MU		6	1/1/2002	2/28/2008						
00004-2015-09	J9213			1/1/2002	2/28/2007	INJECTION, INTERFERON, ALFA-2A, RECOMBINANT, 3 MILLION UNITS	ROFERON-A (SRN,PREFILLED) 3 Million IU/0.5 ML	1 SR	BX	MR	EA		3 MU		1	1/1/2002	2/28/2007						
00004-2016-07	J9213			1/1/2002	2/28/2008	INJECTION, INTERFERON, ALFA-2A, RECOMBINANT, 3 MILLION UNITS	ROFERON-A (SRN,PREFILLED) 6 Million IU/0.5 ML	6 SR	BX	MR	EA		3 MU		12	1/1/2002	2/28/2008						
00004-2016-09	J9213			1/1/2002	2/28/2007	INJECTION, INTERFERON, ALFA-2A, RECOMBINANT, 3 MILLION UNITS	ROFERON-A (SRN,PREFILLED) 6 Million IU/0.5 ML	1 SR	BX	MR	EA		3 MU		2	1/1/2002	2/28/2007						
00004-2017-07	J9213			1/1/2002	2/28/2008	INJECTION, INTERFERON, ALFA-2A, RECOMBINANT, 3 MILLION UNITS	ROFERON-A (SRN,PREFILLED) 9 Million IU/0.5 ML	6 SR	BX	MR	EA		3 MU		18	1/1/2002	2/28/2008						
00004-2017-09	J9213			1/1/2002	2/28/2007	INJECTION, INTERFERON, ALFA-2A, RECOMBINANT, 3 MILLION UNITS	ROFERON-A (SRN,PREFILLED) 9 Million IU/0.5 ML	1 SR	BX	MR	EA		3 MU		3	1/1/2002	2/28/2007						
00004-6940-03	J1570			1/1/2002	99/99/9999	INJECTION, GANCICLOVIR SODIUM, 500 MG	CYTOVEINE IV (VIAL) 500 MG	1 EA	VL	IV	EA		500 MG		1	1/1/2002	99/99/9999						
00005-0104-32	J3490			1/1/2002	4/3/2007	UNCLASSIFIED DRUGS	HBITTER (S.D.V.,TAX INCL) 10 MCG	1 EA	VL	IM	EA		1 EA		1	1/1/2002	4/3/2007						
00006-0063-68	J8540			1/1/2006	11/5/2007	DEXAMETHASONE, ORAL, 0.25 MG	DECADRON 0.75 MG	100 EA	BO	PO	EA		0.25 MG		3	1/1/2006	11/5/2007						
00006-0461-02	J8501			1/29/2008	99/99/9999	APREPITANT, ORAL, 5 MG	EMEND (BI-PACK) 80 MG	2 EA	DP	PO	EA		5 MG		16	1/29/2008	99/99/9999						
00006-0461-05	J8501			1/1/2005	11/5/2007	APREPITANT, ORAL, 5 MG	EMEND 80 MG	5 EA	BX	PO	EA		5 MG		16	1/1/2005	11/5/2007						
00006-0461-06	J8501			7/1/2006	99/99/9999	APREPITANT, ORAL, 5 MG	EMEND 80 MG	6 EA	BX	PO	EA		5 MG		16	7/1/2006	99/99/9999						
00006-0461-30	J8501			1/1/2005	8/1/2007	APREPITANT, ORAL, 5 MG	EMEND 80 MG	30 EA	BO	PO	EA		5 MG		16	1/1/2005	8/1/2007						
00006-0462-05	J8501			1/1/2005	8/1/2007	APREPITANT, ORAL, 5 MG	EMEND 125 MG	5 EA	BX	PO	EA		5 MG		25	1/1/2005	8/1/2007						
00006-0462-06	J8501			7/1/2006	99/99/9999	APREPITANT, ORAL, 5 MG	EMEND 125 MG	6 EA	BX	PO	EA		5 MG		25	7/1/2006	99/99/9999						
00006-0462-30	J8501			1/1/2005	8/1/2007	APREPITANT, ORAL, 5 MG	EMEND 125 MG	30 EA	BO	PO	EA		5 MG		25	1/1/2005	8/1/2007						
00006-0464-05	J8501			7/24/2006	99/99/9999	APREPITANT, ORAL, 5 MG	EMEND 40 MG	5 EA	BX	PO	EA		5 MG		8	7/24/2006	99/99/9999						
00006-0464-10	J8501			7/24/2006	99/99/9999	APREPITANT, ORAL, 5 MG	EMEND 40 MG	1 EA	BX	PO	EA		5 MG		8	7/24/2006	99/99/9999						
00006-3514-58	J0743			1/1/2002	99/99/9999	INJECTION, CILASTATIN SODIUM; IMIPENEM, PER 250 MC	PRIMAXIN IV (VIAL) 250 MG-250 MG	1 EA	VL	IV	EA		250 MG		1	1/1/2002	99/99/9999						
00006-3516-59	J0743			1/1/2002	99/99/9999	INJECTION, CILASTATIN SODIUM; IMIPENEM, PER 250 MC	PRIMAXIN IV (VIAL) 500 MG-500 MG	1 EA	VL	IV	EA		250 MG		2	1/1/2002	99/99/9999						
00006-3517-75	J0743			1/1/2002	5/31/2009	INJECTION, CILASTATIN SODIUM; IMIPENEM, PER 250 MC	PRIMAXIN IV (P.B.) 500 MG-500 MG	1 EA	GC	IV	EA		250 MG		2	1/1/2002	5/31/2009						
00006-3537-50	J3490			1/1/2002	11/5/2007	UNCLASSIFIED DRUGS	PEPCID (GALAXY PC,PF) 0.4 MG/ML	50 ML	PC	IV	ML		1 EA		1	1/1/2002	11/5/2007						
00006-3539-04	J3490			1/1/2002	11/5/2007	UNCLASSIFIED DRUGS	PEPCID (S.D.V.) 10 MG/ML	2 ML	VL	IV	ML		1 EA		1	1/1/2002	11/5/2007						
00006-3545-24	J0694			1/1/2002	11/5/2007	INJECTION, CEFOXITIN SODIUM, 1 GM	MEFOXIN (PREMIXED IN GALAXY) 1 GM/50 ML	50 ML	FC	IV	ML		1 GM		0.02	1/1/2002	11/5/2007						
00006-3547-25	J0694			1/1/2002	11/5/2007	INJECTION, CEFOXITIN SODIUM, 1 GM	MEFOXIN (PREMIXED IN GALAXY) 2 GM/50 ML	50 ML	FC	IV	ML		1 GM		0.04	1/1/2002	11/5/2007						
00006-3551-58	J0743			1/1/2002	99/99/9999	INJECTION, CILASTATIN SODIUM; IMIPENEM, PER 250 MG	PRIMAXIN IV (ADD-VANTAGE) 250 MG-250 MG	1 EA	VL	IV	EA		250 MG		1	1/1/2002	99/99/9999						
00006-3552-59	J0743			1/1/2002	99/99/9999	INJECTION, CILASTATIN SODIUM; IMIPENEM, PER 250 MG	PRIMAXIN IV (ADD-VANTAGE) 500 MG-500 MG	1 EA	VL	IV	EA		250 MG		2	1/1/2002	99/99/9999						
00006-3582-75	J0743			1/1/2002	4/30/2011	INJECTION, CILASTATIN SODIUM; IMIPENEM, PER 250 MC	PRIMAXIN IM (VIAL) 500 MG-500 MG	1 EA	VL	IM	EA		250 MG		2	1/1/2002	4/30/2011						
00006-3666-59	J0743			1/1/2002	4/30/2009	INJECTION, CILASTATIN SODIUM; IMIPENEM, PER 250 MG	PRIMAXIN IV (MONOVIAL) 500 MG-500 MG	1 EA	VL	IV	EA		250 MG		2	1/1/2002	4/30/2009						
00006-3822-10	J0637			1/1/2003	99/99/9999	INJECTION, CASPOFUNGIN ACETATE, 5 MG	CANCIDAS (VIAL) 50 MG	1 EA	VL	IV	EA		5 MG		10	1/1/2003	99/99/9999						
00006-3823-10	J0637			1/1/2003	99/99/9999	INJECTION, CASPOFUNGIN ACETATE, 5 MG	CANCIDAS (VIAL) 70 MG	1 EA	VL	IV	EA		5 MG		14	1/1/2003	99/99/9999						
00006-3843-71	J1335			1/1/2004	99/99/9999	INJECTION, ERTAPENEM SODIUM, 500 MG	INVANZ (S.D.V.) 1 GM	1 EA	VL	IJ	EA		500 MG		2	1/1/2004	99/99/9999						
00006-3845-71	J1335			4/16/2007	99/99/9999	INJECTION, ERTAPENEM SODIUM, 500 MG	INVANZ (SD,ADD-VANTAGE) 1 GM	1 EA	VL	IJ	EA		500 MG		2	4/16/2007	99/99/9999						
00006-3862-03	J8501			1/1/2005	99/99/9999	APREPITANT, ORAL, 5 MG	EMEND (COMBO PACK) 1 125mg/ 2 80mg	3 EA	PG	PO	EA		5 MG		19	1/1/2005	99/99/9999						
00006-3884-32	J1453			1/30/2008	12/30/2010	INJECTION, FOSAPREPITANT, 1 MG	EMEND (115 MG, EA)	1 EA	VL	IV	MG		1 MG		115	1/30/2008	12/30/2010						
00006-4094-06	J3490			6/19/2007	8/29/2009	UNCLASSIFIED DRUGS	RECOMBIVAX HB (SD,6X1ML,TAX INCL,PF) 10 MCG/ML	1 ML	SR	IM	ML		1 EA		1	6/19/2007	8/29/2009						
00006-4094-31	J3490			6/19/2007	1/6/2010	UNCLASSIFIED DRUGS	RECOMBIVAX HB (TAX INCL,PF) 10 MCG/ML	1 ML	SR	IM	ML		1 EA		1	6/19/2007	1/6/2010						
00006-4980-00	J3490			1/1/2002	11/5/2007	UNCLASSIFIED DRUGS	RECOMBIVAX HB	0.5 ML	VL	IM	ML		1 EA		1	1/1/2002	11/5/2007						
00006-4981-00	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	PEDIATRIC/ADOLESCENT (S.D.V.,TAX INCL,PF) 5 MCG/0.5 ML	0.5 ML	VL	IM	ML		1 EA		1	1/1/2002	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00006-4992-00	J3490			7/9/2002	99/99/9999	UNCLASSIFIED DRUGS	RECOMBIVAX HB (S.D.V., TAX INCL.) 40 MCG/ML	1 ML	VL	IM	ML		1 EA		1	7/9/2002	99/99/9999						
00006-4995-00	J3490			7/9/2002	99/99/9999	UNCLASSIFIED DRUGS	RECOMBIVAX HB (S.D.V.,TAX INCL.) 10 MCG/ML	1 ML	VL	IM	ML		1 EA		1	7/9/2002	99/99/9999						
00006-4995-41	J3490			7/16/2002	99/99/9999	UNCLASSIFIED DRUGS	RECOMBIVAX HB (S.D.V.,TAX INCL.) 10 MCG/ML	1 ML	VL	IM	ML		1 EA		1	7/16/2002	99/99/9999						
00007-3230-02	J1652			2/6/2006	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	ARIXTRA (PREFL,27GX1/2",PF) 2.5 MG/0.5 ML	0.5 ML	SR	SC	ML		0.5 MG		10	2/6/2006	99/99/9999						
00007-3230-11	J1652			6/3/2005	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	ARIXTRA (SRN,PREFL,27GX1/2",PF) 2.5 MG/0.5 ML	0.5 ML	SR	SC	ML		0.5 MG		10	6/3/2005	99/99/9999						
00007-3232-02	J1652			2/6/2006	4/25/2012	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	ARIXTRA (PREFL,27GX1/2",PF) 5 MG/0.4 ML	0.4 ML	SR	SC	ML		0.5 MG		25	2/6/2006	4/25/2012						
00007-3232-11	J1652			11/16/2004	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	ARIXTRA (PREFL,27GX1/2",PF) 5 MG/0.4 ML	0.4 ML	SR	SC	ML		0.5 MG		25	11/16/2004	99/99/9999						
00007-3234-02	J1652			2/6/2006	4/25/2012	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	ARIXTRA (PREFL,27GX1/2",PF) 7.5 MG/0.6 ML	0.6 ML	SR	SC	ML		0.5 MG		25	2/6/2006	4/25/2012						
00007-3234-11	J1652			11/16/2004	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	ARIXTRA (PREFL,27GX1/2",PF) 7.5 MG/0.6 ML	0.6 ML	SR	SC	ML		0.5 MG		25	11/16/2004	99/99/9999						
00007-3236-02	J1652			2/6/2006	8/14/2012	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	ARIXTRA (PREFL,27GX1/2",PF) 10 MG/0.8 ML	0.8 ML	SR	SC	ML		0.5 MG		25	2/6/2006	8/14/2012						
00007-3236-11	J1652			11/16/2004	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	ARIXTRA (PREFL,27GX1/2",PF) 10 MG/0.8 ML	0.8 ML	SR	SC	ML		0.5 MG		25	11/16/2004	99/99/9999						
00007-4201-01	J9350			1/1/2002	12/31/2010	INJECTION, TOPOTECAN, 4 MG	HYCAMTIN (S.D.V.) 4 MG	1 EA	VL	IV	EA		4 MG		1	1/1/2002	12/31/2010						
00007-4201-05	J8999			1/1/2002	8/4/2010	INJECTION, TOPOTECAN, 4 MG	HYCAMTIN (S.D.V.) 4 MG	1 EA	VL	IV	EA		4 MG		1	1/1/2002	8/4/2010						
00007-4205-11	J8999			9/16/2008	6/30/2009	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOX	TOPOTECAN HYDROCHLORIDE	10 EA	PG	PO	EA		1 EA		1	9/16/2008	6/30/2009						
00007-4205-11	None			7/1/2009	99/99/9999	TOPOTECAN, ORAL, 0.25 MG	HYCAMTIN 0.25 MG	10 EA	BO	PO	EA		0.25 MG		1	7/1/2009	99/99/9999						
00007-4207-11	J8999			9/16/2008	6/30/2009	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOX	TOPOTECAN HYDROCHLORIDE	10 EA	PG	PO	EA		1 EA		1	9/16/2008	6/30/2009						
00007-4207-11	None			7/1/2009	99/99/9999	TOPOTECAN, ORAL, 0.25 MG	HYCAMTIN 1 MG	10 EA	BO	PO	EA		0.25 MG		4	7/1/2009	99/99/9999						
00007-4401-01	J9261			4/2/2008	99/99/9999	INJECTION, NELARABINE, 50 MG	ARRANON (LATEX-FREE) 5 MG/ML	50 ML	VL	IV	ML		50 MG		0.1	4/2/2008	99/99/9999						
00007-4401-06	J3490			1/27/2006	12/31/2006	UNCLASSIFIED DRUGS	ARRANON (6X50ML,LATEX-FREE) 5 MG/ML	50 ML	VL	IV	ML		1 EA		1	1/27/2006	12/31/2006						
00007-4401-06	J9261			1/1/2007	99/99/9999	INJECTION, NELARABINE, 50 MG	ARRANON (6X50ML,LATEX-FREE) 5 MG/ML	50 ML	VL	IV	ML		50 MG		0.1	1/1/2007	99/99/9999						
00008-0923-55	J3490			5/18/2004	99/99/9999	UNCLASSIFIED DRUGS	PROTONIX 40 MG	1 EA	VL	IV	EA		1 EA		1	5/18/2004	99/99/9999						
00008-1030-06	J7520			1/1/2002	99/99/9999	SIROLIMUS, ORAL, 1 MG	RAPAMUNE (M.D. BOTTLE) 1 MG/ML	60 ML	BO	PO	ML		1 MG		1	1/1/2002	99/99/9999						
00008-1040-05	J7520			4/9/2010	99/99/9999	SIROLIMUS, ORAL, 1 MG	RAPAMUNE 0.5 MG	100 EA	EA	PO	EA		1 MG		0.5	4/9/2010	99/99/9999						
00008-1040-10	J7520			4/9/2010	99/99/9999	SIROLIMUS, ORAL, 1 MG	RAPAMUNE 0.5 MG	100 EA	BX	PO	EA		1 MG		0.5	4/9/2010	99/99/9999						
00008-1041-05	J7520			2/1/2006	99/99/9999	SIROLIMUS, ORAL, 1 MG	RAPAMUNE 1 MG	100 EA	BO	PO	EA		1 MG		1	2/1/2006	99/99/9999						
00008-1041-10	J7520			5/26/2006	99/99/9999	SIROLIMUS, ORAL, 1 MG	RAPAMUNE (REDIPAK,10X10) 1 MG	100 EA	BX	PO	EA		1 MG		1	5/26/2006	99/99/9999						
00008-1042-05	J7520			2/1/2006	99/99/9999	SIROLIMUS, ORAL, 1 MG	RAPAMUNE 2 MG	100 EA	BO	PO	EA		1 MG		2	2/1/2006	99/99/9999						
00008-1179-01	J9330			6/27/2007	99/99/9999	INJECTION, TEMSIROLIMUS, 1 MG	TORISEL (WITH DILUENT) 25MG/ML	1 ML	VL	IV	MG		1 MG		25	6/27/2007	99/99/9999						
00008-4510-01	J9300			1/1/2002	10/15/2010	INJECTION, GENTUZUMAB OZOGAMICIN, 5 MG	MYLOTARG (VIAL,PF) 5 MG	1 EA	VL	IV	EA		5 MG		1	1/1/2002	10/15/2010						
00008-4990-02	J3243			7/27/2007	4/8/2010	INJECTION, TIGECYCLINE, 1 MG	TYGACIL (SDV,PF) 50 MG	1 EA	VL	IV	EA		1 MG		50	7/27/2007	4/8/2010						
00008-5360-02	J3243			1/1/2007	7/26/2007	INJECTION, TIGECYCLINE, 1 MG	TYGACIL (S.D.V.,PF) 50 MG	1 EA	VL	IV	EA		1 MG		50	1/1/2007	7/26/2007						
00008-5360-02	J3490			6/17/2005	12/31/2006	UNCLASSIFIED DRUGS	TYGACIL (S.D.V.,PF) 50 MG	1 EA	VL	IV	EA		1 EA		1	6/17/2005	12/31/2006						
00009-0022-01	J7509			1/1/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	MEDROL 8 MG	25 EA	BO	PO	EA		4 MG		2	1/1/2002	99/99/9999						
00009-0049-02	J7509			1/1/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	MEDROL 2 MG	100 EA	BO	PO	EA		4 MG		0.5	1/1/2002	99/99/9999						
00009-0056-02	J7509			1/1/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	MEDROL 4 MG	100 EA	BO	PO	EA		4 MG		1	1/1/2002	99/99/9999						
00009-0056-03	J7509			1/1/2002	8/6/2007	METHYLPREDNISOLONE ORAL, PER 4 MG	MEDROL 4 MG	500 EA	BO	PO	EA		4 MG		1	1/1/2002	8/6/2007						
00009-0056-04	J7509			1/1/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	MEDROL (UNIT OF USE) 4 MG	21 EA	DP	PO	EA		4 MG		1	1/1/2002	99/99/9999						
00009-0056-05	J7509			1/1/2002	6/19/2007	METHYLPREDNISOLONE ORAL, PER 4 MG	MEDROL 4 MG	100 EA	BX	PO	EA		4 MG		1	1/1/2002	6/19/2007						
00009-0073-01	J7509			1/1/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	MEDROL 16 MG	50 EA	BO	PO	EA		4 MG		4	1/1/2002	99/99/9999						
00009-0113-19	J2920			1/14/2010	1/14/2010	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG	SOLU-MEDROL (ACT-O-VIAL, 25 PACK) 40 MG	1 EA	VL	IJ	EA		40 MG		1	1/1/2002	1/14/2010						
00009-0176-01	J7509			1/1/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	MEDROL 32 MG	25 EA	BO	PO	EA		4 MG		8	1/1/2002	99/99/9999						
00009-0190-16	J2930			1/1/2002	1/14/2010	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MC	SOLU-MEDROL (ACT-O-VIAL) 125 MG	1 EA	VL	IJ	EA		125 MG		1	1/1/2002	1/14/2010						
00009-0233-01	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	BACITRACIN 5000U U	1 EA	VL	IM	EA		1 EA		1	1/1/2002	99/99/9999						
00009-0271-01	J1000			1/1/2002	99/99/9999	INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MC	DEPO-ESTRADIOL (VIAL) 5 MG/ML	5 ML	VL	IM	ML		5 MG		1	1/1/2002	99/99/9999						
00009-0280-02	J1030			1/1/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MC	DEPO-MEDROL (M.D.V.) 40 MG/ML	5 ML	VL	IJ	ML		40 MG		1	1/1/2002	99/99/9999						
00009-0280-03	J1030			1/1/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MC	DEPO-MEDROL (M.D.V.) 40 MG/ML	10 ML	VL	IJ	ML		40 MG		1	1/1/2002	99/99/9999						
00009-0280-51	J1030			1/1/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MC	DEPO-MEDROL (M.D.V.,5X25ML) 40 MG/ML	5 ML	VL	IJ	ML		40 MG		1	1/1/2002	99/99/9999						
00009-0280-52	J1030			1/1/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MC	DEPO-MEDROL (M.D.V.) 40 MG/ML	10 ML	VL	IJ	ML		40 MG		1	1/1/2002	99/99/9999						
00009-0347-02	J1070			1/1/2002	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG	DEPO-TESTOSTERONE (VIAL) 100 MG/ML	10 ML	VL	IM	ML		100 MG		1	1/1/2002	99/99/9999						
00009-0417-01	J1080			1/1/2002	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG	DEPO-TESTOSTERONE (VIAL) 200 MG/ML	1 ML	VL	IM	ML		200 MG		1	1/1/2002	99/99/9999						
00009-0417-02	J1080			1/1/2002	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG	DEPO-TESTOSTERONE (VIAL) 200 MG/ML	10 ML	VL	IM	ML		200 MG		1	1/1/2002	99/99/9999						
00009-0555-01	J2010			1/1/2002	12/31/2010	INJECTION, LINCOMYCIN HCL, UP TO 300 MC	LINCOCIN (VIAL) 300 MG/ML	2 ML	VL	IJ	ML		300 MG		1	1/1/2002	12/31/2010						
00009-0555-02	J2010			1/1/2002	12/31/2010	INJECTION, LINCOMYCIN HCL, UP TO 300 MC	LINCOCIN (VIAL) 300 MG/ML	10 ML	VL	IJ	ML		300 MG		1	1/1/2002	12/31/2010						
00009-0626-01	J1051			1/1/2003	12/31/2012	INJECTION, MEDROXYPROGESTERONE ACETATE, 50 MC	DEPO-PROVERA (VIAL) 40 MG/ML	2.5 ML	VL	IM	ML		50 MG		8	1/1/2003	12/31/2012						
00009-0698-01	J2930			1/1/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MC	SOLU-MEDROL (VIAL) 1 GM	1 EA	VL	IJ	EA		125 MG		8	1/1/2002	99/99/9999						
00009-0728-09	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	CLEOCIN PHOSPHATE 150 MG/ML	60 ML	VL	IJ	ML		1 EA		1	1/1/2002	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00009-0746-30	J1055			1/1/2002	12/31/2012	INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG	DEPO-PROVERA CONTRACEPTIVE (VIAL) 150 MG/ML	1	ML	VL	IM	ML	150	MG	1	1/1/2002	12/31/2012						
00009-0746-35	J1055			1/1/2002	12/31/2012	INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG	DEPO-PROVERA CONTRACEPTIVE (VIAL,25X1ML) 150 MG/ML	1	ML	VL	IM	ML	150	MG	1	1/1/2002	12/31/2012						
00009-0758-01	J2930			1/1/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MC	SOLU-MEDROL (VIAL) 500 MG	1	EA	VL	IJ	EA	125	MG	4	1/1/2002	99/99/9999						
00009-0765-02	J2930			1/1/2002	1/14/2010	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MC	SOLU-MEDROL (ACT-O-VIAL) 500 MG	1	EA	VL	IJ	EA	125	MG	4	1/1/2002	1/14/2010						
00009-0775-26	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	CLEOCIN PHOSPHATE 150 MG/ML	4	ML	VL	IJ	ML	1	EA	1	1/1/2002	99/99/9999						
00009-0796-01	J2930			1/1/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MC	SOLU-MEDROL (W/DILUENT) 2 GM	1	EA	VL	IJ	EA	125	MG	16	1/1/2002	99/99/9999						
00009-0825-01	J1720			1/1/2002	99/99/9999	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MC	SOLU-CORTEF 100 MG	1	EA	VL	IJ	EA	100	MG	1	1/1/2002	99/99/9999						
00009-0870-26	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	CLEOCIN PHOSPHATE 150 MG/ML	2	ML	VL	IJ	ML	1	EA	1	1/1/2002	99/99/9999						
00009-0900-13	J1720			1/1/2002	4/15/2010	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MC	SOLU-CORTEF (ACT-O-VIAL) 100 MG	1	EA	VL	IJ	EA	100	MG	1	1/1/2002	4/15/2010						
00009-0900-20	J1720			1/1/2002	4/15/2010	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG	SOLU-CORTEF (ACT-O-VIAL, 25 PACK) 100 MG	1	EA	VL	IJ	EA	100	MG	1	1/1/2002	4/15/2010						
00009-0902-18	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	CLEOCIN PHOSPHATE 150 MG/ML	6	ML	VL	IJ	ML	1	EA	1	1/1/2002	99/99/9999						
00009-0909-08	J1720			1/1/2002	4/15/2010	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MC	SOLU-CORTEF (ACT-O-VIAL) 250 MG	1	EA	VL	IJ	EA	100	MG	2.5	1/1/2002	4/15/2010						
00009-0909-16	J1720			1/1/2002	4/15/2010	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG	SOLU-CORTEF (ACT-O-VIAL, 25 PACK) 250 MG	1	EA	VL	IJ	EA	100	MG	2.5	1/1/2002	4/15/2010						
00009-0912-05	J1720			1/1/2002	4/15/2010	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MC	SOLU-CORTEF (ACT-O-VIAL) 500 MG	1	EA	VL	IJ	EA	100	MG	5	1/1/2002	4/15/2010						
00009-0920-03	J1720			1/1/2002	4/15/2010	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MC	SOLU-CORTEF (ACT-O-VIAL) 1 GM	1	EA	VL	IJ	EA	100	MG	10	1/1/2002	4/15/2010						
00009-3073-01	J1030			1/1/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MC	DEPO-MEDROL (S.D.V.) 40 MG/ML	1	ML	VL	IJ	ML	40	MG	1	1/1/2002	99/99/9999						
00009-3073-03	J1030			1/1/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	DEPO-MEDROL (S.D.V.,25X1ML) 40 MG/ML	1	ML	VL	IJ	ML	40	MG	1	1/1/2002	99/99/9999						
00009-3124-03	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	CLEOCIN PHOSPHATE (ADD-VANTAGE,25X4ML) 150 MG/ML	4	ML	VL	IJ	ML	1	EA	1	1/1/2002	99/99/9999						
00009-3169-06	J0270			1/1/2002	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)	PROSTIN VR PEDIATRIC (AMP,5X1ML) 0.5 MG/ML	1	ML	AM	IV	ML	1.25	MCG	400	1/1/2002	99/99/9999						
00009-3375-02	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	CLEOCIN PHOSPHATE (PREMIX) 600 MG/50 ML	50	ML	PC	IV	ML	1	EA	1	1/1/2002	99/99/9999						
00009-3381-02	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	CLEOCIN PHOSPHATE (PREMIX) 300 MG/50 ML	50	ML	PC	IV	ML	1	EA	1	1/1/2002	99/99/9999						
00009-3382-02	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	CLEOCIN PHOSPHATE (PREMIX) 900 MG/50 ML	50	ML	PC	IV	ML	1	EA	1	1/1/2002	99/99/9999						
00009-3389-01	J2930			1/1/2002	1/14/2010	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MC	SOLU-MEDROL (ACT-O-VIAL) 1 GM	1	EA	VL	IJ	EA	125	MG	8	1/1/2002	1/14/2010						
00009-3447-03	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	CLEOCIN PHOSPHATE (ADD-VANTAGE,25X6ML) 150 MG/ML	6	ML	VL	IJ	ML	1	EA	1	1/1/2002	99/99/9999						
00009-3701-05	J0270			1/1/2002	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)	CAVERJECT (VIAL) 20 MCG	1	EA	VL	IC	EA	1.25	MCG	16	1/1/2002	99/99/9999						
00009-3778-05	J0270			1/1/2002	99/99/9999	FOR USE WHEN DRUG IS SELF ADMINISTERED)	CAVERJECT (VIAL) 10 MCG	1	EA	VL	IC	EA	1.25	MCG	8	1/1/2002	99/99/9999						
00009-3794-01	J1742			1/1/2002	99/99/9999	INJECTION, IBUTILIDE FUMARATE, 1 MG	CORVERT (FLIP-TOP VIAL) 0.1 MG/ML	10	ML	VL	IV	ML	1	MG	0.1	1/1/2002	99/99/9999						
00009-4709-01	J1051			4/6/2005	12/30/2009	INJECTION, MEDROXYPROGESTERONE ACETATE, 50 MG	DEPO-SUBQ PROVERA 104 (PRE-FILLED W/NEEDLE) 104 MG/0.65 ML	0.65	ML	SR	SC	ML	50	MG	3.2	4/6/2005	12/30/2009						
00009-5091-01	J9178			1/1/2004	99/99/9999	INJECTION, EPIRUBICIN HCL, 2 MG	ELLENCE (S.D.V.,PF) 2 MG/ML	25	ML	VL	IV	ML	2	MG	1	1/1/2004	99/99/9999						
00009-5093-01	J9178			1/1/2004	99/99/9999	INJECTION, EPIRUBICIN HCL, 2 MG	ELLENCE (S.D.V.,PF) 2 MG/ML	100	ML	VL	IV	ML	2	MG	1	1/1/2004	99/99/9999						
00009-5137-01	J2020			1/1/2002	99/99/9999	INJECTION, LINEZOLID, 200MCG	ZYVOX (P.C.) 2 MG/ML	100	ML	FC	IV	ML	200	MG	0.01	1/1/2002	99/99/9999						
00009-5140-01	J2020			1/1/2002	99/99/9999	INJECTION, LINEZOLID, 200MCG	ZYVOX (P.C.) 2 MG/ML	300	ML	FC	IV	ML	200	MG	0.01	1/1/2002	99/99/9999						
00009-5181-01	J0270			6/25/2002	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)	CAVERJECT IMPULSE (SYSTEM) 10 MCG	1	EA	BX	IC	EA	1.25	MCG	8	6/25/2002	99/99/9999						
00009-5182-01	J0270			6/25/2002	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)	CAVERJECT IMPULSE (SYSTEM) 20 MCG	1	EA	BX	IC	EA	1.25	MCG	16	6/25/2002	99/99/9999						
00009-7224-02	J7504			1/1/2002	99/99/9999	LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, EQUINE, PARENTERAL, 250 MG	ATGAM (AMP,5X5ML) 50 MG/ML	5	ML	AM	IV	ML	250	MG	0.2	1/1/2002	99/99/9999						
00009-7376-04	J1055			4/21/2003	10/13/2011	INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG	DEPO-PROVERA CONTRACEPTIVE (W/SAFETY GLIDE NEEDLE) 150 MG/ML	1	ML	SR	IM	ML	150	MG	1	4/21/2003	10/13/2011						
00009-7529-01	J9206			1/1/2002	12/14/2010	INJECTION, IRINOTECAN, 20 MG	CAMPTOSAR (S.D.V.) 20 MG/ML	5	ML	VL	IV	ML	20	MG	1	1/1/2002	12/14/2010						
00009-7529-01	QR J9206	QR		1/28/2005	12/14/2010	INJECTION, IRINOTECAN, 20 MG	CAMPTOSAR (S.D.V.) 20 MG/ML	5	ML	VL	IV	ML	20	MG	1	1/28/2005	12/14/2010						
00009-7529-02	QR J9206	QR		1/28/2005	12/14/2010	INJECTION, IRINOTECAN, 20 MG	CAMPTOSAR (S.D.V.) 20 MG/ML	2	ML	VL	IV	ML	20	MG	1	1/28/2005	12/14/2010						
00009-7529-02	J9206			1/1/2002	12/14/2010	INJECTION, IRINOTECAN, 20 MG	CAMPTOSAR (S.D.V.) 20 MG/ML	2	ML	VL	IV	ML	20	MG	1	1/1/2002	12/14/2010						
00009-7650-02	J0270			1/1/2002	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)	CAVERJECT (SYSTEM) 0.02 MG/ML	2	ML	AM	IC	ML	1.25	MCG	16	5/3/2002	99/99/9999	1/1/2002	3/26/2002	16			
00009-7663-04	J8999			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	AROMASIN 25 MG	30	EA	BO	PO	EA	1	EA	1	1/1/2002	99/99/9999						
00009-7686-04	J0270			1/1/2002	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)	CAVERJECT (VIAL) 40 MCG	1	EA	VL	IC	EA	1.25	MCG	32	1/1/2002	99/99/9999						
00013-1406-44	J0285			1/1/2002	4/6/2007	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOCIN 50 MG	1	EA	VL	IV	EA	50	MG	1	1/1/2002	4/6/2007						
00013-2406-91	J1645			1/1/2002	6/25/2007	INJECTION, DALTEPARIN SODIUM, PER 2500 IU	FRAGMIN (SRN) 2500 IU/0.2 ML	0.2	ML	SR	SC	ML	2500	IU	5	1/1/2002	6/25/2007						
00013-2426-01	J1645			6/14/2002	2/5/2007	INJECTION, DALTEPARIN SODIUM, PER 2500 IU	FRAGMIN (SRN) 2500 IU/0.2 ML	0.3	ML	SR	SC	ML	2500	IU	10	6/14/2002	2/5/2007						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00013-2576-91	J9211			1/1/2002	99/99/9999	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG	IDAMYCIN PFS (SDV,PF,CYTOSAFE VIAL,PF) 1 MG/ML	5 ML	VL	IV	ML		5 MG	0.2		1/1/2002	99/99/9999						
00013-2586-91	J9211			1/1/2002	99/99/9999	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG	IDAMYCIN PFS (SDV,PF,CYTOSAFE VIAL,PF) 1 MG/ML	10 ML	VL	IV	ML		5 MG	0.2		1/1/2002	99/99/9999						
00013-2596-91	J9211			1/1/2002	99/99/9999	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG	IDAMYCIN PFS (SDV,PF,CYTOSAFE VIAL,PF) 1 MG/ML	20 ML	VL	IV	ML		5 MG	0.2		1/1/2002	99/99/9999						
00013-2626-81	J2941			1/1/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG	GENOTROPIN 5.8 MG	1 EA	CT	SC	EA		1 MG	5.8		1/1/2002	99/99/9999						
00013-2626-94	J2941			1/1/2002	6/9/2008	INJECTION, SOMATROPIN, 1 MG	GENOTROPIN 5.8 MG	1 EA	CT	SC	EA		1 MG	5.8		1/1/2002	6/9/2008						
00013-2646-81	J2941			1/1/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG	GENOTROPIN 13.8 MG	1 EA	CT	SC	EA		1 MG	13.8		1/1/2002	99/99/9999						
00013-2646-94	J2941			1/1/2002	1/7/2008	INJECTION, SOMATROPIN, 1 MG	GENOTROPIN 13.8 MG	1 EA	CT	SC	EA		1 MG	13.8		1/1/2002	1/7/2008						
00013-2649-92	J2941			1/1/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG	GENOTROPIN MINIQUICK (SRN,PREFILLED,PF) 0.2 MG	1 EA	CT	SC	EA		1 MG	0.2		1/1/2002	99/99/9999						
00013-2650-02	J2941			1/1/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG	GENOTROPIN MINIQUICK (SRN,PREFILLED,PF) 0.4 MG	1 EA	CT	SC	EA		1 MG	0.4		1/1/2002	99/99/9999						
00013-2651-02	J2941			1/1/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG	GENOTROPIN MINIQUICK (SRN,PREFILLED,PF) 0.6 MG	1 EA	CT	SC	EA		1 MG	0.6		1/1/2002	99/99/9999						
00013-2652-02	J2941			1/1/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG	GENOTROPIN MINIQUICK (SRN,PREFILLED,PF) 0.8 MG	1 EA	CT	SC	EA		1 MG	0.8		1/1/2002	99/99/9999						
00013-2653-02	J2941			1/1/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG	GENOTROPIN MINIQUICK (SRN,PREFILLED,PF) 1 MG	1 EA	CT	SC	EA		1 MG	1		1/1/2002	99/99/9999						
00013-2654-02	J2941			1/1/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG	GENOTROPIN MINIQUICK (SRN,PF) 1.2 MG	1 EA	CT	SC	EA		1 MG	1.2		1/1/2002	99/99/9999						
00013-2655-02	J2941			1/1/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG	GENOTROPIN MINIQUICK (SRN,PF) 1.4 MG	1 EA	CT	SC	EA		1 MG	1.4		1/1/2002	99/99/9999						
00013-2656-02	J2941			1/1/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG	GENOTROPIN MINIQUICK (SRN,PF) 1.6 MG	1 EA	CT	SC	EA		1 MG	1.6		1/1/2002	99/99/9999						
00013-2657-02	J2941			1/1/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG	GENOTROPIN MINIQUICK (SRN,PF) 1.8 MG	1 EA	CT	SC	EA		1 MG	1.8		1/1/2002	99/99/9999						
00013-2658-02	J2941			1/1/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG	GENOTROPIN MINIQUICK (SRN,PF) 2 MG	1 EA	CT	SC	EA		1 MG	2		1/1/2002	99/99/9999						
00013-5190-01	J1645			6/13/2002	11/19/2006	INJECTION, DALTEPARIN SODIUM, PER 2500 IU	FRAGMIN (SRN, PREFILLED,27GX1/2") 10000 IU/ML	1 ML	SR	SC	ML		2500 IU	4		6/13/2002	11/19/2006						
00013-5191-01	J1645			6/17/2002	11/19/2006	INJECTION, DALTEPARIN SODIUM, PER 2500 IU	FRAGMIN (M.D.V.) 25000 IU/ML	3.8 ML	VL	SC	ML		2500 IU	10		6/17/2002	11/19/2006						
00013-8715-62	J1190			1/1/2002	9/1/2009	INJECTION, DEXRAZOXANE HYDROCHLORIDE, PER 250 MC	ZINECARD (S.D.V.) 250 MG	1 EA	VL	IV	EA		250 MG	1		1/1/2002	9/1/2009						
00013-8725-89	J1190			1/1/2002	9/1/2009	INJECTION, DEXRAZOXANE HYDROCHLORIDE, PER 250 MC	ZINECARD (S.D.V.) 500 MG	1 EA	VL	IV	EA		250 MG	2		1/1/2002	9/1/2009						
00015-0502-41	J9095			5/15/2004	8/6/2008	CYCLOPHOSPHAMIDE, LYOPHILIZED, 500 MG	CYTOXAN (VIAL) 500 MG	1 EA	VL	IV	EA		500 MG	1		5/15/2004	8/6/2008						
00015-0503-01	None			1/1/1994	10/31/2007	CYCLOPHOSPHAMIDE, 50 MG, ORAL	CYTOXAN 50 MG	100 EA	BO	PO	EA		50 MG	1		1/1/1994	10/31/2007						
00015-0504-01	None			1/1/1994	10/31/2007	CYCLOPHOSPHAMIDE, 25 MG, ORAL	CYTOXAN 25 MG	100 EA	BO	PO	EA		25 MG	1		1/1/1994	10/31/2007						
00015-0505-41	J9096			5/15/2004	8/14/2008	CYCLOPHOSPHAMIDE, LYOPHILIZED, 1.0 GRAM	CYTOXAN (VIAL) 1 GM	1 EA	VL	IV	EA		1 GM	1		5/15/2004	8/14/2008						
00015-0506-41	J9097			5/15/2004	8/6/2008	CYCLOPHOSPHAMIDE, LYOPHILIZED, 2.0 GRAM	CYTOXAN (VIAL) 2 GM	1 EA	VL	IV	EA		2 GM	1		5/15/2004	8/6/2008						
00015-0508-42	J8999			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGACE 40 MG/ML	240 ML	BO	PO	ML		1 EA	1		1/1/2002	99/99/9999						
00015-0556-05	J9208			1/1/2002	3/3/2009	INJECTION, IFOSFAMIDE, 1 GRAM	IFEX (S.D.V.) 1 GM	1 EA	VL	IV	EA		1 GM	1		1/1/2002	3/3/2009						
00015-0557-41	J9208			1/1/2002	3/3/2009	INJECTION, IFOSFAMIDE, 1 GRAM	IFEX (S.D.V.) 3 GM	1 EA	VL	IV	EA		1 GM	3		1/1/2002	3/3/2009						
00015-3002-20	J9290			1/1/2002	5/3/2007	MITOMYCIN, 20 MG	MUTAMYCIN (VIAL) 20 MG	1 EA	VL	IV	EA		20 MG	1		1/1/2002	5/3/2007						
00015-3010-20	J9040			1/1/2002	10/31/2007	INJECTION, BLEOMYCIN SULFATE, 15 UNITS	BLENOXANE (VIAL) 15 U	1 EA	VL	IV	EA		15 U	1		1/1/2002	10/31/2007						
00015-3012-38	J9050			1/1/2002	4/7/2008	INJECTION, CARMUSTINE, 100 MG	BICNU (VIAL W/DILUENT) 100 MG	1 EA	VL	IV	EA		100 MG	1		1/1/2002	4/7/2008						
00015-3012-60	J9050			4/7/2008	99/99/9999	INJECTION, CARMUSTINE, 100 MG	BICNU (W/DILUENT) 100 MG	1 EA	VL	IV	EA		100 MG	1		4/7/2008	99/99/9999						
00015-3015-20	J0278			1/1/2006	12/31/2008	INJECTION, AMIKACIN SULFATE, 100 MG	AMIKIN PEDIATRIC (VIAL) 50 MG/ML	2 ML	VL	IJ	ML		100 MG	0.5		1/1/2006	12/31/2008						
00015-3023-20	J0278			1/1/2006	12/31/2008	INJECTION, AMIKACIN SULFATE, 100 MG	AMIKIN (VIAL) 250 MG/ML	4 ML	VL	IJ	ML		100 MG	2.5		1/1/2006	12/31/2008						
00015-3030-20	J8999			1/1/2002	4/4/2013	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	CEENU 10 MG	20 EA	BO	PO	EA		1 EA	1		1/1/2002	4/4/2013						
00015-3031-20	J8999			1/1/2002	4/4/2013	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	CEENU 40 MG	20 EA	BO	PO	EA		1 EA	1		1/1/2002	4/4/2013						
00015-3032-20	J8999			1/1/2002	4/4/2013	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	CEENU 100 MG	20 EA	BO	PO	EA		1 EA	1		1/1/2002	4/4/2013						
00015-3034-10	J8999			1/1/2002	10/19/2008	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	CEENU (DOSE PACK,2X10,40,100MG) 10 MG	6 EA	DP	PO	EA		1 EA	1		1/1/2002	10/19/2008						
00015-3059-20	J9291			1/1/2002	5/3/2007	MITOMYCIN, 40 MG	MUTAMYCIN (VIAL) 40 MG	1 EA	VL	IV	EA		40 MG	1		1/1/2002	5/3/2007						
00015-3063-01	J9040			1/1/2002	5/3/2007	INJECTION, BLEOMYCIN SULFATE, 15 UNITS	BLENOXANE (VIAL) 30 U	1 EA	VL	IJ	EA		15 U	2		1/1/2002	5/3/2007						
00015-3075-19	Q2017			1/1/2002	4/4/2013	INJECTION, TENIPOSIDE, 50 MG	VUMON (AMP) 10 MG/ML	5 ML	AM	IV	ML		50 MG	0.2		1/1/2002	4/4/2013						
00015-3075-97	Q2017			1/1/2002	12/31/2006	INJECTION, TENIPOSIDE, 50 MG	VUMON (AMP) 10 MG/ML	5 ML	AM	IV	ML		50 MG	0.2		1/1/2002	12/31/2006						
00015-3091-45	None			1/1/1994	11/15/2007	ETOPOSIDE, 50 MG, ORAL	VEPESID (BLISTER PACK) 50 MG	20 EA	BX	PO	EA		50 MG	1		1/1/1994	11/15/2007						
00015-3210-30	J9045			8/21/2003	9/30/2007	INJECTION, CARBOPLATIN, 50 MG	PARAPLATIN (M.D.V.) 10 MG/ML	5 ML	VL	IV	ML		50 MG	0.2		8/21/2003	9/30/2007						
00015-3211-30	J9045			8/21/2003	9/30/2007	INJECTION, CARBOPLATIN, 50 MG	PARAPLATIN (M.D.V.) 10 MG/ML	15 ML	VL	IV	ML		50 MG	0.2		8/21/2003	9/30/2007						
00015-3212-30	J9045			8/21/2003	9/30/2007	INJECTION, CARBOPLATIN, 50 MG	PARAPLATIN (M.D.V.) 10 MG/ML	45 ML	VL	IV	ML		50 MG	0.2		8/21/2003	9/30/2007						
00015-3213-30	J9045			1/1/2002	3/31/2008	INJECTION, CARBOPLATIN, 50 MG	PARAPLATIN (VIAL) 50 MG	1 EA	VL	IV	EA		50 MG	1		1/1/2002	3/31/2008						
00015-3214-30	J9045			1/1/2002	5/19/2008	INJECTION, CARBOPLATIN, 50 MG	PARAPLATIN (VIAL) 150 MG	1 EA	VL	IV	EA		50 MG	3		1/1/2002	5/19/2008						
00015-3215-30	J9045			1/1/2002	4/30/2008	INJECTION, CARBOPLATIN, 50 MG	PARAPLATIN (VIAL) 450 MG	1 EA	VL	IV	EA		50 MG	9		1/1/2002	4/30/2008						
00015-3216-30	J9045			2/25/2004	12/31/2006	INJECTION, CARBOPLATIN, 50 MG	PARAPLATIN (M.D.V.) 10 MG/ML	60 ML	VL	IV	ML		50 MG	0.2		2/25/2004	12/31/2006						
00015-3404-20	J9181			1/1/2002	99/99/9999	INJECTION, ETOPOSIDE, 10 MG	ETOPOPHOS (S.D.V.) 100 MG	1 EA	VL	IV	EA		10 MG	10		1/1/2002	99/99/9999						
00015-3475-30	J9265			1/1/2002	7/9/2008	INJECTION, PACLITAXEL, 30 MG	TAXOL (M.D.V.) 6 MG/ML	5 ML	VL	IV	ML		30 MG	0.2		1/1/2002	7/9/2008						
00015-3476-30	J9265			1/1/2002	6/8/2009	INJECTION, PACLITAXEL, 30 MG	TAXOL (M.D.V.) 6 MG/ML	16.7 ML	VL	IV	ML		30 MG	0.2		1/1/2002	6/8/2009						
00015-3479-11	J9265			1/1/2002	2/3/2009	INJECTION, PACLITAXEL, 30 MG	TAXOL (M.D.V.) 6 MG/ML	50 ML	VL	IV	ML		30 MG	0.2		1/1/2002	2/3/2009						
00015-3554-27	J9999			1/1/2002	10/31/2007	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	IFEX/MESNEX (COMBO-PACK) 10 GM-10 GM	1 EA	BX	IV	EA		1 EA	1		1/1/2002	10/31/2007						
00015-3556-26	J9999			1/1/2002	10/31/2007	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	IFEX/MESNEX (COMBO-PACK) 5 GM-3 GM	1 EA	BX	IV	EA		1 EA	1		1/1/2002	10/31/2007						
00015-3563-02	J9209			1/1/2002	6/8/2009	INJECTION, MESNA, 200 MG	MESNEX (M.D.V.) 100 MG/ML	10 ML	VL	IV	ML		200 MG	0.5		1/1/2002	6/8/2009						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00015-3563-03		J9209		1/1/2002	5/13/2009	INJECTION, MESNA, 200 MG	MESNEX (M.D.V.) 100 MG/ML IFEX/MESNEX (COMBO-PACK) 6 GM-6 GM	10 ML	VL	IV	ML		200 MG			0.5	1/1/2002	5/13/2009					
00015-3564-15		J9999		1/1/2002	5/3/2007	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS		1 EA	BX	IV	EA		1 EA			1	1/1/2002	5/3/2007					
00015-5645-20		J0595		1/1/2004	12/31/2006	INJECTION, BUTORPHANOL TARTRATE, 1 MG	STADOL (VIAL) 1 MG/ML	1 ML	VL	IJ	ML		1 MG			1	1/1/2004	12/31/2006					
00015-5646-20		J0595		1/1/2004	12/31/2006	INJECTION, BUTORPHANOL TARTRATE, 1 MG	STADOL (VIAL) 2 MG/ML	1 ML	VL	IJ	ML		1 MG			2	1/1/2004	12/31/2006					
00015-7101-28		J3490		1/1/2002	7/27/2007	UNCLASSIFIED DRUGS	NAFACILLIN SODIUM (VIAL,PHARMACY BULK) 10 GM	1 EA	VL	IJ	EA		1 EA			1	1/1/2002	7/27/2007					
00015-7225-18		J3490		1/1/2002	9/28/2007	UNCLASSIFIED DRUGS	NAFACILLIN SODIUM (ADD-VANTAGE) 1 GM	1 EA	VL	IJ	EA		1 EA			1	1/1/2002	9/28/2007					
00015-7338-12		J0690		1/1/2002	7/27/2007	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM (VIAL) 500 MG	1 EA	VL	IJ	EA		500 MG			1	1/1/2002	7/27/2007					
00015-7402-20		J0290		1/1/2002	7/27/2007	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM (VIAL) 250 MG	1 EA	VL	IJ	EA		500 MG			0.5	1/1/2002	7/27/2007					
00015-7403-20		J0290		1/1/2002	7/27/2007	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM (VIAL) 500 MG	1 EA	VL	IJ	EA		500 MG			1	1/1/2002	7/27/2007					
00015-7404-18		J0290		1/1/2002	7/27/2007	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM (ADD-VANTAGE) 1 GM	1 EA	VL	IJ	EA		500 MG			2	1/1/2002	7/27/2007					
00015-7404-89		J0290		1/1/2002	3/21/2007	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM (ADD-VANTAGE) 1 GM	1 EA	VL	IJ	EA		500 MG			2	1/1/2002	3/21/2007					
00015-7405-18		J0290		1/1/2002	7/27/2007	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM (ADD-VANTAGE) 2 GM	1 EA	VL	IJ	EA		500 MG			4	1/1/2002	7/27/2007					
00015-7405-20		J0290		1/1/2002	7/27/2007	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM (VIAL,PIGGYBACK) 2 GM	1 EA	VL	IJ	EA		500 MG			4	1/1/2002	7/27/2007					
00015-7405-89		J0290		1/1/2002	3/21/2007	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM (ADD-VANTAGE) 2 GM	1 EA	VL	IJ	EA		500 MG			4	1/1/2002	3/21/2007					
00015-7970-18		J2700		1/1/2002	9/28/2007	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	OXACILLIN SODIUM (ADD-VANTAGE) 2 GM	1 EA	VL	IJ	EA		250 MG			8	1/1/2002	9/28/2007					
00015-7970-89		J2700		1/1/2002	9/28/2007	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	OXACILLIN SODIUM (ADD-VANTAGE) 1 GM	1 EA	VL	IJ	EA		250 MG			8	1/1/2002	9/28/2007					
00015-7981-18		J2700		1/1/2002	9/28/2007	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	OXACILLIN SODIUM (ADD-VANTAGE) 1 GM	1 EA	VL	IJ	EA		250 MG			4	1/1/2002	9/28/2007					
00015-7981-89		J2700		1/1/2002	9/28/2007	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	OXACILLIN SODIUM (ADD-VANTAGE) 1 GM	1 EA	VL	IJ	EA		250 MG			4	1/1/2002	9/28/2007					
00023-1145-01		J0585		1/1/2002	99/99/9999	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	BOTOX 100 U	1 EA	VL	IM	EA		1 U			100	1/1/2002	99/99/9999					
00023-9232-01		J0585		6/7/2002	99/99/9999	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	BOTOX COSMETIC 100 U	1 EA	VL	IM	EA		1 U			100	6/7/2002	99/99/9999					
00024-0222-05		J9217		11/1/2003	99/99/9999	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	ELIGARD (SRN,PREFILLED,W/NDL) 22.5 MG	1 EA	SR	SC	EA		7.5 MG			3	11/1/2003	99/99/9999					
00024-0590-10	QR	J9263	QR	6/8/2005	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG	ELOXATIN (S.D.V.,PF) 5 MG/ML	10 ML	VL	IV	ML		0.5 MG			10	6/8/2005	99/99/9999					
00024-0590-10		J9263		6/8/2005	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG	ELOXATIN (S.D.V.,PF) 5 MG/ML	10 ML	VL	IV	ML		0.5 MG			10	6/8/2005	99/99/9999					
00024-0591-20	QR	J9263	QR	6/8/2005	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG	ELOXATIN (S.D.V.,PF) 5 MG/ML	20 ML	VL	IV	ML		0.5 MG			10	6/8/2005	99/99/9999					
00024-0591-20		J9263		6/8/2005	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG	ELOXATIN (S.D.V.,PF) 5 MG/ML	20 ML	VL	IV	ML		0.5 MG			10	6/8/2005	99/99/9999					
00024-0592-40	QR	J9263	QR	8/20/2007	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG	ELOXATIN (SDV,PF) 5 MG/ML	40 ML	VL	IV	ML		0.5 MG			10	8/20/2007	99/99/9999					
00024-0592-40		J9263		8/20/2007	99/99/9999	INJECTION, OXALIPLATIN, 0.5 MG	ELOXATIN (SDV,PF) 5 MG/ML	40 ML	VL	IV	ML		0.5 MG			10	8/20/2007	99/99/9999					
00024-0605-45		J9217		2/18/2005	99/99/9999	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	ELIGARD (SINGLE-USE KIT) 45 MG	1 EA	BX	SC	EA		7.5 MG			6	2/18/2005	99/99/9999					
00024-0610-30		J9217		3/4/2003	99/99/9999	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	ELIGARD (SINGLE-USE) 30 MG	1 EA	BX	SC	EA		7.5 MG			4	3/4/2003	99/99/9999					
00024-0793-75		J9217		7/25/2003	99/99/9999	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	ELIGARD (SRN,PREFILLED,W/NDL) 7.5 MG	1 EA	SR	SC	EA		7.5 MG			1	7/25/2003	99/99/9999					
00024-1203-01		J2260		1/1/2002	4/3/2008	INJECTION, MILRINONE LACTATE, 5 MG	PRIMACOR (S.D. FLEXIBLE CONTAINER) 5%-20 MG/100 ML	100 ML	FC	IV	ML		5 MG			0.04	1/1/2002	4/3/2008					
00024-1203-02		J2260		1/1/2002	9/16/2008	INJECTION, MILRINONE LACTATE, 5 MG	PRIMACOR (S.D. FLEXIBLE CONTAINER) 5%-20 MG/100 ML	200 ML	FC	IV	ML		5 MG			0.04	1/1/2002	9/16/2008					
00024-1203-15		J2260		1/1/2002	1/24/2007	INJECTION, MILRINONE LACTATE, 5 MG	PRIMACOR (BAG,PREFILLED,VALUEPACK) 5%-20 MG/100 ML	100 ML	FC	IV	ML		5 MG			0.04	1/1/2002	1/24/2007					
00024-5150-10		J2783		1/1/2004	99/99/9999	INJECTION, RASBURICASE, 0.5 MG	ELITTEK (3 S.D.V. W/DILUENT,PF) 1.5 MG	1 EA	VL	IV	EA		0.5 MG			3	1/1/2004	99/99/9999					
00024-5151-75		J2783		6/27/2006	99/99/9999	INJECTION, RASBURICASE, 0.5 MG	ELITTEK (SDV,W/DILUENT) 7.5 MG	1 EA	VL	IV	EA		0.5 MG			15	6/27/2006	99/99/9999					
00024-5820-05	None			7/1/2010	9/1/2011	FLUDARABINE PHOSPHATE, ORAL, 10MG	OFORTA (INNER PACK) 10 MG	1 EA	BO	PO	EA		1 MG			1	7/1/2010	9/1/2011					
00024-5820-05	J8999			11/12/2009	6/30/2010	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	OFORTA (INNER PACK) 10 MG	1 EA	BO	PO	EA		1 EA			1	11/12/2009	6/30/2010					
00024-5820-20	None			7/1/2010	9/1/2011	FLUDARABINE PHOSPHATE, ORAL, 10MG	OFORTA (4X5 STRIP,FILM COATED) 10 MG	20 EA	BO	PO	EA		1 MG			1	7/1/2010	9/1/2011					
00024-5820-20	J8999			11/12/2009	6/30/2010	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	OFORTA (4X5 STRIP,FILM COATED) 10 MG	20 EA	BO	PO	EA		1 EA			1	11/12/2009	6/30/2010					
00026-0372-20		J7192		1/1/2002	6/30/2008	FACTOR VIII (ANTHEMOPHILIC FACTOR, RECOMBINANT) PER I.U.	KOGENATE FS (APPROX. 250 IU/VIAL) 1 IU	250 IU	VL	IV	EA		1 IU			1	1/1/2002	6/30/2008					
00026-0372-30		J7192		1/1/2002	6/30/2008	FACTOR VIII (ANTHEMOPHILIC FACTOR, RECOMBINANT) PER I.U.	KOGENATE FS (APPROX. 500 IU/VIAL) 1 IU	500 IU	VL	IV	EA		1 IU			1	1/1/2002	6/30/2008					
00026-0372-50		J7192		1/1/2002	6/30/2008	FACTOR VIII (ANTHEMOPHILIC FACTOR, RECOMBINANT) PER I.U.	KOGENATE FS (APPROX. 1000 IU/VIAL) 1 IU	1000 IU	VL	IV	EA		1 IU			1	1/1/2002	6/30/2008					
00026-0379-20		J7192		1/1/2006	6/30/2008	FACTOR VIII (ANTHEMOPHILIC FACTOR, RECOMBINANT) PER I.U.	KOGENATE FS W/BIO-SET (250IU,VIAL W/DILUENT,PF) 1 IU	250 IU	VL	IV	EA		1 IU			1	1/1/2006	6/30/2008					
00026-0379-30		J7192		1/1/2006	6/30/2008	FACTOR VIII (ANTHEMOPHILIC FACTOR, RECOMBINANT) PER I.U.	KOGENATE FS W/BIO-SET (500IU,VIAL W/DILUENT,PF) 1 IU	500 IU	VL	IV	EA		1 IU			1	1/1/2006	6/30/2008					
00026-0379-50		J7192		1/1/2006	6/30/2008	FACTOR VIII (ANTHEMOPHILIC FACTOR, RECOMBINANT) PER I.U.	KOGENATE FS W/BIO-SET (1000IU,VIAL W/DILUENT) 1 IU	1000 IU	VL	IV	EA		1 IU			1	1/1/2006	6/30/2008					
00026-0665-20		J7190		1/1/2002	11/1/2007	FACTOR VIII (ANTHEMOPHILIC FACTOR, HUMAN) PER I.U.	KOATE-DVI (APPROX 250 IU/VIAL) 1 IU	250 IU	VL	IV	EA		1 IU			1	1/1/2002	11/1/2007					
00026-0665-30		J7190		1/1/2002	11/1/2007	FACTOR VIII (ANTHEMOPHILIC FACTOR, HUMAN) PER I.U.	KOATE-DVI (APPROX 500 IU/VIAL) 1 IU	500 IU	VL	IV	EA		1 IU			1	1/1/2002	11/1/2007					
00026-0665-50		J7190		1/1/2002	11/1/2007	FACTOR VIII (ANTHEMOPHILIC FACTOR, HUMAN) PER I.U.	KOATE-DVI (APPROX 1000 IU/VIAL) 1 IU	1000 IU	VL	IV	EA		1 IU			1	1/1/2002	11/1/2007					

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER I.U., NOT OTHERWISE SPECIFIED																							
00026-3786-60	J7192			7/2/2007	99/99/9999	FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER I.U., NOT OTHERWISE SPECIFIED	KOGENATE FS (2000IU,PF) 1 IU	2000 IU	VL	IV	EA		1 IU		1	7/2/2007	99/99/9999						
FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER I.U., NOT OTHERWISE SPECIFIED																							
00026-3796-60	J7192			7/2/2007	99/99/9999	FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER I.U., NOT OTHERWISE SPECIFIED	KOGENATE FS (2000IU,PF) 1 IU	2000 IU	VL	IV	EA		1 IU		1	7/2/2007	99/99/9999						
00026-8151-20	J9140			1/1/2002	12/31/2010	DACARBAZINE, 200 MG	DTIC-DOME (VIAL) 200 MG	1 EA	VL	IV	EA		200 MG		1	1/1/2002	12/31/2010						
00026-8196-36	J0365			1/1/2006	99/99/9999	INJECTION, APROTONIN, 10,000 KIL	TRASLYOL 10000 KIU/ML	100 ML	VL	IV	ML		10000 KIU		1	1/1/2006	99/99/9999						
00026-8197-63	J0365			1/1/2006	99/99/9999	INJECTION, APROTONIN, 10,000 KIL	TRASLYOL 10000 KIU/ML	200 ML	VL	IV	ML		10000 KIU		1	1/1/2006	99/99/9999						
00026-9711-01	J9219			1/1/2002	99/99/9999	LEUPROLIDE ACETATE IMPLANT, 65 MG	VIADUR 65 MG	65 mg	BX	ID	EA		65 MG		1	1/1/2002	99/99/9999						
00029-6571-26	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	TIMENTIN (VIAL) 100 MG-3 GM TIMENTIN (PREMIX) 100 MG/100 ML-3 GM/100 ML	1 EA	VL	IV	EA		1 EA		1	1/1/2002	99/99/9999						
00029-6571-31	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS		100 ML	FC	IV	ML		1 EA		1	1/1/2002	99/99/9999						
UNCLASSIFIED DRUGS																							
00029-6571-40	J3490			1/1/2002	8/27/2012	UNCLASSIFIED DRUGS	TIMENTIN (ADD-VANTAGE) 100 MG-3 GM	1 EA	VL	IV	EA		1 EA		1	1/1/2002	8/27/2012						
00029-6579-21	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	TIMENTIN (BULK VIAL) 1 GM-30 GM	1 EA	VL	IV	EA		1 EA		1	1/1/2002	99/99/9999						
00039-0017-10	J0698			1/1/2002	99/99/9999	INJECTION, CEFOTAXIME SODIUM, PER GV	CLAFORAN (VIAL) 500 MG	1 EA	VL	IJ	EA		1 GM		0.5	1/1/2002	99/99/9999						
00039-0018-10	J0698			1/1/2002	99/99/9999	INJECTION, CEFOTAXIME SODIUM, PER GV	CLAFORAN (VIAL) 1 GM	1 EA	VL	IJ	EA		1 GM		1	1/1/2002	99/99/9999						
00039-0018-11	J0698			1/1/2002	7/6/2010	INJECTION, CEFOTAXIME SODIUM, PER GV	CLAFORAN (P.B.) 1 GM	1 EA	GC	IJ	EA		1 GM		1	1/1/2002	7/6/2010						
00039-0018-25	J0698			1/1/2002	7/6/2010	INJECTION, CEFOTAXIME SODIUM, PER GV	CLAFORAN (VIAL) 1 GM	1 EA	VL	IJ	EA		1 GM		1	1/1/2002	7/6/2010						
00039-0018-49	J0698			4/1/2006	99/99/9999	INJECTION, CEFOTAXIME SODIUM, PER GV	NOVAPLUS CLAFORAN 1 GM	1 EA	VL	IJ	EA		1 GM		1	4/1/2006	99/99/9999						
00039-0018-50	J0698			1/1/2002	7/6/2010	INJECTION, CEFOTAXIME SODIUM, PER GV	CLAFORAN (VIAL) 1 GM	1 EA	VL	IJ	EA		1 GM		1	1/1/2002	7/6/2010						
00039-0019-10	J0698			1/1/2002	99/99/9999	INJECTION, CEFOTAXIME SODIUM, PER GV	CLAFORAN (VIAL) 2 GM	1 EA	VL	IJ	EA		1 GM		2	1/1/2002	99/99/9999						
00039-0019-11	J0698			1/1/2002	7/6/2010	INJECTION, CEFOTAXIME SODIUM, PER GV	CLAFORAN (P.B.) 2 GM	1 EA	GC	IJ	EA		1 GM		2	1/1/2002	7/6/2010						
00039-0019-25	J0698			1/1/2002	7/6/2010	INJECTION, CEFOTAXIME SODIUM, PER GV	CLAFORAN (VIAL) 2 GM	1 EA	VL	IJ	EA		1 GM		2	1/1/2002	7/6/2010						
00039-0019-49	J0698			6/1/2005	99/99/9999	INJECTION, CEFOTAXIME SODIUM, PER GV	NOVAPLUS CLAFORAN 2 GM	1 EA	VL	IJ	EA		1 GM		2	6/1/2005	99/99/9999						
00039-0019-50	J0698			1/1/2002	7/6/2010	INJECTION, CEFOTAXIME SODIUM, PER GV	CLAFORAN (VIAL) 2 GM	1 EA	VL	IJ	EA		1 GM		2	1/1/2002	7/6/2010						
00039-0020-01	J0698			1/1/2002	99/99/9999	INJECTION, CEFOTAXIME SODIUM, PER GV	CLAFORAN (BULK VIAL) 10 GM	1 EA	GC	IJ	EA		1 GM		10	1/1/2002	99/99/9999						
NOVAPLUS CLAFORAN (PHARMACY BULK PACKAGE) 10 GM																							
00039-0020-49	J0698			6/1/2005	99/99/9999	INJECTION, CEFOTAXIME SODIUM, PER GM	NOVAPLUS CLAFORAN (PHARMACY BULK PACKAGE) 10 GM	1 EA	GC	IJ	EA		1 GM		10	6/1/2005	99/99/9999						
00039-0023-25	J0698			1/1/2002	99/99/9999	INJECTION, CEFOTAXIME SODIUM, PER GM	CLAFORAN (ADD-VANTAGE) 1 GM	1 EA	VL	IJ	EA		1 GM		1	1/1/2002	99/99/9999						
NOVAPLUS CLAFORAN (ADD-VANTAGE SYSTEM) 1 GM																							
00039-0023-49	J0698			6/1/2005	99/99/9999	INJECTION, CEFOTAXIME SODIUM, PER GM	CLAFORAN (ADD-VANTAGE) 1 GM	1 EA	VL	IJ	EA		1 GM		1	6/1/2005	99/99/9999						
00039-0023-50	J0698			1/1/2002	7/6/2010	INJECTION, CEFOTAXIME SODIUM, PER GM	CLAFORAN (ADD-VANTAGE) 1 GM	1 EA	VL	IJ	EA		1 GM		1	1/1/2002	7/6/2010						
00039-0023-61	J0698			4/3/2006	99/99/9999	INJECTION, CEFOTAXIME SODIUM, PER GM	AMERINET CLAFORAN 1 GM	1 EA	VL	IJ	EA		1 GM		1	4/3/2006	99/99/9999						
00039-0024-25	J0698			1/1/2002	99/99/9999	INJECTION, CEFOTAXIME SODIUM, PER GM	CLAFORAN (ADD-VANTAGE) 2 GM	1 EA	VL	IJ	EA		1 GM		2	1/1/2002	99/99/9999						
NOVAPLUS CLAFORAN (ADD-VANTAGE SYSTEM) 2 GM																							
00039-0024-49	J0698			6/1/2005	99/99/9999	INJECTION, CEFOTAXIME SODIUM, PER GM	CLAFORAN (ADD-VANTAGE) 2 GM	1 EA	VL	IJ	EA		1 GM		2	6/1/2005	99/99/9999						
00039-0024-50	J0698			1/1/2002	99/99/9999	INJECTION, CEFOTAXIME SODIUM, PER GV	CLAFORAN (ADD-VANTAGE) 2 GM	1 EA	VL	IJ	EA		1 GM		2	1/1/2002	99/99/9999						
00045-0065-55	J1956			1/1/2002	9/13/2009	INJECTION, LEVOFLOXACIN, 250 MG	LEVAQUIN (S.D.V.) 25 MG/ML	30 ML	VL	IV	ML		250 MG		0.1	1/1/2002	9/13/2009						
LEVAQUIN (PREMIXED W/DEXTROSE) 5 MG/ML																							
00045-0066-01	J1956			1/1/2002	5/2/2010	INJECTION, LEVOFLOXACIN, 250 MG	LEVAQUIN (PREMIXED W/DEXTROSE) 5 MG/ML	150 ML	PC	IV	ML		250 MG		0.02	1/1/2002	5/2/2010						
LEVAQUIN (PREMIXED W/DEXTROSE) 5 MG/ML																							
00045-0067-01	J1956			1/1/2002	5/26/2010	INJECTION, LEVOFLOXACIN, 250 MG	LEVAQUIN (PREMIXED W/DEXTROSE) 5 MG/ML	50 ML	FC	IV	ML		250 MG		0.02	1/1/2002	5/26/2010						
LEVAQUIN (PREMIXED W/DEXTROSE) 5 MG/ML																							
00045-0068-01	J1956			1/1/2002	5/26/2010	INJECTION, LEVOFLOXACIN, 250 MG	LEVAQUIN (S.D.V.) 25 MG/ML	100 ML	FC	IV	ML		250 MG		0.02	1/1/2002	5/26/2010						
00045-0069-51	J1956			1/1/2002	8/23/2009	INJECTION, LEVOFLOXACIN, 250 MG	LEVAQUIN (S.D.V.) 25 MG/ML	20 ML	VL	IV	ML		250 MG		0.1	1/1/2002	8/23/2009						
00045-0253-01	J1631			1/1/2002	6/24/2010	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALDOL DECANOATE (AMP) 50 MG/ML	1 ML	AM	IM	ML		50 MG		1	1/1/2002	6/24/2010						
00045-0253-03	J1631			1/1/2002	7/1/2010	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALDOL DECANOATE (AMP) 50 MG/ML	1 ML	AM	IM	ML		50 MG		1	1/1/2002	7/1/2010						
HALDOL DECANOATE (AMP) 100 MG/ML																							
00045-0254-14	J1631			1/1/2002	7/20/2010	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALDOL DECANOATE (AMP) 100 MG/ML	1 ML	AM	IM	ML		50 MG		2	1/1/2002	7/20/2010						
00045-0255-01	J1630			1/1/2002	8/3/2010	INJECTION, HALOPERIDOL, UP TO 5 MG	HALDOL (AMP) 5 MG/ML	1 ML	AM	IM	ML		5 MG		1	1/1/2002	8/3/2010						
00045-1515-01	J1956			11/5/2004	8/23/2009	INJECTION, LEVOFLOXACIN, 250 MG	LEVAQUIN 25 MG/ML	480 ML	BO	PO	ML		250 MG		0.1	11/5/2004	8/23/2009						
PREMARIN INTRAVENOUS (W/SECULE VIAL) 25 MG																							
00046-0749-05	J1410			1/1/2002	99/99/9999	INJECTION, ESTROGEN CONJUGATED, PER 25 MG	UNASYN (VIAL) 1 GM-0.5 GM	1 EA	VL	IV	EA		25 MG		1	1/1/2002	99/99/9999						
00049-0013-83	J0295			1/1/2002	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GA	UNASYN (VIAL) 1 GM-0.5 GM	1 EA	VL	IJ	EA		1.5 GM		1	1/1/2002	99/99/9999						
00049-0014-83	J0295			1/1/2002	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GA	UNASYN (VIAL) 2 GM-1 GM	1 EA	VL	IJ	EA		1.5 GM		2	1/1/2002	99/99/9999						
UNASYN (P.B.,ADD-VANTAGE) 1 GM-0.5 GM																							
00049-0022-83	J0295			1/1/2002	4/5/2013	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	UNASYN (P.B.,ADD-VANTAGE) 2 GM-1 GM	1 EA	VL	IV	EA		1.5 GM		1	1/1/2002	4/5/2013						
UNASYN (P.B.,ADD-VANTAGE) 2 GM-1 GM																							
00049-0023-83	J0295			1/1/2002	8/17/2011	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM		1 EA	VL	IV	EA		1.5 GM		2	1/1/2002	8/17/2011						
UNASYN (BULK PACKAGE) 10 GM-5 GM																							
00049-0024-28	J0295			1/1/2002	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	UNASYN (ADD-VANTAGE,ADD-VANTAGE) 1 GM-0.5 GM	1 EA	VL	IV	EA		1.5 GM		10	1/1/2002	99/99/9999						
UNASYN (ADD-VANTAGE,ADD-VANTAGE) 1 GM-0.5 GM																							
00049-0031-83	J0295			1/1/2002	3/2/2012	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	UNASYN (ADD-VANTAGE,ADD-VANTAGE) 2 GM-1 GM	1 EA	VL	IV	EA		1.5 GM		2	1/1/2002	3/2/2012						
PRIZERPEN (VIAL, PHARMACY BOTTLE) 5 Million U																							
00049-0032-83	J0295			1/1/2002	10/27/2011	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	PRIZERPEN (VIAL, PHARMACY BOTTLE) 5 Million U	1 EA	VL	IV	EA		1.5 GM		2	1/1/2002	10/27/2011						
PRIZERPEN (VIAL, PHARMACY BOTTLE) 20 Million U																							
00049-0520-83	J2540			1/1/2002	99/99/9999	INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS		1 EA	VL	IV	EA		600000 U		8.33333	1/1/2002	99/99/9999						
PRIZERPEN (VIAL, PHARMACY BOTTLE) 20 Million U																							
00049-0530-28	J2540			1/1/2002	99/99/9999	INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS		1 EA	VL	IV	EA		600000 U		33.33333	1/1/2002	99/99/9999						
00049-1010-28	J3490			4/25/2006	12/31/2006	UNCLASSIFIED DRUGS	ERAXIS (W/ DILUENT,PF) 50 MG	1 EA	VL	IV	EA		1 EA		1	4/25/2006	12/31/2006						
00049-1010-28	J0348			1/1/2007	11/2009	INJECTION, ANIDULAFUNGIN, 1 MG	ERAXIS (W/ DILUENT,PF) 50 MG	1 EA	VL	IV	EA		1 MG		50	1/1/2007	11/2009						
00049-3190-28	J3465			1/1/2004	99/99/9999	INJECTION, VORICONAZOLE, 10 MG	VFEND I.V. (S.D.V.) 200 MG	1 EA	VL	IV	EA		10 MG		20	1/1/2004	99/99/9999						
DIFLUCAN IV (SODIUM CHLORIDE DILUTION) 200 MG/100 ML																							
00049-3371-26	J1450			1/1/2002	7/26/2010	INJECTION FLUCONAZOLE, 200 MG		100 ML	GC	IV	ML		200 MG		0.01	1/1/2002	7/26/2010						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00049-3372-26	J1450			1/1/2002	9/30/2010	INJECTION FLUCONAZOLE, 200 MG	DIFLUCAN IV (SODIUM CHLORIDE DILUENT) 400 MG/200 ML	200 ML	GC	IV	ML		200 MG	0.01		1/1/2002	9/30/2010						
00049-3382-25	J3490			10/19/2005	99/99/9999	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (FTV,LATEX-FREE) 50 MCG/ML	5 ML	VL	IJ	ML		1 EA	1		10/19/2005	99/99/9999						
00049-3435-26	J1450			1/1/2002	1/31/2011	INJECTION FLUCONAZOLE, 200 MG	DIFLUCAN IV (VIAFLEX,SODIUM CHLORIDE) 200 MG/100 ML	100 ML	PC	IV	ML		200 MG	0.01		1/1/2002	1/31/2011						
00049-3436-26	J1450			1/1/2002	1/31/2011	INJECTION FLUCONAZOLE, 200 MG	DIFLUCAN IV (VIAFLEX,SODIUM CHLORIDE) 400 MG/200 ML	200 ML	PC	IV	ML		200 MG	0.01		1/1/2002	1/31/2011						
00049-3437-26	J1450			1/1/2002	1/1/2009	INJECTION FLUCONAZOLE, 200 MG	DIFLUCAN IV (VIAFLEX, DEXTROSE,AF) 200 MG/100 ML	100 ML	PC	IV	ML		200 MG	0.01		1/1/2002	1/1/2009						
00049-3438-26	J1450			1/1/2002	9/30/2010	INJECTION FLUCONAZOLE, 200 MG	DIFLUCAN IV (VIAFLEX, DEXTROSE,AF) 400 MG/200 ML	200 ML	PC	IV	ML		200 MG	0.01		1/1/2002	9/30/2010						
00049-3920-83	J3486			1/1/2004	99/99/9999	INJECTION, ZIPRASIDONE MESYLATE, 10 MC	GEODON 20 MG	1 EA	VL	IM	EA		10 MG	2		1/1/2004	99/99/9999						
00051-0021-21	Q0167			1/1/2002	99/99/9999	REGIMEN 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	MARINOL 2.5 MG	60 EA	BO	PO	EA		2.5 MG	1		1/1/2002	99/99/9999						
00051-0022-21	Q0168			8/14/2006	99/99/9999	OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN DRONABINOL, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME	MARINOL (SOFT GELATIN) 5 MG	60 EA	BO	PO	EA		5 MG	1		8/14/2006	99/99/9999						
00051-0023-21	Q0168			1/1/2002	99/99/9999	OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN DRONABINOL, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME	MARINOL (SOFTGEL) 10 MG	60 EA	BO	PO	EA		5 MG	2		1/1/2002	99/99/9999						
00052-0272-01	J7307			1/1/2008	99/99/9999	SUPPLIES ETONOGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLANT AND	IMPLANON (HOSPITAL USE ONLY) 68 MG	1 EA	PG	ID	EA		1 IMPL	1		1/1/2008	99/99/9999						
00052-0272-01	J3490			8/10/2006	12/31/2007	UNCLASSIFIED DRUGS	MG	1 EA	PG	ID	EA		1 EA	1		8/10/2006	12/31/2007						
00052-0301-51	J3490			5/1/2003	99/99/9999	UNCLASSIFIED DRUGS	GANIRELIX ACETATE 250 MCG/0.5 ML	0.5 ML	SR	SC	ML		1 EA	1		5/1/2003	99/99/9999						
00052-0315-10	J0725			1/1/2002	99/99/9999	INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS	PREGNYL (W/DILUENT) 10000 U	1 EA	VL	IM	EA		1000 USP I	10		1/1/2002	99/99/9999						
00052-0602-02	J9031			1/1/2002	99/99/9999	BCG (INTRAVESICAL) PER INSTALLATION	TICE BCG (VIAL) 800 Million CFL	1 EA	VL	IL	EA		1 INSTI	1		1/1/2002	99/99/9999						
00052-0603-02	J9031			1/1/2002	99/99/9999	BCG (INTRAVESICAL) PER INSTALLATION	BCG VACCINE (VIAL)	1 EA	VL	ID	EA		1 INSTI	1		1/1/2002	99/99/9999						
00053-1770-01	J2995			9/17/2002	4/3/2007	INJECTION, STREPTOKINASE, PER 250,000 IL	STREPTASE (6ML VIAL) 250000 IL	1 EA	VL	IV	EA		250000 IU	1		9/17/2002	4/3/2007						
00053-1771-01	J2995			9/17/2002	11/28/2006	INJECTION, STREPTOKINASE, PER 250,000 IL	STREPTASE (6ML VIAL) 750000 IL	1 EA	VL	IV	EA		250000 IU	3		9/17/2002	11/28/2006						
00053-7486-05	J1566			1/1/2006	11/15/2007	OTHERWISE SPECIFIED, 500 MG INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT	GAMMAR-P I.V. (W/DILUENT) 5 GM	1 EA	VL	IV	EA		500 MG	10		1/1/2006	11/15/2007						
00053-7486-10	J1566			1/1/2006	3/1/2007	OTHERWISE SPECIFIED, 500 MG INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT	GAMMAR-P I.V. (W/DILUENT) 10 GM	1 EA	VL	IV	EA		500 MG	20		1/1/2006	3/1/2007						
00053-7596-03	J1562			1/1/2007	2/10/2010	INJECTION, IMMUNE GLOBULIN (VIVAGLOBIN), 100 MC	VIVAGLOBIN (PF) 160 MG/ML	3 ML	VL	SC	ML		100 MG	1.6		1/1/2007	2/10/2010						
00053-7596-03	J7799			3/1/2006	12/31/2006	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	VIVAGLOBIN (PF) 160 MG/ML	3 ML	VL	SC	ML		1 EA	1		3/1/2006	12/31/2006						
00053-7596-10	J7799			3/1/2006	12/31/2006	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	VIVAGLOBIN (PF) 160 MG/ML	10 ML	VL	SC	ML		1 EA	1		3/1/2006	12/31/2006						
00053-7596-10	J1562			1/1/2007	99/99/9999	INJECTION, IMMUNE GLOBULIN (VIVAGLOBIN), 100 MC	VIVAGLOBIN (PF) 160 MG/ML	10 ML	VL	SC	ML		100 MG	1.6		1/1/2007	99/99/9999						
00053-7596-15	J1562			1/1/2007	99/99/9999	INJECTION, IMMUNE GLOBULIN (VIVAGLOBIN), 100 MC	VIVAGLOBIN (PF) 160 MG/ML	10 ML	VL	SC	ML		100 MG	1.6		1/1/2007	99/99/9999						
00053-7596-15	J7799			3/1/2006	12/31/2006	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	VIVAGLOBIN (PF) 160 MG/ML	10 ML	VL	SC	ML		1 EA	1		3/1/2006	12/31/2006						
00053-7596-20	J1562			1/1/2007	99/99/9999	INJECTION, IMMUNE GLOBULIN (VIVAGLOBIN), 100 MC	VIVAGLOBIN (PF) 160 MG/ML	20 ML	VL	SC	ML		100 MG	1.6		1/1/2007	99/99/9999						
00053-7596-20	J7799			3/1/2006	12/31/2006	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	VIVAGLOBIN (PF) 160 MG/ML	20 ML	VL	SC	ML		1 EA	1		3/1/2006	12/31/2006						
00053-7596-25	J1562			1/1/2007	99/99/9999	INJECTION, IMMUNE GLOBULIN (VIVAGLOBIN), 100 MC	VIVAGLOBIN (PF) 160 MG/ML	20 ML	VL	SC	ML		100 MG	1.6		1/1/2007	99/99/9999						
00053-7615-05	J7188			2/15/2006	12/31/2006	INJECTION, VON WILLEBRAND FACTOR COMPLEX, HUMAN, RISTOCETIN	HUMATE-P (600IU) 1 IU-1 IU	600 IU	VL	IV	EA		1 IU	1		2/15/2006	12/31/2006						
00053-7615-05	J7187			1/1/2007	4/30/2010	COFACTOR, PER IU VWF-RCO	HUMATE-P (600IU) 1 IU-1 IU	600 IU	VL	IV	EA		1 IU	1		1/1/2007	4/30/2010						
00053-7615-10	J7188			2/15/2006	12/31/2006	INJECTION, VON WILLEBRAND FACTOR COMPLEX, HUMAN, IL	HUMATE-P (1200IU) 1 IU-1 IU	1200 IU	VL	IV	EA		1 IU	1		2/15/2006	12/31/2006						
00053-7615-10	J7187			1/1/2007	4/30/2010	COFACTOR, PER IU VWF-RCO	HUMATE-P (1200IU) 1 IU-1 IU	1200 IU	VL	IV	EA		1 IU	1		1/1/2007	4/30/2010						
00053-7615-20	J7188			2/15/2006	12/31/2006	INJECTION, VON WILLEBRAND FACTOR COMPLEX, HUMAN, IL	HUMATE-P (2400IU) 1 IU-1 IU	2400 IU	VL	IV	EA		1 IU	1		2/15/2006	12/31/2006						
00053-7615-20	J7187			1/1/2007	4/30/2010	COFACTOR, PER IU VWF-RCO	HUMATE-P (2400IU) 1 IU-1 IU	2400 IU	VL	IV	EA		1 IU	1		1/1/2007	4/30/2010						
00053-7620-05	J7188			1/1/2006	12/31/2006	INJECTION, VON WILLEBRAND FACTOR COMPLEX, HUMAN, IU	HUMATE-P (10 ML SDV, PASTEURIZED) 1 IU-1 IU	500 IU	VL	IV	EA		1 IU	1		1/1/2006	12/31/2006						
00053-7620-05	J7187			1/1/2007	11/9/2009	COFACTOR, PER IU VWF-RCO	HUMATE-P (10 ML SDV, PASTEURIZED) 1 IU-1 IU	500 IU	VL	IV	EA		1 IU	1		1/1/2007	11/9/2009						
00053-7620-10	J7188			1/1/2006	12/31/2006	INJECTION, VON WILLEBRAND FACTOR COMPLEX, HUMAN, IU	HUMATE-P (20 ML SDV, PASTEURIZED) 1 IU-1 IU	1000 IU	VL	IV	EA		1 IU	1		1/1/2006	12/31/2006						
00053-7620-10	J7187			1/1/2007	11/9/2009	COFACTOR, PER IU VWF-RCO	HUMATE-P (20 ML SDV, PASTEURIZED) 1 IU-1 IU	1000 IU	VL	IV	EA		1 IU	1		1/1/2007	11/9/2009						
00053-7620-20	J7188			1/1/2006	12/31/2006	INJECTION, VON WILLEBRAND FACTOR COMPLEX, HUMAN, IU	HUMATE-P (30 ML SDV, PASTEURIZED) 1 IU-1 IU	2000 IU	VL	IV	EA		1 IU	1		1/1/2006	12/31/2006						
00053-7620-20	J7187			1/1/2007	11/9/2009	COFACTOR, PER IU VWF-RCO	HUMATE-P (30 ML SDV, PASTEURIZED) 1 IU-1 IU	2000 IU	VL	IV	EA		1 IU	1		1/1/2007	11/9/2009						
00053-7656-01	J7190			1/1/2002	99/99/9999	FACTOR VIII (ANTHEMOPHILIC FACTOR, HUMAN) PER IU	MONOCLATE-P (250 IU) 1 IU	250 IU	VL	IV	EA		1 IU	1		1/1/2002	99/99/9999						
00053-7656-02	J7190			1/1/2002	12/28/2006	FACTOR VIII (ANTHEMOPHILIC FACTOR, HUMAN) PER IU	MONOCLATE-P (500 IU) 1 IU	500 IU	VL	IV	EA		1 IU	1		1/1/2002	12/28/2006						
00053-7656-04	J7190			1/1/2002	99/99/9999	FACTOR VIII (ANTHEMOPHILIC FACTOR, HUMAN) PER IU	MONOCLATE-P (1000 IU) 1 IU	1000 IU	VL	IV	EA		1 IU	1		1/1/2002	99/99/9999						
00053-7656-05	J7190			5/26/2004	99/99/9999	FACTOR VIII (ANTHEMOPHILIC FACTOR, HUMAN) PER IU	MONOCLATE-P (1500 IU) 1 IU	1500 IU	VL	IV	EA		1 IU	1		5/26/2004	99/99/9999						
00053-7668-02	J7193			1/1/2002	10/18/2007	FACTOR IX (ANTHEMOPHILIC FACTOR, PURIFIED, NON-RECOMBINANT) PER IU	MONONINE (500 IU) 1 IU	500 IU	VL	IV	EA		1 IU	1		1/1/2002	10/18/2007						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00053-7668-04	J7193			1/1/2002	1/7/2013	FACTOR IX (ANTHEMOPHILIC FACTOR, PURIFIED, NON-RECOMBINANT) PER I.U.	MONONINE (1000 IU) 1 IU	1000 IU	VL	IV	EA		1 IU		1	1/1/2002	1/7/2013						
00053-8130-01	J7192			1/1/2002	99/99/9999	FACTOR VIII (ANTHEMOPHILIC FACTOR, RECOMBINANT) PER I.U., NOT OTHERWISE SPECIFIED	HELIXATE FS (APPROX. 250 IU/VIAL) 1 IU	250 IU	VL	IV	EA		1 IU		1	1/1/2002	99/99/9999						
00053-8130-02	J7192			1/1/2002	99/99/9999	FACTOR VIII (ANTHEMOPHILIC FACTOR, RECOMBINANT) PER I.U., NOT OTHERWISE SPECIFIED	HELIXATE FS (APPROX. 500 IU/VIAL) 1 IU	500 IU	VL	IV	EA		1 IU		1	1/1/2002	99/99/9999						
00053-8130-04	J7192			1/1/2002	99/99/9999	FACTOR VIII (ANTHEMOPHILIC FACTOR, RECOMBINANT) PER I.U., NOT OTHERWISE SPECIFIED	HELIXATE FS (APPROX. 1000 IU/VIAL) 1 IU	1000 IU	VL	IV	EA		1 IU		1	1/1/2002	99/99/9999						
00054-0017-20	J7506			12/1/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (10X10) 10 MG	100 EA	BX	PO	EA		5 MG		2	12/1/2004	99/99/9999						
00054-0017-25	J7506			12/1/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	100 EA	BO	PO	EA		5 MG		2	1/1/2005	99/99/9999						
00054-0018-20	J7506			9/7/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	500 EA	BO	PO	EA		5 MG		2	12/1/2004	99/99/9999						
00054-0018-25	J7506			10/14/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (10X10) 20 MG	100 EA	BX	PO	EA		5 MG		4	9/7/2004	99/99/9999						
00054-0018-29	J7506			10/8/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	100 EA	BO	PO	EA		5 MG		4	10/14/2004	99/99/9999						
00054-0019-20	J7506			9/24/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (10X10) 50 MG	500 EA	BO	PO	EA		5 MG		4	10/8/2004	99/99/9999						
00054-0019-25	J7506			8/10/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 50 MG	100 EA	BX	PO	EA		5 MG		10	9/24/2004	99/99/9999						
00054-0163-25	J7517			5/4/2009	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL, 250 MG	100 EA	BO	PO	EA		250 MG		1	5/4/2009	99/99/9999						
00054-0166-25	J7517			5/4/2009	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL, 500 MG	100 EA	BO	PO	EA		250 MG		2	5/4/2009	99/99/9999						
00054-3025-02	KO J7608	KO		1/1/2002	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE 10%	30 ML	VL	IH	ML		1 GM		0.1	1/1/2002	99/99/9999						
00054-3025-02	J7608			1/1/2002	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE 10%	30 ML	VL	IH	ML		1 GM		0.1	1/1/2002	99/99/9999						
00054-3026-02	KO J7608	KO		1/1/2002	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE 20%	30 ML	VL	IH	ML		1 GM		0.2	1/1/2002	99/99/9999						
00054-3026-02	J7608			1/1/2002	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE 20%	30 ML	VL	IH	ML		1 GM		0.2	1/1/2002	99/99/9999						
00054-3027-02	KO J7608	KO		1/1/2002	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE 10%	10 ML	VL	IH	ML		1 GM		0.1	1/1/2002	99/99/9999						
00054-3027-02	J7608			1/1/2002	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE 10%	10 ML	VL	IH	ML		1 GM		0.1	1/1/2002	99/99/9999						
00054-3028-02	J7608			1/1/2002	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE 20%	10 ML	VL	IH	ML		1 GM		0.2	1/1/2002	99/99/9999						
00054-3028-02	KO J7608	KO		1/1/2002	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE 20%	10 ML	VL	IH	ML		1 GM		0.2	1/1/2002	99/99/9999						
00054-3176-44	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE INTENSOL 1 MG/ML	30 ML	BO	PO	ML		0.25 MG		4	1/1/2006	99/99/9999						
00054-3177-57	J8540			7/31/2008	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE (1X240ML) MEGESTROL ACETATE (LEMON,LIME)	240 ML	BO	PO	ML		0.25 MG		2	7/31/2008	99/99/9999						
00054-3542-58	J8999			4/11/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	40 MG/ML	240 ML	BO	PO	ML		1 EA		1	4/11/2002	99/99/9999						
00054-3721-44	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE INTENSOL 5 MG/ML	30 ML	BO	PO	ML		5 MG		1	1/1/2002	99/99/9999						
00054-3722-50	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (PEPPERMINT-VANILLA) 5 MG/5 ML	120 ML	BO	PO	ML		5 MG		0.2	1/1/2002	99/99/9999						
00054-3722-63	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (PEPPERMINT-VANILLA) 5 MG/5 ML	500 ML	BO	PO	ML		5 MG		0.2	1/1/2002	99/99/9999						
00054-4084-25	J7500			1/1/2002	99/99/9999	AZATHIOPRINE, ORAL, 50 MG	AZATHIOPRINE 50 MG	100 EA	BO	PO	EA		50 MG		1	1/1/2002	99/99/9999						
00054-4129-25	None			3/28/2000	99/99/9999	CYCLOPHOSPHAMIDE, 25 MG, ORAL	CYCLOPHOSPHAMIDE 25 MG	100 EA	BO	PO	EA		25 MG		1	3/28/2000	99/99/9999						
00054-4130-25	None			3/28/2000	99/99/9999	CYCLOPHOSPHAMIDE, 50 MG, ORAL	CYCLOPHOSPHAMIDE 50 MG	100 EA	BO	PO	EA		50 MG		1	3/28/2000	99/99/9999						
00054-4179-25	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.5 MG	100 EA	BO	PO	EA		0.25 MG		2	1/1/2006	99/99/9999						
00054-4180-25	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	100 EA	BO	PO	EA		0.25 MG		3	1/1/2006	99/99/9999						
00054-4181-25	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 1 MG	100 EA	BO	PO	EA		0.25 MG		4	1/1/2006	99/99/9999						
00054-4182-25	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 1.5 MG	100 EA	BO	PO	EA		0.25 MG		6	1/1/2006	99/99/9999						
00054-4183-25	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 2 MG	100 EA	BO	PO	EA		0.25 MG		8	1/1/2006	99/99/9999						
00054-4184-25	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	100 EA	BO	PO	EA		0.25 MG		16	1/1/2006	99/99/9999						
00054-4550-15	None			9/27/1994	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	36 EA	BO	PO	EA		2.5 MG		1	9/27/1994	99/99/9999						
00054-4550-25	None			9/27/1994	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	100 EA	BO	PO	EA		2.5 MG		1	9/27/1994	99/99/9999						
00054-4581-11	J8999			2/19/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MERCAPTOPURINE (USP) 50 MG	25 EA	BO	PO	EA		1 EA		1	2/19/2004	99/99/9999						
00054-4581-27	J8999			2/19/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MERCAPTOPURINE (USP) 50 MG	250 EA	BO	PO	EA		1 EA		1	2/19/2004	99/99/9999						
00054-4603-25	J8999			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE 20 MG	100 EA	BO	PO	EA		1 EA		1	1/1/2002	99/99/9999						
00054-4604-25	J8999			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE 40 MG	100 EA	BO	PO	EA		1 EA		1	1/1/2002	99/99/9999						
00054-4728-25	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	100 EA	BO	PO	EA		5 MG		1	1/1/2002	99/99/9999						
00054-4728-31	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	1000 EA	BO	PO	EA		5 MG		1	1/1/2002	99/99/9999						
00054-4741-25	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 1 MG	100 EA	BO	PO	EA		5 MG		0.2	1/1/2002	99/99/9999						
00054-4741-31	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 1 MG	1000 EA	BO	PO	EA		5 MG		0.2	1/1/2002	99/99/9999						
00054-4742-25	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 2.5 MG	100 EA	BO	PO	EA		5 MG		0.5	1/1/2002	99/99/9999						
00054-4831-21	J8999			2/21/2003	4/17/2007	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE 10 MG	60 EA	BO	PO	EA		1 EA		1	2/21/2003	4/17/2007						
00054-4831-26	J8999			2/21/2003	4/17/2007	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE 10 MG	180 EA	BO	PO	EA		1 EA		1	2/21/2003	4/17/2007						
00054-4834-13	J8999			2/21/2003	6/20/2007	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE 20 MG	30 EA	BO	PO	EA		1 EA		1	2/21/2003	6/20/2007						
00054-4834-22	J8999			2/21/2003	4/17/2007	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE 20 MG	90 EA	BO	PO	EA		1 EA		1	2/21/2003	4/17/2007						
00054-8084-25	J7500			1/1/2002	99/99/9999	AZATHIOPRINE, ORAL, 50 MG	AZATHIOPRINE (10X10) 50 MG	100 EA	BO	PO	EA		50 MG		1	1/1/2002	99/99/9999						
00054-8174-25	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE (10X10) 1 MG	100 EA	BX	PO	EA		0.25 MG		4	1/1/2006	99/99/9999						
00054-8175-25	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE (10X10) 4 MG	100 EA	BX	PO	EA		0.25 MG		16	1/1/2006	99/99/9999						
00054-8176-25	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE (10X10) 2 MG	100 EA	BX	PO	EA		0.25 MG		8	1/1/2006	99/99/9999						
00054-8179-25	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE (10X10) 0.5 MG	100 EA	BX	PO	EA		0.25 MG		2	1/1/2006	99/99/9999						
00054-8180-25	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE (10X10) 0.75 MG	100 EA	BX	PO	EA		0.25 MG		3	1/1/2006	99/99/9999						
00054-8181-25	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE (10X10) 1.5 MG	100 EA	BX	PO	EA		0.25 MG		6	1/1/2006	99/99/						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00054-8603-25	J8999			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE (10X10) 20 MG	100 EA	BX	PO	EA		1 EA		1	1/1/2002	99/99/9999						
00054-8604-25	J8999			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE (10X10) 40 MG	100 EA	BX	PO	EA		1 EA		1	1/1/2002	99/99/9999						
00054-8722-16	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (PEPPERMINT-VANILLA) 5 MG/5 ML	5 ML	CP	PO	ML		5 MG		0.2	1/1/2002	99/99/9999						
00054-8724-25	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (10X10) 5 MG	100 EA	BX	PO	EA		5 MG		1	1/1/2002	99/99/9999						
00054-8739-25	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (10X10) 1 MG	100 EA	BX	PO	EA		5 MG		0.2	1/1/2002	99/99/9999						
00054-8740-25	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (10X10) 2.5 MG	100 EA	BX	PO	EA		5 MG		0.5	1/1/2002	99/99/9999						
00054-8831-25	J8999			2/21/2003	4/17/2007	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (BLISTER PACK 10X10) 10 MG	100 EA	BX	PO	EA		1 EA		1	2/21/2003	4/17/2007						
00054-8834-25	J8999			2/21/2003	2/5/2007	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (BLISTER PACK 10X10) 20 MG	100 EA	BX	PO	EA		1 EA		1	2/21/2003	2/5/2007						
00065-0543-01	J3301			11/29/2007	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MC	TRIESENCE 40 MG/ML	1 ML	VL	IJ	ML		10 MG		4	11/29/2007	99/99/9999						
00068-0597-01	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	RIFADIN IV (VIAL) 600 MG	1 EA	VL	IV	EA		1 EA		1	1/1/2002	99/99/9999						
00068-0809-23	J0500			1/1/2002	3/22/2007	INJECTION, DICYCLOMINE HCL, UP TO 20 MG	BENTYL (AMP) 10 MG/ML	2 ML	AM	IM	ML		20 MG		0.5	11/15/2004	3/22/2007	1/1/2002	6/21/2004		0.5		
00069-0201-01	J9065			1/14/2013	99/99/9999	INJECTION, CLADRIBINE, PER 1 MG	NOVAPLUS CLADRIBINE (1X10ML,SDV,PF) 1 MG/ML	1 ML	VL	IV	ML		1 MG		1	1/14/2013	99/99/9999						
00069-3030-20	J9000			5/19/2011	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MC	DOXORUBICIN HCL (PF) 2 MG/ML	1 ML	VL	IV	ML		10 MG		0.2	5/19/2011	99/99/9999						
00069-3031-20	J9000			5/19/2011	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MC	DOXORUBICIN HCL (PF) 2 MG/ML	1 ML	VL	IV	ML		10 MG		0.2	5/19/2011	99/99/9999						
00069-3032-20	J9000			5/19/2011	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MC	DOXORUBICIN HCL (PF) 2 MG/ML	1 ML	VL	IV	ML		10 MG		0.2	5/19/2011	99/99/9999						
00069-3033-20	J9000			5/19/2011	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MC	DOXORUBICIN HCL (PF) 2 MG/ML	1 ML	VL	IV	ML		10 MG		0.2	5/19/2011	99/99/9999						
00069-3034-20	J9000			5/19/2011	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MC	DOXORUBICIN HCL (PF) 2 MG/ML	1 ML	VL	IV	ML		10 MG		0.2	5/19/2011	99/99/9999						
00069-3051-07	Q0144			1/1/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX (SINGLE DOSE PACKETS) 1 GM/Packet	10 EA	BX	PO	EA		1 GM		1	1/1/2002	99/99/9999						
00069-3051-75	Q0144			1/1/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX (SINGLE DOSE PACKETS) 1 GM/Packet	3 PK	BX	PO	EA		1 GM		1	1/1/2002	99/99/9999						
00069-3060-30	Q0144			1/1/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	30 EA	BO	PO	EA		1 GM		0.25	1/1/2002	99/99/9999						
00069-3060-75	Q0144			1/1/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX Z-PAK (3X6) 250 MG	18 EA	DP	PO	EA		1 GM		0.25	1/1/2002	99/99/9999						
00069-3060-86	Q0144			1/1/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	50 EA	BX	PO	EA		1 GM		0.25	1/1/2002	99/99/9999						
00069-3070-30	Q0144			8/6/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 500 MG	30 EA	BO	PO	EA		1 GM		0.5	8/6/2002	99/99/9999						
00069-3070-75	Q0144			8/6/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX TRI-PAK (3X3) 500 MG	9 EA	DP	PO	EA		1 GM		0.5	8/6/2002	99/99/9999						
00069-3070-86	Q0144			10/21/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX (5 X 10) 500 MG	50 EA	BX	PO	EA		1 GM		0.5	10/21/2002	99/99/9999						
00069-3080-30	Q0144			1/1/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 500 MG	30 EA	BO	PO	EA		1 GM		0.6	1/1/2002	99/99/9999						
00069-3110-19	Q0144			1/1/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 100 MG/5 ML	15 ML	BO	PO	ML		1 GM		0.02	1/1/2002	99/99/9999						
00069-3120-19	Q0144			1/1/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 200 MG/5 ML	15 ML	BO	PO	ML		1 GM		0.04	1/1/2002	99/99/9999						
00069-3130-19	Q0144			1/1/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 200 MG/5 ML	22.5 ML	BO	PO	ML		1 GM		0.04	1/1/2002	99/99/9999						
00069-3140-19	Q0144			1/1/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 200 MG/5 ML	30 ML	BO	PO	ML		1 GM		0.04	1/1/2002	99/99/9999						
00069-3150-14	J0456			2/25/2002	1/10/2013	INJECTION, AZITHROMYCIN, 500 MG	ZITHROMAX (V/VIAL MATE) 500 MG	1 EA	VL	IV	EA		500 MG		1	2/25/2002	1/10/2013						
00069-3150-83	J0456			1/1/2002	99/99/9999	INJECTION, AZITHROMYCIN, 500 MG	ZITHROMAX (VIAL) 500 MG	1 EA	VL	IV	EA		500 MG		1	1/1/2002	99/99/9999						
00069-4170-21	Q0144			7/11/2005	10/12/2009	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZMAX (CHERRY-BANANA) 2 GM/60 ML	1 EA	BO	PO	EA		1 GM		2	7/11/2005	10/12/2009						
00069-5410-66	Q0177			1/1/2002	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	VISTARIL 25 MG	100 EA	BO	PO	EA		25 MG		1	1/1/2002	99/99/9999						
00069-5420-66	Q0178			1/1/2002	99/99/9999	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	VISTARIL 50 MG	100 EA	BO	PO	EA		50 MG		1	1/1/2002	99/99/9999						
00069-5440-93	Q0177			1/1/2002	3/7/2007	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	VISTARIL 25 MG/5 ML	480 ML	BO	PO	ML		25 MG		0.2	1/1/2002	3/7/2007						
00069-5440-97	Q0177			1/1/2002	12/11/2006	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	VISTARIL 25 MG/5 ML	120 ML	BO	PO	ML		25 MG		0.2	1/1/2002	12/11/2006						
00071-0840-13	Q0163			1/1/2002	1/19/2009	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	BENADRYL 25 MG	24 EA	BX	PO	EA		50 MG		0.5	1/1/2002	1/19/2009						
00071-0840-18	Q0163			1/1/2002	1/19/2009	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	BENADRYL 25 MG	48 EA	BX	PO	EA		50 MG		0.5	1/1/2002	1/19/2009						
00071-2195-17	Q0163			11/18/2003	12/20/2006	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	BENYLIN DECONGESTANT COUGH 12.5 MG/5 ML	118 ML	BO	PO	ML		50 MG		0.05	11/18/2003	12/20/2006						
00071-2333-17	Q0163			11/17/2003	10/25/2008	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	BENADRYL ALLERGY (AF,CHERRY) 12.5 MG/5 ML	118 ML	BO	PO	ML		50 MG		0.05	11/17/2003	10/25/2008						
00071-4007-05	Q2009			1/1/2002	1/1/2009	INJECTION, FOSPHENYTOIN, 50 MG PHENYTOIN EQUIVALENT	CEREBYX (VIAL) 50 MG/ML	2 ML	VL	IJ	ML		50 MG		1	1/1/2002	1/1/2009						
00071-4008-10	Q2009			1/1/2002	1/1/2010	INJECTION, FOSPHENYTOIN, 50 MG PHENYTOIN EQUIVALENT	CEREBYX (VIAL) 50 MG/ML	10 ML	VL	IJ	ML		50 MG		1	1/1/2002	1/1/2010						
00071-4259-45	J1200			1/1/2002	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	BENADRYL (SRN, STERI-DOSE) 50 MG/ML	1 ML	SR	IJ	ML		50 MG		1	1/1/2002	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00071-4402-10	J1200			1/1/2002	11/16/2006	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	BENADRYL (STERI-VIAL) 50 MG/ML	10 ML	VL	IJ	ML		50 MG		1	1/1/2002	11/16/2006						
00074-1038-50	J0670			1/1/2002	10/7/2007	INJECTION, MEPIVACAINE HYDROCHLORIDE, PER 10 ML	CARBOCAINE HCL (M.D.V.) 1%	50 ML	VL	IJ	ML		10 ML		0.1	1/1/2002	10/7/2007						
00074-1067-20	J0670			1/1/2002	1/14/2007	INJECTION, MEPIVACAINE HYDROCHLORIDE, PER 10 ML	CARBOCAINE HCL (S.D.V.) 2%	20 ML	VL	IJ	ML		10 ML		0.1	1/1/2002	1/14/2007						
00074-1067-20	J0670			10/1/2009	99/99/9999	INJECTION, MEPIVACAINE HYDROCHLORIDE, PER 10 ML	CARBOCAINE HCL (S.D.V.) 2%	20 ML	VL	IJ	ML		10 ML		0.1	10/1/2009	99/99/9999						
00074-1081-01	A4216			4/25/2005	12/26/2006	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (THERMOJECT KIT,PF) 0.9%	10 ML	VL	IV	EA		10 ML		4	4/25/2005	12/26/2006						
00074-1162-01	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	BUPIVACAINE HCL (VIAL,LATEX-FREE) 0.5%	10 ML	VL	IJ	ML		1 EA		1	3/1/2009	99/99/9999	1/1/2002	3/7/2006		1		
00074-1179-21	J2175			1/1/2002	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMOROL HYDROCHLORIDE (INTERLINK,LATEX-FREE) 75 MG/ML	1 ML	SR	IJ	ML		100 MG		0.75	1/1/2002	99/99/9999						
00074-1179-30	J2175			1/1/2002	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMOROL HYDROCHLORIDE (LLK,SLIM PK,LATEX-FREE) 75 MG/ML	1 ML	SR	IJ	ML		100 MG		0.75	3/1/2009	99/99/9999	1/1/2002	12/7/2005		0.75		
00074-1181-30	J2175			1/1/2002	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMOROL HYDROCHLORIDE (M.D.V.,LATEX-FREE) 50 MG/ML	30 ML	VL	IJ	ML		100 MG		0.5	3/1/2009	99/99/9999	1/1/2002	1/30/2006		0.5		
00074-1203-01	J2175			1/1/2002	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMOROL HYDROCHLORIDE (UNI-AMP,5X5,LATEX-FREE) 50 MG/ML	0.5 ML	AM	IJ	ML		100 MG		0.5	10/1/2008	99/99/9999	1/1/2002	12/15/2005		0.5		
00074-1219-01	J2310			9/7/2005	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HCL (VIAL, FLIPTOP) 0.4 MG/ML	10 ML	VL	IJ	ML		1 MG		0.4	9/7/2005	99/99/9999						
00074-1255-02	J2175			1/1/2002	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMOROL HYDROCHLORIDE (UNI-AMP,5X5,LATEX-FREE) 50 MG/ML	2 ML	AM	IJ	ML		100 MG		0.5	3/1/2009	99/99/9999	1/1/2002	11/22/2005		0.5		
00074-1283-01	J1170			1/1/2002	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (22GX1-1/4") 1 MG/ML	1 ML	SR	IJ	ML		4 MG		0.25	1/1/2002	99/99/9999						
00074-1323-05	J2001			1/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MC	LIDOCAINE HCL (10X5ML, ANSYR) 2%	5 ML	SR	IJ	ML		10 MG		2	3/1/2009	99/99/9999	1/1/2004	12/7/2005		2		
00074-1410-01	J7659			2/22/2002	99/99/9999	ISOPROTERENOL HCL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ISUPREL (25X1ML, AMP,LATEX-FREE) 0.2 MG/ML	1 ML	AM	IV	ML		1 MG		0.2	10/1/2008	99/99/9999	2/22/2002	7/27/2005		0.2		
00074-1410-01	KO J7659	KO		2/22/2002	99/99/9999	ISOPROTERENOL HCL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ISUPREL (25X1ML, AMP,LATEX-FREE) 0.2 MG/ML	1 ML	AM	IV	ML		1 MG		0.2	10/1/2008	99/99/9999	2/22/2002	7/27/2005		0.2		
00074-1412-04	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	BUMETANIDE (10X4ML) 0.25 MG/ML	4 ML	VL	IJ	ML		1 EA		1	3/1/2009	99/99/9999	1/1/2002	6/13/2006		1		
00074-1412-10	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	BUMETANIDE (10X10ML, M.D.V.) 0.25 MG/ML	10 ML	VL	IJ	ML		1 EA		1	3/1/2009	99/99/9999	1/1/2002	6/28/2006		1		
00074-1507-03	J7110			1/1/2002	10/2/2011	INFUSION, DEXTRAN 75, 500 ML	DEXTRAN-70/DEXTROSE (12X500ML) 6% 5%	500 ML	GC	IV	ML		500 ML		0.002	1/1/2002	10/2/2011						
00074-1560-10	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	MARCAINE HCL (S.D.V.) 0.5%	10 ML	VL	IJ	ML		1 EA		1	3/1/2009	99/99/9999	1/1/2002	8/30/2005		1		
00074-1584-01	A4216			1/1/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (150 ML CONTAINER,PF) 0.9%	50 ML	GC	IV	ML		10 ML		0.1	1/1/2004	99/99/9999						
00074-1610-50	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	CARCAINE HCL (M.D.V.) 0.5%	50 ML	VL	IJ	ML		1 EA		1	3/1/2009	99/99/9999	1/1/2002	11/21/2005		1		
00074-1658-01	J2501			1/1/2003	99/99/9999	INJECTION, PARICALCITOL, 1 MCG	ZEMPLAR (S.D.V.,FLIPTOP) 0.005 MG/ML	1 ML	VL	IV	ML		1 MCG		5	1/1/2003	99/99/9999						
00074-1658-02	J2501			1/1/2003	6/23/2011	INJECTION, PARICALCITOL, 1 MCG	ZEMPLAR (S.D.V.,FLIPTOP) 0.005 MG/ML	2 ML	VL	IV	ML		1 MCG		5	1/1/2003	6/23/2011						
00074-1754-10	J3475			1/1/2002	11/26/2006	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (ANSYR,LATEX-FREE) 500 MG/ML	10 ML	VL	IJ	ML		500 MG		1	1/1/2002	11/26/2006						
00074-1775-10	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (10X10ML,ANSYR) 25%	10 ML	SR	IV	ML		1 EA		1	3/1/2009	99/99/9999	1/1/2002	2/19/2006		1		
00074-1782-21	J2310			1/1/2002	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HCL (INTERLINK,CARPUJECT) 0.4 MG/ML	1 ML	SR	IJ	ML		1 MG		0.4	1/1/2002	99/99/9999						
00074-1800-01	J2370			1/1/2002	99/99/9999	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	NEO-SYNEPHRINE HCL (AMP,LATEX-FREE) 10 MG/ML	1 ML	AM	IJ	ML		1 ML		1	3/1/2009	99/99/9999	1/1/2002	4/13/2005		1		
00074-1812-22	A4216			1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (INTERLINK,50X2ML,PF) 0.9%	2 ML	SR	IV	ML		10 ML		0.1	1/1/2007	99/99/9999						
00074-1812-22	J2912			1/1/2002	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE (INTERLINK,50X2ML,PF) 0.9%	2 ML	SR	IV	ML		0.9 %		0.5	1/1/2002	12/31/2006						
00074-2029-02	J2270			1/1/2002	11/23/2006	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (10X30ML,LATEX-FREE) 1 MG/ML	30 ML	VL	IJ	ML		10 MG		0.1	1/1/2002	11/23/2006						
00074-2047-50	J0670			1/1/2002	99/99/9999	INJECTION, MEPIVACAINE HYDROCHLORIDE, PER 10 ML	CARBOCAINE HCL (M.D.V.) 2%	50 ML	VL	IJ	ML		10 ML		0.1	3/1/2009	99/99/9999	1/1/2002	9/21/2006		0.1		
00074-2102-05	A4216			1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (VIAL,PF) 0.9%	5 ML	VL	IV	ML		10 ML		0.1	1/1/2007	99/99/9999						
00074-2102-05	J2912			9/13/2005	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE (VIAL,PF) 0.9%	5 ML	VL	IV	ML		0.9 %		0.5	9/13/2005	12/31/2006						
00074-2287-54	J1885			1/1/2002	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE NOVATION LLL,LATEX-FREE,CARPUJECT) 30 MG/ML	1 ML	SR	IJ	ML		15 MG		2	1/1/2002	99/99/9999						
00074-2301-01	J0595			1/1/2004	99/99/9999	INJECTION, BUTORPHANOL TARTRATE, 1 MG	BUTORPHANOL TARTRATE (CARPUJECT) 1 MG/ML	1 ML	SR	IJ	ML		1 MG		1	1/1/2004	99/99/9999						
00074-2302-01	J0595			1/1/2004	7/6/2010	INJECTION, BUTORPHANOL TARTRATE, 1 MG	BUTORPHANOL TARTRATE (CARPUJECT) 2 MG/ML	1 ML	SR	IJ	ML		1 MG		2	1/1/2004	7/6/2010						
00074-2332-11	J1170			11/5/2002	9/14/2008	INJECTION, HYDROMORPHONE, UP TO 4 MG	DILAUID (AMP) 1 MG/ML	1 ML	AM	IJ	ML		4 MG		0.25	11/5/2002	9/14/2008						
00074-2333-11	J1170			11/14/2002	9/14/2008	INJECTION, HYDROMORPHONE, UP TO 4 MG	DILAUID (AMP) 2 MG/ML	1 ML	AM	IJ	ML		4 MG		0.5	11/14/2002	9/14/2008						
00074-2333-26	J1170			12/11/2002	9/14/2008	INJECTION, HYDROMORPHONE, UP TO 4 MG	DILAUID (AMP) 2 MG/ML	1 ML	AM	IJ	ML		4 MG		0.5	12/11/2002	9/14/2008						
00074-2334-11	J1170			12/19/2002	11/2/2008	INJECTION, HYDROMORPHONE, UP TO 4 MG	DILAUID (AMP) 4 MG/ML	1 ML	AM	IJ	ML		4 MG		1	12/19/2002	11/2/2008						
00074-2414-21	J1170			12/19/2002	6/30/2008	INJECTION, HYDROMORPHONE, UP TO 4 MG	DILAUID (M.D.V.) 2 MG/ML	20 ML	VL	IJ	ML		4 MG		0.5	12/19/2002	6/30/2008						
00074-2428-16	J1170			2/10/2003	6/30/2008	INJECTION, HYDROMORPHONE, UP TO 4 MG	DILAUID	1 EA	BO	NA	GM		4 MG		250	2/10/2003	6/30/2008						
00074-2453-11	J1170			12/19/2002	11/2/2008	INJECTION, HYDROMORPHONE, UP TO 4 MG	DILAUIDID-HP (AMP) 10 MG/ML	1 ML	AM	IJ	ML		4 MG		2.5	12/19/2002	11/2/2008						
00074-2453-27	J1170			11/14/2002	11/2/2008	INJECTION, HYDROMORPHONE, UP TO 4 MG	DILAUIDID-HP (AMP) 10 MG/ML	5 ML	AM	IJ	ML		4 MG		2.5	11/14/2002	11/2/2008						
00074-2453-51	J1170			11/26/2002	11/2/2008	INJECTION, HYDROMORPHONE, UP TO 4 MG	DILAUIDID-HP (S.D.V.) 10 MG/ML	50 ML	VL	IJ	ML		4 MG		2.5	11/26/2002	11/2/2008						
00074-2455-31	J1170			12/11/2002	11/2/2008	INJECTION, HYDROMORPHONE, UP TO 4 MG	DILAUIDID-HP (S.D.V.) 250 MG	1 EA	VL	IJ	EA		4 MG		62.5	12/11/2002	11/2/2008						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00074-2596-03	J2250			1/1/2002	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (VIAL, FLIPTOP, LATEX-FREE) 5 MG/ML	5 ML	VL	IJ	ML		1 MG		5	3/1/2009	99/99/9999	1/1/2002	10/27/2005	5			
00074-2775-01	J2260			6/5/2002	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE (VIAL, FLIPTOP, LATEX-FREE) 1 MG/ML	10 ML	VL	IV	ML		5 MG		0.2	6/5/2002	99/99/9999						
00074-3382-25	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (VIAL, FLIPTOP) 50 MCG/ML	5 ML	VL	IJ	ML		1 EA		1	3/1/2009	99/99/9999	1/1/2002	10/18/2005	1			
00074-3454-25	J1642			2/20/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (ANSYR, LATEX-FREE) 100 U/ML	5 ML	SR	IV	ML		10 U		10	2/20/2002	99/99/9999						
00074-3578-01	J3260			1/1/2002	99/99/9999	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	TOBRAMYCIN SULFATE (VIAL, FLIPTOP) 40 MG/ML	2 ML	VL	IJ	ML		80 MG		0.5	3/1/2009	99/99/9999	1/1/2002	11/1/2004	0.5			
00074-3796-01	J1885			1/1/2002	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (VIAL, FLIPTOP, LATEX-FREE) 30 MG/ML	2 ML	VL	IM	ML		15 MG		2	10/1/2008	99/99/9999	1/1/2002	12/20/2005	2			
00074-3799-02	J0135			1/1/2005	99/99/9999	INJECTION, ADALIMUMAB, 20 MG	HUMIRA (PF, PREFILLED SYRINGE) 40 MG/0.8 ML	0.8 ML	BX	MR	EA		20 MG		4	1/1/2005	99/99/9999						
00074-3934-02	J3480			1/1/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (AMP, LATEX-FREE) 2 MEQ/ML	20 ML	AM	IV	ML		2 MEQ		1	1/1/2002	99/99/9999						
00074-4027-02	A4216			1/1/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION (AMP, PF, LATEX-FREE)	5 ML	AM	IV	ML		10 ML		0.1	3/1/2009	99/99/9999	1/1/2004	5/25/2006	0.1			
00074-4052-01	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	CLINDAMYCIN PHOSPHATE (VIAL, FLIPTOP) 150 MG/ML	6 ML	VL	IJ	ML		1 EA		1	3/1/2009	99/99/9999	1/1/2002	7/4/2005	1			
00074-4141-03	J1265			1/1/2006	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG	DEXTROSE/DOPAMINE HCL 5%-80 MG/100 ML	500 ML	GC	IV	ML		40 MG		0.02	1/1/2006	99/99/9999						
00074-4142-03	J1265			1/1/2006	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG	DEXTROSE/DOPAMINE HCL 5%-160 MG/100 ML	500 ML	GC	IV	ML		40 MG		0.04	1/1/2006	99/99/9999						
00074-4332-01	J3370			1/1/2002	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (VIAL, FLIPTOP) 500 MG	1 EA	VL	IV	EA		500 MG		1	3/1/2009	99/99/9999	1/1/2002	4/24/2005	1			
00074-4339-02	J0135			7/17/2006	99/99/9999	INJECTION, ADALIMUMAB, 20 MG	HUMIRA (SINGLE-USE, 6X1ML, PF) 40 MG/0.8 ML	0.8 ML	BX	MR	EA		20 MG		4	7/17/2006	99/99/9999						
00074-4339-06	J0135			2/27/2007	99/99/9999	INJECTION, ADALIMUMAB, 20 MG	AMIODARONE HCL 50 MG/ML	1 ML	BX	MR	EA		20 MG		15	2/27/2007	99/99/9999						
00074-4348-35	J0282			5/1/2004	99/99/9999	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MC	AMIODARONE HCL 50 MG/ML	3 ML	AM	IV	ML		30 MG		1.66666	3/1/2009	99/99/9999	5/1/2004	9/26/2006	1.66666			
00074-4548-01	J7676			1/1/2008	7/6/2010	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MG	PENTAMIDINE ISETHIONATE 300 MG	1 EA	VL	IJ	EA		300 MG		1	1/1/2008	7/6/2010						
00074-4548-01	J7699			1/1/2007	12/31/2007	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	PENTAMIDINE ISETHIONATE 300 MG	1 EA	VL	IJ	EA		1 EA		1	1/1/2007	12/31/2007						
00074-4548-01	KO J7676	KO		1/1/2008	7/6/2010	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MG	PENTAMIDINE ISETHIONATE 300 MG	1 EA	VL	IJ	EA		300 MG		1	1/1/2008	7/6/2010						
00074-4637-01	J2501			1/1/2003	99/99/9999	INJECTION, PARICALCITOL, 1 MCG	ZEMPLAR (VIAL, FLIPTOP) 0.002 MG/ML	1 ML	VL	IV	ML		1 MCG		2	1/1/2003	99/99/9999						
00074-4684-02	J1450			4/1/2006	3/5/2007	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE (6X200ML) 200 MG/100 ML	200 ML	PC	IV	ML		200 MG		0.01	4/1/2006	3/5/2007						
00074-4688-33	J1450			4/1/2006	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	AMERINET CHOICE FLUCONAZOLE (6X200ML, LATEX-FREE) 200 MG/100 ML	200 ML	PC	IV	ML		200 MG		0.01	4/1/2006	99/99/9999						
00074-4729-01	J1250			1/1/2002	99/99/9999	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MC	DOBUTAMINE HCL (VIAL) 12.5 MG/ML	100 ML	VL	IV	ML		250 MG		0.05	1/1/2002	99/99/9999						
00074-4732-03	J0690			1/1/2002	8/23/2007	INJECTION, CEFZOLIN SODIUM, 500 MG	VANTAGE, LATEX-FREE) 1 GM	1 EA	VL	IJ	EA		500 MG		2	1/1/2002	8/23/2007						
00074-4732-03	J0690			10/1/2009	99/99/9999	INJECTION, CEFZOLIN SODIUM, 500 MG	CEFZOLIN SODIUM (ADD-VANTAGE, LATEX-FREE) 1 GM	1 EA	VL	IJ	EA		500 MG		2	10/1/2009	99/99/9999						
00074-4887-50	A4216			1/1/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION (VIAL, FLIPTOP, PF)	50 ML	VL	IV	ML		10 ML		0.1	3/1/2009	99/99/9999	1/1/2004	8/4/2005	0.1			
00074-4888-20	A4216			1/1/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (VIAL, FLIPTOP, ADDITIVE) 0.9%	20 ML	VL	IV	ML		10 ML		0.1	3/1/2009	99/99/9999	1/1/2004	2/22/2005	0.1			
00074-4902-34	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (LIFESHIELD, 18GX1-1/2) 50%	50 ML	SR	IV	ML		1 EA		1	3/1/2009	99/99/9999	1/1/2002	12/7/2005	1			
00074-4903-34	J2001			1/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (21GX1-1/2", LATEX-FREE) 2%	5 ML	SR	IJ	ML		10 MG		2	3/1/2009	99/99/9999	1/1/2004	11/30/2005	2			
00074-4909-18	J0280			1/1/2002	99/99/9999	INJECTION, AMINOPHYLLINE, UP TO 250 MG	AMINOPHYLLINE (10X10ML, ABOJECT) 25 MG/ML	10 ML	SR	IV	ML		250 MG		0.1	1/1/2002	99/99/9999						
00074-4911-34	J0460			1/1/2002	12/31/2009	INJECTION, ATROPINE SULFATE, UP TO 0.3 MG	ATROPINE SULFATE (LIFESHIELD, 21GX1-1/2) 0.1 MG/ML	10 ML	SR	IJ	ML		0.3 MG		0.33333	3/1/2009	12/31/2009	1/1/2002	11/13/2005	0.33333			
00074-4921-34	J0170			1/1/2002	12/31/2010	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	EPINEPHRINE HCL (LIFE, 21GX1-1/2) 0.1 MG/ML	10 ML	SR	IJ	ML		1 ML		1	3/1/2009	12/31/2010	1/1/2002	12/22/2005	1			
00074-5082-16	J0713			1/1/2002	7/6/2010	INJECTION, CEFTAZIDIME, PER 500 MC	TAZICEF (VIAL, LATEX-FREE) 1 GM	1 EA	VL	IJ	EA		500 MG		2	10/1/2008	7/6/2010	1/1/2002	12/12/2002	2	12/13/2002	10/23/2005	2
00074-5084-11	J0713			1/1/2002	7/6/2010	INJECTION, CEFTAZIDIME, PER 500 MC	TAZICEF (VIAL) 2 GM	1 EA	VL	IJ	EA		500 MG		4	10/1/2008	7/6/2010	1/1/2002	12/12/2002	4	12/13/2002	12/4/2005	4
00074-5086-11	J0713			1/1/2002	99/99/9999	INJECTION, CEFTAZIDIME, PER 500 MC	TAZICEF (VIAL, BULK) 6 GM	1 EA	VL	IJ	EA		500 MG		12	1/1/2002	99/99/9999						
00074-5092-16	J0713			1/1/2002	99/99/9999	INJECTION, CEFTAZIDIME, PER 500 MC	TAZICEF (ADD-VANTAGE, LATEX-FREE) 1 GM	1 EA	VL	IJ	EA		500 MG		2	3/1/2009	99/99/9999	1/1/2002	5/1/2006	2			
00074-5365-05	J2912			1/1/2002	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE (ANSYR, FOR IV, .50X5ML, PF) 0.9%	5 ML	SR	IV	ML		0.9 %		0.5	1/1/2002	12/31/2006						
00074-5365-05	A4216			1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (ANSYR, FOR IV, .50X5ML, PF) 0.9%	5 ML	SR	IV	ML		10 ML		0.1	1/1/2007	99/99/9999						
00074-5641-25	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (1000 ML CONTAINER) 10%	500 ML	GC	IV	ML		1 EA		1	1/1/2002	99/99/9999						
00074-5644-25	J7799			1/1/2002	7/6/2010	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (1000 ML CONTAINER) 40%	500 ML	GC	IV	ML		1 EA		1	1/1/2002	7/6/2010						
00074-5749-22	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	SUPERACAIN HCL (W/Male ADAPTER) 0.25%	50 ML	SR	IJ	ML		1 EA		1	1/1/2002	99/99/9999						
00074-6028-04	J2270			1/1/2002	3/22/2007	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (VIAL, FLIPTOP) 5 MG/ML	30 ML	VL	IJ	ML		10 MG		0.5	1/1/2002	3/22/2007						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00074-6030-04	J2175			1/1/2002	1/1/2007	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL (VIAL, PCA,LATEX-FREE) 10 MG/ML	30 ML	VL	IJ	ML		100 MG		0.1	1/1/2002	1/1/2007						
00074-6147-36	A4217			1/1/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (AQUALITE,PF,LATEX-FREE) 0.45%	1500 ML	PC	IR	ML		500 ML		0.002	1/1/2004	99/99/9999						
00074-6217-02	J2001			1/1/2004	7/6/2010	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MC	LIDOCAINE HCL (VIAL, PINTOP) 20%	10 ML	VL	IV	ML		10 MG		20	1/1/2004	7/6/2010						
00074-6463-32	J7515			1/1/2002	99/99/9999	CYCLOSPORINE, ORAL, 25 MG	GENGRAF (BLISTER PACK) 25 MG	30 EA	BX	PO	EA		25 MG		1	1/1/2002	99/99/9999						
00074-6476-44	J1364			1/1/2002	99/99/9999	INJECTION, ERYTHROMYCIN LACTOBIONATE, PER 500 MG	ERYTHROCIN LACTOBIONATE (ADD-VANTAGE,LATEX-FREE) 500 MG	1 EA	VL	IV	EA		500 MG		1	3/1/2009	99/99/9999	1/1/2002	3/9/2006		1		
00074-6478-44	J1364			1/1/2002	99/99/9999	INJECTION, ERYTHROMYCIN LACTOBIONATE, PER 500 MG	ERYTHROCIN LACTOBIONATE (ADD-VANTAGE,LATEX-FREE) 1 GM	1 EA	VL	IV	EA		500 MG		2	3/1/2009	99/99/9999	1/1/2002	1/9/2007		2		
00074-6479-32	J7502			1/1/2002	99/99/9999	CYCLOSPORINE, ORAL, 100 MG	GENGRAF (BLISTER PACK) 100 MG	30 EA	BX	PO	EA		100 MG		1	1/1/2002	99/99/9999						
00074-6629-02	J0330			1/1/2002	99/99/9999	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	QUELICIN (VIAL, FLIPTOP) 20 MG/ML	10 ML	VL	IV	ML		20 MG		1	3/1/2009	99/99/9999	1/1/2002	4/24/2004		1		
00074-6651-06	J3480			1/1/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (VIAL, FLIPTOP, 20 ML) 2 MEQ/ML	10 ML	VL	IV	ML		2 MEQ		1	3/1/2009	99/99/9999	1/1/2002	11/9/2005		1		
00074-6940-03	J3520			1/1/2002	10/16/2007	EDETATE DISODIUM, PER 150 MG	ENDRATE (AMP,LATEX-FREE) 150 MG/ML	20 ML	AM	IV	ML		150 MG		1	1/1/2002	10/16/2007						
00074-6970-10	J0330			1/1/2002	99/99/9999	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	QUELICIN (VIAL, FLIPTOP, 20 ML) 100 MG/ML	10 ML	VL	IV	ML		20 MG		5	3/1/2009	99/99/9999	1/1/2002	9/29/2005		5		
00074-7241-01	J0170			4/9/2002	12/31/2010	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	EPINEPHRINE HCL (AMP) 1 MG/ML	1 ML	AM	IJ	ML		1 ML		1	3/1/2009	12/31/2010	4/9/2002	9/12/2005		1		
00074-7269-50	J7502			1/18/2002	99/99/9999	CYCLOSPORINE, ORAL, 100 MG	GENGRAF 100 MG/ML	50 ML	BO	PO	ML		100 MG		1	1/18/2002	99/99/9999						
00074-7444-01	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	CIMETIDINE HCL (VIAL, FLIPTOP) 150 MG/ML	2 ML	VL	IJ	ML		1 EA		1	1/1/2002	99/99/9999						
00074-7517-16	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (ANSYR II,LATEX-FREE) 50%	50 ML	SR	IV	ML		1 EA		1	3/1/2009	99/99/9999	1/1/2002	12/6/2005		1		
00074-7668-23	J2810			1/1/2002	2/5/2007	INJECTION, THEOPHYLLINE, PER 40 MG	DEXTROSE/THEOPHYLLINE (LATEX-FREE) 5%-200 MG/100 ML	100 ML	GC	IV	ML		40 MG		0.05	1/1/2002	2/5/2007						
00074-7922-55	J7060			1/1/2002	10/30/2006	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (LIFECARE,LATEX-FREE) 5%	500 ML	FC	IV	ML		500 ML		0.002	1/1/2002	10/30/2006						
00074-8065-15	J0330			1/1/2002	99/99/9999	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MC	QUELICIN 20 MG/ML	5 ML	SR	IV	ML		20 MG		1	1/1/2002	99/99/9999						
00074-8110-31	J0636			1/1/2003	3/8/2012	INJECTION, CALCITRIOL, 0.1 MCG	CALCIJEX (AMP,LOW-ALUMINUM) 1 MCG/ML	1 ML	AM	IV	ML		0.1 MCG		10	1/1/2003	3/8/2012						
00074-9093-32	J3010			1/1/2002	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (AMP,LATEX-FREE) 0.05 MG/ML	2 ML	AM	IJ	ML		0.1 MG		0.5	3/1/2009	99/99/9999	1/1/2002	11/13/2005		0.5		
00074-9093-35	J3010			1/1/2002	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (AMP,LATEX-FREE) 0.05 MG/ML	5 ML	AM	IJ	ML		0.1 MG		0.5	3/1/2009	99/99/9999	1/1/2002	12/12/2005		0.5		
00074-9093-36	J3010			1/1/2002	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (AMP,LATEX-FREE) 0.05 MG/ML	10 ML	AM	IJ	ML		0.1 MG		0.5	3/1/2009	99/99/9999	1/1/2002	7/11/2006		0.5		
00074-9093-38	J3010			1/1/2002	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (AMP,LATEX-FREE) 0.05 MG/ML	20 ML	AM	IJ	ML		0.1 MG		0.5	3/1/2009	99/99/9999	1/1/2002	3/2/2006		0.5		
00074-9094-28	J3010			1/1/2002	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (VIAL,FLIPTOP,LATEX-FREE) 0.05 MG/ML	10 ML	VL	IJ	ML		0.1 MG		0.5	3/1/2009	99/99/9999	1/1/2002	2/13/2006		0.5		
00074-9094-31	J3010			1/1/2002	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (VIAL,FLIPTOP,LATEX-FREE) 0.05 MG/ML	20 ML	VL	IJ	ML		0.1 MG		0.5	3/1/2009	99/99/9999	1/1/2002	9/22/2005		0.5		
00074-9374-02	J0135			2/22/2008	99/99/9999	INJECTION, ADALIMUMAB, 20 MG	HUMIRA (SINGLE-DOSE,PF) 40 MG/0.8 ML	2 EA	BX	SC	EA		20 MG		1	2/22/2008	99/99/9999						
00074-9631-04	J1940			1/1/2002	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (ANSYR,LATEX-FREE) 10 MG/ML	4 ML	SR	IJ	ML		20 MG		0.5	3/1/2009	99/99/9999	1/1/2002	4/20/2006		0.5		
00075-0620-40	J1650			1/1/2002	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MC	LOVENOX 40 MG/0.4 ML	0.4 ML	SR	IJ	ML		10 MG		10	1/1/2002	99/99/9999						
00075-0620-41	J1650			3/17/2008	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	NOVAPLUS LOVENOX (10X0.4ML,SINGLE-DOSE,PF) 40 MG/0.4 ML	0.4 ML	SR	SC	ML		10 MG		10	3/17/2008	99/99/9999						
00075-0621-60	J1650			1/1/2002	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	LOVENOX (SRN,PREFILLED) 60 MG/0.6 ML	0.6 ML	SR	IJ	ML		10 MG		10	1/1/2002	99/99/9999						
00075-0621-61	J1650			3/11/2008	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	NOVAPLUS LOVENOX (10X0.6ML,SINGLE-DOSE,PF) 60 MG/0.6 ML	0.6 ML	SR	SC	ML		10 MG		10	3/11/2008	99/99/9999						
00075-0622-80	J1650			1/1/2002	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	LOVENOX (SRN,PREFILLED) 80 MG/0.8 ML	0.8 ML	SR	IJ	ML		10 MG		10	1/1/2002	99/99/9999						
00075-0622-81	J1650			3/11/2008	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	NOVAPLUS LOVENOX (10X0.8ML,SINGLE-DOSE,PF) 80 MG/0.8 ML	0.8 ML	SR	SC	ML		10 MG		10	3/11/2008	99/99/9999						
00075-0623-00	J1650			1/1/2002	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	LOVENOX (SRN,PREFILLED) 100 MG/ML	1 ML	SR	IJ	ML		10 MG		10	1/1/2002	99/99/9999						
00075-0623-01	J1650			3/11/2008	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	NOVAPLUS LOVENOX (10X1ML,SINGLE-DOSE,PF) 100 MG/ML	1 ML	SR	SC	ML		10 MG		10	3/11/2008	99/99/9999						
00075-0624-30	J1650			1/1/2002	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MC	LOVENOX (SRN) 30 MG/0.3 ML	0.3 ML	SR	IJ	ML		10 MG		10	1/1/2002	99/99/9999						
00075-0624-31	J1650			3/17/2008	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	NOVAPLUS LOVENOX (10X0.3ML,SINGLE-DOSE,PF) 30 MG/0.3 ML	0.3 ML	SR	SC	ML		10 MG		10	3/17/2008	99/99/9999						
00075-0626-03	J1650			3/7/2003	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	LOVENOX (VIAL,MULTIPLE DOSE VIAL) 100 MG/ML	3 ML	VL	SC	ML		10 MG		10	3/7/2003	99/99/9999						
00075-0626-04	J1650			3/11/2008	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	NOVAPLUS LOVENOX (1X3ML,MULTIPLE DOSE) 100 MG/ML	3 ML	VL	IJ	ML		10 MG		10	3/11/2008	99/99/9999						
00075-2451-01	J2597			1/1/2002	99/99/9999	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG	DDAVP (AMP) 4 MCG/ML	1 ML	AM	IJ	ML		1 MCG		4	1/1/2002	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00075-2451-53	J2597			1/1/2002	99/99/9999	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG	DDAVP (VIAL) 4 MCG/ML	10 ML	VL	IJ	ML		1 MCG		4	1/1/2002	99/99/9999						
00075-2912-01	J1650			1/1/2002	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	LOVENOX 120 MG/0.8 ML	0.8 ML	SR	IJ	ML		10 MG		15	1/1/2002	99/99/9999						
00075-2915-01	J1650			1/1/2002	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	LOVENOX (W/AUTO SAFETY DEVICE) 150 MG/ML	1 ML	SR	IJ	ML		10 MG		15	1/1/2002	99/99/9999						
00075-8001-20	J9170			1/1/2002	12/31/2009	INJECTION, DOCETAXEL, 20 MG	TAXOTERE (S.D.V. W/DILUENT) 20 MG/0.5 ML	0.5 ML	VL	IV	ML		20 MG		2	1/1/2002	12/31/2009						
00075-8001-80	J9170			1/1/2002	12/31/2009	INJECTION, DOCETAXEL, 20 MG	TAXOTERE (S.D.V. W/DILUENT) 20 MG/0.5 ML	2 ML	VL	IV	ML		20 MG		2	1/1/2002	12/31/2009						
00075-0053-03	J2210			1/1/2002	4/16/2012	INJECTION, METHYLERGONOVINE MALEATE, UP TO 0.2 MG	METHERGINE (AMP) 0.2 MG/ML	1 ML	AM	IJ	ML		0.2 MG		1	1/1/2002	4/16/2012						
00075-0109-01	J7516			1/1/2002	99/99/9999	CYCLOSPORIN, PARENTERAL, 250 MG	SANDIMMUNE (AMP) 50 MG/ML	5 ML	AM	IV	ML		250 MG		0.2	1/1/2002	99/99/9999						
00075-0110-22	J7502			1/1/2002	99/99/9999	CYCLOSPORINE, ORAL, 100 MG	SANDIMMUNE 100 MG/ML	50 ML	BO	PO	ML		100 MG		1	1/1/2002	99/99/9999						
00075-0149-23	J0630			1/1/2002	99/99/9999	INJECTION, CALCITONIN SALMON, UP TO 400 UNITS	MIACALCIN (VIAL) 200 IU/ML	2 ML	VL	IJ	ML		400 U		0.5	1/1/2002	99/99/9999						
00075-0180-01	J2354			1/1/2004	99/99/9999	INTRAENOUS INJECTION, 25 MCG	SANDOSTATIN (AMP) 50 MCG/ML	1 ML	AM	IJ	ML		25 MCG		2	1/1/2004	99/99/9999						
00075-0181-01	J2354			1/1/2004	99/99/9999	INTRAENOUS INJECTION, 25 MCG	SANDOSTATIN (AMP) 100 MCG/ML	1 ML	AM	IJ	ML		25 MCG		4	1/1/2004	99/99/9999						
00075-0182-01	J2354			1/1/2004	99/99/9999	INTRAENOUS INJECTION, 25 MCG	SANDOSTATIN (AMP) 500 MCG/ML	1 ML	AM	IJ	ML		25 MCG		20	1/1/2004	99/99/9999						
00075-0183-25	J2354			1/1/2004	99/99/9999	INTRAENOUS INJECTION, 25 MCG	SANDOSTATIN (M.D.V.) 200 MCG/ML	5 ML	VL	IJ	ML		25 MCG		8	1/1/2004	99/99/9999						
00075-0184-25	J2354			1/1/2004	99/99/9999	INTRAENOUS INJECTION, 25 MCG	SANDOSTATIN (M.D.V.) 1000 MCG/ML	5 ML	VL	IJ	ML		25 MCG		40	1/1/2004	99/99/9999						
00075-0240-15	J7515			1/1/2002	99/99/9999	CYCLOSPORINE, ORAL, 25 MG	SANDIMMUNE (INNER PACK, SOFTGEL) 25 MG	30 EA	BX	PO	EA		25 MG		1	1/1/2002	99/99/9999						
00075-0240-61	J7515			1/5/2012	99/99/9999	CYCLOSPORINE, ORAL, 25 MG	SANDIMMUNE (SOFTGEL) 100 MG	1 EA	BP	PO	EA		25 MG		1	1/5/2012	99/99/9999						
00075-0241-15	J7502			1/1/2002	99/99/9999	CYCLOSPORINE, ORAL, 100 MG	SANDIMMUNE (INNER PACK, SOFTGEL) 100 MG	30 EA	BX	PO	EA		100 MG		1	1/1/2002	99/99/9999						
00075-0241-61	J7502			1/5/2012	99/99/9999	CYCLOSPORINE, ORAL, 100 MG	SANDIMMUNE (INNER PACK, SOFTGEL) 100 MG	1 EA	BP	PO	EA		100 MG		1	1/5/2012	99/99/9999						
00075-0246-15	J7515			1/1/2012	99/99/9999	CYCLOSPORINE, ORAL, 25 MG	NEORAL (SOFTGEL) 25 MG	30 EA	BX	PO	EA		25 MG		1	1/1/2002	99/99/9999						
00075-0248-15	J7502			1/1/2002	99/99/9999	CYCLOSPORINE, ORAL, 100 MG	NEORAL (SOFTGEL) 100 MG	30 EA	BX	PO	EA		100 MG		1	1/1/2002	99/99/9999						
00075-0274-22	J7502			1/1/2002	99/99/9999	CYCLOSPORINE, ORAL, 100 MG	NEORAL 100 MG/ML	50 ML	BO	PO	ML		100 MG		1	1/1/2002	99/99/9999						
00075-0331-84	J0480			1/1/2006	99/99/9999	INJECTION, BASILIXIMAB, 20 MG	SIMULECT (S.D.V.,PF) 20 MG	1 EA	VL	IV	EA		20 MG		1	1/1/2006	99/99/9999						
00075-0340-61	J2353			7/26/2004	99/99/9999	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	SANDOSTATIN LAR DEPOT (1&1/2"X19G,PFS) 10 MG	1 EA	BX	IM	EA		1 MG		10	7/26/2004	99/99/9999						
00075-0341-61	J2353			8/18/2004	99/99/9999	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	SANDOSTATIN LAR DEPOT (1&1/2"X19G,PFS) 20 MG	1 EA	BX	IM	EA		1 MG		20	8/18/2004	99/99/9999						
00075-0342-61	J2353			7/14/2004	99/99/9999	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	SANDOSTATIN LAR DEPOT (1&1/2"X19G,PFS) 30 MG	1 EA	BX	IM	EA		1 MG		30	7/14/2004	99/99/9999						
00075-0347-51	J0895			1/1/2002	99/99/9999	INJECTION, DEFEROXAMINE MESYLATE, 500 MG	DESFERAL (VIAL) 2 GM	1 EA	VL	IJ	EA		500 MG		4	1/1/2002	99/99/9999						
00075-0385-66	J7518			1/1/2005	99/99/9999	MYCOPHENOLIC ACID, ORAL, 180 MG	MYFORTIC (K-30,FILM-COATED) 180 MG	120 EA	BO	PO	EA		180 MG		1	1/1/2005	99/99/9999						
00075-0386-66	J7518			1/1/2005	99/99/9999	MYCOPHENOLIC ACID, ORAL, 180 MG	MYFORTIC (K-30,FILM-COATED) 360 MG	120 EA	BO	PO	EA		180 MG		2	1/1/2005	99/99/9999						
00075-0393-61	J0480			1/1/2006	99/99/9999	INJECTION, BASILIXIMAB, 20 MG	SIMULECT (S.D.V.,PF) 10 MG	1 EA	VL	IV	EA		20 MG		0.5	1/1/2006	99/99/9999						
00075-0414-20	J7527			1/1/2013	99/99/9999	EVEROLIMUS, ORAL, 0.25 MG	ZORTRESS (6X10) 0.5 MG	60 EA	EA	PO	EA		0.25 MG		2	1/1/2013	99/99/9999						
00075-0414-20	J8561			1/1/2012	12/31/2012	EVEROLIMUS, ORAL, 0.25 MG	ZORTRESS (6X10) 0.5 MG	60 EA	EA	PO	EA		0.25 MG		2	1/1/2012	12/31/2012						
00075-0414-61	J7527			1/1/2013	99/99/9999	EVEROLIMUS, ORAL, 0.25 MG	ZORTRESS (1X1) 0.5 MG	1 EA	EA	PO	EA		0.25 MG		2	1/1/2013	99/99/9999						
00075-0414-61	J8561			1/1/2012	12/31/2012	EVEROLIMUS, ORAL, 0.25 MG	ZORTRESS (1X1) 0.5 MG	1 EA	EA	PO	EA		0.25 MG		2	1/1/2012	12/31/2012						
00075-0415-20	J7527			1/1/2013	99/99/9999	EVEROLIMUS, ORAL, 0.25 MG	ZORTRESS (6X10) 0.75 MG	60 EA	EA	PO	EA		0.25 MG		3	1/1/2013	99/99/9999						
00075-0415-20	J8561			1/1/2012	12/31/2012	EVEROLIMUS, ORAL, 0.25 MG	ZORTRESS (6X10) 0.75 MG	60 EA	EA	PO	EA		0.25 MG		3	1/1/2012	12/31/2012						
00075-0415-61	J8561			1/1/2012	12/31/2012	EVEROLIMUS, ORAL, 0.25 MG	ZORTRESS (1X1) 0.75 MG	1 EA	EA	PO	EA		0.25 MG		3	1/1/2012	12/31/2012						
00075-0415-61	J7527			1/1/2013	99/99/9999	EVEROLIMUS, ORAL, 0.25 MG	ZORTRESS (1X1) 0.75 MG	1 EA	EA	PO	EA		0.25 MG		3	1/1/2013	99/99/9999						
00075-0417-20	J7527			1/1/2013	99/99/9999	EVEROLIMUS, ORAL, 0.25 MG	ZORTRESS (6X10) 0.25 MG	60 EA	EA	PO	EA		0.25 MG		1	1/1/2013	99/99/9999						
00075-0417-20	J8561			1/1/2012	12/31/2012	EVEROLIMUS, ORAL, 0.25 MG	ZORTRESS (6X10) 0.25 MG	60 EA	EA	PO	EA		0.25 MG		1	1/1/2012	12/31/2012						
00075-0417-61	J7527			1/1/2013	99/99/9999	EVEROLIMUS, ORAL, 0.25 MG	ZORTRESS (1X1) 0.25 MG	1 EA	EA	PO	EA		0.25 MG		1	1/1/2013	99/99/9999						
00075-0417-61	J8561			1/1/2012	12/31/2012	EVEROLIMUS, ORAL, 0.25 MG	ZORTRESS (1X1) 0.25 MG	1 EA	EA	PO	EA		0.25 MG		1	1/1/2012	12/31/2012						
00075-0435-61	Q4095			7/1/2007	12/31/2007	INJECTION, ZOLEDRONIC ACID (RECLAST), 1 MG	RECLAST	100 ML	PC	IV	ML		1 MG		0.05	7/1/2007	12/31/2007						
00075-0435-61	J3488			1/1/2008	99/99/9999	INJECTION, ZOLEDRONIC ACID (RECLAST), 1 MG	RECLAST	100 ML	PC	IV	ML		1 MG		0.05	1/1/2008	99/99/9999						
00075-0437-61	J3396			10/18/2005	1/1/2010	INJECTION, VERTEPORFIN, 0.1 MG	VISUDYNE 15 MG	1 EA	VL	IV	EA		0.1 MG		150	10/18/2005	1/1/2010						
00075-0463-91	J2430			7/13/2006	11/15/2011	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	AREDIA 30 MG	1 EA	VL	IV	EA		30 MG		1	7/13/2006	11/15/2011						
00075-0464-61	J2430			7/13/2006	3/14/2011	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	AREDIA 90 MG	1 EA	VL	IV	EA		30 MG		3	7/13/2006	3/14/2011						
00075-0467-61	J0895			1/5/2012	99/99/9999	INJECTION, DEFEROXAMINE MESYLATE, 500 MG	DESFERAL (INNER PACK) 500 MG	1 EA	VL	IJ	EA		500 MG		1	1/5/2012	99/99/9999						
00075-0467-91	J0895			5/1/2007	99/99/9999	INJECTION, DEFEROXAMINE MESYLATE, 500 MG	DESFERAL (USP) 500 MG	1 EA	VL	IJ	EA		500 MG		1	5/1/2007	99/99/9999						
00075-0494-71	KO	J7682	KO	4/1/2008	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBI (56X5ML,SDA,PF)	5 ML	PC	IH	ML		300 MG		0.2	4/1/2008	99/99/9999						
00075-0494-71	J7682			4/1/2008	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBI (56X5ML,SDA,PF)	5 ML	PC	IH	ML		300 MG		0.2	4/1/2008	99/99/9999						
00075-0495-61	J9015			12/12/2007	11/16/2011	INJECTION, ALDESLEUKIN, PER SINGLE USE VIAL	PROLEUKIN (PF,LYOPHILOZED) 22 Million IU	1 EA	VL	IV	EA		1 VIAL		1	12/12/2007	11/16/2011						
00075-0616-05	J7507			2/7/2012	99/99/9999	TACROLIMUS, ORAL, PER 1 MG	HECORIA (HARD GELATIN) 0.5 MG	100 EA	BO	PO	EA		1 MG		0.5	2/7/2012	99/99/9999						
00075-0617-05	J7507			2/7/2012	99/99/9999	TACROLIMUS, ORAL, PER 1 MG	HECORIA 1 MG	100 EA	BO	PO	EA		1 MG		1	2/7/2012	99/99/9999						
00075-0618-05	J7507			2/7/2012	99/99/9999	TACROLIMUS, ORAL, PER 1 MG	HECORIA 5 MG	100 EA	BO	PO	EA		1 MG		5	2/7/2012	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00083-3801-04	J0895			1/1/2002	4/30/2007	INJECTION, DEFEROXAMINE MESYLATE, 500 MG	DESFERAL 500 MG	1	EA	VL	IJ	EA	500 MG		1	1/1/2002	4/30/2007						
00085-0539-01	J9214			1/1/2002	99/99/9999	INJECTION, INTERFERON, ALFA-2B, RECOMBINANT, 1 MILLION UNITS	INTRON A (W/DILUENT IN VIAL) 50 Million IU	1	EA	VL	IJ	EA	1 MU		50	1/1/2002	99/99/9999						
00085-0566-05	J0702			1/1/2002	99/99/9999	INJECTION, BETAMETHASONE ACETATE 3MG AND BETAMETHASONE SODIUM PHOSPHATE 3MG	CELESTONE SOLUSPAN (M.D.V.) 3 MG/ML-3 MG/ML	5	ML	VL	IJ	ML	3 MG		1	1/1/2002	99/99/9999						
00085-0571-02	J9214			1/1/2002	99/99/9999	INJECTION, INTERFERON, ALFA-2B, RECOMBINANT, 1 MILLION UNITS	INTRON A (W/DILUENT IN VIAL) 10 Million IU	1	EA	VL	IJ	EA	1 MU		10	1/1/2002	99/99/9999						
00085-1110-01	J9214			1/1/2002	99/99/9999	INJECTION, INTERFERON, ALFA-2B, RECOMBINANT, 1 MILLION UNITS	INTRON A (W/DILUENT IN VIAL) 18 Million IU	1	EA	VL	IJ	EA	1 MU		18	1/1/2002	99/99/9999						
00085-1133-01	J9214			1/1/2002	99/99/9999	INJECTION, INTERFERON, ALFA-2B, RECOMBINANT, 1 MILLION UNITS	INTRON A (M.D.V.,AF) 10 Million IU/ML	2.5	ML	VL	IJ	ML	1 MU		10	1/1/2002	99/99/9999						
00085-1136-01	J1327			1/1/2002	99/99/9999	INJECTION, EPTIFIBATIDE, 5 MG	INTEGRILIN (VIAL) 0.75 MG/ML	100	ML	VL	IV	ML	5 MG		0.15	1/1/2002	99/99/9999						
00085-1168-01	J9214			1/1/2002	99/99/9999	INTERFERON, ALFA-2B, RECOMBINANT, 1 MILLION UNITS	INTRON A (M.D.V.,AF) 6 Million IU/ML	3	ML	VL	IJ	ML	1 MU		6	1/1/2002	99/99/9999						
00085-1177-01	J1327			1/1/2002	99/99/9999	INJECTION, EPTIFIBATIDE, 5 MG	INTEGRILIN (VIAL) 2 MG/ML	10	ML	VL	IV	ML	5 MG		0.4	1/1/2002	99/99/9999						
00085-1177-02	J1327			1/1/2002	99/99/9999	INJECTION, EPTIFIBATIDE, 5 MG	INTEGRILIN (VIAL) 2 MG/ML	100	ML	VL	IV	ML	5 MG		0.4	1/1/2002	99/99/9999						
00085-1179-02	J9214			1/1/2002	10/3/2006	INJECTION, INTERFERON, ALFA-2B, RECOMBINANT, 1 MILLION UNITS	INTRON A (VIAL/SRN,PAK10,AF) 10 Million IU/ML	6	EA	BX	IJ	EA	1 MU		60	1/1/2002	10/3/2006						
00085-1235-01	J9214			1/1/2002	10/14/2009	INJECTION, INTERFERON, ALFA-2B, RECOMBINANT, 1 MILLION UNITS	INTRON A (M.D. PEN.6 DOSE UNIT) 5 Million IU/0.2 ML	1.5	ML	BX	IJ	ML	1 MU		25	1/1/2002	10/14/2009						
00085-1242-01	J9214			1/1/2002	10/14/2009	INJECTION, INTERFERON, ALFA-2B, RECOMBINANT, 1 MILLION UNITS	INTRON A (M.D. PEN.6 DOSE UNIT) 3 Million IU/0.2 ML	1.5	ML	BX	IJ	ML	1 MU		15	1/1/2002	10/14/2009						
00085-1244-01	None			1/1/2000	1/5/2009	TEMODAR, 20 MG, ORAL	TEMODAR 20 MG	5	EA	BO	PO	EA	20 MG		1	1/1/2000	1/5/2009						
00085-1244-02	None			1/1/2000	1/5/2009	TEMODAR, 20 MG, ORAL	TEMODAR 20 MG	20	EA	BO	PO	EA	20 MG		1	1/1/2000	1/5/2009						
00085-1248-01	None			1/1/2000	1/5/2009	TEMODAR, 5 MG, ORAL	TEMODAR 5 MG	5	EA	BO	PO	EA	5 MG		1	1/1/2000	1/5/2009						
00085-1248-02	None			1/1/2000	1/5/2009	TEMODAR, 5 MG, ORAL	TEMODAR 5 MG	20	EA	BO	PO	EA	5 MG		1	1/1/2000	1/5/2009						
00085-1248-03	None			4/9/2007	99/99/9999	TEMODAR, 5 MG, ORAL	TEMODAR 5 MG	14	EA	BO	PO	EA	5 MG		1	4/9/2007	99/99/9999						
00085-1252-01	None			1/1/2000	1/5/2009	TEMODAR, 250 MG, ORAL	TEMODAR 250 MG	5	EA	BO	PO	EA	250 MG		1	1/1/2000	1/5/2009						
00085-1252-02	None			1/1/2000	1/5/2009	TEMODAR, 250 MG, ORAL	TEMODAR 250 MG	20	EA	BO	PO	EA	250 MG		1	1/1/2000	1/5/2009						
00085-1254-01	J9214			1/1/2002	10/14/2009	INJECTION, INTERFERON, ALFA-2B, RECOMBINANT, 1 MILLION UNITS	INTRON A (M.D. PEN.6 DOSE UNIT) 10 Million IU/0.2 ML	1.5	ML	BX	IJ	ML	1 MU		50	1/1/2002	10/14/2009						
00085-1259-01	None			1/1/2000	1/5/2009	TEMODAR, 100 MG, ORAL	TEMODAR 100 MG	5	EA	BO	PO	EA	100 MG		1	1/1/2000	1/5/2009						
00085-1259-02	None			1/1/2000	1/5/2009	TEMODAR, 100 MG, ORAL	TEMODAR 100 MG	20	EA	BO	PO	EA	100 MG		1	1/1/2000	1/5/2009						
00085-1279-01	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	PEG-INTRON (VIAL/SRN/DILUENT,PF) 150 MCG	1	EA	BX	MR	EA	1 EA		1	1/1/2002	99/99/9999						
00085-1291-01	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	PEG-INTRON (VIAL/SRN/DILUENT,PF) 80 MCG	1	EA	BX	MR	EA	1 EA		1	1/1/2002	99/99/9999						
00085-1297-01	J3490			2/2/2004	99/99/9999	UNCLASSIFIED DRUGS	PEG-INTRON (PF,REDIPEN) 120 MCG	1	EA	BX	MR	EA	1 EA		1	2/2/2004	99/99/9999						
00085-1297-02	J3490			3/7/2005	99/99/9999	UNCLASSIFIED DRUGS	PEG-INTRON (PF,REDIPEN) 120 MCG	1	EA	BX	MR	EA	1 EA		1	3/7/2005	99/99/9999						
00085-1304-01	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	PEG-INTRON (VIAL/SRN/DILUENT,PF) 120 MCG	1	EA	BX	MR	EA	1 EA		1	1/1/2002	99/99/9999						
00085-1316-01	J3490			2/2/2004	99/99/9999	UNCLASSIFIED DRUGS	PEG-INTRON (PF,REDIPEN) 80 MCG	1	EA	BX	MR	EA	1 EA		1	2/2/2004	99/99/9999						
00085-1316-02	J3490			3/7/2005	99/99/9999	UNCLASSIFIED DRUGS	PEG-INTRON (PF,REDIPEN) 80 MCG	1	EA	BX	MR	EA	1 EA		1	3/7/2005	99/99/9999						
00085-1323-01	J3490			2/2/2004	99/99/9999	UNCLASSIFIED DRUGS	PEG-INTRON (PF,REDIPEN) 50 MCG	1	EA	BX	MR	EA	1 EA		1	2/2/2004	99/99/9999						
00085-1323-02	J3490			3/7/2005	99/99/9999	UNCLASSIFIED DRUGS	PEG-INTRON (PF,REDIPEN) 50 MCG	1	EA	BX	MR	EA	1 EA		1	3/7/2005	99/99/9999						
00085-1336-01	J7602			1/1/2008	3/31/2008	(LEVALBUTEROL)	PROVENTIL 0.5%	20	ML	BO	IH	ML	1 MG		5	1/1/2008	3/31/2008						
00085-1366-01	None			4/9/2007	99/99/9999	TEMODAR, 100 MG, ORAL	TEMODAR 100 MG	14	EA	BO	PO	EA	100 MG		1	4/9/2007	99/99/9999						
00085-1366-02	None			4/9/2007	99/99/9999	TEMODAR, 100 MG, ORAL	TEMODAR 100 MG	5	EA	BO	PO	EA	100 MG		1	4/9/2007	99/99/9999						
00085-1366-03	None			12/5/2012	99/99/9999	TEMODAR, 100 MG, ORAL	TEMODAR, 100 MG	5	EA	BX	PO	EA	100 MG		1	12/5/2012	99/99/9999						
00085-1366-04	None			12/5/2012	99/99/9999	TEMODAR, 100 MG, ORAL	TEMODAR, 100 MG	14	EA	BO	PO	EA	100 MG		1	12/5/2012	99/99/9999						
00085-1368-01	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	PEG-INTRON (VIAL/SRN/DILUENT,PF) 50 MCG	1	EA	BX	MR	EA	1 EA		1	1/1/2002	99/99/9999						
00085-1370-01	J3490			2/2/2004	99/99/9999	UNCLASSIFIED DRUGS	PEG-INTRON (PF,REDIPEN) 150 MCG	1	EA	BX	MR	EA	1 EA		1	2/2/2004	99/99/9999						
00085-1370-02	J3490			3/7/2005	99/99/9999	UNCLASSIFIED DRUGS	PEG-INTRON (PF,REDIPEN) 150 MCG	1	EA	BX	MR	EA	1 EA		1	3/7/2005	99/99/9999						
00085-1417-01	None			4/9/2007	99/99/9999	TEMODAR, 250 MG, ORAL	TEMODAR 250 MG	5	EA	BO	PO	EA	250 MG		1	4/9/2007	99/99/9999						
00085-1417-02	None			12/5/2012	99/99/9999	TEMODAR, 250 MG, ORAL	TEMODAR, 250 MG	5	EA	BX	PO	EA	250 MG		1	12/5/2012	99/99/9999						
00085-1425-01	None			4/9/2007	99/99/9999	TEMODAR, 20 MG, ORAL	TEMODAR 140 MG	5	EA	BO	PO	EA	20 MG		7	4/9/2007	99/99/9999						
00085-1425-02	None			4/9/2007	99/99/9999	TEMODAR, 20 MG, ORAL	TEMODAR 140 MG	14	EA	BO	PO	EA	20 MG		7	4/9/2007	99/99/9999						
00085-1425-03	None			12/5/2012	99/99/9999	TEMODAR, 20 MG, ORAL	TEMODAR, 140 MG	5	EA	BX	PO	EA	20 MG		7	12/5/2012	99/99/9999						
00085-1425-04	None			12/5/2012	99/99/9999	TEMODAR, 20 MG, ORAL	TEMODAR, 140 MG	14	EA	BX	PO	EA	20 MG		7	12/5/2012	99/99/9999						
00085-1430-01	None			4/9/2007	99/99/9999	TEMODAR, 20 MG, ORAL	TEMODAR 180 MG	5	EA	BO	PO	EA	20 MG		9	4/9/2007	99/99/9999						
00085-1430-02	None			4/9/2007	99/99/9999	TEMODAR, 20 MG, ORAL	TEMODAR 180 MG	14	EA	BO	PO	EA	20 MG		9	4/9/2007	99/99/9999						
00085-1430-03	None			12/5/2012	99/99/9999	TEMODAR, 20 MG, ORAL	TEMODAR, 180 MG	5	EA	BX	PO	EA	20 MG		9	12/5/2012	99/99/9999						
00085-1430-04	None			12/5/2012	99/99/9999	TEMODAR, 20 MG, ORAL	TEMODAR, 180 MG	14	EA	BX	PO	EA	20 MG		9	12/5/2012	99/99/9999						
00085-1519-01	None			4/9/2007	99/99/9999	TEMODAR, 20 MG, ORAL	TEMODAR 20 MG	14	EA	BO	PO	EA	20 MG		1	4/9/2007	99/99/9999						
00085-1519-02	None			4/9/2007	99/99/9999	TEMODAR, 20 MG, ORAL	TEMODAR 20 MG	5	EA	BO	PO	EA	20 MG		1	4/9/2007	99/99/9999						
00085-1519-03	None			12/5/2012	99/99/9999	TEMODAR, 20 MG, ORAL	TEMODAR, 20 MG	5	EA	BX	PO	EA	20 MG		1	12/5/2012	99/99/9999						
00085-1519-04	None			12/5/2012	99/99/9999	TEMODAR, 20 MG, ORAL	TEMODAR, 20 MG	14	EA	BX	PO	EA	20 MG		1	12/5/2012	99/99/9999						
00085-1731-01	J0744			8/17/2005	4/1/2009	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	CIPRO IV (VIAL) 10 MG/ML	40	ML	VL	IV	ML	200 MG		0.05	8/17/2005	4/1/2009						
00085-1737-01	J2280			8/17/2005	99/99/9999	INJECTION, MOXIFLOXACIN, 100 MG	AVELOX I.V. (FLEXIBAG,PF) 400 MG/250 ML	250	ML	FC	IV	ML	100 MG		0.016	8/17/2005	99/99/9999						
00085-1741-02	J0744			8/17/2005	8/31/2009	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	CIPRO IV (PRE-MIXED W/DEX) 400 MG/200 ML	200	ML	FC	IV	ML	200 MG		0.01	8/17/2005	8/31/2009						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00085-1755-02	J0744			8/17/2005	7/31/2009	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	CIPRO IV (PRE-MIXED W/DEX) 200 MG/100 ML	100 ML	FC	IV	ML		200 MG	0.01		8/17/2005	7/31/2009						
00085-1762-01	J0744			8/17/2005	5/31/2010	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	CIPRO IV (PRE-MIXED W/DEX,BAXTER) 400 MG/200 ML	400 ML	FC	IV	ML		200 MG	0.01		8/17/2005	5/31/2010						
00085-1763-03	J0744			8/17/2005	8/8/2009	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	CIPRO IV (VIAL) 10 MG/ML	20 ML	VL	IV	ML		200 MG	0.05		8/17/2005	8/8/2009						
00085-1781-01	J0744			8/17/2005	6/30/2010	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	CIPRO IV (PRE-MIXED W/DEX,BAXTER) 200 MG/100 ML	100 ML	FC	IV	ML		200 MG	0.01		8/17/2005	6/30/2010						
00085-1806-01	Q4094			7/1/2007	12/31/2007	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG	PROVENTIL 0.083%	3 ML	PC	IH	ML		1 MG	0.83		7/1/2007	12/31/2007						
00085-1806-01	KO Q4094	KO		7/1/2007	12/31/2007	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG	PROVENTIL 0.083%	3 ML	PC	IH	ML		1 MG	0.83		7/1/2007	12/31/2007						
00085-1806-01	J7603			1/1/2008	3/3/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG	PROVENTIL 0.083%	3 ML	PC	IH	ML		1 MG	0.83		1/1/2008	3/3/2008						
00085-1806-01	KO J7603	KO		1/1/2008	3/3/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG	PROVENTIL 0.083%	3 ML	PC	IH	ML		1 MG	0.83		1/1/2008	3/3/2008						
00085-3004-01	None			1/30/2008	99/99/9999	TEMODAR, 5 MG, ORAL	TEMODAR 5 MG	14 EA	BO	PO	EA		5 MG	1		1/30/2008	99/99/9999						
00085-3004-02	None			1/30/2008	99/99/9999	TEMODAR, 5 MG, ORAL	TEMODAR 5 MG	5 EA	BO	PO	EA		5 MG	1		1/30/2008	99/99/9999						
00085-3004-03	None			12/5/2012	99/99/9999	TEMODAR, 5 MG, ORAL	TEMODAR, 5 MG	5 EA	BX	PO	EA		5 MG	1		12/5/2012	99/99/9999						
00085-3004-04	None			12/5/2012	99/99/9999	TEMODAR, 5 MG, ORAL	TEMODAR, 5 MG	14 EA	BX	PO	EA		5 MG	1		12/5/2012	99/99/9999						
00087-6011-42	J0706			1/1/2004	11/4/2008	INJECTION, CAFFEINE CITRATE, 5MG	CAFCIT (S.D.V.) 20 MG/ML	3 ML	VL	IJ	ML		5 MG	4		1/1/2004	11/4/2008						
00088-1153-30	J1595			1/1/2004	4/27/2008	INJECTION, GLATIRAMER ACETATE, 20 MG	COPAXONE (30 SRN,PREFILLED,PF) 20 MG/ML	1 ML	DP	MR	EA		20 MG	30		1/1/2004	4/27/2008						
00088-1202-05	Q0180			1/1/2002	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	ANZEMET 50 MG	5 EA	BO	PO	EA		100 MG	0.5		1/1/2002	99/99/9999						
00088-1202-43	Q0180			1/1/2002	8/8/2011	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	ANZEMET 50 MG	10 EA	BX	PO	EA		100 MG	0.5		1/1/2002	8/8/2011						
00088-1203-05	Q0180			1/1/2002	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	ANZEMET 100 MG	5 EA	BO	PO	EA		100 MG	1		1/1/2002	99/99/9999						
00088-1203-43	Q0180			1/1/2002	8/8/2011	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	ANZEMET 100 MG	10 EA	BX	PO	EA		100 MG	1		1/1/2002	8/8/2011						
00088-1206-32	J1260			12/15/2003	99/99/9999	INJECTION, DOLASETRON MESYLATE, 10 MG	ANZEMET (S.D.V.) 20 MG/ML	5 ML	VL	IJ	ML		10 MG	2		1/1/2002	99/99/9999						
00088-1208-06	J1260			2/20/2002	1/4/2010	INJECTION, DOLASETRON MESYLATE, 10 MG	ANZEMET 20 MG/ML	0.625 ML	CT	IV	ML		10 MG	2		2/20/2002	1/4/2010						
00088-1209-26	J1260			7/21/2003	99/99/9999	INJECTION, DOLASETRON MESYLATE, 10 MG	ANZEMET (M.D.V.) 20 MG/ML	25 ML	VL	IV	ML		10 MG	2		7/21/2003	99/99/9999						
00088-2220-33	J1815			1/1/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	LANTUS 100 U/ML	10 ML	VL	SC	ML		5 U	20		1/1/2003	99/99/9999						
00088-2220-52	J1815			1/10/2005	2/24/2011	INJECTION, INSULIN, PER 5 UNITS	LANTUS (U-100,5X3ML) 100 U/ML	3 ML	CT	SC	ML		5 U	20		1/10/2005	2/24/2011						
00088-2220-60	J1815			7/9/2007	9/12/2010	INJECTION, INSULIN, PER 5 UNITS	LANTUS SOLOSTAR 100 U/ML	3 ML	SR	SC	ML		5 U	20		7/9/2007	9/12/2010						
00088-2500-33	J1817			1/24/2006	99/99/9999	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	APIDRA 100 U/ML	10 ML	VL	SC	ML		50 U	2		1/24/2006	99/99/9999						
00088-2500-52	J1815			1/24/2006	6/30/2010	INJECTION, INSULIN, PER 5 UNITS	APIDRA (5X3ML,OPTICLIK PEN) 100 U/ML	3 ML	CT	SC	ML		5 U	20		1/24/2006	6/30/2010						
00088-2502-05	J1817			3/4/2009	99/99/9999	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	APIDRA SOLOSTAR (5X3ML) 100U/ML	3 ML	EA	IJ	ML		50 U	2		3/4/2009	99/99/9999						
00089-0510-06	J0600			1/1/2002	12/8/2009	INJECTION, EDETATE CALCIUM DISODIUM, UP TO 1000 MG	CALCIUM DISODIUM VERSENATE (AMP) 200 MG/ML	5 ML	AM	IJ	ML		1000 MG	0.2		1/1/2002	12/8/2009						
00089-0540-06	J2360			1/1/2002	99/99/9999	INJECTION, ORPHENADRINE CITRATE, UP TO 60 MC	NORFLEX (AMP) 30 MG/ML	2 ML	AM	IJ	ML		60 MG	0.5		1/1/2002	99/99/9999						
00091-1110-16	J0270			9/2/2004	3/25/2012	FOR USE WHEN DRUG IS SELF ADMINISTERED	EDEX (29GX1/2",KIT) 10 MCG	1 EA	BX	MR	EA		1.25 MCG	8		9/2/2004	3/25/2012						
00091-1110-20	J0270			9/2/2004	5/22/2012	FOR USE WHEN DRUG IS SELF ADMINISTERED	EDEX (29GX1/2",KIT) 10 MCG	1 EA	BX	MR	EA		1.25 MCG	8		9/2/2004	5/22/2012						
00091-1120-16	J0270			9/2/2004	1/23/2012	FOR USE WHEN DRUG IS SELF ADMINISTERED	EDEX (29GX1/2",KIT) 20 MCG	1 EA	BX	MR	EA		1.25 MCG	16		9/2/2004	1/23/2012						
00091-1120-20	J0270			9/2/2004	3/11/2012	FOR USE WHEN DRUG IS SELF ADMINISTERED	EDEX (29GX1/2",KIT) 20 MCG	1 EA	BX	MR	EA		1.25 MCG	16		9/2/2004	3/11/2012						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00091-1140-16		J0270		9/2/2004	5/30/2012	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)	EDEX (29GX1/2",KIT) 40 MCG	1	EA	BX	MR	EA	1.25 MCG		32	9/2/2004	5/30/2012						
00091-1140-20		J0270		9/2/2004	5/7/2012	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)	EDEX (29GX1/2",KIT) 40 MCG	1	EA	BX	MR	EA	1.25 MCG		32	9/2/2004	5/7/2012						
00091-1536-05		J1980		1/1/2002	4/15/2009	INJECTION, HYOSCYAMINE SULFATE, UP TO 0.25 MG	LEVSIN (AMP) 0.5 MG/ML	1	ML	AM	IJ	ML	0.25 MG		2	1/1/2002	4/15/2009						
00093-0782-01		J8999		2/20/2003	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (FILM COATED) 20 MG	100	EA	BO	PO	EA	1 EA		1	2/20/2003	99/99/9999						
00093-0782-05		J8999		1/9/2008	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (FILM COATED) 20 MG	500	EA	BO	PO	EA	1 EA		1	1/9/2008	99/99/9999						
00093-0782-10		J8999		1/9/2008	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (FILM COATED) 20 MG	1000	EA	BO	PO	EA	1 EA		1	1/9/2008	99/99/9999						
00093-0782-56		J8999		2/20/2003	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (FILM COATED) 20 MG	30	EA	BO	PO	EA	1 EA		1	2/20/2003	99/99/9999						
00093-0784-05		J8999		1/9/2008	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (FILM COATED) 10 MG	500	EA	BO	PO	EA	1 EA		1	1/9/2008	99/99/9999						
00093-0784-06		J8999		2/20/2003	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (FILM COATED) 10 MG	60	EA	BO	PO	EA	1 EA		1	2/20/2003	99/99/9999						
00093-0784-10		J8999		1/9/2008	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (FILM COATED) 10 MG	1000	EA	BO	PO	EA	1 EA		1	1/9/2008	99/99/9999						
00093-0784-86		J8999		2/20/2003	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (FILM COATED) 10 MG	180	EA	BO	PO	EA	1 EA		1	2/20/2003	99/99/9999						
00093-5420-88		J8515		3/7/2007	99/99/9999	CABERGOLINE, ORAL, 0.25 MG	CABERGOLINE 0.5 MG	8	EA	BO	PO	EA	0.25 MG		2	3/7/2007	99/99/9999						
00093-5510-06		J8999		4/27/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MERCAPTOPYRINE (USP) 50 MG	60	EA	BO	PO	EA	1 EA		1	4/27/2005	99/99/9999						
00093-6118-16		J7510		1/1/2002	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 15 MG/5 ML	480	ML	BO	PO	ML	5 MG		0.6	1/1/2002	99/99/9999						
00093-6118-87		J7510		1/1/2002	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 15 MG/5 ML	240	ML	BO	PO	ML	5 MG		0.6	1/1/2002	99/99/9999						
00093-6723-73		J7620		1/3/2008	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	IPRATROPIUM BROMIDE AND ALBUTEROL SULFATE (30X3ML) 3 MG/3 ML-0.5 MG/3 ML	30	ML	VL	IH	ML	3 MG		0.33333	1/3/2008	99/99/9999						
00093-6723-74		J7620		1/3/2008	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	IPRATROPIUM BROMIDE AND ALBUTEROL SULFATE (60X3ML) 3 MG/3 ML-0.5 MG/3 ML	60	ML	VL	IH	ML	3 MG		0.33333	1/3/2008	99/99/9999						
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	BUDESONIDE (30X2ML,MICRONIZED) 0.25 MG/2 ML	30	EA	PC	IH	ML	0.25 MG		0.5	12/15/2009	99/99/9999						
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	BUDESONIDE (30X2ML,MICRONIZED) 0.25 MG/2 ML	30	EA	PC	IH	ML	0.25 MG		0.5	12/15/2009	99/99/9999						
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	BUDESONIDE (30X2ML,MICRONIZED) 0.5 MG/2 ML	30	EA	PC	IH	ML	0.5 MG		0.5	12/15/2009	99/99/9999						
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	BUDESONIDE (30X2ML,MICRONIZED) 0.5 MG/2 ML	30	EA	PC	IH	ML	0.5 MG		0.5	12/15/2009	99/99/9999						
00093-7146-09		Q0144		12/6/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (3X6,FILM-COATED) 250 MG	18	EA	DP	PO	EA	1 GM		0.25	12/6/2005	99/99/9999						
00093-7146-18		Q0144		11/14/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 250 MG	6	EA	DP	PO	EA	1 GM		0.25	11/14/2005	99/99/9999						
00093-7146-56		Q0144		11/14/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 250 MG	30	EA	BO	PO	EA	1 GM		0.25	11/14/2005	99/99/9999						
00093-7147-56		Q0144		11/14/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 600 MG	30	EA	BO	PO	EA	1 GM		0.6	11/14/2005	99/99/9999						
00093-7169-33		Q0144		11/14/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 500 MG	3	EA	DP	PO	EA	1 GM		0.5	11/14/2005	99/99/9999						
00093-7169-56		Q0144		11/14/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 500 MG	30	EA	BO	PO	EA	1 GM		0.5	11/14/2005	99/99/9999						
00093-7236-56		Q0179		8/1/2007	12/31/2011	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HCL	30	EA	BO	PO	EA	8 MG		1	8/1/2007	12/31/2011						
00093-7236-56		Q0162		1/1/2012	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	ONDANSETRON HYDROCHLORIDE (FILM COATED) 8 MG	30	EA	BO	PO	EA	1 MG		8	1/1/2012	99/99/9999						
00093-7301-65		Q0179		7/3/2007	6/17/2011	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON (USP,STRAWBERRY) 4 MG	30	EA	BX	PO	EA	8 MG		0.5	7/3/2007	6/17/2011						
00093-7302-03		Q0179		7/3/2007	11/8/2011	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON (USP,STRAWBERRY) 8 MG	10	EA	BX	PO	EA	8 MG		1	7/3/2007	11/8/2011						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00093-7302-65	Q0179			7/3/2007	9/15/2011	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON (USP, STRAWBERRY) 8 MG	30 EA	BX	PO	EA		8 MG	1		7/3/2007	9/15/2011						
00093-7334-05	J7517			5/6/2009	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (HARD GELATIN) 250 MG	500 EA	BO	PO	EA		250 MG	1		5/6/2009	99/99/9999						
00093-7477-01	J7517			5/5/2009	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (FILM COATED) 500 MG	100 EA	BO	PO	EA		250 MG	2		5/5/2009	99/99/9999						
00093-7477-05	J7517			5/5/2009	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (FILM COATED) 500 MG	500 EA	BO	PO	EA		250 MG	2		5/5/2009	99/99/9999						
00093-7485-12	Q0166			1/2/2008	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	GRANISTERON HYDROCHLORIDE (2X1, FILM COATED) 1 MG	2 EA	BX	PO	EA		1 MG	1		1/2/2008	99/99/9999						
00093-7485-20	Q0166			1/2/2008	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	GRANISTERON HYDROCHLORIDE (5X4, FILM COATED) 1 MG	20 EA	BX	PO	EA		1 MG	1		1/2/2008	99/99/9999						
00093-7599-41	None			8/12/2013	99/99/9999	TEMODAR, 5 MG, ORAL	TEMOZOLOMIDE (UNIT-OF-USE) 5 MG	14 EA	BO	PO	EA		5 MG	1		8/12/2013	99/99/9999						
00093-7599-57	None			8/12/2013	99/99/9999	TEMODAR, 5 MG, ORAL	TEMOZOLOMIDE (UNIT-OF-USE) 5MG	5 EA	BO	PO	EA		5 MG	1		8/12/2013	99/99/9999						
00093-7600-41	None			8/12/2013	99/99/9999	TEMODAR, 20 MG, ORAL	TEMOZOLOMIDE (UNIT-OF-USE) 20 MG	14 EA	BO	PO	EA		20 MG	1		8/12/2013	99/99/9999						
00093-7600-57	None			8/12/2013	99/99/9999	TEMODAR, 20 MG, ORAL	TEMOZOLOMIDE (UNIT-OF-USE) 20 MG	5 EA	BO	PO	EA		20 MG	1		8/12/2013	99/99/9999						
00093-7601-41	None			8/12/2013	99/99/9999	TEMODAR, 100 MG, ORAL	TEMOZOLOMIDE (UNIT-OF-USE) 100 MG	14 EA	BO	PO	EA		100 MG	1		8/12/2013	99/99/9999						
00093-7601-57	None			8/12/2013	99/99/9999	TEMODAR, 100 MG, ORAL	TEMOZOLOMIDE (UNIT-OF-USE) 100 MG	5 EA	BO	PO	EA		100 MG	1		8/12/2013	99/99/9999						
00093-7602-57	None			8/12/2013	99/99/9999	TEMODAR, 250 MG, ORAL	TEMOZOLOMIDE (UNIT-OF-USE) 250 MG	5 EA	BO	PO	EA		250 MG	1		8/12/2013	99/99/9999						
00093-7638-41	None			8/12/2013	99/99/9999	TEMODAR, 20 MG, ORAL	TEMOZOLOMIDE (UNIT-OF-USE) 140 MG	14 EA	BO	PO	EA		20 MG	7		8/12/2013	99/99/9999						
00093-7638-57	None			8/12/2013	99/99/9999	TEMODAR, 20 MG, ORAL	TEMOZOLOMIDE (UNIT-OF-USE) 140 MG	5 EA	BO	PO	EA		20 MG	7		8/12/2013	99/99/9999						
00093-7639-41	None			8/12/2013	99/99/9999	TEMODAR, 20 MG, ORAL	TEMOZOLOMIDE (UNIT-OF-USE) 180 MG	14 EA	BO	PO	EA		20 MG	9		8/12/2013	99/99/9999						
00093-7639-57	None			8/12/2013	99/99/9999	TEMODAR, 20 MG, ORAL	TEMOZOLOMIDE (UNIT-OF-USE) 180 MG	5 EA	BO	PO	EA		20 MG	9		8/12/2013	99/99/9999						
00093-8940-01	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	100 EA	BO	PO	EA		1 EA	1		1/1/2002	99/99/9999						
00093-8940-05	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	500 EA	BO	PO	EA		1 EA	1		1/1/2002	99/99/9999						
00093-8940-93	J8499			11/30/2007	11/27/2012	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (USP, HARD GELATIN) 200 MG	100 EA	BX	PO	EA		1 EA	1		11/30/2007	11/27/2012						
00093-8943-01	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	100 EA	BO	PO	EA		1 EA	1		1/1/2002	99/99/9999						
00093-8943-05	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	500 EA	BO	PO	EA		1 EA	1		1/1/2002	99/99/9999						
00093-8947-01	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	100 EA	BO	PO	EA		1 EA	1		1/1/2002	99/99/9999						
00093-8947-05	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	500 EA	BO	PO	EA		1 EA	1		1/1/2002	99/99/9999						
00093-9634-87	J8999			8/13/2003	10/14/2010	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE (APRICOT) 40 MG/ML	240 ML	BO	PO	ML		1 EA	1		8/13/2003	10/14/2010						
00093-9643-01	Q0164			1/1/2002	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	PROCHLORPERAZINE MALEATE 5 MG	100 EA	BO	PO	EA		5 MG	1		1/1/2002	99/99/9999						
00093-9652-01	Q0165			1/1/2002	99/99/9999	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	PROCHLORPERAZINE MALEATE 10 MG	100 EA	BO	PO	EA		10 MG	1		1/1/2002	99/99/9999						
00095-0086-35	J8540			9/1/2006	9/30/2009	DEXAMETHASONE, ORAL, 0.25 MG	DEXPAK JR TAPERPAK 1.5 MG	35 EA	DP	PO	EA		0.25 MG	6		9/1/2006	9/30/2009						
00095-0086-51	J8540			1/1/2006	8/31/2009	DEXAMETHASONE, ORAL, 0.25 MG	DEXPAK (TAPERPAK) 1.5 MG	51 EA	DP	PO	EA		0.25 MG	6		1/1/2006	8/31/2009						
00113-0379-26	Q0163			1/14/2004	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	GOOD SENSE ANTIHISTAMINE ALLERGY RELIEF (ALCOHOL FREE, CHERRY) 12.5 MG/5 ML	118 ML	BO	PO	ML		50 MG	0.05		1/14/2004	99/99/9999						
00113-0431-62	Q0163			1/14/2004	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	GOOD SENSE NIGHTTIME SLEEP AID (MINI-CAPLETS) 25 MG	24 EA	NA	PO	EA		50 MG	0.5		1/14/2004	99/99/9999						
00113-0462-62	Q0163			1/14/2004	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	GOOD SENSE ANTIHISTAMINE ALLERGY RELIEF (EASY TO SWALLOW) 25 MG	24 EA	BX	PO	EA		50 MG	0.5		1/14/2004	99/99/9999						
00113-0479-62	Q0163			1/14/2004	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	GOOD SENSE ANTIHISTAMINE ALLERGY RELIEF (EASY TO SWALLOW) 25 MG	24 EA	BX	PO	EA		50 MG	0.5		1/14/2004	99/99/9999						
00113-0479-78	Q0163			1/14/2004	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	GOOD SENSE ANTIHISTAMINE ALLERGY RELIEF (EASY TO SWALLOW) 25 MG	100 EA	BO	PO	EA		50 MG	0.5		1/14/2004	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00115-1040-01		Q0169		2/12/2008	11/1/2012	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	PROMETHAZINE HYDROCHLORIDE (USP) 12.5 MG	100 EA	BO	PO	EA		12.5 MG		1	2/12/2008	11/1/2012						
00115-1041-01		Q0170		2/12/2008	9/19/2012	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	PROMETHAZINE HYDROCHLORIDE (USP) 25 MG	100 EA	BO	PO	EA		25 MG		1	2/12/2008	9/19/2012						
00115-1041-03		Q0170		4/1/2008	9/19/2012	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	PROMETHAZINE HYDROCHLORIDE (USP) 25 MG	1000 EA	BO	PO	EA		25 MG		1	4/1/2008	9/19/2012						
00115-1042-01		Q0170		5/20/2008	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	PROMETHAZINE HYDROCHLORIDE (USP) 50 MG	100 EA	BO	PO	EA		25 MG		2	5/20/2008	12/20/2012						
00121-0489-05		Q0163		1/1/2002	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	DIPHENHYDRAMINE HCL 12.5 MG/5 ML	5 ML	CP	PO	ML		50 MG		0.05	1/1/2002	99/99/9999						
00121-0489-10		Q0163		1/1/2002	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	DIPHENHYDRAMINE HCL 12.5 MG/5 ML	10 ML	CP	PO	ML		50 MG		0.05	1/1/2002	99/99/9999						
00121-0489-20		Q0163		1/1/2002	6/10/2011	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 12.5 MG/5 ML	20 ML	CP	PO	ML		50 MG		0.05	1/1/2002	6/10/2011						
00121-0687-05	J7510			4/1/2003	7/22/2008	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE (BERRY) 15 MG/5 ML	5 ML	CP	PO	ML		5 MG		0.6	4/1/2003	7/22/2008						
00121-0687-08	J7510			4/17/2003	7/22/2008	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE (BERRY) 15 MG/5 ML	237 ML	BO	PO	ML		5 MG		0.6	4/17/2003	7/22/2008						
00121-0687-16	J7510			4/17/2003	7/22/2008	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE (BERRY) 15 MG/5 ML	473 ML	BO	PO	ML		5 MG		0.6	4/17/2003	7/22/2008						
00121-0759-08	J7510			5/2/2005	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE SODIUM PHOSPHATE (AF,DYE-FREE, GRAPE) 15 MG/5 ML	237 ML	BO	PO	ML		5 MG		0.6	5/2/2005	99/99/9999						
00121-4776-10	J8999			7/7/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE (40X10ML CUPS,APRICOT) 40 MG/ML	10 ML	CP	PO	ML		1 EA		1	7/7/2006	99/99/9999						
00143-1425-01	J7506			12/9/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 2.5 MG	100 EA	BO	PO	EA		5 MG		0.5	12/9/2004	99/99/9999						
00143-1473-01	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	100 EA	BO	PO	EA		5 MG		2	1/1/2002	99/99/9999						
00143-1473-10	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	1000 EA	BO	PO	EA		5 MG		2	1/1/2002	99/99/9999						
00143-1475-01	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	100 EA	BO	PO	EA		5 MG		1	1/1/2002	99/99/9999						
00143-1475-10	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	1000 EA	BO	PO	EA		5 MG		1	1/1/2002	99/99/9999						
00143-1477-01	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	100 EA	BO	PO	EA		5 MG		4	1/1/2002	99/99/9999						
00143-1477-05	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	500 EA	BO	PO	EA		5 MG		4	1/1/2002	99/99/9999						
00143-1477-10	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	1000 EA	BO	PO	EA		5 MG		4	1/1/2002	99/99/9999						
00143-2423-30		Q0179		2/26/2008	12/31/2011	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (COATED) 8 MG	30 EA	BO	PO	EA		8 MG		1	2/26/2008	12/31/2011						
00143-2423-30		Q0162		1/1/2012	4/10/2012	REGIMEN	ONDANSETRON HYDROCHLORIDE (COATED) 8 MG	30 EA	BO	PO	EA		1 MG		8	1/1/2012	4/10/2012						
00143-9708-01	J2260			3/29/2011	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE, 1 MG/ML	1 ML	VL	IV	ML		5 MG		0.2	3/29/2011	99/99/9999						
00143-9709-10	J2260			3/29/2011	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE, 1 MG/ML	10 ML	VL	IV	ML		5 MG		0.2	3/29/2011	99/99/9999						
00143-9718-10	J2260			2/23/2011	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE IN DEXTROSE (10X200ML, SINGLE DOSE) 5%-20 MG/100 ML	10 ML	FC	IV	ML		5 MG		0.04	2/23/2011	99/99/9999						
00143-9719-10	J2260			2/23/2011	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE IN DEXTROSE (10X100ML, SINGLE DOSE) 5%-20 MG/100 ML	10 ML	FC	IV	ML		5 MG		0.04	2/23/2011	99/99/9999						
00143-9771-06	J2405			2/5/2009	5/13/2011	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (48X50ML) 32 MG/50ML	50 ML	EA	IV	ML		1 MG		0.64	2/5/2009	5/13/2011						
00143-9868-22	J2550			8/4/2008	6/10/2011	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (25X1ML,USP) 50 MG/ML	1 ML	VL	IJ	EA		50 MG		1	8/4/2008	6/10/2011						
00143-9869-22	J2550			8/4/2008	6/10/2011	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (25X1ML,USP) 25 MG/ML	1 ML	VL	IJ	EA		50 MG		0.5	8/4/2008	6/10/2011						
00143-9881-25	J1165			4/3/2007	6/10/2011	INJECTION, PHENYTOIN SODIUM, PER 50 MG	PHENYTOIN SODIUM (USP,25X5ML) 50 MG/ML	5 ML	VL	IV	ML		50 MG		1	4/3/2007	6/10/2011						
00143-9882-25	J1165			4/3/2007	6/10/2011	INJECTION, PHENYTOIN SODIUM, PER 50 MG	PHENYTOIN SODIUM (USP,25X2ML) 50 MG/ML	2 ML	VL	IV	ML		50 MG		1	4/3/2007	6/10/2011						
00143-9891-05	J2405			4/3/2007	4/10/2012	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (USP,SINGLE DOSE) 2 MG/ML	2 ML	VL	IJ	ML		1 MG		2	4/3/2007	4/10/2012						
00143-9899-06	J1450			4/3/2007	4/25/2007	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE (6X100ML) 200 MG/100 ML	100 ML	GC	IV	ML		200 MG		0.01	4/3/2007	4/25/2007						
00143-9984-90	J0170			7/20/2005	12/31/2010	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	EPINEPHRINE HCL (10X30ML,M.D.V.) 1 MG/ML	30 ML	VL	IJ	ML		1 ML		1	7/20/2005	12/31/2010						
00169-1833-11	J1815			1/1/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	NOVOLIN R (VIAL) 100 U/ML	10 ML	VL	IJ	ML		5 U		20	1/1/2003	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00169-1834-11		J1815		1/1/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	NOVOLIN N (VIAL) 100 U/ML	10 ML	VL	SC	ML		5 U		20	1/1/2003	99/99/9999						
00169-1837-11		J1815		1/1/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	NOVOLIN 70/30 (VIAL) 70 U/ML-30 U/ML	10 ML	VL	SC	ML		5 U		20	1/1/2003	99/99/9999						
00169-2313-21		J1815		1/1/2003	1/1/2010	INJECTION, INSULIN, PER 5 UNITS	NOVOLIN R INNOLET (SRN,PREFILLED) 100 U/ML	3 ML	CT	IJ	ML		5 U		20	1/1/2003	1/1/2010						
00169-2314-21		J1815		1/1/2003	1/1/2010	INJECTION, INSULIN, PER 5 UNITS	NOVOLIN N INNOLET (SRN, PREFILLED) 100 U/ML	3 ML	CT	SC	ML		5 U		20	1/1/2003	1/1/2010						
00169-2317-21		J1815		1/1/2003	1/1/2010	INJECTION, INSULIN, PER 5 UNITS	NOVOLIN 70/30 INNOLET (SRN, PREFILLED) 70 U/ML-30 U/ML	3 ML	CT	SC	ML		5 U		20	1/1/2003	1/1/2010						
00169-3303-12		J1815		1/1/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	NOVOLOG (PENFILL CARTRIDGE) 100 U/ML	3 ML	CT	SC	ML		5 U		20	1/1/2003	99/99/9999						
00169-3473-18		J1815		1/1/2003	1/1/2010	INJECTION, INSULIN, PER 5 UNITS	NOVOLIN R PENFILL (SRN) 100 U/ML	3 ML	CT	IJ	ML		5 U		20	1/1/2003	1/1/2010						
00169-3474-18		J1815		1/1/2003	1/1/2010	INJECTION, INSULIN, PER 5 UNITS	NOVOLIN N PENFILL (SRN) 100 U/ML	3 ML	CT	SC	ML		5 U		20	1/1/2003	1/1/2010						
00169-3477-18		J1815		1/1/2003	1/1/2010	INJECTION, INSULIN, PER 5 UNITS	NOVOLIN 70/30 PENFILL (SRN) 70 U/ML-30 U/ML	3 ML	CT	SC	ML		5 U		20	1/1/2003	1/1/2010						
00169-3682-13		J1815		1/1/2003	5/16/2008	INJECTION, INSULIN, PER 5 UNITS	NOVOLOG MIX 70/30 (PENFILL CARTRIDGE) 70 U/ML-30 U/ML	3 ML	CT	SC	ML		5 U		20	1/1/2003	5/16/2008						
00169-3685-12		J1815		2/10/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	NOVOLOG MIX 70/30 (VIAL) 70 U/ML-30 U/ML	10 ML	VL	SC	ML		5 U		20	2/10/2003	99/99/9999						
00169-3696-19		J1815		1/1/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	NOVOLOG MIX 70/30 (FLEXPEN,SRN PREFILLED) 70 U/ML-30 U/ML	3 ML	SR	SC	ML		5 U		20	1/1/2003	99/99/9999						
00169-6339-10		J1815		2/10/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	NOVOLOG FLEXPEN (PREFILLED SYRINGE) 100 U/ML	3 ML	SR	SC	ML		5 U		20	2/10/2003	99/99/9999						
00169-7060-01		J7189		1/1/2006	99/99/9999	FACTOR VIA (ANTHEMOPHILIC FACTOR, RECOMBINANT), PER 1 MICROGRAM	NOVOSEVEN (1200MCG/VIAL) 1.2 MG	1 EA	VL	IV	EA		1 MCG	1200	1/1/2006	99/99/9999							
00169-7061-01		J7189		1/1/2006	99/99/9999	FACTOR VIA (ANTHEMOPHILIC FACTOR, RECOMBINANT), PER 1 MICROGRAM	NOVOSEVEN (2400MCG/VIAL) 2.4 MG	1 EA	VL	IV	EA		1 MCG	2400	1/1/2006	99/99/9999							
00169-7062-01		J7189		1/1/2006	99/99/9999	FACTOR VIA (ANTHEMOPHILIC FACTOR, RECOMBINANT), PER 1 MICROGRAM	NOVOSEVEN (4800MCG/VIAL) 4.8 MG	1 EA	VL	IV	EA		1 MCG	4800	1/1/2006	99/99/9999							
00169-7065-15		J1610		6/1/2005	99/99/9999	INJECTION, GLUCAGON HYDROCHLORIDE, PER 1 MG	GLUCAGEN HYPOKIT 1 MG	1 EA	BX	IJ	EA		1 MG	1	6/1/2005	99/99/9999							
00169-7501-11		J1817		1/1/2003	99/99/9999	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	NOVOLOG (VIAL) 100 U/ML	10 ML	VL	SC	ML		50 U		2	1/1/2003	99/99/9999						
00169-7704-11		J2941		1/24/2005	6/1/2011	INJECTION, SOMATROPIN, 1 MG	NORDITROPIN NORDIFLEX (PEN, ORANGE) 5 MG/1.5 ML	1.5 ML	SR	SC	ML		1 MG	3.33333	1/24/2005	6/1/2011							
00169-7705-11		J2941		1/2/2006	6/1/2011	INJECTION, SOMATROPIN, 1 MG	NORDITROPIN NORDIFLEX (PEN,BLUE) 10 MG/1.5 ML	1.5 ML	SR	SC	ML		1 MG	6.66666	1/2/2006	6/1/2011							
00169-7708-11		J2941		1/24/2005	6/1/2011	INJECTION, SOMATROPIN, 1 MG	NORDITROPIN NORDIFLEX (PEN, GREEN) 15 MG/1.5 ML	1.5 ML	SR	SC	ML		1 MG	10	1/24/2005	6/1/2011							
00169-7768-11		J2941		1/1/2002	1/1/2011	INJECTION, SOMATROPIN, 1 MG	NORDITROPIN (CARTRIDGE) 5 MG/1.5 ML	1.5 ML	CT	SC	ML		1 MG	3.33333	1/1/2002	1/1/2011							
00169-7770-11		J2941		1/1/2002	1/1/2011	INJECTION, SOMATROPIN, 1 MG	NORDITROPIN (CARTRIDGE, GREEN) 15 MG/1.5 ML	1.5 ML	CT	SC	ML		1 MG	10	1/1/2002	1/1/2011							
00172-3667-60		Q0175		1/1/2002	5/3/2007	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	PERPHENAZINE 2 MG	100 EA	BO	PO	EA		4 MG	0.5	5/13/2003	5/3/2007	1/1/2002	3/12/2002	0.5				
00172-3668-60		Q0175		1/1/2002	3/14/2007	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	PERPHENAZINE 4 MG	100 EA	BO	PO	EA		4 MG	1	5/13/2003	3/14/2007	1/1/2002	3/12/2002	1				
00172-3669-60		Q0176		1/1/2002	9/14/2007	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	PERPHENAZINE 8 MG	100 EA	BO	PO	EA		8 MG	1	5/13/2003	9/14/2007	1/1/2002	3/12/2002	1				
00172-3670-60		Q0176		1/1/2002	2/1/2007	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	PERPHENAZINE 16 MG	100 EA	BO	PO	EA		8 MG	2	5/13/2003	2/1/2007	1/1/2002	3/12/2002	2				
00172-3691-60		Q0165		1/1/2002	99/99/9999	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	PROCHLORPERAZINE MALEATE (FILM-COATED) 10 MG	100 EA	BO	PO	EA		10 MG	1	1/1/2002	99/99/9999							
00172-3753-77		J9265		9/15/2008	99/99/9999	INJECTION, PACLITAXEL, 30 MG	ONXOL (M.D.V.) 6 MG/ML	50 ML	VL	IV	ML		30 MG	0.2	1/1/2002	9/15/2008							
00172-3753-96		J9265		1/24/2002	99/99/9999	INJECTION, PACLITAXEL, 30 MG	NOV-ONXOL (M.D.V.) 6 MG/ML	50 ML	VL	IV	ML		30 MG	0.2	1/24/2002	99/99/9999							
00172-3754-73		J9265		1/1/2002	11/22/2009	INJECTION, PACLITAXEL, 30 MG	ONXOL (M.D.V.) 6 MG/ML	5 ML	VL	IV	ML		30 MG	0.2	1/1/2002	11/22/2009							
00172-3754-94		J9265		1/24/2002	99/99/9999	INJECTION, PACLITAXEL, 30 MG	NOV-ONXOL (M.D.V.) 6 MG/ML	5 ML	VL	IV	ML		30 MG	0.2	1/24/2002	99/99/9999							
00172-3756-75		J9265		1/1/2002	10/22/2008	INJECTION, PACLITAXEL, 30 MG	ONXOL (M.D.V.) 6 MG/ML	25 ML	VL	IV	ML		30 MG	0.2	1/1/2002	10/22/2008							
00172-3756-95		J9265		1/24/2002	99/99/9999	INJECTION, PACLITAXEL, 30 MG	NOV-ONXOL (M.D.V.) 6 MG/ML	25 ML	VL	IV	ML		30 MG	0.2	1/24/2002	99/99/9999							
00172-4267-60		J8499		1/1/2002	8/28/2007	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	100 EA	BO	PO	EA		1 EA	1	1/1/2002	8/28/2007							
00172-4267-70		J8499		1/1/2002	7/23/2007	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	500 EA	BO	PO	EA		1 EA	1	1/1/2002	7/23/2007							
00172-4268-60		J8499		1/1/2002	7/10/2007	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	100 EA	BO	PO	EA		1 EA	1	1/1/2002	7/10/2007							
00172-4268-70		J8499		1/1/2002	10/15/2007	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	500 EA	BO	PO	EA		1 EA	1	7/18/2003	10/15/2007	1/1/2002	3/12/2002	1				
00172-4960-58		J8999		1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	FLUTAMIDE 125 MG	180 EA	BO	PO	EA		1 EA	1	1/1/2002	99/99/9999							
00172-4960-70		J8999		1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	FLUTAMIDE 125 MG	500 EA	BO	PO	EA		1 EA	1	1/1/2002	99/99/9999							
00172-5656-49		J8999		2/20/2003	1/8/2008	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE 10 MG	60 EA	BO	PO	EA		1 EA	1	2/20/2003	1/8/2008							
00172-5656-58		J8999		2/20/2003	1/8/2008	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE 10 MG	180 EA	BO	PO	EA		1 EA	1	2/20/2003	1/8/2008							
00172-5656-70		J8999		2/20/2003	1/8/2008	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE 10 MG	500 EA	BO	PO	EA		1 EA	1	2/20/2003	1/8/2008							
00172-5656-80		J8999		2/20/2003	1/8/2008	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE 10 MG	1000 EA	BO	PO	EA		1 EA	1	2/20/2003	1/8/2008							
00172-5657-46		J8999		2/11/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (USP) 20 MG	30 EA	BO	PO	EA		1 EA	1	2/11/2004	99/99/9999							

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00172-5657-60		J8999		2/20/2003	10/10/2007	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE 20 MG	100 EA	BO	PO	EA	1 EA		1	2/20/2003	10/10/2007							
00172-5657-70		J8999		2/20/2003	1/8/2008	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE 20 MG	500 EA	BO	PO	EA	1 EA		1	2/20/2003	1/8/2008							
00172-5657-80		J8999		4/28/2003	1/8/2008	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE 20 MG	1000 EA	BO	PO	EA	1 EA		1	4/28/2003	1/8/2008							
00172-6405-44	KO	J7603	KO	1/1/2008	3/25/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (VIAL,PF) 0.083%	3 ML	PC	IH	ML	1 MG	0.83	1/1/2008	3/25/2008								
00172-6405-44		J7603		1/1/2008	3/25/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (VIAL,PF) 0.083%	3 ML	PC	IH	ML	1 MG	0.83	1/1/2008	3/25/2008								
00172-6405-44		Q4094		7/1/2007	12/31/2007	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (VIAL,PF) 0.083%	3 ML	PC	IH	ML	1 MG	0.83	7/1/2007	12/31/2007								
00172-6405-44	KO	Q4094	KO	7/1/2007	12/31/2007	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (VIAL,PF) 0.083%	3 ML	PC	IH	ML	1 MG	0.83	7/1/2007	12/31/2007								
00172-6405-49		Q4094		7/1/2007	12/31/2007	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (VIAL,PF) 0.083%	3 ML	PC	IH	ML	1 MG	0.83	7/1/2007	12/31/2007								
00172-6405-49	KO	Q4094	KO	7/1/2007	12/31/2007	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (VIAL,PF) 0.083%	3 ML	PC	IH	ML	1 MG	0.83	7/1/2007	12/31/2007								
00172-6405-49		J7603		1/1/2008	3/25/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (VIAL,PF) 0.083%	3 ML	PC	IH	ML	1 MG	0.83	1/1/2008	3/25/2008								
00172-6405-49	KO	J7603	KO	1/1/2008	3/25/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (VIAL,PF) 0.083%	3 ML	PC	IH	ML	1 MG	0.83	1/1/2008	3/25/2008								
00172-6406-49		J7631		1/1/2002	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (VIAL) 10 MG/ML	2 ML	PC	IH	ML	10 MG	1	1/1/2002	99/99/9999								
00172-6406-49	KO	J7631	KO	1/1/2002	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (VIAL) 10 MG/ML	2 ML	PC	IH	ML	10 MG	1	1/1/2002	99/99/9999								
00172-6406-59		J7631		1/1/2002	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (VIAL) 10 MG/ML	2 ML	PC	IH	ML	10 MG	1	1/1/2002	99/99/9999								
00172-6406-59	KO	J7631	KO	1/1/2002	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (VIAL) 10 MG/ML	2 ML	PC	IH	ML	10 MG	1	1/1/2002	99/99/9999								
00172-6407-44		J7644		1/1/2002	1/23/2008	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (VIAL,PF) 0.02%	2.5 ML	PC	IH	ML	1 MG	0.2	1/1/2002	1/23/2008								
00172-6407-44		J7644		1/1/2002	1/23/2008	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (VIAL,PF) 0.02%	2.5 ML	PC	IH	ML	1 MG	0.2	1/1/2002	1/23/2008								
00172-6407-49	KO	J7644	KO	1/1/2002	1/23/2008	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (VIAL,PF) 0.02%	2.5 ML	PC	IH	ML	1 MG	0.2	1/1/2002	1/23/2008								
00172-6407-49		J7644		1/1/2002	1/23/2008	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (VIAL,PF) 0.02%	2.5 ML	PC	IH	ML	1 MG	0.2	1/1/2002	1/23/2008								
00172-7310-46		J7515		4/14/2005	99/99/9999	CYCLOSPORINE, ORAL, 25 MG	CYCLOSPORINE (USP,MODIFIED,SOFTGEL) 25 MG	30 EA	BX	PO	EA	25 MG	1	4/14/2005	99/99/9999								
00172-7311-46		J7515		4/14/2005	99/99/9999	CYCLOSPORINE, ORAL, 25 MG	CYCLOSPORINE (USP,MODIFIED,SOFTGEL) 50 MG	30 EA	BX	PO	EA	25 MG	2	4/14/2005	99/99/9999								
00172-7312-46		J7502		4/14/2005	99/99/9999	CYCLOSPORINE, ORAL, 100 MG	CYCLOSPORINE (USP,MODIFIED,SOFTGEL) 100 MG	30 EA	BX	PO	EA	100 MG	1	4/14/2005	99/99/9999								
00172-7313-20		J7502		4/14/2005	99/99/9999	CYCLOSPORINE, ORAL, 100 MG	CYCLOSPORINE (USP,MODIFIED) 100 MG/ML	50 ML	BO	PO	ML	100 MG	1	4/14/2005	99/99/9999								
00173-0045-35		None		4/1/2009	5/19/2011	MELPHALAN, 2 MG, ORAL	ALKERAN (FILM-COATED) 2 MG	50 EA	BO	PO	EA	2 MG	1	4/1/2009	5/19/2011								
00173-0107-93		J3485		1/1/2002	2/13/2011	INJECTION, ZIDOVUDINE, 10 MG	RETROVIR (S.D.V.) 10 MG/ML	20 ML	VL	IV	ML	10 MG	1	1/1/2002	2/13/2011								
00173-0130-93		J9245		1/1/2002	6/29/2011	INJECTION, MELPHALAN HYDROCHLORIDE, 50 MG	ALKERAN IV 50 MG	1 EA	VL	IV	EA	50 MG	1	4/1/2009	6/29/2011								
00173-0230-44		J1162		1/1/2006	1/24/2011	INJECTION, DIGOXIN IMMUNE FAB (OVINE), PER VIAL	DIGIBIND (VIAL) 38 MG	1 EA	VL	IV	EA	1 VIAL	1	1/1/2006	1/24/2011								
00173-0260-10		J1160		1/1/2002	99/99/9999	INJECTION, DIGOXIN, UP TO 0.5 MG	LANOXIN (AMP) 0.25 MG/ML	2 ML	AM	IV	ML	0.5 MG	0.5	1/1/2002	99/99/9999								
00173-0260-35		J1160		1/1/2002	3/15/2011	INJECTION, DIGOXIN, UP TO 0.5 MG	LANOXIN (AMP) 0.25 MG/ML	2 ML	AM	IV	ML	0.5 MG	0.5	1/1/2002	3/15/2011								
00173-0262-10		J1160		1/1/2002	4/22/2013	INJECTION, DIGOXIN, UP TO 0.5 MG	LANOXIN PEDIATRIC (AMP) 0.1 MG/ML	1 ML	AM	IV	ML	0.5 MG	0.2	1/1/2002	4/22/2013								
00173-0352-10		J0697		2/1/2005	8/26/2013	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MC	ZINACEF 750 MG	1 EA	VL	IJ	EA	750 MG	1	2/1/2005	8/26/2013								
00173-0353-32		J0697		1/1/2002	5/9/2007	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MC	ZINACEF (P.B.) 750 MG	1 EA	VL	IJ	EA	750 MG	1	1/1/2002	5/9/2007								
00173-0354-10		J0697		2/1/2005	8/26/2013	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MC	ZINACEF 1.5 GM	1 EA	VL	IJ	EA	750 MG	2	2/1/2005	8/26/2013								
00173-0356-32		J0697		1/1/2002	3/30/2007	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MC	ZINACEF (P.B.) 1.5 GM	1 EA	VL	IJ	EA	750 MG	2	1/1/2002	3/30/2007								
00173-0362-38		J2780		1/1/2002	99/99/9999	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MC	ZANTAC (VIAL) 25 MG/ML	2 ML	VL	IJ	ML	25 MG	1	1/1/2002	99/99/9999								
00173-0363-00		J2780		1/1/2002	99/99/9999	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MC	ZANTAC (VIAL) 25 MG/ML	40 ML	VL	IJ	ML	25 MG	1	1/1/2002	99/99/9999								

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00173-0363-01		J2780		1/1/2002	99/99/9999	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	ZANTAC (M.D.V.) 25 MG/ML	6 ML	VL	IJ	ML		25 MG			1	1/1/2002	99/99/9999					
00173-0377-10		J0713		2/1/2005	12/16/2012	INJECTION, CEFTAZIDIME, PER 500 MG	FORTAZ 500 MG	1 EA	VL	IJ	EA		500 MG			1	2/1/2005	12/16/2012					
00173-0378-10		J0713		2/1/2005	9/18/2013	INJECTION, CEFTAZIDIME, PER 500 MG	FORTAZ 1 GM	1 EA	VL	IJ	EA		500 MG			2	2/1/2005	9/18/2013					
00173-0379-34		J0713		1/1/2002	8/5/2013	INJECTION, CEFTAZIDIME, PER 500 MG	FORTAZ (VIAL) 2 GM	1 EA	VL	IJ	EA		500 MG			4	1/1/2002	8/5/2013					
00173-0380-32		J0713		1/1/2002	4/27/2007	INJECTION, CEFTAZIDIME, PER 500 MG	FORTAZ (P.B.) 1 GM	1 EA	VL	IJ	EA		500 MG			2	1/1/2002	4/27/2007					
00173-0381-32		J0713		1/1/2002	11/6/2006	INJECTION, CEFTAZIDIME, PER 500 MG	FORTAZ (P.B.) 2 GM	1 EA	VL	IJ	EA		500 MG			4	1/1/2002	11/6/2006					
00173-0382-37		J0713		1/1/2002	6/18/2013	INJECTION, CEFTAZIDIME, PER 500 MG	FORTAZ (BULK VIAL) 6 GM	1 EA	VL	IJ	EA		500 MG			12	1/1/2002	6/18/2013					
00173-0400-00		J0697		1/1/2002	4/4/2013	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	ZINACEF 7.5 GM	1 EA	VL	IJ	EA		750 MG			10	1/1/2002	4/4/2013					
00173-0424-00		J0697		1/1/2002	6/28/2013	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	ZINACEF (PREMIX) 750 MG/50 ML	50 ML	PC	IV	ML		750 MG		0.02	1/1/2002	6/28/2013						
00173-0425-00		J0697		1/1/2002	99/99/9999	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	ZINACEF (PREMIX) 1.5 GM/50 ML	50 ML	PC	IV	ML		750 MG		0.04	1/1/2002	99/99/9999						
00173-0434-00		J0713		1/1/2002	99/99/9999	INJECTION, CEFTAZIDIME, PER 500 MG	FORTAZ (ADD-VANTAGE) 1 GM	1 EA	VL	IJ	EA		500 MG			2	1/1/2002	99/99/9999					
00173-0435-00		J0713		1/1/2002	99/99/9999	INJECTION, CEFTAZIDIME, PER 500 MG	FORTAZ (ADD-VANTAGE) 2 GM	1 EA	VL	IJ	EA		500 MG			4	1/1/2002	99/99/9999					
00173-0436-00		J0697		1/1/2002	99/99/9999	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	ZINACEF (ADD-VANTAGE) 750 MG	1 EA	VL	IJ	EA		750 MG			1	1/1/2002	99/99/9999					
00173-0437-00		J0697		1/1/2002	5/2/2013	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	ZINACEF (ADD-VANTAGE) 1.5 GM	1 EA	VL	IJ	EA		750 MG			2	1/1/2002	5/2/2013					
00173-0441-00		J2780		1/1/2002	6/14/2013	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	ZANTAC (PREMIX) 1 MG/ML	50 ML	FC	IV	ML		25 MG		0.04	1/1/2002	6/14/2013						
00173-0442-00		J2405		1/1/2002	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ZOFRAN (M.D.V.) 2 MG/ML	20 ML	VL	IJ	ML		1 MG			2	1/1/2002	99/99/9999					
00173-0442-02		J2405		1/1/2002	10/11/2010	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ZOFRAN (S.D.V.) 2 MG/ML	2 ML	VL	IJ	ML		1 MG			2	1/1/2002	10/11/2010					
00173-0446-00		Q0179		1/1/2002	12/31/2011	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ZOFRAN 4 MG	30 EA	BO	PO	EA		8 MG		0.5	1/1/2002	12/31/2011						
						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	ZOFRAN 4 MG	30 EA	BO	PO	EA		1 MG		4	1/1/2012	99/99/9999						
00173-0446-02		Q0179		1/1/2002	8/29/2011	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ZOFRAN 4 MG	100 EA	BX	PO	EA		8 MG		0.5	1/1/2002	8/29/2011						
						ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ZOFRAN (1X3 DAILY PACK) 4 MG	3 EA	BX	PO	EA		8 MG		0.5	1/1/2002	12/31/2011						
00173-0446-04		Q0162		1/1/2012	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ZOFRAN (1X3 DAILY PACK) 4 MG	3 EA	BX	PO	EA		1 MG		4	1/1/2012	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	ZOFRAN 8 MG	30 EA	BO	PO	EA		8 MG		1	1/1/2002	12/31/2011						
00173-0447-00		Q0179		1/1/2002	12/31/2011	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	ZOFRAN 8 MG	30 EA	BO	PO	EA		8 MG			1	1/1/2002	12/31/2011					
						ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ZOFRAN 8 MG	30 EA	BO	PO	EA		1 MG		8	1/1/2012	99/99/9999						
00173-0447-02		Q0179		1/1/2002	12/31/2011	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	ZOFRAN 8 MG	100 EA	BX	PO	EA		8 MG			1	1/1/2002	12/31/2011					
						ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ZOFRAN 8 MG	100 EA	BX	PO	EA		1 MG		8	1/1/2012	99/99/9999						
00173-0447-04		Q0162		1/1/2002	12/31/2011	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	ZOFRAN (1X3 DAILY PACK) 8 MG	3 EA	BX	PO	EA		8 MG			1	1/1/2002	12/31/2011					
						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	ZOFRAN (1X3 DAILY PACK) 8 MG	3 EA	BX	PO	EA		1 MG		8	1/1/2012	99/99/9999						
00173-0449-02		J3030		1/1/2002	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)	IMITREX (S.D.V.) 6 MG/0.5 ML	0.5 ML	VL	SC	ML		6 MG			2	1/1/2002	99/99/9999					
00173-0461-00		J2405		1/1/2002	11/18/2008	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ZOFRAN (PREMIXED BAG) 32 MG/50 ML	50 ML	FC	IV	ML		1 MG			0.64	1/1/2002	11/18/2008					
00173-0489-00		Q0179		1/1/2002	12/31/2011	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ZOFRAN (BERRY) 4 MG/5 ML	50 ML	BO	PO	ML		8 MG			0.1	1/1/2002	12/31/2011					
						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	ZOFRAN (BERRY) 4 MG/5 ML	1 ML	BO	PO	ML		1 MG		0.8	1/1/2012	99/99/9999						
00173-0517-00		J1325		1/1/2002	4/1/2009	INJECTION, EPOPROSTENOL, 0.5 MG	FLOLAN 0.5 MG	1 EA	VL	IV	EA		0.5 MG			1	11/11/2006	4/1/2009	1/1/2002	9/30/2006		1	
00173-0517-00		J1325		7/27/2010	99/99/9999	INJECTION, EPOPROSTENOL, 0.5 MG	FLOLAN 0.5 MG	1 EA	VL	IV	EA		0.5 MG			1	7/27/2010	99/99/9999					

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00173-0519-00	J1325			1/1/2002	4/1/2009	INJECTION, EPOPROSTENOL, 0.5 MG	FLOLAN 1.5 MG	1 EA	VL	IV	EA					3	11/11/2006	4/1/2009	1/1/2002	9/30/2006	3		
00173-0519-00	J1325			7/27/2010	99/99/9999	INJECTION, EPOPROSTENOL, 0.5 MG	FLOLAN 1.5 MG	1 EA	VL	IV	EA		0.5 MG			3	7/27/2010	99/99/9999					
00173-0569-00	Q0179			1/1/2002	12/31/2011	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ZOFRAN ODT 4 MG	30 EA	BX	PO	EA		8 MG		0.5	1/1/2002	12/31/2011						
00173-0569-00	Q0162			1/1/2012	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	ZOFRAN ODT 4 MG	30 EA	BX	PO	EA		1 MG			4	1/1/2012	99/99/9999					
00173-0570-00	Q0179			1/1/2002	12/31/2011	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ZOFRAN ODT 8 MG	30 EA	BX	PO	EA		8 MG			1	1/1/2002	12/31/2011					
00173-0570-00	Q0162			1/1/2012	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	ZOFRAN ODT 8 MG	30 EA	BX	PO	EA		1 MG			8	1/1/2012	99/99/9999					
00173-0570-04	Q0179			1/1/2002	3/3/2011	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ZOFRAN ODT (5X2) 8 MG	10 EA	BX	PO	EA		8 MG		1	1/1/2002	3/3/2011						
00173-0635-35	J8999			1/1/2002	6/21/2012	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	LEUKERAN 2 MG	50 EA	BO	PO	EA		1 EA		1	1/1/2002	6/21/2012						
00173-0713-25	None			1/1/2000	6/21/2012	BUSULFAN, 2 MG, ORAL	MYLERAN 2 MG	25 EA	BO	PO	EA		2 MG		1	1/1/2000	6/21/2012						
00173-0739-00	J3030			3/17/2006	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)	IMITREX STATDOSE 4 MG/0.5 ML	1 EA	BX	SC	EA		6 MG	0.666667		3/17/2006	99/99/9999						
00173-0739-02	J3030			3/17/2006	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)	IMITREX STATDOSE (REFILL W/2 SYRINGES) 4 MG/0.5 ML	1 EA	BX	SC	EA		6 MG	0.666667		3/17/2006	99/99/9999						
00173-0945-55	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 800 MG	100 EA	BO	PO	EA		1 EA		1	1/1/2002	99/99/9999						
00173-0949-55	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 400 MG	100 EA	BO	PO	EA		1 EA		1	1/1/2002	99/99/9999						
00173-0953-96	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 200 MG/5 ML	473 ML	BO	PO	ML		1 EA		1	1/1/2002	99/99/9999						
00173-0991-55	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 200 MG	100 EA	BO	PO	EA		1 EA		1	1/1/2002	99/99/9999						
00173-0991-56	J8499			1/1/2002	9/7/2007	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX (2X5X10) 200 MG	100 EA	BX	PO	EA		1 EA		1	1/1/2002	9/7/2007						
00182-0201-89	J7506			1/1/2002	2/5/2009	PREDNISONE, ORAL, PER 5MG	PREDNISONE (10X10) 5 MG	100 EA	BX	PO	EA		5 MG		1	1/1/2002	2/5/2009						
00182-0492-10	Q0163			1/1/2002	10/23/2009	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENHYDRAMINE HCL 25 MG	1000 EA	BO	PO	EA		50 MG		0.5	1/1/2002	10/23/2009						
00182-1086-89	J7506			1/1/2002	2/5/2009	PREDNISONE, ORAL, PER 5MG	PREDNISONE (10X10) 20 MG	100 EA	BX	PO	EA		5 MG			4	1/1/2002	2/5/2009					
00182-1131-93	Q0163			5/3/2002	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	NIGHT-TIME SLEEP AID (MAX. STR. SOFTGEL) 50 MG	32 EA	BO	PO	EA		50 MG		1	5/3/2002	99/99/9999						
00182-1334-89	J7506			1/1/2002	2/5/2009	PREDNISONE, ORAL, PER 5MG	PREDNISONE (10X10) 10 MG	100 EA	BX	PO	EA		5 MG		2	1/1/2002	2/5/2009						
00182-1864-89	J8999			1/1/2002	7/16/2009	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE (10X10) 40 MG	100 EA	BX	PO	EA		1 EA		1	1/1/2002	7/16/2009						
00182-2001-37	Q0163			1/1/2002	2/5/2010	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	GENAHIST 12.5 MG/5 ML	120 ML	BO	PO	ML		50 MG		0.05	1/1/2002	2/5/2010						
00182-2091-16	Q0163			1/1/2002	10/30/2009	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	GENAHIST 25 MG	24 EA	BO	PO	EA		50 MG		0.5	1/1/2002	10/30/2009						
00182-2092-01	Q0163			1/1/2002	2/5/2010	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	GENAHIST 25 MG	100 EA	BO	PO	EA		50 MG		0.5	1/1/2002	2/5/2010						
00182-2092-16	Q0163			1/1/2002	7/30/2010	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	GENAHIST 25 MG	24 EA	BX	PO	EA		50 MG		0.5	1/1/2002	7/30/2010						
00182-2666-89	J8499			1/1/2002	11/29/2007	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (10X10) 200 MG	100 EA	BX	PO	EA		1 EA		1	1/1/2002	11/29/2007						
00182-2667-89	J8499			1/1/2002	9/14/2008	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (10X10) 800 MG	100 EA	BX	PO	EA		1 EA		1	1/1/2002	9/14/2008						
00182-6014-65	J7602			1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE 0.5%	20 ML	BO	IH	ML		1 MG		5	1/1/2008	3/31/2008						
00182-6014-65	J7611			4/1/2008	12/9/2009	COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG	ALBUTEROL SULFATE 0.5%	20 ML	BO	IH	ML		1 MG		5	4/1/2008	12/9/2009						
00182-6168-37	Q0163			1/1/2002	2/5/2010	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	HYDRAMINE (AF) 12.5 MG/5 ML	120 ML	BO	PO	ML		50 MG		0.05	1/1/2002	2/5/2010						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00182-6168-40		Q0163		1/1/2002	2/5/2010	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	HYDRAMINE (AF) 12.5 MG/5 ML	480 ML	EA	BO	PO	ML	50 MG	1 EA	0.05	1/1/2002	2/5/2010						
00182-7096-11		J8498		1/1/2006	8/19/2008	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	12 EA	BX	RC	EA	1 EA	1	1	1	1/1/2006	8/19/2008						
00182-7099-11		J8498		1/1/2006	8/8/2008	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HCL 12.5 MG	12 EA	BX	RC	EA	1 EA	1	1	1	1/1/2006	8/8/2008						
00182-7100-11		J8498		1/1/2006	8/8/2008	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HCL 25 MG	12 EA	BX	RC	EA	1 EA	1	1	1	1/1/2006	8/8/2008						
00182-7101-11		J8498		1/1/2006	8/8/2008	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HCL 50 MG	12 EA	BX	RC	EA	1 EA	1	1	1	1/1/2006	8/8/2008						
00182-8200-89		J8499		1/1/2002	9/14/2008	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (10X10) 400 MG	100 EA	BX	PO	EA	1 EA	1	1	1	1/1/2002	9/14/2008						
00182-8210-89		Q0164		1/1/2002	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	PROCHLORPERAZINE MALEATE (10X10,FILM-COATED) 5 MG	100 EA	BO	PO	EA	5 MG	1	1	1	1/1/2002	99/99/9999						
00182-8211-89		Q0165		1/1/2002	99/99/9999	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	PROCHLORPERAZINE MALEATE (10X10,FILM-COATED) 10 MG	100 EA	BO	PO	EA	10 MG	1	1	1	1/1/2002	99/99/9999						
00185-0613-01		Q0177		1/1/2002	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	HYDROXYZINE PAMOATE 25 MG	100 EA	BO	PO	EA	25 MG	1	1	1	1/1/2002	99/99/9999						
00185-0613-05		Q0177		1/1/2002	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	HYDROXYZINE PAMOATE 25 MG	500 EA	BO	PO	EA	25 MG	1	1	1	1/1/2002	99/99/9999						
00185-0615-01		Q0178		1/1/2002	99/99/9999	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	HYDROXYZINE PAMOATE 50 MG	100 EA	BO	PO	EA	50 MG	1	1	1	1/1/2002	99/99/9999						
00185-0615-05		Q0178		1/1/2002	99/99/9999	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	HYDROXYZINE PAMOATE 50 MG	500 EA	BO	PO	EA	50 MG	1	1	1	1/1/2002	99/99/9999						
00185-0648-01		Q0163		1/1/2002	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	DIPHENHYDRAMINE HCL 25 MG	100 EA	BO	PO	EA	50 MG	0.5	1	1	1/1/2002	99/99/9999						
00185-0648-10		Q0163		1/1/2002	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	DIPHENHYDRAMINE HCL 25 MG	1000 EA	BO	PO	EA	50 MG	0.5	1	1	1/1/2002	99/99/9999						
00185-0649-01		Q0163		1/1/2002	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	DIPHENHYDRAMINE HCL 50 MG	100 EA	BO	PO	EA	50 MG	1	1	1	1/1/2002	99/99/9999						
00185-0649-10		Q0163		1/1/2002	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	DIPHENHYDRAMINE HCL 50 MG	1000 EA	BO	PO	EA	50 MG	1	1	1	1/1/2002	99/99/9999						
00185-0932-30		J7515		1/1/2002	99/99/9999	CYCLOSPORINE, ORAL, 25 MG	CYCLOSPORINE (SOFTGEL) 25 MG	30 EA	BO	PO	EA	25 MG	1	1	1	1/1/2002	99/99/9999						
00185-0933-30		J7502		1/1/2002	99/99/9999	CYCLOSPORINE, ORAL, 100 MG	CYCLOSPORINE (SOFTGEL) 100 MG	30 EA	BO	PO	EA	100 MG	1	1	1	1/1/2002	99/99/9999						
00185-1125-05		J8999		1/1/2002	4/18/2012	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	FLUTAMIDE 125 MG	500 EA	BO	PO	EA	1 EA	1	1	1	1/1/2002	4/18/2012						
00185-1125-18		J8999		1/1/2002	4/18/2012	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	FLUTAMIDE (BLISTER PACK, 10X10) 125 MG	180 EA	BO	PO	EA	1 EA	1	1	1	1/1/2002	4/18/2012						
00185-1125-88		J8999		1/1/2002	4/18/2012	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	FLUTAMIDE (BLISTER PACK, 10X10) 125 MG	100 EA	BX	PO	EA	1 EA	1	1	1	1/1/2002	4/18/2012						
00185-7203-70		Q0144		9/21/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (USP,CHERRY) 100 MG/5 ML	15 ML	BO	PO	ML	1 GM	0.02	0.02	0.02	9/21/2006	99/99/9999						
00185-7206-70		Q0144		9/21/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (USP,CHERRY) 200 MG/5 ML	15 ML	BO	PO	ML	1 GM	0.04	0.04	0.04	9/21/2006	99/99/9999						
00185-7209-69		Q0144		9/21/2006	7/24/2009	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (USP,CHERRY) 200 MG/5 ML	22.5 ML	BO	PO	ML	1 GM	0.04	0.04	0.04	9/21/2006	7/24/2009						
00185-7212-68		Q0144		9/21/2006	7/24/2009	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (USP,CHERRY) 200 MG/5 ML	30 ML	BO	PO	ML	1 GM	0.04	0.04	0.04	9/21/2006	7/24/2009						
00185-7322-13		J7620		7/1/2007	1/25/2008	APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	IPRATROPIUM BROMIDE AND ALBUTEROL SULFATE (30X3ML) 3 MG/3 ML-0.5 MG/3 ML	30 ML	PC	IH	ML	3 MG	0.33333	0.33333	0.33333	7/1/2007	1/25/2008						
00185-7322-30		J7620		7/1/2007	99/99/9999	APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	IPRATROPIUM BROMIDE AND ALBUTEROL SULFATE (30X3ML) 3 MG/3 ML-0.5 MG/3 ML	30 ML	PC	IH	ML	3 MG	0.33333	0.33333	0.33333	7/1/2007	99/99/9999						
00185-7322-60		J7620		7/1/2007	99/99/9999	APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	IPRATROPIUM BROMIDE AND ALBUTEROL SULFATE (60X3ML) 3 MG/3 ML-0.5 MG/3 ML	60 ML	PC	IH	ML	3 MG	0.33333	0.33333	0.33333	7/1/2007	99/99/9999						
00185-7400-85		J9218		1/1/2002	1/17/2012	LEUPROLIDE ACETATE, PER 1 MG	LEUPROLIDE ACETATE (2 WEEK ADMINISTRATION) 5 MG/ML	2.8 ML	BX	SC	EA	1 MG	14	14	14	1/1/2002	1/17/2012						
00186-0110-01		J2001		1/1/2004	4/1/2010	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MC	XYLOCAINE (M.D.V.) 1%	20 ML	VL	EP	ML	10 MG	1	1	1	1/1/2004	4/1/2010						
00186-0112-01		J2001		1/1/2004	11/17/2009	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MC	XYLOCAINE-MPF (S.D.V.) 1%	30 ML	VL	EP	ML	10 MG	1	1	1	1/1/2004	11/17/2009						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00186-0112-91	J2001			1/1/2004	4/7/2010	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	XYLOCAINE-MPF (S.D.V.,STERILE-PAK) 1%	30 ML	VL	EP	ML		10 MG		1	1/1/2004	4/7/2010						
00186-0120-01	J2001			1/1/2004	11/17/2009	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MC	XYLOCAINE (M.D.V.) 2%	20 ML	VL	IJ	ML		10 MG		2	1/1/2004	11/17/2009						
00186-0135-01	J2001			1/1/2004	7/1/2010	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MC	XYLOCAINE (M.D.V.) 0.5%	50 ML	VL	IJ	ML		10 MG		0.5	1/1/2004	7/1/2010						
00186-0137-01	J2001			1/1/2004	4/6/2010	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MC	XYLOCAINE-MPF (S.D.V.) 0.5%	50 ML	VL	IJ	ML		10 MG		0.5	1/1/2004	4/6/2010						
00186-0145-01	J2001			1/1/2004	12/6/2009	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MC	XYLOCAINE (M.D.V.) 1%	50 ML	VL	EP	ML		10 MG		1	1/1/2004	12/6/2009						
00186-0155-01	J2001			1/1/2004	7/12/2010	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MC	XYLOCAINE (M.D.V.) 2%	50 ML	VL	IJ	ML		10 MG		2	1/1/2004	7/12/2010						
00186-0210-03	J2001			1/1/2004	10/8/2009	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MC	XYLOCAINE-MPF (S.D. AMP) 1%	2 ML	AM	EP	ML		10 MG		1	1/1/2004	10/8/2009						
00186-0215-03	J2001			1/1/2004	2/18/2010	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MC	XYLOCAINE-MPF (S.D. AMP) 2%	2 ML	AM	IJ	ML		10 MG		2	1/1/2004	2/18/2010						
00186-0230-03	J2001			1/1/2004	10/28/2009	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MC	XYLOCAINE-MPF (S.D. AMP) 1%	5 ML	AM	EP	ML		10 MG		1	1/1/2004	10/28/2009						
00186-0232-03	J2001			1/1/2004	2/22/2010	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MC	XYLOCAINE (AMP,CARDIAC) 2%	5 ML	AM	IV	ML		10 MG		2	1/1/2004	2/22/2010						
00186-0235-03	J2001			1/1/2004	2/21/2010	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MC	XYLOCAINE-MPF (S.D. AMP) 4%	5 ML	AM	IJ	ML		10 MG		4	1/1/2004	2/21/2010						
00186-0240-44	J2001			1/1/2004	5/10/2009	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	XYLOCAINE-MPF (POLYAMP,STERILE-PAK) 2%	10 ML	AM	IJ	ML		10 MG		2	1/1/2004	5/10/2009						
00186-0241-13	J2001			1/1/2004	11/19/2009	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MC	XYLOCAINE-MPF (S.D.V.) 2%	2 ML	VL	IJ	ML		10 MG		2	1/1/2004	11/19/2009						
00186-0242-13	J2001			1/1/2004	10/8/2009	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MC	XYLOCAINE-MPF (S.D.V.) 2%	5 ML	VL	IJ	ML		10 MG		2	1/1/2004	10/8/2009						
00186-0243-12	J2001			1/1/2004	5/17/2010	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MC	XYLOCAINE (M.D.V.) 2%	10 ML	VL	IJ	ML		10 MG		2	1/1/2004	5/17/2010						
00186-0244-44	J2001			1/1/2004	11/10/2009	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	XYLOCAINE-MPF (POLYAMP,STERILE-PAK) 1.5%	10 ML	AM	IJ	ML		10 MG		1.5	1/1/2004	11/10/2009						
00186-0245-54	J2001			1/1/2004	3/30/2009	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	XYLOCAINE-MPF (POLYAMP,STERILE-PAK) 1.5%	20 ML	AM	IJ	ML		10 MG		1.5	1/1/2004	3/30/2009						
00186-0255-02	J2001			1/1/2004	7/29/2010	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MC	XYLOCAINE-MPF (S.D. AMP) 1%	30 ML	AM	EP	ML		10 MG		1	1/1/2004	7/29/2010						
00186-0275-12	J2001			1/1/2004	5/28/2010	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MC	XYLOCAINE (M.D.V.) 1%	10 ML	VL	EP	ML		10 MG		1	1/1/2004	5/28/2010						
00186-0276-13	J2001			1/1/2004	9/20/2009	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MC	XYLOCAINE-MPF (S.D.V.) 1%	2 ML	VL	EP	ML		10 MG		1	1/1/2004	9/20/2009						
00186-0277-13	J2001			1/1/2004	9/20/2009	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MC	XYLOCAINE-MPF (S.D.V.) 1%	5 ML	VL	EP	ML		10 MG		1	1/1/2004	9/20/2009						
00186-0278-44	J2001			1/1/2004	4/14/2009	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	XYLOCAINE-MPF (POLYAMP,STERILE-PAK) 1%	10 ML	AM	EP	ML		10 MG		1	1/1/2004	4/14/2009						
00186-0410-01	J0670			1/1/2002	10/25/2009	INJECTION, MEPIVACAINE HYDROCHLORIDE, PER 10 ML	POLOCAINE (M.D.V.) 1%	50 ML	VL	IJ	ML		10 ML		0.1	1/1/2002	10/25/2009						
00186-0412-01	J0670			1/1/2002	6/7/2009	INJECTION, MEPIVACAINE HYDROCHLORIDE, PER 10 ML	POLOCAINE-MPF (S.D.V.) 1%	30 ML	VL	IJ	ML		10 ML		0.1	1/1/2002	6/7/2009						
00186-0418-01	J0670			1/1/2002	99/99/9999	INJECTION, MEPIVACAINE HYDROCHLORIDE, PER 10 ML	POLOCAINE-MPF (S.D.V.) 1.5%	30 ML	VL	IJ	ML		10 ML		0.1	1/1/2002	99/99/9999						
00186-0420-01	J0670			1/1/2002	2/5/2009	INJECTION, MEPIVACAINE HYDROCHLORIDE, PER 10 ML	POLOCAINE (M.D.V.) 2%	50 ML	VL	IJ	ML		10 ML		0.1	1/1/2002	2/5/2009						
00186-0422-01	J0670			1/1/2002	12/2/2009	INJECTION, MEPIVACAINE HYDROCHLORIDE, PER 10 ML	POLOCAINE-MPF (S.D.V.) 2%	20 ML	VL	IJ	ML		10 ML		0.1	1/1/2002	12/2/2009						
00186-0859-44	J2795			1/1/2002	4/14/2009	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	NAROPIN (POLYAMP DUOFIT,STER-PAK) 2 MG/ML	10 ML	AM	IJ	ML		1 MG		2	1/1/2002	4/14/2009						
00186-0859-54	J2795			1/1/2002	7/13/2009	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	NAROPIN (POLYAMP DUOFIT,STER-PAK) 2 MG/ML	20 ML	AM	IJ	ML		1 MG		2	1/1/2002	7/13/2009						
00186-0859-77	J2795			1/19/2007	6/17/2009	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	NOVAPLUS NAROPIN (SINGLE-DOSE,PF) 2 MG/ML	100 ML	VL	IJ	ML		1 MG		2	1/19/2007	6/17/2009						
00186-0859-81	J2795			1/1/2002	99/99/9999	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	NAROPIN (S.D. INFUSION BOTTLE) 2 MG/ML	100 ML	VL	IJ	ML		1 MG		2	1/1/2002	99/99/9999						
00186-0859-91	J2795			1/1/2002	8/9/2009	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	NAROPIN (S.D. INFUSION BOTTLE) 2 MG/ML	200 ML	VL	IJ	ML		1 MG		2	1/1/2002	8/9/2009						
00186-0863-54	J2795			1/1/2002	4/29/2009	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	NAROPIN (POLYAMP DUOFIT,STER-PAK) 5 MG/ML	20 ML	AM	IJ	ML		1 MG		5	1/1/2002	4/29/2009						
00186-0863-61	J2795			1/1/2002	7/19/2009	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MC	NAROPIN (S.D.V.) 5 MG/ML	30 ML	VL	IJ	ML		1 MG		5	1/1/2002	7/19/2009						
00186-0863-69	J2795			1/1/2002	10/18/2009	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	NAROPIN (S.D.V.,STERILE-PAK) 5 MG/ML	30 ML	VL	IJ	ML		1 MG		5	1/1/2002	10/18/2009						
00186-0863-77	J2795			1/19/2007	8/2/2009	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	NOVAPLUS NAROPIN (SDV,PF) 5 MG/ML	30 ML	VL	IJ	ML		1 MG		5	1/19/2007	8/2/2009						
00186-0867-54	J2795			1/1/2002	9/15/2009	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	NAROPIN (POLYAMP DUOFIT,STER-PAK) 7.5 MG/ML	20 ML	AM	IJ	ML		1 MG		7.5	1/1/2002	9/15/2009						
00186-0868-44	J2795			1/1/2002	8/4/2009	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	NAROPIN (POLYAMP DUOFIT,STER-PAK) 10 MG/ML	10 ML	AM	IJ	ML		1 MG		10	1/1/2002	8/4/2009						
00186-0868-54	J2795			1/1/2002	6/7/2009	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	NAROPIN (POLYAMP DUOFIT,STER-PAK) 10 MG/ML	20 ML	AM	IJ	ML		1 MG		10	1/1/2002	6/7/2009						
00186-0868-77	J2795			8/21/2006	8/26/2009	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	NOVAPLUS NAROPIN (5X20ML,POLYAMP DUOFIT) 10 MG/ML	20 ML	AM	IJ	ML		1 MG		10	8/21/2006	8/26/2009						
00186-0971-66	J2400			1/1/2002	5/3/2010	INJECTION, CHLOROPROCAINE HYDROCHLORIDE, PER 30 MI	NESACAINE (M.D.V.) 1%	30 ML	VL	IJ	ML		30 ML	0.03333	1/1/2002	5/3/2010							
00186-0972-66	J2400			1/1/2002	3/15/2009	INJECTION, CHLOROPROCAINE HYDROCHLORIDE, PER 30 MI	NESACAINE (M.D.V.) 2%	30 ML	VL	IJ	ML		30 ML	0.03333	1/1/2002	3/15/2009							
00186-0991-66	J2400			1/1/2002	11/9/2008	INJECTION, CHLOROPROCAINE HYDROCHLORIDE, PER 30 MI	NESACAINE-MPF (S.D.V.) 2%	20 ML	VL	IJ	ML		30 ML	0.03333	1/1/2002	11/9/2008							
00186-0992-66	J2400			1/1/2002	11/9/2008	INJECTION, CHLOROPROCAINE HYDROCHLORIDE, PER 30 MI	NESACAINE-MPF (S.D.V.) 3%	20 ML	VL	IJ	ML		30 ML	0.03333	1/1/2002	11/9/2008							
00186-1026-03	J3490			1/1/2002	6/28/2009	UNCLASSIFIED DRUGS	SENSORCAINE-MPF (S.D. AMP,SPINAL W/DEXTRO) 0.75%	2 ML	AM	IJ	ML		1 EA		1	1/1/2002	6/28/2009						
00186-1030-01	J3490			1/1/2002	8/3/2009	UNCLASSIFIED DRUGS	SENSORCAINE-MPF (S.D.V.) 0.25%	30 ML	VL	IJ	ML		1 EA		1	1/1/2002	8/3/2009						
00186-1030-02	J3490			1/1/2002	4/20/2010	UNCLASSIFIED DRUGS	SENSORCAINE-MPF (S.D. AMP) 0.25%	30 ML	AM	IJ	ML		1 EA		1	1/1/2002	4/20/2010						
00186-1030-12	J3490			1/1/2002	7/26/2009	UNCLASSIFIED DRUGS	SENSORCAINE-MPF (S.D.V.,E-Z O CLOSURE) 0.25%	10 ML	VL	IJ	ML		1 EA		1	1/1/2002	7/26/2009						
00186-1030-91	J3490			1/1/2002	9/14/2009	UNCLASSIFIED DRUGS	SENSORCAINE-MPF (S.D.V.,STERILE-PAK) 0.25%	30 ML	VL	IJ	ML		1 EA		1	1/1/2002	9/14/2009						
00186-1031-01	J3490			1/1/2002	11/11/2009	UNCLASSIFIED DRUGS	SENSORCAINE (M.D.V.) 0.25%	50 ML	VL	IJ	ML		1 EA		1	1/1/2002	11/11/2009						
00186-1033-01	J3490			1/1/2002	9/15/2009	UNCLASSIFIED DRUGS	SENSORCAINE-MPF (S.D.V.) 0.5%	30 ML	VL	IJ	ML		1 EA										

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00186-1033-91	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	SENSORCAINE-MPF (S.D.V.,STERILE-PAK) 0.5%	30 ML	VL	IJ	ML		1 EA	1		1/1/2002	99/99/9999						
00186-1035-01	J3490			1/1/2002	8/31/2009	UNCLASSIFIED DRUGS	SENSORCAINE (M.D.V.) 0.5%	50 ML	VL	IJ	ML		1 EA	1		1/1/2002	8/31/2009						
00186-1037-01	J3490			1/1/2002	9/28/2009	UNCLASSIFIED DRUGS	SENSORCAINE-MPF (S.D.V.) 0.75%	30 ML	VL	IJ	ML		1 EA	1		1/1/2002	9/28/2009						
00186-1037-02	J3490			1/1/2002	9/1/2010	UNCLASSIFIED DRUGS	SENSORCAINE-MPF (S.D.AMP) 0.75%	30 ML	AM	IJ	ML		1 EA	1		1/1/2002	9/1/2010						
00186-1037-12	J3490			1/1/2002	8/3/2009	UNCLASSIFIED DRUGS	SENSORCAINE-MPF (S.D.V.,E-Z O CLOSURE) 0.75%	10 ML	VL	IJ	ML		1 EA	1		1/1/2002	8/3/2009						
00186-1150-02	J2275			1/1/2002	11/11/2009	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER	ASTRAMORPH PF (S.D. AMP) 0.5 MG/ML	10 ML	AM	IJ	ML		10 MG	0.05		1/1/2002	11/11/2009						
00186-1151-02	J2275			1/1/2002	2/18/2010	10 MG	ASTRAMORPH PF (S.D. AMP) 1 MG/ML	10 ML	AM	IJ	ML		10 MG	0.1		1/1/2002	2/18/2010						
00186-1152-12	J2275			1/1/2002	7/14/2010	10 MG	ASTRAMORPH PF (S.D.V.,E-Z O CLOSURE) 0.5 MG/ML	10 ML	VL	IJ	ML		10 MG	0.05		1/1/2002	7/14/2010						
00186-1153-12	J2275			1/1/2002	11/17/2009	10 MG	ASTRAMORPH PF (S.D.V., E-Z O CLOSURE) 1 MG/ML	10 ML	VL	IJ	ML		10 MG	0.1		1/1/2002	11/17/2009						
00186-1159-03	J2275			1/1/2002	9/30/2009	10 MG	ASTRAMORPH PF (S.D. AMP) 0.5 MG/ML	2 ML	AM	IJ	ML		10 MG	0.05		1/1/2002	9/30/2009						
00186-1160-03	J2275			1/1/2002	10/5/2009	10 MG	ASTRAMORPH PF (S.D. AMP) 1 MG/ML	2 ML	AM	IJ	ML		10 MG	0.1		1/1/2002	10/5/2009						
00186-1906-01	J1455			1/1/2002	4/9/2009	INJECTION, FOSCARNET SODIUM, PER 1000 MC	FOSCAVIR 24 MG/ML	500 ML	GC	IV	ML		1000 MG	0.024		1/1/2002	4/9/2009						
00186-1988-04	J7626			1/1/2002	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	PULMICORT RESPULES (5X6) 0.25 MG/2 ML	2 ML	PC	IH	ML		0.25 MG	0.5		1/1/2002	99/99/9999						
00186-1988-04	KO J7626	KO		1/1/2002	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	PULMICORT RESPULES (5X6) 0.25 MG/2 ML	2 ML	PC	IH	ML		0.25 MG	0.5		1/1/2002	99/99/9999						
00186-1989-04	J7626			1/1/2002	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	PULMICORT RESPULES (5X6) 0.5 MG/2 ML	2 ML	PC	IH	ML		0.5 MG	0.5		1/1/2002	99/99/9999						
00186-1989-04	KO J7626	KO		1/1/2002	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	PULMICORT RESPULES (5X6) 0.5 MG/2 ML	2 ML	PC	IH	ML		0.5 MG	0.5		1/1/2002	99/99/9999						
00186-1990-04	J7626			8/27/2007	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	PULMICORT RESPULES (30X2ML) 1 MG/2 ML	2 ML	PC	IH	ML		0.5 MG	1		8/27/2007	99/99/9999						
00186-1990-04	KO J7626	KO		8/27/2007	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	PULMICORT RESPULES (30X2ML) 1 MG/2 ML	2 ML	PC	IH	ML		0.5 MG	1		8/27/2007	99/99/9999						
00187-0247-01	Q0181			7/10/2006	12/31/2006	REGIMEN	CESAMET 1 MG	20 EA	BO	PO	EA		1 EA	1		7/10/2006	12/31/2006						
00187-0247-01	J8650			1/1/2007	2/5/2010	NABILONE, ORAL, 1 MG	CESAMET 1 MG	20 EA	BO	PO	EA		1 MG	1		1/1/2007	2/5/2010						
00187-2006-01	J9212			1/18/2008	3/5/2009	INJECTION, INTERFERON ALFACON-1, RECOMBINANT, 1 MICROGRAM	INFERGEN (1X0.5ML,PF) 30 MCG/ML	0.5 ML	VL	SC	ML		1 MCG	30		1/18/2008	3/5/2009						
00187-2006-05	J9212			1/18/2008	3/5/2009	INJECTION, INTERFERON ALFACON-1, RECOMBINANT, 1 MICROGRAM	INFERGEN (6X0.5ML,PF) 30 MCG/ML	0.5 ML	VL	SC	ML		1 MCG	30		1/18/2008	3/5/2009						
00187-2007-02	J9212			1/18/2008	3/5/2009	INJECTION, INTERFERON ALFACON-1, RECOMBINANT, 1 MICROGRAM	INFERGEN (1X0.3ML,PF) 30 MCG/ML	0.3 ML	VL	SC	ML		1 MCG	30		1/18/2008	3/5/2009						
00187-2007-06	J9212			1/18/2008	3/5/2009	INJECTION, INTERFERON ALFACON-1, RECOMBINANT, 1 MICROGRAM	INFERGEN (6X0.3ML,PF) 30 MCG/ML	0.3 ML	VL	SC	ML		1 MCG	30		1/18/2008	3/5/2009						
00187-3755-74	J1990			1/1/2002	11/6/2008	INJECTION, CHLORDIAZEPOXIDE HCL, UP TO 100 MG	LIBRIUM (DUPEX AMP W/DILUENT) 100 MG	1 EA	AM	IJ	EA		100 MG	1		1/1/2002	11/6/2008						
00187-3953-64	J9190			1/1/2002	11/6/2008	INJECTION, FLUOROURACIL, 500 MC	FLUOROURACIL (VIAL) 50 MG/ML	10 ML	VL	IV	ML		500 MG	0.1		1/1/2002	11/6/2008						
00187-3953-64	QR J9190	QR		1/28/2005	11/6/2008	INJECTION, FLUOROURACIL, 500 MC	FLUOROURACIL (VIAL) 50 MG/ML	10 ML	VL	IV	ML		500 MG	0.1		1/28/2005	11/6/2008						
00206-8452-16	J2543			1/1/2002	12/4/2006	(1.125 GRAMS)	ZOSYN (VIAL) 2 GM-0.25 GM	1 EA	VL	IV	EA		1 GM	2		1/1/2002	12/4/2006						
00206-8452-17	J2543			1/1/2002	12/4/2006	(1.125 GRAMS)	ZOSYN (ADD-VANTAGE) 2 GM-0.25 GM	1 EA	VL	IV	EA		1 GM	2		1/1/2002	12/4/2006						
00206-8454-17	J2543			1/1/2002	12/4/2006	(1.125 GRAMS)	ZOSYN (ADD-VANTAGE) 3 GM-0.375 GM	1 EA	VL	IV	EA		1 GM	3		1/1/2002	12/4/2006						
00206-8454-55	J2543			1/1/2002	12/4/2006	(1.125 GRAMS)	ZOSYN (VIAL) 3 GM-0.375 GM	1 EA	VL	IV	EA		1 GM	3		1/1/2002	12/4/2006						
00206-8455-17	J2543			1/1/2002	12/4/2006	(1.125 GRAMS)	ZOSYN (ADD-VANTAGE) 4 GM-0.5 GM	1 EA	VL	IV	EA		1 GM	4		1/1/2002	12/4/2006						
00206-8455-25	J2543			1/1/2002	12/4/2006	(1.125 GRAMS)	ZOSYN (VIAL) 4 GM-0.5 GM	1 EA	VL	IV	EA		1 GM	4		1/1/2002	12/4/2006						
00206-8620-11	J2543			1/1/2002	12/4/2006	(1.125 GRAMS)	ZOSYN (BULK VIAL) 36 GM-4.5 GM	1 EA	VL	IV	EA		1 GM	36		1/1/2002	12/4/2006						
00206-8820-02	J2543			1/1/2002	1/23/2007	(1.125 GRAMS)	ZOSYN (FROZEN,S.D. GALAXY P.C.) 40 MG/ML-5 MG/ML	50 ML	PC	IV	ML		1 GM	0.04		1/1/2002	1/23/2007						
00206-8821-02	J2543			1/1/2002	1/23/2007	(1.125 GRAMS)	ZOSYN (FROZEN,S.D. GALAXY P.C.) 60 MG/ML-7.5 MG/ML	50 ML	PC	IV	ML		1 GM	0.06		1/1/2002	1/23/2007						
00206-8822-02	J2543			1/1/2002	1/23/2007	(1.125 GRAMS)	ZOSYN (FROZEN,S.D. GALAXY P.C.) 4 GM/100 ML-0.5 GM/100 ML	100 ML	PC	IV	ML		1 GM	0.04		1/1/2002	1/23/2007						
00206-8852-16	J2543			4/5/2006	99/99/9999	(1.125 GRAMS)	ZOSYN 2 GM-0.25 GM	1 EA	VL	IV	EA		1 GM	2		4/5/2006	99/99/9999						
00206-8852-18	J2543			4/28/2006	8/17/2007	(1.125 GRAMS)	ZOSYN (ADD-VANTAGE VIAL) 2 GM-0.25 GM	1 EA	VL	IV	EA		1 GM	2		4/28/2006	8/17/2007						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00206-8854-16	J2543			3/6/2006	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	ZOSYN (SDV,10X50ML) 3 GM/50 ML-0.375 GM/50 ML	1	EA	VL	IV	EA	1	GM	3	3/6/2006	99/99/9999						
00206-8854-18	J2543			4/5/2006	8/17/2007	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	ZOSYN (ADVANTAGE VIAL) 3 GM-0.375 GM	1	EA	VL	IV	EA	1	GM	3	4/5/2006	8/17/2007						
00206-8855-16	J2543			3/13/2006	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	ZOSYN (SDV,10X100ML) 4 GM/100 ML-0.5 GM/100 ML	1	EA	VL	IV	EA	1	GM	4	3/13/2006	99/99/9999						
00206-8855-18	J2543			4/5/2006	8/17/2007	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	ZOSYN (ADVANTAGE VIAL) 4 GM-0.5 GM	1	EA	VL	IV	EA	1	GM	4	4/5/2006	8/17/2007						
00206-8859-10	J2543			4/28/2006	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	ZOSYN (PHARMACY BULK VIAL) 36 GM-4.5 GM	1	EA	VL	IV	EA	1	GM	36	4/28/2006	99/99/9999						
00206-8860-02	J2543			1/9/2006	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	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	1/9/2006	99/99/9999						
00206-8861-02	J2543			1/9/2006	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	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	1/9/2006	99/99/9999						
00206-8862-02	J2543			1/9/2006	99/99/9999	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125 GRAMS)	ZOSYN 4 GM/100 ML-0.5 GM/100 ML	100	ML	PC	IV	ML	1	GM	0.04	1/9/2006	99/99/9999						
00223-1512-01	J7510			1/1/2002	8/15/2008	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 5 MG	100	EA	NA	PO	EA	5	MG	1	1/1/2002	8/15/2008						
00223-7191-25	J0460			1/1/2002	12/31/2009	INJECTION, ATROPINE SULFATE, UP TO 0.3 MC	ATROPINE SULFATE (VIAL) 0.4 MG/ML	1	ML	VL	IJ	ML	0.3	MG	1.33333	1/1/2002	12/31/2009						
00223-7192-00	J0460			1/1/2002	12/31/2009	INJECTION, ATROPINE SULFATE, UP TO 0.3 MC	ATROPINE SULFATE (VIAL) 0.4 MG/ML	1	ML	VL	IJ	ML	0.3	MG	1.33333	1/1/2002	12/31/2009						
00223-7193-25	J0460			1/1/2002	12/31/2009	INJECTION, ATROPINE SULFATE, UP TO 0.3 MC	ATROPINE SULFATE (AMP) 0.4 MG/ML	1	ML	AM	IJ	ML	0.3	MG	1.33333	1/1/2002	12/31/2009						
00223-7206-01	J0460			1/1/2002	12/31/2009	INJECTION, ATROPINE SULFATE, UP TO 0.3 MC	ATROPINE SULFATE (VIAL) 1 MG/ML	1	ML	VL	IJ	ML	0.3	MG	3.33333	1/1/2002	12/31/2009						
00223-8496-02	J2912			1/1/2002	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE (AMP) 0.9%	5	ML	AM	IV	ML	0.9	%	0.5	1/1/2002	12/31/2006						
00223-8496-02	A4216			1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (AMP) 0.9%	5	ML	AM	IV	ML	0.9	%	0.1	1/1/2007	99/99/9999						
00223-8496-05	J2912			1/1/2002	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE (AMP) 0.9%	5	ML	AM	IV	ML	0.9	%	0.5	1/1/2002	12/31/2006						
00223-8496-05	A4216			1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (AMP) 0.9%	5	ML	AM	IV	ML	0.9	%	0.1	1/1/2007	99/99/9999						
00223-8497-10	A4216			1/1/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (AMP) 0.9%	10	ML	AM	IV	ML	0.9	%	0.1	1/1/2004	99/99/9999						
00223-8500-30	A4216			1/1/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (VIAL) 0.9%	30	ML	VL	IV	ML	0.9	%	0.1	1/1/2004	99/99/9999						
00228-2605-11	J8499			1/1/2002	12/4/2006	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	100	EA	BO	PO	EA	1	EA	1	1/1/2002	12/4/2006						
00228-2605-50	J8499			1/1/2002	12/4/2006	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	500	EA	BO	PO	EA	1	EA	1	1/1/2002	12/4/2006						
00228-2606-11	J8499			1/1/2002	12/4/2006	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	100	EA	BO	PO	EA	1	EA	1	1/1/2002	12/4/2006						
00228-2606-50	J8499			1/1/2002	12/4/2006	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	500	EA	BO	PO	EA	1	EA	1	1/1/2002	12/4/2006						
00228-2607-11	J8499			1/1/2002	12/4/2006	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	100	EA	BO	PO	EA	1	EA	1	1/1/2002	12/4/2006						
00228-2607-50	J8499			1/1/2002	12/4/2006	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	500	EA	BO	PO	EA	1	EA	1	1/1/2002	12/4/2006						
00259-0364-21	J7506			1/1/2002	7/1/2009	PREDNISONE, ORAL, PER 5MG	STERAPRED DS (6 DAY UNI-PAK) 10 MG	21	EA	DP	PO	EA	5	MG	2	1/1/2002	7/1/2009						
00259-0369-48	J7506			1/1/2002	8/31/2009	PREDNISONE, ORAL, PER 5MG	STERAPRED DS (12 DAY UNI-PAK) 10 MG	48	EA	DP	PO	EA	5	MG	2	1/1/2002	8/31/2009						
00259-0390-21	J7506			1/1/2002	10/31/2009	PREDNISONE, ORAL, PER 5MG	STERAPRED (6 DAY UNI-PAK) 5 MG	21	EA	DP	PO	EA	5	MG	1	1/1/2002	10/31/2009						
00259-0391-48	J7506			1/1/2002	10/31/2009	PREDNISONE, ORAL, PER 5MG	STERAPRED (12 DAY UNI-PAK) 5 MG	48	EA	DP	PO	EA	5	MG	1	1/1/2002	10/31/2009						
00264-1101-55	J7060			1/1/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (GLASS) 5%	500	ML	GC	IV	ML	500	ML	0.002	1/1/2002	99/99/9999						
00264-1102-55	J7060			1/1/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (GLASS W/SS,250 ML) 5%	150	ML	GC	IV	ML	500	ML	0.002	1/1/2002	99/99/9999						
00264-1107-55	J7060			1/1/2002	11/20/2009	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (GLASS W/SOLID STOPPER) 5%	1000	ML	EA	IV	ML	500	ML	0.002	1/1/2002	11/20/2009						
00264-1127-01	J7799			1/1/2002	11/20/2009	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (AIR TUBE,1000 ML) 60%	500	ML	EA	IV	ML	1	EA	1	1/1/2002	11/20/2009						
00264-1129-50	J7799			1/1/2002	9/30/2010	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE HYPERTONIC (GLASS W/AIR TUBE) 70%	2000	ML	GC	IV	ML	1	EA	1	1/1/2002	9/30/2010						
00264-1207-55	J7799			1/1/2002	6/30/2010	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (GLASS W/SS,1000 ML) 10%	500	ML	GC	IV	ML	1	EA	1	1/1/2002	6/30/2010						
00264-1217-10	J7799			1/1/2002	11/20/2009	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (GLASS) 5%-0.11%	500	ML	EA	IV	ML	1	EA	1	1/1/2002	11/20/2009						
00264-1222-00	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (GLASS)	1000	ML	EA	IV	ML	1	EA	1	1/1/2002	99/99/9999						
00264-1240-55	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE HYPERTONIC (GLASS W/SS,1000 ML) 30%	500	ML	GC	IV	ML	1	EA	1	1/1/2002	99/99/9999						
00264-1250-55	J7799			1/1/2002	7/31/2010	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE HYPERTONIC (GLASS W/SS,1000 ML) 20%	500	ML	GC	IV	ML	1	EA	1	1/1/2002	7/31/2010						
00264-1251-55	J7799			1/1/2002	7/31/2008	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE HYPERTONIC (GLASS W/SOLID STOPPER) 20%	500	ML	GC	IV	ML	1	EA	1	1/1/2002	7/31/2008						
00264-1260-55	J7799			1/1/2002	7/31/2010	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE HYPERTONIC (GLASS W/SS,1000 ML) 40%	500	ML	GC	IV	ML	1	EA	1	1/1/2002	7/31/2010						
00264-1270-50	J7799			1/1/2002	10/31/2007	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE HYPERTONIC (GLASS W/SS,1000 ML) 60%	500	ML	GC	IV	ML	1	EA	1	1/1/2002	10/31/2007						
00264-1280-50	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE HYPERTONIC (GLASS W/SS,1000 ML) 50%	500	ML	GC	IV	ML	1	EA	1	1/1/2002	99/99/9999						
00264-1280-55	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE HYPERTONIC (GLASS W/SOLID STOPPER) 50%	1000	ML	GC	IV	ML	1	EA	1	1/1/2002	99/99/9999						
00264-1281-55	J7799			1/1/2002	6/30/2009	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE HYPERTONIC (GLASS W/SOLID STOPPER) 50%	500	ML	GC	IV	ML	1	EA	1	1/1/2002	6/30/2009						
00264-1290-50	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE HYPERTONIC (GLASS W/SS,1000 ML) 70%	500	ML	GC	IV	ML	1	EA	1	1/1/2002	99/99/9999						
00264-1290-55	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE HYPERTONIC (GLASS W/SOLID STOPPER) 70%	1000	ML	GC	IV	ML	1	EA	1	1/1/2002	99/99/9999						
00264-1441-55	J1265			1/1/2006	2/28/2010	INJECTION, DOPAMINE HCL, 40 MG	DEXTROSE/DOPAMINE HCL (GLASS) 5% 80 MG/100 ML	500	ML	GC	IV	ML	40	MG	0.02	1/1/2006	2/28/2010						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00264-1442-55	J1265			1/1/2006	11/30/2007	INJECTION, DOPAMINE HCL, 40 MG	DEXTROSE/DOPAMINE HCL (GLASS) 5% 80 MG/100 ML	250 ML	GC	IV	ML		40 MG	0.02		1/1/2006	11/30/2007						
00264-1481-55	J1265			1/1/2006	1/31/2011	INJECTION, DOPAMINE HCL, 40 MG	DEXTROSE/DOPAMINE HCL (GLASS W/SOLID STOPPER) 5%-160 MG/100 ML	500 ML	GC	IV	ML		40 MG	0.04		1/1/2006	1/31/2011						
00264-1482-55	J1265			1/1/2006	8/31/2012	INJECTION, DOPAMINE HCL, 40 MG	DEXTROSE/DOPAMINE HCL (GLASS W/SOLID STOPPER) 5%-160 MG/100 ML	250 ML	GC	IV	ML		40 MG	0.04		1/1/2006	8/31/2012						
00264-1492-55	J1265			1/1/2006	3/31/2010	INJECTION, DOPAMINE HCL, 40 MG	DEXTROSE/DOPAMINE HCL (GLASS W/SOLID STOPPER) 5%-320 MG/100 ML	250 ML	GC	IV	ML		40 MG	0.08		1/1/2006	3/31/2010						
00264-1510-31	J7060			1/1/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (100 ML PAB) 5%	50 ML	FC	IV	ML		500 ML	0.002		1/1/2002	99/99/9999						
00264-1510-32	J7060			1/1/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (150 ML PAB) 5%	100 ML	FC	IV	ML		500 ML	0.002		1/1/2002	99/99/9999						
00264-1510-36	J7060			1/1/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (100 ML PAB) 5%	25 ML	FC	IV	ML		500 ML	0.002		1/1/2002	99/99/9999						
00264-1800-31	A4216			1/1/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (100 ML PAB) 0.9%	50 ML	FC	IV	ML		10 ML	0.1		1/1/2004	99/99/9999						
00264-1800-32	J7050			1/1/2002	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (150 ML PAB) 0.9%	100 ML	FC	IV	ML		250 ML	0.004		1/1/2002	99/99/9999						
00264-1800-36	A4216			1/1/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (100 ML PAB) 0.9%	25 ML	FC	IV	ML		10 ML	0.1		1/1/2004	99/99/9999						
00264-1940-10	J3480			1/1/2002	10/31/2011	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (CONCENTRATE) 2 MEQ/ML	500 ML	GC	IV	ML		2 MEQ	1		1/1/2002	10/31/2011						
00264-1940-20	J3480			1/1/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (CONCENTRATE) 2 MEQ/ML	250 ML	GC	IV	ML		2 MEQ	1		1/1/2002	99/99/9999						
00264-1960-10	J7110			1/1/2002	9/30/2009	INFUSION, DEXTRAN 75, 500 ML	DEXTRAN-70 W/NAACL (GLASS CONTAINER) 6%-0.9%	500 ML	GC	IV	ML		500 ML	0.002		1/1/2002	9/30/2009						
00264-2101-00	A4217			1/1/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION (PIC CONTAINER)	1000 ML	PC	IR	ML		500 ML	0.002		1/1/2004	99/99/9999						
00264-2101-10	A4217			1/1/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION (PIC CONTAINER)	500 ML	PC	IR	ML		500 ML	0.002		1/1/2004	99/99/9999						
00264-2101-50	A4217			1/1/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION (PIC CONTAINER)	2000 ML	PC	IR	ML		500 ML	0.002		1/1/2004	99/99/9999						
00264-2101-70	A4217			1/1/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION (PIC CONTAINER)	4000 ML	PC	IR	ML		500 ML	0.002		1/1/2004	99/99/9999						
00264-2201-00	A4217			1/1/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (PIC CONTAINER) 0.9%	1000 ML	PC	IR	ML		500 ML	0.002		1/1/2004	99/99/9999						
00264-2201-10	A4217			1/1/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (PIC CONTAINER) 0.9%	500 ML	PC	IR	ML		500 ML	0.002		1/1/2004	99/99/9999						
00264-2201-50	A4217			1/1/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (PIC CONTAINER) 0.9%	2000 ML	PC	IR	ML		500 ML	0.002		1/1/2004	99/99/9999						
00264-2201-70	A4217			1/1/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (PIC CONTAINER) 0.9%	4000 ML	PC	IR	ML		500 ML	0.002		1/1/2004	99/99/9999						
00264-2220-55	J7799			1/1/2002	11/20/2009	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (GLASS W/SOLID STOPPER) 10%-0.45%	1000 ML	EA	IV	ML		1 EA	1		1/1/2002	11/20/2009						
00264-2303-50	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	RESECTISOL 5%	2000 ML	PC	IL	ML		1 EA	1		1/1/2002	99/99/9999						
00264-3102-11	J0690			1/1/2002	11/20/2009	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN 500 MG/50 ML	50 ML	EA	IV	ML		500 MG	0.02		1/1/2002	11/20/2009						
00264-3103-11	J0690			3/5/2003	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM (DUPLEX) 1 GM/50 ML-4%	50 ML	FC	IV	ML		500 MG	0.04		3/5/2003	99/99/9999						
00264-3112-11	J0697			9/15/2003	99/99/9999	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MC	CEFUROXIME SODIUM (DUPLEX) 1.5 GM/50 ML	50 ML	FC	IV	ML		750 MG	0.02		9/15/2003	99/99/9999						
00264-3114-11	J0697			3/1/2004	99/99/9999	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	CEFUROXIME SODIUM (DUPLEX) 1.5 GM/50 ML	50 ML	FC	IV	ML		750 MG	0.04		3/1/2004	99/99/9999						
00264-3123-11	J0694			7/1/2006	99/99/9999	INJECTION, CEFOXITIN SODIUM, 1 GM	CEFOXITIN 1 GM	1 EA	FC	IV	EA		1 GM	1		7/1/2006	99/99/9999						
00264-3125-11	J0694			7/1/2006	99/99/9999	INJECTION, CEFOXITIN SODIUM, 1 GM	CEFOXITIN 2 GM	1 EA	FC	IV	EA		1 GM	2		7/1/2006	99/99/9999						
00264-3153-11	J0696			7/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE/DEXTROSE 1 GM/50 ML	50 ML	FC	IV	ML		250 MG	0.08		7/20/2005	99/99/9999						
00264-3155-11	J0696			7/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE/DEXTROSE 2 GM/50 ML	50 ML	FC	IV	ML		250 MG	0.16		7/20/2005	99/99/9999						
00264-3500-55	J7120			1/1/2002	11/20/2009	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S (GLASS CONTAINER)	1000 ML	GC	IV	ML		1000 ML	0.001		1/1/2002	11/20/2009						
00264-3501-55	J7120			1/1/2002	11/20/2009	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S (GLASS CONTAINER)	500 ML	GC	IV	ML		1000 ML	0.001		1/1/2002	11/20/2009						
00264-3510-55	J7120			1/1/2002	11/20/2009	RINGERS LACTATE INFUSION, UP TO 1000 CC	DEXTROSE 5%/LACTATED RINGERS (GLASS)	1000 ML	NA	IV	ML		1000 ML	0.0005		1/1/2002	11/20/2009						
00264-3511-55	J7120			1/1/2002	11/20/2009	RINGERS LACTATE INFUSION, UP TO 1000 CC	DEXTROSE 5%/LACTATED RINGERS (GLASS)	500 ML	NA	IV	ML		1000 ML	0.0005		1/1/2002	11/20/2009						
00264-4000-55	J7030			1/1/2002	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 1000 CC	SODIUM CHLORIDE (GLASS CONTAINER) 0.9%	1000 ML	GC	IV	ML		1000 ML	0.001		1/1/2002	99/99/9999						
00264-4001-55	J7040			1/1/2002	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	SODIUM CHLORIDE (GLASS CONTAINER) 0.9%	500 ML	GC	IV	ML		500 ML	0.002		1/1/2002	99/99/9999						
00264-4002-55	J7050			1/1/2002	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (250 ML GLASS CONTAINER) 0.9%	250 ML	GC	IV	ML		250 ML	0.004		1/1/2002	99/99/9999						
00264-4021-55	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (GLASS CONTAINER) 0.45%	500 ML	GC	IV	ML		1 EA	1		1/1/2002	99/99/9999						
00264-5535-32	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	METRONIDAZOLE (150 ML PAB CONTAINER) 500 MG/100 ML	100 ML	FC	IV	ML		1 EA	1		1/1/2002	99/99/9999						
00264-5806-32	J1580			1/1/2002	11/30/2010	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE/SODIUM CHLORIDE (150 ML PAB CONTAINER) 60 MG/100 ML-0.9%	100 ML	FC	IV	ML		80 MG	0.0075		1/1/2002	11/30/2010						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00264-5808-32		J1580		1/1/2002	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE/SODIUM CHLORIDE (150 ML PAB CONTAINER) 80 MG/100 ML-0.9%	100 ML	FC	IV	ML		80 MG		0.01	1/1/2002	99/99/9999						
00264-5810-32		J1580		1/1/2002	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE/SODIUM CHLORIDE (150 ML PAB CONTAINER) 100 MG/100 ML-0.9%	100 ML	FC	IV	ML		80 MG		0.0125	1/1/2002	99/99/9999						
00264-5812-38		J1580		1/1/2002	8/31/2012	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE/SODIUM CHLORIDE (100 ML PAB CONTAINER) 1.2 MG/ML-0.9%	50 ML	FC	IV	ML		80 MG		0.015	1/1/2002	8/31/2012						
00264-5816-38	J1580			1/1/2002	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE/SODIUM CHLORIDE (100 ML PAB CONTAINER) 1.6 MG/ML-0.9%	50 ML	FC	IV	ML		80 MG		0.02	1/1/2002	99/99/9999						
00264-7510-00	J7060			1/1/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (EXCEL) 5%	1000 ML	FC	IV	ML		500 ML		0.002	1/1/2002	99/99/9999						
00264-7510-10	J7060			1/1/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (EXCEL) 5%	500 ML	FC	IV	ML		500 ML		0.002	1/1/2002	99/99/9999						
00264-7510-20	J7060			1/1/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (EXCEL) 5%	250 ML	FC	IV	ML		500 ML		0.002	1/1/2002	99/99/9999						
00264-7520-00	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (EXCEL) 10%	1000 ML	FC	IV	ML		1 EA		1	1/1/2002	99/99/9999						
00264-7520-10	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (EXCEL) 10%	500 ML	FC	IV	ML		1 EA		1	1/1/2002	99/99/9999						
00264-7578-10	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (EXCEL) 20%	500 ML	FC	IV	ML		1 EA		1	1/1/2002	99/99/9999						
00264-7578-20	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (EXCEL) 20%	250 ML	FC	IV	ML		1 EA		1	1/1/2002	99/99/9999						
00264-7605-00	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (EXCEL) 2.5%-0.45%	1000 ML	FC	IV	ML		1 EA		1	1/1/2002	99/99/9999						
00264-7605-10	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (EXCEL) 2.5%-0.45%	500 ML	FC	IV	ML		1 EA		1	1/1/2002	99/99/9999						
00264-7608-00	J7799			1/1/2002	11/20/2009	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (EXCEL) 3.3%-0.3%	1000 ML	EA	IV	ML		1 EA		1	1/1/2002	11/20/2009						
00264-7608-10	J7799			1/1/2002	11/20/2009	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (EXCEL) 3.3%-0.3%	500 ML	EA	IV	ML		1 EA		1	1/1/2002	11/20/2009						
00264-7608-20	J7799			1/1/2002	11/20/2009	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (EXCEL) 3.3%-0.3%	250 ML	EA	IV	ML		1 EA		1	1/1/2002	11/20/2009						
00264-7608-30	J7799			1/1/2002	11/20/2009	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (EXCEL) 3.3%-0.3%	150 ML	EA	IV	ML		1 EA		1	1/1/2002	11/20/2009						
00264-7610-00	J7042			1/1/2002	99/99/9999	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)	DEXTROSE/SODIUM CHLORIDE (EXCEL) 5%-0.9%	1000 ML	FC	IV	ML		5 %		0.002	1/1/2002	99/99/9999						
00264-7610-10	J7042			1/1/2002	99/99/9999	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)	DEXTROSE/SODIUM CHLORIDE (EXCEL) 5%-0.9%	500 ML	FC	IV	ML		5 %		0.002	1/1/2002	99/99/9999						
00264-7610-20	J7042			1/1/2002	99/99/9999	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)	DEXTROSE/SODIUM CHLORIDE (EXCEL) 5%-0.9%	250 ML	FC	IV	ML		5 %		0.002	1/1/2002	99/99/9999						
00264-7612-00	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (EXCEL) 5%-0.45%	1000 ML	FC	IV	ML		1 EA		1	1/1/2002	99/99/9999						
00264-7612-10	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (EXCEL) 5%-0.45%	500 ML	FC	IV	ML		1 EA		1	1/1/2002	99/99/9999						
00264-7612-20	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (EXCEL) 5%-0.45%	250 ML	FC	IV	ML		1 EA		1	1/1/2002	99/99/9999						
00264-7614-00	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (EXCEL) 5%-0.33%	1000 ML	FC	IV	ML		1 EA		1	1/1/2002	99/99/9999						
00264-7614-10	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (EXCEL) 5%-0.33%	500 ML	FC	IV	ML		1 EA		1	1/1/2002	99/99/9999						
00264-7616-00	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (EXCEL) 5%-0.2%	1000 ML	FC	IV	ML		1 EA		1	1/1/2002	99/99/9999						
00264-7616-10	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (EXCEL) 5%-0.2%	500 ML	FC	IV	ML		1 EA		1	1/1/2002	99/99/9999						
00264-7616-20	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (EXCEL) 5%-0.2%	250 ML	FC	IV	ML		1 EA		1	1/1/2002	99/99/9999						
00264-7622-00	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (EXCEL) 10%-0.45%	1000 ML	FC	IV	ML		1 EA		1	1/1/2002	99/99/9999						
00264-7623-20	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (EXCEL) 10%-0.2%	250 ML	FC	IV	ML		1 EA		1	1/1/2002	99/99/9999						
00264-7750-00	J7120			1/1/2002	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S (EXCEL)	1000 ML	FC	IV	ML		1000 ML		0.001	1/1/2002	99/99/9999						
00264-7750-10	J7120			1/1/2002	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S (EXCEL)	500 ML	FC	IV	ML		1000 ML		0.001	1/1/2002	99/99/9999						
00264-7750-20	J7120			1/1/2002	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S (EXCEL)	250 ML	FC	IV	ML		1000 ML		0.001	1/1/2002	99/99/9999						
00264-7751-00	J7120			1/1/2002	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC	DEXTROSE 5%/LACTATED RINGERS (EXCEL)	1000 ML	FC	IV	ML		1000 ML		0.0005	1/1/2002	99/99/9999						
00264-7751-10	J7120			1/1/2002	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC	DEXTROSE 5%/LACTATED RINGERS (EXCEL)	500 ML	FC	IV	ML		1000 ML		0.0005	1/1/2002	99/99/9999						
00264-7800-00	J7030			1/1/2002	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, 1000 CC	SODIUM CHLORIDE (EXCEL) 0.9%	1000 ML	FC	IV	ML		1000 ML		0.001	1/1/2002	99/99/9999						
00264-7800-10	J7040			1/1/2002	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	SODIUM CHLORIDE (EXCEL) 0.9%	500 ML	FC	IV	ML		500 ML		0.002	1/1/2002	99/99/9999						
00264-7800-20	J7050			1/1/2002	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, 250 CC	SODIUM CHLORIDE (EXCEL) 0.9%	250 ML	FC	IV	ML		250 ML		0.004	1/1/2002	99/99/9999						
00264-7802-00	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (EXCEL) 0.45%	1000 ML	FC	IV	ML		1 EA		1	1/1/2002	99/99/9999						
00264-7802-10	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (EXCEL) 0.45%	500 ML	FC	IV	ML		1 EA		1	1/1/2002	99/99/9999						
00264-7805-10	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (HYPERTONIC, EXCEL) 3%	500 ML	FC	IV	ML		1 EA		1	1/1/2002	99/99/9999						
00264-7806-10	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (HYPERTONIC, EXCEL) 5%	500 ML	FC	IV	ML		1 EA		1	1/1/2002	99/99/9999						
00264-7850-00	A4217			1/1/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR INJECTION (EXCEL)	1000 ML	FC	IV	ML		500 ML		0.002	1/1/2004	99/99/9999						
00264-7850-10	A4217			1/1/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR INJECTION (EXCEL)	500 ML	FC	IV	ML		500 ML		0.002	1/1/2004	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00264-7850-20	A4217			1/1/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR INJECTION (EXCEL)	250 ML	FC	IV	ML		500 ML		0.002	1/1/2004	99/99/9999						
00264-7865-00	J3480			1/1/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE/SODIUM CHLORIDE (EXCEL) 2 MEQ/100 ML-0.9% WATER FOR INJECTION (GLASS W/SOLID STOPPER)	1000 ML	FC	IV	ML		2 MEQ		0.01	1/1/2002	99/99/9999						
00264-9200-55	A4217			1/1/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR INJECTION (GLASS W/SOLID STOPPER)	1000 ML	GC	IV	ML		500 ML		0.002	1/1/2004	99/99/9999						
00264-9201-55	A4217			1/1/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR INJECTION (GLASS W/SOLID STOPPER)	500 ML	GC	IV	ML		500 ML		0.002	1/1/2004	99/99/9999						
00264-9205-55	A4217			1/1/2004	2/28/2011	STERILE WATER/SALINE, 500 ML	WATER FOR INJECTION (GLASS W/SOLID STOPPER)	2000 ML	GC	IV	ML		500 ML		0.002	1/1/2004	2/28/2011						
00264-9554-00	J2810			1/1/2002	8/31/2009	INJECTION, THEOPHYLLINE, PER 40 MG	DEXTROSE/THEOPHYLLINE (EXCEL) 5% 80 MG/100 ML	1000 ML	FC	IV	ML		40 MG		0.02	1/1/2002	8/31/2009						
00264-9554-10	J2810			1/1/2002	99/99/9999	INJECTION, THEOPHYLLINE, PER 40 MG	DEXTROSE/THEOPHYLLINE (EXCEL) 5% 80 MG/100 ML	500 ML	FC	IV	ML		40 MG		0.02	1/1/2002	99/99/9999						
00264-9558-10	J2810			1/1/2002	99/99/9999	INJECTION, THEOPHYLLINE, PER 40 MG	DEXTROSE/THEOPHYLLINE (EXCEL) 5% 160 MG/100 ML	500 ML	FC	IV	ML		40 MG		0.04	1/1/2002	99/99/9999						
00264-9558-20	J2810			1/1/2002	11/20/2009	INJECTION, THEOPHYLLINE, PER 40 MG	DEXTROSE/THEOPHYLLINE (EXCEL) 5% 160 MG/100 ML	250 ML	FC	IV	ML		40 MG		0.04	1/1/2002	11/20/2009						
00264-9567-10	J1644			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	DEXTROSE/HEPARIN SODIUM (EXCEL) 5%-4000 U/100 ML	500 ML	FC	IV	ML		1000 U		0.04	1/1/2002	99/99/9999						
00264-9577-10	J1644			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	DEXTROSE/HEPARIN SODIUM (EXCEL) 5%-5000 U/100 ML	500 ML	FC	IV	ML		1000 U		0.05	1/1/2002	99/99/9999						
00264-9587-20	J1644			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	DEXTROSE/HEPARIN SODIUM (EXCEL) 5%-10000 U/100 ML	250 ML	FC	IV	ML		1000 U		0.1	1/1/2002	99/99/9999						
00264-9594-10	J2001			1/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	DEXTROSE/LIDOCAINE HCL (EXCEL) 5% 0.4%	500 ML	FC	IV	ML		10 MG		0.4	1/1/2004	99/99/9999						
00264-9594-20	J2001			1/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	DEXTROSE/LIDOCAINE HCL (EXCEL) 5% 0.4%	250 ML	FC	IV	ML		10 MG		0.4	1/1/2004	99/99/9999						
00264-9598-10	J2001			1/1/2004	1/2/2009	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	DEXTROSE/LIDOCAINE HCL (EXCEL) 5% 0.8%	500 ML	FC	IV	ML		10 MG		0.8	1/1/2004	1/2/2009						
00264-9598-20	J2001			1/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	DEXTROSE/LIDOCAINE HCL (EXCEL) 5% 0.8%	250 ML	FC	IV	ML		10 MG		0.8	1/1/2004	99/99/9999						
00264-9872-10	J1644			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM/SODIUM CHLORIDE 200 U/100 ML-0.9%	500 ML	FC	IV	ML		1000 U		0.002	1/1/2002	99/99/9999						
00270-0556-15	J2805			1/1/2006	99/99/9999	INJECTION, SINCALIDE, 5 MICROGRAMS	KINEVAC (VIAL) 5 MCG	1 EA	VL	IV	EA		5 MCG		1	1/1/2006	99/99/9999						
00281-0365-10	J1162			1/1/2006	10/1/2010	INJECTION, DIGOXIN IMMUNE FAB (OVINE), PER VIAL	DIGIFAB (VIAL,PF) 40 MG	1 EA	VL	IV	EA		1 VIAL		1	1/1/2006	10/1/2010						
00300-2108-01	J9217			1/1/2002	8/27/2009	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	LUPRON DEPOT-PED (SRN,PREFIL DUAL CHAMBER) 7.5 MG	1 EA	BX	IM	EA		7.5 MG		1	1/1/2002	8/27/2009						
00300-2282-01	J9217			1/1/2002	8/27/2009	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	LUPRON DEPOT-PED 11.25 MG	1 EA	BX	IM	EA		7.5 MG		1.5	1/1/2002	8/27/2009						
00300-2440-01	J9217			1/1/2002	8/27/2009	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	LUPRON DEPOT-PED (SRN,PREFIL DUAL CHAMBER) 15 MG	1 EA	BX	IM	EA		7.5 MG		2	1/1/2002	8/27/2009						
00300-3346-01	J9217			1/1/2002	8/27/2009	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	LUPRON DEPOT (SRN,PREFIL DUAL CHAMBER) 22.5 MG	1 EA	BX	IM	EA		7.5 MG		3	1/1/2002	8/27/2009						
00300-3612-24	J9218			1/1/2002	2/13/2009	LEUPROLIDE ACETATE, PER 1 MG	LUPRON (2 WEEK ADMINISTRATION) 5 MG/ML	2.8 ML	VL	SC	EA		1 MG		84	1/1/2002	2/13/2009						
00300-3612-28	J9218			1/1/2002	7/24/2009	LEUPROLIDE ACETATE, PER 1 MG	LUPRON (2 WEEK ADMINISTRATION) 5 MG/ML	2.8 ML	BX	SC	EA		1 MG		14	1/1/2002	7/24/2009						
00300-3641-01	J1950			1/1/2002	8/27/2009	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG	LUPRON DEPOT (SRN,PREFIL DUAL CHAMBER) 3.75 MG	1 EA	BX	IM	EA		3.75 MG		1	1/1/2002	8/27/2009						
00300-3642-01	J9217			1/1/2002	8/27/2009	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	LUPRON DEPOT (SRN,PREFIL DUAL CHAMBER) 7.5 MG	1 EA	BX	IM	EA		7.5 MG		1	1/1/2002	8/27/2009						
00300-3663-01	J9217			1/1/2002	5/20/2009	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	LUPRON DEPOT (SRN,PREFIL DUAL CHAMBER) 11.25 MG	1 EA	BX	IM	EA		7.5 MG		1.5	1/1/2002	5/20/2009						
00300-3683-01	J9217			1/1/2002	8/27/2009	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	LUPRON DEPOT (SRN,PREFIL DUAL CHAMBER) 30 MG	1 EA	BX	IM	EA		7.5 MG		4	1/1/2002	8/27/2009						
00310-0201-30	J8999			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	ARIMIDEX 1 MG	30 EA	BO	PO	EA		1 EA		1	8/7/2008	99/99/9999	1/1/2002	6/2/2008		1		
00310-0201-37	J8999			5/2/2008	10/20/2008	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	ARIMIDEX (FILM-COATED) 1 MG	30 EA	DP	PO	EA		1 EA		1	5/2/2008	10/20/2008						
00310-0300-11	J3490			1/1/2002	3/5/2008	UNCLASSIFIED DRUGS	DIPRIVAN (VIAL) 10 MG/ML	100 ML	VL	IV	ML		1 EA		1	1/1/2002	3/5/2008						
00310-0300-22	J3490			1/1/2002	2/20/2008	UNCLASSIFIED DRUGS	DIPRIVAN (VIAL) 10 MG/ML	20 ML	VL	IV	ML		1 EA		1	1/1/2002	2/20/2008						
00310-0300-50	J3490			1/1/2002	4/27/2008	UNCLASSIFIED DRUGS	DIPRIVAN (VIAL) 10 MG/ML	50 ML	VL	IV	ML		1 EA		1	1/1/2002	4/27/2008						
00310-0300-61	J3490			1/1/2002	1/31/2008	UNCLASSIFIED DRUGS	DIPRIVAN NOVAPLUS (VIAL) 10 MG/ML	100 ML	VL	IV	ML		1 EA		1	1/1/2002	1/31/2008						
00310-0300-64	J3490			11/18/2004	1/14/2008	UNCLASSIFIED DRUGS	DIPRIVAN NOVAPLUS 10 MG/ML	20 ML	VL	IV	ML		1 EA		1	11/18/2004	1/14/2008						
00310-0300-65	J3490			1/1/2002	3/4/2008	UNCLASSIFIED DRUGS	DIPRIVAN NOVAPLUS (VIAL) 10 MG/ML	50 ML	VL	IV	ML		1 EA		1	1/1/2002	3/4/2008						
00310-0321-30	J2185			1/1/2004	99/99/9999	INJECTION, MEROPENEM, 100 MG	MERREM IV (VIAL) 1 GM	1 EA	VL	IV	EA		100 MG		10	1/1/2004	99/99/9999						
00310-0321-65	J2185			7/17/2006	99/99/9999	INJECTION, MEROPENEM, 100 MG	NOVAPLUS MERREM 1 GM	1 EA	VL	IV	EA		100 MG		10	7/17/2006	99/99/9999						
00310-0325-20	J2185			1/1/2004	99/99/9999	INJECTION, MEROPENEM, 100 MG	MERREM IV (VIAL) 500 MG	1 EA	VL	IV	EA		100 MG		5	1/1/2004	99/99/9999						
00310-0325-64	J2185			7/17/2006	99/99/9999	INJECTION, MEROPENEM, 100 MG	NOVAPLUS MERREM 500 MG	1 EA	VL	IV	EA		100 MG		5	7/17/2006	99/99/9999						
00310-0482-30	J8565			1/1/2005	99/99/9999	GEFTINIB, ORAL, 250 MG	IRESSA 250 MG	30 EA	BO	PO	EA		250 MG		1	1/1/2005	99/99/9999						
00310-0720-25	J9395			1/1/2004	10/29/2009	INJECTION, FULVESTRANT, 25 MG	FASLODEX (SRN,PREFILL,SAFETYGUIDE) 50 MG/ML	2.5 ML	SR	IM	ML		25 MG		2	1/1/2004	10/29/2009						
00310-0720-50	J9395			1/1/2004	1/13/2011	INJECTION, FULVESTRANT, 25 MG	FASLODEX (SRN,PREFILL,SAFETYGUIDE) 50 MG/ML	5 ML	SR	IM	ML		25 MG		2	1/1/2004	1/13/2011						
00310-0950-36	J9202			5/5/2003	99/99/9999	GOSERELIN ACETATE IMPLANT, PER 3.6 MG	ZOLADEX (SAFESYSTEM SRN) 3.6 MG	1 EA	SR	SC	EA		3.6 MG		1	5/5/2003	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00310-0951-30	J9202			5/5/2003	99/99/9999	GOSERELIN ACETATE IMPLANT, PER 3.6 MG	ZOLADEX (SAFESYSTEM SRN) 10.8 MG	1 EA	SR	SC	EA		3.6 MG		3	5/5/2003	99/99/9999						
00327-0011-05	Q2004			1/1/2002	99/99/9999	RENACIDIN, PER 500 ML	RENACIDIN	500 ML	BO	IR	ML		500 ML	0.002	1/1/2002	99/99/9999							
00338-0003-44	A4217			1/1/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION	1000 ML	FC	IR	ML		500 ML	0.002	1/1/2004	99/99/9999							
00338-0003-46	A4217			1/1/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION	2000 ML	FC	IR	ML		500 ML	0.002	1/1/2004	99/99/9999							
00338-0003-47	A4217			1/1/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION	3000 ML	FC	IR	ML		500 ML	0.002	1/1/2004	99/99/9999							
00338-0003-49	A4217			1/1/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION	5000 ML	FC	IR	ML		500 ML	0.002	1/1/2004	99/99/9999							
00338-0004-02	A4217			1/1/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION	250 ML	FC	IR	ML		500 ML	0.002	1/1/2004	99/99/9999							
00338-0004-03	A4217			1/1/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION	500 ML	FC	IR	ML		500 ML	0.002	1/1/2004	99/99/9999							
00338-0004-04	A4217			1/1/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION	1000 ML	FC	IR	ML		500 ML	0.002	1/1/2004	99/99/9999							
00338-0004-05	A4217			1/1/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION	1500 ML	FC	IR	ML		500 ML	0.002	1/1/2004	99/99/9999							
00338-0012-04	J7799			1/1/2002	10/31/2009	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE 2.5%	1000 ML	EA	IV	ML		1 EA	1	1/1/2002	10/31/2009							
00338-0013-04	A4217			1/1/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR INJECTION	1000 ML	FC	IV	ML		500 ML	0.002	1/1/2004	99/99/9999							
00338-0013-06	A4217			1/1/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR INJECTION	2000 ML	FC	IV	ML		500 ML	0.002	1/1/2004	99/99/9999							
00338-0013-08	A4217			1/1/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR INJECTION	3000 ML	PC	IV	ML		500 ML	0.002	1/1/2004	99/99/9999							
00338-0013-29	A4217			1/1/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR INJECTION	5000 ML	FC	IV	ML		500 ML	0.002	1/1/2004	99/99/9999							
00338-0016-02	J7060			1/1/2002	3/31/2010	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE 5%	250 ML	GC	IV	ML		500 ML	0.002	1/1/2002	3/31/2010							
00338-0016-03	J7060			1/1/2002	3/31/2010	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE 5%	500 ML	GC	IV	ML		500 ML	0.002	1/1/2002	3/31/2010							
00338-0017-01	J7060			1/1/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE 5%	150 ML	FC	IV	ML		500 ML	0.002	1/1/2002	99/99/9999							
00338-0017-02	J7060			1/1/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE 5%	250 ML	FC	IV	ML		500 ML	0.002	1/1/2002	99/99/9999							
00338-0017-03	J7060			1/1/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE 5%	500 ML	FC	IV	ML		500 ML	0.002	1/1/2002	99/99/9999							
00338-0017-04	J7060			1/1/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE 5%	1000 ML	FC	IV	ML		500 ML	0.002	1/1/2002	99/99/9999							
00338-0017-10	J7060			1/1/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (QUAD PACK, MINI-BAG) 5%	25 ML	FC	IV	ML		500 ML	0.002	1/1/2002	99/99/9999							
00338-0017-11	J7060			1/1/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (QUAD PACK, MINI-BAG) 5%	50 ML	FC	IV	ML		500 ML	0.002	1/1/2002	99/99/9999							
00338-0017-18	J7060			1/1/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (QUAD PACK, MINI-BAG) 5%	100 ML	FC	IV	ML		500 ML	0.002	1/1/2002	99/99/9999							
00338-0017-31	J7060			1/1/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (MULTI PACK, MINI-BAG) 5%	50 ML	FC	IV	ML		500 ML	0.002	1/1/2002	99/99/9999							
00338-0017-38	J7060			1/1/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (MULTI PACK, MINI-BAG) 5%	100 ML	FC	IV	ML		500 ML	0.002	1/1/2002	99/99/9999							
00338-0017-41	J7060			1/1/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (SINGLE PACK MINI-BAG) 5%	50 ML	FC	IV	ML		500 ML	0.002	1/1/2002	99/99/9999							
00338-0017-48	J7060			1/1/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (SINGLE PACK MINI-BAG) 5%	100 ML	FC	IV	ML		500 ML	0.002	1/1/2002	99/99/9999							
00338-0023-02	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE 10%	250 ML	FC	IV	ML		1 EA	1	1/1/2002	99/99/9999							
00338-0023-03	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE 10%	500 ML	FC	IV	ML		1 EA	1	1/1/2002	99/99/9999							
00338-0023-04	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE 10%	1000 ML	FC	IV	ML		1 EA	1	1/1/2002	99/99/9999							
00338-0023-13	J7799			1/1/2002	4/30/2008	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (VIAFLEX UNDERFILLED) 10%	500 ML	FC	IV	ML		1 EA	1	1/1/2002	4/30/2008							
00338-0023-34	J7799			1/1/2002	1/31/2008	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (VIAFLEX UNDERFILLED) 10%	1000 ML	FC	IV	ML		1 EA	1	1/1/2002	1/31/2008							
00338-0030-03	J7799			1/1/2002	9/30/2009	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (FULL FILL) 20%	500 ML	GC	IV	ML		1 EA	1	1/1/2002	9/30/2009							
00338-0031-06	J7799			1/1/2002	12/31/2010	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (BULK PACKAGE) 50%	2000 ML	PC	IV	ML		1 EA	1	1/1/2002	12/31/2010							
00338-0031-13	J7799			1/1/2002	1/31/2008	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (VIAFLEX UNDERFILLED) 50%	500 ML	FC	IV	ML		1 EA	1	1/1/2002	1/31/2008							
00338-0031-34	J7799			1/1/2002	1/31/2008	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (VIAFLEX UNDERFILLED) 50%	1000 ML	FC	IV	ML		1 EA	1	1/1/2002	1/31/2008							
00338-0036-03	J7799			1/1/2002	10/31/2009	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (GLASS FULL FILL) 50%	500 ML	GC	IV	ML		1 EA	1	1/1/2002	10/31/2009							
00338-0038-04	J7799			1/1/2002	10/31/2009	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE 70%	1000 ML	GC	IV	ML		1 EA	1	1/1/2002	10/31/2009							
00338-0041-46	A4217			1/1/2004	3/31/2008	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE 0.45%	2000 ML	BO	IR	ML		500 ML	0.002	1/1/2004	3/31/2008							
00338-0043-03	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE 0.45%	500 ML	FC	IV	ML		1 EA	1	1/1/2002	99/99/9999							
00338-0043-04	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE 0.45%	1000 ML	FC	IV	ML		1 EA	1	1/1/2002	99/99/9999							
00338-0044-02	J7050			1/1/2002	10/31/2009	INFUSION, NORMAL SALINE SOLUTION, 250 CC	SODIUM CHLORIDE 0.9%	250 ML	GC	IV	ML		250 ML	0.004	1/1/2002	10/31/2009							
00338-0044-03	J7040			1/1/2002	12/31/2009	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	SODIUM CHLORIDE 0.9%	500 ML	FC	IV	ML		500 ML	0.002	1/1/2002	12/31/2009							
00338-0047-24	A4217			1/1/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (ARTHROMATIC P.C.) 0.9%	1000 ML	FC	IR	ML		500 ML	0.002	1/1/2004	99/99/9999							
00338-0047-27	A4217			1/1/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE 0.9%	3000 ML	PC	IR	ML		500 ML	0.002	1/1/2004	99/99/9999							
00338-0047-29	A4217			1/1/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE 0.9%	5000 ML	PC	IR	ML		500 ML	0.002	1/1/2004	99/99/9999							
00338-0047-44	A4217			1/1/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (ARTHROMATIC P.C.) 0.9%	1000 ML	FC	IR	ML		500 ML	0.002	1/1/2004	99/99/9999							
00338-0047-46	A4217			1/1/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE 0.9%	2000 ML	BO	IR	ML		500 ML	0.002	1/1/2004	99/99/9999							
00338-0047-47	A4217			1/1/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE 0.9%	3000 ML	FC	IR	ML		500 ML	0.002	1/1/2004	99/99/9999							
00338-0048-02	A4217			1/1/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE 0.9%	250 ML	PC	IR	ML		500 ML	0.002	1/1/2004	99/99/9999							
00338-0048-03	A4217			1/1/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE 0.9%	500 ML	PC	IR	ML		500 ML	0.002	1/1/2004	99/99/9999							
00338-0048-04	A4217			1/1/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (P.C.) 0.9%	1000 ML	PC	IR	ML		500 ML	0.002	1/1/2004	99/99/9999							
00338-0048-05	A4217			1/1/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE 0.9%	1500 ML	PC	IR	ML		500 ML	0.002	1/1/2004	99/99/9999							
00338-0049-01	J7050			1/1/2002	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, 250 CC	SODIUM CHLORIDE 0.9%	150 ML	FC	IV	ML		250 ML	0.004	1/1/2002	99/99/9999							
00338-0049-02	J7050			1/1/2002	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, 250 CC	SODIUM CHLORIDE 0.9%	250 ML	FC	IV	ML		250 ML	0.004	1/1/2002	99/99/9999							
00338-0049-03	J7040			1/1/2002	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	SODIUM CHLORIDE 0.9%	500 ML	FC	IV	ML		500 ML	0.002	1/1/2002	99/99/9999							
00338-0049-04	J7030			1/1/2002	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, 1000 CC	SODIUM CHLORIDE 0.9%	1000 ML	FC	IV	ML		1000 ML	0.001	1/1/2002	99/99/9999							
00338-0049-10	A4216			1/1/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (QUAD PACK, MINI-BAG) 0.9%	25 ML	FC	IV	ML		10 ML	0.1	1/1/2004								

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00338-0049-11	A4216			1/1/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (QUAD PACK, MINI-BAG) 0.9%	50 ML	FC	IV	ML		10 ML		0.1	1/1/2004	99/99/9999						
00338-0049-18	J7050			1/1/2002	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (QUAD PACK, MINI-BAG) 0.9%	100 ML	FC	IV	ML		250 ML		0.004	1/1/2002	99/99/9999						
00338-0049-31	A4216			1/1/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (MULTI PACK, MINI-BAG) 0.9%	50 ML	FC	IV	ML		10 ML		0.1	1/1/2004	99/99/9999						
00338-0049-38	J7050			1/1/2002	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (MULTI PACK, MINI-BAG) 0.9%	100 ML	FC	IV	ML		250 ML		0.004	1/1/2002	99/99/9999						
00338-0049-41	A4216			1/1/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (SINGLE PACK, MINI-BAG) 0.9%	50 ML	FC	IV	ML		10 ML		0.1	1/1/2004	99/99/9999						
00338-0049-48	J7050			1/1/2002	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (SINGLE PACK, MINI-BAG) 0.9%	100 ML	FC	IV	ML		250 ML		0.004	1/1/2002	99/99/9999						
00338-0050-47	A4217			1/1/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (PROCESSING) 0.9%	3000 ML	PC	IR	ML		500 ML		0.002	1/1/2004	99/99/9999						
00338-0054-03	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE 3%	500 ML	FC	IV	ML		1 EA		1	1/1/2002	99/99/9999						
00338-0056-03	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE 5%	500 ML	FC	IV	ML		1 EA		1	1/1/2002	99/99/9999						
00338-0073-03	J7799			1/1/2002	7/31/2011	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE 2.5%-0.45%	500 ML	FC	IV	ML		1 EA		1	1/1/2002	7/31/2011						
00338-0073-04	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE 2.5%-0.45%	1000 ML	FC	IV	ML		1 EA		1	1/1/2002	99/99/9999						
00338-0077-02	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE 5%-0.2%	250 ML	FC	IV	ML		1 EA		1	1/1/2002	99/99/9999						
00338-0077-03	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE 5%-0.2%	500 ML	FC	IV	ML		1 EA		1	1/1/2002	99/99/9999						
00338-0077-04	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE 5%-0.2%	1000 ML	FC	IV	ML		1 EA		1	1/1/2002	99/99/9999						
00338-0081-02	J7799			1/1/2002	5/30/2007	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE 5%-0.33%	250 ML	FC	IV	ML		1 EA		1	1/1/2002	5/30/2007						
00338-0081-03	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE 5%-0.33%	500 ML	FC	IV	ML		1 EA		1	1/1/2002	99/99/9999						
00338-0081-04	J7799			1/1/2002	4/30/2007	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE 5%-0.33%	1000 ML	FC	IV	ML		1 EA		1	1/1/2002	4/30/2007						
00338-0085-02	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE 5%-0.45%	250 ML	FC	IV	ML		1 EA		1	1/1/2002	99/99/9999						
00338-0085-03	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE 5%-0.45%	500 ML	FC	IV	ML		1 EA		1	1/1/2002	99/99/9999						
00338-0085-04	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE 5%-0.45%	1000 ML	FC	IV	ML		1 EA		1	1/1/2002	99/99/9999						
00338-0089-02	J7042			1/1/2002	6/30/2010	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)	DEXTROSE/SODIUM CHLORIDE 5%-0.9%	250 ML	FC	IV	ML		5 %		0.002	1/1/2002	6/30/2010						
00338-0089-03	J7042			1/1/2002	99/99/9999	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)	DEXTROSE/SODIUM CHLORIDE 5%-0.9%	500 ML	FC	IV	ML		5 %		0.002	1/1/2002	99/99/9999						
00338-0089-04	J7042			1/1/2002	99/99/9999	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)	DEXTROSE/SODIUM CHLORIDE 5%-0.9%	1000 ML	FC	IV	ML		5 %		0.002	1/1/2002	99/99/9999						
00338-0117-02	J7120			1/1/2002	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S	250 ML	FC	IV	ML		1000 ML		0.001	1/1/2002	99/99/9999						
00338-0117-03	J7120			1/1/2002	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S	500 ML	FC	IV	ML		1000 ML		0.001	1/1/2002	99/99/9999						
00338-0117-04	J7120			1/1/2002	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S	1000 ML	FC	IV	ML		1000 ML		0.001	1/1/2002	99/99/9999						
00338-0125-03	J7120			1/1/2002	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S/DEXTROSE 5%	500 ML	FC	IV	ML		1000 ML		0.0005	1/1/2002	99/99/9999						
00338-0125-04	J7120			1/1/2002	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S/DEXTROSE 5%	1000 ML	FC	IV	ML		1000 ML		0.0005	1/1/2002	99/99/9999						
00338-0265-03	J7110			1/1/2002	8/31/2008	INFUSION, DEXTRAN 75, 500 ML	GENTRAN 70 W/SODIUM CHLORIDE 6%-0.9%	500 ML	FC	IV	ML		500 ML		0.002	1/1/2002	8/31/2008						
00338-0270-03	J7100			1/1/2002	8/31/2008	INFUSION, DEXTRAN 40, 500 ML	GENTRAN 40 W/SODIUM CHLORIDE 10%-0.9%	500 ML	FC	IV	ML		500 ML		0.002	1/1/2002	8/31/2008						
00338-0318-02	J3480			1/1/2002	1/31/2011	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (BULK PACKAGE) 2 MEQ/ML	250 ML	GC	IV	ML		2 MEQ		1	1/1/2002	1/31/2011						
00338-0351-04	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	OSMITROL (VIAFLEX) 5%	1000 ML	FC	IV	ML		1 EA		1	1/1/2002	99/99/9999						
00338-0353-03	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	OSMITROL (VIAFLEX) 10%	500 ML	FC	IV	ML		1 EA		1	1/1/2002	99/99/9999						
00338-0353-04	J7799			1/1/2002	3/31/2010	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	OSMITROL (VIAFLEX;12X1000ML) 10%	1000 ML	FC	IV	ML		1 EA		1	1/1/2002	3/31/2010						
00338-0355-03	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	OSMITROL (VIAFLEX) 15%	500 ML	FC	IV	ML		1 EA		1	1/1/2002	99/99/9999						
00338-0357-02	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	OSMITROL (VIAFLEX) 20%	250 ML	FC	IV	ML		1 EA		1	1/1/2002	99/99/9999						
00338-0357-03	J2001			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	OSMITROL (VIAFLEX) 20%	500 ML	FC	IV	ML		1 EA		1	1/1/2002	99/99/9999						
00338-0409-02	J2001			1/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MC	DEXTROSE/LIDOCAINE HCL 5%-0.4%	250 ML	FC	IV	ML		10 MG		0.4	1/1/2004	99/99/9999						
00338-0409-03	J2001			1/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MC	DEXTROSE/LIDOCAINE HCL 5%-0.4%	500 ML	FC	IV	ML		10 MG		0.4	1/1/2004	99/99/9999						
00338-0411-02	J2001			1/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MC	DEXTROSE/LIDOCAINE HCL 5%-0.8%	250 ML	FC	IV	ML		10 MG		0.8	1/1/2004	99/99/9999						
00338-0431-03	J1644			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM/SODIUM CHLORIDE 200 U/100 ML-0.9%	500 ML	FC	IV	ML		1000 U		0.002	1/1/2002	99/99/9999						
00338-0433-04	J1644			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM/SODIUM CHLORIDE 200 U/100 ML-0.9%	1000 ML	FC	IV	ML		1000 U		0.002	1/1/2002	99/99/9999						
00338-0439-03	J2810			1/1/2002	9/30/2010	INJECTION, THEOPHYLLINE, PER 40 MG	DEXTROSE/THEOPHYLLINE 5%-80 MG/100 ML	500 ML	FC	IV	ML		40 MG		0.02	1/1/2002	9/30/2010						
00338-0441-03	J2810			1/1/2002	12/31/2010	INJECTION, THEOPHYLLINE, PER 40 MG	DEXTROSE/THEOPHYLLINE 5%-160 MG/100 ML	500 ML	FC	IV	ML		40 MG		0.04	1/1/2002	12/31/2010						
00338-0501-48	J1580			1/1/2002	11/30/2010	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE 60 MG/100 ML-0.9%	100 ML	FC	IV	ML		80 MG		0.0075	1/1/2002	11/30/2010						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00338-0503-48	J1580			1/1/2002	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE (VIAFLEX) 0.8 MG/ML-0.9%	100 ML	FC	IV	ML		80 MG	0.01		1/1/2002	99/99/9999						
00338-0505-48	J1580			1/1/2002	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE 100 MG/100 ML-0.9%	100 ML	FC	IV	ML		80 MG	0.0125		1/1/2002	99/99/9999						
00338-0507-41	J1580			1/1/2002	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE (24X50ML) 1.2 MG/ML-0.9%	50 ML	FC	IV	ML		80 MG	0.015		1/1/2002	99/99/9999						
00338-0507-48	J1580			1/1/2002	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE (24X100ML) 1.2 MG/ML-0.9%	100 ML	FC	IV	ML		80 MG	0.015		1/1/2002	99/99/9999						
00338-0509-41	J1580			1/1/2002	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE 1.6 MG/ML-0.9%	50 ML	FC	IV	ML		80 MG	0.02		1/1/2002	99/99/9999						
00338-0511-41	J1580			1/1/2002	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE 2 MG/ML-0.9%	50 ML	FC	IV	ML		80 MG	0.025		1/1/2002	99/99/9999						
00338-0549-03	J1644			1/1/2002	5/31/2010	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	DEXTROSE/HEPARIN SODIUM (VIAFLEX,AF) 5%-4000 U/100 ML	500 ML	FC	IV	ML		1000 U	0.04		1/1/2002	5/31/2010						
00338-0550-02	J1644			12/8/2004	6/30/2010	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	DEXTROSE/HEPARIN SODIUM (VIAFLEX,AF) 5%-5000 U/100 ML	250 ML	FC	IV	ML		1000 U	0.05		12/8/2004	6/30/2010						
00338-0550-03	J1644			1/1/2002	6/30/2010	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	DEXTROSE/HEPARIN SODIUM (VIAFLEX,AF) 5%-5000 U/100 ML	500 ML	PC	IV	ML		1000 U	0.05		1/1/2002	6/30/2010						
00338-0551-11	J7060			1/1/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (MINI-BAG PLUS) 5%	50 ML	FC	IV	ML		500 ML	0.002		1/1/2002	99/99/9999						
00338-0551-18	J7060			1/1/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (MINI-BAG PLUS) 5%	100 ML	FC	IV	ML		500 ML	0.002		1/1/2002	99/99/9999						
00338-0553-11	A4216			1/1/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (MINI-BAG PLUS) 0.9%	50 ML	FC	IV	ML		10 ML	0.1		1/1/2004	99/99/9999						
00338-0553-18	J7050			1/1/2002	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, 250 CC	SODIUM CHLORIDE (MINI-BAG PLUS) 0.9%	100 ML	FC	IV	ML		250 ML	0.004		1/1/2002	99/99/9999						
00338-0640-02	J7799			1/1/2002	6/30/2009	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE 10%-0.2%	250 ML	GC	IV	ML		1 EA	1		1/1/2002	6/30/2009						
00338-0691-04	J3480			1/1/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE/SODIUM CHLORIDE 2 MEQ/100 ML-0.9%	1000 ML	FC	IV	ML		2 MEQ	0.01		1/1/2002	99/99/9999						
00338-0695-04	J3480			1/1/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE/SODIUM CHLORIDE 4 MEQ/100 ML-0.9%	1000 ML	FC	IV	ML		2 MEQ	0.02		1/1/2002	99/99/9999						
00338-0703-41	J3480			1/1/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEC	POTASSIUM CHLORIDE 20 MEQ/50 ML	50 ML	PC	IV	ML		2 MEQ	0.2		1/1/2002	99/99/9999						
00338-0703-48	J3480			1/1/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE 40 MEQ/100 ML	100 ML	PC	IV	ML		2 MEQ	0.2		1/1/2002	99/99/9999						
00338-0704-34	J3480			5/21/2003	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE/SODIUM CHLORIDE (VIAFLEX BAG,PF) 2 MEQ/100 ML-0.45%	1000 ML	FC	IV	ML		2 MEQ	0.01		5/21/2003	99/99/9999						
00338-0705-41	J3480			1/1/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEC	POTASSIUM CHLORIDE 10 MEQ/50 ML	50 ML	PC	IV	ML		2 MEQ	0.1		1/1/2002	99/99/9999						
00338-0705-48	J3480			1/1/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE 20 MEQ/100 ML	100 ML	PC	IV	ML		2 MEQ	0.1		1/1/2002	99/99/9999						
00338-0709-48	J3480			1/1/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE 10 MEQ/100 ML	100 ML	PC	IV	ML		2 MEQ	0.05		1/1/2002	99/99/9999						
00338-0711-13	J7799			1/1/2002	4/30/2008	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (VIAFLEX UNDERFILLED) 20%	500 ML	FC	IV	ML		1 EA	1		1/1/2002	4/30/2008						
00338-0711-34	J7799			1/1/2002	1/31/2008	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (VIAFLEX UNDERFILLED) 20%	1000 ML	FC	IV	ML		1 EA	1		1/1/2002	1/31/2008						
00338-0713-13	J7799			1/1/2002	12/31/2007	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (VIAFLEX UNDERFILLED) 30%	500 ML	FC	IV	ML		1 EA	1		1/1/2002	12/31/2007						
00338-0713-34	J7799			1/1/2002	3/31/2007	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (VIAFLEX UNDERFILLED) 30%	1000 ML	FC	IV	ML		1 EA	1		1/1/2002	3/31/2007						
00338-0715-13	J7799			1/1/2002	8/31/2007	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (VIAFLEX UNDERFILLED) 40%	500 ML	FC	IV	ML		1 EA	1		1/1/2002	8/31/2007						
00338-0715-34	J7799			1/1/2002	9/30/2007	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (VIAFLEX UNDERFILLED) 40%	1000 ML	FC	IV	ML		1 EA	1		1/1/2002	9/30/2007						
00338-0719-06	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (BULK PACKAGE) 70%	2000 ML	PC	IV	ML		1 EA	1		1/1/2002	99/99/9999						
00338-0719-13	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (12X500ML,USP) 70%	500 ML	PC	IV	ML		1 EA	1		1/1/2002	99/99/9999						
00338-0811-04	J7120			1/1/2002	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC	POTASSIUM CHLORIDE SOLUTION (5%,DEXTROSE & LAC-RING)	1000 ML	FC	IV	ML		1000 ML	0.0005		1/1/2002	99/99/9999						
00338-0815-04	J7120			1/1/2002	10/31/2010	RINGERS LACTATE INFUSION, UP TO 1000 CC	POTASSIUM CHLORIDE SOLUTION (5%,DEXTROSE & LAC-RING)	1000 ML	FC	IV	ML		1000 ML	0.0005		1/1/2002	10/31/2010						
00338-0873-02	J7799			1/1/2002	6/30/2010	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (BULK PACKAGE) 23.4%	250 ML	GC	IV	ML		1 EA	1		1/1/2002	6/30/2010						
00338-0960-37	J0744			3/18/2008	7/31/2011	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	CIPROFLOXACIN (1X200ML,USP,PREMIX,PF) 400 MG/200 ML	200 ML	FC	IV	ML		200 MG	0.01		3/18/2008	7/31/2011						
00338-0960-48	J0744			3/18/2008	5/31/2011	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	CIPROFLOXACIN (1X100ML,USP,PREMIX,PF) 200 MG/100 ML	100 ML	FC	IV	ML		200 MG	0.01		3/18/2008	5/31/2011						
00338-1005-02	J1265			1/1/2006	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG	DEXTROSE/DOPAMINE HCL (PRE-MIX IN D5W) 5%-80 MG/100 ML	250 ML	PC	IV	ML		40 MG	0.02		1/1/2006	99/99/9999						
00338-1005-03	J1265			1/1/2006	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG	DEXTROSE/DOPAMINE HCL 5%-80 MG/100 ML	500 ML	PC	IV	ML		40 MG	0.02		1/1/2006	99/99/9999						
00338-1007-02	J1265			1/1/2006	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG	DEXTROSE/DOPAMINE HCL 5%-160 MG/100 ML	250 ML	PC	IV	ML		40 MG	0.04		1/1/2006	99/99/9999						
00338-1007-03	J1265			1/1/2006	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG	DEXTROSE/DOPAMINE HCL 5%-160 MG/100 ML	500 ML	PC	IV	ML		40 MG	0.04		1/1/2006	99/99/9999						
00338-1009-02	J1265			1/1/2006	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG	DEXTROSE/DOPAMINE HCL 5%-320 MG/100 ML	250 ML	PC	IV	ML		40 MG	0.08		1/1/2006	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00338-1013-41	J2700			1/1/2002	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	OXACILLIN SODIUM (PREMIXED) 1 GM/50 ML	50 ML	PC	IV	ML		250 MG	0.08		1/1/2002	99/99/9999						
00338-1015-41	J2700			1/1/2002	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	OXACILLIN SODIUM (PREMIXED) 2 GM/50 ML	50 ML	PC	IV	ML		250 MG	0.16		1/1/2002	99/99/9999						
00338-1017-41	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	NAFCILLIN SODIUM (GALAXY,PREMIX) 1 GM/50 ML	50 ML	PC	IV	ML		1 EA	1		1/1/2002	99/99/9999						
00338-1019-48	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	NAFCILLIN SODIUM (GALAXY,PREMIX) 1 GM/50 ML	100 ML	FC	IV	ML		1 EA	1		1/1/2002	99/99/9999						
00338-1021-41	J2540			1/1/2002	99/99/9999	INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS	PENICILLIN G POTASSIUM (GALAXY,PREMIX) 1 Million U/50 ML	50 ML	PC	IV	ML		600000 U	0.03333		1/1/2002	99/99/9999						
00338-1023-41	J2540			1/1/2002	99/99/9999	INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS	PENICILLIN G POTASSIUM (GALAXY,PREMIX) 2 Million U/50 ML	50 ML	PC	IV	ML		600000 U	0.06666		1/1/2002	99/99/9999						
00338-1025-41	J2540			1/1/2002	99/99/9999	INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS	PENICILLIN G POTASSIUM (GALAXY,PREMIX) 3 Million U/50 ML	50 ML	PC	IV	ML		600000 U	0.1		1/1/2002	99/99/9999						
00338-1055-48	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	METRONIDAZOLE 500 MG/100 ML	100 ML	FC	IV	ML		1 EA	1		1/1/2002	99/99/9999						
00338-1073-02	J1250			1/1/2002	99/99/9999	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DEXTROSE/DOBUTAMINE 5%-100 MG/100 ML	250 ML	FC	IV	ML		250 MG	0.004		1/1/2002	99/99/9999						
00338-1073-03	J1250			1/1/2002	10/30/2006	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DEXTROSE/DOBUTAMINE (12X500ML) 5%-100 MG/100 ML	500 ML	FC	IV	ML		250 MG	0.004		1/1/2002	10/30/2006						
00338-1075-02	J1250			1/1/2002	99/99/9999	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DEXTROSE/DOBUTAMINE 5%-200 MG/100 ML	250 ML	FC	IV	ML		250 MG	0.008		1/1/2002	99/99/9999						
00338-1077-02	J1250			1/1/2002	99/99/9999	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DEXTROSE/DOBUTAMINE 5%-400 MG/100 ML	250 ML	FC	IV	ML		250 MG	0.016		1/1/2002	99/99/9999						
00338-1762-41	J2405			12/27/2006	7/25/2012	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (50MLX10,SD,USP,PREMIX) 32 MG/50 ML	50 ML	PC	IV	ML		1 MG	0.64		12/27/2006	7/25/2012						
00338-2689-75	J2270			1/1/2002	9/30/2010	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (SRN, PREFILLED GLASS) 1 MG/ML	50 ML	SR	IJ	ML		10 MG	0.1		1/1/2002	9/30/2010						
00338-2690-75	J2270			1/1/2002	2/28/2009	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (SRN, PREFILLED GLASS) 5 MG/ML	50 ML	SR	IJ	ML		10 MG	0.5		1/1/2002	2/28/2009						
00338-2691-75	J2175			1/1/2002	9/30/2010	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL (SRN, PREFILLED GLASS) 10 MG/ML	50 ML	SR	IJ	ML		100 MG	0.1		1/1/2002	9/30/2010						
00338-3503-41	J0690			1/1/2002	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFZOLIN SODIUM (GALAXY P.C.) 1 GM/50 ML	50 ML	FC	IV	ML		500 MG	0.04		1/1/2002	99/99/9999						
00338-3551-48	J3370			1/1/2002	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOCCIN HCL (S.D. GALAXY PLASTIC) 5%-500 MG/100 ML	100 ML	PC	IV	ML		500 MG	0.01		1/1/2002	99/99/9999						
00338-3552-48	J3370			1/1/2002	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOCCIN HCL (S.D. GALAXY PLASTIC) 5%-500 MG/100 ML	200 ML	PC	IV	ML		500 MG	0.01		1/1/2002	99/99/9999						
00338-5002-41	J0696			9/6/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 1 GM/50 ML	50 ML	PC	IV	ML		250 MG	0.08		9/6/2005	99/99/9999						
00338-5003-41	J0696			9/6/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 2 GM/50 ML	50 ML	PC	IV	ML		250 MG	0.16		9/6/2005	99/99/9999						
00338-5197-41	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	FAMOTIDINE (GALAXY PC,PF) 0.4 MG/ML	50 ML	PC	IV	ML		1 EA	1		1/1/2002	99/99/9999						
00338-5198-41	J3490			11/1/2003	10/18/2008	UNCLASSIFIED DRUGS	FAMOTIDINE NOVAPLUS (PREMIXED W/NS,PF) 20 MG/50 ML	50 ML	PC	IV	ML		1 EA	1		11/1/2003	10/18/2008						
00338-6010-48	J2260			6/5/2002	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	DEXTROSE/MILRINONE LACTATE (BAG, INTRAVIA) 5%-20 MG/100 ML	100 ML	FC	IV	ML		5 MG	0.04		6/5/2002	99/99/9999						
00338-6011-37	J2260			6/5/2002	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	DEXTROSE/MILRINONE LACTATE (BAG, INTRAVIA) 5%-20 MG/100 ML	200 ML	FC	IV	ML		5 MG	0.04		6/5/2002	99/99/9999						
00338-6045-37	J1450			7/29/2004	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE (INTRAVIA CONTAINER) 400 MG/200 ML	200 ML	PC	IV	ML		200 MG	0.01		7/29/2004	99/99/9999						
00338-6046-48	J1450			7/29/2004	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE (INTRAVIA CONTAINERS) 200 MG/100 ML	100 ML	PC	IV	ML		200 MG	0.01		7/29/2004	99/99/9999						
00338-6307-02	J7120			10/17/2007	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S (USP,LATEX-FREE)	250 ML	FC	IV	ML		1000 ML	0.001		10/17/2007	99/99/9999						
00338-6346-02	J7060			3/1/2007	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (USP,40X250ML,AVIVA) 5%	250 ML	FC	IV	ML		500 ML	0.002		3/1/2007	99/99/9999						
00378-0014-01	None			1/1/1994	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	100 EA	BO	PO	EA		2.5 MG	1		1/1/1994	99/99/9999						
00378-0014-50	None			2/23/1998	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	5000 EA	BO	PO	EA		2.5 MG	1		2/23/1998	99/99/9999						
00378-0144-05	J8999			2/20/2003	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE 10 MG	500 EA	BO	PO	EA		1 EA	1		2/20/2003	99/99/9999						
00378-0144-91	J8999			2/20/2003	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE 10 MG	60 EA	BO	PO	EA		1 EA	1		2/20/2003	99/99/9999						
00378-0253-01	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	100 EA	BO	PO	EA		1 EA	1		1/1/2002	99/99/9999						
00378-0274-01	J8999			2/20/2003	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE 20 MG	100 EA	BO	PO	EA		1 EA	1		2/20/2003	99/99/9999						
00378-0274-93	J8999			2/20/2003	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE 20 MG	30 EA	BO	PO	EA		1 EA	1		2/20/2003	99/99/9999						
00378-0302-01	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	100 EA	BO	PO	EA		1 EA	1		1/1/2002	99/99/9999						
00378-0315-53	Q0179			6/27/2007	12/31/2011	ON DANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 4 MG	3 EA	BX	PO	EA		8 MG	0.5		6/27/2007	12/31/2011						
00378-0315-53	Q0162			1/1/2012	99/99/9999	ON DANSETRON 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	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 4 MG	3 EA	BX	PO	EA		1 MG	4		1/1/2012	99/99/9999						
00378-0315-93	Q0179			6/27/2007	12/31/2011	ON DANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 4 MG	30 EA	BO	PO	EA		8 MG	0.5		6/27/2007	12/31/2011						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00378-0315-93		Q0162		1/1/2012	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	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 4 MG	30 EA	BO	PO	EA		1 MG		4	1/1/2012	99/99/9999						
00378-0344-53		Q0179		6/27/2007	12/31/2011	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 8 MG	3 EA	BX	PO	EA		8 MG		1	6/27/2007	12/31/2011						
00378-0344-53		Q0162		1/1/2012	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	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 8 MG	3 EA	BX	PO	EA		1 MG		8	1/1/2012	99/99/9999						
00378-0344-93		Q0179		6/27/2007	12/31/2011	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	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 8 MG	30 EA	BO	PO	EA		8 MG		1	6/27/2007	12/31/2011						
00378-0344-93		Q0162		1/1/2012	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	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 8 MG	30 EA	BO	PO	EA		1 MG		8	1/1/2012	99/99/9999						
00378-1003-94		Q0166		1/30/2007	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	GRANISETRON HYDROCHLORIDE (FILM COATED) 1 MG	20 EA	BO	PO	EA		1 MG		1	1/30/2007	99/99/9999						
00378-1005-01		J7500		12/22/2009	99/99/9999	AZATHIOPRINE, ORAL, 50 MG	AZATHIOPRINE, 50 MG	100 EA	BO	PO	EA		50 MG		1	12/22/2009	99/99/9999						
00378-1533-83		Q0144		6/5/2007	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (3X6, FILM-COATED) 250 MG	18 EA	BX	PO	EA		1 GM		0.25	6/5/2007	99/99/9999						
00378-1534-59		Q0144		6/5/2007	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (3X3, FILM-COATED) 500 MG	9 EA	BX	PO	EA		1 GM		0.5	6/5/2007	99/99/9999						
00378-1535-93		Q0144		6/5/2007	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 600 MG	30 EA	BO	PO	EA		1 GM		0.6	6/5/2007	99/99/9999						
00378-2045-01		J7507		9/23/2010	99/99/9999	TACROLIMUS, ORAL, PER 1 MG	TACROLIMUS (HARD GELATIN) 0.5 MG	100 EA	EA	PO	EA		1 MG		0.5	9/23/2010	99/99/9999						
00378-2046-01		J7507		9/23/2010	99/99/9999	TACROLIMUS, ORAL, PER 1 MG	TACROLIMUS (HARD GELATIN) 1 MG	100 EA	EA	PO	EA		1 MG		1	9/23/2010	99/99/9999						
00378-2046-05		J7507		7/13/2011	99/99/9999	TACROLIMUS, ORAL, PER 1 MG	TACROLIMUS (HARD GELATIN) 1 MG	500 EA	BO	PO	EA		1 MG		1	7/13/2011	99/99/9999						
00378-2047-01		J7507		9/23/2010	99/99/9999	TACROLIMUS, ORAL, PER 1 MG	TACROLIMUS (HARD GELATIN) 5 MG	100 EA	EA	PO	EA		1 MG		5	9/23/2010	99/99/9999						
00378-2250-01		J7517		5/4/2009	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (HARD GELATIN) 250MG	100 EA	BO	PO	EA		250 MG		1	5/4/2009	99/99/9999						
00378-3266-94		None		10/19/2001	99/99/9999	ETOPOSIDE, 50 MG, ORAL	ETOPOSIDE (BLISTER PACK, SOFTGEL) 50 MG	20 EA	BX	PO	EA		50 MG		1	10/19/2001	99/99/9999						
00378-3547-25		J8999		7/1/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NO	MERCAPTOPYRINE (U.S.P.) 50 MG	250 EA	BO	PO	EA		1 EA		1	7/1/2005	99/99/9999						
00378-3547-52		J8999		7/1/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NO	MERCAPTOPYRINE (U.S.P.) 50 MG	25 EA	BO	PO	EA		1 EA		1	7/1/2005	99/99/9999						
00378-4472-01		J7517		5/4/2009	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (FILM COATED) 500 MG	100 EA	BO	PO	EA		250 MG		2	5/4/2009	99/99/9999						
00378-4472-05		J7517		5/4/2009	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (FILM COATED) 500 MG	500 EA	BO	PO	EA		250 MG		2	5/4/2009	99/99/9999						
00378-5105-01		Q0164		1/1/2002	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	PROCHLORPERAZINE MALEATE 5 MG	100 EA	BO	PO	EA		5 MG		1	1/1/2002	99/99/9999						
00378-5110-01		Q0165		1/1/2002	99/99/9999	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	PROCHLORPERAZINE MALEATE 10 MG	100 EA	BO	PO	EA		10 MG		1	1/1/2002	99/99/9999						
00378-6988-58		J7620		12/28/2007	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	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	99/99/9999						
00378-6988-91		J7620		12/28/2007	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	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	99/99/9999						
00378-6988-93		J7620		12/28/2007	6/12/2013	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	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	6/12/2013						
00378-6989-62	KO	J7644	KO	10/7/2009	4/2/2013	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (25X2.5ML, PF) 0.02%	25 EA	SOL	IH	ML		1 MG		0.2	10/7/2009	4/2/2013						
00378-6989-62		J7644		10/7/2009	4/2/2013	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (25X2.5ML, PF) 0.02%	25 EA	SOL	IH	ML		1 MG		0.2	10/7/2009	4/2/2013						
00378-6989-64	KO	J7644	KO	10/7/2009	2/18/2013	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (30X2.5ML, PF) 0.02%	30 EA	PC	IH	ML		1 MG		0.2	10/7/2009	2/18/2013						
00378-6989-64		J7644		10/7/2009	2/18/2013	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (30X2.5ML, PF) 0.02%	30 EA	PC	IH	ML		1 MG		0.2	10/7/2009	2/18/2013						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00378-6989-66	KO	J7644	KO	10/7/2009	3/3/2013	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (60X2.5ML,PF) 0.02%	60 EA	SOL IH	ML			1 MG	0.2	10/7/2009	3/3/2013							
00378-6989-66		J7644		10/7/2009	3/3/2013	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (60X2.5ML,PF) 0.02%	60 EA	SOL IH	ML			1 MG	0.2	10/7/2009	3/3/2013							
00378-6989-93		J7644		10/7/2009	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (30X2.5ML,PF) 0.02%	30 EA	SOL IH	ML			1 MG	0.2	10/7/2009	99/99/9999							
00378-6989-93	KO	J7644	KO	10/7/2009	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (30X2.5ML,PF) 0.02%	30 EA	SOL IH	ML			1 MG	0.2	10/7/2009	99/99/9999							
00378-6990-52		J7613		10/7/2009	12/12/2012	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (5X5) 0.083%	25 EA	SOL IH	ML			1 MG	0.83333	10/7/2009	12/12/2012							
00378-6990-52	KO	J7613	KO	10/7/2009	12/12/2012	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (5X5) 0.083%	25 EA	SOL IH	ML			1 MG	0.83333	10/7/2009	12/12/2012							
00378-6990-58	KO	J7613	KO	10/7/2009	1/21/2013	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (6X5) 0.083%	30 EA	SOL IH	ML			1 MG	0.83333	10/7/2009	1/21/2013							
00378-6990-58		J7613		10/7/2009	1/21/2013	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (6X5) 0.083%	30 EA	SOL IH	ML			1 MG	0.83333	10/7/2009	1/21/2013							
00378-6990-91	KO	J7613	KO	10/7/2009	4/10/2013	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (12X5) 0.083%	60 EA	SOL IH	ML			1 MG	0.83333	10/7/2009	4/10/2013							
00378-6990-91		J7613		10/7/2009	4/10/2013	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (12X5) 0.083%	60 EA	SOL IH	ML			1 MG	0.83333	10/7/2009	4/10/2013							
00378-6991-52		J7613		11/2/2009	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (25X3ML,PF) 0.63 MG/3 ML	3 ML EA	IA	ML			1 MG	0.21	11/2/2009	99/99/9999							
00378-6991-52	KO	J7613	KO	11/2/2009	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (25X3ML,PF) 0.63 MG/3 ML	3 ML EA	IA	ML			1 MG	0.21	11/2/2009	99/99/9999							
00378-6992-52		J7613		11/2/2009	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (25X3ML,PF) 1.25 MG/3 ML	3 ML EA	IA	ML			1 MG	0.4166	11/2/2009	99/99/9999							
00378-6992-52	KO	J7613	KO	11/2/2009	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (25X3ML,PF) 1.25 MG/3 ML	3 ML EA	IA	ML			1 MG	0.4166	11/2/2009	99/99/9999							
00378-6993-93		J7612		8/28/2009	99/99/9999	LEVAlBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVAlBUTEROL (USP,PF) 1.25 MG/0.5 ML	30 EA	SOL IH	ML			0.5 MG	5	8/28/2009	99/99/9999							
00378-6993-93	KO	J7612	KO	8/28/2009	99/99/9999	LEVAlBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVAlBUTEROL (USP,PF) 1.25 MG/0.5 ML	30 EA	SOL IH	ML			0.5 MG	5	8/28/2009	99/99/9999							
00378-7732-93		Q0179		6/25/2007	12/31/2011	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	ONDANSETRON (USP) 4 MG	30 EA	BO	PO	EA		8 MG	0.5	6/25/2007	12/31/2011							
00378-7732-93		Q0162		1/1/2012	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	ONDANSETRON (USP) 4 MG	30 EA	BO	PO	EA		1 MG	4	1/1/2012	99/99/9999							
00378-7734-93		Q0179		6/25/2007	12/31/2011	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	ONDANSETRON (USP) 8 MG	30 EA	BO	PO	EA		8 MG	1	6/25/2007	12/31/2011							
00378-7734-93		Q0162		1/1/2012	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	ONDANSETRON (USP) 8 MG	30 EA	BO	PO	EA		1 MG	8	1/1/2012	99/99/9999							
00378-7734-97		Q0179		6/25/2007	12/31/2011	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	ONDANSETRON (USP) 8 MG	10 EA	BO	PO	EA		8 MG	1	6/25/2007	12/31/2011							
00378-7734-97		Q0162		1/1/2012	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	ONDANSETRON (USP) 8 MG	10 EA	BO	PO	EA		1 MG	8	1/1/2012	99/99/9999							
00378-7970-52	KO	J7644	KO	4/3/2013	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (25X2.5ML,PF) 0.02%	2.5 ML	PC	IH	ML		1 MG	0.2	4/3/2013	99/99/9999							
00378-7970-52		J7644		4/3/2013	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (25X2.5ML,PF) 0.02%	2.5 ML	PC	IH	ML		1 MG	0.2	4/3/2013	99/99/9999							
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	ALBUTEROL SULFATE (25X3ML) 0.083%	25 ML	PC	IH	ML		1 MG	0.83333	12/13/2012	99/99/9999							
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	ALBUTEROL SULFATE (25X3ML) 0.083%	25 ML	PC	IH	ML		1 MG	0.83333	12/13/2012	99/99/9999							
00378-9680-44		J7614		3/15/2013	99/99/9999	LEVAlBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVAlBUTEROL (2X12,PF) 0.31 MG/3 ML	24 ML	PC	IH	ML		0.5 MG	0.20666	3/15/2013	99/99/9999							
00378-9680-44	KO	J7614	KO	3/15/2013	99/99/9999	LEVAlBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVAlBUTEROL (2X12,PF) 0.31 MG/3 ML	24 ML	PC	IH	ML		0.5 MG	0.20666	3/15/2013	99/99/9999							
00378-9681-44		J7614		3/15/2013	99/99/9999	LEVAlBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVAlBUTEROL (2X12,PF) 0.63 MG/3 ML	24 ML	PC	IH	ML		0.5 MG	0.42	3/15/2013	99/99/9999							

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00378-9681-44	KO	J7614	KO	3/15/2013	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (2X12,PF) 0.63 MG/3 ML	24 ML	PC	IH	ML		0.5 MG		0.42	3/15/2013	99/99/9999						
00378-9682-44	KO	J7614	KO	3/15/2013	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (2X12,PF) 1.25 MG/3 ML	24 ML	PC	IH	ML		0.5 MG		0.83333	3/15/2013	99/99/9999						
00378-9682-44	J7614			3/15/2013	99/99/9999	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL (2X12,PF) 1.25 MG/3 ML	24 ML	PC	IH	ML		0.5 MG		0.83333	3/15/2013	99/99/9999						
00406-0646-02	J0706			1/1/2002	99/99/9999	INJECTION, CAFFEINE CITRATE, 5MG	CAFFEINE CITRATED (PURIFIED)	1 EA	BO	NA	GM		5 MG		200	1/1/2002	99/99/9999						
00406-0672-52	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (U.S.P.)	1 EA	BO	NA	GM		1 EA		1	1/1/2002	99/99/9999						
00406-0735-52	J1960			1/1/2002	10/3/2006	INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MG	LEVORPHANOL TARTRATE (U.S.P.)	1 EA	BO	NA	GM		2 MG		500	1/1/2002	10/3/2006						
00406-1130-52	J3010			1/1/2002	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE	1 EA	BO	NA	GM		0.1 MG		10000	1/1/2002	99/99/9999						
00406-1395-04	J3520			1/1/2002	99/99/9999	EDETATE DISODIUM, PER 150 MG	EDETATE DISODIUM (U.S.P.)	1 EA	BO	NA	GM		150 MG		6.66666	1/1/2002	99/99/9999						
00406-1492-52	J2310			1/1/2002	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HCL (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	1/1/2002	99/99/9999						
00406-1510-56	J1230			1/1/2002	99/99/9999	INJECTION, METHADONE HCL, UP TO 10 MG	METHADONE HCL	1 EA	BO	NA	GM		10 MG		100	1/1/2002	99/99/9999						
00406-1510-57	J1230			1/1/2002	99/99/9999	INJECTION, METHADONE HCL, UP TO 10 MG	METHADONE HCL	1 EA	BO	NA	GM		10 MG		100	1/1/2002	99/99/9999						
00406-1510-59	J1230			1/1/2002	99/99/9999	INJECTION, METHADONE HCL, UP TO 10 MG	METHADONE HCL	1 EA	BO	NA	GM		10 MG		100	1/1/2002	99/99/9999						
00406-1521-53	J2271			1/1/2002	99/99/9999	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE	1 EA	BO	NA	GM		100 MG		10	1/1/2002	99/99/9999						
00406-1521-55	J2271			1/1/2002	99/99/9999	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE	1 EA	BO	NA	GM		100 MG		10	1/1/2002	99/99/9999						
00406-1521-56	J2271			1/1/2002	99/99/9999	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE	1 EA	BO	NA	GM		100 MG		10	1/1/2002	99/99/9999						
00406-1521-57	J2271			1/1/2002	99/99/9999	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE	1 EA	BO	NA	GM		100 MG		10	1/1/2002	99/99/9999						
00406-1548-32	J0745			1/1/2002	99/99/9999	INJECTION, CODEINE PHOSPHATE, PER 30 MG	CODEINE PHOSPHATE	1 EA	BO	NA	GM		30 MG		33.33333	1/1/2002	99/99/9999						
00406-1548-35	J0745			1/1/2002	99/99/9999	INJECTION, CODEINE PHOSPHATE, PER 30 MG	CODEINE PHOSPHATE	1 EA	BO	NA	GM		30 MG		33.33333	1/1/2002	99/99/9999						
00406-1585-55	J2175			1/1/2002	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MC	MEPERIDINE HCL (U.S.P.)	1 EA	BO	NA	GM		100 MG		10	1/1/2002	99/99/9999						
00406-2003-01	J7500			7/2/2007	3/27/2009	AZATHIOPRINE, ORAL, 50 MG	AZATHIOPRINE (USP) 50 MG	100 EA	BO	PO	EA		50 MG		1	7/2/2007	3/27/2009						
						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	PROMETHAZINE HYDROCHLORIDE (USP) 12.5 MG	100 EA	BO	PO	EA		12.5 MG		1	9/12/2006	3/27/2009						
00406-2040-01	Q0169			9/12/2006	3/27/2009	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	PROMETHAZINE HYDROCHLORIDE (USP) 25 MG	100 EA	BO	PO	EA		25 MG		1	9/12/2006	3/27/2009						
00406-2041-01	Q0170			9/12/2006	3/27/2009	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	PROMETHAZINE HYDROCHLORIDE (USP) 25 MG	100 EA	BO	PO	EA		25 MG		1	9/12/2006	3/27/2009						
00406-2041-10	Q0170			7/15/2007	3/27/2009	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	PROMETHAZINE HYDROCHLORIDE (USP) 25 MG	1000 EA	BO	PO	EA		25 MG		1	7/15/2007	3/27/2009						
00406-2042-01	Q0170			9/12/2006	3/27/2009	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	PROMETHAZINE HYDROCHLORIDE (USP) 50 MG	100 EA	BO	PO	EA		25 MG		2	9/12/2006	3/27/2009						
00406-3245-52	J1170			1/1/2002	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL	1 EA	BO	NA	GM		4 MG		250	1/1/2002	99/99/9999						
00406-4200-12	J3475			1/1/2002	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (U.S.P.)	1 EA	BO	NA	GM		500 MG		2	1/1/2002	99/99/9999						
00406-6838-04	J3480			1/1/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEC	POTASSIUM CHLORIDE (U.S.P.)	1 EA	BO	NA	GM		2 MEQ		6.71141	1/1/2002	99/99/9999						
00406-6838-06	J3480			1/1/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEC	POTASSIUM CHLORIDE (U.S.P.)	1 EA	BO	NA	GM		2 MEQ		6.71141	1/1/2002	99/99/9999						
00406-6845-04	J3480			1/1/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEC	POTASSIUM CHLORIDE (U.S.P.)	1 EA	BO	NA	GM		2 MEQ		6.71141	1/1/2002	99/99/9999						
00406-6858-04	J3480			1/1/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEC	POTASSIUM CHLORIDE (A.C.S.)	1 EA	NA	NA	GM		2 MEQ		6.71141	1/1/2002	99/99/9999						
00406-8050-03	J9218			1/1/2002	99/99/9999	LEUPROLIDE ACETATE, PER 1 MG	LEUPROLIDE ACETATE	1 EA	BO	NA	GM		1 MG		1000	1/1/2002	99/99/9999						
00406-8061-03	J2597			1/1/2002	9/7/2007	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG	DESMOPRESSIN ACETATE	1 EA	BO	NA	GM		1 MCG		1000000	1/1/2002	9/7/2007						
00406-8642-12	J3350			1/1/2002	99/99/9999	INJECTION, UREA, UP TO 40 GM	UREA (U.S.P.)	1 EA	BO	NA	GM		40 GM		0.025	1/1/2002	99/99/9999						
00409-0801-01	J9268			7/20/2007	99/99/9999	INJECTION, PENTOSTATIN, 10 MG	NIPENT (SDV) 10 MG	1 EA	VL	IV	EA		10 MG		1	7/20/2007	99/99/9999						
00409-1036-30	J0670			3/21/2006	99/99/9999	INJECTION, MEPIVACAINE HYDROCHLORIDE, PER 10 ML	CARBOCAINE 1%	30 ML	VL	IJ	ML		10 ML		0.1	3/21/2006	99/99/9999						
00409-1038-50	J0670			10/8/2007	99/99/9999	INJECTION, MEPIVACAINE HYDROCHLORIDE, PER 10 ML	CARBOCAINE (MDV) 1%	50 ML	VL	IJ	ML		10 ML		0.1	10/8/2007	99/99/9999						
00409-1041-30	J0670			4/26/2006	99/99/9999	INJECTION, MEPIVACAINE HYDROCHLORIDE, PER 10 ML	CARBOCAINE (PF) 1.5%	30 ML	VL	IJ	ML		10 ML		0.1	4/26/2006	99/99/9999						
00409-1067-20	J0670			1/15/2007	99/99/9999	INJECTION, MEPIVACAINE HYDROCHLORIDE, PER 10 ML	CARBOCAINE (SDV/USP,PF) 2%	20 ML	VL	IJ	ML		10 ML		0.1	1/15/2007	99/99/9999						
00409-1080-51	J7060			3/24/2006	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (THERMOJECT,10X10ML) 5%	10 ML	VL	IV	ML		500 ML		0.002	3/24/2006	99/99/9999						
00409-1081-51	A4216			12/27/2006	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (THERMOJECT, 25X100ML) 0.9%	10 ML	VL	IV	ML		10 ML		0.1	12/27/2006	99/99/9999						
00409-1082-01	J7060			4/25/2005	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (THERMOJECT KIT) 5%	10 ML	VL	IV	EA		500 ML		0.08	4/25/2005	99/99/9999						
00409-1082-51	J7060			3/29/2006	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (USP,PF) 5%	10 ML	VL	IV	ML		500 ML		0.002	3/29/2006	99/99/9999						
00409-1097-32	J0745			11/15/2005	10/2/2011	INJECTION, CODEINE PHOSPHATE, PER 30 MG	CODEINE PHOSPHATE (LUER-LOCK,CARPUJECT) 15 MG/ML	2 ML	SR	IJ	ML		30 MG		0.5	11/15/2005	10/2/2011						
00409-1102-32	J0745			10/5/2005	10/1/2010	INJECTION, CODEINE PHOSPHATE, PER 30 MG	CODEINE PHOSPHATE (LUER LOCK,CARPUJECT) 30 MG/ML	2 ML	SR	IJ	ML		30 MG		1	10/5/2005	10/1/2010						
00409-1120-62	J2405			12/22/2007	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (10X2ML,SDPFS,USP) 2 MG/ML	2 ML	SR	IJ	ML		1 MG		2	1/22/2007	99/99/9999						
00409-1129-10	J9045			12/11/2006	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN 10 MG/ML	5 ML	VL	IV	ML		50 MG		0.2	12/11/2006	99/99/9999						
00409-1129-11	J9045			12/11/2006	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN 10 MG/ML	15 ML	VL	IV	ML		50 MG		0.2	12/11/2006	99/99/9999						
00409-1129-12	J9045			12/11/2006	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN 10 MG/ML	45 ML	VL	IV	ML		50 MG		0.2	12/11/2006	99/99/9999						
00409-1130-02	J7799			5/13/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE 23.4%	250 ML	GC	IV	ML		1 EA		1	5/13/2005	99/99/9999						
00409-1134-03	J2271			9/14/2005	99/99/9999	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (VIAL, FLIPTOP) 50 MG/ML	20 ML	VL	IJ	ML		100 MG		0.5	9/14/2005	99/99/9999						
00409-1134-05	J2271			8/8/2005	99/99/9999	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (LATEX-FREE) 50 MG/ML	50 ML	VL	IJ	ML		100 MG		0.5	8/8/2005	99/99/9999						
00409-1135-02	J2275			7/21/2005	99/99/9999	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG	MORPHINE SULFATE (HIGH CONCENTRATION,PF) 25 MG/ML	10 ML	VL	IJ	ML		10 MG		2.5	7/21/2005	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00409-1141-02	J7799			4/13/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (VIAL, FLIPTOP, BULK PKG) 23.4%	100 ML	VL	IV	ML		1 EA		1	4/13/2005	99/99/9999						
00409-1151-12	J1642			7/14/2005	3/2/2009	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (25X10ML, LATEX FREE) 10 U/ML	10 ML	VL	IV	ML		10 U		1	7/14/2005	3/2/2009						
00409-1151-12	J1642			10/1/2009	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (25X10ML, LATEX FREE) 10 U/ML	10 ML	VL	IV	ML		10 U		1	10/1/2009	99/99/9999						
00409-1151-70	J1642			7/20/2005	3/2/2009	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (FTV, 25X10ML) 10 U/ML	10 ML	VL	IV	ML		10 U		1	7/20/2005	3/2/2009						
00409-1151-70	J1642			10/1/2009	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (FTV, 25X10ML) 10 U/ML	10 ML	VL	IV	ML		10 U		1	10/1/2009	99/99/9999						
00409-1151-78	J1642			9/19/2005	3/2/2009	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (FTV, 25X30ML) 10 U/ML	30 ML	VL	IV	ML		10 U		1	9/19/2005	3/2/2009						
00409-1151-78	J1642			10/1/2009	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (FTV, 25X30ML) 10 U/ML	30 ML	VL	IV	ML		10 U		1	10/1/2009	99/99/9999						
00409-1152-12	J1642			3/15/2005	3/2/2009	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (VIAL, FLIPTOP, LIFESHIELD) 100 U/ML	10 ML	VL	IV	ML		10 U		10	3/15/2005	3/2/2009						
00409-1152-12	J1642			10/1/2009	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (VIAL, FLIPTOP, LIFESHIELD) 100 U/ML	10 ML	VL	IV	ML		10 U		10	10/1/2009	99/99/9999						
00409-1152-70	J1642			9/7/2005	3/2/2009	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (VIAL, FLIPTOP) 100 U/ML	10 ML	VL	IV	ML		10 U		10	9/7/2005	3/2/2009						
00409-1152-70	J1642			10/1/2009	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (VIAL, FLIPTOP) 100 U/ML	10 ML	VL	IV	ML		10 U		10	10/1/2009	99/99/9999						
00409-1152-78	J1642			2/25/2005	3/2/2009	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (VIAL, FLIPTOP, LATEX-FREE) 100 U/ML	30 ML	VL	IV	ML		10 U		10	2/25/2005	3/2/2009						
00409-1152-78	J1642			10/1/2009	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (VIAL, FLIPTOP, LATEX-FREE) 100 U/ML	30 ML	VL	IV	ML		10 U		10	10/1/2009	99/99/9999						
00409-1158-01	J3490			7/27/2005	99/99/9999	UNCLASSIFIED DRUGS	BUPIVACAINE HCL (AMP, 5X30ML, LATEX-FREE) 0.25%	30 ML	AM	IJ	ML		1 EA		1	7/27/2005	99/99/9999						
00409-1158-02	J3490			10/28/2005	10/2/2011	UNCLASSIFIED DRUGS	BUPIVACAINE HCL (AMP, 25X50ML, LATEX-FREE) 0.25%	50 ML	AM	IJ	ML		1 EA		1	10/28/2005	10/2/2011						
00409-1159-01	J3490			6/29/2005	99/99/9999	UNCLASSIFIED DRUGS	BUPIVACAINE HCL (USP, 25X2ML, LATEX-FREE) 0.25%	10 ML	VL	IJ	ML		1 EA		1	6/29/2005	99/99/9999						
00409-1159-02	J3490			8/10/2005	99/99/9999	UNCLASSIFIED DRUGS	BUPIVACAINE HCL (25X30ML, LATEX-FREE) 0.25%	30 ML	VL	IJ	ML		1 EA		1	8/10/2005	99/99/9999						
00409-1160-01	J3490			4/12/2005	99/99/9999	UNCLASSIFIED DRUGS	BUPIVACAINE HCL (VIAL, FLIPTOP, LATEX-FREE) 0.25%	50 ML	VL	IJ	ML		1 EA		1	4/12/2005	99/99/9999						
00409-1161-01	J3490			10/18/2004	99/99/9999	UNCLASSIFIED DRUGS	BUPIVACAINE HCL (AMP, LATEX-FREE) 0.5%	30 ML	AM	IJ	ML		1 EA		1	10/18/2004	99/99/9999						
00409-1162-01	J3490			3/8/2006	99/99/9999	UNCLASSIFIED DRUGS	BUPIVACAINE HCL (25X10ML) 0.5%	10 ML	VL	IJ	ML		1 EA		1	3/8/2006	99/99/9999						
00409-1162-02	J3490			11/22/2005	99/99/9999	UNCLASSIFIED DRUGS	BUPIVACAINE HCL (VIAL, LATEX-FREE) 0.5%	30 ML	VL	IJ	ML		1 EA		1	11/22/2005	99/99/9999						
00409-1163-01	J3490			3/30/2005	99/99/9999	UNCLASSIFIED DRUGS	BUPIVACAINE HCL (VIAL, FLIPTOP, LATEX-FREE) 0.5%	50 ML	VL	IJ	ML		1 EA		1	3/30/2005	99/99/9999						
00409-1164-01	J3490			3/24/2006	10/3/2011	UNCLASSIFIED DRUGS	BUPIVACAINE HYDROCHLORIDE (5X30ML, USP) 0.75%	30 ML	AM	IJ	ML		1 EA		1	3/24/2006	10/3/2011						
00409-1165-01	J3490			12/8/2005	99/99/9999	UNCLASSIFIED DRUGS	BUPIVACAINE HCL (VIAL, LATEX-FREE) 0.75%	10 ML	VL	IJ	ML		1 EA		1	12/8/2005	99/99/9999						
00409-1165-02	J3490			5/24/2005	99/99/9999	UNCLASSIFIED DRUGS	BUPIVACAINE HCL (TTV, LATEX-FREE) 0.75%	30 ML	VL	IJ	ML		1 EA		1	5/24/2005	99/99/9999						
00409-1176-30	J2175			8/25/2005	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMEROL HYDROCHLORIDE (LLK, SLIM PK, LATEX-FREE) 25 MG/ML	1 ML	SR	IJ	ML		100 MG		0.25	8/25/2005	99/99/9999						
00409-1178-30	J2175			9/14/2005	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMEROL HYDROCHLORIDE (LATEX-FREE, CARPUJECT) 50 MG/ML	1 ML	SR	IJ	ML		100 MG		0.5	9/14/2005	99/99/9999						
00409-1179-30	J2175			12/8/2005	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMEROL HYDROCHLORIDE (LATEX-FREE, CARPUJECT) 75 MG/ML	1 ML	SR	IJ	ML		100 MG		0.75	12/8/2005	99/99/9999						
00409-1180-69	J2175			9/14/2005	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMEROL HYDROCHLORIDE (CARPUJECT) 100 MG/ML	1 ML	SR	IJ	ML		100 MG		1	9/14/2005	99/99/9999						
00409-1181-30	J2175			1/31/2006	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMEROL (USP, MDV, STERILE) 50 MG/ML	30 ML	VL	IJ	ML		100 MG		0.5	1/31/2006	99/99/9999						
00409-1187-01	J1790			8/23/2005	99/99/9999	INJECTION, DROPERIDOL, UP TO 5 MG	DROPERIDOL (10X2ML AMP, LATEX-FREE) 2.5 MG/ML	2 ML	AM	IJ	ML		5 MG		0.5	8/23/2005	99/99/9999						
00409-1201-20	J2175			3/9/2006	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MC	DEMEROL (MDV) 100 MG/ML	20 ML	VL	IJ	ML		100 MG		1	3/9/2006	99/99/9999						
00409-1203-01	J2175			12/16/2005	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	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						
00409-1207-03	J1580			8/30/2005	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE (VIAL, FLIPTOP) 40 MG/ML	2 ML	VL	IJ	ML		80 MG		0.5	8/30/2005	99/99/9999						
00409-1212-01	J2310			6/16/2005	1/1/2012	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HCL (10X1ML AMP, LATEX-FREE) 0.4 MG/ML	1 ML	AM	IJ	ML		1 MG		0.4	6/16/2005	1/1/2012						
00409-1215-01	J2310			7/8/2005	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HCL (VIAL, FLIPTOP, 10X1ML) 0.4 MG/ML	1 ML	VL	IJ	ML		1 MG		0.4	7/8/2005	99/99/9999						
00409-1219-01	J2310			4/3/2006	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HYDROCHLORIDE 0.4 MG/ML	10 ML	VL	IJ	ML		1 MG		0.4	4/3/2006	99/99/9999						
00409-1253-01	J2175			1/4/2006	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMEROL HYDROCHLORIDE (LATEX-FREE) 50 MG/ML	1 ML	AM	IJ	ML		100 MG		0.5	1/4/2006	99/99/9999						
00409-1254-01	J2175			3/20/2006	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MC	DEMEROL (25X1.5ML) 50 MG/ML	1.5 ML	AM	IJ	ML		100 MG		0.5	3/20/2006	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00409-1255-02	J2175			11/23/2005	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	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							
00409-1256-01	J2175			1/26/2006	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMEROL HYDROCHLORIDE (25X1ML,LATEX-FREE) 100 MG/ML	1 ML	AM	IJ	ML		100 MG	1	1/26/2006	99/99/9999							
00409-1258-30	J2270			5/10/2005	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (LUER LOCK,U.S.P., 10X1ML) 4 MG/ML	1 ML	CR	IJ	ML		10 MG	0.4	5/10/2005	99/99/9999							
00409-1260-69	J2270			3/22/2006	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE 8 MG/ML	1 ML	SR	IJ	ML		10 MG	0.8	3/22/2006	99/99/9999							
00409-1261-30	J2270			7/21/2005	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (LLK,SLIM PK, 10X1ML) 10 MG/ML	1 ML	SR	IJ	ML		10 MG	1	7/21/2005	99/99/9999							
00409-1264-31	J2271			12/16/2005	99/99/9999	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (LUER LOCK,LATEX-FREE) 15 MG/ML	1 ML	CR	IJ	ML		100 MG	0.15	12/16/2005	99/99/9999							
00409-1273-32	J3360			8/23/2005	99/99/9999	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (10X2ML, LUER LOCK) 5 MG/ML	2 ML	CR	IJ	ML		5 MG	1	8/23/2005	99/99/9999							
00409-1275-32	J1940			8/31/2005	10/2/2011	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (CARPUJECT W/LUER LOCK) 10 MG/ML	2 ML	SR	IJ	ML		20 MG	0.5	8/31/2005	10/2/2011							
00409-1276-32	J3010			7/27/2005	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (LUER LOCK,10X2ML,PF) 0.05 MG/ML	2 ML	SR	IJ	ML		0.1 MG	0.5	7/27/2005	99/99/9999							
00409-1280-31	J1642			3/28/2005	3/2/2009	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (LUER LOCK,LATEX-FREE) 10 U/ML	1 ML	SR	IV	ML		10 U	1	3/28/2005	3/2/2009							
00409-1280-31	J1642			10/1/2009	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (LUER LOCK,LATEX-FREE) 10 U/ML	1 ML	SR	IV	ML		10 U	1	10/1/2009	99/99/9999							
00409-1280-32	J1642			4/8/2005	3/2/2009	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (LUER LOCK,LATEX-FREE) 10 U/ML	2 ML	SR	IV	ML		10 U	1	4/8/2005	3/2/2009							
00409-1280-32	J1642			10/1/2009	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (LUER LOCK,LATEX-FREE) 10 U/ML	2 ML	SR	IV	ML		10 U	1	10/1/2009	99/99/9999							
00409-1280-33	J1642			4/5/2005	3/2/2009	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (LUER LOCK,LATEX-FREE) 10 U/ML	3 ML	CR	IV	ML		10 U	1	4/5/2005	3/2/2009							
00409-1280-33	J1642			10/1/2009	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (LUER LOCK,LATEX-FREE) 10 U/ML	3 ML	CR	IV	ML		10 U	1	10/1/2009	99/99/9999							
00409-1280-35	J1642			4/1/2005	3/2/2009	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (LUER LOCK,LATEX-FREE) 10 U/ML	5 ML	CR	IV	ML		10 U	1	4/1/2005	3/2/2009							
00409-1280-35	J1642			3/3/2009	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (LUER LOCK,LATEX-FREE) 10 U/ML	5 ML	CR	IV	ML		10 U	1	3/3/2009	99/99/9999							
00409-1281-31	J1642			7/22/2005	3/2/2009	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (LUER LOCK,50X1ML) 100 U/ML	1 ML	CR	IV	ML		10 U	10	7/22/2005	3/2/2009							
00409-1281-31	J1642			10/1/2009	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (LUER LOCK,50X1ML) 100 U/ML	1 ML	CR	IV	ML		10 U	10	10/1/2009	99/99/9999							
00409-1281-32	J1642			4/25/2005	3/2/2009	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (LUER LOCK,CARPUJECT) 100 U/ML	2 ML	CR	IV	ML		10 U	10	4/25/2005	3/2/2009							
00409-1281-32	J1642			10/1/2009	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (LUER LOCK,CARPUJECT) 100 U/ML	2 ML	CR	IV	ML		10 U	10	10/1/2009	99/99/9999							
00409-1281-33	J1642			7/15/2005	3/2/2009	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (LUER LOCK,25X3ML) 100 U/ML	3 ML	CR	IV	ML		10 U	10	7/15/2005	3/2/2009							
00409-1281-33	J1642			10/1/2009	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (LUER LOCK,25X3ML) 100 U/ML	3 ML	CR	IV	ML		10 U	10	10/1/2009	99/99/9999							
00409-1281-35	J1642			4/25/2005	3/2/2009	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (LUER LOCK,CARPUJECT) 100 U/ML	5 ML	CR	IV	ML		10 U	10	4/25/2005	3/2/2009							
00409-1281-35	J1642			10/1/2009	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (LUER LOCK,CARPUJECT) 100 U/ML	5 ML	CR	IV	ML		10 U	10	10/1/2009	99/99/9999							
00409-1283-05	J1170			10/22/2012	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HYDROCHLORIDE (USP,ISECURE SINGLE-DOSE) 1 MG/ML	10 ML	SR	IJ	ML		4 MG	0.25	10/22/2012	99/99/9999							
00409-1283-10	J1170			5/15/2009	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HYDROCHLORIDE (USP,ISECURE SINGLE-DOSE) 1 MG/ML	10 EA	SR	IJ	ML		4 MG	0.25	5/15/2009	99/99/9999							
00409-1283-31	J1170			6/14/2005	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (LUER LOCK,10X1ML) 1 MG/ML	1 ML	CR	IJ	ML		4 MG	0.25	6/14/2005	99/99/9999							
00409-1304-31	J1170			7/13/2005	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (LUER LOCK,10X1ML) 4 MG/ML	1 ML	CR	IJ	ML		4 MG	1	7/13/2005	99/99/9999							
00409-1312-10	J1170			10/1/2010	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HYDROCHLORIDE (USP,ISECURE SINGLE-DOSE) 2 MG/ML	10 EA	SR	IJ	ML		4 MG	0.5	10/1/2010	99/99/9999							
00409-1312-30	J1170			7/7/2005	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (10X1ML,LLK,SLIM PK) 2 MG/ML	1 ML	CR	IJ	ML		4 MG	0.5	7/7/2005	99/99/9999							
00409-1316-25	J1644			10/29/2007	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	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							
00409-1316-32	J1644			3/23/2005	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM 10000 U/ML	0.5 ML	SR	IJ	ML		1000 U	10	3/23/2005	99/99/9999							
00409-1316-66	J1644			2/11/2005	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (PF,CARPUJECT) 10000 U/ML	0.5 ML	SR	IJ	ML		1000 U	10	2/11/2005	99/99/9999							
00409-1317-01	J1165			2/8/2005	10/3/2011	INJECTION, PHENYTOIN SODIUM, PER 50 MG	PHENYTOIN SODIUM (AMP,LATEX-FREE) 50 MG/ML	2 ML	AM	IV	ML		50 MG	1	2/8/2005	10/3/2011							
00409-1317-02	J1165			3/30/2005	99/99/9999	INJECTION, PHENYTOIN SODIUM, PER 50 MG	PHENYTOIN SODIUM (AMP,LATEX-FREE) 50 MG/ML	5 ML	AM	IV	ML		50 MG	1	3/30/2005	99/99/9999							
00409-1323-05	J2001			12/8/2005	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MC	LIDOCAINE HCL (10X5ML, ANSYR) 2%	5 ML	SR	IJ	ML		10 MG	2	12/8/2005	99/99/9999							
00409-1402-31	J1644			3/21/2005	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (LUER LOCK,CARPUJECT) 5000 U/ML	1 ML	SR	IJ	ML		1000 U	5	3/21/2005	99/99/9999							

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00409-1410-01	KO	J7660	KO	1/1/2007	99/99/9999	ISOPROTERENOL HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ISUPREL (AMP,25X1ML,LATEX-FREE) 0.2 MG/ML	1	ML	AM	IV	ML	1	MG	0.2	1/1/2007	99/99/9999						
00409-1410-01		J7660		1/1/2007	99/99/9999	ISOPROTERENOL HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ISUPREL (AMP,25X1ML,LATEX-FREE) 0.2 MG/ML	1	ML	AM	IV	ML	1	MG	0.2	1/1/2007	99/99/9999						
00409-1410-01	KO	J7659	KO	7/28/2005	12/31/2006	ISOPROTERENOL HCL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ISUPREL (AMP,25X1ML,LATEX-FREE) 0.2 MG/ML	1	ML	AM	IV	ML	1	MG	0.2	7/28/2005	12/31/2006						
00409-1410-01		J7659		7/28/2005	12/31/2006	ISOPROTERENOL HCL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ISUPREL (AMP,25X1ML,LATEX-FREE) 0.2 MG/ML	1	ML	AM	IV	ML	1	MG	0.2	7/28/2005	12/31/2006						
00409-1410-05	KO	J7660	KO	1/1/2007	99/99/9999	ISOPROTERENOL HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ISUPREL (10X5ML,AMP,LATEX-FREE) 0.2 MG/ML	5	ML	AM	IV	ML	1	MG	0.2	1/1/2007	99/99/9999						
00409-1410-05		J7660		1/1/2007	99/99/9999	ISOPROTERENOL HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ISUPREL (10X5ML,AMP,LATEX-FREE) 0.2 MG/ML	5	ML	AM	IV	ML	1	MG	0.2	1/1/2007	99/99/9999						
00409-1410-05	KO	J7659	KO	10/26/2005	12/31/2006	ISOPROTERENOL HCL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ISUPREL (10X5ML,AMP,LATEX-FREE) 0.2 MG/ML	5	ML	AM	IV	ML	1	MG	0.2	10/26/2005	12/31/2006						
00409-1410-05		J7659		10/26/2005	12/31/2006	ISOPROTERENOL HCL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ISUPREL (10X5ML,AMP,LATEX-FREE) 0.2 MG/ML	5	ML	AM	IV	ML	1	MG	0.2	10/26/2005	12/31/2006						
00409-1412-04	J3490			6/14/2006	99/99/9999	UNCLASSIFIED DRUGS	0.25 MG/ML	4	ML	VL	IJ	ML	1	EA	1	6/14/2006	99/99/9999						
00409-1412-10	J3490			6/29/2006	99/99/9999	UNCLASSIFIED DRUGS	0.25 MG/ML	10	ML	VL	IJ	ML	1	EA	1	6/29/2006	99/99/9999						
00409-1463-01	J2300			3/9/2005	99/99/9999	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	10 MG/ML	1	ML	AM	IJ	ML	10	MG	1	3/9/2005	99/99/9999						
00409-1464-01	J2300			7/13/2005	99/99/9999	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	10 MG/ML	10	ML	VL	IJ	ML	10	MG	1	7/13/2005	99/99/9999						
00409-1465-01	J2300			11/18/2004	99/99/9999	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	20 MG/ML	1	ML	AM	IJ	ML	10	MG	2	11/18/2004	99/99/9999						
00409-1467-01	J2300			5/12/2005	99/99/9999	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	20 MG/ML	10	ML	VL	IJ	ML	10	MG	2	5/12/2005	99/99/9999						
00409-1505-03	J7110			12/29/2005	10/2/2011	INFUSION, DEXTRAN 75, 500 ML	DEXTRAN-70 W/SODIUM CHLORIDE 6%-0.9%	500	ML	GC	IV	ML	500	ML	0.002	12/29/2005	10/2/2011						
00409-1508-05	J7799			8/31/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (6X1000ML) 2.5%	1000	ML	GC	IV	ML	1	EA	1	8/31/2005	99/99/9999						
00409-1513-02	J3480			6/16/2005	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (12X250ML,LATEX-FREE) 2 MEQ/ML	250	ML	VL	IV	ML	2	MEQ	1	6/16/2005	99/99/9999						
00409-1522-01	J7060			4/11/2005	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (12X150ML) 5%	150	ML	GC	IV	ML	500	ML	0.002	4/11/2005	99/99/9999						
00409-1522-02	J7060			3/9/2005	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (12X250ML) 5%	250	ML	GC	IV	ML	500	ML	0.002	3/9/2005	99/99/9999						
00409-1522-03	J7060			6/16/2005	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (12X500ML) 5%	500	ML	GC	IV	ML	500	ML	0.002	6/16/2005	99/99/9999						
00409-1523-01	J7060			9/16/2005	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (50/150ML PART FILL) 5%	50	ML	GC	IV	ML	500	ML	0.002	9/16/2005	99/99/9999						
00409-1523-11	J7060			7/27/2005	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (12X100ML) 5%	100	ML	GC	IV	ML	500	ML	0.002	7/27/2005	99/99/9999						
00409-1534-05	J7799			2/24/2006	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE AND SODIUM CHLORIDE (6X1000ML) 10%-0.9%	1000	ML	GC	IV	ML	1	EA	1	2/24/2006	99/99/9999						
00409-1535-03	J7799			9/8/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (12X500ML) 20%	500	ML	GC	IV	ML	1	EA	1	9/8/2005	99/99/9999						
00409-1539-31	J2060			12/23/2005	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (10X1ML, LUER LOCK) 4 MG/ML	1	ML	CR	IJ	ML	2	MG	2	12/23/2005	99/99/9999						
00409-1559-10	J3490			8/22/2005	99/99/9999	UNCLASSIFIED DRUGS	MARCAINE HCL (10X10ML, S.D.V.) 0.25%	10	ML	VL	IJ	ML	1	EA	1	8/22/2005	99/99/9999						
00409-1559-30	J3490			9/7/2005	99/99/9999	UNCLASSIFIED DRUGS	MARCAINE HCL (S.D.V.,LATEX-FREE) 0.25%	30	ML	VL	IJ	ML	1	EA	1	9/7/2005	99/99/9999						
00409-1560-10	J3490			8/31/2005	99/99/9999	UNCLASSIFIED DRUGS	MARCAINE HCL (S.D.V.) 0.5%	10	ML	VL	IJ	ML	1	EA	1	8/31/2005	99/99/9999						
00409-1560-29	J3490			8/5/2005	99/99/9999	UNCLASSIFIED DRUGS	MARCAINE HCL (S.D.V.) 0.5%	30	ML	VL	IJ	ML	1	EA	1	8/5/2005	99/99/9999						
00409-1582-10	J3490			7/22/2005	99/99/9999	UNCLASSIFIED DRUGS	MARCAINE HCL (10X10ML, S.D.V.) 0.75%	10	ML	VL	IJ	ML	1	EA	1	7/22/2005	99/99/9999						
00409-1582-29	J3490			8/4/2005	99/99/9999	UNCLASSIFIED DRUGS	MARCAINE HCL (10X30ML,LATEX-FREE) 0.75%	30	ML	VL	IJ	ML	1	EA	1	8/4/2005	99/99/9999						
00409-1583-01	J7050			7/20/2005	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (12X150ML,PF) 0.9%	150	ML	FC	IV	ML	250	ML	0.004	7/20/2005	99/99/9999						
00409-1583-02	J7050			9/14/2005	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (12X250ML,PF) 0.9%	250	ML	GC	IV	ML	250	ML	0.004	9/14/2005	99/99/9999						
00409-1584-11	J7050			9/16/2005	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (12X100ML,150ML VIAL,PF) 0.9%	100	ML	GC	IV	ML	250	ML	0.004	9/16/2005	99/99/9999						
00409-1586-03	J7799			3/24/2006	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (12X500ML) 5%	500	ML	GC	IV	ML	1	EA	1	3/24/2006	99/99/9999						
00409-1587-50	J3490			1/10/2006	99/99/9999	UNCLASSIFIED DRUGS	MARCAINE HCL (M.D.V.,LATEX-FREE) 0.25%	50	ML	VL	IJ	ML	1	EA	1	1/10/2006	99/99/9999						
00409-1590-02	A4217			8/5/2005	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR INJECTION (12X250ML,PF,LATEX-FREE)	250	ML	GC	IV	ML	500	ML	0.002	8/5/2005	99/99/9999						
00409-1590-05	A4217			6/28/2005	10/3/2011	STERILE WATER/SALINE, 500 ML	STERILE WATER (USP)	1000	ML	GC	IJ	ML	500	ML	0.002	6/28/2005	10/3/2011						
00409-1610-50	J3490			11/22/2005	99/99/9999	UNCLASSIFIED DRUGS	MARCAINE HCL (M.D.V.) 0.5%	50	ML	VL	IJ	ML	1	EA	1	11/22/2005	99/99/9999						
00409-1623-01	J0595			9/20/2005	99/99/9999	INJECTION, BUTORPHANOL TARTRATE, 1 MG	BUTORPHANOL TARTRATE (10X1ML) 1 MG/ML	1	ML	VL	IJ	ML	1	MG	1	9/20/2005	99/99/9999						
00409-1623-49	J0595			10/19/2005	99/99/9999	INJECTION, BUTORPHANOL TARTRATE, 1 MG	BUTORPHANOL TARTRATE NOVATION (10X1ML) 1 MG/ML	1	ML	VL	IJ	ML	1	MG	1	10/19/2005	99/99/9999						
00409-1626-01	J0595			3/21/2006	99/99/9999	INJECTION, BUTORPHANOL TARTRATE, 1 MG	BUTORPHANOL TARTRATE (10X1ML) 2 MG/ML	1	ML	VL	IJ	ML	1	MG	2	3/21/2006	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00409-1626-02	J0595			12/21/2005	99/99/9999	INJECTION, BUTORPHANOL TARTRATE, 1 MG	BUTORPHANOL TARTRATE (10X2ML) 2 MG/ML	2	ML	VL	IJ	ML	1	MG	2	12/21/2005	99/99/9999						
00409-1626-49	J0595			5/24/2006	99/99/9999	INJECTION, BUTORPHANOL TARTRATE, 1 MG	NOVAPLUS BUTORPHANOL TARTRATE (VHA,10X1ML) 2 MG/ML	1	ML	VL	IJ	ML	1	MG	2	5/24/2006	99/99/9999						
00409-1626-51	J0595			12/8/2005	99/99/9999	INJECTION, BUTORPHANOL TARTRATE, 1 MG	BUTORPHANOL TARTRATE NOVATION (10X2ML) 2 MG/ML	2	ML	VL	IJ	ML	1	MG	2	12/8/2005	99/99/9999						
00409-1630-10	J0460			1/11/2006	12/31/2009	INJECTION, ATROPINE SULFATE, UP TO 0.3 MG	ATROPINE SULFATE (ANSYR,10X10ML) 0.1 MG/ML	10	ML	SR	IJ	ML	0.3	MG	0.33333	1/11/2006	12/31/2009						
00409-1639-10	J1940			1/23/2006	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (10X10ML, ANSYR) 10 MG/ML	10	ML	SR	IJ	ML	20	MG	0.5	1/23/2006	99/99/9999						
00409-1754-10	J3475			11/27/2006	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (10X10ML SINGLE-DOSE, USP) 500 MG/ML	10	ML	SR	IJ	ML	500	MG	1	11/27/2006	99/99/9999						
00409-1761-02	J3490			6/6/2005	99/99/9999	UNCLASSIFIED DRUGS	MARCAINE SPINAL (AMP,W/DEXTROSE,PF) 0.75% MORPHINE SULFATE (LLK,SLIM PK,CARPUJECT) 2 MG/ML	2	ML	AM	IJ	ML	1	EA	1	6/6/2005	99/99/9999						
00409-1762-30	J2270			5/27/2005	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	DEXTROSE (2.5GM INFANT ANSYR SYR) 25%	1	ML	CR	IJ	ML	10	MG	0.2	5/27/2005	99/99/9999						
00409-1775-10	J7799			2/20/2006	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	NALOXONE HCL (10X1ML, CARPUJECT) 0.4 MG/ML	10	ML	SR	IV	ML	1	EA	1	2/20/2006	99/99/9999						
00409-1782-69	J2310			9/29/2005	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NEO-SYNEPHRINE HCL (AMP,25X1ML) 10 MG/ML	1	ML	SR	IJ	ML	1	MG	0.4	9/29/2005	99/99/9999						
00409-1800-01	J2370			4/14/2005	99/99/9999	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYTOIN SODIUM (CARPUJECT) 50 MG/ML	2	ML	SR	IV	ML	50	MG	1	10/5/2004	99/99/9999						
00409-1844-32	J1165			10/5/2004	99/99/9999	INJECTION, PHENYTOIN SODIUM, PER 50 MG	MORPHINE SULFATE (CARPUJECT SINGLE-USE) 2 MG/ML	10	ML	SR	IV	ML	10	MG	0.2	8/23/2012	99/99/9999						
00409-1890-01	J2275			8/23/2012	99/99/9999	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG	MORPHINE SULFATE (CARPUJECT SINGLE-USE) 4 MG/ML	10	ML	SR	IV	ML	10	MG	0.4	8/6/2012	99/99/9999						
00409-1891-01	J2275			8/6/2012	99/99/9999	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG	MORPHINE SULFATE (CARPUJECT SINGLE-USE) 10 MG/ML	10	ML	SR	IV	ML	10	MG	1	8/15/2012	99/99/9999						
00409-1893-01	J2275			8/15/2012	99/99/9999	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG	MORPHINE SULFATE (CARPUJECT SINGLE-USE) 15 MG/ML	10	ML	SR	IV	ML	10	MG	1.5	8/10/2012	99/99/9999						
00409-1894-01	J2275			8/10/2012	99/99/9999	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG	PROCAINAMIDE HYDROCHLORIDE (25X10ML,FTV) 100 MG/ML	10	ML	VL	IJ	ML	1	GM	0.1	3/10/2006	99/99/9999						
00409-1902-01	J2690			3/10/2006	99/99/9999	INJECTION, PROCAINAMIDE HCL, UP TO 1 GM	PROCAINAMIDE HCL 500 MG/ML	2	ML	VL	IJ	ML	1	GM	0.5	8/24/2005	99/99/9999						
00409-1903-01	J2690			8/24/2005	99/99/9999	INJECTION, PROCAINAMIDE HCL, UP TO 1 GV	SODIUM CHLORIDE (LUER LOCK,50X2ML,PF) 0.9%	2	ML	CR	IV	ML	10	ML	0.1	1/1/2007	99/99/9999						
00409-1918-32	A4216			1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (LUER LOCK,50X2ML,PF) 0.9%	2	ML	CR	IV	ML	0.9	%	0.5	11/23/2005	12/31/2006						
00409-1918-32	J2912			11/23/2005	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE (LUER LOCK,PF,LATEX-FREE) 0.9%	5	ML	CR	IV	ML	10	ML	0.1	1/1/2007	99/99/9999						
00409-1918-33	J2912			2/17/2005	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE (LUER LOCK,PF,LATEX-FREE) 0.9%	5	ML	CR	IV	ML	10	ML	0.1	1/1/2007	99/99/9999						
00409-1918-33	A4216			1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (LUER LOCK,PF,LATEX-FREE) 0.9%	5	ML	CR	IV	ML	10	ML	0.1	1/1/2007	99/99/9999						
00409-1918-35	J2912			4/8/2005	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE (LUER LOCK,PF,LATEX-FREE) 0.9%	5	ML	CR	IV	ML	10	ML	0.1	1/1/2007	99/99/9999						
00409-1918-35	A4216			1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (LUER LOCK,PF,LATEX-FREE) 0.9%	5	ML	CR	IV	ML	10	ML	0.1	1/1/2007	99/99/9999						
00409-1920-10	J3070			9/29/2005	99/99/9999	INJECTION, PENTAZOCINE, 30 MG	TALWIN LACTATE (VIAL,LATEX-FREE) 30 MG/ML	10	ML	VL	IJ	ML	30	MG	1	9/29/2005	99/99/9999						
00409-1941-01	J3070			11/18/2005	99/99/9999	INJECTION, PENTAZOCINE, 30 MG	TALWIN LACTATE (UNI-AMP,LATEX-FREE) 30 MG/ML	1	ML	AM	IJ	ML	30	MG	1	11/18/2005	99/99/9999						
00409-1952-32	J3250			1/9/2006	10/3/2011	INJECTION, TRIMETHOBENZAMIDE HCL, UP TO 200 MG	TRIMETHOBENZAMIDE HCL (LUER LOCK,CARPUJECT) 100 MG/ML	2	ML	SR	IM	ML	200	MG	0.5	1/9/2006	10/3/2011						
00409-1955-01	J0278			1/1/2006	11/15/2012	INJECTION, AMIKACIN SULFATE, 100 MG	AMIKACIN SULFATE (VIAL,FLIPTOP,LATEX-FREE) 50 MG/ML	2	ML	VL	IJ	ML	100	MG	0.5	1/1/2006	11/15/2012						
00409-1956-01	J0278			1/1/2006	11/1/2012	INJECTION, AMIKACIN SULFATE, 100 MG	AMIKACIN SULFATE (10X2ML) 250 MG/ML	2	ML	VL	IJ	ML	100	MG	2.5	1/1/2006	11/1/2012						
00409-1957-01	J0278			1/1/2006	10/3/2011	INJECTION, AMIKACIN SULFATE, 100 MG	AMIKACIN SULFATE (10X4ML) 250 MG/ML	4	ML	VL	IJ	ML	100	MG	2.5	1/1/2006	10/3/2011						
00409-1966-04	A4216			8/30/2005	10/3/2011	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE BACTERIOSTATIC (25X10ML,LATEX-FREE) 0.9%	10	ML	VL	IV	ML	10	ML	0.1	8/30/2005	10/3/2011						
00409-1966-05	A4216			5/2/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE BACTERIOSTATIC (25X20ML,LATEX-FREE) 0.9%	20	ML	VL	IV	ML	10	ML	0.1	5/2/2005	99/99/9999						
00409-1966-07	A4216			4/5/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE BACTERIOSTATIC (VIAL,FLIPTOP PLASTIC) 0.9%	30	ML	VL	IV	ML	10	ML	0.1	4/5/2005	99/99/9999						
00409-1966-12	A4216			10/6/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE BACTERIOSTATIC (25X10ML, LS-PLASTIC) 0.9%	10	ML	VL	IV	ML	10	ML	0.1	10/6/2005	99/99/9999						
00409-1966-14	A4216			6/1/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE BACTERIOSTATIC (FLIPTOP,LS-PLASTIC) 0.9%	30	ML	VL	IV	ML	10	ML	0.1	6/1/2005	99/99/9999						
00409-1985-01	J2060			4/25/2005	6/12/2009	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (VIAL) 2 MG/ML	1	ML	VL	IJ	ML	2	MG	1	4/25/2005	6/12/2009						
00409-1985-05	J2060			2/8/2008	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (10X1ML) 2 MG/ML	1	ML	SR	IJ	ML	2	MG	1	2/8/2008	99/99/9999						
00409-1985-10	J2060			11/16/2005	10/2/2011	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM 2 MG/ML	10	ML	VL	IJ	ML	2	MG	1	11/16/2005	10/2/2011						
00409-1985-30	J2060			6/1/2005	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (LUER LOCK,CARPUJECT) 2 MG/ML	1	ML	CR	IJ	ML	2	MG	1	6/1/2005	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00409-2012-32	J0592			6/17/2005	99/99/9999	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	BUPRENORPHINE HYDROCHLORIDE (10X1ML,CARPUJECT) 0.3 MG/ML	1 ML	SR	IJ	ML		0.1 MG	3.24	6/17/2005	99/99/9999							
00409-2025-20	J1250			2/20/2006	99/99/9999	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DOBUTAMINE (10X20ML) 12.5 MG/ML	20 ML	VL	IV	ML		250 MG	0.05	2/20/2006	99/99/9999							
00409-2025-54	J1250			11/10/2005	99/99/9999	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DOBUTAMINE HCL (10X40ML) 12.5 MG/ML	40 ML	VL	IV	ML		250 MG	0.05	11/10/2005	99/99/9999							
00409-2043-02	J1245			3/31/2005	99/99/9999	INJECTION, DIPYRIDAMOLE, PER 10 MG	DIPYRIDAMOLE (AMP,UNI-NEST,LATEX-FREE) 5 MG/ML	2 ML	AM	IV	ML		10 MG	0.5	3/31/2005	99/99/9999							
00409-2047-50	J0670			9/22/2006	99/99/9999	INJECTION, MEPIVACAINE HYDROCHLORIDE, PER 10 ML	CARBOCAINE (M.D.V.,USP) 2%	50 ML	VL	IJ	ML		10 ML	0.1	9/22/2006	99/99/9999							
00409-2066-05	J2001			9/6/2005	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (VIAL,LATEX-FREE) 2%	5 ML	VL	IJ	ML		10 MG	2	9/6/2005	99/99/9999							
00409-2102-02	A4216			1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (25X2ML,PF) 0.9%	2 ML	VL	IV	ML		10 ML	0.1	1/1/2007	99/99/9999							
00409-2102-02	J2912			8/16/2005	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE (25X2ML,PF) 0.9%	2 ML	VL	IV	ML		0.9 %	0.5	8/16/2005	12/31/2006							
00409-2102-05	J2912			4/3/2006	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE (25X5ML,PF) 0.9%	5 ML	VL	IV	ML		0.9 %	0.5	4/3/2006	12/31/2006							
00409-2102-05	A4216			1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (25X5ML,PF) 0.9%	5 ML	VL	IV	ML		10 ML	0.1	1/1/2007	99/99/9999							
00409-2168-02	J3475			1/31/2005	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (VIAL, FLIPTOP) 500 MG/ML	20 ML	VL	IJ	ML		500 MG	1	1/31/2005	99/99/9999							
00409-2168-03	J3475			10/22/2004	10/3/2011	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (VIAL, FLIPTOP) 500 MG/ML	50 ML	VL	IJ	ML		500 MG	1	10/22/2004	10/3/2011							
00409-2169-31	J1160			6/16/2005	99/99/9999	INJECTION, DIGOXIN, UP TO 0.5 MG	DIGOXIN (10X1ML,LUER LOCK) 0.25 MG/ML	1 ML	CR	IV	ML		0.5 MG	0.5	6/16/2005	99/99/9999							
00409-2172-01	J1170			4/19/2005	10/3/2011	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (HIGH POTENCY) 10 MG/ML	1 ML	AM	IJ	ML		4 MG	2.5	4/19/2005	10/3/2011							
00409-2172-05	J1170			4/19/2005	10/3/2011	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (HIGH POTENCY) 10 MG/ML	5 ML	AM	IJ	ML		4 MG	2.5	4/19/2005	10/3/2011							
00409-2173-32	J2765			11/28/2005	10/3/2009	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE (LEUR LOCK,CARPUJECT) 5 MG/ML	2 ML	SR	IV	ML		10 MG	0.5	11/28/2005	10/3/2009							
00409-2265-01	J2597			2/4/2005	99/99/9999	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG	DESMOPRESSIN ACETATE (UNI-AMP) 4 MCG/ML	1 ML	AM	IJ	ML		1 MCG	4	2/4/2005	99/99/9999							
00409-2287-21	J1885			6/22/2007	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (10X1ML, USP) 30 MG/ML	1 ML	CT	IJ	ML		15 MG	2	6/22/2007	99/99/9999							
00409-2287-22	J1885			6/22/2007	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (10X2ML) 30 MG/ML	2 ML	CT	IJ	ML		15 MG	2	6/22/2007	99/99/9999							
00409-2287-31	J1885			4/25/2005	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (LUER LOCK,CARPUJECT) 30 MG/ML	1 ML	CR	IJ	ML		15 MG	2	4/25/2005	99/99/9999							
00409-2287-61	J1885			6/20/2005	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE ((LUER LOCK),10X2ML) 30 MG/ML	2 ML	SR	IM	ML		15 MG	2	6/20/2005	99/99/9999							
00409-2288-21	J1885			6/22/2007	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (10X1ML) 15 MG/ML	1 ML	CT	IJ	ML		15 MG	1	6/22/2007	99/99/9999							
00409-2288-31	J1885			8/29/2005	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (LUER LOCK,LATEX-FREE) 15 MG/ML	1 ML	SR	IJ	ML		15 MG	1	8/29/2005	99/99/9999							
00409-2290-11	J1200			7/31/2008	10/2/2011	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (W/LUER LOCK,10X1ML,USP) 50 MG/ML	1 ML	CR	IJ	ML		50 MG	1	7/31/2008	10/2/2011							
00409-2290-31	J1200			4/25/2005	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (LUER LOCK,CARPUJECT) 50 MG/ML	1 ML	CR	IJ	ML		50 MG	1	4/25/2005	99/99/9999							
00409-2305-02	J2250			8/15/2005	5/1/2012	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (VIAL, FLIPTOP,PF) 1 MG/ML	2 ML	VL	IJ	ML		1 MG	1	8/15/2005	5/1/2012							
00409-2305-05	J2250			12/21/2005	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (PF) 1 MG/ML	5 ML	VL	IJ	ML		1 MG	1	12/21/2005	99/99/9999							
00409-2305-49	J2250			8/2/2005	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL NOVATION (10X2ML,PF) 1 MG/ML	2 ML	VL	IJ	ML		1 MG	1	8/2/2005	99/99/9999							
00409-2305-50	J2250			9/13/2005	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL NOVATION (FTV,10X5ML,PF) 1 MG/ML	5 ML	VL	IJ	ML		1 MG	1	9/13/2005	99/99/9999							
00409-2305-61	J2250			10/3/2005	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL AMERINET CHOICE (VIAL,FLIPTOP,PF) 1 MG/ML	2 ML	VL	IJ	ML		1 MG	1	10/3/2005	99/99/9999							
00409-2305-62	J2250			10/3/2005	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL AMERINET CHOICE (VIAL,FLIPTOP,PF) 1 MG/ML	5 ML	VL	IJ	ML		1 MG	1	10/3/2005	99/99/9999							
00409-2306-22	J2250			7/20/2007	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HYDROCHLORIDE (10X2ML,PF) 1 MG/ML	2 ML	SR	IJ	ML		1 MG	1	7/20/2007	99/99/9999							
00409-2306-62	J2250			3/10/2005	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (LUER LOCK,STERILE,PF) 1 MG/ML	2 ML	SR	IJ	ML		1 MG	1	3/10/2005	99/99/9999							
00409-2307-21	J2250			7/20/2007	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HYDROCHLORIDE (10X1ML,PF) 5 MG/ML	1 ML	SR	IJ	ML		1 MG	5	7/20/2007	99/99/9999							
00409-2307-60	J2250			4/25/2005	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (10X1ML,PF,CARPUJECT) 5 MG/ML	1 ML	CR	IJ	ML		1 MG	5	4/25/2005	99/99/9999							
00409-2308-01	J2250			6/7/2005	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (10X1ML,PF) 5 MG/ML	1 ML	VL	IJ	ML		1 MG	5	6/7/2005	99/99/9999							
00409-2308-02	J2250			10/10/2005	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (VIAL,FLIPTOP,PF) 5 MG/ML	2 ML	VL	IJ	ML		1 MG	5	10/10/2005	99/99/9999							
00409-2308-49	J2250			12/29/2005	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL NOVATION (FLIPTOP VIAL,PF) 5 MG/ML	1 ML	VL	IJ	ML		1 MG	5	12/29/2005	99/99/9999							
00409-2308-50	J2250			11/18/2005	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL NOVATION (VIAL,FLIPTOP,PF) 5 MG/ML	2 ML	VL	IJ	ML		1 MG	5	11/18/2005	99/99/9999							
00409-2312-02	J2550			8/29/2008	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HYDROCHLORIDE(10X1ML,USP) (25MG/ML)	1 ML	SR	IJ	ML		50 MG	1	8/29/2008	99/99/9999							
00409-2312-31	J2550			4/5/2005	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (LUER LOCK,CARPUJECT) 25 MG/ML	1 ML	SR	IJ	ML		50 MG	0.5	4/5/2005	99/99/9999							

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00409-2336-10	J0895			4/25/2005	99/99/9999	INJECTION, DEFEROXAMINE MESYLATE, 500 MG	DEFEROXAMINE MESYLATE (LATEX-FREE) 500 MG	1 EA	VL	IJ	EA		500 MG		1	4/25/2005	99/99/9999						
00409-2337-25	J0895			3/21/2005	99/99/9999	INJECTION, DEFEROXAMINE MESYLATE, 500 MG	DEFEROXAMINE MESYLATE (VIAL,LATEX-FREE) 2 GM	1 EA	VL	IJ	EA		500 MG		4	3/21/2005	99/99/9999						
00409-2343-31	J2560			9/19/2005	4/1/2011	INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MG	LUMINAL SODIUM (LUER LOCK,10X1ML) 60 MG/ML	1 ML	SR	IJ	ML		120 MG		0.5	9/19/2005	4/1/2011						
00409-2344-01	J1250			7/27/2005	99/99/9999	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DOBUTAMINE HCL (VIAL,FLIPTOP) 12.5 MG/ML	20 ML	VL	IV	ML		250 MG		0.05	7/27/2005	99/99/9999						
00409-2344-02	J1250			6/29/2005	99/99/9999	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DOBUTAMINE (10X20ML,FTV) 12.5 MG/ML	20 ML	VL	IV	ML		250 MG		0.05	6/29/2005	99/99/9999						
00409-2344-88	J1250			3/21/2005	99/99/9999	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DOBUTAMINE NOVAPLUS (S.D.V., U.S.P.) 12.5 MG/ML	20 ML	VL	IV	ML		250 MG		0.05	3/21/2005	99/99/9999						
00409-2346-32	J1250			8/11/2005	99/99/9999	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DOBUTAMINE IN DEXTROSE (12X250ML,LATEX-FREE) 5%-100 MG/100 ML	250 ML	FC	IV	ML		250 MG		0.004	8/11/2005	99/99/9999						
00409-2346-34	J1250			2/7/2006	99/99/9999	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DOBUTAMINE IN DEXTROSE (12X500ML,LIFECARE) 5%-100 MG/100 ML	500 ML	FC	IV	ML		250 MG		0.004	2/7/2006	99/99/9999						
00409-2347-32	J1250			1/11/2006	99/99/9999	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DEXTROSE/DOBUTAMINE (LATEX-FREE) 5%-200 MG/100 ML	250 ML	FC	IV	ML		250 MG		0.008	1/11/2006	99/99/9999						
00409-2347-33	J1250			3/21/2005	99/99/9999	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DEXTROSE/DOBUTAMINE NOVAPLUS (U.S.P.) 5%-200 MG/100 ML	250 ML	FC	IV	ML		250 MG		0.008	3/21/2005	99/99/9999						
00409-2349-31	J2560			9/7/2005	99/99/9999	INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MG	LUMINAL SODIUM (LUER LOCK,CARPJECT) 130 MG/ML	1 ML	SR	IJ	ML		120 MG		1.08333	9/7/2005	99/99/9999						
00409-2540-01	J1170			9/21/2005	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (USP,10X1ML) 4 MG/ML	1 ML	AM	IJ	ML		4 MG		1	9/21/2005	99/99/9999						
00409-2552-01	J1170			9/21/2005	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (USP,10X1ML) 1 MG/ML	1 ML	AM	IJ	ML		4 MG		0.25	9/21/2005	99/99/9999						
00409-2581-02	J1644			3/24/2006	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (ADD-VANTAGE VIAL) 2000 U/ML	5 ML	VL	IV	ML		1000 U		2	3/24/2006	99/99/9999						
00409-2584-02	J1644			7/1/2005	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (25X10ML,PF,LATEX-FREE) 2500 U/ML	10 ML	VL	IJ	ML		1000 U		2.5	7/1/2005	99/99/9999						
00409-2585-01	J0690			6/27/2007	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN (SDV,ADD-VANTAGE) 1 GM	25 EA	VL	IV	EA		500 MG		2	6/27/2007	99/99/9999						
00409-2587-05	J2250			1/27/2006	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HYDROCHLORIDE (10X10ML,FLIPTOPVIAL) 1 MG/ML	10 ML	VL	IJ	ML		1 MG		1	1/27/2006	99/99/9999						
00409-2587-53	J2250			3/7/2006	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	NOVAPLUS MIDAZOLAM HCL (10X10ML,FTV) 1 MG/ML	10 ML	VL	IJ	ML		1 MG		1	3/7/2006	99/99/9999						
00409-2596-03	J2250			10/28/2005	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (VIAL,FLIPTOP,LATEX-FREE) 5 MG/ML	5 ML	VL	IJ	ML		1 MG		5	10/28/2005	99/99/9999						
00409-2596-05	J2250			1/11/2006	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (VIAL, FLIPTOP) 5 MG/ML	10 ML	VL	IJ	ML		1 MG		5	1/11/2006	99/99/9999						
00409-2596-52	J2250			1/23/2006	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	NOVAPLUS MIDAZOLAM HYDROCHLORIDE (10X5ML) 5 MG/ML	5 ML	VL	IJ	ML		1 MG		5	1/23/2006	99/99/9999						
00409-2596-53	J2250			9/27/2005	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL NOVATION (FTV,10X10ML,LATEX-FREE) 5 MG/ML	10 ML	VL	IJ	ML		1 MG		5	9/27/2005	99/99/9999						
00409-2687-15	J0295			6/22/2007	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN AND SULBACTAM 10 GM-5 GM	1 EA	VL	IV	EA		1.5 GM		10	6/22/2007	99/99/9999						
00409-2689-01	J0295			10/9/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN AND SULBACTAM (SDV,ADD VANTAGE) 1 GM-0.5 GM	1 EA	VL	IV	EA		1.5 GM		1	10/9/2006	99/99/9999						
00409-2689-11	J0295			7/1/2007	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	NOVAPLUS AMPICILLIN AND SULBACTAM (USP,ADD-VANTAGE) 1 GM 0.5 GM	1 EA	VL	IV	EA		1.5 GM		1	7/1/2007	99/99/9999						
00409-2775-02	J2260			12/31/2004	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE (VIAL,FLIPTOP,PF) 1 MG/ML	20 ML	VL	IV	ML		5 MG		0.2	12/31/2004	99/99/9999						
00409-2776-02	J2260			3/8/2006	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE (IN 5% DEXTROSE,10X200ML) 5%-20 MG/100 ML	200 ML	FC	IV	ML		5 MG		0.04	3/8/2006	99/99/9999						
00409-2776-23	J2260			6/15/2005	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	DEXTROSE/MILRINONE LACTATE (10X100ML,LATEX-FREE) 5%-20 MG/100 ML	100 ML	FC	IV	ML		5 MG		0.04	6/15/2005	99/99/9999						
00409-2987-03	J0295			10/9/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN AND SULBACTAM (SDV,ADD VANTAGE) 2 GM-1 GM	1 EA	VL	IV	EA		1.5 GM		2	10/9/2006	99/99/9999						
00409-2987-13	J0295			7/1/2007	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	NOVAPLUS AMPICILLIN AND SULBACTAM (USP,ADD-VANTAGE) 2 GM 1 GM	1 EA	VL	IV	EA		1.5 GM		2	7/1/2007	99/99/9999						
00409-2988-01	J0295			7/20/2007	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN AND SULBACTAM (USP) 1 GM-0.5 GM	10 EA	VL	IJ	EA		1.5 GM		1	7/20/2007	99/99/9999						
00409-2998-03	J0295			7/20/2007	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN AND SULBACTAM (USP) 2 GM-1 GM	10 EA	VL	IJ	EA		1.5 GM		2	7/20/2007	99/99/9999						
00409-3213-02	J3360			5/9/2005	10/3/2011	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (MDV,FLIPTOP) 5 MG/ML	10 ML	VL	IJ	ML		5 MG		1	5/9/2005	10/3/2011						
00409-3213-12	J3360			10/1/2007	99/99/9999	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (10X10ML,USP,MDV,FLIPTOP) 5 MG/ML	10 ML	VL	IJ	ML		5 MG		1	10/1/2007	99/99/9999						
00409-3217-05	J2920			10/2/2006	10/3/2011	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MC	A-METHAPRED (SDV) 40 MG	1 EA	VL	IJ	EA		40 MG		1	10/2/2006	10/3/2011						
00409-3218-05	J2930			10/2/2006	10/3/2011	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MC	A-METHAPRED (SDV) 125 MG	1 EA	VL	IJ	EA		125 MG		1	10/2/2006	10/3/2011						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00409-3255-03	J3260			3/31/2005	10/2/2011	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	TOBRAMYCIN SULFATE (VIAL,ADD-VANTAGE) 10 MG/ML	8 ML	VL	IJ	ML		80 MG	0.125		3/31/2005	10/2/2011						
00409-3307-03	J7608			4/11/2005	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE 10%	30 ML	VL	IH	ML		1 GM	0.1		4/11/2005	99/99/9999						
00409-3307-03	KO J7608	KO		4/11/2005	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE 10%	30 ML	VL	IH	ML		1 GM	0.1		4/11/2005	99/99/9999						
00409-3308-03	J7608			5/25/2005	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (3X30ML) 20%	30 ML	VL	IH	ML		1 GM	0.2		5/25/2005	99/99/9999						
00409-3308-03	KO J7608	KO		5/25/2005	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (3X30ML) 20%	30 ML	VL	IH	ML		1 GM	0.2		5/25/2005	99/99/9999						
00409-3356-01	J1170			9/21/2005	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (10X1ML,USP) 2 MG/ML	1 ML	AM	IJ	ML		4 MG	0.5		9/21/2005	99/99/9999						
00409-3365-01	J1170			9/21/2005	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (SDV,25X1ML) 2 MG/ML	1 ML	VL	IJ	ML		4 MG	0.5		9/21/2005	99/99/9999						
00409-3380-31	J3490			9/1/2005	99/99/9999	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (LATEX-FREE) 50 MCG/ML	1 ML	AM	IJ	ML		1 EA	1		9/1/2005	99/99/9999						
00409-3380-32	J3490			11/3/2005	99/99/9999	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (AMP,10X2ML,LATEX-FREE) 50 MCG/ML	2 ML	AM	IJ	ML		1 EA	1		11/3/2005	99/99/9999						
00409-3380-35	J3490			12/28/2005	99/99/9999	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (AMP,LATEX-FREE) 50 MCG/ML	5 ML	AM	IJ	ML		1 EA	1		12/28/2005	99/99/9999						
00409-3380-49	J3490			11/29/2005	99/99/9999	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE NOVAPLUS (AMP,PF,LATEX-FREE) 50 MCG/ML	1 ML	AM	IJ	ML		1 EA	1		11/29/2005	99/99/9999						
00409-3380-50	J3490			11/7/2005	99/99/9999	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE NOVAPLUS (10X2ML,PF,LATEX-FREE) 50 MCG/ML	2 ML	AM	IJ	ML		1 EA	1		11/7/2005	99/99/9999						
00409-3380-51	J3490			10/12/2005	99/99/9999	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE NOVAPLUS (AMP,10X5ML,PF) 50 MCG/ML	5 ML	AM	IJ	ML		1 EA	1		10/12/2005	99/99/9999						
00409-3382-21	J3490			7/15/2005	99/99/9999	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (10X1ML,LATEX-FREE) 50 MCG/ML	1 ML	VL	IJ	ML		1 EA	1		7/15/2005	99/99/9999						
00409-3382-22	J3490			7/18/2005	99/99/9999	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (10X2ML,LATEX-FREE) 50 MCG/ML	2 ML	VL	IJ	ML		1 EA	1		7/18/2005	99/99/9999						
00409-3382-25	J3490			10/19/2005	99/99/9999	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (USP,10X5ML) 50 MCG/ML	5 ML	VL	IJ	ML		1 EA	1		10/19/2005	99/99/9999						
00409-3400-01	J1580			3/24/2006	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE (25X6ML,ADD-VANTAGE) 10 MG/ML	6 ML	VL	IV	ML		80 MG	0.125		3/24/2006	99/99/9999						
00409-3401-01	J1580			1/9/2006	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE (VIAL,ADD-VANTAGE) 10 MG/ML	8 ML	VL	IJ	ML		80 MG	0.125		1/9/2006	99/99/9999						
00409-3402-01	J1580			6/5/2006	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE (SD ADD-VANTGE,USP) 10 MG/ML	10 ML	VL	IV	ML		80 MG	0.125		6/5/2006	99/99/9999						
00409-3413-01	J2765			4/21/2005	99/99/9999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE (AMP,25X2ML) 5 MG/ML	2 ML	AM	IV	ML		10 MG	0.5		4/21/2005	99/99/9999						
00409-3469-13	J3260			5/30/2005	99/99/9999	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	SODIUM CHLORIDE/TOBRAMYCIN SULFATE (PREMIX,LATEX-FREE) 0.9%-60 MG/50 ML	50 ML	FC	IV	ML		80 MG	0.02		5/30/2005	99/99/9999						
00409-3470-23	J3260			9/26/2005	99/99/9999	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	SODIUM CHLORIDE/TOBRAMYCIN SULFATE (PREMIX,24X100ML) 0.9%-80 MG/100 ML	100 ML	FC	IV	ML		80 MG	0.01		9/26/2005	99/99/9999						
00409-3577-01	J3260			3/31/2005	99/99/9999	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	TOBRAMYCIN SULFATE (VIAL,FLIPTOP,LATEX-FREE) 10 MG/ML	2 ML	VL	IJ	ML		80 MG	0.125		3/31/2005	99/99/9999						
00409-3578-01	J3260			11/2/2004	99/99/9999	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	TOBRAMYCIN SULFATE (VIAL,FLIPTOP) 40 MG/ML	2 ML	VL	IJ	ML		80 MG	0.5		11/2/2004	99/99/9999						
00409-3590-02	J3260			2/15/2006	99/99/9999	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	TOBRAMYCIN SULFATE (BULK PACKAGE) 40 MG/ML	50 ML	VL	IJ	ML		80 MG	0.5		2/15/2006	99/99/9999						
00409-3613-01	J3490			1/7/2005	99/99/9999	UNCLASSIFIED DRUGS	BUPIVACAINE SPINAL AMPUL (AMP,LATEX-FREE) 0.25%	2 ML	AM	IJ	ML		1 EA	1		1/7/2005	99/99/9999						
00409-3724-32	J1250			10/7/2005	99/99/9999	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DEXTROSE/DOBUTAMINE (LATEX-FREE) 5%-400 MG/100 ML	250 ML	FC	IV	ML		250 MG	0.016		10/7/2005	99/99/9999						
00409-3793-01	J1885			5/31/2005	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (USP,FLIPTOP VIAL) 15 MG/ML	1 ML	VL	IJ	ML		15 MG	1		5/31/2005	99/99/9999						
00409-3793-49	J1885			4/19/2005	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE NOVAPLUS (U.S.P.,25X1ML) 15 MG/ML	1 ML	VL	IJ	ML		15 MG	1		4/19/2005	99/99/9999						
00409-3795-01	J1885			1/6/2006	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (LATEX-FREE) 30 MG/ML	1 ML	VL	IJ	ML		15 MG	2		1/6/2006	99/99/9999						
00409-3795-49	J1885			9/21/2005	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE NOVATION (FTV,25X1ML,2ML VIAL) 30 MG/ML	1 ML	VL	IJ	ML		15 MG	2		9/21/2005	99/99/9999						
00409-3795-61	J1885			10/31/2005	2/1/2011	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE AMERINET (VIAL,FLIPTOP,LATEX-FREE) 30 MG/ML	1 ML	VL	IJ	ML		15 MG	2		10/31/2005	2/1/2011						
00409-3796-01	J1885			12/21/2005	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (VIAL, FLIPTOP) 30 MG/ML	2 ML	VL	IM	ML		15 MG	2		12/21/2005	99/99/9999						
00409-3796-49	J1885			11/7/2005	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE NOVATION (FTV,25X2ML,LATEX-FREE) 30 MG/ML	2 ML	VL	IM	ML		15 MG	2		11/7/2005	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00409-3796-61		J1885		8/5/2005	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE AMERINET (FTV,AMERINET,LATEX-FREE) 30 MG/ML	2 ML	VL	IM	ML		15 MG	2		8/5/2005	99/99/9999						
00409-3814-12		J2275		7/19/2005	99/99/9999	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG	MORPHINE SULFATE (5X10ML,PF,LATEX-FREE) 0.5 MG/ML	10 ML	VL	IJ	ML		10 MG	0.05		7/19/2005	99/99/9999						
00409-3815-12		J2270		6/28/2005	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (5X10ML,LATEX-FREE) 1 MG/ML	10 ML	VL	IJ	ML		10 MG	0.1		6/28/2005	99/99/9999						
00409-3863-02		J1455		2/1/2006	99/99/9999	INJECTION, FOSCARNET SODIUM, PER 1000 MG	FOSCARNET SODIUM (12X250ML,PF) 24 MG/ML	250 ML	GC	IV	ML		1000 MG	0.024		2/1/2006	99/99/9999						
00409-3863-05		J1455		2/1/2006	99/99/9999	INJECTION, FOSCARNET SODIUM, PER 1000 MG	FOSCARNET SODIUM (12X500ML,PF) 24 MG/ML	500 ML	GC	IV	ML		1000 MG	0.024		2/1/2006	99/99/9999						
00409-3907-03		J3480		11/24/2004	10/2/2011	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (AMP,LATEX-FREE) 2 MEQ/ML	10 ML	AM	IV	ML		2 MEQ	1		11/24/2004	10/2/2011						
00409-3977-03		A4216		4/7/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	STERILE WATER (5MLX25,USP)	30 ML	VL	IV	ML		10 ML	0.1		4/7/2005	99/99/9999						
00409-4027-02		A4217		5/26/2006	3/1/2012	STERILE WATER/SALINE, 500 ML	STERILE WATER FOR INJECTION (AMP,PF,LATEX-FREE)	5 ML	AM	IJ	ML		500 ML	0.002		5/26/2006	3/1/2012						
00409-4029-03		A4216		3/1/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION (AMP,PF,LATEX-FREE)	20 ML	AM	IV	ML		10 ML	0.1		3/1/2005	99/99/9999						
00409-4031-01		J2150		10/19/2004	99/99/9999	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (VIAL, FLIPTOP) 25%	50 ML	VL	IV	ML		50 ML	0.02		10/19/2004	99/99/9999						
00409-4044-02		A4216		2/9/2006	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION (25X10ML,PF,LATEX-FREE)	10 ML	AM	IV	ML		10 ML	0.1		2/9/2006	99/99/9999						
00409-4050-01		J3490		5/13/2005	99/99/9999	UNCLASSIFIED DRUGS	CLINDAMYCIN PHOSPHATE (VIAL,FLIPTOP,LATEX-FREE) 150 MG/ML	2 ML	VL	IJ	ML		1 EA	1		5/13/2005	99/99/9999						
00409-4051-01		J3490		5/31/2005	99/99/9999	UNCLASSIFIED DRUGS	CLINDAMYCIN PHOSPHATE (VIAL,FLIPTOP,LATEX-FREE) 150 MG/ML	4 ML	VL	IJ	ML		1 EA	1		5/31/2005	99/99/9999						
00409-4052-01		J3490		7/5/2005	99/99/9999	UNCLASSIFIED DRUGS	CLINDAMYCIN PHOSPHATE (25X6ML,LATEX-FREE) 150 MG/ML	6 ML	VL	IJ	ML		1 EA	1		7/5/2005	99/99/9999						
00409-4053-03		J3490		5/11/2005	99/99/9999	UNCLASSIFIED DRUGS	CLINDAMYCIN PHOSPHATE (ADD-VANTAGE,25X2ML) 150 MG/ML	2 ML	VL	IJ	ML		1 EA	1		5/11/2005	99/99/9999						
00409-4054-03		J3490		2/18/2005	99/99/9999	UNCLASSIFIED DRUGS	CLINDAMYCIN PHOSPHATE (VIAL,ADD-VANTAGE) 150 MG/ML	4 ML	VL	IJ	ML		1 EA	1		2/18/2005	99/99/9999						
00409-4055-03		J3490		2/24/2005	99/99/9999	UNCLASSIFIED DRUGS	CLINDAMYCIN PHOSPHATE (VIAL,ADD-VANTAGE) 150 MG/ML	6 ML	VL	IJ	ML		1 EA	1		2/24/2005	99/99/9999						
00409-4056-01		J2001		10/31/2005	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MC	LIDOCAINE HCL (AMP,PF) 1.5%	20 ML	AM	IJ	ML		10 MG	1.5		10/31/2005	99/99/9999						
00409-4057-12		J2275		12/13/2005	99/99/9999	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG	MORPHINE SULFATE (PF,LATEX-FREE) 0.5 MG/ML	5 ML	AM	IJ	ML		10 MG	0.05		12/13/2005	99/99/9999						
00409-4058-12		J2270		10/7/2005	8/1/2011	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (AMP,LATEX-FREE) 1 MG/ML	10 ML	AM	IJ	ML		10 MG	0.1		10/7/2005	8/1/2011						
00409-4089-02		J7799		5/18/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (AMP,LATEX-FREE) 10% DEXTROSE/DOPAMINE HCL 5%-160 MG/100 ML	5 ML	AM	IV	ML		1 EA	1		5/18/2005	99/99/9999						
00409-4142-02		J1265		1/1/2006	10/2/2011	INJECTION, DOPAMINE HCL, 40 MG	CHLOROPROCAINE HCL (25X30ML) 2%	250 ML	GC	IV	ML		40 MG	0.04		1/1/2006	10/2/2011						
00409-4169-01		J2400		6/20/2005	99/99/9999	INJECTION, CHLOROPROCAINE HYDROCHLORIDE, PER 30 MI	CHLOROPROCAINE HCL (VIAL,25X30ML) 3%	30 ML	VL	IJ	ML		30 ML	0.03333		6/20/2005	99/99/9999						
00409-4170-01		J2400		4/20/2005	99/99/9999	INJECTION, CHLOROPROCAINE HYDROCHLORIDE, PER 30 ML	CLINDAMYCIN PHOSPHATE (VIAL,BULK,LATEX-FREE) 150 MG/ML	60 ML	VL	IJ	ML		1 EA	1		3/31/2005	99/99/9999						
00409-4197-01		J3490		3/31/2005	99/99/9999	UNCLASSIFIED DRUGS	SODIUM CHLORIDE 2.5%	250 ML	GC	IV	ML		1 EA	1		3/30/2005	99/99/9999						
00409-4219-02		J7799		3/30/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DOPAMINE HCL (25X10ML) 80 MG/ML	10 ML	VL	IV	ML		40 MG	2		1/1/2006	99/99/9999						
00409-4265-01		J1265		1/1/2006	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG	LIDOCAINE HCL (STERILE PACK,SDV) 1%	30 ML	VL	EP	ML		10 MG	1		2/27/2006	99/99/9999						
00409-4270-01		J2001		2/27/2006	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	BUPIVACAINE HCL (AMP,STERILE,USP,5X20ML) 0.25%	20 ML	AM	IJ	ML		1 EA	1		4/6/2006	99/99/9999						
00409-4272-01		J3490		4/6/2006	99/99/9999	UNCLASSIFIED DRUGS	BUPIVACAINE HYDROCHLORIDE (SINGLE-DOSE,5X20ML,PF) 0.5%	20 ML	AM	IJ	ML		1 EA	1		6/28/2006	99/99/9999						
00409-4273-01		J3490		6/28/2006	99/99/9999	UNCLASSIFIED DRUGS	BUPIVACAINE HCL (AMP,STERILE,USP,5X20ML) 0.75%	20 ML	AM	IJ	ML		1 EA	1		3/31/2006	99/99/9999						
00409-4275-01		J2001		12/30/2005	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MC	LIDOCAINE HCL (VIAL, FLIPTOP) 0.5%	50 ML	VL	IJ	ML		10 MG	0.5		12/30/2005	99/99/9999						
00409-4276-01		J2001		8/12/2005	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MC	LIDOCAINE HCL (FTV,25X20ML) 1%	20 ML	VL	EP	ML		10 MG	1		8/12/2005	99/99/9999						
00409-4276-02		J2001		7/7/2005	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MC	LIDOCAINE HCL (25X50ML) 1%	50 ML	VL	EP	ML		10 MG	1		7/7/2005	99/99/9999						
00409-4277-01		J2001		6/13/2005	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (25X20ML,LATEX-FREE) 2%	20 ML	VL	IJ	ML		10 MG	2		6/13/2005	99/99/9999						
00409-4277-02		J2001		8/12/2005	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (FTV,25X50ML,LATEX-FREE) 2%	50 ML	VL	IJ	ML		10 MG	2		8/12/2005	99/99/9999						
00409-4278-01		J2001		6/29/2005	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MC	LIDOCAINE HCL (25X50ML) 0.5%	50 ML	VL	IJ	ML		10 MG	0.5		6/29/2005	99/99/9999						
00409-4279-02		J2001		8/31/2005	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (TEARDROP BOTTLE) 1%	30 ML	VL	EP	ML		10 MG	1		8/31/2005	99/99/9999						
00409-4282-01		J2001		9/9/2005	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (AMP,25X2ML,LATEX-FREE) 2%	2 ML	AM	IJ	ML		10 MG	2		9/9/2005	99/99/9999						
00409-4282-02		J2001		2/8/2006	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HYDROCHLORIDE (USP,25X10ML,SDA,PF) 2%	10 ML	AM	IJ	ML		10 MG	2		2/8/2006	99/99/9999						
00409-4283-01		J2001		5/16/2005	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (AMP,LATEX-FREE) 4%	5 ML	AM	IJ	ML		10 MG	4		5/16/2005	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00409-4332-01	J3370			4/25/2005	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (VIAL,FLIPTOP) 500 MG	1 EA	VL	IV	EA		500 MG		1	4/25/2005	99/99/9999						
00409-4332-49	J3370			8/4/2005	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL NOVATION (FTV,LATEX-FREE) 500 MG	1 EA	VL	IV	EA		500 MG		1	8/4/2005	99/99/9999						
00409-4346-73	J3490			4/13/2005	99/99/9999	UNCLASSIFIED DRUGS	AMINOCAPROIC ACID (VIAL,FLIPTOP) 250 MG/ML	20 ML	VL	IV	ML		1 EA		1	4/13/2005	99/99/9999						
00409-4348-35	J0282			9/27/2006	99/99/9999	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	AMIODARONE HYDROCHLORIDE (3MLX10 SINGLE-DOSE) 50 MG/ML	3 ML	AM	IV	ML		30 MG		1.66666	9/27/2006	99/99/9999						
00409-4684-02	J1450			3/6/2007	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE (6X200ML,LATEX-FREE) 400 MG/200 ML	200 ML	FC	IV	ML		200 MG		0.01	3/6/2007	99/99/9999						
00409-4684-23	J1450			4/14/2006	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE (6X100ML) 200 MG/100 ML	100 ML	FC	IV	ML		200 MG		0.01	4/14/2006	99/99/9999						
00409-4688-02	J1450			7/27/2006	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE (6X200ML) 400 MG/200 ML	200 ML	FC	IV	ML		200 MG		0.01	7/27/2006	99/99/9999						
00409-4688-23	J1450			6/16/2006	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE (6X100ML,LATEX FREE) 200 MG/100 ML	100 ML	FC	IV	ML		200 MG		0.01	6/16/2006	99/99/9999						
00409-4688-27	J1450			5/27/2006	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	AMERINET CHOICE FLUCONAZOLE (100MLX6,LATEX-FREE) 200 MG/100 ML	100 ML	FC	IV	ML		200 MG		0.01	5/27/2006	99/99/9999						
00409-4688-28	J1450			6/1/2005	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	NOVAPLUS FLUCONAZOLE (6X100ML, LATEX-FREE) 200 MG/100 ML	100 ML	PC	IV	ML		200 MG		0.01	6/1/2005	99/99/9999						
00409-4688-33	J1450			10/25/2006	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	AMERINET CHOICE FLUCONAZOLE (6X200ML,LATEX-FREE) 200 MG/100 ML	200 ML	FC	IV	ML		200 MG		0.01	10/25/2006	99/99/9999						
00409-4688-34	J1450			3/2/2006	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	NOVAPLUS FLUCONAZOLE (6X200ML,LATEX-FREE) 200 MG/100 ML	200 ML	FC	IV	ML		200 MG		0.01	3/2/2006	99/99/9999						
00409-4699-24	J3490			3/22/2006	99/99/9999	UNCLASSIFIED DRUGS	PROPOFOL (FLIPTOP VIAL) 10 MG/ML	100 ML	VL	IV	ML		1 EA		1	3/22/2006	99/99/9999						
00409-4699-30	J3490			3/22/2006	99/99/9999	UNCLASSIFIED DRUGS	PROPOFOL (FLIPTOP VIAL) 10 MG/ML	20 ML	VL	IV	ML		1 EA		1	3/22/2006	99/99/9999						
00409-4699-33	J3490			3/22/2006	99/99/9999	UNCLASSIFIED DRUGS	PROPOFOL (FLIPTOP VIAL) 10 MG/ML	50 ML	VL	IV	ML		1 EA		1	3/22/2006	99/99/9999						
00409-4699-40	J3490			1/31/2008	2/1/2008	UNCLASSIFIED DRUGS	PROPOFOL (5X20ML,SDV) 10 MG/ML	20 ML	VL	IV	ML		1 EA		1	1/31/2008	2/1/2008						
00409-4699-61	J3490			12/1/2007	99/99/9999	UNCLASSIFIED DRUGS	AMERINET CHOICE PROPOFOL (5X20ML,SDV,PF) 10 MG/ML	20 ML	VL	IV	ML		1 EA		1	12/1/2007	99/99/9999						
00409-4713-02	J2001			11/21/2005	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (25X5ML,LATEX-FREE) 1%	5 ML	AM	EP	ML		10 MG		1	11/21/2005	99/99/9999						
00409-4713-32	J2001			9/6/2005	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MC	LIDOCAINE HCL (LATEX-FREE) 1%	2 ML	AM	EP	ML		10 MG		1	9/6/2005	99/99/9999						
00409-4755-01	J2405			12/26/2006	10/3/2011	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (5X2ML,SDV,USP) 2 MG/ML	2 ML	VL	IJ	ML		1 MG		2	12/26/2006	10/3/2011						
00409-4755-02	J2405			8/24/2007	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (SINGLEDOS,USP,10X2ML) 2 MG/ML	2 ML	VL	IJ	ML		1 MG		2	8/24/2007	99/99/9999						
00409-4755-61	J2405			12/26/2006	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	AMERINET CHOICE ONDANSETRON (5X2ML,SDV,USP) 2 MG/ML	2 ML	VL	IJ	ML		1 MG		2	12/26/2006	99/99/9999						
00409-4755-62	J2405			10/1/2007	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	AMERINET CHOICE ONDANSETRON (10X2ML,SDV,USP) 2 MG/ML	2 ML	VL	IJ	ML		1 MG		2	10/1/2007	99/99/9999						
00409-4759-01	J2405			12/26/2006	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (MDV,USP) 2 MG/ML	20 ML	VL	IJ	ML		1 MG		2	12/26/2006	99/99/9999						
00409-4760-13	J2405			2/1/2007	11/1/2011	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (PF,LATEX-FREE) 32 MG/50 ML	50 ML	FC	IV	ML		1 MG		0.64	2/1/2007	11/1/2011						
00409-4765-86	J0744			8/29/2006	99/99/9999	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	CIPROFLOXACIN (SINGLE-DOSE,USP) 10 MG/ML	20 ML	VL	IV	ML		200 MG		0.05	8/29/2006	99/99/9999						
00409-4776-01	J2001			2/6/2006	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HYDROCHLORIDE (25X20ML,PF) 1.5%	20 ML	AM	IJ	ML		10 MG		1.5	2/6/2006	99/99/9999						
00409-4777-02	J0744			3/19/2008	99/99/9999	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	CIPROFLOXACIN (24X200ML,SINGLEDOS,USP) 400 MG/200 ML	200 ML	FC	IV	ML		200 MG		0.01	3/19/2008	99/99/9999						
00409-4777-23	J0744			3/19/2008	99/99/9999	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	CIPROFLOXACIN (24X100ML,SINGLEDOS,USP) 200 MG/100 ML	100 ML	FC	IV	ML		200 MG		0.01	3/19/2008	99/99/9999						
00409-4777-61	J0744			5/19/2008	99/99/9999	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	AMERINET CHOICE CIPROFLOXACIN (24X100ML,SINGLEDOS,USP) 200 MG/100 ML	100 ML	FC	IV	ML		200 MG		0.01	5/19/2008	99/99/9999						
00409-4777-62	J0744			5/19/2008	99/99/9999	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	AMERINET CHOICE CIPROFLOXACIN (24X200ML,SINGLEDOS,USP) 400 MG/200 ML	200 ML	FC	IV	ML		200 MG		0.01	5/19/2008	99/99/9999						
00409-4778-86	J0744			8/29/2006	99/99/9999	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	CIPROFLOXACIN (SINGLE-DOSE,USP) 10 MG/ML	40 ML	VL	IV	ML		200 MG		0.05	8/29/2006	99/99/9999						
00409-4856-05	J1720			6/27/2006	99/99/9999	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG	A-HYDROCORT (SINGLE-DOSE) 100 MG	10 EA	VL	IJ	EA		100 MG		1	6/27/2006	99/99/9999						
00409-4857-02	Q2009			8/5/2007	99/99/9999	INJECTION, FOSPHENYTOIN, 50 MG PHENYTOIN EQUIVALENT	FOSPHENYTOIN SODIUM (USP2MLX25) 75 MG/ML	2 ML	VL	IJ	ML		50 MG		1.5	8/5/2007	99/99/9999						
00409-4857-10	Q2009			8/5/2007	99/99/9999	INJECTION, FOSPHENYTOIN, 50 MG PHENYTOIN EQUIVALENT	FOSPHENYTOIN SODIUM (USP,10MLX10) 75 MG/ML	10 ML	VL	IJ	ML		50 MG		1.5	8/5/2007	99/99/9999						
00409-4862-02	J7799			3/9/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE 10%-0.225%	250 ML	GC	IV	ML		1 EA		1	3/9/2005	99/99/9999						
00409-4862-03	J7799			4/4/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE 10%-0.225%	500 ML	GC	IV	ML		1 EA		1	4/4/2005	99/99/9999						
00409-4887-10	A4216			8/18/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION (FTV,25X10ML,PF)	10 ML	VL	IV	ML		10 ML		0.1	8/18/2005	99/99/9999						
00409-4887-20	A4216			6/16/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION (25X20ML,STERILE,PF)	20 ML	VL	IV	ML		10 ML		0.1	6/16/2005	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00409-4887-50	A4216			8/5/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION (FTV,25X50ML,PF)	50 ML	VL	IV	ML		10 ML		0.1	8/5/2005	99/99/9999						
00409-4887-99	A4216			8/3/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION (FTV,25X100ML,PF)	100 ML	VL	IV	ML		10 ML		0.1	8/3/2005	99/99/9999						
00409-4888-10	A4216			4/22/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (VIAL,FLIPTOP,ADDITIVE) 0.9% (VIAL,FLIPTOP,ADDITIVE) 0.9%	10 ML	VL	IV	ML		10 ML		0.1	4/22/2005	99/99/9999						
00409-4888-12	A4216			7/15/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (VIAL, FLIPTOP, ADDITIVE) 0.9%	10 ML	VL	IV	ML		10 ML		0.1	7/15/2005	99/99/9999						
00409-4888-20	A4216			2/23/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (VIAL,FLIPTOP,ADDITIVE) 0.9%	20 ML	VL	IV	ML		10 ML		0.1	2/23/2005	99/99/9999						
00409-4888-50	A4216			2/14/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	(VIAL,FLIPTOP,ADDITIVE) 0.9% EPINEPHRINE HCL (18GX3-1/2,10X10ML) 0.1 MG/ML	50 ML	VL	IV	ML		10 ML		0.1	2/14/2005	99/99/9999						
00409-4901-18	J0170			9/23/2005	12/31/2010	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	EPINEPHRINE HCL (18GX3-1/2,10X10ML) 0.1 MG/ML	10 ML	SR	IJ	ML		1 ML		1	9/23/2005	12/31/2010						
00409-4902-34	J7799			12/8/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (LIFESHEILD, 18G1-1/2) 50% LIDOCAINE HCL (21GX1-1/2",LATEX-FREE) 2%	1 ML	SR	IV	ML		1 EA		1	12/8/2005	99/99/9999						
00409-4903-34	J2001			12/1/2005	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (10X5ML,LATEX-FREE) 1%	5 ML	SR	IJ	ML		10 MG		2	12/1/2005	99/99/9999						
00409-4904-34	J2001			8/23/2005	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	ATROPINE SULFATE (LIFESHEILD,LATEX-FREE) 0.1 MG/ML	5 ML	SR	EP	ML		10 MG		1	8/23/2005	99/99/9999						
00409-4910-34	J0460			8/18/2005	12/31/2009	INJECTION, ATROPINE SULFATE, UP TO 0.3 MG	ATROPINE SULFATE (LIFESHEILD,21GX1 1/2) 0.1 MG/ML	5 ML	SR	IJ	ML		0.3 MG		0.33333	8/18/2005	12/31/2009						
00409-4911-34	J0460			11/14/2005	12/31/2009	INJECTION, ATROPINE SULFATE, UP TO 0.3 MG	EPINEPHRINE HCL (LIFE,21GX1-1/2) 0.1 MG/ML	10 ML	SR	IJ	ML		0.3 MG		0.33333	11/14/2005	12/31/2009						
00409-4921-34	J0170			12/23/2005	12/31/2010	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	TAZICEF (LATEX-FREE) 1 GM	10 ML	SR	IJ	ML		1 ML		1	12/23/2005	12/31/2010						
00409-5082-16	J0713			10/24/2005	99/99/9999	INJECTION, CEFTAZIDIME, PER 500 MG	NOVAPLUS TAZICEF 1 GM	1 EA	VL	IJ	EA		500 MG		2	10/24/2005	99/99/9999						
00409-5082-52	J0713			10/4/2005	99/99/9999	INJECTION, CEFTAZIDIME, PER 500 MG	TAZICEF 2 GM	1 EA	VL	IJ	EA		500 MG		2	10/4/2005	99/99/9999						
00409-5084-11	J0713			12/5/2005	99/99/9999	INJECTION, CEFTAZIDIME, PER 500 MG	NOVAPLUS TAZICEF 2 GM	1 EA	VL	IJ	EA		500 MG		4	12/5/2005	99/99/9999						
00409-5084-51	J0713			10/4/2005	99/99/9999	INJECTION, CEFTAZIDIME, PER 500 MG	TAZICEF (BULK PHARMACY) 6 GM	1 EA	VL	IV	EA		500 MG		12	4/19/2006	99/99/9999						
00409-5086-11	J0713			4/19/2006	99/99/9999	INJECTION, CEFTAZIDIME, PER 500 MG	NOVAPLUS TAZICEF (BULK PACKAGE) 6 GM	1 EA	VL	IJ	EA		500 MG		12	4/19/2006	99/99/9999						
00409-5086-51	J0713			10/4/2005	99/99/9999	INJECTION, CEFTAZIDIME, PER 500 MG	TAZICEF (SINGLE-DOSE ADD-VANTAGE) 1 GM	1 EA	VL	IJ	EA		500 MG		2	5/2/2006	99/99/9999						
00409-5092-16	J0713			5/2/2006	99/99/9999	INJECTION, CEFTAZIDIME, PER 500 MG	NOVAPLUS TAZICEF 1 GM	1 EA	VL	IJ	EA		500 MG		2	6/27/2006	99/99/9999						
00409-5092-52	J0713			6/27/2006	99/99/9999	INJECTION, CEFTAZIDIME, PER 500 MG	TAZICEF (ADD-VANTAGE,USP) 2 GM	1 EA	VL	IJ	EA		500 MG		4	4/3/2006	99/99/9999						
00409-5093-11	J0713			4/3/2006	99/99/9999	INJECTION, CEFTAZIDIME, PER 500 MG	NOVAPLUS TAZICEF (ADD-VANTAGE) 2 GM	1 EA	VL	IJ	EA		500 MG		4	10/1/2006	99/99/9999						
00409-5093-51	J0713			10/1/2006	99/99/9999	INJECTION, CEFTAZIDIME, PER 500 MG	A-METHAPRED (UNIVIAL,LATEX-FREE) 40 MG	1 EA	VL	IJ	EA		500 MG		4	10/1/2006	99/99/9999						
00409-5684-01	J2920			11/1/2005	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG	A-METHAPRED (UNIVIAL,LATEX-FREE) 125 MG	1 EA	VL	IJ	EA		40 MG		1	11/1/2005	99/99/9999						
00409-5685-02	J2930			11/1/2005	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	DOPAMINE HCL (FLIPTOP) 40 MG/ML	1 EA	VL	IJ	EA		125 MG		1	11/1/2005	99/99/9999						
00409-5820-01	J1265			1/1/2006	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG	AMINOPHYLLINE (VIAL,FLIPTOP,25X10ML) 25 MG/ML	5 ML	VL	IV	ML		40 MG		1	1/1/2006	99/99/9999						
00409-5921-01	J0280			4/25/2005	99/99/9999	INJECTION, AMINOPHYLLIN, UP TO 250 MG	AMINOPHYLLINE (VIAL, FLIPTOP,ABOJECT) 25 MG/ML	10 ML	VL	IV	ML		250 MG		0.1	4/25/2005	99/99/9999						
00409-5922-01	J0280			12/24/2004	99/99/9999	INJECTION, AMINOPHYLLIN, UP TO 250 MG	MORPHINE SULFATE (SDV,30MLX10) 5 MG/ML	20 ML	VL	IV	ML		250 MG		0.1	12/24/2004	99/99/9999						
00409-6028-04	J2271			3/23/2007	99/99/9999	INJECTION, MORPHINE SULFATE, 100MG	MEPERIDINE HYDROCHLORIDE (SDV,USP,10X30ML) 10 MG/ML	30 ML	VL	IV	ML		100 MG		0.05	3/23/2007	99/99/9999						
00409-6030-04	J2175			1/2/2007	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MORPHINE SULFATE IN 5% DEXTROSE (PREMIX) 5%-100 MG/100 ML	30 ML	VL	IV	ML		100 MG		0.1	1/2/2007	99/99/9999						
00409-6062-02	J2270			1/10/2006	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	DEXTROSE/MORPHINE SULFATE (PREMIX) 5%-100 MG/100 ML	250 ML	GC	IV	ML		10 MG		0.1	1/10/2006	99/99/9999						
00409-6062-11	J2270			7/22/2005	10/3/2011	INJECTION, MORPHINE SULFATE, UP TO 10 MG	FUROSEMIDE (VIAL,FLIPTOP,ABOJECT) 10 MG/ML	100 ML	GC	IV	ML		10 MG		0.1	7/22/2005	10/3/2011						
00409-6102-02	J1940			2/18/2005	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (VIAL,FLIPTOP,ABOJECT) 10 MG/ML	2 ML	VL	IJ	ML		20 MG		0.5	2/18/2005	99/99/9999						
00409-6102-04	J1940			2/21/2005	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (VIAL,FLIPTOP,ABOJECT) 10 MG/ML	4 ML	VL	IJ	ML		20 MG		0.5	2/21/2005	99/99/9999						
00409-6102-10	J1940			3/24/2005	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (VIAL,FLIPTOP,ABOJECT) 10 MG/ML	10 ML	VL	IJ	ML		20 MG		0.5	3/24/2005	99/99/9999						
00409-6138-03	A4217			6/1/2005	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (USP,AQUALITE,PF) 0.9%	500 ML	PC	IR	ML		500 ML		0.002	6/1/2005	99/99/9999						
00409-6138-22	A4217			9/1/2005	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (AQUALITE, 24X250ML,PF) 0.9%	250 ML	PC	IR	ML		500 ML		0.002	9/1/2005	99/99/9999						
00409-6139-03	A4217			5/9/2005	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION (AQUALITE, U.S.P.)	500 ML	PC	IR	ML		500 ML		0.002	5/9/2005	99/99/9999						
00409-6139-22	A4217			5/4/2005	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION (AQUALITE, U.S.P.)	250 ML	PC	IR	ML		500 ML		0.002	5/4/2005	99/99/9999						
00409-6177-14	J2270			7/14/2005	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (ADD-VANTAGE, 10X4ML) 25 MG/ML	4 ML	VL	IJ	ML		10 MG		2.5	7/14/2005	99/99/9999						
00409-6179-14	J2270			9/1/2005	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (ADD-VANTAGE,LATEX-FREE) 25 MG/ML	10 ML	VL	IJ	ML		10 MG		2.5	9/1/2005	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00409-6476-44	J1364			3/10/2006	99/99/9999	INJECTION, ERYTHROMYCIN LACTOBIONATE, PER 500 MG	ERYTHROCIN LACTOBIONATE (ADD-VANTAGE VIAL,PF) 500 MG	1 EA	VL	IV	EA		500 MG		1	3/10/2006	99/99/9999						
00409-6478-44	J1364			1/10/2007	99/99/9999	INJECTION, ERYTHROMYCIN LACTOBIONATE, PER 500 MG	ERYTHROCIN LACTOBIONATE (ADD-VANTAGE VIAL) 1 GM	1 EA	VL	IV	EA		500 MG		2	1/10/2007	99/99/9999						
00409-6482-01	J1364			5/23/2005	99/99/9999	INJECTION, ERYTHROMYCIN LACTOBIONATE, PER 500 MG	ERYTHROCIN LACTOBIONATE (LATEX-FREE) 500 MG	1 EA	VL	IV	EA		500 MG		1	5/23/2005	99/99/9999						
00409-6509-01	J3370			6/6/2005	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (BULK,LATEX-FREE) 5 GM	1 EA	VL	IV	GM		500 MG		2	6/6/2005	99/99/9999						
00409-6509-49	J3370			6/3/2005	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL NOVAPLUS (BULK) 5 GM	1 EA	VL	IV	GM		500 MG		2	6/3/2005	99/99/9999						
00409-6533-01	J3370			3/15/2005	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (VIAL,FLIPTOP,LATEX-FREE) 1 GM	1 EA	VL	IV	EA		500 MG		2	3/15/2005	99/99/9999						
00409-6533-49	J3370			4/6/2005	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL NOVATION (VIAL,FLIPTOP,LATEX-FREE) 1 GM	1 EA	VL	IV	EA		500 MG		2	4/6/2005	99/99/9999						
00409-6533-61	J3370			10/1/2007	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	AMERINET CHOICE VANCOMYCIN HYDROCHLORIDE (SDV,FLIPTOP,USP) 1 GM	1 EA	VL	IV	EA		500 MG		2	10/1/2007	99/99/9999						
00409-6534-01	J3370			6/8/2005	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (ADD-VANTAGE LATEX-FREE) 500 MG	1 EA	VL	IV	EA		500 MG		1	6/8/2005	99/99/9999						
00409-6534-49	J3370			6/10/2005	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL NOVATION (ADD-VANTAGE,10X10) 500 MG	1 EA	VL	IV	EA		500 MG		1	6/10/2005	99/99/9999						
00409-6535-01	J3370			3/29/2005	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HYDROCHLORIDE (ADD-VANTAGE,LATEX-FREE) 1 GM	1 EA	VL	IV	EA		500 MG		2	3/29/2005	99/99/9999						
00409-6535-49	J3370			4/6/2005	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HYDROCHLORIDE NOVATION (ADD-VANTAGE,LATEX-FREE) 1 GM	1 EA	VL	IV	EA		500 MG		2	4/6/2005	99/99/9999						
00409-6629-02	J0330			4/25/2005	99/99/9999	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	QUELICIN (VIAL,FLIPTOP) 20 MG/ML	10 ML	VL	IV	ML		20 MG		1	4/25/2005	99/99/9999						
00409-6629-61	J0330			4/20/2006	99/99/9999	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	AMERINET CHOICE SUCCINYLCHOLINE CHLORIDE (USP,25X10ML,MD FLIPTOP) 20 MG/ML	10 ML	VL	IJ	ML		20 MG		1	4/20/2006	99/99/9999						
00409-6635-01	J3480			9/21/2005	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (FTV,25X5ML,10ML VIAL) 2 MEQ/ML	5 ML	VL	IV	ML		2 MEQ		1	9/21/2005	99/99/9999						
00409-6636-01	J3480			8/9/2005	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (FTV,30ML,LATEX-FREE) 2 MEQ/ML	15 ML	VL	IV	ML		2 MEQ		1	8/9/2005	99/99/9999						
00409-6648-02	J7799			3/29/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (VIAL,FLIPTOP,ADDITIVE) 50%	50 ML	VL	IV	ML		1 EA		1	3/29/2005	99/99/9999						
00409-6651-06	J3480			11/10/2005	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (VIAL,FLIPTOP,20ML) 2 MEQ/ML	10 ML	VL	IV	ML		2 MEQ		1	11/10/2005	99/99/9999						
00409-6653-05	J3480			8/9/2005	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (FTV,30ML,LATEX-FREE) 2 MEQ/ML	20 ML	VL	IV	ML		2 MEQ		1	8/9/2005	99/99/9999						
00409-6657-73	J7799			10/14/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (FTV,50MEQ,25X20ML) 14.6%	20 ML	VL	IV	ML		1 EA		1	10/14/2005	99/99/9999						
00409-6660-75	J7799			7/26/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (25X40ML,LATEX-FREE) 14.6%	40 ML	VL	IV	ML		1 EA		1	7/26/2005	99/99/9999						
00409-6727-23	J3475			9/20/2005	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	DEXTROSE/MAGNESIUM SULFATE (PLASTIC CONTAINER) 5%-1 GM/100 ML	100 ML	FC	IV	ML		500 MG		0.02	9/20/2005	99/99/9999						
00409-6728-03	J3475			12/1/2006	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE IN DEXTROSE (SINGLE DOSE,LATEX-FREE) 5%-2 GM/100 ML	500 ML	FC	IV	ML		500 MG		0.04	12/1/2006	99/99/9999						
00409-6729-03	J3475			8/16/2005	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (24X500ML,LATEX-FREE) 40 MG/ML	500 ML	PC	IV	ML		500 MG		0.08	8/16/2005	99/99/9999						
00409-6729-09	J3475			9/22/2005	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (PLASTIC CONTAINER) 40 MG/ML	1000 ML	PC	IV	ML		500 MG		0.08	9/22/2005	99/99/9999						
00409-6729-23	J3475			10/6/2005	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (24X100ML,LATEX-FREE) 40 MG/ML	100 ML	PC	IV	ML		500 MG		0.08	10/6/2005	99/99/9999						
00409-6729-24	J3475			12/1/2006	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (SINGLE DOSE LATEX-FREE) 40 MG/ML	50 ML	FC	IV	ML		500 MG		0.08	12/1/2006	99/99/9999						
00409-6730-13	J3475			4/3/2006	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (LATEX-FREE) 80 MG/ML	50 ML	FC	IV	ML		500 MG		0.16	4/3/2006	99/99/9999						
00409-6778-02	J2060			1/27/2006	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (10X1ML) 2 MG/ML	1 ML	VL	IJ	ML		2 MG		1	1/27/2006	99/99/9999						
00409-6778-62	J2060			6/28/2005	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (10X1ML) 2 MG/ML	1 ML	VL	IJ	ML		2 MG		1	6/28/2005	99/99/9999						
00409-6779-02	J2060			1/5/2006	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (VIAL, FLIPTOP) 4 MG/ML	10 ML	VL	IJ	ML		2 MG		2	1/5/2006	99/99/9999						
00409-6780-02	J2060			12/29/2005	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (VIAL,FLIPTOP) 2 MG/ML	10 ML	VL	IJ	ML		2 MG		1	12/29/2005	99/99/9999						
00409-6781-02	J2060			1/23/2006	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (U.S.P., 10X10ML) 4 MG/ML	10 ML	VL	IJ	ML		2 MG		2	1/23/2006	99/99/9999						
00409-6940-03	J3520			10/17/2007	99/99/9999	EDETATE DISODIUM, PER 150 MG	ENDRATE (25X20ML) 150 MG/ML	20 ML	AM	IV	ML		150 MG		1	10/17/2007	99/99/9999						
00409-6970-10	J0330			9/30/2005	99/99/9999	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	QUELICIN (FTV,25X10ML,20ML VIAL) 100 MG/ML	10 ML	VL	IV	ML		20 MG		5	9/30/2005	99/99/9999						
00409-7074-26	J3480			4/25/2005	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (P.C.,LATEX-FREE) 10 MEQ/100 ML	100 ML	PC	IV	ML		2 MEQ		0.05	4/25/2005	99/99/9999						
00409-7075-14	J3480			6/8/2005	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (24X50ML,LATEX-FREE) 10 MEQ/50 ML	50 ML	PC	IV	ML		2 MEQ		0.1	6/8/2005	99/99/9999						
00409-7075-26	J3480			4/11/2005	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (PC,24X100ML,LATEX-FREE) 20 MEQ/100 ML	100 ML	FC	IV	ML		2 MEQ		0.1	4/11/2005	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00409-7076-26	J3480			2/8/2006	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (USP,100MLX24) 30 MEQ/100 ML	100 ML	FC	IV	ML		2 MEQ	0.15		2/8/2006	99/99/9999						
00409-7077-14	J3480			6/28/2005	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (24X50ML,LATEX-FREE) 20 MEQ/50 ML	50 ML	FC	IV	ML		2 MEQ	0.2		6/28/2005	99/99/9999						
00409-7077-26	J3480			5/4/2005	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (HIGHLY CONC.,24X100ML) 40 MEQ/100 ML	100 ML	FC	IV	ML		2 MEQ	0.2		5/4/2005	99/99/9999						
00409-7100-02	J7060			7/22/2005	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (ADD-VANTAGE,24X250ML) 5%	250 ML	FC	IV	ML		500 ML	0.002		7/22/2005	99/99/9999						
00409-7100-66	J7060			8/17/2005	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (ADD-VANTAGE,LATEX-FREE) 5%	50 ML	FC	IV	ML		500 ML	0.002		8/17/2005	99/99/9999						
00409-7100-67	J7060			9/14/2005	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (ADD-VANTAGE,50X100ML) 5%	100 ML	FC	IV	ML		500 ML	0.002		9/14/2005	99/99/9999						
00409-7101-02	J7050			7/8/2005	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (ADD-VANTAGE,24X250ML,PF) 0.9%	250 ML	FC	IV	ML		250 ML	0.004		7/8/2005	99/99/9999						
00409-7101-66	A4216			7/28/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (ADD-VANT,LIFECARE) 0.9%	50 ML	FC	IV	ML		10 ML	0.1		7/28/2005	99/99/9999						
00409-7101-67	J7050			8/24/2005	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (50X100ML, ADD-VANTAGE) 0.9%	100 ML	PC	IV	ML		250 ML	0.004		8/24/2005	99/99/9999						
00409-7111-09	J7120			8/5/2005	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC	DEXLACT, RINGERS/POTASSIUM CHL (12X1000ML,LATEX-FREE)	1000 ML	FC	IV	ML		1000 ML	0.0005		8/5/2005	99/99/9999						
00409-7113-09	J7120			2/21/2005	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC	DEXTROSE/LACTATED RINGERS/POTASSIUM CHLORIDE (5% DEXTROSE,LATEX-FREE)	1000 ML	FC	IV	ML		1000 ML	0.0005		2/21/2005	99/99/9999						
00409-7115-09	J3480			4/6/2005	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE/SODIUM CHLORIDE (12X1000ML,LATEX-FREE) 2 MEQ/100 ML-0.9%	1000 ML	FC	IV	ML		2 MEQ	0.01		4/6/2005	99/99/9999						
00409-7116-09	J3480			6/22/2005	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE/SODIUM CHLORIDE (12X1000ML,LATEX-FREE) 4 MEQ/100 ML-0.9%	1000 ML	FC	IV	ML		2 MEQ	0.02		6/22/2005	99/99/9999						
00409-7118-07	A4217			8/16/2005	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION (BULK PACKAGE,PF)	2000 ML	FC	IR	ML		500 ML	0.002		8/16/2005	99/99/9999						
00409-7119-07	J7799			5/27/2006	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (2000MLX6) 50%	2000 ML	FC	IV	ML		1 EA	1		5/27/2006	99/99/9999						
00409-7120-07	J7799			7/6/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (6X2000ML,LATEX-FREE) 70%	2000 ML	FC	IV	ML		1 EA	1		7/6/2005	99/99/9999						
00409-7132-02	J7799			5/26/2006	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (USP,ADD-VANTAGE) 0.45%	250 ML	FC	IV	ML		1 EA	1		5/26/2006	99/99/9999						
00409-7132-66	J7799			9/12/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (ADD-VANTAGE,LATEX-FREE) 0.45%	50 ML	FC	IV	ML		1 EA	1		9/12/2005	99/99/9999						
00409-7132-67	J7799			11/14/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (ADD-VANTAGE,LATEX-FREE) 0.45%	100 ML	PC	IV	ML		1 EA	1		11/14/2005	99/99/9999						
00409-7138-09	A4217			5/11/2005	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (AQUALITE,12X1000ML,PF) 0.9%	1000 ML	FC	IR	ML		500 ML	0.002		5/11/2005	99/99/9999						
00409-7138-36	A4217			6/9/2005	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (AQUALITE,9X1500ML,PF) 0.9%	1500 ML	PC	IR	ML		500 ML	0.002		6/9/2005	99/99/9999						
00409-7139-09	A4217			3/2/2005	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION (AQUALITE W/HANGER,PF)	1000 ML	PC	IR	ML		500 ML	0.002		3/2/2005	99/99/9999						
00409-7139-36	A4217			5/4/2005	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION (AQUALITE)	1500 ML	PC	IR	ML		500 ML	0.002		5/4/2005	99/99/9999						
00409-7241-01	J0170			9/13/2005	12/31/2010	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	EPINEPHRINE HCL (AMP) 1 MG/ML	1 ML	AM	IJ	ML		1 ML	1		9/13/2005	12/31/2010						
00409-7332-01	J0696			7/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP,FLIPTOP VIAL) 1 GM	1 EA	VL	IJ	EA		250 MG	4		7/20/2005	99/99/9999						
00409-7333-04	J0696			7/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP,ADD-VANTAGE VIAL) 1 GM	1 EA	VL	IJ	EA		250 MG	4		7/20/2005	99/99/9999						
00409-7333-49	J0696			7/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE NOVAPLUS (USP,ADD-VANTAGE VIAL) 1 GM	1 EA	VL	IJ	EA		250 MG	4		7/20/2005	99/99/9999						
00409-7334-10	J0696			7/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP,BULK PACK) 10 GM	1 EA	VL	IJ	EA		250 MG	40		7/20/2005	99/99/9999						
00409-7335-03	J0696			7/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP,FLIPTOP VIAL) 2 GM	1 EA	VL	IJ	EA		250 MG	8		7/20/2005	99/99/9999						
00409-7336-04	J0696			7/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP,ADD-VANTAGE VIAL) 2 GM	1 EA	VL	IJ	EA		250 MG	8		7/20/2005	99/99/9999						
00409-7336-49	J0696			7/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE NOVAPLUS (USP,ADD-VANTAGE VIAL) 2 GM	1 EA	VL	IJ	EA		250 MG	8		7/20/2005	99/99/9999						
00409-7337-01	J0696			7/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 250 MG	1 EA	VL	IJ	EA		250 MG	1		7/20/2005	99/99/9999						
00409-7338-01	J0696			7/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 500 MG	1 EA	VL	IJ	EA		250 MG	2		7/20/2005	99/99/9999						
00409-7385-01	J0280			12/29/2005	99/99/9999	INJECTION, AMINOPHYLLIN, UP TO 250 MG	AMINOPHYLLINE (AMP,LATEX-FREE) 25 MG/ML	10 ML	AM	IV	ML		250 MG	0.1		12/29/2005	99/99/9999						
00409-7386-01	J0280			11/29/2005	99/99/9999	INJECTION, AMINOPHYLLIN, UP TO 250 MG	AMINOPHYLLINE (AMP,LATEX-FREE) 25 MG/ML	20 ML	AM	IV	ML		250 MG	0.1		11/29/2005	99/99/9999						
00409-7418-03	J7100			2/14/2006	99/99/9999	INFUSION, DEXTRAN 40, 500 ML	LMD IN DEXTROSE (12X500ML,LATEX-FREE) 10%-5%	500 ML	FC	IV	ML		500 ML	0.002		2/14/2006	99/99/9999						
00409-7419-03	J7100			8/9/2005	99/99/9999	INFUSION, DEXTRAN 40, 500 ML	LMD W/0.9% SODIUM CHLORIDE (LATEX-FREE) 10%-0.9%	500 ML	FC	IV	ML		500 ML	0.002		8/9/2005	99/99/9999						
00409-7444-01	J3490			4/3/2006	9/1/2010	UNCLASSIFIED DRUGS	CIMETIDINE HCL (LATEX-FREE) 150 MG/ML	2 ML	VL	IJ	ML		1 EA	1		4/3/2006	9/1/2010						
00409-7445-01	J3490			11/10/2005	9/1/2010	UNCLASSIFIED DRUGS	CIMETIDINE HCL (VIAL,FLIPTOP,LATEX-FREE) 150 MG/ML	8 ML	VL	IJ	ML		1 EA	1		11/10/2005	9/1/2010						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00409-7447-16	J3490			1/9/2006	99/99/9999	UNCLASSIFIED DRUGS	CIMETIDINE HCL 300 MG/50 ML	50 ML	FC	IV	ML		1 EA		1	1/9/2006	99/99/9999						
00409-7517-16	J7799			12/7/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (ANSYR II,LATEX-FREE) 50% MEPIVACAININE HYDROCHLORIDE (50X1.8ML,DENTALCARPULE) 3% HEPARIN SODIUM/SODIUM CHLORIDE (18X500ML,LATEX-FREE) 200 U/100 ML-0.9%	50 ML	SR	IV	ML		1 EA		1	12/7/2005	99/99/9999						
00409-7551-01	J0670			5/5/2008	99/99/9999	INJECTION, MEPIVACAININE HYDROCHLORIDE, PER 10 ML	HEPARIN SODIUM/SODIUM CHLORIDE (24X250ML,LATEX-FREE) 10000 U/100 ML-0.45%	1.8 ML	CT	IJ	ML		10 ML		0.1	5/5/2008	99/99/9999						
00409-7620-03	J1644			4/5/2005	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM/SODIUM CHLORIDE (LATEX-FREE) 200 U/100 ML-0.9%	500 ML	FC	IV	ML		1000 U		0.002	4/5/2005	99/99/9999						
00409-7620-59	J1644			4/13/2005	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM/SODIUM CHLORIDE (24X250ML,LATEX-FREE) 10000 U/100 ML-0.45%	1000 ML	FC	IV	ML		1000 U		0.002	4/13/2005	99/99/9999						
00409-7650-62	J1644			7/6/2005	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM/SODIUM CHLORIDE (24X500ML,LATEX-FREE) 5000 U/100 ML-0.45%	250 ML	FC	IV	ML		1000 U		0.1	7/6/2005	99/99/9999						
00409-7651-03	J1644			6/28/2005	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM/SODIUM CHLORIDE (24X250ML,LATEX-FREE) 5000 U/100 ML-0.45%	500 ML	FC	IV	ML		1000 U		0.05	6/28/2005	99/99/9999						
00409-7651-62	J1644			7/28/2005	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	DEXTROSE/THEOPHYLLINE (LATEX-FREE) 5%-80 MG/100 ML	250 ML	FC	IV	ML		1000 U		0.05	7/28/2005	99/99/9999						
00409-7665-03	J2810			12/29/2005	10/2/2011	INJECTION, THEOPHYLLINE, PER 40 MG	DEXTROSE/THEOPHYLLINE (LATEX-FREE) 5%-80 MG/100 ML	500 ML	GC	IV	ML		40 MG		0.02	12/29/2005	10/2/2011						
00409-7665-09	J2810			4/25/2005	10/2/2011	INJECTION, THEOPHYLLINE, PER 40 MG	THEOPHYLLINE IN DEXTROSE (SINGLE DOSE,USP) 5%-160 MG/100 ML	1000 ML	PC	IV	ML		40 MG		0.02	4/25/2005	10/2/2011						
00409-7666-03	J2810			5/27/2006	6/12/2009	INJECTION, THEOPHYLLINE, PER 40 MG	THEOPHYLLINE IN DEXTROSE (24X250ML,LATEX-FREE) 5%-160 MG/100 ML	500 ML	FC	IV	ML		40 MG		0.04	5/27/2006	6/12/2009						
00409-7666-62	J2810			1/27/2006	99/99/9999	INJECTION, THEOPHYLLINE, PER 40 MG	THEOPHYLLINE IN DEXTROSE (24X100ML,SINGLE-DOSE) 5%-200 MG/100 ML	250 ML	FC	IV	ML		40 MG		0.04	1/27/2006	99/99/9999						
00409-7668-23	J2810			2/6/2007	99/99/9999	INJECTION, THEOPHYLLINE, PER 40 MG	DEXTROSE/THEOPHYLLINE (50MLX24,DEHP,LATEX-FREE) 5%-200 MG/50 ML	100 ML	FC	IV	ML		40 MG		0.05	2/6/2007	99/99/9999						
00409-7677-13	J2810			8/10/2006	99/99/9999	INJECTION, THEOPHYLLINE, PER 40 MG	THEOPHYLLINE IN DEXTROSE (USP,250MLX24) 5%-320 MG/100 ML	50 ML	FC	IV	ML		40 MG		0.1	8/10/2006	99/99/9999						
00409-7705-62	J2810			5/27/2006	99/99/9999	INJECTION, THEOPHYLLINE, PER 40 MG	MANNITOL (LATEX-FREE) 5%	250 ML	FC	IV	ML		40 MG		0.08	5/27/2006	99/99/9999						
00409-7712-09	J7799			8/19/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	MANNITOL (USP,LATEX-FREE) 10%	1000 ML	FC	IV	ML		1 EA		1	8/19/2005	99/99/9999						
00409-7713-09	J7799			4/7/2006	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	MANNITOL (LATEX-FREE) 15%	1000 ML	FC	IV	ML		1 EA		1	4/7/2006	99/99/9999						
00409-7714-03	J7799			8/30/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	MANNITOL (FLEX CONTAINER,24X250ML) 20%	500 ML	FC	IV	ML		1 EA		1	8/30/2005	99/99/9999						
00409-7715-02	J7799			11/14/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	MANNITOL (FLEX CONTAINER,12X500ML) 20%	250 ML	FC	IV	ML		1 EA		1	11/14/2005	99/99/9999						
00409-7715-03	J7799			9/16/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (QUAD-PK,48X25ML) 0.45%	500 ML	FC	IV	ML		1 EA		1	9/16/2005	99/99/9999						
00409-7730-20	J7799			7/27/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (80X50ML,LATEX-FREE) 0.45%	25 ML	FC	IV	ML		1 EA		1	7/27/2005	99/99/9999						
00409-7730-36	J7799			7/11/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (80X100ML,LATEX-FREE) 0.45%	50 ML	FC	IV	ML		1 EA		1	7/11/2005	99/99/9999						
00409-7730-37	J7799			9/16/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/HEPARIN SODIUM (LATEX-FREE) 5%-4000 U/100 ML	100 ML	FC	IV	ML		1 EA		1	9/16/2005	99/99/9999						
00409-7760-03	J1644			8/30/2005	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	DEXTROSE/HEPARIN SODIUM (24X500ML,LATEX-FREE) 5%-5000 U/100 ML	500 ML	FC	IV	ML		1000 U		0.04	8/30/2005	99/99/9999						
00409-7761-03	J1644			7/22/2005	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM IN DEXTROSE (USP,SINGLE DOSE) 5%-10000 U/100 ML	500 ML	FC	IV	ML		1000 U		0.05	7/22/2005	99/99/9999						
00409-7793-23	J1644			1/25/2006	10/2/2011	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	DEXTROSE/HEPARIN SODIUM (24X250ML,LATEX-FREE) 5%-10000 U/100 ML	100 ML	FC	IV	ML		1000 U		0.1	1/25/2006	10/2/2011						
00409-7793-62	J1644			10/14/2005	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM IN DEXTROSE (24X250ML,USP,LATEX-FREE) 5%-5000 U/100 ML	250 ML	FC	IV	ML		1000 U		0.1	10/14/2005	99/99/9999						
00409-7794-62	J1644			6/12/2006	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	DEXTROSE/DOPAMINE HCL (LIFECARE,12X250ML) 5%-80 MG/100 ML	250 ML	FC	IV	ML		40 MG		0.02	6/12/2006	99/99/9999						
00409-7808-22	J1265			1/1/2006	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG	DEXTROSE/DOPAMINE HCL (LIFECARE,LATEX-FREE) 5%-80 MG/100 ML	500 ML	FC	IV	ML		40 MG		0.02	1/1/2006	99/99/9999						
00409-7808-24	J1265			1/1/2006	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG	DEXTROSE/DOPAMINE HCL (LIFECARE,LATEX-FREE) 5%-160 MG/100 ML	500 ML	FC	IV	ML		40 MG		0.04	1/1/2006	99/99/9999						
00409-7809-22	J1265			1/1/2006	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG	DEXTROSE/DOPAMINE HCL (LIFECARE,12X500ML) 5%-100 MG/100 ML	250 ML	PC	IV	ML		40 MG		0.04	1/1/2006	99/99/9999						
00409-7809-24	J1265			1/1/2006	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG		500 ML	FC	IV	ML		40 MG		0.025	1/1/2006	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00409-7810-22		J1265		1/1/2006	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG	DEXTROSE/DOPAMINE HCL (LIFECARE,12X250ML) 5%-320 MG/100 ML	250 ML	FC	IV	ML		40 MG		0.08	1/1/2006	99/99/9999						
00409-7811-24		J3490		8/31/2005	99/99/9999	UNCLASSIFIED DRUGS	METRONIDAZOLE (S.D.V.,LATEX-FREE) 500 MG/100 ML	100 ML	FC	IV	ML		1 EA		1	8/31/2005	99/99/9999						
00409-7811-37		J3490		9/22/2005	99/99/9999	UNCLASSIFIED DRUGS	METRONIDAZOLE (LIFECARE,QUAD PACK) 500 MG/100 ML	100 ML	FC	IV	ML		1 EA		1	9/22/2005	99/99/9999						
00409-7879-13		J1580		3/31/2006	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE IN SODIUM CHLORIDE (LATEX-FREE) 1.2 MG/ML-0.9%	50 ML	FC	IV	ML		80 MG		0.015	3/31/2006	99/99/9999						
00409-7881-13		J1580		1/23/2006	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE/SODIUM CHLORIDE (LIFECARE, 24X50ML) 1.4 MG/ML-0.9%	50 ML	FC	IV	ML		80 MG		0.0175	1/23/2006	99/99/9999						
00409-7883-13		J1580		1/9/2006	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE/SODIUM CHLORIDE (LIFECARE,LATEX-FREE) 1.6 MG/ML-0.9%	50 ML	FC	IV	ML		80 MG		0.02	1/9/2006	99/99/9999						
00409-7884-23		J1580		7/6/2005	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE/SODIUM CHLORIDE (LIFECARE,24X100ML) 80 MG/100 ML-0.9%	100 ML	FC	IV	ML		80 MG		0.01	7/6/2005	99/99/9999						
00409-7886-23		J1580		1/27/2006	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE IN SODIUM CHLORIDE (LIFECARE,24X100ML) 90 MG/100 ML-0.9%	100 ML	FC	IV	ML		80 MG		0.01125	1/27/2006	99/99/9999						
00409-7889-23		J1580		9/20/2005	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE/SODIUM CHLORIDE (LIFECARE,24X100ML) 100 MG/100 ML-0.9%	100 ML	FC	IV	ML		80 MG		0.0125	9/20/2005	99/99/9999						
00409-7918-19	J7799			7/8/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (12X500ML,LATEX-FREE) 70%	500 ML	PC	IV	ML		1 EA		1	7/8/2005	99/99/9999						
00409-7922-02	J7060			4/5/2005	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (LIFECARE/PLASTIC) 5%	250 ML	FC	IV	ML		500 ML		0.002	4/5/2005	99/99/9999						
00409-7922-03	J7060			2/25/2005	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (LIFECARE/PLASTIC) 5%	500 ML	FC	IV	ML		500 ML		0.002	2/25/2005	99/99/9999						
00409-7922-09	J7060			2/21/2005	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (LIFECARE/PLASTIC) 5%	1000 ML	FC	IV	ML		500 ML		0.002	2/21/2005	99/99/9999						
00409-7922-30	J7060			4/14/2006	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (VISIV CONTAINER) 5%	500 ML	FC	IV	ML		500 ML		0.002	4/14/2006	99/99/9999						
00409-7922-48	J7060			4/14/2006	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (VISIV CONTAINER) 5%	1000 ML	FC	IV	ML		500 ML		0.002	4/14/2006	99/99/9999						
00409-7922-53	J7060			9/1/2005	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (LIFECARE,24X250ML) 5%	250 ML	FC	IV	ML		500 ML		0.002	9/1/2005	99/99/9999						
00409-7922-55	J7060			10/31/2006	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (18X500ML,LATEX-FREE) 5%	500 ML	FC	IV	ML		500 ML		0.002	10/31/2006	99/99/9999						
00409-7922-61	J7060			8/5/2005	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (LIFECARE,32X150ML) 5%	150 ML	FC	IV	ML		500 ML		0.002	8/5/2005	99/99/9999						
00409-7923-13	J7060			6/9/2005	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (48X50ML,LATEX-FREE) 5%	50 ML	FC	IV	ML		500 ML		0.002	6/9/2005	99/99/9999						
00409-7923-20	J7060			6/17/2005	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (LIFECARE,48X25ML) 5%	25 ML	FC	IV	ML		500 ML		0.002	6/17/2005	99/99/9999						
00409-7923-23	J7060			7/15/2005	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (48X100ML,LATEX-FREE) 5%	100 ML	FC	IV	ML		500 ML		0.002	7/15/2005	99/99/9999						
00409-7923-36	J7060			4/5/2005	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (LIFECARE,QUAD PACK) 5%	50 ML	FC	IV	ML		500 ML		0.002	4/5/2005	99/99/9999						
00409-7923-37	J7060			3/16/2005	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (LIFECARE,80X100ML) 5%	100 ML	FC	IV	ML		500 ML		0.002	3/16/2005	99/99/9999						
00409-7924-02	J7799			7/28/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (24X250ML,LATEX-FREE) 5%-0.225%	250 ML	FC	IV	ML		1 EA		1	7/28/2005	99/99/9999						
00409-7924-03	J7799			7/28/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (LIFECARE/PLASTIC) 5%-0.225%	500 ML	FC	IV	ML		1 EA		1	7/28/2005	99/99/9999						
00409-7924-09	J7799			12/21/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (LIFECARE, PLASTIC) 5%-0.225%	1000 ML	FC	IV	ML		1 EA		1	12/21/2005	99/99/9999						
00409-7925-02	J7799			6/29/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (LIFECARE, 24X250ML) 5%-0.3%	250 ML	FC	IV	ML		1 EA		1	6/29/2005	99/99/9999						
00409-7925-03	J7799			9/16/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (LIFECARE,PLASTIC) 5%-0.3%	500 ML	FC	IV	ML		1 EA		1	9/16/2005	99/99/9999						
00409-7925-09	J7799			3/17/2006	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (12X1000ML) 5%-0.3%	1000 ML	FC	IV	ML		1 EA		1	3/17/2006	99/99/9999						
00409-7926-02	J7799			8/30/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (LIFECARE/PLASTIC) 5%-0.45%	250 ML	FC	IV	ML		1 EA		1	8/30/2005	99/99/9999						
00409-7926-03	J7799			6/7/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (24X500ML,LATEX-FREE) 5%-0.45%	500 ML	FC	IV	ML		1 EA		1	6/7/2005	99/99/9999						
00409-7926-09	J7799			8/25/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (12X1000ML, LIFECARE) 5%-0.45%	1000 ML	FC	IV	ML		1 EA		1	8/25/2005	99/99/9999						
00409-7926-30	J7799			4/14/2006	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (VISIV CONTAINER) 5%-0.45%	500 ML	FC	IV	ML		1 EA		1	4/14/2006	99/99/9999						
00409-7926-48	J7799			4/14/2006	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE/SODIUM CHLORIDE (VISIV CONTAINER) 5%-0.45%	1000 ML	FC	IV	ML		1 EA		1	4/14/2006	99/99/9999						
00409-7929-03	J7120			6/9/2005	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC	DEXTROSE 5% IN RINGERS (LATEX-FREE)	500 ML	FC	IV	ML		1000 ML		0.0005	6/9/2005	99/99/9999						
00409-7929-09	J7120			2/7/2005	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC	DEXTROSE 5% IN RINGERS (LIFECARE,LATEX-FREE)	1000 ML	FC	IV	ML		1000 ML		0.0005	2/7/2005	99/99/9999						
00409-7930-02	J7799			7/5/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (24X250ML,LIFECARE) 10%	250 ML	FC	IV	ML		1 EA		1	7/5/2005	99/99/9999						
00409-7930-03	J7799			1/12/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (LIFECARE,LATEX-FREE) 10%	500 ML	FC	IV	ML		1 EA		1	1/12/2005	99/99/9999						
00409-7930-09	J7799			3/16/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (LIFECARE,LATEX-FREE) 10%	1000 ML	FC	IV	ML		1 EA		1	3/16/2005	99/99/9999						
00409-7931-24	J2001			5/18/2005	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	DEXTROSE/LIDOCAINE HCL (LIFECARE,24X500ML) 5%-0.4%	500 ML	PC	IV	ML		10 MG		0.4	5/18/2005	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00409-7931-32	J2001			9/16/2005	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	DEXTROSE/LIDOCAINE HCL (LIFECARE,12X250ML) 5%-0.4%	250 ML	FC	IV	ML		10 MG		0.4	9/16/2005	99/99/9999						
00409-7935-19	J7799			9/12/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (1000ML CONTAINER) 20%	500 ML	FC	IV	ML		1 EA		1	9/12/2005	99/99/9999						
00409-7936-19	J7799			6/24/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (12X500ML,LATEX-FREE) 50%	500 ML	PC	IV	ML		1 EA		1	6/24/2005	99/99/9999						
00409-7936-29	J7799			10/28/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (2000ML BAG,6X1000ML) 50%	1000 ML	FC	IV	ML		1 EA		1	10/28/2005	99/99/9999						
00409-7937-19	J7799			8/24/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (12X500ML,LATEX-FREE) 40%	500 ML	FC	IV	ML		1 EA		1	8/24/2005	99/99/9999						
00409-7938-19	J7799			9/29/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (1000ML CONTAINER) 10%	500 ML	PC	IV	ML		1 EA		1	9/29/2005	99/99/9999						
00409-7939-32	J2001			1/11/2006	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	DEXTROSE/LIDOCAINE HCL (LIFECARE,LATEX-FREE) 5%-0.8%	250 ML	FC	IV	ML		10 MG		0.8	1/11/2006	99/99/9999						
00409-7941-02	J7042			5/27/2006	99/99/9999	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)	DEXTROSE AND SODIUM CHLORIDE (250MLX24,USP,LATEX-FREE) 5%-0.9%	250 ML	FC	IV	ML		5 %		0.002	5/27/2006	99/99/9999						
00409-7941-03	J7042			9/20/2005	99/99/9999	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)	DEXTROSE/SODIUM CHLORIDE (24X500ML,LATEX-FREE) 5%-0.9%	500 ML	FC	IV	ML		5 %		0.002	9/20/2005	99/99/9999						
00409-7941-09	J7042			8/8/2005	99/99/9999	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)	DEXTROSE/SODIUM CHLORIDE (LIFECARE,12X1000ML) 5%-0.9%	1000 ML	FC	IV	ML		5 %		0.002	8/8/2005	99/99/9999						
00409-7953-02	J7120			3/9/2005	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S (LIFECARE,LATEX-FREE)	250 ML	FC	IV	ML		1000 ML		0.001	3/9/2005	99/99/9999						
00409-7953-03	J7120			5/20/2005	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S (LIFECARE,24X500ML)	500 ML	PC	IV	ML		1000 ML		0.001	5/20/2005	99/99/9999						
00409-7953-09	J7120			5/18/2005	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S (LIFECARE,LATEX-FREE)	1000 ML	PC	IV	ML		1000 ML		0.001	5/18/2005	99/99/9999						
00409-7953-30	J7120			4/14/2006	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S (VISIV CONTAINER)	500 ML	FC	IV	ML		1000 ML		0.001	4/14/2006	99/99/9999						
00409-7953-48	J7120			4/14/2006	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S (VISIV CONTAINER)	1000 ML	FC	IV	ML		1000 ML		0.001	4/14/2006	99/99/9999						
00409-7972-05	A4217			9/1/2005	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (FLEXIBLE CONTAINER,PF) 0.9%	1000 ML	FC	IR	ML		500 ML		0.002	9/1/2005	99/99/9999						
00409-7972-07	A4217			4/5/2005	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (FLEX CONTAINER,6X2000ML) 0.9%	2000 ML	FC	IR	ML		500 ML		0.002	4/5/2005	99/99/9999						
00409-7972-08	A4217			5/18/2005	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (FLEX CONTAINER,4X3000ML) 0.9%	3000 ML	PC	IR	ML		500 ML		0.002	5/18/2005	99/99/9999						
00409-7973-05	A4217			3/16/2005	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION (FLEXIBLE CONTAINER,PF)	1000 ML	FC	IR	ML		500 ML		0.002	3/16/2005	99/99/9999						
00409-7973-07	A4217			8/9/2005	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION (FLEXIBLE, CONTAINER,PF)	2000 ML	FC	IR	ML		500 ML		0.002	8/9/2005	99/99/9999						
00409-7973-08	A4217			7/14/2005	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION (4X3000ML,PF,LATEX-FREE)	3000 ML	FC	IR	ML		500 ML		0.002	7/14/2005	99/99/9999						
00409-7975-07	A4217			4/26/2006	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (USP,6X2000ML) 0.45%	2000 ML	FC	IR	ML		500 ML		0.002	4/26/2006	99/99/9999						
00409-7983-02	J7050			7/1/2005	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (LIFECARE,24X250ML,PF) 0.9%	250 ML	FC	IV	ML		250 ML		0.004	7/1/2005	99/99/9999						
00409-7983-03	J7040			1/5/2005	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	SODIUM CHLORIDE (LIFECARE,P.C.,24X500ML) 0.9%	500 ML	FC	IV	ML		500 ML		0.002	1/5/2005	99/99/9999						
00409-7983-09	J7030			2/7/2005	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 1000 CC	SODIUM CHLORIDE (LIFECARE,P.C.,12X1000ML) 0.9%	1000 ML	FC	IV	ML		1000 ML		0.001	2/7/2005	99/99/9999						
00409-7983-30	J7040			4/14/2006	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	SODIUM CHLORIDE (VISIV CONTAINER) 0.9%	500 ML	FC	IV	ML		500 ML		0.002	4/14/2006	99/99/9999						
00409-7983-48	J7030			4/14/2006	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 1000 CC	SODIUM CHLORIDE (VISIV CONTAINER) 0.9%	1000 ML	FC	IV	ML		1000 ML		0.001	4/14/2006	99/99/9999						
00409-7983-53	J7050			9/30/2005	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (LIFECARE,2 PORTS,PC,LF) 0.9%	250 ML	FC	IV	ML		250 ML		0.004	9/30/2005	99/99/9999						
00409-7983-55	J7040			4/11/2005	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	SODIUM CHLORIDE (LIFECARE,2 PORTS,PC,LF) 0.9%	500 ML	FC	IV	ML		500 ML		0.002	4/11/2005	99/99/9999						
00409-7983-61	J7050			6/17/2005	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (LIFECARE,P.C.,32X150ML) 0.9%	150 ML	FC	IV	ML		250 ML		0.004	6/17/2005	99/99/9999						
00409-7984-13	A4216			6/20/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (48X50ML,PF,LATEX-FREE) 0.9%	50 ML	FC	IV	ML		10 ML		0.1	6/20/2005	99/99/9999						
00409-7984-20	A4216			6/17/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (LIFECARE,QUAD PACK,LF) 0.9%	25 ML	FC	IV	ML		10 ML		0.1	6/17/2005	99/99/9999						
00409-7984-23	J7050			5/18/2005	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (LIFECARE SINGLE P/F) 0.9%	100 ML	PC	IV	ML		250 ML		0.004	5/18/2005	99/99/9999						
00409-7984-36	A4216			7/14/2005	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (LFCARE,QUAD,LF,80X50ML) 0.9%	50 ML	FC	IV	ML		10 ML		0.1	7/14/2005	99/99/9999						
00409-7984-37	J7050			7/15/2005	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (LFCARE,QUAD,LF,80X100ML) 0.9%	100 ML	FC	IV	ML		250 ML		0.004	7/15/2005	99/99/9999						
00409-7985-02	J7799			4/6/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (24X250ML,LATEX-FREE) 0.45%	250 ML	FC	IV	ML		1 EA		1	4/6/2005	99/99/9999						
00409-7985-03	J7799			4/6/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (LIFECARE,24X500ML) 0.45%	500 ML	FC	IV	ML		1 EA		1	4/6/2005	99/99/9999						
00409-7985-09	J7799			11/24/2004	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (LIFECARE,12X1000ML) 0.45%	1000 ML	FC	IV	ML		1 EA		1	11/24/2004	99/99/9999						
00409-7990-09	A4217			9/2/2005	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR INJECTION (LIFECARE,PF,LATEX-FREE)	1000 ML	FC	IV	ML		500 ML		0.002	9/2/2005	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00409-8004-15	J7799			8/1/2005	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (12X500ML,LATEX-FREE)																
00409-9093-32	J3010			11/14/2005	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	30% FENTANYL CITRATE (10X2ML,LATEX-FREE) 0.05 MG/ML	500 ML	FC	IV	ML		1 EA		1	8/1/2005	99/99/9999						
00409-9093-35	J3010			12/13/2005	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (AMP,LATEX-FREE) 0.05 MG/ML	2 ML	AM	IJ	ML		0.1 MG		0.5	11/14/2005	99/99/9999						
00409-9093-36	J3010			7/12/2006	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (SINGLE DOSE,5X10ML) 0.05 MG/ML	5 ML	AM	IJ	ML		0.1 MG		0.5	12/13/2005	99/99/9999						
00409-9093-38	J3010			3/3/2006	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (5X20ML) 0.05 MG/ML	10 ML	AM	IJ	ML		0.1 MG		0.5	7/12/2006	99/99/9999						
00409-9094-22	J3010			10/12/2005	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (FTV,25X2ML,LATEX-FREE) 0.05 MG/ML	20 ML	AM	IJ	ML		0.1 MG		0.5	3/3/2006	99/99/9999						
00409-9094-25	J3010			11/7/2005	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (VIAL,FLIPTOP,LATEX-FREE) 0.05 MG/ML	5 ML	VL	IJ	ML		0.1 MG		0.5	11/7/2005	99/99/9999						
00409-9094-28	J3010			2/14/2006	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (25X10ML,FTV) 0.05 MG/ML	10 ML	VL	IJ	ML		0.1 MG		0.5	2/14/2006	99/99/9999						
00409-9094-31	J3010			9/23/2005	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (FTV,LATEX-FREE) 0.05 MG/ML	20 ML	VL	IJ	ML		0.1 MG		0.5	9/23/2005	99/99/9999						
00409-9094-61	J3010			12/30/2005	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (VIAL, FLIPTOP) 0.05 MG/ML	50 ML	VL	IJ	ML		0.1 MG		0.5	12/30/2005	99/99/9999						
00409-9104-20	J1265			1/1/2006	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG	DOPAMINE HCL (25X10ML) 40 MG/ML	10 ML	VL	IV	ML		40 MG		1	1/1/2006	99/99/9999						
00409-9137-05	J2001			6/30/2005	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (ANSYR,10X5ML,LATEX-FREE) 1%	5 ML	SR	EP	ML		10 MG		1	6/30/2005	99/99/9999						
00409-9629-05	J0460			4/26/2006	12/31/2009	INJECTION, ATROPINE SULFATE, UP TO 0.3 MG	ATROPINE SULFATE (10X5ML) 0.1 MG/ML	5 ML	SR	IJ	ML		0.3 MG		0.33333	4/26/2006	12/31/2009						
00409-9630-05	J0460			10/19/2004	12/31/2009	INJECTION, ATROPINE SULFATE, UP TO 0.3 MG	ATROPINE SULFATE (ANSYR PLASTIC SYRINGE) 0.05 MG/ML	5 ML	SR	IJ	ML		0.3 MG		0.16666	10/19/2004	12/31/2009						
00409-9631-04	J1940			4/21/2006	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (PF) 10 MG/ML	4 ML	SR	IJ	ML		20 MG		0.5	4/21/2006	99/99/9999						
00433-0433-05	J1212			1/1/2002	6/21/2007	INJECTION, DMSO, DIMETHYL SULFOXIDE, 50%, 50 ML	RIMSO-50 50%	50 ML	BO	IL	ML		50 %		0.02	1/1/2002	6/21/2007						
00463-1015-30	J3420			1/1/2002	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	VITAMIN B12 (VIAL) 1000 MCG/ML	30 ML	VL	IM	ML		1000 MCG		1	1/1/2002	99/99/9999						
00463-1019-30	J2650			1/1/2002	99/99/9999	INJECTION, PREDNISOLONE ACETATE, UP TO 1 ML	COTOLONE (VIAL) 25 MG/ML	30 ML	VL	IJ	ML		1 ML		1	1/1/2002	99/99/9999						
00463-1020-10	J2650			1/1/2002	99/99/9999	INJECTION, PREDNISOLONE ACETATE, UP TO 1 ML	COTOLONE (VIAL) 50 MG/ML	10 ML	VL	IJ	ML		1 ML		1	1/1/2002	99/99/9999						
00463-1021-30	J3420			1/1/2002	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	VITAMIN B12 (VIAL) 100 MCG/ML	30 ML	VL	IM	ML		1000 MCG		0.1	1/1/2002	99/99/9999						
00463-1029-30	J1435			1/1/2002	99/99/9999	INJECTION, ESTRONE, PER 1 MG	ESTRONE (VIAL, AQUEOUS) 5 MG/ML	30 ML	EA	IM	ML		1 MG		5	1/1/2002	99/99/9999						
00463-1036-10	J1700			1/1/2002	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (VIAL) 25 MG/ML	10 ML	VL	IJ	ML		25 MG		1	1/1/2002	99/99/9999						
00463-1069-10	J3140			1/1/2002	99/99/9999	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTRO AQ (VIAL) 100 MG/ML	10 ML	VL	IM	ML		50 MG		2	1/1/2002	99/99/9999						
00463-1073-10	J3150			1/1/2002	99/99/9999	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	TESTOSTERONE PROPIONATE (VIAL) 100 MG/ML	10 ML	VL	IM	ML		100 MG		1	1/1/2002	99/99/9999						
00463-1074-30	J3411			1/1/2004	99/99/9999	INJECTION, THIAMINE HCL, 100 MG	THIAMINE HCL (VIAL) 100 MG/ML	30 ML	VL	IJ	ML		100 MG		1	1/1/2004	99/99/9999						
00463-1080-30	J1200			1/1/2002	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	TRUXADRYL (VIAL) 10 MG/ML	30 ML	VL	IJ	ML		50 MG		0.2	1/1/2002	99/99/9999						
00463-1086-10	J1240			1/1/2002	99/99/9999	INJECTION, DIMENHYDRINATE, UP TO 50 MG	DIMENHYDRINATE (VIAL) 50 MG/ML	10 ML	VL	IJ	ML		50 MG		1	1/1/2002	99/99/9999						
00463-1089-10	J1200			1/1/2002	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	TRUXADRYL (VIAL) 50 MG/ML	10 ML	VL	IJ	ML		50 MG		1	1/1/2002	99/99/9999						
00463-1091-05	J3302			1/1/2002	99/99/9999	INJECTION, TRIAMCINOLONE DIACETATE, PER 5MG	TRIAMCOT (VIAL) 40 MG/ML	5 ML	VL	IJ	ML		5 MG		8	1/1/2002	99/99/9999						
00463-1092-10	J2360			1/1/2002	99/99/9999	INJECTION, ORPHENADRINE CITRATE, UP TO 60 MC	ORFRO (VIAL) 30 MG/ML	10 ML	VL	IJ	ML		60 MG		0.5	1/1/2002	99/99/9999						
00463-1094-30	J3420			1/1/2002	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	HYDROXYCOBALAMIN (VIAL) 1000 MCG/ML	30 ML	VL	IM	ML		1000 MCG		1	1/1/2002	99/99/9999						
00463-1101-10	J3410			1/1/2002	99/99/9999	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	VISTACOT (VIAL) 50 MG/ML	10 ML	VL	IM	ML		25 MG		2	1/1/2002	99/99/9999						
00463-1104-10	J0500			1/1/2002	99/99/9999	INJECTION, DICYCLOMINE HCL, UP TO 20 MG	DICYCLOCOT (VIAL) 10 MG/ML	10 ML	VL	IM	ML		20 MG		0.5	1/1/2002	99/99/9999						
00463-1108-20	J3250			1/1/2002	99/99/9999	INJECTION, TRIMETHOGENZAMIDE HCL, UP TO 200 MC	BENZACOT (VIAL) 100 MG/ML	20 ML	VL	IM	ML		200 MG		0.5	1/1/2002	99/99/9999						
00463-0071-10	J7510			1/1/2002	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	COTOLONE 5 MG	1000 EA	NA	PO	EA		5 MG		1	1/1/2002	99/99/9999						
00463-6140-10	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNICOT 10 MG	1000 EA	NA	PO	EA		5 MG		2	1/1/2002	99/99/9999						
00463-6141-10	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNICOT 20 MG	1000 EA	NA	PO	EA		5 MG		4	1/1/2002	99/99/9999						
00463-6155-10	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNICOT 5 MG	1000 EA	NA	PO	EA		5 MG		1	1/1/2002	99/99/9999						
00463-6156-10	Q0170			1/1/2002	99/99/9999	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	PROMACOT 25 MG	1000 EA	NA	PO	EA		25 MG		1	1/1/2002	99/99/9999						
00469-0021-03	J0215			2/28/2008	3/16/2012	INJECTION, ALEFACEPT, 0.5 MG	AMEVIVE (W/DILUENT PACK,PF) 15 MG	1 EA	VL	IM	EA		0.5 MG		30	2/28/2008	3/16/2012						
00469-0021-04	J0215			12/31/2007	3/16/2012	INJECTION, ALEFACEPT, 0.5 MG	AMEVIVE (W/DILUENT PACK,PF) 15 MG	1 EA	VL	IM	EA		0.5 MG		30	12/31/2007	3/16/2012						
00469-0607-73	J7507			1/1/2002	99/99/9999	TACROLIMUS, ORAL, PER 1 MG	PROGRAF 0.5 MG	100 EA	BO	PO	EA		1 MG		0.5	1/1/2002	99/99/9999						
00469-0617-11	J7507			1/1/2002	99/99/9999	TACROLIMUS, ORAL, PER 1 MG	PROGRAF (10X10,BLISTER PACK) 1 MG	100 EA	BX	PO	EA		1 MG		1	1/1/2002	99/99/9999						
00469-0617-73	J7507			2/13/2002	99/99/9999	TACROLIMUS, ORAL, PER 1 MG	PROGRAF 1 MG	100 EA	BO	PO	EA		1 MG		1	2/13/2002	99/99/9999						
00469-0647-73	J7599			8/6/2013	99/99/9999	IMMUNOSUPPRESSIVE DRUG, NOT OTHERWISE CLASSIFIED	ASTAGRAF XL 0.5 MG	30 EA	BO	PO	EA		1 MG		1	8/6/2013	99/99/9999						
00469-0657-11	J7507			1/1/2004	99/99/9999	TACROLIMUS, ORAL, PER 1 MG	PROGRAF (10X10,BLISTER PACK) 5 MG	100 EA	BX	PO	EA		1 MG		5	1/1/2004	99/99/9999						
00469-0657-73	J7507			1/1/2004	99/99/9999	TACROLIMUS, ORAL, PER 1 MG	PROGRAF 5 MG	100 EA	BO	PO	EA		1 MG		5	1/1/2004	99/99/9999						
00469-0677-73	J7599			8/6/2013	99/99/9999	IMMUNOSUPPRESSIVE DRUG, NOT OTHERWISE CLASSIFIED	ASTAGRAF XL 1 MG	30 EA	BO	PO	EA		1 MG		1	8/6/2013	99/99/9999						
00469-0687-73	J7599			8/6/2013	99/99/9999	IMMUNOSUPPRESSIVE DRUG, NOT OTHERWISE CLASSIFIED	ASTAGRAF XL 5 MG	30 EA	BO	PO	EA		1 MG		1	8/6/2013	99/99/9999						
00469-0871-20	J0152			1/1/2004	99/99/9999	REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS; INSTEAD USE A9270	ADENOSCAN (S.D.V.,PF) 3 MG/ML	20 ML	VL	IV	ML		30 MG		0.1	1/1/2004	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00469-0871-30	J0152			1/1/2004	99/99/9999	INJECTION, ADENOSINE FOR DIAGNOSTIC USE, 30 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS; INSTEAD USE A9270)	ADENOSCAN (S.D.V.,PF) 3 MG/ML	30 ML	VL	IV	ML		30 MG	0.1	1/1/2004	99/99/9999							
00469-3016-01	J7525			1/1/2002	99/99/9999	TACROLIMUS, PARENTERAL, 5 MG	PROGRAF (AMP,PF) 5 MG/ML	1 ML	AM	IV	ML		5 MG	1	1/1/2002	99/99/9999							
00469-3051-30	J0289			1/1/2003	99/99/9999	INJECTION, AMPHOTERICIN B LIPOSOME, 10 MG	AMBISOME 50 MG	1 EA	VL	IV	EA		10 MG	5	1/1/2003	99/99/9999							
00469-3211-10	J2248			1/1/2007	99/99/9999	INJECTION, MICA FUNGIN SODIUM, 1 MG	MYCAMINE (W/RED FLIP-OFF CAP) 100 MG	1 EA	VL	IV	EA		1 MG	100	1/1/2007	99/99/9999							
00469-3250-10	J7799			5/3/2005	12/31/2006	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	MYCAMINE (PF) 50 MG	1 EA	VL	IV	EA		1 EA	1	5/3/2005	12/31/2006							
00469-3250-10	J2248			1/1/2007	99/99/9999	INJECTION, MICA FUNGIN SODIUM, 1 MG	MYCAMINE (PF) 50 MG	1 EA	VL	IV	EA		1 MG	50	1/1/2007	99/99/9999							
00469-7220-01	J0715			1/1/2002	3/1/2007	INJECTION, CEFTIZOXIME SODIUM, PER 500 MG	CEFIZOX (S.D. GALAXY P.C.,PF) 1 GM/50 ML	50 ML	FC	IV	ML		500 MG	0.04	1/1/2002	3/1/2007							
00469-7221-02	J0715			1/1/2002	3/1/2007	INJECTION, CEFTIZOXIME SODIUM, PER 500 MG	CEFIZOX (S.D. GALAXY P.C.,PF) 2 GM/50 ML	50 ML	FC	IV	ML		500 MG	0.08	1/1/2002	3/1/2007							
00469-8234-12	J0150			6/14/2002	99/99/9999	REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS, INSTEAD USE A9270	ADENOCARD (ANSYR,LUER LOK) 3 MG/ML	2 ML	SR	IV	ML		6 MG	0.5	6/14/2002	99/99/9999							
00469-8234-14	J0150			6/14/2002	99/99/9999	REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS, INSTEAD USE A9270	ADENOCARD (ANSYR,LUER LOK) 3 MG/ML	4 ML	SR	IV	ML		6 MG	0.5	6/14/2002	99/99/9999							
00472-0082-16	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOE	ACYCLOVIR 200 MG/5 ML	480 ML	BO	PO	ML		1 EA	1	1/1/2002	99/99/9999							
00472-0753-23	J7644			1/23/2004	6/30/2007	MILLIGRAM	IPRATROPIUM BROMIDE (VIAL) 0.02%	2.5 ML	PC	IH	ML		1 MG	0.2	1/23/2004	6/30/2007							
00472-0753-23	KO J7644	KO		1/23/2004	6/30/2007	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (VIAL) 0.02%	2.5 ML	PC	IH	ML		1 MG	0.2	1/23/2004	6/30/2007							
00472-0753-30	J7644			9/11/2003	6/30/2007	MILLIGRAM	IPRATROPIUM BROMIDE (VIAL) 0.02%	2.5 ML	PC	IH	ML		1 MG	0.2	9/11/2003	6/30/2007							
00472-0753-30	KO J7644	KO		9/11/2003	6/30/2007	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (VIAL) 0.02%	2.5 ML	PC	IH	ML		1 MG	0.2	9/11/2003	6/30/2007							
00472-0753-60	J7644			9/9/2003	6/30/2007	MILLIGRAM	IPRATROPIUM BROMIDE (VIAL) 0.02%	2.5 ML	PC	IH	ML		1 MG	0.2	9/9/2003	6/30/2007							
00472-0753-60	KO J7644	KO		9/9/2003	6/30/2007	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (VIAL) 0.02%	2.5 ML	PC	IH	ML		1 MG	0.2	9/9/2003	6/30/2007							
00472-0831-23	J7603			1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (PF) 0.083%	3 ML	PC	IH	ML		1 MG	0.83	1/1/2008	3/31/2008							
00472-0831-23	KO J7603	KO		1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (PF) 0.083%	3 ML	PC	IH	ML		1 MG	0.83	1/1/2008	3/31/2008							
00472-0831-23	J7613			4/1/2008	2/28/2009	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (PF) 0.083%	3 ML	PC	IH	ML		1 MG	0.83	4/1/2008	2/28/2009							
00472-0831-23	KO J7613	KO		4/1/2008	2/28/2009	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (PF) 0.083%	3 ML	PC	IH	ML		1 MG	0.83	4/1/2008	2/28/2009							
00472-0831-30	J7603			1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (PF) 0.083%	3 ML	PC	IH	ML		1 MG	0.83	1/1/2008	3/31/2008							
00472-0831-30	KO J7613	KO		4/1/2008	2/28/2009	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (PF) 0.083%	3 ML	PC	IH	ML		1 MG	0.83	4/1/2008	2/28/2009							
00472-0831-30	KO J7603	KO		1/1/2008	3/31/2008	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (PF) 0.083%	3 ML	PC	IH	ML		1 MG	0.83	1/1/2008	3/31/2008							
00472-0831-30	J7613			4/1/2008	2/28/2009	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (PF) 0.083%	3 ML	PC	IH	ML		1 MG	0.83	4/1/2008	2/28/2009							
00472-0831-60	J7603			1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (PF) 0.083%	3 ML	PC	IH	ML		1 MG	0.83	1/1/2008	3/31/2008							
00472-0831-60	KO J7603	KO		1/1/2008	3/31/2008	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (PF) 0.083%	3 ML	PC	IH	ML		1 MG	0.83	1/1/2008	3/31/2008							
00472-0831-60	J7613			4/1/2008	2/28/2009	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (PF) 0.083%	3 ML	PC	IH	ML		1 MG	0.83	4/1/2008	2/28/2009							
00472-0831-60	KO J7613	KO		4/1/2008	2/28/2009	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (PF) 0.083%	3 ML	PC	IH	ML		1 MG	0.83	4/1/2008	2/28/2009							
00487-0201-01	J7620			1/1/2008	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	IPRATROPIUM BROMIDE AND ALBUTEROL SULFATE (30X3ML) 3 MG/3 ML-0.5 MG/3 ML	30 ML	PC	IH	ML		3 MG	0.33333	1/1/2008	99/99/9999							

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00487-0201-02	J7620			1/1/2008	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	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		1/1/2008	99/99/9999						
00487-0201-06	J7620			1/1/2008	10/24/2008	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	ALBUTEROL SULFATE (60X3ML) 3 MG/3 ML-0.5 MG/3 ML	60 ML	NA	IH	ML		3 MG	0.33333		1/1/2008	10/24/2008						
00487-0201-60	J7620			1/1/2008	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	ALBUTEROL SULFATE (60X3ML) 3 MG/3 ML-0.5 MG/3 ML	60 ML	PC	IH	ML		3 MG	0.33333		1/1/2008	99/99/9999						
00487-0301-03	CO J7613	CO		7/19/2010	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (30X3ML,LDPE VIAL,PF) 0.63 MG/3 ML	30 EA	PC	IH	ML		1 MG	0.21		7/19/2010	99/99/9999						
00487-0301-01	J7613			7/19/2010	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (30X3ML,LDPE VIAL,PF) 0.63 MG/3 ML	30 EA	PC	IH	ML		1 MG	0.21		7/19/2010	99/99/9999						
00487-9301-02	A4216			1/1/2006	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (ROBOT READY,30X3ML) 0.9%	3 ML	PC	IH	ML		10 ML	0.1		1/1/2006	99/99/9999						
00487-9301-03	A4216			1/1/2006	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (VIAL) 0.9%	3 ML	PC	IH	ML		10 ML	0.1		1/1/2006	99/99/9999						
00487-9301-33	A4216			1/1/2006	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE 0.9%	3 ML	PC	IH	ML		10 ML	0.1		1/1/2006	99/99/9999						
00487-9501-01	J7603			1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (PF) 0.083%	3 ML	PC	IH	ML		1 MG	0.83		1/1/2008	3/31/2008						
00487-9501-01	CO J7603	CO		1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (PF) 0.083%	3 ML	PC	IH	ML		1 MG	0.83		1/1/2008	3/31/2008						
00487-9501-01	J7613			4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (PF) 0.083%	3 ML	PC	IH	ML		1 MG	0.83		4/1/2008	99/99/9999						
00487-9501-01	CO J7613	CO		4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (PF) 0.083%	3 ML	PC	IH	ML		1 MG	0.83		4/1/2008	99/99/9999						
00487-9501-02	J7603			1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (ROBOT READY,PF) 0.083%	3 ML	PC	IH	ML		1 MG	0.83		1/1/2008	3/31/2008						
00487-9501-02	CO J7603	CO		1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (ROBOT READY,PF) 0.083%	3 ML	PC	IH	ML		1 MG	0.83		1/1/2008	3/31/2008						
00487-9501-02	J7613			4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (ROBOT READY,PF) 0.083%	3 ML	PC	IH	ML		1 MG	0.83		4/1/2008	99/99/9999						
00487-9501-02	CO J7613	CO		4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (ROBOT READY,PF) 0.083%	3 ML	PC	IH	ML		1 MG	0.83		4/1/2008	99/99/9999						
00487-9501-03	J7613			4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (PF) 0.083%	3 ML	PC	IH	ML		1 MG	0.83		4/1/2008	99/99/9999						
00487-9501-03	CO J7613	CO		4/1/2008	99/99/9999	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (PF) 0.083%	3 ML	PC	IH	ML		1 MG	0.83		4/1/2008	99/99/9999						
00487-9501-03	CO J7603	CO		1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (PF) 0.083%	3 ML	PC	IH	ML		1 MG	0.83		1/1/2008	3/31/2008						
00487-9501-03	J7603			1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (PF) 0.083%	3 ML	PC	IH	ML		1 MG	0.83		1/1/2008	3/31/2008						
00487-9501-25	CO J7603	CO		1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (PF) 0.083%	3 ML	PC	IH	ML		1 MG	0.83		1/1/2008	3/31/2008						
00487-9501-25	J7613			4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (PF) 0.083%	3 ML	PC	IH	ML		1 MG	0.83		4/1/2008	99/99/9999						
00487-9501-25	CO J7613	CO		4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (PF) 0.083%	3 ML	PC	IH	ML		1 MG	0.83		4/1/2008	99/99/9999						
00487-9501-25	J7603			1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (PF) 0.083%	3 ML	PC	IH	ML		1 MG	0.83		1/1/2008	3/31/2008						
00487-9501-60	J7603			1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (PF) 0.083%	3 ML	PC	IH	ML		1 MG	0.83		1/1/2008	3/31/2008						
00487-9501-60	CO J7603	CO		1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (PF) 0.083%	3 ML	PC	IH	ML		1 MG	0.83		1/1/2008	3/31/2008						
00487-9501-60	J7613			4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (PF) 0.083%	3 ML	PC	IH	ML		1 MG	0.83		4/1/2008	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00487-9501-60	KO	J7613	KO	4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (PF) 0.083%	3 ML	PC	IH	ML		1 MG	0.83		4/1/2008	99/99/9999						
00487-9801-01		J7644		1/3/2003	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (PF) 0.02%	2.5 ML	PC	IH	ML		1 MG	0.2		1/3/2003	99/99/9999						
00487-9801-01	KO	J7644	KO	1/3/2003	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (PF) 0.02%	2.5 ML	PC	IH	ML		1 MG	0.2		1/3/2003	99/99/9999						
00487-9801-02	KO	J7644	KO	7/20/2005	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (ROBOT READY,PF) 0.02%	2.5 ML	PC	IH	ML		1 MG	0.2		7/20/2005	99/99/9999						
00487-9801-02		J7644		7/20/2005	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (ROBOT READY,PF) 0.02%	2.5 ML	PC	IH	ML		1 MG	0.2		7/20/2005	99/99/9999						
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	IPRATROPIUM BROMIDE (PF) 0.02%	2.5 ML	PC	IH	ML		1 MG	0.2		10/11/2002	99/99/9999						
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	IPRATROPIUM BROMIDE (PF) 0.02%	2.5 ML	PC	IH	ML		1 MG	0.2		10/11/2002	99/99/9999						
00487-9801-30		J7644		1/3/2003	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (PF) 0.02%	2.5 ML	PC	IH	ML		1 MG	0.2		1/3/2003	99/99/9999						
00487-9801-30	KO	J7644	KO	1/3/2003	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (PF) 0.02%	2.5 ML	PC	IH	ML		1 MG	0.2		1/3/2003	99/99/9999						
00487-9801-60		J7644		1/3/2003	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (PF) 0.02%	2.5 ML	PC	IH	ML		1 MG	0.2		1/3/2003	99/99/9999						
00487-9801-60	KO	J7644	KO	1/3/2003	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (PF) 0.02%	2.5 ML	PC	IH	ML		1 MG	0.2		1/3/2003	99/99/9999						
00487-9901-02		J7602		1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (UNIT OF USE,ROBOT READY) 0.5%	0.5 ML	PC	IH	ML		1 MG	5		1/1/2008	3/31/2008						
00487-9901-02		J7611		4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG	ALBUTEROL SULFATE (UNIT OF USE,ROBOT READY) 0.5%	0.5 ML	PC	IH	ML		1 MG	5		4/1/2008	99/99/9999						
00487-9901-30		J7602		1/1/2008	3/31/2008	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG	ALBUTEROL SULFATE (UNIT OF USE,PF) 0.5%	0.5 ML	PC	IH	ML		1 MG	5		1/1/2008	3/31/2008						
00487-9901-30		J7611		4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG	ALBUTEROL SULFATE (UNIT OF USE,PF) 0.5%	0.5 ML	PC	IH	ML		1 MG	5		4/1/2008	99/99/9999						
00487-9904-01		J7613		4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (PF) 0.042%	3 ML	PC	IH	ML		1 MG	0.42		4/1/2008	99/99/9999						
00487-9904-01	KO	J7613	KO	4/1/2008	99/99/9999	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (PF) 0.042%	3 ML	PC	IH	ML		1 MG	0.42		4/1/2008	99/99/9999						
00487-9904-01	KO	J7603	KO	1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (PF) 0.042%	3 ML	PC	IH	ML		1 MG	0.42		1/1/2008	3/31/2008						
00487-9904-01		J7603		1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (PF) 0.042%	3 ML	PC	IH	ML		1 MG	0.42		1/1/2008	3/31/2008						
00487-9904-02	KO	J7603	KO	1/1/2008	3/31/2008	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (ROBOT READY,LDPE VIAL) 0.042%	3 ML	PC	IH	ML		1 MG	0.42		1/1/2008	3/31/2008						
00487-9904-02		J7613		4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (ROBOT READY,LDPE VIAL) 0.042%	3 ML	PC	IH	ML		1 MG	0.42		4/1/2008	99/99/9999						
00487-9904-02	KO	J7613	KO	4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (ROBOT READY,LDPE VIAL) 0.042%	3 ML	PC	IH	ML		1 MG	0.42		4/1/2008	99/99/9999						
00487-9904-02		J7603		1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (ROBOT READY,LDPE VIAL) 0.042%	3 ML	PC	IH	ML		1 MG	0.42		1/1/2008	3/31/2008						
00487-9904-25		J7603		1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (LDPE VIAL) 0.042%	3 ML	VL	IH	ML		1 MG	0.42		1/1/2008	3/31/2008						
00487-9904-25	KO	J7603	KO	1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (LDPE VIAL) 0.042%	3 ML	VL	IH	ML		1 MG	0.42		1/1/2008	3/31/2008						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00487-9904-25	J7613			4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (LDPE VIAL) 0.042%	3	ML	VL	IH	ML	1	MG	0.42	4/1/2008	99/99/9999						
00487-9904-25	KO J7613	KO		4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (LDPE VIAL) 0.042%	3	ML	VL	IH	ML	1	MG	0.42	4/1/2008	99/99/9999						
00490-0075-00	Q0179			1/1/2007	12/31/2011	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON ODT 4 MG	100	EA	BX	PO	EA	8	MG	0.5	1/1/2007	12/31/2011						
00490-0075-00	Q0162			1/1/2012	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	ONDANSETRON ODT 4 MG	100	EA	BX	PO	EA	1	MG	4	1/1/2012	99/99/9999						
00490-0075-30	Q0179			1/1/2007	12/31/2011	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON ODT 4 MG	30	EA	BX	PO	EA	8	MG	0.5	1/1/2007	12/31/2011						
00490-0075-30	Q0162			1/1/2012	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	ONDANSETRON ODT 4 MG	30	EA	BX	PO	EA	1	MG	4	1/1/2012	99/99/9999						
00490-0075-60	Q0179			1/1/2007	12/31/2011	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON ODT 4 MG	60	EA	BX	PO	EA	8	MG	0.5	1/1/2007	12/31/2011						
00490-0075-60	Q0162			1/1/2012	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	ONDANSETRON ODT 4 MG	60	EA	BX	PO	EA	1	MG	4	1/1/2012	99/99/9999						
00490-0075-90	Q0179			1/1/2007	12/31/2011	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON ODT 4 MG	90	EA	BX	PO	EA	8	MG	0.5	1/1/2007	12/31/2011						
00490-0075-90	Q0162			1/1/2012	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	ONDANSETRON ODT 4 MG	90	EA	BX	PO	EA	1	MG	4	1/1/2012	99/99/9999						
00490-0091-00	Q0175			1/1/2007	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	PERPHENAZINE 4 MG	100	EA	BO	PO	EA	4	MG	1	1/1/2007	99/99/9999						
00490-0091-30	Q0175			1/1/2007	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	PERPHENAZINE 4 MG	30	EA	BO	PO	EA	4	MG	1	1/1/2007	99/99/9999						
00490-0091-60	Q0175			1/1/2007	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	PERPHENAZINE 4 MG	60	EA	BO	PO	EA	4	MG	1	1/1/2007	99/99/9999						
00490-0091-90	Q0175			1/1/2007	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	PERPHENAZINE 4 MG	90	EA	BO	PO	EA	4	MG	1	1/1/2007	99/99/9999						
00501-2431-04	Q0163			8/2/2006	10/29/2009	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	CHILDREN'S PEDIA CARE (NIGHTTIME COUGH/AF) 12.5 MG/5 ML CALPHOSAN (M.D.V.) 50 MG/10 ML-50 MG/10 ML	120	ML	BO	PO	ML	50	MG	0.05	8/2/2006	10/29/2009						
00516-0060-60	J0620			1/1/2002	12/16/2008	INJECTION, CALCIUM GLYCEROPHOSPHATE AND CALCIUM LACTATE, PER 10 ML		60	ML	VL	IJ	ML	10	ML	0.1	2/11/2004	12/16/2008	1/1/2002	2/10/2004	0.1			
00517-0020-10	J0706			9/10/2007	99/99/9999	INJECTION, CAFFEINE CITRATE, 5MG	CAFFEINE CITRATE (USP, 10X3ML SINGLE-DOSE) 20 MG/ML	3	ML	VL	IV	ML	5	MG	4	9/10/2007	99/99/9999						
00517-0031-25	J3420			1/1/2002	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN 1000 MCG/ML	1	ML	VL	IM	ML	1000	MCG	1	1/1/2002	99/99/9999						
00517-0032-25	J3420			1/1/2002	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (M.D.V.) 1000 MCG/ML	10	ML	VL	IM	ML	1000	MCG	1	1/1/2002	99/99/9999						
00517-0033-25	J2710			1/15/2003	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (M.D.V.) 1 MG/ML	10	ML	VL	IJ	ML	0.5	MG	2	1/15/2003	99/99/9999						
00517-0034-25	J2710			1/15/2003	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (M.D.V.) 0.5 MG/ML	10	ML	VL	IJ	ML	0.5	MG	1	1/15/2003	99/99/9999						
00517-0101-25	J0460			1/1/2002	12/31/2009	INJECTION, ATROPINE SULFATE, UP TO 0.3 MG	ATROPINE SULFATE (AMP/PF) 1 MG/ML	1	ML	AM	IJ	ML	0.3	MG	3.33333	1/1/2002	12/31/2009						
00517-0130-05	J3420			5/29/2003	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (M.D.V.) 1000 MCG/ML	30	ML	VL	IM	ML	1000	MCG	1	5/29/2003	99/99/9999						
00517-0132-25	J0636			3/14/2005	99/99/9999	INJECTION, CALCITRIOL, 0.1 MCG	CALCITRIOL 1 MCG/ML	1	ML	AM	IV	ML	0.1	MCG	10	3/14/2005	99/99/9999						
00517-0299-25	J2370			1/1/2002	99/99/9999	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL (S.D.V.) 10 MG/ML	1	ML	VL	IJ	ML	1	ML	1	1/1/2002	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00517-0401-25	J0460			1/1/2002	12/31/2009	INJECTION, ATROPINE SULFATE, UP TO 0.3 MG	ATROPINE SULFATE (S.D.V.,PF) 0.4 MG/ML	1 ML	VL	IJ	ML		0.3 MG	1.33333		1/1/2002	12/31/2009						
00517-0405-25	J2370			1/1/2002	99/99/9999	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL (VIAL) 10 MG/ML	5 ML	VL	IJ	ML		1 ML	1		1/1/2002	99/99/9999						
00517-0601-25	J1885			4/1/2008	10/1/2009	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (USP,25X1ML,SDV) 15 MG/ML	1 ML	VL	IJ	ML		15 MG	1		4/1/2008	10/1/2009						
00517-0625-25	J2001			1/1/2004	2/24/2011	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MC	LIDOCAINE HCL (M.D.V.) 1%	50 ML	VL	EP	ML		10 MG	1		1/1/2004	2/24/2011						
00517-0626-25	J2001			1/1/2004	2/24/2011	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MC	LIDOCAINE HCL (M.D.V.) 2%	50 ML	VL	IJ	ML		10 MG	2		1/1/2004	2/24/2011						
00517-0648-25	A4216			1/1/2004	2/24/2011	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE BACTERIOSTATIC (M.D.V.) 0.9%	30 ML	VL	IV	ML		10 ML	0.1		1/1/2004	2/24/2011						
00517-0662-25	A4216			1/1/2004	2/24/2011	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION BACTERIOSTATIC (M.D.V.)	30 ML	VL	IV	ML		10 ML	0.1		1/1/2004	2/24/2011						
00517-0801-25	J1885			4/1/2008	10/1/2009	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (USP,25X2ML,SDV) 30 MG/ML	2 ML	VL	IJ	ML		15 MG	2		4/1/2008	10/1/2009						
00517-0805-25	J0460			1/1/2002	12/31/2009	INJECTION, ATROPINE SULFATE, UP TO 0.3 MG	ATROPINE SULFATE (AMP,PF) 0.4 MG/ML	0.5 ML	AM	IJ	ML		0.3 MG	1.33333		1/1/2002	12/31/2009						
00517-0901-25	J0360			1/1/2002	99/99/9999	INJECTION, HYDRALAZINE HCL, UP TO 20 MG	HYDRALAZINE HYDROCHLORIDE (S.D.V.) 20 MG/ML	1 ML	VL	IJ	ML		20 MG	1		1/1/2002	99/99/9999						
00517-0902-25	J1885			4/1/2008	10/1/2009	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (USP,25X2ML,SDV) 30 MG/ML	2 ML	VL	IM	ML		15 MG	2		4/1/2008	10/1/2009						
00517-1010-25	J0460			1/1/2002	12/31/2009	INJECTION, ATROPINE SULFATE, UP TO 0.3 MG	ATROPINE SULFATE (S.D.V.,PF) 1 MG/ML	1 ML	VL	IJ	ML		0.3 MG	3.33333		1/1/2002	12/31/2009						
00517-1045-25	J1955			1/1/2002	99/99/9999	INJECTION, LEVOCARNITINE, PER 1 GM	LEVOCARNITINE (S.D.V.) 200 MG/ML	5 ML	VL	IV	ML		1 GM	0.2		1/1/2002	99/99/9999						
00517-1071-25	J0170			1/1/2002	12/31/2010	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	EPINEPHRINE (AMP) 1 MG/ML	1 ML	AM	IJ	ML		1 ML	1		1/1/2002	12/31/2010						
00517-1130-05	J0170			8/1/2003	12/31/2010	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	EPINEPHRINE (M.D.V.) 1 MG/ML	30 ML	VL	IJ	ML		1 ML	1		8/1/2003	12/31/2010						
00517-1305-25	J1265			1/1/2006	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG	DOPAMINE HCL (S.D.V.) 160 MG/ML	5 ML	VL	IV	ML		40 MG	4		1/1/2006	99/99/9999						
00517-1805-25	J1265			1/1/2006	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG	DOPAMINE HCL (S.D.V.) 40 MG/ML	5 ML	VL	IV	ML		40 MG	1		1/1/2006	99/99/9999						
00517-1905-25	J1265			1/1/2006	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG	DOPAMINE HCL (S.D.V.) 80 MG/ML	5 ML	VL	IV	ML		40 MG	2		1/1/2006	99/99/9999						
00517-2310-05	J1756			5/1/2007	99/99/9999	INJECTION, IRON SUCROSE, 1 MG	VENOFER (S1X10ML,SDV,USP,PF) 20 MG/ML	10 ML	VL	IV	ML		1 MG	20		5/1/2007	99/99/9999						
00517-2340-10	J1756			1/1/2003	99/99/9999	INJECTION, IRON SUCROSE, 1 MG	VENOFER (S.D.V.,PF) 20 MG/ML	5 ML	VL	IV	ML		1 MG	20		1/1/2003	99/99/9999						
00517-2340-25	J1756			10/1/2006	99/99/9999	INJECTION, IRON SUCROSE, 1 MG	VENOFER (25X5ML,SDV,PF) 20 MG/ML	5 ML	VL	IV	ML		1 MG	20		10/1/2006	99/99/9999						
00517-2602-25	J3475			1/1/2002	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (S.D.V.,PF) 500 MG/ML	2 ML	VL	IJ	ML		500 MG	1		1/1/2002	99/99/9999						
00517-2610-25	J3475			1/1/2002	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (S.D.V.,PF) 500 MG/ML	10 ML	VL	IJ	ML		500 MG	1		1/1/2002	99/99/9999						
00517-2650-25	J3475			1/1/2002	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (S.D.V.,PF) 500 MG/ML	50 ML	VL	IJ	ML		500 MG	1		1/1/2002	99/99/9999						
00517-2802-25	A4216			1/1/2007	2/24/2011	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (S.D.V.,PF) 0.9%	2 ML	VL	IV	ML		10 ML	0.1		1/1/2007	2/24/2011						
00517-2802-25	J2912			1/1/2002	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE (S.D.V.,PF) 0.9%	2 ML	VL	IV	ML		0.9 %	0.5		1/1/2002	12/31/2006						
00517-2810-25	A4216			1/1/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (S.D.V.,PF) 0.9%	10 ML	VL	IV	ML		10 ML	0.1		1/1/2004	99/99/9999						
00517-2900-25	J7799			1/1/2002	2/24/2011	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE CONCENTRATE (BULK PACKAGE) 23.4%	100 ML	VL	IV	ML		1 EA	1		1/1/2002	2/24/2011						
00517-2930-25	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE CONCENTRATE (S.D.V.) 23.4%	30 ML	VL	IV	ML		1 EA	1		1/1/2002	99/99/9999						
00517-3005-25	A4216			1/1/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION (S.D.V.)	5 ML	VL	IV	ML		10 ML	0.1		1/1/2004	99/99/9999						
00517-3010-25	A4216			1/1/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION (S.D.V.)	10 ML	VL	IV	ML		10 ML	0.1		1/1/2004	99/99/9999						
00517-3020-25	A4216			1/1/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION (S.D.V.)	20 ML	VL	IV	ML		10 ML	0.1		1/1/2004	99/99/9999						
00517-3050-25	A4216			1/1/2004	2/24/2011	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION (S.D.V.)	50 ML	VL	IV	ML		10 ML	0.1		1/1/2004	2/24/2011						
00517-3810-25	J0280			1/1/2002	2/24/2011	INJECTION, AMINOPHYLLIN, UP TO 250 MG	AMINOPHYLLINE (S.D.V.,PF) 25 MG/ML	10 ML	VL	IV	ML		250 MG	0.1		1/1/2002	2/24/2011						
00517-3820-25	J0280			1/1/2002	2/24/2011	INJECTION, AMINOPHYLLIN, UP TO 250 MG	AMINOPHYLLINE (S.D.V.,PF) 25 MG/ML	20 ML	VL	IV	ML		250 MG	0.1		1/1/2002	2/24/2011						
00517-3900-25	J0610			1/1/2002	99/99/9999	INJECTION, CALCIUM GLUCONATE, PER 10 ML	CALCIUM GLUCONATE (VIAL,PF) 100 MG/ML	100 ML	VL	IV	ML		10 ML	0.1		1/1/2002	99/99/9999						
00517-3910-25	J0610			1/1/2002	2/24/2011	INJECTION, CALCIUM GLUCONATE, PER 10 ML	CALCIUM GLUCONATE (S.D.V.,PF) 100 MG/ML	10 ML	VL	IV	ML		10 ML	0.1		1/1/2002	2/24/2011						
00517-3950-25	J0610			1/1/2002	99/99/9999	INJECTION, CALCIUM GLUCONATE, PER 10 ML	CALCIUM GLUCONATE (S.D.V.,PF) 100 MG/ML	50 ML	VL	IV	ML		10 ML	0.1		1/1/2002	99/99/9999						
00517-4002-25	J2440			9/15/2003	99/99/9999	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HYDROCHLORIDE (S.D.V.) 30 MG/ML	2 ML	VL	IJ	ML		60 MG	0.5		9/15/2003	99/99/9999						
00517-4010-01	J2440			1/1/2002	99/99/9999	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HYDROCHLORIDE (M.D.V.) 30 MG/ML	10 ML	VL	IJ	ML		60 MG	0.5		1/1/2002	99/99/9999						
00517-4050-25	J2150			1/1/2002	99/99/9999	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (S.D.V.,PF) 25%	50 ML	VL	IV	ML		50 ML	0.02		1/1/2002	99/99/9999						
00517-4201-25	J3410			1/1/2002	99/99/9999	INJECTION, HYDROXYZINE HCL, UP TO 25 MC	HYDROXYZINE HCL (S.D.V.) 25 MG/ML	1 ML	VL	IM	ML		25 MG	1		1/1/2002	99/99/9999						
00517-4601-25	J7643			1/1/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (S.D.V.) 0.2 MG/ML	1 ML	VL	IJ	ML		1 MG	0.2		1/1/2002	99/99/9999						
00517-4601-25	KO J7643	KO		1/1/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (S.D.V.) 0.2 MG/ML	1 ML	VL	IJ	ML		1 MG	0.2		1/1/2002	99/99/9999						
00517-4602-25	J7643			1/1/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (S.D.V.) 0.2 MG/ML	2 ML	VL	IJ	ML		1 MG	0.2		1/1/2002	99/99/9999						
00517-4602-25	KO J7643	KO		1/1/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (S.D.V.) 0.2 MG/ML	2 ML	VL	IJ	ML		1 MG	0.2		1/1/2002	99/99/9999						
00517-4605-25	KO J7643	KO		1/1/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (M.D.V.) 0.2 MG/ML	5 ML	VL	IJ	ML		1 MG	0.2		1/1/2002	99/99/9999						
00517-4605-25	J7643			1/1/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (M.D.V.) 0.2 MG/ML	5 ML	VL	IJ	ML		1 MG	0.2		1/1/2002	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00517-4620-25	J7643			1/1/2002	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (M.D.V.) 0.2 MG/ML	20 ML	VL	IJ	ML		1 MG	0.2	1/1/2002	99/99/9999							
00517-4620-25	KO J7643	KO		1/1/2002	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (M.D.V.) 0.2 MG/ML	20 ML	VL	IJ	ML		1 MG	0.2	1/1/2002	99/99/9999							
00517-4901-25	J1100			1/1/2002	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE (S.D.V.) 4 MG/ML	1 ML	VL	IJ	ML		1 MG	4	1/1/2002	99/99/9999							
00517-4905-25	J1100			1/1/2002	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE (M.D.V.) 4 MG/ML	5 ML	VL	IJ	ML		1 MG	4	1/1/2002	99/99/9999							
00517-4930-25	J1100			1/1/2002	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE (M.D.V.) 4 MG/ML	30 ML	VL	IJ	ML		1 MG	4	1/1/2002	99/99/9999							
00517-5601-25	J3410			1/1/2002	99/99/9999	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	HYDROXYZINE HCL (S.D.V.) 50 MG/ML	1 ML	VL	IM	ML		25 MG	2	1/1/2002	99/99/9999							
00517-5602-25	J3410			1/1/2002	99/99/9999	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	HYDROXYZINE HCL (S.D.V.) 50 MG/ML	2 ML	VL	IM	ML		25 MG	2	1/1/2002	99/99/9999							
00517-5610-25	J3410			1/1/2002	99/99/9999	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	HYDROXYZINE HCL (M.D.V.) 50 MG/ML	10 ML	VL	IM	ML		25 MG	2	1/1/2002	99/99/9999							
00517-5702-25	J1940			1/1/2002	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (S.D.V.) 10 MG/ML	2 ML	VL	IJ	ML		20 MG	0.5	1/1/2002	99/99/9999							
00517-5704-25	J1940			1/1/2002	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (S.D.V.) 10 MG/ML	4 ML	VL	IJ	ML		20 MG	0.5	1/1/2002	99/99/9999							
00517-5710-25	J1940			1/1/2002	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (S.D.V.) 10 MG/ML	10 ML	VL	IJ	ML		20 MG	0.5	1/1/2002	99/99/9999							
00517-7504-25	KO J7608	KO		1/24/2003	99/99/9999	ACETYL CYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYL CYSTEINE (PF) 10%	4 ML	VL	IH	ML		1 GM	0.1	1/24/2003	99/99/9999							
00517-7504-25	J7608			1/24/2003	99/99/9999	ACETYL CYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYL CYSTEINE (PF) 10%	4 ML	VL	IH	ML		1 GM	0.1	1/24/2003	99/99/9999							
00517-7510-03	KO J7608	KO		1/1/2002	99/99/9999	ACETYL CYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYL CYSTEINE (PF) 10%	10 ML	VL	IH	ML		1 GM	0.1	1/1/2002	99/99/9999							
00517-7510-03	J7608			1/1/2002	99/99/9999	ACETYL CYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYL CYSTEINE (PF) 10%	10 ML	VL	IH	ML		1 GM	0.1	1/1/2002	99/99/9999							
00517-7604-25	J7608			1/29/2003	99/99/9999	ACETYL CYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYL CYSTEINE (PF) 20%	4 ML	VL	IH	ML		1 GM	0.2	1/29/2003	99/99/9999							
00517-7604-25	KO J7608	KO		1/29/2003	99/99/9999	ACETYL CYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYL CYSTEINE (PF) 20%	4 ML	VL	IH	ML		1 GM	0.2	1/29/2003	99/99/9999							
00517-7610-03	J7608			1/1/2002	99/99/9999	ACETYL CYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYL CYSTEINE (PF) 20%	10 ML	VL	IH	ML		1 GM	0.2	1/1/2002	99/99/9999							
00517-7610-03	KO J7608	KO		1/1/2002	99/99/9999	ACETYL CYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYL CYSTEINE (PF) 20%	10 ML	VL	IH	ML		1 GM	0.2	1/1/2002	99/99/9999							
00517-7630-03	J7608			1/1/2002	99/99/9999	ACETYL CYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYL CYSTEINE (PF) 20%	30 ML	VL	IH	ML		1 GM	0.2	1/1/2002	99/99/9999							
00517-7630-03	KO J7608	KO		1/1/2002	99/99/9999	ACETYL CYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYL CYSTEINE (PF) 20%	30 ML	VL	IH	ML		1 GM	0.2	1/1/2002	99/99/9999							
00517-8711-10	J0696			5/6/2008	2/24/2011	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 1 GM	1 EA	VL	IJ	EA		250 MG	4	5/6/2008	2/24/2011							
00517-8722-10	J0696			5/6/2008	2/24/2011	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 2 GM	1 EA	VL	IJ	EA		250 MG	8	5/6/2008	2/24/2011							
00517-8725-10	J0696			5/6/2008	2/24/2011	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 250 MG	1 EA	VL	IJ	EA		250 MG	1	5/6/2008	2/24/2011							
00517-8750-10	J0696			5/6/2008	2/24/2011	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 500 MG	1 EA	VL	IJ	EA		250 MG	2	5/6/2008	2/24/2011							
00517-8905-10	J0210			2/26/2003	99/99/9999	INJECTION, METHYLDOPATE HCL, UP TO 250 MG	METHYLDOPATE HCL (S.D.V.) 50 MG/ML	5 ML	VL	IV	ML		250 MG	0.2	2/26/2003	99/99/9999							
00517-9120-25	J3490			3/12/2003	99/99/9999	UNCLASSIFIED DRUGS	AMINOCAPROIC ACID (M.D.V.) 250 MG/ML	20 ML	VL	IV	ML		1 EA	1	3/12/2003	99/99/9999							
00517-9702-25	J1790			1/1/2002	99/99/9999	INJECTION, DROPERIDOL, UP TO 5 MG	DROPERIDOL (S.D.V.) 2.5 MG/ML	2 ML	VL	IJ	ML		5 MG	0.5	1/1/2002	99/99/9999							
00536-0770-85	Q0163			1/1/2002	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	DIPHENHIST 12.5 MG/5 ML	480 ML	BO	PO	ML		50 MG	0.05	1/1/2002	99/99/9999							
00536-0770-97	Q0163			1/1/2002	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	DIPHENHIST 12.5 MG/5 ML	120 ML	BO	PO	ML		50 MG	0.05	1/1/2002	99/99/9999							
00536-3594-01	Q0163			1/1/2002	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	DIPHENHIST 25 MG	100 EA	BO	PO	EA		50 MG	0.5	1/1/2002	99/99/9999							
00536-3597-01	Q0163			1/1/2002	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	DIPHENHIST (CAPTAB) 25 MG	100 EA	BO	PO	EA		50 MG	0.5	1/1/2002	99/99/9999							
00536-3772-06	Q0163			1/1/2002	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	DIPHENHYDRAMINE HCL 50 MG	50 EA	BO	PO	EA		50 MG	1	1/1/2002	99/99/9999							
00548-1001-00	J7799			1/1/2002	12/31/2009	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (MIN-I-JET, 18GX1 1/2") 50% EPINEPHRINE HCL (MIN-I-JET, 18GX3 1/2") 0.1 MG/ML	50 ML	SR	IV	ML		1 EA	1	1/1/2002	12/31/2009							
00548-1014-00	J0170			1/1/2002	7/1/2007	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	DEXTROSE (MIN-I-JET, 21GX1 1/2") 25% EPINEPHRINE HCL (MIN-I-JET, 21GX1 1/2") 0.1 MG/ML	10 ML	SR	IJ	ML		1 ML	1	1/1/2002	7/1/2007							
00548-1015-00	J7799			1/1/2002	10/1/2007	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (MIN-I-JET, 21GX1 1/2") 25% EPINEPHRINE HCL (MIN-I-JET, 21GX1 1/2") 0.1 MG/ML	10 ML	SR	IV	ML		1 EA	1	1/1/2002	10/1/2007							
00548-1016-00	J0170			1/1/2002	12/31/2009	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	MAGNESIUM SULFATE (MIN-I-JET, 19GX2 1/2") 500 MG/ML	10 ML	SR	IJ	ML		500 MG	1	1/1/2002	12/31/2009							
00548-1034-00	J3475			1/1/2002	7/1/2007	INJECTION, MAGNESIUM SULFATE, PER 500 MG	ATROPINE SULFATE (MIN-I-JET, 21GX1 1/2") 0.1 MG/ML	10 ML	SR	IJ	ML		0.3 MG	0.3333	1/1/2002	12/31/2009							
00548-1039-00	J0460			1/1/2002	12/31/2009	INJECTION, ATROPINE SULFATE, UP TO 0.3 MG																	

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00548-1078-00	J2001			1/1/2004	7/1/2008	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (MINIJET CONTROL SRN) 1%	20 ML	SR	EP	ML		10 MG		1	1/1/2004	7/1/2008						
00548-1079-00	J2001			1/1/2004	9/1/2008	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (MINIJET CONTROL SRN) 1%	30 ML	SR	EP	ML		10 MG		1	1/1/2004	9/1/2008						
00548-1080-00	J2001			1/1/2004	9/1/2008	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (MINIJET OB KIT) 1%	20 ML	SR	EP	ML		10 MG		1	1/1/2004	9/1/2008						
00548-1081-00	J2001			1/1/2004	11/30/2008	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (MINIJET OB KIT) 1%	30 ML	SR	EP	ML		10 MG		1	1/1/2004	11/30/2008						
00548-1190-00	J2001			1/1/2004	12/31/2009	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (MINIJET,21GX1 1/2") 2%	5 ML	SR	IV	ML		10 MG		2	1/1/2004	12/31/2009						
00548-1192-00	J2001			1/1/2004	10/1/2007	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (MINIJET,21GX1 1/2") 1%	5 ML	SR	IV	ML		10 MG		1	1/1/2004	10/1/2007						
00548-1390-00	J1200			1/1/2002	4/1/2008	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (MINIJET,21GX1 1/2") 50 MG/ML	1 ML	SR	IJ	ML		50 MG		1	1/1/2002	4/1/2008						
00548-1431-00	J1940			1/1/2002	7/1/2007	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (MIN-I-JET,21GX1 1/2) 10 MG/ML	10 ML	SR	IJ	ML		20 MG		0.5	1/1/2002	7/1/2007						
00548-1466-00	J2310			1/1/2002	7/1/2007	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HCL (21GX1 1/2",MINIJET,PF) 0.4 MG/ML	1 ML	SR	IJ	ML		1 MG		0.4	1/1/2002	7/1/2007						
00548-1469-00	J2310			1/1/2002	4/3/2012	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HCL (21GX1 1/2",MINIJET,PF) 1 MG/ML	2 ML	SR	IJ	ML		1 MG		1	1/1/2002	4/3/2012						
00548-1911-25	J2270			1/1/2002	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (SRN,PREFILLED,PUMP-JET) 1 MG/ML	30 ML	SR	IJ	ML		10 MG		0.1	1/1/2002	99/99/9999						
00548-1931-10	J2270			1/1/2002	12/31/2009	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (SRN,PREFILL,PCA INJECT) 1 MG/ML	30 ML	SR	IJ	ML		10 MG		0.1	1/1/2002	12/31/2009						
00548-1933-10	J2270			1/1/2002	7/1/2007	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (SRN,PREFILLED,PCA) 1 MG/ML	30 ML	VL	IJ	ML		10 MG		0.1	1/1/2002	7/1/2007						
00548-1937-00	J2270			1/23/2002	7/1/2007	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (DELTEC PCA VIAL) 1 MG/ML	30 ML	VL	IV	ML		10 MG		0.1	1/23/2002	7/1/2007						
00548-2001-00	J7799			1/1/2002	12/31/2009	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (SRN,PREFILLED,STICKGARD) 50%	50 ML	SR	IV	ML		1 EA		1	1/1/2002	12/31/2009						
00548-2016-00	J0170			1/1/2002	12/31/2009	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	EPINEPHRINE HCL (SRN,PREFILLED,STICKGARD) 0.1 MG/ML	10 ML	SR	IJ	ML		1 ML		1	1/1/2002	12/31/2009						
00548-2039-00	J0460			1/1/2002	12/31/2009	INJECTION, ATROPINE SULFATE, UP TO 0.3 MG	ATROPINE SULFATE (SRN,PREFILLED,STICKGARD) 0.1 MG/ML	10 ML	SR	IJ	ML		0.3 MG		0.33333	1/1/2002	12/31/2009						
00548-2190-00	J2001			1/1/2004	12/31/2009	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (SRN,PREFILLED,STICKGARD) 2%	5 ML	SR	IV	ML		10 MG		2	1/1/2004	12/31/2009						
00548-2901-25	J2270			1/1/2002	12/31/2009	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (SRN,PREFILLED,STICKGARD) 1 MG/ML	10 ML	SR	IJ	ML		10 MG		0.1	1/1/2002	12/31/2009						
00548-3301-00	J7799			1/1/2002	11/28/2012	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (SRN,PREFILLED,LUER-JET) 50%	50 ML	SR	IV	ML		1 EA		1	1/1/2002	11/28/2012						
00548-3315-00	J7799			1/1/2002	12/31/2009	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (SRN,PREFILLED,LUER-JET) 25%	10 ML	SR	IV	ML		1 EA		1	1/1/2002	12/31/2009						
00548-3316-00	J0170			1/1/2002	12/31/2010	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	EPINEPHRINE HCL (SRN,PREFILLED,LUER-JET) 0.1 MG/ML	10 ML	SR	IJ	ML		1 ML		1	1/1/2002	12/31/2010						
00548-3338-00	J0460			1/1/2002	7/1/2007	INJECTION, ATROPINE SULFATE, UP TO 0.3 MG	ATROPINE SULFATE (SRN,PREFILLED,LUER-JET) 0.1 MG/ML	5 ML	SR	IJ	ML		0.3 MG		0.33333	1/1/2002	7/1/2007						
00548-3339-00	J0460			1/1/2002	12/31/2009	INJECTION, ATROPINE SULFATE, UP TO 0.3 MG	ATROPINE SULFATE (SRN,PREFILLED,LUER-JET) 0.1 MG/ML	10 ML	SR	IJ	ML		0.3 MG		0.33333	1/1/2002	12/31/2009						
00548-3366-00	J2310			1/15/2002	7/1/2007	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HCL (SRN,PREFIL,LUERJET,PF) 0.4 MG/ML	1 ML	SR	IJ	ML		1 MG		0.4	1/15/2002	7/1/2007						
00548-3369-00	J2310			1/15/2002	4/12/2012	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HCL (SRN,PREFIL,LUERJET,PF) 1 MG/ML	2 ML	SR	IJ	ML		1 MG		1	1/15/2002	4/12/2012						
00548-3380-00	J0282			2/1/2004	4/1/2008	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	AMIODARONE HCL 50 MG/ML	3 ML	SR	IV	ML		30 MG		1.66666	2/1/2004	4/1/2008						
00548-3390-00	J2001			1/1/2004	11/19/2012	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (SRN,PREFILLED,LUER-JET) 2%	5 ML	SR	IV	ML		10 MG		2	1/1/2004	11/19/2012						
00548-3391-10	J2270			1/1/2002	10/1/2007	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (SRN,PREFILLED,LUER-JET) 1 MG/ML	10 ML	VL	IJ	ML		10 MG		0.1	1/1/2002	10/1/2007						
00548-3391-10	J2270			8/10/2010	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (SRN,PREFILLED,LUER-JET) 1 MG/ML	10 ML	VL	IJ	ML		10 MG		0.1	8/10/2010	99/99/9999						
00548-5900-00	J0835			6/26/2003	12/31/2009	INJECTION, COSYNTROPIN, PER 0.25 MG	CORTOSYN (S.D.V.) 0.25 MG	1 EA	VL	IJ	EA		0.25 MG		1	6/26/2003	12/31/2009						
00548-6042-25	J2270			1/1/2002	10/1/2007	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (SRN,PREFIL,DILUTE-A-JET) 25 MG/ML	10 ML	SR	IJ	ML		10 MG		2.5	1/1/2002	10/1/2007						
00548-6043-25	J2270			1/1/2002	10/1/2007	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (SRN,PREFIL,DILUTE-A-JET) 25 MG/ML	20 ML	SR	IJ	ML		10 MG		2.5	1/1/2002	10/1/2007						
00548-6045-25	J2270			1/1/2002	12/31/2009	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (SRN,PREFIL,DILUTE-A-JET) 25 MG/ML	4 ML	SR	IJ	ML		10 MG		2.5	1/1/2002	12/31/2009						
00548-9061-00	J0170			1/1/2002	7/31/2010	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	EPINEPHRINE HCL (M.D.V.) 1 MG/ML	30 ML	VL	IJ	ML		1 ML		1	1/1/2002	7/31/2010						
00548-9090-00	J3470			11/1/2004	12/31/2010	INJECTION, HYALURONIDASE, UP TO 150 UNITS	AMPHADASE 150 U/ML	1 ML	VL	SC	ML		150 U		1	11/1/2004	12/31/2010						
00548-9090-10	J3470			4/25/2005	12/31/2010	INJECTION, HYALURONIDASE, UP TO 150 UNITS	AMPHADASE 150 U/ML	1 ML	VL	SC	ML		150 U		1	4/25/2005	12/31/2010						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00555-0059-02		Q0163		1/1/2002	8/19/2013	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	DIPHENHYDRAMINE HCL 50 MG	100 EA	BO	PO	EA		50 MG		1	1/1/2002	8/19/2013						
00555-0059-05		Q0163		1/1/2002	8/19/2013	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	DIPHENHYDRAMINE HCL 50 MG	1000 EA	BO	PO	EA		50 MG		1	1/1/2002	8/19/2013						
00555-0301-02		J7509		2/5/2002	3/14/2011	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	100 EA	BO	PO	EA		4 MG		1	2/5/2002	3/14/2011						
00555-0301-38		J7509		4/10/2002	12/7/2010	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	21 EA	DP	PO	EA		4 MG		1	4/10/2002	12/7/2010						
00555-0302-02		Q0178		1/1/2002	99/99/9999	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	HYDROXYZINE PAMOATE 50 MG	100 EA	BO	PO	EA		50 MG		1	1/1/2002	99/99/9999						
00555-0302-04		Q0178		1/1/2002	99/99/9999	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	HYDROXYZINE PAMOATE 50 MG	500 EA	BO	PO	EA		50 MG		1	1/1/2002	99/99/9999						
00555-0323-02		Q0177		1/1/2002	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	HYDROXYZINE PAMOATE 25 MG	100 EA	BO	PO	EA		25 MG		1	1/1/2002	99/99/9999						
00555-0323-04		Q0177		1/1/2002	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	HYDROXYZINE PAMOATE 25 MG	500 EA	BO	PO	EA		25 MG		1	1/1/2002	99/99/9999						
00555-0324-02		Q0178		1/1/2002	99/99/9999	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	HYDROXYZINE PAMOATE 100 MG	100 EA	BO	PO	EA		50 MG		2	1/1/2002	99/99/9999						
00555-0446-09		J8999		1/1/2002	12/22/2008	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE 10 MG	60 EA	BO	PO	EA		1 EA		1	2/20/2003	12/22/2008	1/1/2002	8/20/2002		1		
00555-0446-63		J8999		1/1/2002	12/22/2008	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE 10 MG	180 EA	BO	PO	EA		1 EA		1	2/20/2003	12/22/2008	1/1/2002	8/20/2002		1		
00555-0521-02		Q0164		4/29/2004	5/28/2009	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	PROCHLORPERAZINE MALEATE 5 MG	100 EA	BO	PO	EA		5 MG		1	4/29/2004	5/28/2009						
00555-0522-02		Q0165		1/7/2002	5/28/2009	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	PROCHLORPERAZINE MALEATE 10 MG	100 EA	BO	PO	EA		10 MG		1	1/7/2002	5/28/2009						
00555-0522-04		Q0165		7/11/2002	6/28/2007	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	PROCHLORPERAZINE MALEATE 10 MG	500 EA	BO	PO	EA		10 MG		1	7/11/2002	6/28/2007						
00555-0572-02		None		1/1/1994	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	100 EA	BO	PO	EA		2.5 MG		1	1/1/1994	99/99/9999						
00555-0572-35		None		1/1/1994	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	36 EA	BO	PO	EA		2.5 MG		1	1/1/1994	99/99/9999						
00555-0576-51		Q0166		3/17/2008	6/18/2009	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	GRANISETRON HYDROCHLORIDE (2X10, FILM COATED) 1 MG	20 EA	BX	PO	EA		1 MG		1	3/17/2008	6/18/2009						
00555-0576-93		Q0166		3/17/2008	5/28/2009	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	GRANISETRON HYDROCHLORIDE (FILM COATED) 1 MG	2 EA	BX	PO	EA		1 MG		1	3/17/2008	5/28/2009						
00555-0606-02		J8999		1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE 20 MG	100 EA	BO	PO	EA		1 EA		1	1/1/2002	99/99/9999						
00555-0607-02		J8999		1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE 40 MG	100 EA	BO	PO	EA		1 EA		1	1/1/2002	99/99/9999						
00555-0607-04		J8999		1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE 40 MG	500 EA	BO	PO	EA		1 EA		1	1/1/2002	99/99/9999						
00555-0870-04		J8999		1/1/2002	5/7/2007	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	FLUTAMIDE 125 MG	500 EA	BO	PO	EA		1 EA		1	1/1/2002	5/7/2007						
00555-0870-63		J8999		1/1/2002	12/22/2008	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	FLUTAMIDE 125 MG	180 EA	BO	PO	EA		1 EA		1	1/1/2002	12/22/2008						
00555-0882-02		J8999		1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	HYDROXYUREA 500 MG	100 EA	BO	PO	EA		1 EA		1	1/1/2002	99/99/9999						
00555-0904-01		J8999		1/1/2002	12/22/2008	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE 20 MG	30 EA	BO	PO	EA		1 EA		1	1/1/2002	12/22/2008						
00555-0904-14		J8999		1/1/2002	12/22/2008	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE 20 MG	90 EA	BO	PO	EA		1 EA		1	2/20/2003	12/22/2008	1/1/2002	8/20/2002		1		
00555-1117-05		J1170		5/8/2007	1/5/2011	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HYDROCHLORIDE (10X1ML PF) 10 MG/ML	1 ML	VL	IJ	ML		4 MG		2.5	5/8/2007	1/5/2011						
00555-1117-06		J1170		5/8/2007	1/5/2011	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HYDROCHLORIDE (10X5ML PF) 10 MG/ML	5 ML	VL	IJ	ML		4 MG		2.5	5/8/2007	1/5/2011						
00555-1117-07		J1170		5/8/2007	1/5/2011	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HYDROCHLORIDE (SDV PF) 10 MG/ML	50 ML	VL	IJ	ML		4 MG		2.5	5/8/2007	1/5/2011						
00555-1119-09		J2300		5/25/2007	7/28/2010	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NALBUPHINE HYDROCHLORIDE (25X10ML) 10 MG/ML	10 ML	VL	IJ	ML		10 MG		1	5/25/2007	7/28/2010						
00555-1120-09		J2300		5/25/2007	1/6/2010	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NALBUPHINE HYDROCHLORIDE (25X10ML) 20 MG/ML	10 ML	VL	IJ	ML		10 MG		2	5/25/2007	1/6/2010						
00555-1121-05		J2300		5/25/2007	7/28/2010	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NALBUPHINE HYDROCHLORIDE (10X1ML) 10 MG/ML	1 ML	AM	IJ	ML		10 MG		1	5/25/2007	7/28/2010						
00555-1122-05		J2300		5/25/2007	5/13/2010	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NALBUPHINE HYDROCHLORIDE (10X1ML) 20 MG/ML	1 ML	AM	IJ	ML		10 MG		2	5/25/2007	5/13/2010						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00555-1127-10	J2275			7/10/2007	1/6/2010	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG	MORPHINE SULFATE (USP,5X10ML,PF) 0.5 MG/ML	10 ML	AM	IJ	ML		10 MG	0.05		7/10/2007	1/6/2010						
00555-1128-10	J2275			7/10/2007	3/5/2010	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG	MORPHINE SULFATE (USP,5X10ML,PF) 1 MG/ML	10 ML	AM	IJ	ML		10 MG	0.1		7/10/2007	3/5/2010						
00555-1129-10	J2275			7/10/2007	4/29/2010	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG	MORPHINE SULFATE (USP,5X10ML,PF) 0.5 MG/ML	10 ML	VL	IJ	ML		10 MG	0.05		7/10/2007	4/29/2010						
00555-1130-10	J2275			7/10/2007	3/24/2010	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG	MORPHINE SULFATE (USP,5X10ML,PF) 1 MG/ML	10 ML	VL	IJ	ML		10 MG	0.1		7/10/2007	3/24/2010						
00555-1131-11	J0895			9/5/2007	99/99/9999	INJECTION, DEFEROXAMINE MESYLATE, 500 MC	DEFEROXAMINE MESYLATE 2 GV	1 EA	VL	IJ	EA		500 MG	4		9/5/2007	99/99/9999						
00555-1132-12	J0895			9/5/2007	2/5/2013	INJECTION, DEFEROXAMINE MESYLATE, 500 MC	DEFEROXAMINE MESYLATE 500 MC	1 EA	VL	IJ	EA		500 MG	1		9/5/2007	2/5/2013						
00555-1984-14	J9265			6/3/2008	6/30/2009	INJECTION, PACLITAXEL, 30 MG	PACLITAXEL (1X16.7ML,USP,MDV) 6 MG/ML	16.7 ML	VL	IV	ML		30 MG	0.2		6/3/2008	6/30/2009						
00555-1985-14	J9265			6/3/2008	6/30/2009	INJECTION, PACLITAXEL, 30 MG	PACLITAXEL (1X50ML,USP,MDV) 6 MG/ML	50 ML	VL	IV	ML		30 MG	0.2		6/3/2008	6/30/2009						
00562-7805-01	J2790			9/1/2007	99/99/9999	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MICROGRAMS (1500 I.U.)	RHOGAM ULTRA-FILTERED PLUS (PF,LATEX-FREE) 300 MCG	1 EA	SR	IM	EA		300 MCG	1		9/1/2007	99/99/9999						
00562-7805-05	J2790			9/1/2007	99/99/9999	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MICROGRAMS (1500 I.U.)	RHOGAM ULTRA-FILTERED PLUS (PF,LATEX-FREE) 300 MCG	5 EA	SR	IM	EA		300 MCG	1		9/1/2007	99/99/9999						
00562-7805-25	J2790			9/1/2007	99/99/9999	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MICROGRAMS (1500 I.U.)	RHOGAM ULTRA-FILTERED PLUS (PF,LATEX-FREE) 300 MCG	25 EA	SR	IM	EA		300 MCG	1		9/1/2007	99/99/9999						
00562-7806-01	J2788			9/1/2007	99/99/9999	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, MINIDOSE, 50 MICROGRAMS (250 I.U.)	MICRHOGAM ULTRA-FILTERED PLUS (PF,LATEX-FREE) 50 MCG	1 EA	SR	IM	EA		50 MCG	1		9/1/2007	99/99/9999						
00562-7806-05	J2788			9/1/2007	99/99/9999	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, MINIDOSE, 50 MICROGRAMS (250 I.U.)	MICRHOGAM ULTRA-FILTERED PLUS (PF,LATEX-FREE) 50 MCG	5 EA	SR	IM	EA		50 MCG	1		9/1/2007	99/99/9999						
00562-7806-25	J2788			9/1/2007	99/99/9999	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, MINIDOSE, 50 MICROGRAMS (250 I.U.)	MICRHOGAM ULTRA-FILTERED PLUS (PF,LATEX-FREE) 50 MCG	25 EA	SR	IM	EA		50 MCG	1		9/1/2007	99/99/9999						
00562-7808-01	J2788			8/8/2006	1/1/2010	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, MINIDOSE, 50 MICROGRAMS (250 I.U.)	MICRHOGAM ULTRA-FILTERED (PF)	1 ML	SR	IM	ML		50 MCG	1		8/8/2006	1/1/2010						
00562-7808-06	J2788			1/1/2003	1/1/2010	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, MINIDOSE, 50 MICROGRAMS (250 I.U.)	MICRHOGAM ULTRA-FILTERED (SRN.-50MCG ANTI-RHO,PF)	1 ML	SR	IM	ML		50 MCG	1		1/1/2003	1/1/2010						
00562-7808-26	J2788			1/1/2003	1/1/2010	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, MINIDOSE, 50 MICROGRAMS (250 I.U.)	MICRHOGAM ULTRA-FILTERED (SRN.-50MCG ANTI-RHO,PF)	1 ML	SR	IM	ML		50 MCG	1		1/1/2003	1/1/2010						
00574-0408-10	J7638			1/1/2002	12/16/2008	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	CN	NA	GM		1 MG	1000		1/1/2002	12/16/2008						
00574-0408-10	KO J7638	KO		1/1/2002	12/16/2008	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	CN	NA	GM		1 MG	1000		1/1/2002	12/16/2008						
00574-0421-01	J1700			1/1/2002	7/6/2010	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM		25 MG	40		1/1/2002	7/6/2010						
00574-0421-25	J1700			1/1/2002	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM		25 MG	40		1/1/2002	99/99/9999						
00574-0430-00	J2675			1/1/2002	11/21/2008	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P.)	1 EA	BO	NA	GM		50 MG	20		1/1/2002	11/21/2008						
00574-0430-01	J2675			1/1/2002	1/6/2009	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P.)	1 EA	BO	NA	GM		50 MG	20		1/1/2002	1/6/2009						
00574-0430-25	J2675			1/1/2002	1/26/2009	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P.)	1 EA	BO	NA	GM		50 MG	20		1/1/2002	1/26/2009						
00574-0431-00	J2675			1/1/2002	4/6/2009	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE WETTABLE (U.S.P.,MICROCRYSTALLINE)	1 EA	BO	NA	GM		50 MG	20		1/1/2002	4/6/2009						
00574-0431-01	J2675			1/1/2002	3/1/2010	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE WETTABLE (U.S.P.,MICROCRYSTALLINE)	1 EA	BO	NA	GM		50 MG	20		1/1/2002	3/1/2010						
00574-0431-25	J2675			1/1/2002	10/27/2008	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE WETTABLE (U.S.P.,MICROCRYSTALLINE)	1 EA	BO	NA	GM		50 MG	20		1/1/2002	10/27/2008						
00574-0432-00	J2675			1/1/2002	5/23/2007	INJECTION, PROGESTERONE, PER 50 MC	PROGESTERONE (U.S.P., MILLED)	1 EA	BO	NA	GM		50 MG	20		1/1/2002	5/23/2007						
00574-0450-05	J7684			1/1/2002	9/27/2007	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000		1/1/2002	9/27/2007						
00574-0450-05	KO J7684	KO		1/1/2002	9/27/2007	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000		1/1/2002	9/27/2007						
00574-0460-05	J3140			1/1/2002	12/22/2011	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MC	TESTOSTERONE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM		50 MG	20		1/1/2002	12/22/2011						
00574-0460-25	J3140			1/1/2002	12/22/2011	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MC	TESTOSTERONE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM		50 MG	20		1/1/2002	12/22/2011						
00574-0461-05	J3150			1/1/2002	1/23/2012	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MC	TESTOSTERONE PROPIONATE	1 EA	BO	NA	GM		100 MG	10		1/1/2002	1/23/2012						
00574-0461-25	J3150			1/1/2002	6/7/2011	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MC	TESTOSTERONE PROPIONATE	1 EA	BO	NA	GM		100 MG	10		1/1/2002	6/7/2011						
00574-0820-01	J1080			12/21/2007	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG	TESTOSTERONE CYPIONATE (1X1ML,USP) 200 MG/ML	1 ML	VL	IM	ML		200 MG	1		12/21/2007	99/99/9999						
00574-0820-10	J1080			12/21/2007	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG	TESTOSTERONE CYPIONATE (1X10ML,USP) 200 MG/ML	10 ML	VL	IM	ML		200 MG	1		12/21/2007	99/99/9999						
00574-0821-05	J3130			8/1/2007	99/99/9999	INJECTION, TESTOSTERONE ENANTHATE, UP TO 200 MG	TESTOSTERONE ENANTHATE (USP,MULTIPLE DOSE) 200 MG/ML	5 ML	VL	IM	ML		200 MG	1		8/1/2007	99/99/9999						
00574-0823-01	J0706			9/21/2006	99/99/9999	INJECTION, CAFFEINE CITRATE, 5MG	CAFFEINE CITRATE (USP,PF) 20 MG/ML	3 ML	VL	IV	ML		5 MG	4		9/21/2006	99/99/9999						
00574-0823-81	J0706			9/28/2007	99/99/9999	INJECTION, CAFFEINE CITRATE, 5MG	NOVAPLUS CAFFEINE CITRATE (USP,10X3ML,PF) 20 MG/ML	3 ML	VL	IV	ML		5 MG	4		9/28/2007	99/99/9999						
00574-0850-05	J1110			8/4/2003	99/99/9999	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG	DIHYDROERGOTAMINE MESYLATE (AMP) 1 MG/ML	1 ML	AM	IJ	ML		1 MG	1		8/4/2003	99/99/9999						
00574-0850-10	J1110			3/15/2004	99/99/9999	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG	DIHYDROERGOTAMINE MESYLATE (AMP) 1 MG/ML	1 ML	AM	IJ	ML		1 MG	1		3/15/2004	99/99/9999						
00574-0858-01	J0770			3/11/2005	99/99/9999	INJECTION, COLISTIMETHATE SODIUM, UP TO 150 MG	COLISTIMETHATE SODIUM (VIAL,STERILE) 150 MG	1 EA	VL	IJ	EA		150 MG	1		3/11/2005	99/99/9999						
00574-0866-10	J7516			11/19/2004	11/22/2011	CYCLOSPORIN, PARENTERAL, 250 MG	CYCLOSPORINE 50 MG/ML	5 ML	AM	IV	ML		250 MG	0.2		11/19/2004	11/22/2011						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00574-2006-25	J2271			1/1/2002	8/18/2009	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE	1 EA	JR NA GM	100 MG						10	1/1/2002	8/18/2009					
00574-2017-01	J1170			1/1/2002	2/22/2011	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL	1 EA	BO NA GM	4 MG						250	1/1/2002	2/22/2011					
00574-7226-12	J8498			1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	COMPRO 25 MG	12 EA	BX RC EA	1 EA						1	1/1/2006	99/99/9999					
00574-7234-12	J8498			1/1/2006	7/26/2011	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PHENADOZ 25 MG	12 EA	BX RC EA	1 EA						1	1/1/2006	7/26/2011					
00574-7236-12	J8498			1/1/2006	7/26/2011	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PHENADOZ 12.5 MG	12 EA	BX RC EA	1 EA						1	1/1/2006	7/26/2011					
00591-0217-02	J7510			1/1/2002	8/15/2008	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 5 MG	1000 EA	NA PO EA	5 MG						1	1/1/2002	8/15/2008					
00591-0335-01	J8499			10/22/2003	12/8/2009	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	100 EA	BO PO EA	1 EA						1	10/22/2003	12/8/2009					
00591-0336-01	J8499			7/2/2003	12/8/2009	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	100 EA	BO PO EA	1 EA						1	7/2/2003	12/8/2009					
00591-0790-01	J7509			1/1/2002	4/9/2007	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	100 EA	BO PO EA	4 MG						1	1/1/2002	4/9/2007					
00591-0800-01	Q0177			9/18/2006	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	HYDROXYZINE PAMOATE (USP) 25 MG	100 EA	BO PO EA	25 MG						1	9/18/2006	99/99/9999					
00591-0800-05	Q0177			9/18/2006	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	HYDROXYZINE PAMOATE (USP) 25 MG	500 EA	BO PO EA	25 MG						1	9/18/2006	99/99/9999					
00591-0801-01	Q0178			1/1/2002	99/99/9999	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	HYDROXYZINE PAMOATE 50 MG	100 EA	BO PO EA	50 MG						1	9/18/2006	99/99/9999	1/1/2002	8/17/2005		1	
00591-0801-05	Q0178			1/1/2002	99/99/9999	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	HYDROXYZINE PAMOATE 50 MG	500 EA	BO PO EA	50 MG						1	9/18/2006	99/99/9999	1/1/2002	8/9/2005		1	
00591-2186-53	J2322			7/9/2003	3/20/2007	INJECTION, NANDROLONE DECANOATE, UP TO 200 MG	NANDROLONE DECANOATE (S.D.V.) 200 MG/ML	1 ML	VL IM ML	200 MG						1	7/9/2003	3/20/2007					
00591-2186-54	J2322			7/9/2003	3/20/2007	INJECTION, NANDROLONE DECANOATE, UP TO 200 MG	NANDROLONE DECANOATE (S.D.V.) 200 MG/ML	1 ML	VL IM ML	200 MG						1	7/9/2003	3/20/2007					
00591-2222-15	J7515			12/23/2008	99/99/9999	CYCLOSPORINE, ORAL, 25 MG	CYCLOSPORINE (USP,MODIFIED) 25 MG	30 EA	BX PO EA	25 MG						1	12/23/2008	99/99/9999					
00591-2223-15	J7502			12/23/2008	99/99/9999	CYCLOSPORINE, ORAL, 100 MG	CYCLOSPORINE (USP, MODIFIED) 100 MG	30 EA	BX PO EA	100 MG						1	12/23/2008	99/99/9999					
00591-2224-55	J7502			12/23/2008	99/99/9999	CYCLOSPORINE, ORAL, 100 MG	CYCLOSPORINE (1X50ML,MODIFIED) 100 MG/ML	50 ML	VL PO ML	100 MG						1	12/23/2008	99/99/9999					
00591-2365-69	J0690			1/22/2003	1/2/2007	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM (VIAL) 1 GM	1 EA	VL IJ EA	500 MG						2	3/7/2005	1/2/2007	1/22/2003	11/18/2004		2	
00591-2692-01	J8499			1/1/2003	12/8/2009	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	100 EA	BO PO EA	1 EA						1	4/3/2009	12/8/2009	1/1/2003	2/13/2009		1	
00591-2918-23	KO J7614	KO		8/20/2012	99/99/9999	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVABUTEROL HCL (24X3ML,PF) 0.31 MG/3 ML	24 ML	PC IH ML	0.5 MG			0.20666			8/20/2012	99/99/9999						
00591-2918-23	J7614			8/20/2012	99/99/9999	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVABUTEROL HCL (24X3ML,PF) 0.31 MG/3 ML	24 ML	PC IH ML	0.5 MG			0.20666			8/20/2012	99/99/9999						
00591-2919-23	KO J7614	KO		8/20/2012	99/99/9999	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVABUTEROL HCL (24X3ML,PF) 0.63 MG/3 ML	24 ML	PC IH ML	0.5 MG			0.42			8/20/2012	99/99/9999						
00591-2919-23	J7614			8/20/2012	99/99/9999	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVABUTEROL HCL (24X3ML,PF) 0.63 MG/3 ML	24 ML	PC IH ML	0.5 MG			0.42			8/20/2012	99/99/9999						
00591-2920-23	KO J7614	KO		8/20/2012	99/99/9999	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVABUTEROL HCL (24X3ML,PF) 1.25 MG/3 ML	24 ML	PC IH ML	0.5 MG			0.83333			8/20/2012	99/99/9999						
00591-2920-23	J7614			8/20/2012	99/99/9999	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVABUTEROL HCL (24X3ML,PF) 1.25 MG/3 ML	24 ML	PC IH ML	0.5 MG			0.83333			8/20/2012	99/99/9999						
00591-3128-79	J2675			12/17/2002	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE IN SESAME OIL (VIAL) 50 MG/ML	10 ML	VL IM ML	50 MG						1	12/17/2002	99/99/9999					
00591-3157-54	J2550			1/20/2003	10/5/2006	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL 25 MG/ML	1 ML	AM IJ ML	50 MG						0.5	1/20/2003	10/5/2006					
00591-3157-83	J2550			1/23/2003	10/5/2006	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (AMPULES) 25 MG/ML	1 ML	AM IJ ML	50 MG						0.5	1/23/2003	10/5/2006					
00591-3158-83	J2550			1/23/2003	10/5/2006	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (AMPULE) 50 MG/ML	1 ML	AM IJ ML	50 MG						1	1/23/2003	10/5/2006					
00591-3189-02	J9206			3/4/2008	5/1/2008	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X2ML, SINGLE-USE) 20 MG/ML	2 ML	VL IV ML	20 MG						1	3/4/2008	5/1/2008					
00591-3189-02	QR J9206	QR		3/4/2008	5/1/2008	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X2ML, SINGLE-USE) 20 MG/ML	2 ML	VL IV ML	20 MG						1	3/4/2008	5/1/2008					
00591-3189-26	J9206			3/4/2008	5/1/2008	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X5ML, SINGLE-USE) 20 MG/ML	5 ML	VL IV ML	20 MG						1	3/4/2008	5/1/2008					
00591-3189-26	QR J9206	QR		3/4/2008	5/1/2008	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X5ML, SINGLE-USE) 20 MG/ML	5 ML	VL IV ML	20 MG						1	3/4/2008	5/1/2008					
00591-3221-26	J3130			3/9/2004	99/99/9999	INJECTION, TESTOSTERONE ENANTHATE, UP TO 200 MG	TESTOSTERONE ENANTHATE 200 MG/ML	5 ML	VL IM ML	200 MG						1	3/9/2004	99/99/9999					
00591-3222-47	J2360			9/7/2004	99/99/9999	INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG	ORPHENADRINE CITRATE 30 MG/ML	2 ML	AM IJ ML	60 MG						0.5	9/7/2004	99/99/9999					
00591-3223-79	J1080			3/29/2004	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG	TESTOSTERONE CYPIONATE (M.D.V.) 200 MG/ML	10 ML	VL IM ML	200 MG						1	3/29/2004	99/99/9999					
00591-3336-26	J9045			1/19/2007	10/17/2007	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (MDV,PF) 10 MG/ML	5 ML	VL IV ML	50 MG						0.2	1/19/2007	10/17/2007					
00591-3337-12	J9045			1/19/2007	10/17/2007	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (MDV,PF) 10 MG/ML	15 ML	VL IV ML	50 MG						0.2	1/19/2007	10/17/2007					
00591-3338-89	J9045			1/19/2007	10/17/2007	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (MDV,PF) 10 MG/ML	45 ML	VL IV ML	50 MG						0.2	1/19/2007	10/17/2007					
00591-3359-01	J7507			7/6/2010	6/3/2011	TACROLIMUS, ORAL, PER 1 MG	TACROLIMUS (HARD GELATIN) 5 MG	100 EA	EA PO EA	1 MG						5	7/6/2010	6/3/2011					
00591-3365-45	J2060			2/22/2005	9/12/2007	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (SDV) 2 MG/ML	1 ML	VL IJ ML	2 MG						1	8/16/2006	9/12/2007	2/22/2005	2/27/2006		1	
00591-3365-70	J2060			2/22/2005	7/17/2007	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (MDV) 2 MG/ML	10 ML	VL IJ ML	2 MG						1	2/22/2005	7/17/2007					

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00591-3433-30	J7620			1/2/2008	5/12/2013	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	IPRATROPIUM BROMIDE AND ALBUTEROL SULFATE (30X3ML) 3 MG/3 ML-0.5 MG/3 ML	30 ML	PC	IH	ML		3 MG	0.33333	1/2/2008	5/12/2013							
00591-3433-60	J7620			1/2/2008	5/12/2013	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	IPRATROPIUM BROMIDE AND ALBUTEROL SULFATE (60X3ML) 3 MG/3 ML-0.5 MG/3 ML	60 ML	PC	IH	ML		3 MG	0.33333	1/2/2008	5/12/2013							
00591-3454-60	J9045			1/19/2007	10/17/2007	INJECTION, CARBOPLATIN, 50 MG ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG	CARBOPLATIN (MDV,600MG/60ML,PF) 10 MG/ML	60 ML	VL	IV	ML		50 MG	0.2	1/19/2007	10/17/2007							
00591-3467-53	J7603			1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG	ALBUTEROL SULFATE (25X3ML,PF) 0.021%	3 ML	PC	IH	ML		1 MG	0.21	1/1/2008	3/31/2008							
00591-3467-53	KO J7603	KO		1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG	ALBUTEROL SULFATE (25X3ML,PF) 0.021%	3 ML	PC	IH	ML		1 MG	0.21	1/1/2008	3/31/2008							
00591-3467-53	J7613			4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (25X3ML,PF) 0.021%	3 ML	PC	IH	ML		1 MG	0.21	4/1/2008	99/99/9999							
00591-3467-53	KO J7613	KO		4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (25X3ML,PF) 0.021%	3 ML	PC	IH	ML		1 MG	0.21	4/1/2008	99/99/9999							
00591-3468-53	J7603			1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG	ALBUTEROL SULFATE (25X3ML,PF) 0.042%	3 ML	PC	IH	ML		1 MG	0.42	1/1/2008	3/31/2008							
00591-3468-53	KO J7613	KO		4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (25X3ML,PF) 0.042%	3 ML	PC	IH	ML		1 MG	0.42	4/1/2008	99/99/9999							
00591-3468-53	J7613			4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (25X3ML,PF) 0.042%	3 ML	PC	IH	ML		1 MG	0.42	4/1/2008	99/99/9999							
00591-3468-53	KO J7603	KO		1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG	ALBUTEROL SULFATE (25X3ML,PF) 0.042%	3 ML	PC	IH	ML		1 MG	0.42	1/1/2008	3/31/2008							
00591-3469-83	J9178			10/23/2007	10/26/2007	INJECTION, EPIRUBICIN HCL, 2 MG	EPIRUBICIN HYDROCHLORIDE (PF) 2 MG/ML	25 ML	VL	IV	ML		2 MG	1	10/23/2007	10/26/2007							
00591-3470-57	J9178			10/23/2007	10/26/2007	INJECTION, EPIRUBICIN HCL, 2 MG	EPIRUBICIN HYDROCHLORIDE (PF) 2 MG/ML	100 ML	VL	IV	ML		2 MG	1	10/23/2007	10/26/2007							
00591-3549-69	J0690			1/3/2007	1/12/2009	INJECTION, CEFZOLIN SODIUM, 500 MG	CEFAZOLIN (USP) 1 GM	1 EA	VL	U	EA		500 MG	2	1/3/2007	1/12/2009							
00591-3550-68	J0690			8/25/2006	1/17/2008	INJECTION, CEFZOLIN SODIUM, 500 MG	CEFAZOLIN (USP) 10 GM	1 EA	VL	IV	EA		500 MG	20	8/25/2006	1/17/2008							
00591-3553-69	J2590			12/6/2006	11/19/2007	INJECTION, OXYTOCIN, UP TO 10 UNITS	OXYTOCIN (USP,SYNTHETIC,1MLX25) 1U/ML	1 ML	VL	IJ	ML		10 U	1	12/6/2006	11/19/2007							
00591-3559-11	J0770			1/30/2007	5/22/2008	INJECTION, COLISTIMETHATE SODIUM, UP TO 150 MG	COLISTIMETHATE (USP) 150 MG	1 EA	VL	IJ	EA		150 MG	1	1/30/2007	5/22/2008							
00591-3797-30	J7613			11/4/2010	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (30X3ML) 0.083%	30 ML	PC	IH	ML		1 MG	0.83	11/4/2010	99/99/9999							
00591-3797-30	KO J7613	KO		11/4/2010	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (30X3ML) 0.083%	30 ML	PC	IH	ML		1 MG	0.83	11/4/2010	99/99/9999							
00591-3797-60	J7613			11/4/2010	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (2.5 MG/3ML) 0.083% (60X3ML)	60 EA	SOL	IH	ML		1 MG	0.83	11/4/2010	99/99/9999							
00591-3797-60	KO J7613	KO		11/4/2010	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (2.5 MG/3ML) 0.083% (60X3ML)	60 EA	SOL	IH	ML		1 MG	0.83	11/4/2010	99/99/9999							
00591-3797-83	KO J7613	KO		11/4/2010	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (2.5 MG/3ML) 0.083% (25X3ML)	25 EA	SOL	IH	ML		1 MG	0.83	11/4/2010	99/99/9999							
00591-3797-83	J7613			11/4/2010	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (2.5 MG/3ML) 0.083% (25X3ML)	25 EA	SOL	IH	ML		1 MG	0.83	11/4/2010	99/99/9999							
00591-3798-30	KO J7644	KO		6/24/2011	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (30X2.5ML,PF) 0.02%	30 ML	PC	IH	ML		1 MG	0.2	6/24/2011	99/99/9999							
00591-3798-30	J7644			6/24/2011	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (30X2.5ML,PF) 0.02%	30 ML	PC	IH	ML		1 MG	0.2	6/24/2011	99/99/9999							
00591-3798-60	J7644			5/23/2011	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (60X2.5ML,LDPE,PF) 0.02%	60 ML	PC	IH	ML		1 MG	0.2	5/23/2011	99/99/9999							
00591-3798-60	KO J7644	KO		5/23/2011	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (60X2.5ML,LDPE,PF) 0.02%	60 ML	PC	IH	ML		1 MG	0.2	5/23/2011	99/99/9999							
00591-3817-30	J7620			5/13/2013	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	IPRATROPIUM BROMIDE AND ALBUTEROL SULFATE (30X3ML) 3 MG/3 ML-0.5 MG/3 ML	30 ML	PC	IH	ML		3 MG	0.33333	5/13/2013	99/99/9999							
00591-3817-60	J7620			5/13/2013	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	IPRATROPIUM BROMIDE AND ALBUTEROL SULFATE (60X3ML) 3 MG/3 ML-0.5 MG/3 ML	60 ML	PC	IH	ML		3 MG	0.33333	5/13/2013	99/99/9999							
00591-5052-01	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	100 EA	BO	PO	EA		5 MG	1	1/1/2002	99/99/9999							
00591-5052-10	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	1000 EA	BO	PO	EA		5 MG	1	1/1/2002	99/99/9999							
00591-5059-01	J7510			1/1/2002	8/15/2008	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 5 MG	100 EA	BO	PO	EA		5 MG	1	1/1/2002	8/15/2008							

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00591-5307-01		Q0170		4/15/2002	99/99/9999	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	PROMETHAZINE HCL 25 MG	100 EA	BO	PO	EA	25 MG	1	4/15/2002	99/99/9999								
00591-5307-10		Q0170		4/15/2002	99/99/9999	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	PROMETHAZINE HCL 25 MG	1000 EA	BO	PO	EA	25 MG	1	4/15/2002	99/99/9999								
00591-5319-01		Q0170		4/15/2002	99/99/9999	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	PROMETHAZINE HCL 50 MG	100 EA	BO	PO	EA	25 MG	2	4/15/2002	99/99/9999								
00591-5442-01	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	100 EA	BO	PO	EA	5 MG	2	1/1/2002	99/99/9999								
00591-5442-05	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	500 EA	BO	PO	EA	5 MG	2	1/1/2002	99/99/9999								
00591-5442-10	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	1000 EA	BO	PO	EA	5 MG	2	1/1/2002	99/99/9999								
00591-5443-01	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	100 EA	BO	PO	EA	5 MG	4	1/1/2002	99/99/9999								
00591-5443-05	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	500 EA	BO	PO	EA	5 MG	4	1/1/2002	99/99/9999								
00591-5443-10	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	1000 EA	BO	PO	EA	5 MG	4	1/1/2002	99/99/9999								
00591-6717-02	J2321			4/29/2003	3/20/2007	INJECTION, NANDROLONE DECANOATE, UP TO 100 MG	100 MG/ML NANDROLONE DECANOATE (M.D.V.)	2 ML	VL	IM	ML	100 MG	1	4/29/2003	3/20/2007								
00591-6717-47	J2321			4/29/2003	1/5/2007	INJECTION, NANDROLONE DECANOATE, UP TO 100 MG	100 MG/ML NANDROLONE DECANOATE (M.D.V.)	2 ML	VL	IM	ML	100 MG	1	4/29/2003	1/5/2007								
00603-0240-18	Q0163			1/1/2002	6/4/2007	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	Q-DRYL 25 MG	24 EA	BX	PO	EA	50 MG	0.5	1/1/2002	6/4/2007								
00603-0241-18	Q0163			6/5/2007	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	Q-DRYL 25 MG	24 EA	BO	PO	EA	50 MG	0.5	6/5/2007	99/99/9999								
00603-0823-54	Q0163			1/1/2002	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	Q-DRYL (AF,CHERRY) 12.5 MG/5 ML	120 ML	BO	PO	ML	50 MG	0.05	1/1/2002	99/99/9999								
00603-0823-58	Q0163			1/1/2002	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	Q-DRYL 12.5 MG/5 ML	473 ML	BO	PO	ML	50 MG	0.05	1/1/2002	99/99/9999								
00603-0823-81	Q0163			7/25/2002	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	Q-DRYL 12.5 MG/5 ML	240 ML	BO	PO	ML	50 MG	0.05	7/25/2002	99/99/9999								
00603-0823-94	Q0163			1/1/2002	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	Q-DRYL (UNBOXED,AF,CHERRY) 12.5 MG/5 ML	120 ML	BO	PO	ML	50 MG	0.05	1/1/2002	99/99/9999								
00603-0860-54	Q0163			1/1/2002	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	QUENALIN 12.5 MG/5 ML	120 ML	BO	PO	ML	50 MG	0.05	1/1/2002	99/99/9999								
00603-1567-56	J7510			7/1/2013	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE (CHERRY) 15 MG/5 ML	1 ML	BO	PO	ML	5 MG	0.6	7/1/2013	99/99/9999								
00603-1567-56	J7510			11/5/2007	8/7/2009	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE (CHERRY) 15 MG/5 ML	240 ML	BO	PO	ML	5 MG	0.6	11/5/2007	8/7/2009								
00603-1567-58	J7510			7/1/2013	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE (CHERRY) 15 MG/5 ML	1 ML	BO	PO	ML	5 MG	0.6	7/1/2013	99/99/9999								
00603-1567-58	J7510			11/5/2007	8/7/2009	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE (CHERRY) 15 MG/5 ML	480 ML	BO	PO	ML	5 MG	0.6	11/5/2007	8/7/2009								
00603-1584-54	Q0170			5/12/2006	99/99/9999	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	PROMETHAZINE PLAIN (USP) 6.25 MG/5 ML	118 ML	BO	PO	ML	25 MG	0.05	5/12/2006	99/99/9999								
00603-1584-58	Q0170			5/12/2006	99/99/9999	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	PROMETHAZINE PLAIN (USP) 6.25 MG/5 ML	473 ML	BO	PO	ML	25 MG	0.05	5/12/2006	99/99/9999								
00603-3337-21	Q0163			12/16/2002	5/23/2007	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENHYDRAMINE HCL 25 MG	100 EA	BO	PO	EA	50 MG	0.5	12/16/2002	5/23/2007								
00603-3337-32	Q0163			1/1/2002	6/4/2007	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENHYDRAMINE HCL 25 MG	1000 EA	BO	PO	EA	50 MG	0.5	1/1/2002	6/4/2007								

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00603-3338-21		Q0163		12/16/2002	4/2/2007	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	100	EA	BO	PO	EA	50 MG		1	12/16/2002	4/2/2007						
00603-3338-32		Q0163		1/1/2002	4/2/2007	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	1000	EA	BO	PO	EA	50 MG		1	1/1/2002	4/2/2007						
00603-3339-21		Q0163		5/24/2007	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	DIPHENHYDRAMINE HYDROCHLORIDE (USP) 25 MG	100	EA	BO	PO	EA	50 MG		0.5	5/24/2007	99/99/9999						
00603-3339-32		Q0163		6/5/2007	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	DIPHENHYDRAMINE HYDROCHLORIDE (USP) 25 MG	1000	EA	BO	PO	EA	50 MG		0.5	6/5/2007	99/99/9999						
00603-3340-21		Q0163		4/3/2007	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	DIPHENHYDRAMINE HYDROCHLORIDE (USP) 50 MG	100	EA	BO	PO	EA	50 MG		1	4/3/2007	99/99/9999						
00603-3340-32		Q0163		4/3/2007	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	DIPHENHYDRAMINE HYDROCHLORIDE (USP) 50 MG	1000	EA	BO	PO	EA	50 MG		1	4/3/2007	99/99/9999						
00603-4593-15	J7509			1/1/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (DOSE PACK) 4 MG	21	EA	DP	PO	EA	4 MG		1	1/1/2002	99/99/9999						
00603-4593-21	J7509			1/1/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	100	EA	BO	PO	EA	4 MG		1	1/1/2002	99/99/9999						
00603-5090-21		Q0175		1/1/2002	7/15/2012	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	PERPHENAZINE 2 MG	100	EA	BO	PO	EA	4 MG		0.5	7/2/2009	7/15/2012	1/1/2002	9/19/2008	0.5			
00603-5090-28		Q0175		1/1/2002	4/16/2012	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	PERPHENAZINE 2 MG	500	EA	BO	PO	EA	4 MG		0.5	7/2/2009	4/16/2012	1/1/2002	9/19/2008	0.5			
00603-5091-21		Q0175		1/1/2002	4/2/2012	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	PERPHENAZINE 4 MG	100	EA	BO	PO	EA	4 MG		1	7/2/2009	4/2/2012	1/1/2002	9/19/2008	1			
00603-5091-28		Q0175		1/1/2002	3/7/2012	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	PERPHENAZINE 4 MG	500	EA	BO	PO	EA	4 MG		1	7/2/2009	3/7/2012	1/1/2002	9/19/2008	1			
00603-5092-21		Q0176		1/1/2002	5/7/2012	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	PERPHENAZINE 8 MG	100	EA	BO	PO	EA	8 MG		1	7/2/2009	5/7/2012	1/1/2002	9/19/2008	1			
00603-5092-28		Q0176		1/1/2002	4/30/2012	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	PERPHENAZINE 8 MG	500	EA	BO	PO	EA	8 MG		1	7/2/2009	4/30/2012	1/1/2002	9/19/2008	1			
00603-5093-21		Q0176		1/1/2002	5/14/2012	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	PERPHENAZINE 16 MG	100	EA	BO	PO	EA	8 MG		2	7/2/2009	5/14/2012	1/1/2002	9/19/2008	2			
00603-5335-21	J7506			1/3/2005	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 1 MG	100	EA	BO	PO	EA	5 MG		0.2	1/3/2005	99/99/9999						
00603-5335-32	J7506			1/3/2005	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 1 MG	1000	EA	BO	PO	EA	5 MG		0.2	1/3/2005	99/99/9999						
00603-5336-21	J7506			1/3/2005	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 2.5 MG	100	EA	BO	PO	EA	5 MG		0.5	1/3/2005	99/99/9999						
00603-5337-15	J7506			8/20/2003	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (DOSE PACK) 5 MG	21	EA	DP	PO	EA	5 MG		1	8/20/2003	99/99/9999						
00603-5337-21	J7506			1/16/2003	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	100	EA	BO	PO	EA	5 MG		1	1/16/2003	99/99/9999						
00603-5337-31	J7506			8/20/2003	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (DOSE PACK) 5 MG	48	EA	DP	PO	EA	5 MG		1	8/20/2003	99/99/9999						
00603-5337-32	J7506			1/16/2003	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	1000	EA	BO	PO	EA	5 MG		1	1/16/2003	99/99/9999						
00603-5338-15	J7506			3/6/2003	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (DOSE PACK) 10 MG	21	EA	DP	PO	EA	5 MG		2	3/6/2003	99/99/9999						
00603-5338-21	J7506			1/30/2003	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	100	EA	BO	PO	EA	5 MG		2	1/30/2003	99/99/9999						
00603-5338-28	J7506			1/30/2003	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	500	EA	BO	PO	EA	5 MG		2	1/30/2003	99/99/9999						
00603-5338-31	J7506			4/2/2003	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (DOSE PACK) 10 MG	48	EA	DP	PO	EA	5 MG		2	4/2/2003	99/99/9999						
00603-5338-32	J7506			1/30/2003	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	1000	EA	BO	PO	EA	5 MG		2	1/30/2003	99/99/9999						
00603-5339-21	J7506			9/10/2003	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	100	EA	BO	PO	EA	5 MG		4	9/10/2003	99/99/9999						
00603-5339-28	J7506			9/10/2003	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	500	EA	BO	PO	EA	5 MG		4	9/10/2003	99/99/9999						
00603-5339-32	J7506			9/10/2003	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	1000	EA	BO	PO	EA	5 MG		4	9/10/2003	99/99/9999						
00603-5437-21		Q0169		8/25/2006	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	PROMETHAZINE HYDROCHLORIDE (USP) 12.5 MG	100	EA	BO	PO	EA	12.5 MG		1	8/25/2006	99/99/9999						

NDC	NDC Mod	NCPCS	NCPCS Mod	Relationship Start Date	Relationship End Date	NCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	NCPCS Amount #1	NCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
06063-5438-21		Q0170		8/25/2006	99/99/9999	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	PROMETHAZINE HYDROCHLORIDE (USP) 25 MG	100	EA	BO	PO	EA	25	MG	1	8/25/2006	99/99/9999						
06063-5438-32		Q0170		8/25/2006	99/99/9999	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	PROMETHAZINE HYDROCHLORIDE (USP) 25 MG	1000	EA	BO	PO	EA	25	MG	1	8/25/2006	99/99/9999						
06063-5439-21		Q0170		8/25/2006	99/99/9999	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	PROMETHAZINE HYDROCHLORIDE (USP) 50 MG	100	EA	BO	PO	EA	25	MG	2	8/25/2006	99/99/9999						
06641-0121-21		J1170		12/8/2004	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (VIAL, DOSETTE) 2 MG/ML	1	ML	VL	IJ	ML	4	MG	0.5	12/8/2004	99/99/9999						
06641-0121-25		J1170		1/1/2002	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (VIAL, DOSETTE) 2 MG/ML	1	ML	VL	IJ	ML	4	MG	0.5	1/1/2002	99/99/9999						
06641-0170-21		J2270		12/8/2004	12/14/2006	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (VIAL, DOSETTE) 8 MG/ML	1	ML	VL	IJ	ML	10	MG	0.8	12/8/2004	12/14/2006						
06641-0170-25		J2270		1/1/2002	12/14/2006	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (VIAL, DOSETTE) 8 MG/ML	1	ML	VL	IJ	ML	10	MG	0.8	1/1/2002	12/14/2006						
06641-0190-21		J2271		12/8/2004	12/14/2006	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (DOSETTE, VIAL) 15 MG/ML	1	ML	VL	IJ	ML	100	MG	0.15	12/8/2004	12/14/2006						
06641-0190-25		J2271		1/1/2002	12/14/2006	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (DOSETTE, VIAL) 15 MG/ML	1	ML	VL	IJ	ML	100	MG	0.15	1/1/2002	12/14/2006						
06641-0272-21		J1642		5/5/2007	12/28/2009	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEP-LOCK U/P (PF) 10 U/ML	1	ML	VL	IV	ML	10	U	1	5/5/2007	12/28/2009						
06641-0272-25		J1642		10/17/2005	12/28/2009	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEP-LOCK U/P (PF) 10 U/ML	1	ML	VL	IV	ML	10	U	1	10/17/2005	12/28/2009						
06641-0273-21		J1642		5/5/2007	11/28/2009	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEP-LOCK 100 U/ML	1	ML	VL	IV	ML	10	U	10	5/5/2007	11/28/2009						
06641-0273-25		J1642		10/17/2005	11/28/2009	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEP-LOCK 100 U/ML	1	ML	VL	IV	ML	10	U	10	10/17/2005	11/28/2009						
06641-0367-21		J1100		12/8/2004	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE (VIAL, DOSETTE) 10 MG/ML	1	ML	VL	IJ	ML	1	MG	10	12/8/2004	99/99/9999						
06641-0374-01		J2730		12/8/2004	11/30/2006	INJECTION, PRALIDOXIME CHLORIDE, UP TO 1 GM	PROTOPAM CHLORIDE (S.D.V.) 1 GM	1	EA	VL	IJ	EA	1	GM	1	12/8/2004	11/30/2006						
06641-0376-21		J1200		12/8/2004	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (DOSETTE VIAL) 50 MG/ML	1	ML	VL	IJ	ML	50	MG	1	12/8/2004	99/99/9999						
06641-0387-21		J1642		12/8/2004	7/28/2009	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEP-LOCK (DOSETTE VIAL) 100 U/ML	2	ML	VL	IV	ML	10	U	10	12/8/2004	7/28/2009						
06641-0387-25		J1642		1/1/2002	7/28/2009	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEP-LOCK (DOSETTE VIAL) 100 U/ML	2	ML	VL	IV	ML	10	U	10	1/1/2002	7/28/2009						
06641-0389-21		J1642		12/8/2004	12/28/2009	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEP-LOCK (DOSETTE VIAL) 100 U/ML	1	ML	VL	IV	ML	10	U	10	12/8/2004	12/28/2009						
06641-0389-25		J1642		1/1/2002	12/28/2009	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEP-LOCK (DOSETTE VIAL) 100 U/ML	1	ML	VL	IV	ML	10	U	10	1/1/2002	12/28/2009						
06641-0391-02		J1644		10/1/2007	12/28/2009	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM 1000 U/ML	1	ML	VL	IJ	ML	1000	U	1	10/1/2007	12/28/2009						
06641-0391-21		J1644		12/8/2004	8/28/2009	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (VIAL, DOSETTE) 1000 U/ML	1	ML	VL	IJ	ML	1000	U	1	12/8/2004	8/28/2009						
06641-0391-25		J1644		1/1/2002	4/1/2008	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (VIAL, DOSETTE) 1000 U/ML	1	ML	VL	IJ	ML	1000	U	1	1/1/2002	4/1/2008						
06641-0391-64		J1644		10/1/2007	12/28/2009	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM 1000 U/ML	1	ML	VL	IJ	ML	1000	U	1	10/1/2007	12/28/2009						
06641-0392-21		J1642		12/8/2004	9/28/2009	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEP-LOCK (DOSETTE VIAL) 10 U/ML	1	ML	VL	IV	ML	10	U	1	12/8/2004	9/28/2009						
06641-0392-25		J1642		1/1/2002	9/28/2009	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEP-LOCK (DOSETTE VIAL) 10 U/ML	1	ML	VL	IV	ML	10	U	1	1/1/2002	9/28/2009						
06641-0393-21		J1642		12/8/2004	7/28/2009	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEP-LOCK (DOSETTE VIAL) 10 U/ML	2	ML	VL	IV	ML	10	U	1	12/8/2004	7/28/2009						
06641-0393-25		J1642		1/1/2002	7/28/2009	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEP-LOCK (DOSETTE VIAL) 10 U/ML	2	ML	VL	IV	ML	10	U	1	1/1/2002	7/28/2009						
06641-0400-02		J1644		10/1/2007	2/28/2010	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM 5000 U/ML	1	ML	VL	IJ	ML	1000	U	5	10/1/2007	2/28/2010						
06641-0400-21		J1644		12/8/2004	9/28/2009	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (VIAL, DOSETTE) 5000 U/ML	1	ML	VL	IJ	ML	1000	U	5	12/8/2004	9/28/2009						
06641-0400-25		J1644		1/1/2002	4/1/2008	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (VIAL, DOSETTE) 5000 U/ML	1	ML	VL	IJ	ML	1000	U	5	1/1/2002	4/1/2008						
06641-0400-64		J1644		10/1/2007	2/28/2010	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM 5000 U/ML	1	ML	VL	IJ	ML	1000	U	5	10/1/2007	2/28/2010						
06641-0410-02		J1644		10/1/2007	1/28/2010	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM 10000 U/ML	1	ML	VL	IJ	ML	1000	U	10	10/1/2007	1/28/2010						
06641-0410-21		J1644		12/8/2004	8/29/2008	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (VIAL, DOSETTE) 10000 U/ML	1	ML	VL	IJ	ML	1000	U	10	12/8/2004	8/29/2008						
06641-0410-25		J1644		1/1/2002	8/29/2008	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (VIAL, DOSETTE) 10000 U/ML	1	ML	VL	IJ	ML	1000	U	10	1/1/2002	8/29/2008						
06641-0410-64		J1644		10/1/2007	1/28/2010	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM 10000 U/ML	1	ML	VL	IJ	ML	1000	U	10	10/1/2007	1/28/2010						
06641-0411-21		J1642		12/8/2004	12/14/2006	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEP-LOCK U/P (DOSETTE VIAL,PF) 100 U/ML	1	ML	VL	IV	ML	10	U	10	12/8/2004	12/14/2006						
06641-0411-25		J1642		1/1/2002	12/14/2006	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEP-LOCK U/P (DOSETTE VIAL,PF) 10 U/ML	1	ML	VL	IV	ML	10	U	10	1/1/2002	12/14/2006						
06641-0414-21		J1642		12/8/2004	12/14/2006	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEP-LOCK U/P (DOSETTE VIAL,PF) 10 U/ML	1	ML	VL	IV	ML	10	U	1	12/8/2004	12/14/2006						
06641-0414-25		J1642		1/1/2002	12/14/2006	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEP-LOCK U/P (DOSETTE VIAL,PF) 10 U/ML	1	ML	VL	IV	ML	10	U	1	1/1/2002	12/14/2006						
06641-0476-21		J2560		12/8/2004	99/99/9999	INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MG	PHENOBARBITAL SODIUM (VIAL, DOSETTE) 65 MG/ML	1	ML	VL	IJ	ML	120	MG	0.54166	12/8/2004	99/99/9999						
06641-0477-21		J2560		12/8/2004	99/99/9999	INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MG	PHENOBARBITAL SODIUM (DOSETTE VIAL) 130 MG/ML	1	ML	VL	IJ	ML	120	MG	1.08333	12/8/2004	99/99/9999						
06641-0491-21		J0780		12/8/2004	7/28/2010	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	PROCHLORPERAZINE EDISYLATE (VIAL, DOSETTE) 5 MG/ML	2	ML	VL	IJ	ML	10	MG	0.5	12/8/2004	7/28/2010						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00641-0491-25	J0780			1/1/2002	7/28/2010	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	PROCHLORPERAZINE EDISYLATE (VIAL DOSETTE) 5 MG/ML	2 ML	VL	IJ	ML		10 MG	0.5		1/1/2002	7/28/2010						
00641-0493-21	J1165			12/8/2004	99/99/9999	INJECTION, PHENYTOIN SODIUM, PER 50 MG	PHENYTOIN SODIUM (DOSETTE,VIAL) 50 MG/ML	2 ML	VL	IV	ML		50 MG	1		12/8/2004	99/99/9999						
00641-0495-17	J2912			12/8/2004	12/14/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE (VIAL, DOSETTE) 0.9%	2 ML	VL	IV	ML		0.9 %	0.5		12/8/2004	12/14/2006						
00641-0928-21	J2550			12/8/2004	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (DOSETTE,VIAL) 25 MG/ML	1 ML	VL	IJ	ML		50 MG	0.5		12/8/2004	99/99/9999						
00641-0929-21	J2550			12/8/2004	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (DOSETTE,VIAL) 50 MG/ML	1 ML	VL	IJ	ML		50 MG	1		12/8/2004	99/99/9999						
00641-0929-25	J2550			12/27/2002	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (DOSETTE,VIAL) 50 MG/ML	1 ML	VL	IJ	ML		50 MG	1		12/27/2002	99/99/9999						
00641-0948-31	J2550			12/8/2004	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL NOVAPLUS (AMP,DOSETTE) 25 MG/ML	1 ML	AM	IJ	ML		50 MG	0.5		12/8/2004	99/99/9999						
00641-0949-31	J2550			5/5/2007	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL NOVAPLUS (DOSETTE) 50 MG/ML	1 ML	AM	IJ	ML		50 MG	1		5/5/2007	99/99/9999						
00641-0955-21	J2550			5/5/2007	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL NOVAPLUS (DOSETTE) 25 MG/ML	1 ML	VL	IJ	ML		50 MG	0.5		5/5/2007	99/99/9999						
00641-0956-21	J2550			5/5/2007	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL NOVAPLUS (DOSETTE) 50 MG/ML	1 ML	VL	IJ	ML		50 MG	1		5/5/2007	99/99/9999						
00641-1397-31	J3230			5/5/2007	99/99/9999	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG	CHLORPROMAZINE HCL (USP) 25 MG/ML	1 ML	AM	IJ	ML		50 MG	0.5		5/5/2007	99/99/9999						
00641-1398-35	J3230			1/1/2002	99/99/9999	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG	CHLORPROMAZINE HCL (AMP, DOSETTE) 25 MG/ML	2 ML	AM	IJ	ML		50 MG	0.5		1/1/2002	99/99/9999						
00641-1408-33	J3360			1/1/2002	5/14/2007	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (AMP, DOSETTE) 5 MG/ML	2 ML	AM	IJ	ML		5 MG	1		12/8/2004	5/14/2007	1/1/2002	12/20/2002		1		
00641-1410-31	J1160			5/5/2007	99/99/9999	INJECTION, DIGOXIN, UP TO 0.5 MG	DIGOXIN (USP) 0.25 MG/ML	2 ML	AM	IV	ML		0.5 MG	0.5		5/5/2007	99/99/9999						
00641-1495-31	J2550			5/5/2007	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (USP) 25 MG/ML	1 ML	AM	IJ	ML		50 MG	0.5		5/5/2007	99/99/9999						
00641-1496-31	J2550			5/5/2007	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (USP) 50 MG/ML	1 ML	AM	IJ	ML		50 MG	1		5/5/2007	99/99/9999						
00641-2289-41	J3360			1/1/2002	7/28/2008	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (M.D.V.) 5 MG/ML	10 ML	VL	IJ	ML		5 MG	1		12/8/2004	7/28/2008	1/1/2002	1/10/2002		1		
00641-2289-43	J3360			8/5/2004	7/28/2008	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (USP,MDV,10X10ML) 5 MG/ML	10 ML	VL	IJ	ML		5 MG	1		8/5/2004	7/28/2008						
00641-2341-39	J1170			5/5/2007	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (USP) 2 MG/ML	1 ML	NA	IJ	ML		4 MG	0.5		5/5/2007	99/99/9999						
00641-2341-41	J1170			1/1/2002	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (M.D.V.) 2 MG/ML	20 ML	VL	IJ	ML		4 MG	0.5		1/1/2002	99/99/9999						
00641-2436-41	J1642			5/5/2007	2/28/2010	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEP-LOCK (MDV) 100 U/ML	10 ML	VL	IV	ML		10 U	10		5/5/2007	2/28/2010						
00641-2436-45	J1642			1/1/2002	2/28/2010	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEP-LOCK (M.D.V.) 100 U/ML	10 ML	VL	IV	ML		10 U	10		1/1/2002	2/28/2010						
00641-2438-41	J1642			5/5/2007	6/28/2009	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEP-LOCK (MDV) 10 U/ML	10 ML	VL	IV	ML		10 U	1		5/5/2007	6/28/2009						
00641-2438-45	J1642			1/1/2002	6/28/2009	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEP-LOCK (M.D.V.) 10 U/ML	10 ML	VL	IV	ML		10 U	1		1/1/2002	6/28/2009						
00641-2440-41	J1644			12/8/2004	12/28/2009	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (M.D.V.) 1000 U/ML	10 ML	VL	IJ	ML		1000 U	1		12/8/2004	12/28/2009						
00641-2440-45	J1644			1/1/2002	12/28/2009	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (M.D.V.) 1000 U/ML	10 ML	VL	IJ	ML		1000 U	1		1/1/2002	12/28/2009						
00641-2442-41	J1642			5/5/2007	7/28/2009	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEP-LOCK (MDV) 10 U/ML	30 ML	VL	IV	ML		10 U	1		5/5/2007	7/28/2009						
00641-2442-45	J1642			1/1/2002	7/28/2009	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEP-LOCK (M.D.V.) 10 U/ML	30 ML	VL	IV	ML		10 U	1		1/1/2002	7/28/2009						
00641-2443-41	J1642			5/5/2007	12/28/2009	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEP-LOCK (MDV) 100 U/ML	30 ML	VL	IV	ML		10 U	10		5/5/2007	12/28/2009						
00641-2443-45	J1642			1/1/2002	12/28/2009	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEP-LOCK (M.D.V.) 100 U/ML	30 ML	VL	IV	ML		10 U	10		1/1/2002	12/28/2009						
00641-2450-41	J1644			12/8/2004	12/28/2009	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (M.D.V.) 1000 U/ML	30 ML	VL	IJ	ML		1000 U	1		12/8/2004	12/28/2009						
00641-2450-45	J1644			1/1/2002	12/28/2009	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (M.D.V.) 1000 U/ML	30 ML	VL	IJ	ML		1000 U	1		1/1/2002	12/28/2009						
00641-2460-41	J1644			12/8/2004	2/28/2010	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (M.D.V.) 5000 U/ML	10 ML	VL	IJ	ML		1000 U	5		12/8/2004	2/28/2010						
00641-2460-45	J1644			1/1/2002	2/28/2010	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (M.D.V.) 5000 U/ML	10 ML	VL	IJ	ML		1000 U	5		1/1/2002	2/28/2010						
00641-2470-41	J1644			12/8/2004	1/28/2010	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (M.D.V.) 10000 U/ML	4 ML	VL	IJ	ML		1000 U	10		12/8/2004	1/28/2010						
00641-2470-45	J1644			1/1/2002	1/28/2010	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (M.D.V.) 10000 U/ML	4 ML	VL	IJ	ML		1000 U	10		1/1/2002	1/28/2010						
00641-2555-41	J1165			5/5/2007	99/99/9999	INJECTION, PHENYTOIN SODIUM, PER 50 MG	PHENYTOIN SODIUM (USP) 50 MG/ML	1 ML	VL	IV	ML		50 MG	1		5/5/2007	99/99/9999						
00641-2569-41	J1245			5/5/2007	99/99/9999	INJECTION, DIPYRIDAMOLE, PER 10 MG	DIPYRIDAMOLE (SDV) 5 MG/ML	10 ML	VL	IV	ML		10 MG	0.5		5/5/2007	99/99/9999						
00641-6019-10	J2275			7/3/2012	99/99/9999	10 MG INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER	DURAMORPH (10X10ML,PF) 1 MG/ML	10 ML	AM	IJ	ML		10 MG	0.1		7/3/2012	99/99/9999						
00641-6020-10	J2275			7/3/2012	99/99/9999	10 MG INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER	DURAMORPH (10X10ML,PF) 0.5 MG/ML	10 ML	AM	IJ	ML		10 MG	0.05		7/3/2012	99/99/9999						
00641-6024-10	J3010			10/10/2012	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	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						
00641-6025-10	J3010			11/13/2012	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE 0.05 MG/ML	10 ML	AM	IJ	ML		0.1 MG	0.5		11/13/2012	99/99/9999						
00641-6026-05	J3010			10/10/2012	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	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						
00641-6027-25	J3010			7/25/2012	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (25X2ML,USP,SDV,PF) 0.05 MG/ML	25 ML	VL	IJ	ML		0.1 MG	0.5		7/25/2012	99/99/9999						
00641-6028-25	J3010			7/25/2012	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (25X5ML,USP,SDV,PF) 0.05 MG/ML	25 ML	VL	IJ	ML		0.1 MG	0.5		7/25/2012	99/99/9999						
00641-6029-25	J3010			10/10/2012	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	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						
00641-6030-01	J3010			7/25/2012	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (S.D.V) 0.05 MG/ML	1 ML	VL	IJ	ML		0.1 MG	0.5		7/25/2012	99/99/9999						
00641-6039-01	J2275			7/25/2012	99/99/9999	10 MG INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER	INFUMORPH 200 (1X20ML,PF) 10 MG/ML	1 ML	AM	IJ	ML		10 MG	1		7/25/2012	99/99/9999						
00641-6040-01	J2275			7/25/2012	99/99/9999	10 MG INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER	INFUMORPH 500 (1X20ML,PF) 25 MG/ML	1 ML	AM	IJ	ML		10 MG	2.5		7/25/2012	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00641-6068-01	J2270			2/8/2012	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (M.D.V.) 10MG/ML	1 ML	VL	IJ	ML		10 MG	1		2/8/2012	99/99/9999						
00641-6070-25	J2270			2/8/2012	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (S.D.V., 25X1ML) 10MG/ML	25 ML	VL	IJ	ML		10 MG	1		2/8/2012	99/99/9999						
00641-6071-25	J2271			2/8/2012	99/99/9999	INJECTION, MORPHINE SULFATE, 100 MG	MORPHINE SULFATE, (S.D.V., 1MLx25) 15MG/ML	25 ML	VL	IJ	ML		100 MG	0.15		2/8/2012	99/99/9999						
00641-6072-01	J2271			2/8/2012	99/99/9999	INJECTION, MORPHINE SULFATE, 100 MG	MORPHINE SULFATE (M.D.V.) 15MG/ML	1 ML	VL	IJ	ML		100 MG	0.15		2/8/2012	99/99/9999						
00641-6073-25	J2270			2/8/2012	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (S.D.V.) 5 MG/ ML MORPHINE SULFATE (VIAL, DOSETTE)	25 ML	VL	IJ	ML		10 MG	0.5		2/8/2012	99/99/9999						
00641-6075-25	J2270			2/8/2012	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	8MG/ML	25 ML	VL	IJ	ML		10 MG	0.8		2/8/2012	99/99/9999						
00677-0117-01	J7506			1/1/2002	10/29/2007	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	100 EA	BO	PO	EA		5 MG	1		1/1/2002	10/29/2007						
00677-0117-10	J7506			1/1/2002	10/29/2007	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	1000 EA	BO	PO	EA		5 MG	1		1/1/2002	10/29/2007						
00677-0427-01	J7506			1/1/2002	5/14/2007	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	100 EA	BO	PO	EA		5 MG	4		1/1/2002	5/14/2007						
00677-0427-05	J7506			1/1/2002	5/14/2007	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	500 EA	BO	PO	EA		5 MG	4		1/1/2002	5/14/2007						
00677-0427-10	J7506			1/1/2002	5/14/2007	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	1000 EA	BO	PO	EA		5 MG	4		1/1/2002	5/14/2007						
00677-0698-01	J7506			1/1/2002	5/23/2007	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	100 EA	BO	PO	EA		5 MG	2		1/1/2002	5/23/2007						
00677-0698-05	J7506			1/1/2002	5/23/2007	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	500 EA	BO	PO	EA		5 MG	2		1/1/2002	5/23/2007						
00677-0698-10	J7506			1/1/2002	5/23/2007	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	1000 EA	BO	PO	EA		5 MG	2		1/1/2002	5/23/2007						
00677-1856-01	Q0163			1/29/2003	4/19/2007	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENHYDRAMINE HCL 25 MG	100 EA	BO	PO	EA		50 MG	0.5		1/29/2003	4/19/2007						
00677-1856-10	Q0163			1/29/2003	7/19/2007	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENHYDRAMINE HCL 25 MG	1000 EA	BO	PO	EA		50 MG	0.5		1/29/2003	7/19/2007						
00677-1857-01	Q0163			2/14/2003	4/19/2007	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENHYDRAMINE HCL 50 MG	100 EA	BO	PO	EA		50 MG	1		2/14/2003	4/19/2007						
00677-1857-10	Q0163			2/14/2003	4/19/2007	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENHYDRAMINE HCL 50 MG	1000 EA	BO	PO	EA		50 MG	1		2/14/2003	4/19/2007						
00677-1858-01	Q0163			1/28/2003	6/13/2007	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENHYDRAMINE HCL (CAPTAB) 25 MG	100 EA	BO	PO	EA		50 MG	0.5		1/28/2003	6/13/2007						
00703-0031-01	J1030			3/9/2005	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE (SDV) 40 MG/ML	1 ML	VL	IJ	ML		40 MG	1		3/9/2005	99/99/9999						
00703-0031-04	J1030			3/9/2005	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE (SDV) 40 MG/ML	1 ML	VL	IJ	ML		40 MG	1		3/9/2005	99/99/9999						
00703-0043-01	J1030			10/31/2006	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE (MDV,USP) 40 MG/ML	5 ML	VL	IJ	ML		40 MG	1		10/31/2006	99/99/9999						
00703-0045-01	J1030			10/31/2006	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE (MDV,USP) 40 MG/ML	10 ML	VL	IJ	ML		40 MG	1		10/31/2006	99/99/9999						
00703-0051-01	J1040			3/9/2005	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	METHYLPREDNISOLONE ACETATE (SDV) 80 MG/ML	1 ML	VL	IJ	ML		80 MG	1		3/9/2005	99/99/9999						
00703-0051-04	J1040			3/9/2005	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	METHYLPREDNISOLONE ACETATE (SDV) 80 MG/ML	1 ML	VL	IJ	ML		80 MG	1		3/9/2005	99/99/9999						
00703-0063-01	J1040			10/31/2006	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	METHYLPREDNISOLONE ACETATE (MDV,USP) 80 MG/ML	5 ML	VL	IJ	ML		80 MG	1		10/31/2006	99/99/9999						
00703-0315-03	J0696			12/21/2007	3/27/2012	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP,SINGLE-DOSE) 250 MG	1 EA	VL	IJ	EA		250 MG	1		12/21/2007	3/27/2012						
00703-0325-03	J0696			12/21/2007	6/7/2011	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP,SINGLE-DOSE) 500 MG	1 EA	VL	IJ	EA		250 MG	2		12/21/2007	6/7/2011						
00703-0335-04	J0696			12/21/2007	12/5/2011	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP,SINGLE-DOSE) 1 GM	1 EA	VL	IJ	EA		250 MG	4		12/21/2007	12/5/2011						
00703-0346-03	J0696			12/21/2007	10/12/2012	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP,SINGLE-DOSE) 2 GM	1 EA	VL	IJ	EA		250 MG	8		12/21/2007	10/12/2012						
00703-0359-01	J0696			12/21/2007	1/17/2013	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP,PHARMACY BULK PKG) 10 GM	1 EA	VL	IJ	EA		250 MG	40		12/21/2007	1/17/2013						
00703-0404-02	J1955			1/1/2002	99/99/9999	INJECTION, LEVOCARNITINE, PER 1 GV	LEVOCARNITINE (VIAL) 200 MG/ML	5 ML	VL	IV	ML		1 GM	0.2		1/1/2002	99/99/9999						
00703-0405-02	J1955			1/1/2002	99/99/9999	INJECTION, LEVOCARNITINE, PER 1 GV	LEVOCARNITINE (VIAL) 200 MG/ML	12.5 ML	VL	IV	ML		1 GM	0.2		1/1/2002	99/99/9999						
00703-0956-03	J0744			8/28/2006	5/26/2011	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	CIPROFLOXACIN (SDV,10X20ML,200MG,1%) 10 MG/ML	20 ML	VL	IV	ML		200 MG	0.05		8/28/2006	5/26/2011						
00703-0958-03	J0744			8/28/2006	9/8/2011	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	CIPROFLOXACIN (SDV,10X40ML,400MG,1%) 10 MG/ML	40 ML	VL	IV	ML		200 MG	0.05		8/28/2006	9/8/2011						
00703-0960-36	J0744			3/18/2008	2/25/2011	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	CIPROFLOXACIN (1X200ML,USP,LATEX FREE) 200 MG/200 ML	200 ML	FC	IV	ML		200 MG	0.01		3/18/2008	2/25/2011						
00703-0969-36	J0744			3/18/2008	2/25/2011	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	CIPROFLOXACIN (1X100ML,USP,LATEX FREE) 200 MG/100 ML	100 ML	FC	IV	ML		200 MG	0.01		3/18/2008	2/25/2011						
00703-1010-09	J1450			8/2/2004	9/5/2013	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE IV 400 MG/200 ML	200 ML	VL	IV	ML		200 MG	0.01		8/2/2004	9/5/2013						
00703-1019-09	J1450			8/2/2004	9/5/2013	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE IV 200 MG/100 ML	100 ML	VL	IV	ML		200 MG	0.01		8/2/2004	9/5/2013						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00703-1020-30	J1450			3/14/2005	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE (6X200ML) 400 MG/200 ML	200 ML	PC	IV	ML		200 MG	0.01	3/14/2005	99/99/9999							
00703-1029-30	J1450			3/16/2005	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE IV (6X100ML) 200 MG/100 ML	100 ML	PC	IV	ML		200 MG	0.01	3/16/2005	99/99/9999							
00703-1271-04	J3105			7/22/2004	11/16/2010	INJECTION, TERBUTALINE SULFATE, UP TO 1 MC	TERBUTALINE SULFATE 1 MG/ML	1 ML	VL	SC	ML		1 MG	1	7/22/2004	11/16/2010							
00703-1335-01	J0282			12/4/2003	11/9/2010	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MC	AMIODARONE HCL 50 MG/ML	9 ML	VL	IV	ML		30 MG	1.66666	12/4/2003	11/9/2010							
00703-1501-02	J0270			1/1/2002	99/99/9999	FOR USE WHEN DRUG IS SELF ADMINISTERED)	ALPROSTADIL (S.D.V.) 0.5 MG/ML	1 ML	VL	IV	ML		1.25 MCG	400	1/1/2002	99/99/9999							
00703-1631-04	J2370			1/1/2002	12/15/2010	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL (S.D.V.) 10 MG/ML	1 ML	VL	IJ	ML		1 ML	1	1/1/2002	12/15/2010							
00703-1652-02	J1245			1/1/2002	7/1/2002	INJECTION, DIPYRIDAMOLE, PER 10 MG	DIPYRIDAMOLE (S.D.V.) 5 MG/ML	2 ML	VL	IV	ML		10 MG	0.5	1/1/2002	7/1/2010							
00703-1654-02	J1245			1/1/2002	6/1/2010	INJECTION, DIPYRIDAMOLE, PER 10 MG	DIPYRIDAMOLE (S.D.V.) 5 MG/ML	10 ML	VL	IV	ML		10 MG	0.5	1/1/2002	6/1/2010							
00703-1985-01	J1325			4/23/2008	99/99/9999	INJECTION, EPOPROSTENOL, 0.5 MG	EPOPROSTENOL SODIUM 0.5 MG	1 EA	VL	IV	EA		0.5 MG	1	4/23/2008	99/99/9999							
00703-1995-01	J1325			4/23/2008	99/99/9999	INJECTION, EPOPROSTENOL, 0.5 MG	EPOPROSTENOL SODIUM 1.5 MG	1 EA	VL	IV	EA		0.5 MG	3	4/23/2008	99/99/9999							
00703-2191-04	J2550			9/30/2002	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL 25 MG/ML	1 ML	VL	IJ	ML		50 MG	0.5	9/30/2002	99/99/9999							
00703-2201-04	J2550			9/30/2002	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL 50 MG/ML	1 ML	VL	IJ	ML		50 MG	1	9/30/2002	99/99/9999							
00703-2704-03	J2710			1/1/2002	5/3/2007	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (M.D.V.) 1 MG/ML	10 ML	VL	IJ	ML		0.5 MG	2	1/1/2002	5/3/2007							
00703-2711-03	J2710			1/1/2002	5/3/2007	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (S.D.V.) 0.5 MG/ML	1 ML	VL	IJ	ML		0.5 MG	1	1/1/2002	5/3/2007							
00703-2714-03	J2710			1/1/2002	5/3/2007	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (M.D.V.) 0.5 MG/ML	10 ML	VL	IJ	ML		0.5 MG	1	1/1/2002	5/3/2007							
00703-2856-04	J3490			6/26/2007	5/27/2010	UNCLASSIFIED DRUGS	PROPOFOL (SDV,25X20ML) 10 MG/ML	20 ML	VL	IV	ML		1 EA	1	6/26/2007	5/27/2010							
00703-2858-09	J3490			6/26/2007	5/27/2010	UNCLASSIFIED DRUGS	PROPOFOL (SDV,20X50ML) 10 MG/ML	50 ML	VL	IV	ML		1 EA	1	6/26/2007	5/27/2010							
00703-2859-03	J3490			6/26/2007	5/27/2010	UNCLASSIFIED DRUGS	PROPOFOL (SDV,10X100ML) 10 MG/ML	100 ML	VL	IV	ML		1 EA	1	6/26/2007	5/27/2010							
00703-3015-13	J9190			9/2/2003	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	ADRUCIL (S.D.V.) 50 MG/ML	10 ML	VL	IV	ML		500 MG	0.1	9/2/2003	99/99/9999							
00703-3015-13	QR J9190	QR		1/28/2005	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	ADRUCIL (S.D.V.) 50 MG/ML	10 ML	VL	IV	ML		500 MG	0.1	1/28/2005	99/99/9999							
00703-3018-12	QR J9190	QR		1/28/2005	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	ADRUCIL (PHARMACY BULK PACKAGE) 50 MG/ML	50 ML	VL	IV	ML		500 MG	0.1	1/28/2005	99/99/9999							
00703-3018-12	J9190			9/2/2003	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	ADRUCIL (PHARMACY BULK PACKAGE) 50 MG/ML	50 ML	VL	IV	ML		500 MG	0.1	9/2/2003	99/99/9999							
00703-3019-12	QR J9190	QR		1/28/2005	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	ADRUCIL (PHARMACY BULK PACKAGE) 50 MG/ML	100 ML	VL	IV	ML		500 MG	0.1	1/28/2005	99/99/9999							
00703-3019-12	J9190			9/2/2003	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	ADRUCIL (PHARMACY BULK PACKAGE) 50 MG/ML	100 ML	VL	IV	ML		500 MG	0.1	9/2/2003	99/99/9999							
00703-3067-11	J9178			8/9/2007	99/99/9999	INJECTION, EPIRUBICIN HCL, 2 MG	EPIRUBICIN HYDROCHLORIDE (SDV,PF) 2 MG/ML	25 ML	VL	IV	ML		2 MG	1	8/9/2007	99/99/9999							
00703-3069-11	J9178			8/9/2007	99/99/9999	INJECTION, EPIRUBICIN HCL, 2 MG	EPIRUBICIN HYDROCHLORIDE (SDV,PF) 2 MG/ML	100 ML	VL	IV	ML		2 MG	1	8/9/2007	99/99/9999							
00703-3154-01	J9040			1/1/2002	99/99/9999	INJECTION, BLEOMYCIN SULFATE, 15 UNITS	BLEOMYCIN SULFATE (S.D.V.) 15 U	1 EA	VL	IJ	EA		15 U	1	1/1/2002	99/99/9999							
00703-3154-91	J9040			2/20/2002	12/31/2008	INJECTION, BLEOMYCIN SULFATE, 15 UNITS	BLEOMYCIN SULFATE NOVAPLUS (S.D.V.) 15 U	1 EA	VL	IJ	EA		15 U	1	2/20/2002	12/31/2008							
00703-3155-01	J9040			1/1/2002	99/99/9999	INJECTION, BLEOMYCIN SULFATE, 15 UNITS	BLEOMYCIN SULFATE (S.D.V.) 30 U	1 EA	VL	IJ	EA		15 U	2	1/1/2002	99/99/9999							
00703-3155-91	J9040			2/20/2002	12/31/2008	INJECTION, BLEOMYCIN SULFATE, 15 UNITS	BLEOMYCIN SULFATE NOVAPLUS (S.D.V.) 30 U	1 EA	VL	IJ	EA		15 U	2	2/20/2002	12/31/2008							
00703-3244-11	J9045			6/24/2004	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (M.D.V.) 10 MG/ML	5 ML	VL	IV	ML		50 MG	0.2	6/24/2004	99/99/9999							
00703-3246-11	J9045			6/24/2004	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (M.D.V.) 10 MG/ML	15 ML	VL	IV	ML		50 MG	0.2	6/24/2004	99/99/9999							
00703-3248-11	J9045			6/24/2004	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (M.D.V.) 10 MG/ML	45 ML	VL	IV	ML		50 MG	0.2	6/24/2004	99/99/9999							
00703-3249-11	J9045			11/17/2005	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (AQUEOUS SOLUTION) 10 MG/ML	60 ML	VL	IV	ML		50 MG	0.2	11/17/2005	99/99/9999							
00703-3264-01	J9045			6/24/2004	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN 50 MG	1 EA	VL	IV	EA		50 MG	1	6/24/2004	99/99/9999							
00703-3266-01	J9045			6/24/2004	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (VIAL) 150 MG	1 EA	VL	IV	EA		50 MG	3	6/24/2004	99/99/9999							
00703-3268-01	J9045			6/24/2004	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN 450 MG	1 EA	VL	IV	EA		50 MG	9	6/24/2004	99/99/9999							
00703-3268-71	J9045			5/1/2006	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN 450 MG	1 EA	VL	IV	EA		50 MG	9	5/1/2006	99/99/9999							
00703-3274-01	J9045			5/1/2006	12/23/2008	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN 450 MG	1 EA	VL	IV	EA		50 MG	1	5/1/2006	12/23/2008							
00703-3276-01	J9045			5/1/2006	12/23/2008	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN 150 MG	1 EA	VL	IV	EA		50 MG	3	5/1/2006	12/23/2008							
00703-3278-01	J9045			5/1/2006	12/23/2008	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN 450 MG	1 EA	VL	IV	EA		50 MG	9	5/1/2006	12/23/2008							
00703-3301-04	J2354			11/14/2005	99/99/9999	INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE (1MLX25 VIALS) 50 MCG/ML	1 ML	VL	IJ	ML		25 MCG	2	11/14/2005	99/99/9999							
00703-3311-04	J2354			11/14/2005	99/99/9999	INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE (1MLX25 VIALS) 100 MCG/ML	1 ML	VL	IJ	ML		25 MCG	4	11/14/2005	99/99/9999							
00703-3321-04	J2354			11/14/2005	99/99/9999	INTRAVENOUS INJECTION, 25 MCG	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR	1 ML	VL	IJ	ML		25 MCG	20	11/14/2005	99/99/9999							
00703-3333-01	J2354			11/23/2005	99/99/9999	INTRAVENOUS INJECTION, 25 MCG	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR	5 ML	VL	IJ	ML		25 MCG	8	11/23/2005	99/99/9999							
00703-3343-01	J2354			11/23/2005	99/99/9999	INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE 1000 MCG/ML	5 ML	VL	IJ	ML		25 MCG	40	11/23/2005	99/99/9999							
00703-3427-11	J9208			7/26/2007	99/99/9999	INJECTION, IFOSFAMIDE, 1 GRAM	IFOSFAMIDE 1 GM	1 EA	VL	IV	EA		1 GM	1	7/26/2007	99/99/9999							
00703-3429-11	J9208			7/26/2007	99/99/9999	INJECTION, IFOSFAMIDE, 1 GRAM	IFOSFAMIDE 3 GM	1 EA	VL	IV	EA		1 GM	3	7/26/2007	99/99/9999							
00703-3524-03	J1100			2/20/2002	6/1/2010	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE (M.D.V.) 10 MG/ML	10 ML	VL	IJ	ML		1 MG	10	2/20/2002	6/1/2010							
00703-4014-18	J9218			1/1/2002	99/99/9999	LEUPROLIDE ACETATE, PER 1 MG	LEUPROLIDE ACETATE (2 WEEK ADMINISTRATION) 5 MG/ML	2.8 ML	BX	SC	EA		1 MG	14	1/1/2002	99/99/9999							

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00703-4014-19	J9218			1/1/2002	99/99/9999	LEUPROLIDE ACETATE, PER 1 MG	LEUPROLIDE ACETATE (M.D.V.) 5 MG/ML	2.8 ML	VL	SC	ML		1 MG	5		1/1/2002	99/99/9999						
00703-4075-59	J2430			11/8/2005	99/99/9999	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	PAMIDRONATE DISODIUM (S.D.V.) 3 MG/ML	10 ML	VL	IV	ML		30 MG	0.1		11/8/2005	99/99/9999						
00703-4085-51	J2430			11/8/2005	99/99/9999	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	PAMIDRONATE DISODIUM 9 MG/ML	10 ML	VL	IV	ML		30 MG	0.3		11/8/2005	99/99/9999						
00703-4085-91	J2430			7/1/2003	99/99/9999	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	PAMIDRONATE DISODIUM (SINGLE-USE VIAL) 9 MG/ML	10 ML	VL	IV	ML		30 MG	0.3		7/1/2003	99/99/9999						
00703-4100-48	J9999			4/8/2002	99/99/9999	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	IFOSFAMIDE/MESNA (COMBO-PACK) 5 GM-3 GM	1 EA	BX	IV	EA		1 EA	1		4/8/2002	99/99/9999						
00703-4100-58	J9999			4/8/2002	99/99/9999	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	IFOSFAMIDE/MESNA (COMBO-PACK) 10 GM-10 GM	1 EA	BX	IV	EA		1 EA	1		4/8/2002	99/99/9999						
00703-4100-68	J9999			4/8/2002	99/99/9999	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	IFOSFAMIDE/MESNA (COMBO-PACK) 6 GM-6 GM	1 EA	BX	IV	EA		1 EA	1		4/8/2002	99/99/9999						
00703-4109-48	J9999			5/1/2006	8/19/2008	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	IFOSFAMIDE/MESNA 5 GM-3 GM	1 EA	BX	IV	EA		1 EA	1		5/1/2006	8/19/2008						
00703-4109-58	J9999			5/1/2006	4/28/2009	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	IFOSFAMIDE/MESNA (NOV) 10 GM-10 GM	1 EA	BX	IV	EA		1 EA	1		5/1/2006	4/28/2009						
00703-4109-68	J9999			5/1/2006	4/28/2009	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	IFOSFAMIDE/MESNA (NOV) 6 GM-6 GM	1 EA	BX	IV	EA		1 EA	1		5/1/2006	4/28/2009						
00703-4154-11	J9211			9/24/2002	99/99/9999	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG	IDARUBICIN HYDROCHLORIDE (S.D.V.) 1 MG/ML	5 ML	VL	IV	ML		5 MG	0.2		9/24/2002	99/99/9999						
00703-4155-11	J9211			9/24/2002	99/99/9999	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG	IDARUBICIN HYDROCHLORIDE (S.D.V.) 1 MG/ML	10 ML	VL	IV	ML		5 MG	0.2		9/24/2002	99/99/9999						
00703-4156-11	J9211			9/24/2002	99/99/9999	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG	IDARUBICIN HYDROCHLORIDE (S.D.V.) 1 MG/ML	20 ML	VL	IV	ML		5 MG	0.2		9/24/2002	99/99/9999						
00703-4182-01	J9390			2/10/2003	99/99/9999	INJECTION, VINORELBINE TARTRATE, 10 MG	VINORELBINE TARTRATE (S.D.V.,PF) 10 MG/ML	1 ML	VL	IV	ML		10 MG	1		2/10/2003	99/99/9999						
00703-4182-81	J9390			5/1/2006	3/10/2011	INJECTION, VINORELBINE TARTRATE, 10 MG	VINORELBINE TARTRATE (OTN,PF) 10 MG/ML	1 ML	VL	IV	ML		10 MG	1		5/1/2006	3/10/2011						
00703-4182-91	J9390			5/1/2006	4/3/2013	INJECTION, VINORELBINE TARTRATE, 10 MG	VINORELBINE TARTRATE (NOV,PF) 10 MG/ML	1 ML	VL	IV	ML		10 MG	1		5/1/2006	4/3/2013						
00703-4183-01	J9390			2/10/2003	99/99/9999	INJECTION, VINORELBINE TARTRATE, 10 MG	VINORELBINE TARTRATE (S.D.V.,PF) 10 MG/ML	5 ML	VL	IV	ML		10 MG	1		2/10/2003	99/99/9999						
00703-4183-81	J9390			5/1/2006	3/10/2011	INJECTION, VINORELBINE TARTRATE, 10 MG	VINORELBINE TARTRATE (OTN,PF) 10 MG/ML	5 ML	VL	IV	ML		10 MG	1		5/1/2006	3/10/2011						
00703-4183-91	J9390			5/1/2006	4/3/2013	INJECTION, VINORELBINE TARTRATE, 10 MG	VINORELBINE TARTRATE (NOV,PF) 10 MG/ML	5 ML	VL	IV	ML		10 MG	1		5/1/2006	4/3/2013						
00703-4244-01	J9045			5/1/2006	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (1X5ML) 10 MG/ML	5 ML	VL	IV	ML		50 MG	0.2		5/1/2006	99/99/9999						
00703-4246-01	J9045			5/1/2006	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (1X15ML) 10 MG/ML	15 ML	VL	IV	ML		50 MG	0.2		5/1/2006	99/99/9999						
00703-4248-01	J9045			2/1/2006	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN 10 MG/ML	45 ML	VL	IV	ML		50 MG	0.2		2/1/2006	99/99/9999						
00703-4301-02	J9340			1/1/2002	6/17/2008	INJECTION, THIOTEPA, 15 MG	THIOTEPA (S.D.V.) 15 MG	1 EA	VL	IJ	EA		15 MG	1		1/1/2002	6/17/2008						
00703-4303-01	J9340			1/1/2002	99/99/9999	INJECTION, THIOTEPA, 15 MG	THIOTEPA (S.D.V.) 30 MG	1 EA	VL	IJ	EA		15 MG	2		1/1/2002	99/99/9999						
00703-4402-11	J9370			1/1/2002	99/99/9999	VINCRIStINE SULFATE, 1 MG	VINCRIStINE SULFATE (S.D.V.) 1 MG/ML	1 ML	VL	IV	ML		1 MG	1		1/1/2002	99/99/9999						
00703-4412-11	J9370			1/1/2002	99/99/9999	VINCRIStINE SULFATE, 1 MG	VINCRIStINE SULFATE (S.D.V.) 1 MG/ML	2 ML	VL	IV	ML		1 MG	1		1/1/2002	99/99/9999						
00703-4432-11	J9206			2/28/2008	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X2ML SINGLE DOSE) 20 MG/ML	2 ML	VL	IV	ML		20 MG	1		2/28/2008	99/99/9999						
00703-4432-11	QR J9206	QR		2/28/2008	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X2ML SINGLE DOSE) 20 MG/ML	2 ML	VL	IV	ML		20 MG	1		2/28/2008	99/99/9999						
00703-4434-11	J9206			2/28/2008	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X5ML SINGLE DOSE) 20 MG/ML	5 ML	VL	IV	ML		20 MG	1		2/28/2008	99/99/9999						
00703-4434-11	QR J9206	QR		2/28/2008	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X5ML SINGLE DOSE) 20 MG/ML	5 ML	VL	IV	ML		20 MG	1		2/28/2008	99/99/9999						
00703-4502-04	J2765			1/1/2002	2/3/2011	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE (S.D.V.) 5 MG/ML	2 ML	VL	IV	ML		10 MG	0.5		1/1/2002	2/3/2011						
00703-4636-01	J9320			12/3/2003	99/99/9999	INJECTION, STREPTOZOICIN, 1 GRAM	ZANOSAR 1 GM	1 EA	VL	IV	EA		1 GM	1		12/3/2003	99/99/9999						
00703-4680-01	J9293			4/11/2006	99/99/9999	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MC	MITOXANTRONE (MDV,PF) 2 MG/ML	12.5 ML	VL	IV	ML		5 MG	0.4		4/11/2006	99/99/9999						
00703-4680-91	J9293			11/6/2006	8/19/2008	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MC	MITOXANTRONE (MDV,PF) 2 MG/ML	12.5 ML	VL	IV	ML		5 MG	0.4		11/6/2006	8/19/2008						
00703-4685-01	J9293			4/11/2006	99/99/9999	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MC	MITOXANTRONE (MDV,PF) 2 MG/ML	10 ML	VL	IV	ML		5 MG	0.4		4/11/2006	99/99/9999						
00703-4685-91	J9293			11/6/2006	8/19/2008	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MC	MITOXANTRONE (MDV,PF) 2 MG/ML	10 ML	VL	IV	ML		5 MG	0.4		11/6/2006	8/19/2008						
00703-4686-01	J9293			4/11/2006	99/99/9999	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MC	MITOXANTRONE (MDV,PF) 2 MG/ML	15 ML	VL	IV	ML		5 MG	0.4		4/11/2006	99/99/9999						
00703-4686-91	J9293			11/6/2006	8/19/2008	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MC	MITOXANTRONE (MDV,PF) 2 MG/ML	15 ML	VL	IV	ML		5 MG	0.4		11/6/2006	8/19/2008						
00703-4805-03	J9209			2/22/2002	99/99/9999	INJECTION, MESNA, 200 MG	MESNA (M.D.V.) 100 MG/ML	10 ML	VL	IV	ML		200 MG	0.5		2/22/2002	99/99/9999						
00703-4852-11	J9185			5/2/2007	99/99/9999	INJECTION, FLUDARABINE PHOSPHATE, 50 MG	FLUDARABINE PHOSPHATE (SDV) 25 MG/ML	2 ML	VL	IV	ML		50 MG	0.5		5/2/2007	99/99/9999						
00703-4852-81	J9185			8/3/2006	3/10/2011	INJECTION, FLUDARABINE PHOSPHATE, 50 MG	OTN FLUDARABINE PHOSPHATE (SDV) 25 MG/ML	2 ML	VL	IV	ML		50 MG	0.5		8/3/2006	3/10/2011						
00703-5003-01	J2680			1/1/2002	1/10/2007	INJECTION, FLUPHENAZINE DECANOATE, UP TO 25 MG	FLUPHENAZINE DECANOATE (M.D.V.) 25 MG/ML	5 ML	VL	IJ	ML		25 MG	1		1/1/2002	1/10/2007						
00703-5040-01	J9000			1/1/2002	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HCL (M.D.V. POLYMER) 2 MG/ML	100 ML	VL	IV	ML		10 MG	0.2		1/1/2002	99/99/9999						
00703-5043-03	J9000			1/1/2002	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HCL (S.D.V. POLYMER) 2 MG/ML	5 ML	VL	IV	ML		10 MG	0.2		1/1/2002	99/99/9999						
00703-5046-01	J9000			1/1/2002	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HCL (S.D.V. POLYMER) 2 MG/ML	25 ML	VL	IV	ML		10 MG	0.2		1/1/2002	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00703-5051-03	J2597			1/1/2002	99/99/9999	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG	DESMOPRESSIN ACETATE (VIAL) 4 MCG/ML	1 ML	VL	IJ	ML		1 MCG		4	1/1/2002	99/99/9999						
00703-5054-01	J2597			1/1/2002	99/99/9999	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG	DESMOPRESSIN ACETATE (M.D.V.) 4 MCG/ML	10 ML	VL	IJ	ML		1 MCG		4	1/1/2002	99/99/9999						
00703-5075-01	J9140			1/1/2002	12/31/2010	DACARBAZINE, 200 MG	DACARBAZINE (S.D.V.) 200 MG	1 EA	VL	IV	EA		200 MG		1	1/1/2002	12/31/2010						
00703-5075-03	J9140			1/1/2002	12/31/2010	DACARBAZINE, 200 MG	DACARBAZINE (VIAL) 200 MG	1 EA	VL	IV	EA		200 MG		1	1/1/2002	12/31/2010						
00703-5140-01	J0640			1/1/2002	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM (VIAL,PF) 100 MG	1 EA	VL	IJ	EA		50 MG		2	1/1/2002	99/99/9999						
00703-5145-01	J0640			1/1/2002	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM (PF) 350 MG	1 EA	VL	IJ	EA		50 MG		7	1/1/2002	99/99/9999						
00703-5233-13	J9150			1/27/2003	99/99/9999	INJECTION, DAUNORUBICIN, 10 MG	MG/ML	4 ML	VL	IV	ML		10 MG		0.5	1/27/2003	99/99/9999						
00703-5653-01	J9181			1/1/2002	99/99/9999	INJECTION, ETOPOSIDE, 10 MG	ETOPOSIDE (M.D.V. POLYMER) 20 MG/ML	5 ML	VL	IV	ML		10 MG		2	1/1/2002	99/99/9999						
00703-5656-01	J9181			1/1/2002	99/99/9999	INJECTION, ETOPOSIDE, 10 MG	ETOPOSIDE (M.D.V. POLYMER) 20 MG/ML	25 ML	VL	IV	ML		10 MG		2	1/1/2002	99/99/9999						
00703-5657-01	J9181			1/1/2002	99/99/9999	INJECTION, ETOPOSIDE, 10 MG	ETOPOSIDE (M.D.V.) 20 MG/ML	50 ML	VL	IV	ML		10 MG		2	1/1/2002	99/99/9999						
00703-5747-11	J9060			6/19/2000	99/99/9999	INJECTION, CISPLATIN, POWDER OR SOLUTION, 10 MG	CISPLATIN (M.D.V.) 1 MG/ML	1 ML	VL	IV	ML		10 MG		0.1	6/19/2000	99/99/9999						
00703-5854-01	J9185			9/12/2003	99/99/9999	INJECTION, FLUDARABINE PHOSPHATE, 50 MG	FLUDARABINE PHOSPHATE 50 MG	1 EA	VL	IV	EA		50 MG		1	9/12/2003	99/99/9999						
00703-6121-01	J1080			4/16/2007	10/19/2012	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG	TESTOSTERONE CYPIONATE (USP,MDV) 200 MG/ML	1 ML	VL	IM	ML		200 MG		1	4/16/2007	10/19/2012						
00703-6125-01	J1080			4/16/2007	10/19/2012	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG	TESTOSTERONE CYPIONATE (USP,MDV) 200 MG/ML	10 ML	VL	IM	ML		200 MG		1	4/16/2007	10/19/2012						
00703-6271-04	J2590			1/24/2008	11/9/2010	INJECTION, OXYTOCIN, UP TO 10 UNITS	OXYTOCIN (25X1ML) 10 U/ML	1 ML	VL	IJ	ML		10 U		1	1/24/2008	11/9/2010						
00703-6275-03	J2590			1/24/2008	9/15/2010	INJECTION, OXYTOCIN, UP TO 10 UNITS	OXYTOCIN 10 U/ML	10 ML	VL	IJ	ML		10 U		1	1/24/2008	9/15/2010						
00703-6801-01	J1055			9/13/2004	12/31/2012	MG	MEDROXYPROGESTERONE ACETATE (ODOR-FREE) 150 MG/ML	1 ML	VL	IM	ML		150 MG		1	9/13/2004	12/31/2012						
00703-6801-04	J1055			9/13/2004	12/31/2012	MG	MEDROXYPROGESTERONE ACETATE (ODOR-FREE) 150 MG/ML	1 ML	VL	IM	ML		150 MG		1	9/13/2004	12/31/2012						
00703-6811-21	J1055			9/16/2005	3/28/2012	MG	MEDROXYPROGESTERONE ACETATE (ODOR-FREE) 150 MG/ML	1 ML	SR	IM	ML		150 MG		1	9/16/2005	3/28/2012						
00703-7011-03	J1631			1/1/2002	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (VIAL) 50 MG/ML	1 ML	VL	IM	ML		50 MG		1	1/1/2002	99/99/9999						
00703-7013-01	J1631			1/1/2002	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (M.D.V.) 50 MG/ML	5 ML	VL	IM	ML		50 MG		1	1/1/2002	99/99/9999						
00703-7021-03	J1631			1/1/2002	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (VIAL) 100 MG/ML	1 ML	VL	IM	ML		50 MG		2	1/1/2002	99/99/9999						
00703-7023-01	J1631			1/1/2002	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (M.D.V.) 100 MG/ML	5 ML	VL	IM	ML		50 MG		2	1/1/2002	99/99/9999						
00703-7041-03	J1630			1/18/2002	5/9/2012	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL LACTATE (S.D.V.) 5 MG/ML	1 ML	VL	IM	ML		5 MG		1	1/18/2002	5/9/2012						
00703-7045-01	J1630			1/18/2002	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL LACTATE (M.D.V.) 5 MG/ML	10 ML	VL	IM	ML		5 MG		1	1/18/2002	99/99/9999						
00703-7101-04	J1165			9/14/2007	3/24/2010	INJECTION, PHENYTOIN SODIUM, PER 50 MG	FOSPHENYTOIN SODIUM (USP,25X2ML) 50 MG/ML	2 ML	VL	IV	ML		50 MG		1	9/14/2007	3/24/2010						
00703-7105-03	J1165			9/14/2007	3/2/2010	INJECTION, PHENYTOIN SODIUM, PER 50 MG	FOSPHENYTOIN SODIUM (USP,10X10ML) 50 MG/ML	10 ML	VL	IV	ML		50 MG		1	9/14/2007	3/2/2010						
00703-7171-04	J0780			6/17/2003	7/1/2008	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	PROCHLORPERAZINE EDISYLATE (S.D.V.) 5 MG/ML	2 ML	VL	IJ	ML		10 MG		0.5	6/17/2003	7/1/2008						
00703-7175-01	J0780			6/17/2003	7/1/2008	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	PROCHLORPERAZINE EDISYLATE (M.D.V.) 5 MG/ML	10 ML	VL	IJ	ML		10 MG		0.5	6/17/2003	7/1/2008						
00703-7221-02	J2405			11/22/2006	8/11/2010	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (SDV,USP,5X2ML) 2 MG/ML	2 ML	VL	IJ	ML		1 MG		2	11/22/2006	8/11/2010						
00703-7221-03	J2405			11/22/2006	5/10/2007	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (SDV,USP,10X2ML) 2 MG/ML	2 ML	VL	IJ	ML		1 MG		2	11/22/2006	5/10/2007						
00703-7221-04	J2405			11/22/2006	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (SDV,USP,25X2ML) 2 MG/ML	2 ML	VL	IJ	ML		1 MG		2	11/22/2006	99/99/9999						
00703-7226-01	J2405			11/22/2006	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (MDV,USP) 2 MG/ML	20 ML	VL	IJ	ML		1 MG		2	11/22/2006	99/99/9999						
00703-7226-03	J2405			11/22/2006	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (MDV,USP,10X20ML) 2 MG/ML	20 ML	VL	IJ	ML		1 MG		2	11/22/2006	99/99/9999						
00703-7239-39	J2405			11/22/2006	11/29/2012	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (SINGLE DOSE,6X50ML,PF) 32 MG/50 ML	50 ML	FC	IV	ML		1 MG		0.64	11/22/2006	11/29/2012						
00703-7311-04	J0636			1/17/2005	10/9/2007	INJECTION, CALCITRIOL, 0.1 MCG	CALCITRIOL (25X1ML) 1 MCG/ML	1 ML	VL	IV	ML		0.1 MCG		10	1/17/2005	10/9/2007						
00703-7871-03	J1626			1/3/2008	10/19/2009	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	GRANISETRON HYDROCHLORIDE (10X1ML,SINGLE-USE,PF) 1 MG/ML	1 ML	VL	IV	ML		100 MCG		10	1/3/2008	10/19/2009						
00703-7891-02	J1626			1/3/2008	7/6/2010	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	GRANISETRON HYDROCHLORIDE (5X1ML,SINGLE-USE,PF) 0.1 MG/ML	1 ML	VL	IV	ML		100 MCG		1	1/3/2008	7/6/2010						
00703-7971-03	J1626			1/3/2008	99/99/9999	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	GRANISETRON HYDROCHLORIDE (10X1ML,SINGLE-USE) 1 MG/ML	1 ML	VL	IV	ML		100 MCG		10	1/3/2008	99/99/9999						
00703-7973-01	J1626			6/30/2008	99/99/9999	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	GRANISETRON HYDROCHLORIDE (1X4ML) 1 MG/ML	4 ML	VL	IV	ML		100 MCG		10	6/30/2008	99/99/9999						
00703-8005-03	J2260			6/19/2003	4/17/2008	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE (S.D.V.) 1 MG/ML	10 ML	VL	IV	ML		5 MG		0.2	6/19/2003	4/17/2008						
00703-8006-03	J2260			6/19/2003	4/17/2008	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE (S.D.V.) 1 MG/ML	20 ML	VL	IV	ML		5 MG		0.2	6/19/2003	4/17/2008						
00703-8008-01	J2260			6/19/2003	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE (S.D.V.) 1 MG/ML	50 ML	VL	IV	ML		5 MG		0.2	6/19/2003	99/99/9999						
00703-8463-09	J0895			3/31/2006	12/23/2008	INJECTION, DEFEROXAMINE MESYLATE, 500 MG	DEFEROXAMINE MESYLATE (USP,SDV) 500 MG	1 EA	VL	IJ	EA		500 MG		1	3/31/2006	12/23/2008						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00703-8465-01	J0895			3/31/2006	12/23/2008	INJECTION, DEFEROXAMINE MESYLATE, 500 MG	DEFEROXAMINE MESYLATE (USP,SDV) 2 GM	1 EA	VL	IJ	EA		500 MG		4	3/31/2006	12/23/2008						
00703-8771-03	J0150			6/16/2004	4/11/2011	INJECTION, ADENOSINE FOR THERAPEUTIC USE, 6 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS, INSTEAD USE A9270)	ADENOSINE 3 MG/ML	2 ML	VL	IV	ML		6 MG		0.5	6/16/2004	4/11/2011						
00703-8773-01	J0150			6/16/2004	4/11/2011	INJECTION, ADENOSINE FOR THERAPEUTIC USE, 6 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS, INSTEAD USE A9270)	ADENOSINE 3 MG/ML	4 ML	VL	IV	ML		6 MG		0.5	6/16/2004	4/11/2011						
00703-9032-03	J0278			1/1/2006	99/99/9999	INJECTION, AMIKACIN SULFATE, 100 MG	AMIKACIN SULFATE (S.D.V.) 250 MG/ML	2 ML	VL	IJ	ML		100 MG		2.5	1/1/2006	99/99/9999						
00703-9040-03	J0278			1/1/2006	99/99/9999	INJECTION, AMIKACIN SULFATE, 100 MG	AMIKACIN SULFATE (VIAL) 250 MG/ML	4 ML	VL	IJ	ML		100 MG		2.5	1/1/2006	99/99/9999						
00703-9085-03	J0456			3/1/2007	1/3/2010	INJECTION, AZITHROMYCIN, 500 MG	AZITHROMYCIN (SDV) 500 MG	1 EA	VL	IV	EA		500 MG		1	3/1/2007	1/3/2010						
00703-9089-01	J0456			3/1/2007	8/11/2010	INJECTION, AZITHROMYCIN, 500 MG	AZITHROMYCIN (PHARMACY BULK PKG) 2.5 GM	1 EA	VL	IV	EA		500 MG		5	3/1/2007	8/11/2010						
00703-9402-04	J3260			1/1/2002	99/99/9999	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	TOBRAMYCIN SULFATE (M.D.V.) 40 MG/ML	2 ML	VL	IJ	ML		80 MG		0.5	1/1/2002	99/99/9999						
00703-9416-01	J3260			1/1/2002	99/99/9999	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	TOBRAMYCIN SULFATE (M.D.V.) 40 MG/ML	30 ML	VL	IJ	ML		80 MG		0.5	1/1/2002	99/99/9999						
00703-9503-03	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	SMZ-TMP CONCENTRATE (S.D.V.) 80 MG/ML-16 MG/ML	5 ML	VL	IV	ML		1 EA		1	1/1/2002	99/99/9999						
00703-9514-03	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	SMZ-TMP CONCENTRATE (M.D.V.) 80 MG/ML-16 MG/ML	10 ML	VL	IV	ML		1 EA		1	1/1/2002	99/99/9999						
00703-9526-01	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	SMZ-TMP (M.D.V.) 80 MG/ML-16 MG/ML	30 ML	VL	IV	ML		1 EA		1	1/1/2002	99/99/9999						
00703-9785-01	J0285			1/1/2002	7/6/2010	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B (S.D.V.) 50 MG	1 EA	VL	IV	EA		50 MG		1	1/1/2002	7/6/2010						
00713-0135-12	J8498			1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	12 EA	BX	RC	EA		1 EA		1	1/1/2006	99/99/9999						
00713-0526-12	J8498			1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHEGAN 25 MG	12 EA	BX	RC	EA		1 EA		1	1/1/2006	99/99/9999						
00713-0536-12	J8498			1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHEGAN 12.5 MG	12 EA	BX	RC	EA		1 EA		1	1/1/2006	99/99/9999						
00761-0914-20	Q0163			1/1/2002	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 THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ANTI-HIST 25 MG	100 EA	BO	PO	EA		50 MG		0.5	1/1/2002	99/99/9999						
00781-1046-01	Q0175			1/1/2002	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	PERPHENAZINE 2 MG	100 EA	BO	PO	EA		4 MG		0.5	1/1/2002	99/99/9999						
00781-1046-10	Q0175			1/1/2002	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	PERPHENAZINE 2 MG	1000 EA	BO	PO	EA		4 MG		0.5	5/16/2008	99/99/9999	1/1/2002	12/1/2004	0.5			
00781-1046-13	Q0175			1/1/2002	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	PERPHENAZINE 2 MG	100 EA	BX	PO	EA		4 MG		0.5	1/1/2002	99/99/9999						
00781-1047-01	Q0175			1/1/2002	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	PERPHENAZINE 4 MG	100 EA	BO	PO	EA		4 MG		1	1/1/2002	99/99/9999						
00781-1047-10	Q0175			1/1/2002	5/18/2008	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	PERPHENAZINE 4 MG	1000 EA	BO	PO	EA		4 MG		1	5/16/2008	5/18/2008	1/1/2002	12/1/2004	1			
00781-1047-13	Q0175			1/1/2002	99/99/9999	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	PERPHENAZINE 4 MG	100 EA	BX	PO	EA		4 MG		1	1/1/2002	99/99/9999						
00781-1048-01	Q0176			1/1/2002	99/99/9999	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	PERPHENAZINE 8 MG	100 EA	BO	PO	EA		8 MG		1	1/1/2002	99/99/9999						
00781-1048-10	Q0176			1/1/2002	5/18/2008	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	PERPHENAZINE 8 MG	1000 EA	BO	PO	EA		8 MG		1	5/16/2008	5/18/2008	1/1/2002	1/1/2005	1			
00781-1048-13	Q0176			1/1/2002	99/99/9999	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	PERPHENAZINE 8 MG	100 EA	BX	PO	EA		8 MG		1	1/1/2002	99/99/9999						
00781-1049-01	Q0176			1/1/2002	99/99/9999	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	PERPHENAZINE 16 MG	100 EA	BO	PO	EA		8 MG		2	1/1/2002	99/99/9999						
00781-1049-13	Q0176			1/1/2002	5/18/2008	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	PERPHENAZINE 16 MG	100 EA	BX	PO	EA		8 MG		2	5/16/2008	5/18/2008	1/1/2002	8/25/2003	2			
00781-1496-31	Q0144			1/9/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 250 MG	30 EA	BO	PO	EA		1 GM		0.25	1/9/2006	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00781-1496-68	Q0144			11/14/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (3X8,UNIT OF USE) 250 MG	3	EA	DP	PO	EA	1	GM	0.25	11/14/2005	99/99/9999						
00781-1496-69	Q0144			11/14/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 250 MG	50	EA	BX	PO	EA	1	GM	0.25	11/14/2005	99/99/9999						
00781-1497-31	Q0144			11/14/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 600 MG	30	EA	BO	PO	EA	1	GM	0.6	11/14/2005	99/99/9999						
00781-1681-31	Q0179			1/13/2009	12/31/2011	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 8 MG	30	EA	BO	PO	EA	8	MG	1	1/13/2009	12/31/2011						
00781-1681-31	Q0162			1/1/2012	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	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 8 MG	30	EA	BO	PO	EA	1	MG	8	1/1/2012	99/99/9999						
00781-1830-01	Q0170			1/1/2002	99/99/9999	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	PROMETHAZINE HCL 25 MG	100	EA	BO	PO	EA	25	MG	1	1/1/2002	99/99/9999						
00781-1830-10	Q0170			1/1/2002	99/99/9999	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	PROMETHAZINE HCL 25 MG	1000	EA	BO	PO	EA	25	MG	1	1/20/2005	99/99/9999	1/1/2002	8/25/2003	1			
00781-1832-01	Q0170			1/1/2002	99/99/9999	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	PROMETHAZINE HCL 50 MG	100	EA	BO	PO	EA	25	MG	2	1/1/2002	99/99/9999						
00781-1941-31	Q0144			11/16/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 500 MG	30	EA	BO	PO	EA	1	GM	0.5	11/16/2005	99/99/9999						
00781-1941-33	Q0144			11/16/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (3X3,UNIT OF USE) 500 MG	3	EA	DP	PO	EA	1	GM	0.5	11/16/2005	99/99/9999						
00781-2048-05	G9017			1/20/2005	99/99/9999	AMANTADINE HYDROCHLORIDE, ORAL, PER 100 MG (FOR USE IN A MEDICARE APPROVED DEMONSTRATION PROJECT)	AMANTADINE HCL 100 MG	500	EA	BO	PO	EA	100	MG	1	1/20/2005	99/99/9999						
00781-2067-01	J7517			5/4/2009	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (HARD GELATIN) 250 MG	100	EA	BO	PO	EA	250	MG	1	5/4/2009	99/99/9999						
00781-2067-05	J7517			5/4/2009	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (HARD GELATIN) 250 MG	500	EA	BO	PO	EA	250	MG	1	5/4/2009	99/99/9999						
00781-2067-89	J7517			5/4/2009	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (12X120,HARD GELATIN) 250 MG	1440	EA	BO	PO	EA	250	MG	1	5/4/2009	99/99/9999						
00781-2102-01	J7507			8/10/2009	99/99/9999	TACROLIMUS, ORAL, PER 1 MG	TACROLIMUS (HARD GELATIN) 0.5 MG	100	EA	BO	PO	EA	1	MG	0.5	8/10/2009	99/99/9999						
00781-2103-01	J7507			8/10/2009	99/99/9999	TACROLIMUS, ORAL, PER 1 MG	TACROLIMUS (HARD GELATIN) 1 MG	100	EA	BO	PO	EA	1	MG	1	8/10/2009	99/99/9999						
00781-2104-01	J7507			8/10/2009	99/99/9999	TACROLIMUS, ORAL, PER 1 MG	TACROLIMUS (HARD GELATIN) 5 MG	100	EA	BO	PO	EA	1	MG	5	8/10/2009	99/99/9999						
00781-2691-44	None			8/12/2013	99/99/9999	TEMODAR, 5 MG, ORAL	TEMOZOLOMIDE 5 MG	14	EA	BO	PO	EA	5	MG	1	8/12/2013	99/99/9999						
00781-2691-75	None			8/12/2013	99/99/9999	TEMODAR, 5 MG, ORAL	TEMOZOLOMIDE 5 MG	5	EA	BO	PO	EA	5	MG	1	8/12/2013	99/99/9999						
00781-2692-44	None			8/12/2013	99/99/9999	TEMODAR, 20 MG, ORAL	TEMOZOLOMIDE 20 MG	14	EA	BO	PO	EA	20	MG	1	8/12/2013	99/99/9999						
00781-2692-75	None			8/12/2013	99/99/9999	TEMODAR, 20 MG, ORAL	TEMOZOLOMIDE 20 MG	5	EA	BO	PO	EA	20	MG	1	8/12/2013	99/99/9999						
00781-2693-44	None			8/12/2013	99/99/9999	TEMODAR, 100 MG, ORAL	TEMOZOLOMIDE 100 MG	14	EA	BO	PO	EA	100	MG	1	8/12/2013	99/99/9999						
00781-2693-75	None			8/12/2013	99/99/9999	TEMODAR, 100 MG, ORAL	TEMOZOLOMIDE 100 MG	5	EA	BO	PO	EA	100	MG	1	8/12/2013	99/99/9999						
00781-2694-44	None			8/12/2013	99/99/9999	TEMODAR, 20 MG, ORAL	TEMOZOLOMIDE 140 MG	14	EA	BO	PO	EA	20	MG	7	8/12/2013	99/99/9999						
00781-2694-75	None			8/12/2013	99/99/9999	TEMODAR, 20 MG, ORAL	TEMOZOLOMIDE 140 MG	5	EA	BO	PO	EA	20	MG	7	8/12/2013	99/99/9999						
00781-2695-44	None			8/12/2013	99/99/9999	TEMODAR, 20 MG, ORAL	TEMOZOLOMIDE 180 MG	14	EA	BO	PO	EA	20	MG	9	8/12/2013	99/99/9999						
00781-2695-75	None			8/12/2013	99/99/9999	TEMODAR, 20 MG, ORAL	TEMOZOLOMIDE 180 MG	5	EA	BO	PO	EA	20	MG	9	8/12/2013	99/99/9999						
00781-3001-07	J2941			3/12/2008	99/99/9999	INJECTION, SOMATROPIN, 1 MG	OMNITROPE (1X1.5ML,W/DILUENT) 5 MG/1.5 ML	1.5	ML	CT	SC	ML	1	MG	3.33333	3/12/2008	99/99/9999						
00781-3001-26	J2941			3/12/2008	99/99/9999	INJECTION, SOMATROPIN, 1 MG	OMNITROPE (5X1.5ML,W/DILUENT) 5 MG/1.5 ML	1.5	ML	CT	SC	ML	1	MG	3.33333	3/12/2008	99/99/9999						
00781-3001-44	J2941			3/12/2008	6/17/2010	INJECTION, SOMATROPIN, 1 MG	OMNITROPE (10X1.5ML,W/DILUENT) 5 MG/1.5 ML	1.5	ML	CT	SC	ML	1	MG	3.33333	3/12/2008	6/17/2010						
00781-3009-95	J0330			4/15/2005	99/99/9999	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	ANECTINE (MDV,10MLX10VIALS) 20 MG/ML	10	ML	VL	IV	ML	20	MG	1	4/15/2005	99/99/9999						
00781-3029-75	J1390			10/4/2007	12/31/2010	INJECTION, ESTRADIOL VALERATE, UP TO 20 MG	ESTRADIOL VALERATE 20 MG/ML	5	ML	VL	IM	ML	20	MG	1	10/4/2007	12/31/2010						
00781-3030-75	J1380			10/4/2007	3/13/2012	INJECTION, ESTRADIOL VALERATE, UP TO 10 MG	ESTRADIOL VALERATE 10 MG/ML	5	ML	VL	IM	ML	10	MG	1	10/4/2007	3/13/2012						
00781-3031-75	J0970			10/4/2007	12/31/2010	INJECTION, ESTRADIOL VALERATE, UP TO 40 MG	ESTRADIOL VALERATE 40 MG/ML	5	ML	VL	IM	ML	40	MG	1	10/4/2007	12/31/2010						
00781-3032-95	J0295			9/5/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN AND SULBACTAM (USP) 1 GM-0.5 GM	1	EA	VL	IJ	EA	1.5	GM	1	9/5/2006	99/99/9999						
00781-3033-95	J0295			9/5/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN AND SULBACTAM (USP) 2 GM-1 GM	1	EA	VL	IJ	EA	1.5	GM	2	9/5/2006	99/99/9999						
00781-3034-46	J0295			9/5/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN AND SULBACTAM (USP) 10 GM-5 GM	1	EA	VL	IV	EA	1.5	GM	10	9/5/2006	99/99/9999						
00781-3052-71	J0835			3/26/2008	12/31/2009	INJECTION, COSYNTROPIN, PER 0.25 MG	COSYNTROPIN (NO ANTMCRBIAL&PRESRVATV) 0.25 MG/ML	1	ML	VL	IV	ML	0.25	MG	1	3/26/2008	12/31/2009						
00781-3052-95	J0835			3/26/2008	12/31/2009	INJECTION, COSYNTROPIN, PER 0.25 MG	COSYNTROPIN (NO ANTMCRBIAL&PRESRVATV) 0.25 MG/ML	10	ML	VL	IV	ML	0.25	MG	1	3/26/2008	12/31/2009						
00781-3057-14	J2405			11/22/2006	3/1/2009	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON HYDROCHLORIDE (S.D.V.5X2ML) 2 MG/ML	2	ML	VL	IJ	ML	1	MG	2	11/22/2006	3/1/2009						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00781-3057-80	J2405			11/22/2006	11/30/2009	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON HYDROCHLORIDE (MULTIPLE DOSE VIAL) 2 MG/ML	20 ML	VL	IJ	ML		1 MG		2	11/22/2006	11/30/2009						
00781-3059-95	J1160			7/21/2006	99/99/9999	INJECTION, DIGOXIN, UP TO 0.5 MG	DIGOXIN (USP,10X2ML) 0.25 MG/ML	2 ML	AM	IJ	ML		0.5 MG		0.5	7/21/2006	99/99/9999						
00781-3066-72	J9206			2/27/2008	1/8/2010	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X2ML,S.D.V) 20 MG/ML	2 ML	VL	IV	ML		20 MG		1	2/27/2008	1/8/2010						
00781-3066-72	QR J9206	QR		2/27/2008	1/8/2010	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X2ML,S.D.V) 20 MG/ML	2 ML	VL	IV	ML		20 MG		1	2/27/2008	1/8/2010						
00781-3066-75	J9206			2/27/2008	1/8/2010	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X5ML,S.D.V) 20 MG/ML	5 ML	VL	IV	ML		20 MG		1	2/27/2008	1/8/2010						
00781-3066-75	QR J9206	QR		2/27/2008	1/8/2010	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X5ML,S.D.V) 20 MG/ML	5 ML	VL	IV	ML		20 MG		1	2/27/2008	1/8/2010						
00781-3073-70	J1070			10/17/2006	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG	TESTOSTERONE CYPIONATE (USP,MDV) 100 MG/ML	10 ML	VL	IM	ML		100 MG		1	10/17/2006	99/99/9999						
00781-3074-70	J1080			10/17/2006	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG	TESTOSTERONE CYPIONATE (USP,MDV) 200 MG/ML	10 ML	VL	IM	ML		200 MG		1	10/17/2006	99/99/9999						
00781-3074-71	J1080			10/17/2006	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG	TESTOSTERONE CYPIONATE (USP,MDV) 200 MG/ML	1 ML	VL	IM	ML		200 MG		1	10/17/2006	99/99/9999						
00781-3084-75	J3303			1/29/2007	99/99/9999	INJECTION, TRIAMCINOLONE HEXACETONIDE, PER 5MC	ARISTOSPAN 5 MG/ML	5 ML	VL	IJ	ML		5 MG		1	1/29/2007	99/99/9999						
00781-3094-15	J2700			3/19/2008	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	OXACILLIN (USP,ADD-VANTAGE VIAL) 1 GM	1 EA	VL	IV	EA		250 MG		4	3/19/2008	99/99/9999						
00781-3094-92	J2700			3/19/2008	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	OXACILLIN (USP,ADD-VANTAGE VIAL) 2 GM	1 EA	VL	IV	EA		250 MG		4	3/19/2008	99/99/9999						
00781-3095-80	J2700			3/19/2008	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	OXACILLIN (1X10,USP,ADD-VANTAGE) 2 GM	1 EA	VL	IV	EA		250 MG		8	3/19/2008	99/99/9999						
00781-3095-92	J2700			3/19/2008	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	OXACILLIN SODIUM 1 GM	1 EA	VL	IV	EA		250 MG		8	3/19/2008	99/99/9999						
00781-3099-95	J2700			2/8/2005	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	OXACILLIN (USP) 2 GM	1 EA	VL	IJ	EA		250 MG		8	2/8/2005	99/99/9999						
00781-3101-80	J2700			2/1/2007	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	OXACILLIN SODIUM (VIAL,PIGGYBACK) 2 GM	1 EA	VL	IJ	EA		250 MG		8	2/1/2007	99/99/9999						
00781-3101-95	J2700			7/2/2004	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	OXACILLIN SODIUM (PHARMACY BULK PACKAGE) 10 GM	1 EA	VL	IJ	EA		250 MG		40	8/31/2004	99/99/9999						
00781-3103-95	J2700			8/31/2004	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	NAFACILLIN SODIUM 1 GM	1 EA	VL	IJ	EA		1 EA		1	9/9/2005	99/99/9999						
00781-3124-85	J3490			9/9/2005	99/99/9999	UNCLASSIFIED DRUGS	NAFACILLIN SODIUM (VIAL) 1 GM	1 EA	VL	IJ	EA		1 EA		1	4/27/2004	99/99/9999						
00781-3124-95	J3490			4/27/2004	99/99/9999	UNCLASSIFIED DRUGS	NAFACILLIN SODIUM 2 GM	1 EA	VL	IJ	EA		1 EA		1	9/9/2005	99/99/9999						
00781-3125-85	J3490			9/9/2005	99/99/9999	UNCLASSIFIED DRUGS	NAFACILLIN SODIUM (ADD-VANTAGE VIAL) 2 GM	1 EA	VL	IJ	EA		1 EA		1	2/23/2005	99/99/9999						
00781-3125-92	J3490			2/23/2005	99/99/9999	UNCLASSIFIED DRUGS	NAFACILLIN SODIUM (VIAL) 2 GM	1 EA	VL	IJ	EA		1 EA		1	4/27/2004	99/99/9999						
00781-3125-95	J3490			4/27/2004	99/99/9999	UNCLASSIFIED DRUGS	NAFACILLIN SODIUM 10 GM	1 EA	VL	IJ	EA		1 EA		1	9/9/2005	99/99/9999						
00781-3126-46	J3490			9/9/2005	99/99/9999	UNCLASSIFIED DRUGS	NAFACILLIN SODIUM (VIAL,PHARMACY BULK) 10 GM	1 EA	VL	IJ	EA		1 EA		1	4/27/2004	99/99/9999						
00781-3126-95	J3490			4/27/2004	99/99/9999	UNCLASSIFIED DRUGS	NAFACILLIN (USP,ADD-VANTAGE VIAL) 1 GM	1 EA	VL	IV	EA		1 EA		1	4/17/2006	99/99/9999						
00781-3128-92	J3490			4/17/2006	99/99/9999	UNCLASSIFIED DRUGS	NAFACILLIN SODIUM (2GMX10, ADD-VANTAGE) 2 GM	1 EA	VL	IV	EA		1 EA		1	2/22/2006	99/99/9999						
00781-3129-92	J3490			2/22/2006	99/99/9999	UNCLASSIFIED DRUGS	PAMIDRONATE DISODIUM 30 MG	1 EA	VL	IV	EA		30 MG		1	10/3/2005	8/31/2008						
00781-3147-84	J2430			10/3/2005	8/31/2008	INJECTION, PAMIDRONATE DISODIUM, PER 30 MC	PAMIDRONATE DISODIUM 90 MG	1 EA	VL	IV	EA		30 MG		3	10/3/2005	11/30/2009						
00781-3148-70	J2430			10/3/2005	11/30/2009	INJECTION, PAMIDRONATE DISODIUM, PER 30 MC	CEFTAZIDIME (USP) 1 GM	1 EA	VL	IJ	EA		500 MG		2	2/23/2007	99/99/9999						
00781-3177-96	J0713			2/23/2007	99/99/9999	INJECTION, CEFTAZIDIME, PER 500 MG	CEFTAZIDIME (USP) 2 GM	1 EA	VL	IV	EA		500 MG		4	2/23/2007	99/99/9999						
00781-3178-95	J0713			2/23/2007	99/99/9999	INJECTION, CEFTAZIDIME, PER 500 MG	CEFTAZIDIME (USP,PHARMACY BULK PKG) 6 GM	1 EA	VL	IV	EA		500 MG		12	2/23/2007	99/99/9999						
00781-3179-96	J0713			2/23/2007	99/99/9999	INJECTION, CEFTAZIDIME, PER 500 MG	FOMEPIZOLE (1X1.5ML,PF) 1 GM/ML	1.5 ML	VL	IV	ML		15 MG		66.66666	4/2/2008	99/99/9999						
00781-3182-73	J1451			4/2/2008	99/99/9999	INJECTION, FOMEPIZOLE, 15 MG	FOMEPIZOLE (4X1.5ML,PF) 1 GM/ML	1.5 ML	VL	IV	ML		15 MG		66.66666	4/2/2008	99/99/9999						
00781-3182-84	J1451			4/2/2008	99/99/9999	INJECTION, FOMEPIZOLE, 15 MG	CEFTRIAZONE SODIUM, PER 250 MG	1 EA	VL	IJ	EA		250 MG		1	7/19/2005	99/99/9999						
00781-3206-95	J0696			7/19/2005	99/99/9999	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG	CEFTRIAZONE 500 MG	1 EA	VL	IJ	EA		250 MG		2	7/19/2005	99/99/9999						
00781-3207-95	J0696			7/19/2005	99/99/9999	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG	CEFTRIAZONE 1 GM	1 EA	VL	IJ	EA		250 MG		4	7/19/2005	99/99/9999						
00781-3208-95	J0696			7/19/2005	99/99/9999	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG	CEFTRIAZONE 2 GM	1 EA	VL	IJ	EA		250 MG		8	7/19/2005	99/99/9999						
00781-3209-95	J0696			7/19/2005	99/99/9999	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG	CEFTRIAZONE 10 GM	1 EA	VL	IJ	EA		250 MG		40	7/19/2005	99/99/9999						
00781-3210-46	J0696			7/19/2005	99/99/9999	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG	CEFEPIME HYDROCHLORIDE (S.D.V,USP) 1 GM	1 EA	VL	IJ	EA		500 MG		2	4/14/2008	99/99/9999						
00781-3222-80	J0692			4/14/2008	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME HYDROCHLORIDE (USP) 1 GM	1 EA	VL	IJ	EA		500 MG		2	4/14/2008	99/99/9999						
00781-3222-95	J0692			4/14/2008	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME HYDROCHLORIDE (S.D.V,USP) 2 GM	1 EA	VL	IJ	EA		500 MG		4	4/14/2008	99/99/9999						
00781-3223-91	J0692			4/14/2008	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME HYDROCHLORIDE (USP) 2 GM	1 EA	VL	IJ	EA		500 MG		4	4/14/2008	99/99/9999						
00781-3223-95	J0692			4/14/2008	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG		1 EA	VL	IJ	EA		500 MG		4	4/14/2008	99/99/9999						
00781-3239-09	J0744			3/18/2008	99/99/9999	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	CIPROFLOXACIN (24X100ML,USP,LATEX-FREE) 200 MG/100 ML	100 ML	FC	IV	ML		200 MG		0.01	3/18/2008	99/99/9999						
00781-3240-09	J0744			3/18/2008	99/99/9999	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	CIPROFLOXACIN (24X200ML,USP,LATEX-FREE) 400 MG/200 ML	200 ML	FC	IV	ML		200 MG		0.01	3/18/2008	99/99/9999						
00781-3338-70	J0690			8/23/2004	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM (1X10ML VIAL) 500 MG	1 EA	VL	IJ	EA		500 MG		1	8/23/2004	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00781-3338-95	J0690			8/23/2004	11/8/2006	INJECTION, CEFZOLIN SODIUM, 500 MG	CEFZOLIN SODIUM (10 VIAL PACK) 500 MG	1 EA	VL	IJ	EA		500 MG		1	8/23/2004	11/8/2006						
00781-3346-46	J0690			6/18/2004	7/27/2009	INJECTION, CEFZOLIN SODIUM, 500 MG	CEFZOLIN SODIUM (VIAL) 10 GM	1 EA	VL	IJ	EA		500 MG		20	6/18/2004	7/27/2009						
00781-3400-95	J0290			5/12/2004	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM 125 MG	1 EA	VL	IJ	EA		500 MG		0.25	5/12/2004	99/99/9999						
00781-3402-95	J0290			12/1/2005	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM (U.S.P.) 250 MG	1 EA	VL	IJ	EA		500 MG		0.5	12/1/2005	99/99/9999						
00781-3404-95	J0290			12/1/2005	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM (U.S.P.) 1 GM	1 EA	VL	IJ	EA		500 MG		2	12/1/2005	99/99/9999						
00781-3407-95	J0290			12/1/2005	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM (U.S.P.) 500 MG	1 EA	VL	IJ	EA		500 MG		1	12/1/2005	99/99/9999						
00781-3408-95	J0290			12/1/2005	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM (U.S.P.) 2 GM	1 EA	VL	IJ	EA		500 MG		4	12/1/2005	99/99/9999						
00781-3409-95	J0290			5/12/2004	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM 10 GM	1 EA	VL	IJ	EA		500 MG		20	5/12/2004	99/99/9999						
00781-3412-92	J0290			3/20/2007	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM (ADD-VANTAGE.USP) 1 GM	1 EA	VL	IJ	EA		500 MG		2	3/20/2007	99/99/9999						
00781-3413-92	J0290			3/20/2007	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM (ADD-VANTAGE.ADD-VANTAGE) 2 GM	1 EA	VL	IJ	EA		500 MG		4	3/20/2007	99/99/9999						
00781-3450-95	J0690			11/8/2006	99/99/9999	INJECTION, CEFZOLIN SODIUM, 500 MG	CEFZOLIN SODIUM (USP) 500 MG	1 EA	VL	IJ	EA		500 MG		1	11/8/2006	99/99/9999						
00781-3451-96	J0690			9/13/2006	99/99/9999	INJECTION, CEFZOLIN SODIUM, 500 MG	CEFZOLIN (USP) 1 GM	1 EA	VL	IJ	EA		500 MG		2	9/13/2006	99/99/9999						
00781-3452-95	J0690			9/13/2006	99/99/9999	INJECTION, CEFZOLIN SODIUM, 500 MG	CEFZOLIN (USP) 10 GM	1 EA	VL	IV	EA		500 MG		20	9/13/2006	99/99/9999						
00781-3777-95	J1800			2/15/2007	99/99/9999	INJECTION, PROPRANOLOL HCL, UP TO 1 MG	PROPRANOLOL HYDROCHLORIDE (USP,10X1ML) 1 MG/ML	1 ML	VL	IV	ML		1 MG		1	2/15/2007	99/99/9999						
00781-4004-36	J2941			1/15/2007	99/99/9999	INJECTION, SOMATROPIN, 1 MG	OMNITROPE (W/ 8 VIALS OF DILUENT) 5.8 MG	1 EA	VL	SC	EA		1 MG		5.8	1/15/2007	99/99/9999						
00781-5020-01	Q0164			1/1/2002	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	PROCHLORPERAZINE MALEATE 5 MG	100 EA	BO	PO	EA		5 MG		1	1/1/2002	99/99/9999						
00781-5021-01	Q0165			1/1/2002	99/99/9999	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	PROCHLORPERAZINE MALEATE 10 MG	100 EA	BO	PO	EA		10 MG		1	1/1/2002	99/99/9999						
00781-5022-01	J7509			4/4/2003	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	100 EA	BO	PO	EA		4 MG		1	4/4/2003	99/99/9999						
00781-5022-07	J7509			4/4/2003	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (UNIT OF USE) 4 MG	21 EA	DP	PO	EA		4 MG		1	4/4/2003	99/99/9999						
00781-5075-01	J7500			4/4/2003	99/99/9999	METHYLPREDNISOLONE ORAL, 50 MG	AZATHIOPRINE 50 MG	100 EA	BO	PO	EA		50 MG		1	4/4/2003	99/99/9999						
00781-5175-01	J7517			5/4/2009	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (FILM COATED) 500 MG	100 EA	BO	PO	EA		250 MG		2	5/4/2009	99/99/9999						
00781-5175-05	J7517			5/4/2009	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (FILM COATED) 500 MG	500 EA	BO	PO	EA		250 MG		2	5/4/2009	99/99/9999						
00781-5257-13	Q0179			12/27/2006	2/17/2009	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (FILM COATED) 4 MG	100 EA	BX	PO	EA		8 MG		0.5	12/27/2006	2/17/2009						
00781-5257-31	Q0179			12/27/2006	1/16/2009	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (FILM COATED) 4 MG	30 EA	BO	PO	EA		8 MG		0.5	12/27/2006	1/16/2009						
00781-5257-33	Q0179			12/27/2006	2/17/2009	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (FILM COATED) 4 MG	3 EA	BX	PO	EA		8 MG		0.5	12/27/2006	2/17/2009						
00781-5258-13	Q0179			12/27/2006	3/1/2009	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (FILM COATED) 8 MG	100 EA	BX	PO	EA		8 MG		1	12/27/2006	3/1/2009						
00781-5258-31	Q0179			12/27/2006	3/1/2009	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (FILM COATED) 8 MG	30 EA	BO	PO	EA		8 MG		1	12/27/2006	3/1/2009						
00781-5258-33	Q0179			12/27/2006	9/30/2009	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (FILM COATED) 8 MG	3 EA	BX	PO	EA		8 MG		1	12/27/2006	9/30/2009						
00781-5265-64	Q0179			12/26/2006	9/28/2007	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON (3X10,STRAWBERRY) 4 MG	30 EA	BX	PO	EA		8 MG		0.5	12/26/2006	9/28/2007						
00781-5266-64	Q0179			12/26/2006	1/16/2009	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON (3X10,STRAWBERRY) 8 MG	30 EA	BX	PO	EA		8 MG		1	12/26/2006	1/16/2009						
00781-5266-80	Q0179			12/26/2006	10/8/2010	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON (1X10,STRAWBERRY) 8 MG	10 EA	BX	PO	EA		8 MG		1	12/26/2006	10/8/2010						
00781-6135-95	J2540			11/25/2002	99/99/9999	INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS	PENICILLIN G POTASSIUM 5 Million U	1 EA	VL	IV	EA		600000 U		8.33333	11/25/2002	99/99/9999						
00781-6136-94	J2540			11/25/2002	99/99/9999	INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS	PENICILLIN G POTASSIUM 20 Million U	1 EA	VL	IV	EA		600000 U		33.33333	11/25/2002	99/99/9999						
00781-6153-95	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	PENICILLIN G SODIUM (VIAL) 5 Million U	1 EA	VL	IV	EA		1 EA		1	1/1/2002	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00781-7146-64	J7620			7/30/2013	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	IPRATROPIUM BROMIDE AND ALBUTEROL SULFATE (30X3ML) 3 MG/3 ML-0.5 MG/3 ML	30 ML	VL	IH	ML		3 MG	0.33333		7/30/2013	99/99/9999						
00781-9109-85	J2700			2/1/2007	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	NOVAPLUS OXACILLIN 1 GM	1 EA	VL	IJ	EA		250 MG	4		2/1/2007	99/99/9999						
00781-9109-95	J2700			3/1/2006	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	NOVAPLUS OXACILLIN (USP) 1 GM	1 EA	VL	IJ	EA		250 MG	4		3/1/2006	99/99/9999						
00781-9110-15	J2700			3/19/2008	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	NOVAPLUS OXACILLIN (USP,ADD-VANTAGE VIAL) 1 GM	1 EA	VL	IV	EA		250 MG	4		3/19/2008	99/99/9999						
00781-9110-92	J2700			3/19/2008	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	NOVAPLUS OXACILLIN (1X10,USP,ADD-VANTAGE) 1 GM	1 EA	VL	IV	EA		250 MG	4		3/19/2008	99/99/9999						
00781-9111-80	J2700			2/1/2007	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	NOVAPLUS OXACILLIN 2 GM	1 EA	VL	IJ	EA		250 MG	8		2/1/2007	99/99/9999						
00781-9111-95	J2700			5/4/2006	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	NOVAPLUS OXACILLIN (USP) 2 GM	1 EA	VL	IJ	EA		250 MG	8		5/4/2006	99/99/9999						
00781-9112-20	J2700			3/19/2008	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	NOVAPLUS OXACILLIN (USP,ADD-VANTAGE VIAL) 2 GM	1 EA	VL	IV	EA		250 MG	8		3/19/2008	99/99/9999						
00781-9112-92	J2700			3/19/2008	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	NOVAPLUS OXACILLIN (1X10,USP,ADD-VANTAGE) 2 GM	1 EA	VL	IV	EA		250 MG	8		3/19/2008	99/99/9999						
00781-9113-46	J2700			2/1/2007	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	NOVAPLUS OXACILLIN 10 GM	1 EA	VL	IJ	EA		250 MG	40		2/1/2007	99/99/9999						
00781-9113-95	J2700			5/3/2006	99/99/9999	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	NOVAPLUS OXACILLIN 10 GM	1 EA	VL	IJ	EA		250 MG	40		5/3/2006	99/99/9999						
00781-9124-85	J3490			2/1/2007	99/99/9999	UNCLASSIFIED DRUGS	NOVAPLUS NAFICILLIN 1 GM	1 EA	VL	IJ	EA		1 EA	1		2/1/2007	99/99/9999						
00781-9124-95	J3490			2/1/2006	99/99/9999	UNCLASSIFIED DRUGS	NOVAPLUS NAFICILLIN 1 GM	1 EA	VL	IJ	EA		1 EA	1		2/1/2006	99/99/9999						
00781-9125-85	J3490			2/1/2007	99/99/9999	UNCLASSIFIED DRUGS	NOVAPLUS NAFICILLIN 2 GM	1 EA	VL	IJ	EA		1 EA	1		2/1/2007	99/99/9999						
00781-9125-95	J3490			2/1/2006	99/99/9999	UNCLASSIFIED DRUGS	NOVAPLUS NAFICILLIN 2 GM	1 EA	VL	IJ	EA		1 EA	1		2/1/2006	99/99/9999						
00781-9126-46	J3490			3/31/2007	99/99/9999	UNCLASSIFIED DRUGS	NOVAPLUS NAFICILLIN 10 GM	1 EA	VL	IJ	EA		1 EA	1		3/31/2007	99/99/9999						
00781-9126-95	J3490			2/1/2006	99/99/9999	UNCLASSIFIED DRUGS	NOVAPLUS NAFICILLIN (BULK PACKAGE) 10 GM	1 EA	VL	IJ	EA		1 EA	1		2/1/2006	99/99/9999						
00781-9164-75	J2354			4/7/2005	3/28/2013	INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE NOVAPLUS (M.D.V.) 1000 MCG/ML	5 ML	VL	IJ	ML		25 MCG	40		4/7/2005	3/28/2013						
00781-9165-75	J2354			4/7/2005	3/28/2013	INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE NOVAPLUS (M.D.V.) 200 MCG/ML	5 ML	VL	IJ	ML		25 MCG	8		4/7/2005	3/28/2013						
00781-9166-95	J2354			4/7/2005	99/99/9999	INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE NOVAPLUS (M.D.V.) 50 MCG/ML	1 ML	AM	IJ	ML		25 MCG	2		4/7/2005	99/99/9999						
00781-9167-95	J2354			4/7/2005	99/99/9999	INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE NOVAPLUS (M.D.V.) 100 MCG/ML	1 ML	AM	IJ	ML		25 MCG	4		4/7/2005	99/99/9999						
00781-9168-95	J2354			4/7/2005	99/99/9999	INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE NOVAPLUS (M.D.V.) 500 MCG/ML	1 ML	AM	IJ	ML		25 MCG	20		4/7/2005	99/99/9999						
00781-9205-70	J0697			5/1/2003	7/27/2007	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MC	CEFUROXIME NOVAPLUS 750 MG	1 EA	VL	IJ	EA		750 MG	1		5/1/2003	7/27/2007						
00781-9206-80	J0697			5/1/2003	7/27/2007	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MC	CEFUROXIME NOVAPLUS 1.5 GM	1 EA	VL	IJ	EA		750 MG	2		5/1/2003	7/27/2007						
00781-9207-46	J0697			5/1/2003	7/27/2007	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MC	CEFUROXIME NOVAPLUS (PHARMACY BULK PACKAGE) 7.5 GM	1 EA	VL	IJ	EA		750 MG	10		5/1/2003	7/27/2007						
00781-9224-15	J3490			2/1/2007	99/99/9999	UNCLASSIFIED DRUGS	NOVAPLUS NAFICILLIN (ADD-VANTAGE) 1 GM	1 EA	VL	IV	EA		1 EA	1		2/1/2007	99/99/9999						
00781-9224-92	J3490			9/18/2006	99/99/9999	UNCLASSIFIED DRUGS	NOVAPLUS NAFICILLIN (ADD-VANTAGE) 1 GM	1 EA	VL	IV	EA		1 EA	1		9/18/2006	99/99/9999						
00781-9225-20	J3490			2/1/2007	99/99/9999	UNCLASSIFIED DRUGS	NOVAPLUS NAFICILLIN (ADD-VANTAGE) 2 GM	1 EA	VL	IV	EA		1 EA	1		2/1/2007	99/99/9999						
00781-9225-92	J3490			9/18/2006	99/99/9999	UNCLASSIFIED DRUGS	NOVAPLUS NAFICILLIN (USP,ADD-VANTAGE) 2 GM	1 EA	VL	IV	EA		1 EA	1		9/18/2006	99/99/9999						
00781-9326-95	J0696			7/19/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MC	CEFTRIAXONE NOVAPLUS 250 MG	1 EA	VL	IJ	EA		250 MG	1		7/19/2005	99/99/9999						
00781-9327-95	J0696			7/19/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MC	CEFTRIAXONE NOVAPLUS 500 MG	1 EA	VL	IJ	EA		250 MG	2		7/19/2005	99/99/9999						
00781-9328-95	J0696			7/19/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MC	CEFTRIAXONE NOVAPLUS 1 GM	1 EA	VL	IJ	EA		250 MG	4		7/19/2005	99/99/9999						
00781-9329-90	J0696			3/31/2007	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MC	CEFTRIAXONE NOVAPLUS 2 GM	1 EA	VL	IJ	EA		250 MG	8		3/31/2007	99/99/9999						
00781-9329-95	J0696			7/19/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MC	CEFTRIAXONE NOVAPLUS 2 GM	1 EA	VL	IJ	EA		250 MG	8		7/19/2005	99/99/9999						
00781-9330-46	J0696			7/19/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MC	CEFTRIAXONE NOVAPLUS 10 GM	1 EA	VL	IJ	EA		250 MG	40		7/19/2005	99/99/9999						
00781-9337-46	J0690			4/25/2007	11/16/2011	INJECTION, CEFZOLIN SODIUM, 500 MG	NOVAPLUS CEFZOLIN (PHARMACY BULK PACKAGE) 10 GM	1 EA	VL	IJ	EA		500 MG	20		4/25/2007	11/16/2011						
00781-9337-95	J0690			4/25/2007	11/16/2011	INJECTION, CEFZOLIN SODIUM, 500 MG	NOVAPLUS CEFZOLIN (PHARMACY BULK PACKAGE) 10 GM	1 EA	VL	IJ	EA		500 MG	20		4/25/2007	11/16/2011						
00781-9338-85	J0690			2/27/2006	99/99/9999	INJECTION, CEFZOLIN SODIUM, 500 MG	NOVAPLUS CEFZOLIN 500 MG	1 EA	VL	IJ	EA		500 MG	1		2/27/2006	99/99/9999						
00781-9338-95	J0690			2/27/2006	99/99/9999	INJECTION, CEFZOLIN SODIUM, 500 MG	NOVAPLUS CEFZOLIN (USP) 500 MG	1 EA	VL	IJ	EA		500 MG	1		2/27/2006	99/99/9999						
00781-9339-85	J0690			5/15/2007	5/2/2012	INJECTION, CEFZOLIN SODIUM, 500 MG	NOVAPLUS CEFZOLIN 1 GM	1 EA	VL	IJ	EA		500 MG	2		5/15/2007	5/2/2012						
00781-9339-96	J0690			5/15/2007	11/16/2011	INJECTION, CEFZOLIN SODIUM, 500 MG	NOVAPLUS CEFZOLIN (USP) 1 GM	1 EA	VL	IJ	EA		500 MG	2		5/15/2007	11/16/2011						
00781-9401-78	J0290			2/1/2007	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MC	NOVAPLUS AMPICILLIN 125 MC	1 EA	VL	IJ	EA		500 MG	0.25		2/1/2007	99/99/9999						
00781-9401-95	J0290			2/1/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MC	NOVAPLUS AMPICILLIN (USP) 125 MC	1 EA	VL	IJ	EA		500 MG	0.25		2/1/2006	99/99/9999						
00781-9402-78	J0290			1/24/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MC	NOVAPLUS AMPICILLIN 250 MC	1 EA	VL	IJ	EA		500 MG	0.5		1/24/2006	99/99/9999						
00781-9402-95	J0290			2/1/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MC	NOVAPLUS AMPICILLIN (USP) 250 MC	1 EA	VL	IJ	EA		500 MG	0.5		2/1/2006	99/99/9999						
00781-9404-85	J0290			1/24/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MC	NOVAPLUS AMPICILLIN 1 GM	1 EA	VL	IJ	EA		500 MG	2		1/24/2006	99/99/9999						
00781-9404-95	J0290			2/1/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MC	NOVAPLUS AMPICILLIN (USP) 1 GM	1 EA	VL	IJ	EA		500 MG	2		2/1/2006	99/99/9999						
00781-9407-78	J0290			1/24/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MC	NOVAPLUS AMPICILLIN 500 MG	1 EA	VL	IJ	EA		500 MG	1		1/24/2006	99/99/9999						
00781-9407-95	J0290			2/1/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MC	NOVAPLUS AMPICILLIN (USP) 500 MG	1 EA	VL	IJ	EA		500 MG	1		2/1/2006	99/99/9999						
00781-9408-80	J0290			1/24/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MC	NOVAPLUS AMPICILLIN 2 GM	1 EA	VL	IJ	EA		500 MG	4		1/24/2006	99/99/9999						
00781-9408-92	J0290			2/1/2007	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MC	NOVAPLUS AMPICILLIN (ADD-VANTAGE) 2 GM	1 EA	VL	IJ	EA		500 MG	4		2/1/2007	99/99/9999						
00781-9408-95	J0290			2/1/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MC	NOVAPLUS AMPICILLIN (USP) 2 GM	1 EA	VL	IJ	EA		500 MG	4		2/1/2006	99/99/9999						
00781-9409-95	J0290			2/1/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MC	NOVAPLUS AMPICILLIN (USP) 10 GM	1 EA	VL	IJ	EA		500 MG	20		2/1/2006	99/99/9999						
00781-9409-96	J0290			2/1/2007	2/1/2007	INJECTION, AMPICILLIN SODIUM, 500 MC	NOVAPLUS AMPICILLIN 10 GM	1 EA	VL	IJ	EA		500 MG	20		2/1/2007	2/1/2007						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
00781-9412-15	J0290			2/1/2007	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	NOVAPLUS AMPICILLIN (ADD-VANTAGE) 1 GM	1 EA	VL	IJ	EA		500 MG		2	2/1/2007	99/99/9999						
00781-9412-92	J0290			3/20/2007	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	NOVAPLUS AMPICILLIN (ADD-VANTAGE) 1 GM	1 EA	VL	IJ	EA		500 MG		2	3/20/2007	99/99/9999						
00781-9413-92	J0290			3/20/2007	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	NOVAPLUS AMPICILLIN (ADD-VANTAGE) 2 GM	1 EA	VL	IJ	EA		500 MG		4	3/20/2007	99/99/9999						
00781-9451-96	J0690			1/4/2007	1/5/2007	INJECTION, CEFAZOLIN SODIUM, 500 MG	NOVAPLUS CEFAZOLIN (USP) 1 GM	1 EA	VL	IJ	EA		500 MG		2	1/4/2007	1/5/2007						
00781-9452-95	J0690			1/9/2007	2/9/2013	INJECTION, CEFAZOLIN SODIUM, 500 MG	NOVAPLUS CEFAZOLIN (USP) 10 GM	1 EA	VL	IV	EA		500 MG		20	1/9/2007	2/9/2013						
00904-1228-00	Q0163			1/1/2002	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	BANOPHEN (AF) 12.5 MG/5 ML	120 ML	BO	PO	ML		50 MG		0.05	1/1/2002	99/99/9999						
00904-1228-20	Q0163			1/1/2002	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	BANOPHEN (BOXED) 12.5 MG/5 ML	120 ML	BO	PO	ML		50 MG		0.05	1/1/2002	99/99/9999						
00904-1749-60	None			1/1/1994	5/25/2007	METHOTREXATE, 2.5 MG, ORAL DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	METHOTREXATE SODIUM 2.5 MG	100 EA	BO	PO	EA		2.5 MG		1	1/1/1994	5/25/2007						
00904-2035-24	Q0163			1/1/2002	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	BANOPHEN 25 MG	24 EA	BX	PO	EA		50 MG		0.5	1/1/2002	99/99/9999						
00904-2035-59	Q0163			1/1/2002	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	BANOPHEN 25 MG	100 EA	BO	PO	EA		50 MG		0.5	1/1/2002	99/99/9999						
00904-2056-61	Q0163			1/1/2002	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENHYDRAMINE HCL (10X10) 50 MG	100 EA	BX	PO	EA		50 MG		1	1/1/2002	99/99/9999						
00904-2175-19	J7509			1/1/2002	3/1/2010	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (UNIPAK) 4 MG	21 EA	DP	PO	EA		4 MG		1	1/1/2002	3/1/2010						
00904-3571-61	J8999			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	MEGESTROL ACETATE (10X10) 40 MG	100 EA	BX	PO	EA		1 EA		1	1/1/2002	99/99/9999						
00904-4274-51	Q0163			1/1/2002	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	SLEEP TABS 25 MG	50 EA	BO	PO	EA		50 MG		0.5	1/1/2002	99/99/9999						
00904-5174-16	Q0163			1/1/2002	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	BANOPHEN 12.5 MG/5 ML	480 ML	BO	PO	ML		50 MG		0.05	1/1/2002	99/99/9999						
00904-5306-60	Q0163			1/1/2002	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENHYDRAMINE HCL 25 MG	100 EA	BO	PO	EA		50 MG		0.5	1/1/2002	99/99/9999						
00904-5306-61	Q0163			5/12/2003	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENHYDRAMINE HCL (10X10) 25 MG	100 EA	BX	PO	EA		50 MG		0.5	5/12/2003	99/99/9999						
00904-5306-80	Q0163			1/1/2002	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENHYDRAMINE HCL 25 MG	1000 EA	BO	PO	EA		50 MG		0.5	1/1/2002	99/99/9999						
00904-5307-60	Q0163			1/1/2002	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENHYDRAMINE HCL 50 MG	100 EA	BO	PO	EA		50 MG		1	1/1/2002	99/99/9999						
00904-5307-80	Q0163			1/1/2002	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENHYDRAMINE HCL 50 MG	1000 EA	BO	PO	EA		50 MG		1	1/1/2002	99/99/9999						
00904-5551-59	Q0163			8/13/2002	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	BANOPHEN (MINI TABS, MINI TAB) 25 MG ACYCLOVIR (10X10, USP) HARD GELATIN) 200 MG	100 EA	BX	PO	EA		50 MG		0.5	8/13/2002	99/99/9999						
00904-5789-61	J8499			9/13/2013	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (10X10, USP) 200 MG	100 EA	BX	PO	EA		1 MG		1	9/13/2013	99/99/9999						
00904-5789-61	J8499			1/3/2007	10/5/2009	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (10X10, USP) 200 MG	100 EA	BX	PO	EA		1 EA		1	1/3/2007	10/5/2009						
00904-5790-61	J8499			9/13/2013	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (10X10, USP) 400 MG	100 EA	BX	PO	EA		1 MG		1	9/13/2013	99/99/9999						
00904-5790-61	J8499			1/8/2007	9/26/2009	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (10X10, USP) 400 MG	100 EA	BX	PO	EA		1 EA		1	1/8/2007	9/26/2009						
00904-5799-61	J8499			1/12/2007	1/18/2010	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS 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	ACYCLOVIR (10X10, USP) 800 MG PROMETHAZINE HYDROCHLORIDE 25 MG	100 EA	BX	PO	EA		25 MG		1	1/12/2007	1/18/2010						
00904-5840-61	Q0170			5/6/2008	99/99/9999	HOUR DOSAGE REGIMEN METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE (USP) 2.5 MG	100 EA	BO	PO	EA		2.5 MG		1	5/6/2008	99/99/9999						
00904-6012-60	None			10/12/2009	12/4/2012	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE (USP) 2.5 MG	100 EA	BO	PO	EA		2.5 MG		1	10/12/2009	12/4/2012						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
0904-7658-55	J7602			1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE 0.5%	20 ML	BO	IH	ML		1 MG		5	1/1/2008	3/31/2008						
0904-7658-55	J7611			4/1/2008	10/7/2011	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	ALBUTEROL SULFATE 0.5%	20 ML	BO	IH	ML		1 MG		5	4/1/2008	10/7/2011						
0927-0221-24	Q0163			1/1/2002	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	ALLERMAX 50 MG	24 EA	BX	PO	EA		50 MG		1	1/1/2002	99/99/9999						
0927-0616-34	Q0163			1/1/2002	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	TWILITE 50 MG	20 EA	BX	PO	EA		50 MG		1	1/1/2002	99/99/9999						
0927-0617-12	Q0163			1/1/2002	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT OTHERWISE SPECIFIED, 500 MG	ALLERMAX 12.5 MG/5 ML POLYGAM S/D (S.D.V. W/DILUENT) 0.5 GM	120 ML	BO	PO	ML		50 MG		0.05	1/1/2002	99/99/9999						
0944-0471-69	J1566			1/1/2006	5/1/2008	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT OTHERWISE SPECIFIED, 500 MG	POLYGAM S/D (S.D.V. W/DILUENT) 2.5 GM	1 EA	VL	IV	EA		500 MG		1	1/1/2006	5/1/2008						
0944-0471-72	J1566			1/1/2006	5/1/2008	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT OTHERWISE SPECIFIED, 500 MG	POLYGAM S/D (S.D.V. W/DILUENT) 5 GM	1 EA	VL	IV	EA		500 MG		5	1/1/2006	5/1/2008						
0944-0471-75	J1566			1/1/2006	5/1/2008	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT OTHERWISE SPECIFIED, 500 MG	POLYGAM S/D (S.D.V. W/DILUENT) 10 GM	1 EA	VL	IV	EA		500 MG		10	1/1/2006	5/1/2008						
0944-0471-80	J1566			1/1/2006	5/1/2008	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT OTHERWISE SPECIFIED, 500 MG	POLYGAM S/D (S.D.V. W/DILUENT) 10 GM PROPLEX T (ACTIVATED IN 30 ML) (700-3900 IU) 1 IU	1 EA	VL	IV	EA		500 MG		20	1/1/2006	5/1/2008						
0944-0581-01	J7194			1/1/2002	12/31/2006	FACTOR IX, COMPLEX, PER I.U.	MONARC-M (220IU-400IU,PF) 1 IU	3900 IU	VL	IV	EA		1 IU		1	1/1/2002	12/31/2006						
0944-1301-10	J7190			2/1/2006	6/15/2010	FACTOR VIII (ANTHEMOPHILIC FACTOR, HUMAN) PER I.U.	MONARC-M (401IU-800IU,PF) 1 IU	400 IU	VL	IV	EA		1 IU		1	2/1/2006	6/15/2010						
0944-1302-10	J7190			2/1/2006	4/20/2010	FACTOR VIII (ANTHEMOPHILIC FACTOR, HUMAN) PER I.U.	MONARC-M (801IU-1700IU,PF) 1 IU	800 IU	VL	IV	EA		1 IU		1	2/1/2006	4/20/2010						
0944-1303-10	J7190			2/1/2006	8/28/2010	FACTOR VIII (ANTHEMOPHILIC FACTOR, HUMAN) PER I.U.	MONARC-M (1701IU-2000IU,PF) 1 IU	1700 IU	VL	IV	EA		1 IU		1	2/1/2006	8/28/2010						
0944-1304-10	J7190			2/1/2006	11/10/2009	FACTOR VIII (ANTHEMOPHILIC FACTOR, HUMAN) PER I.U.	MONARC-M (1701IU-2000IU,PF) 1 IU	2000 IU	VL	IV	EA		1 IU		1	2/1/2006	11/10/2009						
0944-2620-01	J1566			1/1/2006	12/3/2010	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT OTHERWISE SPECIFIED, 500 MG	GAMMAGARD S/D 0.5 GM	1 EA	VL	IV	EA		500 MG		1	1/1/2006	12/3/2010						
0944-2620-02	J1566			1/1/2006	99/99/9999	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT OTHERWISE SPECIFIED, 500 MG	GAMMAGARD S/D 2.5 GM	1 EA	VL	IV	EA		500 MG		5	1/1/2006	99/99/9999						
0944-2620-03	J1566			1/1/2006	99/99/9999	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT OTHERWISE SPECIFIED, 500 MG	GAMMAGARD S/D 5 GM	1 EA	VL	IV	EA		500 MG		10	1/1/2006	99/99/9999						
0944-2620-04	J1566			1/1/2006	99/99/9999	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT OTHERWISE SPECIFIED, 500 MG	GAMMAGARD S/D 10 GM	1 EA	VL	IV	EA		500 MG		20	1/1/2006	99/99/9999						
0944-2655-03	J1566			6/1/2007	99/99/9999	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT OTHERWISE SPECIFIED, 500 MG	GAMMAGARD S/D (W/TRANSFER SET) 5 GM	1 EA	VL	IV	EA		500 MG		10	6/1/2007	99/99/9999						
0944-2655-04	J1566			6/1/2007	99/99/9999	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT OTHERWISE SPECIFIED, 500 MG	GAMMAGARD S/D (W/TRANSFER SET) 10 GM	1 EA	VL	IV	EA		500 MG		20	6/1/2007	99/99/9999						
0944-2656-03	J1566			1/24/2013	99/99/9999	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT OTHERWISE SPECIFIED, 500 MG	GAMMAGARD S/D (IGA-1UG/ML) (SINGLE DOSE) 5 GM	1 EA	VL	IV	EA		500 MG		10	1/24/2013	99/99/9999						
0944-2658-04	J1566			1/24/2013	99/99/9999	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT OTHERWISE SPECIFIED, 500 MG	GAMMAGARD S/D (IGA-1UG/ML) 10 GM	1 EA	VL	IV	EA		500 MG		20	1/24/2013	99/99/9999						
0944-2700-02	J1569			1/1/2008	99/99/9999	LIQUID, 500 MG	GAMMAGARD LIQUID (PF,LATEX-FREE) 100 MG/ML	10 ML	VL	IV	ML		500 MG		0.2	1/1/2008	99/99/9999						
0944-2700-02	Q4088			7/1/2007	12/31/2007	INJECTION, IMMUNE GLOBULIN (GAMMAGARD LIQUID), INTRAVENOUS, NON LYOPHILIZED (E.G. LIQUID), 500 MG	GAMMAGARD LIQUID (PF,LATEX-FREE) 100 MG/ML	10 ML	VL	IV	ML		500 MG		0.2	7/1/2007	12/31/2007						
0944-2700-03	Q4088			7/1/2007	12/31/2007	INJECTION, IMMUNE GLOBULIN (GAMMAGARD LIQUID), INTRAVENOUS, NON LYOPHILIZED (E.G. LIQUID), 500 MG	GAMMAGARD LIQUID (PF,LATEX-FREE) 100 MG/ML	25 ML	VL	IV	ML		500 MG		0.2	7/1/2007	12/31/2007						
0944-2700-03	J1569			1/1/2008	99/99/9999	LIQUID, 500 MG	GAMMAGARD LIQUID (PF,LATEX-FREE) 100 MG/ML	25 ML	VL	IV	ML		500 MG		0.2	1/1/2008	99/99/9999						
0944-2700-04	Q4088			7/1/2007	12/31/2007	INJECTION, IMMUNE GLOBULIN (GAMMAGARD LIQUID), INTRAVENOUS, NON LYOPHILIZED (E.G. LIQUID), 500 MG	GAMMAGARD LIQUID (PF,LATEX-FREE) 100 MG/ML	50 ML	VL	IV	ML		500 MG		0.2	7/1/2007	12/31/2007						
0944-2700-04	J1569			1/1/2008	99/99/9999	LIQUID, 500 MG	GAMMAGARD LIQUID (PF,LATEX-FREE) 100 MG/ML	50 ML	VL	IV	ML		500 MG		0.2	1/1/2008	99/99/9999						
0944-2700-05	Q4088			7/1/2007	12/31/2007	INJECTION, IMMUNE GLOBULIN (GAMMAGARD LIQUID), INTRAVENOUS, NON LYOPHILIZED (E.G. LIQUID), 500 MG	GAMMAGARD LIQUID (PF,LATEX-FREE) 100 MG/ML	100 ML	VL	IV	ML		500 MG		0.2	7/1/2007	12/31/2007						
0944-2700-05	J1569			1/1/2008	99/99/9999	LIQUID, 500 MG	GAMMAGARD LIQUID (PF,LATEX-FREE) 100 MG/ML	100 ML	VL	IV	ML		500 MG		0.2	1/1/2008	99/99/9999						
0944-2700-06	Q4088			7/1/2007	12/31/2007	INJECTION, IMMUNE GLOBULIN (GAMMAGARD LIQUID), INTRAVENOUS, NON LYOPHILIZED (E.G. LIQUID), 500 MG	GAMMAGARD LIQUID (PF,LATEX-FREE) 100 MG/ML	200 ML	VL	IV	ML		500 MG		0.2	7/1/2007	12/31/2007						
0944-2700-06	J1569			1/1/2008	99/99/9999	LIQUID, 500 MG	GAMMAGARD LIQUID (PF,LATEX-FREE) 100 MG/ML	200 ML	VL	IV	ML		500 MG		0.2	1/1/2008	99/99/9999						
0944-2700-07	J1569			3/18/2011	99/99/9999	INJECTION, IMMUNE GLOBULIN (GAMMAGARD LIQUID), INTRAVENOUS, NON LYOPHILIZED (E.G. LIQUID), 500 MG	GAMMAGARD LIQUID (1X300ML, PF, LATEX-FREE) 100 MG/ML	1 ML	VL	IV	ML		500 MG		0.2	3/18/2011	99/99/9999						
0944-2831-10	J7192			10/5/2007	99/99/9999	FACTOR VIII (ANTHEMOPHILIC FACTOR, RECOMBINANT) PER I.U., NOT OTHERWISE SPECIFIED	RECOMBICOMINATE (SINGLE-DOSE,220-400 IU) 1 IU	400 IU	VL	IV	EA		1 IU		1	10/5/2007	99/99/9999						
0944-2832-10	J7192			10/5/2007	99/99/9999	FACTOR VIII (ANTHEMOPHILIC FACTOR, RECOMBINANT) PER I.U., NOT OTHERWISE SPECIFIED	RECOMBICOMINATE (SINGLE-DOSE,401-800 IU) 1 IU	800 IU	VL	IV	EA		1 IU		1	10/5/2007	99/99/9999						
0944-2833-10	J7192			10/5/2007	99/99/9999	FACTOR VIII (ANTHEMOPHILIC FACTOR, RECOMBINANT) PER I.U., NOT OTHERWISE SPECIFIED	RECOMBICOMINATE (SINGLE-DOSE,801-1240IU) 1 IU	1240 IU	VL	IV	EA		1 IU		1	10/5/2007	99/99/9999						

	NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description		NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
0944-2935-01		J7190			1/1/2002	6/30/2008	FACTOR VIII (ANTHEMOPHILIC FACTOR, HUMAN) PER I.U.		HEMOFIL-M (220-400 IU) 1 IU	400 IU	VL	IV	EA		1 IU			1	1/1/2002	6/30/2008					
0944-2935-02		J7190			4/17/2006	6/30/2008	FACTOR VIII (ANTHEMOPHILIC FACTOR, HUMAN) PER I.U.		HEMOFIL M (MID,401-800IU) 1 IU	800 IU	VL	IV	EA		1 IU			1	4/17/2006	6/30/2008					
0944-2935-03		J7190			4/17/2006	6/30/2008	FACTOR VIII (ANTHEMOPHILIC FACTOR, HUMAN) PER I.U.		HEMOFIL M (HIGH,801-1700IU) 1 IU	1700 IU	VL	IV	EA		1 IU			1	4/17/2006	6/30/2008					
0944-2935-04		J7190			4/17/2006	6/30/2008	FACTOR VIII (ANTHEMOPHILIC FACTOR, HUMAN) PER I.U.		HEMOFIL M (SUPERHIGH,1701-2000IU) 1 IU	2000 IU	VL	IV	EA		1 IU			1	4/17/2006	6/30/2008					
0944-2938-01		J7192			1/1/2002	99/99/9999	FACTOR VIII (ANTHEMOPHILIC FACTOR, RECOMBINANT) PER I.U., NOT OTHERWISE SPECIFIED		RECOMBINATE (APPROX. 250 IU/VIAL) 1 IU	250 IU	VL	IV	EA		1 IU			1	1/1/2002	99/99/9999					
0944-2938-02		J7192			1/1/2002	99/99/9999	FACTOR VIII (ANTHEMOPHILIC FACTOR, RECOMBINANT) PER I.U., NOT OTHERWISE SPECIFIED		RECOMBINATE (APPROX. 500 IU/VIAL) 1 IU	500 IU	VL	IV	EA		1 IU			1	1/1/2002	99/99/9999					
0944-2938-03		J7192			1/1/2002	99/99/9999	FACTOR VIII (ANTHEMOPHILIC FACTOR, RECOMBINANT) PER I.U., NOT OTHERWISE SPECIFIED		RECOMBINATE (APPROX. 1000 IU/VIAL) 1 IU	1000 IU	VL	IV	EA		1 IU			1	1/1/2002	99/99/9999					
0944-2940-01		J7192			7/28/2003	1/22/2007	FACTOR VIII (ANTHEMOPHILIC FACTOR, RECOMBINANT) PER I.U.		ADVATE (APPROX. 250 IU/VIAL,PF) 1 IU	250 IU	VL	MR	EA		1 IU			1	7/28/2003	1/22/2007					
0944-2940-02		J7192			7/28/2003	1/22/2007	FACTOR VIII (ANTHEMOPHILIC FACTOR, RECOMBINANT) PER I.U.		ADVATE (APPROX. 500 IU/VIAL,PF) 1 IU	500 IU	VL	MR	EA		1 IU			1	7/28/2003	1/22/2007					
0944-2940-03		J7192			7/28/2003	1/22/2007	FACTOR VIII (ANTHEMOPHILIC FACTOR, RECOMBINANT) PER I.U.		ADVATE (APPROX. 1000 IU/VIAL,PF) 1 IU	1000 IU	VL	MR	EA		1 IU			1	7/28/2003	1/22/2007					
0944-2940-04		J7192			7/28/2003	1/22/2007	FACTOR VIII (ANTHEMOPHILIC FACTOR, RECOMBINANT) PER I.U.		ADVATE (APPROX. 1500 IU/VIAL,PF) 1 IU	1500 IU	VL	MR	EA		1 IU			1	7/28/2003	1/22/2007					
0944-2940-10		J7192			4/17/2006	1/22/2007	FACTOR VIII (ANTHEMOPHILIC FACTOR, RECOMBINANT) PER I.U.		ADVATE (1800-2200IU,PF) 1 IL	2000 IU	VL	MR	EA		1 IU			1	4/17/2006	1/22/2007					
0944-2941-10		J7192			1/22/2007	99/99/9999	FACTOR VIII (ANTHEMOPHILIC FACTOR, RECOMBINANT) PER I.U., NOT OTHERWISE SPECIFIED		ADVATE (AP 250IU/VIAL,W/DILUENT) 1 IU	250 IU	VL	IV	EA		1 IU			1	1/22/2007	99/99/9999					
0944-2942-10		J7192			1/22/2007	99/99/9999	FACTOR VIII (ANTHEMOPHILIC FACTOR, RECOMBINANT) PER I.U., NOT OTHERWISE SPECIFIED		ADVATE (AP 500IU/VIAL,W/DILUENT) 1 IU	500 IU	VL	IV	EA		1 IU			1	1/22/2007	99/99/9999					
0944-2943-10		J7192			1/22/2007	99/99/9999	FACTOR VIII (ANTHEMOPHILIC FACTOR, RECOMBINANT) PER I.U., NOT OTHERWISE SPECIFIED		ADVATE (AP1000IU/VIAL,W/DILUENT) 1 IU	1000 IU	VL	IV	EA		1 IU			1	1/22/2007	99/99/9999					
0944-2944-10		J7192			1/22/2007	99/99/9999	FACTOR VIII (ANTHEMOPHILIC FACTOR, RECOMBINANT) PER I.U., NOT OTHERWISE SPECIFIED		ADVATE (AP1500IU/VIAL,W/DILUENT) 1 IU	1500 IU	VL	IV	EA		1 IU			1	1/22/2007	99/99/9999					
0944-2945-10		J7192			1/22/2007	99/99/9999	FACTOR VIII (ANTHEMOPHILIC FACTOR, RECOMBINANT) PER I.U., NOT OTHERWISE SPECIFIED		ADVATE (AP2000IU/VIAL,W/DILUENT) 1 IU	2000 IU	VL	IV	EA		1 IU			1	1/22/2007	99/99/9999					
0944-2946-10		J7192			7/5/2007	99/99/9999	FACTOR VIII (ANTHEMOPHILIC FACTOR, RECOMBINANT) PER I.U., NOT OTHERWISE SPECIFIED		ADVATE (2400-3600,PF) 1 IU	1 EA	VL	IV	EA		1 IU			1	7/5/2007	99/99/9999					
0944-2950-02		J2792			3/25/2005	1/1/2008	INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT, 100 IU		WINRHO SDF (S.D.V.,PF) 600 IU	1 EA	VL	IV	EA		100 IU			6	3/25/2005	1/1/2008					
0944-2950-04		J2792			3/25/2005	1/1/2008	INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT, 100 IU		WINRHO SDF (S.D.V.,PF) 1500 IU	1 EA	VL	IV	EA		100 IU			15	3/25/2005	1/1/2008					
0944-2950-06		J2792			3/25/2005	1/1/2008	INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT, 100 IU		WINRHO SDF (VIAL,PF) 5000 IU	1 EA	VL	IV	EA		100 IU			50	3/25/2005	1/1/2008					
0944-2967-01		J2792			3/1/2006	10/31/2007	INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT, 100 IU		WINRHO SDF (SDV,PF) 600 IU	0.5 ML	VL	IV	ML		100 IU			12	3/1/2006	10/31/2007					
0944-2967-03		J2792			3/1/2006	99/99/9999	INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT, 100 IU		WINRHO SDF (SDV,PF) 1500 IU	1.3 ML	VL	IV	ML		100 IU		11.53846	3/1/2006	99/99/9999						
0944-2967-05		J2792			3/1/2006	99/99/9999	INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT, 100 IU		WINRHO SDF (SDV,PF) 5000 IU	4.4 ML	VL	IV	ML		100 IU		11.36363	3/1/2006	99/99/9999						
0944-2967-07		J2792			3/1/2006	99/99/9999	INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT, 100 IU		WINRHO SDF (SDV,PF) 2500 IU	2.2 ML	VL	IV	ML		100 IU		11.36363	3/1/2006	99/99/9999						
0944-2967-09		J2792			3/1/2006	99/99/9999	INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT, 100 IU		WINRHO SDF (SDV,PF) 15000 IU	13 ML	VL	IV	ML		100 IU		11.53846	3/1/2006	99/99/9999						
0944-4175-05		J3590			6/28/2007	12/31/2007	UNCLASSIFIED BIOLOGICS		CEPROTIN (400-600IU) 1 IU	600 IU	VL	IV	EA		1 EA			1	6/28/2007	12/31/2007					
0944-4175-05		J2724			1/1/2008	99/99/9999	INJECTION, PROTEIN C CONCENTRATE, INTRAVENOUS, HUMAN, 10 IL		CEPROTIN (400-600IU) 1 IU	800 IU	VL	IV	EA		10 IU			0.1	1/1/2008	99/99/9999					
0944-4175-10		J3590			6/28/2007	12/31/2007	UNCLASSIFIED BIOLOGICS		CEPROTIN (800-1200IU) 1 IU	1200 IU	VL	IV	EA		1 EA			1	6/28/2007	12/31/2007					
0944-4175-10		J2724			1/1/2008	99/99/9999	INJECTION, PROTEIN C CONCENTRATE, INTRAVENOUS, HUMAN, 10 IL		CEPROTIN (800-1200IU) 1 IU	1200 IU	VL	IV	EA		10 IU			0.1	1/1/2008	99/99/9999					
03221-0208-11		J7345			8/1/2007	12/31/2007	ACTIVE ELEMENTS, PER SQUARE CENTIMETER		VERITAS COLLAGEN MATRIX (2CMX8CM)	1 EA	NA	IP	EA		1 SQCM			16	8/1/2007	12/31/2007					
03221-0208-11		J3490			1/1/2008	99/99/9999	UNCLASSIFIED DRUGS		VERITAS COLLAGEN MATRIX (2CMX8CM)	1 EA	NA	IP	EA		1 EA			1	1/1/2008	99/99/9999					
03221-0407-11		J7345			8/1/2007	12/31/2007	ACTIVE ELEMENTS, PER SQUARE CENTIMETER		VERITAS COLLAGEN MATRIX (4CMX7CM)	1 EA	NA	IP	EA		1 SQCM			28	8/1/2007	12/31/2007					
03221-0407-11		J3490			1/1/2008	99/99/9999	UNCLASSIFIED DRUGS		VERITAS COLLAGEN MATRIX (4CMX7CM)	1 EA	NA	IP	EA		1 EA			1	1/1/2008	99/99/9999					
03221-0415-11		J7345			8/1/2007	12/31/2007	ACTIVE ELEMENTS, PER SQUARE CENTIMETER		VERITAS COLLAGEN MATRIX (4CMX15CM)	1 EA	NA	IP	EA		1 SQCM			60	8/1/2007	12/31/2007					
03221-0415-11		J3490			1/1/2008	99/99/9999	UNCLASSIFIED DRUGS		VERITAS COLLAGEN MATRIX (4CMX15CM)	1 EA	NA	IP	EA		1 EA			1	1/1/2008	99/99/9999					
03221-0608-11		J7345			8/1/2007	12/31/2007	ACTIVE ELEMENTS, PER SQUARE CENTIMETER		VERITAS COLLAGEN MATRIX (6CMX8CM)	1 EA	NA	IP	EA		1 SQCM			48	8/1/2007	12/31/2007					
03221-0608-11		J3490			1/1/2008	99/99/9999	UNCLASSIFIED DRUGS		VERITAS COLLAGEN MATRIX (6CMX8CM)	1 EA	NA	IP	EA		1 EA			1	1/1/2008	99/99/9999					
03221-0814-11		J3490			1/1/2008	99/99/9999	UNCLASSIFIED DRUGS		VERITAS COLLAGEN MATRIX (8CMX14CM)	1 EA	NA	IP	EA		1 EA			1	1/1/2008	99/99/9999					

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
03221-0814-11		J7345		8/1/2007	12/31/2007	DERMAL (SUBSTITUTE) TISSUE OF NON-HUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS, PER SQUARE CENTIMETER	VERITAS COLLAGEN MATRIX (8CMX14CM)	1 EA	NA	IP	EA		1 SQCM		112	8/1/2007	12/31/2007						
03221-1016-11		J7345		8/1/2007	12/31/2007	DERMAL (SUBSTITUTE) TISSUE OF NON-HUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS, PER SQUARE CENTIMETER	VERITAS COLLAGEN MATRIX (10CMX16CM)	1 EA	NA	IP	EA		1 SQCM		160	8/1/2007	12/31/2007						
03221-1016-11		J3490		1/1/2008	99/99/9999	UNCLASSIFIED DRUGS DERMAL (SUBSTITUTE) TISSUE OF NON-HUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS, PER SQUARE CENTIMETER	VERITAS COLLAGEN MATRIX (10CMX16CM)	1 EA	NA	IP	EA		1 EA		1	1/1/2008	99/99/9999						
03221-1225-11		J7345		8/1/2007	12/31/2007	DERMAL (SUBSTITUTE) TISSUE OF NON-HUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS, PER SQUARE CENTIMETER	VERITAS COLLAGEN MATRIX (12CMX25CM)	1 EA	NA	IP	EA		1 SQCM		300	8/1/2007	12/31/2007						
03221-1225-11		J3490		1/1/2008	99/99/9999	UNCLASSIFIED DRUGS HYALURONAN OR DERIVATIVE, HYALGAN OR SUPARTZ, FOR INTRA-ARTICULAR INJECTION, PER DOSE	VERITAS COLLAGEN MATRIX (12CMX25CM)	1 EA	NA	IP	EA		1 EA		1	1/1/2008	99/99/9999						
08024-0724-12		Q4083		1/1/2007	12/31/2007	HYALURONAN OR DERIVATIVE, HYALGAN OR SUPARTZ, FOR INTRA-ARTICULAR INJECTION, PER DOSE	HYALGAN (VIAL) 10 MG/ML	2 ML	VL	IJ	ML		1 DOSE		0.5	1/1/2007	12/31/2007						
08024-0724-12		J7321		1/1/2008	9/25/2011	HYALURONAN OR DERIVATIVE, HYALGAN OR SUPARTZ, FOR INTRA-ARTICULAR INJECTION, PER DOSE	HYALGAN (VIAL) 10 MG/ML	2 ML	VL	IJ	ML		1 DOSE		0.5	1/1/2008	9/25/2011						
08024-0724-20		Q4083		1/1/2007	12/31/2007	HYALURONAN OR DERIVATIVE, HYALGAN OR SUPARTZ, FOR INTRA-ARTICULAR INJECTION, PER DOSE	HYALGAN (SRN,PREFILLED,LUER LOCK) 10 MG/ML	2 ML	SR	IJ	ML		1 DOSE		0.5	1/1/2007	12/31/2007						
08024-0724-20		J7321		1/1/2008	9/25/2011	HYALURONAN OR DERIVATIVE, HYALGAN OR SUPARTZ, FOR INTRA-ARTICULAR INJECTION, PER DOSE	HYALGAN (SRN,PREFILLED,LUER LOCK) 10 MG/ML	2 ML	SR	IJ	ML		1 DOSE		0.5	1/1/2008	9/25/2011						
08080-1000-00		A4217		3/1/2006	99/99/9999	STERILE WATER/SALINE, 500 ML	CURITY STERILE WATER	100 ML	NA	IR	ML		500 ML		0.002	3/1/2006	99/99/9999						
08080-1020-00		A4217		3/1/2006	99/99/9999	STERILE WATER/SALINE, 500 ML	CURITY STERILE SALINE (100MLX48) 0.9%	100 ML	NA	IR	ML		500 ML		0.002	3/1/2006	99/99/9999						
08080-1022-00		A4217		3/1/2006	99/99/9999	STERILE WATER/SALINE, 500 ML	CURITY STERILE SALINE (100MLX48) 0.9%	100 ML	NA	IR	ML		500 ML		0.002	3/1/2006	99/99/9999						
08121-8600-47		J7344		1/1/2005	12/31/2008	DERMAL TISSUE, OF HUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS, PER SQUARE CENTIMETER	GRAFTJACKET (MAXIMUM FORCE)	1 EA	NA	TP	EA		1 SQCM		28	1/1/2005	12/31/2008						
08121-8600-47		Q4107		1/1/2009	99/99/9999	DERMAL TISSUE, OF HUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS, PER SQUARE CENTIMETER	GRAFTJACKET (MAXIMUM FORCE, 28SQ CM)	1 EA	NA	TP	EA		1 SQCM		28	1/1/2009	99/99/9999						
08121-8600-55		J7344		2/3/2005	12/31/2008	DERMAL TISSUE, OF HUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS, PER SQUARE CENTIMETER	GRAFTJACKET (MAX FORCE,25SQ CM)	1 EA	NA	TP	EA		1 SQCM		25	2/3/2005	12/31/2008						
08121-8600-55		Q4107		1/1/2009	99/99/9999	DERMAL TISSUE, OF HUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS, PER SQUARE CENTIMETER	GRAFTJACKET (MAX FORCE,25SQ CM)	1 EA	NA	TP	EA		1 SQCM		25	1/1/2009	99/99/9999						
08121-8602-04		J7344		1/1/2005	12/31/2008	DERMAL TISSUE, OF HUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS, PER SQUARE CENTIMETER	GRAFTJACKET (HAND SURGERY,8SQ CM)	1 EA	NA	TP	EA		1 SQCM		8	1/1/2005	12/31/2008						
08121-8602-04		Q4107		1/1/2009	99/99/9999	DERMAL TISSUE, OF HUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS, PER SQUARE CENTIMETER	GRAFTJACKET (HAND SURGERY,8SQ CM)	1 EA	NA	TP	EA		1 SQCM		8	1/1/2009	99/99/9999						
08121-8604-04		J7344		1/1/2005	12/31/2008	DERMAL TISSUE, OF HUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS, PER SQUARE CENTIMETER	GRAFTJACKET (4X4 CM)	1 EA	PT	TP	EA		1 SQCM		16	1/1/2005	12/31/2008						
08121-8604-04		Q4107		1/1/2009	99/99/9999	DERMAL TISSUE, OF HUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS, PER SQUARE CENTIMETER	GRAFTJACKET (4X4 CM)	1 EA	PT	TP	EA		1 SQCM		16	1/1/2009	99/99/9999						
08121-8604-07		J7344		6/30/2005	12/31/2008	DERMAL TISSUE, OF HUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS, PER SQUARE CENTIMETER	GRAFTJACKET (MAXFORCE-EXTREME)	1 EA	NA	TP	EA		1 SQCM		28	6/30/2005	12/31/2008						
08121-8604-07		Q4107		1/1/2009	99/99/9999	DERMAL TISSUE, OF HUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS, PER SQUARE CENTIMETER	GRAFTJACKET (MAXFORCE-EXTREME 28SQ CM)	1 EA	NA	TP	EA		1 SQCM		28	1/1/2009	99/99/9999						
08121-8605-05		J7344		1/1/2005	12/31/2008	DERMAL TISSUE, OF HUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS, PER SQUARE CENTIMETER	GRAFTJACKET	1 EA	NA	TP	EA		1 SQCM		25	1/1/2005	12/31/2008						
08121-8605-05		Q4107		1/1/2009	99/99/9999	DERMAL TISSUE, OF HUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS, PER SQUARE CENTIMETER	GRAFTJACKET (TISSUE MATRIX, 25SQ CM)	1 EA	NA	TP	EA		1 SQCM		25	1/1/2009	99/99/9999						
08121-8605-10		J7344		1/1/2005	12/31/2008	DERMAL TISSUE, OF HUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS, PER SQUARE CENTIMETER	GRAFTJACKET	1 EA	NA	TP	EA		1 SQCM		50	1/1/2005	12/31/2008						
08121-8605-10		Q4107		1/1/2009	99/99/9999	DERMAL TISSUE, OF HUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS, PER SQUARE CENTIMETER	GRAFTJACKETGRAFTJACKET (TISSUE MATRIX, 50SQ CM)	1 EA	NA	TP	EA		1 SQCM		50	1/1/2009	99/99/9999						
08121-8605-30		J7344		1/4/2005	12/31/2008	DERMAL TISSUE, OF HUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS, PER SQUARE CENTIMETER	GRAFTJACKET SLR (SMALL LIGAMENT)	1 EA	NA	TP	EA		1 SQCM		1.5	1/4/2005	12/31/2008						
08121-8605-30		Q4107		1/1/2009	99/99/9999	DERMAL TISSUE, OF HUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS, PER SQUARE CENTIMETER	GRAFTJACKET SLR (SMALL LIGAMENT, 1.5SQ CM)	1 EA	NA	TP	EA		1 SQCM		1.5	1/1/2009	99/99/9999						
08166-1100-03		J1642		1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	VASCEZE HEPARIN LOCK FLUSH (LUER SLIP NOZZLE) 100 U/ML	3 ML	NA	IV	ML		10 U		10	1/1/2002	99/99/9999						
08166-1100-05		J1642		1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	VASCEZE HEPARIN LOCK FLUSH (LUER SLIP NOZZLE) 100 U/ML	5 ML	NA	IV	ML		10 U		10	1/1/2002	99/99/9999						
08166-1109-03		J2912		1/1/2002	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	VASCEZE SODIUM CHLORIDE (LUER SLIP NOZZLE) 0.9%	3 ML	NA	IV	ML		0.9 %		0.5	1/1/2002	12/31/2006						
08166-1109-03		A4216		1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	VASCEZE SODIUM CHLORIDE (LUER SLIP NOZZLE) 0.9%	3 ML	NA	IV	ML		10 ML		0.1	1/1/2007	99/99/9999						
08166-1109-05		A4216		1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	VASCEZE SODIUM CHLORIDE (LUER SLIP NOZZLE) 0.9%	5 ML	NA	IV	ML		10 ML		0.1	1/1/2007	99/99/9999						
08166-1109-05		J2912		1/1/2002	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	VASCEZE SODIUM CHLORIDE (LUER SLIP NOZZLE) 0.9%	5 ML	NA	IV	ML		0.9 %		0.5	1/1/2002	12/31/2006						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
08166-1109-10	A4216			1/1/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	VASCEZE SODIUM CHLORIDE (LUER SLIP NOZZLE) 0.9%	10 ML	NA	IV	ML		10 ML		0.1	1/1/2004	99/99/9999						
08166-1110-03	J1642			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	VASCEZE HEPARIN LOCK FLUSH (LUER SLIP NOZZLE,PF) 10 U/ML	3 ML	NA	IV	ML		10 U		1	1/1/2002	99/99/9999						
08166-1110-05	J1642			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	VASCEZE HEPARIN LOCK FLUSH (LUER SLIP NOZZLE,PF) 10 U/ML	5 ML	NA	IV	ML		10 U		1	1/1/2002	99/99/9999						
08290-0310-02	J2912			1/1/2002	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	NORMAL SALINE FLUSH (SRN,3 ML,PF) 0.9%	2 ML	SR	IV	ML		0.9 %		0.5	8/15/2002	12/31/2006	1/1/2002	4/1/2002	0.5			
08290-0310-02	A4216			1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN,3 ML,PF) 0.9%	2 ML	SR	IV	ML		10 ML		0.1	1/1/2007	99/99/9999						
08290-0310-03	J2912			1/1/2002	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	NORMAL SALINE FLUSH (SRN,3 ML,PF) 0.9%	3 ML	SR	IV	ML		0.9 %		0.5	8/15/2002	12/31/2006	1/1/2002	4/1/2002	0.5			
08290-0310-03	A4216			1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN,3 ML,PF) 0.9%	3 ML	SR	IV	ML		10 ML		0.1	1/1/2007	99/99/9999						
08290-0311-02	A4216			1/1/2004	8/15/2008	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN,3 ML W/CANNULA,PF) 0.9%	2 ML	SR	IV	ML		10 ML		0.1	1/1/2004	8/15/2008						
08290-0311-03	A4216			1/1/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN,3 ML W/CANNULA,PF) 0.9%	3 ML	SR	IV	ML		10 ML		0.1	1/1/2004	99/99/9999						
08290-0320-03	J2912			1/1/2002	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	NORMAL SALINE FLUSH (SRN,6 ML,PF) 0.9%	3 ML	SR	IV	ML		0.9 %		0.5	8/15/2002	12/31/2006	1/1/2002	4/1/2002	0.5			
08290-0320-03	A4216			1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN,6 ML,PF) 0.9%	3 ML	SR	IV	ML		10 ML		0.1	1/1/2007	99/99/9999						
08290-0320-05	A4216			1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN,6 ML,PF) 0.9%	5 ML	SR	IV	ML		10 ML		0.1	1/1/2007	99/99/9999						
08290-0320-05	J2912			1/1/2002	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	NORMAL SALINE FLUSH (SRN,6 ML W/CANNULA,PF) 0.9%	5 ML	SR	IV	ML		0.9 %		0.5	8/15/2002	12/31/2006	1/1/2002	4/1/2002	0.5			
08290-0321-03	A4216			1/1/2004	8/15/2008	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN,6 ML W/CANNULA,PF) 0.9%	3 ML	SR	IV	ML		10 ML		0.1	1/1/2004	8/15/2008						
08290-0321-05	A4216			1/1/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN,6 ML W/CANNULA,PF) 0.9%	5 ML	SR	IV	ML		10 ML		0.1	1/1/2004	99/99/9999						
08290-0330-03	J2912			1/1/2002	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	NORMAL SALINE FLUSH (SRN,12 ML,PF) 0.9%	3 ML	SR	IV	ML		0.9 %		0.5	8/15/2002	12/31/2006	1/1/2002	4/1/2002	0.5			
08290-0330-03	A4216			1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN,12 ML,PF) 0.9%	3 ML	SR	IV	ML		10 ML		0.1	1/1/2007	99/99/9999						
08290-0330-05	J2912			1/1/2002	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	NORMAL SALINE FLUSH (SRN,12 ML,PF) 0.9%	5 ML	SR	IV	ML		0.9 %		0.5	8/15/2002	12/31/2006	1/1/2002	4/1/2002	0.5			
08290-0330-05	A4216			1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN,12 ML,PF) 0.9%	5 ML	SR	IV	ML		10 ML		0.1	1/1/2007	99/99/9999						
08290-0330-06	J2912			1/1/2002	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	NORMAL SALINE FLUSH (SRN,12 ML,PF) 0.9%	6 ML	SR	IV	ML		0.9 %		0.5	8/15/2002	12/31/2006	1/1/2002	4/1/2002	0.5			
08290-0330-06	A4216			1/1/2007	9/5/2007	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN,12 ML,PF) 0.9%	6 ML	SR	IV	ML		10 ML		0.1	1/1/2007	9/5/2007						
08290-0330-10	J2912			1/1/2002	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	NORMAL SALINE FLUSH (SRN,12 ML,PF) 0.9%	10 ML	SR	IV	ML		0.9 %		0.5	8/15/2002	12/31/2006	1/1/2002	4/1/2002	0.5			
08290-0330-10	A4216			1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN,12 ML W/CANN,PF) 0.9%	10 ML	SR	IV	ML		10 ML		0.1	1/1/2007	99/99/9999						
08290-0331-03	A4216			1/1/2004	9/20/2007	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN, 12 ML W/CANN,PF) 0.9%	3 ML	SR	IV	ML		10 ML		0.1	1/1/2004	9/20/2007						
08290-0331-05	A4216			1/1/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN, 12 ML W/CANN,PF) 0.9%	5 ML	SR	IV	ML		10 ML		0.1	1/1/2004	99/99/9999						
08290-0331-10	A4216			1/1/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN, 12 ML W/CANN,PF) 0.9%	10 ML	SR	IV	ML		10 ML		0.1	1/1/2004	99/99/9999						
08290-0340-02	J1642			8/1/2002	8/31/2010	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (3 ML SRN) 10 U/ML	2 ML	SR	IV	ML		10 U		1	8/1/2002	8/31/2010						
08290-0340-03	J1642			1/1/2002	8/31/2010	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (3 ML SRN) 10 U/ML	3 ML	SR	IV	ML		10 U		1	8/15/2002	8/31/2010	1/1/2002	4/1/2002	1			
08290-0350-05	J1642			1/1/2002	8/31/2010	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (6 ML SRN) 10 U/ML	5 ML	SR	IV	ML		10 U		1	8/15/2002	8/31/2010	1/1/2002	4/1/2002	1			
08290-0360-03	J1642			1/1/2002	8/31/2010	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (12 ML SRN) 10 U/ML	3 ML	SR	IV	ML		10 U		1	8/15/2002	8/31/2010	1/1/2002	4/1/2002	1			
08290-0360-05	J1642			1/1/2002	8/31/2010	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (12 ML SRN) 10 U/ML	5 ML	SR	IV	ML		10 U		1	8/15/2002	8/31/2010	1/1/2002	4/1/2002	1			
08290-0360-06	J1642			1/1/2002	8/31/2010	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (12 ML SRN) 10 U/ML	6 ML	SR	IV	ML		10 U		1	9/9/2002	8/31/2010	1/1/2002	4/1/2002	1			
08290-0361-05	J1642			1/1/2002	8/31/2010	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (12 ML SRN W/CANNULA) 10 U/ML	5 ML	SR	IV	ML		10 U		1	8/15/2002	8/31/2010	1/1/2002	4/1/2002	1			
08290-0370-02	J1642			8/1/2002	8/31/2010	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (3 ML SRN) 100 U/ML	2 ML	SR	IV	ML		10 U		10	8/1/2002	8/31/2010						
08290-0370-03	J1642			1/1/2002	8/31/2010	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (6 ML SRN) 100 U/ML	3 ML	SR	IV	ML		10 U		10	8/15/2002	8/31/2010	1/1/2002	4/1/2002	10			
08290-0380-03	J1642			1/1/2002	8/31/2010	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (6 ML SRN) 100 U/ML	3 ML	SR	IV	ML		10 U		10	8/15/2002	8/31/2010	1/1/2002	4/1/2002	10			
08290-0380-05	J1642			1/1/2002	8/31/2010	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (6 ML SRN) 100 U/ML	5 ML	SR	IV	ML		10 U		10	8/15/2002	8/31/2010	1/1/2002	4/1/2002	10			
08290-0390-03	J1642			1/1/2002	8/31/2010	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (12 ML SRN) 100 U/ML	3 ML	SR	IV	ML		10 U		10	8/15/2002	8/31/2010	1/1/2002	4/1/2002	10			

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
08290-0390-05	J1642			1/1/2002	8/31/2010	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (12 ML SRN) 100 U/ML	5 ML	SR	IV	ML		10 U		10	7/18/2002	8/31/2010	1/1/2002	4/1/2002	10			
08290-0391-05	J1642			1/1/2002	8/31/2010	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (12 ML SRN W/CANNULA) 100 U/ML	5 ML	SR	IV	ML		10 U		10	8/15/2002	8/31/2010	1/1/2002	4/1/2002	10			
08290-0910-02	J2912			1/1/2002	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	NORMAL SALINE FLUSH (SRN, 2ML,PF) 0.9%	2 ML	SR	IV	ML		0.9 %		0.5	1/1/2002	12/31/2006						
08290-0910-02	A4216			1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN, 2ML,PF) 0.9%	2 ML	SR	IV	ML		10 ML		0.1	1/1/2007	99/99/9999						
08290-0910-03	J2912			1/1/2002	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	NORMAL SALINE FLUSH (SRN, 3ML,PF) 0.9%	3 ML	SR	IV	ML		0.9 %		0.5	1/1/2002	12/31/2006						
08290-0910-03	A4216			1/1/2007	8/31/2010	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN, 3ML,PF) 0.9%	3 ML	SR	IV	ML		10 ML		0.1	1/1/2007	8/31/2010						
08290-0911-02	A4216			1/1/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN, W/CANNULA,PF) 0.9%	2 ML	SR	IV	ML		10 ML		0.1	1/1/2004	99/99/9999						
08290-0911-03	A4216			1/1/2004	8/31/2010	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN, W/CANNULA,PF) 0.9%	3 ML	SR	IV	ML		10 ML		0.1	1/1/2004	8/31/2010						
08290-0920-05	J2912			1/1/2002	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	NORMAL SALINE FLUSH (SRN, 5ML,PF) 0.9%	5 ML	SR	IV	ML		0.9 %		0.5	1/1/2002	12/31/2006						
08290-0920-05	A4216			1/1/2007	8/31/2010	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN, W/CANNULA,PF) 0.9%	5 ML	SR	IV	ML		10 ML		0.1	1/1/2007	8/31/2010						
08290-0921-05	A4216			1/1/2004	8/31/2010	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN, 10ML,PF) 0.9%	5 ML	SR	IV	ML		10 ML		0.1	1/1/2004	8/31/2010						
08290-0930-10	A4216			1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN, 10ML,PF) 0.9%	10 ML	SR	IV	ML		10 ML		0.1	1/1/2007	99/99/9999						
08290-0930-10	J2912			1/1/2002	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	NORMAL SALINE FLUSH (REG LENGTH PLUNGER ROD) 0.9%	10 ML	SR	IV	ML		0.9 %		0.5	1/1/2002	12/31/2006						
08290-0940-10	J2912			1/1/2002	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	NORMAL SALINE FLUSH (REG LENGTH PLUNGER ROD) 0.9%	10 ML	SR	IV	ML		0.9 %		0.5	1/1/2002	12/31/2006						
08290-0940-10	A4216			1/1/2007	8/31/2010	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN, W/CANNULA,PF) 0.9%	10 ML	SR	IV	ML		10 ML		0.1	1/1/2007	8/31/2010						
08290-0941-10	A4216			1/1/2004	8/31/2010	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN, W/CANNULA,PF) 0.9%	10 ML	SR	IV	ML		10 ML		0.1	1/1/2004	8/31/2010						
08290-0950-10	J2912			11/1/2005	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	BD POSIFLUSH SF (SALINE FLUSH SYRINGE) 0.9%	10 ML	SR	IV	ML		0.9 %		0.5	11/1/2005	12/31/2006						
08290-0950-10	A4216			1/1/2007	8/31/2010	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	BD POSIFLUSH SF (SALINE FLUSH SYRINGE) 0.9%	10 ML	SR	IV	ML		10 ML		0.1	1/1/2007	8/31/2010						
08363-7761-01	Q4083			1/1/2007	12/31/2007	INJECTION, PER DOSE	SUPARTZ (SRN,PREFILLED) 10 MG/ML	2.5 ML	SR	IJ	ML		1 DOSE		0.4	1/1/2007	12/31/2007						
08363-7761-01	J7321			1/1/2008	12/9/2012	INJECTION, PER DOSE	SUPARTZ (SRN,PREFILLED) 10 MG/ML	2.5 ML	SR	IJ	ML		1 DOSE		0.5	1/1/2008	12/9/2012						
08363-7765-01	Q4083			1/1/2007	12/31/2007	INJECTION, PER DOSE	SUPARTZ (SRN,PREFILLED) 10 MG/ML	2.5 ML	SR	IJ	ML		1 DOSE		0.4	1/1/2007	12/31/2007						
08363-7765-01	J7321			1/1/2008	99/99/9999	INJECTION, PER DOSE	SUPARTZ (SRN,PREFILLED) 10 MG/ML	2.5 ML	SR	IJ	ML		1 DOSE		0.5	1/1/2008	99/99/9999						
08450-0901-02	J2912			11/1/2003	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE FLUSH (3ML,PREFILLED SYRINGE) 0.9%	2 ML	SR	IV	ML		0.9 %		0.5	11/1/2003	12/31/2006						
08450-0901-02	A4216			1/1/2007	6/23/2010	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE FLUSH (3ML,PREFILLED SYRINGE) 0.9%	2 ML	SR	IV	ML		10 ML		0.1	1/1/2007	6/23/2010						
08450-0903-03	A4216			1/1/2007	6/23/2010	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE FLUSH (6ML,PREFILLED SYRINGE) 0.9%	3 ML	SR	IV	ML		10 ML		0.1	1/1/2007	6/23/2010						
08450-0903-03	J2912			11/1/2003	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE FLUSH (12ML,PREFILLED SYRINGE) 0.9%	3 ML	SR	IV	ML		0.9 %		0.5	11/1/2003	12/31/2006						
08450-0905-05	A4216			1/1/2007	6/23/2010	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE FLUSH (12ML,PREFILLED SYRINGE) 0.9%	5 ML	SR	IV	ML		10 ML		0.1	1/1/2007	6/23/2010						
08450-0905-05	J2912			11/1/2003	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE FLUSH (12ML,PREFILLED SYRINGE) 0.9%	5 ML	SR	IV	ML		0.9 %		0.5	11/1/2003	12/31/2006						
08450-0906-10	J2912			11/1/2003	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE FLUSH (12ML,PREFILLED SYRINGE) 0.9%	10 ML	SR	IV	ML		0.9 %		0.5	11/1/2003	12/31/2006						
08450-0906-10	A4216			1/1/2007	6/23/2010	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE FLUSH (12ML,PREFILLED SYRINGE) 0.9%	10 ML	SR	IV	ML		10 ML		0.1	1/1/2007	6/23/2010						
08450-6011-02	A4216			1/1/2004	6/23/2010	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE FLUSH (3ML W/CANNULA) 0.9%	2 ML	SR	IV	ML		10 ML		0.1	1/1/2004	6/23/2010						
08450-6012-03	A4216			1/1/2004	6/23/2010	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE FLUSH (6ML W/CANNULA) 0.9%	3 ML	SR	IV	ML		10 ML		0.1	1/1/2004	6/23/2010						
08450-6013-05	A4216			1/1/2004	6/23/2010	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE FLUSH (12ML W/CANNULA) 0.9%	5 ML	SR	IV	ML		10 ML		0.1	1/1/2004	6/23/2010						
08450-6014-10	A4216			1/1/2004	6/23/2010	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE FLUSH (12ML W/CANNULA) 0.9%	10 ML	SR	IV	ML		10 ML		0.1	1/1/2004	6/23/2010						
08450-6026-03	J1642			11/1/2003	6/23/2010	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (6ML,PREFILLED SYRINGE) 10 U/ML	3 ML	EA	IV	ML		10 U		1	11/1/2003	6/23/2010						
08450-6030-05	J1642			11/1/2003	6/23/2010	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (12ML,PREFILLED SYRINGE) 10 U/ML	5 ML	SR	IV	ML		10 U		1	11/1/2003	6/23/2010						
08450-6034-03	J1642			11/1/2003	6/23/2010	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (6ML W/CANNULA) 10 U/ML	3 ML	EA	IV	ML		10 U		1	11/1/2003	6/23/2010						
08450-6037-05	J1642			11/1/2003	6/23/2010	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (12ML W/CANNULA) 10 U/ML	5 ML	SR	IV	ML		10 U		1	11/1/2003	6/23/2010						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
08450-6046-03	J1642			11/1/2003	6/23/2010	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (6ML PRE-FILLED SYRINGE) 100 U/ML	3 ML	EA	IV	ML		10 U		10	11/1/2003	6/23/2010						
08450-6049-03	J1642			11/1/2003	6/23/2010	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (12ML PRE-FILLED SYRINGE) 100 U/ML	3 ML	SR	IV	ML		10 U		10	11/1/2003	6/23/2010						
08450-6050-05	J1642			11/1/2003	6/23/2010	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (12ML PRE-FILLED SYRINGE) 100 U/ML	5 ML	SR	IV	ML		10 U		10	11/1/2003	6/23/2010						
08450-6055-03	J1642			11/1/2003	6/23/2010	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (6ML W/CANNULA) 100 U/ML	3 ML	EA	IV	ML		10 U		10	11/1/2003	6/23/2010						
08450-6058-05	J1642			11/1/2003	6/23/2010	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (12ML W/CANNULA) 100 U/ML	5 ML	SR	IV	ML		10 U		10	11/1/2003	6/23/2010						
08478-4004-02	J7347			1/1/2008	12/31/2008	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS (INTEGRA MATRIX), PER SQUARE CENTIMETER	INTEGRA BILAYER MATRIX WOUND DRESSING (2"X2")	1 EA	NA	TP	EA		1 SQCA	25.806		1/1/2008	12/31/2008						
08478-4004-02	Q4104			1/1/2009	99/99/9999	SKIN SUBSTITUTE, INTEGRA BILAYER MATRIX WOUND DRESSING (BMW), PER SQUARE CENTIMETER	INTEGRA BILAYER MATRIX WOUND DRESSING (2"X2")	1 EA	NA	TP	EA		1 SQCA	25.806		1/1/2009	99/99/9999						
08478-4004-05	J7347			1/1/2008	12/31/2008	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS (INTEGRA MATRIX), PER SQUARE CENTIMETER	INTEGRA BILAYER MATRIX WOUND DRESSING (4"X5")	1 EA	NA	TP	EA		1 SQCA	129.032		1/1/2008	12/31/2008						
08478-4004-05	Q4104			1/1/2009	99/99/9999	SKIN SUBSTITUTE, INTEGRA BILAYER MATRIX WOUND DRESSING (BMW), PER SQUARE CENTIMETER	INTEGRA BILAYER MATRIX WOUND DRESSING (4"X5")	1 EA	NA	TP	EA		1 SQCA	129.032		1/1/2009	99/99/9999						
08478-4004-06	J7347			1/1/2008	12/31/2008	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS (INTEGRA MATRIX), PER SQUARE CENTIMETER	INTEGRA BILAYER MATRIX WOUND DRESSING (4"X10")	1 EA	NA	TP	EA		1 SQCA	258.064		1/1/2008	12/31/2008						
08478-4004-06	Q4104			1/1/2009	99/99/9999	SKIN SUBSTITUTE, INTEGRA BILAYER MATRIX WOUND DRESSING (BMW), PER SQUARE CENTIMETER	INTEGRA BILAYER MATRIX WOUND DRESSING (4"X10")	1 EA	NA	TP	EA		1 SQCA	258.064		1/1/2009	99/99/9999						
08478-4004-08	J7347			1/1/2008	12/31/2008	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS (INTEGRA MATRIX), PER SQUARE CENTIMETER	INTEGRA BILAYER MATRIX WOUND DRESSING (8"X10")	1 EA	NA	TP	EA		1 SQCA	516.128		1/1/2008	12/31/2008						
08478-4004-08	Q4104			1/1/2009	99/99/9999	SKIN SUBSTITUTE, INTEGRA BILAYER MATRIX WOUND DRESSING (BMW), PER SQUARE CENTIMETER	INTEGRA BILAYER MATRIX WOUND DRESSING (8"X10")	1 EA	NA	TP	EA		1 SQCA	516.128		1/1/2009	99/99/9999						
08478-4014-02	J7347			1/1/2008	12/31/2008	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS (INTEGRA MATRIX), PER SQUARE CENTIMETER	INTEGRA MATRIX WOUND DRESSING (2"X2")	1 EA	NA	TP	EA		1 SQCA	25.806		1/1/2008	12/31/2008						
08478-4014-02	Q4108			1/1/2009	99/99/9999	SKIN SUBSTITUTE, INTEGRA MATRIX, PER SQUARE CENTIMETER	INTEGRA MATRIX WOUND DRESSING (2"X2")	1 EA	NA	TP	EA		1 SQCA	25.806		1/1/2009	99/99/9999						
08478-4014-05	J7347			1/1/2008	12/31/2008	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS (INTEGRA MATRIX), PER SQUARE CENTIMETER	INTEGRA MATRIX WOUND DRESSING (4"X5")	1 EA	NA	TP	EA		1 SQCA	129.032		1/1/2008	12/31/2008						
08478-4014-05	Q4108			1/1/2009	99/99/9999	SKIN SUBSTITUTE, INTEGRA MATRIX, PER SQUARE CENTIMETER	INTEGRA MATRIX WOUND DRESSING (4"X5")	1 EA	NA	TP	EA		1 SQCA	129.032		1/1/2009	99/99/9999						
08478-4014-06	J7347			1/1/2008	12/31/2008	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS (INTEGRA MATRIX), PER SQUARE CENTIMETER	INTEGRA MATRIX WOUND DRESSING (4"X10")	1 EA	NA	TP	EA		1 SQCA	258.064		1/1/2008	12/31/2008						
08478-4014-06	Q4108			1/1/2009	99/99/9999	SKIN SUBSTITUTE, INTEGRA MATRIX, PER SQUARE CENTIMETER	INTEGRA MATRIX WOUND DRESSING (4"X10")	1 EA	NA	TP	EA		1 SQCA	258.064		1/1/2009	99/99/9999						
08478-4014-08	J7347			1/1/2008	12/31/2008	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS (INTEGRA MATRIX), PER SQUARE CENTIMETER	INTEGRA MATRIX WOUND DRESSING (8"X10")	1 EA	NA	TP	EA		1 SQCA	516.128		1/1/2008	12/31/2008						
08478-4014-08	Q4108			1/1/2009	99/99/9999	SKIN SUBSTITUTE, INTEGRA MATRIX, PER SQUARE CENTIMETER	INTEGRA MATRIX WOUND DRESSING (8"X10")	1 EA	NA	TP	EA		1 SQCA	516.128		1/1/2009	99/99/9999						
08478-8004-02	J7347			1/1/2008	12/31/2008	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS (INTEGRA MATRIX), PER SQUARE CENTIMETER	INTEGRA DERMAL REGENERATION TEMPLATE (2"X2")	1 EA	NA	TP	EA		1 SQCA	25.806		1/1/2008	12/31/2008						
08478-8004-02	Q4105			1/1/2009	99/99/9999	SKIN SUBSTITUTE, INTEGRA DERMAL REGENERATION TEMPLATE (DRT), PER SQUARE CENTIMETER	INTEGRA DERMAL REGENERATION TEMPLATE (2"X2")	1 EA	NA	TP	EA		1 SQCA	25.806		1/1/2009	99/99/9999						
08478-8004-05	J7347			1/1/2008	12/31/2008	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS (INTEGRA MATRIX), PER SQUARE CENTIMETER	INTEGRA DERMAL REGENERATION TEMPLATE (4"X5")	1 EA	NA	TP	EA		1 SQCA	129.032		1/1/2008	12/31/2008						
08478-8004-05	Q4105			1/1/2009	99/99/9999	SKIN SUBSTITUTE, INTEGRA DERMAL REGENERATION TEMPLATE (DRT), PER SQUARE CENTIMETER	INTEGRA DERMAL REGENERATION TEMPLATE (4"X5")	1 EA	NA	TP	EA		1 SQCA	129.032		1/1/2009	99/99/9999						
08478-8004-06	J7347			1/1/2008	12/31/2008	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS (INTEGRA MATRIX), PER SQUARE CENTIMETER	INTEGRA DERMAL REGENERATION TEMPLATE (4"X10")	1 EA	NA	TP	EA		1 SQCA	258.064		1/1/2008	12/31/2008						
08478-8004-06	Q4105			1/1/2009	99/99/9999	SKIN SUBSTITUTE, INTEGRA DERMAL REGENERATION TEMPLATE (DRT), PER SQUARE CENTIMETER	INTEGRA DERMAL REGENERATION TEMPLATE (4"X10")	1 EA	NA	TP	EA		1 SQCA	258.064		1/1/2009	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
08478-8004-08	J7347			1/1/2008	12/31/2008	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS (INTEGRA MATRIX), PER SQUARE CENTIMETER	INTEGRA DERMAL REGENERATION TEMPLATE (8"X10")	1 EA	NA	TP	EA	1 SQCA	516.128			1/1/2008	12/31/2008						
08478-8004-08	Q4105			1/1/2009	99/99/9999	SKIN SUBSTITUTE, INTEGRA DERMAL REGENERATION TEMPLATE (DRT), PER SQUARE CENTIMETER	INTEGRA DERMAL REGENERATION TEMPLATE (8"X10")	1 EA	NA	TP	EA	1 SQCA	516.128			1/1/2009	99/99/9999						
08533-6010-02	J7349			1/1/2008	12/31/2008	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS (PRIMATRIX), PER SQUARE CENTIMETER	SURGIMEND COLLAGEN MATRIX (5X6CM,THICK,SINGLE USE)	1 EA	NA	TP	EA	1 SQCA	30			1/1/2008	12/31/2008						
08533-6010-02	Q4100			1/1/2009	99/99/9999	SKIN SUBSTITUTE, NOT OTHERWISE SPECIFIED	SURGIMEND COLLAGEN MATRIX (5X6CM,THICK,SINGLE USE)	1 EA	NA	TP	EA	30 SQCA	1			1/1/2009	99/99/9999						
08533-6010-04	J7349			1/1/2008	12/31/2008	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS (PRIMATRIX), PER SQUARE CENTIMETER	SURGIMEND COLLAGEN MATRIX (6X12CM,THICK,SINGLE USE)	1 EA	NA	TP	EA	1 SQCA	72			1/1/2008	12/31/2008						
08533-6010-04	Q4100			1/1/2009	99/99/9999	SKIN SUBSTITUTE, NOT OTHERWISE SPECIFIED	SURGIMEND COLLAGEN MATRIX (6X12CM,THICK,SINGLE USE)	1 EA	NA	TP	EA	72 SQCA	1			1/1/2009	99/99/9999						
08533-6010-05	J7349			1/1/2008	12/31/2008	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS (PRIMATRIX), PER SQUARE CENTIMETER	SURGIMEND COLLAGEN MATRIX (10X10CM,THICK,SINGLEUSE)	1 EA	NA	TP	EA	1 SQCA	100			1/1/2008	12/31/2008						
08533-6010-05	Q4100			1/1/2009	99/99/9999	SKIN SUBSTITUTE, NOT OTHERWISE SPECIFIED	SURGIMEND COLLAGEN MATRIX (10X10CM,THICK,SINGLEUSE)	1 EA	NA	TP	EA	100 SQCA	1			1/1/2009	99/99/9999						
08533-6010-06	J7349			1/1/2008	12/31/2008	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS (PRIMATRIX), PER SQUARE CENTIMETER	SURGIMEND COLLAGEN MATRIX (10X15CM,THICK,SINGLEUSE)	1 EA	NA	TP	EA	1 SQCA	150			1/1/2008	12/31/2008						
08533-6010-06	Q4100			1/1/2009	99/99/9999	SKIN SUBSTITUTE, NOT OTHERWISE SPECIFIED	SURGIMEND COLLAGEN MATRIX (10X15CM,THICK,SINGLEUSE)	1 EA	NA	TP	EA	150 SQCA	1			1/1/2009	99/99/9999						
08533-6010-07	J7349			1/1/2008	12/31/2008	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS (PRIMATRIX), PER SQUARE CENTIMETER	SURGIMEND COLLAGEN MATRIX (10X20CM,THICK,SINGLEUSE)	1 EA	NA	TP	EA	1 SQCA	200			1/1/2008	12/31/2008						
08533-6010-07	Q4100			1/1/2009	99/99/9999	SKIN SUBSTITUTE, NOT OTHERWISE SPECIFIED	SURGIMEND COLLAGEN MATRIX (10X20CM,THICK,SINGLEUSE)	1 EA	NA	TP	EA	200 SQCA	1			1/1/2009	99/99/9999						
08533-6010-08	J7349			1/1/2008	12/31/2008	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS (PRIMATRIX), PER SQUARE CENTIMETER	SURGIMEND COLLAGEN MATRIX (16X20CM,THICK,SINGLEUSE)	1 EA	NA	TP	EA	1 SQCA	320			1/1/2008	12/31/2008						
08533-6010-08	Q4100			1/1/2009	99/99/9999	SKIN SUBSTITUTE, NOT OTHERWISE SPECIFIED	SURGIMEND COLLAGEN MATRIX (16X20CM,THICK,SINGLEUSE)	1 EA	NA	TP	EA	320 SQCA	1			1/1/2009	99/99/9999						
08533-6010-09	J7349			1/1/2008	12/31/2008	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS (PRIMATRIX), PER SQUARE CENTIMETER	SURGIMEND COLLAGEN MATRIX (13X25CM,THICK,SINGLEUSE)	1 EA	NA	TP	EA	1 SQCA	325			1/1/2008	12/31/2008						
08533-6010-09	Q4100			1/1/2009	99/99/9999	SKIN SUBSTITUTE, NOT OTHERWISE SPECIFIED	SURGIMEND COLLAGEN MATRIX (13X25CM,THICK,SINGLEUSE)	1 EA	NA	TP	EA	325 SQCA	1			1/1/2009	99/99/9999						
08533-6010-10	J7349			1/1/2008	12/31/2008	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS (PRIMATRIX), PER SQUARE CENTIMETER	SURGIMEND COLLAGEN MATRIX (4X16CM,THICK,SINGLE USE)	1 EA	NA	TP	EA	1 SQCA	64			1/1/2008	12/31/2008						
08533-6010-10	Q4100			1/1/2009	99/99/9999	SKIN SUBSTITUTE, NOT OTHERWISE SPECIFIED	SURGIMEND COLLAGEN MATRIX (4X16CM,THICK,SINGLE USE)	1 EA	NA	TP	EA	64 SQCA	1			1/1/2009	99/99/9999						
08533-6010-12	J7349			1/1/2008	12/31/2008	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS (PRIMATRIX), PER SQUARE CENTIMETER	SURGIMEND COLLAGEN MATRIX (3X3CM,THICK,SINGLE USE)	1 EA	NA	TP	EA	1 SQCA	9			1/1/2008	12/31/2008						
08533-6010-12	Q4100			1/1/2009	99/99/9999	SKIN SUBSTITUTE, NOT OTHERWISE SPECIFIED	SURGIMEND COLLAGEN MATRIX (3X3CM,THICK,SINGLE USE)	1 EA	NA	TP	EA	9 SQCA	1			1/1/2009	99/99/9999						
08533-6010-13	J7349			1/1/2008	12/31/2008	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS (PRIMATRIX), PER SQUARE CENTIMETER	SURGIMEND COLLAGEN MATRIX (4X7CM,THICK,SINGLE USE)	1 EA	NA	TP	EA	1 SQCA	28			1/1/2008	12/31/2008						
08533-6010-13	Q4100			1/1/2009	99/99/9999	SKIN SUBSTITUTE, NOT OTHERWISE SPECIFIED	SURGIMEND COLLAGEN MATRIX (4X7CM,THICK,SINGLE USE)	1 EA	NA	TP	EA	28 SQCA	1			1/1/2009	99/99/9999						
08533-6010-14	J7349			1/1/2008	12/31/2008	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS (PRIMATRIX), PER SQUARE CENTIMETER	SURGIMEND COLLAGEN MATRIX (4X12CM,THICK,SINGLE USE)	1 EA	NA	TP	EA	1 SQCA	48			1/1/2008	12/31/2008						
08533-6010-14	Q4100			1/1/2009	99/99/9999	SKIN SUBSTITUTE, NOT OTHERWISE SPECIFIED	SURGIMEND COLLAGEN MATRIX (4X12CM,THICK,SINGLE USE)	1 EA	NA	TP	EA	48 SQCA	1			1/1/2009	99/99/9999						
08533-6020-02	J7349			1/1/2008	12/31/2008	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS (PRIMATRIX), PER SQUARE CENTIMETER	SURGIMEND COLLAGEN MATRIX (4X7CM,THIN,SINGLE USE)	1 EA	NA	TP	EA	1 SQCA	28			1/1/2008	12/31/2008						
08533-6020-02	Q4100			1/1/2009	99/99/9999	SKIN SUBSTITUTE, NOT OTHERWISE SPECIFIED	SURGIMEND COLLAGEN MATRIX (4X7CM,THIN,SINGLE USE)	1 EA	NA	TP	EA	28 SQCA	1			1/1/2009	99/99/9999						
08533-6020-03	J7349			1/1/2008	12/31/2008	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS (PRIMATRIX), PER SQUARE CENTIMETER	SURGIMEND COLLAGEN MATRIX (5X6CM,THIN,SINGLE USE)	1 EA	NA	TP	EA	1 SQCA	30			1/1/2008	12/31/2008						
08533-6020-03	Q4100			1/1/2009	99/99/9999	SKIN SUBSTITUTE, NOT OTHERWISE SPECIFIED	SURGIMEND COLLAGEN MATRIX (5X6CM,THIN,SINGLE USE)	1 EA	NA	TP	EA	30 SQCA	1			1/1/2009	99/99/9999						
08533-6020-05	J7349			1/1/2008	12/31/2008	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS (PRIMATRIX), PER SQUARE CENTIMETER	SURGIMEND COLLAGEN MATRIX (3X3CM,THIN,SINGLE USE)	1 EA	NA	TP	EA	1 SQCA	9			1/1/2008	12/31/2008						
08533-6020-05	Q4100			1/1/2009	99/99/9999	SKIN SUBSTITUTE, NOT OTHERWISE SPECIFIED	SURGIMEND COLLAGEN MATRIX (3X3CM,THIN,SINGLE USE)	1 EA	NA	TP	EA	9 SQCA	1			1/1/2009	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
08533-6030-01	J7349			1/1/2008	12/31/2008	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS (PRIMATRIX), PER SQUARE CENTIMETER	SURGIMEND COLLAGEN MATRIX (.3X25CM,STRIP,SINGLEUSE)	1 EA	NA	TP	EA		1 SQCM	7.5	1/1/2008	12/31/2008							
08533-6030-01	Q4100			1/1/2009	99/99/9999	SKIN SUBSTITUTE, NOT OTHERWISE SPECIFIED	SURGIMEND COLLAGEN MATRIX (.3X25CM,STRIP,SINGLEUSE)	1 EA	NA	TP	EA		7.5 SQCM	1	1/1/2009	99/99/9999							
08533-6030-02	J7349			1/1/2008	12/31/2008	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS (PRIMATRIX), PER SQUARE CENTIMETER	SURGIMEND COLLAGEN MATRIX (.6X25CM,STRIP,SINGLEUSE)	1 EA	NA	TP	EA		1 SQCM	15	1/1/2008	12/31/2008							
08533-6030-02	Q4100			1/1/2009	99/99/9999	SKIN SUBSTITUTE, NOT OTHERWISE SPECIFIED	SURGIMEND COLLAGEN MATRIX (.6X25CM,STRIP,SINGLEUSE)	1 EA	NA	TP	EA		15 SQCM	1	1/1/2009	99/99/9999							
08533-6030-03	J7349			1/1/2008	12/31/2008	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS (PRIMATRIX), PER SQUARE CENTIMETER	SURGIMEND COLLAGEN MATRIX (1X25CM,SINGLE USE)	1 EA	NA	TP	EA		1 SQCM	25	1/1/2008	12/31/2008							
08533-6030-03	Q4100			1/1/2009	99/99/9999	SKIN SUBSTITUTE, NOT OTHERWISE SPECIFIED	SURGIMEND COLLAGEN MATRIX (1X25CM,SINGLE USE)	1 EA	NA	TP	EA		25 SQCM	1	1/1/2009	99/99/9999							
08533-6070-09	J7349			1/1/2008	12/31/2008	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS (PRIMATRIX), PER SQUARE CENTIMETER	PRIMATRIX DERMAL REPAIR SCAFFOLD (0.2X26.5CM,SINGLE USE)	3 EA	NA	TP	EA		1 SQCM	5.3	1/1/2008	12/31/2008							
08533-6070-09	Q4110			1/1/2009	99/99/9999	SKIN SUBSTITUTE, PRIMATRIX, PER SQUARE CENTIMETER	PRIMATRIX DERMAL REPAIR SCAFFOLD (0.2X26.5CM,SINGLE USE)	3 EA	NA	TP	EA		1 SQCM	5.3	1/1/2009	99/99/9999							
08533-6074-40	J7349			1/1/2008	12/31/2008	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS (PRIMATRIX), PER SQUARE CENTIMETER	PRIMATRIX DERMAL REPAIR SCAFFOLD (4X4CM)	1 EA	NA	TP	EA		1 SQCM	16	1/1/2008	12/31/2008							
08533-6074-40	Q4110			1/1/2009	99/99/9999	SKIN SUBSTITUTE, PRIMATRIX, PER SQUARE CENTIMETER	PRIMATRIX DERMAL REPAIR SCAFFOLD (4X4CM)	1 EA	NA	TP	EA		1 SQCM	16	1/1/2009	99/99/9999							
08533-6078-12	J7349			1/1/2008	12/31/2008	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS (PRIMATRIX), PER SQUARE CENTIMETER	PRIMATRIX DERMAL REPAIR SCAFFOLD (8X12CM)	1 EA	NA	TP	EA		1 SQCM	96	1/1/2008	12/31/2008							
08533-6078-12	Q4110			1/1/2009	99/99/9999	SKIN SUBSTITUTE, PRIMATRIX, PER SQUARE CENTIMETER	PRIMATRIX DERMAL REPAIR SCAFFOLD (8X12CM)	1 EA	NA	TP	EA		1 SQCM	96	1/1/2009	99/99/9999							
08533-6078-80	J7349			1/1/2008	12/31/2008	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS (PRIMATRIX), PER SQUARE CENTIMETER	PRIMATRIX DERMAL REPAIR SCAFFOLD (8X8CM)	1 EA	NA	TP	EA		1 SQCM	64	1/1/2008	12/31/2008							
08533-6078-80	Q4110			1/1/2009	99/99/9999	SKIN SUBSTITUTE, PRIMATRIX, PER SQUARE CENTIMETER	PRIMATRIX DERMAL REPAIR SCAFFOLD (8X8CM)	1 EA	NA	TP	EA		1 SQCM	64	1/1/2009	99/99/9999							
08533-6495-01	J7348			1/1/2008	12/31/2008	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS (TISSUEMEND), PER SQUARE CENTIMETER	TISSUEMEND (5X6CM)	1 EA	NA	IP	EA		1 SQCM	30	1/1/2008	12/31/2008							
08533-6495-01	Q4109			1/1/2009	99/99/9999	SKIN SUBSTITUTE, TISSUEMEND, PER SQUARE CENTIMETER	TISSUEMEND (5X6CM)	1 EA	NA	IP	EA		1 SQCM	30	1/1/2009	99/99/9999							
08533-6495-03	J7348			1/1/2008	12/31/2008	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS (TISSUEMEND), PER SQUARE CENTIMETER	TISSUEMEND (4X4CM)	1 EA	NA	IP	EA		1 SQCM	16	1/1/2008	12/31/2008							
08533-6495-03	Q4109			1/1/2009	1/1/2011	SKIN SUBSTITUTE, TISSUEMEND, PER SQUARE CENTIMETER	TISSUEMEND (4X4CM)	1 EA	NA	IP	EA		1 SQCM	16	1/1/2009	1/1/2011							
08533-6495-04	J7348			1/1/2008	12/31/2008	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS (TISSUEMEND), PER SQUARE CENTIMETER	TISSUEMEND (6X10CM)	1 EA	NA	IP	EA		1 SQCM	60	1/1/2008	12/31/2008							
08533-6495-04	Q4109			1/1/2009	99/99/9999	SKIN SUBSTITUTE, TISSUEMEND, PER SQUARE CENTIMETER	TISSUEMEND (6X10CM)	1 EA	NA	IP	EA		1 SQCM	60	1/1/2009	99/99/9999							
08533-6495-06	J7348			1/1/2008	12/31/2008	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS (TISSUEMEND), PER SQUARE CENTIMETER	TISSUEMEND (3X3CM)	1 EA	NA	IP	EA		1 SQCM	9	1/1/2008	12/31/2008							
08533-6495-06	Q4109			1/1/2009	99/99/9999	SKIN SUBSTITUTE, TISSUEMEND, PER SQUARE CENTIMETER	TISSUEMEND (3X3CM)	1 EA	NA	IP	EA		1 SQCM	9	1/1/2009	99/99/9999							
08541-0001-01	J7342			7/10/2006	12/31/2008	DERMAL TISSUE, OF HUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITH METABOLICALLY ACTIVE ELEMENTS, PER SQUARE CENTIMETER	DERMAGRAFT (W/CRYOPROTECTANT)	1 EA	NA	TP	EA		1 SQCM	37.5	7/10/2006	12/31/2008							
08541-0001-01	Q4106			1/1/2009	99/99/9999	SKIN SUBSTITUTE, DERMAGRAFT, PER SQUARE CENTIMETER	DERMAGRAFT (W/CRYOPROTECT,5X7.5CM,FR)	1 EA	NA	TP	EA		1 SQCM	37.5	1/1/2009	99/99/9999							
08881-0125-02	J1642			8/23/2006	8/1/2008	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	MONOJECT PREFILL HEPARIN LOCK FLUSH (SRN,3 ML,LATEX-FREE) 100 U/ML (2.5 ML, 180S)	2.5 ML	SR	IV	U		10 U	10	8/23/2006	8/1/2008							
08881-5701-28	A4216			7/1/2006	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	MONOJECT PREFILL ADVANCED (60X10ML,PF,LATEX-FREE) 0.9%	10 ML	SR	IV	ML		10 ML	0.1	7/1/2006	99/99/9999							
08881-5701-29	A4216			7/1/2006	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	MONOJECT PREFILL ADVANCED (120X10ML,PF,LATEX-FREE) 0.9%	10 ML	SR	IV	ML		10 ML	0.1	7/1/2006	99/99/9999							
08881-5801-21	J1642			3/14/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	MONOJECT PREFILL HEPARIN LOCK FLUSH (SRN, 12 ML,LATEX-FREE) 10 U/ML (10 ML 180S)	10 ML	SR	IV	U		10 U	1	3/14/2002	99/99/9999							
08881-5801-23	J1642			3/14/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	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	3/14/2002	99/99/9999							
08881-5801-25	J1642			8/23/2006	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	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	8/23/2006	99/99/9999							

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
08881-5901-21		J1642		3/14/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	MONOJECT PREFILL HEPARIN LOCK FLUSH (SRN,12 ML,PF,LATEX-FREE) 100 U/ML (10ML 180S)	10 ML	SR	IV	U		10 U		10	3/14/2002	99/99/9999						
08881-5901-23		J1642		3/14/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	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	3/14/2002	99/99/9999						
08881-5901-25		J1642		8/23/2006	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	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	8/23/2006	99/99/9999						
08888-7131-15		J2001		1/1/2004	7/18/2008	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	SENSI-TOUCH LUMBAR PUNCTURE TRAY (ADULT) 1%	8 ML	VL	EP	EA		10 MG		32	1/1/2004	7/18/2008						
08888-7131-23		J2001		1/1/2004	7/18/2008	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	SENSI-TOUCH LUMBAR PUNCTURE TRAY (ADULT) 1%	8 ML	VL	EP	EA		10 MG		32	1/1/2004	7/18/2008						
08888-7131-31		J2001		1/1/2004	7/18/2008	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	SENSI-TOUCH LUMBAR PUNCTURE TRAY (ADULT) 1%	8 ML	VL	EP	EA		10 MG		32	1/1/2004	7/18/2008						
08888-7141-13		J2001		1/1/2004	7/18/2008	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	SENSI-TOUCH LUMBAR PUNCTURE TRAY (PEDIATRIC) 1%	8 ML	VL	EP	EA		10 MG		32	1/1/2004	7/18/2008						
09978-0001-99		J7340		1/1/2002	12/31/2008	ELEMENTS, PER SQUARE CENTIMETER	APLIGRAF (75MM DIAM DISK)	1 EA	BG	TP	EA		1 SQCA	44.17865	1	1/1/2002	12/31/2008						
09978-0001-99		Q4101		1/1/2009	99/99/9999	SKIN SUBSTITUTE, APLIGRAF, PER SQUARE CENTIMETER	APLIGRAF (75MM DIAM DISK)	1 EA	BG	TP	EA		1 SQCA	44.17865	1	1/1/2009	99/99/9999						
10019-0013-01		J3490		1/1/2002	4/30/2009	UNCLASSIFIED DRUGS	PROPOFOL (S.D.V.) 10 MG/ML	20 ML	VL	IV	ML		1 EA		1	1/1/2002	4/30/2009						
10019-0013-02		J3490		1/1/2002	4/30/2009	UNCLASSIFIED DRUGS	PROPOFOL (S.D.V. W/VENTED SPIKE) 10 MG/ML	50 ML	VL	IV	ML		1 EA		1	1/1/2002	4/30/2009						
10019-0013-03		J3490		1/1/2002	4/30/2009	UNCLASSIFIED DRUGS	PROPOFOL (S.D.V. W/4-WAY STOPCOCK) 10 MG/ML	100 ML	VL	IV	ML		1 EA		1	1/1/2002	4/30/2009						
10019-0013-06		J3490		10/1/2002	3/30/2007	UNCLASSIFIED DRUGS	PROPOFOL 10 MG/ML	10 ML	VL	IV	ML		1 EA		1	10/1/2002	3/30/2007						
10019-0016-02		J7643		9/28/2005	10/9/2012	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRRROLATE (M.D.V.) 0.2 MG/ML	20 ML	VL	IJ	ML		1 MG		0.2	9/28/2005	10/9/2012						
10019-0016-02	KO	J7643	KO	9/28/2005	10/9/2012	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRRROLATE (M.D.V.) 0.2 MG/ML	20 ML	VL	IJ	ML		1 MG		0.2	9/28/2005	10/9/2012						
10019-0016-17		J7643		1/1/2002	10/9/2012	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRRROLATE (S.D.V.) 0.2 MG/ML	2 ML	VL	IJ	ML		1 MG		0.2	1/1/2002	10/9/2012						
10019-0016-17	KO	J7643	KO	1/1/2002	10/9/2012	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRRROLATE (S.D.V.) 0.2 MG/ML	2 ML	VL	IJ	ML		1 MG		0.2	1/1/2002	10/9/2012						
10019-0016-29		J7643		5/5/2007	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRRROLATE (MDV) 0.2 MG/ML	20 ML	VL	IJ	ML		1 MG		0.2	5/5/2007	99/99/9999						
10019-0016-29	KO	J7643	KO	5/5/2007	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRRROLATE (MDV) 0.2 MG/ML	20 ML	VL	IJ	ML		1 MG		0.2	5/5/2007	99/99/9999						
10019-0016-54		J7643		1/1/2002	7/24/2012	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRRROLATE (M.D.V.) 0.2 MG/ML	5 ML	VL	IJ	ML		1 MG		0.2	1/1/2002	7/24/2012						
10019-0016-54	KO	J7643	KO	1/1/2002	7/24/2012	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRRROLATE (M.D.V.) 0.2 MG/ML	5 ML	VL	IJ	ML		1 MG		0.2	1/1/2002	7/24/2012						
10019-0016-63		J7643		1/1/2002	12/14/2006	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRRROLATE (M.D.V.) 0.2 MG/ML	20 ML	VL	IJ	ML		1 MG		0.2	1/1/2002	12/14/2006						
10019-0016-63	KO	J7643	KO	1/1/2002	12/14/2006	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRRROLATE (M.D.V.) 0.2 MG/ML	20 ML	VL	IJ	ML		1 MG		0.2	1/1/2002	12/14/2006						
10019-0016-81		J7643		1/1/2002	9/6/2012	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRRROLATE (S.D.V.) 0.2 MG/ML	1 ML	VL	IJ	ML		1 MG		0.2	1/1/2002	9/6/2012						
10019-0016-81	KO	J7643	KO	1/1/2002	9/6/2012	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRRROLATE (S.D.V.) 0.2 MG/ML	1 ML	VL	IJ	ML		1 MG		0.2	1/1/2002	9/6/2012						
10019-0021-09		J1885		1/1/2002	8/30/2008	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (SRN) 15 MG/ML	1 ML	SR	IJ	ML		15 MG		1	1/1/2002	8/30/2008						
10019-0022-09		J1885		1/1/2002	10/30/2008	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (SRN) 30 MG/ML	1 ML	SR	IJ	ML		15 MG		2	1/1/2002	10/30/2008						
10019-0022-32		J1885		1/1/2002	9/30/2008	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (SRN) 30 MG/ML	2 ML	SR	IM	ML		15 MG		2	1/1/2002	9/30/2008						
10019-0027-01		J2250		12/8/2005	3/28/2011	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MC	MIDAZOLAM HCL (10X1ML) 5 MG/ML	1 ML	VL	IJ	ML		1 MG		5	12/8/2005	3/28/2011						
10019-0027-02		J2250		1/1/2002	3/28/2010	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MC	MIDAZOLAM HCL (10X2ML) 5 MG/ML	2 ML	VL	IJ	ML		1 MG		5	12/8/2005	3/28/2010						
10019-0027-03		J2250		12/10/2003	3/28/2011	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MC	MIDAZOLAM HCL (DOSETTE) 5 MG/ML	1 ML	VL	IJ	ML		1 MG		5	12/10/2003	3/28/2011						
10019-0027-04		J2250		12/10/2003	3/28/2010	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MC	MIDAZOLAM HCL (DOSETTE) 5 MG/ML	2 ML	VL	IJ	ML		1 MG		5	12/10/2003	3/28/2010						
10019-0027-05		J2250		12/8/2005	10/30/2008	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MC	MIDAZOLAM HCL (10X5ML) 5 MG/ML	5 ML	VL	IJ	ML		1 MG		5	12/8/2005	10/30/2008						
10019-0027-10		J2250		1/1/2002	2/7/2012	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MC	MIDAZOLAM HCL (M.D.V.) 5 MG/ML	10 ML	VL	IJ	ML		1 MG		5	1/1/2002	2/7/2012						
10019-0027-29		J2250		5/5/2007	10/30/2008	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MC	MIDAZOLAM HCL 5 MG/ML	5 ML	VL	IJ	ML		1 MG		5	5/5/2007	10/30/2008						
10019-0027-36		J2250		5/5/2007	3/28/2010	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MC	MIDAZOLAM HCL 5 MG/ML	2 ML	VL	IJ	ML		1 MG		5	5/5/2007	3/28/2010						
10019-0027-37		J2250		5/5/2007	3/28/2010	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MC	MIDAZOLAM HCL 5 MG/ML	1 ML	VL	IJ	ML		1 MG		5	5/5/2007	3/28/2010						
10019-0027-39		J2250		5/5/2007	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MC	MIDAZOLAM HCL 5 MG/ML	10 ML	VL	IJ	ML		1 MG		5	5/5/2007	99/99/9999						
10019-0028-02		J2250		12/8/2005	4/28/2011	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MC	MIDAZOLAM HCL (10X2ML) 1 MG/ML	2 ML	VL	IJ	ML		1 MG		1	12/8/2005	4/28/2011						
10019-0028-03		J2250		12/10/2003	4/28/2011	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MC	MIDAZOLAM HCL (DOSETTE) 1 MG/ML	2 ML	VL	IJ	ML		1 MG		1	12/10/2003	4/28/2011						
10019-0028-05		J2250		1/1/2002	2/7/2012	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MC	MIDAZOLAM HCL (M.D.V.) 1 MG/ML	5 ML	VL	IJ	ML		1 MG		1	1/1/2002	2/7/2012						
10019-0028-10		J2250		1/1/2002	2/7/2012	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MC	MIDAZOLAM HCL (M.D.V.) 1 MG/ML	10 ML	VL	IJ	ML		1 MG		1	1/1/2002	2/7/2012						
10019-0028-36		J2250		5/5/2007	4/28/2010	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MC	MIDAZOLAM HCL 1 MG/ML	2 ML	VL	IJ	ML		1 MG		1	5/5/2007	4/28/2010						
10019-0028-37		J2250		5/5/2007	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MC	MIDAZOLAM HCL 1 MG/ML	5 ML	VL	IJ	ML		1 MG		1	5/5/2007	99/99/9999						
10019-0028-39		J2250		5/5/2007	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MC	MIDAZOLAM HCL 1 MG/ML	10 ML	VL	IJ	ML		1 MG		1	5/5/2007	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
10019-0029-02	J1885			7/21/2004	7/24/2012	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (1X25) 15 MG/ML	1 ML	VL	IJ	ML		15 MG	1		7/21/2004	7/24/2012						
10019-0029-12	J1885			5/5/2007	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE 15 MG/ML	1 ML	VL	IJ	ML		15 MG	1		5/5/2007	99/99/9999						
10019-0030-03	J1885			7/21/2004	7/24/2012	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (1X25) 30 MG/ML	1 ML	VL	IJ	ML		15 MG	2		7/21/2004	7/24/2012						
10019-0030-04	J1885			7/21/2004	7/24/2012	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (1X25) 30 MG/ML	2 ML	VL	IJ	ML		15 MG	2		7/21/2004	7/24/2012						
10019-0030-12	J1885			5/5/2007	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (USP) 30 MG/ML	1 ML	VL	IJ	ML		15 MG	2		5/5/2007	99/99/9999						
10019-0030-17	J1885			5/5/2007	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE 30 MG/ML	2 ML	VL	IJ	ML		15 MG	2		5/5/2007	99/99/9999						
10019-0033-72	J3010			1/1/2002	11/12/2012	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (AMP,PF) 0.05 MG/ML	5 ML	AM	IJ	ML		0.1 MG	0.5		1/1/2002	11/12/2012						
10019-0034-73	J3010			1/1/2002	6/28/2010	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (AMP,PF) 0.05 MG/ML	10 ML	AM	IJ	ML		0.1 MG	0.5		1/1/2002	6/28/2010						
10019-0035-74	J3010			1/1/2002	10/9/2012	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (AMP,PF) 0.05 MG/ML	20 ML	AM	IJ	ML		0.1 MG	0.5		1/1/2002	10/9/2012						
10019-0036-39	J3010			8/21/1998	1/28/2009	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (1x30ML, SDV, USP,PF) 0.05 MG/ML	30 ML	VL	IJ	ML		0.1 MG	0.5		8/21/1998	1/28/2009						
10019-0036-82	J3010			1/1/2002	1/28/2009	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (S.D.V.,PF) 0.05 MG/ML	30 ML	VL	IJ	ML		0.1 MG	0.5		1/1/2002	1/28/2009						
10019-0037-83	J3010			1/1/2002	7/24/2012	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (S.D.V.,PF) 0.05 MG/ML	50 ML	VL	IJ	ML		0.1 MG	0.5		1/1/2002	7/24/2012						
10019-0038-67	J3010			1/1/2002	10/9/2012	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (AMP,PF) 0.05 MG/ML	2 ML	AM	IJ	ML		0.1 MG	0.5		1/1/2002	10/9/2012						
10019-0043-01	J0780			1/14/2005	11/28/2008	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	NOVAPLUS PROCHLORPERAZINE EDISYLATE (USP) DOSETTE VIAL 25X2ML) 5 MG/ML	2 ML	AM	IJ	ML		10 MG	0.5		1/14/2005	11/28/2008						
10019-0043-44	J0780			5/5/2007	11/28/2008	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	NOVAPLUS PROCHLORPERAZINE EDISYLATE (USP) 5 MG/ML	2 ML	AM	IJ	ML		10 MG	0.5		5/5/2007	11/28/2008						
10019-0045-02	J3490			11/1/2003	5/3/2012	UNCLASSIFIED DRUGS	FAMOTIDINE (S.D.V.,PF) 10 MG/ML	2 ML	VL	IV	ML	1 EA	1			11/1/2003	5/3/2012						
10019-0045-17	J3490			5/5/2007	99/99/9999	UNCLASSIFIED DRUGS	FAMOTIDINE (SDV,PF) 10 MG/ML	2 ML	VL	IV	ML	1 EA	1			5/5/2007	99/99/9999						
10019-0046-03	J3490			1/1/2002	11/12/2012	UNCLASSIFIED DRUGS	FAMOTIDINE (M.D.V.) 10 MG/ML	20 ML	VL	IV	ML	1 EA	1			1/1/2002	11/12/2012						
10019-0046-04	J3490			11/1/2003	11/12/2012	UNCLASSIFIED DRUGS	FAMOTIDINE (M.D.V.) 10 MG/ML	4 ML	VL	IV	ML	1 EA	1			11/1/2003	11/12/2012						
10019-0046-14	J3490			5/5/2007	99/99/9999	UNCLASSIFIED DRUGS	FAMOTIDINE (MDV) 10 MG/ML	4 ML	VL	IV	ML	1 EA	1			5/5/2007	99/99/9999						
10019-0046-63	J3490			5/5/2007	99/99/9999	UNCLASSIFIED DRUGS	FAMOTIDINE (MDV) 10 MG/ML	20 ML	VL	IV	ML	1 EA	1			5/5/2007	99/99/9999						
10019-0047-01	J3490			11/1/2003	7/28/2009	UNCLASSIFIED DRUGS	FAMOTIDINE NOVAPLUS (S.D.V.,PF) 10 MG/ML	2 ML	VL	IV	ML	1 EA	1			11/1/2003	7/28/2009						
10019-0047-17	J3490			5/5/2007	7/28/2009	UNCLASSIFIED DRUGS	FAMOTIDINE NOVAPLUS (SDV,PF) 10 MG/ML	2 ML	VL	IV	ML	1 EA	1			5/5/2007	7/28/2009						
10019-0048-02	J3490			11/1/2003	6/28/2009	UNCLASSIFIED DRUGS	FAMOTIDINE NOVAPLUS (M.D.V.) 10 MG/ML	4 ML	VL	IV	ML	1 EA	1			11/1/2003	6/28/2009						
10019-0048-03	J3490			1/1/2004	3/28/2009	UNCLASSIFIED DRUGS	FAMOTIDINE NOVAPLUS (M.D.V.) 10 MG/ML	20 ML	VL	IV	ML	1 EA	1			1/1/2004	3/28/2009						
10019-0048-14	J3490			5/5/2007	6/28/2009	UNCLASSIFIED DRUGS	FAMOTIDINE NOVAPLUS (MDV) 10 MG/ML	4 ML	VL	IV	ML	1 EA	1			5/5/2007	6/28/2009						
10019-0048-63	J3490			5/5/2007	3/28/2009	UNCLASSIFIED DRUGS	FAMOTIDINE NOVAPLUS (MDV) 10 MG/ML	20 ML	VL	IV	ML	1 EA	1			5/5/2007	3/28/2009						
10019-0050-06	J3490			1/1/2002	5/3/2012	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (AMP) 50 MCG/ML	5 ML	AM	IJ	ML	1 EA	1			1/1/2002	5/3/2012						
10019-0050-21	J3490			1/1/2002	5/3/2012	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (AMP) 50 MCG/ML	2 ML	AM	IJ	ML	1 EA	1			1/1/2002	5/3/2012						
10019-0050-36	J3490			5/5/2007	99/99/9999	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE 50 MCG/ML	5 ML	AM	IJ	ML	1 EA	1			5/5/2007	99/99/9999						
10019-0050-37	J3490			5/5/2007	99/99/9999	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE 50 MCG/ML	2 ML	AM	IJ	ML	1 EA	1			5/5/2007	99/99/9999						
10019-0050-39	J3490			5/5/2007	99/99/9999	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE 50 MCG/ML	1 ML	AM	IJ	ML	1 EA	1			5/5/2007	99/99/9999						
10019-0050-43	J3490			1/1/2002	5/3/2012	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (AMP) 50 MCG/ML	1 ML	AM	IJ	ML	1 EA	1			1/1/2002	5/3/2012						
10019-0053-03	J1626			12/31/2007	6/28/2010	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	GRANISETRON HYDROCHLORIDE (1X4ML,LATEX-FREE) 1 MG/ML	4 ML	VL	IV	ML		100 MCG	10		12/31/2007	6/28/2010						
10019-0053-14	J1626			12/31/2007	6/28/2010	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	GRANISETRON HYDROCHLORIDE (1X4ML,INNER,LATEX-FREE) 1 MG/ML	4 ML	NA	IV	ML		100 MCG	10		12/31/2007	6/28/2010						
10019-0063-02	J0150			5/5/2007	99/99/9999	REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS, INSTEAD USE A9270	ADENOSINE (SDV,PF) 3 MG/ML	2 ML	VL	IV	ML		6 MG	0.5		5/5/2007	99/99/9999						
10019-0063-03	J0150			6/17/2004	5/3/2012	REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS, INSTEAD USE A9270	ADENOSINE (PF) 3 MG/ML	2 ML	VL	IV	ML		6 MG	0.5		6/17/2004	5/3/2012						
10019-0063-07	J0150			5/24/2005	7/15/2008	REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS, INSTEAD USE A9270	ADENOSINE (SINGLE-DOSE SYRINGE,PF) 3 MG/ML	2 ML	SR	IV	ML		6 MG	0.5		5/24/2005	7/15/2008						
10019-0063-08	J0150			5/24/2005	9/30/2010	REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS, INSTEAD USE A9270	ADENOSINE (SINGLE-DOSE SYRINGES,PF) 3 MG/ML	2 ML	SR	IV	ML		6 MG	0.5		5/24/2005	9/30/2010						
10019-0063-34	J0150			5/5/2007	9/30/2010	REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS, INSTEAD USE A9270	ADENOSINE (SINGLE DOSE,PF) 3 MG/ML	2 ML	NA	IV	ML		6 MG	0.5		5/5/2007	9/30/2010						
10019-0070-01	J2260			5/22/2002	12/18/2011	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE (S.D.V.) 1 MG/ML	10 ML	VL	IV	ML		5 MG	0.2		5/22/2002	12/18/2011						
10019-0070-02	J2260			5/22/2002	12/18/2011	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE (S.D.V.) 1 MG/ML	20 ML	VL	IV	ML		5 MG	0.2		5/22/2002	12/18/2011						
10019-0070-10	J2260			5/5/2007	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE (SDV) 1 MG/ML	10 ML	VL	IV	ML		5 MG	0.2		5/5/2007	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
10019-0070-20	J2260			5/5/2007	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE (SDV) 1 MG/ML	20 ML	VL	IV	ML		5 MG		0.2	5/5/2007	99/99/9999						
10019-0097-01	J2550			1/17/2005	11/8/2011	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL AMERINET CHOICE 25 MG/ML	1 ML	AM	IJ	ML		50 MG		0.5	1/17/2005	11/8/2011						
10019-0097-44	J2550			5/5/2007	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL AMERINET CHOICE 25 MG/ML	1 ML	AM	IJ	ML		50 MG		0.5	5/5/2007	99/99/9999						
10019-0098-01	J0696			7/5/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE AMERINET CHOICE 1 GM	1 EA	VL	IJ	EA		250 MG		4	7/5/2005	99/99/9999						
10019-0098-71	J0696			5/5/2007	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE AMERINET CHOICE 1 GM	1 EA	VL	IJ	EA		250 MG		4	5/5/2007	99/99/9999						
10019-0102-01	J2060			1/1/2002	4/5/2012	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (S.D.V.) 2 MG/ML	1 ML	VL	IJ	ML		2 MG		1	1/1/2002	4/5/2012						
10019-0102-10	J2060			1/1/2002	4/5/2012	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (M.D.V.) 2 MG/ML	10 ML	VL	IJ	ML		2 MG		1	1/1/2002	4/5/2012						
10019-0102-37	J2060			5/5/2007	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM 2 MG/ML	10 ML	VL	IJ	ML		2 MG		1	5/5/2007	99/99/9999						
10019-0102-39	J2060			5/5/2007	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM 2 MG/ML	1 ML	VL	IJ	ML		2 MG		1	5/5/2007	99/99/9999						
10019-0103-01	J2060			1/1/2002	4/5/2012	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (S.D.V.) 4 MG/ML	1 ML	VL	IJ	ML		2 MG		2	1/1/2002	4/5/2012						
10019-0103-10	J2060			1/1/2002	4/5/2012	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (M.D.V.) 4 MG/ML	10 ML	VL	IJ	ML		2 MG		2	1/1/2002	4/5/2012						
10019-0103-37	J2060			5/5/2007	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM 4 MG/ML	10 ML	VL	IJ	ML		2 MG		2	5/5/2007	99/99/9999						
10019-0103-39	J2060			5/5/2007	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM 4 MG/ML	25 ML	VL	IJ	ML		2 MG		2	5/5/2007	99/99/9999						
10019-0105-01	J2060			5/3/2006	4/5/2012	INJECTION, LORAZEPAM, 2 MG	NOVAPLUS LORAZEPAM (25X1ML,SDV) 2 MG/ML	1 ML	VL	IJ	ML		2 MG		1	5/3/2006	4/5/2012						
10019-0105-02	J2060			5/3/2006	4/5/2012	INJECTION, LORAZEPAM, 2 MG	NOVAPLUS LORAZEPAM (10X10ML,MDV) 2 MG/ML	10 ML	VL	IJ	ML		2 MG		1	5/3/2006	4/5/2012						
10019-0105-44	J2060			5/5/2007	99/99/9999	INJECTION, LORAZEPAM, 2 MG	NOVAPLUS LORAZEPAM (USP) 2 MG/ML	1 ML	VL	IJ	ML		2 MG		1	5/5/2007	99/99/9999						
10019-0105-71	J2060			5/5/2007	99/99/9999	INJECTION, LORAZEPAM, 2 MG	NOVAPLUS LORAZEPAM (USP) 2 MG/ML	1 ML	VL	IJ	ML		2 MG		1	5/5/2007	99/99/9999						
10019-0106-01	J2060			5/3/2006	4/5/2012	INJECTION, LORAZEPAM, 2 MG	NOVAPLUS LORAZEPAM (25X1ML,SDV) 4 MG/ML	1 ML	VL	IJ	ML		2 MG		2	5/3/2006	4/5/2012						
10019-0106-02	J2060			5/3/2006	4/5/2012	INJECTION, LORAZEPAM, 2 MG	NOVAPLUS LORAZEPAM (10X10ML,MDV) 4 MG/ML	10 ML	VL	IJ	ML		2 MG		2	5/3/2006	4/5/2012						
10019-0106-44	J2060			5/5/2007	99/99/9999	INJECTION, LORAZEPAM, 2 MG	NOVAPLUS LORAZEPAM 4 MG/ML	1 ML	VL	IJ	ML		2 MG		2	5/5/2007	99/99/9999						
10019-0106-71	J2060			5/5/2007	99/99/9999	INJECTION, LORAZEPAM, 2 MG	NOVAPLUS LORAZEPAM 4 MG/ML	1 ML	VL	IJ	ML		2 MG		2	5/5/2007	99/99/9999						
10019-0133-01	J0282			11/20/2003	10/30/2009	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MC	AMIODARONE HCL 50 MG/ML	3 ML	VL	IV	ML		30 MG	1.66666	11/20/2003	10/30/2009							
10019-0133-02	J0282			11/20/2003	99/99/9999	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MC	AMIODARONE HCL (SDV) 50 MG/ML	18 ML	VL	IV	ML		30 MG	1.66666	11/20/2003	99/99/9999							
10019-0133-04	J0282			6/16/2004	11/30/2009	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MC	AMIODARONE HCL 50 MG/ML	9 ML	VL	IV	ML		30 MG	1.66666	6/16/2004	11/30/2009							
10019-0133-13	J0282			5/5/2007	10/30/2009	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MC	AMIODARONE HCL 50 MG/ML	3 ML	VL	IV	ML		30 MG	1.66666	5/5/2007	10/30/2009							
10019-0133-19	J0282			5/5/2007	11/30/2009	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MC	AMIODARONE HCL 50 MG/ML	9 ML	VL	IV	ML		30 MG	1.66666	5/5/2007	11/30/2009							
10019-0145-01	J1800			1/15/2004	4/28/2009	INJECTION, PROPRANOLOL HCL, UP TO 1 MG	INDERAL (AMP) 1 MG/ML	1 ML	AM	IV	ML		1 MG		1	1/15/2004	4/28/2009						
10019-0145-43	J1800			5/5/2007	4/28/2009	INJECTION, PROPRANOLOL HCL, UP TO 1 MG	INDERAL 1 MG/ML	1 ML	AM	IV	ML		1 MG		1	5/5/2007	4/28/2009						
10019-0155-68	J2175			3/27/2002	12/14/2006	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL (DOSETTE AMP) 25 MG/ML	1 ML	AM	IJ	ML		100 MG		0.25	3/27/2002	12/14/2006						
10019-0157-68	J2175			3/27/2002	12/14/2006	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL (DOSETTE AMP) 75 MG/ML	1 ML	AM	IJ	ML		100 MG		0.75	3/27/2002	12/14/2006						
10019-0158-68	J2175			3/27/2002	12/14/2006	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL (DOSETTE AMP) 100 MG/ML	1 ML	AM	IJ	ML		100 MG		1	3/27/2002	12/14/2006						
10019-0159-01	J2175			1/7/2004	10/6/2011	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL (SDV (DOSETTE)) 25 MG/ML	1 ML	VL	IJ	ML		100 MG		0.25	1/7/2004	10/6/2011						
10019-0159-44	J2175			5/5/2007	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MC	MEPERIDINE HCL 25 MG/ML	1 ML	VL	IJ	ML		100 MG		0.25	5/5/2007	99/99/9999						
10019-0160-01	J2175			1/7/2004	12/18/2011	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL (SDV (DOSETTE)) 50 MG/ML	1 ML	VL	IJ	ML		100 MG		0.5	1/7/2004	12/18/2011						
10019-0160-44	J2175			5/5/2007	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MC	MEPERIDINE HCL 50 MG/ML	1 ML	VL	IJ	ML		100 MG		0.5	5/5/2007	99/99/9999						
10019-0161-01	J2175			1/7/2004	9/28/2009	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL (SDV (DOSETTE)) 75 MG/ML	1 ML	VL	IJ	ML		100 MG		0.75	1/7/2004	9/28/2009						
10019-0161-44	J2175			5/5/2007	9/28/2009	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MC	MEPERIDINE HCL 75 MG/ML	1 ML	VL	IJ	ML		100 MG		0.75	5/5/2007	9/28/2009						
10019-0162-01	J2175			1/7/2004	11/30/2011	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL (SDV (DOSETTE)) 100 MG/ML	1 ML	VL	IJ	ML		100 MG		1	1/7/2004	11/30/2011						
10019-0162-44	J2175			5/5/2007	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MC	MEPERIDINE HCL 100 MG/ML	1 ML	VL	IJ	ML		100 MG		1	5/5/2007	99/99/9999						
10019-0163-01	J2370			1/1/2002	8/30/2011	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL (S.D.V.) 10 MG/ML	5 ML	VL	IJ	ML		1 ML		1	1/1/2002	8/30/2011						
10019-0163-12	J2370			1/1/2002	12/18/2011	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HCL (S.D.V.) 10 MG/ML	1 ML	VL	IJ	ML		1 ML		1	1/1/2002	12/18/2011						
10019-0176-39	J2270			8/21/1998	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (1X1ML,SDV,USP) 5MG/ML	1 ML	VL	IJ	ML		10 MG		0.5	8/21/1998	99/99/9999						
10019-0176-44	J2270			1/1/2002	2/7/2012	INJECTION, MORPHINE SULFATE, UP TO 10 MC	MORPHINE SULFATE (S.D.V.) 5 MG/ML	1 ML	VL	IJ	ML		10 MG		0.5	1/1/2002	2/7/2012						
10019-0177-37	J2270			5/5/2007	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MC	MORPHINE SULFATE 8 MG/ML	1 ML	AM	IJ	ML		10 MG		0.8	5/5/2007	99/99/9999						
10019-0177-39	J2270			9/13/2001	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (1X1ML,USP) 8MG/ML	1 ML	VL	IJ	ML		10 MG		0.8	9/13/2001	99/99/9999						
10019-0177-44	J2270			1/1/2002	2/7/2012	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (VIAL,DOSETTE) 8 MG/ML	1 ML	VL	IJ	ML		10 MG		0.8	1/1/2002	2/7/2012						
10019-0177-68	J2270			1/1/2002	1/13/2012	INJECTION, MORPHINE SULFATE, UP TO 10 MC	MORPHINE SULFATE (AMP) 8 MG/ML	1 ML	AM	IJ	ML		10 MG		0.8	1/1/2002	1/13/2012						
10019-0178-36	J2270			5/5/2007	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MC	MORPHINE SULFATE (MDV) 10 MG/ML	10 ML	NA	IJ	ML		10 MG		1	5/5/2007	99/99/9999						
10019-0178-37	J2270			8/21/1998	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (1X1ML,USP) 10MG/ML	1 ML	VL	IJ	ML		10 MG		1	8/21/1998	99/99/9999						
10019-0178-39	J2270			5/5/2007	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MC	MORPHINE SULFATE 10 MG/ML	1 ML	VL	IJ	ML		10 MG		1	5/5/2007	99/99/9999						
10019-0178-44	J2270			12/22/2005	2/7/2012	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (S.D.V.,25X1ML) 10 MG/ML	1 ML	VL	IJ	ML		10 MG		1	12/22/2005	2/7/2012						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
10019-0178-62	J2270			1/1/2002	2/7/2012	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (M.D.V.) 10 MG/ML	10 ML	VL	IJ	ML		10 MG	1		1/1/2002	2/7/2012						
10019-0178-68	J2270			1/1/2002	1/13/2012	INJECTION, MORPHINE SULFATE, UP TO 10 MC	MORPHINE SULFATE (AMP) 10 MG/ML	1 ML	AM	IJ	ML		10 MG	1		1/1/2002	1/13/2012						
10019-0179-36	J2271			5/5/2007	99/99/9999	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (MDV) 15 MG/ML	20 ML	NA	IJ	ML		100 MG	0.15		5/5/2007	99/99/9999						
							MORPHINE SULFATE (1X1ML,SDV, USP) 15MG/ML																
10019-0179-39	J2270			5/5/1999	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (M.D.V.) 15 MG/ML	1 ML	VL	IJ	ML		10 MG	1.5		5/5/1999	99/99/9999						
10019-0179-44	J2271			1/1/2002	2/7/2012	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (S.D.V.) 15 MG/ML	1 ML	VL	IJ	ML		100 MG	0.15		1/1/2002	2/7/2012						
10019-0179-63	J2271			1/1/2002	2/7/2012	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (M.D.V.) 15 MG/ML	20 ML	VL	IJ	ML		100 MG	0.15		1/1/2002	2/7/2012						
							MORPHINE SULFATE (25X1ML AMP) 15 MG/ML																
10019-0179-68	J2271			9/6/2005	3/30/2007	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (M.D.V.) 15 MG/ML	1 ML	AM	IJ	ML		100 MG	0.15		9/6/2005	3/30/2007						
10019-0213-01	J3490			9/10/2002	4/30/2009	UNCLASSIFIED DRUGS	PROPOFOL 10 MG/ML	20 ML	VL	IV	ML		1 EA	1		5/5/2007	4/30/2009	9/10/2002	12/14/2005		1		
10019-0213-02	J3490			9/10/2002	6/30/2009	UNCLASSIFIED DRUGS	PROPOFOL 10 MG/ML	50 ML	VL	IV	ML		1 EA	1		5/5/2007	6/30/2009	9/10/2002	12/14/2005		1		
10019-0213-03	J3490			9/10/2002	6/30/2009	UNCLASSIFIED DRUGS	PROPOFOL 10 MG/ML	100 ML	VL	IV	ML		1 EA	1		5/5/2007	6/30/2009	9/10/2002	12/14/2005		1		
10019-0213-11	J3490			5/5/2007	6/30/2009	UNCLASSIFIED DRUGS	PROPOFOL (SDV) 10 MG/ML	20 ML	VL	IV	ML		1 EA	1		5/5/2007	6/30/2009						
10019-0213-20	J3490			5/5/2007	6/30/2009	UNCLASSIFIED DRUGS	PROPOFOL 10 MG/ML	100 ML	VL	IV	ML		1 EA	1		5/5/2007	6/30/2009						
10019-0213-52	J3490			5/5/2007	6/30/2009	UNCLASSIFIED DRUGS	PROPOFOL (SDV) 10 MG/ML	50 ML	VL	IV	ML		1 EA	1		5/5/2007	6/30/2009						
10019-0250-12	J0460			1/1/2002	12/31/2009	INJECTION, ATROPINE SULFATE, UP TO 0.3 MG	ATROPINE SULFATE (S.D.V.) 0.4 MG/ML	1 ML	VL	IJ	ML		0.3 MG	1.33333		1/1/2002	12/31/2009						
10019-0250-20	J0460			1/1/2002	12/31/2009	INJECTION, ATROPINE SULFATE, UP TO 0.3 MG	ATROPINE SULFATE (M.D.V.) 0.4 MG/ML	20 ML	VL	IJ	ML		0.3 MG	1.33333		1/1/2002	12/31/2009						
							ATROPINE SULFATE (MDV,1X20ML,USP) 0.4 MG/ML																
10019-0250-37	J0460			9/9/1997	12/31/2009	INJECTION, ATROPINE SULFATE, UP TO 0.3 MG	ATROPINE SULFATE (SDV,1X1ML,USP) 0.4 MG/ML	20 ML	VL	IJ	ML		0.3 MG	1.33333		9/9/1997	12/31/2009						
10019-0250-39	J0460			9/9/1997	12/31/2009	INJECTION, ATROPINE SULFATE, UP TO 0.3 MG	ATROPINE SULFATE (S.D.V.) 1 MG/ML	1 ML	VL	IJ	ML		0.3 MG	1.33333		9/9/1997	12/31/2009						
10019-0251-12	J0460			1/1/2002	12/31/2009	INJECTION, ATROPINE SULFATE, UP TO 0.3 MG	ATROPINE SULFATE (SDV,1X1ML,USP) 1 MG/ML	1 ML	VL	IJ	ML		0.3 MG	3.33333		1/1/2002	12/31/2009						
10019-0251-39	J0460			9/9/1997	12/31/2009	INJECTION, ATROPINE SULFATE, UP TO 0.3 MG	ATROPINE SULFATE (SDV,1X1ML,USP) 1 MG/ML	1 ML	VL	IJ	ML		0.3 MG	3.33333		9/9/1997	12/31/2009						
10019-0263-01	Q2009			8/6/2007	6/28/2009	INJECTION, FOSPHENYTOIN, 50 MG PHENYTOIN EQUIVALENT	FOSPHENYTOIN SODIUM (USP,SINGLE DOSE,25X2) 75 MG/ML	2 ML	VL	IJ	ML		50 MG	1.5		8/6/2007	6/28/2009						
10019-0263-03	Q2009			8/6/2007	6/28/2009	INJECTION, FOSPHENYTOIN, 50 MG PHENYTOIN EQUIVALENT	FOSPHENYTOIN SODIUM (USP,SINGLE DOSE,10X10) 75 MG/ML	10 ML	VL	IJ	ML		50 MG	1.5		8/6/2007	6/28/2009						
10019-0270-10	J2710			1/1/2002	9/6/2012	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (M.D.V.) 1 MG/ML	10 ML	VL	IJ	ML		0.5 MG	2		1/1/2002	9/6/2012						
10019-0271-02	J2710			1/1/2002	6/30/2007	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (S.D.V.) 0.5 MG/ML	1 ML	VL	IJ	ML		0.5 MG	1		1/1/2002	6/30/2007						
10019-0271-10	J2710			1/1/2002	10/9/2012	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (M.D.V.) 0.5 MG/ML	10 ML	VL	IJ	ML		0.5 MG	1		1/1/2002	10/9/2012						
10019-0291-02	J2590			5/7/2007	5/4/2012	INJECTION, OXYTOCIN, UP TO 10 UNITS	OXYTOCIN (1MLX25,SDV,USP) 10 U/ML	1 ML	VL	IJ	ML		10 U	1		5/7/2007	5/4/2012						
10019-0291-04	J2590			5/7/2007	5/3/2012	INJECTION, OXYTOCIN, UP TO 10 UNITS	OXYTOCIN (10MLX25,MDV,USP) 10 U/ML	10 ML	VL	IJ	ML		10 U	1		5/7/2007	5/3/2012						
10019-0291-12	J2590			5/29/2007	99/99/9999	INJECTION, OXYTOCIN, UP TO 10 UNITS	OXYTOCIN (SDV,USP) 10 U/ML	1 ML	VL	IJ	ML		10 U	1		5/29/2007	99/99/9999						
10019-0291-71	J2590			5/29/2007	99/99/9999	INJECTION, OXYTOCIN, UP TO 10 UNITS	OXYTOCIN (MDV,USP) 10 U/ML	10 ML	VL	IJ	ML		10 U	1		5/29/2007	99/99/9999						
10019-0450-02	J2765			1/1/2002	11/29/2011	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE HCL (S.D.V.) 5 MG/ML	2 ML	VL	IV	ML		10 MG	0.5		1/1/2002	11/29/2011						
10019-0450-39	J2765			5/5/2007	99/99/9999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MC	METOCLOPRAMIDE HCL 5 MG/ML	2 ML	VL	IV	ML		10 MG	0.5		5/5/2007	99/99/9999						
10019-0461-01	J0595			1/1/2004	12/14/2006	INJECTION, BUTORPHANOL TARTRATE, 1 MG	BUTORPHANOL TARTRATE (S.D.V.) 1 MG/ML	1 ML	VL	IJ	ML		1 MG	1		1/1/2004	12/14/2006						
10019-0462-01	J0595			1/1/2004	12/14/2006	INJECTION, BUTORPHANOL TARTRATE, 1 MG	BUTORPHANOL TARTRATE (S.D.V.) 2 MG/ML	1 ML	VL	IJ	ML		1 MG	2		1/1/2004	12/14/2006						
10019-0506-02	J3490			1/1/2002	9/30/2010	UNCLASSIFIED DRUGS	BUMETANIDE (S.D.V.) 0.25 MG/ML	2 ML	VL	IJ	ML		1 EA	1		1/1/2002	9/30/2010						
10019-0506-10	J3490			1/1/2002	4/2/2012	UNCLASSIFIED DRUGS	BUMETANIDE (M.D.V.) 0.25 MG/ML	10 ML	VL	IJ	ML		1 EA	1		1/1/2002	4/2/2012						
10019-0506-45	J3490			1/1/2002	4/2/2012	UNCLASSIFIED DRUGS	BUMETANIDE (S.D.V.) 0.25 MG/ML	4 ML	VL	IJ	ML		1 EA	1		1/1/2002	4/2/2012						
10019-0610-01	J0690			3/1/2004	1/13/2012	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM (10ML VIAL) 500 MG	1 EA	VL	IJ	EA		500 MG	1		3/1/2004	1/13/2012						
10019-0610-10	J0690			5/5/2007	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM 500 MG	1 EA	VL	IJ	EA		500 MG	1		5/5/2007	99/99/9999						
10019-0611-03	J0690			3/1/2004	1/13/2012	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM (10ML VIAL) 1 GN	1 EA	VL	IJ	EA		500 MG	2		3/1/2004	1/13/2012						
10019-0611-10	J0690			5/5/2007	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM 1 GM	1 EA	VL	IJ	EA		500 MG	2		5/5/2007	99/99/9999						
10019-0612-05	J0690			10/5/2006	1/13/2012	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN (USP,PHARMACY BULK) 10 GM	1 EA	VL	IV	EA		500 MG	20		10/5/2006	1/13/2012						
10019-0612-11	J0690			5/5/2007	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN 10 GM	1 EA	VL	IV	EA		500 MG	20		5/5/2007	99/99/9999						
10019-0620-01	J0697			3/1/2004	1/13/2012	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	CEFUROXIME SODIUM (10ML VIAL) 750 MG	1 EA	VL	IJ	EA		750 MG	1		3/1/2004	1/13/2012						
10019-0620-10	J0697			5/5/2007	99/99/9999	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MC	CEFUROXIME SODIUM 750 MG	1 EA	VL	IJ	EA		750 MG	1		5/5/2007	99/99/9999						
10019-0621-03	J0697			3/1/2004	1/13/2012	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	CEFUROXIME SODIUM (20ML VIAL) 1.5 GM	1 EA	VL	IJ	EA		750 MG	2		3/1/2004	1/13/2012						
10019-0621-20	J0697			5/5/2007	99/99/9999	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MC	CEFUROXIME SODIUM (USP) 1.5 GM	1 EA	VL	IJ	EA		750 MG	2		5/5/2007	99/99/9999						
10019-0622-05	J0697			3/1/2004	1/13/2012	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	CEFUROXIME SODIUM (100ML VIAL, BULK PKG) 7.5 GM	1 EA	VL	IJ	EA		750 MG	10		3/1/2004	1/13/2012						
10019-0622-11	J0697			5/5/2007	99/99/9999	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MC	CEFUROXIME SODIUM (USP) 7.5 GM	1 EA	VL	IJ	EA		750 MG	10		5/5/2007	99/99/9999						
10019-0630-02	J0295			12/15/2003	3/22/2012	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN/SULBACTAM (VIAL) 2 GM-1 GM	1 EA	VL	IJ	EA		1.5 GM	2		12/15/2003	3/22/2012						
10019-0630-33	J0295			5/5/2007	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GA	AMPICILLIN/SULBACTAM 2 GM-1 GM	1 EA	VL	IJ	EA		1.5 GM	2		5/5/2007	99/99/9999						
10019-0631-01	J0295			11/18/2005	3/22/2012	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GA	AMPICILLIN/SULBACTAM 1 GM-0.5 GM	1 EA	VL	IJ	EA		1.5 GM	1		11/18/2005	3/22/2012						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
10019-0631-31	J0295			5/5/2007	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GA	AMPICILLIN/SULBACTAM 1 GM-0.5 GM	1	EA	VL	IJ	EA	1.5 GM		1	5/5/2007	99/99/9999						
10019-0632-03	J0295			11/18/2005	3/22/2012	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN/SULBACTAM (BULK PACKAGE) 10 GM-5 GM	1	EA	VL	IV	EA	1.5 GM		10	11/18/2005	3/22/2012						
10019-0633-02	J0295			3/10/2006	5/15/2012	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMERINET CHOICE AMPICILLIN AND SULBACTAM 2 GM-1 GM	1	EA	VL	IJ	EA	1.5 GM		2	3/10/2006	5/15/2012						
10019-0633-33	J0295			5/5/2007	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMERINET CHOICE AMPICILLIN AND SULBACTAM 2 GM-1 GM	1	EA	VL	IJ	EA	1.5 GM		2	5/5/2007	99/99/9999						
10019-0634-01	J0295			3/10/2006	2/1/2013	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMERINET CHOICE AMPICILLIN AND SULBACTAM (10x10MLVIALS) 1 GM-0.5 GM	1	EA	VL	IJ	EA	1.5 GM		1	3/10/2006	2/1/2013						
10019-0634-31	J0295			5/5/2007	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMERINET CHOICE AMPICILLIN AND SULBACTAM 1 GM-0.5 GM	1	EA	VL	IJ	EA	1.5 GM		1	5/5/2007	99/99/9999						
10019-0635-03	J0295			12/14/2005	2/1/2013	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMERINET CHOICE AMPICILLIN AND SULBACTAM (PHARMACY BULK) 10 GM-5 GM	1	EA	VL	IJ	EA	1.5 GM		10	12/14/2005	2/1/2013						
10019-0636-01	J0295			5/2/2006	3/26/2012	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	NOVAPLUS AMPICILLIN AND SULBACTAM (USP,10MLX10) 1 GM-0.5 GM	1	EA	VL	IJ	EA	1.5 GM		1	5/2/2006	3/26/2012						
10019-0636-31	J0295			5/5/2007	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	NOVAPLUS AMPICILLIN AND SULBACTAM 1 GM-0.5 GM	1	EA	VL	IJ	EA	1.5 GM		1	5/5/2007	99/99/9999						
10019-0637-02	J0295			5/2/2006	3/26/2012	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	NOVAPLUS AMPICILLIN AND SULBACTAM (USP,20MLX10) 2 GM-1 GM	1	EA	VL	IJ	EA	1.5 GM		2	5/2/2006	3/26/2012						
10019-0637-33	J0295			5/5/2007	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	NOVAPLUS AMPICILLIN AND SULBACTAM 2 GM-1 GM	1	EA	VL	IJ	EA	1.5 GM		2	5/5/2007	99/99/9999						
10019-0638-03	J0295			5/2/2006	5/15/2012	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	NOVAPLUS AMPICILLIN AND SULBACTAM (USP,PHARMACYBULK) 10 GM-5 GM	1	EA	VL	IV	EA	1.5 GM		10	5/2/2006	5/15/2012						
10019-0648-02	J0456			4/12/2006	1/13/2012	INJECTION, AZITHROMYCIN, 500 MG	AZITHROMYCIN (10x10ML) 500 MG	1	EA	VL	IV	EA	500 MG		1	4/12/2006	1/13/2012						
10019-0648-71	J0456			5/5/2007	99/99/9999	INJECTION, AZITHROMYCIN, 500 MG	AZITHROMYCIN 500 MG	1	EA	VL	IV	EA	500 MG		1	5/5/2007	99/99/9999						
10019-0660-71	J0694			5/5/2007	5/6/2007	INJECTION, CEFOTAXIME SODIUM, 1 GM	CEFOTAXIME SODIUM 1 GM	1	EA	VL	IJ	EA	1 GM		1	5/5/2007	5/6/2007						
10019-0661-27	J0694			5/5/2007	5/6/2007	INJECTION, CEFOTAXIME SODIUM, 1 GM	CEFOTAXIME SODIUM 2 GM	1	EA	VL	IJ	EA	1 GM		2	5/5/2007	5/6/2007						
10019-0662-11	J0694			5/5/2007	5/6/2007	INJECTION, CEFOTAXIME SODIUM, 1 GM	CEFOTAXIME SODIUM 10 GM	1	EA	VL	IJ	EA	1 GM		10	5/5/2007	5/6/2007						
10019-0680-01	J0698			7/5/2005	1/13/2012	INJECTION, CEFOTAXIME SODIUM, PER GV	CEFOTAXIME (S.D.V.,USP) 500 MG	1	EA	VL	IJ	EA	1 GM		0.5	7/5/2005	1/13/2012						
10019-0680-15	J0698			5/5/2007	99/99/9999	INJECTION, CEFOTAXIME SODIUM, PER GV	CEFOTAXIME (USP,SDV) 500 MG	1	EA	VL	IJ	EA	1 GM		0.5	5/5/2007	99/99/9999						
10019-0681-02	J0698			7/5/2005	1/13/2012	INJECTION, CEFOTAXIME SODIUM, PER GV	CEFOTAXIME (S.D.V.,USP) 1 GM	1	EA	VL	IJ	EA	1 GM		1	7/5/2005	1/13/2012						
10019-0681-15	J0698			5/5/2007	99/99/9999	INJECTION, CEFOTAXIME SODIUM, PER GV	CEFOTAXIME (USP,SDV) 1 GM	1	EA	VL	IJ	EA	1 GM		1	5/5/2007	99/99/9999						
10019-0682-03	J0698			7/5/2005	1/13/2012	INJECTION, CEFOTAXIME SODIUM, PER GV	CEFOTAXIME (S.D.V.,USP) 2 GM	1	EA	VL	IJ	EA	1 GM		2	7/5/2005	1/13/2012						
10019-0682-15	J0698			5/5/2007	99/99/9999	INJECTION, CEFOTAXIME SODIUM, PER GV	CEFOTAXIME (USP,SDV) 2 GM	1	EA	VL	IJ	EA	1 GM		2	5/5/2007	99/99/9999						
10019-0685-01	J0696			7/5/2005	1/13/2012	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 250 MG	1	EA	VL	IJ	EA	250 MG		1	7/5/2005	1/13/2012						
10019-0685-71	J0696			5/5/2007	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 250 MG	1	EA	VL	IJ	EA	250 MG		1	5/5/2007	99/99/9999						
10019-0686-02	J0696			7/5/2005	1/13/2012	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 500 MG	1	EA	VL	IJ	EA	250 MG		2	7/5/2005	1/13/2012						
10019-0686-71	J0696			5/5/2007	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 500 MG	1	EA	VL	IJ	EA	250 MG		2	5/5/2007	99/99/9999						
10019-0687-03	J0696			7/5/2005	1/13/2012	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 1 GM	1	EA	VL	IJ	EA	250 MG		4	7/5/2005	1/13/2012						
10019-0687-71	J0696			5/5/2007	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 1 GM	1	EA	VL	IJ	EA	250 MG		4	5/5/2007	99/99/9999						
10019-0688-04	J0696			7/5/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 2 GM	1	EA	VL	IJ	EA	250 MG		8	7/5/2005	99/99/9999						
10019-0688-27	J0696			5/5/2007	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 2 GM	1	EA	VL	IJ	EA	250 MG		8	5/5/2007	99/99/9999						
10019-0689-05	J0696			10/5/2006	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP,PHARMACY BULK) 10 GM	1	EA	VL	IV	EA	250 MG		40	10/5/2006	99/99/9999						
10019-0691-02	J0713			3/22/2007	1/13/2012	INJECTION, CEFTAZIDIME, PER 500 MG	CEFTAZIDIME (SDV) 1 GM	1	EA	VL	IJ	EA	500 MG		2	3/22/2007	1/13/2012						
10019-0691-27	J0713			5/5/2007	99/99/9999	INJECTION, CEFTAZIDIME, PER 500 MG	CEFTAZIDIME (SDV) 1 GM	1	EA	VL	IJ	EA	500 MG		2	5/5/2007	99/99/9999						
10019-0692-03	J0713			3/22/2007	1/13/2012	INJECTION, CEFTAZIDIME, PER 500 MG	CEFTAZIDIME (SDV) 2 GM	1	EA	VL	IJ	EA	500 MG		4	3/22/2007	1/13/2012						
10019-0692-50	J0713			5/5/2007	99/99/9999	INJECTION, CEFTAZIDIME, PER 500 MG	CEFTAZIDIME 2 GM	1	EA	VL	IJ	EA	500 MG		4	5/5/2007	99/99/9999						
10019-0693-04	J0713			3/22/2007	1/13/2012	INJECTION, CEFTAZIDIME, PER 500 MG	CEFTAZIDIME (SDV,BULK) 6 GM	1	EA	VL	IV	EA	500 MG		12	3/22/2007	1/13/2012						
10019-0693-11	J0713			5/5/2007	99/99/9999	INJECTION, CEFTAZIDIME, PER 500 MG	CEFTAZIDIME 6 GM	1	EA	VL	IV	EA	500 MG		12	5/5/2007	99/99/9999						
10019-0905-01	J2405			12/26/2006	11/8/2011	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (2MLX25,SDV,USP) 2 MG/ML	2	ML	VL	IJ	ML	1 MG		2	12/26/2006	11/8/2011						
10019-0905-17	J2405			5/5/2007	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (LATEX-FREE) 2 MG/ML	1	ML	VL	IJ	ML	1 MG		2	5/5/2007	99/99/9999						
10019-0906-03	J2405			12/26/2006	2/16/2012	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (MDV,USP,LATEX-FREE) 2 MG/ML	20	ML	VL	IJ	ML	1 MG		2	12/26/2006	2/16/2012						
10019-0906-63	J2405			5/5/2007	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (LATEX-FREE) 2 MG/ML	1	ML	NA	IJ	ML	1 MG		2	5/5/2007	99/99/9999						
10019-0915-01	J9045			10/15/2004	12/31/2006	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (S.D.V.,PF) 50 MG	1	EA	VL	IV	EA	50 MG		1	10/15/2004	12/31/2006						
10019-0917-01	J9045			10/15/2004	12/14/2006	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (S.D.V.,PF) 450 MG	1	EA	VL	IV	EA	50 MG		9	10/15/2004	12/14/2006						
10019-0920-01	J9000			1/1/2002	9/30/2007	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HCL (S.D.V.,PF) 10 MG	1	EA	VL	IV	EA	10 MG		1	6/10/2003	9/30/2007	1/1/2002	4/3/2002		1		
10019-0921-02	J9000			1/1/2002	6/30/2008	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HCL (SDV,PF) 50 MG	1	EA	VL	IV	EA	10 MG		5	6/10/2003	6/30/2008	1/1/2002	8/19/2002		5		
10019-0925-01	J9208			9/12/2005	99/99/9999	INJECTION, IFOSFAMIDE, 1 GRAM	IFOSFAMIDE (SDV,30ML VIAL) 1 GM	1	EA	VL	IV	EA	1 GM		1	9/12/2005	99/99/9999						
10019-0925-82	J9208			5/5/2007	99/99/9999	INJECTION, IFOSFAMIDE, 1 GRAM	IFOSFAMIDE (SDV,30ML) 1 GM	1	EA	VL	IV	EA	1 GM		1	5/5/2007	99/99/9999						
10019-0926-02	J9208			9/12/2005	99/99/9999	INJECTION, IFOSFAMIDE, 1 GRAM	IFOSFAMIDE (SDV,75ML VIAL) 3 GM	1	EA	VL	IV	EA	1 GM		3	9/12/2005	99/99/9999						
10019-0926-16	J9208			5/5/2007	99/99/9999	INJECTION, IFOSFAMIDE, 1 GRAM	IFOSFAMIDE (SDV,75ML) 3 GM	1	EA	VL	IV	EA	1 GM		3	5/5/2007	99/99/9999						
10019-0930-01	J9181			1/1/2002	12/14/2006	INJECTION, ETOPOSIDE, 10 MG	ETOPOSIDE (M.D.V.) 20 MG/ML	5	ML	VL	IV	ML	10 MG		2	1/1/2002	12/14/2006						
10019-0930-02	J9181			9/1/2003	12/14/2006	INJECTION, ETOPOSIDE, 10 MG	ETOPOSIDE (M.D.V.) 20 MG/ML	25	ML	VL	IV	ML	10 MG		2	9/1/2003	12/14/2006						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
10019-0934-01		J9206		2/21/2008	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X2ML.SDV,AMBER GLASS) 20 MG/ML	2 ML	VL	IV	ML		20 MG		1	2/21/2008	99/99/9999						
10019-0934-01	QR	J9206	QR	2/21/2008	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X2ML.SDV,AMBER GLASS) 20 MG/ML	2 ML	VL	IV	ML		20 MG		1	2/21/2008	99/99/9999						
10019-0934-02		J9206		2/21/2008	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X5ML.SDV,AMBER GLASS) 20 MG/ML	5 ML	VL	IV	ML		20 MG		1	2/21/2008	99/99/9999						
10019-0934-02	QR	J9206	QR	2/21/2008	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X5ML.SDV,AMBER GLASS) 20 MG/ML	5 ML	VL	IV	ML		20 MG		1	2/21/2008	99/99/9999						
10019-0934-17		J9206		2/21/2008	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X2ML.SDV,INNER NDC) 20 MG/ML	2 ML	VL	IV	ML		20 MG		1	2/21/2008	99/99/9999						
10019-0934-17	QR	J9206	QR	2/21/2008	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X2ML.SDV,INNER NDC) 20 MG/ML	2 ML	VL	IV	ML		20 MG		1	2/21/2008	99/99/9999						
10019-0934-79	QR	J9206	QR	2/21/2008	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X5ML.SDV,INNER NDC) 20 MG/ML	5 ML	VL	IV	ML		20 MG		1	2/21/2008	99/99/9999						
10019-0934-79		J9206		2/21/2008	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X5ML.SDV,INNER NDC) 20 MG/ML	5 ML	VL	IV	ML		20 MG		1	2/21/2008	99/99/9999						
10019-0953-01		J9209		3/15/2004	99/99/9999	INJECTION, MESNA, 200 MG	MESNA (S.D.V.) 100 MG/ML	10 ML	VL	IV	ML		200 MG		0.5	3/15/2004	99/99/9999						
10019-0953-02		J9209		3/15/2004	99/99/9999	INJECTION, MESNA, 200 MG	MESNA (S.D.V.) 100 MG/ML	10 ML	VL	IV	ML		200 MG		0.5	3/15/2004	99/99/9999						
10019-0953-62		J9209		5/5/2007	99/99/9999	INJECTION, MESNA, 200 MG	MESNA 100 MG/ML	1 ML	VL	IV	ML		200 MG		0.5	5/5/2007	99/99/9999						
10019-0955-01		J9090		4/30/2004	12/31/2010	CYCLOPHOSPHAMIDE, 500 MG	CYCLOPHOSPHAMIDE (S.D.V.,PF) 500 MG	1 EA	VL	IV	EA		500 MG		1	4/30/2004	12/31/2010						
10019-0956-01		J9091		4/30/2004	12/31/2010	CYCLOPHOSPHAMIDE, 1.0 GRAM	CYCLOPHOSPHAMIDE (S.D.V.,PF) 1 GM	1 EA	VL	IV	EA		1 GM		1	4/30/2004	12/31/2010						
10019-0957-01		J9092		4/30/2004	12/31/2010	CYCLOPHOSPHAMIDE, 2.0 GRAM	CYCLOPHOSPHAMIDE (S.D.V.,PF) 2 GM	1 EA	VL	IV	EA		2 GM		1	4/30/2004	12/31/2010						
10019-0957-11		J9092		4/30/2004	12/31/2010	CYCLOPHOSPHAMIDE, 2.0 GRAM	CYCLOPHOSPHAMIDE (SDV,USP,PF) 2 GM	1 EA	VL	IV	GM		2 GM		1	4/30/2004	12/31/2010						
10019-0970-01		J9390		12/1/2003	12/14/2006	INJECTION, VINORELBINE TARTRATE, 10 MG	VINORELBINE TARTRATE (PF) 10 MG/ML	1 ML	VL	IV	ML		10 MG		1	12/1/2003	12/14/2006						
10019-0970-02		J9390		12/1/2003	12/14/2006	INJECTION, VINORELBINE TARTRATE, 10 MG	VINORELBINE TARTRATE (PF) 10 MG/ML	5 ML	VL	IV	ML		10 MG		1	12/1/2003	12/14/2006						
10106-0061-01		J9017		1/1/2002	99/99/9999	INJECTION, ARSENIC TRIOXIDE, 1 MG	ARSENIC TRIOXIDE (A.C.S., REAGENT)	1 EA	NA	NA	GM		1 MG		1000	1/1/2002	99/99/9999						
10106-0061-04		J9017		1/1/2002	99/99/9999	INJECTION, ARSENIC TRIOXIDE, 1 MG	ARSENIC TRIOXIDE (A.C.S., REAGENT)	1 EA	NA	NA	GM		1 MG		1000	1/1/2002	99/99/9999						
10106-0062-01		J9017		1/1/2002	99/99/9999	INJECTION, ARSENIC TRIOXIDE, 1 MG	ARSENIC TRIOXIDE (REAGENT)	1 EA	BO	NA	GM		1 MG		1000	1/1/2002	99/99/9999						
10106-0062-04		J9017		1/1/2002	99/99/9999	INJECTION, ARSENIC TRIOXIDE, 1 MG	ARSENIC TRIOXIDE (REAGENT)	1 EA	BO	NA	GM		1 MG		1000	1/1/2002	99/99/9999						
10106-1080-01		J3490		1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	BENZOCANE (FINE, U.S.P.)	1 EA	BO	NA	GM		1 EA		1	1/1/2002	99/99/9999						
10106-1649-01		J0706		1/1/2002	99/99/9999	INJECTION, CAFFEINE CITRATE, 5MG	CAFFEINE CITRATED (PURIFIED)	1 EA	BO	NA	GM		5 MG		200	1/1/2002	99/99/9999						
10106-1649-04		J0706		1/1/2002	99/99/9999	INJECTION, CAFFEINE CITRATE, 5MG	CAFFEINE CITRATED (PURIFIED)	1 EA	BO	NA	GM		5 MG		200	1/1/2002	99/99/9999						
10106-2506-01		J3475		1/1/2002	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE ANHYDROUS (REAGENT)	1 EA	BO	NA	GM		500 MG		2	1/1/2002	99/99/9999						
10106-2506-05		J3475		1/1/2002	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE ANHYDROUS (REAGENT)	1 EA	BO	NA	GM		500 MG		2	1/1/2002	99/99/9999						
10106-2555-05		J2150		1/1/2002	99/99/9999	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (U.S.P.)	1 EA	BO	NA	GM		50 ML		0.08	1/1/2002	99/99/9999						
10106-3046-01		J3480		1/1/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (U.S.P., F.C.C.)	1 EA	BO	NA	GM		2 MEQ		6.71141	1/1/2002	99/99/9999						
10106-3046-05		J3480		1/1/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (U.S.P., F.C.C.)	1 EA	BO	NA	GM		2 MEQ		6.71141	1/1/2002	99/99/9999						
10106-3052-01		J3480		1/1/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (U.S.P., F.C.C.)	1 EA	BO	NA	GM		2 MEQ		6.71141	1/1/2002	99/99/9999						
10106-3052-05		J3480		1/1/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (U.S.P., F.C.C.)	1 EA	BO	NA	GM		2 MEQ		6.71141	1/1/2002	99/99/9999						
10106-3343-01		J3415		1/1/2004	99/99/9999	INJECTION, PYRIDOXINE HCL, 100 MG	PYRIDOXINE HCL (U.S.P., F.C.C.)	1 EA	BO	NA	GM		100 MG		10	1/1/2004	99/99/9999						
10106-4206-01		J3350		1/1/2002	99/99/9999	INJECTION, UREA, UP TO 40 GM	UREA (U.S.P.)	1 EA	BO	NA	GM		40 GM		0.025	1/1/2002	99/99/9999						
10106-4206-05		J3350		1/1/2002	99/99/9999	INJECTION, UREA, UP TO 40 GM	UREA (U.S.P.)	1 EA	BO	NA	GM		40 GM		0.025	1/1/2002	99/99/9999						
10106-8994-01		J3520		1/1/2002	99/99/9999	EDETATE DISODIUM, PER 150 MG	EDETATE DISODIUM (U.S.P.)	1 EA	BO	NA	GM		150 MG		6.66666	1/1/2002	99/99/9999						
10106-9224-01		J1212		1/1/2002	99/99/9999	INJECTION, DMSO, DIMETHYL SULFOXIDE, 50%, 50 ML	DIMETHYL SULFOXIDE (A.C.S., REAGENT)	500 ML	EA	NA	ML		50 %		0.02	1/1/2002	99/99/9999						
10135-0149-01		Q0163		1/1/2002	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENHYDRAMINE HCL 25 MG	100 EA	BO	PO	EA		50 MG		0.5	1/1/2002	99/99/9999						
10135-0149-10		Q0163		1/1/2002	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENHYDRAMINE HCL 25 MG	1000 EA	BO	PO	EA		50 MG		0.5	1/1/2002	99/99/9999						
10135-0149-24		Q0163		1/1/2002	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENHYDRAMINE HCL 25 MG	24 EA	BO	PO	EA		50 MG		0.5	1/1/2002	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
10135-0149-61		Q0163		11/1/2002	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	DIPHENHYDRAMINE HCL 25 MG	10 EA	BO	PO	EA		50 MG		0.5	11/1/2002	99/99/9999						
10135-0151-01		Q0163		1/1/2002	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	DIPHENHYDRAMINE HCL (CAPLET) 25 MG	100 EA	BO	PO	EA		50 MG		0.5	1/1/2002	99/99/9999						
10135-0151-10		Q0163		1/1/2002	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	DIPHENHYDRAMINE HCL (CAPLET) 25 MG	1000 EA	BO	PO	EA		50 MG		0.5	1/1/2002	99/99/9999						
10135-0151-24		Q0163		1/1/2002	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	DIPHENHYDRAMINE HCL (CAPLET) 25 MG	24 EA	BO	PO	EA		50 MG		0.5	1/1/2002	99/99/9999						
10135-0151-50		Q0163		1/1/2002	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	DIPHENHYDRAMINE HCL (CAPLET) 25 MG	50 EA	BO	PO	EA		50 MG		0.5	1/1/2002	99/99/9999						
10135-0151-52		Q0163		1/1/2002	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	DIPHENHYDRAMINE HCL (BOXED,CAPLET) 25 MG	24 EA	BX	PO	EA		50 MG		0.5	1/1/2002	99/99/9999						
10135-0151-57		Q0163		1/1/2002	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	DIPHENHYDRAMINE HCL (BOXED,CAPLET) 25 MG	100 EA	BX	PO	EA		50 MG		0.5	1/1/2002	99/99/9999						
10135-0156-01		Q0163		11/1/2002	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	DIPHENHYDRAMINE HCL 50 MG	100 EA	BO	PO	EA		50 MG		1	11/1/2002	99/99/9999						
10135-0156-10		Q0163		11/1/2002	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	DIPHENHYDRAMINE HCL 50 MG	1000 EA	BO	PO	EA		50 MG		1	11/1/2002	99/99/9999						
10135-0156-13		Q0163		1/1/2002	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	DIPHENHYDRAMINE HCL 50 MG	100 EA	BX	PO	EA		50 MG		1	1/1/2002	99/99/9999						
10135-0166-13		Q0163		1/1/2002	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	DIPHENHYDRAMINE HCL (BLISTER PACK,CAPLET) 25 MG	100 EA	BX	PO	EA		50 MG		0.5	1/1/2002	99/99/9999						
10139-0025-21		Q2009		8/8/2007	5/31/2009	INJECTION, FOSPHENYTOIN, 50 MG	FOSPHENYTOIN SODIUM (USP,SINGLE DOSE,2X10) 75 MG/ML	2 ML	VL	IJ	ML		50 MG		1.5	8/8/2007	5/31/2009						
10139-0025-22		Q2009		8/8/2007	6/30/2009	INJECTION, FOSPHENYTOIN, 50 MG	FOSPHENYTOIN SODIUM (USP,SINGLE DOSE,10X10) 75 MG/ML	10 ML	VL	IJ	ML		50 MG		1.5	8/8/2007	6/30/2009						
10139-0057-10		J2260		4/15/2005	12/31/2006	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE (10X20ML) 1 MG/ML	20 ML	VL	IV	ML		5 MG		0.2	4/15/2005	12/31/2006						
10139-0057-20		J2260		4/7/2005	12/31/2006	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE 1 MG/ML	20 ML	NA	IV	ML		5 MG		0.2	4/7/2005	12/31/2006						
10139-0060-05		J9045		7/9/2007	1/26/2010	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (MDV,YELLOWSEAL,1X5ML) 10 MG/ML	5 ML	VL	IV	ML		50 MG		0.2	7/9/2007	1/26/2010						
10139-0060-15		J9045		7/9/2007	1/26/2010	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (MDV,PURPLESEAL,1X15ML) 10 MG/ML	15 ML	VL	IV	ML		50 MG		0.2	7/9/2007	1/26/2010						
10139-0060-45		J9045		7/9/2007	1/26/2010	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (MDV,BLUESEAL,1X45ML) 10 MG/ML	45 ML	VL	IV	ML		50 MG		0.2	7/9/2007	1/26/2010						
10139-0061-01		J9178		11/30/2007	6/30/2009	INJECTION, EPIRUBICIN HCL, 2 MG	EPIRUBICIN HYDROCHLORIDE (SINGLE DOSE,1X100ML,PF) 2 MG/ML	100 ML	VL	IV	ML		2 MG		1	11/30/2007	6/30/2009						
10139-0061-25		J9178		11/30/2007	6/30/2009	INJECTION, EPIRUBICIN HCL, 2 MG	EPIRUBICIN HYDROCHLORIDE (SINGLE DOSE,1X25ML,PF) 2 MG/ML	25 ML	VL	IV	ML		2 MG		1	11/30/2007	6/30/2009						
10139-0062-02		J9250		7/2/2007	2/14/2013	METHOTREXATE SODIUM, 5 MG	METHOTREXATE (USP,SDV,PF) 25 MG/ML	2 ML	VL	IJ	ML		5 MG		5	7/2/2007	2/14/2013						
10139-0062-10		J9250		6/7/2007	8/4/2013	METHOTREXATE SODIUM, 5 MG	METHOTREXATE (USP,SDV,PF) 25 MG/ML	10 ML	VL	IJ	ML		5 MG		5	6/7/2007	8/4/2013						
10139-0062-40		J9250		6/7/2007	2/6/2013	METHOTREXATE SODIUM, 5 MG	METHOTREXATE (USP,SDV,PF) 25 MG/ML	40 ML	VL	IJ	ML		5 MG		5	6/7/2007	2/6/2013						
10139-0063-01		J9190		7/2/2007	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (USP,BULK) 50 MG/ML	100 ML	VL	IV	ML		500 MG		0.1	7/2/2007	99/99/9999						
10139-0063-01	QR	J9190	QR	7/2/2007	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (USP,BULK) 50 MG/ML	100 ML	VL	IV	ML		500 MG		0.1	7/2/2007	99/99/9999						
10139-0063-11		J9190		6/11/2007	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (USP,SDV,10MLX10) 50 MG/ML	10 ML	VL	IV	ML		500 MG		0.1	6/11/2007	99/99/9999						
10139-0063-11	QR	J9190	QR	6/11/2007	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (USP,SDV,10MLX10) 50 MG/ML	10 ML	VL	IV	ML		500 MG		0.1	6/11/2007	99/99/9999						
10139-0063-12		J9190		6/11/2007	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (USP,SDV,20MLX10) 50 MG/ML	20 ML	VL	IV	ML		500 MG		0.1	6/11/2007	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
10139-0063-12	QR	J9190	QR	6/11/2007	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (USP,SDV,20MLX10) 50 MG/ML	20 ML	VL	IV	ML		500 MG	0.1	6/11/2007	99/99/9999							
10139-0063-50	QR	J9190		6/7/2007	99/99/9999	INJECTION, FLUOROURACIL, 500 MC	FLUOROURACIL (USP) 50 MG/ML	50 ML	VL	IV	ML		500 MG	0.1	6/7/2007	99/99/9999							
10139-0063-50	QR	J9190	QR	6/7/2007	99/99/9999	INJECTION, FLUOROURACIL, 500 MC	FLUOROURACIL (USP) 50 MG/ML	50 ML	VL	IV	ML		500 MG	0.1	6/7/2007	99/99/9999							
10139-0070-11		J0295		7/3/2007	4/29/2013	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN AND SULBACTAM (USP) 1 GM-0.5 GM	1 EA	VL	IJ	EA		1.5 GM	1	7/3/2007	4/29/2013							
10139-0071-10		J0295		7/3/2007	11/12/2012	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN AND SULBACTAM (USP) 2 GM-1 GM	1 EA	VL	IJ	EA		1.5 GM	2	7/3/2007	11/12/2012							
10139-0075-01		J3490		11/20/2006	1/1/2009	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (PF) 50 MCG/ML	1 ML	NA	IJ	ML		1 EA	1	11/20/2006	1/1/2009							
10139-0075-02		J3490		11/20/2006	1/1/2009	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (PF) 50 MCG/ML	2 ML	NA	IJ	ML		1 EA	1	11/20/2006	1/1/2009							
10139-0075-05		J3490		11/20/2006	1/1/2009	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (PF) 50 MCG/ML	5 ML	NA	IJ	ML		1 EA	1	11/20/2006	1/1/2009							
10139-0075-10		J3490		11/20/2006	1/1/2009	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (1MLX10,USP,SINGLE-DOSE) 50 MCG/ML	1 ML	AM	IJ	ML		1 EA	1	11/20/2006	1/1/2009							
10139-0075-12		J3490		11/20/2006	1/1/2009	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (2MLX10,USP,SINGLE-DOSE) 50 MCG/ML	2 ML	AM	IJ	ML		1 EA	1	11/20/2006	1/1/2009							
10139-0075-15		J3490		11/20/2006	1/1/2009	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (5MLX10,USP,SINGLE-DOSE) 50 MCG/ML	5 ML	AM	IJ	ML		1 EA	1	11/20/2006	1/1/2009							
10139-0230-10		J2360		1/5/2007	1/1/2009	INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG	ORPHENADRINE CITRATE (10X2ML,SINGLE DOSE,USP) 30 MG/ML	2 ML	VL	IJ	ML		60 MG	0.5	1/5/2007	1/1/2009							
10139-0501-12		J3370		8/19/2008	8/23/2010	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HYDROCHLORIDE (USP,PF,Lyophilized) (1GM = 1000 MG)	10 EA	NA	NA	EA		500 MG	2	8/19/2008	8/23/2010							
10148-0101-00		Q4080		7/1/2005	7/31/2008	ILOPROST, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	VENTAVIS (UNIT-DOSE VIAL,PF) 10 MCG/ML	2 ML	GC	IH	ML		20 MCG	0.5	7/1/2005	7/31/2008							
10148-0101-01		Q4080		7/1/2005	12/31/2009	ILOPROST, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	VENTAVIS (UNIT-DOSE VIAL,PF) 10 MCG/ML	2 ML	VL	IH	ML		20 MCG	0.5	7/1/2005	12/31/2009							
10148-0101-01		Q4074		1/1/2010	2/27/2009	ILOPROST, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 20 MICROGRAMS	VENTAVIS (UNIT-DOSE VIAL,PF) 10 MCG/ML	2 ML	VL	IH	ML		20 MCG	0.5	1/1/2010	2/27/2009							
10148-0101-30		Q4080		7/1/2005	7/31/2008	ILOPROST, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	VENTAVIS (UNIT-DOSE VIAL,PF) 10 MCG/ML	2 ML	GC	IH	ML		20 MCG	0.5	7/1/2005	7/31/2008							
10148-0102-00		Q4080		12/8/2005	1/14/2009	ILOPROST, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	VENTAVIS (PF) 10 MCG/ML	1 ML	GC	IH	ML		20 MCG	0.5	1/1/2008	1/14/2009	12/8/2005	12/31/2007	1				
10148-0102-30		Q4080		12/8/2005	1/14/2009	ILOPROST, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 20 MICROGRAMS	VENTAVIS (PF) 10 MCG/ML	1 ML	GC	IH	ML		20 MCG	0.5	1/1/2008	1/14/2009	12/8/2005	12/31/2007	1				
10158-0042-01		Q0163		1/1/2002	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	NYTOL QUICKGELS MAXIMUM STRENGTH (SOFTGEL) 50 MG	8 EA	BX	PO	EA		50 MG	1	1/1/2002	99/99/9999							
10158-0043-02		Q0163		1/1/2002	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	NYTOL QUICKCAPS 25 MG	16 EA	BX	PO	EA		50 MG	0.5	1/1/2002	99/99/9999							
10158-0043-04		Q0163		1/1/2002	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	NYTOL QUICKCAPS 25 MG	32 EA	BX	PO	EA		50 MG	0.5	1/1/2002	99/99/9999							
10158-0043-06		Q0163		1/1/2002	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	NYTOL QUICKCAPS 25 MG	72 EA	BX	PO	EA		50 MG	0.5	1/1/2002	99/99/9999							
10267-0835-01		Q0163		1/1/2002	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	DIPHENHYDRAMINE HCL 25 MG	100 EA	BO	PO	EA		50 MG	0.5	1/1/2002	99/99/9999							
10267-0835-04		Q0163		1/1/2002	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	DIPHENHYDRAMINE HCL 25 MG	1000 EA	BO	PO	EA		50 MG	0.5	1/1/2002	99/99/9999							
10267-0836-01		Q0163		1/1/2002	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	DIPHENHYDRAMINE HCL 50 MG	100 EA	BO	PO	EA		50 MG	1	1/1/2002	99/99/9999							
10267-0836-04		Q0163		1/1/2002	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	DIPHENHYDRAMINE HCL 50 MG	1000 EA	BO	PO	EA		50 MG	1	1/1/2002	99/99/9999							

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
10454-0710-10		J0587		8/1/2005	99/99/9999	INJECTION, RIMABOTULINUMTOXINB, 100 UNITS	MYOBLOC (PF) 2500 U/0.5 ML	0.5 ML	VL	IM	ML	100 U				50	8/1/2005	99/99/9999					
10454-0711-10		J0587		8/1/2005	99/99/9999	INJECTION, RIMABOTULINUMTOXINB, 100 UNITS	MYOBLOC (PF) 5000 U/ML	1 ML	VL	IM	ML	100 U				50	8/1/2005	99/99/9999					
10454-0712-10		J0587		6/30/2006	99/99/9999	INJECTION, RIMABOTULINUMTOXINB, 100 UNITS	MYOBLOC 5000 U/ML	2 ML	VL	IM	ML	100 U				50	6/30/2006	99/99/9999					
10518-0102-07		J9265		4/19/2007	7/5/2009	INJECTION, PACLITAXEL, 30 MG	PACLITAXEL (USP,MDV) 6 MG/ML	5 ML	VL	IV	ML	30 MG				0.2	4/19/2007	7/5/2009					
10518-0102-08		J9265		4/19/2007	7/5/2009	INJECTION, PACLITAXEL, 30 MG	PACLITAXEL (USP,MDV) 6 MG/ML	16.7 ML	VL	IV	ML	30 MG				0.2	4/19/2007	7/5/2009					
10518-0102-09		J9265		4/19/2007	7/5/2009	INJECTION, PACLITAXEL, 30 MG	PACLITAXEL (USP,MDV) 6 MG/ML	50 ML	VL	IV	ML	30 MG				0.2	4/19/2007	7/5/2009					
10518-0103-10		J9206		2/27/2008	3/11/2009	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X2ML) 20 MG/ML	2 ML	VL	IV	ML	20 MG				1	2/27/2008	3/11/2009					
10518-0103-10	QR	J9206	QR	2/27/2008	3/11/2009	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X2ML) 20 MG/ML	2 ML	VL	IV	ML	20 MG				1	2/27/2008	3/11/2009					
10518-0103-11		J9206		2/27/2008	6/1/2009	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X5ML) 20 MG/ML	5 ML	VL	IV	ML	20 MG				1	2/27/2008	6/1/2009					
10518-0103-11	QR	J9206	QR	2/27/2008	6/1/2009	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X5ML) 20 MG/ML	5 ML	VL	IV	ML	20 MG				1	2/27/2008	6/1/2009					
10518-0104-10		J9178		8/24/2007	8/20/2009	INJECTION, EPIRUBICIN HCL, 2 MG	EPIRUBICIN HYDROCHLORIDE (SINGLE-USE,PF) 2 MG/ML	25 ML	VL	IV	ML	2 MG				1	8/24/2007	8/20/2009					
10518-0104-11		J9178		8/24/2007	8/20/2009	INJECTION, EPIRUBICIN HCL, 2 MG	EPIRUBICIN HYDROCHLORIDE (SINGLE-USE,PF) 2 MG/ML	100 ML	VL	IV	ML	2 MG				1	8/24/2007	8/20/2009					
10544-0322-21		J7509		1/11/2008	12/31/2010	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	21 EA	BO	PO	EA	4 MG				1	1/11/2008	12/31/2010					
10544-0328-30		Q0177		1/1/2008	12/31/2010	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	HYDROXYZINE PAMOATE 25 MG	30 EA	BO	PO	EA	25 MG				1	1/1/2008	12/31/2010					
10544-0343-20		Q0170		1/11/2008	10/1/2009	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	PROMETHAZINE HYDROCHLORIDE 25 MG	20 EA	BO	PO	EA	25 MG				1	1/11/2008	10/1/2009					
10544-0343-30		Q0170		1/21/2008	12/31/2010	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	PROMETHAZINE HCL 25 MG	30 EA	BO	PO	EA	25 MG				1	1/21/2008	12/31/2010					
10702-0002-01		Q0169		5/10/2007	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	PROMETHAZINE HYDROCHLORIDE (USP) 12.5 MG	100 EA	BO	PO	EA	12.5 MG				1	5/10/2007	99/99/9999					
10702-0003-01		Q0170		1/16/2007	99/99/9999	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	PROMETHAZINE HYDROCHLORIDE (USP) 25 MG	100 EA	BO	PO	EA	25 MG				1	1/16/2007	99/99/9999					
10702-0003-10		Q0170		1/16/2007	99/99/9999	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	PROMETHAZINE HYDROCHLORIDE (USP) 25 MG	1000 EA	BO	PO	EA	25 MG				1	1/16/2007	99/99/9999					
10702-0004-01		Q0170		1/16/2007	99/99/9999	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	PROMETHAZINE HYDROCHLORIDE (USP) 50 MG	100 EA	BO	PO	EA	25 MG				2	1/16/2007	99/99/9999					
10768-7085-01		J7506		5/12/2006	3/15/2010	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP) 20 MG	100 EA	BO	PO	EA	5 MG				4	5/12/2006	3/15/2010					
10768-7283-01		J7506		5/12/2006	12/11/2007	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP,BLISTER PACK) 10 MG	21 EA	DP	PO	EA	5 MG				2	5/12/2006	12/11/2007					
10768-7283-02		J7506		5/12/2006	12/11/2007	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP,BLISTER PACK) 10 MG	48 EA	DP	PO	EA	5 MG				2	5/12/2006	12/11/2007					
10768-7283-03		J7506		5/12/2006	3/15/2010	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP) 10 MG	100 EA	BO	PO	EA	5 MG				2	5/12/2006	3/15/2010					
10768-7283-04		J7506		5/12/2006	3/15/2010	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP) 10 MG	1000 EA	BO	PO	EA	5 MG				2	5/12/2006	3/15/2010					
10768-7733-01		J7506		5/12/2006	12/11/2007	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP,BLISTER PACK) 5 MG	21 EA	DP	PO	EA	5 MG				1	5/12/2006	12/11/2007					
10768-7733-02		J7506		5/12/2006	12/11/2007	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP,BLISTER PACK) 5 MG	48 EA	DP	PO	EA	5 MG				1	5/12/2006	12/11/2007					
10768-7733-03		J7506		5/12/2006	3/15/2010	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP) 5 MG	100 EA	BO	PO	EA	5 MG				1	5/12/2006	3/15/2010					
10768-7733-04		J7506		5/12/2006	3/15/2010	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP) 5 MG	1000 EA	BO	PO	EA	5 MG				1	5/12/2006	3/15/2010					
10892-0112-65		Q0163		1/1/2002	2/8/2013	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	DYTUSS 12.5 MG/5 ML	480 ML	BO	PO	ML	50 MG				0.05	1/1/2002	2/8/2013					
10956-0750-24		Q0163		11/2/2004	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	SLEEP-ETTES D 50 MG	24 EA	NA	PO	EA	50 MG				1	11/2/2004	99/99/9999					
10956-0750-48		Q0163		11/2/2004	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	SLEEP-ETTES D 50 MG	48 EA	BO	PO	EA	50 MG				1	11/2/2004	99/99/9999					
10956-0751-24		Q0163		11/2/2004	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	ALER-DRYL 50 MG	24 EA	BX	PO	EA	50 MG				1	11/2/2004	99/99/9999					

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
10956-0751-48		Q0163		11/2/2004	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ALER-DRYL 50 MG	48 EA	BO	PO	EA	50 MG			1	11/2/2004	99/99/9999						
11098-0010-01		J1790		1/1/2002	6/3/2009	INJECTION, DROPERIDOL, UP TO 5 MG	INAPSINE (AMP) 2.5 MG/ML	1 ML	AM	IJ	ML	5 MG	0.5		1	1/1/2002	6/3/2009						
11098-0010-02		J1790		1/1/2002	6/3/2009	INJECTION, DROPERIDOL, UP TO 5 MG	INAPSINE (AMP) 2.5 MG/ML	2 ML	AM	IJ	ML	5 MG	0.5		1	1/1/2002	6/3/2009						
11098-0030-02		J3010		1/1/2002	11/8/2010	INJECTION, FENTANYL CITRATE, 0.1 MG	SUBLIMAZE (AMP) 0.05 MG/ML	2 ML	AM	IJ	ML	0.1 MG	0.5		1	1/1/2002	11/8/2010						
11098-0030-05		J3010		1/1/2002	11/8/2010	INJECTION, FENTANYL CITRATE, 0.1 MG	SUBLIMAZE (AMP) 0.05 MG/ML	5 ML	AM	IJ	ML	0.1 MG	0.5		1	1/1/2002	11/8/2010						
11098-0030-10		J3010		1/1/2002	3/15/2007	INJECTION, FENTANYL CITRATE, 0.1 MG	SUBLIMAZE (AMP) 0.05 MG/ML	10 ML	AM	IJ	ML	0.1 MG	0.5		1	1/1/2002	3/15/2007						
11098-0030-20		J3010		1/1/2002	11/8/2010	INJECTION, FENTANYL CITRATE, 0.1 MG	SUBLIMAZE (AMP) 0.05 MG/ML	20 ML	AM	IJ	ML	0.1 MG	0.5		1	1/1/2002	11/8/2010						
11098-0050-01		J3490		1/1/2002	12/6/2010	UNCLASSIFIED DRUGS	SUFENTA (AMP) 50 MCG/ML	1 ML	AM	IJ	ML	1 EA	1		1	1/1/2002	12/6/2010						
11098-0050-02		J3490		1/1/2002	1/9/2011	UNCLASSIFIED DRUGS	SUFENTA (AMP) 50 MCG/ML	2 ML	AM	IJ	ML	1 EA	1		1	1/1/2002	1/9/2011						
11098-0050-05		J3490		1/1/2002	1/8/2012	UNCLASSIFIED DRUGS	SUFENTA (AMP) 50 MCG/ML	5 ML	AM	IJ	ML	1 EA	1		1	1/1/2002	1/8/2012						
11098-0526-03		J0470		1/1/2002	6/13/2012	INJECTION, DIMERCAPROL, PER 100 MG	BAL IN OIL (AMP) 10%	3 ML	AM	IM	ML	100 MG	1		1	1/1/2002	6/13/2012						
11098-0533-01		J1600		6/21/2002	4/4/2010	INJECTION, GOLD SODIUM THIOALATE, UP TO 50 MC	MYOCHRSYNE (VIAL) 50 MG/ML	1 ML	VL	IM	ML	50 MG	1		1	6/21/2002	4/4/2010						
11098-0533-10		J1600		6/21/2002	11/8/2010	INJECTION, GOLD SODIUM THIOALATE, UP TO 50 MC	MYOCHRSYNE (VIAL) 50 MG/ML	10 ML	VL	IM	ML	50 MG	1		1	6/21/2002	11/8/2010						
11584-1016-02		J2360		1/1/2002	99/99/9999	INJECTION, ORPHENADRINE CITRATE, UP TO 60 MC	MIO-REL (AMP) 30 MG/ML	2 ML	AM	IJ	ML	60 MG	0.5		1	1/1/2002	99/99/9999						
11584-1016-05		J2360		1/1/2002	99/99/9999	INJECTION, ORPHENADRINE CITRATE, UP TO 60 MC	MIO-REL (AMP) 30 MG/ML	2 ML	AM	IJ	ML	60 MG	0.5		1	1/1/2002	99/99/9999						
11584-1025-01		J3420		1/1/2002	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCC	NEUROFORTE-R (VIAL) 1000 MCG/ML	10 ML	VL	IM	ML	1000 MCG	1		1	1/1/2002	99/99/9999						
11743-0210-02		J1644		1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (HEMOCHRON RXXD,VIAL) 1000 U/ML	10 ML	VL	IJ	ML	1000 U	1		1	1/1/2002	99/99/9999						
11822-0527-10		Q0163		5/2/2006	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	RITE AID ALLERGY (AF,SF,DYE-FREE) 12.5 MG/5 ML	118 ML	NA	PO	ML	50 MG	0.05		1	5/2/2006	99/99/9999						
11845-0896-01		Q0163		1/1/2002	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ALLERGY RELIEF MEDICINE 25 MG DEFINITY (VIAL,GLASS)	100 EA	BO	PO	EA	50 MG	0.5		1	1/1/2002	99/99/9999						
11994-0011-04		J3490		1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	ZITHROMAX 600 MG	2 ML	VL	IV	ML	1 EA	1		1	1/1/2002	99/99/9999						
12280-0057-30		Q0144		3/21/2005	4/1/2009	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAIN	ZITHROMAX 600 MG	30 EA	BO	PO	EA	1 GM	0.6		1	3/21/2005	4/1/2009						
12280-0068-24		Q0163		7/12/2005	4/1/2009	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	BENADRYL (DYE-FREE,SOFTGEL) 25 MG	24 EA	BO	PO	EA	50 MG	0.5		1	7/12/2005	4/1/2009						
12280-0068-30		Q0163		3/21/2005	4/1/2009	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	BENADRYL 25 MG	30 EA	BO	PO	EA	50 MG	0.5		1	3/21/2005	4/1/2009						
12280-0072-15		J2941		3/21/2005	4/1/2009	INJECTION, SOMATROPIN, 1 MG	NORDITROPIN NORDIFLEX 5 MG/1.5 ML	1.5 ML	SR	SC	ML	1 MG	3.33333		1	3/21/2005	4/1/2009						
12280-0073-10		J0696		3/21/2005	4/1/2009	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	ROCEPHIN (10 VIALS X 6ML) 500 MG	1 EA	VL	IJ	EA	250 MG	2		1	3/21/2005	4/1/2009						
12280-0092-15		J2941		3/23/2005	4/1/2009	INJECTION, SOMATROPIN, 1 MG	NORDITROPIN 5 MG/1.5 ML	1.5 ML	CT	SC	ML	1 MG	3.33333		1	3/23/2005	4/1/2009						
12280-0094-30		J7644		3/30/2005	4/1/2009	MILLIGRAM	IPRATROPIUM BROMIDE (PF) 0.02%	2.5 ML	PC	IH	ML	1 MG	0.2		1	3/30/2005	4/1/2009						
12280-0094-30	KO	J7644	KO	3/30/2005	4/1/2009	MILLIGRAM	IPRATROPIUM BROMIDE (PF) 0.02%	2.5 ML	PC	IH	ML	1 MG	0.2		1	3/30/2005	4/1/2009						
12280-0109-30		Q0144		3/24/2005	4/1/2009	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAIN	ZITHROMAX 200 MG/5 ML	30 ML	BO	PO	ML	1 GM	0.04		1	3/24/2005	4/1/2009						
12280-0139-30		J7500		4/21/2005	4/1/2009	AZATHIOPRINE, ORAL, 50 MG	AZATHIOPRINE 50 MG	30 EA	BO	PO	EA	50 MG	1		1	4/21/2005	4/1/2009						
12280-0185-00		Q0163		6/22/2005	4/1/2009	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	100 EA	BO	PO	EA	50 MG	1		1	6/22/2005	4/1/2009						
12280-0205-04		Q0177		6/29/2005	4/1/2009	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	VISTARIL 25 MG/5 ML	120 ML	BO	PO	ML	25 MG	0.2		1	6/29/2005	4/1/2009						
12280-0227-10		J1200		8/8/2005	4/1/2009	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MC	BENADRYL 50 MG/ML	10 ML	VL	IJ	ML	50 MG	1		1	8/8/2005	4/1/2009						
12280-0229-01		J2800		8/16/2005	4/1/2009	INJECTION, METHOCARBAMOL, UP TO 10 ML	ROBAXIN 100 MG/ML	10 ML	VL	IJ	ML	10 ML	0.1		1	8/16/2005	4/1/2009						
12280-0230-01		J2001		8/16/2005	4/1/2009	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MC	LIDOCAINE HCL (LATEX-FREE) 2%	50 ML	NA	IJ	ML	10 MG	2		1	8/16/2005	4/1/2009						
12280-0232-01		J2930		8/18/2005	4/1/2009	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MC	SOLU-MEDROL 125 MG	1 EA	VL	IJ	EA	125 MG	1		1	8/18/2005	4/1/2009						
12280-0233-01		A4216		8/18/2005	4/1/2009	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION	30 ML	VL	IV	ML	10 ML	0.1		1	8/18/2005	4/1/2009						
12280-0241-25		J7603		1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (PF) 0.083%	3 ML	PC	IH	ML	1 MG	0.83		1	1/1/2008	3/31/2008						
12280-0241-25	KO	J7603	KO	1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (PF) 0.083%	3 ML	PC	IH	ML	1 MG	0.83		1	1/1/2008	3/31/2008						
12280-0241-25		J7613		4/1/2008	4/1/2009	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (PF) 0.083%	3 ML	PC	IH	ML	1 MG	0.83		1	4/1/2008	4/1/2009						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
12280-0241-25	KO	J7613		4/1/2008	4/1/2009	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (PF) 0.083%	3 ML	PC	IH	ML		1 MG	0.83		4/1/2008	4/1/2009						
12280-0256-01	J1030			5/19/2006	4/1/2009	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MC	DEPO-MEDROL 40 MG/ML	1 ML	VL	IJ	ML		40 MG	1		5/19/2006	4/1/2009						
12280-0256-05	J1030			12/14/2005	4/1/2009	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MC	DEPO-MEDROL 40 MG/ML	5 ML	VL	IJ	ML		40 MG	1		12/14/2005	4/1/2009						
12280-0268-06	Q0144			3/8/2006	4/1/2009	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (1X6) 250 MG	6 EA	DP	PO	EA		1 GM	0.25		3/8/2006	4/1/2009						
12280-0269-03	Q0144			3/8/2006	4/1/2009	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (1X3) 500 MG	3 EA	DP	PO	EA		1 GM	0.5		3/8/2006	4/1/2009						
12280-0276-30	Q0175			3/21/2006	4/1/2009	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	PERPHENAZINE 4 MG	30 EA	BO	PO	EA		4 MG	1		3/21/2006	4/1/2009						
12280-0276-60	Q0175			3/21/2006	4/1/2009	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	PERPHENAZINE 4 MG	60 EA	BO	PO	EA		4 MG	1		3/21/2006	4/1/2009						
12280-0276-90	Q0175			3/21/2006	4/1/2009	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	PERPHENAZINE 4 MG	90 EA	BO	PO	EA		4 MG	1		3/21/2006	4/1/2009						
12280-0277-30	Q0176			3/21/2006	4/1/2009	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	PERPHENAZINE 8 MG	30 EA	BO	PO	EA		8 MG	1		3/21/2006	4/1/2009						
12280-0277-60	Q0176			3/21/2006	4/1/2009	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	PERPHENAZINE 8 MG	60 EA	BO	PO	EA		8 MG	1		3/21/2006	4/1/2009						
12280-0277-90	Q0176			3/21/2006	4/1/2009	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	PERPHENAZINE 8 MG	90 EA	BO	PO	EA		8 MG	1		3/21/2006	4/1/2009						
12280-0346-30	J8999			1/9/2008	4/1/2009	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	ARIMIDEX 1 MG	30 EA	BO	PO	EA		1 EA	1		1/9/2008	4/1/2009						
12280-0456-10	J1885			10/4/2005	8/1/2007	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE 30 MG/ML	2 ML	NA	IM	ML		15 MG	2		10/4/2005	8/1/2007						
12496-0757-01	J0592			1/1/2003	99/99/9999	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MC	BUPRENEX (AMP) 0.3 MG/ML	1 ML	AM	IJ	ML		0.1 MG	3.24		1/1/2003	99/99/9999						
12547-0170-21	Q0163			1/1/2002	3/7/2011	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	BENADRYL (DYE-FREE,SOFTGEL) 25 MG	24 EA	NA	PO	EA		50 MG	0.5		1/1/2002	3/7/2011						
12547-0170-31	Q0163			1/1/2002	2/3/2009	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	BENADRYL (ULTRATAB) 25 MG	24 EA	NA	PO	EA		50 MG	0.5		1/1/2002	2/3/2009						
12547-0170-33	Q0163			1/1/2002	2/3/2009	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	BENADRYL (ULTRATAB) 25 MG	100 EA	NA	PO	EA		50 MG	0.5		1/1/2002	2/3/2009						
12547-0170-55	Q0163			1/1/2002	10/25/2008	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	BENADRYL ALLERGY (AF,CHERRY) 12.5 MG/5 ML	240 ML	NA	PO	ML		50 MG	0.05		1/1/2002	10/25/2008						
12547-0171-36	Q0163			1/1/2002	2/3/2009	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	BENADRYL (ULTRATAB) 25 MG	48 EA	NA	PO	EA		50 MG	0.5		1/1/2002	2/3/2009						
12547-0171-37	Q0163			11/17/2003	10/25/2008	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	BENADRYL ALLERGY (CHILDREN'S,AF,SF) 12.5 MG/5 ML	118 ML	NA	PO	ML		50 MG	0.05		11/17/2003	10/25/2008						
12547-0172-38	Q0163			1/1/2002	10/25/2008	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	BENADRYL ALLERGY 12.5 MG	24 EA	NA	PO	EA		50 MG	0.25		1/1/2002	10/25/2008						
12810-0379-26	Q0163			1/1/2002	3/5/2012	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ANTIHISTAMINE 12.5 MG/5 ML	120 ML	BO	PO	ML		50 MG	0.05		1/1/2002	3/5/2012						
13411-0131-01	Q0144			8/23/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	10 EA	BO	PO	EA		1 GM	0.25		8/23/2006	99/99/9999						
13411-0131-03	Q0144			6/1/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	30 EA	BO	PO	EA		1 GM	0.25		6/1/2005	99/99/9999						
13411-0131-06	Q0144			8/23/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	60 EA	BO	PO	EA		1 GM	0.25		8/23/2006	99/99/9999						
13411-0131-09	Q0144			8/23/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	90 EA	BO	PO	EA		1 GM	0.25		8/23/2006	99/99/9999						
13411-0131-15	Q0144			8/23/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	15 EA	BO	PO	EA		1 GM	0.25		8/23/2006	99/99/9999						
13411-0182-01	J8499			8/23/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	10 EA	BO	PO	EA		1 EA	1		8/23/2006	99/99/9999						
13411-0182-03	J8499			8/23/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	30 EA	BO	PO	EA		1 EA	1		8/23/2006	99/99/9999						
13411-0182-06	J8499			8/23/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	60 EA	BO	PO	EA		1 EA	1		8/23/2006	99/99/9999						
13411-0182-09	J8499			8/23/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	90 EA	BO	PO	EA		1 EA	1		8/23/2006	99/99/9999						
13411-0182-10	J8499			8/23/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	100 EA	BO	PO	EA		1 EA	1		8/23/2006	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
13411-0183-01		J8499		8/23/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NO	ACYCLOVIR 800 MG	10 EA	BO	PO	EA	1 EA	1	8/23/2006	99/99/9999								
13411-0183-03		J8499		8/23/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NO	ACYCLOVIR 800 MG	30 EA	BO	PO	EA	1 EA	1	8/23/2006	99/99/9999								
13411-0183-06		J8499		8/23/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NO	ACYCLOVIR 800 MG	60 EA	BO	PO	EA	1 EA	1	8/23/2006	99/99/9999								
13411-0183-09		J8499		8/23/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NO	ACYCLOVIR 800 MG	90 EA	BO	PO	EA	1 EA	1	8/23/2006	99/99/9999								
13411-0183-10		J8499		8/23/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NO	ACYCLOVIR 800 MG	100 EA	BO	PO	EA	1 EA	1	8/23/2006	99/99/9999								
13436-0700-01	J0170			8/3/2005	12/31/2010	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	TWINJECT (0.3MG DELIVERY) 1 MG/ML	0.3 ML	SR	IJ	EA	1 ML	1	8/3/2005	12/31/2010								
13436-0700-02	J0170			8/3/2005	12/31/2010	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	TWINJECT (0.3MG DELIVERY) 1 MG/ML	0.3 ML	SR	IJ	EA	1 ML	1	8/3/2005	12/31/2010								
13436-0701-01	J0170			8/3/2005	12/31/2010	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	TWINJECT (0.15MG DELIVERY) 1 MG/ML	0.15 ML	SR	IJ	EA	1 ML	1	8/3/2005	12/31/2010								
13436-0701-02	J0170			8/3/2005	12/31/2010	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	TWINJECT (0.15MG DELIVERY) 1 MG/ML	0.15 ML	SR	IJ	EA	1 ML	1	8/3/2005	12/31/2010								
13533-0603-20	J7197			10/14/2006	99/99/9999	ANTITHROMBIN III (HUMAN), PER I.U.	THROMBATE III (W/DILUENT,-500IU/VIAL) 1 IU	500 IU	VL	IV	EA	1 IU	1	10/14/2006	99/99/9999								
13533-0603-30	J7197			10/14/2006	99/99/9999	ANTITHROMBIN III (HUMAN), PER I.U.	THROMBATE III (W/DILUENT,-1000IU/VIAL) 1 IU	1000 IU	VL	IV	EA	1 IU	1	10/14/2006	99/99/9999								
13533-0631-02	J2792			12/21/2005	99/99/9999	DETERGENT, 100 IU	HYPERRHO S/D (FULL DOSE,PF)	1 ML	SR	IM	ML	100 IU	15	12/21/2005	99/99/9999								
13533-0631-06	J2792			12/21/2005	99/99/9999	DETERGENT, 100 IU	HYPERRHO S/D (MINI-DOSE)	0.17 ML	SR	IM	ML	100 IU	12.5	12/21/2005	99/99/9999								
13533-0634-02	J1670			10/14/2006	99/99/9999	INJECTION, TETANUS IMMUNE GLOBULIN, HUMAN, UP TO 250 UNITS	HYPERLET S/D (PF) 250 U	1 ML	SR	IM	ML	250 U	1	10/14/2006	99/99/9999								
13533-0635-03	J1460			1/17/2008	99/99/9999	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 1 CC	GAMASTAN S/D (1X2ML,PF,LATEX-FREE)	2 ML	SR	IM	ML	1 ML	1	1/17/2008	99/99/9999								
13533-0635-04	J1460			10/4/2005	99/99/9999	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 1 CC	GAMASTAN S/D (S.D.V.,PF)	2 ML	VL	IM	ML	1 ML	1	10/4/2005	99/99/9999								
13533-0635-12	J1460			10/4/2005	99/99/9999	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 1 CC	GAMASTAN S/D (S.D.V.,PF)	10 ML	VL	IM	ML	1 ML	1	10/4/2005	99/99/9999								
13533-0636-01	J3590			10/14/2006	99/99/9999	UNCLASSIFIED BIOLOGICS	HYPERHEP B S/D (PF)	1 ML	VL	IM	ML	1 EA	1	10/14/2006	99/99/9999								
13533-0636-02	J3590			1/18/2006	99/99/9999	UNCLASSIFIED BIOLOGICS	HYPERHEP B S/D (SINGLE DOSE,PF)	1 ML	SR	IM	ML	1 EA	1	1/18/2006	99/99/9999								
13533-0636-03	J3590			1/18/2006	99/99/9999	UNCLASSIFIED BIOLOGICS	HYPERHEP B S/D (NEONATAL SINGLE DOSE,PF)	0.5 ML	SR	IM	ML	1 EA	1	1/18/2006	99/99/9999								
13533-0636-05	J3590			1/18/2006	99/99/9999	UNCLASSIFIED BIOLOGICS	HYPERHEP B S/D (SDV,PF)	5 ML	VL	IM	ML	1 EA	1	1/18/2006	99/99/9999								
13533-0645-12	Q4092			7/1/2007	12/31/2007	INJECTION, IMMUNE GLOBULIN (GAMUNEX), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	GAMUNEX (PF) 100 MG/ML	10 ML	VL	IV	ML	500 MG	0.2	7/1/2007	12/31/2007								
13533-0645-12	J1561			1/1/2008	99/99/9999	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG	GAMUNEX (PF) 100 MG/ML	10 ML	VL	IV	ML	500 MG	0.2	1/1/2008	99/99/9999								
13533-0645-15	J1561			1/1/2008	99/99/9999	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG	GAMUNEX (PF) 100 MG/ML	25 ML	VL	IV	ML	500 MG	0.2	1/1/2008	99/99/9999								
13533-0645-15	Q4092			7/1/2007	12/31/2007	INJECTION, IMMUNE GLOBULIN (GAMUNEX), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	GAMUNEX (PF) 100 MG/ML	25 ML	VL	IV	ML	500 MG	0.2	7/1/2007	12/31/2007								
13533-0645-20	J1561			1/1/2008	99/99/9999	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG	GAMUNEX (PF) 100 MG/ML	50 ML	VL	IV	ML	500 MG	0.2	1/1/2008	99/99/9999								
13533-0645-20	Q4092			7/1/2007	12/31/2007	INJECTION, IMMUNE GLOBULIN (GAMUNEX), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	GAMUNEX (PF) 100 MG/ML	50 ML	VL	IV	ML	500 MG	0.2	7/1/2007	12/31/2007								
13533-0645-24	Q4092			7/1/2007	12/31/2007	INJECTION, IMMUNE GLOBULIN (GAMUNEX), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	GAMUNEX (PF) 100 MG/ML	200 ML	VL	IV	ML	500 MG	0.2	7/1/2007	12/31/2007								
13533-0645-24	J1561			1/1/2008	99/99/9999	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG	GAMUNEX (PF) 100 MG/ML	200 ML	VL	IV	ML	500 MG	0.2	1/1/2008	99/99/9999								
13533-0645-71	Q4092			7/1/2007	12/31/2007	INJECTION, IMMUNE GLOBULIN (GAMUNEX), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	GAMUNEX (PF) 100 MG/ML	100 ML	VL	IV	ML	500 MG	0.2	7/1/2007	12/31/2007								
13533-0645-71	J1561			1/1/2008	99/99/9999	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG	GAMUNEX (PF) 100 MG/ML	100 ML	VL	IV	ML	500 MG	0.2	1/1/2008	99/99/9999								
13533-0665-20	J7190			11/1/2007	6/1/2011	FACTOR VIII (ANTHEMOPHILIC FACTOR, HUMAN) PER I.U	KOATE-DVI (250IU) 1 IU	250 IU	VL	IV	EA	1 IU	1	11/1/2007	6/1/2011								
13533-0665-30	J7190			11/1/2007	6/1/2011	FACTOR VIII (ANTHEMOPHILIC FACTOR, HUMAN) PER I.U	KOATE-DVI (500IU) 1 IU	500 IU	VL	IV	EA	1 IU	1	11/1/2007	6/1/2011								
13533-0665-50	J7190			11/1/2007	6/1/2011	FACTOR VIII (ANTHEMOPHILIC FACTOR, HUMAN) PER I.U	KOATE-DVI (1000IU) 1 IU	1000 IU	VL	IV	EA	1 IU	1	11/1/2007	6/1/2011								
13533-0800-12	J1561			12/7/2010	99/99/9999	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG	GAMUNEX-C (1X10ML,SINGLE-USE) 1 GM/10 ML	1 ML	VL	IJ	ML	500 MG	0.2	12/7/2010	99/99/9999								
13533-0800-15	J1561			12/7/2010	99/99/9999	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG	GAMUNEX-C (1X25ML,SINGLE-USE) 1 GM/10 ML	1 ML	VL	IJ	ML	500 MG	0.2	12/7/2010	99/99/9999								
13533-0800-20	J1561			12/7/2010	99/99/9999	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG	GAMUNEX-C (1X50ML,SINGLE-USE) 1 GM/10 ML	1 ML	VL	IJ	ML	500 MG	0.2	12/7/2010	99/99/9999								
13533-0800-24	J1561			12/7/2010	99/99/9999	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG	GAMUNEX-C (1X200ML,SINGLE-USE) 1 GM/10 ML	1 ML	VL	IJ	ML	500 MG	0.2	12/7/2010	99/99/9999								
13533-0800-71	J1561			12/7/2010	99/99/9999	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID), 500 MG	GAMUNEX-C (1X100ML,SINGLE-USE) 1 GM/10 ML	1 ML	VL	IJ	ML	500 MG	0.2	12/7/2010	99/99/9999								
13632-0123-01	J8999			7/10/2006	1/1/2008	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NO	SOLTAAMOX (SF,LICORICE) 10 MG/5 ML	120 ML	BO	PO	ML	1 EA	1	7/10/2006	1/1/2008								
15054-1040-05	J3490			11/1/2005	12/31/2006	UNCLASSIFIED DRUGS	INCRELEX (10X4ML,M.D.V.) 10 MG/ML	4 ML	VL	SC	ML	1 EA	1	11/1/2005	12/31/2006								
15054-1040-05	J2170			1/1/2007	99/99/9999	INJECTION, MECASERMIN, 1 MG	INCRELEX (10X4ML,M.D.V.) 10 MG/ML	4 ML	VL	SC	ML	1 MG	10	1/1/2007	99/99/9999								
15210-0061-12	J9045			1/15/2007	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (MDV) 10 MG/ML	5 ML	VL	IV	ML	50 MG	0.2	1/15/2007	99/99/9999								
15210-0063-12	J9045			1/15/2007	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (MDV) 10 MG/ML	15 ML	VL	IV	ML	50 MG	0.2	1/15/2007	99/99/9999								
15210-0066-12	J9045			1/15/2007	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (MDV) 10 MG/ML	45 ML	VL	IV	ML	50 MG	0.2	1/15/2007	99/99/9999								
15210-0067-12	J9045			1/15/2007	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (MDV) 10 MG/ML	60 ML	VL	IV	ML	50 MG	0.2	1/15/2007	99/99/9999								
15210-0401-11	J2430			7/12/2006	99/99/9999	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	OTN PAMIDRONATE DISODIUM 3 MG/ML	10 ML	VL	IV	ML	30 MG	0.1	7/12/2006	99/99/9999								
15210-0402-11	J2430			7/12/2006	99/99/9999	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	OTN PAMIDRONATE DISODIUM 9 MG/ML	10 ML	VL	IV	ML	30 MG	0.3	7/12/2006	99/99/9999								

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
15210-0403-35		J9293		8/14/2006	99/99/9999	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG	OTN MITOXANTRONE (USP,MDV,PF,CONCENTRATE) 2 MG/ML	10 ML	VL	IV	ML		5 MG		0.4	8/14/2006	99/99/9999						
15210-0403-36		J9293		7/31/2006	8/11/2009	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG	OTN MITOXANTRONE (MDV,USP,PF,CONCENTRATE) 2 MG/ML	12.5 ML	NA	IV	ML		5 MG		0.4	7/31/2006	8/11/2009						
15210-0403-37		J9293		8/14/2006	99/99/9999	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG	OTN MITOXANTRONE (USP,MDV,PF,CONCENTRATE) 2 MG/ML	15 ML	VL	IV	ML		5 MG		0.4	8/14/2006	99/99/9999						
15686-0111-03		A4216		4/2/2007	7/10/2008	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (USP,100X3ML,LATEX-FREE) 0.9%	3 ML	PC	IH	ML		10 ML		0.1	4/2/2007	7/10/2008						
15686-0111-05		A4216		4/2/2007	7/10/2008	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (USP,100X5ML,LATEX-FREE) 0.9%	5 ML	PC	IH	ML		10 ML		0.1	4/2/2007	7/10/2008						
15927-3220-00		J7799		9/8/2003	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG	ALBUTEROL SULFATE (25X3ML,LDPE) 0.083%	1 EA	BO	NA	GM		1 EA		1	9/8/2003	99/99/9999						
16252-0097-22		J7603		1/1/2008	3/31/2008	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (25X3ML,LDPE) 0.083%	3 ML	PC	IH	ML		1 MG		0.83	1/1/2008	3/31/2008						
16252-0097-22	KO	J7613	KO	4/1/2008	11/3/2010	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (25X3ML,LDPE) 0.083%	3 ML	PC	IH	ML		1 MG		0.83	4/1/2008	11/3/2010						
16252-0097-22		J7613		4/1/2008	11/3/2010	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (25X3ML,LDPE) 0.083%	3 ML	PC	IH	ML		1 MG		0.83	4/1/2008	11/3/2010						
16252-0097-22		J7603	KO	1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG	ALBUTEROL SULFATE (25X3ML,LDPE) 0.083%	3 ML	PC	IH	ML		1 MG		0.83	1/1/2008	3/31/2008						
16252-0097-33		J7603		1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG	ALBUTEROL SULFATE (30X3ML,LDPE) 0.083%	3 ML	PC	IH	ML		1 MG		0.83	1/1/2008	3/31/2008						
16252-0097-33	KO	J7603	KO	1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG	ALBUTEROL SULFATE (30X3ML,LDPE) 0.083%	3 ML	PC	IH	ML		1 MG		0.83	1/1/2008	3/31/2008						
16252-0097-33		J7613		4/1/2008	11/3/2010	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG	ALBUTEROL SULFATE (30X3ML,LDPE) 0.083%	3 ML	PC	IH	ML		1 MG		0.83	4/1/2008	11/3/2010						
16252-0097-33	KO	J7613	KO	4/1/2008	11/3/2010	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (30X3ML,LDPE) 0.083%	3 ML	PC	IH	ML		1 MG		0.83	4/1/2008	11/3/2010						
16252-0097-66		J7603		1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG	ALBUTEROL SULFATE (60X3ML,LDPE) 0.083%	3 ML	PC	IH	ML		1 MG		0.83	1/1/2008	3/31/2008						
16252-0097-66	KO	J7603	KO	1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG	ALBUTEROL SULFATE (60X3ML,LDPE) 0.083%	3 ML	PC	IH	ML		1 MG		0.83	1/1/2008	3/31/2008						
16252-0097-66		J7613		4/1/2008	11/3/2010	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (60X3ML,LDPE) 0.083%	3 ML	PC	IH	ML		1 MG		0.83	4/1/2008	11/3/2010						
16252-0097-66	KO	J7613	KO	4/1/2008	11/3/2010	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (60X3ML,LDPE) 0.083%	3 ML	PC	IH	ML		1 MG		0.83	4/1/2008	11/3/2010						
16252-0098-22	KO	J7644	KO	4/1/2006	10/11/2011	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (25X2.5ML,LDPE) 0.02%	2.5 ML	PC	IH	ML		1 MG		0.2	4/1/2006	10/11/2011						
16252-0098-22		J7644		4/1/2006	10/11/2011	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (25X2.5ML,LDPE) 0.02%	2.5 ML	PC	IH	ML		1 MG		0.2	4/1/2006	10/11/2011						
16252-0098-33		J7644		4/1/2006	6/23/2011	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (30X2.5ML,LDPE) 0.02%	2.5 ML	PC	IH	ML		1 MG		0.2	4/1/2006	6/23/2011						
16252-0098-33	KO	J7644	KO	4/1/2006	6/23/2011	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (30X2.5ML,LDPE) 0.02%	2.5 ML	PC	IH	ML		1 MG		0.2	4/1/2006	6/23/2011						
16252-0098-66		J7644		4/1/2006	5/22/2011	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (60X2.5ML,LDPE) 0.02%	2.5 ML	PC	IH	ML		1 MG		0.2	4/1/2006	5/22/2011						
16252-0098-66	KO	J7644	KO	4/1/2006	5/22/2011	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (60X2.5ML,LDPE) 0.02%	2.5 ML	PC	IH	ML		1 MG		0.2	4/1/2006	5/22/2011						
16252-0536-08		J8515		5/1/2008	99/99/9999	CABERGOLINE, ORAL, 0.25 MG	CABERGOLINE 0.5 MG	8 EA	BO	PO	EA		0.25 MG		2	5/1/2008	99/99/9999						
16252-0547-33		J7620		12/31/2007	7/2/2013	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	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	7/2/2013						
16252-0547-66		J7620		12/31/2007	5/12/2013	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	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	5/12/2013						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
16477-0510-08	J8499			4/30/2008	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	MILLIPRED (1X237ML,AF,DYE-FREE) 10 MG/5 ML	237 ML	BO	PO	ML		1 EA		1	4/30/2008	99/99/9999						
16590-0003-30	J8499			2/1/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	30 EA	BO	PO	EA		1 EA		1	2/1/2006	99/99/9999						
16590-0003-60	J8499			2/1/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	60 EA	BO	PO	EA		1 EA		1	2/1/2006	99/99/9999						
16590-0078-20	Q0163			2/1/2006	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	DIPHENHYDRAMINE 25 MG	20 EA	BO	PO	EA		50 MG		0.5	2/1/2006	99/99/9999						
16590-0079-20	Q0163			2/1/2006	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE 50 MG	20 EA	BO	PO	EA		50 MG		1	2/1/2006	99/99/9999						
16590-0149-21	J7509			1/1/2006	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPRED-DP 4 MG	21 EA	DP	PO	EA		4 MG		1	1/1/2006	99/99/9999						
16590-0191-10	Q0170			4/1/2007	99/99/9999	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	PROMETHAZINE 25 MG	10 EA	BO	PO	EA		25 MG		1	4/1/2007	99/99/9999						
16590-0191-15	Q0170			2/1/2006	99/99/9999	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	PROMETHAZINE 25 MG	15 EA	BO	PO	EA		25 MG		1	2/1/2006	99/99/9999						
16590-0191-20	Q0170			6/1/2006	99/99/9999	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	PROMETHAZINE 25 MG	20 EA	BO	PO	EA		25 MG		1	6/1/2006	99/99/9999						
16590-0191-30	Q0170			2/1/2006	99/99/9999	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	PROMETHAZINE 25 MG	30 EA	BO	PO	EA		25 MG		1	2/1/2006	99/99/9999						
16590-0191-60	Q0170			2/1/2006	99/99/9999	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	PROMETHAZINE 25 MG	60 EA	BO	PO	EA		25 MG		1	2/1/2006	99/99/9999						
16590-0191-90	Q0170			2/1/2006	99/99/9999	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	PROMETHAZINE 25 MG	90 EA	BO	PO	EA		25 MG		1	2/1/2006	99/99/9999						
16590-0193-12	J8498			2/1/2006	9/1/2010	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE 12.5 MG	12 EA	BX	RC	EA		1 EA		1	2/1/2006	9/1/2010						
16590-0194-12	J8498			2/1/2006	9/1/2010	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE 25 MG	12 EA	BX	RC	EA		1 EA		1	2/1/2006	9/1/2010						
16590-0240-10	Q0173			2/1/2006	10/1/2010	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	TRIMETHOBENZAMIDE 250 MG	10 EA	NA	PO	EA		250 MG		1	2/1/2006	10/1/2010						
16590-0240-20	Q0173			2/1/2006	10/1/2010	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	TRIMETHOBENZAMIDE 250 MG	20 EA	NA	PO	EA		250 MG		1	2/1/2006	10/1/2010						
16590-0248-06	Q0144			2/1/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX Z-PAK 250 MG	6 EA	DP	PO	EA		1 GM		0.25	2/1/2006	99/99/9999						
16590-0326-10	J7506			6/1/2006	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	10 EA	BO	PO	EA		5 MG		4	6/1/2006	99/99/9999						
16590-0326-20	J7506			6/1/2006	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	20 EA	BO	PO	EA		5 MG		4	6/1/2006	99/99/9999						
16590-0326-21	J7506			6/1/2006	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	21 EA	BO	PO	EA		5 MG		4	6/1/2006	99/99/9999						
16590-0326-30	J7506			6/1/2006	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	30 EA	BO	PO	EA		5 MG		4	6/1/2006	99/99/9999						
16590-0326-45	J7506			6/1/2006	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	45 EA	BO	PO	EA		5 MG		4	6/1/2006	99/99/9999						
16590-0326-60	J7506			11/1/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	60 EA	BO	PO	EA		5 MG		4	11/1/2007	99/99/9999						
16590-0327-10	Q0165			4/1/2007	99/99/9999	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	PROCHLORPERAZINE MALEATE 10 MG	10 EA	BO	PO	EA		10 MG		1	4/1/2007	99/99/9999						
16590-0357-09	Q0177			5/1/2006	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	HYDROXYZINE PAMOATE 25 MG	9 EA	BO	PO	EA		25 MG		1	5/1/2006	99/99/9999						
16590-0357-12	Q0177			5/1/2006	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	HYDROXYZINE PAMOATE 25 MG	12 EA	BO	PO	EA		25 MG		1	5/1/2006	99/99/9999						
16590-0357-20	Q0177			5/1/2006	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	HYDROXYZINE PAMOATE 25 MG	20 EA	BO	PO	EA		25 MG		1	5/1/2006	99/99/9999						
16590-0357-30	Q0177			5/1/2006	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	HYDROXYZINE PAMOATE 25 MG	30 EA	BO	PO	EA		25 MG		1	5/1/2006	99/99/9999						
16590-0362-06	Q0144			12/1/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	6 EA	DP	PO	EA		1 GM		0.25	12/1/2006	99/99/9999						
16590-0370-20	J8499			6/1/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	20 EA	BO	PO	EA		1 EA		1	6/1/2006	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
16590-0370-30	J8499			6/1/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NO	ACYCLOVIR 400 MG	30 EA	BO	PO	EA	1 EA	1	6/1/2006	99/99/9999								
16590-0370-40	J8499			6/1/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NO	ACYCLOVIR 400 MG	40 EA	BO	PO	EA	1 EA	1	6/1/2006	99/99/9999								
16590-0404-10	J7506			6/1/2006	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	10 EA	BO	PO	EA	5 MG	2	6/1/2006	99/99/9999								
16590-0404-20	J7506			6/1/2006	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	20 EA	BO	PO	EA	5 MG	2	6/1/2006	99/99/9999								
16590-0404-21	J7506			6/1/2006	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	21 EA	BO	PO	EA	5 MG	2	6/1/2006	99/99/9999								
16590-0404-30	J7506			6/1/2006	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	30 EA	BO	PO	EA	5 MG	2	6/1/2006	99/99/9999								
16590-0404-45	J7506			6/1/2006	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	45 EA	BO	PO	EA	5 MG	2	6/1/2006	99/99/9999								
16714-0221-30	Q0166			5/15/2008	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	GRANISETRON HYDROCHLORIDE (FILM COATED) 1 MG	2 EA	BX	PO	EA	1 MG	1	5/15/2008	99/99/9999								
16714-0221-32	Q0166			5/15/2008	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	GRANISETRON HYDROCHLORIDE (2X10 FILM-COATED) 1 MG	20 EA	BX	PO	EA	1 MG	1	5/15/2008	99/99/9999								
16729-0019-01	J7517			5/5/2009	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (FILM COATED) 500 MG	100 EA	BO	PO	EA	250 MG	2	5/5/2009	99/99/9999								
16729-0041-01	J7507			9/30/2011	99/99/9999	TACROLIMUS, ORAL, PER 1 MG	TACROLIMUS (HARD GELATIN) 0.5 MG	100 EA	BO	PO	EA	1 MG	0.5	9/30/2011	99/99/9999								
16729-0043-01	J7507			9/30/2011	99/99/9999	TACROLIMUS, ORAL, PER 1 MG	TACROLIMUS (HARD GELATIN) 5 MG	100 EA	BO	PO	EA	1 MG	5	9/30/2011	99/99/9999								
16729-0094-01	J7517			5/5/2009	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (HARD GELATIN) 250 MG	100 EA	BO	PO	EA	250 MG	1	5/5/2009	99/99/9999								
16887-0211-01	J3490			12/15/2006	12/31/2006	UNCLASSIFIED DRUGS	APOKYN 10 MG/ML	3 ML	CT	SC	ML	1 EA	1	12/15/2006	12/31/2006								
16887-0211-01	J0364			1/1/2007	6/23/2009	INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG	APOKYN 10 MG/ML	3 ML	CT	SC	ML	1 MG	10	1/1/2007	6/23/2009								
16887-0211-05	J0364			1/1/2007	6/23/2009	INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG	APOKYN (5X3ML) 10 MG/ML	3 ML	CT	SC	ML	1 MG	10	1/1/2007	6/23/2009								
16887-0211-05	J3490			12/15/2006	12/31/2006	UNCLASSIFIED DRUGS	APOKYN (5X3ML) 10 MG/ML	3 ML	CT	SC	ML	1 EA	1	12/15/2006	12/31/2006								
17314-9600-01	J9001			1/1/2002	4/3/2011	INJECTION, DOXORUBICIN HYDROCHLORIDE, ALL LIPID FORMULATIONS, 10 MG	DOXIL (S.D.V., STEALTH LIPOSOME) 2 MG/ML	10 ML	VL	IV	ML	10 MG	0.2	1/1/2002	4/3/2011								
17314-9600-02	J9001			1/1/2002	3/16/2011	INJECTION, DOXORUBICIN HYDROCHLORIDE, ALL LIPID FORMULATIONS, 10 MG	DOXIL (S.D.V., STEALTH LIPOSOME) 2 MG/ML	25 ML	VL	IV	ML	10 MG	0.2	1/1/2002	3/16/2011								
17317-0022-01	J0280			1/1/2002	99/99/9999	INJECTION, AMINOPHYLLIN, UP TO 250 MG	AMINOPHYLLINE ANHYDROUS (U.S.P.)	1 EA	VL	NA	GM	250 MG	4	1/1/2002	99/99/9999								
17317-0022-04	J0280			1/1/2002	99/99/9999	INJECTION, AMINOPHYLLIN, UP TO 250 MG	AMINOPHYLLINE ANHYDROUS (U.S.P.)	1 EA	VL	NA	GM	250 MG	4	1/1/2002	99/99/9999								
17317-0022-05	J0280			1/1/2002	99/99/9999	INJECTION, AMINOPHYLLIN, UP TO 250 MG	AMINOPHYLLINE ANHYDROUS (U.S.P.)	1 EA	VL	NA	GM	250 MG	4	1/1/2002	99/99/9999								
17317-0036-02	J7636			1/1/2002	99/99/9999	THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE SULFATE (U.S.P.)	1 EA	VL	NA	GM	1 MG	1000	1/1/2002	99/99/9999								
17317-0036-02	KO J7636	KO		1/1/2002	99/99/9999	THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE SULFATE (U.S.P.)	1 EA	VL	NA	GM	1 MG	1000	1/1/2002	99/99/9999								
17317-0036-05	J7636			1/1/2002	99/99/9999	THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE SULFATE (U.S.P.)	1 EA	VL	NA	GM	1 MG	1000	1/1/2002	99/99/9999								
17317-0036-05	KO J7636	KO		1/1/2002	99/99/9999	THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE SULFATE (U.S.P.)	1 EA	VL	NA	GM	1 MG	1000	1/1/2002	99/99/9999								
17317-0036-07	J7636			1/1/2002	99/99/9999	THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE SULFATE (U.S.P.)	1 EA	VL	NA	GM	1 MG	1000	1/1/2002	99/99/9999								
17317-0036-07	KO J7636	KO		1/1/2002	99/99/9999	THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE SULFATE (U.S.P.)	1 EA	VL	NA	GM	1 MG	1000	1/1/2002	99/99/9999								
17317-0049-01	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	BENZOCANE (U.S.P.)	1 EA	NA	GM	1 EA	1	1/1/2002	99/99/9999									
17317-0049-01	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	BENZOCANE (U.S.P.)	1 EA	NA	GM	1 EA	1	1/1/2002	99/99/9999									
17317-0049-05	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	BENZOCANE (U.S.P.)	1 EA	NA	GM	1 EA	1	1/1/2002	99/99/9999									
17317-0073-01	J0706			1/1/2002	99/99/9999	INJECTION, CAFFEINE CITRATE, 5MG	CAFFEINE CITRATED (PURIFIED)	1 EA	BO	NA	GM	5 MG	200	1/1/2002	99/99/9999								
17317-0073-04	J0706			1/1/2002	99/99/9999	INJECTION, CAFFEINE CITRATE, 5MG	CAFFEINE CITRATED (PURIFIED)	1 EA	BO	NA	GM	5 MG	200	1/1/2002	99/99/9999								
17317-0073-05	J0706			1/1/2002	99/99/9999	INJECTION, CAFFEINE CITRATE, 5MG	CAFFEINE CITRATED (PURIFIED)	1 EA	BO	NA	GM	5 MG	200	1/1/2002	99/99/9999								
17317-0073-08	J0706			1/1/2002	99/99/9999	INJECTION, CAFFEINE CITRATE, 5MG	CAFFEINE CITRATED (PURIFIED)	1 EA	BO	NA	GM	5 MG	200	1/1/2002	99/99/9999								
17317-0146-03	J1200			1/1/2002	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (U.S.P.)	1 EA	NA	GM	50 MG	20	1/1/2002	99/99/9999									
17317-0146-05	J1200			1/1/2002	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (U.S.P.)	1 EA	NA	GM	50 MG	20	1/1/2002	99/99/9999									
17317-0146-06	J1200			1/1/2002	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (U.S.P.)	1 EA	NA	GM	50 MG	20	1/1/2002	99/99/9999									
17317-0199-01	J1700			1/1/2002	12/31/2007	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P. MICRONIZED)	1 EA	NA	NA	GM	25 MG	40	1/1/2002	12/31/2007								
17317-0199-02	J1700			1/1/2002	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P. MICRONIZED)	1 EA	BO	NA	GM	25 MG	40	1/1/2002	99/99/9999								
17317-0199-03	J1700			1/1/2002	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P. MICRONIZED)	1 EA	BO	NA	GM	25 MG	40	1/1/2002	99/99/9999								
17317-0199-08	J1700			1/1/2002	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P. MICRONIZED)	1 EA	BO	NA	GM	25 MG	40	1/1/2002	99/99/9999								
17317-0345-01	J3475			1/1/2002	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (U.S.P.)	1 EA	BO	NA	GM	500 MG	2	1/1/2002	99/99/9999								
17317-0345-05	J3475			1/1/2002	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (U.S.P.)	1 EA	BO	NA	GM	500 MG	2	1/1/2002	99/99/9999								
17317-0345-08	J3475			1/1/2002	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (U.S.P.)	1 EA	BO	NA	GM	500 MG	2	1/1/2002	99/99/9999								
17317-0346-01	J3475			1/1/2002	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (PURIFIED, U.S.P./F.C.C.)	1 EA	FC	NA	GM	500 MG	2	1/1/2002	99/99/9999								
17317-0346-05	J3475			1/1/2002	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (PURIFIED, U.S.P./F.C.C.)	1 EA	FC	NA	GM	500 MG	2	1/1/2002	99/99/9999								
17317-0346-08	J3475			1/1/2002	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (PURIFIED, U.S.P./F.C.C.)	1 EA	FC	NA	GM	500 MG	2	1/1/2002	99/99/9999								
17317-0398-01	J2440			1/1/2002	99/99/9999	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HYDROCHLORIDE (U.S.P.)	1 EA	BO	NA	GM	60 MG	16.66666	1/1/2002	99/99/9999								



NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
17317-1012-03	J2150			1/1/2002	99/99/9999	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (REAGENT)	1 EA	BO	NA	GM	50 ML	0.08		1/1/2002	99/99/9999							
17317-1012-08	J2150			1/1/2002	99/99/9999	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (REAGENT)	1 EA	BO	NA	GM	50 ML	0.08		1/1/2002	99/99/9999							
17317-1413-01	J3475			1/1/2002	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE ANHYDROUS (REAGENT)	1 EA	BO	NA	GM	500 MG	2		1/1/2002	99/99/9999							
17317-1413-03	J3475			1/1/2002	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE ANHYDROUS (REAGENT)	1 EA	BO	NA	GM	500 MG	2		1/1/2002	99/99/9999							
17317-1466-01	J3350			1/1/2002	99/99/9999	INJECTION, UREA, UP TO 40 GM	UREA (A.C.S., REAGENT)	1 EA	NA	NA	GM	40 GM	0.025		1/1/2002	99/99/9999							
17317-1466-05	J3350			1/1/2002	99/99/9999	INJECTION, UREA, UP TO 40 GM	UREA (A.C.S., REAGENT)	1 EA	NA	NA	GM	40 GM	0.025		1/1/2002	99/99/9999							
17317-1485-01	J3520			1/1/2002	99/99/9999	EDETATE DISODIUM, PER 150 MG	EDETATE DISODIUM (A.C.S., REAGENT)	1 EA	NA	NA	GM	150 MG	6.66666		1/1/2002	99/99/9999							
17317-1485-04	J3520			1/1/2002	99/99/9999	EDETATE DISODIUM, PER 150 MG	EDETATE DISODIUM (A.C.S., REAGENT)	1 EA	NA	NA	GM	150 MG	6.66666		1/1/2002	99/99/9999							
17317-1485-05	J3520			1/1/2002	99/99/9999	EDETATE DISODIUM, PER 150 MG	EDETATE DISODIUM (A.C.S., REAGENT)	1 EA	NA	NA	GM	150 MG	6.66666		1/1/2002	99/99/9999							
17317-1565-01	J3520			1/1/2002	4/18/2008	EDETATE DISODIUM, PER 150 MG	EDETATE DISODIUM	1 EA	NA	NA	GM	150 MG	6.66666		1/1/2002	4/18/2008							
17317-1565-05	J3520			1/1/2002	4/18/2008	EDETATE DISODIUM, PER 150 MG	EDETATE DISODIUM	1 EA	NA	NA	GM	150 MG	6.66666		1/1/2002	4/18/2008							
17317-1565-08	J3520			1/1/2002	4/18/2008	EDETATE DISODIUM, PER 150 MG	EDETATE DISODIUM	1 EA	NA	NA	GM	150 MG	6.66666		1/1/2002	4/18/2008							
17317-2409-02	J0600			1/1/2002	99/99/9999	INJECTION, EDETATE CALCIUM DISODIUM, UP TO 1000 MC	EDETATE CALCIUM DISODIUM (U.S.P.) MONOJECT PREFILL HEPARIN LOCK FLUSH (SRN,3 ML,PF,LATEX-FREE) 10 U/ML	1 EA	BO	NA	GM	1000 MG	1		1/1/2002	99/99/9999							
17474-0123-02	J1642			3/14/2002	8/29/2008	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	LORAZEPAM (S.D.V.) 2 MG/ML	2.5 ML	SR	IV	ML	10 U	1		3/14/2002	8/29/2008							
17478-0040-01	J2060			3/28/2005	12/13/2010	INJECTION, LORAZEPAM, 2 MG	ORPHENADRINE CITRATE (10X2ML) 30 MG/ML	1 ML	VL	IJ	ML	2 MG	1		3/28/2005	12/13/2010							
17478-0538-02	J2360			10/1/2006	99/99/9999	INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG	HYDASE (6X1ML) 150 U/ML	2 ML	VL	IJ	ML	60 MG	0.5		10/1/2006	99/99/9999							
17478-0560-01	J3470			5/16/2007	4/30/2009	INJECTION, HYALURONIDASE, UP TO 150 UNITS		1 ML	VL	SC	ML	150 U	1		5/16/2007	4/30/2009							
17714-0020-01	Q0163			1/1/2002	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENHYDRAMINE HCL 25 MG	100 EA	BO	PO	EA	50 MG	0.5		1/1/2002	99/99/9999							
17714-0020-10	Q0163			1/1/2002	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENHYDRAMINE HCL 25 MG	1000 EA	BO	PO	EA	50 MG	0.5		1/1/2002	99/99/9999							
17714-0021-01	Q0163			1/1/2002	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENHYDRAMINE HCL 50 MG	100 EA	BO	PO	EA	50 MG	1		1/1/2002	99/99/9999							
17714-0021-10	Q0163			1/1/2002	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENHYDRAMINE HCL 50 MG	1000 EA	BO	PO	EA	50 MG	1		1/1/2002	99/99/9999							
17714-0042-01	Q0163			1/1/2002	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENHYDRAMINE HCL (CAPLET) 25 MG	100 EA	NA	PO	EA	50 MG	0.5		1/1/2002	99/99/9999							
17714-0042-24	Q0163			1/1/2002	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	COMPLETE ALLERGY MEDICATION (CAPLET) 25 MG	24 EA	BX	PO	EA	50 MG	0.5		1/1/2002	99/99/9999							
18111-0002-02	QR J9206	QR		2/28/2008	11/30/2012	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X2ML) 20 MG/ML	2 ML	VL	IV	ML	20 MG	1		2/28/2008	11/30/2012							
18111-0002-02	J9206			2/28/2008	11/30/2012	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X2ML) 20 MG/ML	2 ML	VL	IV	ML	20 MG	1		2/28/2008	11/30/2012							
18111-0002-03	QR J9206	QR		2/28/2008	11/30/2012	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X5ML) 20 MG/ML	5 ML	VL	IV	ML	20 MG	1		2/28/2008	11/30/2012							
18111-0002-03	J9206			2/28/2008	11/30/2012	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X5ML) 20 MG/ML	5 ML	VL	IV	ML	20 MG	1		2/28/2008	11/30/2012							
18837-0037-30	J8540			9/1/2006	6/1/2007	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	30 EA	NA	PO	EA	0.25 MG	16		9/1/2006	6/1/2007							
18837-0043-30	Q0163			11/1/2007	8/10/2009	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENHYDRAMINE 50 MG	30 EA	BX	PO	EA	50 MG	1		11/1/2007	8/10/2009							
18837-0086-21	J7509			6/1/2007	7/1/2009	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE DP 4 MG	21 EA	DP	PO	EA	4 MG	1		6/1/2007	7/1/2009							
18837-0127-10	Q0170			8/1/2007	8/10/2009	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	PROMETHAZINE 25 MG	10 EA	BO	PO	EA	25 MG	1		8/1/2007	8/10/2009							
18837-0127-30	Q0170			9/1/2006	8/10/2009	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	PROMETHAZINE 25 MG	30 EA	BO	PO	EA	25 MG	1		9/1/2006	8/10/2009							
18837-0127-45	Q0170			9/1/2006	6/1/2007	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	PROMETHAZINE 25 MG	45 EA	NA	PO	EA	25 MG	1		9/1/2006	6/1/2007							

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
18837-0127-60		Q0170		9/1/2006	8/10/2009	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	PROMETHAZINE 25 MG	60 EA	BO	PO	EA		25 MG		1	9/1/2006	8/10/2009						
18837-0127-90		Q0170		9/1/2006	8/10/2009	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	PROMETHAZINE 25 MG	90 EA	BO	PO	EA		25 MG		1	9/1/2006	8/10/2009						
18837-0184-40		Q0179		9/1/2006	6/1/2007	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ZOFRAN 8 MG	40 EA	NA	PO	EA		8 MG		1	9/1/2006	6/1/2007						
18837-0213-30		Q0163		10/26/2006	6/1/2007	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE 50 MG	30 EA	NA	PO	EA		50 MG		1	10/26/2006	6/1/2007						
18837-0213-98		Q0163		10/26/2006	6/1/2007	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE 50 MG	120 EA	NA	PO	EA		50 MG		1	10/26/2006	6/1/2007						
18837-0265-02		J7321		1/1/2008	8/10/2009	HYALURONAN OR DERIVATIVE, HYALGAN OR SUPARTZ, FOR INTRA-ARTICULAR INJECTION, PER DOSE	HYALGAN 10 MG/ML	2 ML	SR	IJ	ML		1 DOSE		0.5	1/1/2008	8/10/2009						
18837-0265-02		Q4083		6/1/2007	12/31/2007	INJECTION, PER DOSE	HYALGAN 10 MG/ML	2 ML	SR	IJ	ML		1 DOSE		0.5	6/1/2007	12/31/2007						
18837-0267-21		J7506		2/15/2008	8/10/2009	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	21 EA	BO	PO	EA		5 MG		2	2/15/2008	8/10/2009						
18837-0267-30		J7506		8/1/2007	8/10/2009	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	30 EA	BO	PO	EA		5 MG		2	8/1/2007	8/10/2009						
18837-0267-48		J7506		2/15/2008	8/10/2009	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	48 EA	BO	PO	EA		5 MG		2	2/15/2008	8/10/2009						
18837-0299-30		Q0163		2/1/2008	8/10/2009	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE 25 MG	30 EA	BX	PO	EA		50 MG		0.5	2/1/2008	8/10/2009						
18837-0338-06		Q0144		4/15/2008	8/10/2009	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 250 MG	6 EA	BO	PO	EA		1 GM		0.25	4/15/2008	8/10/2009						
18837-0353-10		J7506		9/24/2008	7/1/2009	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	10 EA	BO	PO	EA		5 MG		4	9/24/2008	7/1/2009						
18837-0353-30		J7506		5/22/2008	7/1/2009	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	30 EA	BO	PO	EA		5 MG		4	5/22/2008	7/1/2009						
18860-0720-10		J2278		1/31/2011	99/99/9999	INJECTION, ZICONOTIDE, 1 MICROGRAM	PRIALT (1X1ML,SINGLE-USE VIAL) 100 MCG/ML	1 ML	VL	IN	ML		1 MCG		100	1/31/2011	99/99/9999						
18860-0722-10		J2278		1/31/2011	99/99/9999	INJECTION, ZICONOTIDE, 1 MICROGRAM	PRIALT (1X5ML,SINGLE-USE VIAL) 100 MCG/ML	1 ML	VL	IN	ML		1 MCG		100	1/31/2011	99/99/9999						
18860-0723-10		J2278		1/31/2011	99/99/9999	INJECTION, ZICONOTIDE, 1 MICROGRAM	PRIALT (1X20ML,SINGLE-USE VIAL) 25 MCG/ML	1 ML	VL	IN	ML		1 MCG		25	1/31/2011	99/99/9999						
18864-0211-03		Q0163		1/1/2002	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	SERABRINA LA FRANCE 50 MG/15 ML	480 ML	NA	PO	ML		50 MG		0.06666	1/1/2002	99/99/9999						
19458-5076-01		Q0163		1/1/2002	6/4/2007	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHEDRYL (MINI-TABS) 25 MG	24 EA	BX	PO	EA		50 MG		0.5	1/1/2002	6/4/2007						
19458-5076-02		Q0163		1/1/2002	6/4/2007	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHEDRYL (MINI-TABS) 25 MG	48 EA	BX	PO	EA		50 MG		0.5	1/1/2002	6/4/2007						
19458-9163-02		Q0163		1/1/2002	6/4/2007	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	SLEEPING AID 25 MG	16 EA	BO	PO	EA		50 MG		0.5	1/1/2002	6/4/2007						
20254-0018-01		Q0173		1/1/2002	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	TRIMETHOBENZAMIDE HCL 250 MG	100 EA	NA	PO	EA		250 MG		1	1/1/2002	99/99/9999						
20254-0018-03		Q0173		1/1/2002	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	TRIMETHOBENZAMIDE HCL 250 MG	500 EA	NA	PO	EA		250 MG		1	1/1/2002	99/99/9999						
20254-0207-06		Q0163		1/1/2002	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	DIPHENHYDRAMINE HCL (CAPLET) 25 MG	60 EA	NA	PO	EA		50 MG		0.5	1/1/2002	99/99/9999						
20254-0207-10		Q0163		1/1/2002	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	DIPHENHYDRAMINE HCL (CAPLET) 25 MG	10 EA	DP	PO	EA		50 MG		0.5	1/1/2002	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
20254-0208-06		Q0163		1/1/2002	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	DIPHENHYDRAMINE HCL (CAPLET) 50 MG	60 EA	NA	PO	EA		50 MG		1	1/1/2002	99/99/9999						
20254-0208-10		Q0163		1/1/2002	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	DIPHENHYDRAMINE HCL (CAPLET) 50 MG	10 EA	NA	PO	EA		50 MG		1	1/1/2002	99/99/9999						
20694-0111-01		J1325		10/1/2006	11/17/2006	INJECTION, EPOPROSTENOL, 0.5 MG	FLOLAN 0.5 MG	1 EA	NA	IV	EA		0.5 MG		1	10/1/2006	11/17/2006						
20694-0112-01		J1325		10/1/2006	11/17/2006	INJECTION, EPOPROSTENOL, 0.5 MG	FLOLAN 1.5 MG	1 EA	NA	IV	EA		0.5 MG		3	10/1/2006	11/17/2006						
21695-0010-20		J8499		11/30/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	20 EA	BO	PO	EA		1 EA		1	11/30/2006	99/99/9999						
21695-0010-25		J8499		5/19/2008	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	25 EA	BO	PO	EA		1 EA		1	5/19/2008	99/99/9999						
21695-0010-30		J8499		2/1/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	30 EA	BO	PO	EA		1 EA		1	2/1/2007	99/99/9999						
21695-0010-60		J8499		11/30/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	60 EA	BO	PO	EA		1 EA		1	11/30/2006	99/99/9999						
21695-0011-30		J8499		5/19/2008	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	30 EA	BO	PO	EA		1 EA		1	5/19/2008	99/99/9999						
21695-0012-06		Q0144		7/19/2007	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	6 EA	DP	PO	EA		1 GM		0.25	7/19/2007	99/99/9999						
21695-0080-21		J7509		1/1/2007	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISONE 4 MG	21 EA	BO	PO	EA		4 MG		1	1/1/2007	99/99/9999						
21695-0111-00		None		2/2/2009	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE 2.5 MG	100 EA	BO	PO	EA		2.5 MG		1	2/2/2009	99/99/9999						
21695-0111-30		None		10/4/2011	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE 2.5 MG	30 EA	BO	PO	EA		2.5 MG		1	10/4/2011	99/99/9999						
21695-0170-00		J7507		12/15/2006	99/99/9999	TACROLIMUS, ORAL, PER 1 MG	PROGRAF 1 MG	100 EA	BO	PO	EA		1 MG		1	12/15/2006	99/99/9999						
21695-0171-00		J7517		12/15/2006	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	CELLCEPT 250 MG	100 EA	BO	PO	EA		250 MG		1	12/15/2006	99/99/9999						
21695-0202-10		J0696		2/1/2007	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (SDV) 500 MG	1 EA	VL	IJ	EA		250 MG		2	2/1/2007	99/99/9999						
21695-0241-01		J3070		1/1/2007	99/99/9999	INJECTION, PENTAZOCINE, 30 MG	TALWIN 30 MG/ML	1 ML	AM	IJ	ML		30 MG		1	1/1/2007	99/99/9999						
21695-0245-20		J7602		1/24/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE 0.5%	20 ML	BO	IH	ML		1 MG		5	1/24/2008	3/31/2008						
21695-0245-20		J7611		4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG	ALBUTEROL SULFATE 0.5%	20 ML	BO	IH	ML		1 MG		5	4/1/2008	99/99/9999						
21695-0304-30		Q0163		2/1/2007	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	DIPHENHYDRAMINE 25 MG	30 EA	BO	PO	EA		50 MG		0.5	2/1/2007	99/99/9999						
21695-0304-90		Q0163		9/17/2007	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE 25 MG	90 EA	BO	PO	EA		50 MG		0.5	9/17/2007	99/99/9999						
21695-0306-20		J7506		4/1/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	20 EA	BO	PO	EA		5 MG		2	4/1/2007	99/99/9999						
21695-0306-21		J7506		4/1/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	21 EA	BO	PO	EA		5 MG		2	4/1/2007	99/99/9999						
21695-0306-28		J7506		4/1/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	28 EA	BO	PO	EA		5 MG		2	4/1/2007	99/99/9999						
21695-0306-30		J7506		4/1/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	30 EA	BO	PO	EA		5 MG		2	4/1/2007	99/99/9999						
21695-0306-42		J7506		4/1/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	42 EA	BO	PO	EA		5 MG		2	4/1/2007	99/99/9999						
21695-0307-10		J7506		2/1/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	10 EA	BO	PO	EA		5 MG		4	2/1/2007	99/99/9999						
21695-0307-15		J7506		9/3/2008	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	15 EA	BO	PO	EA		5 MG		4	9/3/2008	99/99/9999						
21695-0307-18		J7506		4/1/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	18 EA	BO	PO	EA		5 MG		4	4/1/2007	99/99/9999						
21695-0307-20		J7506		7/27/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	20 EA	BO	PO	EA		5 MG		4	7/27/2007	99/99/9999						
21695-0307-21		J7506		8/14/2008	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	21 EA	BO	PO	EA		5 MG		4	8/14/2008	99/99/9999						
21695-0307-30		J7506		2/1/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	30 EA	BO	PO	EA		5 MG		4	2/1/2007	99/99/9999						
21695-0313-03		Q4084		2/1/2007	12/31/2007	HYALURONAN OR DERIVATIVE, SYNVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	SYNVISC HYLAN G-F (3X2ML SYRINGES) 8 MG/ML	2 ML	SR	IJ	ML		1 DOSE		0.5	2/1/2007	12/31/2007						
21695-0313-03		J7322		1/1/2008	12/31/2009	DOSE	SYNVISC HYLAN G-F (3X2ML SYRINGES) 8 MG/ML	2 ML	SR	IJ	ML		1 DOSE		0.5	1/1/2008	12/31/2009						
21695-0332-25	CO	J7613	KO	4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (3MLX25) 0.083%	3 ML	PC	IH	ML		1 MG		0.83	4/1/2008	99/99/9999						
21695-0332-25		J7603		1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (3MLX25) 0.083%	3 ML	PC	IH	ML		1 MG		0.83	1/1/2008	3/31/2008						
21695-0332-25	KO	J7603	KO	1/1/2008	3/31/2008	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (3MLX25) 0.083%	3 ML	PC	IH	ML		1 MG		0.83	1/1/2008	3/31/2008						
21695-0332-25		J7613		4/1/2008	99/99/9999	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (3MLX25) 0.083%	3 ML	PC	IH	ML		1 MG		0.83	4/1/2008	99/99/9999						
21695-0365-08		J7510		10/15/2007	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 15 MG/5 ML	240 ML	BO	PO	ML		5 MG		0.6	10/15/2007	99/99/9999						
21695-0365-16		J7510		10/15/2007	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 15 MG/5 ML	480 ML	BO	PO	ML		5 MG		0.6	10/15/2007	99/99/9999						
21695-0374-02		Q4083		2/1/2007	12/31/2007	HYALURONAN OR DERIVATIVE, HYALGAN OR SUPARTZ, FOR INTRA-ARTICULAR INJECTION, PER DOSE	HYALGAN L/L 10 MG/ML	2 ML	SR	IJ	ML		1 DOSE		0.5	2/1/2007	12/31/2007						
21695-0374-02		J7321		1/1/2008	99/99/9999	INJECTION, PER DOSE	HYALGAN L/L 10 MG/ML	2 ML	SR	IJ	ML		1 DOSE		0.5	1/1/2008	99/99/9999						
21695-0382-04		J8540		2/1/2007	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	4 EA	BO	PO	EA		0.25 MG		16	2/1/2007	99/99/9999						
21695-0414-60		Q0175		4/1/2007	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	PERPHENAZINE 4 MG	60 EA	BO	PO	EA		4 MG		1	4/1/2007	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
21695-0415-60		Q0176		6/27/2007	99/99/9999	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	PERPHENAZINE (FILM-COATED) 8 MG	60 EA	BO	PO	EA		8 MG		1	6/27/2007	99/99/9999						
21695-0453-10		Q0170		4/1/2007	99/99/9999	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	PROMETHAZINE 25 MG	10 EA	BO	PO	EA		25 MG		1	4/1/2007	99/99/9999						
21695-0453-15		Q0170		1/15/2008	99/99/9999	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	PROMETHAZINE 25 MG	15 EA	BO	PO	EA		25 MG		1	1/15/2008	99/99/9999						
21695-0453-20		Q0170		4/1/2007	99/99/9999	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	PROMETHAZINE 25 MG	20 EA	BO	PO	EA		25 MG		1	4/1/2007	99/99/9999						
21695-0453-25		Q0170		4/1/2007	99/99/9999	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	PROMETHAZINE 25 MG	25 EA	BO	PO	EA		25 MG		1	4/1/2007	99/99/9999						
21695-0500-30		Q0163		4/15/2008	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 THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	30 EA	BO	PO	EA		50 MG		1	4/15/2008	99/99/9999						
21695-0571-30		Q0164		8/22/2008	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	PROCHLORPERAZINE MALEATE 5 MG	30 EA	BO	PO	EA		5 MG		1	8/22/2008	99/99/9999						
21695-0572-30		Q0165		7/24/2007	99/99/9999	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	PROCHLORPERAZINE MALEATE (FILM-COATED) 10 MG	30 EA	BO	PO	EA		10 MG		1	7/24/2007	99/99/9999						
21695-0573-20		Q0177		8/14/2008	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	HYDROXYZINE PAMOATE 25 MG	20 EA	BO	PO	EA		25 MG		1	8/14/2008	99/99/9999						
21695-0573-30		Q0177		8/14/2008	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	HYDROXYZINE PAMOATE 25 MG	30 EA	BO	PO	EA		25 MG		1	8/14/2008	99/99/9999						
21695-0580-05		J7506		7/25/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 50 MG	5 EA	BO	PO	EA		5 MG		10	7/25/2007	99/99/9999						
21695-0587-10		J2930		8/9/2007	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MC	METHYLPREDNISOLONE 125 MG	1 EA	VL	IJ	EA		125 MG		1	8/9/2007	99/99/9999						
21695-0588-25		J1885		8/9/2007	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC (1MLX25) 30 MG/ML	1 ML	VL	IJ	ML		15 MG		2	8/9/2007	99/99/9999						
21695-0649-12		J8498		11/12/2007	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HYDROCHLORIDE 25 MG	12 EA	BX	RC	EA		1 EA		1	11/12/2007	99/99/9999						
21695-0703-04		Q0170		3/14/2008	99/99/9999	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	PROMETHAZINE HCL (1X120ML,FRUIT,TROPICAL) 6.25 MG/5 ML	120 ML	BO	PO	ML		25 MG		0.05	3/14/2008	99/99/9999						
21695-0721-25		J1940		3/20/2008	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (25X2ML) 10 MG/ML	2 ML	VL	IJ	ML		20 MG		0.5	3/20/2008	99/99/9999						
21695-0765-48		J7506		6/9/2008	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	48 EA	NA	PO	EA		5 MG		2	6/9/2008	99/99/9999						
23360-0016-02		J2405		10/15/2008	5/1/2011	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (USP,SDV,5X2ML)	2 ML	VL	IJ	ML		1 MG		2	10/15/2008	5/1/2011						
23360-0016-20		J2405		10/15/2008	5/1/2011	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (USP,SDV,5X2ML); (2MG/ML)	20 ML	VL	IJ	ML		1 MG		2	10/15/2008	5/1/2011						
23490-1113-02		J7506		10/3/2008	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	21 EA	NA	PO	EA		5 MG		2	10/3/2008	99/99/9999						
23490-1113-03		J7506		9/21/2006	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	30 EA	NA	PO	EA		5 MG		2	9/21/2006	99/99/9999						
23490-1911-02		J7509		10/3/2006	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	21 EA	NA	PO	EA		4 MG		1	10/3/2006	99/99/9999						
23490-5011-01		J8499		10/11/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG/5 ML	120 ML	BO	PO	ML		1 EA		1	10/11/2007	99/99/9999						
23490-5012-01		J8499		2/7/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	25 EA	BO	PO	EA		1 EA		1	2/7/2007	99/99/9999						
23490-5012-02		J8499		2/7/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	30 EA	BO	PO	EA		1 EA		1	2/7/2007	99/99/9999						
23490-5012-03		J8499		2/7/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	40 EA	BO	PO	EA		1 EA		1	2/7/2007	99/99/9999						
23490-5012-04		J8499		2/7/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	100 EA	BO	PO	EA		1 EA		1	2/7/2007	99/99/9999						
23490-5013-01		J8499		2/7/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	15 EA	BO	PO	EA		1 EA		1	2/7/2007	99/99/9999						
23490-5013-02		J8499		2/7/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	25 EA	BO	PO	EA		1 EA		1	2/7/2007	99/99/9999						
23490-5013-03		J8499		2/7/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	40 EA	BO	PO	EA		1 EA		1	2/7/2007	99/99/9999						
23490-5013-04		J8499		2/7/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	30 EA	BO	PO	EA		1 EA		1	10/11/2007	99/99/9999						
23490-5015-01		J8499		2/7/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	25 EA	BO	PO	EA		1 EA		1	2/7/2007	99/99/9999						
23490-5015-02		J8499		10/11/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	30 EA	BO	PO	EA		1 EA		1	10/11/2007	99/99/9999						
23490-5020-01		J7603		1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (24X3ML) 0.083%	3 ML	VL	IH	ML		1 MG		0.83	1/1/2008	3/31/2008						
23490-5020-01	KO	J7603	KO	1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (24X3ML) 0.083%	3 ML	VL	IH	ML		1 MG		0.83	1/1/2008	3/31/2008						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
23490-5020-01		J7613		4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (24X3ML) 0.083%	3 ML	VL	IH	ML		1 MG	0.83		4/1/2008	99/99/9999						
23490-5020-01	KO	J7613	KO	4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (24X3ML) 0.083%	3 ML	VL	IH	ML		1 MG	0.83		4/1/2008	99/99/9999						
23490-5020-02		J7603		1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (25X3ML) 0.083%	3 ML	PC	IH	ML		1 MG	0.83		1/1/2008	3/31/2008						
23490-5020-02	KO	J7613	KO	4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (25X3ML) 0.083%	3 ML	PC	IH	ML		1 MG	0.83		4/1/2008	99/99/9999						
23490-5020-02		J7613		4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (25X3ML) 0.083%	3 ML	PC	IH	ML		1 MG	0.83		4/1/2008	99/99/9999						
23490-5020-02	KO	J7603	KO	1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (25X3ML) 0.083%	3 ML	PC	IH	ML		1 MG	0.83		1/1/2008	3/31/2008						
23490-5020-03		J7603		1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (30X3ML) 0.083%	3 ML	PC	IH	ML		1 MG	0.83		1/1/2008	3/31/2008						
23490-5020-03	KO	J7603	KO	1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (30X3ML) 0.083%	3 ML	PC	IH	ML		1 MG	0.83		1/1/2008	3/31/2008						
23490-5020-03		J7613		4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (30X3ML) 0.083%	3 ML	PC	IH	ML		1 MG	0.83		4/1/2008	99/99/9999						
23490-5020-03	KO	J7613	KO	4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (30X3ML) 0.083%	3 ML	PC	IH	ML		1 MG	0.83		4/1/2008	99/99/9999						
23490-5021-02		J7602		1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (1X20ML) 0.5%	20 ML	BO	IH	ML		1 MG	5		1/1/2008	3/31/2008						
23490-5021-02		J7611		4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG	ALBUTEROL SULFATE (1X20ML) 0.5%	20 ML	BO	IH	ML		1 MG	5		4/1/2008	99/99/9999						
23490-5110-09		J7500		4/30/2007	99/99/9999	AZATHIOPRINE, ORAL, 50 MG	AZATHIOPRINE 50 MG	90 EA	BO	PO	EA		50 MG	1		4/30/2007	99/99/9999						
23490-5106-02		J0595		4/9/2007	99/99/9999	INJECTION, BUTORPHANOL TARTRATE, 1 MG	BUTORPHANOL TARTRATE 2 MG/ML	10 ML	VL	IJ	ML		1 MG	2		4/9/2007	99/99/9999						
23490-5404-01		J8540		2/7/2007	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	12 EA	BO	PO	EA		0.25 MG	3		2/7/2007	99/99/9999						
23490-5407-01		J8540		2/7/2007	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	6 EA	BO	PO	EA		0.25 MG	16		2/7/2007	99/99/9999						
23490-5407-02		J8540		11/30/2007	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	12 EA	BO	PO	EA		0.25 MG	16		11/30/2007	99/99/9999						
23490-5413-00		J1100		4/9/2007	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE 4 MG/ML	5 ML	VL	IJ	ML		1 MG	4		4/9/2007	99/99/9999						
23490-5455-01		Q0163		11/30/2007	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	DIPHENHYDRAMINE HYDROCHLORIDE (1X120ML) 12.5 MG/5 ML	120 ML	BO	PO	ML		50 MG	0.05		11/30/2007	99/99/9999						
23490-5457-00		Q0163		11/30/2007	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	DIPHENHYDRAMINE HYDROCHLORIDE 25 MG	24 EA	BO	PO	EA		50 MG	0.5		11/30/2007	99/99/9999						
23490-5457-01		Q0163		2/7/2007	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	DIPHENHYDRAMINE HYDROCHLORIDE 25 MG	6 EA	BO	PO	EA		50 MG	0.5		2/7/2007	99/99/9999						
23490-5457-02		Q0163		2/7/2007	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	DIPHENHYDRAMINE HYDROCHLORIDE 25 MG	15 EA	BO	PO	EA		50 MG	0.5		2/7/2007	99/99/9999						
23490-5457-03		Q0163		2/7/2007	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	DIPHENHYDRAMINE HYDROCHLORIDE 25 MG	20 EA	BO	PO	EA		50 MG	0.5		2/7/2007	99/99/9999						
23490-5457-04		Q0163		2/7/2007	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	DIPHENHYDRAMINE HYDROCHLORIDE 25 MG	30 EA	BO	PO	EA		50 MG	0.5		2/7/2007	99/99/9999						
23490-5457-05		Q0163		2/7/2007	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	DIPHENHYDRAMINE HYDROCHLORIDE 25 MG	60 EA	BO	PO	EA		50 MG	0.5		2/7/2007	99/99/9999						
23490-5459-01		Q0163		2/7/2007	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	DIPHENHYDRAMINE HYDROCHLORIDE 50 MG	6 EA	BO	PO	EA		50 MG	1		2/7/2007	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
23490-5459-02		Q0163		2/7/2007	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	DIPHENHYDRAMINE HYDROCHLORIDE 50 MG	15 EA	BO	PO	EA		50 MG		1	2/7/2007	99/99/9999						
23490-5459-03		Q0163		2/7/2007	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	DIPHENHYDRAMINE HYDROCHLORIDE 50 MG	30 EA	BO	PO	EA		50 MG		1	2/7/2007	99/99/9999						
23490-5459-04		Q0163		2/7/2007	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	DIPHENHYDRAMINE HYDROCHLORIDE 50 MG	60 EA	BO	PO	EA		50 MG		1	2/7/2007	99/99/9999						
23490-5497-02	J0170			4/30/2007	12/31/2010	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	EPINEPHRINE HYDROCHLORIDE 1 MG/ML	1 ML	NA	IJ	ML		1 ML		1	4/30/2007	12/31/2010						
23490-5621-02	J1940			4/30/2007	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE 10 MG/ML	2 ML	VL	IJ	ML		20 MG		0.5	4/30/2007	99/99/9999						
23490-5733-01	Q0177			2/7/2007	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	HYDROXYZINE PAMOATE 25 MG	20 EA	BO	PO	EA		25 MG		1	2/7/2007	99/99/9999						
23490-5733-02	Q0177			2/7/2007	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	HYDROXYZINE PAMOATE 25 MG	30 EA	BO	PO	EA		25 MG		1	2/7/2007	99/99/9999						
23490-5761-01	J7644			4/9/2007	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (25X2.5ML) 0.02%	2.5 ML	PC	IH	ML		1 MG		0.2	4/9/2007	99/99/9999						
23490-5761-01	KO J7644 KO			4/9/2007	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (25X2.5ML) 0.02%	2.5 ML	PC	IH	ML		1 MG		0.2	4/9/2007	99/99/9999						
23490-5792-04	J1885			4/9/2007	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE 30 MG/ML	1 ML	NA	IJ	ML		15 MG		2	4/9/2007	99/99/9999						
23490-5854-01	J1055			2/7/2007	12/31/2012	MG	MEDROXYPROGESTERONE ACETATE 150 MG/ML	1 ML	VL	IM	ML		150 MG		1	2/7/2007	12/31/2012						
23490-5889-00	None			11/30/2007	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE 2.5 MG	24 EA	BO	PO	EA		2.5 MG		1	11/30/2007	99/99/9999						
23490-5902-01	J7509			2/7/2007	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	21 EA	BO	PO	EA		4 MG		1	2/7/2007	99/99/9999						
23490-5914-01	J2765			4/9/2007	99/99/9999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE HYDROCHLORIDE 5 MG/ML	2 ML	VL	IJ	ML		10 MG		0.5	4/9/2007	99/99/9999						
23490-5932-01	J2250			4/30/2007	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HYDROCHLORIDE 1 MG/ML	2 ML	VL	IJ	ML		1 MG		1	4/30/2007	99/99/9999						
23490-5933-01	J2250			4/30/2007	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HYDROCHLORIDE 5 MG/ML	2 ML	VL	IJ	ML		1 MG		5	4/30/2007	99/99/9999						
23490-5933-02	J2250			4/30/2007	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HYDROCHLORIDE (10X10ML) 5 MG/ML	10 ML	VL	IJ	ML		1 MG		5	4/30/2007	99/99/9999						
23490-5955-01	J2300			4/9/2007	99/99/9999	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NALBUPHINE HYDROCHLORIDE 10 MG/ML	10 ML	VL	IJ	ML		10 MG		1	4/9/2007	99/99/9999						
23490-6144-01	J7510			4/9/2007	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 15 MG/5 ML	240 ML	BO	PO	ML		5 MG		0.6	4/9/2007	99/99/9999						
23490-6144-02	J7510			10/11/2007	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 15 MG/5 ML	180 ML	BO	PO	ML		5 MG		0.6	10/11/2007	99/99/9999						
23490-6144-03	J7510			10/11/2007	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 15 MG/5 ML	120 ML	BO	PO	ML		5 MG		0.6	10/11/2007	99/99/9999						
23490-6145-01	J7510			10/11/2007	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 15 MG/5 ML	240 ML	BO	PO	ML		5 MG		0.6	10/11/2007	99/99/9999						
23490-6145-02	J7510			10/11/2007	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 15 MG/5 ML	180 ML	BO	PO	ML		5 MG		0.6	10/11/2007	99/99/9999						
23490-6145-03	J7510			10/11/2007	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 15 MG/5 ML	120 ML	BO	PO	ML		5 MG		0.6	10/11/2007	99/99/9999						
23490-6157-01	J7506			2/7/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	10 EA	BO	PO	EA		5 MG		2	2/7/2007	99/99/9999						
23490-6157-02	J7506			2/7/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	20 EA	BO	PO	EA		5 MG		2	2/7/2007	99/99/9999						
23490-6157-03	J7506			2/7/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	40 EA	BO	PO	EA		5 MG		2	2/7/2007	99/99/9999						
23490-6157-04	J7506			4/9/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	37 EA	BO	PO	EA		5 MG		2	4/9/2007	99/99/9999						
23490-6157-05	J7506			2/7/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	21 EA	BO	PO	EA		5 MG		2	2/7/2007	99/99/9999						
23490-6157-06	J7506			11/30/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	30 EA	BO	PO	EA		5 MG		2	11/30/2007	99/99/9999						
23490-6157-07	J7506			2/7/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	60 EA	BO	PO	EA		5 MG		2	2/7/2007	99/99/9999						
23490-6157-08	J7506			4/9/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	100 EA	BO	PO	EA		5 MG		2	4/9/2007	99/99/9999						
23490-6158-01	J7506			4/9/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	6 EA	BO	PO	EA		5 MG		4	4/9/2007	99/99/9999						
23490-6158-02	J7506			2/7/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	10 EA	BO	PO	EA		5 MG		4	2/7/2007	99/99/9999						
23490-6158-03	J7506			2/7/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	18 EA	BO	PO	EA		5 MG		4	2/7/2007	99/99/9999						
23490-6158-04	J7506			2/7/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	20 EA	BO	PO	EA		5 MG		4	2/7/2007	99/99/9999						
23490-6158-05	J7506			2/7/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	30 EA	BO	PO	EA		5 MG		4	2/7/2007	99/99/9999						
23490-6158-06	J7506			10/11/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	21 EA	BO	PO	EA		5 MG		4	10/11/2007	99/99/9999						
23490-6158-07	J7506			4/9/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	25 EA	BO	PO	EA		5 MG		4	4/9/2007	99/99/9999						
23490-6158-08	J7506			4/9/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	15 EA	BO	PO	EA		5 MG		4	4/9/2007	99/99/9999						
23490-6158-09	J7506			10/11/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	90 EA	BO	PO	EA		5 MG		4	10/11/2007	99/99/9999						
23490-6159-01	J7506			2/7/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	10 EA	BO	PO	EA		5 MG		1	2/7/2007	99/99/9999						
23490-6159-02	J7506			2/7/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	20 EA	BO	PO	EA		5 MG		1	2/7/2007	99/99/9999						
23490-6159-03	J7506			2/7/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	21 EA	BO	PO	EA		5 MG		1	2/7/2007	99/99/9999						
23490-6159-04	J7506			2/7/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	40 EA	BO	PO	EA		5 MG		1	2/7/2007	99/99/9999						
23490-6159-05	J7506			11/30/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	28 EA	BO	PO	EA		5 MG		1	11/30/2007	99/99/9999						
23490-6159-06	J7506			11/30/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	30 EA	BO	PO	EA		5 MG		1	11/30/2007	99/99/9999						
23490-6174-01	J8498			2/7/2007	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	3 EA	BX	RC	EA		1 EA		1	2/7/2007	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
23490-6180-01	J8498			2/7/2007	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HYDROCHLORIDE 12.5 MG	12 EA	BX	RC	EA		1 EA		1	2/7/2007	99/99/9999						
23490-6182-01	J8498			2/7/2007	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HYDROCHLORIDE 25 MG	6 EA	BX	RC	EA		1 EA		1	2/7/2007	99/99/9999						
23490-6182-02	J8498			2/7/2007	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HYDROCHLORIDE 25 MG	12 EA	BX	RC	EA		1 EA		1	2/7/2007	99/99/9999						
23490-6182-03	J8498			11/30/2007	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HYDROCHLORIDE 25 MG	10 EA	BX	RC	EA		1 EA		1	11/30/2007	99/99/9999						
23490-6183-01	Q0170			2/7/2007	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HYDROCHLORIDE 25 MG	10 EA	BO	PO	EA		25 MG		1	2/7/2007	99/99/9999						
23490-6183-02	Q0170			2/7/2007	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HYDROCHLORIDE 25 MG	12 EA	BO	PO	EA		25 MG		1	2/7/2007	99/99/9999						
23490-6183-03	Q0170			2/7/2007	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HYDROCHLORIDE 25 MG	30 EA	BO	PO	EA		25 MG		1	2/7/2007	99/99/9999						
23490-6183-04	Q0170			4/9/2007	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HYDROCHLORIDE 25 MG	20 EA	BO	PO	EA		25 MG		1	4/9/2007	99/99/9999						
23490-6183-06	Q0170			11/30/2007	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HYDROCHLORIDE 25 MG	60 EA	BO	PO	EA		25 MG		1	11/30/2007	99/99/9999						
23490-6183-07	Q0170			3/12/2008	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HYDROCHLORIDE 25 MG	90 EA	BO	PO	EA		25 MG		1	3/12/2008	99/99/9999						
23490-6183-08	Q0170			3/12/2008	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HYDROCHLORIDE 25 MG	100 EA	BO	PO	EA		25 MG		1	3/12/2008	99/99/9999						
23490-6187-01	Q0170			11/30/2007	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HYDROCHLORIDE (1X120ML) 6.25 MG/5 ML	120 ML	BO	PO	ML		25 MG		0.05	11/30/2007	99/99/9999						
23490-6343-01	J1080			2/7/2007	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG	TESTOSTERONE CYPIONATE 200 MG/ML	10 ML	NA	IM	ML		200 MG		1	2/7/2007	99/99/9999						
23490-6509-03	Q0165			11/30/2007	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG	PROCHLORPERAZINE MALEATE 10 MG	30 EA	BO	PO	EA		10 MG		1	11/30/2007	99/99/9999						
23490-6512-01	Q0164			2/7/2007	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG	PROCHLORPERAZINE MALEATE 5 MG	6 EA	BO	PO	EA		5 MG		1	2/7/2007	99/99/9999						
23490-6512-02	Q0164			2/7/2007	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG	PROCHLORPERAZINE MALEATE 5 MG	10 EA	BO	PO	EA		5 MG		1	2/7/2007	99/99/9999						
23490-6687-00	J1815			4/30/2007	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	INSULIN HUMAN REGULAR 100 U/ML	10 ML	NA	IJ	ML		5 U		20	4/30/2007	99/99/9999						
23490-6904-01	Q0144			11/12/2007	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (1X15ML) 100 MG/5 ML	15 ML	BO	PO	ML		1 GM		0.02	11/12/2007	99/99/9999						
23490-6905-00	Q0144			4/9/2007	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN DIHYDRATE 200 MG/5 ML	15 ML	BO	PO	ML		1 GM		0.04	4/9/2007	99/99/9999						
23490-6905-01	Q0144			10/11/2007	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN DIHYDRATE 200 MG/5 ML	22.5 ML	BO	PO	ML		1 GM		0.04	10/11/2007	99/99/9999						
23490-6905-02	Q0144			10/11/2007	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN DIHYDRATE 200 MG/5 ML	30 ML	BO	PO	ML		1 GM		0.04	10/11/2007	99/99/9999						
23490-7545-02	J3360			4/9/2007	99/99/9999	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM 5 MG/ML	10 ML	NA	IJ	ML		5 MG		1	4/9/2007	99/99/9999						
23490-7758-01	Q0144			2/7/2007	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 500 MG	3 EA	DP	PO	EA		1 GM		0.5	2/7/2007	99/99/9999						
23490-7760-01	Q0144			2/7/2007	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	4 EA	BO	PO	EA		1 GM		0.25	2/7/2007	99/99/9999						
23490-7760-02	Q0144			4/9/2007	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	6 EA	BO	PO	EA		1 GM		0.25	4/9/2007	99/99/9999						
23490-7854-00	J7506			11/30/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (1X120ML) 5 MG/5 ML	120 ML	BO	PO	ML		5 MG		0.2	11/30/2007	99/99/9999						
23535-0608-61	J3475			1/1/2002	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE	1 EA	NA	NA	GM		500 MG		2	1/1/2002	99/99/9999						
23535-0608-68	J3475			1/1/2002	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE	1 EA	NA	NA	GM		500 MG		2	1/1/2002	99/99/9999						
24208-0347-20	J7611			4/1/2008	99/99/9999	COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG	ALBUTEROL SULFATE (STERILE) 0.5%	20 ML	BO	IH	ML		1 MG		5	4/1/2008	99/99/9999						
24208-0347-20	J7602			1/1/2008	3/31/2008	COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVABUTEROL)	ALBUTEROL SULFATE (STERILE) 0.5%	20 ML	BO	IH	ML		1 MG		5	1/1/2008	3/31/2008						
24208-0412-01	J7310			7/26/2005	99/99/9999	GENCICLOVIR, 4.5 MG, LONG-ACTING IMPLANT	VITRASERT 4.5 MG	1 EA	BX	IO	EA		4.5 MG		1	7/26/2005	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
24208-0416-01	J3490			6/20/2005	12/31/2006	UNCLASSIFIED DRUGS	RETISERT (DIRECT SHIP ONLY) 0.59 MG	1 EA	PG	IO	EA		1 EA		1	6/20/2005	12/31/2006						
24208-0416-01	J7311			1/1/2007	99/99/9999	FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT	RETISERT (DIRECT SHIP ONLY) 0.59 MG	1 EA	PG	IO	EA		1 IMPL		1	1/1/2007	99/99/9999						
24385-0379-26	Q0163			1/1/2002	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	DIPHEDRYL (CHERRY) 12.5 MG/5 ML	120 ML	BO	PO	ML		50 MG		0.05	1/1/2002	99/99/9999						
24385-0406-73	Q0163			1/1/2002	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	SLEEP TABLETS 25 MG	16 EA	NA	PO	EA		50 MG		0.5	1/1/2002	99/99/9999						
24385-0431-26	Q0163			8/3/2009	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	NIGHTTIME SLEEP AID (CAPLET) 25 MG	24 EA	NA	PO	EA		50 MG		0.5	8/3/2009	99/99/9999						
24385-0462-62	Q0163			1/1/2002	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	DIPHEDRYL 25 MG	24 EA	BX	PO	EA		50 MG		0.5	1/1/2002	99/99/9999						
24385-0462-78	Q0163			1/1/2002	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	DIPHEDRYL 25 MG	100 EA	BO	PO	EA		50 MG		0.5	1/1/2002	99/99/9999						
24385-0479-62	Q0163			1/1/2002	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	DIPHEDRYL 25 MG	24 EA	BX	PO	EA		50 MG		0.5	1/1/2002	99/99/9999						
24385-0479-78	Q0163			1/1/2002	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	DIPHEDRYL 25 MG	100 EA	BO	PO	EA		50 MG		0.5	1/1/2002	99/99/9999						
24430-1001-01	J3365			4/1/2007	4/6/2008	INJECTION, IV, UROKINASE, 250,000 I.U. VIAL	ABBOKINASE (PF) 250000 IU	1 EA	VL	IV	EA		250000 IU		1	4/1/2007	4/6/2008						
24430-1003-01	J3365			4/7/2008	8/26/2010	INJECTION, IV, UROKINASE, 250,000 I.U. VIAL	KINLYTIC (LYOPHILIZED) 250000 IL	1 EA	VL	IV	EA		250000 IU		1	4/7/2008	8/26/2010						
25208-0002-01	J3246			4/1/2008	99/99/9999	INJECTION, TIROFIBAN HCL, 0.25MG	AGGRASTAT (1X100ML) 0.05 MG/ML	100 ML	PC	IV	ML		0.25 MG		0.2	4/1/2008	99/99/9999						
25208-0002-02	J3246			4/1/2008	99/99/9999	INJECTION, TIROFIBAN HCL, 0.25MG	AGGRASTAT (1X250ML) 0.05 MG/ML	250 ML	PC	IV	ML		0.25 MG		0.2	4/1/2008	99/99/9999						
25332-0004-30	J3420			1/1/2002	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCC	COBOLIN-M (VIAL) 1000 MCG/ML	30 ML	VL	IM	ML		1000 MCG		1	1/1/2002	99/99/9999						
25332-0011-05	J1094			1/1/2003	99/99/9999	INJECTION, DEXAMETHASONE ACETATE, 1 MG	DEXASONE LA (VIAL) 8 MG/ML	5 ML	VL	IM	ML		1 MG		8	1/1/2003	99/99/9999						
25332-0073-30	J3415			1/1/2004	99/99/9999	INJECTION, PYRIDOXINE HCL, 100 MG	RODEX (VIAL) 100 MG/ML	30 ML	VL	IM	ML		100 MG		1	1/1/2004	99/99/9999						
25332-0078-10	J3420			1/1/2002	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCC	DEPO-COBOLIN (VIAL) 1000 MCG/ML	30 ML	VL	IM	ML		1000 MCG		1	1/1/2002	99/99/9999						
25332-0088-05	J3490			1/1/2002	8/6/2013	UNCLASSIFIED DRUGS	PRODROX (VIAL) 250 MG/ML	5 ML	VL	IM	ML		1 EA		1	1/1/2002	8/6/2013						
25682-0001-01	J3490			3/26/2007	12/31/2007	UNCLASSIFIED DRUGS	SOLIRIS (PF) 10 MG/ML	30 ML	VL	IV	ML		1 EA		1	3/26/2007	12/31/2007						
25682-0001-01	J1300			1/1/2008	99/99/9999	INJECTION, ECULIZUMAB, 10 MG	SOLIRIS (PF) 10 MG/ML	30 ML	VL	IV	ML		10 MG		1	1/1/2008	99/99/9999						
30103-0322-54	Q0163			1/1/2002	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	DORMIN SLEEP AID 25 MG	32 EA	NA	PO	EA		50 MG		0.5	1/1/2002	99/99/9999						
30103-0722-54	Q0163			1/1/2002	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	DORMIN SLEEP AID 25 MG	72 EA	NA	PO	EA		50 MG		0.5	1/1/2002	99/99/9999						
30170-0000-01	J7340			1/1/2002	12/31/2008	ELEMENTS, PER SQUARE CENTIMETER	ORCEL (36 SQUARE CM)	1 EA	NA	TP	EA		1 SQCM		36	1/1/2002	12/31/2008						
30170-0000-01	Q4100			1/1/2009	3/20/2013	SKIN SUBSTITUTE, NOT OTHERWISE SPECIFIED	ORCEL (36 SQUARE CM)	1 EA	NA	TP	EA		36 SQCM		1	1/1/2009	3/20/2013						
33261-0335-21	J7509			1/15/2008	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (DOSE PACK) 4 MG	21 EA	NA	PO	EA		4 MG		1	1/15/2008	99/99/9999						
33261-0759-20	None			6/1/2010	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE 2.5 MG	20 EA	BO	PO	EA		2.5 MG		1	6/1/2010	99/99/9999						
33261-0759-30	None			6/1/2010	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE 2.5 MG	30 EA	BO	PO	EA		2.5 MG		1	6/1/2010	99/99/9999						
33261-0759-40	None			6/1/2010	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE 2.5 MG	40 EA	BO	PO	EA		2.5 MG		1	6/1/2010	99/99/9999						
33261-0759-60	None			6/1/2010	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE 2.5 MG	60 EA	BO	PO	EA		2.5 MG		1	6/1/2010	99/99/9999						
33358-0009-25	J8499			7/10/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	25 EA	BO	PO	EA		1 EA		1	7/10/2007	99/99/9999						
33358-0010-15	J8499			7/10/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	15 EA	BO	PO	EA		1 EA		1	7/10/2007	99/99/9999						
33358-0010-28	J8499			7/10/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	28 EA	BO	PO	EA		1 EA		1	7/10/2007	99/99/9999						
33358-0010-30	J8499			7/10/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	30 EA	BO	PO	EA		1 EA		1	7/10/2007	99/99/9999						
33358-0010-60	J8499			7/10/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	60 EA	BO	PO	EA		1 EA		1	7/10/2007	99/99/9999						
33358-0011-25	J8499			7/10/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	25 EA	BO	PO	EA		1 EA		1	7/10/2007	99/99/9999						
33358-0011-30	J8499			7/10/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	30 EA	BO	PO	EA		1 EA		1	7/10/2007	99/99/9999						
33358-0011-35	J8499			7/10/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	35 EA	BO	PO	EA		1 EA		1	7/10/2007	99/99/9999						
33358-0040-06	Q0144			7/10/2007	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	6 EA	BO	PO	EA		1 GM		0.25	7/10/2007	99/99/9999						
33358-0041-10	Q0144			7/10/2007	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 500 MG	10 EA	BO	PO	EA		1 GM		0.5	7/10/2007	99/99/9999						
33358-0110-30	Q0163			7/10/2007	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	DIPHENHYDRAMINE 25 MG	30 EA	BO	PO	EA		50 MG		0.5	7/10/2007	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
33358-0111-20		Q0163		7/10/2007	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	DIPHENHYDRAMINE 50 MG	20 EA	BO	PO	EA		50 MG		1	7/10/2007	99/99/9999						
33358-0111-30		Q0163		7/10/2007	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	DIPHENHYDRAMINE 50 MG	30 EA	BO	PO	EA		50 MG		1	7/10/2007	99/99/9999						
33358-0182-20		Q0177		7/10/2007	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	HYDROXYZINE PAM 25 MG	20 EA	BO	PO	EA		25 MG		1	7/10/2007	99/99/9999						
33358-0182-30		Q0177		7/10/2007	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	HYDROXYZINE PAM 25 MG	30 EA	BO	PO	EA		25 MG		1	7/10/2007	99/99/9999						
33358-0241-21		J7509		7/10/2007	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	21 EA	BO	PO	EA		4 MG		1	7/10/2007	99/99/9999						
33358-0291-08		J7510		7/10/2007	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 15 MG/5 ML	240 ML	BO	PO	ML		5 MG		0.6	7/10/2007	99/99/9999						
33358-0292-12		J7506		7/10/2007	99/99/9999	PREDNISONE ORAL, PER 5MG	PREDNISONE 5 MG	12 EA	BO	PO	EA		5 MG		1	7/10/2007	99/99/9999						
33358-0292-15		J7506		7/10/2007	99/99/9999	PREDNISONE ORAL, PER 5MG	PREDNISONE 5 MG	15 EA	BO	PO	EA		5 MG		1	7/10/2007	99/99/9999						
33358-0292-21		J7506		7/10/2007	99/99/9999	PREDNISONE ORAL, PER 5MG	PREDNISONE 5 MG	21 EA	BO	PO	EA		5 MG		1	7/10/2007	99/99/9999						
33358-0292-30		J7506		7/10/2007	99/99/9999	PREDNISONE ORAL, PER 5MG	PREDNISONE 5 MG	30 EA	BO	PO	EA		5 MG		1	7/10/2007	99/99/9999						
33358-0292-78		J7506		7/10/2007	99/99/9999	PREDNISONE ORAL, PER 5MG	PREDNISONE 5 MG	78 EA	BO	PO	EA		5 MG		1	7/10/2007	99/99/9999						
33358-0293-20		J7506		7/10/2007	99/99/9999	PREDNISONE ORAL, PER 5MG	PREDNISONE 10 MG	20 EA	BO	PO	EA		5 MG		2	7/10/2007	99/99/9999						
33358-0293-30		J7506		7/10/2007	99/99/9999	PREDNISONE ORAL, PER 5MG	PREDNISONE 10 MG	30 EA	BO	PO	EA		5 MG		2	7/10/2007	99/99/9999						
33358-0293-40		J7506		7/10/2007	99/99/9999	PREDNISONE ORAL, PER 5MG	PREDNISONE 10 MG	40 EA	BO	PO	EA		5 MG		2	7/10/2007	99/99/9999						
33358-0294-15		J7506		7/10/2007	99/99/9999	PREDNISONE ORAL, PER 5MG	PREDNISONE 20 MG	15 EA	BO	PO	EA		5 MG		4	7/10/2007	99/99/9999						
33358-0294-20		J7506		7/10/2007	99/99/9999	PREDNISONE ORAL, PER 5MG	PREDNISONE 20 MG	20 EA	BO	PO	EA		5 MG		4	7/10/2007	99/99/9999						
33358-0294-30		J7506		7/10/2007	99/99/9999	PREDNISONE ORAL, PER 5MG	PREDNISONE 20 MG	30 EA	BO	PO	EA		5 MG		4	7/10/2007	99/99/9999						
33358-0294-40		J7506		7/10/2007	99/99/9999	PREDNISONE ORAL, PER 5MG	PREDNISONE 20 MG	40 EA	BO	PO	EA		5 MG		4	7/10/2007	99/99/9999						
33358-0294-60		J7506		7/10/2007	99/99/9999	PREDNISONE ORAL, PER 5MG	PREDNISONE 20 MG	60 EA	BO	PO	EA		5 MG		4	7/10/2007	99/99/9999						
33358-0299-20		Q0164		7/10/2007	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	PROCHLORPERAZINE 5 MG	20 EA	BO	PO	EA		5 MG		1	7/10/2007	99/99/9999						
33358-0299-30		Q0164		7/10/2007	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	PROCHLORPERAZINE 5 MG	30 EA	BO	PO	EA		5 MG		1	7/10/2007	99/99/9999						
33358-0300-10		Q0165		7/10/2007	99/99/9999	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	PROCHLORPERAZINE 10 MG	10 EA	BO	PO	EA		10 MG		1	7/10/2007	99/99/9999						
33358-0300-20		Q0165		7/10/2007	99/99/9999	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	PROCHLORPERAZINE 10 MG	20 EA	BO	PO	EA		10 MG		1	7/10/2007	99/99/9999						
33358-0300-30		Q0165		7/10/2007	99/99/9999	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	PROCHLORPERAZINE 10 MG	30 EA	BO	PO	EA		10 MG		1	7/10/2007	99/99/9999						
33358-0300-60		Q0165		7/10/2007	99/99/9999	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	PROCHLORPERAZINE 10 MG	60 EA	BO	PO	EA		10 MG		1	7/10/2007	99/99/9999						
33358-0301-02		J8498		7/10/2007	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	2 EA	BX	RC	EA		1 EA		1	7/10/2007	99/99/9999						
33358-0301-12		J8498		7/10/2007	99/99/9999	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	PROMETHAZINE 25 MG	12 EA	BX	RC	EA		1 EA		1	7/10/2007	99/99/9999						
33358-0302-08		Q0170		7/10/2007	99/99/9999	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	PROMETHAZINE 25 MG	8 EA	BO	PO	EA		25 MG		1	7/10/2007	99/99/9999						
33358-0302-10		Q0170		7/10/2007	99/99/9999	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	PROMETHAZINE 25 MG	10 EA	BO	PO	EA		25 MG		1	7/10/2007	99/99/9999						
33358-0302-30		Q0170		7/10/2007	99/99/9999	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	PROMETHAZINE 25 MG	30 EA	BO	PO	EA		25 MG		1	7/10/2007	99/99/9999						
33358-0302-60		Q0170		7/10/2007	99/99/9999	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	PROMETHAZINE 25 MG	60 EA	BO	PO	EA		25 MG		1	7/10/2007	99/99/9999						
33358-0313-01		J3415		7/10/2007	99/99/9999	INJECTION, PYRIDOXINE HCL, 100 MG	PYRIDOXINE (SINGLE-DOSE) 100 MG/ML	1 ML	VL	IJ	ML		100 MG		1	7/10/2007	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
33358-0352-10		Q0173		7/10/2007	99/99/9999	TRIMETHOENZAMIDE 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	TRIMETHOENZAMIDE 250 MG	10 EA	NA	PO	EA		250 MG		1	7/10/2007	99/99/9999						
33358-0352-20		Q0173		7/10/2007	99/99/9999	TRIMETHOENZAMIDE 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	TRIMETHOENZAMIDE 250 MG	20 EA	NA	PO	EA		250 MG		1	7/10/2007	99/99/9999						
33358-0367-01		Q0144		7/10/2007	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 1 GM/Package	1 EA	BX	PO	EA		1 GM		1	7/10/2007	99/99/9999						
33358-0367-03		Q0144		7/10/2007	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 1 GM/Package	1 EA	BX	PO	EA		1 GM		1	7/10/2007	99/99/9999						
33358-0368-04		Q0144		7/10/2007	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	4 EA	BO	PO	EA		1 GM		0.25	7/10/2007	99/99/9999						
33358-0368-30		Q0144		7/10/2007	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	30 EA	BO	PO	EA		1 GM		0.25	7/10/2007	99/99/9999						
33358-0368-50		Q0144		7/10/2007	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	50 EA	BO	PO	EA		1 GM		0.25	7/10/2007	99/99/9999						
33358-0369-02		Q0179		7/10/2007	12/31/2011	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ZOFRAN 4 MG	2 EA	BO	PO	EA		8 MG		0.5	7/10/2007	12/31/2011						
33358-0369-02		Q0162		1/1/2012	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	ZOFRAN 4 MG	2 EA	BO	PO	EA		1 MG		4	1/1/2012	99/99/9999						
33358-0370-02		Q0179		7/10/2007	12/31/2011	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ZOFRAN 4 MG	2 EA	BO	PO	EA		8 MG		0.5	7/10/2007	12/31/2011						
33358-0370-02		Q0162		1/1/2012	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	ZOFRAN 4 MG	2 EA	BO	PO	EA		1 MG		4	1/1/2012	99/99/9999						
33358-0418-30		Q0169		7/24/2007	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	PROMETHAZINE 12.5 MG	30 EA	BO	PO	EA		12.5 MG		1	7/24/2007	99/99/9999						
35356-0017-03		Q0144		9/14/2007	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 500 MG	3 EA	BO	PO	EA		1 GM		0.5	9/14/2007	99/99/9999						
35356-0018-10		J1650		9/14/2007	7/2/2009	INJECTION, ENOXAPARIN SODIUM, 10 MG	LOVENOX (10X0.4ML) 40 MG/0.4 ML	0.4 ML	SR	SC	ML		10 MG		10	9/14/2007	7/2/2009						
35356-0019-10		J1650		9/14/2007	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	LOVENOX (10X0.6ML) 60 MG/0.6 ML	0.6 ML	SR	SC	ML		10 MG		10	9/14/2007	99/99/9999						
35356-0020-10		J1650		9/14/2007	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	LOVENOX (10X0.8ML) 80 MG/0.8 ML	0.8 ML	SR	SC	ML		10 MG		10	9/14/2007	99/99/9999						
35356-0034-01		Q4084		10/19/2007	12/31/2007	HYALURONAN OR DERIVATIVE, SYNVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	SYNVISC HYLAN GF 8 MG/ML	2 ML	SR	IJ	ML		1 DOSE		0.5	10/19/2007	12/31/2007						
35356-0034-01		J7322		1/1/2008	12/31/2009	DOSE	SYNVISC HYLAN GF 8 MG/ML	2 ML	SR	IJ	ML		1 DOSE		0.5	1/1/2008	12/31/2009						
35356-0034-03		Q4084		10/19/2007	12/31/2007	DOSE	SYNVISC HYLAN GF (3X2ML) 8 MG/ML	2 ML	SR	IJ	ML		1 DOSE		0.5	10/19/2007	12/31/2007						
35356-0034-03		J7322		1/1/2008	7/2/2009	DOSE	SYNVISC HYLAN GF (3X2ML) 8 MG/ML	2 ML	SR	IJ	ML		1 DOSE		0.5	1/1/2008	7/2/2009						
35356-0036-01		J7321		1/10/2008	7/2/2009	DOSE	SUPARTZ 10 MG/ML	2.5 ML	SR	IJ	ML		1 DOSE		0.5	1/10/2008	7/2/2009						
35356-0036-02		J7321		1/10/2008	1/1/2012	INJECTION, PER DOSE	SUPARTZ 10 MG/ML	2.5 ML	SR	IJ	ML		1 DOSE		0.5	1/10/2008	1/1/2012						
35356-0039-12		J8498		10/19/2007	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PHENADOZ 25 MG	12 EA	BX	RC	EA		1 EA		1	10/19/2007	99/99/9999						
35356-0044-15		Q0144		10/26/2007	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 100 MG/5 ML	15 ML	BO	PO	ML		1 GM		0.02	10/26/2007	99/99/9999						
35356-0058-10		J1070		11/9/2007	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG	DEPO-TESTOSTERONE 100 MG/ML	10 ML	VL	IM	ML		100 MG		1	11/9/2007	99/99/9999						
35356-0078-02		J1652		1/25/2008	7/2/2009	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	ARIXTRA (2X0.5ML) 2.5 MG/0.5 ML	0.5 ML	SR	SC	ML		0.5 MG		10	1/25/2008	7/2/2009						
35356-0078-10		J1652		1/25/2008	1/30/2008	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	ARIXTRA (10X0.5ML) 5 MG/0.5 ML	0.5 ML	SR	SC	ML		0.5 MG		10	1/25/2008	1/30/2008						
35356-0079-02		J1652		1/25/2008	1/30/2008	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	ARIXTRA (2X0.4ML) 5 MG/0.4 ML	0.4 ML	SR	SC	ML		0.5 MG		25	1/25/2008	1/30/2008						
35356-0079-10		J1652		1/25/2008	1/30/2008	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	ARIXTRA (10X0.4ML) 5 MG/0.4 ML	0.4 ML	SR	SC	ML		0.5 MG		25	1/25/2008	1/30/2008						
35356-0080-02		J1652		1/25/2008	1/30/2008	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	ARIXTRA (2X0.6ML) 7.5 MG/0.6 ML	0.6 ML	SR	SC	ML		0.5 MG		25	1/25/2008	1/30/2008						
35356-0080-10		J1652		1/25/2008	1/30/2008	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	ARIXTRA (10X0.6ML) 7.5 MG/0.6 ML	0.6 ML	SR	SC	ML		0.5 MG		25	1/25/2008	1/30/2008						
35356-0081-02		J1652		1/25/2008	1/30/2008	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	ARIXTRA (2X0.8ML) 10 MG/0.8 ML	0.8 ML	SR	SC	ML		0.5 MG		25	1/25/2008	1/30/2008						
35356-0081-10		J1652		1/25/2008	1/30/2008	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	ARIXTRA (10X0.8ML) 10 MG/0.8 ML	0.8 ML	SR	SC	ML		0.5 MG		25	1/25/2008	1/30/2008						
35356-0082-01		J3301		2/8/2008	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	KENALOG 10 MG/ML	5 ML	VL	IJ	ML		10 MG		1	2/8/2008	99/99/9999						
35356-0083-01		J1030		2/8/2008	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE 40 MG/ML	5 ML	VL	IJ	ML		40 MG		1	2/8/2008	99/99/9999						
35356-0084-01		J0702		2/8/2008	99/99/9999	INJECTION, BETAMETHASONE ACETATE 3MG AND BETAMETHASONE SODIUM PHOSPHATE 3MG	CELESTONE SOLUSPAN 3 MG/ML-3 MG/ML	5 ML	VL	IJ	ML		3 MG		1	2/8/2008	99/99/9999						
35356-0096-60		Q0176		2/29/2008	99/99/9999	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	PERPHENAZINE 8 MG	60 EA	BO	PO	EA		8 MG		1	2/29/2008	99/99/9999						
35356-0098-90		Q0172		2/29/2008	99/99/9999	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	CHLORPROMAZINE 100 MG	90 EA	BO	PO	EA		25 MG		4	2/29/2008	99/99/9999						
35356-0102-00		J1817		3/7/2008	99/99/9999	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	HUMALOG (100X10ML) 100 U/ML	10 ML	VL	SC	ML		50 U		2	3/7/2008	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
35356-0124-30		J7644		3/13/2008	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (30X2.5ML,PF) 0.02%	2.5 ML	PC	IH	ML		1 MG		0.2	3/13/2008	99/99/9999						
35356-0124-30	KO	J7644	KO	3/13/2008	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (30X2.5ML,PF) 0.02%	2.5 ML	PC	IH	ML		1 MG		0.2	3/13/2008	99/99/9999						
35356-0128-15		Q0144		3/13/2008	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 100 MG/5 ML	15 ML	BO	PO	ML		1 GM		0.02	3/13/2008	99/99/9999						
35356-0177-15		J0696		5/16/2008	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (1X15ML) 1 GM	15 ML	NA	IJ	ML		250 MG		4	5/16/2008	99/99/9999						
35356-0178-05		J1040		5/16/2008	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	METHYLPREDNISOLONE ACETATE (1X5ML) 80 MG/ML	5 ML	NA	IJ	ML		80 MG		1	5/16/2008	99/99/9999						
35356-0180-50		J2001		5/16/2008	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL (1X50ML,LATEX-FREE) 2%	50 ML	NA	IJ	ML		10 MG		2	5/16/2008	99/99/9999						
35356-0181-30		A4216		5/16/2008	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE BACTERIOSTATIC (1X30ML,LATEX-FREE) 0.9%	30 ML	NA	IV	ML		10 ML		0.1	5/16/2008	99/99/9999						
35356-0194-21		J7509		5/16/2008	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	MEDROL (DOSE PACK) 4 MG	21 EA	NA	PO	EA		4 MG		1	5/16/2008	99/99/9999						
35356-0206-60		J1324		5/30/2008	1/11/2012	INJECTION, ENFUVIRTIDE, 1 MG	FUZEON 90 MG	1 EA	PG	SC	EA		1 MG		90	5/30/2008	1/11/2012						
35356-0219-01		J7321		6/5/2008	99/99/9999	HYALURONAN OR DERIVATIVE, HYALGAN OR SUPARTZ, FOR INTRA-ARTICULAR INJECTION, PER DOSE	HYALGAN 10 MG/ML	1 EA	VL	IJ	EA		1 DOSE		0.5	6/5/2008	99/99/9999						
35356-0325-00		Q0165		8/1/2008	99/99/9999	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	PROCHLORPERAZINE MALEATE 10 MG	1 EA	BO	PO	EA		10 MG		1	8/1/2008	99/99/9999						
35356-0359-30		J8540		8/8/2008	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 1 MG	1 EA	BO	PO	EA		0.3 MG		4	8/8/2008	99/99/9999						
37205-0270-62		Q0163		1/1/2002	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	COMPLETE ALLERGY MEDICINE 25 MG	24 EA	BX	PO	EA		50 MG		0.5	1/1/2002	99/99/9999						
37205-0270-78		Q0163		1/1/2002	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	COMPLETE ALLERGY MEDICINE 25 MG	100 EA	BX	PO	EA		50 MG		0.5	1/1/2002	99/99/9999						
37205-0277-62		Q0163		1/1/2002	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	COMPLETE ALLERGY MEDICINE 25 MG	24 EA	BX	PO	EA		50 MG		0.5	1/1/2002	99/99/9999						
37205-0277-78		Q0163		1/1/2002	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	COMPLETE ALLERGY MEDICINE 25 MG	100 EA	BX	PO	EA		50 MG		0.5	1/1/2002	99/99/9999						
37205-0565-26		Q0163		1/1/2002	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	COMPLETE ALLERGY (AF,CHERRY) 12.5 MG/5 ML	118 ML	BO	PO	ML		50 MG		0.05	1/1/2002	99/99/9999						
37205-0565-34		Q0163		1/1/2002	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	COMPLETE ALLERGY (AF,CHERRY) 12.5 MG/5 ML	240 ML	BO	PO	ML		50 MG		0.05	1/1/2002	99/99/9999						
38423-0110-01		J1190		9/6/2007	99/99/9999	INJECTION, DEXRAZOXANE HYDROCHLORIDE, PER 250 MG	TOTECT (W/10 VIALS OF DILUENT) 500 MG	1 EA	VL	IV	EA		250 MG		2	9/6/2007	99/99/9999						
38739-0150-08		J7510		9/24/2007	10/2/2009	PREDNISOLONE ORAL, PER 5 MG	PRELONE (CHERRY) 15 MG/5 ML	240 ML	BO	PO	ML		5 MG		0.6	9/24/2007	10/2/2009						
38779-0006-03		J3490		1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	CLINDAMYCIN PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM		1 EA		1	1/1/2002	99/99/9999						
38779-0006-04		J3490		1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	CLINDAMYCIN PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM		1 EA		1	1/1/2002	99/99/9999						
38779-0006-05		J3490		1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	CLINDAMYCIN PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM		1 EA		1	1/1/2002	99/99/9999						
38779-0008-01		J1700		1/1/2002	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM		25 MG		40	1/1/2002	99/99/9999						
38779-0008-04		J1700		1/1/2002	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM		25 MG		40	1/1/2002	99/99/9999						
38779-0008-05		J1700		1/1/2002	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM		25 MG		40	1/1/2002	99/99/9999						
38779-0008-08		J1700		1/1/2002	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM		25 MG		40	1/1/2002	99/99/9999						
38779-0008-09		J1700		1/1/2002	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM		25 MG		40	1/1/2002	99/99/9999						
38779-0011-01		J7684		1/1/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM		1 MG		1000	1/1/2002	99/99/9999						
38779-0011-01	KO	J7684	KO	1/1/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM		1 MG		1000	1/1/2002	99/99/9999						
38779-0011-03		J7684		1/1/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM		1 MG		1000	1/1/2002	99/99/9999						
38779-0011-03	KO	J7684	KO	1/1/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM		1 MG		1000	1/1/2002	99/99/9999						
38779-0011-04		J7684		1/1/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM		1 MG		1000	1/1/2002	99/99/9999						
38779-0011-04	KO	J7684	KO	1/1/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM		1 MG		1000	1/1/2002	99/99/9999						

NDC	NDC Mod	HPCS	HPCS Mod	Relationship Start Date	Relationship End Date	HPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HPCS Amount #1	HPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
38779-0011-05	KO	J7684	KO	1/1/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM		1 MG	1000	1	1/1/2002	99/99/9999						
38779-0011-05		J7684		1/1/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM		1 MG	1000	1	1/1/2002	99/99/9999						
38779-0014-01		J7636		1/1/2002	1/9/2010	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE SULFATE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM		1 MG	1000	1	1/1/2002	1/9/2010						
38779-0014-01	KO	J7636	KO	1/1/2002	1/9/2010	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE SULFATE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM		1 MG	1000	1	1/1/2002	1/9/2010						
38779-0014-04		J7636		1/1/2002	1/9/2010	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE SULFATE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM		1 MG	1000	1	1/1/2002	1/9/2010						
38779-0014-04	KO	J7636	KO	1/1/2002	1/9/2010	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE SULFATE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM		1 MG	1000	1	1/1/2002	1/9/2010						
38779-0014-05		J7636		1/1/2002	1/1/2009	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE SULFATE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM		1 MG	1000	1	1/1/2002	1/1/2009						
38779-0014-05	KO	J7636	KO	1/1/2002	1/1/2009	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE SULFATE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM		1 MG	1000	1	1/1/2002	1/1/2009						
38779-0015-01		J3490		4/26/2002	99/99/9999	UNCLASSIFIED DRUGS	BACITRACIN (U.S.P., MICRONIZED)	1 EA	BO	NA	GM		1 EA	1	4/26/2002	99/99/9999							
38779-0015-04		J3490		4/26/2002	99/99/9999	UNCLASSIFIED DRUGS	BACITRACIN (U.S.P., MICRONIZED)	1 EA	BO	NA	GM		1 EA	1	4/26/2002	99/99/9999							
38779-0015-05		J3490		4/26/2002	99/99/9999	UNCLASSIFIED DRUGS	BACITRACIN (U.S.P., MICRONIZED)	1 EA	BO	NA	GM		1 EA	1	4/26/2002	99/99/9999							
38779-0017-01		J7624		1/1/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE DIPROPIONATE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM		1 MG	1000	1	1/1/2002	99/99/9999						
38779-0017-01	KO	J7624	KO	1/1/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE DIPROPIONATE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM		1 MG	1000	1	1/1/2002	99/99/9999						
38779-0017-03		J7624		1/1/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE DIPROPIONATE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM		1 MG	1000	1	1/1/2002	99/99/9999						
38779-0017-03	KO	J7624	KO	1/1/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE DIPROPIONATE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM		1 MG	1000	1	1/1/2002	99/99/9999						
38779-0017-04		J7624		1/1/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE DIPROPIONATE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM		1 MG	1000	1	1/1/2002	99/99/9999						
38779-0017-04	KO	J7624	KO	1/1/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE DIPROPIONATE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM		1 MG	1000	1	1/1/2002	99/99/9999						
38779-0017-06		J7624		1/1/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE DIPROPIONATE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM		1 MG	1000	1	1/1/2002	99/99/9999						
38779-0017-06	KO	J7624	KO	1/1/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE DIPROPIONATE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM		1 MG	1000	1	1/1/2002	99/99/9999						
38779-0025-01		J9190		1/1/2002	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (U.S.P., 5-FU)	1 EA	BO	NA	GM		500 MG	2	1/1/2002	99/99/9999							
38779-0025-01	QR	J9190	QR	1/28/2005	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (U.S.P., 5-FU)	1 EA	BO	NA	GM		500 MG	2	1/28/2005	99/99/9999							
38779-0025-04		J9190		1/1/2002	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (U.S.P.)	1 EA	BO	NA	GM		500 MG	2	1/1/2002	99/99/9999							
38779-0025-04	QR	J9190	QR	1/28/2005	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (U.S.P.)	1 EA	BO	NA	GM		500 MG	2	1/28/2005	99/99/9999							
38779-0025-05		J9190		1/1/2002	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (U.S.P.)	1 EA	BO	NA	GM		500 MG	2	1/1/2002	99/99/9999							
38779-0025-05	QR	J9190	QR	1/28/2005	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (U.S.P.)	1 EA	BO	NA	GM		500 MG	2	1/28/2005	99/99/9999							
38779-0034-04		J2010		1/1/2002	99/99/9999	INJECTION, LINCOCYCIN HCL, UP TO 300 MG	LINCOCYCIN HCL (U.S.P.)	1 EA	BO	NA	GM		300 MG	3.33333	1	1/1/2002	99/99/9999						
38779-0034-05		J2010		1/1/2002	99/99/9999	INJECTION, LINCOCYCIN HCL, UP TO 300 MG	LINCOCYCIN HCL (U.S.P.)	1 EA	BO	NA	GM		300 MG	3.33333	1	1/1/2002	99/99/9999						
38779-0034-08		J2010		8/26/2002	99/99/9999	INJECTION, LINCOCYCIN HCL, UP TO 300 MG	LINCOCYCIN HCL (U.S.P.)	1 EA	BO	NA	GM		300 MG	3.33333	8/26/2002	99/99/9999							
38779-0042-05		J2460		4/25/2002	99/99/9999	INJECTION, OXYTETRACYCLINE HCL, UP TO 50 MG	OXYTETRACYCLINE HCL (U.S.P.)	1 EA	BO	NA	GM		50 MG	20	4/25/2002	99/99/9999							
38779-0043-01		J2675		1/1/2002	9/1/2010	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM		50 MG	20	9/26/2008	9/1/2010	1/1/2002	4/25/2002	20				
38779-0043-04		J2675		1/1/2002	9/1/2010	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM		50 MG	20	1/1/2002	9/1/2010							
38779-0043-05		J2675		1/1/2002	9/1/2010	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM		50 MG	20	1/1/2002	9/1/2010							
38779-0043-08		J2675		4/25/2002	9/1/2010	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM		50 MG	20	4/25/2002	9/1/2010							
38779-0043-09		J2675		1/1/2002	9/1/2010	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM		50 MG	20	1/1/2002	9/1/2010							
38779-0051-01		J7684		1/1/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000	1	1/1/2002	99/99/9999						
38779-0051-01	KO	J7684	KO	1/1/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000	1	1/1/2002	99/99/9999						
38779-0051-03		J7684		1/1/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000	1	1/1/2002	99/99/9999						
38779-0051-03	KO	J7684	KO	1/1/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000	1	1/1/2002	99/99/9999						
38779-0051-04		J7684		4/30/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000	4/30/2002	99/99/9999							
38779-0051-04	KO	J7684	KO	4/30/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000	4/30/2002	99/99/9999							
38779-0051-05		J7684		4/30/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000	4/30/2002	99/99/9999							
38779-0051-05	KO	J7684	KO	4/30/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000	4/30/2002	99/99/9999							
38779-0051-05		J7684		4/30/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000	4/30/2002	99/99/9999							
38779-0057-01		J2675		1/1/2002	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P., WETTABLE)	1 EA	BO	NA	GM		50 MG	20	9/26/2008	99/99/9999	1/1/2002	4/25/2002	20				
38779-0057-04		J2675		1/1/2002	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (USP, WETTABLE)	1 EA	BO	NA	GM		50 MG	20	1/1/2002	99/99/9999							
38779-0057-05		J2675		1/1/2002	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P., WETTABLE)	1 EA	BO	NA	GM		50 MG	20	1/1/2002	99/99/9999							
38779-0057-09		J2675		1/1/2002	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P., WETTABLE)	1 EA	BO	NA	GM		50 MG	20	1/1/2002	99/99/9999							

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
38779-0063-05		J3490		1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	BENZOCAINE (U.S.P.)	1 EA	BO	NA	GM	1 EA		1 EA	1	1/1/2002	99/99/9999						
38779-0063-08		J3490		1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	BENZOCAINE (U.S.P.)	1 EA	JR	NA	GM	1 EA		1 EA	1	1/1/2002	99/99/9999						
38779-0063-09		J3490		1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	BENZOCAINE (U.S.P.)	1 EA	JR	NA	GM	1 EA		1 EA	1	1/1/2002	99/99/9999						
38779-0071-01		J7638		1/1/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000	1 MG		1/1/2002	99/99/9999						
38779-0071-01	KO	J7638	KO	1/1/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000	1 MG		1/1/2002	99/99/9999						
38779-0071-03		J7638		1/1/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000	1 MG		1/1/2002	99/99/9999						
38779-0071-03	KO	J7638	KO	1/1/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000	1 MG		1/1/2002	99/99/9999						
38779-0071-04	KO	J7638	KO	1/1/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000	1 MG		1/1/2002	99/99/9999						
38779-0071-04		J7638		1/1/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000	1 MG		1/1/2002	99/99/9999						
38779-0071-05		J7638		9/3/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	NA	NA	GM	1 MG	1000	1 MG		9/3/2002	99/99/9999						
38779-0071-05	KO	J7638	KO	9/3/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	NA	NA	GM	1 MG	1000	1 MG		9/3/2002	99/99/9999						
38779-0071-08		J7638		9/3/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	NA	NA	GM	1 MG	1000	1 MG		9/3/2002	99/99/9999						
38779-0071-08	KO	J7638	KO	9/3/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	NA	NA	GM	1 MG	1000	1 MG		9/3/2002	99/99/9999						
38779-0082-04		J2001		1/1/2004	9/1/2010	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MC	LIDOCAINE HCL (U.S.P.)	1 EA	BO	NA	GM	10 MG	100	10 MG		1/1/2004	9/1/2010						
38779-0082-05		J2001		1/1/2004	9/1/2010	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MC	LIDOCAINE HCL (U.S.P.)	1 EA	BO	NA	GM	10 MG	100	10 MG		1/1/2004	9/1/2010						
38779-0082-08		J2001		1/1/2004	9/1/2010	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MC	LIDOCAINE HCL (U.S.P.)	1 EA	BO	NA	GM	10 MG	100	10 MG		1/1/2004	9/1/2010						
38779-0082-09		J2001		1/1/2004	9/1/2010	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MC	LIDOCAINE HCL (U.S.P.)	1 EA	JR	NA	GM	10 MG	100	10 MG		1/1/2004	9/1/2010						
38779-0101-08		J3350		1/1/2002	1/10/2010	INJECTION, UREA, UP TO 40 GM	UREA (U.S.P.)	1 EA	BO	NA	GM	40 GM	0.025	1/1/2002	1/10/2010								
38779-0101-09		J3350		1/1/2002	1/10/2010	INJECTION, UREA, UP TO 40 GM	UREA (U.S.P.)	1 EA	BO	NA	GM	40 GM	0.025	1/1/2002	1/10/2010								
38779-0104-03		J1230		1/1/2002	99/99/9999	INJECTION, METHADONE HCL, UP TO 10 MG	METHADONE HCL (U.S.P.)	1 EA	BO	NA	GM	10 MG	100	10 MG		1/1/2002	99/99/9999						
38779-0104-04		J1230		1/1/2002	99/99/9999	INJECTION, METHADONE HCL, UP TO 10 MG	METHADONE HCL (U.S.P.)	1 EA	BO	NA	GM	10 MG	100	10 MG		1/1/2002	99/99/9999						
38779-0104-05		J1230		1/1/2002	99/99/9999	INJECTION, METHADONE HCL, UP TO 10 MG	METHADONE HCL (U.S.P.)	1 EA	BO	NA	GM	10 MG	100	10 MG		1/1/2002	99/99/9999						
38779-0123-04		J3490		1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	RIFAMPIN (U.S.P.)	1 EA	BO	NA	GM	1 EA	1	1 EA		1/1/2002	99/99/9999						
38779-0123-05		J3490		1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	RIFAMPIN (U.S.P.)	1 EA	BO	NA	GM	1 EA	1	1 EA		1/1/2002	99/99/9999						
38779-0123-08		J3490		1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	RIFAMPIN (U.S.P.)	1 EA	BO	NA	GM	1 EA	1	1 EA		1/1/2002	99/99/9999						
38779-0123-09		J3490		1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	RIFAMPIN (U.S.P.)	1 EA	BO	NA	GM	1 EA	1	1 EA		1/1/2002	99/99/9999						
38779-0126-01		J3490		1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	BETAMETHASONE ACETATE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM	1 EA	1	1 EA		1/1/2002	99/99/9999						
38779-0126-03		J3490		1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	BETAMETHASONE ACETATE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM	1 EA	1	1 EA		1/1/2002	99/99/9999						
38779-0126-04		J3490		1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	BETAMETHASONE ACETATE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM	1 EA	1	1 EA		1/1/2002	99/99/9999						
38779-0126-06		J3490		1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	BETAMETHASONE ACETATE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM	1 EA	1	1 EA		1/1/2002	99/99/9999						
38779-0142-03		J7509		1/1/2002	11/30/2006	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM	4 MG	250	1/1/2002	11/30/2006								
38779-0142-04		J7509		1/1/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM	4 MG	250	1/1/2002	99/99/9999								
38779-0142-06		J7509		1/1/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM	4 MG	250	1/1/2002	99/99/9999								
38779-0144-03		J1030		1/1/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM	40 MG	25	1/1/2002	99/99/9999								
38779-0144-04		J1030		1/1/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM	40 MG	25	1/1/2002	99/99/9999								
38779-0144-05		J1030		9/3/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM	40 MG	25	9/3/2002	99/99/9999								
38779-0144-06		J1030		1/1/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM	40 MG	25	1/1/2002	99/99/9999								
38779-0146-04		J3490		1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	METRONIDAZOLE (U.S.P.)	1 EA	BO	NA	GM	1 EA	1	1 EA		1/1/2002	99/99/9999						
38779-0146-05		J3490		1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	METRONIDAZOLE (U.S.P.)	1 EA	BO	NA	GM	1 EA	1	1 EA		1/1/2002	99/99/9999						
38779-0146-08		J3490		1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	METRONIDAZOLE (U.S.P.)	1 EA	BO	NA	GM	1 EA	1	1 EA		1/1/2002	99/99/9999						
38779-0146-09		J3490		9/3/2002	99/99/9999	UNCLASSIFIED DRUGS	METRONIDAZOLE (U.S.P.)	1 EA	BO	NA	GM	1 EA	1	9/3/2002	99/99/9999								
38779-0150-03		J7510		1/1/2002	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE ANHYDROUS (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM	5 MG	200	1/1/2002	99/99/9999								
38779-0150-04		J7510		1/1/2002	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE ANHYDROUS (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM	5 MG	200	1/1/2002	99/99/9999								
38779-0150-05		J7510		1/1/2002	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE ANHYDROUS (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM	5 MG	200	1/1/2002	99/99/9999								
38779-0150-08		J7510		4/25/2002	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE ANHYDROUS (ANHYDROUS,MICRONIZED)	1 EA	NA	NA	GM	5 MG	200	4/25/2002	99/99/9999								
38779-0150-09		J7510		9/3/2002	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE ANHYDROUS (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM	5 MG	200	9/3/2002	99/99/9999								
38779-0154-03		J7506		3/7/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM	5 MG	200	3/7/2002	99/99/9999								
38779-0154-04		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM	5 MG	200	1/1/2002	99/99/9999								
38779-0154-05		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM	5 MG	200	1/1/2002	99/99/9999								

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
38779-0154-08	J7506			8/26/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE ANHYDROUS (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM		5 MG	200		8/26/2002	99/99/9999						
38779-0154-09	J7506			8/26/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE ANHYDROUS (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM		5 MG	200		8/26/2002	99/99/9999						
38779-0163-03	J3140			1/1/2002	9/1/2010	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MC	TESTOSTERONE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM		50 MG	20		1/1/2002	9/1/2010						
38779-0163-04	J3140			1/1/2002	9/1/2010	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MC	TESTOSTERONE (U.S.P.,MICRONIZED)	1 EA	JR	NA	GM		50 MG	20		1/1/2002	9/1/2010						
38779-0163-05	J3140			1/1/2002	9/1/2010	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MC	TESTOSTERONE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM		50 MG	20		1/1/2002	9/1/2010						
38779-0163-08	J3140			4/30/2002	9/1/2010	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MC	TESTOSTERONE (U.S.P.,MICRONIZED)	1 EA	JR	NA	GM		50 MG	20		4/30/2002	9/1/2010						
38779-0163-09	J3140			4/30/2002	9/1/2010	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MC	TESTOSTERONE (U.S.P.,MICRONIZED)	1 EA	JR	NA	GM		50 MG	20		4/30/2002	9/1/2010						
38779-0164-03	J1070			1/1/2002	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MC	TESTOSTERONE CYPIONATE (U.S.P.)	1 EA	BO	NA	GM		100 MG	10		1/1/2002	99/99/9999						
38779-0164-04	J1070			1/1/2002	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MC	TESTOSTERONE CYPIONATE (U.S.P.)	1 EA	BO	NA	GM		100 MG	10		1/1/2002	99/99/9999						
38779-0164-05	J1070			1/1/2002	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MC	TESTOSTERONE CYPIONATE (U.S.P.)	1 EA	BO	NA	GM		100 MG	10		1/1/2002	99/99/9999						
38779-0164-08	J1070			4/30/2002	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MC	TESTOSTERONE CYPIONATE (U.S.P.)	1 EA	BO	NA	GM		100 MG	10		4/30/2002	99/99/9999						
38779-0164-09	J1070			1/1/2002	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MC	TESTOSTERONE CYPIONATE (U.S.P.)	1 EA	JR	NA	GM		100 MG	10		1/1/2002	99/99/9999						
38779-0165-03	J3150			1/1/2002	99/99/9999	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	TESTOSTERONE PROPIONATE (USP,MICRONIZED)	1 EA	BO	NA	GM		100 MG	10		1/1/2002	99/99/9999						
38779-0165-04	J3150			1/1/2002	99/99/9999	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	TESTOSTERONE PROPIONATE (USP,MICRONIZED)	1 EA	BO	NA	GM		100 MG	10		1/1/2002	99/99/9999						
38779-0165-05	J3150			1/1/2002	99/99/9999	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	TESTOSTERONE PROPIONATE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM		100 MG	10		1/1/2002	99/99/9999						
38779-0165-08	J3150			4/30/2002	99/99/9999	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	TESTOSTERONE PROPIONATE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM		100 MG	10		4/30/2002	99/99/9999						
38779-0166-03	J3302			1/1/2002	99/99/9999	INJECTION, TRIAMCINOLONE DIACETATE, PER 5MC	TRIAMCINOLONE DIACETATE (USP)	1 EA	BO	NA	GM		5 MG	200		1/1/2002	99/99/9999						
38779-0166-04	J3302			1/1/2002	99/99/9999	INJECTION, TRIAMCINOLONE DIACETATE, PER 5MC	TRIAMCINOLONE DIACETATE (USP)	1 EA	BO	NA	GM		5 MG	200		1/1/2002	99/99/9999						
38779-0166-05	J3302			1/1/2002	99/99/9999	INJECTION, TRIAMCINOLONE DIACETATE, PER 5MC	TRIAMCINOLONE DIACETATE (USP)	1 EA	BO	NA	GM		5 MG	200		1/1/2002	99/99/9999						
38779-0171-01	J7669			1/1/2002	1/10/2010	FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM		10 MG	100		9/26/2008	1/10/2010	1/1/2002	3/29/2004	100			
38779-0171-01	KO J7669	KO		1/1/2002	1/10/2010	FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM		10 MG	100		9/26/2008	1/10/2010	1/1/2002	3/29/2004	100			
38779-0171-04	J7669			1/1/2002	1/10/2010	FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM		10 MG	100		9/26/2008	1/10/2010	1/1/2002	3/29/2004	100			
38779-0171-04	KO J7669	KO		1/1/2002	1/10/2010	FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM		10 MG	100		9/26/2008	1/10/2010	1/1/2002	3/29/2004	100			
38779-0171-05	J7669			1/1/2002	1/10/2010	FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM		10 MG	100		9/26/2008	1/10/2010	1/1/2002	3/29/2004	100			
38779-0171-05	KO J7669	KO		1/1/2002	1/10/2010	FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM		10 MG	100		9/26/2008	1/10/2010	1/1/2002	3/29/2004	100			
38779-0171-08	J7669			1/1/2002	1/10/2010	FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM		10 MG	100		9/26/2008	1/10/2010	1/1/2002	3/29/2004	100			
38779-0171-08	KO J7669	KO		1/1/2002	1/10/2010	FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM		10 MG	100		9/26/2008	1/10/2010	1/1/2002	3/29/2004	100			
38779-0171-09	J7669			1/1/2002	1/10/2010	FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM		10 MG	100		9/26/2008	1/10/2010	1/1/2002	3/29/2004	100			
38779-0171-09	KO J7669	KO		1/1/2002	1/10/2010	FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM		10 MG	100		9/26/2008	1/10/2010	1/1/2002	3/29/2004	100			
38779-0173-01	J0133			1/1/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1 EA	BO	NA	GM		5 MG	200		1/1/2006	99/99/9999						
38779-0173-04	J0133			1/1/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1 EA	BO	NA	GM		5 MG	200		1/1/2006	99/99/9999						
38779-0173-05	J0133			1/1/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1 EA	BO	NA	GM		5 MG	200		1/1/2006	99/99/9999						
38779-0173-08	J0133			1/1/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1 EA	BO	NA	GM		5 MG	200		1/1/2006	99/99/9999						
38779-0180-04	Q0165			3/8/2002	99/99/9999	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	PROCHLORPERAZINE MALEATE (U.S.P.)	1 EA	BO	NA	GM		10 MG	100		3/8/2002	99/99/9999						
38779-0180-05	Q0165			1/1/2002	99/99/9999	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	PROCHLORPERAZINE MALEATE (U.S.P.)	1 EA	BO	NA	GM		10 MG	100		1/1/2002	99/99/9999						
38779-0180-08	Q0165			1/1/2002	99/99/9999	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	PROCHLORPERAZINE MALEATE (U.S.P.)	1 EA	BO	NA	GM		10 MG	100		1/1/2002	99/99/9999						
38779-0183-03	J1800			1/1/2002	99/99/9999	INJECTION, PROPRANOLOL HCL, UP TO 1 MC	PROPRANOLOL HCL (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000		1/1/2002	99/99/9999						
38779-0183-04	J1800			1/1/2002	99/99/9999	INJECTION, PROPRANOLOL HCL, UP TO 1 MC	PROPRANOLOL HCL (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000		1/1/2002	99/99/9999						
38779-0183-05	J1800			1/1/2002	99/99/9999	INJECTION, PROPRANOLOL HCL, UP TO 1 MC	PROPRANOLOL HCL (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000		1/1/2002	99/99/9999						
38779-0183-08	J1800			1/1/2002	99/99/9999	INJECTION, PROPRANOLOL HCL, UP TO 1 MC	PROPRANOLOL HCL (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000		1/1/2002	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
38779-0185-04		J7613		1/1/2005	12/31/2006	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000	1/1/2005	12/31/2006							
38779-0185-04	KO	J7613	KO	1/1/2005	12/31/2006	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000	1/1/2005	12/31/2006							
38779-0185-04		J7609		1/1/2007	99/99/9999	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000	1/1/2007	99/99/9999							
38779-0185-04	KO	J7609	KO	1/1/2007	99/99/9999	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000	1/1/2007	99/99/9999							
38779-0185-05	KO	J7609	KO	1/1/2007	99/99/9999	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000	1/1/2007	99/99/9999							
38779-0185-05		J7609		1/1/2007	99/99/9999	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000	1/1/2007	99/99/9999							
38779-0185-05	KO	J7613	KO	1/1/2005	12/31/2006	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000	1/1/2005	12/31/2006							
38779-0185-05		J7613		1/1/2005	12/31/2006	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000	1/1/2005	12/31/2006							
38779-0185-08	KO	J7613	KO	1/1/2005	12/31/2006	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000	1/1/2005	12/31/2006							
38779-0185-08		J7609		1/1/2007	6/30/2011	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000	1/1/2007	6/30/2011							
38779-0185-08	KO	J7609	KO	1/1/2007	6/30/2011	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000	1/1/2007	6/30/2011							
38779-0185-08		J7613		1/1/2005	12/31/2006	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000	1/1/2005	12/31/2006							
38779-0185-09		J7613		1/1/2005	12/31/2006	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	JR	NA	GM		1 MG	1000	1/1/2005	12/31/2006							
38779-0185-09	KO	J7613	KO	1/1/2005	12/31/2006	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	JR	NA	GM		1 MG	1000	1/1/2005	12/31/2006							
38779-0185-09		J7609		1/1/2007	6/30/2011	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	JR	NA	GM		1 MG	1000	1/1/2007	6/30/2011							
38779-0185-09	KO	J7609	KO	1/1/2007	6/30/2011	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	JR	NA	GM		1 MG	1000	1/1/2007	6/30/2011							
38779-0189-03		J1320		1/1/2002	1/9/2010	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	AMITRIPTYLINE HCL (U.S.P.)	1 EA	BO	NA	GM		20 MG	50	1/1/2002	1/9/2010							
38779-0189-04		J1320		1/1/2002	9/1/2010	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	AMITRIPTYLINE HCL (U.S.P.)	1 EA	BO	NA	GM		20 MG	50	1/1/2002	9/1/2010							
38779-0189-05		J1320		1/1/2002	9/1/2010	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	AMITRIPTYLINE HCL (U.S.P.)	1 EA	BO	NA	GM		20 MG	50	1/1/2002	9/1/2010							
38779-0191-03		J0285		1/1/2002	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B (U.S.P.)	1 EA	BO	NA	GM		50 MG	20	1/1/2002	99/99/9999							
38779-0191-04		J0285		1/1/2002	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B (U.S.P.)	1 EA	BO	NA	GM		50 MG	20	1/1/2002	99/99/9999							
38779-0191-05		J0285		1/1/2002	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B (U.S.P.)	1 EA	BO	NA	GM		50 MG	20	1/1/2002	99/99/9999							
38779-0191-06		J0285		1/1/2002	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B (U.S.P.)	1 EA	BO	NA	GM		50 MG	20	1/1/2002	99/99/9999							
38779-0191-08		J0285		1/1/2002	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B (U.S.P.)	1 EA	BO	NA	GM		50 MG	20	1/1/2002	99/99/9999							
38779-0191-09		J0285		1/1/2002	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B (U.S.P.)	1 EA	BO	NA	GM		50 MG	20	1/1/2002	99/99/9999							
38779-0194-03		J0515		1/1/2002	99/99/9999	INJECTION, BENZTROPINE MESYLATE, PER 1 MG	BENZTROPINE MESYLATE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000	1/1/2002	99/99/9999							
38779-0194-04		J0515		4/19/2002	1/10/2010	INJECTION, BENZTROPINE MESYLATE, PER 1 MG	BENZTROPINE MESYLATE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000	4/19/2002	1/10/2010							
38779-0194-06		J0515		1/1/2002	1/10/2010	INJECTION, BENZTROPINE MESYLATE, PER 1 MG	BENZTROPINE MESYLATE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000	1/1/2002	1/10/2010							
38779-0195-01		J7624		1/1/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000	1/1/2002	99/99/9999							
38779-0195-01	KO	J7624	KO	1/1/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000	1/1/2002	99/99/9999							
38779-0195-03		J7624		1/1/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000	1/1/2002	99/99/9999							
38779-0195-03	KO	J7624	KO	1/1/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000	1/1/2002	99/99/9999							
38779-0195-06		J7624		1/1/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000	1/1/2002	99/99/9999							
38779-0195-06	KO	J7624	KO	1/1/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000	1/1/2002	99/99/9999							
38779-0198-00		J7627		1/1/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (MICRONIZED)	1 EA	BO	NA	GM		0.5 MG	2000	1/1/2006	99/99/9999							
38779-0198-00	KO	J7627	KO	1/1/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (MICRONIZED)	1 EA	BO	NA	GM		0.5 MG	2000	1/1/2006	99/99/9999							
38779-0198-03		J7627		1/1/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (MICRONIZED)	1 EA	BO	NA	GM		0.5 MG	2000	1/1/2006	99/99/9999							
38779-0198-03	KO	J7627	KO	1/1/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (MICRONIZED)	1 EA	BO	NA	GM		0.5 MG	2000	1/1/2006	99/99/9999							
38779-0198-04		J7626		4/19/2002	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (MICRONIZED)	1 EA	BO	NA	GM		0.5 MG	2000	9/26/2008	99/99/9999	4/19/2002	4/25/2002	2000				
38779-0198-04	KO	J7626	KO	4/19/2002	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (MICRONIZED)	1 EA	BO	NA	GM		0.5 MG	2000	9/26/2008	99/99/9999	4/19/2002	4/25/2002	2000				
38779-0198-05		J7627		1/1/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (MICRONIZED)	1 EA	NA	NA	GM		0.5 MG	2000	1/1/2006	99/99/9999							
38779-0198-05	KO	J7627	KO	1/1/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (MICRONIZED)	1 EA	NA	NA	GM		0.5 MG	2000	1/1/2006	99/99/9999							

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
38779-0198-06	KO	J7627	KO	1/1/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (MICRONIZED)	1 EA	BO	NA	GM		0.5 MG		2000	1/1/2006	99/99/9999						
38779-0198-06		J7627		1/1/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (MICRONIZED)	1 EA	BO	NA	GM		0.5 MG		2000	1/1/2006	99/99/9999						
38779-0215-00	J1160			2/5/2002	99/99/9999	INJECTION, DIGOXIN, UP TO 0.5 MG	DIGOXIN (U.S.P.)	1 EA	BO	NA	GM		0.5 MG		2000	2/5/2002	99/99/9999						
38779-0215-06	J1160			2/5/2002	99/99/9999	INJECTION, DIGOXIN, UP TO 0.5 MG	DIGOXIN (U.S.P.)	1 EA	BO	NA	GM		0.5 MG		2000	2/5/2002	99/99/9999						
38779-0215-09	J1160			2/5/2002	99/99/9999	INJECTION, DIGOXIN, UP TO 0.5 MG	DIGOXIN (U.S.P.)	1 EA	BO	NA	GM		0.5 MG		2000	2/5/2002	99/99/9999						
38779-0216-04	J1165			1/1/2002	99/99/9999	INJECTION, PHENYTOIN SODIUM, PER 50 MG	PHENYTOIN SODIUM (U.S.P.)	1 EA	BO	NA	GM		50 MG		20	1/1/2002	99/99/9999						
38779-0216-05	J1165			1/1/2002	99/99/9999	INJECTION, PHENYTOIN SODIUM, PER 50 MG	PHENYTOIN SODIUM (U.S.P.)	1 EA	BO	NA	GM		50 MG		20	1/1/2002	99/99/9999						
38779-0216-08	J1165			1/1/2002	99/99/9999	INJECTION, PHENYTOIN SODIUM, PER 50 MG	PHENYTOIN SODIUM (U.S.P.)	1 EA	BO	NA	GM		50 MG		20	1/1/2002	99/99/9999						
38779-0226-04	J1940			1/1/2002	1/10/2010	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (U.S.P.)	1 EA	BO	NA	GM		20 MG		50	1/1/2002	1/10/2010						
38779-0226-05	J1940			1/1/2002	1/10/2010	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (U.S.P.)	1 EA	BO	NA	GM		20 MG		50	1/1/2002	1/10/2010						
38779-0226-08	J1940			1/1/2002	1/10/2010	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (U.S.P.)	1 EA	BO	NA	GM		20 MG		50	1/1/2002	1/10/2010						
38779-0228-04	Q0178			1/1/2002	1/10/2010	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	HYDROXYZINE PAMOATE (U.S.P.)	1 EA	BO	NA	GM		50 MG		20	1/1/2002	1/10/2010						
38779-0228-05	Q0178			1/1/2002	1/10/2010	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	HYDROXYZINE PAMOATE (U.S.P.)	1 EA	BO	NA	GM		50 MG		20	1/1/2002	1/10/2010						
38779-0230-03	J7644			1/1/2002	12/31/2006	MILLIGRAM	IPRATROPIUM BROMIDE	1 EA	BO	NA	GM		1 MG		1000	1/1/2002	12/31/2006						
38779-0230-03	KO	J7645	KO	1/1/2007	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE	1 EA	BO	NA	GM		1 MG		1000	1/1/2007	99/99/9999						
38779-0230-03	J7645			1/1/2007	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE	1 EA	BO	NA	GM		1 MG		1000	1/1/2007	99/99/9999						
38779-0230-03	KO	J7644	KO	1/1/2002	12/31/2006	MILLIGRAM	IPRATROPIUM BROMIDE	1 EA	BO	NA	GM		1 MG		1000	1/1/2002	12/31/2006						
38779-0230-04	J7644			1/1/2002	12/31/2006	MILLIGRAM	IPRATROPIUM BROMIDE	1 EA	JR	NA	GM		1 MG		1000	1/1/2002	12/31/2006						
38779-0230-04	KO	J7644	KO	1/1/2002	12/31/2006	MILLIGRAM	IPRATROPIUM BROMIDE	1 EA	JR	NA	GM		1 MG		1000	1/1/2002	12/31/2006						
38779-0230-04	J7645			1/1/2007	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE	1 EA	JR	NA	GM		1 MG		1000	1/1/2007	99/99/9999						
38779-0230-04	KO	J7645	KO	1/1/2007	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE	1 EA	JR	NA	GM		1 MG		1000	1/1/2007	99/99/9999						
38779-0230-05	J7644			1/1/2002	12/31/2006	MILLIGRAM	IPRATROPIUM BROMIDE	1 EA	JR	NA	GM		1 MG		1000	1/1/2002	12/31/2006						
38779-0230-05	KO	J7644	KO	1/1/2002	12/31/2006	MILLIGRAM	IPRATROPIUM BROMIDE	1 EA	JR	NA	GM		1 MG		1000	1/1/2002	12/31/2006						
38779-0230-05	J7645			1/1/2007	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE	1 EA	JR	NA	GM		1 MG		1000	1/1/2007	99/99/9999						
38779-0230-05	KO	J7645	KO	1/1/2007	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE	1 EA	JR	NA	GM		1 MG		1000	1/1/2007	99/99/9999						
38779-0230-06	KO	J7644	KO	1/1/2002	12/31/2006	MILLIGRAM	IPRATROPIUM BROMIDE	1 EA	BO	NA	GM		1 MG		1000	1/1/2002	12/31/2006						
38779-0230-06	J7645			1/1/2007	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE	1 EA	BO	NA	GM		1 MG		1000	1/1/2007	99/99/9999						
38779-0230-06	J7644			1/1/2002	12/31/2006	MILLIGRAM	IPRATROPIUM BROMIDE	1 EA	BO	NA	GM		1 MG		1000	1/1/2002	12/31/2006						
38779-0230-06	KO	J7645	KO	1/1/2007	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE	1 EA	BO	NA	GM		1 MG		1000	1/1/2007	99/99/9999						
38779-0247-04	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	PHENYLEPHRINE HCL (U.S.P.)	1 EA	BO	NA	GM		1 EA		1	1/1/2002	99/99/9999						
38779-0247-05	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	PHENYLEPHRINE HCL (U.S.P.)	1 EA	BO	NA	GM		1 EA		1	1/1/2002	99/99/9999						
38779-0253-04	J2550			1/1/2002	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (U.S.P.)	1 EA	BO	NA	GM		50 MG		20	1/1/2002	99/99/9999						
38779-0253-05	J2550			1/1/2002	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (U.S.P.)	1 EA	BO	NA	GM		50 MG		20	1/1/2002	99/99/9999						
38779-0253-08	J2550			1/1/2002	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (U.S.P.)	1 EA	BO	NA	GM		50 MG		20	1/1/2002	99/99/9999						
38779-0253-09	J2550			9/3/2002	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL	1 EA	NA	NA	GM		50 MG		20	9/3/2002	99/99/9999						
38779-0274-03	J3370			1/1/2002	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (U.S.P.)	1 EA	BO	NA	GM		500 MG		2	1/1/2002	99/99/9999						
38779-0274-04	J3370			1/1/2002	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (U.S.P.)	1 EA	BO	NA	GM		500 MG		2	1/1/2002	99/99/9999						
38779-0274-06	J3370			1/1/2002	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (U.S.P.)	1 EA	BO	NA	GM		500 MG		2	1/1/2002	99/99/9999						
38779-0281-04	J1240			2/5/2002	99/99/9999	INJECTION, DIMENHYDRINATE, UP TO 50 MG	DIMENHYDRINATE (U.S.P.)	1 EA	BO	NA	GM		50 MG		20	2/5/2002	99/99/9999						
38779-0281-05	J1240			2/5/2002	99/99/9999	INJECTION, DIMENHYDRINATE, UP TO 50 MG	DIMENHYDRINATE (U.S.P.)	1 EA	BO	NA	GM		50 MG		20	2/5/2002	99/99/9999						
38779-0281-08	J1240			2/5/2002	99/99/9999	INJECTION, DIMENHYDRINATE, UP TO 50 MG	DIMENHYDRINATE (U.S.P.)	1 EA	BO	NA	GM		50 MG		20	2/5/2002	99/99/9999						
38779-0282-04	J1200			1/1/2002	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (U.S.P.)	1 EA	BO	NA	GM		50 MG		20	1/1/2002	99/99/9999						
38779-0282-05	J1200			1/1/2002	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (U.S.P.)	1 EA	BO	NA	GM		50 MG		20	1/1/2002	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
38779-0282-08	J1200			1/1/2002	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (U.S.P.)	1 EA	BO	NA	GM	50 MG	20	1/1/2002	99/99/9999								
38779-0282-09	J1200			4/22/2002	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (U.S.P.)	1 EA	NA	NA	GM	50 MG	20	4/22/2002	99/99/9999								
38779-0295-03	J0278			1/1/2006	99/99/9999	INJECTION, AMIKACIN SULFATE, 100 MG	AMIKACIN SULFATE (U.S.P.)	1 EA	BO	NA	GM	100 MG	10	1/1/2006	99/99/9999								
38779-0295-04	J0278			1/1/2006	99/99/9999	INJECTION, AMIKACIN SULFATE, 100 MG	AMIKACIN SULFATE (U.S.P.)	1 EA	BO	NA	GM	100 MG	10	1/1/2006	99/99/9999								
38779-0295-05	J0278			1/1/2006	99/99/9999	INJECTION, AMIKACIN SULFATE, 100 MG	AMIKACIN SULFATE (U.S.P.)	1 EA	BO	NA	GM	100 MG	10	1/1/2006	99/99/9999								
38779-0298-04	J3410			4/30/2002	99/99/9999	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	HYDROXYZINE HCL (U.S.P.)	1 EA	BO	NA	GM	25 MG	40	4/30/2002	99/99/9999								
38779-0298-05	J3410			4/30/2002	99/99/9999	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	HYDROXYZINE HCL (U.S.P.)	1 EA	BO	NA	GM	25 MG	40	4/30/2002	99/99/9999								
38779-0301-03	J7632			1/1/2008	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM	10 MG	100	1/1/2008	99/99/9999								
38779-0301-03	CO J7632	CO		1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM	10 MG	100	1/1/2008	99/99/9999								
38779-0301-03	J7699			1/1/2007	12/31/2007	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM	1 EA	1	1/1/2007	12/31/2007								
38779-0301-04	J7632			1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM	10 MG	100	1/1/2008	99/99/9999								
38779-0301-04	CO J7632	CO		1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM	10 MG	100	1/1/2008	99/99/9999								
38779-0301-04	J7699			1/1/2007	12/31/2007	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM	1 EA	1	1/1/2007	12/31/2007								
38779-0301-05	J7699			1/1/2007	12/31/2007	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM	1 EA	1	1/1/2007	12/31/2007								
38779-0301-05	J7632			1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM	10 MG	100	1/1/2008	99/99/9999								
38779-0301-05	CO J7632	CO		1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM	10 MG	100	1/1/2008	99/99/9999								
38779-0301-05	J7699			1/1/2007	12/31/2007	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM	1 EA	1	1/1/2007	12/31/2007								
38779-0301-08	J7632			1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM	10 MG	100	1/1/2008	99/99/9999								
38779-0301-08	CO J7632	CO		1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM	10 MG	100	1/1/2008	99/99/9999								
38779-0301-09	CO J7632	CO		1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1 EA	JR	NA	GM	10 MG	100	1/1/2008	99/99/9999								
38779-0301-09	J7699			1/1/2007	12/31/2007	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	CROMOLYN SODIUM (U.S.P.)	1 EA	JR	NA	GM	1 EA	1	1/1/2007	12/31/2007								
38779-0301-09	J7632			1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1 EA	JR	NA	GM	10 MG	100	1/1/2008	99/99/9999								
38779-0303-03	J1110			1/1/2002	99/99/9999	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG	DIHYDROERGOTAMINE MESYLATE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000	1/1/2002	99/99/9999								
38779-0303-06	J1110			1/1/2002	99/99/9999	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG	DIHYDROERGOTAMINE MESYLATE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000	1/1/2002	99/99/9999								
38779-0310-09	J2675			1/1/2002	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (MILLED, U.S.P.)	1 EA	BO	NA	GM	50 MG	20	9/26/2008	12/31/2009	1/1/2002	3/29/2004	20					
38779-0312-03	J7501			10/1/2012	99/99/9999	AZATHIOPRINE, PARENTERAL, 100 MG	AZATHIOPRINE (U.S.P.)	1 GM	BO	NA	GM	100 MG	10	10/1/2012	99/99/9999								
38779-0312-03	J7501			1/1/2002	1/10/2010	AZATHIOPRINE, PARENTERAL, 100 MG	AZATHIOPRINE (U.S.P.)	1 EA	BO	NA	GM	100 MG	10	1/1/2002	1/10/2010								
38779-0312-04	J7501			10/1/2012	99/99/9999	AZATHIOPRINE, PARENTERAL, 100 MG	AZATHIOPRINE (U.S.P.)	1 GM	BO	NA	GM	100 MG	10	10/1/2012	99/99/9999								
38779-0312-04	J7501			1/1/2002	1/10/2010	AZATHIOPRINE, PARENTERAL, 100 MG	AZATHIOPRINE (U.S.P.)	1 EA	BO	NA	GM	100 MG	10	1/1/2002	1/10/2010								
38779-0312-06	J7501			10/1/2012	99/99/9999	AZATHIOPRINE, PARENTERAL, 100 MG	AZATHIOPRINE (U.S.P.)	1 GM	BO	NA	GM	100 MG	10	10/1/2012	99/99/9999								
38779-0312-06	J7501			1/1/2002	1/10/2010	AZATHIOPRINE, PARENTERAL, 100 MG	AZATHIOPRINE (U.S.P.)	1 EA	BO	NA	GM	100 MG	10	1/1/2002	1/10/2010								
38779-0319-01	J7682			1/1/2002	12/31/2006	MILLIGRAMS	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300	TOBRAMYCIN SULFATE (U.S.P.)	1 EA	BO	NA	GM	300 MG	3.33333	1/1/2002	12/31/2006							
38779-0319-01	CO J7682	CO		1/1/2002	12/31/2006	MILLIGRAMS	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300	TOBRAMYCIN SULFATE (U.S.P.)	1 EA	BO	NA	GM	300 MG	3.33333	1/1/2002	12/31/2006							
38779-0319-01	J7685			1/1/2007	99/99/9999	THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1 EA	BO	NA	GM	300 MG	3.33333	1/1/2007	99/99/9999								
38779-0319-01	CO J7685	CO		1/1/2007	99/99/9999	THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1 EA	BO	NA	GM	300 MG	3.33333	1/1/2007	99/99/9999								
38779-0319-03	CO J7682	CO		1/1/2002	12/31/2006	MILLIGRAMS	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300	TOBRAMYCIN SULFATE (U.S.P.)	1 EA	BO	NA	GM	300 MG	3.33333	1/1/2002	12/31/2006							
38779-0319-03	J7685			1/1/2007	99/99/9999	THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1 EA	BO	NA	GM	300 MG	3.33333	1/1/2007	99/99/9999								
38779-0319-03	J7682			1/1/2002	12/31/2006	MILLIGRAMS	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300	TOBRAMYCIN SULFATE (U.S.P.)	1 EA	BO	NA	GM	300 MG	3.33333	1/1/2002	12/31/2006							
38779-0319-03	CO J7685	CO		1/1/2007	99/99/9999	THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1 EA	BO	NA	GM	300 MG	3.33333	1/1/2007	99/99/9999								
38779-0319-04	J7682			5/13/2002	12/31/2006	MILLIGRAMS	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300	TOBRAMYCIN SULFATE (U.S.P.)	1 EA	BO	NA	GM	300 MG	3.33333	5/13/2002	12/31/2006							
38779-0319-04	CO J7682	CO		5/13/2002	12/31/2006	MILLIGRAMS	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300	TOBRAMYCIN SULFATE (U.S.P.)	1 EA	BO	NA	GM	300 MG	3.33333	5/13/2002	12/31/2006							
38779-0319-04	J7685			1/1/2007	99/99/9999	THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1 EA	BO	NA	GM	300 MG	3.33333	1/1/2007	99/99/9999								
38779-0319-04	CO J7685	CO		1/1/2007	99/99/9999	THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1 EA	BO	NA	GM	300 MG	3.33333	1/1/2007	99/99/9999								

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
38779-0319-05		J7682		5/13/2002	12/31/2006	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	300	MG	3.33333	5/13/2002	12/31/2006						
38779-0319-05	KO	J7682	KO	5/13/2002	12/31/2006	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	300	MG	3.33333	5/13/2002	12/31/2006						
38779-0319-05		J7685		1/1/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	300	MG	3.33333	1/1/2007	99/99/9999						
38779-0319-05	KO	J7685	KO	1/1/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	300	MG	3.33333	1/1/2007	99/99/9999						
38779-0319-06		J7685		1/1/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	300	MG	3.33333	1/1/2007	99/99/9999						
38779-0319-06	KO	J7685	KO	1/1/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	300	MG	3.33333	1/1/2007	99/99/9999						
38779-0319-06	KO	J7682	KO	1/1/2002	12/31/2006	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	300	MG	3.33333	1/1/2002	12/31/2006						
38779-0319-06		J7682		1/1/2002	12/31/2006	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	300	MG	3.33333	1/1/2002	12/31/2006						
38779-0324-03		J1730		1/1/2002	99/99/9999	DIAXOXIDE, UP TO 300 MG	DIAXOXIDE (U.S.P.)	1	EA	BO	NA	GM	300	MG	3.33333	1/1/2002	99/99/9999						
38779-0324-04		J1730		1/1/2002	99/99/9999	DIAXOXIDE, UP TO 300 MG	DIAXOXIDE (U.S.P.)	1	EA	BO	NA	GM	300	MG	3.33333	1/1/2002	99/99/9999						
38779-0324-06		J1730		1/1/2002	99/99/9999	DIAXOXIDE, UP TO 300 MG	DIAXOXIDE (U.S.P.)	1	EA	BO	NA	GM	300	MG	3.33333	1/1/2002	99/99/9999						
38779-0330-01		J1630		1/1/2002	99/99/9999	HALOPERIDOL, UP TO 5 MG	HALOPERIDOL (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	1/1/2002	99/99/9999						
38779-0330-03		J1630		1/1/2002	99/99/9999	HALOPERIDOL, UP TO 5 MG	HALOPERIDOL (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	1/1/2002	99/99/9999						
38779-0330-04		J1630		1/1/2002	99/99/9999	HALOPERIDOL, UP TO 5 MG	HALOPERIDOL (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	1/1/2002	99/99/9999						
38779-0330-05		J1630		1/1/2002	99/99/9999	HALOPERIDOL, UP TO 5 MG	HALOPERIDOL (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	1/1/2002	99/99/9999						
38779-0330-06		J1630		1/1/2002	99/99/9999	HALOPERIDOL, UP TO 5 MG	HALOPERIDOL (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	1/1/2002	99/99/9999						
38779-0364-01		J7622		2/7/2002	99/99/9999	BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BECLOMETHASONE DIPROPIONATE (U.S.P., MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	2/7/2002	99/99/9999						
38779-0364-01	KO	J7622	KO	2/7/2002	99/99/9999	BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BECLOMETHASONE DIPROPIONATE (U.S.P., MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	2/7/2002	99/99/9999						
38779-0364-03		J7622		2/7/2002	99/99/9999	BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BECLOMETHASONE DIPROPIONATE (U.S.P., MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	2/7/2002	99/99/9999						
38779-0364-03	KO	J7622	KO	2/7/2002	99/99/9999	BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BECLOMETHASONE DIPROPIONATE (U.S.P., MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	2/7/2002	99/99/9999						
38779-0364-06		J7622		2/7/2002	99/99/9999	BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BECLOMETHASONE DIPROPIONATE (U.S.P., MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	2/7/2002	99/99/9999						
38779-0364-06	KO	J7622	KO	2/7/2002	99/99/9999	BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BECLOMETHASONE DIPROPIONATE (U.S.P., MICRONIZED)	1	EA	BO	NA	GM	1	MG	1000	2/7/2002	99/99/9999						
38779-0381-01		J7681		1/1/2002	1/10/2010	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	1/1/2002	1/10/2010						
38779-0381-01	KO	J7681	KO	1/1/2002	1/10/2010	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	1/1/2002	1/10/2010						
38779-0381-03		J7681		9/3/2002	1/10/2010	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	9/3/2002	1/10/2010						
38779-0381-03	KO	J7681	KO	9/3/2002	1/10/2010	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	9/3/2002	1/10/2010						
38779-0381-04		J7681		1/1/2002	1/10/2010	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	1/1/2002	1/10/2010						
38779-0381-04	KO	J7681	KO	1/1/2002	1/10/2010	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	1/1/2002	1/10/2010						
38779-0381-05		J7681		1/1/2002	1/10/2010	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1	EA	JR	NA	GM	1	MG	1000	1/1/2002	1/10/2010						
38779-0381-05	KO	J7681	KO	1/1/2002	1/10/2010	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1	EA	JR	NA	GM	1	MG	1000	1/1/2002	1/10/2010						
38779-0388-03		J0475		1/1/2002	99/99/9999	INJECTION, BACLOFEN, 10 MG	BACLOFEN (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	1/1/2002	99/99/9999						
38779-0388-04		J0475		1/1/2002	99/99/9999	INJECTION, BACLOFEN, 10 MG	BACLOFEN (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	1/1/2002	99/99/9999						
38779-0388-05		J0475		1/1/2002	99/99/9999	INJECTION, BACLOFEN, 10 MG	BACLOFEN (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	1/1/2002	99/99/9999						
38779-0388-09		J0475		4/22/2002	99/99/9999	INJECTION, BACLOFEN, 10 MG	BACLOFEN (U.S.P.)	1	EA	JR	NA	GM	10	MG	100	4/22/2002	99/99/9999						
38779-0393-03		J0520		1/1/2002	99/99/9999	MG	BETHANECHOL CHLORIDE (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	1/1/2002	99/99/9999						
38779-0393-04		J0520		1/1/2002	99/99/9999	INJECTION, BETHANECHOL CHLORIDE, MYOTONACHOL OR URECHOLINE, UP TO 5 MG	BETHANECHOL CHLORIDE (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	1/1/2002	99/99/9999						
38779-0393-05		J0520		4/19/2002	99/99/9999	MG	BETHANECHOL CHLORIDE (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	4/19/2002	99/99/9999						
38779-0393-06		J0520		1/1/2002	99/99/9999	MG	BETHANECHOL CHLORIDE (U.S.P.)	1	EA	BO	NA	GM	5	MG	200	1/1/2002	99/99/9999						
38779-0400-04		J2690		1/1/2002	11/30/2006	INJECTION, PROCAINAMIDE HCL, UP TO 1 GM	PROCAINAMIDE HCL (U.S.P.)	1	EA	BO	NA	GM	1	GM	1	1/1/2002	11/30/2006						
38779-0400-05		J2690		1/1/2002	11/30/2006	INJECTION, PROCAINAMIDE HCL, UP TO 1 GM	PROCAINAMIDE HCL (U.S.P.)	1	EA	BO	NA	GM	1	GM	1	1/1/2002	11/30/2006						
38779-0400-08		J2690		1/1/2002	11/30/2006	INJECTION, PROCAINAMIDE HCL, UP TO 1 GM	PROCAINAMIDE HCL (U.S.P.)	1	EA	BO	NA	GM	1	GM	1	1/1/2002	11/30/2006						
38779-0400-09		J2690		11/27/2003	11/30/2006	INJECTION, PROCAINAMIDE HCL, UP TO 1 GM	PROCAINAMIDE HCL (U.S.P.)	1	EA	JR	NA	GM	1	GM	1	11/27/2003	11/30/2006						
38779-0403-01		J2765		4/25/2002	99/99/9999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE HCL (U.S.P.)	1	EA	JR	NA	GM	10	MG	100	4/25/2002	99/99/9999						
38779-0403-04		J2765		1/1/2002	99/99/9999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE HCL (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	1/1/2002	99/99/9999						
38779-0403-05		J2765		1/1/2002	99/99/9999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE HCL (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	1/1/2002	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
38779-0405-01		J7638		1/1/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM		1 MG	1000		1/1/2002	99/99/9999						
38779-0405-01	KO	J7638	KO	1/1/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM		1 MG	1000		1/1/2002	99/99/9999						
38779-0405-03		J7638		1/1/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM		1 MG	1000		1/1/2002	99/99/9999						
38779-0405-03	KO	J7638	KO	1/1/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM		1 MG	1000		1/1/2002	99/99/9999						
38779-0405-04		J7638		1/1/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM		1 MG	1000		1/1/2002	99/99/9999						
38779-0405-04	KO	J7638	KO	1/1/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM		1 MG	1000		1/1/2002	99/99/9999						
38779-0405-05		J7638		1/1/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM		1 MG	1000		1/1/2002	99/99/9999						
38779-0405-05	KO	J7638	KO	1/1/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM		1 MG	1000		1/1/2002	99/99/9999						
38779-0405-06		J7638		1/1/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM		1 MG	1000		1/1/2002	99/99/9999						
38779-0405-06	KO	J7638	KO	1/1/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM		1 MG	1000		1/1/2002	99/99/9999						
38779-0406-00		J7641		1/1/2002	1/10/2010	FLUNISOLIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, PER MILLIGRAM	FLUNISOLIDE ANHYDROUS (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM		1 MG	1000		1/1/2002	1/10/2010						
38779-0406-00	KO	J7641	KO	1/1/2002	1/10/2010	FLUNISOLIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, PER MILLIGRAM	FLUNISOLIDE ANHYDROUS (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM		1 MG	1000		1/1/2002	1/10/2010						
38779-0406-06		J7641		1/1/2002	1/10/2010	FLUNISOLIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, PER MILLIGRAM	FLUNISOLIDE ANHYDROUS (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM		1 MG	1000		1/1/2002	1/10/2010						
38779-0406-06	KO	J7641	KO	1/1/2002	1/10/2010	FLUNISOLIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, PER MILLIGRAM	FLUNISOLIDE ANHYDROUS (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM		1 MG	1000		1/1/2002	1/10/2010						
38779-0406-09		J7641		4/26/2002	1/10/2010	FLUNISOLIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, PER MILLIGRAM	FLUNISOLIDE ANHYDROUS (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM		1 MG	1000		4/26/2002	1/10/2010						
38779-0406-09	KO	J7641	KO	4/26/2002	1/10/2010	FLUNISOLIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, PER MILLIGRAM	FLUNISOLIDE ANHYDROUS (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM		1 MG	1000		4/26/2002	1/10/2010						
38779-0423-04		J3230		1/1/2002	99/99/9999	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG	CHLORPROMAZINE HCL (U.S.P.)	1 EA	BO	NA	GM		50 MG	20		1/1/2002	99/99/9999						
38779-0423-05		J3230		1/1/2002	99/99/9999	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG	CHLORPROMAZINE HCL (U.S.P.)	1 EA	BO	NA	GM		50 MG	20		1/1/2002	99/99/9999						
38779-0436-04		J7799		8/21/2002	1/10/2010	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	EPINEPHRINE (U.S.P.)	1 EA	BO	NA	GM		1 EA	1		8/21/2002	1/10/2010						
38779-0436-05		J7799		8/21/2002	1/10/2010	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	EPINEPHRINE (U.S.P.)	1 EA	BO	NA	GM		1 EA	1		8/21/2002	1/10/2010						
38779-0454-03		J2440		1/1/2002	99/99/9999	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HYDROCHLORIDE (U.S.P.)	1 EA	BO	NA	GM		60 MG	16.66666		1/1/2002	99/99/9999						
38779-0454-04		J2440		1/1/2002	99/99/9999	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HYDROCHLORIDE (U.S.P.)	1 EA	BO	NA	GM		60 MG	16.66666		1/1/2002	99/99/9999						
38779-0454-05		J2440		1/1/2002	99/99/9999	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HYDROCHLORIDE (U.S.P.)	1 EA	BO	NA	GM		60 MG	16.66666		1/1/2002	99/99/9999						
38779-0468-03		J3420		4/25/2003	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCC	CYANOCOBALAMIN (U.S.P.)	1 EA	BO	NA	GM		1000 MCG	1000		4/25/2003	99/99/9999						
38779-0468-04		J3420		4/25/2003	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCC	CYANOCOBALAMIN (U.S.P.)	1 EA	BO	NA	GM		1000 MCG	1000		4/25/2003	99/99/9999						
38779-0468-05		J3420		4/25/2003	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCC	CYANOCOBALAMIN (U.S.P.)	1 EA	BO	NA	GM		1000 MCG	1000		4/25/2003	99/99/9999						
38779-0468-06		J3420		4/25/2003	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCC	CYANOCOBALAMIN (U.S.P.)	1 EA	BO	NA	GM		1000 MCG	1000		4/25/2003	99/99/9999						
38779-0495-04		J7604		1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.)	1 EA	BO	NA	GM		1 GM	1		1/1/2008	99/99/9999						
38779-0495-04	KO	J7604	KO	1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.)	1 EA	BO	NA	GM		1 GM	1		1/1/2008	99/99/9999						
38779-0495-04		J7699		1/1/2007	12/31/2007	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	ACETYLCYSTEINE (U.S.P.)	1 EA	BO	NA	GM		1 EA	1		1/1/2007	12/31/2007						
38779-0495-05		J7699		1/1/2007	12/31/2007	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	ACETYLCYSTEINE (U.S.P.)	1 EA	BO	NA	GM		1 EA	1		1/1/2007	12/31/2007						
38779-0495-05		J7604		1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.)	1 EA	BO	NA	GM		1 GM	1		1/1/2008	99/99/9999						
38779-0495-05	KO	J7604	KO	1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.)	1 EA	BO	NA	GM		1 GM	1		1/1/2008	99/99/9999						
38779-0495-08		J7699		1/1/2007	12/31/2007	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	ACETYLCYSTEINE (U.S.P.)	1 EA	BO	NA	GM		1 EA	1		1/1/2007	12/31/2007						
38779-0495-08		J7604		1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.)	1 EA	BO	NA	GM		1 GM	1		1/1/2008	99/99/9999						
38779-0495-08	KO	J7604	KO	1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.)	1 EA	BO	NA	GM		1 GM	1		1/1/2008	99/99/9999						
38779-0495-09		J7699		1/1/2007	12/31/2007	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	ACETYLCYSTEINE (U.S.P.)	1 EA	BO	NA	GM		1 EA	1		1/1/2007	12/31/2007						
38779-0495-09		J7604		1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.)	1 EA	BO	NA	GM		1 GM	1		1/1/2008	99/99/9999						
38779-0501-00		J1790		1/1/2002	1/10/2010	INJECTION, DROPERIDOL, UP TO 5 MG	DROPERIDOL (U.S.P.)	1 EA	BO	NA	GM		5 MG	200		1/1/2002	1/10/2010						
38779-0501-06		J1790		1/1/2002	1/10/2010	INJECTION, DROPERIDOL, UP TO 5 MG	DROPERIDOL (U.S.P.)	1 EA	BO	NA	GM		5 MG	200		1/1/2002	1/10/2010						
38779-0506-03		J9096		1/1/2002	12/31/2010	CYCLOPHOSPHAMIDE, LYOPHILIZED, 1.0 GRAM	CYCLOPHOSPHAMIDE (U.S.P.)	1 EA	BO	NA	GM		1 GM	1		1/1/2002	12/31/2010						
38779-0506-04		J9096		1/1/2002	12/31/2010	CYCLOPHOSPHAMIDE, LYOPHILIZED, 1.0 GRAM	CYCLOPHOSPHAMIDE (U.S.P.)	1 EA	BO	NA	GM		1 GM	1		1/1/2002	12/31/2010						
38779-0534-05		J3490		4/25/2002	99/99/9999	UNCLASSIFIED DRUGS	CIPROFLOXACIN HCL (U.S.P.)	1 EA	BO	NA	GM		1 EA	1		4/25/2002	99/99/9999						
38779-0534-08		J3490		4/25/2002	99/99/9999	UNCLASSIFIED DRUGS	CIPROFLOXACIN HCL (U.S.P.)	1 EA	BO	NA	GM		1 EA	1		4/25/2002	99/99/9999						
38779-0534-09		J3490		4/25/2002	99/99/9999	UNCLASSIFIED DRUGS	CIPROFLOXACIN HCL (U.S.P.)	1 EA	JR	NA	GM		1 EA	1		4/25/2002	99/99/9999						
38779-0536-04		J2780		5/20/2002	99/99/9999	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MC	RANITIDINE HCL (U.S.P.)	1 EA	JR	NA	GM		25 MG	40		5/20/2002	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	UDC Package Measure	UDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
38779-0536-05	J2780			5/20/2002	99/99/9999	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MC	RANITIDINE HCL (U.S.P.)	1	EA	JR	NA	GM	25 MG	40		5/20/2002	99/99/9999						
38779-0536-08	J2780			5/20/2002	99/99/9999	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MC	RANITIDINE HCL (U.S.P.)	1	EA	JR	NA	GM	25 MG	40		5/20/2002	99/99/9999						
38779-0536-09	J2780			5/20/2002	99/99/9999	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MC	RANITIDINE HCL (U.S.P.)	1	EA	JR	NA	GM	25 MG	40		5/20/2002	99/99/9999						
38779-0553-07	J8290			5/24/2002	12/31/2010	MITOMYCIN, 20 MG	MITOMYCIN (U.S.P.)	1	EA	BO	NA	GM	20 MG	50		5/24/2002	12/31/2010						
38779-0553-09	J8290			5/29/2002	12/31/2010	MITOMYCIN, 20 MG	MITOMYCIN (U.S.P.)	1	EA	BO	NA	GM	20 MG	50		5/29/2002	12/31/2010						
38779-0561-01	J0735			1/1/2002	99/99/9999	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	CLONIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	1 MG	1000		1/1/2002	99/99/9999						
38779-0561-03	J0735			1/1/2002	99/99/9999	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	CLONIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	1 MG	1000		1/1/2002	99/99/9999						
38779-0561-04	J0735			9/3/2002	99/99/9999	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	CLONIDINE HCL (U.S.P.)	1	EA	JR	NA	GM	1 MG	1000		9/3/2002	99/99/9999						
38779-0561-06	J0735			1/1/2002	99/99/9999	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	CLONIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	1 MG	1000		1/1/2002	99/99/9999						
38779-0568-03	J0970			1/1/2002	12/31/2010	INJECTION, ESTRADIOL VALERATE, UP TO 40 MC	ESTRADIOL VALERATE (U.S.P.)	1	EA	BO	NA	GM	40 MC	25		1/1/2002	12/31/2010						
38779-0568-04	J0970			1/1/2002	12/31/2010	INJECTION, ESTRADIOL VALERATE, UP TO 40 MC	ESTRADIOL VALERATE (U.S.P.)	1	EA	BO	NA	GM	40 MC	25		1/1/2002	12/31/2010						
38779-0568-06	J0970			1/1/2002	12/31/2010	INJECTION, ESTRADIOL VALERATE, UP TO 40 MC	ESTRADIOL VALERATE (U.S.P.)	1	EA	BO	NA	GM	40 MC	25		1/1/2002	12/31/2010						
38779-0571-05	J0280			1/1/2002	99/99/9999	INJECTION, AMINOPHYLLIN, UP TO 250 MG	AMINOPHYLLINE DIHYDRATE (U.S.P.)	1	EA	BO	NA	GM	250 MG	4		9/26/2008	99/99/9999	1/1/2002	11/27/2003			4	
38779-0571-08	J0280			1/1/2002	99/99/9999	INJECTION, AMINOPHYLLIN, UP TO 250 MG	AMINOPHYLLINE DIHYDRATE (U.S.P.)	1	EA	BO	NA	GM	250 MG	4		9/26/2008	99/99/9999	1/1/2002	11/27/2003			4	
38779-0599-01	J2150			1/1/2002	99/99/9999	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (U.S.P.)	1	EA	BO	NA	GM	50 ML	0.08		1/1/2002	99/99/9999						
38779-0599-08	J2150			1/1/2002	99/99/9999	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (U.S.P.)	1	EA	BO	NA	GM	50 ML	0.08		1/1/2002	99/99/9999						
38779-0599-09	J2150			1/1/2002	99/99/9999	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (USP-D-MANNITOL)	1	EA	BO	NA	GM	50 ML	0.08		1/1/2002	99/99/9999						
38779-0632-04	J7699			1/1/2002	1/10/2010	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	GENTAMICIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	1 EA	1		1/1/2002	1/10/2010						
38779-0632-05	J7699			1/1/2002	1/10/2010	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	GENTAMICIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	1 EA	1		1/1/2002	1/10/2010						
38779-0632-08	J7699			1/1/2002	1/10/2010	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	GENTAMICIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	1 EA	1		1/1/2002	1/10/2010						
38779-0632-09	J7699			1/1/2002	1/10/2010	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	GENTAMICIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	1 EA	1		1/1/2002	1/10/2010						
38779-0655-04	J3490			8/21/2002	99/99/9999	UNCLASSIFIED DRUGS	FAMOTIDINE (U.S.P.)	1	EA	BO	NA	GM	1 EA	1		8/21/2002	99/99/9999						
38779-0655-05	J3490			8/21/2002	99/99/9999	UNCLASSIFIED DRUGS	FAMOTIDINE (U.S.P.)	1	EA	BO	NA	GM	1 EA	1		8/21/2002	99/99/9999						
38779-0655-08	J3490			8/21/2002	99/99/9999	UNCLASSIFIED DRUGS	FAMOTIDINE (U.S.P.)	1	EA	BO	NA	GM	1 EA	1		8/21/2002	99/99/9999						
38779-0660-03	J7516			2/6/2002	99/99/9999	CYCLOSPORIN, PARENTERAL, 250 MG	CYCLOSPORIN A	1	EA	BO	NA	GM	250 MG	4		2/6/2002	99/99/9999						
38779-0660-04	J7516			2/6/2002	99/99/9999	CYCLOSPORIN, PARENTERAL, 250 MG	CYCLOSPORIN A	1	EA	BO	NA	GM	250 MG	4		2/6/2002	99/99/9999						
38779-0660-05	J7516			2/6/2002	99/99/9999	CYCLOSPORIN, PARENTERAL, 250 MG	CYCLOSPORIN A	1	EA	BO	NA	GM	250 MG	4		2/6/2002	99/99/9999						
38779-0660-06	J7516			2/6/2002	99/99/9999	CYCLOSPORIN, PARENTERAL, 250 MG	CYCLOSPORIN A	1	EA	BO	NA	GM	250 MG	4		2/6/2002	99/99/9999						
38779-0673-03	J2271			1/1/2002	99/99/9999	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	100 MG	10		1/1/2002	99/99/9999						
38779-0673-04	J2271			1/1/2002	99/99/9999	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	100 MG	10		1/1/2002	99/99/9999						
38779-0673-05	J2271			99/99/9999	99/99/9999	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	100 MG	10		1/1/2002	99/99/9999						
38779-0673-07	J2271			1/1/2002	99/99/9999	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	100 MG	10		1/1/2002	99/99/9999						
38779-0679-03	J0745			1/1/2002	99/99/9999	INJECTION, CODEINE PHOSPHATE, PER 30 MC	CODEINE PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	30 MG	33.33333		1/1/2002	99/99/9999						
38779-0679-04	J0745			1/1/2002	99/99/9999	INJECTION, CODEINE PHOSPHATE, PER 30 MC	CODEINE PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	30 MG	33.33333		1/1/2002	99/99/9999						
38779-0679-05	J0745			1/1/2002	99/99/9999	INJECTION, CODEINE PHOSPHATE, PER 30 MC	CODEINE PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	30 MG	33.33333		1/1/2002	99/99/9999						
38779-0731-01	J1170			4/23/2002	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (U.S.P.)	1	EA	BO	NA	GM	4 MG	250		4/23/2002	99/99/9999						
38779-0731-03	J1170			1/1/2002	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (U.S.P.)	1	EA	BO	NA	GM	4 MG	250		1/1/2002	99/99/9999						
38779-0731-04	J1170			1/1/2002	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (U.S.P.)	1	EA	BO	NA	GM	4 MG	250		1/1/2002	99/99/9999						
38779-0731-05	J1170			9/27/2007	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (1X100MG)	1	EA	JR	NA	GM	4 MG	250		9/27/2007	99/99/9999						
38779-0731-06	J1170			1/1/2002	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (U.S.P.)	1	EA	BO	NA	GM	4 MG	250		1/1/2002	99/99/9999						
38779-0767-03	J2310			1/23/02	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MC	NALOXONE HCL DIHYDRATE (U.S.P.)	1	EA	BO	NA	GM	1 MG	1000		1/1/2002	99/99/9999						
38779-0767-06	J2310			1/1/2002	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MC	NALOXONE HCL DIHYDRATE (U.S.P.)	1	EA	BO	NA	GM	1 MG	1000		1/1/2002	99/99/9999						
38779-0784-03	J8182			4/25/2002	1/10/2010	ETOPOSIDE, 100 MG	ETOPOSIDE (U.S.P.)	1	EA	BO	NA	GM	100 MG	10		9/26/2008	1/10/2010	4/25/2002	1/1/2004			10	
38779-0784-06	J8182			4/25/2002	1/10/2010	ETOPOSIDE, 100 MG	ETOPOSIDE (U.S.P.)	1	EA	BO	NA	GM	100 MG	10		9/26/2008	1/10/2010	4/25/2002	1/1/2004			10	
38779-0813-04	J3000			5/15/2002	1/10/2010	INJECTION, STREPTOMYCIN, UP TO 1 GM	STREPTOMYCIN SULFATE (B.P.)	1	EA	NA	NA	GM	1 GM	1		5/15/2002	1/10/2010						
38779-0813-05	J3000			5/15/2002	1/10/2010	INJECTION, STREPTOMYCIN, UP TO 1 GM	STREPTOMYCIN SULFATE (B.P.)	1	EA	NA	NA	GM	1 GM	1		5/15/2002	1/10/2010						
38779-0813-08	J3000			5/15/2002	1/10/2010	INJECTION, STREPTOMYCIN, UP TO 1 GM	STREPTOMYCIN SULFATE (B.P.)	1	EA	NA	NA	GM	1 GM	1		5/15/2002	1/10/2010						
38779-0813-09	J3000			5/15/2002	1/10/2010	INJECTION, STREPTOMYCIN, UP TO 1 GM	STREPTOMYCIN SULFATE (B.P.)	1	EA	NA	NA	GM	1 GM	1		5/15/2002	1/10/2010						
38779-0853-04	J2560			5/23/2002	1/10/2010	INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MC	PHENOBARBITAL SODIUM (U.S.P.)	1	EA	BO	NA	GM	120 MG	8.33333		5/23/2002	1/10/2010						
38779-0853-05	J2560			5/23/2002	1/10/2010	INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MC	PHENOBARBITAL SODIUM (U.S.P.)	1	EA	BO	NA	GM	120 MG	8.33333		5/23/2002	1/10/2010						
38779-0855-03	J3130			4/25/2002	99/99/9999	INJECTION, TESTOSTERONE ENANTHATE, UP TO 200 MC	TESTOSTERONE ENANTHATE	1	EA	NA	NA	GM	200 MG	5		4/25/2002	99/99/9999						
38779-0855-04	J3130			4/25/2002	99/99/9999	INJECTION, TESTOSTERONE ENANTHATE, UP TO 200 MC	TESTOSTERONE ENANTHATE	1	EA	NA	NA	GM	200 MG	5		4/25/2002	99/99/9999						
38779-0873-04	J3415			1/1/2004	99/99/9999	INJECTION, PYRIDOXINE HCL, 100 MG	PYRIDOXINE HCL (U.S.P.)	1	EA	BO	NA	GM	100 MG	10		1/1/2004	99/99/9999						
38779-0873-05	J3415			1/1/2004	99/99/9999	INJECTION, PYRIDOXINE HCL, 100 MG	PYRIDOXINE HCL (U.S.P.)	1	EA	BO	NA	GM	100 MG	10		1/1/2004	99/99/9999						
38779-0873-08	J3415			1/1/2004	99/99/9999	INJECTION, PYRIDOXINE HCL, 100 MG	PYRIDOXINE HCL (U.S.P.)	1	EA	BO	NA	GM	100 MG	10		1/1/2004	99/99/9999						
38779-0873-09	J3415			1/1/2004	99/99/9999	INJECTION, PYRIDOXINE HCL, 100 MG	PYRIDOXINE HCL (U.S.P.)	1	EA	BO	NA	GM	100 MG	10		1/1/2004	99/99/9999						
38779-0885-03	J1960			11/22/2002	99/99/9999	INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MC	LEVORPHANOL TARTRATE (U.S.P.)	1	EA	BO	NA	GM	2 MG	500		11/22/2002	99/99/9999						
38779-0885-04	J1960			11/22/2002	11/30/2006	INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MC	LEVORPHANOL TARTRATE (U.S.P.)	1	EA	BO	NA	GM	2 MG	500		11/22/2002	11/30/2006						
38779-0885-06	J1960			11/22/2002	99/99/9999	INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MC	LEVORPHANOL TARTRATE (U.S.P.)	1	EA	BO	NA	GM	2 MG	500		11/22/2002							

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
38779-0927-04		J2060		1/1/2002	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (U.S.P.)	1	EA	BO	NA	GM	2 MG		500	1/1/2002	99/99/9999						
38779-0927-05		J2060		1/1/2002	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (U.S.P.)	1	EA	BO	NA	GM	2 MG		500	1/1/2002	99/99/9999						
38779-0927-06		J2060		1/1/2002	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (U.S.P.)	1	EA	BO	NA	GM	2 MG		500	1/1/2002	99/99/9999						
38779-0927-08		J2060		1/1/2002	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (U.S.P.)	1	EA	BO	NA	GM	2 MG		500	1/1/2002	99/99/9999						
38779-0944-07	J0270			1/1/2002	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)	ALPROSTADIL (U.S.P.)	1	EA	BO	NA	GM	1.25 MCG		800000	1/1/2002	99/99/9999						
38779-0944-09	J0270			1/1/2002	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)	ALPROSTADIL (U.S.P.)	1	EA	BO	NA	GM	1.25 MCG		800000	1/1/2002	99/99/9999						
38779-0989-04	J3490			1/28/2002	99/99/9999	UNCLASSIFIED DRUGS	AMINOCAPROIC ACID (U.S.P.)	1	EA	BO	NA	GM	1 EA		1	1/28/2002	99/99/9999						
38779-0989-05	J3490			1/28/2002	99/99/9999	UNCLASSIFIED DRUGS	AMINOCAPROIC ACID (U.S.P.)	1	EA	BO	NA	GM	1 EA		1	1/28/2002	99/99/9999						
38779-0989-08	J3490			1/28/2002	99/99/9999	UNCLASSIFIED DRUGS	AMINOCAPROIC ACID (U.S.P.)	1	EA	BO	NA	GM	1 EA		1	1/28/2002	99/99/9999						
38779-0989-09	J3490			1/28/2002	99/99/9999	UNCLASSIFIED DRUGS	AMINOCAPROIC ACID (U.S.P.)	1	EA	BO	NA	GM	1 EA		1	1/28/2002	99/99/9999						
38779-1073-05	J0706			1/28/2002	1/10/2010	INJECTION, CAFFEINE CITRATE, 5MG	CAFFEINE CITRATE (PURIFIED)	1	EA	BO	NA	GM	5 MG		200	1/28/2002	1/10/2010						
38779-1073-08	J0706			1/28/2002	1/10/2010	INJECTION, CAFFEINE CITRATE, 5MG	CAFFEINE CITRATE (PURIFIED)	1	EA	BO	NA	GM	5 MG		200	1/28/2002	1/10/2010						
38779-1203-03	J0770			2/7/2002	1/10/2010	INJECTION, COLISTIMETHATE SODIUM, UP TO 150 MC	COLISTIMETHATE SODIUM	1	EA	BO	NA	GM	150 MG		6.66666	2/7/2002	1/10/2010						
38779-1203-06	J0770			2/7/2002	1/10/2010	INJECTION, COLISTIMETHATE SODIUM, UP TO 150 MC	COLISTIMETHATE SODIUM	1	EA	BO	NA	GM	150 MG		6.66666	2/7/2002	1/10/2010						
38779-1502-00	J2760			1/1/2002	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	1	EA	BO	NA	GM	5 MG		200	1/1/2002	99/99/9999						
38779-1502-03	J2760			5/22/2002	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	1	EA	BO	NA	GM	5 MG		200	5/22/2002	99/99/9999						
38779-1502-06	J2760			1/1/2002	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	1	EA	BO	NA	GM	5 MG		200	1/1/2002	99/99/9999						
38779-1502-09	J2760			5/22/2002	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	1	EA	BO	NA	GM	5 MG		200	5/22/2002	99/99/9999						
38779-1756-00	J3010			1/1/2002	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (U.S.P.)	1	EA	BO	NA	GM	0.1 MG		10000	1/1/2002	99/99/9999						
38779-1756-03	J3010			4/23/2002	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (U.S.P.)	1	EA	JR	NA	GM	0.1 MG		10000	4/23/2002	99/99/9999						
38779-1756-06	J3010			1/1/2002	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (U.S.P.)	1	EA	JR	NA	GM	0.1 MG		10000	1/1/2002	99/99/9999						
38779-1756-09	J3010			1/1/2002	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (U.S.P.)	1	EA	BO	NA	GM	0.1 MG		10000	1/1/2002	99/99/9999						
38779-1764-00	J0364			1/1/2007	99/99/9999	INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG	APOMORPHINE HCL (U.S.P.)	1	EA	BO	NA	GM	1 MG		1000	1/1/2007	99/99/9999						
38779-1764-03	J3490			1/28/2002	12/31/2006	UNCLASSIFIED DRUGS	APOMORPHINE HCL (U.S.P.)	1	EA	BO	NA	GM	1 EA		1	1/28/2002	12/31/2006						
38779-1764-03	J3490			1/28/2002	12/31/2006	UNCLASSIFIED DRUGS	APOMORPHINE HCL (U.S.P.)	1	EA	BO	NA	GM	1 EA		1	1/28/2002	12/31/2006						
38779-1764-03	J0364			1/1/2007	99/99/9999	INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG	APOMORPHINE HCL (U.S.P.)	1	EA	BO	NA	GM	1 MG		1000	1/1/2007	99/99/9999						
38779-1764-06	J3490			1/28/2002	12/31/2006	UNCLASSIFIED DRUGS	APOMORPHINE HCL (U.S.P.)	1	EA	BO	NA	GM	1 EA		1	1/28/2002	12/31/2006						
38779-1764-06	J0364			1/1/2007	99/99/9999	INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG	APOMORPHINE HCL (U.S.P.)	1	EA	BO	NA	GM	1 MG		1000	1/1/2007	99/99/9999						
38779-1766-03	J2175			1/1/2002	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MC	MEPERIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	100 MG		10	1/1/2002	99/99/9999						
38779-1766-04	J2175			1/1/2002	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MC	MEPERIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	100 MG		10	1/1/2002	99/99/9999						
38779-1766-05	J2175			1/1/2002	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MC	MEPERIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	100 MG		10	1/1/2002	99/99/9999						
38779-1816-05	J2810			5/1/2002	1/10/2010	INJECTION, THEOPHYLLINE, PER 40 MG	THEOPHYLLINE ANHYDROUS (USP)	1	EA	BO	NA	GM	40 MG		25	5/1/2002	1/10/2010						
38779-1816-08	J2810			5/1/2002	1/10/2010	INJECTION, THEOPHYLLINE, PER 40 MG	THEOPHYLLINE ANHYDROUS (USP)	1	EA	BO	NA	GM	40 MG		25	5/1/2002	1/10/2010						
38779-1901-03	J1000			1/1/2002	99/99/9999	INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MC	ESTRADIOL CYPIONATE (U.S.P.)	1	EA	BO	NA	GM	5 MG		200	1/1/2002	99/99/9999						
38779-1901-04	J1000			1/1/2002	99/99/9999	INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MC	ESTRADIOL CYPIONATE (U.S.P.)	1	EA	BO	NA	GM	5 MG		200	1/1/2002	99/99/9999						
38779-1901-05	J1000			1/1/2002	99/99/9999	INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MC	ESTRADIOL CYPIONATE (U.S.P.)	1	EA	BO	NA	GM	5 MG		200	1/1/2002	99/99/9999						
38779-1905-01	J1094			1/1/2003	99/99/9999	INJECTION, DEXAMETHASONE ACETATE, 1 MG	DEXAMETHASONE ACETATE MICRONIZED (ANHYDROUS)	1	EA	NA	NA	GM	1 MG		1000	1/1/2003	99/99/9999						
38779-1905-03	J1094			1/1/2003	99/99/9999	INJECTION, DEXAMETHASONE ACETATE, 1 MG	DEXAMETHASONE ACETATE MICRONIZED (ANHYDROUS)	1	EA	NA	NA	GM	1 MG		1000	1/1/2003	99/99/9999						
38779-1905-04	J1094			1/1/2003	99/99/9999	INJECTION, DEXAMETHASONE ACETATE, 1 MG	DEXAMETHASONE ACETATE MICRONIZED (ANHYDROUS)	1	EA	NA	NA	GM	1 MG		1000	1/1/2003	99/99/9999						
38779-1905-05	J1094			1/1/2003	99/99/9999	INJECTION, DEXAMETHASONE ACETATE, 1 MG	DEXAMETHASONE ACETATE ANHYDROUS (U.S.P. MICRONIZED)	1	EA	BO	NA	GM	1 MG		1000	1/1/2003	99/99/9999						
38779-1931-01	J1835			4/25/2002	99/99/9999	INJECTION, ITRACONAZOLE, 50 MG	ITRACONAZOLE	1	EA	BO	NA	GM	50 MG		20	4/25/2002	99/99/9999						
38779-1943-05	J2800			4/25/2002	99/99/9999	INJECTION, METHOCARBAMOL, UP TO 10 ML	METHOCARBAMOL (U.S.P.)	1	EA	BO	NA	GM	10 ML		1	4/25/2002	99/99/9999						
38779-1943-08	J2800			4/25/2002	99/99/9999	INJECTION, METHOCARBAMOL, UP TO 10 ML	METHOCARBAMOL (U.S.P.)	1	EA	BO	NA	GM	10 ML		1	4/25/2002	99/99/9999						
38779-1943-09	J2800			4/25/2002	99/99/9999	INJECTION, METHOCARBAMOL, UP TO 10 ML	METHOCARBAMOL (U.S.P.)	1	EA	BO	NA	GM	10 ML		1	4/25/2002	99/99/9999						
38779-1968-07	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (USP)	1	EA	BO	NA	GM	1 EA		1	1/1/2002	99/99/9999						
38779-1968-09	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (USP)	1	EA	BO	NA	GM	1 EA		1	1/1/2002	99/99/9999						
38779-1981-01	J1840			4/25/2002	1/10/2010	INJECTION, KANAMYCIN SULFATE, UP TO 500 MC	KANAMYCIN SULFATE (XXX UMG)	1	EA	NA	NA	GM	500 MG		2	4/25/2002	1/10/2010						
38779-1981-04	J1840			4/25/2002	1/10/2010	INJECTION, KANAMYCIN SULFATE, UP TO 500 MC	KANAMYCIN SULFATE (XXX UMG)	1	EA	NA	NA	GM	500 MG		2	4/25/2002	1/10/2010						
38779-1981-05	J1840			4/25/2002	1/10/2010	INJECTION, KANAMYCIN SULFATE, UP TO 500 MC	KANAMYCIN SULFATE (XXX UMG)	1	EA	NA	NA	GM	500 MG		2	4/25/2002	1/10/2010						
38779-1981-08	J1840			4/25/2002	1/10/2010	INJECTION, KANAMYCIN SULFATE, UP TO 500 MC	KANAMYCIN SULFATE (XXX UMG)	1	EA	NA	NA	GM	500 MG		2	4/25/2002	1/10/2010						
38779-2065-03	J7799			5/2/2002	1/10/2010	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	EPINEPHRINE HCL	1	EA	NA	NA	GM	1 EA		1	5/2/2002	1/10/2010						
38779-2065-06	J7799			5/2/2002	1/10/2010	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	EPINEPHRINE HCL	1	EA	NA	NA	GM	1 EA		1	5/2/2002	1/10/2010						
38779-2087-03	J7643			5/2/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (U.S.P.)	1	EA	JR	NA	GM	1 MG		1000	5/2/2002	99/99/9999						
38779-2087-03	KO J7643	KO		5/2/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (U.S.P.)	1	EA	JR	NA	GM	1 MG		1000	5/2/2002	99/99/9999						
38779-2087-06	J7643			5/2/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (U.S.P.)	1	EA	JR	NA	GM	1 MG		1000	5/2/2002	99/99/9999						
38779-2087-06	KO J7643	KO		5/2/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (U.S.P.)	1	EA	JR	NA	GM	1 MG		1000	5/2/2002	99/99/9999						
38779-2165-03	J0780			4/25/2002	1/10/2010	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	PROCHLORPERAZINE EDISYLATE (U.S.P.)	1	EA	BO	NA	GM	10 MG		100	4/25/2002	1/10/2010						
38779-2165-06	J0780			4/25/2002	1/10/2010	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	PROCHLORPERAZINE EDISYLATE (U.S.P.)	1	EA	BO	NA	GM	10 MG		100	4/25/2002	1/10/2010						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
38779-2363-05	J1956			10/25/2007	99/99/9999	INJECTION, LEVOFLOXACIN, 250 MG	LEVOFLOXACIN HEMIHYDRATE (1X100MG)	1 EA	BO	NA	GM		250 MG		4	10/25/2007	99/99/9999						
39822-0200-05	J3490			1/1/2002	10/10/2010	UNCLASSIFIED DRUGS	BACI-RX (U.S.P., 5 MMU, MICRONIZED)	1 EA	BO	NA	EA		1 EA		1	1/1/2002	10/10/2010						
39822-0277-02	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	BACIIM (STERILE) 50000 U	1 EA	VL	IM	EA		1 EA		1	1/1/2002	99/99/9999						
39822-0277-07	J3490			11/16/2005	99/99/9999	UNCLASSIFIED DRUGS	BACIIM (STERILE, USP, LATEX-FREE) 50000 U	1 EA	VL	IM	EA		1 EA		1	11/16/2005	99/99/9999						
39822-0277-09	J3490			2/1/2006	6/1/2009	UNCLASSIFIED DRUGS	AMERINET CHOICE BACIIM (STERILE) 50000 U	10 EA	VL	IM	EA		1 EA		1	2/1/2006	6/1/2009						
39822-0412-01	J7682			1/1/2002	12/31/2006	MILLIGRAMS	TOBRAMYCIN SULFATE (BULK VIAL, PF) 1.2 GM	1 EA	VL	IV	EA		300 MG		4	1/1/2002	12/31/2006						
39822-0412-01	KO J7682	KO		1/1/2002	12/31/2006	MILLIGRAMS	TOBRAMYCIN SULFATE (BULK VIAL, PF) 1.2 GM	1 EA	VL	IV	EA		300 MG		4	1/1/2002	12/31/2006						
39822-0412-01	J7685			1/1/2007	99/99/9999	THROUGH DME, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (BULK VIAL, PF) 1.2 GM	1 EA	VL	IV	EA		300 MG		4	1/1/2007	99/99/9999						
39822-0412-01	KO J7685	KO		1/1/2007	99/99/9999	THROUGH DME, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (BULK VIAL, PF) 1.2 GM	1 EA	VL	IV	EA		300 MG		4	1/1/2007	99/99/9999						
39822-0412-06	J7682			1/1/2002	12/31/2006	MILLIGRAMS	TOBRAMYCIN SULFATE (BULK VIAL, PF) 1.2 GM	1 EA	VL	IV	EA		300 MG		4	1/1/2002	12/31/2006						
39822-0412-06	KO J7685	KO		1/1/2007	99/99/9999	THROUGH DME, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (BULK VIAL, PF) 1.2 GM	1 EA	VL	IV	EA		300 MG		4	1/1/2007	99/99/9999						
39822-0412-06	J7685			1/1/2007	99/99/9999	THROUGH DME, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (BULK VIAL, PF) 1.2 GM	1 EA	VL	IV	EA		300 MG		4	1/1/2007	99/99/9999						
39822-0412-06	KO J7682	KO		1/1/2002	12/31/2006	MILLIGRAMS	TOBRAMYCIN SULFATE (BULK VIAL, PF) 1.2 GM	1 EA	VL	IV	EA		300 MG		4	1/1/2002	12/31/2006						
39822-0615-01	J0770			1/1/2002	99/99/9999	INJECTION, COLISTIMETHATE SODIUM, UP TO 150 MG	COLISTIMETHATE SODIUM (VIAL, STERILE) 150 MG	1 EA	VL	IJ	EA		150 MG		1	1/1/2002	99/99/9999						
39822-0706-02	J3000			1/1/2002	99/99/9999	INJECTION, STREPTOMYCIN, UP TO 1 GM	STREPTOMYCIN SULFATE (STERILE) 1 GM	1 EA	VL	IM	EA		1 GM		1	1/1/2002	99/99/9999						
39822-0710-01	J1451			12/14/2007	99/99/9999	INJECTION, FOMEPIZOLE, 15 MG	FOMEPIZOLE (1X1.5ML, PF) 1 GM/ML	1.5 ML	VL	IV	ML		15 MG	66.66666	12/14/2007	99/99/9999							
39822-1055-05	J0285			1/1/2002	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B (STERILE) 50 MG	1 EA	VL	IV	EA		50 MG		1	1/1/2002	99/99/9999						
39822-1055-07	J0285			3/20/2006	9/1/2011	INJECTION, AMPHOTERICIN B, 50 MG	NOVAPLUS AMPHOTERICIN B 50 MG HYDROCORTISONE ACETATE (U.S.P., MICRONIZED)	1 EA	VL	IV	EA		50 MG		1	3/20/2006	9/1/2011						
39822-5090-01	J1700			1/1/2002	6/1/2010	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM		25 MG		40	1/1/2002	6/1/2010						
39822-5090-03	J1700			1/1/2002	6/1/2010	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM		25 MG		40	1/1/2002	6/1/2010						
39822-5090-05	J1700			1/1/2002	6/1/2010	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM		25 MG		40	1/1/2002	6/1/2010						
39822-5300-05	KO J7684	KO		1/1/2002	6/1/2010	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM		1 MG		1000	1/1/2002	6/1/2010						
39822-5300-05	J7684			1/1/2002	6/1/2010	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM		1 MG		1000	1/1/2002	6/1/2010						
39822-6000-01	J2675			1/1/2002	5/18/2009	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM		50 MG		20	1/1/2002	5/18/2009						
39822-6000-03	J2675			1/1/2002	5/18/2009	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM		50 MG		20	1/1/2002	5/18/2009						
39822-6000-07	J2675			1/1/2002	5/18/2009	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM		50 MG		20	1/1/2002	5/18/2009						
39822-6100-01	J2675			1/1/2002	10/10/2010	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (USP, WETTABLE)	1 EA	BO	NA	GM		50 MG		20	1/1/2002	10/10/2010						
39822-6100-03	J2675			1/1/2002	10/10/2010	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (USP, WETTABLE)	1 EA	BO	NA	GM		50 MG		20	1/1/2002	10/10/2010						
39822-6100-07	J2675			1/1/2002	10/10/2010	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (USP, WETTABLE)	1 EA	BO	NA	GM		50 MG		20	1/1/2002	10/10/2010						
41280-0220-59	Q0163			1/1/2002	3/5/2012	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	SLEEP FORMULA 25 MG	72 EA	NA	PO	EA		50 MG		0.5	1/1/2002	3/5/2012						
42023-0101-01	J0170			2/28/2008	12/31/2010	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	ADRENALIN (1X30ML, MDV) 1 MG/ML	30 ML	VL	IJ	ML		1 ML		1	2/28/2008	12/31/2010						
42023-0110-01	J1380			12/10/2007	99/99/9999	INJECTION, ESTRADIOL VALERATE, UP TO 10 MG	DELESTROGEN (1X5ML, MULTIDOSE) 10 MG/ML	5 ML	VL	IM	ML		10 MG		1	12/10/2007	99/99/9999						
42023-0111-01	J1390			12/18/2007	12/31/2010	INJECTION, ESTRADIOL VALERATE, UP TO 20 MG	DELESTROGEN (1X5ML, MULTIDOSE) 20 MG/ML	5 ML	VL	IM	ML		20 MG		1	12/18/2007	12/31/2010						
42023-0112-01	J0970			3/31/2008	12/31/2010	INJECTION, ESTRADIOL VALERATE, UP TO 40 MG	DELESTROGEN (1X5ML, MDV, USP) 40 MG/ML	5 ML	VL	IM	ML		40 MG		1	3/31/2008	12/31/2010						
42023-0116-01	J2590			2/29/2008	99/99/9999	INJECTION, OXYTOCIN, UP TO 10 UNITS	PITOCIN (1X10ML, MDV) 10 U/ML	10 ML	VL	IJ	ML		10 U		1	2/29/2008	99/99/9999						
42023-0116-25	J2590			2/1/2008	99/99/9999	INJECTION, OXYTOCIN, UP TO 10 UNITS	PITOCIN (25X1ML) 10 U/ML	1 ML	VL	IJ	ML		10 U		1	2/1/2008	99/99/9999						
42023-0118-01	J3250			8/1/2008	99/99/9999	INJECTION, TRIMETHOGENAMIDE HCL, UP TO 200 MG	TRIMETHOGENAMIDE HCL (MDV, 1X20ML) 100 MG/ML	20 ML	VL	IM	ML		200 MG		0.5	8/1/2008	99/99/9999						
42023-0119-25	J3250			7/22/2008	99/99/9999	INJECTION, TRIMETHOGENAMIDE HCL, UP TO 200 MG	TIGAN (SDV, 25X2ML) 100 MG/ML	2 ML	VL	IM	ML		200 MG		1	7/22/2008	99/99/9999						
42023-0122-25	J0170			6/4/2008	12/31/2010	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	ADRENALIN CHLORIDE (25X1ML, SDV) 1 MG/ML	1 ML	VL	IJ	ML		1 ML		1	6/4/2008	12/31/2010						
42254-0110-30	None			1/10/2012	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE, 2.5 MG	30 EA	BO	PO	EA		2.5 MG		1	1/10/2012	99/99/9999						
43063-0439-30	None			3/14/2013	99/99/9999	METHOTREXATE SODIUM, 2.5 MG, ORAL	METHOTREXATE SODIUM, 2.5 MG	30 EA	BO	PO	EA		2.5 MG		1	3/14/2013	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
43292-0556-31		Q0163		1/1/2002	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	ALERTAB 25 MG	100 EA	BX	PO	EA		50 MG		0.5	1/1/2002	99/99/9999						
43292-0557-05		Q0163		1/1/2002	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	ALERCAP 25 MG	100 EA	NA	PO	EA		50 MG		0.5	1/1/2002	99/99/9999						
43292-0557-19		Q0163		1/1/2002	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	SLEEP-TABS 25 MG	36 EA	NA	PO	EA		50 MG		0.5	1/1/2002	99/99/9999						
43292-0557-65		Q0163		1/1/2002	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	DIPHENHYDRAMINE HCL (MAX. STR.) 50 MG	50 EA	NA	PO	EA		50 MG		1	1/1/2002	99/99/9999						
43292-0557-78		Q0163		1/1/2002	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	SLEEP-TABS 25 MG	100 EA	NA	PO	EA		50 MG		0.5	1/1/2002	99/99/9999						
44087-0004-07		J2941		1/1/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG	SEROSTIM 4 MG	1 EA	VL	SC	EA		1 MG		4	1/1/2002	99/99/9999						
44087-0005-07		J2941		1/1/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG	SEROSTIM (S.D.V., W/DILUENT) 5 MG	1 EA	VL	SC	EA		1 MG		5	1/1/2002	99/99/9999						
44087-0006-07		J2941		1/1/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG	SEROSTIM (S.D.V., W/DILUENT) 6 MG	1 EA	VL	SC	EA		1 MG		6	1/1/2002	99/99/9999						
44087-0022-03		Q3026		1/1/2003	99/99/9999	INJECTION, INTERFERON BETA-1A, 11 MCG FOR SUBCUTANEOUS USE	REBIF (SRN,PREFILLED,27G,PF) 22 MCG/0.5 ML	0.5 ML	SR	SC	ML		11 MCG		4	1/1/2003	99/99/9999						
44087-0044-03		Q3026		1/1/2003	99/99/9999	INJECTION, INTERFERON BETA-1A, 11 MCG FOR SUBCUTANEOUS USE	REBIF (SRN,PREFILLED,27G,PF) 44 MCG/0.5 ML	0.5 ML	SR	SC	ML		11 MCG		8	1/1/2003	99/99/9999						
44087-0088-04		J2941		10/15/2007	7/31/2009	INJECTION, SOMATROPIN, 1 MG	SEROSTIM (W/DILUENT) 8.8 MG	1 EA	VL	SC	EA		1 MG		8.8	10/15/2007	7/31/2009						
44087-1005-02		J2941		1/1/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG	SAIZEN (VIAL, W/DILUENT) 5 MG	1 EA	VL	SC	EA		1 MG		5	1/1/2002	99/99/9999						
44087-1080-01		J2941		10/22/2004	99/99/9999	INJECTION, SOMATROPIN, 1 MG	SAIZEN CLICK EASY CARTRIDGE (W/DILUENT) 8.8 MG	1 CT	VL	IJ	EA		1 MG		8.8	10/22/2004	99/99/9999						
44087-1088-01		J2941		1/1/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG	SAIZEN (VIAL W/DILUENT) 8.8 MG	1 EA	VL	IJ	EA		1 MG		8.8	1/1/2002	99/99/9999						
44087-1112-01		J3490		6/15/2004	99/99/9999	UNCLASSIFIED DRUGS	GONAL-F RFF (29GX1/2 NEEDLE,PEN) 450 IU/0.75 ML	0.75 ML	CR	SC	ML		1 EA		1	6/15/2004	99/99/9999						
44087-1113-01		J3490		6/15/2004	99/99/9999	UNCLASSIFIED DRUGS	GONAL-F RFF (29GX1/2,PEN) 300 IU/0.5 ML	0.5 ML	CR	SC	ML		1 EA		1	6/15/2004	99/99/9999						
44087-1114-01		J3490		6/15/2004	99/99/9999	UNCLASSIFIED DRUGS	GONAL-F RFF (29GX1/2,PEN) 900 IU/1.5 ML	1.5 ML	CR	SC	ML		1 EA		1	6/15/2004	99/99/9999						
44087-1150-01		J3490		11/10/2003	99/99/9999	UNCLASSIFIED DRUGS	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						
44087-1520-01		J9293		6/11/2003	6/8/2011	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MC	NOVANTRONE (M.D.V.) 2 MG/ML	10 ML	VL	IV	ML		5 MG		0.4	6/11/2003	6/8/2011						
44087-1525-01		J9293		6/11/2003	6/7/2007	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MC	NOVANTRONE (M.D.V.) 2 MG/ML	12.5 ML	VL	IV	ML		5 MG		0.4	6/11/2003	6/7/2007						
44087-1530-01		J9293		6/11/2003	9/4/2007	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MC	NOVANTRONE (M.D.V.) 2 MG/ML	15 ML	VL	IV	ML		5 MG		0.4	6/11/2003	9/4/2007						
44087-3388-07		J2941		4/7/2003	99/99/9999	INJECTION, SOMATROPIN, 1 MG	ZORBTIVE (MDV, VIALS W/ DILUENT) 8.8 MG	1 EA	VL	SC	EA		1 MG		8.8	4/7/2003	99/99/9999						
44087-4050-01		Q0515		1/1/2006	8/1/2008	INJECTION, SERMORELIN ACETATE, 1 MICROGRAM	GEREF DIAGNOSTIC (AMP) 50 MCG	1 EA	VL	IJ	EA		1 MCG		50	1/1/2006	8/1/2008						
44087-6075-01		J3355		1/1/2006	99/99/9999	INJECTION, UROFOLLITROPIN, 75 IU	METRODIN 75 IU	1 EA	NA	IM	EA		75 IU		1	1/1/2006	99/99/9999						
44087-6075-03		J3355		1/1/2006	99/99/9999	INJECTION, UROFOLLITROPIN, 75 IU	METRODIN 75 IU	1 EA	NA	IM	EA		75 IU		1	1/1/2006	99/99/9999						
44087-6075-04		J3355		1/1/2006	99/99/9999	INJECTION, UROFOLLITROPIN, 75 IU	METRODIN 75 IU	1 EA	NA	IM	EA		75 IU		1	1/1/2006	99/99/9999						
44087-6150-01		J3355		1/1/2006	99/99/9999	INJECTION, UROFOLLITROPIN, 75 IU	METRODIN 150 IU	1 EA	NA	IM	EA		75 IU		2	1/1/2006	99/99/9999						
44087-8822-01		Q3026		2/14/2005	99/99/9999	INJECTION, INTERFERON BETA-1A, 11 MCG FOR SUBCUTANEOUS USE	REBIF (TITRATION PACK,PF) 44 MCG/ML	4.2 ML	BX	SC	ML		11 MCG		4	2/14/2005	99/99/9999						
44087-9005-01		J3490		6/7/2004	99/99/9999	UNCLASSIFIED DRUGS	GONAL-F RFF 75 IU	1 EA	VL	SC	EA		1 EA		1	6/7/2004	99/99/9999						
44087-9005-06		J3490		6/7/2004	99/99/9999	UNCLASSIFIED DRUGS	GONAL-F RFF 75 IU	1 EA	VL	SC	EA		1 EA		1	6/7/2004	99/99/9999						
44087-9030-01		J3490		5/10/2004	99/99/9999	UNCLASSIFIED DRUGS	GONAL-F (M.D.V.) 450 IU	1 EA	VL	SC	EA		1 EA		1	5/10/2004	99/99/9999						
44087-9070-01		J3490		5/7/2007	99/99/9999	UNCLASSIFIED DRUGS	GONAL-F (MDV) 1200 IU	1 EA	VL	SC	EA		1 EA		1	5/7/2007	99/99/9999						
44206-0300-01		Q4089		7/1/2007	12/31/2007	OR INTRAVENOUS, 100 IU	RHOPHYLAC (W/SAFETY NEEDLE) 750 IU/ML	2 ML	SR	IJ	ML		100 IU		7.5	7/1/2007	12/31/2007						
44206-0300-01		J2791		1/1/2008	99/99/9999	OR INTRAVENOUS, 100 IU	RHOPHYLAC (W/SAFETY NEEDLE) 750 IU/ML	2 ML	SR	IJ	ML		100 IU		7.5	1/1/2008	99/99/9999						
44206-0300-10		J2791		1/1/2008	99/99/9999	OR INTRAVENOUS, 100 IU	RHOPHYLAC (W/SAFETY NEEDLE) 750 IU/ML	2 ML	SR	IJ	ML		100 IU		7.5	1/1/2008	99/99/9999						
44206-0300-10		Q4089		7/1/2007	12/31/2007	OR INTRAVENOUS, 100 IU	RHOPHYLAC (W/SAFETY NEEDLE) 750 IU/ML	2 ML	SR	IJ	ML		100 IU		7.5	7/1/2007	12/31/2007						
44206-0415-01		J1566		1/1/2006	3/31/2009	OTHERWISE SPECIFIED, 500 MG	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT CARIMUNE NF (PF,NANOFILTERED) 1 GM	1 EA	VL	IV	EA		500 MG		2	1/1/2006	3/31/2009						
44206-0416-03		J1566		1/1/2006	99/99/9999	OTHERWISE SPECIFIED, 500 MG	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT CARIMUNE NF (PF,NANOFILTERED) 3 GM	1 EA	VL	IV	EA		500 MG		6	1/1/2006	99/99/9999						
44206-0417-06		J1566		1/1/2006	99/99/9999	OTHERWISE SPECIFIED, 500 MG	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT CARIMUNE NF (PF,NANOFILTERED) 6 GM	1 EA	VL	IV	EA		500 MG		12	1/1/2006	99/99/9999						
44206-0418-12		J1566		1/1/2006	99/99/9999	OTHERWISE SPECIFIED, 500 MG	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT CARIMUNE NF (PF,NANOFILTERED) 12 GM	1 EA	VL	IV	EA		500 MG		24	1/1/2006	99/99/9999						
44206-0436-05		Q4097		4/1/2008	12/31/2008	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	PRIVIGEN (PF,LATEX-FREE) 10%	50 ML	VL	IV	ML		500 MG		0.2	4/1/2008	12/31/2008						
44206-0436-05		J1459		1/1/2009	99/99/9999	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	PRIVIGEN (PF,LATEX-FREE) 10%	1 ML	VL	IV	ML		500 MG		0.2	1/1/2009	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
44206-0437-10	Q4097			4/1/2008	12/31/2008	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	PRIVIGEN (PF,LATEX-FREE) 10%	100 ML	VL	IV	ML		500 MG	0.2		4/1/2008	12/31/2008						
44206-0437-10	J1459			1/1/2009	99/99/9999	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	PRIVIGEN (PF,LATEX-FREE) 10%	1 ML	VL	IV	ML		500 MG	0.2		1/1/2009	99/99/9999						
44206-0438-20	Q4097			4/1/2008	12/31/2008	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID), 500 MG	PRIVIGEN (PF,LATEX-FREE) 10%	200 ML	VL	IV	ML		500 MG	0.2		4/1/2008	12/31/2008						
44206-0438-20	J1459			1/1/2009	99/99/9999	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	PRIVIGEN (PF,LATEX-FREE) 10%	1 ML	VL	IV	ML		500 MG	0.2		1/1/2009	99/99/9999						
44206-0439-40	J1459			6/1/2013	99/99/9999	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	PRIVIGEN, (PF,LATEX-FREE), 10%	1 ML	VL	IV	ML		500 MG	0.2		6/1/2013	99/99/9999						
44206-0451-01	J7799			4/1/2010	12/31/2010	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	HIZENTRA (SINGLE-USE VIAL,PF) 20%	5 ML	VL	SC	ML	1 EA	1	4/1/2010	12/31/2010								
44206-0451-01	J1559			1/1/2011	99/99/9999	INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MC	HIZENTRA (SINGLE-USE VIAL,PF) 20%	5 ML	VL	SC	ML	100 MG	2	1/1/2011	99/99/9999								
44206-0452-02	J7799			4/1/2010	12/31/2010	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	HIZENTRA (SINGLE-USE VIAL,PF) 20%	10 ML	VL	SC	ML	1 EA	1	4/1/2010	12/31/2010								
44206-0452-02	J1559			1/1/2011	99/99/9999	INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MC	HIZENTRA (SINGLE-USE VIAL,PF) 20%	10 ML	VL	SC	ML	100 MG	2	1/1/2011	99/99/9999								
44206-0454-04	J7799			4/1/2010	12/31/2010	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	HIZENTRA (SINGLE-USE VIAL,PF) 20%	20 ML	VL	SC	ML	1 EA	1	4/1/2010	12/31/2010								
44206-0454-04	J1559			1/1/2011	99/99/9999	INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MC	HIZENTRA (SINGLE-USE VIAL,PF) 20%	20 ML	VL	SC	ML	100 MG	2	1/1/2011	99/99/9999								
44206-3101-01	J0850			2/20/2007	4/29/2011	INJECTION, CYTOMEGALOVIRUS IMMUNE GLOBULIN INTRAVENOUS (HUMAN), PER VIAL	CYTOGAM (PF)	50 ML	NA	IV	ML		1 EA	0.02		2/20/2007	4/29/2011						
45802-0127-14	Q0179			6/25/2007	12/31/2011	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 4 MG	3 EA	BX	PO	EA		8 MG	0.5		6/25/2007	12/31/2011						
45802-0127-14	Q0162			1/1/2012	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 4 MG	3 EA	BX	PO	EA		1 MG	4		1/1/2012	99/99/9999						
45802-0127-65	Q0179			6/25/2007	12/31/2011	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 4 MG	30 EA	BO	PO	EA		8 MG	0.5		6/25/2007	12/31/2011						
45802-0127-65	Q0162			1/1/2012	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 4 MG	30 EA	BO	PO	EA		1 MG	4		1/1/2012	99/99/9999						
45802-0205-14	Q0179			6/25/2007	12/31/2011	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 8 MG	3 EA	BX	PO	EA		8 MG	1		6/25/2007	12/31/2011						
45802-0205-14	Q0162			1/1/2012	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 8 MG	3 EA	BX	PO	EA		1 MG	8		1/1/2012	99/99/9999						
45802-0205-65	Q0179			6/25/2007	12/31/2011	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 8 MG	30 EA	BO	PO	EA		8 MG	1		6/25/2007	12/31/2011						
45802-0205-65	Q0162			1/1/2012	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 8 MG	30 EA	BO	PO	EA		1 MG	8		1/1/2012	99/99/9999						
45802-0303-21	J7506			12/12/2007	4/16/2013	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP,BLISTER PACK) 10 MG	21 EA	DP	PO	EA		5 MG	2		12/12/2007	4/16/2013						
45802-0303-67	J7506			12/12/2007	4/16/2013	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP,BLISTER PACK) 10 MG	48 EA	DP	PO	EA		5 MG	2		12/12/2007	4/16/2013						
45802-0733-21	J7506			12/12/2007	4/16/2013	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP,BLISTER PACK) 5 MG	21 EA	DP	PO	EA		5 MG	1		12/12/2007	4/16/2013						
45802-0733-67	J7506			12/12/2007	4/16/2013	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP,BLISTER PACK) 5 MG	48 EA	DP	PO	EA		5 MG	1		12/12/2007	4/16/2013						
45802-0758-30	J8498			1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HCL 12.5 MG	12 EA	BX	RC	EA		1 EA	1		1/1/2006	99/99/9999						
45802-0759-30	J8498			1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HCL 25 MG	12 EA	BX	RC	EA		1 EA	1		1/1/2006	99/99/9999						
45963-0539-30	Q0162			8/29/2011	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	ONDANSETRON (USP,FILM-COATED) 8 MG	30 EA	BO	PO	EA		1 MG	8		8/29/2011	99/99/9999						
47682-0182-32	Q0163			1/1/2007	1/1/2012	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	DIPHEN (SF) 25 MG	12 EA	NA	PO	EA		50 MG	0.5		1/1/2007	1/1/2012						
47682-0182-47	Q0163			1/1/2002	8/1/2011	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHEN (200X1,SF) 25 MG	200 EA	PG	PO	EA		50 MG	0.5		1/1/2002	8/1/2011						
47682-0182-64	Q0163			1/1/2007	1/1/2012	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	DIPHEN (SF) 25 MG	24 EA	BX	PO	EA		50 MG	0.5		1/1/2007	1/1/2012						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
47682-0847-87		Q0163		1/1/2007	6/1/2008	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	MEDI-FIRST DIPHENHYDRAMINE HYDROCHLORIDE 25 MG	100 EA	BX	PO	EA		50 MG		0.5	1/1/2007	6/1/2008						
47682-0858-87		Q0163		1/1/2007	6/1/2012	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	MEDI-FIRST DIPHENHYDRAMINE HYDROCHLORIDE 25 MG	100 EA	BX	PO	EA		50 MG		0.5	1/1/2007	6/1/2012						
48879-0001-01		A4216		1/1/2006	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INHALATION (AL7023)	3 ML	EA	IH	ML		10 ML		0.1	1/1/2006	99/99/9999						
48879-0001-02		A4216		1/1/2006	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INHALATION (AL7025)	5 ML	EA	IH	ML		10 ML		0.1	1/1/2006	99/99/9999						
48879-0002-01		A4216		1/1/2006	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SALINE SOLUTION (AL7453) 0.45%	3 ML	EA	IH	ML		10 ML		0.1	1/1/2006	99/99/9999						
48879-0002-02		A4216		1/1/2006	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SALINE SOLUTION (AL7455) 0.45%	5 ML	EA	IH	ML		10 ML		0.1	1/1/2006	99/99/9999						
48879-0003-01		A4216		1/1/2006	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SALINE SOLUTION (AL7093) 0.9%	3 ML	EA	IH	ML		10 ML		0.1	1/1/2006	99/99/9999						
48879-0003-02		A4216		1/1/2006	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SALINE SOLUTION (AL7095) 0.9%	5 ML	EA	IH	ML		10 ML		0.1	1/1/2006	99/99/9999						
48879-0003-07		A4216		1/1/2006	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SALINE SOLUTION (AL4015) 0.9%	15 ML	PC	IH	ML		10 ML		0.1	1/1/2006	99/99/9999						
49072-0571-30		J3480		1/1/2002	12/1/2007	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	MEQ/ML	30 ML	VL	IV	ML		2 MEQ		1	1/1/2002	12/1/2007						
49072-0669-30		A4216		1/1/2004	12/1/2007	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE BACTERIOSTATIC (M.D.V.) 0.9%	30 ML	VL	IV	ML		10 ML		0.1	1/1/2004	12/1/2007						
49281-0545-05		J3490		1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	ACTH8 (SDV W/DIL,TAX INCL,PF) 10 MCG	1 EA	VL	IM	EA		1 EA		1	1/1/2002	99/99/9999						
49281-0880-01		J9031		1/1/2002	99/99/9999	BCG (INTRAVESICAL) PER INSTILLATION	THERACYS (S.D.V. W/DILUENT,PF) 81 MG	1 EA	VL	IL	EA		1 INSTI		1	1/1/2002	99/99/9999						
49348-0044-04		Q0163		1/1/2002	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	VALU-DRYL ALLERGY 25 MG	24 EA	BX	PO	EA		50 MG		0.5	1/1/2002	99/99/9999						
49348-0044-10		Q0163		1/1/2002	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	VALU-DRYL ALLERGY 25 MG	100 EA	BO	PO	EA		50 MG		0.5	1/1/2002	99/99/9999						
49348-0045-34		Q0163		1/1/2002	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	VALU-DRYL ALLERGY CHILDREN'S 12.5 MG/5 ML	120 ML	BO	PO	ML		50 MG		0.05	1/1/2002	99/99/9999						
49348-0205-37		Q0163		1/1/2002	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	VALU-DRYL ALLERGY CHILDREN'S (AF,CHERRY) 12.5 MG/5 ML	236 ML	BO	PO	ML		50 MG		0.05	1/1/2002	99/99/9999						
49348-0282-08		Q0163		1/1/2002	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	VALU-DRYL ALLERGY 25 MG	48 EA	BO	PO	EA		50 MG		0.5	1/1/2002	99/99/9999						
49348-0564-04		Q0163		1/1/2002	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	VALU-DRYL ALLERGY 25 MG	24 EA	BX	PO	EA		50 MG		0.5	1/1/2002	99/99/9999						
49452-0001-03		J0133		1/1/2006	5/17/2010	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1 EA	BO	NA	GM		5 MG		200	1/1/2006	5/17/2010						
49452-0001-04		J0133		1/1/2006	5/17/2010	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1 EA	BO	NA	GM		5 MG		200	1/1/2006	5/17/2010						
49452-0006-01		J7699		1/1/2007	12/31/2007	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM		1 EA		1	1/1/2007	12/31/2007						
49452-0006-01		J7632		1/1/2008	3/15/2008	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM		10 MG		100	1/1/2008	3/15/2008						
49452-0006-01	KO	J7632	KO	1/1/2008	3/15/2008	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM		10 MG		100	1/1/2008	3/15/2008						
49452-0006-02		J7699		1/1/2007	12/31/2007	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM		1 EA		1	1/1/2007	12/31/2007						
49452-0006-02		J7632		1/1/2008	5/17/2010	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM		10 MG		100	1/1/2008	5/17/2010						
49452-0006-02	KO	J7632	KO	1/1/2008	5/17/2010	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM		10 MG		100	1/1/2008	5/17/2010						
49452-0006-03		J7632		1/1/2008	5/17/2010	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM		10 MG		100	1/1/2008	5/17/2010						
49452-0006-03	KO	J7632	KO	1/1/2008	5/17/2010	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM		10 MG		100	1/1/2008	5/17/2010						
49452-0006-03		J7699		1/1/2007	12/31/2007	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM		1 EA		1	1/1/2007	12/31/2007						
49452-0006-04		J7632		1/1/2008	5/17/2010	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM		10 MG		100	1/1/2008	5/17/2010						
49452-0006-04	KO	J7632	KO	1/1/2008	5/17/2010	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM		10 MG		100	1/1/2008	5/17/2010						
49452-0006-04		J7699		1/1/2007	12/31/2007	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM		1 EA		1	1/1/2007	12/31/2007						
49452-0011-01		J3150		1/1/2002	5/17/2010	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	TESTOSTERONE PROPIONATE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM		100 MG		10	1/1/2002	5/17/2010						
49452-0011-02		J3150		1/1/2002	5/17/2010	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	TESTOSTERONE PROPIONATE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM		100 MG		10	1/1/2002	5/17/2010						
49452-0011-03		J3150		1/1/2002	5/17/2010	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	TESTOSTERONE PROPIONATE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM		100 MG		10	1/1/2002	5/17/2010						
49452-0023-01		J0285		1/24/2002	5/17/2010	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B (U.S.P.)	1 EA	BO	NA	GM		50 MG		20	1/24/2002	5/17/2010						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
49452-0023-02		J0285		1/24/2002	5/17/2010	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B (U.S.P.)	1	EA	JR	NA	GM	50 MG		20	1/24/2002	5/17/2010						
49452-0023-03		J0285		1/1/2002	5/17/2010	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B (U.S.P.)	1	EA	BO	NA	GM	50 MG		20	1/1/2002	5/17/2010						
49452-0027-02		J0745		1/1/2002	5/17/2010	INJECTION, CODEINE PHOSPHATE, PER 30 MG	CODEINE PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	30 MG	33.33333	1/1/2002	5/17/2010							
49452-0027-03		J0745		1/1/2002	5/17/2010	INJECTION, CODEINE PHOSPHATE, PER 30 MG	CODEINE PHOSPHATE (U.S.P.)	1	EA	JR	NA	GM	30 MG	33.33333	1/1/2002	5/17/2010							
49452-0027-04		J0745		1/1/2002	5/17/2010	INJECTION, CODEINE PHOSPHATE, PER 30 MG	CODEINE PHOSPHATE (U.S.P.)	1	EA	BO	NA	GM	30 MG	33.33333	1/1/2002	5/17/2010							
49452-0028-01		J2271		1/1/2002	5/17/2010	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (U.S.P.)	1	EA	JR	NA	GM	100 MG	10	1/1/2002	5/17/2010							
49452-0028-02		J2271		1/1/2002	5/17/2010	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (U.S.P.)	1	EA	JR	NA	GM	100 MG	10	1/1/2002	5/17/2010							
49452-0028-03		J2271		1/1/2002	5/17/2010	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE	1	EA	JR	NA	GM	100 MG	10	1/1/2002	5/17/2010							
49452-0028-04		J2271		1/1/2002	5/17/2010	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE	1	EA	BO	NA	GM	100 MG	10	1/1/2002	5/17/2010							
49452-0029-01		J1170		1/1/2002	5/17/2010	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (U.S.P.)	1	EA	BO	NA	GM	4 MG	250	1/1/2002	5/17/2010							
49452-0029-02		J1170		1/1/2002	5/17/2010	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (U.S.P.)	1	EA	JR	NA	GM	4 MG	250	1/1/2002	5/17/2010							
49452-0029-03		J1170		1/1/2002	5/17/2010	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (U.S.P.)	1	EA	BO	NA	GM	4 MG	250	1/1/2002	5/17/2010							
49452-0029-04		J1170		11/15/2004	5/17/2010	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (U.S.P.)	1	EA	JR	NA	GM	4 MG	250	11/15/2004	5/17/2010							
49452-0031-01		J2175		1/1/2002	5/17/2010	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MC	MEPERIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	100 MG	10	1/1/2002	5/17/2010							
49452-0031-02		J2175		1/1/2002	3/15/2008	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MC	MEPERIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	100 MG	10	1/1/2002	3/15/2008							
49452-0031-03		J2175		1/1/2002	5/17/2010	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MC	MEPERIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	100 MG	10	1/1/2002	5/17/2010							
49452-0032-01		J3010		1/1/2002	5/17/2010	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (U.S.P.)	1	EA	BO	NA	GM	0.1 MG	10000	1/1/2002	5/17/2010							
49452-0032-02		J3010		1/1/2002	5/17/2010	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (U.S.P.)	1	EA	JR	NA	GM	0.1 MG	10000	1/1/2002	5/17/2010							
						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)	ALPROSTADIL (U.S.P.)	1	EA	BO	NA	GM	1.25 MCG	800000	11/15/2004	5/17/2010	2/5/2002	11/14/2004	800000				
49452-0073-03		J0270		2/5/2002	5/17/2010	FOR USE WHEN DRUG IS SELF ADMINISTERED)	ALPROSTADIL (U.S.P.)	1	EA	BO	NA	GM	1.25 MCG	800000	11/15/2004	5/17/2010							
49452-0073-04		J0270		11/15/2004	5/17/2010	FOR USE WHEN DRUG IS SELF ADMINISTERED)	ALPROSTADIL (U.S.P.)	1	EA	BO	NA	GM	1.25 MCG	800000	11/15/2004	5/17/2010							
49452-0097-01		J7699		1/1/2007	12/31/2007	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME ACETYL CYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	N-ACETYL-L-CYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1 EA	1	1/1/2007	12/31/2007							
49452-0097-01		J7604		1/1/2008	5/17/2010	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	N-ACETYL-L-CYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1 GM	1	1/1/2008	5/17/2010							
49452-0097-01	KO	J7604	KO	1/1/2008	5/17/2010	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	N-ACETYL-L-CYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1 GM	1	1/1/2008	5/17/2010							
49452-0097-02		J7699		1/1/2007	12/31/2007	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME ACETYL CYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	N-ACETYL-L-CYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1 EA	1	1/1/2007	12/31/2007							
49452-0097-02		J7604		1/1/2008	5/17/2010	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	N-ACETYL-L-CYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1 GM	1	1/1/2008	5/17/2010							
49452-0097-02	KO	J7604	KO	1/1/2008	5/17/2010	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	N-ACETYL-L-CYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1 GM	1	1/1/2008	5/17/2010							
49452-0097-03		J7699		1/1/2007	12/31/2007	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME ACETYL CYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	N-ACETYL-L-CYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1 EA	1	1/1/2007	12/31/2007							
49452-0097-03		J7604		1/1/2008	5/17/2010	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	N-ACETYL-L-CYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1 GM	1	1/1/2008	5/17/2010							
49452-0097-03	KO	J7604	KO	1/1/2008	5/17/2010	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	N-ACETYL-L-CYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1 GM	1	1/1/2008	5/17/2010							
49452-0097-04		J7604		1/1/2008	5/17/2010	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	N-ACETYL-L-CYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1 GM	1	1/1/2008	5/17/2010							
49452-0097-04	KO	J7604	KO	1/1/2008	5/17/2010	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	N-ACETYL-L-CYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1 GM	1	1/1/2008	5/17/2010							
49452-0097-04		J7699		1/1/2007	12/31/2007	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL (U.S.P.)	1	EA	BO	NA	GM	1 EA	1	1/1/2007	12/31/2007							
49452-0225-01		J7613		1/1/2005	12/31/2006	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL (U.S.P.)	1	EA	BO	NA	GM	1 MG	1000	1/1/2005	12/31/2006							
49452-0225-01	KO	J7613	KO	1/1/2005	12/31/2006	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL (U.S.P.)	1	EA	BO	NA	GM	1 MG	1000	1/1/2005	12/31/2006							
49452-0225-01		J7609		1/1/2007	5/17/2010	THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL (U.S.P.)	1	EA	BO	NA	GM	1 MG	1000	1/1/2007	5/17/2010							
49452-0225-01	KO	J7609	KO	1/1/2007	5/17/2010	THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL (U.S.P.)	1	EA	BO	NA	GM	1 MG	1000	1/1/2007	5/17/2010							
49452-0225-03		J7613		1/1/2005	12/31/2006	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL (U.S.P.)	1	EA	BO	NA	GM	1 MG	1000	1/1/2005	12/31/2006							
49452-0225-03	KO	J7613	KO	1/1/2005	12/31/2006	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL (U.S.P.)	1	EA	BO	NA	GM	1 MG	1000	1/1/2005	12/31/2006							
49452-0225-03		J7609		1/1/2007	5/17/2010	THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL (U.S.P.)	1	EA	BO	NA	GM	1 MG	1000	1/1/2007	5/17/2010							
49452-0225-03	KO	J7609	KO	1/1/2007	5/17/2010	THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL (U.S.P.)	1	EA	BO	NA	GM	1 MG	1000	1/1/2007	5/17/2010							
49452-0227-01		J7609		1/1/2007	3/15/2007	THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1	EA	BO	NA	GM	1 MG	1000	1/1/2007	3/15/2007							
49452-0227-01	KO	J7609	KO	1/1/2007	3/15/2007	THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1	EA	BO	NA	GM	1 MG	1000	1/1/2007	3/15/2007							
49452-0227-01		J7613		1/1/2005	12/31/2006	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1	EA	BO	NA	GM	1 MG	1000	1/1/2005	12/31/2006							
49452-0227-01	KO	J7613	KO	1/1/2005	12/31/2006	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1	EA	BO	NA	GM	1 MG	1000	1/1/2005	12/31/2006							
49452-0227-02		J7613		1/1/2005	12/31/2006	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1	EA	BO	NA	GM	1 MG	1000	1/1/2005	12/31/2006							
49452-0227-02	KO	J7613	KO	1/1/2005	12/31/2006	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1	EA	BO	NA	GM	1 MG	1000	1/1/2005	12/31/2006							
49452-0227-02		J7609		1/1/2007	5/17/2010	THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1	EA	BO	NA	GM	1 MG	1000	1/1/2007	5/17/2010							
49452-0227-02	KO	J7609	KO	1/1/2007	5/17/2010	THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1	EA	BO	NA	GM	1 MG	1000	1/1/2007	5/17/2010							

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
49452-0227-02		J7613		1/1/2005	12/31/2006	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000	1/1/2005	12/31/2006							
49452-0227-03		J7613		1/1/2005	12/31/2006	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000	1/1/2005	12/31/2006							
49452-0227-03	KO	J7613	KO	1/1/2005	12/31/2006	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000	1/1/2005	12/31/2006							
49452-0227-03		J7609		1/1/2007	5/17/2010	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000	1/1/2007	5/17/2010							
49452-0227-03	KO	J7609	KO	1/1/2007	5/17/2010	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000	1/1/2007	5/17/2010							
49452-0409-01		J3490		1/1/2002	5/17/2010	UNCLASSIFIED DRUGS	AMINOCAPROIC ACID (U.S.P.)	1 EA	BO	NA	GM		1 EA	1	1/1/2002	5/17/2010							
49452-0409-02		J3490		1/1/2002	5/17/2010	UNCLASSIFIED DRUGS	AMINOCAPROIC ACID (U.S.P.)	1 EA	BO	NA	GM		1 EA	1	1/1/2002	5/17/2010							
49452-0409-03		J3490		1/1/2002	5/17/2010	UNCLASSIFIED DRUGS	AMINOCAPROIC ACID (U.S.P.)	1 EA	BO	NA	GM		1 EA	1	1/1/2002	5/17/2010							
49452-0409-04		J3490		11/15/2004	5/17/2010	UNCLASSIFIED DRUGS	AMINOCAPROIC ACID (U.S.P.)	1 EA	BO	NA	GM		1 EA	1	11/15/2004	5/17/2010							
49452-0430-01		J0280		1/1/2002	5/17/2010	INJECTION, AMINOPHYLLIN, UP TO 250 MG	AMINOPHYLLINE ANHYDROUS (U.S.P.)	1 EA	BO	NA	GM		250 MG	4	1/1/2002	5/17/2010							
49452-0430-02		J0280		1/1/2002	5/17/2010	INJECTION, AMINOPHYLLIN, UP TO 250 MG	AMINOPHYLLINE ANHYDROUS (U.S.P.)	1 EA	BO	NA	GM		250 MG	4	1/1/2002	5/17/2010							
49452-0430-06		J0280		1/1/2002	3/14/2008	INJECTION, AMINOPHYLLIN, UP TO 250 MG	AMINOPHYLLINE ANHYDROUS (U.S.P.)	1 EA	BO	NA	GM		250 MG	4	1/1/2002	3/14/2008							
49452-0460-01		J1320		1/1/2002	5/17/2010	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	AMITRIPTYLINE HCL (U.S.P.)	1 EA	BO	NA	GM		20 MG	50	1/1/2002	5/17/2010							
49452-0460-02		J1320		1/1/2002	5/17/2010	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	AMITRIPTYLINE HCL (U.S.P.)	1 EA	BO	NA	GM		20 MG	50	1/1/2002	5/17/2010							
49452-0460-03		J1320		1/1/2002	5/17/2010	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	AMITRIPTYLINE HCL (U.S.P.)	1 EA	BO	NA	GM		20 MG	50	1/1/2002	5/17/2010							
49452-0735-01		J9017		11/15/2004	5/17/2010	INJECTION, ARSENIC TRIOXIDE, 1 MG	ARSENIC TRIOXIDE (A.C.S.,REAGENT)	1 EA	BO	NA	GM		1 MG	1000	11/15/2004	5/17/2010							
49452-0735-02		J9017		11/15/2004	5/17/2010	INJECTION, ARSENIC TRIOXIDE, 1 MG	ARSENIC TRIOXIDE (A.C.S.,REAGENT)	1 EA	BO	NA	GM		1 MG	1000	11/15/2004	5/17/2010							
49452-0770-01		J7636		1/1/2002	5/17/2010	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000	1/1/2002	5/17/2010							
49452-0770-01	KO	J7636	KO	1/1/2002	5/17/2010	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000	1/1/2002	5/17/2010							
49452-0770-02		J7636		1/1/2002	5/17/2010	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000	1/1/2002	5/17/2010							
49452-0770-02	KO	J7636	KO	1/1/2002	5/17/2010	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000	1/1/2002	5/17/2010							
49452-0770-03		J7636		1/1/2002	5/17/2010	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000	1/1/2002	5/17/2010							
49452-0770-03	KO	J7636	KO	1/1/2002	5/17/2010	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000	1/1/2002	5/17/2010							
49452-0780-01		J7636		1/1/2002	5/17/2010	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE SULFATE MONOHYDRATE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000	1/1/2002	5/17/2010							
49452-0780-01	KO	J7636	KO	1/1/2002	5/17/2010	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE SULFATE MONOHYDRATE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000	1/1/2002	5/17/2010							
49452-0780-02		J7636		1/1/2002	5/17/2010	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE SULFATE MONOHYDRATE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000	1/1/2002	5/17/2010							
49452-0780-02	KO	J7636	KO	1/1/2002	5/17/2010	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE SULFATE MONOHYDRATE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000	1/1/2002	5/17/2010							
49452-0780-03		J7636		1/1/2002	5/17/2010	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE SULFATE MONOHYDRATE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000	1/1/2002	5/17/2010							
49452-0780-03	KO	J7636	KO	1/1/2002	5/17/2010	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE SULFATE MONOHYDRATE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000	1/1/2002	5/17/2010							
49452-0783-01		J7501		1/24/2002	5/17/2010	AZATHIOPRINE, PARENTERAL, 100 MG	AZATHIOPRINE (U.S.P.)	1 EA	BO	NA	GM		100 MG	10	1/24/2002	5/17/2010							
49452-0783-02		J7501		1/24/2002	5/17/2010	AZATHIOPRINE, PARENTERAL, 100 MG	AZATHIOPRINE (U.S.P.)	1 EA	BO	NA	GM		100 MG	10	1/24/2002	5/17/2010							
49452-0783-03		J7501		1/1/2002	5/17/2001	AZATHIOPRINE, PARENTERAL, 100 MG	AZATHIOPRINE (U.S.P.)	1 EA	BO	NA	GM		100 MG	10	1/1/2002	5/17/2001							
49452-0800-01		J3490		1/1/2002	5/17/2010	UNCLASSIFIED DRUGS	BACITRACIN (MICRND, U.S.P./5MU)	1 EA	BO	NA	EA		1 EA	1	1/1/2002	5/17/2010							
49452-0801-01		J3490		1/1/2002	5/17/2010	UNCLASSIFIED DRUGS	BACITRACIN (U.S.P. STERILE)	1 EA	BO	NA	GM		1 EA	1	1/1/2002	5/17/2010							
49452-0802-01	KO	J7622	KO	1/1/2002	5/17/2010	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BECLOMETHASONE DIPROPIONATE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM		1 MG	1000	1/1/2002	5/17/2010							
49452-0802-01		J7622		1/1/2002	5/17/2010	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BECLOMETHASONE DIPROPIONATE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM		1 MG	1000	1/1/2002	5/17/2010							
49452-0802-02		J7622		1/1/2002	5/17/2010	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BECLOMETHASONE DIPROPIONATE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM		1 MG	1000	1/1/2002	5/17/2010							
49452-0802-02	KO	J7622	KO	1/1/2002	5/17/2010	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BECLOMETHASONE DIPROPIONATE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM		1 MG	1000	1/1/2002	5/17/2010							
49452-0802-03		J7622		1/1/2002	5/17/2010	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BECLOMETHASONE DIPROPIONATE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM		1 MG	1000	1/1/2002	5/17/2010							
49452-0802-03	KO	J7622	KO	1/1/2002	5/17/2010	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BECLOMETHASONE DIPROPIONATE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM		1 MG	1000	1/1/2002	5/17/2010							
49452-0807-02		J0475		1/1/2002	2/27/2001	INJECTION, BACLOFEN, 10 MG	BACLOFEN (U.S.P.)	1 EA	BO	NA	GM		10 MG	100	1/1/2002	2/27/2001							
49452-0807-03		J0475		1/1/2002	5/17/2010	INJECTION, BACLOFEN, 10 MG	BACLOFEN (U.S.P.)	1 EA	BO	NA	GM		10 MG	100	1/1/2002	5/17/2010							
49452-0807-04		J0475		1/1/2002	5/17/2010	INJECTION, BACLOFEN, 10 MG	BACLOFEN (U.S.P.)	1 EA	BO	NA	GM		10 MG	100	1/1/2002	5/17/2010							
49452-0970-01		J3490		1/1/2002	5/17/2010	UNCLASSIFIED DRUGS	BENZOCOCINE (U.S.P.)	1 EA	BO	NA	GM		1 EA	1	1/1/2002	5/17/2010							
49452-0970-02		J3490		1/1/2002	5/17/2010	UNCLASSIFIED DRUGS	BENZOCOCINE (U.S.P.)	1 EA	BO	NA	GM		1 EA	1	1/1/2002	5/17/2010							
49452-0970-03		J3490		1/1/2002	5/17/2010	UNCLASSIFIED DRUGS	BENZOCOCINE (U.S.P.)	1 EA	BO	NA	GM		1 EA	1	1/1/2002	5/17/2010							
49452-1016-01		J0515		1/1/2002	5/17/2010	INJECTION, BENZTROPINE MESYLATE, PER 1 MG	BENZTROPINE MESYLATE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000	1/1/2002	5/17/2010							
49452-1016-02		J0515		1/1/2002	5/17/2010	INJECTION, BENZTROPINE MESYLATE, PER 1 MG	BENZTROPINE MESYLATE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000	1/1/2002	5/17/2010							
49452-1016-03		J0515		1/1/2005	5/17/2010	INJECTION, BENZTROPINE MESYLATE, PER 1 MG	BENZTROPINE MESYLATE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000	1/1/2005	5/17/2010							
49452-1070-04		J7624		1/1/2002	5/17/2010	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000	1/1/2002	5/17/2010							

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
49452-1070-04	KO	J7624	KO	1/1/2002	5/17/2010	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000	1	1/1/2002	5/17/2010						
49452-1070-05		J7624		1/1/2002	5/17/2010	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000	1	1/1/2002	5/17/2010						
49452-1070-05	KO	J7624	KO	1/1/2002	5/17/2010	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000	1	1/1/2002	5/17/2010						
49452-1070-06		J7624		1/1/2002	5/17/2010	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000	1	1/1/2002	5/17/2010						
49452-1070-06	KO	J7624	KO	1/1/2002	5/17/2010	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000	1	1/1/2002	5/17/2010						
49452-1072-02		J3490		1/1/2002	5/17/2010	UNCLASSIFIED DRUGS	BETAMETHASONE ACETATE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM		1 EA	1	1	1/1/2002	5/17/2010						
49452-1072-03		J3490		1/8/2002	5/17/2010	UNCLASSIFIED DRUGS	BETAMETHASONE ACETATE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM		1 EA	1	1	1/8/2002	5/17/2010						
49452-1075-01	KO	J7624	KO	1/1/2002	5/17/2010	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE DIPROPIONATE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000	1	1/1/2002	5/17/2010						
49452-1075-01		J7624		1/1/2002	5/17/2010	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE DIPROPIONATE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000	1	1/1/2002	5/17/2010						
49452-1075-02	KO	J7624	KO	1/1/2002	5/17/2010	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE DIPROPIONATE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000	1	1/1/2002	5/17/2010						
49452-1075-02		J7624		1/1/2002	5/17/2010	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE DIPROPIONATE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000	1	1/1/2002	5/17/2010						
49452-1075-03		J7624		1/1/2004	5/17/2010	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE DIPROPIONATE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000	1	1/1/2004	5/17/2010						
49452-1075-03	KO	J7624	KO	1/1/2004	5/17/2010	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE DIPROPIONATE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000	1	1/1/2004	5/17/2010						
49452-1077-01		J7624		1/1/2002	5/17/2010	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000	1	1/1/2002	5/17/2010						
49452-1077-01	KO	J7624	KO	1/1/2002	5/17/2010	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000	1	1/1/2002	5/17/2010						
49452-1077-02		J7624		1/1/2002	5/17/2010	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000	1	1/1/2002	5/17/2010						
49452-1077-02	KO	J7624	KO	1/1/2002	5/17/2010	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000	1	1/1/2002	5/17/2010						
49452-1077-04		J7624		1/1/2004	5/17/2010	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000	1	1/1/2004	5/17/2010						
49452-1077-04	KO	J7624	KO	1/1/2004	5/17/2010	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000	1	1/1/2004	5/17/2010						
49452-1083-01		J0520		1/1/2002	3/15/2008	MG INJECTION, BETHANECHOL CHLORIDE, MYOTONACHOL OR URECHOLINE, UP TO 5	BETHANECHOL CHLORIDE (U.S.P.)	1 EA	BO	NA	GM		5 MG	200	1	1/1/2002	3/15/2008						
49452-1083-02		J0520		1/1/2002	5/17/2010	MG INJECTION, BETHANECHOL CHLORIDE, MYOTONACHOL OR URECHOLINE, UP TO 5	BETHANECHOL CHLORIDE (U.S.P.)	1 EA	BO	NA	GM		5 MG	200	1	1/1/2002	5/17/2010						
49452-1083-03		J0520		1/1/2002	5/17/2010	MG INJECTION, BETHANECHOL CHLORIDE, MYOTONACHOL OR URECHOLINE, UP TO 5	BETHANECHOL CHLORIDE (U.S.P.)	1 EA	BO	NA	GM		5 MG	200	1	1/1/2002	5/17/2010						
49452-1291-01		J7627		1/1/2006	5/17/2010	THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (EP.MICRONIZED)	1 EA	BO	NA	GM		0.5 MG	2000	1	1/1/2006	5/17/2010						
49452-1291-01	KO	J7627	KO	1/1/2006	5/17/2010	THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (EP.MICRONIZED)	1 EA	BO	NA	GM		0.5 MG	2000	1	1/1/2006	5/17/2010						
49452-1291-02		J7627		1/1/2006	5/17/2010	THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (EP.MICRONIZED)	1 EA	BO	NA	GM		0.5 MG	2000	1	1/1/2006	5/17/2010						
49452-1291-02	KO	J7627	KO	1/1/2006	5/17/2010	THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (EP.MICRONIZED)	1 EA	BO	NA	GM		0.5 MG	2000	1	1/1/2006	5/17/2010						
49452-1291-03		J7627		1/1/2006	5/17/2010	THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (EP.MICRONIZED)	1 EA	BO	NA	GM		0.5 MG	2000	1	1/1/2006	5/17/2010						
49452-1291-03	KO	J7627	KO	1/1/2006	5/17/2010	THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (EP.MICRONIZED)	1 EA	BO	NA	GM		0.5 MG	2000	1	1/1/2006	5/17/2010						
49452-1309-01		J0945		1/1/2002	5/17/2010	INJECTION, BROMPHENIRAMINE MALEATE, PER 10 MG	BROMPHENIRAMINE MALEATE (U.S.P.)	1 EA	BO	NA	GM		10 MG	100	1	1/1/2002	5/17/2010						
49452-1309-04		J0945		1/1/2002	5/17/2010	INJECTION, BROMPHENIRAMINE MALEATE, PER 10 MG	BROMPHENIRAMINE MALEATE (U.S.P.)	1 EA	BO	NA	GM		10 MG	100	1	1/1/2002	5/17/2010						
49452-1309-05		J0945		1/1/2002	5/17/2010	INJECTION, BROMPHENIRAMINE MALEATE, PER 10 MG	BROMPHENIRAMINE MALEATE (U.S.P.)	1 EA	BO	NA	GM		10 MG	100	1	1/1/2002	5/17/2010						
49452-1317-01		J0595		1/1/2004	5/17/2010	INJECTION, BUTORPHANOL TARTRATE, 1 MG	BUTORPHANOL TARTRATE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000	1	1/1/2004	5/17/2010						
49452-1317-02		J0595		1/1/2004	5/17/2010	INJECTION, BUTORPHANOL TARTRATE, 1 MG	BUTORPHANOL TARTRATE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000	1	1/1/2004	5/17/2010						
49452-1330-01		J0706		1/1/2002	7/7/2007	INJECTION, CAFFEINE CITRATE, 5MG	CAFFEINE CITRATED (PURIFIED)	1 EA	BO	NA	GM		5 MG	200	1	1/1/2002	7/7/2007						
49452-1330-02		J0706		1/1/2002	7/7/2007	INJECTION, CAFFEINE CITRATE, 5MG	CAFFEINE CITRATED (PURIFIED)	1 EA	BO	NA	GM		5 MG	200	1	1/1/2002	7/7/2007						
49452-1330-03		J0706		1/1/2002	7/7/2007	INJECTION, CAFFEINE CITRATE, 5MG	CAFFEINE CITRATED (PURIFIED)	1 EA	BO	NA	GM		5 MG	200	1	1/1/2002	7/7/2007						
49452-1775-01		J1955		1/1/2002	5/17/2010	INJECTION, LEVOCARNITINE, PER 1 GM	L-CARNITINE FREE BASE	1 EA	BO	NA	GM		1 GM	1	1	1/1/2002	5/17/2010						
49452-1775-02		J1955		1/1/2002	5/17/2010	INJECTION, LEVOCARNITINE, PER 1 GM	L-CARNITINE FREE BASE	1 EA	BO	NA	GM		1 GM	1	1	1/1/2002	5/17/2010						
49452-1775-03		J1955		1/1/2004	5/17/2010	INJECTION, LEVOCARNITINE, PER 1 GM	L-CARNITINE FREE BASE	1 EA	BO	NA	GM		1 GM	1	1	1/1/2004	5/17/2010						
49452-1776-01		J1955		1/1/2002	5/17/2010	INJECTION, LEVOCARNITINE, PER 1 GM	L-CARNITINE HYDROCHLORIDE	1 EA	BO	NA	GM		1 GM	1	1	1/1/2002	5/17/2010						
49452-1776-02		J1955		1/1/2002	5/17/2010	INJECTION, LEVOCARNITINE, PER 1 GM	L-CARNITINE HYDROCHLORIDE	1 EA	BO	NA	GM		1 GM	1	1	1/1/2002	5/17/2010						
49452-1990-01		J3230		1/1/2002	5/17/2010	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG	CHLORPROMAZINE HCL (U.S.P.)	1 EA	BO	NA	GM		50 MG	20	1	1/1/2002	5/17/2010						
49452-1990-02		J3230		1/1/2002	5/17/2010	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG	CHLORPROMAZINE HCL (U.S.P.)	1 EA	BO	NA	GM		50 MG	20	1	1/1/2002	5/17/2010						
49452-1990-03		J3230		1/1/2002	5/17/2010	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG	CHLORPROMAZINE HCL (U.S.P.)	1 EA	BO	NA	GM		50 MG	20	1	1/1/2002	5/17/2010						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
49452-2078-01		J9060		1/30/2002	3/15/2008	CISPLATIN, POWDER OR SOLUTION, PER 10 MG	CISPLATIN (U.S.P.)	1 EA	BO	NA	GM	10 MG				1/30/2002	3/15/2008						
49452-2147-02		J0735		1/1/2002	5/17/2010	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	CLONIDINE HCL (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000			1/1/2002	5/17/2010						
49452-2147-03		J0735		1/1/2002	5/17/2010	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	CLONIDINE HCL (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000			1/1/2002	5/17/2010						
49452-2147-04		J0735		11/15/2004	5/17/2010	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	CLONIDINE HCL (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000			11/15/2004	5/17/2010						
49452-2210-02		J0760		1/1/2002	5/17/2010	INJECTION, COLCHICINE, PER 1MG	COLCHICINE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000			1/1/2002	5/17/2010						
49452-2210-03		J0760		1/1/2002	5/17/2010	INJECTION, COLCHICINE, PER 1MG	COLCHICINE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000			1/1/2002	5/17/2010						
49452-2400-02		J3420		1/1/2002	5/17/2010	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCC	CYANOCOBALAMIN (U.S.P.)	1 EA	BO	NA	GM	1000 MCG	1000			1/1/2002	5/17/2010						
49452-2400-03		J3420		1/1/2002	5/17/2010	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCC	CYANOCOBALAMIN (U.S.P.)	1 EA	BO	NA	GM	1000 MCG	1000			1/1/2002	5/17/2010						
49452-2400-04		J3420		1/1/2002	5/17/2010	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCC	CYANOCOBALAMIN (U.S.P.)	1 EA	BO	NA	GM	1000 MCG	1000			1/1/2002	5/17/2010						
49452-2460-01		J1094		1/1/2003	5/17/2010	INJECTION, DEXAMETHASONE ACETATE, 1 MG	DEXAMETHASONE ACETATE ANHYDROUS (U.S.P.MICRONIZED)	1 EA	BO	NA	GM	1 MG	1000			1/1/2003	5/17/2010						
49452-2460-02		J1094		1/1/2003	5/17/2010	INJECTION, DEXAMETHASONE ACETATE, 1 MG	DEXAMETHASONE ACETATE ANHYDROUS (U.S.P.MICRONIZED)	1 EA	BO	NA	GM	1 MG	1000			1/1/2003	5/17/2010						
49452-2460-03		J1094		1/1/2003	5/17/2010	INJECTION, DEXAMETHASONE ACETATE, 1 MG	DEXAMETHASONE ACETATE ANHYDROUS (U.S.P.MICRONIZED)	1 EA	BO	NA	GM	1 MG	1000			1/1/2003	5/17/2010						
49452-2465-01		J7638		1/1/2002	5/17/2010	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000			1/1/2002	5/17/2010						
49452-2465-01	KO	J7638	KO	1/1/2002	5/17/2010	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000			1/1/2002	5/17/2010						
49452-2465-02	KO	J7638	KO	1/1/2002	5/17/2010	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000			1/1/2002	5/17/2010						
49452-2465-02		J7638		1/1/2002	5/17/2010	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000			1/1/2002	5/17/2010						
49452-2465-03	KO	J7638	KO	1/1/2002	5/17/2010	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000			1/1/2002	5/17/2010						
49452-2465-03		J7638		1/1/2002	5/17/2010	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000			1/1/2002	5/17/2010						
49452-2465-04		J7638		1/1/2002	5/17/2010	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000			1/1/2002	5/17/2010						
49452-2465-04	KO	J7638	KO	1/1/2002	5/17/2010	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000			1/1/2002	5/17/2010						
49452-2470-01		J7638		1/1/2002	5/17/2010	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000			1/1/2002	5/17/2010						
49452-2470-01	KO	J7638	KO	1/1/2002	5/17/2010	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000			1/1/2002	5/17/2010						
49452-2470-02		J7638		1/1/2002	5/17/2010	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000			1/1/2002	5/17/2010						
49452-2470-02	KO	J7638	KO	1/1/2002	5/17/2010	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000			1/1/2002	5/17/2010						
49452-2470-03		J7638		1/1/2002	5/17/2010	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000			1/1/2002	5/17/2010						
49452-2470-03	KO	J7638	KO	1/1/2002	5/17/2010	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000			1/1/2002	5/17/2010						
49452-2470-04	KO	J7638	KO	1/1/2002	5/17/2010	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000			1/1/2002	5/17/2010						
49452-2470-04		J7638		1/1/2002	5/17/2010	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000			1/1/2002	5/17/2010						
49452-2540-01		J3360		1/1/2003	5/17/2010	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (BP)	1 EA	BO	NA	GM	5 MG	200			1/1/2003	5/17/2010						
49452-2540-01		J3360		1/1/2003	5/17/2010	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (BP)	1 EA	BO	NA	GM	5 MG	200			1/1/2003	5/17/2010						
49452-2540-03		J3360		1/1/2003	5/17/2010	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (BP)	1 EA	BO	NA	GM	5 MG	200			1/1/2003	5/17/2010						
49452-2541-02		J1730		1/1/2002	5/17/2010	INJECTION, DIAZOXIDE, UP TO 300 MG	DIAZOXIDE (U.S.P./N.F.)	1 EA	BO	NA	GM	300 MG	3,33333			1/1/2002	5/17/2010						
49452-2541-03		J1730		1/1/2002	5/17/2010	INJECTION, DIAZOXIDE, UP TO 300 MG	DIAZOXIDE (U.S.P./N.F.)	1 EA	BO	NA	GM	300 MG	3,33333			1/1/2002	5/17/2010						
49452-2588-01		J1212		1/31/2002	5/17/2010	INJECTION, DMSO, DIMETHYL SULFOXIDE, 50%, 50 ML	DIMETHYL SULFOXIDE (U.S.P.)	500 ML	BO	NA	ML	50 %	0.02			1/31/2002	5/17/2010						
49452-2588-02		J1212		1/31/2002	5/17/2010	INJECTION, DMSO, DIMETHYL SULFOXIDE, 50%, 50 ML	DIMETHYL SULFOXIDE (U.S.P.)	4000 ML	BO	NA	ML	50 %	0.02			1/31/2002	5/17/2010						
49452-2588-04		J1212		1/31/2002	5/17/2010	INJECTION, DMSO, DIMETHYL SULFOXIDE, 50%, 50 ML	DIMETHYL SULFOXIDE (U.S.P.)	100 ML	BO	NA	ML	50 %	0.02			1/31/2002	5/17/2010						
49452-2612-02		J1160		1/1/2002	5/17/2010	INJECTION, DIGOXIN, UP TO 0.5 MG	DIGOXIN (U.S.P.)	1 EA	BO	NA	GM	0.5 MG	2000			1/1/2002	5/17/2010						
49452-2616-01		J1110		1/31/2002	5/17/2010	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG	DIHYDROERGOTAMINE MESYLATE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000			1/31/2002	5/17/2010						
49452-2616-02		J1110		1/31/2002	5/17/2010	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG	DIHYDROERGOTAMINE MESYLATE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000			1/31/2002	5/17/2010						
49452-2616-03		J1110		1/31/2002	5/17/2010	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG	DIHYDROERGOTAMINE MESYLATE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000			1/31/2002	5/17/2010						
49452-2640-01		J1200		1/1/2002	5/17/2010	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MC	DIPHENHYDRAMINE HCL (U.S.P.)	1 EA	BO	NA	GM	50 MG	20			1/1/2002	5/17/2010						
49452-2640-02		J1200		1/1/2002	5/17/2010	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MC	DIPHENHYDRAMINE HCL (U.S.P.)	1 EA	BO	NA	GM	50 MG	20			1/1/2002	5/17/2010						
49452-2641-03		J1245		1/1/2003	5/17/2010	INJECTION, DIPYRIDAMOLE, PER 10 MG	DIPYRIDAMOLE (U.S.P.)	1 EA	BO	NA	GM	10 MG	100			1/1/2003	5/17/2010						
49452-2641-04		J1245		1/1/2003	5/17/2010	INJECTION, DIPYRIDAMOLE, PER 10 MG	DIPYRIDAMOLE (U.S.P.)	1 EA	BO	NA	GM	10 MG	100			1/1/2003	5/17/2010						
49452-2641-05		J1245		1/1/2003	5/17/2010	INJECTION, DIPYRIDAMOLE, PER 10 MG	DIPYRIDAMOLE (U.S.P.)	1 EA	BO	NA	GM	10 MG	100			1/1/2003	5/17/2010						
49452-2696-01		J1790		1/1/2002	3/15/2008	INJECTION, DROPERIDOL, UP TO 5 MG	DROPERIDOL (U.S.P.)	1 EA	BO	NA	GM	5 MG	200			1/1/2002	3/15/2008						
49452-2696-02		J1790		1/1/2002	5/17/2010	INJECTION, DROPERIDOL, UP TO 5 MG	DROPERIDOL (U.S.P.)	1 EA	BO	NA	GM	5 MG	200			1/1/2002	5/17/2010						
49452-2697-01		J0600		1/1/2002	5/17/2010	INJECTION, EDETATE CALCIUM DISODIUM, UP TO 1000 MC	EDETATE CALCIUM DISODIUM (U.S.P.)	1 EA	BO	NA	GM	1000 MG	1			1/1/2002	5/17/2010						
49452-2697-02		J0600		1/1/2002	5/17/2010	INJECTION, EDETATE CALCIUM DISODIUM, UP TO 1000 MC	EDETATE CALCIUM DISODIUM (U.S.P.)	1 EA	BO	NA	GM	1000 MG	1			1/1/2002	5/17/2010						
49452-2697-03		J0600		1/1/2002	5/17/2010	INJECTION, EDETATE CALCIUM DISODIUM, UP TO 1000 MC	EDETATE CALCIUM DISODIUM (U.S.P.)	1 EA	BO	NA	GM	1000 MG	1			1/1/2002	5/17/2010						
49452-2702-01		J3520		1/11/2002	5/17/2010	EDETATE DISODIUM, PER 150 MG	EDETATE DISODIUM DIHYDRATE (U.S.P.)	1 EA	BO	NA	GM	150 MG	6.66666			1/11/2002	5/17/2010						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
49452-2702-02	J3520			1/11/2002	5/17/2010	EDETATE DISODIUM, PER 150 MG	EDETATE DISODIUM DIHYDRATE (U.S.P.)	1 EA	BO	NA	GM	150 MG	6.66666	1/11/2002	5/17/2010								
49452-2702-03	J3520			1/1/2002	5/17/2010	EDETATE DISODIUM, PER 150 MG	EDETATE DISODIUM DIHYDRATE (U.S.P.)	1 EA	BO	NA	GM	150 MG	6.66666	1/1/2002	5/17/2010								
49452-2740-01	J7799			1/1/2002	5/17/2010	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	EPINEPHRINE (U.S.P.)	1 EA	BO	NA	GM	1 EA	1	1/1/2002	5/17/2010								
49452-2762-02	J1330			1/1/2002	5/17/2010	INJECTION, ERGONOVINE MALEATE, UP TO 0.2 MG	ERGONOVINE MALEATE (U.S.P.)	1 EA	BO	NA	GM	0.2 MG	5000	1/1/2002	5/17/2010								
49452-2762-03	J1330			1/1/2002	5/17/2010	INJECTION, ERGONOVINE MALEATE, UP TO 0.2 MG	ERGONOVINE MALEATE (U.S.P.)	1 EA	BO	NA	GM	0.2 MG	5000	1/1/2002	5/17/2010								
49452-2791-01	J0970			1/1/2002	12/31/2010	INJECTION, ESTRADIOL VALERATE, UP TO 40 MG	ESTRADIOL VALERATE (U.S.P.)	1 EA	BO	NA	GM	40 MG	25	1/1/2002	12/31/2010								
49452-2791-02	J0970			1/1/2002	12/31/2010	INJECTION, ESTRADIOL VALERATE, UP TO 40 MG	ESTRADIOL VALERATE (U.S.P.)	1 EA	BO	NA	GM	40 MG	25	1/1/2002	12/31/2010								
49452-2791-03	J0970			1/1/2002	12/31/2010	INJECTION, ESTRADIOL VALERATE, UP TO 40 MG	ESTRADIOL VALERATE (U.S.P.)	1 EA	BO	NA	GM	40 MG	25	1/1/2002	12/31/2010								
49452-2795-01	J1435			1/1/2002	5/17/2010	INJECTION, ESTRONE, PER 1 MG	ESTRONE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000	1/1/2002	5/17/2010								
49452-2795-02	J1435			1/1/2002	5/17/2010	INJECTION, ESTRONE, PER 1 MG	ESTRONE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000	1/1/2002	5/17/2010								
49452-2795-04	J1435			11/15/2004	5/17/2010	INJECTION, ESTRONE, PER 1 MG	ESTRONE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000	11/15/2004	5/17/2010								
49452-3038-02	J3490			1/31/2002	3/15/2008	UNCLASSIFIED DRUGS	FAMOTIDINE (U.S.P.)	1 EA	BO	NA	GM	1 EA	1	1/31/2002	3/15/2008								
49452-3038-03	J3490			1/31/2002	5/17/2010	UNCLASSIFIED DRUGS	FAMOTIDINE (U.S.P.)	1 EA	BO	NA	GM	1 EA	1	1/31/2002	5/17/2010								
49452-3038-04	J3490			1/31/2002	5/17/2010	UNCLASSIFIED DRUGS	FAMOTIDINE (U.S.P.)	1 EA	BO	NA	GM	1 EA	1	1/31/2002	5/17/2010								
49452-3038-05	J3490			1/31/2002	5/17/2010	UNCLASSIFIED DRUGS	FAMOTIDINE (U.S.P.)	1 EA	BO	NA	GM	1 EA	1	1/31/2002	5/17/2010								
49452-3151-01	J1450			1/1/2003	3/15/2008	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE	1 EA	BO	NA	GM	200 MG	5	1/1/2003	3/15/2008								
49452-3151-02	J1450			1/1/2003	3/15/2008	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE	1 EA	BO	NA	GM	200 MG	5	1/1/2003	3/15/2008								
49452-3151-03	J1450			11/15/2004	3/15/2008	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE	1 EA	BO	NA	GM	200 MG	5	11/15/2004	3/15/2008								
49452-3162-01	J7641			1/1/2002	5/17/2010	THROUGH DME, UNIT DOSE, PER MILLIGRAM	FLUNISOLIDE ANHYDROUS (MICRONIZED)	1 EA	BO	NA	GM	1 MG	1000	1/1/2002	5/17/2010								
49452-3162-01	KO J7641	KO		1/1/2002	5/17/2010	THROUGH DME, UNIT DOSE, PER MILLIGRAM	FLUNISOLIDE ANHYDROUS (MICRONIZED)	1 EA	BO	NA	GM	1 MG	1000	1/1/2002	5/17/2010								
49452-3162-02	J7641			1/1/2002	5/17/2010	THROUGH DME, UNIT DOSE, PER MILLIGRAM	FLUNISOLIDE ANHYDROUS (MICRONIZED)	1 EA	BO	NA	GM	1 MG	1000	1/1/2002	5/17/2010								
49452-3162-02	KO J7641	KO		1/1/2002	5/17/2010	THROUGH DME, UNIT DOSE, PER MILLIGRAM	FLUNISOLIDE ANHYDROUS (MICRONIZED)	1 EA	BO	NA	GM	1 MG	1000	1/1/2002	5/17/2010								
49452-3162-03	J7641			1/1/2002	5/17/2010	THROUGH DME, UNIT DOSE, PER MILLIGRAM	FLUNISOLIDE ANHYDROUS (MICRONIZED)	1 EA	BO	NA	GM	1 MG	1000	1/1/2002	5/17/2010								
49452-3162-03	KO J7641	KO		1/1/2002	5/17/2010	THROUGH DME, UNIT DOSE, PER MILLIGRAM	FLUNISOLIDE ANHYDROUS (MICRONIZED)	1 EA	BO	NA	GM	1 MG	1000	1/1/2002	5/17/2010								
49452-3175-01	J9190			1/1/2002	5/17/2010	INJECTION, FLUOROURACIL, 500 MG	5-FLUOROURACIL (U.S.P.)	1 EA	BO	NA	GM	500 MG	2	1/1/2002	5/17/2010								
49452-3175-01	QR J9190	QR		1/28/2005	5/17/2010	INJECTION, FLUOROURACIL, 500 MG	5-FLUOROURACIL (U.S.P.)	1 EA	BO	NA	GM	500 MG	2	1/28/2005	5/17/2010								
49452-3175-02	QR J9190	QR		1/28/2005	5/17/2010	INJECTION, FLUOROURACIL, 500 MG	5-FLUOROURACIL (U.S.P.)	1 EA	BO	NA	GM	500 MG	2	1/28/2005	5/17/2010								
49452-3175-02	J9190			1/1/2002	5/17/2010	INJECTION, FLUOROURACIL, 500 MG	5-FLUOROURACIL (U.S.P.)	1 EA	BO	NA	GM	500 MG	2	1/1/2002	5/17/2010								
49452-3175-03	J9190			1/1/2002	5/17/2010	INJECTION, FLUOROURACIL, 500 MG	5-FLUOROURACIL (U.S.P.)	1 EA	BO	NA	GM	500 MG	2	1/1/2002	5/17/2010								
49452-3175-03	QR J9190	QR		1/28/2005	5/17/2010	INJECTION, FLUOROURACIL, 500 MG	5-FLUOROURACIL (U.S.P.)	1 EA	BO	NA	GM	500 MG	2	1/28/2005	5/17/2010								
49452-3175-04	J9190			1/1/2004	5/17/2010	INJECTION, FLUOROURACIL, 500 MG	5-FLUOROURACIL (U.S.P.)	1 EA	BO	NA	GM	500 MG	2	1/1/2004	5/17/2010								
49452-3175-04	QR J9190	QR		1/28/2005	5/17/2010	INJECTION, FLUOROURACIL, 500 MG	5-FLUOROURACIL (U.S.P.)	1 EA	BO	NA	GM	500 MG	2	1/28/2005	5/17/2010								
49452-3222-01	J1940			1/1/2002	5/17/2010	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (U.S.P./N.F.)	1 EA	BO	NA	GM	20 MG	50	1/1/2002	5/17/2010								
49452-3222-02	J1940			1/1/2002	5/17/2010	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (U.S.P./N.F.)	1 EA	BO	NA	GM	20 MG	50	1/1/2002	5/17/2010								
49452-3222-03	J1940			1/1/2004	5/17/2010	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (U.S.P./N.F.)	1 EA	BO	NA	GM	20 MG	50	1/1/2004	5/17/2010								
49452-3261-01	J7699			1/1/2002	5/17/2010	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	GENTAMICIN SULFATE (U.S.P.,CRYSTALLINE)	1 EA	BO	NA	GM	1 EA	1	3/15/2007	5/17/2010			1/1/2002	1/1/2003	1			
49452-3261-02	J7699			1/1/2002	5/17/2010	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	GENTAMICIN SULFATE (U.S.P.,CRYSTALLINE)	1 EA	BO	NA	GM	1 EA	1	3/15/2007	5/17/2010			1/1/2002	1/1/2003	1			
49452-3261-03	J7699			1/1/2002	5/17/2010	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	GENTAMICIN SULFATE (U.S.P.,CRYSTALLINE)	1 EA	BO	NA	GM	1 EA	1	3/15/2007	5/17/2010			1/1/2002	1/1/2003	1			
49452-3358-01	J7643			1/1/2003	5/17/2010	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000	1/1/2003	5/17/2010								
49452-3358-01	KO J7643	KO		1/1/2003	5/17/2010	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000	1/1/2003	5/17/2010								
49452-3358-02	J7643			1/1/2003	5/17/2010	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000	1/1/2003	5/17/2010								
49452-3358-02	KO J7643	KO		1/1/2003	5/17/2010	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000	1/1/2003	5/17/2010								
49452-3446-01	J1630			1/1/2002	5/17/2010	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL (U.S.P.)	1 EA	BO	NA	GM	5 MG	200	1/1/2002	5/17/2010								
49452-3446-02	J1630			1/1/2002	5/17/2010	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL (U.S.P.)	1 EA	BO	NA	GM	5 MG	200	1/1/2002	5/17/2010								
49452-3450-01	J1644			1/1/2002	5/17/2010	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (U.S.P., 160 UNITS/MG)	1 EA	BO	NA	GM	1000 U	160	1/1/2002	5/17/2010								
49452-3450-02	J1644			1/1/2002	5/17/2010	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (USP, 160 UNITS/MG)	1 EA	BO	NA	GM	1000 U	160	1/1/2002	5/17/2010								
49452-3450-03	J1644			1/1/2002	5/17/2010	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (USP, 160 UNITS/MG)	1 EA	BO	NA	GM	1000 U	160	1/1/2002	5/17/2010								
49452-3543-01	J7317			1/1/2003	12/31/2006	INJECTION	HYALURONIC ACID	1 EA	BO	NA	GM	20 MG	40	1/1/2003	12/31/2006								
49452-3543-01	J3490			1/1/2007	5/17/2010	UNCLASSIFIED DRUGS	HYALURONIC ACID	1 EA	BO	NA	GM	1 EA	1	1/1/2007	5/17/2010								
49452-3543-02	J7317			1/1/2003	12/31/2006	INJECTION	HYALURONIC ACID	1 EA	BO	NA	GM	20 MG	40	1/1/2003	12/31/2006								
49452-3543-02	J3490			1/1/2007	5/17/2010	UNCLASSIFIED DRUGS	HYALURONIC ACID	1 EA	BO	NA	GM	1 EA	1	1/1/2007	5/17/2010								
49452-3544-01	J0360			2/4/2002	5/17/2010	INJECTION, HYDRALAZINE HCL, UP TO 20 MG	HYDRALAZINE HCL (U.S.P.)	1 EA	BO	NA	GM	20 MG	50	2/4/2002	5/17/2010								
49452-3544-02	J0360			2/4/2002	5/17/2010	INJECTION, HYDRALAZINE HCL, UP TO 20 MG	HYDRALAZINE HCL (U.S.P.)	1 EA	BO	NA	GM	20 MG	50	2/4/2002	5/17/2010								
49452-3544-03	J0360			4/1/2005	5/17/2010	INJECTION, HYDRALAZINE HCL, UP TO 20 MG	HYDRALAZINE HCL (U.S.P.)	1 EA	BO	NA	GM	20 MG	50	4/1/2005	5/17/2010								
49452-3545-03	J0360			2/4/2002	3/15/2008	INJECTION, HYDRALAZINE HCL, UP TO 20 MG	HYDRALAZINE HCL (U.S.P.)	1 EA	BO	NA	GM	20 MG	50	2/4/2002	3/15/2008								

NDC	NDC Mod	HPCCS	HPCCS Mod	Relationship Start Date	Relationship End Date	HPCCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HPCCS Amount #1	HPCCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
49452-3590-01	J1700			1/1/2002	5/17/2010	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM	25 MG	40	1/1/2002	5/17/2010								
49452-3590-02	J1700			1/1/2002	5/17/2010	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM	25 MG	40	1/1/2002	5/17/2010								
49452-3590-03	J1700			1/1/2002	5/17/2010	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM	25 MG	40	1/1/2002	5/17/2010								
49452-3590-04	J1700			1/1/2002	5/17/2010	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM	25 MG	40	1/1/2002	5/17/2010								
49452-3590-06	J1700			1/1/2002	5/17/2010	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM	25 MG	40	1/1/2002	5/17/2010								
49452-3652-02	J3410			1/1/2002	5/17/2010	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	HYDROXYZINE HCL (U.S.P.)	1 EA	BO	NA	GM	25 MG	40	1/1/2002	5/17/2010								
49452-3652-03	J3410			1/1/2002	5/17/2010	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	HYDROXYZINE HCL (U.S.P.)	1 EA	BO	NA	GM	25 MG	40	1/1/2002	5/17/2010								
49452-3656-01	J1980			1/1/2002	5/17/2010	INJECTION, HYOSCYAMINE SULFATE, UP TO 0.25 MG	HYOSCYAMINE SULFATE (U.S.P.)	1 EA	BO	NA	GM	0.25 MG	4000	1/1/2002	5/17/2010								
49452-3656-02	J1980			1/1/2002	5/17/2010	INJECTION, HYOSCYAMINE SULFATE, UP TO 0.25 MG	HYOSCYAMINE SULFATE (U.S.P.)	1 EA	BO	NA	GM	0.25 MG	4000	1/1/2002	5/17/2010								
49452-3659-01	Q0178			1/10/2002	5/17/2010	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	HYDROXYZINE PAMOATE (U.S.P./N.F.)	1 EA	BO	NA	GM	50 MG	20	1/10/2002	5/17/2010								
49452-3659-02	Q0178			1/1/2002	5/17/2010	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	HYDROXYZINE PAMOATE (U.S.P./N.F.)	1 EA	BO	NA	GM	50 MG	20	1/1/2002	5/17/2010								
49452-3791-02	KO J7645	KO		1/1/2007	5/17/2010	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (B.P.,E.P.)	1 EA	BO	NA	GM	1 MG	1000	1/1/2007	5/17/2010								
49452-3791-02	J7645			1/1/2007	5/17/2010	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (B.P.,E.P.)	1 EA	BO	NA	GM	1 MG	1000	1/1/2007	5/17/2010								
49452-3791-02	KO J7644	KO		1/1/2002	12/31/2006	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (B.P.,E.P.)	1 EA	BO	NA	GM	1 MG	1000	1/1/2002	12/31/2006								
49452-3791-02	J7644			1/1/2002	12/31/2006	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (B.P.,E.P.)	1 EA	BO	NA	GM	1 MG	1000	1/1/2002	12/31/2006								
49452-3791-02	KO J7644	KO		1/1/2002	12/31/2006	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (B.P.,E.P.)	1 EA	BO	NA	GM	1 MG	1000	1/1/2002	12/31/2006								
49452-3791-02	J7644			1/1/2002	12/31/2006	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (B.P.,E.P.)	1 EA	BO	NA	GM	1 MG	1000	1/1/2002	12/31/2006								
49452-3791-03	KO J7644	KO		1/1/2002	12/31/2006	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (B.P.,E.P.)	1 EA	BO	NA	GM	1 MG	1000	1/1/2002	12/31/2006								
49452-3791-03	J7645			1/1/2007	5/17/2010	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (B.P.,E.P.)	1 EA	BO	NA	GM	1 MG	1000	1/1/2007	5/17/2010								
49452-3791-03	KO J7645	KO		1/1/2007	5/17/2010	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (B.P.,E.P.)	1 EA	BO	NA	GM	1 MG	1000	1/1/2007	5/17/2010								
49452-3845-01	J1835			1/1/2003	5/17/2010	INJECTION, ITRACONAZOLE, 50 MG	ITRACONAZOLE	1 EA	BO	NA	GM	50 MG	20	1/1/2003	5/17/2010								
49452-3845-02	J1835			1/1/2003	5/17/2010	INJECTION, ITRACONAZOLE, 50 MG	ITRACONAZOLE	1 EA	BO	NA	GM	50 MG	20	1/1/2003	5/17/2010								
49452-3845-03	J1835			1/1/2003	5/17/2010	INJECTION, ITRACONAZOLE, 50 MG	ITRACONAZOLE	1 EA	BO	NA	GM	50 MG	20	1/1/2003	5/17/2010								
49452-3845-04	J1835			1/1/2003	5/17/2010	INJECTION, ITRACONAZOLE, 50 MG	ITRACONAZOLE	1 EA	BO	NA	GM	50 MG	20	1/1/2003	5/17/2010								
49452-3885-01	J1840			1/29/2002	5/17/2010	INJECTION, KANAMYCIN SULFATE, UP TO 500 MG	KANAMYCIN SULFATE (U.S.P.)	1 EA	BO	NA	GM	500 MG	2	11/15/2004	5/17/2010	1/29/2002	1/1/2003			2			
49452-3885-02	J1840			1/29/2002	5/17/2010	INJECTION, KANAMYCIN SULFATE, UP TO 500 MG	KANAMYCIN SULFATE (U.S.P.)	1 EA	BO	NA	GM	500 MG	2	11/15/2004	5/17/2010	1/29/2002	1/1/2003			2			
49452-3919-01	J1885			1/1/2003	5/17/2010	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (U.S.P.)	1 EA	BO	NA	GM	15 MG	66.66666	1/1/2003	5/17/2010								
49452-3919-02	J1885			1/1/2003	5/17/2010	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (U.S.P.)	1 EA	BO	NA	GM	15 MG	66.66666	1/1/2003	5/17/2010								
49452-3919-03	J1885			1/1/2003	5/17/2010	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (U.S.P.)	1 EA	BO	NA	GM	15 MG	66.66666	1/1/2003	5/17/2010								
49452-4036-01	J0640			1/1/2002	5/17/2010	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM (U.S.P.)	1 EA	BO	NA	GM	50 MG	20	1/1/2002	5/17/2010								
49452-4036-02	J0640			1/1/2002	5/17/2010	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM (U.S.P.)	1 EA	BO	NA	GM	50 MG	20	1/1/2002	5/17/2010								
49452-4036-04	J0640			1/16/2002	5/17/2010	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM (U.S.P.)	1 EA	BO	NA	GM	50 MG	20	1/16/2002	5/17/2010								
49452-4050-01	J2001			1/1/2004	5/17/2010	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL MONOHYDRATE (U.S.P.)	1 EA	BO	NA	GM	10 MG	100	1/1/2004	5/17/2010								
49452-4050-02	J2001			1/1/2004	5/17/2010	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL MONOHYDRATE (U.S.P.)	1 EA	BO	NA	GM	10 MG	100	1/1/2004	5/17/2010								
49452-4050-03	J2001			1/1/2004	5/17/2010	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE HCL MONOHYDRATE (U.S.P.)	1 EA	BO	NA	GM	10 MG	100	1/1/2004	5/17/2010								
49452-4140-01	J2060			1/1/2002	5/17/2010	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (U.S.P.)	1 EA	JR	NA	GM	2 MG	500	1/1/2002	5/17/2010								
49452-4140-02	J2060			1/1/2002	5/17/2010	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (U.S.P.)	1 EA	JR	NA	GM	2 MG	500	1/1/2002	5/17/2010								
49452-4140-03	J2060			1/1/2002	5/17/2010	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (U.S.P.)	1 EA	JR	NA	GM	2 MG	500	1/1/2002	5/17/2010								
49452-4140-04	J2060			1/1/2002	5/17/2010	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (U.S.P.)	1 EA	JR	NA	GM	2 MG	500	1/1/2002	5/17/2010								
49452-4300-01	J3475			1/1/2002	5/17/2010	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE HEPTAHYDRATE (U.S.P.,E.P.,B.P.,J.P.)	1 EA	BO	NA	GM	500 MG	2	1/1/2002	5/17/2010								
49452-4300-02	J3475			1/1/2002	5/17/2010	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE HEPTAHYDRATE (U.S.P.,E.P.,B.P.,J.P.)	1 EA	BO	NA	GM	500 MG	2	1/1/2002	5/17/2010								
49452-4300-03	J3475			1/1/2002	5/17/2010	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE HEPTAHYDRATE (U.S.P.,E.P.,B.P.,J.P.)	1 EA	BO	NA	GM	500 MG	2	1/1/2002	5/17/2010								

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
49452-4380-01		J2150		1/1/2002	5/17/2010	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (U.S.P.)	1 EA	BO	NA	GM	50 ML	0.08	1/1/2002	5/17/2010								
49452-4380-02		J2150		1/1/2002	5/17/2010	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (U.S.P.)	1 EA	BO	NA	GM	50 ML	0.08	1/1/2002	5/17/2010								
49452-4380-03		J2150		1/1/2002	5/17/2010	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (U.S.P.)	1 EA	BO	NA	GM	50 ML	0.08	1/1/2002	5/17/2010								
49452-4410-01		J3430		1/1/2002	5/17/2010	INJECTION, PHYTONADIONE (VITAMIN K), PER 1 MG	MENADIOLONE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000	1/1/2002	5/17/2010								
49452-4410-02		J3430		1/1/2002	5/17/2010	INJECTION, PHYTONADIONE (VITAMIN K), PER 1 MG	MENADIOLONE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000	1/1/2002	5/17/2010								
49452-4553-01		J1230		1/31/2002	5/17/2010	INJECTION, METHADONE HCL, UP TO 10 MG	METHADONE HCL (U.S.P.)	1 EA	JR	NA	GM	10 MG	100	1/31/2002	5/17/2010								
49452-4553-02		J1230		1/31/2002	5/17/2010	INJECTION, METHADONE HCL, UP TO 10 MG	METHADONE HCL (U.S.P.)	1 EA	JR	NA	GM	10 MG	100	1/31/2002	5/17/2010								
49452-4553-03		J1230		11/15/2004	5/17/2010	INJECTION, METHADONE HCL, UP TO 10 MG	METHADONE HCL (U.S.P.)	1 EA	JR	NA	GM	10 MG	100	11/15/2004	5/17/2010								
49452-4555-02		J7669		1/1/2002	12/31/2006	FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM	10 MG	100	1/1/2002	12/31/2006								
49452-4555-02	CO	J7669	CO	1/1/2002	12/31/2006	FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM	10 MG	100	1/1/2002	12/31/2006								
49452-4555-02		J7670		1/1/2007	5/17/2010	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM	10 MG	100	1/1/2007	5/17/2010								
49452-4555-02	CO	J7670	CO	1/1/2007	5/17/2010	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM	10 MG	100	1/1/2007	5/17/2010								
49452-4555-03		J7669		1/1/2002	12/31/2006	FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM	10 MG	100	1/1/2002	12/31/2006								
49452-4555-03	CO	J7669	CO	1/1/2002	12/31/2006	FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM	10 MG	100	1/1/2002	12/31/2006								
49452-4555-03		J7670		1/1/2007	5/17/2010	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM	10 MG	100	1/1/2007	5/17/2010								
49452-4555-03	CO	J7670	CO	1/1/2007	5/17/2010	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM	10 MG	100	1/1/2007	5/17/2010								
49452-4555-05		J7670		1/1/2007	5/17/2010	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM	10 MG	100	1/1/2007	5/17/2010								
49452-4555-05	CO	J7670	CO	1/1/2007	5/17/2010	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM	10 MG	100	1/1/2007	5/17/2010								
49452-4555-05		J7669		1/1/2002	12/31/2006	FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM	10 MG	100	1/1/2002	12/31/2006								
49452-4555-05	CO	J7669	CO	1/1/2002	12/31/2006	FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM	10 MG	100	1/1/2002	12/31/2006								
49452-4686-01		J7509		1/1/2002	5/17/2010	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM	4 MG	250	1/1/2002	5/17/2010								
49452-4686-02		J7509		1/1/2002	5/17/2010	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM	4 MG	250	1/1/2002	5/17/2010								
49452-4686-02		J7509		1/1/2002	5/17/2010	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM	4 MG	250	1/1/2002	5/17/2010								
49452-4688-01		J1030		1/1/2002	5/17/2010	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM	40 MG	25	1/1/2002	5/17/2010								
49452-4688-02		J1030		1/1/2002	5/17/2010	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM	40 MG	25	1/1/2002	5/17/2010								
49452-4688-03		J1030		1/1/2002	5/17/2010	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM	40 MG	25	1/1/2002	5/17/2010								
49452-4715-01		J2765		1/1/2002	5/17/2010	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE HCL	1 EA	BO	NA	GM	10 MG	100	1/1/2002	5/17/2010								
49452-4715-02		J2765		1/1/2002	5/17/2010	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE HCL	1 EA	BO	NA	GM	10 MG	100	1/1/2002	5/17/2010								
49452-4715-03		J2765		1/1/2002	5/17/2010	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE HCL	1 EA	BO	NA	GM	10 MG	100	1/1/2002	5/17/2010								
49452-4726-01		J3490		3/19/2002	5/17/2010	UNCLASSIFIED DRUGS	METRONIDAZOLE (U.S.P.)	1 EA	BO	NA	GM	1 EA	1	3/19/2002	5/17/2010								
49452-4726-02		J3490		3/19/2002	5/17/2010	UNCLASSIFIED DRUGS	METRONIDAZOLE (U.S.P.)	1 EA	JR	NA	GM	1 EA	1	3/19/2002	5/17/2010								
49452-4726-03		J3490		3/19/2002	5/17/2010	UNCLASSIFIED DRUGS	METRONIDAZOLE (U.S.P.)	1 EA	BO	NA	GM	1 EA	1	3/19/2002	5/17/2010								
49452-4785-02		J9290		11/15/2004	12/31/2010	MITOMYCIN, 20 MG	MITOMYCIN (U.S.P.)	1 EA	BO	NA	GM	20 MG	50	11/15/2004	12/31/2010								
49452-4800-01		J2300		1/29/2002	5/17/2010	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NALBUPHINE HCL	1 EA	BO	NA	GM	10 MG	100	1/29/2002	5/17/2010								
49452-4800-02		J2300		1/29/2002	5/17/2010	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NALBUPHINE HCL	1 EA	BO	NA	GM	10 MG	100	1/29/2002	5/17/2010								
49452-4800-03		J2300		1/29/2002	5/17/2010	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NALBUPHINE HCL	1 EA	BO	NA	GM	10 MG	100	1/29/2002	5/17/2010								
49452-4836-02		J2310		4/15/2002	5/17/2010	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HCL DIHYDRATE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000	4/15/2002	5/17/2010								
49452-4836-03		J2310		4/16/2002	5/17/2010	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HCL DIHYDRATE (U.S.P.)	1 EA	JR	NA	GM	1 MG	1000	4/16/2002	5/17/2010								
49452-4836-04		J2310		4/16/2002	5/17/2010	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HCL DIHYDRATE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000	4/16/2002	5/17/2010								
49452-4838-03		J2321		1/1/2003	12/31/2010	INJECTION, NANDROLONE DECANOATE, UP TO 100 MG	NANDROLONE DECANOATE (U.S.P.)	1 EA	BO	NA	GM	100 MG	10	1/1/2003	12/31/2010								
49452-4838-04		J2321		1/1/2003	12/31/2010	INJECTION, NANDROLONE DECANOATE, UP TO 100 MG	NANDROLONE DECANOATE (U.S.P.)	1 EA	BO	NA	GM	100 MG	10	1/1/2003	12/31/2010								
49452-4838-05		J2321		1/1/2003	12/31/2010	INJECTION, NANDROLONE DECANOATE, UP TO 100 MG	NANDROLONE DECANOATE (U.S.P.)	1 EA	BO	NA	GM	100 MG	10	1/1/2003	12/31/2010								

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
49452-4936-01	J2360			5/15/2002	5/17/2010	INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG	ORPHENADRINE CITRATE (U.S.P.)	1	EA	BO	NA	GM	60 MG	16.66666	5/15/2002	5/17/2010							
49452-4936-02	J2360			5/15/2002	5/17/2010	INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG	ORPHENADRINE CITRATE (U.S.P.)	1	EA	BO	NA	GM	60 MG	16.66666	5/15/2002	5/17/2010							
49452-5000-01	J2440			1/1/2002	5/17/2010	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HYDROCHLORIDE (U.S.P.)	1	EA	BO	NA	GM	60 MG	16.66666	1/1/2002	5/17/2010							
49452-5000-02	J2440			1/1/2002	5/17/2010	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HYDROCHLORIDE (U.S.P.)	1	EA	BO	NA	GM	60 MG	16.66666	1/1/2002	5/17/2010							
49452-5000-03	J2440			1/1/2002	5/17/2010	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HYDROCHLORIDE (U.S.P.)	1	EA	BO	NA	GM	60 MG	16.66666	1/1/2002	5/17/2010							
49452-5200-03	J2560			1/1/2002	5/17/2010	INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MG	PHENOBARBITAL SODIUM (U.S.P.)	1	EA	BO	NA	GM	120 MG	8.33333	1/1/2002	5/17/2010							
49452-5217-01	J2760			1/1/2002	5/17/2010	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	1	EA	BO	NA	GM	5 MG	200	1/1/2002	5/17/2010							
49452-5217-02	J2760			1/1/2002	5/17/2010	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	1	EA	BO	NA	GM	5 MG	200	1/1/2002	5/17/2010							
49452-5217-04	J2760			1/1/2002	5/17/2010	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	1	EA	BO	NA	GM	5 MG	200	1/1/2002	5/17/2010							
49452-5217-05	J2760			1/1/2002	5/17/2010	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	1	EA	BO	NA	GM	5 MG	200	1/1/2002	5/17/2010							
49452-5290-01	J7799			1/1/2002	5/17/2010	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	PHENYLEPHRINE HCL (U.S.P.)	1	EA	BO	NA	GM	1 EA	1	1/1/2002	5/17/2010							
49452-5290-02	J7799			1/1/2002	5/17/2010	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	PHENYLEPHRINE HCL (U.S.P.)	1	EA	BO	NA	GM	1 EA	1	1/1/2002	5/17/2010							
49452-5290-03	J7799			1/1/2002	5/17/2010	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	PHENYLEPHRINE HCL (U.S.P.)	1	EA	BO	NA	GM	1 EA	1	1/1/2002	5/17/2010							
49452-5344-01	J1165			3/7/2002	5/17/2010	INJECTION, PHENYTOIN SODIUM, PER 50 MG	PHENYTOIN SODIUM (U.S.P.)	1	EA	BO	NA	GM	50 MG	20	3/7/2002	5/17/2010							
49452-5344-02	J1165			3/7/2002	5/17/2010	INJECTION, PHENYTOIN SODIUM, PER 50 MG	PHENYTOIN SODIUM (U.S.P.)	1	EA	BO	NA	GM	50 MG	20	3/7/2002	5/17/2010							
49452-5344-03	J1165			3/7/2002	5/17/2010	INJECTION, PHENYTOIN SODIUM, PER 50 MG	PHENYTOIN SODIUM (U.S.P.)	1	EA	BO	NA	GM	50 MG	20	3/7/2002	5/17/2010							
49452-5390-01	J3430			1/1/2002	5/17/2010	INJECTION, PHYTONADIONE (VITAMIN K), PER 1 MG	PHYTONADIONE (U.S.P.)	1	EA	BO	NA	GM	1 MG	1000	1/1/2002	5/17/2010							
49452-5390-02	J3430			1/1/2002	5/17/2010	INJECTION, PHYTONADIONE (VITAMIN K), PER 1 MG	PHYTONADIONE (U.S.P.)	1	EA	BO	NA	GM	1 MG	1000	1/1/2002	5/17/2010							
49452-5390-03	J3430			1/1/2002	5/17/2010	INJECTION, PHYTONADIONE (VITAMIN K), PER 1 MG	PHYTONADIONE (U.S.P.)	1	EA	BO	NA	GM	1 MG	1000	1/1/2002	5/17/2010							
49452-5770-01	J3480			1/1/2002	5/17/2010	INJECTION, POTASSIUM CHLORIDE, PER 2 MEC	POTASSIUM CHLORIDE (U.S.P.)	1	EA	BO	NA	GM	2 MEQ	6.71141	1/1/2002	5/17/2010							
49452-5770-02	J3480			1/1/2002	5/17/2010	INJECTION, POTASSIUM CHLORIDE, PER 2 MEC	POTASSIUM CHLORIDE (U.S.P.)	1	EA	BO	NA	GM	2 MEQ	6.71141	1/1/2002	5/17/2010							
49452-5770-03	J3480			1/1/2002	5/17/2010	INJECTION, POTASSIUM CHLORIDE, PER 2 MEC	POTASSIUM CHLORIDE (U.S.P.)	1	EA	BO	NA	GM	2 MEQ	6.71141	1/1/2002	5/17/2010							
49452-5780-01	J3480			1/1/2002	5/17/2010	INJECTION, POTASSIUM CHLORIDE, PER 2 MEC	POTASSIUM CHLORIDE (U.S.P.)	1	EA	BO	NA	GM	2 MEQ	6.71141	1/1/2002	5/17/2010							
49452-5780-02	J3480			1/1/2002	5/17/2010	INJECTION, POTASSIUM CHLORIDE, PER 2 MEC	POTASSIUM CHLORIDE (U.S.P.)	1	EA	BO	NA	GM	2 MEQ	6.71141	1/1/2002	5/17/2010							
49452-5780-03	J3480			1/1/2002	5/17/2010	INJECTION, POTASSIUM CHLORIDE, PER 2 MEC	POTASSIUM CHLORIDE (U.S.P.)	1	EA	BO	NA	GM	2 MEQ	6.71141	1/1/2002	5/17/2010							
49452-5971-01	J2730			1/1/2003	5/17/2010	INJECTION, PRALDOXIME CHLORIDE, UP TO 1 GW	PRALDOXIME CHLORIDE (U.S.P.)	1	EA	BO	NA	GM	1 GM	1	1/1/2003	5/17/2010							
49452-5971-02	J2730			1/1/2003	5/17/2010	INJECTION, PRALDOXIME CHLORIDE, UP TO 1 GW	PRALDOXIME CHLORIDE (U.S.P.)	1	EA	BO	NA	GM	1 GM	1	1/1/2003	5/17/2010							
49452-5971-03	J2730			1/1/2003	5/17/2010	INJECTION, PRALDOXIME CHLORIDE, UP TO 1 GW	PRALDOXIME CHLORIDE (U.S.P.)	1	EA	BO	NA	GM	1 GM	1	1/1/2003	5/17/2010							
49452-5980-01	J7510			1/1/2002	5/17/2010	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	5 MG	200	1/1/2002	5/17/2010							
49452-5980-02	J7510			1/1/2002	5/17/2010	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	5 MG	200	1/1/2002	5/17/2010							
49452-5980-03	J7510			1/1/2002	5/17/2010	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	5 MG	200	1/1/2002	5/17/2010							
49452-6000-01	J7506			1/1/2002	5/17/2010	PREDNISONE, ORAL, PER 5MG	PREDNISONE (U.S.P.,ANH,MICRONIZED)	1	EA	BO	NA	GM	5 MG	200	1/1/2002	5/17/2010							
49452-6000-02	J7506			1/1/2002	5/17/2010	PREDNISONE, ORAL, PER 5MG	PREDNISONE (U.S.P.,ANH,MICRONIZED)	1	EA	BO	NA	GM	5 MG	200	1/1/2002	5/17/2010							
49452-6000-03	J7506			1/1/2002	5/17/2010	PREDNISONE, ORAL, PER 5MG	PREDNISONE (U.S.P.,ANH,MICRONIZED)	1	EA	BO	NA	GM	5 MG	200	1/1/2002	5/17/2010							
49452-6053-01	Q0165			2/13/2002	5/17/2010	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	PROCHLORPERAZINE MALEATE (U.S.P., N.F.)	1	EA	BO	NA	GM	10 MG	100	2/13/2002	5/17/2010							
49452-6053-02	Q0165			2/13/2002	5/17/2010	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	PROCHLORPERAZINE MALEATE (U.S.P., N.F.)	1	EA	BO	NA	GM	10 MG	100	2/13/2002	5/17/2010							
49452-6053-03	Q0165			2/13/2002	5/17/2010	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	PROCHLORPERAZINE MALEATE (U.S.P., N.F.)	1	EA	BO	NA	GM	10 MG	100	2/13/2002	5/17/2010							
49452-6053-05	Q0165			4/1/2005	5/17/2010	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	PROCHLORPERAZINE MALEATE (U.S.P.)	1	EA	BO	NA	GM	10 MG	100	4/1/2005	5/17/2010							
49452-6059-04	Q0165			2/13/2002	3/15/2008	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	PROCHLORPERAZINE MALEATE (U.S.P.)	1	EA	BO	NA	GM	10 MG	100	2/13/2002	3/15/2008							
49452-6060-02	J2675			1/1/2002	3/15/2008	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	50 MG	20	1/1/2002	3/15/2008							
49452-6060-03	J2675			1/1/2002	3/15/2008	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	50 MG	20	1/1/2002	3/15/2008							
49452-6060-04	J2675			1/1/2002	3/15/2008	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	50 MG	20	1/1/2002	3/15/2008							
49452-6060-06	J2675			1/1/2002	3/15/2008	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P.,MICRONIZED)	1	EA	JR	NA	GM	50 MG	20	1/1/2002	3/15/2008							
49452-6061-02	J2675			1/1/2002	5/17/2010	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P.,YAM,MICRONIZED)	1	EA	JR	NA	GM	50 MG	20	3/15/2007	5/17/2010	1/1/2002	11/15/2004	20				
49452-6061-03	J2675			1/1/2002	5/17/2010	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P.,YAM,MICRONIZED)	1	EA	JR	NA	GM	50 MG	20	3/15/2007	5/17/2010	1/1/2002	11/15/2004	20				
49452-6061-04	J2675			1/1/2002	5/17/2010	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P.,YAM,MICRONIZED)	1	EA	JR	NA	GM	50 MG	20	3/15/2007	5/17/2010	1/1/2002	11/15/2004	20				

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
49452-6061-05	J2675			1/1/2002	5/17/2010	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P.,YAM,MICRONIZED)	1 EA	JR	NA	GM		50 MG	20		3/15/2007	5/17/2010	1/1/2002	11/15/2004	20			
49452-6070-01	J2675			1/1/2002	3/15/2008	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (MILLED/U.S.P.)	1 EA	BO	NA	GM		50 MG	20		1/1/2002	3/15/2008						
49452-6070-02	J2675			1/1/2002	5/17/2010	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (MILLED/U.S.P.)	1 EA	BO	NA	GM		50 MG	20		1/1/2002	5/17/2010						
49452-6070-03	J2675			1/1/2002	5/17/2010	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (MILLED/U.S.P.)	1 EA	BO	NA	GM		50 MG	20		1/1/2002	5/17/2010						
49452-6070-04	J2675			1/1/2002	5/17/2010	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (MILLED/U.S.P.)	1 EA	BO	NA	GM		50 MG	20		1/1/2002	5/17/2010						
49452-6070-06	J2675			1/1/2002	5/17/2010	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (MILLED/U.S.P.)	1 EA	BO	NA	GM		50 MG	20		1/1/2002	5/17/2010						
49452-6080-02	J2675			1/1/2002	5/17/2010	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (WETTABLE/U.S.P.)	1 EA	BO	NA	GM		50 MG	20		1/1/2002	5/17/2010						
49452-6080-03	J2675			1/1/2002	5/17/2010	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (WETTABLE/U.S.P.)	1 EA	BO	NA	GM		50 MG	20		1/1/2002	5/17/2010						
49452-6080-04	J2675			1/1/2002	5/17/2010	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (WETTABLE/U.S.P.)	1 EA	BO	NA	GM		50 MG	20		1/1/2002	5/17/2010						
49452-6080-06	J2675			1/1/2002	5/17/2010	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (WETTABLE/U.S.P.)	1 EA	BO	NA	GM		50 MG	20		1/1/2002	5/17/2010						
49452-6087-01	J2550			2/28/2002	5/17/2010	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (U.S.P.)	1 EA	BO	NA	GM		50 MG	20		2/28/2002	5/17/2010						
49452-6087-02	J2550			2/28/2002	5/17/2010	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (U.S.P.)	1 EA	BO	NA	GM		50 MG	20		2/28/2002	5/17/2010						
49452-6087-04	J2550			2/28/2002	5/17/2010	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (U.S.P.)	1 EA	BO	NA	GM		50 MG	20		2/28/2002	5/17/2010						
49452-6089-02	J1800			11/15/2004	4/7/2011	INJECTION, PROPRANOLOL HCL, UP TO 1 MG	PROPRANOLOL HCL (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000		11/15/2004	4/7/2011						
49452-6089-03	J1800			11/15/2004	3/4/2011	INJECTION, PROPRANOLOL HCL, UP TO 1 MG	PROPRANOLOL HCL (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000		11/15/2004	3/4/2011						
49452-6089-04	J1800			11/15/2004	5/17/2010	INJECTION, PROPRANOLOL HCL, UP TO 1 MG	PROPRANOLOL HCL (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000		11/15/2004	5/17/2010						
49452-6109-01	J2720			1/1/2003	5/17/2010	INJECTION, PROTAMINE SULFATE, PER 10 MG	PROTAMINE SULFATE (U.S.P.)	1 EA	BO	NA	GM		10 MG	100		1/1/2003	5/17/2010						
49452-6109-02	J2720			1/1/2003	5/17/2010	INJECTION, PROTAMINE SULFATE, PER 10 MG	PROTAMINE SULFATE (U.S.P.)	1 EA	BO	NA	GM		10 MG	100		1/1/2003	5/17/2010						
49452-6109-03	J2720			1/1/2003	5/17/2010	INJECTION, PROTAMINE SULFATE, PER 10 MG	PROTAMINE SULFATE (U.S.P.)	1 EA	BO	NA	GM		10 MG	100		1/1/2003	5/17/2010						
49452-6140-01	J3415			1/1/2004	5/17/2010	INJECTION, PYRIDOXINE HCL, 100 MG	PYRIDOXINE HCL (U.S.P.)	1 EA	BO	NA	GM		100 MG	10		1/1/2004	5/17/2010						
49452-6140-02	J3415			1/1/2004	5/17/2010	INJECTION, PYRIDOXINE HCL, 100 MG	PYRIDOXINE HCL (U.S.P.)	1 EA	BO	NA	GM		100 MG	10		1/1/2004	5/17/2010						
49452-6140-03	J3415			1/1/2004	5/17/2010	INJECTION, PYRIDOXINE HCL, 100 MG	PYRIDOXINE HCL (U.S.P.)	1 EA	BO	NA	GM		100 MG	10		1/1/2004	5/17/2010						
49452-6212-01	J2780			1/1/2002	3/15/2008	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE HCL (U.S.P.)	1 EA	BO	NA	GM		25 MG	40		1/1/2002	3/15/2008						
49452-6212-04	J2780			1/1/2002	3/15/2008	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE HCL (U.S.P.)	1 EA	BO	NA	GM		25 MG	40		1/1/2002	3/15/2008						
49452-6212-05	J2780			1/1/2002	3/15/2008	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE HCL (U.S.P.)	1 EA	BO	NA	GM		25 MG	40		1/1/2002	3/15/2008						
49452-6212-06	J2780			1/1/2002	3/15/2008	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE HCL (U.S.P.)	1 EA	BO	NA	GM		25 MG	40		1/1/2002	3/15/2008						
49452-6222-04	J3490			1/1/2002	5/17/2010	UNCLASSIFIED DRUGS	RIFAMPIN (U.S.P.)	1 EA	BO	NA	GM		1 EA	1		1/1/2002	5/17/2010						
49452-6222-05	J3490			1/1/2002	5/17/2010	UNCLASSIFIED DRUGS	RIFAMPIN (U.S.P.)	1 EA	BO	NA	GM		1 EA	1		1/1/2002	5/17/2010						
49452-6222-06	J3490			1/1/2002	5/17/2010	UNCLASSIFIED DRUGS	RIFAMPIN (U.S.P.)	1 EA	BO	NA	GM		1 EA	1		1/1/2002	5/17/2010						
49452-7631-01	J7681			5/9/2002	5/17/2010	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000		5/9/2002	5/17/2010						
49452-7631-01	KO J7681	KO		5/9/2002	5/17/2010	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000		5/9/2002	5/17/2010						
49452-7631-02	J7681			5/9/2002	5/17/2010	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000		5/9/2002	5/17/2010						
49452-7631-02	KO J7681	KO		5/9/2002	5/17/2010	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000		5/9/2002	5/17/2010						
49452-7631-05	J7681			5/9/2002	5/17/2010	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000		5/9/2002	5/17/2010						
49452-7631-05	KO J7681	KO		5/9/2002	5/17/2010	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000		5/9/2002	5/17/2010						
49452-7649-01	J3130			1/1/2003	3/15/2008	INJECTION, TESTOSTERONE ENANTHATE, UP TO 200 MG	TESTOSTERONE ENANTHATE (U.S.P.)	1 EA	BO	NA	GM		200 MG	5		1/1/2003	3/15/2008						
49452-7649-02	J3130			1/1/2003	3/15/2008	INJECTION, TESTOSTERONE ENANTHATE, UP TO 200 MG	TESTOSTERONE ENANTHATE (U.S.P.)	1 EA	BO	NA	GM		200 MG	5		1/1/2003	3/15/2008						
49452-7649-03	J3130			1/1/2003	3/15/2008	INJECTION, TESTOSTERONE ENANTHATE, UP TO 200 MG	TESTOSTERONE ENANTHATE (U.S.P.)	1 EA	BO	NA	GM		200 MG	5		1/1/2003	3/15/2008						
49452-7650-01	J3140			1/1/2002	5/17/2010	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE (U.S.P.)	1 EA	BO	NA	GM		50 MG	20		1/1/2002	5/17/2010						
49452-7650-02	J3140			1/1/2002	5/17/2010	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE (U.S.P.)	1 EA	BO	NA	GM		50 MG	20		1/1/2002	5/17/2010						
49452-7650-03	J3140			1/1/2002	5/17/2010	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE (U.S.P.)	1 EA	BO	NA	GM		50 MG	20		1/1/2002	5/17/2010						
49452-7652-01	J3140			1/1/2002	5/17/2010	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM		50 MG	20		1/1/2002	5/17/2010						
49452-7652-02	J3140			1/1/2002	5/17/2010	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM		50 MG	20		1/1/2002	5/17/2010						
49452-7652-03	J3140			1/1/2002	5/17/2010	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM		50 MG	20		1/1/2002	5/17/2010						
49452-7660-01	J1070			1/1/2002	5/17/2010	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG	TESTOSTERONE CYPIONATE (U.S.P.)	1 EA	BO	NA	GM		100 MG	10		1/1/2002	5/17/2010						
49452-7660-02	J1070			1/1/2002	5/17/2010	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG	TESTOSTERONE CYPIONATE (U.S.P.)	1 EA	BO	NA	GM		100 MG	10		1/1/2002	5/17/2010						
49452-7660-03	J1070			1/1/2002	5/17/2010	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG	TESTOSTERONE CYPIONATE (U.S.P.)	1 EA	BO	NA	GM		100 MG	10		1/1/2002	5/17/2010						
49452-7720-01	J2810			1/1/2002	5/17/2010	INJECTION, THEOPHYLLINE, PER 40 MG	THEOPHYLLINE ANHYDROUS (U.S.P.)	1 EA	BO	NA	GM		40 MG	25		1/1/2002	5/17/2010						
49452-7720-02	J2810			1/1/2002	5/17/2010	INJECTION, THEOPHYLLINE, PER 40 MG	THEOPHYLLINE ANHYDROUS (U.S.P.)	1 EA	BO	NA	GM		40 MG	25		1/1/2002	5/17/2010						
49452-7720-03	J2810			1/1/2002	5/17/2010	INJECTION, THEOPHYLLINE, PER 40 MG	THEOPHYLLINE ANHYDROUS (U.S.P.)	1 EA	BO	NA	GM		40 MG	25		1/1/2002	5/17/2010						
49452-7823-01	J7682			11/15/2004	12/31/2006	INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN (U.S.P.)	1 EA	BO	NA	GM		300 MG	3.33333		11/15/2004	12/31/2006						
49452-7823-01	KO J7682	KO		11/15/2004	12/31/2006	INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN (U.S.P.)	1 EA	BO	NA	GM		300 MG	3.33333		11/15/2004	12/31/2006						
49452-7823-01	J7685			1/1/2007	5/17/2010	THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN (U.S.P.)	1 EA	BO	NA	GM		300 MG	3.33333		1/1/2007	5/17/2010						
49452-7823-01	KO J7685	KO		1/1/2007	5/17/2010	THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN (U.S.P.)	1 EA	BO	NA	GM		300 MG	3.33333		1/1/2007	5/17/2010						
49452-7823-02	KO J7685	KO		1/1/2007	5/17/2010	THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN (U.S.P.)	1 EA	BO	NA	GM		300 MG	3.33333		1/1/2007	5/17/2010						
49452-7823-02	J7682			11/15/2004	12/31/2006	MILLIGRAMS	TOBRAMYCIN (U.S.P.)	1 EA	BO	NA	GM		300 MG	3.33333		11/15/2004	12/31/2006						
49452-7823-02	KO J7682	KO		11/15/2004	12/31/2006	MILLIGRAMS	TOBRAMYCIN (U.S.P.)	1 EA	BO	NA	GM		300 MG	3.33333		11/15/2004	12/31/2006						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
49452-7823-02		J7685		1/1/2007	5/17/2010	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN (U.S.P.)	1 EA	BO	NA	GM	300 MG	3.33333			1/1/2007	5/17/2010						
49452-7890-02		J7684		1/1/2002	5/17/2010	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000			1/1/2002	5/17/2010						
49452-7890-02	KO	J7684	KO	1/1/2002	5/17/2010	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000			1/1/2002	5/17/2010						
49452-7890-03		J7684		1/1/2002	5/17/2010	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000			1/1/2002	5/17/2010						
49452-7890-03	KO	J7684	KO	1/1/2002	5/17/2010	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000			1/1/2002	5/17/2010						
49452-7900-01		J7684		1/1/2002	5/17/2010	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000			1/1/2002	5/17/2010						
49452-7900-01	KO	J7684	KO	1/1/2002	5/17/2010	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000			1/1/2002	5/17/2010						
49452-7900-02		J7684		1/1/2002	5/17/2010	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000			1/1/2002	5/17/2010						
49452-7900-02	KO	J7684	KO	1/1/2002	5/17/2010	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000			1/1/2002	5/17/2010						
49452-7900-03		J7684		1/1/2002	5/17/2010	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000			1/1/2002	5/17/2010						
49452-7900-03	KO	J7684	KO	1/1/2002	5/17/2010	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000			1/1/2002	5/17/2010						
49452-7900-04		J7684		1/1/2002	5/17/2010	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.)	1 EA	JR	NA	GM	1 MG	1000			1/1/2002	5/17/2010						
49452-7900-04	KO	J7684	KO	1/1/2002	5/17/2010	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.)	1 EA	JR	NA	GM	1 MG	1000			1/1/2002	5/17/2010						
49452-7910-01		J3302		1/1/2002	5/17/2010	INJECTION, TRIAMCINOLONE DIACETATE, PER 5MG	TRIAMCINOLONE DIACETATE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM	5 MG	200			1/1/2002	5/17/2010						
49452-7910-02		J3302		1/1/2002	5/17/2010	INJECTION, TRIAMCINOLONE DIACETATE, PER 5MG	TRIAMCINOLONE DIACETATE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM	5 MG	200			1/1/2002	5/17/2010						
49452-7910-03		J3302		1/1/2002	5/17/2010	INJECTION, TRIAMCINOLONE DIACETATE, PER 5MG	TRIAMCINOLONE DIACETATE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM	5 MG	200			1/1/2002	5/17/2010						
49452-7910-04		J3302		1/1/2002	5/17/2010	INJECTION, TRIAMCINOLONE DIACETATE, PER 5MG	TRIAMCINOLONE DIACETATE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM	5 MG	200			1/1/2002	5/17/2010						
49452-7924-01		J3250		1/1/2003	5/17/2010	INJECTION, TRIMETHOBENZAMIDE HCL, UP TO 200 MC	TRIMETHOBENZAMIDE HCL (U.S.P.)	1 EA	BO	NA	GM	200 MG	5			1/1/2003	5/17/2010						
49452-7924-02		J3250		1/1/2003	5/17/2010	INJECTION, TRIMETHOBENZAMIDE HCL, UP TO 200 MC	TRIMETHOBENZAMIDE HCL (U.S.P.)	1 EA	BO	NA	GM	200 MG	5			1/1/2003	5/17/2010						
49452-7924-03		J3250		1/1/2003	5/17/2010	INJECTION, TRIMETHOBENZAMIDE HCL, UP TO 200 MC	TRIMETHOBENZAMIDE HCL (U.S.P.)	1 EA	BO	NA	GM	200 MG	5			1/1/2003	5/17/2010						
49452-8070-01		J3350		1/1/2002	5/17/2010	INJECTION, UREA, UP TO 40 GM	UREA (U.S.P., J.P.)	1 EA	BO	NA	GM	40 GM	0.025			1/1/2002	5/17/2010						
49452-8070-02		J3350		1/1/2002	5/17/2010	INJECTION, UREA, UP TO 40 GM	UREA (U.S.P., J.P.)	1 EA	BO	NA	GM	40 GM	0.025			1/1/2002	5/17/2010						
49452-8070-03		J3350		1/1/2002	5/17/2010	INJECTION, UREA, UP TO 40 GM	UREA (U.S.P., J.P.)	1 EA	BO	NA	GM	40 GM	0.025			1/1/2002	5/17/2010						
49452-8253-01		J0592		1/1/2003	5/17/2010	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	BUPRENORPHINE HYDROCHLORIDE (U.S.P.)	1 EA	JR	NA	GM	0.1 MG	10000			1/1/2003	5/17/2010						
49452-8253-02		J0592		1/1/2003	5/17/2010	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	BUPRENORPHINE HYDROCHLORIDE (U.S.P.)	1 EA	JR	NA	GM	0.1 MG	10000			1/1/2003	5/17/2010						
49452-8253-03		J0592		1/1/2003	5/17/2010	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	BUPRENORPHINE HYDROCHLORIDE (U.S.P.)	1 EA	JR	NA	GM	0.1 MG	10000			1/1/2003	5/17/2010						
49452-8253-04		J0592		1/1/2004	5/17/2010	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	BUPRENORPHINE HYDROCHLORIDE (U.S.P.)	1 EA	BO	NA	GM	0.1 MG	10000			1/1/2004	5/17/2010						
49452-9201-01		J1960		11/14/2004	5/17/2010	INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MC	LEVORPHANOL TARTRATE (U.S.P.)	1 EA	BO	NA	GM	2 MG	500			11/14/2004	5/17/2010						
49452-9201-05		J1960		11/15/2004	5/17/2010	INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MC	LEVORPHANOL TARTRATE (U.S.P.)	1 EA	BO	NA	GM	2 MG	500			11/15/2004	5/17/2010						
49452-9201-06		J1960		11/15/2004	5/17/2010	INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MC	LEVORPHANOL TARTRATE (U.S.P.)	1 EA	BO	NA	GM	2 MG	500			11/15/2004	5/17/2010						
49483-0061-01		Q0163		1/1/2002	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ANTIHISTAMINE 25 MG	100 EA	BO	PO	EA	50 MG	0.5			1/1/2002	99/99/9999						
49483-0061-10		Q0163		1/1/2002	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ANTIHISTAMINE 25 MG	1000 EA	BO	PO	EA	50 MG	0.5			1/1/2002	99/99/9999						
49502-0501-20		A4218		1/1/2006	99/99/9999	STERILE SALINE OR WATER, METERED DOSE DISPENSER, 10 ML	SODIUM CHLORIDE (NEBU-SOL/MTR DOSE DSPNS) 0.9%	120 ML	EA	IH	ML	10 ML	0.1			1/1/2006	99/99/9999						
49502-0605-30		J7606		7/2/2012	99/99/9999	FORM, 20 MICROGRAMS	PERFORMIST, 20 MCG/2 ML	30 ML	PC	IH	ML	20 MCG	0.5			7/2/2012	99/99/9999						
49502-0605-30	KO	J7606	KO	7/2/2012	99/99/9999	FORM, 20 MICROGRAMS	PERFORMIST, 20 MCG/2 ML	30 ML	PC	IH	ML	20 MCG	0.5			7/2/2012	99/99/9999						
49502-0605-61	KO	Q4099	KO	4/1/2008	12/31/2008	PERFORMIST, 20 MCG/2 ML	PERFORMIST, 20 MCG/2 ML	2 ML	PC	IH	ML	1 EA	0.5			4/1/2008	12/31/2008						
49502-0605-61	KO	J7606	KO	1/1/2009	99/99/9999	FORM, 20 MICROGRAMS	PERFORMIST 20 MCG/2 ML	2 ML	PC	IH	ML	20 MCG	0.5			1/1/2009	99/99/9999						
49502-0640-15		A4216		10/3/2009	10/3/2009	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE 3%	15 ML	PC	IH	ML	10 ML	0.1			1/1/2006	10/3/2009						
49502-0641-15		J7699		1/1/2002	10/3/2009	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	SODIUM CHLORIDE (PF) 10%	15 ML	PC	IH	ML	1 EA	1			1/1/2002	10/3/2009						
49502-0672-30		J7620		1/1/2006	99/99/9999	APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	DUONEB (VIAL U.D.) 3 MG/3 ML-0.5 MG/3 ML	30 ML	PC	IH	ML	3 MG	0.33333			1/1/2006	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
49502-0672-31	J7620			1/1/2006	1/29/2008	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	DUONEB (VIAL,U.D.) 3 MG/3 ML-0.5 MG/3 ML	30 ML	PC	IH	ML		3 MG	0.33333	1/1/2006	1/29/2008							
49502-0672-60	J7620			1/1/2006	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	DUONEB (VIAL,U.D.) 3 MG/3 ML-0.5 MG/3 ML	60 ML	PC	IH	ML		3 MG	0.33333	1/1/2006	99/99/9999							
49502-0676-24	KO J7669	KO		2/1/2004	6/3/2008	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (SULFITE-FREE) 0.6%	2.5 ML	PC	IH	ML		10 MG	0.6	2/1/2004	6/3/2008							
49502-0676-24	J7669			2/1/2004	6/3/2008	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (SULFITE-FREE) 0.6%	2.5 ML	PC	IH	ML		10 MG	0.6	2/1/2004	6/3/2008							
49502-0678-24	J7669			2/1/2004	6/3/2008	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (SULFITE-FREE) 0.4%	2.5 ML	PC	IH	ML		10 MG	0.4	2/1/2004	6/3/2008							
49502-0678-24	KO J7669	KO		2/1/2004	6/3/2008	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (SULFITE-FREE) 0.4%	2.5 ML	PC	IH	ML		10 MG	0.4	2/1/2004	6/3/2008							
49502-0685-26	J7644			4/20/2006	10/3/2009	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (2.5X25) 0.02%	2.5 ML	PC	IH	ML		1 MG	0.2	4/20/2006	10/3/2009							
49502-0685-26	KO J7644	KO		4/20/2006	10/3/2009	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (2.5X25) 0.02%	2.5 ML	PC	IH	ML		1 MG	0.2	4/20/2006	10/3/2009							
49502-0685-30	J7644			1/1/2005	10/3/2009	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (SINGLE-PAK) 0.02%	2.5 ML	PC	IH	ML		1 MG	0.2	1/1/2005	10/3/2009							
49502-0685-30	KO J7644	KO		1/1/2005	10/3/2009	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (SINGLE-PAK) 0.02%	2.5 ML	PC	IH	ML		1 MG	0.2	1/1/2005	10/3/2009							
49502-0685-31	J7644			6/1/2005	10/3/2009	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (VIAL) 0.02%	2.5 ML	PC	IH	ML		1 MG	0.2	6/1/2005	10/3/2009							
49502-0685-31	KO J7644	KO		6/1/2005	10/3/2009	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (VIAL) 0.02%	2.5 ML	PC	IH	ML		1 MG	0.2	6/1/2005	10/3/2009							
49502-0685-62	J7644			6/1/2005	10/3/2009	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (VIAL) 0.02%	2.5 ML	PC	IH	ML		1 MG	0.2	6/1/2005	10/3/2009							
49502-0685-62	KO J7644	KO		6/1/2005	10/3/2009	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (VIAL) 0.02%	2.5 ML	PC	IH	ML		1 MG	0.2	6/1/2005	10/3/2009							
49502-0689-61	KO J7631	KO		3/1/2004	2/6/2008	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (VIAL) 10 MG/ML	2 ML	PC	IH	ML		10 MG	1	3/1/2004	2/6/2008							
49502-0689-61	J7631			3/1/2004	2/6/2008	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (VIAL) 10 MG/ML	2 ML	PC	IH	ML		10 MG	1	3/1/2004	2/6/2008							
49502-0692-03	KO J7613	KO		4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ACCUNEB (PF) 0.021%	3 ML	PC	IH	ML		1 MG	0.21	4/1/2008	99/99/9999							
49502-0692-03	J7613			4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ACCUNEB (PF) 0.021%	3 ML	PC	IH	ML		1 MG	0.21	4/1/2008	99/99/9999							
49502-0692-03	KO J7603	KO		1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ACCUNEB (PF) 0.021%	3 ML	PC	IH	ML		1 MG	0.21	1/1/2008	3/31/2008							
49502-0692-03	J7603			1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ACCUNEB (PF) 0.021%	3 ML	PC	IH	ML		1 MG	0.21	1/1/2008	3/31/2008							
49502-0693-03	J7603			1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ACCUNEB (PF) 0.042%	3 ML	PC	IH	ML		1 MG	0.42	1/1/2008	3/31/2008							
49502-0693-03	KO J7603	KO		1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ACCUNEB (PF) 0.042%	3 ML	PC	IH	ML		1 MG	0.42	1/1/2008	3/31/2008							
49502-0693-03	J7613			4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ACCUNEB (PF) 0.042%	3 ML	PC	IH	ML		1 MG	0.42	4/1/2008	99/99/9999							
49502-0693-03	KO J7613	KO		4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ACCUNEB (PF) 0.042%	3 ML	PC	IH	ML		1 MG	0.42	4/1/2008	99/99/9999							
49502-0697-24	J7603			1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (VIAL) 0.083%	3 ML	PC	IH	ML		1 MG	0.83	1/1/2008	3/31/2008							

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
49502-0697-24	KO	J7603	KO	1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (VIAL) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	1/1/2008	3/31/2008						
49502-0697-24		J7613		4/1/2008	10/3/2009	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (VIAL) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	4/1/2008	10/3/2009						
49502-0697-24	KO	J7613	KO	4/1/2008	10/3/2009	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (VIAL) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	4/1/2008	10/3/2009						
49502-0697-29	KO	J7603	KO	1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (VIAL) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	1/1/2008	3/31/2008						
49502-0697-29		J7613		4/1/2008	10/3/2009	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (VIAL) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	4/1/2008	10/3/2009						
49502-0697-29		J7603		1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (VIAL) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	1/1/2008	3/31/2008						
49502-0697-29	KO	J7613	KO	4/1/2008	10/3/2009	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (VIAL) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	4/1/2008	10/3/2009						
49502-0697-30		J7603		1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (SINGLE-PAK) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	1/1/2008	3/31/2008						
49502-0697-30	KO	J7603	KO	1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (SINGLE-PAK) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	1/1/2008	3/31/2008						
49502-0697-30		J7613		4/1/2008	10/3/2009	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (SINGLE-PAK) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	4/1/2008	10/3/2009						
49502-0697-30	KO	J7613	KO	4/1/2008	10/3/2009	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (SINGLE-PAK) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	4/1/2008	10/3/2009						
49502-0697-61		J7603		1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (VIAL) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	1/1/2008	3/31/2008						
49502-0697-61	KO	J7603	KO	1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (VIAL) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	1/1/2008	3/31/2008						
49502-0697-61		J7613		4/1/2008	10/3/2009	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (VIAL) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	4/1/2008	10/3/2009						
49502-0697-61	KO	J7613	KO	4/1/2008	10/3/2009	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (VIAL) 0.083%	3	ML	PC	IH	ML	1	MG	0.83	4/1/2008	10/3/2009						
49502-0810-03	A4216			1/1/2006	12/15/2006	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INHALATION (PF)	3	ML	PC	IH	ML	10	ML	0.1	1/1/2006	12/15/2006						
49502-0810-05	A4216			1/1/2006	12/15/2006	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INHALATION (PF)	5	ML	PC	IH	ML	10	ML	0.1	1/1/2006	12/15/2006						
49502-0820-03	A4216			1/1/2006	4/19/2007	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (PF) 0.45%	3	ML	PC	IH	ML	10	ML	0.1	1/1/2006	4/19/2007						
49502-0820-05	A4216			1/1/2006	4/19/2007	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (PF) 0.45%	5	ML	PC	IH	ML	10	ML	0.1	1/1/2006	4/19/2007						
49502-0830-03	A4216			1/1/2006	10/3/2009	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE 0.9%	3	ML	PC	IH	ML	10	ML	0.1	1/1/2006	10/3/2009						
49502-0830-05	A4216			1/1/2006	10/3/2009	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE 0.9%	5	ML	PC	IH	ML	10	ML	0.1	1/1/2006	10/3/2009						
49502-0830-50	A4216			1/1/2006	10/3/2009	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (S.D.V.,PF) 0.9%	15	ML	PC	IH	ML	10	ML	0.1	1/1/2006	10/3/2009						
49614-0146-62	Q0163			10/13/2003	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	MEDICINE SHOPPE NITE TIME SLEEP (MINI-CAPLET) 25 MG	24	EA	BO	PO	EA	50	MG	0.5	10/13/2003	99/99/9999						
49614-0379-26	Q0163			1/1/2004	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	THE MEDICINE SHOPPE MEDI-PHEDRYL (MAY CAUSE DROWSINESS,AF) 12.5 MG/5 ML	118	ML	BO	PO	ML	50	MG	0.05	1/1/2004	99/99/9999						
49884-0289-01	J8999			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOX	MEGESTROL ACETATE 20 MG	100	EA	BO	PO	EA	1	EA	1	1/1/2002	99/99/9999						
49884-0290-01	J8999			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOX	MEGESTROL ACETATE 40 MG	100	EA	BO	PO	EA	1	EA	1	1/1/2002	99/99/9999						
49884-0290-04	J8999			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOX	MEGESTROL ACETATE 40 MG	250	EA	BO	PO	EA	1	EA	1	1/1/2002	99/99/9999						
49884-0290-05	J8999			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOX	MEGESTROL ACETATE 40 MG	500	EA	BO	PO	EA	1	EA	1	1/1/2002	99/99/9999						
49884-0368-26	J9218			4/27/2006	1/22/2009	LEUPROLIDE ACETATE, PER 1 MG	LEUPROLIDE ACETATE (14-DAY ADMINISTRATION) 5 MG/ML	2.8	ML	BX	SC	EA	1	MG	14	4/27/2006	1/22/2009						
49884-0490-59	J7509			1/1/2002	3/2/2007	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (DOSE PACK) 4 MG	21	EA	DP	PO	EA	4	MG	1	1/1/2002	3/2/2007						
49884-0549-01	Q0164			1/1/2002	3/2/2007	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	PROCHLORPERAZINE MALEATE 5 MG	100	EA	BO	PO	EA	5	MG	1	1/1/2002	3/2/2007						
49884-0550-01	Q0165			1/1/2002	3/2/2007	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	PROCHLORPERAZINE MALEATE 10 MG	100	EA	BO	PO	EA	10	MG	1	1/1/2002	3/2/2007						
49884-0565-01	J8499			1/1/2002	1/22/2009	PRESCRIPTION DRUG, ORAL, NON-CHEMOTHERAPEUTIC, NOX	ACYCLOVIR 200 MG	100	EA	BO	PO	EA	1	EA	1	1/1/2002	1/22/2009						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
49884-0566-01	J8499			1/1/2002	1/22/2009	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	100 EA	BO	PO	EA		1 EA			1	1/1/2002	1/22/2009					
49884-0567-01	J8499			1/1/2002	1/22/2009	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	100 EA	BO	PO	EA		1 EA			1	1/1/2002	1/22/2009					
49884-0673-14	J8515			1/1/2006	99/99/9999	CABERGOLINE, ORAL, 0.25 MG	CABERGOLINE 0.5 MG	8 EA	BO	PO	EA		0.25 MG			2	1/1/2006	99/99/9999					
49884-0724-01	J8999			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	HYDROXYUREA 500 MG	100 EA	BO	PO	EA		1 EA			1	1/1/2002	99/99/9999					
49884-0753-05	J8999			1/26/2006	9/12/2008	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	FLUTAMIDE 125 MG	500 EA	BO	PO	EA		1 EA			1	1/26/2006	9/12/2008					
49884-0753-13	J8999			1/26/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	FLUTAMIDE 125 MG	180 EA	BO	PO	EA		1 EA			1	1/26/2006	99/99/9999					
49884-0907-38	J8999			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE 40 MG/ML	240 ML	BO	PO	ML		1 EA			1	1/1/2002	99/99/9999					
49884-0907-61	J8999			5/1/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE 40 MG/ML	480 ML	BO	PO	ML		1 EA			1	5/1/2004	99/99/9999					
49884-0922-02	J8999			2/9/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MERCAPTOPURINE 50 MG	60 EA	BO	PO	EA		1 EA			1	2/9/2004	99/99/9999					
49884-0922-04	J8999			11/18/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MERCAPTOPURINE 50 MG	250 EA	BO	PO	EA		1 EA			1	11/18/2004	99/99/9999					
49999-0003-00	Q0163			8/12/2004	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	DIPHENHYDRAMINE HCL 25 MG	100 EA	BO	PO	EA		50 MG			0.5	8/12/2004	99/99/9999					
49999-0003-06	Q0163			7/11/2002	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	DIPHENHYDRAMINE HCL 25 MG	6 EA	BO	PO	EA		50 MG			0.5	7/11/2002	99/99/9999					
49999-0003-15	Q0163			7/11/2002	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	DIPHENHYDRAMINE HCL 25 MG	15 EA	BO	PO	EA		50 MG			0.5	7/11/2002	99/99/9999					
49999-0003-20	Q0163			2/24/2005	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	DIPHENHYDRAMINE 25 MG	20 EA	BO	PO	EA		50 MG			0.5	2/24/2005	99/99/9999					
49999-0003-21	Q0163			10/15/2004	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	DIPHENHYDRAMINE HCL 25 MG	21 EA	BO	PO	EA		50 MG			0.5	10/15/2004	99/99/9999					
49999-0003-24	Q0163			8/8/2002	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	DIPHENHYDRAMINE HCL 25 MG	24 EA	BO	PO	EA		50 MG			0.5	8/8/2002	99/99/9999					
49999-0003-30	Q0163			7/11/2002	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	DIPHENHYDRAMINE HCL 25 MG	30 EA	BO	PO	EA		50 MG			0.5	7/11/2002	99/99/9999					
49999-0003-40	Q0163			8/8/2002	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	DIPHENHYDRAMINE HCL 25 MG	40 EA	BO	PO	EA		50 MG			0.5	8/8/2002	99/99/9999					
49999-0003-60	Q0163			6/2/2005	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	DIPHENHYDRAMINE HCL 25 MG	60 EA	BO	PO	EA		50 MG			0.5	6/2/2005	99/99/9999					
49999-0008-00	J7506			12/1/2003	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	100 EA	BO	PO	EA		5 MG			1	12/1/2003	99/99/9999					
49999-0008-05	J7506			5/16/2008	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	5 EA	NA	PO	EA		5 MG			1	5/16/2008	99/99/9999					
49999-0008-20	J7506			7/16/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	20 EA	BO	PO	EA		5 MG			1	7/16/2002	99/99/9999					
49999-0008-30	J7506			7/6/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	30 EA	BO	PO	EA		5 MG			1	7/6/2004	99/99/9999					
49999-0008-40	J7506			1/27/2006	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	40 EA	BO	PO	EA		5 MG			1	1/27/2006	99/99/9999					
49999-0008-55	J7506			8/28/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	55 EA	BO	PO	EA		5 MG			1	8/28/2002	99/99/9999					
49999-0028-05	J7506			3/13/2008	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	5 EA	BO	PO	EA		5 MG			2	3/13/2008	99/99/9999					
49999-0028-12	J7506			7/16/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	12 EA	BO	PO	EA		5 MG			2	7/16/2002	99/99/9999					
49999-0028-14	J7506			1/27/2006	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	14 EA	BO	PO	EA		5 MG			2	1/27/2006	99/99/9999					
49999-0028-15	J7506			7/11/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	15 EA	BO	PO	EA		5 MG			2	7/11/2002	99/99/9999					
49999-0028-20	J7506			7/16/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	20 EA	BO	PO	EA		5 MG			2	7/16/2002	99/99/9999					
49999-0028-21	J7506			8/8/2008	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	21 EA	BO	PO	EA		5 MG			2	8/8/2008	99/99/9999					
49999-0028-28	J7506			7/1/2005	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	28 EA	BO	PO	EA		5 MG			2	7/1/2005	99/99/9999					
49999-0028-30	J7506			7/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	30 EA	BO	PO	EA		5 MG			2	7/1/2002	99/99/9999					
49999-0028-40	J7506			7/16/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	40 EA	BO	PO	EA		5 MG			2	7/16/2002	99/99/9999					
49999-0028-48	J7506			7/6/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	48 EA	BO	PO	EA		5 MG			2	7/6/2004	99/99/9999					
49999-0028-50	J7506			7/16/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	50 EA	BO	PO	EA		5 MG			2	7/16/2002	99/99/9999					
49999-0028-60	J7506			3/30/2005	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	60 EA	BO	PO	EA		5 MG			2	3/30/2005	99/99/9999					
49999-0028-90	J7506			3/30/2005	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	90 EA	BO	PO	EA		5 MG			2	3/30/2005	99/99/9999					
49999-0036-12	Q0178			10/15/2004	99/99/9999	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	HYDROXYZINE PAMOATE 100 MG	12 EA	BO	PO	EA		50 MG			2	10/15/2004	99/99/9999					
49999-0036-60	Q0178			7/1/2002	99/99/9999	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	HYDROXYZINE PAMOATE 100 MG	60 EA	BO	PO	EA		50 MG			2	7/1/2002	99/99/9999					
49999-0059-06	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	6 EA	BO	PO	EA		0.25 MG			16	1/1/2006	99/99/9999					
49999-0086-00	J8499			9/1/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	100 EA	BO	PO	EA		1 EA			1	9/1/2006	99/99/9999					

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
49999-0086-25	J8499			7/29/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NO	ACYCLOVIR 400 MG	25 EA	BO	PO	EA	1 EA	1	7/29/2002	99/99/9999								
49999-0086-30	J8499			7/13/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NO	ACYCLOVIR 400 MG	30 EA	BO	PO	EA	1 EA	1	7/13/2005	99/99/9999								
49999-0086-90	J8499			7/13/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NO	ACYCLOVIR 400 MG	90 EA	BO	PO	EA	1 EA	1	7/13/2005	99/99/9999								
49999-0090-05	Q0170			4/15/2005	99/99/9999	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	PROMETHAZINE HCL 25 MG	5 EA	BO	PO	EA	25 MG	1	4/15/2005	99/99/9999								
49999-0090-10	Q0170			6/5/2002	99/99/9999	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	PROMETHAZINE HCL 25 MG	10 EA	BO	PO	EA	25 MG	1	6/5/2002	99/99/9999								
49999-0090-12	Q0170			5/7/2003	99/99/9999	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	PROMETHAZINE HCL 25 MG	12 EA	BO	PO	EA	25 MG	1	5/7/2003	99/99/9999								
49999-0090-15	Q0170			12/1/2003	99/99/9999	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	PROMETHAZINE HCL 25 MG	15 EA	BO	PO	EA	25 MG	1	12/1/2003	99/99/9999								
49999-0090-20	Q0170			10/15/2003	99/99/9999	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	PROMETHAZINE HCL 25 MG	20 EA	BO	PO	EA	25 MG	1	10/15/2003	99/99/9999								
49999-0090-30	Q0170			4/15/2005	99/99/9999	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	PROMETHAZINE HCL 25 MG	30 EA	BO	PO	EA	25 MG	1	4/15/2005	99/99/9999								
49999-0090-60	Q0170			2/10/2004	99/99/9999	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	PROMETHAZINE HCL 25 MG	60 EA	BO	PO	EA	25 MG	1	2/10/2004	99/99/9999								
49999-0091-04	Q0163			5/7/2003	5/10/2012	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	DIPHENHYDRAMINE HCL 50 MG	4 EA	BO	PO	EA	50 MG	1	5/7/2003	5/10/2012								
49999-0091-15	Q0163			3/26/2003	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	DIPHENHYDRAMINE HCL 50 MG	15 EA	BO	PO	EA	50 MG	1	3/26/2003	99/99/9999								
49999-0091-20	Q0163			9/3/2002	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	DIPHENHYDRAMINE HCL 50 MG	20 EA	BO	PO	EA	50 MG	1	9/3/2002	99/99/9999								
49999-0091-30	Q0163			5/7/2003	5/10/2012	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	DIPHENHYDRAMINE HCL 50 MG	30 EA	BO	PO	EA	50 MG	1	5/7/2003	5/10/2012								
49999-0091-60	Q0163			5/7/2003	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	DIPHENHYDRAMINE HCL 50 MG	60 EA	BO	PO	EA	50 MG	1	5/7/2003	99/99/9999								
49999-0096-04	Q0144			1/27/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	4 EA	BO	PO	EA	1 GM	0.25	1/27/2006	99/99/9999								
49999-0096-06	Q0144			8/8/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	6 EA	BO	PO	EA	1 GM	0.25	8/8/2002	99/99/9999								
49999-0110-00	J7506			7/6/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	100 EA	BO	PO	EA	5 MG	4	7/6/2004	99/99/9999								
49999-0110-06	J7506			8/27/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	6 EA	BO	PO	EA	5 MG	4	8/27/2002	99/99/9999								
49999-0110-07	J7506			4/6/2005	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	7 EA	BO	PO	EA	5 MG	4	4/6/2005	99/99/9999								
49999-0110-10	J7506			7/6/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	10 EA	BO	PO	EA	5 MG	4	7/6/2004	99/99/9999								
49999-0110-12	J7506			7/6/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	12 EA	BO	PO	EA	5 MG	4	7/6/2004	99/99/9999								
49999-0110-14	J7506			7/6/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	14 EA	BO	PO	EA	5 MG	4	7/6/2004	99/99/9999								
49999-0110-15	J7506			3/27/2006	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	15 EA	BO	PO	EA	5 MG	4	3/27/2006	99/99/9999								
49999-0110-18	J7506			10/15/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	18 EA	BO	PO	EA	5 MG	4	10/15/2004	99/99/9999								
49999-0110-20	J7506			7/11/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	20 EA	BO	PO	EA	5 MG	4	7/11/2002	99/99/9999								
49999-0110-21	J7506			2/24/2005	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	21 EA	BO	PO	EA	5 MG	4	2/24/2005	99/99/9999								
49999-0110-30	J7506			3/26/2003	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	30 EA	BO	PO	EA	5 MG	4	3/26/2003	99/99/9999								
49999-0153-21	J7509			9/3/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	21 EA	DP	PO	EA	4 MG	1	9/3/2002	99/99/9999								
49999-0231-35	J8499			6/2/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NO	ACYCLOVIR 800 MG	35 EA	BO	PO	EA	1 EA	1	6/2/2005	99/99/9999								
49999-0247-04	Q0163			5/7/2003	1/1/2011	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HYDRAMINE 12.5 MG/5 ML	120 ML	BO	PO	ML	50 MG	0.05	5/7/2003	1/1/2011								
49999-0260-15	Q0144			7/1/2003	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 200 MG/5 ML	15 ML	BO	PO	ML	1 GM	0.04	7/1/2003	99/99/9999								
49999-0262-04	Q0170			7/1/2003	99/99/9999	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	PROMETHAZINE HCL 6.25 MG/5 ML	120 ML	BO	PO	ML	25 MG	0.05	7/1/2003	99/99/9999								
49999-0335-08	J7510			2/10/2004	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 15 MG/5 ML	240 ML	BO	PO	ML	5 MG	0.6	2/10/2004	99/99/9999								

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
49999-0335-24	J7510			5/10/2004	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE (CHERRY) 15 MG/5 ML	240 ML	BO	PO	ML		5 MG		0.6	5/10/2004	99/99/9999						
49999-0339-12	J8498			9/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HCL 12.5 MG	12 EA	BX	RC	EA		1 EA		1	9/1/2006	99/99/9999						
49999-0340-12	J8498			1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HCL 25 MG	12 EA	BX	RC	EA		1 EA		1	1/1/2006	99/99/9999						
49999-0344-25	J7603			1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE 0.083%	3 ML	PC	IH	ML		1 MG		0.83	1/1/2008	3/31/2008						
49999-0344-25	KO J7603	KO		1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE 0.083%	3 ML	PC	IH	ML		1 MG		0.83	1/1/2008	3/31/2008						
49999-0344-25	J7613			4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE 0.083%	3 ML	PC	IH	ML		1 MG		0.83	4/1/2008	99/99/9999						
49999-0344-25	KO J7613	KO		4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE 0.083%	3 ML	PC	IH	ML		1 MG		0.83	4/1/2008	99/99/9999						
49999-0380-24	None			6/9/2004	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	24 EA	DP	PO	EA		2.5 MG		1	6/9/2004	99/99/9999						
49999-0380-36	None			12/23/2009	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	36 EA	BO	PO	EA		2.5 MG		1	12/23/2009	99/99/9999						
49999-0385-10	J8499			6/9/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOX	ACYCLOVIR 200 MG	10 EA	BO	PO	EA		1 EA		1	6/9/2004	99/99/9999						
49999-0385-15	J8499			6/9/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOX	ACYCLOVIR 200 MG	15 EA	BO	PO	EA		1 EA		1	6/9/2004	99/99/9999						
49999-0385-25	J8499			6/9/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOX	ACYCLOVIR 200 MG	25 EA	BO	PO	EA		1 EA		1	6/9/2004	99/99/9999						
49999-0385-40	J8499			6/2/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOX	ACYCLOVIR 200 MG	40 EA	BO	PO	EA		1 EA		1	6/2/2005	99/99/9999						
49999-0390-21	J7506			6/9/2004	1/1/2012	PREDNISONE, ORAL, PER 5MG	STERAPRED 5 MG	21 EA	DP	PO	EA		5 MG		1	6/9/2004	1/1/2012						
49999-0416-02	J1885			7/6/2004	7/2/2009	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (S.D.V.) 30 MG/ML	2 ML	VL	IM	ML		15 MG		2	7/6/2004	7/2/2009						
49999-0425-05	J3590			7/6/2004	99/99/9999	UNCLASSIFIED BIOLOGICS	NABI-HB (S.D.V., 312 IU/ML)	5 ML	VL	IM	ML		1 EA		1	7/6/2004	99/99/9999						
49999-0434-25	J1100			4/25/2008	1/1/2009	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE (25X1ML) 4 MG/ML	1 ML	VL	IJ	ML		1 MG		4	4/25/2008	1/1/2009						
49999-0437-03	J7506			8/12/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 50 MG	3 EA	BO	PO	EA		5 MG		10	8/12/2004	99/99/9999						
49999-0525-10	J1200			1/25/2008	99/99/9999	INJECTION, DIPHEHYDRAMINE HCL, UP TO 50 MC	DIPHENHYDRAMINE 50 MG/ML	1 ML	VL	IJ	ML		50 MG		1	1/25/2008	99/99/9999						
49999-0582-15	Q0144			1/27/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 100 MG/5 ML	15 ML	BO	PO	ML		1 GM		0.02	1/27/2006	99/99/9999						
49999-0586-01	J0696			2/24/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	ROCEPHIN 1 GM	1 EA	VL	IJ	EA		250 MG		4	2/24/2005	99/99/9999						
49999-0586-10	J0696			2/24/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	ROCEPHIN 1 GM	1 EA	VL	IJ	EA		250 MG		4	2/24/2005	99/99/9999						
49999-0594-30	Q0170			6/6/2005	2/7/2012	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	PHENERGAN 25 MG	30 EA	BO	PO	EA		25 MG		1	6/6/2005	2/7/2012						
49999-0594-90	Q0170			5/23/2005	2/7/2012	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	PHENERGAN 25 MG	90 EA	BO	PO	EA		25 MG		1	5/23/2005	2/7/2012						
49999-0671-50	J2001			5/16/2008	99/99/9999	INJECTION, LIDOCAINE HCL, FOR INTRAVENOUS INFUSION, 10 MC	LIDOCAINE HCL (1X50ML) 1%	50 ML	NA	EP	ML		10 MG		1	5/16/2008	99/99/9999						
49999-0783-30	Q0179			1/11/2006	12/31/2011	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	ZOFRAN (CAPLET) 8 MG	30 EA	BO	PO	EA		8 MG		1	1/11/2006	12/31/2011						
49999-0783-30	Q0162			1/1/2012	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	ZOFRAN (CAPLET) 8 MG	30 EA	BO	PO	EA		1 MG		8	1/1/2012	99/99/9999						
49999-0786-06	Q0144			1/11/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	6 EA	BO	PO	EA		1 GM		0.25	1/11/2006	99/99/9999						
49999-0902-20	Q0169			1/11/2007	99/99/9999	HOUR DOSAGE REGIMEN	PROMETHAZINE HYDROCHLORIDE 12.5 MG	20 EA	BO	PO	EA		12.5 MG		1	1/11/2007	99/99/9999						
49999-0929-01	J7510			4/20/2007	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 5 MG/5 ML	120 ML	BO	PO	ML		5 MG		0.2	4/20/2007	99/99/9999						
49999-0936-00	J7517			12/21/2007	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	CELLCEPT 250 MG	100 EA	BO	PO	EA		250 MG		1	12/21/2007	99/99/9999						
49999-0936-30	J7517			4/30/2007	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	CELLCEPT 250 MG	30 EA	BO	PO	EA		250 MG		1	4/30/2007	99/99/9999						
49999-0937-30	J7517			4/30/2007	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	CELLCEPT 250 MG	30 EA	BO	PO	EA		250 MG		2	4/30/2007	99/99/9999						
49999-0986-30	J8599			6/14/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOX	AROMASIN 25 MG	30 EA	BO	PO	EA		1 EA		1	6/14/2007	99/99/9999						
49999-0993-10	J1815			6/14/2007	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMULIN 70 U/ML-30 U/ML	10 ML	VL	SC	ML		5 U		20	6/14/2007	99/99/9999						
49999-0994-10	J1815			6/14/2007	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	LANTUS 100 U/ML	10 ML	VL	SC	ML		5 U		20	6/14/2007	99/99/9999						
50111-0767-28	Q0144			7/6/2006	3/17/2011	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (USP,CHERRY) 200 MG/5 ML	22.5 ML	BO	PO	ML		1 GM		0.04	7/6/2006	3/17/2011						
50111-0787-10	Q0144			12/15/2005	1/21/2010	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 250 MG	30 EA	BO	PO	EA		1 GM		0.25	12/15/2005	1/21/2010						
50111-0787-52	Q0144			8/10/2006	3/24/2011	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (6X3,FILM-COATED) 250 MG	50 EA	BX	PO	EA		1 GM		0.25	8/10/2006	3/24/2011						
50111-0787-66	Q0144			12/15/2005	10/26/2010	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (6X3,FILM-COATED) 250 MG	18 EA	DP	PO	EA		1 GM		0.25	12/15/2005	10/26/2010						
50111-0788-10	Q0144			12/15/2005	1/27/2011	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 500 MG	30 EA	BO	PO	EA		1 GM		0.5	12/15/2005	1/27/2011						
50111-0788-52	Q0144			8/10/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (5X10,FILM-COATED) 500 MG	50 EA	BX	PO	EA		1 GM		0.5	8/10/2006	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
50111-0788-67		Q0144		12/15/2005	12/8/2010	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (3X3,FILM-COATED) 500 MG	9 EA	DP	PO	EA		1 GM	0.5	12/15/2005	12/8/2010							
50111-0789-10		Q0144		12/15/2005	12/8/2010	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 600 MG	30 EA	BO	PO	EA		1 GM	0.6	12/15/2005	12/8/2010							
50111-0791-20		Q0144		7/6/2006	12/14/2010	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (USP,CHERRY) 200 MG/5 ML	15 ML	BO	PO	ML		1 GM	0.04	7/6/2006	12/14/2010							
50111-0792-22		Q0144		7/6/2006	12/20/2010	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (USP,CHERRY) 200 MG/5 ML	30 ML	BO	PO	ML		1 GM	0.04	7/6/2006	12/20/2010							
50111-0793-20		Q0144		7/6/2006	12/20/2010	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (USP,CHERRY) 100 MG/5 ML	15 ML	BO	PO	ML		1 GM	0.02	7/6/2006	12/20/2010							
50111-0794-78		J0456		7/25/2007	99/99/9999	INJECTION, AZITHROMYCIN, 500 MG	AZITHROMYCIN (USP) 500 MG	10 EA	VL	IV	EA		500 MG	1	7/25/2007	99/99/9999							
50111-0819-42		Q0179		11/27/2006	9/8/2011	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE 4 MG/5 ML	50 ML	BO	PO	ML		8 MG	0.1	11/27/2006	9/8/2011							
50111-0885-42		J7502		1/25/2002	12/22/2008	CYCLOSPORINE, ORAL, 100 MG	CYCLOSPORINE 100 MG/ML	50 ML	BO	PO	ML		100 MG	1	1/25/2002	12/22/2008							
50111-0909-43		J7515		1/1/2002	12/22/2008	CYCLOSPORINE, ORAL, 25 MG	CYCLOSPORINE (SOFTGEL) 25 MG	30 EA	BX	PO	EA		25 MG	1	1/1/2002	12/22/2008							
50111-0920-43		J7502		1/1/2002	12/22/2008	CYCLOSPORINE, ORAL, 100 MG	CYCLOSPORINE (SOFTGEL) 100 MG	30 EA	BX	PO	EA		100 MG	1	1/1/2002	12/22/2008							
50111-0945-43		Q0179		12/26/2006	7/2/2008	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON (3X10,STRAWBERRY) 4 MG	30 EA	BX	PO	EA		8 MG	0.5	12/26/2006	7/2/2008							
50111-0946-43		Q0179		12/26/2006	7/2/2008	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON (STRAWBERRY) 8 MG	30 EA	BX	PO	EA		8 MG	1	12/26/2006	7/2/2008							
50111-0946-69		Q0179		12/26/2006	7/2/2008	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON (STRAWBERRY) 8 MG	10 EA	BX	PO	EA		8 MG	1	12/26/2006	7/2/2008							
50111-0965-76		J9045		2/1/2005	12/22/2008	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (S.D.V.) 50 MG	1 EA	VL	IV	EA		50 MG	1	2/1/2005	12/22/2008							
50111-0966-76		J9045		2/1/2005	12/22/2008	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (S.D.V.) 150 MG	1 EA	VL	IV	EA		50 MG	3	2/1/2005	12/22/2008							
50111-0967-76		J9045		2/1/2005	10/15/2009	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (S.D.V.) 450 MG	1 EA	VL	IV	EA		50 MG	9	2/1/2005	10/15/2009							
50242-0018-21		J2941		1/1/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG	NUTROPIN (VIAL W/DILUENT) 10 MG	1 EA	VL	SC	EA		1 MG	10	1/1/2002	99/99/9999							
50242-0019-02		J2941		1/1/2002	9/26/2011	INJECTION, SOMATROPIN, 1 MG	NUTROPIN (VIAL) 5 MG	1 EA	VL	SC	EA		1 MG	5	1/1/2002	9/26/2011							
50242-0020-20		J2941		1/1/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG	NUTROPIN (VIAL) 10 MG	1 EA	VL	SC	EA		1 MG	10	1/1/2002	99/99/9999							
50242-0022-20		J2941		1/1/2002	3/31/2013	INJECTION, SOMATROPIN, 1 MG	NUTROPIN AQ (VIAL CARTON) 5 MG/ML	2 ML	VL	SC	ML		1 MG	5	1/1/2002	3/31/2013							
50242-0038-61		J3100		1/1/2002	12/31/2008	INJECTION, TENECTEPLASE, 50MG	TKNASE (VIAL W/DILUENT,SRN,PADS) 50 MG	1 EA	BX	IV	EA		50 MG	1	1/1/2002	12/31/2008							
50242-0038-61		J3101		1/1/2009	6/30/2012	INJECTION, TENECTEPLASE, 1 MG	TKNASE (VIAL W/DILUENT,SRN,PADS) 50 MG	1 EA	BX	IV	EA		1 MG	50	1/1/2009	6/30/2012							
50242-0040-62		J2357		1/1/2005	99/99/9999	INJECTION, OMALIZUMAB, 5 MG	XOLAIR 150 MG	1 EA	VL	SC	EA		5 MG	30	1/1/2005	99/99/9999							
50242-0041-63		J2997		1/18/2007	99/99/9999	INJECTION, ALTEPLASE RECOMBINANT, 1 MG	CATHFLO ACTIVASE (INNER) 2 MG	1 EA	VL	IV	EA		1 MG	2	1/18/2007	99/99/9999							
50242-0041-64		J2997		1/1/2002	99/99/9999	INJECTION, ALTEPLASE RECOMBINANT, 1 MG	CATHFLO ACTIVASE (VIAL) 2 MG	1 EA	VL	IV	EA		1 MG	2	1/1/2002	99/99/9999							
50242-0043-14		J2941		5/10/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG	NUTROPIN AQ PEN CARTRIDGE 5 MG/ML	2 ML	CT	SC	ML		1 MG	5	5/10/2002	99/99/9999							
50242-0044-13		J2997		1/1/2002	99/99/9999	INJECTION, ALTEPLASE RECOMBINANT, 1 MG	ACTIVASE (W/DILUENT) 50 MG	1 EA	VL	IV	EA		1 MG	50	1/1/2002	99/99/9999							
50242-0051-21		J9310		1/1/2002	99/99/9999	INJECTION, RITUXIMAB, 100 MG	RITUXAN (S.D.V., PF) 10 MG/ML	10 ML	VL	IV	ML		100 MG	0.1	1/1/2002	99/99/9999							
50242-0053-06		J9310		1/1/2002	99/99/9999	INJECTION, RITUXIMAB, 100 MG	RITUXAN (S.D.V., PF) 10 MG/ML	50 ML	VL	IV	ML		100 MG	0.1	1/1/2002	99/99/9999							
50242-0058-01		J3490		10/27/2003	6/8/2009	UNCLASSIFIED DRUGS	RAPTIVA 125 MG	1 EA	DP	SC	EA		1 EA	1	10/27/2003	6/8/2009							
50242-0058-04		J3490		10/27/2003	6/8/2009	UNCLASSIFIED DRUGS	RAPTIVA (4 DOSE PACK CARTON) 125 MG	1 EA	DP	SC	EA		1 EA	1	10/27/2003	6/8/2009							
50242-0060-01		J9035		1/1/2005	99/99/9999	INJECTION, BEVACIZUMAB, 10 MG	AVASTIN (PF) 25 MG/ML	4 ML	VL	IV	ML		10 MG	2.5	1/1/2005	99/99/9999							
50242-0060-01	QR	J9035	QR	1/28/2005	99/99/9999	INJECTION, BEVACIZUMAB, 10 MG	AVASTIN (PF) 25 MG/ML	4 ML	VL	IV	ML		10 MG	2.5	1/28/2005	99/99/9999							
50242-0061-01		J9035		1/1/2005	99/99/9999	INJECTION, BEVACIZUMAB, 10 MG	AVASTIN (PF) 25 MG/ML	16 ML	VL	IV	ML		10 MG	2.5	1/1/2005	99/99/9999							
50242-0061-01	QR	J9035	QR	1/28/2005	99/99/9999	INJECTION, BEVACIZUMAB, 10 MG	AVASTIN (PF) 25 MG/ML	16 ML	VL	IV	ML		10 MG	2.5	1/28/2005	99/99/9999							
50242-0072-03		J2941		1/1/2002	9/26/2011	INJECTION, SOMATROPIN, 1 MG	NUTROPIN (VIAL W/DILUENT) 5 MG	1 EA	VL	SC	EA		1 MG	5	1/1/2002	9/26/2011							
50242-0073-01		J2941		1/28/2008	99/99/9999	INJECTION, SOMATROPIN, 1 MG	NUTROPIN AQ PEN (1X2ML) 10 MG/ML	2 ML	CT	SC	ML		1 MG	10	1/28/2008	99/99/9999							
50242-0080-01		J3490		6/30/2006	12/31/2007	UNCLASSIFIED DRUGS	LUCENTIS (INTRAVITREAL INJECTION) 0.5 MG/0.05 ML	0.05 ML	VL	IO	ML		1 EA	1	6/30/2006	12/31/2007							
50242-0080-01		J2778		1/1/2008	99/99/9999	INJECTION, RANIBIZUMAB, 0.1 MG	LUCENTIS (INTRAVITREAL INJECTION) 0.5 MG/0.05 ML	0.05 ML	VL	IO	ML		0.1 MG	1	1/1/2008	99/99/9999							
50242-0085-27		J2997		1/1/2002	99/99/9999	INJECTION, ALTEPLASE RECOMBINANT, 1 MG	ACTIVASE (W/DILUENT) 100 MG	1 EA	VL	IV	EA		1 MG	100	1/1/2002	99/99/9999							
50242-0100-39		J7639		1/1/2002	99/99/9999	DOSE FORM, PER MILLIGRAM	PULMOZYME (AMP,INNER NDC) 2.5 MG/2.5 ML	2.5 ML	PC	IH	ML		1 MG	1	1/1/2002	99/99/9999							
50242-0100-39	KO	J7639	KO	1/1/2002	99/99/9999	DOSE FORM, PER MILLIGRAM	PULMOZYME (AMP,INNER NDC) 2.5 MG/2.5 ML	2.5 ML	PC	IH	ML		1 MG	1	1/1/2002	99/99/9999							
50242-0100-40		J7639		1/1/2002	99/99/9999	DOSE FORM, PER MILLIGRAM	PULMOZYME (AMP) 2.5 MG/2.5 ML	2.5 ML	PC	IH	ML		1 MG	1	1/1/2002	99/99/9999							
50242-0100-40	KO	J7639	KO	1/1/2002	99/99/9999	DOSE FORM, PER MILLIGRAM	PULMOZYME (AMP) 2.5 MG/2.5 ML	2.5 ML	PC	IH	ML		1 MG	1	1/1/2002	99/99/9999							
50242-0134-68		J9355		9/1/2003	99/99/9999	INJECTION, TRASTUZUMAB, 10 MG	HERCEPTIN (M.D.V.,W/DILUENT 20ML) 440 MG	1 EA	VL	IV	EA		10 MG	44	9/1/2003	99/99/9999							

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
50332-0132-08		Q0163		6/1/2007	9/1/2010	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	HISTAPRIN (CAPLET) 25 MG PREDNISOLONE SODIUM PHOSPHATE (AF,SF,DYE-FREE) 5 MG/5 ML	200 EA	NA	PO	EA		50 MG		0.5	6/1/2007	9/1/2010						
50383-0040-04		J7510		1/22/2003	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 15 MG/5 ML	120 ML	BO	PO	ML		5 MG		0.2	1/22/2003	99/99/9999						
50383-0042-24		J7510		3/24/2003	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 15 MG/5 ML	240 ML	BO	PO	ML		5 MG		0.6	3/24/2003	99/99/9999						
50383-0042-48		J7510		3/17/2003	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE SODIUM PHOSPHATE (DYE-FREE, GRAPE) 15 MG/5 ML	480 ML	BO	PO	ML		5 MG		0.6	3/17/2003	99/99/9999						
50383-0177-08		J7510		3/21/2005	11/12/2008	PREDNISOLONE ORAL, PER 5 MG ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (ALBUTEROL)	ALBUTEROL SULFATE 0.5%	237 ML	BO	PO	ML		5 MG		0.6	3/21/2005	11/12/2008						
50383-0741-20		J7602		1/1/2008	3/31/2008	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG (ALBUTEROL) OR PER 0.5 MG (ALBUTEROL)	ALBUTEROL SULFATE 0.5%	20 ML	BO	IH	ML		1 MG		5	1/1/2008	3/31/2008						
50383-0741-20		J7611		4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG (ALBUTEROL) OR PER 0.5 MG (ALBUTEROL)	ALBUTEROL SULFATE 0.083%	20 ML	BO	IH	ML		1 MG		5	4/1/2008	99/99/9999						
50383-0742-25		J7613		1/1/2005	6/30/2007	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG (ALBUTEROL) OR PER 0.5 MG (ALBUTEROL)	ALBUTEROL SULFATE 0.083%	3 ML	BO	IH	ML		1 MG		0.83	1/1/2005	6/30/2007						
50383-0742-25	KO	J7613	KO	1/1/2005	6/30/2007	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (ALBUTEROL)	ALBUTEROL SULFATE 0.083%	3 ML	BO	IH	ML		1 MG		0.83	1/1/2005	6/30/2007						
50383-0742-25		Q4094		7/1/2007	7/31/2007	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (ALBUTEROL)	ALBUTEROL SULFATE 0.083%	3 ML	BO	IH	ML		1 MG		0.83	7/1/2007	7/31/2007						
50383-0742-25	KO	Q4094	KO	7/1/2007	7/31/2007	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	PROMETHAZINE HCL (CHERRY) 6.25 MG/5 ML	3 ML	BO	IH	ML		1 MG		0.83	7/1/2007	7/31/2007						
50383-0801-16		Q0170		3/1/2004	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 15 MG/5 ML	473 ML	BO	PO	ML		25 MG		0.05	3/1/2004	99/99/9999						
50383-0810-16		J8499		6/13/2005	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 15 MG/5 ML	473 ML	BO	PO	ML		1 EA		1	6/13/2005	99/99/9999						
50419-0002-33		J2820		10/23/2003	3/9/2009	INJECTION, SARGRAMOSTIM (GM-CSF), 50 MCG	LEUKINE (VIAL) 250 MCG	1 EA	VL	IV	EA		50 MCG		5	10/23/2003	3/9/2009						
50419-0050-30		J2820		10/23/2003	3/9/2009	INJECTION, SARGRAMOSTIM (GM-CSF), 50 MCG	LEUKINE (M.D.V.) 500 MCG/ML	1 ML	VL	IV	ML		50 MCG		10	5/19/2008	3/9/2009	10/23/2003	3/31/2007	10			
50419-0150-57		J1945		1/1/2006	5/31/2012	INJECTION, LEPIRUDIN, 50 MG	REPLUDAN (VIAL) 50 MG	1 EA	VL	IV	EA		50 MG		1	1/1/2006	5/31/2012						
50419-0357-03		J9010		1/28/2005	3/9/2010	INJECTION, ALEMTUZUMAB, 10 MG	CAMPATH (CLEAR GLASS VIAL,PF) 30 MG/ML	1 ML	VL	IV	ML		10 MG		3	1/28/2005	3/9/2010						
50419-0421-01		J7302		1/1/2002	99/99/9999	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, 52 MG	MIRENA 52 MG	1 EA	BX	IU	EA		52 MG		1	1/1/2002	99/99/9999						
50419-0511-06		J9185		1/1/2002	99/99/9999	INJECTION, FLUDARABINE PHOSPHATE, 50 MG	FLUDARA 50 MG	1 EA	VL	IV	EA		50 MG		1	1/1/2002	99/99/9999						
50419-0523-25		J1830		1/2/2004	99/99/9999	NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	BETASERON (15 BLISTER UNITS,PF) 0.3 MG-0.54%	15 EA	VL	MR	EA		0.25 MG		18	1/2/2004	99/99/9999						
50419-0595-01		J2820		6/29/2007	1/23/2008	INJECTION, SARGRAMOSTIM (GM-CSF), 50 MCG	LEUKINE 500 MCG/ML	1 ML	VL	IV	ML		50 MCG		10	6/29/2007	1/23/2008						
50419-0595-05		J2820		1/30/2006	1/23/2008	INJECTION, SARGRAMOSTIM (GM-CSF), 50 MCG	LEUKINE (5X1ML, M.D.V.) 500 MCG/ML	1 ML	VL	IV	ML		50 MCG		10	1/30/2006	1/23/2008						
50458-0298-01		J1835		1/1/2002	10/12/2007	INJECTION, ITRACONAZOLE, 50 MG	SPORANOX (AMP,0.9% NACL,INFUS SET) 10 MG/ML-0.9%	1 EA	BX	IV	EA		50 MG		5	1/1/2002	10/12/2007						
50458-0306-11		J2794		1/1/2005	99/99/9999	INJECTION, RISPERIDONE, LONG ACTING, 0.5 MG	RISPERDAL CONSTA 25 MG	1 EA	VL	IM	EA		0.5 MG		50	1/1/2005	99/99/9999						
50458-0307-11		J2794		1/1/2005	99/99/9999	INJECTION, RISPERIDONE, LONG ACTING, 0.5 MG	RISPERDAL CONSTA 37.5 MG	1 EA	VL	IM	EA		0.5 MG		75	1/1/2005	99/99/9999						
50458-0308-11		J2794		1/1/2005	99/99/9999	INJECTION, RISPERIDONE, LONG ACTING, 0.5 MG	RISPERDAL CONSTA 50 MG	1 EA	VL	IM	EA		0.5 MG		100	1/1/2005	99/99/9999						
50458-0309-11		J2794		4/23/2007	99/99/9999	INJECTION, RISPERIDONE, LONG ACTING, 0.5 MG	RISPERDAL CONSTA 12.5 MG	1 EA	VL	IM	EA		0.5 MG		25	4/23/2007	99/99/9999						
50486-0078-22		A4216		1/1/2006	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	BRONCHO SALINE 0.9%	90 ML	BO	IH	ML		10 ML		0.1	1/1/2006	99/99/9999						
50486-0078-23		A4216		1/1/2006	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	BRONCHO SALINE 0.9%	240 ML	BO	IH	ML		10 ML		0.1	1/1/2006	99/99/9999						
50486-0616-16		Q0163		12/4/2002	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	SLEEPINAL 50 MG	16 EA	NA	PO	EA		50 MG		1	12/4/2002	99/99/9999						
50486-0616-32		Q0163		12/4/2002	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	SLEEPINAL 50 MG	32 EA	NA	PO	EA		50 MG		1	12/4/2002	99/99/9999						
50580-0843-10		Q0163		3/26/2004	2/1/2009	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	SIMPLY SLEEP (CAPLET) 25 MG	100 EA	BO	PO	EA		50 MG		0.5	3/26/2004	2/1/2009						
50580-0843-10		Q0163		2/2/2009	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	SIMPLY SLEEP (CAPLET) 25 MG	100 EA	BO	PO	EA		50 MG		0.5	2/2/2009	99/99/9999						
50580-0843-13		Q0163		4/8/2004	10/25/2008	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	SIMPLY SLEEP (CAPLET) 25 MG	130 EA	BO	PO	EA		50 MG		0.5	4/8/2004	10/25/2008						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
50580-0843-24		Q0163		1/1/2002	2/1/2009	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	SIMPLY SLEEP (CAPLET) 25 MG	24 EA	BO	PO	EA		50 MG		0.5	1/1/2002	2/1/2009						
50580-0843-24		Q0163		2/2/2009	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	SIMPLY SLEEP (CAPLET) 25 MG	24 EA	BO	PO	EA		50 MG		0.5	2/2/2009	99/99/9999						
50580-0843-25		Q0163		7/8/2002	10/25/2008	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	SIMPLY SLEEP (2500X2,CAPLET) 25 MG	2500 EA	PT	PO	EA		50 MG		0.5	7/8/2002	10/25/2008						
50580-0843-48		Q0163		1/1/2002	2/1/2009	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	SIMPLY SLEEP (CAPLET) 25 MG	48 EA	BO	PO	EA		50 MG		0.5	1/1/2002	2/1/2009						
50580-0843-48		Q0163		2/2/2009	3/24/2010	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	SIMPLY SLEEP (CAPLET) 25 MG	48 EA	BO	PO	EA		50 MG		0.5	2/2/2009	3/24/2010						
50580-0843-72	Q0163			1/1/2002	10/28/2010	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	SIMPLY SLEEP (CAPLET) 25 MG	72 EA	BO	PO	EA		50 MG		0.5	1/1/2002	10/28/2010						
50742-0208-01	J7507			10/1/2012	99/99/9999	TACROLIMUS, ORAL, PER 1 MG	TACROLIMUS (HARD GELATIN) 1 MG	100 EA	EA	PO	EA		1 MG		1	10/1/2012	99/99/9999						
50962-0650-01	A4216			1/1/2006	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	PREDNISONE (USP) 20 MG	1 ML	EA	IH	ML		10 ML		0.1	1/1/2006	99/99/9999						
51079-0022-17	J7506			1/1/2002	5/17/2010	PREDNISONE, ORAL, PER 5MG	PREDNISONE (ROBOT READY 25X1) 20 MG	1 EA	BX	PO	EA		5 MG		4	1/1/2002	5/17/2010						
51079-0022-19	J7506			1/1/2002	5/17/2010	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP) 5 MG	25 EA	BX	PO	EA		5 MG		4	1/1/2002	5/17/2010						
51079-0032-17	J7506			1/1/2002	6/1/2010	PREDNISONE, ORAL, PER 5MG	PREDNISONE (ROBOT READY 25X1) 5 MG	1 EA	BX	PO	EA		5 MG		1	1/1/2002	6/1/2010						
51079-0032-19	J7506			1/1/2002	6/1/2010	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP) 10 MG	25 EA	BX	PO	EA		5 MG		1	1/1/2002	6/1/2010						
51079-0033-17	J7506			1/1/2002	2/15/2010	PREDNISONE, ORAL, PER 5MG	PREDNISONE (ROBOT READY 25X1) 10 MG	1 EA	BX	PO	EA		5 MG		2	1/1/2002	2/15/2010						
51079-0033-19	J7506			1/1/2002	2/15/2010	PREDNISONE, ORAL, PER 5MG	PREDNISONE (ROBOT READY 25X1) 10 MG	25 EA	BX	PO	EA		5 MG		2	1/1/2002	2/15/2010						
51079-0066-01	Q0163			1/1/2002	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	DIPHENHYDRAMINE HCL (USP) 50 MG	1 EA	BX	PO	EA		50 MG		1	1/1/2002	99/99/9999						
51079-0066-19	Q0163			1/1/2002	1/15/2008	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENHYDRAMINE HCL (ROBOT READY 25X1) 50 MG	25 EA	BX	PO	EA		50 MG		1	1/1/2002	1/15/2008						
51079-0066-20	Q0163			1/1/2002	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	DIPHENHYDRAMINE HCL (10X10) 50 MG	100 EA	BX	PO	EA		50 MG		1	1/1/2002	99/99/9999						
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	HYDROXYZINE PAMOATE (USP) 25 MG	1 EA	NA	PO	EA		25 MG		1	11/26/2007	99/99/9999						
51079-0077-20	Q0177			1/1/2002	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	HYDROXYZINE PAMOATE (10X10) 25 MG	100 EA	BX	PO	EA		25 MG		1	11/26/2007	99/99/9999	1/1/2002	4/1/2002	1			
51079-0078-01	Q0178			11/26/2007	99/99/9999	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	HYDROXYZINE PAMOATE (USP) 50 MG	1 EA	NA	PO	EA		50 MG		1	11/26/2007	99/99/9999						
51079-0078-20	Q0178			1/1/2002	99/99/9999	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	HYDROXYZINE PAMOATE (10X10) 50 MG	100 EA	BX	PO	EA		50 MG		1	11/26/2007	99/99/9999	1/1/2002	4/1/2002	1			
51079-0434-01	J8999			1/1/2002	99/99/9999	MEGESTROL ACETATE (USP) 20 MG	MEGESTROL ACETATE (USP) 20 MG	1 EA	BX	PO	EA		1 EA		1	1/1/2002	99/99/9999						
51079-0434-20	J8999			1/1/2002	99/99/9999	MEGESTROL ACETATE (10X10) 20 MG	MEGESTROL ACETATE (10X10) 20 MG	100 EA	BX	PO	EA		1 EA		1	1/1/2002	99/99/9999						
51079-0435-01	J8999			1/1/2002	99/99/9999	MEGESTROL ACETATE (USP) 40 MG	MEGESTROL ACETATE (ROBOT READY 25X1) 40 MG	1 EA	BX	PO	EA		1 EA		1	1/1/2002	99/99/9999						
51079-0435-19	J8999			1/1/2002	6/2/2008	MEGESTROL ACETATE (ROBOT READY 25X1) 40 MG	MEGESTROL ACETATE (10X10) 40 MG	25 EA	BX	PO	EA		1 EA		1	1/1/2002	6/2/2008						
51079-0435-20	J8999			1/1/2002	99/99/9999	MEGESTROL ACETATE (10X10) 40 MG	MEGESTROL ACETATE (10X10) 40 MG	100 EA	BX	PO	EA		1 EA		1	1/1/2002	99/99/9999						
51079-0472-01	Q0166			3/3/2008	5/16/2012	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	GRANISETRON HYDROCHLORIDE (FILM COATED) 1 MG	1 EA	BX	PO	EA		1 MG		1	3/3/2008	5/16/2012						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
51079-0472-05		Q0166		3/3/2008	5/16/2012	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	GRANISETRON HYDROCHLORIDE (2CARDSX10,FILM-COATED) 1 MG	20	EA	BX	PO	EA	1 MG		1	3/3/2008	5/16/2012						
51079-0524-01		Q0179		7/9/2007	12/31/2011	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 4 MG	1	EA	BX	PO	EA	8 MG		0.5	7/9/2007	12/31/2011						
51079-0524-01		Q0162		1/1/2012	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	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 4 MG	1	EA	BP	PO	EA	1 MG		4	1/1/2012	99/99/9999						
51079-0524-20		Q0179		7/9/2007	12/31/2011	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (USP,10X10,FILM-COATED) 4 MG	100	EA	BX	PO	EA	8 MG		0.5	7/9/2007	12/31/2011						
51079-0524-20		Q0162		1/1/2012	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	ONDANSETRON HYDROCHLORIDE (USP,10X10,FILM-COATED) 4 MG	100	EA	BX	PO	EA	1 MG		4	1/1/2012	99/99/9999						
51079-0525-01		Q0179		7/9/2007	12/31/2011	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 8 MG	1	EA	BX	PO	EA	8 MG		1	7/9/2007	12/31/2011						
51079-0525-01		Q0162		1/1/2012	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	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 8 MG	1	EA	BP	PO	EA	1 MG		8	1/1/2012	99/99/9999						
51079-0525-20		Q0179		7/9/2007	12/31/2011	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (USP,10X10,FILM-COATED) 8 MG	100	EA	BX	PO	EA	8 MG		1	7/9/2007	12/31/2011						
51079-0525-20		Q0162		1/1/2012	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	ONDANSETRON HYDROCHLORIDE (USP,10X10,FILM-COATED) 8 MG	100	EA	BX	PO	EA	1 MG		8	1/1/2012	99/99/9999						
51079-0541-01		Q0164		1/1/2002	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	PROCHLORPERAZINE MALEATE (USP) 5 MG	1	EA	BX	PO	EA	5 MG		1	1/1/2002	99/99/9999						
51079-0541-19		Q0164		1/1/2002	10/15/2006	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	PROCHLORPERAZINE MALEATE (ROBOT READY 25X1) 5 MG	25	EA	BX	PO	EA	5 MG		1	1/1/2002	10/15/2006						
51079-0541-20		Q0164		1/1/2002	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	PROCHLORPERAZINE MALEATE (10X10) 5 MG	100	EA	BX	PO	EA	5 MG		1	1/1/2002	99/99/9999						
51079-0542-01		Q0165		1/1/2002	99/99/9999	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	PROCHLORPERAZINE MALEATE (USP) 10 MG	1	EA	BX	PO	EA	10 MG		1	1/1/2002	99/99/9999						
51079-0542-20		Q0165		1/1/2002	99/99/9999	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	PROCHLORPERAZINE MALEATE (10X10) 10 MG	100	EA	BX	PO	EA	10 MG		1	1/1/2002	99/99/9999						
51079-0591-01		Q0144		6/25/2007	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 250 MG	1	EA	BX	PO	EA	1 GM		0.25	6/25/2007	99/99/9999						
51079-0591-20		Q0144		6/25/2007	11/7/2010	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (10X10,FILM-COATED) 250 MG	100	EA	BX	PO	EA	1 GM		0.25	6/25/2007	11/7/2010						
51079-0670-01		None		1/1/1994	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM (USP) 2.5 MG	1	EA	BX	PO	EA	2.5 MG		1	1/1/1994	99/99/9999						
51079-0670-05		None		1/1/1994	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM (2X10) 2.5 MG	20	EA	BX	PO	EA	2.5 MG		1	1/1/1994	99/99/9999						
51079-0818-20		J7507		11/1/2010	7/13/2012	TACROLIMUS, ORAL, PER 1 MG	TACROLIMUS (10X10,HARD GELATIN) 1 MG	100	EA	BX	PO	EA	1 MG		1	11/1/2010	7/13/2012						
51079-0818-20		J7507		8/6/2013	99/99/9999	TACROLIMUS, ORAL, PER 1 MG	TACROLIMUS (10X10,HARD GELATIN) 1 MG	100	EA	BO	PO	EA	1 MG		1	8/6/2013	99/99/9999						
51079-0876-01		J8499		1/1/2002	6/1/2010	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (USP) 200 MG	1	EA	BX	PO	EA	1 EA		1	1/1/2002	6/1/2010						
51079-0876-20		J8499		1/1/2002	6/1/2010	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (10X10) 200 MG	100	EA	BX	PO	EA	1 EA		1	1/1/2002	6/1/2010						
51079-0877-01		J8499		1/1/2002	6/1/2010	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (USP) 400 MG	1	EA	BP	PO	EA	1 EA		1	1/1/2002	6/1/2010						
51079-0877-20		J8499		1/1/2002	6/1/2010	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (10X10) 400 MG	100	EA	BX	PO	EA	1 EA		1	1/1/2002	6/1/2010						
51079-0878-01		J8499		1/1/2002	6/1/2010	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (USP) 800 MG	1	EA	BX	PO	EA	1 EA		1	1/1/2002	6/1/2010						
51079-0878-20		J8499		1/1/2002	6/1/2010	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (10X10) 800 MG	100	EA	BX	PO	EA	1 EA		1	1/1/2002	6/1/2010						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
51079-0895-01		Q0170		2/1/2007	99/99/9999	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	PROMETHAZINE HYDROCHLORIDE (USP) 25 MG	1 EA	BX	PO	EA		25 MG		1	2/1/2007	99/99/9999						
51079-0895-20		Q0170		3/14/2005	99/99/9999	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	PROMETHAZINE HCL (10X10) 25 MG ETOPOSIDE (BLISTERPACK, 2X10) 50 MG	100 EA	BX	PO	EA		25 MG		1	2/1/2007	99/99/9999	3/14/2005	5/24/2005	1			
51079-0965-05	None			10/29/2001	10/10/2008	ETOPOSIDE, 50 MG, ORAL		20 EA	BX	PO	EA		50 MG		1	10/29/2001	10/10/2008						
51079-0967-01		Q0163		1/1/2002	5/16/2012	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	DIPHENHYDRAMINE HCL (MINITAB,MINITAB) 25 MG	1 EA	BX	PO	EA		50 MG		0.5	1/1/2002	5/16/2012						
51079-0967-17		Q0163		1/1/2002	5/16/2012	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	DIPHENHYDRAMINE HCL (MINITAB,MINITAB) 25 MG	1 EA	BX	PO	EA		50 MG		0.5	1/1/2002	5/16/2012						
51079-0967-19		Q0163		1/1/2002	5/16/2012	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	DIPHENHYDRAMINE HCL (MINITAB) 25 MG	25 EA	BX	PO	EA		50 MG		0.5	1/1/2002	5/16/2012						
51079-0967-20		Q0163		1/1/2002	5/16/2012	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	DIPHENHYDRAMINE HCL (10X10,MINITAB) 25 MG	100 EA	BX	PO	EA		50 MG		0.5	1/1/2002	5/16/2012						
51285-0366-01	None			3/9/2006	99/99/9999	METHOTREXATE, 5 MG	TREXALL (FILM-COATED) 5 MG	30 EA	BO	PO	EA		5 MG		1	3/9/2006	99/99/9999						
51285-0367-01	None			3/9/2006	99/99/9999	METHOTREXATE, 7.5 MG	TREXALL (FILM-COATED) 7.5 MG	30 EA	BO	PO	EA		7.5 MG		1	3/9/2006	99/99/9999						
51285-0368-01	None			12/1/2005	99/99/9999	METHOTREXATE, 10 MG	TREXALL (FILM-COATED) 10 MG	30 EA	BO	PO	EA		10 MG		1	12/1/2005	99/99/9999						
51285-0369-01	None			12/1/2005	99/99/9999	METHOTREXATE, 15 MG	TREXALL (FILM-COATED) 15 MG	30 EA	BO	PO	EA		15 MG		1	12/1/2005	99/99/9999						
51479-0040-05	J3490			9/30/2005	1/1/2007	UNCLASSIFIED DRUGS	AZACTAM (S.D.V.) 500 MG	1 EA	VL	IJ	EA		1 EA		1	9/30/2005	1/1/2007						
51479-0041-10	J3490			9/30/2005	1/1/2007	UNCLASSIFIED DRUGS	AZACTAM 1 GM	1 EA	VL	IJ	EA		1 EA		1	9/30/2005	1/1/2007						
51479-0041-15	J3490			9/30/2005	3/31/2010	UNCLASSIFIED DRUGS	AZACTAM (S.D.V.) 1 GM	1 EA	VL	IJ	EA		1 EA		1	9/30/2005	3/31/2010						
51479-0042-10	J3490			9/30/2005	1/1/2007	UNCLASSIFIED DRUGS	AZACTAM 2 GM	1 EA	VL	IJ	EA		1 EA		1	9/30/2005	1/1/2007						
51479-0042-15	J3490			9/30/2005	3/31/2010	UNCLASSIFIED DRUGS	AZACTAM (S.D.V.) 2 GM	1 EA	VL	IJ	EA		1 EA		1	9/30/2005	3/31/2010						
51479-0048-01	J3490			9/30/2005	3/31/2010	UNCLASSIFIED DRUGS	AZACTAM (GALAXY P.C.,24X50ML) 1 GM/50 ML	50 ML	PC	IV	ML		1 EA		1	9/30/2005	3/31/2010						
51479-0049-01	J3490			9/30/2005	3/31/2010	UNCLASSIFIED DRUGS	AZACTAM (GALAXY P.C.,24X50ML) 2 GM/50 ML	50 ML	FC	IV	ML		1 EA		1	9/30/2005	3/31/2010						
51479-0053-01	J0692			11/8/2002	9/30/2010	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	MAXIPIME 500 MG	1 EA	NA	IJ	EA		500 MG		1	11/8/2002	9/30/2010						
51479-0053-10	J0692			11/8/2002	9/30/2010	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	MAXIPIME 500 MG	1 EA	VL	IJ	EA		500 MG		1	11/8/2002	9/30/2010						
51479-0054-01	J0692			11/8/2002	9/30/2010	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	MAXIPIME (P.B.) 1 GM	1 EA	VL	IJ	EA		500 MG		2	11/8/2002	9/30/2010						
51479-0054-02	J0692			11/8/2002	9/30/2010	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	MAXIPIME (ADD-VANTAGE) 1 GM	1 EA	NA	IJ	EA		500 MG		2	11/8/2002	9/30/2010						
51479-0054-03	J0692			11/8/2002	9/30/2010	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	MAXIPIME (VIAL) 1 GM	1 EA	VL	IJ	EA		500 MG		2	11/8/2002	9/30/2010						
51479-0054-10	J0692			1/1/2002	1/1/2007	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	MAXIPIME (P.B.) 1 GM	1 EA	VL	IJ	EA		500 MG		2	1/1/2002	1/1/2007						
51479-0054-20	J0692			1/1/2002	9/30/2010	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	MAXIPIME (ADD-VANTAGE,ADD-VANTAGE) 1 GM	1 EA	VL	IJ	EA		500 MG		2	1/1/2002	9/30/2010						
51479-0054-30	J0692			1/1/2002	9/30/2010	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	MAXIPIME (VIAL) 1 GM	1 EA	VL	IJ	EA		500 MG		2	1/1/2002	9/30/2010						
51479-0055-01	J0692			11/8/2002	9/30/2010	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	MAXIPIME (ADD-VANTAGE) 2 GM	1 EA	NA	IJ	EA		500 MG		4	11/8/2002	9/30/2010						
51479-0055-02	J0692			11/8/2002	9/30/2010	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	MAXIPIME (P.B.) 2 GM	1 EA	VL	IJ	EA		500 MG		4	11/8/2002	9/30/2010						
51479-0055-10	J0692			1/1/2002	9/30/2010	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	MAXIPIME (VIAL) 2 GM	1 EA	VL	IJ	EA		500 MG		4	11/8/2002	9/30/2010						
51479-0055-20	J0692			1/1/2002	9/30/2010	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	MAXIPIME (ADD-VANTAGE) 2 GM	1 EA	VL	IJ	EA		500 MG		4	1/1/2002	9/30/2010						
51479-0055-30	J0692			1/1/2002	9/30/2010	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	MAXIPIME (P.B.) 2 GM	1 EA	VL	IJ	EA		500 MG		4	1/1/2002	9/30/2010						
51552-0005-01	J2675			9/1/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P.)	1 EA	BO	NA	GM		50 MG		20	9/1/2003	99/99/9999						
51552-0005-03	J2675			9/1/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P.)	1 EA	BO	NA	GM		50 MG		20	9/1/2003	99/99/9999						
51552-0005-04	J2675			9/1/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P.)	1 EA	BO	NA	GM		50 MG		20	9/1/2003	99/99/9999						
51552-0005-05	J2675			9/1/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P.)	1 EA	JR	NA	GM		50 MG		20	9/1/2003	99/99/9999						
51552-0005-07	J2675			9/1/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM		50 MG		20	9/1/2003	99/99/9999						
51552-0006-01	J2675			9/1/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (WETTABLE U.S.P.)	1 EA	BO	NA	GM		50 MG		20	9/1/2003	99/99/9999						
51552-0006-03	J2675			9/1/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (WETTABLE U.S.P.)	1 EA	BO	NA	GM		50 MG		20	9/1/2003	99/99/9999						
51552-0006-04	J2675			9/1/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (WETTABLE U.S.P.)	1 EA	BO	NA	GM		50 MG		20	9/1/2003	99/99/9999						
51552-0006-05	J2675			9/1/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (WETTABLE U.S.P.)	1 EA	BO	NA	GM		50 MG		20	9/1/2003	99/99/9999						
51552-0006-07	J2675			9/1/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (WETTABLE U.S.P.)	1 EA	BO	NA	GM		50 MG		20	9/1/2003	99/99/9999						
51552-0021-01	J1700			1/1/2002	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P.)	1 EA	BO	NA	GM		25 MG		40	1/1/2002	99/99/9999						
51552-0021-02	J1700			9/1/2003	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P.)	1 EA	BO	NA	GM		25 MG		40	9/1/2003	99/99/9999						
51552-0021-03	J1700			9/1/2003	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P.)	1 EA	BO	NA	GM		25 MG		40	9/1/2003	99/99/9999						
51552-0021-04	J1700			9/1/2003	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P.)	1 EA	BO	NA	GM		25 MG		40	9/1/2003	99/99/9999						
51552-0021-05	J1700			9/1/2003	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P.)	1 EA	BO	NA	GM		25 MG		40	9/1/2003	99/99/9999						
51552-0024-01	J1094			1/1/2003	99/99/9999	INJECTION, DEXAMETHASONE ACETATE, 1 MG	DEXAMETHASONE ACETATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	1/1/2003	99/99/9999						
51552-0024-02	J1094			9/1/2003	99/99/9999	INJECTION, DEXAMETHASONE ACETATE, 1 MG	DEXAMETHASONE ACETATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	9/1/2003	99/99/9999						
51552-0024-03	J1094			9/1/2003	99/99/9999	INJECTION, DEXAMETHASONE ACETATE, 1 MG	DEXAMETHASONE ACETATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	9/1/2003	99/99/9999						
51552-0024-04	J1094			9/1/2003	99/99/9999	INJECTION, DEXAMETHASONE ACETATE, 1 MG	DEXAMETHASONE ACETATE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM		1 MG		1000	9/1/2003	99/99/9999						

NDC	NDC Mod	NCPCS	NCPCS Mod	Relationship Start Date	Relationship End Date	NCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	NCPCS Amount #1	NCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
51552-0025-01		J7638		1/1/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000		1/1/2002	99/99/9999						
51552-0025-01	KO	J7638	KO	1/1/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000		1/1/2002	99/99/9999						
51552-0025-02		J7638		9/1/2003	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000		9/1/2003	99/99/9999						
51552-0025-02	KO	J7638	KO	9/1/2003	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000		9/1/2003	99/99/9999						
51552-0025-03		J7638		9/1/2003	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000		9/1/2003	99/99/9999						
51552-0025-03	KO	J7638	KO	9/1/2003	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000		9/1/2003	99/99/9999						
51552-0025-04		J7638		9/1/2003	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000		9/1/2003	99/99/9999						
51552-0025-04	KO	J7638	KO	9/1/2003	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000		9/1/2003	99/99/9999						
51552-0026-02		J7510		9/1/2003	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE ANHYDROUS (U.S.P.)	1 EA	BO	NA	GM		5 MG	200		9/1/2003	99/99/9999						
51552-0026-04		J7510		9/1/2003	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE ANHYDROUS (U.S.P.)	1 EA	BO	NA	GM		5 MG	200		9/1/2003	99/99/9999						
51552-0026-05		J7510		9/1/2003	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE ANHYDROUS (U.S.P.)	1 EA	BO	NA	GM		5 MG	200		9/1/2003	99/99/9999						
51552-0028-01		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE	1 EA	BO	NA	GM		5 MG	200		1/1/2002	99/99/9999						
51552-0028-02		J7506		9/1/2003	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (U.S.P.)	1 EA	BO	NA	GM		5 MG	200		9/1/2003	99/99/9999						
51552-0028-04		J7506		9/1/2003	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (U.S.P.)	1 EA	BO	NA	GM		5 MG	200		9/1/2003	99/99/9999						
51552-0028-05		J7506		9/1/2003	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (U.S.P.)	1 EA	BO	NA	GM		5 MG	200		9/1/2003	99/99/9999						
51552-0029-01		J3140		1/1/2002	99/99/9999	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MC	TESTOSTERONE (U.S.P.)	1 EA	BO	NA	GM		50 MG	20		1/1/2002	99/99/9999						
51552-0029-02		J3140		9/1/2003	99/99/9999	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MC	TESTOSTERONE (U.S.P.)	1 EA	JR	NA	GM		50 MG	20		9/1/2003	99/99/9999						
51552-0029-04		J3140		9/1/2003	99/99/9999	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MC	TESTOSTERONE (U.S.P.)	1 EA	BO	NA	GM		50 MG	20		9/1/2003	99/99/9999						
51552-0029-07		J3140		9/1/2003	99/99/9999	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MC	TESTOSTERONE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM		50 MG	20		9/1/2003	99/99/9999						
51552-0030-01		J3150		1/1/2002	99/99/9999	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	TESTOSTERONE PROPIONATE (U.S.P.)	1 EA	BO	NA	GM		100 MG	10		1/1/2002	99/99/9999						
51552-0030-02		J3150		9/1/2003	99/99/9999	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	TESTOSTERONE PROPIONATE (U.S.P.)	1 EA	BO	NA	GM		100 MG	10		9/1/2003	99/99/9999						
51552-0030-04		J3150		9/1/2003	99/99/9999	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	TESTOSTERONE PROPIONATE (U.S.P.)	1 EA	BO	NA	GM		100 MG	10		9/1/2003	99/99/9999						
51552-0030-05		J3150		9/1/2003	99/99/9999	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	TESTOSTERONE PROPIONATE (U.S.P.)	1 EA	BO	NA	GM		100 MG	10		9/1/2003	99/99/9999						
51552-0030-08		J3150		9/1/2003	99/99/9999	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	TESTOSTERONE PROPIONATE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM		100 MG	10		9/1/2003	99/99/9999						
51552-0030-09		J3150		9/1/2003	99/99/9999	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	TESTOSTERONE PROPIONATE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM		100 MG	10		9/1/2003	99/99/9999						
51552-0033-01	KO	J7684	KO	1/1/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000		1/1/2002	99/99/9999						
51552-0033-03		J7684		1/1/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000		1/1/2002	99/99/9999						
51552-0033-02		J7684		9/1/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM		1 MG	1000		9/1/2003	99/99/9999						
51552-0033-02	KO	J7684	KO	9/1/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM		1 MG	1000		9/1/2003	99/99/9999						
51552-0033-03		J7684		9/1/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000		9/1/2003	99/99/9999						
51552-0033-03	KO	J7684	KO	9/1/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000		9/1/2003	99/99/9999						
51552-0033-05		J7684		9/1/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000		9/1/2003	99/99/9999						
51552-0033-05	KO	J7684	KO	9/1/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000		9/1/2003	99/99/9999						
51552-0033-05		J7684		9/1/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000		9/1/2003	99/99/9999						
51552-0033-05	KO	J7684	KO	9/1/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000		9/1/2003	99/99/9999						
51552-0038-03		J3490		9/1/2003	99/99/9999	UNCLASSIFIED DRUGS	METRONIDAZOLE (U.S.P.)	1 EA	BO	NA	GM		1 EA	1		9/1/2003	99/99/9999						
51552-0038-04		J3490		9/1/2003	99/99/9999	UNCLASSIFIED DRUGS	METRONIDAZOLE (U.S.P.)	1 EA	BO	NA	GM		1 EA	1		9/1/2003	99/99/9999						
51552-0038-05		J3490		9/1/2003	99/99/9999	UNCLASSIFIED DRUGS	METRONIDAZOLE (U.S.P.)	1 EA	JR	NA	GM		1 EA	1		9/1/2003	99/99/9999						
51552-0038-06		J3490		9/1/2003	99/99/9999	UNCLASSIFIED DRUGS	METRONIDAZOLE (U.S.P.)	1 EA	BO	NA	GM		1 EA	1		9/1/2003	99/99/9999						
51552-0042-01		J7643		1/1/2002	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000		1/1/2002	99/99/9999						
51552-0042-01	KO	J7643	KO	1/1/2002	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000		1/1/2002	99/99/9999						
51552-0044-01		J7613		1/1/2005	12/31/2006	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.,N.F.)	1 EA	BO	NA	GM		1 MG	1000		1/1/2005	12/31/2006						
51552-0044-02		J7609	KO	1/1/2007	99/99/9999	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.,N.F.)	1 EA	BO	NA	GM		1 MG	1000		1/1/2007	99/99/9999						
51552-0044-02	KO	J7613	KO	1/1/2005	12/31/2006	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.,N.F.)	1 EA	BO	NA	GM		1 MG	1000		1/1/2005	12/31/2006						
51552-0044-02		J7609		1/1/2007	99/99/9999	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.,N.F.)	1 EA	BO	NA	GM		1 MG	1000		1/1/2007	99/99/9999						
51552-0044-04		J7613		1/1/2005	12/31/2006	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000		1/1/2005	12/31/2006						
51552-0044-04	KO	J7613	KO	1/1/2005	12/31/2006	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000		1/1/2005	12/31/2006						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
51552-0044-04		J7609		1/1/2007	99/99/9999	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000		1/1/2007	99/99/9999						
51552-0044-04	KO	J7609	KO	1/1/2007	99/99/9999	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000		1/1/2007	99/99/9999						
51552-0044-05		J7613		1/1/2005	12/31/2006	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.,N.F.)	1 EA	BO	NA	GM		1 MG	1000		1/1/2005	12/31/2006						
51552-0044-05	KO	J7613	KO	1/1/2005	12/31/2006	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.,N.F.)	1 EA	BO	NA	GM		1 MG	1000		1/1/2005	12/31/2006						
51552-0044-05		J7609		1/1/2007	99/99/9999	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.,N.F.)	1 EA	BO	NA	GM		1 MG	1000		1/1/2007	99/99/9999						
51552-0044-05	KO	J7609	KO	1/1/2007	99/99/9999	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.,N.F.)	1 EA	BO	NA	GM		1 MG	1000		1/1/2007	99/99/9999						
51552-0044-06		J7609		1/1/2007	99/99/9999	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.,N.F.)	1 EA	BO	NA	GM		1 MG	1000		1/1/2007	99/99/9999						
51552-0044-06	KO	J7613	KO	1/1/2005	12/31/2006	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.,N.F.)	1 EA	BO	NA	GM		1 MG	1000		1/1/2005	12/31/2006						
51552-0044-06		J7613		1/1/2005	12/31/2006	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.,N.F.)	1 EA	BO	NA	GM		1 MG	1000		1/1/2005	12/31/2006						
51552-0044-06	KO	J7609	KO	1/1/2007	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.,N.F.)	1 EA	BO	NA	GM		1 MG	1000		1/1/2007	99/99/9999						
51552-0044-07		J7613		1/1/2005	12/31/2006	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.,N.F.)	1 EA	BO	NA	GM		1 MG	1000		1/1/2005	12/31/2006						
51552-0044-07	KO	J7613	KO	1/1/2005	12/31/2006	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.,N.F.)	1 EA	BO	NA	GM		1 MG	1000		1/1/2005	12/31/2006						
51552-0044-07		J7609		1/1/2007	99/99/9999	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.,N.F.)	1 EA	BO	NA	GM		1 MG	1000		1/1/2007	99/99/9999						
51552-0044-07	KO	J7609	KO	1/1/2007	99/99/9999	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.,N.F.)	1 EA	BO	NA	GM		1 MG	1000		1/1/2007	99/99/9999						
51552-0057-04		J3350		9/1/2003	99/99/9999	UREA, UP TO 40 GM	UREA (U.S.P.,N.F.)	1 EA	BO	NA	GM		40 GM	0.025		1/1/2002	99/99/9999						
51552-0057-06		J3350		9/1/2003	99/99/9999	UREA, UP TO 40 GM	UREA (U.S.P.,N.F.)	1 EA	BO	NA	GM		40 GM	0.025		9/1/2003	99/99/9999						
51552-0057-06		J3350		9/1/2003	99/99/9999	UREA, UP TO 40 GM	UREA (U.S.P.,N.F.)	1 EA	BO	NA	GM		40 GM	0.025		9/1/2003	99/99/9999						
51552-0061-06		J3480		9/1/2003	99/99/9999	POTASSIUM CHLORIDE, PER 2 MEC	POTASSIUM CHLORIDE (U.S.P.,N.F.)	1 EA	BO	NA	GM		2 MEQ	6.71141		9/1/2003	99/99/9999						
51552-0064-01		J7624		1/1/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000		1/1/2002	99/99/9999						
51552-0064-01	KO	J7624	KO	1/1/2002	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000		1/1/2002	99/99/9999						
51552-0064-02		J7624		9/1/2003	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000		9/1/2003	99/99/9999						
51552-0064-02	KO	J7624	KO	9/1/2003	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000		9/1/2003	99/99/9999						
51552-0074-05		Q0165		9/1/2003	99/99/9999	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	PROCHLORPERAZINE MALEATE (U.S.P.)	1 EA	BO	NA	GM		10 MG	100		9/1/2003	99/99/9999						
51552-0074-09		Q0165		9/1/2003	99/99/9999	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	PROCHLORPERAZINE MALEATE (U.S.P.)	1 EA	BO	NA	GM		10 MG	100		9/1/2003	99/99/9999						
51552-0079-02		J7669		9/1/2003	12/31/2006	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.,N.F.)	1 EA	BO	NA	GM		10 MG	100		9/1/2003	12/31/2006						
51552-0079-02	KO	J7669	KO	9/1/2003	12/31/2006	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.,N.F.)	1 EA	BO	NA	GM		10 MG	100		9/1/2003	12/31/2006						
51552-0079-02		J7670		1/1/2007	99/99/9999	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.,N.F.)	1 EA	BO	NA	GM		10 MG	100		1/1/2007	99/99/9999						
51552-0079-02	KO	J7670	KO	1/1/2007	99/99/9999	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.,N.F.)	1 EA	BO	NA	GM		10 MG	100		1/1/2007	99/99/9999						
51552-0079-04		J7669		9/1/2003	12/31/2006	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.,N.F.)	1 EA	BO	NA	GM		10 MG	100		9/1/2003	12/31/2006						
51552-0079-04	KO	J7669	KO	9/1/2003	12/31/2006	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.,N.F.)	1 EA	BO	NA	GM		10 MG	100		9/1/2003	12/31/2006						
51552-0079-04		J7670		1/1/2007	99/99/9999	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.,N.F.)	1 EA	BO	NA	GM		10 MG	100		1/1/2007	99/99/9999						
51552-0079-04	KO	J7670	KO	1/1/2007	99/99/9999	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.,N.F.)	1 EA	BO	NA	GM		10 MG	100		1/1/2007	99/99/9999						
51552-0079-05		J7669		9/1/2003	12/31/2006	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.,N.F.)	1 EA	BO	NA	GM		10 MG	100		9/1/2003	12/31/2006						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
51552-0079-05	KO	J7670	KO	1/1/2007	99/99/9999	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.,N.F.)	1 EA	BO	NA	GM		10 MG		100	1/1/2007	99/99/9999						
51552-0079-05		J7670		1/1/2007	99/99/9999	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.,N.F.)	1 EA	BO	NA	GM		10 MG		100	1/1/2007	99/99/9999						
51552-0079-05	KO	J7669	KO	9/1/2003	12/31/2006	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.,N.F.)	1 EA	BO	NA	GM		10 MG		100	9/1/2003	12/31/2006						
51552-0079-07		J7669		9/1/2003	12/31/2006	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.,N.F.)	1 EA	BO	NA	GM		10 MG		100	9/1/2003	12/31/2006						
51552-0079-07	KO	J7669	KO	9/1/2003	12/31/2006	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.,N.F.)	1 EA	BO	NA	GM		10 MG		100	9/1/2003	12/31/2006						
51552-0079-07		J7670		1/1/2007	99/99/9999	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.,N.F.)	1 EA	BO	NA	GM		10 MG		100	1/1/2007	99/99/9999						
51552-0079-07	KO	J7670	KO	1/1/2007	99/99/9999	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.,N.F.)	1 EA	BO	NA	GM		10 MG		100	1/1/2007	99/99/9999						
51552-0104-02	J1070			9/1/2003	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG	TESTOSTERONE CYPIONATE (U.S.P.,N.F.)	1 EA	BO	NA	GM		100 MG		10	9/1/2003	99/99/9999						
51552-0106-04	J2001			1/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MC	LIDOCAINE HCL (U.S.P.,N.F.)	1 EA	BO	NA	GM		10 MG		100	1/1/2004	99/99/9999						
51552-0106-05	J2001			1/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MC	LIDOCAINE HCL (U.S.P.,N.F.)	1 EA	JR	NA	GM		10 MG		100	1/1/2004	99/99/9999						
51552-0106-06	J2001			1/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MC	LIDOCAINE HCL (U.S.P.,N.F.)	1 EA	BO	NA	GM		10 MG		100	1/1/2004	99/99/9999						
51552-0106-09	J2001			1/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MC	LIDOCAINE HCL (U.S.P.,N.F.)	1 EA	BO	NA	GM		10 MG		100	1/1/2004	99/99/9999						
51552-0124-02	J1200			9/1/2003	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (U.S.P.,N.F.)	1 EA	JR	NA	GM		50 MG		20	9/1/2003	99/99/9999						
51552-0124-04	J1200			9/1/2003	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (U.S.P.,N.F.)	1 EA	JR	NA	GM		50 MG		20	9/1/2003	99/99/9999						
51552-0124-05	J1200			9/1/2003	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (U.S.P.,N.F.)	1 EA	JR	NA	GM		50 MG		20	9/1/2003	99/99/9999						
51552-0124-06	J1200			9/1/2003	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (U.S.P.,N.F.)	1 EA	JR	NA	GM		50 MG		20	9/1/2003	99/99/9999						
51552-0130-02	J3490			9/1/2003	99/99/9999	UNCLASSIFIED DRUGS	BENZOCOCINE (U.S.P.,N.F.)	1 EA	BO	NA	GM		1 EA		1	9/1/2003	99/99/9999						
51552-0130-04	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	BENZOCOCINE (U.S.P.,N.F.)	1 EA	BO	NA	GM		1 EA		1	1/1/2002	99/99/9999						
51552-0130-06	J3490			9/1/2003	99/99/9999	UNCLASSIFIED DRUGS	BENZOCOCINE (U.S.P.,N.F.)	1 EA	BO	NA	GM		1 EA		1	9/1/2003	99/99/9999						
51552-0139-04	J3230			9/1/2003	99/99/9999	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG	CHLORPROMAZINE HCL (U.S.P.,N.F.)	1 EA	BO	NA	GM		50 MG		20	9/1/2003	99/99/9999						
51552-0139-05	J3230			9/1/2003	99/99/9999	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG	CHLORPROMAZINE HCL (U.S.P.,N.F.)	1 EA	BO	NA	GM		50 MG		20	9/1/2003	99/99/9999						
51552-0139-07	J3230			9/1/2003	99/99/9999	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG	CHLORPROMAZINE HCL (U.S.P.,N.F.)	1 EA	BO	NA	GM		50 MG		20	9/1/2003	99/99/9999						
51552-0141-02	J1980			9/1/2003	99/99/9999	INJECTION, HYOSCYAMINE SULFATE, UP TO 0.25 MG	HYOSCYAMINE SULFATE (U.S.P.,N.F.)	1 EA	BO	NA	GM		0.25 MG		4000	9/1/2003	99/99/9999						
51552-0141-04	J1980			9/1/2003	99/99/9999	INJECTION, HYOSCYAMINE SULFATE, UP TO 0.25 MG	HYOSCYAMINE SULFATE (U.S.P.,N.F.)	1 EA	BO	NA	GM		0.25 MG		4000	9/1/2003	99/99/9999						
51552-0147-01	J2550			1/1/2002	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (U.S.P.,N.F.)	1 EA	JR	NA	GM		50 MG		20	1/1/2002	99/99/9999						
51552-0147-02	J2550			9/1/2003	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (U.S.P.,N.F.)	1 EA	BO	NA	GM		50 MG		20	9/1/2003	99/99/9999						
51552-0147-04	J2550			9/1/2003	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (U.S.P.,N.F.)	1 EA	JR	NA	GM		50 MG		20	9/1/2003	99/99/9999						
51552-0147-05	J2550			9/1/2003	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (U.S.P.,N.F.)	1 EA	BO	NA	GM		50 MG		20	9/1/2003	99/99/9999						
51552-0149-04	J3415			1/1/2004	99/99/9999	INJECTION, PYRIDOXINE HCL, 100 MG	PYRIDOXINE HCL (U.S.P.,N.F.)	1 EA	JR	NA	GM		100 MG		10	1/1/2004	99/99/9999						
51552-0149-05	J3415			1/1/2004	99/99/9999	INJECTION, PYRIDOXINE HCL, 100 MG	PYRIDOXINE HCL (U.S.P.,N.F.)	1 EA	BO	NA	GM		100 MG		10	1/1/2004	99/99/9999						
51552-0156-02	J7636			9/1/2003	99/99/9999	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE SULFATE MONOHYDRATE (U.S.P.,N.F.)	1 EA	BO	NA	GM		1 MG		1000	9/1/2003	99/99/9999						
51552-0156-02	KO	J7636	KO	9/1/2003	99/99/9999	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE SULFATE MONOHYDRATE (U.S.P.,N.F.)	1 EA	BO	NA	GM		1 MG		1000	9/1/2003	99/99/9999						
51552-0156-04	J7636			9/1/2003	99/99/9999	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE SULFATE MONOHYDRATE (U.S.P.,N.F.)	1 EA	BO	NA	GM		1 MG		1000	9/1/2003	99/99/9999						
51552-0156-04	KO	J7636	KO	9/1/2003	99/99/9999	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE SULFATE MONOHYDRATE (U.S.P.,N.F.)	1 EA	BO	NA	GM		1 MG		1000	9/1/2003	99/99/9999						
51552-0178-05	J0706			9/1/2003	11/1/2011	INJECTION, CAFFEINE CITRATE, 5MG	CAFFEINE CITRATE (PURIFIED)	1 EA	BO	NA	GM		5 MG		200	9/1/2003	11/1/2011						
51552-0178-06	J0706			9/1/2003	11/1/2011	INJECTION, CAFFEINE CITRATE, 5MG	CAFFEINE CITRATE (PURIFIED)	1 EA	BO	NA	GM		5 MG		200	9/1/2003	11/1/2011						
51552-0180-03	J2765			9/1/2003	99/99/9999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE HCL MONOHYDRATE (U.S.P.)	1 EA	BO	NA	GM		10 MG		100	9/1/2003	99/99/9999						
51552-0180-04	J2765			9/1/2003	99/99/9999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE HCL MONOHYDRATE (U.S.P.)	1 EA	BO	NA	GM		10 MG		100	9/1/2003	99/99/9999						
51552-0180-05	J2765			9/1/2003	99/99/9999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE HCL MONOHYDRATE (U.S.P.)	1 EA	BO	NA	GM		10 MG		100	9/1/2003	99/99/9999						
51552-0188-01	J1330			9/1/2003	99/99/9999	INJECTION, ERGONOVINE MALEATE, UP TO 0.2 MC	ERGONOVINE MALEATE (U.S.P.,N.F.)	1 EA	BO	NA	GM		0.2 MG		5000	1/1/2002	99/99/9999						
51552-0188-05	J1330			9/1/2003	99/99/9999	INJECTION, ERGONOVINE MALEATE, UP TO 0.2 MC	ERGONOVINE MALEATE (U.S.P.,N.F.)	1 EA	VL	NA	GM		0.2 MG		5000	9/1/2003	99/99/9999						
51552-0188-07	J1330			9/1/2003	99/99/9999	INJECTION, ERGONOVINE MALEATE, UP TO 0.2 MC	ERGONOVINE MALEATE (U.S.P.,N.F.)	1 EA	BO	NA	GM		0.2 MG		5000	9/1/2003	99/99/9999						
51552-0201-04	J7699			1/1/2007	12/31/2007	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	ACETYLCYSTEINE (U.S.P.,N.F.)	1 EA	BO	NA	GM		1 EA		1	1/1/2007	12/31/2007						
51552-0201-04	J7604			1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.,N.F.)	1 EA	BO	NA	GM		1 GM		1	1/1/2008	99/99/9999						
51552-0201-04	KO	J7604	KO	1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.,N.F.)	1 EA	BO	NA	GM		1 GM		1	1/1/2008	99/99/9999						
51552-0201-05	J7699			1/1/2007	12/31/2007	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	ACETYLCYSTEINE (U.S.P.,N.F.)	1 EA	BO	NA	GM		1 EA		1	1/1/2007	12/31/2007						
51552-0201-05	J7604			1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.,N.F.)	1 EA	BO	NA	GM		1 GM		1	1/1/2008	99/99/9999						
51552-0201-05	KO	J7604	KO	1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.,N.F.)	1 EA	BO	NA	GM		1 GM		1	1/1/2008	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
51552-0201-07	KO	J7604	KO	1/1/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.,N.F.)	1 EA	BO	NA	GM		1 GM		1	1/1/2008	99/99/9999						
51552-0201-07		J7699		1/1/2007	12/31/2007	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME, ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.,N.F.)	1 EA	BO	NA	GM		1 EA		1	1/1/2007	12/31/2007						
51552-0201-07		J7604		1/1/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.,N.F.)	1 EA	BO	NA	GM		1 GM		1	1/1/2008	99/99/9999						
51552-0232-02		J7799		9/1/2003	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	PHENYLEPHRINE HCL (U.S.P.,N.F.)	1 EA	BO	NA	GM		1 EA		1	9/1/2003	99/99/9999						
51552-0232-04		J7799		9/1/2003	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	PHENYLEPHRINE HCL (U.S.P.,N.F.)	1 EA	BO	NA	GM		1 EA		1	9/1/2003	99/99/9999						
51552-0232-05		J7799		9/1/2003	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	PHENYLEPHRINE HCL (U.S.P.,N.F.)	1 EA	BO	NA	GM		1 EA		1	9/1/2003	99/99/9999						
51552-0233-01		J1110		1/1/2002	99/99/9999	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG	DIHYDROERGOTAMINE MESYLATE (U.S.P.,N.F.)	1 EA	BO	NA	GM		1 MG		1000	1/1/2002	99/99/9999						
51552-0233-02		J1110		9/1/2003	99/99/9999	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG	DIHYDROERGOTAMINE MESYLATE (U.S.P.,N.F.)	1 EA	BO	NA	GM		1 MG		1000	9/1/2003	99/99/9999						
51552-0278-01		J3302		1/1/2002	99/99/9999	INJECTION, TRIAMCINOLONE DIACETATE, PER 5MG	TRIAMCINOLONE DIACETATE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM		5 MG		200	1/1/2002	99/99/9999						
51552-0278-02		J3302		9/1/2003	99/99/9999	INJECTION, TRIAMCINOLONE DIACETATE, PER 5MG	TRIAMCINOLONE DIACETATE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM		5 MG		200	9/1/2003	99/99/9999						
51552-0278-03		J3302		9/1/2003	99/99/9999	INJECTION, TRIAMCINOLONE DIACETATE, PER 5MG	TRIAMCINOLONE DIACETATE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM		5 MG		200	9/1/2003	99/99/9999						
51552-0304-01		J0285		9/1/2003	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B	1 EA	JR	NA	GM		50 MG		20	9/1/2003	99/99/9999						
51552-0304-02		J0285		9/1/2003	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B	1 EA	JR	NA	GM		50 MG		20	9/1/2003	99/99/9999						
51552-0304-03		J0285		9/1/2003	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B	1 EA	JR	NA	GM		50 MG		20	9/1/2003	99/99/9999						
51552-0304-04		J0285		9/1/2003	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B (1X25GM)	1 EA	BO	NA	GM		50 MG		20	9/1/2003	99/99/9999						
51552-0304-05		J0285		1/1/2002	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B	1 EA	JR	NA	GM		50 MG		20	9/1/2003	99/99/9999	1/1/2002	8/31/2003	20			
51552-0304-06		J0285		9/1/2003	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B (1X500GM)	1 EA	JR	NA	GM		50 MG		20	9/1/2003	99/99/9999						
51552-0304-07		J0285		9/1/2003	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B (U.S.P.)	1 EA	JR	NA	GM		50 MG		20	9/1/2003	99/99/9999						
51552-0304-09		J0285		9/1/2003	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B	1 EA	JR	NA	GM		50 MG		20	9/1/2003	99/99/9999						
51552-0313-05		J0280		9/1/2003	99/99/9999	INJECTION, AMINOPHYLLIN, UP TO 250 MG	AMINOPHYLLINE ANHYDROUS (U.S.P.)	1 EA	JR	NA	GM		250 MG		4	9/1/2003	99/99/9999						
51552-0313-06		J0280		9/1/2003	99/99/9999	INJECTION, AMINOPHYLLIN, UP TO 250 MG	AMINOPHYLLINE ANHYDROUS (U.S.P.)	1 EA	BO	NA	GM		250 MG		4	9/1/2003	99/99/9999						
51552-0324-06		J3480		9/1/2003	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEC	POTASSIUM CHLORIDE (U.S.P.)	1 EA	BO	NA	GM		2 MEQ		6.71141	9/1/2003	99/99/9999						
51552-0324-08		J3480		9/1/2003	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEC	POTASSIUM CHLORIDE (U.S.P.)	1 EA	BO	NA	GM		2 MEQ		6.71141	9/1/2003	99/99/9999						
51552-0324-09		J3480		9/1/2003	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEC	POTASSIUM CHLORIDE (U.S.P.)	1 EA	BO	NA	GM		2 MEQ		6.71141	9/1/2003	99/99/9999						
51552-0380-01		J2150		9/1/2003	99/99/9999	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (U.S.P.,N.F.)	1 EA	BO	NA	GM		50 ML		0.08	9/1/2003	99/99/9999						
51552-0380-05		J2150		9/1/2003	99/99/9999	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (U.S.P.,N.F.)	1 EA	BO	NA	GM		50 ML		0.08	9/1/2003	99/99/9999						
51552-0380-06		J2150		9/1/2003	99/99/9999	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (U.S.P.,N.F.)	1 EA	BO	NA	GM		50 ML		0.08	9/1/2003	99/99/9999						
51552-0380-08		J2150		9/1/2003	99/99/9999	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (U.S.P.)	1 EA	BO	NA	GM		50 ML		0.08	9/1/2003	99/99/9999						
51552-0380-09		J2150		9/1/2003	99/99/9999	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (U.S.P.)	1 EA	BO	NA	GM		50 ML		0.08	9/1/2003	99/99/9999						
51552-0393-01		J7644		1/1/2002	12/31/2006	MILLIGRAM	IPRATROPIUM BROMIDE (B.P.)	1 EA	BO	NA	GM		1 MG		1000	1/1/2002	12/31/2006						
51552-0393-01	KO	J7644	KO	1/1/2002	12/31/2006	MILLIGRAM	IPRATROPIUM BROMIDE (B.P.)	1 EA	BO	NA	GM		1 MG		1000	1/1/2002	12/31/2006						
51552-0393-01		J7645		1/1/2007	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (B.P.)	1 EA	BO	NA	GM		1 MG		1000	1/1/2007	99/99/9999						
51552-0393-01	KO	J7645	KO	1/1/2007	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (B.P.)	1 EA	BO	NA	GM		1 MG		1000	1/1/2007	99/99/9999						
51552-0393-02		J7644		9/1/2003	12/31/2006	MILLIGRAM	IPRATROPIUM BROMIDE (B.P.)	1 EA	BO	NA	GM		1 MG		1000	9/1/2003	12/31/2006						
51552-0393-02	KO	J7644	KO	9/1/2003	12/31/2006	MILLIGRAM	IPRATROPIUM BROMIDE (B.P.)	1 EA	BO	NA	GM		1 MG		1000	9/1/2003	12/31/2006						
51552-0393-02		J7645		1/1/2007	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (B.P.)	1 EA	BO	NA	GM		1 MG		1000	1/1/2007	99/99/9999						
51552-0393-02	KO	J7645	KO	1/1/2007	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (B.P.)	1 EA	BO	NA	GM		1 MG		1000	1/1/2007	99/99/9999						
51552-0393-04		J7645		1/1/2007	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (B.P.)	1 EA	BO	NA	GM		1 MG		1000	1/1/2007	99/99/9999						
51552-0393-04	KO	J7645	KO	1/1/2007	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (B.P.)	1 EA	BO	NA	GM		1 MG		1000	1/1/2007	99/99/9999						
51552-0393-04	KO	J7644	KO	9/1/2003	12/31/2006	MILLIGRAM	IPRATROPIUM BROMIDE (B.P.)	1 EA	BO	NA	GM		1 MG		1000	9/1/2003	12/31/2006						
51552-0393-04		J7644		9/1/2003	12/31/2006	MILLIGRAM	IPRATROPIUM BROMIDE (B.P.)	1 EA	BO	NA	GM		1 MG		1000	9/1/2003	12/31/2006						
51552-0393-05	KO	J7644	KO	9/1/2003	12/31/2006	MILLIGRAM	IPRATROPIUM BROMIDE (B.P.)	1 EA	BO	NA	GM		1 MG		1000	9/1/2003	12/31/2006						
51552-0393-05		J7645		1/1/2007	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (B.P.)	1 EA	BO	NA	GM		1 MG		1000	1/1/2007	99/99/9999						
51552-0393-05	KO	J7645	KO	1/1/2007	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (B.P.)	1 EA	BO	NA	GM		1 MG		1000	1/1/2007	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER																							
51552-0393-05	J7644			9/1/2003	12/31/2006	MILLIGRAM	IPRATROPIUM BROMIDE (B.P.)	1 EA	BO	NA	GM	1 MG	1000			9/1/2003	12/31/2006						
51552-0397-04	J2690			9/1/2003	2/29/2008	INJECTION, PROCAINAMIDE HCL, UP TO 1 GN	PROCAINAMIDE HCL	1 EA	NA	NA	GM	1 GM	1			9/1/2003	2/29/2008						
51552-0397-05	J2690			9/1/2003	2/29/2008	INJECTION, PROCAINAMIDE HCL, UP TO 1 GN	PROCAINAMIDE HCL	1 EA	VL	NA	GM	1 GM	1			9/1/2003	2/29/2008						
51552-0416-02	J2440			9/1/2003	99/99/9999	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HYDROCHLORIDE (U.S.P.)	1 EA	BO	NA	GM	60 MG	16.66666			9/1/2003	99/99/9999						
51552-0416-04	J2440			9/1/2003	99/99/9999	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HYDROCHLORIDE (U.S.P.)	1 EA	BO	NA	GM	60 MG	16.66666			9/1/2003	99/99/9999						
51552-0416-05	J2440			9/1/2003	99/99/9999	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HYDROCHLORIDE (U.S.P.)	1 EA	BO	NA	GM	60 MG	16.66666			9/1/2003	99/99/9999						
51552-0416-07	J2440			9/1/2003	99/99/9999	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HYDROCHLORIDE (U.S.P.)	1 EA	BO	NA	GM	60 MG	16.66666			9/1/2003	99/99/9999						
51552-0423-02	KO J7632	KO		1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT,	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM	10 MG	100			1/1/2008	99/99/9999						
51552-0423-02	J7632			1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT,	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM	10 MG	100			1/1/2008	99/99/9999						
51552-0423-02	J7699			1/1/2007	12/31/2007	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT,	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM	1 EA	1			1/1/2007	12/31/2007						
51552-0423-04	J7632			1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT,	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM	10 MG	100			1/1/2008	99/99/9999						
51552-0423-04	KO J7632	KO		1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT,	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM	10 MG	100			1/1/2008	99/99/9999						
51552-0423-04	J7699			1/1/2007	12/31/2007	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT,	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM	1 EA	1			1/1/2007	12/31/2007						
51552-0423-05	J7699			1/1/2007	12/31/2007	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT,	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM	1 EA	1			1/1/2007	12/31/2007						
51552-0423-05	J7632			1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT,	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM	10 MG	100			1/1/2008	99/99/9999						
51552-0423-05	KO J7632	KO		1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT,	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM	10 MG	100			1/1/2008	99/99/9999						
51552-0423-07	J7699			1/1/2007	12/31/2007	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT,	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM	1 EA	1			1/1/2007	12/31/2007						
51552-0423-07	J7632			1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT,	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM	10 MG	100			1/1/2008	99/99/9999						
51552-0423-07	KO J7632	KO		1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT,	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM	10 MG	100			1/1/2008	99/99/9999						
51552-0430-01	KO J7638	KO		1/1/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT,	DEXAMETHASONE	1 EA	BO	NA	GM	1 MG	1000			1/1/2002	99/99/9999						
51552-0430-01	J7638			1/1/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT,	DEXAMETHASONE	1 EA	BO	NA	GM	1 MG	1000			1/1/2002	99/99/9999						
51552-0430-02	J7638			9/1/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT,	DEXAMETHASONE (MICRONIZED)	1 EA	BO	NA	GM	1 MG	1000			9/1/2003	99/99/9999						
51552-0430-02	KO J7638	KO		9/1/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT,	DEXAMETHASONE (MICRONIZED)	1 EA	BO	NA	GM	1 MG	1000			9/1/2003	99/99/9999						
51552-0435-05	J0600			9/1/2003	99/99/9999	INJECTION, EDETATE CALCIUM DISODIUM, UP TO 1000 MG	EDETATE CALCIUM DISODIUM (U.S.P.,F.C.C.)	1 EA	BO	NA	GM	1000 MG	1			9/1/2003	99/99/9999						
51552-0445-01	J1435			1/1/2002	99/99/9999	INJECTION, ESTRONE, PER 1 MG	ESTRONE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000			1/1/2002	99/99/9999						
51552-0445-02	J1435			9/1/2003	99/99/9999	INJECTION, ESTRONE, PER 1 MG	ESTRONE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000			9/1/2003	99/99/9999						
51552-0445-04	J1435			9/1/2003	99/99/9999	INJECTION, ESTRONE, PER 1 MG	ESTRONE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000			9/1/2003	99/99/9999						
51552-0446-03	J7681			9/1/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT,	TERBUTALINE SULFATE (U.S.P., NF)	1 EA	BO	NA	GM	1 MG	1000			9/1/2003	99/99/9999						
51552-0446-03	KO J7681	KO		9/1/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT,	TERBUTALINE SULFATE (U.S.P., NF)	1 EA	BO	NA	GM	1 MG	1000			9/1/2003	99/99/9999						
51552-0446-04	J7681			9/1/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT,	TERBUTALINE SULFATE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000			9/1/2003	99/99/9999						
51552-0446-04	KO J7681	KO		9/1/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT,	TERBUTALINE SULFATE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000			9/1/2003	99/99/9999						
51552-0464-02	J1320			9/1/2003	99/99/9999	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MC	AMITRIPTYLINE HCL (1X5GM)	1 EA	BO	NA	GM	20 MG	50			9/1/2003	99/99/9999						
51552-0464-04	J1320			9/1/2003	5/6/2008	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MC	AMITRIPTYLINE HCL	1 EA	JR	NA	GM	20 MG	50			9/1/2003	5/6/2008						
51552-0464-05	J1320			9/1/2003	99/99/9999	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MC	AMITRIPTYLINE HCL (1X100GM)	1 EA	BO	NA	GM	20 MG	50			9/1/2003	99/99/9999						
51552-0464-06	J1320			9/1/2003	99/99/9999	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MC	AMITRIPTYLINE HCL (1X500GM)	1 EA	JR	NA	GM	20 MG	50			9/1/2003	99/99/9999						
51552-0480-01	J0735			1/1/2002	99/99/9999	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MC	CLONIDINE HCL (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000			1/1/2002	99/99/9999						
51552-0480-02	J0735			9/1/2003	99/99/9999	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MC	CLONIDINE HCL (U.S.P.)	1 EA	JR	NA	GM	1 MG	1000			9/1/2003	99/99/9999						
51552-0487-05	J2610			9/1/2003	99/99/9999	INJECTION, THEOPHYLLINE, PER 40 MC	THEOPHYLLINE ANHYDROUS (U.S.P.)	1 EA	BO	NA	GM	40 MG	25			9/1/2003	99/99/9999						
51552-0496-01	J2760			1/1/2002	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MC	PHENTOLAMINE MESYLATE (U.S.P.)	1 EA	BO	NA	GM	5 MG	200			1/1/2002	99/99/9999						
51552-0496-02	J2760			9/1/2003	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MC	PHENTOLAMINE MESYLATE (U.S.P.)	1 EA	BO	NA	GM	5 MG	200			9/1/2003	99/99/9999						
51552-0496-04	J2760			9/1/2003	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MC	PHENTOLAMINE MESYLATE (U.S.P.)	1 EA	BO	NA	GM	5 MG	200			9/1/2003	99/99/9999						
51552-0496-05	J2760			9/1/2003	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MC	PHENTOLAMINE MESYLATE (U.S.P.)	1 EA	BO	NA	GM	5 MG	200			9/1/2003	99/99/9999						
51552-0496-09	J2760			9/1/2003	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MC	PHENTOLAMINE MESYLATE (U.S.P.)	1 EA	BO	NA	GM	5 MG	200			9/1/2003	99/99/9999						
51552-0498-01	J0270			9/1/2003	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)	PROSTAGLANDIN E1 (1X1MG,USP)	1 EA	BO	NA	GM	1.25 MCG	800000			9/1/2003	99/99/9999						
51552-0498-03	J0270			9/1/2003	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)	PROSTAGLANDIN E1 (U.S.P.)	1 EA	BO	NA	GM	1.25 MCG	800000			9/1/2003	99/99/9999						
51552-0498-05	J0270			9/1/2003	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)	PROSTAGLANDIN E1 (1X100MG,USP)	1 EA	BO	NA	GM	1.25 MCG	800000			9/1/2003	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
						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		9/1/2003	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)	PROSTAGLANDIN E1 (1X5MG,USP)	1	EA	BO	NA	GM	1.25 MCG	800000		9/1/2003	99/99/9999						
51552-0519-01		J1630		1/1/2002	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL (U.S.P.)	1	EA	BO	NA	GM	5 MG	200		1/1/2002	99/99/9999						
51552-0519-02		J1630		9/1/2003	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL (U.S.P.)	1	EA	BO	NA	GM	5 MG	200		9/1/2003	99/99/9999						
51552-0526-05		J7799		9/1/2003	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	EPINEPHRINE (U.S.P., N.F.)	1	EA	BO	NA	GM	1 EA	1		9/1/2003	99/99/9999						
51552-0529-02		J3490		9/1/2003	99/99/9999	UNCLASSIFIED DRUGS	CLINDAMYCIN PHOSPHATE (U.S.P., N.F.)	1	EA	BO	NA	GM	1 EA	1		9/1/2003	99/99/9999						
51552-0529-03		J3490		9/1/2003	99/99/9999	UNCLASSIFIED DRUGS	CLINDAMYCIN PHOSPHATE (U.S.P., N.F.)	1	EA	BO	NA	GM	1 EA	1		9/1/2003	99/99/9999						
51552-0532-04		J1165		9/1/2003	99/99/9999	INJECTION, PHENYTOIN SODIUM, PER 50 MG	PHENYTOIN SODIUM	1	EA	JR	NA	GM	50 MG	20		9/1/2003	99/99/9999						
51552-0564-04		J3140		9/1/2003	99/99/9999	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE (U.S.P.)	1	EA	JR	NA	GM	50 MG	20		9/1/2003	99/99/9999						
51552-0564-05		J3140		9/1/2003	99/99/9999	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	50 MG	20		9/1/2003	99/99/9999						
51552-0564-07		J3140		9/1/2003	99/99/9999	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE (U.S.P.)	1	EA	BO	NA	GM	50 MG	20		9/1/2003	99/99/9999						
51552-0588-06		J3520		9/1/2003	99/99/9999	EDETATE DISODIUM, PER 150 MG	EDETATE DISODIUM (U.S.P.)	1	EA	BO	NA	GM	150 MG	6.66666		9/1/2003	99/99/9999						
51552-0603-02		J7509		9/1/2003	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	4 MG	250		9/1/2003	99/99/9999						
51552-0611-01	KO	J7641	KO	1/1/2002	99/99/9999	FLUNISOLIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, PER MILLIGRAM	FLUNISOLIDE ANHYDROUS (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1 MG	1000		1/1/2002	99/99/9999						
51552-0611-01		J7641		1/1/2002	99/99/9999	FLUNISOLIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, PER MILLIGRAM	FLUNISOLIDE ANHYDROUS (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1 MG	1000		1/1/2002	99/99/9999						
51552-0611-02	KO	J7641	KO	9/1/2003	99/99/9999	FLUNISOLIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, PER MILLIGRAM	FLUNISOLIDE ANHYDROUS (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1 MG	1000		9/1/2003	99/99/9999						
51552-0611-02		J7641		9/1/2003	99/99/9999	FLUNISOLIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, PER MILLIGRAM	FLUNISOLIDE ANHYDROUS (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1 MG	1000		9/1/2003	99/99/9999						
51552-0613-02		J0475		9/1/2003	99/99/9999	INJECTION, BACLOFEN, 10 MG	BACLOFEN (1X5GM)	1	EA	JR	NA	GM	10 MG	100		9/1/2003	99/99/9999						
51552-0613-04		J0475		9/1/2003	99/99/9999	INJECTION, BACLOFEN, 10 MG	BACLOFEN (1X25GM)	1	EA	JR	NA	GM	10 MG	100		9/1/2003	99/99/9999						
51552-0613-05		J0475		9/1/2003	99/99/9999	INJECTION, BACLOFEN, 10 MG	BACLOFEN (1X100GM)	1	EA	JR	NA	GM	10 MG	100		9/1/2003	99/99/9999						
51552-0620-02		J2780		9/1/2003	99/99/9999	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	25 MG	40		9/1/2003	99/99/9999						
51552-0620-04		J2780		9/1/2003	99/99/9999	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	25 MG	40		9/1/2003	99/99/9999						
51552-0620-05		J2780		9/1/2003	99/99/9999	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE HCL (U.S.P.)	1	EA	BO	NA	GM	25 MG	40		9/1/2003	99/99/9999						
51552-0628-01		J3490		1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	BETAMETHASONE ACETATE MICRONIZED (U.S.P.)	1	EA	BO	NA	GM	1 EA	1		1/1/2002	99/99/9999						
51552-0643-07		J2675		9/1/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (MILLED,U.S.P.)	1	EA	BO	NA	GM	50 MG	20		9/1/2003	99/99/9999						
51552-0652-01		J0364		1/1/2007	99/99/9999	INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG	APOMORPHINE HCL (1X1GM)	1	EA	BO	NA	GM	1 MG	1000		1/1/2007	99/99/9999						
51552-0652-01		J3490		9/1/2003	12/31/2006	UNCLASSIFIED DRUGS	APOMORPHINE HCL (1X1GM)	1	EA	BO	NA	GM	1 EA	1		9/1/2003	12/31/2006						
51552-0652-02		J3490		9/1/2003	12/31/2006	UNCLASSIFIED DRUGS	APOMORPHINE HCL (1X5GM)	1	EA	BO	NA	GM	1 EA	1		9/1/2003	12/31/2006						
51552-0652-02		J0364		1/1/2007	99/99/9999	INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG	APOMORPHINE HCL (1X5GM)	1	EA	BO	NA	GM	1 MG	1000		1/1/2007	99/99/9999						
51552-0652-04		J3490		9/1/2003	12/31/2006	UNCLASSIFIED DRUGS	APOMORPHINE HCL (U.S.P.)	1	EA	BO	NA	GM	1 EA	1		9/1/2003	12/31/2006						
51552-0652-04		J0364		1/1/2007	99/99/9999	INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG	APOMORPHINE HCL (U.S.P.)	1	EA	BO	NA	GM	1 MG	1000		1/1/2007	99/99/9999						
51552-0663-01		J7516		1/1/2002	99/99/9999	CYCLOSPORIN, PARENTERAL, 250 MG	CYCLOSPORIN A	1	EA	BO	NA	GM	250 MG	4		1/1/2002	99/99/9999						
51552-0663-02		J7516		9/1/2003	99/99/9999	CYCLOSPORIN, PARENTERAL, 250 MG	CYCLOSPORINE (1X5GM,USP)	1	EA	BO	NA	GM	250 MG	4		9/1/2003	99/99/9999						
51552-0663-04		J7516		9/1/2003	99/99/9999	CYCLOSPORIN, PARENTERAL, 250 MG	CYCLOSPORINE (1X25GM,USP)	1	EA	BO	NA	GM	250 MG	4		9/1/2003	99/99/9999						
51552-0663-06		J7516		9/1/2003	99/99/9999	CYCLOSPORIN, PARENTERAL, 250 MG	CYCLOSPORINE (1X500MG,USP)	1	EA	BO	NA	GM	250 MG	4		9/1/2003	99/99/9999						
51552-0668-01		J7627		1/1/2006	99/99/9999	THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (MICRONIZED)	1	EA	JR	NA	GM	0.5 MG	2000		1/1/2006	99/99/9999						
51552-0668-01	KO	J7627	KO	1/1/2006	99/99/9999	THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE (MICRONIZED)	1	EA	JR	NA	GM	0.5 MG	2000		1/1/2006	99/99/9999						
51552-0671-01		J0133		1/1/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1	EA	BO	NA	GM	5 MG	200		1/1/2006	99/99/9999						
51552-0671-02		J0133		1/1/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1	EA	BO	NA	GM	5 MG	200		1/1/2006	99/99/9999						
51552-0671-03		J0133		1/1/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1	EA	BO	NA	GM	5 MG	200		1/1/2006	99/99/9999						
51552-0671-04		J0133		1/1/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1	EA	BO	NA	GM	5 MG	200		1/1/2006	99/99/9999						
51552-0671-05		J0133		1/1/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1	EA	BO	NA	GM	5 MG	200		1/1/2006	99/99/9999						
51552-0671-06		J0133		1/1/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1	EA	BO	NA	GM	5 MG	200		1/1/2006	99/99/9999						
51552-0674-05		J2010		9/1/2003	99/99/9999	INJECTION, LINCOMYCIN HCL, UP TO 300 MG	LINCOMYCIN HYDROCHLORIDE (USP,1X100GM)	1	EA	BO	NA	GM	300 MG	3.33333		9/1/2003	99/99/9999						
51552-0674-07		J2010		9/1/2003	99/99/9999	INJECTION, LINCOMYCIN HCL, UP TO 300 MG	LINCOMYCIN HYDROCHLORIDE (USP,1X100GM)	1	EA	BO	NA	GM	300 MG	3.33333		9/1/2003	99/99/9999						
51552-0676-04		J1240		9/1/2003	99/99/9999	INJECTION, DIMENHYDRINATE, UP TO 50 MG	DIMENHYDRINATE (1X25GM,USP)	1	EA	BO	NA	GM	50 MG	20		9/1/2003	99/99/9999						
51552-0676-05		J1240		9/1/2003	99/99/9999	INJECTION, DIMENHYDRINATE, UP TO 50 MG	DIMENHYDRINATE (1X100GM,USP)	1	EA	BO	NA	GM	50 MG	20		9/1/2003	99/99/9999						
51552-0678-02		J2271		9/1/2003	99/99/9999	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (1X5GM,USP)	1	EA	NA	NA	GM	100 MG	10		9/1/2003	99/99/9999						
51552-0678-04		J2271		9/1/2003	99/99/9999	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (1X25GM,USP)	1	EA	JR	NA	GM	100 MG	10		9/1/2003	99/99/9999						
51552-0678-06		J2271		9/1/2003	99/99/9999	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (1X100GM,USP)	1	EA	JR	NA	GM	100 MG	10		9/1/2003	99/99/9999						
51552-0682-01		J1170		9/1/2003	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HYDROCHLORIDE (1X1GM,USP)	1	EA	BO	NA	GM	4 MG	250		9/1/2003	99/99/9999						
515520																							

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
51552-0686-04	J2175			9/1/2003	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HYDROCHLORIDE (USP,1X25GM)	1 EA	BO	NA	GM		100 MG		10	9/1/2003	99/99/9999						
51552-0686-06	J2175			9/1/2003	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HYDROCHLORIDE (USP,1X100GM)	1 EA	BO	NA	GM		100 MG		10	9/1/2003	99/99/9999						
51552-0687-01	J3010			9/1/2003	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (1X1GM,USP)	1 EA	BO	NA	GM		0.1 MG		10000	9/1/2003	99/99/9999						
51552-0687-09	J3010			9/1/2003	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (1X500MG,USP)	500 ML	BO	NA	ML		0.1 MG		10000	9/1/2003	99/99/9999						
51552-0688-02	J0745			9/1/2003	99/99/9999	INJECTION, CODEINE PHOSPHATE, PER 30 MG	CODEINE PHOSPHATE (1X5GM,USP)	1 EA	BO	NA	GM		30 MG		33.33333	9/1/2003	99/99/9999						
51552-0688-03	J0745			9/1/2003	99/99/9999	INJECTION, CODEINE PHOSPHATE, PER 30 MG	CODEINE PHOSPHATE (1X10GM,USP)	1 EA	BO	NA	GM		30 MG		33.33333	9/1/2003	99/99/9999						
51552-0688-04	J0745			9/1/2003	99/99/9999	INJECTION, CODEINE PHOSPHATE, PER 30 MG	CODEINE PHOSPHATE (1X25GM,USP)	1 EA	BO	NA	GM		30 MG		33.33333	9/1/2003	99/99/9999						
51552-0688-06	J0745			9/1/2003	99/99/9999	INJECTION, CODEINE PHOSPHATE, PER 30 MG	CODEINE PHOSPHATE (1X100GM,USP)	1 EA	BO	NA	GM		30 MG		33.33333	9/1/2003	99/99/9999						
51552-0701-02	J2710			9/1/2003	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE	1 EA	BO	NA	GM		0.5 MG		2000	9/1/2003	99/99/9999						
51552-0715-04	J3490			9/1/2003	99/99/9999	UNCLASSIFIED DRUGS	RIFAMPIN (USP,1X25GM)	1 EA	BO	NA	GM		1 EA		1	9/1/2003	99/99/9999						
51552-0715-05	J3490			9/1/2003	99/99/9999	UNCLASSIFIED DRUGS	RIFAMPIN (USP,1X100GM)	1 EA	BO	NA	GM		1 EA		1	9/1/2003	99/99/9999						
51552-0715-06	J3490			9/1/2003	99/99/9999	UNCLASSIFIED DRUGS	RIFAMPIN (USP,1X500GM)	1 EA	BO	NA	GM		1 EA		1	9/1/2003	99/99/9999						
51552-0728-01	J1230			9/1/2003	99/99/9999	INJECTION, METHADONE HCL, UP TO 10 MG	METHADONE HCL (U.S.P.)	1 EA	BO	NA	GM		10 MG		100	9/1/2003	99/99/9999						
51552-0728-02	J1230			9/1/2003	99/99/9999	INJECTION, METHADONE HCL, UP TO 10 MG	METHADONE HCL (U.S.P.)	1 EA	BO	NA	GM		10 MG		100	9/1/2003	99/99/9999						
51552-0728-04	J1230			9/1/2004	99/99/9999	INJECTION, METHADONE HCL, UP TO 10 MG	METHADONE HCL (U.S.P.)	1 EA	JR	NA	GM		10 MG		100	9/1/2004	99/99/9999						
51552-0729-01	J2060			9/1/2003	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (1X1GM,USP)	1 EA	BO	NA	GM		2 MG		500	9/1/2003	99/99/9999						
51552-0729-02	J2060			9/1/2003	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (1X5GM,USP)	1 EA	BO	NA	GM		2 MG		500	9/1/2003	99/99/9999						
51552-0729-04	J2060			9/1/2003	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (1X25GM,USP)	1 EA	BO	NA	GM		2 MG		500	9/1/2003	99/99/9999						
51552-0729-09	J2060			9/1/2003	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (1X100GM,USP)	1 EA	BO	NA	GM		2 MG		500	9/1/2003	99/99/9999						
51552-0733-01	J9190			9/1/2003	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	LORAZEPAM (1X500MG,USP)	1 EA	BO	NA	GM		500 MG		2	9/1/2003	99/99/9999						
51552-0733-01	QR J9190	QR		1/28/2005	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (1X1GM,USP)	1 EA	BO	NA	GM		500 MG		2	1/28/2005	99/99/9999						
51552-0733-02	QR J9190	QR		1/28/2005	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (1X5GM,USP)	1 EA	BO	NA	GM		500 MG		2	1/28/2005	99/99/9999						
51552-0733-02	J9190			9/1/2003	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (1X5GM,USP)	1 EA	BO	NA	GM		500 MG		2	9/1/2003	99/99/9999						
51552-0733-04	J9190			9/1/2003	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (1X25GM,USP)	1 EA	BO	NA	GM		500 MG		2	9/1/2003	99/99/9999						
51552-0733-04	QR J9190	QR		1/28/2005	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (1X25GM,USP)	1 EA	BO	NA	GM		500 MG		2	1/28/2005	99/99/9999						
51552-0733-05	J9190			9/1/2003	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (1X100GM,USP)	1 EA	BO	NA	GM		500 MG		2	9/1/2003	99/99/9999						
51552-0733-05	QR J9190	QR		1/28/2005	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (1X100GM,USP)	1 EA	BO	NA	GM		500 MG		2	1/28/2005	99/99/9999						
51552-0737-01	J3490			9/1/2003	99/99/9999	UNCLASSIFIED DRUGS	NALTREXONE HYDROCHLORIDE (1X1GM,USP)	1 EA	JR	NA	GM		1 EA		1	9/1/2003	99/99/9999						
51552-0737-02	J3490			9/1/2003	99/99/9999	UNCLASSIFIED DRUGS	NALTREXONE HYDROCHLORIDE (1X5GM,USP)	1 EA	BO	NA	GM		1 EA		1	9/1/2003	99/99/9999						
51552-0738-04	J2675			9/1/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (1X25GM,USP,MICRONIZED)	1 EA	BO	NA	GM		50 MG		20	9/1/2003	99/99/9999						
51552-0738-05	J2675			9/1/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (1X100GM,USP,MICRONIZED)	1 EA	JR	NA	GM		50 MG		20	9/1/2003	99/99/9999						
51552-0738-06	J2675			9/1/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (1X500GM,USP,MICRONIZED)	1 EA	BO	NA	GM		50 MG		20	9/1/2003	99/99/9999						
51552-0738-07	J2675			9/1/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (1X1000GM,USP,MICRONIZED)	1 EA	BO	NA	GM		50 MG		20	9/1/2003	99/99/9999						
51552-0741-04	J0500			9/1/2003	99/99/9999	INJECTION, DICLOLOMINE HCL, UP TO 20 MG	DICLOLOMINE HYDROCHLORIDE (USP)	1 EA	BO	NA	GM		20 MG		50	9/1/2003	99/99/9999						
51552-0763-05	J3490			9/1/2003	99/99/9999	UNCLASSIFIED DRUGS	6-AMINOCAPROIC ACID (1X100GM)	1 EA	BO	NA	GM		1 EA		1	9/1/2003	99/99/9999						
51552-0763-07	J3490			9/1/2003	99/99/9999	UNCLASSIFIED DRUGS	6-AMINOCAPROIC ACID (1X1000GM)	1 EA	BO	NA	GM		1 EA		1	9/1/2003	99/99/9999						
51552-0768-01	J7684			9/1/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE (1X1GM,USP)	1 EA	BO	NA	GM		1 MG		1000	9/1/2003	99/99/9999						
51552-0768-01	KO J7684	KO		9/1/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE (1X1GM,USP)	1 EA	BO	NA	GM		1 MG		1000	9/1/2003	99/99/9999						
51552-0775-01	J7699			9/1/2003	99/99/9999	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	GENTAMYCIN SULFATE (1X1GM,USP)	1 EA	BO	NA	GM		1 EA		1	9/1/2003	99/99/9999						
51552-0775-02	J7699			9/1/2003	99/99/9999	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	GENTAMYCIN SULFATE (1X5GM,USP)	1 EA	BO	NA	GM		1 EA		1	9/1/2003	99/99/9999						
51552-0775-04	J7699			9/1/2003	99/99/9999	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	GENTAMYCIN SULFATE (1X25GM,USP)	1 EA	BO	NA	GM		1 EA		1	9/1/2003	99/99/9999						
51552-0775-05	J7699			9/1/2003	99/99/9999	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	GENTAMYCIN SULFATE (1X100GM,USP)	1 EA	BO	NA	GM		1 EA		1	9/1/2003	99/99/9999						
51552-0779-02	J7501			9/1/2003	99/99/9999	AZATHIOPRINE, PARENTERAL, 100 MG	AZATHIOPRINE (1X5GM)	1 EA	BO	NA	GM		100 MG		10	9/1/2003	99/99/9999						
51552-0779-04	J7501			9/1/2003	99/99/9999	AZATHIOPRINE, PARENTERAL, 100 MG	AZATHIOPRINE (1X25GM)	1 EA	BO	NA	GM		100 MG		10	9/1/2003	99/99/9999						
51552-0779-05	J7501			9/1/2003	99/99/9999	AZATHIOPRINE, PARENTERAL, 100 MG	AZATHIOPRINE (1X100GM)	1 EA	BO	NA	GM		100 MG		10	9/1/2003	99/99/9999						
51552-0789-01	J7682			9/1/2003	12/31/2006	MILLIGRAMS	TOBRAMYCIN SULFATE (1X1GM,USP)	1 EA	BO	NA	GM		300 MG		3.33333	9/1/2003	12/31/2006						
51552-0789-01	KO J7685	KO		1/1/2007	99/99/9999	THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (1X1GM,USP)	1 EA	BO	NA	GM		300 MG		3.33333	1/1/2007	99/99/9999						
51552-0789-01	KO J7682	KO		9/1/2003	12/31/2006	MILLIGRAMS	TOBRAMYCIN SULFATE (1X1GM,USP)	1 EA	BO	NA	GM		300 MG		3.33333	9/1/2003	12/31/2006						
51552-0789-01	J7685			1/1/2007	99/99/9999	THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (1X1GM,USP)	1 EA	BO	NA	GM		300 MG		3.33333	1/1/2007	99/99/9999						
51552-0789-02	J7682			9/1/2003	12/31/2006	MILLIGRAMS	TOBRAMYCIN SULFATE (1X5GM,USP)	1 EA	BO	NA	GM		300 MG		3.33333	9/1/2003	12/31/2006						
51552-0789-02	KO J7682	KO		9/1/2003	12/31/2006	MILLIGRAMS	TOBRAMYCIN SULFATE (1X5GM,USP)	1 EA	BO	NA	GM		300 MG		3.33333	9/1/2003	12/31/2006						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
51552-0789-02		J7685		1/1/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (1X5GM,USP)	1	EA	BO	NA	GM	300	MG	3.33333	1/1/2007	99/99/9999						
51552-0789-02	KO	J7685	KO	1/1/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (1X5GM,USP)	1	EA	BO	NA	GM	300	MG	3.33333	1/1/2007	99/99/9999						
51552-0789-04		J7682		9/1/2003	12/31/2006	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (1X25GM,USP)	1	EA	BO	NA	GM	300	MG	3.33333	9/1/2003	12/31/2006						
51552-0789-04	KO	J7682	KO	9/1/2003	12/31/2006	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (1X25GM,USP)	1	EA	BO	NA	GM	300	MG	3.33333	9/1/2003	12/31/2006						
51552-0789-04		J7685		1/1/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (1X25GM,USP)	1	EA	BO	NA	GM	300	MG	3.33333	1/1/2007	99/99/9999						
51552-0789-04	KO	J7685	KO	1/1/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (1X25GM,USP)	1	EA	BO	NA	GM	300	MG	3.33333	1/1/2007	99/99/9999						
51552-0789-05	KO	J7685	KO	1/1/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (1X100GM,USP)	1	EA	BO	NA	GM	300	MG	3.33333	1/1/2007	99/99/9999						
51552-0789-05		J7685		1/1/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (1X100GM,USP)	1	EA	BO	NA	GM	300	MG	3.33333	1/1/2007	99/99/9999						
51552-0789-05	KO	J7682	KO	9/1/2003	12/31/2006	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (1X100GM,USP)	1	EA	BO	NA	GM	300	MG	3.33333	9/1/2003	12/31/2006						
51552-0789-05		J7682		9/1/2003	12/31/2006	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (1X100GM,USP)	1	EA	BO	NA	GM	300	MG	3.33333	9/1/2003	12/31/2006						
51552-0802-02		J0360		9/1/2003	99/99/9999	INJECTION, HYDRAZINE HCL, UP TO 20 MG	HYDRAZINE HCL (U.S.P.)	1	EA	BO	NA	GM	20	MG	50	9/1/2003	99/99/9999						
51552-0829-01		J2675		9/1/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (1X1GM,USP)	1	EA	NA	NA	GM	50	MG	20	9/1/2003	99/99/9999						
51552-0829-03		J2675		9/1/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (1X10GM,USP)	1	EA	BO	NA	GM	50	MG	20	9/1/2003	99/99/9999						
51552-0829-04		J2675		9/1/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (1X25GM,USP)	1	EA	BO	NA	GM	50	MG	20	9/1/2003	99/99/9999						
51552-0829-05		J2675		9/1/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (1X100GM,USP)	1	EA	BO	NA	GM	50	MG	20	9/1/2003	99/99/9999						
51552-0829-06		J2675		9/1/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (1X500GM,USP)	1	EA	BO	NA	GM	50	MG	20	9/1/2003	99/99/9999						
51552-0829-07		J2675		9/1/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (1X1000GM,USP)	1	EA	BO	NA	GM	50	MG	20	9/1/2003	99/99/9999						
51552-0829-08		J2675		9/1/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (1X5000GM,USP)	1	EA	BO	NA	GM	50	MG	20	9/1/2003	99/99/9999						
51552-0839-05		J2360		9/1/2003	99/99/9999	INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG	ORPHENADRINE CITRATE (U.S.P.)	1	EA	BO	NA	GM	60	MG	16.66666	9/1/2003	99/99/9999						
51552-0879-02		J0520		9/1/2003	99/99/9999	INJECTION, BETHANECHOL CHLORIDE, MYOTONACHOL OR URECHOLINE, UP TO 5 MG	BETHANECHOL CHLORIDE (1X5GM,USP)	1	EA	JR	NA	GM	5	MG	200	9/1/2003	99/99/9999						
51552-0879-04		J0520		9/1/2003	99/99/9999	INJECTION, BETHANECHOL CHLORIDE, MYOTONACHOL OR URECHOLINE, UP TO 5 MG	BETHANECHOL CHLORIDE (1X25GM,USP)	1	EA	JR	NA	GM	5	MG	200	9/1/2003	99/99/9999						
51552-0883-01	KO	J7622	KO	9/1/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BECLOMETHASONE DIPROPIONATE (1X1GM,USP)	1	EA	BO	NA	GM	1	MG	1000	9/1/2003	99/99/9999						
51552-0883-01		J7622		9/1/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BECLOMETHASONE DIPROPIONATE (1X1GM,USP)	1	EA	BO	NA	GM	1	MG	1000	9/1/2003	99/99/9999						
51552-0883-02		J7622		9/1/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BECLOMETHASONE DIPROPIONATE (1X5GM,USP)	1	EA	BO	NA	GM	1	MG	1000	9/1/2003	99/99/9999						
51552-0883-02	KO	J7622	KO	9/1/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BECLOMETHASONE DIPROPIONATE (1X5GM,USP)	1	EA	BO	NA	GM	1	MG	1000	9/1/2003	99/99/9999						
51552-0883-09		J7622		9/1/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BECLOMETHASONE DIPROPIONATE (1X250MG,USP)	1	EA	BO	NA	GM	1	MG	1000	9/1/2003	99/99/9999						
51552-0883-09	KO	J7622	KO	9/1/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BECLOMETHASONE DIPROPIONATE (1X250MG,USP)	1	EA	BO	NA	GM	1	MG	1000	9/1/2003	99/99/9999						
51552-0888-01		J0970		9/1/2003	12/31/2010	INJECTION, ESTRADIOL VALERATE, UP TO 40 MG	ESTRADIOL VALERATE (1X1GM,USP)	1	EA	BO	NA	GM	40	MG	25	9/1/2003	12/31/2010						
51552-0888-04		J0970		9/1/2003	12/31/2010	INJECTION, ESTRADIOL VALERATE, UP TO 40 MG	ESTRADIOL VALERATE (1X5GM,USP)	1	EA	BO	NA	GM	40	MG	25	9/1/2003	12/31/2010						
51552-0888-04		J0970		9/1/2003	12/31/2010	INJECTION, ESTRADIOL VALERATE, UP TO 40 MG	ESTRADIOL VALERATE (1X25GM,USP)	1	EA	BO	NA	GM	40	MG	25	9/1/2003	12/31/2010						
51552-0889-02		J3490		9/1/2003	99/99/9999	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (1X10MG,USP)	1	EA	BO	NA	GM	1	EA	1	9/1/2003	99/99/9999						
51552-0889-03		J3490		9/1/2003	99/99/9999	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (1X50MG,USP)	1	EA	BO	NA	GM	1	EA	1	9/1/2003	99/99/9999						
51552-0889-04		J3490		9/1/2003	99/99/9999	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (1X100MG,USP)	1	EA	BO	NA	GM	1	EA	1	9/1/2003	99/99/9999						
51552-0889-09		J3490		9/1/2003	99/99/9999	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (1X500MG,USP)	1	EA	BO	NA	GM	1	EA	1	9/1/2003	99/99/9999						
51552-0894-02		J0945		9/1/2003	99/99/9999	INJECTION, BROMPHENIRAMINE MALEATE, PER 10 MG	BROMPHENIRAMINE MALEATE (1X5GM,USP)	1	EA	BO	NA	GM	10	MG	100	9/1/2003	99/99/9999						
51552-0894-04		J0945		9/1/2003	99/99/9999	INJECTION, BROMPHENIRAMINE MALEATE, PER 10 MG	BROMPHENIRAMINE MALEATE (1X25GM,USP)	1	EA	BO	NA	GM	10	MG	100	9/1/2003	99/99/9999						
51552-0894-05		J0945		9/1/2003	99/99/9999	INJECTION, BROMPHENIRAMINE MALEATE, PER 10 MG	BROMPHENIRAMINE MALEATE (1X100GM,USP)	1	EA	BO	NA	GM	10	MG	100	9/1/2003	99/99/9999						
51552-0910-04		J1800		9/1/2003	99/99/9999	INJECTION, PROPRANOLOL HCL, UP TO 1 MG	PROPRANOLOL HYDROCHLORIDE (USP, 1X25GM)	1	EA	JR	NA	GM	1	MG	1000	9/1/2003	99/99/9999						
51552-0910-05		J1800		9/1/2003	99/99/9999	INJECTION, PROPRANOLOL HCL, UP TO 1 MG	PROPRANOLOL HYDROCHLORIDE (USP, 1X100GM)	1	EA	BO	NA	GM	1	MG	1000	9/1/2003	99/99/9999						
51552-0913-01		J1840		9/1/2003	99/99/9999	INJECTION, KANAMYCIN SULFATE, UP TO 500 MG	KANAMYCIN SULFATE (1X1GM,USP)	1	EA	BO	NA	GM	500	MG	2	9/1/2003	99/99/9999						
51552-0913-02		J1840		9/1/2003	99/99/9999	INJECTION, KANAMYCIN SULFATE, UP TO 500 MG	KANAMYCIN SULFATE (1X5GM,USP)	1	EA	BO	NA	GM	500	MG	2	9/1/2003	99/99/9999						
51552-0920-02		J1835		9/1/2003	99/99/9999	INJECTION, ITRACONAZOLE, 50 MG	ITRACONAZOLE (1X5GM)	1	EA	JR	NA	GM	50	MG	20	9/1/2003	99/99/9999						
51552-0920-04		J1835		9/1/2003	99/99/9999	INJECTION, ITRACONAZOLE, 50 MG	ITRACONAZOLE (1X25GM)	1	EA	BO	NA	GM	50	MG	20	9/1/2003	99/99/9999						
51552-0920-05		J1835		9/1/2003	99/99/9999	INJECTION, ITRACONAZOLE, 50 MG	ITRACONAZOLE (1X100GM)	1	EA	BO	NA	GM	50	MG	20	9/1/2003	99/99/9999						
51552-0920-06		J1835		9/1/2003	99/99/9999	INJECTION, ITRACONAZOLE, 50 MG	ITRACONAZOLE (1X500GM)	1	EA	NA	NA	GM	50	MG	20	9/1/2003	99/99/9999						
51552-0940-02		J1940		9/1/2003	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (U.S.P.)	1	EA	BO	NA	GM	20	MG	50	9/1/2003	99/99/9999						
51552-0952-01		J0515		9/1/2003	99/99/9999	INJECTION, BENZTROPINE MESYLATE, PER 1 MG	BENZTROPINE MESYLATE (1X1GM,USP)	1	EA	BO	NA	GM	1	MG	1000	9/1/2003	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
51552-0958-02	J1030			9/1/2003	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE (USP,1X5GM,MICRONIZED)	1 EA	BO	NA	GM		40 MG	25		9/1/2003	99/99/9999						
51552-0958-04	J1030			9/1/2003	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE (USP,1X25GM,MICRONIZED)	1 EA	BO	NA	GM		40 MG	25		9/1/2003	99/99/9999						
51552-0958-05	J1030			9/1/2003	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE (USP,1X100GM,MICRONIZED)	1 EA	BO	NA	GM		40 MG	25		9/1/2003	99/99/9999						
51552-0958-06	J1030			9/1/2003	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE (USP,1X500GM,MICRONIZED)	1 EA	BO	NA	GM		40 MG	25		9/1/2003	99/99/9999						
51552-0978-05	J3000			9/1/2003	99/99/9999	INJECTION, STREPTOMYCIN, UP TO 1 GM	STREPTOMYCIN SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 GM	1		9/1/2003	99/99/9999						
						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																	
51552-0979-04	Q0178			9/1/2003	99/99/9999	HOOR DOSAGE REGIMEN	HYDROXYZINE PAMOATE (U.S.P.)	1 EA	BO	NA	GM		50 MG	20		9/1/2003	99/99/9999						
51552-0991-01	J0760			9/1/2003	99/99/9999	INJECTION, COLCHICINE, PER 1MG	COLCHICINE (1X1GM,USP)	1 EA	BO	NA	GM		1 MG	1000		9/1/2003	99/99/9999						
51552-0999-02	J7636			9/1/2003	99/99/9999	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE (1X5GM)	1 EA	BO	NA	GM		1 MG	1000		9/1/2003	99/99/9999						
						ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM																	
51552-0999-04	J7636			9/1/2003	99/99/9999	INJECTION, METHOCARBAMOL, UP TO 10 ML	ATROPINE (1X25GM)	1 EA	BO	NA	GM		1 MG	1000		9/1/2003	99/99/9999						
51552-1018-05	J2800			9/1/2003	99/99/9999	INJECTION, METHOCARBAMOL, UP TO 10 ML	METHOCARBAMOL (USP,1X100GM)	1 EA	BO	NA	GM		10 ML	1		9/1/2003	99/99/9999						
51552-1025-02	J3360			9/1/2003	99/99/9999	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (1X5GM,USP)	1 EA	BO	NA	GM		5 MG	200		9/1/2003	99/99/9999						
51552-1025-04	J3360			9/1/2003	99/99/9999	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (1X25GM,USP)	1 EA	BO	NA	GM		5 MG	200		9/1/2003	99/99/9999						
51552-1025-05	J3360			9/1/2003	99/99/9999	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (1X100GM,USP)	1 EA	BO	NA	GM		5 MG	200		9/1/2003	99/99/9999						
51552-1031-01	J1450			9/1/2003	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE (1X1GM)	1 EA	JR	NA	GM		200 MG	5		9/1/2003	99/99/9999						
51552-1031-02	J1450			9/1/2003	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE (1X5GM)	1 EA	JR	NA	GM		200 MG	5		9/1/2003	99/99/9999						
51552-1031-04	J1450			9/1/2003	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE (1X25GM)	1 EA	JR	NA	GM		200 MG	5		9/1/2003	99/99/9999						
51552-1036-01	J3370			9/1/2003	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HYDROCHLORIDE (1X1GM,USP)	1 EA	JR	NA	GM		500 MG	2		9/1/2003	99/99/9999						
						INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HYDROCHLORIDE (1X250MG,USP)	1 EA	JR	NA	GM		500 MG	2		9/1/2003	99/99/9999						
51552-1036-09	J3370			9/1/2003	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	NANDROLONE DECANOATE (U.S.P.)	1 EA	BO	NA	GM		100 MG	10		9/1/2003	12/31/2010						
51552-1043-02	J2321			9/1/2003	12/31/2010	INJECTION, NANDROLONE DECANOATE, UP TO 100 MC	CYANOCOBALAMIN (1X1GM,USP)	1 EA	BO	NA	GM		1000 MCG	1000		9/1/2003	99/99/9999						
51552-1045-01	J3420			9/1/2003	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCC	CYANOCOBALAMIN (1X500MG,USP)	1 EA	BO	NA	GM		1000 MCG	1000		9/1/2003	99/99/9999						
51552-1045-09	J3420			9/1/2003	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCC	CYANOCOBALAMIN (1X500MG,USP)	473 ML	BO	NA	ML		50 %	0.02		9/1/2003	99/99/9999						
51552-1053-06	J1212			9/1/2003	99/99/9999	INJECTION, DMSO, DIMETHYL SULFOXIDE, 50%, 50 ML	METHOTREXATE (USP,1X1GM)	1 EA	BO	NA	GM		2.5 MG	400		9/1/2003	99/99/9999						
51552-1054-01	J8610			9/1/2003	99/99/9999	METHOTREXATE; ORAL, 2.5 MG	METHOTREXATE (USP,1X100MG)	1 EA	BO	NA	GM		2.5 MG	400		9/1/2003	99/99/9999						
51552-1054-09	J8610			9/1/2003	99/99/9999	METHOTREXATE; ORAL, 2.5 MG	PHYTONADIONE (USP,1X5GM)	1 EA	BO	NA	GM		1 MG	1000		9/1/2003	99/99/9999						
51552-1063-02	J3430			9/1/2003	99/99/9999	INJECTION, PHYTONADIONE (VITAMIN K), PER 1 MC	OXYTETRACYCLINE HCL (U.S.P.)	1 EA	BO	NA	GM		50 MG	20		9/1/2003	99/99/9999						
51552-1069-02	J2460			9/1/2003	99/99/9999	INJECTION, OXYTETRACYCLINE HCL, UP TO 50 MC	PREDNISONE 20 MG	30 EA	BO	PO	EA		5 MG	4		1/1/2002	11/16/2012						
51655-0020-24	J7506			1/1/2002	11/16/2012	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	20 EA	BO	PO	EA		5 MG	4		1/1/2002	11/16/2012						
51655-0020-52	J7506			1/1/2002	11/16/2012	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	10 EA	BO	PO	EA		5 MG	4		1/1/2002	11/16/2012						
51655-0020-53	J7506			1/1/2002	11/16/2012	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	8 EA	NA	PO	EA		5 MG	4		6/22/2005	11/16/2012						
51655-0020-80	J7506			6/22/2005	11/16/2012	PREDNISONE, ORAL, PER 5MG	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																
						ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48	PROMETHAZINE 25 MG	12 EA	BO	PO	EA		25 MG	1		1/1/2002	11/16/2012						
51655-0084-27	Q0170			1/1/2002	11/16/2012	HOOR DOSAGE REGIMEN	PROMETHAZINE 25 MG	10 EA	NA	PO	EA		25 MG	1		6/22/2005	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																	
51655-0084-53	Q0170			6/22/2005	11/16/2012	HOOR DOSAGE REGIMEN	PREDNISONE 5 MG	30 EA	BO	PO	EA		5 MG	1		1/1/2002	11/16/2012						
51655-0086-24	J7506			1/1/2002	11/16/2012	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	12 EA	BO	PO	EA		5 MG	1		1/1/2002	11/16/2012						
51655-0086-27	J7506			1/1/2002	11/16/2012	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	40 EA	NA	PO	EA		5 MG	1		6/22/2005	11/16/2012						
51655-0086-51	J7506			6/22/2005	11/16/2012	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	30 EA	NA	PO	EA		5 MG	2		1/1/2005	11/16/2012						
51655-0087-24	J7506			1/1/2005	11/16/2012	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	21 EA	NA	PO	EA		5 MG	2		6/22/2005	11/16/2012						
51655-0087-28	J7506			6/22/2005	11/16/2012	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	42 EA	NA	PO	EA		5 MG	2		6/22/2005	11/16/2012						
51655-0087-49	J7506			6/22/2005	11/16/2012	PREDNISONE, ORAL, PER 5MG	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT																
						NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	30 EA	BX	PO	EA		50 MG	1		1/1/2002	11/16/2012						
51655-0088-24	Q0163			1/1/2002	11/16/2012	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT																
						NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	20 EA	BO	PO	EA		50 MG	1		1/1/2002	11/16/2012						
51655-0088-52	Q0163			1/1/2002	11/16/2012	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	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																
						EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48	PROCHLORPERAZINE 5 MG	6 EA	NA	PO	EA		5 MG	1		6/22/2005	11/16/2012						
51655-0093-87	Q0164			6/22/2005	11/16/2012	HOOR DOSAGE REGIMEN	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT																
						NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	30 EA	BX	PO	EA		50 MG	0.5		1/1/2002	11/16/2012						
51655-0113-24	Q0163			1/1/2002	11/16/2012	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT																
						NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	60 EA	BO	PO	EA		50 MG	0.5		1/1/2002	11/16/2012						
51655-0113-25	Q0163			1/1/2002	11/16/2012	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN																	

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
51655-0113-27		Q0163		1/1/2002	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	DIPHENHYDRAMINE HCL 25 MG	12 EA	BX	PO	EA		50 MG		0.5	1/1/2002	11/16/2012						
51655-0113-80		Q0163		6/22/2005	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	DIPHENHYDRAMINE HCL 25 MG	8 EA	NA	PO	EA		50 MG		0.5	6/22/2005	11/16/2012						
51655-0133-54		Q0163		6/22/2005	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	DIPHENHYDRAMINE HCL 25 MG	15 EA	NA	PO	EA		50 MG		0.5	6/22/2005	11/16/2012						
51655-0294-89		Q0165		6/22/2005	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	PROCHLORPERAZINE 10 MG	4 EA	NA	PO	EA		10 MG		1	6/22/2005	11/16/2012						
51655-0296-51		J8499		6/22/2005	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	ACYCLOVIR 200 MG	40 EA	NA	PO	EA		1 EA		1	6/22/2005	11/16/2012						
51655-0296-54		J8499		6/22/2005	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	ACYCLOVIR 200 MG	15 EA	NA	PO	EA		1 EA		1	6/22/2005	11/16/2012						
51655-0296-76		J8499		6/22/2005	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	ACYCLOVIR 200 MG	25 EA	NA	PO	EA		1 EA		1	6/22/2005	11/16/2012						
51655-0300-51		J8499		6/22/2005	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	ACYCLOVIR 400 MG	40 EA	NA	PO	EA		1 EA		1	6/22/2005	11/16/2012						
51655-0300-54		J8499		6/22/2005	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	ACYCLOVIR 400 MG	15 EA	NA	PO	EA		1 EA		1	6/22/2005	11/16/2012						
51655-0300-76		J8499		6/22/2005	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	ACYCLOVIR 400 MG	25 EA	NA	PO	EA		1 EA		1	6/22/2005	11/16/2012						
51655-0523-53		Q0173		1/1/2002	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	TRIMETHOBENZAMIDE HCL 250 MG	10 EA	BO	PO	EA		250 MG		1	1/1/2002	11/16/2012						
51655-0533-52		Q0177		6/22/2005	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	HYDROXYZINE PAMOATE 25 MG	20 EA	NA	PO	EA		25 MG		1	6/22/2005	11/16/2012						
51672-4091-03		Q0162		1/1/2012	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	ONDANSETRON HYDROCHLORIDE (1x50ML) 4MG/5ML	1 ML	BO	PO	ML		1 MG		0.8	1/1/2012	99/99/9999						
51672-4091-03		Q0179		9/19/2008	12/31/2011	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (1x50ML); (4MG/5ML)	50 ML	PG	PO	EA		8 MG		1	9/19/2008	12/31/2011						
51927-1000-00		J2271		9/8/2003	99/99/9999	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	MORPHINE SULFATE (U.S.P.; CII)	1 EA	JR	NA	GM		100 MG		10	9/8/2003	99/99/9999						
51927-1001-00		J7636		9/8/2003	99/99/9999	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	9/8/2003	99/99/9999						
51927-1001-00	KO	J7636	KO	9/8/2003	99/99/9999	ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ATROPINE SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	9/8/2003	99/99/9999						
51927-1003-00		J1170		9/8/2003	99/99/9999	HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (U.S.P.; CII)	1 EA	JR	NA	GM		4 MG		250	9/8/2003	99/99/9999						
51927-1005-00		J2060		9/8/2003	99/99/9999	LORAZEPAM, 2 MG	LORAZEPAM (U.S.P.; CIV)	1 EA	JR	NA	GM		2 MG		500	9/8/2003	99/99/9999						
51927-1007-00		J1960		9/8/2003	99/99/9999	LEVORPHANOL TARTRATE, UP TO 2 MG	LEVORPHANOL TARTRATE (U.S.P.; CII)	1 EA	BO	NA	GM		2 MG		500	9/8/2003	99/99/9999						
51927-1012-00		J0592		9/8/2003	99/99/9999	BUPRENORPHINE INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	BUPRENORPHINE HYDROCHLORIDE (U.S.P.; CII)	1 EA	JR	NA	GM		0.1 MG		10000	9/8/2003	99/99/9999						
51927-1013-00		J0745		9/8/2003	99/99/9999	INJECTION, CODEINE PHOSPHATE, PER 30 MG	CODEINE PHOSPHATE (U.S.P.; CII)	1 EA	BO	NA	GM		30 MG		33.33333	9/8/2003	99/99/9999						
51927-1014-00		J3360		9/8/2003	99/99/9999	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (U.S.P.; CIV)	1 EA	JR	NA	GM		5 MG		200	9/8/2003	99/99/9999						
51927-1017-00		J1230		9/8/2003	99/99/9999	INJECTION, METHADONE HCL, UP TO 10 MG	METHADONE HCL (U.S.P.; CII)	1 EA	BO	NA	GM		10 MG		100	9/8/2003	99/99/9999						
51927-1018-00		J2175		9/8/2003	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MC	MEPERIDINE HCL (U.S.P.; CII)	1 EA	BO	NA	GM		100 MG		10	9/8/2003	99/99/9999						
51927-1019-00		J3010		9/8/2003	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (U.S.P.)	1 EA	JR	NA	GM		0.1 MG		10000	9/8/2003	99/99/9999						
51927-1026-00		J3140		9/8/2003	99/99/9999	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE	1 EA	JR	NA	GM		50 MG		20	9/8/2003	99/99/9999						
51927-1027-00		J3140		9/8/2003	99/99/9999	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE MICRONIZED (U.S.P.; SOY; CII)	1 EA	JR	NA	GM		50 MG		20	9/8/2003	99/99/9999						
51927-1029-00		J3150		9/8/2003	99/99/9999	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	TESTOSTERONE PROPIONATE MICRONIZED (U.S.P.; MICRONIZED)	1 EA	JR	NA	GM		100 MG		10	9/8/2003	99/99/9999						
51927-1046-00		J2675		9/8/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE MICRONIZED (U.S.P.)	1 EA	JR	NA	GM		50 MG		20	9/8/2003	99/99/9999						
51927-1079-00		J1200		9/8/2003	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MC	DIPHENHYDRAMINE HCL (U.S.P.)	1 EA	JR	NA	GM		50 MG		20	9/8/2003	99/99/9999						
51927-1080-00		J1240		9/8/2003	99/99/9999	INJECTION, DIMENHYDRINATE, UP TO 50 MC	DIMENHYDRINATE (U.S.P.)	1 EA	BO	NA	GM		50 MG		20	9/8/2003	99/99/9999						
51927-1082-00		J2765		9/8/2003	99/99/9999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MC	METOCLOPRAMIDE HCL (U.S.P.)	1 EA	BO	NA	GM		10 MG		100	9/8/2003	99/99/9999						
51927-1085-00		J9190		9/8/2003	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (U.S.P., -5 FU)	1 EA	JR	NA	GM		500 MG		2	9/8/2003	99/99/9999						
51927-1085-00	QR	J9190	QR	1/28/2005	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (U.S.P., -5 FU)	1 EA	JR	NA	GM		500 MG		2	1/28/2005	99/99/9999						
51927-1090-00		J3480		12/4/2003	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (USP; GRANULAR)	1 EA	BO	NA	GM		2 MEQ		6.71141	12/4/2003	99/99/9999						
51927-1093-00		J3415		1/1/2004	99/99/9999	INJECTION, PYRIDOXINE HCL, 100 MG	PYRIDOXINE HCL (USP)	1 EA	BO	NA	GM		100 MG		10	1/1/2004	99/99/9999						
51927-1110-00		J1700		9/8/2003	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE MICRONIZED (U.S.P.)	1 EA	JR	NA	GM		25 MG		40	9/8/2003	99/99/9999						
51927-1148-00		J7510		9/8/2003	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE MICRONIZED (ANHYDROUS)	1 EA	JR	NA	GM		5 MG		200	9/8/2003	99/99/9999						
51927-1194-00		J3490		9/8/2003	99/99/9999	UNCLASSIFIED DRUGS	BENZOCOAINE	1 EA	JR	NA	GM		1 EA		1	9/8/2003	99/99/9999						
51927-1202-00		J0706		12/4/2003	99/99/9999	INJECTION, CAFFEINE CITRATE, 5MG	CAFFEINE CITRATE (PURIFIED)	1 EA	BO	NA	GM		5 MG		200	12/4/2003	99/99/9999						
51927-1213-00		J2001		1/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MC	LIDOCAINE HCL (U.S.P.)	1 EA	JR	NA	GM		10 MG		100	1/1/2004	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
51927-1225-00		J7799		9/8/2003	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	PHENYLEPHRINE HCL (U.S.P.)	1	EA	JR	NA	GM	1	EA	1	9/8/2003	99/99/9999						
51927-1242-00		J3411		1/1/2004	99/99/9999	INJECTION, THIAMINE HCL, 100 MG	THIAMINE HYDROCHLORIDE (USP)	1	EA	BO	NA	GM	100	MG	10	1/1/2004	99/99/9999						
51927-1269-00		J3350		12/4/2003	99/99/9999	INJECTION, UREA, UP TO 40 GM	UREA (USP)	1	EA	BO	NA	GM	40	GM	0.025	12/4/2003	99/99/9999						
51927-1317-00		J3520		12/4/2003	99/99/9999	EDETATE DISODIUM, PER 150 MG	EDETATE DISODIUM (USP; DIHYDRATE) PREDNISOLONE ACETATE MICRONIZED (U.S.P.)	1	EA	BO	NA	GM	150	MG	6.66666	12/4/2003	99/99/9999						
51927-1325-00		J2650		9/8/2003	99/99/9999	INJECTION, PREDNISOLONE ACETATE, UP TO 1 ML	TRIAMCINOLONE ACETONIDE (U.S.P.)	1	EA	JR	NA	GM	1	ML	20	9/8/2003	99/99/9999						
51927-1326-00	KO	J7684	KO	9/8/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P., MICRONIZED)	1	EA	JR	NA	GM	1	MG	1000	9/8/2003	99/99/9999						
51927-1326-00		J7684		9/8/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P., MICRONIZED)	1	EA	JR	NA	GM	1	MG	1000	9/8/2003	99/99/9999						
51927-1332-00		J1030		9/8/2003	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE MICRONIZED (U.S.P.)	1	EA	BO	NA	GM	40	MG	25	9/8/2003	99/99/9999						
51927-1347-00		J0500		9/8/2003	99/99/9999	INJECTION, DICYCLOMINE HCL, UP TO 20 MG	DICYCLOMINE HYDROCHLORIDE (U.S.P.)	1	EA	BO	NA	GM	20	MG	50	9/8/2003	99/99/9999						
51927-1370-00		J7669		9/8/2003	12/31/2006	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	9/8/2003	12/31/2006						
51927-1370-00	KO	J7669	KO	9/8/2003	12/31/2006	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	9/8/2003	12/31/2006						
51927-1370-00		J7670		1/1/2007	1/9/2012	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	1/1/2007	1/9/2012						
51927-1370-00	KO	J7670	KO	1/1/2007	1/9/2012	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	1/1/2007	1/9/2012						
51927-1400-00		J3410		9/8/2003	99/99/9999	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	HYDROXYZINE HCL (U.S.P.)	1	EA	JR	NA	GM	25	MG	40	9/8/2003	99/99/9999						
51927-1430-00		J7638		9/8/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	JR	NA	GM	1	MG	1000	9/8/2003	99/99/9999						
51927-1430-00	KO	J7638	KO	9/8/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1	EA	JR	NA	GM	1	MG	1000	9/8/2003	99/99/9999						
51927-1433-00		J1630		9/8/2003	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL (U.S.P.)	1	EA	JR	NA	GM	5	MG	200	9/8/2003	99/99/9999						
51927-1435-00		J7506		9/8/2003	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE MICRONIZED (USP)	1	EA	BO	NA	GM	5	MG	200	9/8/2003	99/99/9999						
51927-1441-00		J9017		12/4/2003	99/99/9999	INJECTION, ARSENIC TRIOXIDE, 1 MG	ARSENIC TRIOXIDE (TECHNICAL)	1	EA	BO	NA	GM	1	MG	1000	12/4/2003	99/99/9999						
51927-1444-00		J0280		9/8/2003	99/99/9999	INJECTION, AMINOPHYLLIN, UP TO 250 MG	AMINOPHYLLINE (U.S.P.; ANHYDROUS)	1	EA	JR	NA	GM	250	MG	4	9/8/2003	99/99/9999						
51927-1449-00		J3490		9/8/2003	99/99/9999	UNCLASSIFIED DRUGS	METRONIDAZOLE (U.S.P.)	1	EA	JR	NA	GM	1	EA	1	9/8/2003	99/99/9999						
51927-1454-00		J7624		9/8/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE DIPROPIONATE (U.S.P., MICRONIZED)	1	EA	JR	NA	GM	1	MG	1000	9/8/2003	99/99/9999						
51927-1454-00	KO	J7624	KO	9/8/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE DIPROPIONATE (U.S.P., MICRONIZED)	1	EA	JR	NA	GM	1	MG	1000	9/8/2003	99/99/9999						
51927-1510-00		J2810		9/8/2003	99/99/9999	INJECTION, THEOPHYLLINE, PER 40 MG	THEOPHYLLINE (USP, ANHYDROUS)	1	EA	BO	NA	GM	40	MG	25	9/8/2003	99/99/9999						
51927-1565-00		J8610		9/8/2003	99/99/9999	METHOTREXATE, ORAL, 2.5 MG	METHOTREXATE (U.S.P.)	1	EA	BO	NA	GM	2.5	MG	400	9/8/2003	99/99/9999						
51927-1571-00		J1245		9/8/2003	99/99/9999	INJECTION, DIPYRIDAMOLE, PER 10 MG	DIPYRIDAMOLE (U.S.P.)	1	EA	BO	NA	GM	10	MG	100	9/8/2003	99/99/9999						
51927-1573-00		J7613		1/1/2005	12/31/2006	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1	EA	JR	NA	GM	1	MG	1000	1/1/2005	12/31/2006						
51927-1573-00	KO	J7613	KO	1/1/2005	12/31/2006	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1	EA	JR	NA	GM	1	MG	1000	1/1/2005	12/31/2006						
51927-1573-00		J7609		1/1/2007	99/99/9999	THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1	EA	JR	NA	GM	1	MG	1000	1/1/2007	99/99/9999						
51927-1573-00	KO	J7609	KO	1/1/2007	99/99/9999	THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1	EA	JR	NA	GM	1	MG	1000	1/1/2007	99/99/9999						
51927-1575-00		J7643		9/8/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	9/8/2003	99/99/9999						
51927-1575-00	KO	J7643	KO	9/8/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	GLYCOPYRROLATE (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	9/8/2003	99/99/9999						
51927-1597-00		J3490		12/4/2003	99/99/9999	UNCLASSIFIED DRUGS	ETHANOLAMINE (MONOETHANOLAMINE)	1	EA	BO	NA	GM	1	EA	1	12/4/2003	99/99/9999						
51927-1601-00		J7699		1/1/2007	12/31/2007	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	ACETYLCYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1	EA	1	1/1/2007	12/31/2007						
51927-1601-00		J7604		1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1	GM	1	1/1/2008	99/99/9999						
51927-1601-00	KO	J7604	KO	1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.)	1	EA	BO	NA	GM	1	GM	1	1/1/2008	99/99/9999						
51927-1603-00		J1320		9/8/2003	99/99/9999	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	AMITRIPTYLINE HCL (U.S.P.)	1	EA	JR	NA	GM	20	MG	50	9/8/2003	99/99/9999						
51927-1606-00		J1800		9/8/2003	99/99/9999	INJECTION, PROPRANOLOL HCL, UP TO 1 MG	PROPRANOLOL HCL (U.S.P.)	1	EA	BO	NA	GM	1	MG	1000	9/8/2003	99/99/9999						
51927-1610-00		J7699		9/8/2003	99/99/9999	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	GENTAMICIN SULFATE (U.S.P.)	1	EA	JR	NA	GM	1	EA	1	9/8/2003	99/99/9999						
51927-1612-00		J1212		12/4/2003	99/99/9999	INJECTION, DMSO, DIMETHYL SULFOXIDE, 50%, 50 ML	DIMETHYL SULFOXIDE (USP)	1	ML	BO	NA	ML	50	%	0.02	12/4/2003	99/99/9999						
51927-1641-00		J7622		9/8/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BECLOMETHASONE DIPROPIONATE (U.S.P. (ANHYDROUS))	1	EA	BO	NA	GM	1	MG	1000	9/8/2003	99/99/9999						
51927-1641-00	KO	J7622	KO	9/8/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BECLOMETHASONE DIPROPIONATE (U.S.P. (ANHYDROUS))	1	EA	BO	NA	GM	1	MG	1000	9/8/2003	99/99/9999						
51927-1648-00	KO	J7644	KO	9/8/2003	12/31/2006	MILLIGRAM	IPRATROPIUM BROMIDE	1	EA	JR	NA	GM	1	MG	1000	9/8/2003	12/31/2006						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
51927-1648-00		J7645		1/1/2007	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE	1 EA	JR	NA	GM		1 MG	1000		1/1/2007	99/99/9999						
51927-1648-00		J7644		9/8/2003	12/31/2006	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE	1 EA	JR	NA	GM		1 MG	1000		9/8/2003	12/31/2006						
51927-1648-00	KO	J7645	KO	1/1/2007	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE	1 EA	JR	NA	GM		1 MG	1000		1/1/2007	99/99/9999						
51927-1659-00		J1180		9/8/2003	99/99/9999	INJECTION, DIPHYLLINE, UP TO 500 MC	DIPHYLLINE	1 EA	BO	NA	GM		500 MG	2		9/8/2003	99/99/9999						
51927-1662-00		J3420		12/4/2003	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCC	CYANOCOBALAMIN (USP)	1 EA	BO	NA	GM		1000 MCC	1000		12/4/2003	99/99/9999						
51927-1683-00		J3490		9/8/2003	99/99/9999	UNCLASSIFIED DRUGS	CLINDAMYCIN PHOSPHATE (U.S.P.)	1 EA	JR	NA	GM		1 EA	1		9/8/2003	99/99/9999						
51927-1698-00		J0970		9/8/2003	12/31/2010	INJECTION, ESTRADIOL VALERATE, UP TO 40 MG	ESTRADIOL VALERATE (U.S.P.)	1 EA	JR	NA	GM		40 MG	25		9/8/2003	12/31/2010						
51927-1706-00		J1110		9/8/2003	99/99/9999	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG	DIHYDROERGOTAMINE MESYLATE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000		9/8/2003	99/99/9999						
51927-1709-00		J1435		9/8/2003	99/99/9999	INJECTION, ESTRONE, PER 1 MG	ESTRONE (U.S.P. E-1)	1 EA	JR	NA	GM		1 MG	1000		9/8/2003	99/99/9999						
51927-1715-00		J7799		9/8/2003	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	EPINEPHRINE HCL (USP)	1 EA	BO	NA	GM		1 EA	1		9/8/2003	99/99/9999						
51927-1722-00		J3430		12/4/2003	99/99/9999	INJECTION, PHYTONADIONE (VITAMIN K), PER 1 MG	MENADIOLONE (USP)	1 EA	BO	NA	GM		1 MG	1000		12/4/2003	99/99/9999						
51927-1726-00		J0285		9/8/2003	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B (U.S.P.; ORAL GRADE)	1 EA	JR	NA	GM		50 MG	20		9/8/2003	99/99/9999						
51927-1742-00		J3370		9/8/2003	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (U.S.P.)	1 EA	JR	NA	GM		500 MG	2		9/8/2003	99/99/9999						
51927-1746-00		J1160		9/8/2003	1/9/2012	INJECTION, DIGOXIN, UP TO 0.5 MG	DIGOXIN (U.S.P.)	1 EA	BO	NA	GM		0.5 MG	2000		9/8/2003	1/9/2012						
51927-1775-00		J2440		9/8/2003	99/99/9999	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HYDROCHLORIDE (U.S.P.)	1 EA	JR	NA	GM		60 MG	16.66666		9/8/2003	99/99/9999						
51927-1776-00		J3490		9/8/2003	99/99/9999	UNCLASSIFIED DRUGS	MINOCAPROIC ACID (USP (6))	1 EA	BO	NA	GM		1 EA	1		9/8/2003	99/99/9999						
51927-1781-00		J2150		12/4/2003	99/99/9999	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (USP)	1 EA	BO	NA	GM		50 ML	0.08		12/4/2003	99/99/9999						
51927-1784-00		J1940		9/8/2003	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (U.S.P.)	1 EA	BO	NA	GM		20 MG	50		9/8/2003	99/99/9999						
51927-1788-00		J3000		9/8/2003	99/99/9999	INJECTION, STREPTOMYCIN, UP TO 1 GM	STREPTOMYCIN SULFATE	1 EA	BO	NA	GM		1 GM	1		9/8/2003	99/99/9999						
51927-1794-00		J7641		9/8/2003	99/99/9999	FLUNISOLIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, PER MILLIGRAM	FLUNISOLIDE ANHYDROUS (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000		9/8/2003	99/99/9999						
51927-1794-00	KO	J7641	KO	9/8/2003	99/99/9999	FLUNISOLIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, PER MILLIGRAM	FLUNISOLIDE ANHYDROUS (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000		9/8/2003	99/99/9999						
51927-1829-00		J3490		9/8/2003	99/99/9999	UNCLASSIFIED DRUGS	CORTISONE ACETATE MICRONIZED (USP)	1 EA	JR	NA	GM		1 EA	1		9/8/2003	99/99/9999						
51927-1831-00		J1980		9/8/2003	99/99/9999	INJECTION, HYOSCYAMINE SULFATE, UP TO 0.25 MC	HYOSCYAMINE SULFATE (U.S.P.)	1 EA	BO	NA	GM		0.25 MG	4000		9/8/2003	99/99/9999						
51927-1838-00		J1165		9/8/2003	99/99/9999	INJECTION, PHENYTOIN SODIUM, PER 50 MG	PHENYTOIN SODIUM (U.S.P.)	1 EA	JR	NA	GM		50 MG	20		9/8/2003	99/99/9999						
51927-1865-00		J1955		12/4/2003	99/99/9999	INJECTION, LEVOCARNITINE, PER 1 GM	LEVOCARNITINE (USP)	1 EA	BO	NA	GM		1 GM	1		12/4/2003	99/99/9999						
51927-1895-00		J0760		9/8/2003	99/99/9999	INJECTION, COLCHICINE, PER 1MG	COLCHICINE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000		9/8/2003	99/99/9999						
51927-1925-00		J3430		9/8/2003	99/99/9999	INJECTION, PHYTONADIONE (VITAMIN K), PER 1 MG	PHYTONADIONE (USP; VITAMIN K1)	1 EA	BO	NA	GM		1 MG	1000		9/8/2003	99/99/9999						
51927-1940-00	KO	J7660	KO	1/1/2007	1/9/2012	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ISOPROTERENOL HCL (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000		1/1/2007	1/9/2012						
51927-1940-00		J7660		1/1/2007	1/9/2012	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ISOPROTERENOL HCL (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000		1/1/2007	1/9/2012						
51927-1940-00		J7659		9/8/2003	12/31/2006	MILLIGRAM	ISOPROTERENOL HCL (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000		9/8/2003	12/31/2006						
51927-1940-00	KO	J7659	KO	9/8/2003	12/31/2006	MILLIGRAM	ISOPROTERENOL HCL (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000		9/8/2003	12/31/2006						
51927-1950-00		J0945		9/8/2003	99/99/9999	INJECTION, BROMPHENIRAMINE MALEATE, PER 10 MG	BROMPHENIRAMINE MALEATE (U.S.P.)	1 EA	BO	NA	GM		10 MG	100		9/8/2003	99/99/9999						
51927-1951-00		J7624		9/8/2003	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	JR	NA	GM		1 MG	1000		9/8/2003	99/99/9999						
51927-1951-00	KO	J7624	KO	9/8/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	JR	NA	GM		1 MG	1000		9/8/2003	99/99/9999						
51927-1954-00		J3490		9/8/2003	99/99/9999	UNCLASSIFIED DRUGS	BETAMETHASONE ACETATE MICRONIZED (U.S.P.)	1 EA	JR	NA	GM		1 EA	1		9/8/2003	99/99/9999						
51927-1956-00		J3490		9/8/2003	99/99/9999	UNCLASSIFIED DRUGS	RIFAMPIN (U.S.P.)	1 EA	JR	NA	GM		1 EA	1		9/8/2003	99/99/9999						
51927-1979-00		J0360		9/8/2003	1/9/2012	INJECTION, HYDRALAZINE HCL, UP TO 20 MG	HYDRALAZINE HCL (U.S.P.)	1 EA	BO	NA	GM		20 MG	50		9/8/2003	1/9/2012						
51927-1981-00		J3250		9/12/2003	99/99/9999	INJECTION, TRIMETHOBENZAMIDE HCL, UP TO 200 MC	TRIMETHOBENZAMIDE HCL	1 EA	BO	NA	GM		200 MG	5		9/12/2003	99/99/9999						
51927-2007-00		J0475		9/8/2003	99/99/9999	INJECTION, BACLOFEN, 10 MG	BACLOFEN (U.S.P.)	1 EA	JR	NA	GM		10 MG	100		9/8/2003	99/99/9999						
51927-2059-00		J0600		12/4/2003	3/9/2012	INJECTION, EDETATE CALCIUM DISODIUM, UP TO 1000 MG	EDETATE CALCIUM DISODIUM (USP, HYDRATE)	1 EA	BO	NA	GM		1000 MG	1		12/4/2003	3/9/2012						
51927-2097-00		J0520		9/8/2003	99/99/9999	MG	BETHANECHOL CHLORIDE (U.S.P.)	1 EA	JR	NA	GM		5 MG	200		9/8/2003	99/99/9999						
51927-2099-00		J1330		9/8/2003	1/9/2012	INJECTION, ERGONOVINE MALEATE, UP TO 0.2 MG	ERGONOVINE MALEATE	1 EA	JR	NA	GM		0.2 MG	5000		9/8/2003	1/9/2012						
51927-2101-00		J0770		9/8/2003	99/99/9999	INJECTION, COLISTIMETHATE SODIUM, UP TO 150 MG	COLISTIMETHATE SODIUM (USP)	1 EA	BO	NA	GM		150 MG	6.66666		9/8/2003	99/99/9999						
51927-2116-00		J0152		1/1/2004	99/99/9999	REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS; INSTEAD USE A9270	ADENOSINE	1 EA	BO	NA	GM		30 MG	33.33333		1/1/2004	99/99/9999						
51927-2118-00		J2360		9/8/2003	99/99/9999	INJECTION, ORPHENADRINE CITRATE, UP TO 60 MC	ORPHENADRINE CITRATE (USP)	1 EA	BO	NA	GM		60 MG	16.66666		9/8/2003	99/99/9999						
51927-2132-00		J0152		1/1/2004	99/99/9999	REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS; INSTEAD USE A9270	ADENOSINE (TRIHYDRATE)	1 EA	BO	NA	GM		30 MG	33.33333		1/1/2004	99/99/9999						
51927-2134-00		Q0165		9/8/2003	99/99/9999	PROCHLORPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE (U.S.P.)	1 EA	BO	NA	GM		10 MG	100		9/8/2003	99/99/9999						
51927-2140-00		J2300		9/8/2003	99/99/9999	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MC	NALBUPHINE HCL	1 EA	BO	NA	GM		10 MG	100		9/8/2003	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
51927-2182-00	J1790			9/8/2003	99/99/9999	INJECTION, DROPERIDOL, UP TO 5 MG 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)	DROPERIDOL (USP)	1	EA	BO	NA	GM	5 MG		200	9/8/2003	99/99/9999						
51927-2196-00	J0270			9/8/2003	99/99/9999	FOR USE WHEN DRUG IS SELF ADMINISTERED)	ALPROSTADIL (U.S.P.)	1	EA	JR	NA	GM	1.25 MCG		800000	9/8/2003	99/99/9999						
51927-2206-00	J0780			9/8/2003	99/99/9999	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	PROCHLORPERAZINE EDISYLATE (USP)	1	EA	BO	NA	GM	10 MG		100	9/8/2003	99/99/9999						
51927-2231-00	J1094			9/8/2003	99/99/9999	INJECTION, DEXAMETHASONE ACETATE, 1 MG	DEXAMETHASONE ACETATE MICRONIZED (U.S.P.)	1	EA	JR	NA	GM	1 MG		1000	9/8/2003	99/99/9999						
51927-2234-00	J2680			9/8/2003	99/99/9999	INJECTION, FLUPHENAZINE DECANOATE, UP TO 25 MG	FLUPHENAZINE DECANOATE (U.S.P.)	1	EA	BO	NA	GM	25 MG		40	9/8/2003	99/99/9999						
51927-2258-00	J7501			9/8/2003	99/99/9999	AZATHIOPRINE, PARENTERAL, 100 MG	AZATHIOPRINE (USP)	1	EA	BO	NA	GM	100 MG		10	9/8/2003	99/99/9999						
51927-2298-00	J3475			12/4/2003	1/9/2012	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (ANHYDROUS REAGENT)	1	EA	BO	NA	GM	500 MG		2	12/4/2003	1/9/2012						
51927-2300-00	J2730			12/4/2003	1/9/2012	INJECTION, PRALIDOXIME CHLORIDE, UP TO 1 GM	PRALIDOXIME CHLORIDE	1	EA	BO	NA	GM	1 GM		1	12/4/2003	1/9/2012						
51927-2303-00	J3490			9/8/2003	12/31/2006	UNCLASSIFIED DRUGS	HEMIHYDRATE)	1	EA	BO	NA	GM	1 EA		1	9/8/2003	12/31/2006						
51927-2303-00	J0364			1/1/2007	99/99/9999	INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG 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	APOMORPHINE HCL (U.S.P., HEMIHYDRATE)	1	EA	BO	NA	GM	1 MG		1000	1/1/2007	99/99/9999						
51927-2316-00	Q0178			9/8/2003	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG	HYDROXYZINE PAMOATE (U.S.P.)	1	EA	JR	NA	GM	50 MG		20	9/8/2003	99/99/9999						
51927-2319-00	J1265			1/1/2006	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG	DOPAMINE HCL	1	EA	BO	NA	GM	40 MG		25	1/1/2006	99/99/9999						
51927-2351-00	J3310			8/9/2003	1/9/2012	INJECTION, PERPHENAZINE, UP TO 5 MG	PERPHENAZINE (U.S.P.)	1	EA	BO	NA	GM	5 MG		200	8/9/2003	1/9/2012						
51927-2362-00	J9140			9/8/2003	12/31/2010	DACARBAZINE, 200 MG	DACARBAZINE (U.S.P.)	1	EA	BO	NA	GM	200 MG		5	9/8/2003	12/31/2010						
51927-2375-00	KO J7685	KO		1/1/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN (USP)	1	EA	BO	NA	GM	300 MG		3.33333	1/1/2007	99/99/9999						
51927-2375-00	J7685			1/1/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN (USP)	1	EA	BO	NA	GM	300 MG		3.33333	1/1/2007	99/99/9999						
51927-2375-00	KO J7682	KO		9/8/2003	12/31/2006	MILLIGRAMS TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300	TOBRAMYCIN (USP)	1	EA	BO	NA	GM	300 MG		3.33333	9/8/2003	12/31/2006						
51927-2375-00	J7682			9/8/2003	12/31/2006	MILLIGRAMS	TOBRAMYCIN (USP)	1	EA	BO	NA	GM	300 MG		3.33333	9/8/2003	12/31/2006						
51927-2379-00	J0735			9/8/2003	99/99/9999	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	CLONIDINE HCL (U.S.P.)	1	EA	JR	NA	GM	1 MG		1000	9/8/2003	99/99/9999						
51927-2449-00	J0120			9/8/2003	1/9/2012	INJECTION, TETRACYCLINE, UP TO 250 MG	TETRACYCLINE (U.S.P.)	1	EA	JR	NA	GM	250 MG		4	9/8/2003	1/9/2012						
51927-2519-00	J2800			9/8/2003	99/99/9999	INJECTION, METHOCARBAMOL, UP TO 10 ML	METHOCARBAMOL (U.S.P.)	1	EA	BO	NA	GM	10 ML		1	9/8/2003	99/99/9999						
51927-2575-00	J7684			9/8/2003	1/9/2012	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE (USP, NON-MICRONIZED)	1	EA	JR	NA	GM	1 MG		1000	9/8/2003	1/9/2012						
51927-2575-00	KO J7684	KO		9/8/2003	1/9/2012	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE (USP, NON-MICRONIZED)	1	EA	JR	NA	GM	1 MG		1000	9/8/2003	1/9/2012						
51927-2593-00	J2670			9/8/2003	1/9/2012	INJECTION, TOLAZOLINE HCL, UP TO 25 MG	TOLAZOLINE HCL	1	EA	BO	NA	GM	25 MG		40	9/8/2003	1/9/2012						
51927-2669-00	J2760			9/8/2003	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	1	EA	BO	NA	GM	5 MG		200	9/8/2003	99/99/9999						
51927-2692-00	J0640			9/8/2003	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM (USP; ANHYDROUS)	1	EA	JR	NA	GM	50 MG		20	9/8/2003	99/99/9999						
51927-2704-00	J0278			1/1/2006	99/99/9999	INJECTION, AMIKACIN SULFATE, 100 MG	AMIKACIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	100 MG		10	1/1/2006	99/99/9999						
51927-2706-00	J1070			9/8/2003	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG	TESTOSTERONE CYPIONATE (U.S.P.; CIII)	1	EA	JR	NA	GM	100 MG		10	9/8/2003	99/99/9999						
51927-2732-00	J3475			12/4/2003	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (USP; HEPTAHYDRATE)	1	EA	BO	NA	GM	500 MG		2	12/4/2003	99/99/9999						
51927-2742-00	J1730			9/8/2003	99/99/9999	INJECTION, DIAZOXIDE, UP TO 300 MG	DIAZOXIDE (U.S.P.)	1	EA	BO	NA	GM	300 MG		3.33333	9/8/2003	99/99/9999						
51927-2762-00	J9340			9/8/2003	99/99/9999	INJECTION, THIOPEA, 15 MG	TRIETHYLENETHIOPHOSPHORAMIDE/T	1	EA	BO	NA	GM	15 MG		66.66666	9/8/2003	99/99/9999						
51927-2765-00	J7681			9/8/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	1 MG		1000	9/8/2003	99/99/9999						
51927-2765-00	KO J7681	KO		9/8/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1	EA	BO	NA	GM	1 MG		1000	9/8/2003	99/99/9999						
51927-2772-00	J9182			9/8/2003	12/31/2008	ETOPOSIDE, 100 MG	ETOPOSIDE (U.S.P.)	1	EA	BO	NA	GM	100 MG		10	9/8/2003	12/31/2008						
51927-2772-00	J9181			1/1/2009	99/99/9999	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	ETOPOSIDE (U.S.P.) 1 MG	1	EA	BO	NA	GM	10 MG		100	1/1/2009	99/99/9999						
51927-2775-00	J1250			9/8/2003	1/9/2012	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DOBUTAMINE HCL (U.S.P.)	1	EA	BO	NA	GM	250 MG		4	9/8/2003	1/9/2012						
51927-2834-00	J7627			1/1/2006	1/9/2012	THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE MICRONIZED	1	EA	JR	NA	GM	0.5 MG		2000	1/1/2006	1/9/2012						
51927-2834-00	KO J7627	KO		1/1/2006	1/9/2012	THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE MICRONIZED	1	EA	JR	NA	GM	0.5 MG		2000	1/1/2006	1/9/2012						
51927-2859-00	J7613			1/1/2005	12/31/2006	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL (U.S.P.)	1	EA	JR	NA	GM	1 MG		1000	1/1/2005	12/31/2006						
51927-2859-00	KO J7613	KO		1/1/2005	12/31/2006	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL (U.S.P.)	1	EA	JR	NA	GM	1 MG		1000	1/1/2005	12/31/2006						
51927-2859-00	J7609			1/1/2007	1/9/2012	THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL (U.S.P.)	1	EA	JR	NA	GM	1 MG		1000	1/1/2007	1/9/2012						
51927-2859-00	KO J7609	KO		1/1/2007	1/9/2012	THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL (U.S.P.)	1	EA	JR	NA	GM	1 MG		1000	1/1/2007	1/9/2012						
51927-2895-00	J1600			9/8/2003	99/99/9999	INJECTION, GOLD SODIUM THIOMALATE, UP TO 50 MC	GOLD SODIUM THIOMALATE	1	EA	BO	NA	GM	50 MG		20	9/8/2003	99/99/9999						
51927-2986-00	J0595			1/1/2004	99/99/9999	INJECTION, BUTORPHANOL TARTRATE, 1 MG	BUTORPHANOL TARTRATE (U.S.P.; CIV)	1	EA	BO	NA	GM	1 MG		1000	1/1/2004	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
51927-2994-00	J0133			1/1/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1 EA	BO	NA	GM	5 MG			200	1/1/2006	99/99/9999						
51927-3023-00	J2780			9/8/2003	99/99/9999	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MC	RANITIDINE HCL (U.S.P.)	1 EA	JR	NA	GM	25 MG			40	9/8/2003	99/99/9999						
51927-3098-00	J3230			9/8/2003	1/9/2012	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG	CHLORPROMAZINE HCL (U.S.P.)	1 EA	BO	NA	GM	50 MG			20	9/8/2003	1/9/2012						
51927-3115-00	J2690			9/8/2003	99/99/9999	INJECTION, PROCAINAMIDE HCL, UP TO 1 GN	PROCAINAMIDE HCL (U.S.P.)	1 EA	BO	NA	GM	1 GM			1	9/8/2003	99/99/9999						
51927-3158-00	J1840			9/8/2003	1/9/2012	INJECTION, KANAMYCIN SULFATE, UP TO 500 MC	KANAMYCIN SULFATE (U.S.P.)	1 EA	JR	NA	GM	500 MG			2	9/8/2003	1/9/2012						
51927-3163-00	J1000			9/8/2003	99/99/9999	INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MC	ESTRADIOL CYPIONATE (U.S.P.)	1 EA	JR	NA	GM	5 MG			200	9/8/2003	99/99/9999						
51927-3177-00	J2010			9/8/2003	99/99/9999	INJECTION, LINCOMYCIN HCL, UP TO 300 MC	LINCOMYCIN HCL (U.S.P.)	1 EA	BO	NA	GM	300 MG		3.33333		9/8/2003	99/99/9999						
51927-3196-00	J7516			9/8/2003	99/99/9999	CYCLOSPORIN, PARENTERAL, 250 MG	CYCLOSPORIN A (USP)	1 EA	JR	NA	GM	250 MG			4	9/8/2003	99/99/9999						
51927-3213-00	J3490			1/3/2005	9/1/2010	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (U.S.P.)	1 EA	NA	NA	GM	1 EA			1	1/3/2005	9/1/2010						
51927-3256-00	J1457			1/1/2005	1/9/2012	INJECTION, GALLIUM NITRATE, 1 MG	GALLIUM NITRATE (HYDRATE) (III)	1 EA	BO	NA	GM	1 MG			1000	1/1/2005	1/9/2012						
51927-3258-00	J2460			9/8/2003	99/99/9999	INJECTION, OXYTETRACYCLINE HCL, UP TO 50 MC	OXYTETRACYCLINE HCL (U.S.P.)	1 EA	BO	NA	GM	50 MG			20	9/8/2003	99/99/9999						
51927-3286-00	J1644			9/8/2003	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (USP)	1 EA	BO	NA	GM	1000 U			160	9/8/2003	99/99/9999						
51927-3287-00	J1212			12/4/2003	1/9/2012	INJECTION, DMSO, DIMETHYL SULFOXIDE, 50%, 50 ML	DIMETHYL SULFOXIDE	1 ML	BO	NA	ML	50 %		0.02		12/4/2003	1/9/2012						
51927-3306-00	J1835			9/8/2003	1/9/2012	INJECTION, ITRACONAZOLE, 50 MG	ITRACONAZOLE MICRONIZED	1 EA	JR	NA	GM	50 MG			20	9/8/2003	1/9/2012						
51927-3335-00	J2310			9/8/2003	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MC	NALOXONE HCL DIHYDRATE (U.S.P.)	1 EA	BO	NA	GM	1 MG			1000	9/8/2003	99/99/9999						
51927-3370-00	J3302			9/8/2003	99/99/9999	INJECTION, TRIAMCINOLONE DIACETATE, PER 5MC	TRIAMCINOLONE DIACETATE (USP)	1 EA	JR	NA	GM	5 MG			200	9/8/2003	99/99/9999						
51927-3408-00	J3490			9/8/2003	99/99/9999	UNCLASSIFIED DRUGS	FAMOTIDINE (U.S.P.)	1 EA	JR	NA	GM	1 EA			1	9/8/2003	99/99/9999						
51927-3422-00	J0636			9/8/2003	99/99/9999	INJECTION, CALCITRIOL, 0.1 MCG	CALCITRIOL IN ALMOND OIL (NF) 1 MCG/ML	1 ML	BO	NA	ML	0.1 MCG			10	9/8/2003	99/99/9999						
51927-3484-00	J2725			9/8/2003	99/99/9999	INJECTION, PROTIRELIN, PER 250 MCG	PROTIRELIN	1 EA	BO	NA	GM	250 MCG			4000	9/8/2003	99/99/9999						
51927-3489-00	Q0165			9/8/2003	1/9/2012	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	PROCHLORPERAZINE MESYLATE (BP)	1 EA	BO	NA	GM	10 MG			100	9/8/2003	1/9/2012						
51927-3514-00	J2321			9/8/2003	12/31/2010	INJECTION, NANDROLONE DECANOATE, UP TO 100 MG	NANDROLONE DECANOATE (U.S.P.; CIII)	1 EA	BO	NA	GM	100 MG			10	9/8/2003	12/31/2010						
51927-3530-00	J2675			9/8/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE MICRONIZED (U.S.P.)	1 EA	JR	NA	GM	50 MG			20	9/8/2003	99/99/9999						
51927-3536-00	J0330			9/8/2003	1/9/2012	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	SUCCINYLCHOLINE CHLORIDE (DIHYDRATE; BP)	1 EA	BO	NA	GM	20 MG			50	9/8/2003	1/9/2012						
51927-3548-00	J3490			9/8/2003	1/9/2012	UNCLASSIFIED DRUGS	NALTREXONE	1 EA	BO	NA	GM	1 EA			1	9/8/2003	1/9/2012						
51927-3552-00	J2930			9/8/2003	1/9/2012	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	METHYLPREDNISOLONE SODIUM SUCCINATE (BUFFERED)	1 EA	BO	NA	GM	125 MG			8	9/8/2003	1/9/2012						
51927-3557-00	J7507			1/1/2004	99/99/9999	TACROLIMUS, ORAL, PER 1 MG	TACROLIMUS	1 EA	JR	NA	GM	1 MG			1000	1/1/2004	99/99/9999						
51927-3572-00	J3250			9/8/2003	1/9/2012	INJECTION, TRIMETHOBENZAMIDE HCL, UP TO 200 MC	TRIMETHOBENZAMIDE HCL	1 EA	BO	NA	GM	200 MG			5	9/8/2003	1/9/2012						
51927-3613-00	J2515			3/26/2004	99/99/9999	INJECTION, PENTOBARBITAL SODIUM, PER 50 MC	PENTOBARBITAL SODIUM (U.S.P.)	1 EA	BO	NA	GM	50 MG			20	3/26/2004	99/99/9999						
51927-3634-00	J3490			1/4/2008	99/99/9999	UNCLASSIFIED DRUGS	CIPROFLOXACIN HYDROCHLORIDE (USP)	1 EA	BO	NA	GM	1 EA			1	1/4/2008	99/99/9999						
51927-3642-00	J9290			8/19/2004	12/31/2010	MITOMYCIN, 20 MG	MITOMYCIN (USP)	1 EA	BO	NA	GM	20 MG			50	8/19/2004	12/31/2010						
51927-3643-00	J7640			1/1/2006	99/99/9999	FORMOTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 12 MICROGRAMS	FORMOTEROL FUMARATE (DIHYDRATE)	1 EA	BO	NA	GM	12 MCG		83333.33		1/1/2006	99/99/9999						
51927-3643-00	KO J7640	KO		1/1/2006	99/99/9999	FORMOTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 12 MICROGRAMS	FORMOTEROL FUMARATE (DIHYDRATE)	1 EA	BO	NA	GM	12 MCG		83333.33		1/1/2006	99/99/9999						
51927-3747-00	J1094			3/11/2005	1/9/2012	INJECTION, DEXAMETHASONE ACETATE, 1 MG	DEXAMETHASONE ACETATE MICRONIZED (USP)	1 EA	BO	NA	GM	1 MG			1000	3/11/2005	1/9/2012						
51927-3760-00	J0282			1/4/2008	7/1/2008	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MC	AMIODARONE HYDROCHLORIDE	1 EA	BO	NA	GM	30 MG		33.33333		1/4/2008	7/1/2008						
51927-9017-00	J2675			9/8/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P.; WETTABLE POWDER)	1 EA	JR	NA	GM	50 MG			20	9/8/2003	99/99/9999						
51927-9018-00	J2550			9/8/2003	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (U.S.P.)	1 EA	JR	NA	GM	50 MG			20	9/8/2003	99/99/9999						
51991-0188-01	J7509			3/10/2003	4/1/2009	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	100 EA	BO	PO	EA	4 MG			1	3/10/2003	4/1/2009						
51991-0188-31	J7509			11/5/2003	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (UNIT OF USE) 4 MG	21 EA	DP	PO	EA	4 MG			1	11/5/2003	99/99/9999						
51991-0196-01	Q0164			10/23/2002	8/31/2008	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	PROCHLORPERAZINE MALEATE 5 MG	100 EA	BO	PO	EA	5 MG			1	10/23/2002	8/31/2008						
51991-0197-01	Q0165			10/23/2002	8/31/2008	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	PROCHLORPERAZINE MALEATE 10 MG	100 EA	BO	PO	EA	10 MG			1	10/23/2002	8/31/2008						
51991-0458-01	J7506			1/16/2006	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (U.S.P.) 1 MG	100 EA	BO	PO	EA	5 MG		0.2		1/16/2006	99/99/9999						
51991-0458-10	J7506			7/31/2008	PREDNISONE, ORAL, PER 5MG	PREDNISONE (U.S.P.) 1 MG	1000 EA	BO	PO	EA	5 MG		0.2			1/16/2006	7/31/2008						
51991-0462-01	J7506			4/13/2006	11/1/2006	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP) 20 MG	100 EA	BO	PO	EA	5 MG			4	4/13/2006	11/1/2006						
51991-0462-05	J7506			4/13/2006	11/1/2006	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP) 20 MG	500 EA	BO	PO	EA	5 MG			4	4/13/2006	11/1/2006						
51991-0625-01	Q0173			1/1/2002	1/8/2007	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	TRIMETHOBENZAMIDE HCL 250 MG	100 EA	BO	PO	EA	250 MG			1	1/1/2002	1/8/2007						
52152-0166-02	Q0173			1/1/2002	11/6/2008	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	TRIMETHOBENZAMIDE HCL 250 MG	100 EA	BO	PO	EA	250 MG			1	1/1/2002	11/6/2008						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
52152-0185-02		Q0173		8/22/2003	11/6/2008	TRIMETHOBEZAMIDE 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	TRIMETHOBEZAMIDE HCL 300 MG	100 EA	BO	PO	EA		250 MG		1.2	8/22/2003	11/6/2008						
52152-0538-30		Q0162		7/10/2012	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	ONDANSETRON HYDROCHLORIDE, (FILM-COATED), 4 MG	30 EA	BO	PO	EA		1 MG		4	7/10/2012	99/99/9999						
52152-0538-30		Q0179		6/25/2007	8/28/2011	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 4 MG	30 EA	BO	PO	EA		8 MG		0.5	6/25/2007	8/28/2011						
52152-0539-30		Q0162		7/10/2012	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	ONDANSETRON HYDROCHLORIDE, (FILM-COATED), 8 MG	30 EA	BO	PO	EA		1 MG		8	7/10/2012	99/99/9999						
52152-0539-30		Q0179		6/25/2007	8/28/2011	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 8 MG	30 EA	BO	PO	EA		8 MG		1	6/25/2007	8/28/2011						
52297-0268-67		Q0163		1/1/2002	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	DIPHEDRYL 25 MG	48 EA	BX	PO	EA		50 MG		0.5	1/1/2002	99/99/9999						
52297-0379-26		Q0163		1/1/2002	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	DIPHEDRYL CHILDREN'S (AF,CHERRY) 12.5 MG/5 ML	118 ML	BO	PO	ML		50 MG		0.05	1/1/2002	99/99/9999						
52297-0462-62		Q0163		1/1/2002	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	DIPHEDRYL 25 MG	24 EA	BX	PO	EA		50 MG		0.5	1/1/2002	99/99/9999						
52297-0521-62		Q0163		1/1/2002	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	DIPHEDRYL 25 MG	24 EA	BX	PO	EA		50 MG		0.5	1/1/2002	99/99/9999						
52297-0948-10		Q0163		1/1/2002	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	DIPHEDRYL ALLERGY 25 MG	100 EA	BO	PO	EA		50 MG		0.5	1/1/2002	99/99/9999						
52544-0153-02		J3315		12/30/2004	99/99/9999	INJECTION, TRIPTORELIN PAMOATE, 3.75 MG	TRELSTAR DEPOT (SDV) 3.75 MG	1 EA	VL	IM	EA		3.75 MG		1	12/30/2004	99/99/9999						
52544-0153-76		J3315		4/1/2005	6/23/2008	INJECTION, TRIPTORELIN PAMOATE, 3.75 MG	TRELSTAR DEPOT (SDV, CLIP N JECT) 3.75 MG	1 EA	VL	IM	EA		3.75 MG		1	4/1/2005	6/23/2008						
52544-0154-02		J3315		12/30/2004	99/99/9999	INJECTION, TRIPTORELIN PAMOATE, 3.75 MG	TRELSTAR LA (SDV) 11.25 MG	1 EA	VL	IM	EA		3.75 MG		3	12/30/2004	99/99/9999						
52544-0154-76		J3315		4/1/2005	6/23/2008	INJECTION, TRIPTORELIN PAMOATE, 3.75 MG	TRELSTAR LA (SDV, CLIP N JECT) 11.25 MG	1 EA	VL	IM	EA		3.75 MG		3	4/1/2005	6/23/2008						
52544-0922-26		J2916		1/2/2003	12/22/2010	MG	FERRLECIT (SINGLE USE AMP) 62.5 MG/5 ML	5 ML	AM	IV	ML		12.5 MG		1	1/2/2003	12/22/2010						
52609-0001-05		None		5/20/2011	99/99/9999	MELPHALAN, ORAL, 2 MG	ALKERAN (FILM-COATED) 2 MG	50 EA	BO	PO	EA		2 MG		1	5/20/2011	99/99/9999						
52637-0010-10		J1940		1/1/2002	8/27/2008	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (S.D.V.) 10 MG/ML	2 ML	VL	IJ	ML		20 MG		0.5	1/1/2002	8/27/2008						
52637-0126-10		J0725		1/1/2002	8/27/2008	INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS	CHORIONIC GONADOTROPIN (M.D.V.) 10000 U	1 EA	VL	IM	EA		1000 USP I		10	1/1/2002	8/27/2008						
52637-0282-10		J3420		1/1/2002	8/27/2008	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCC	VITAMIN B12 (M.D.V.) 1000 MCG/ML	10 ML	VL	IM	ML		1000 MCG		1	1/1/2002	8/27/2008						
52637-0312-30		J3420		1/1/2002	8/27/2008	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCC	VITAMIN B12 (M.D.V.) 1000 MCG/ML	30 ML	VL	IM	ML		1000 MCG		1	1/1/2002	8/27/2008						
52637-0313-10		J1435		1/1/2002	8/27/2008	INJECTION, ESTRONE, PER 1 MG	ESTRO-A (M.D.V.) 2 MG/ML	10 ML	VL	IM	ML		1 MG		2	1/1/2002	8/27/2008						
52637-0325-10		J2650		1/1/2002	8/27/2008	INJECTION, PREDNISOLONE ACETATE, UP TO 1 ML	PRED-JECT-50 (M.D.V.) 50 MG/ML	30 ML	VL	IJ	ML		1 ML		1	1/1/2002	8/27/2008						
52769-0417-06		J1566		1/1/2006	8/31/2011	OTHERWISE SPECIFIED, 500 MG	PANGLOBULIN NF (S.D.V.,PF,NANOFILTERED) 6 GM	1 EA	VL	IV	EA		500 MG		12	1/1/2006	8/31/2011						
52769-0418-12		J1566		1/1/2006	8/31/2011	OTHERWISE SPECIFIED, 500 MG	PANGLOBULIN NF (S.D.V.,PF,NANOFILTERED) 12 GM	1 EA	VL	IV	EA		500 MG		24	1/1/2006	8/31/2011						
52769-0460-01		J7190		1/1/2002	8/31/2011	FACTOR VIII (ANTHEMOPHILIC FACTOR, HUMAN) PER 1 IU	MONARC-M (APPROX 220-2000 IU/VIAL) 1 IU	1100 IU	VL	IV	EA		1 IU		1	1/1/2002	8/31/2011						
52769-0470-72		J1566		1/1/2006	99/99/9999	OTHERWISE SPECIFIED, 500 MG	POLYGAM (W/50 ML DILUENT) 2.5 MG	1 EA	NA	IV	EA		500 MG		0.005	1/1/2006	99/99/9999						
52959-0043-00		Q0163		6/17/2003	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	DIPHENHYDRAMINE HCL 25 MG	100 EA	BO	PO	EA		50 MG		0.5	6/17/2003	99/99/9999						
52959-0043-04		Q0163		1/1/2002	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	DIPHENHYDRAMINE HCL 25 MG	4 EA	BO	PO	EA		50 MG		0.5	1/1/2002	99/99/9999						
52959-0043-10		Q0163		1/1/2002	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	DIPHENHYDRAMINE HCL 25 MG	10 EA	BO	PO	EA		50 MG		0.5	1/1/2002	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
52959-0043-15		Q0163		1/1/2002	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	DIPHENHYDRAMINE HCL 25 MG	15 EA	BO	PO	EA		50 MG		0.5	1/1/2002	99/99/9999						
52959-0043-20		Q0163		1/1/2002	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	DIPHENHYDRAMINE HCL 25 MG	20 EA	BO	PO	EA		50 MG		0.5	1/1/2002	99/99/9999						
52959-0043-24		Q0163		5/12/2003	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	DIPHENHYDRAMINE HCL 25 MG	24 EA	BO	PO	EA		50 MG		0.5	5/12/2003	99/99/9999						
52959-0043-30		Q0163		1/1/2002	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	DIPHENHYDRAMINE HCL 25 MG	30 EA	BO	PO	EA		50 MG		0.5	1/1/2002	99/99/9999						
52959-0043-50		Q0163		1/1/2002	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	DIPHENHYDRAMINE HCL 25 MG	50 EA	BO	PO	EA		50 MG		0.5	1/1/2002	99/99/9999						
52959-0043-60		Q0163		1/1/2002	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	DIPHENHYDRAMINE HCL 25 MG	60 EA	BO	PO	EA		50 MG		0.5	1/1/2002	99/99/9999						
52959-0053-06		Q0163		1/1/2002	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	DIPHENHYDRAMINE HCL 50 MG	6 EA	BO	PO	EA		50 MG		1	1/1/2002	99/99/9999						
52959-0053-10		Q0163		1/1/2002	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	DIPHENHYDRAMINE HCL 50 MG	10 EA	BO	PO	EA		50 MG		1	1/1/2002	99/99/9999						
52959-0053-12		Q0163		1/1/2002	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	DIPHENHYDRAMINE HCL 50 MG	12 EA	BO	PO	EA		50 MG		1	1/1/2002	99/99/9999						
52959-0053-15		Q0163		1/1/2002	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	DIPHENHYDRAMINE HCL 50 MG	15 EA	BO	PO	EA		50 MG		1	1/1/2002	99/99/9999						
52959-0053-20		Q0163		1/1/2002	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	DIPHENHYDRAMINE HCL 50 MG	20 EA	BO	PO	EA		50 MG		1	1/1/2002	99/99/9999						
52959-0053-30		Q0163		1/1/2002	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	DIPHENHYDRAMINE HCL 50 MG	30 EA	BO	PO	EA		50 MG		1	1/1/2002	99/99/9999						
52959-0053-52		Q0163		1/24/2005	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	DIPHENHYDRAMINE HCL 50 MG	52 EA	BO	PO	EA		50 MG		1	1/24/2005	99/99/9999						
52959-0079-00		J7500		1/1/2002	99/99/9999	AZATHIOPRINE, ORAL, 50 MG	IMURAN 50 MG	100 EA	BO	PO	EA		50 MG		1	1/1/2002	99/99/9999						
52959-0100-00		J7509		1/1/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (DOSE PACK) 4 MG	21 EA	DP	PO	EA		4 MG		1	1/1/2002	99/99/9999						
52959-0123-03		Q0163		1/1/2002	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	DIPHENHYDRAMINE HCL 12.5 MG/5 ML	120 ML	BO	PO	ML		50 MG		0.05	1/1/2002	99/99/9999						
52959-0123-06		Q0163		1/1/2002	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	DIPHENHYDRAMINE HCL 12.5 MG/5 ML	180 ML	BO	PO	ML		50 MG		0.05	1/1/2002	99/99/9999						
52959-0126-00		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	100 EA	BO	PO	EA		5 MG		2	1/1/2002	99/99/9999						
52959-0126-05		J7506		11/6/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	5 EA	BO	PO	EA		5 MG		2	11/6/2002	99/99/9999						
52959-0126-07		J7506		11/6/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	7 EA	BO	PO	EA		5 MG		2	11/6/2002	99/99/9999						
52959-0126-10		J7506		8/19/2003	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	10 EA	BO	PO	EA		5 MG		2	8/19/2003	99/99/9999						
52959-0126-12		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	12 EA	BO	PO	EA		5 MG		2	1/1/2002	99/99/9999						
52959-0126-15		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	15 EA	BO	PO	EA		5 MG		2	1/1/2002	99/99/9999						
52959-0126-18		J7506		1/15/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	18 EA	BO	PO	EA		5 MG		2	1/15/2002	99/99/9999						
52959-0126-20		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	20 EA	BO	PO	EA		5 MG		2	1/1/2002	99/99/9999						
52959-0126-21		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	21 EA	BO	PO	EA		5 MG		2	1/1/2002	99/99/9999						
52959-0126-25		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	25 EA	BO	PO	EA		5 MG		2	1/1/2002	99/99/9999						
52959-0126-30		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	30 EA	BO	PO	EA		5 MG		2	1/1/2002	99/99/9999						
52959-0126-37		J7506		7/18/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	37 EA	BO	PO	EA		5 MG		2	7/18/2007	99/99/9999						
52959-0126-40		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	40 EA	BO	PO	EA		5 MG		2	1/1/2002	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
52959-0126-42		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	42 EA	BO	PO	EA	5 MG	2	1/1/2002	99/99/9999								
52959-0126-44		J7506		3/1/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	44 EA	BO	PO	EA	5 MG	2	3/1/2004	99/99/9999								
52959-0126-45		J7506		9/19/2006	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	45 EA	NA	PO	EA	5 MG	2	9/19/2006	99/99/9999								
52959-0126-50		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	50 EA	BO	PO	EA	5 MG	2	1/1/2002	99/99/9999								
52959-0126-60		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	60 EA	BO	PO	EA	5 MG	2	1/1/2002	99/99/9999								
52959-0127-00		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	100 EA	BO	PO	EA	5 MG	4	1/1/2002	99/99/9999								
52959-0127-07		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	7 EA	BO	PO	EA	5 MG	4	1/1/2002	99/99/9999								
52959-0127-10		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	10 EA	BO	PO	EA	5 MG	4	1/1/2002	99/99/9999								
52959-0127-12		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	12 EA	BO	PO	EA	5 MG	4	1/1/2002	99/99/9999								
52959-0127-15		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	15 EA	BO	PO	EA	5 MG	4	1/1/2002	99/99/9999								
52959-0127-18		J7506		6/18/2008	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	18 EA	BO	PO	EA	5 MG	4	6/18/2008	99/99/9999								
52959-0127-20		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	20 EA	BO	PO	EA	5 MG	4	1/1/2002	99/99/9999								
52959-0127-21		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	21 EA	BO	PO	EA	5 MG	4	1/1/2002	99/99/9999								
52959-0127-25		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	25 EA	BO	PO	EA	5 MG	4	1/1/2002	99/99/9999								
52959-0127-30		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	30 EA	BO	PO	EA	5 MG	4	1/1/2002	99/99/9999								
52959-0127-37		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	37 EA	BO	PO	EA	5 MG	4	1/1/2002	99/99/9999								
52959-0127-42		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	42 EA	BO	PO	EA	5 MG	4	1/1/2002	99/99/9999								
52959-0158-06		J7669		1/1/2002	99/99/9999	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	ALUPENT (VIAL) 0.6%	2.5 ML	AM	IH	ML	10 MG	0.6	1/1/2002	99/99/9999								
52959-0158-06	KO	J7669	KO	1/1/2002	99/99/9999	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	ALUPENT (VIAL) 0.6%	2.5 ML	AM	IH	ML	10 MG	0.6	1/1/2002	99/99/9999								
52959-0179-06		J2360		1/1/2002	99/99/9999	INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG	NORFLEX 30 MG/ML	2 ML	AM	IJ	ML	60 MG	0.5	1/1/2002	99/99/9999								
52959-0220-00		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	100 EA	BO	PO	EA	5 MG	1	1/1/2002	99/99/9999								
52959-0220-10		J7506		8/19/2003	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	10 EA	BO	PO	EA	5 MG	1	8/19/2003	99/99/9999								
52959-0220-20		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	20 EA	BO	PO	EA	5 MG	1	1/1/2002	99/99/9999								
52959-0220-21		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	21 EA	BO	PO	EA	5 MG	1	1/1/2002	99/99/9999								
52959-0220-30		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	30 EA	BO	PO	EA	5 MG	1	1/1/2002	99/99/9999								
52959-0220-36		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	36 EA	BO	PO	EA	5 MG	1	1/1/2002	99/99/9999								
52959-0220-40		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	40 EA	BO	PO	EA	5 MG	1	1/1/2002	99/99/9999								
52959-0220-60		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	60 EA	BO	PO	EA	5 MG	1	1/1/2002	99/99/9999								
52959-0220-75		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	75 EA	BO	PO	EA	5 MG	1	1/1/2002	99/99/9999								
52959-0237-12		J8498		1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HYDROCHLORIDE 25 MG	12 EA	BX	RC	EA	1 EA	1	1/1/2006	99/99/9999								
52959-0244-00		None		10/2/2000	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	100 EA	BO	PO	EA	2.5 MG	1	10/2/2000	99/99/9999								
52959-0291-00		J8498		1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	COMPazine 25 MG	12 EA	BX	RC	EA	1 EA	1	1/1/2006	99/99/9999								
52959-0313-15		Q0144		1/1/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 100 MG/5 ML	15 ML	BO	PO	ML	1 GM	0.02	1/1/2002	99/99/9999								
52959-0330-00		J8499		1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 200 MG	100 EA	BO	PO	EA	1 EA	1	1/1/2002	99/99/9999								
52959-0330-25		J8499		1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 200 MG	25 EA	BO	PO	EA	1 EA	1	1/1/2002	99/99/9999								
52959-0330-50		J8499		1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 200 MG	50 EA	BO	PO	EA	1 EA	1	1/1/2002	99/99/9999								
52959-0355-06		J8498		1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	6 EA	BX	RC	EA	1 EA	1	1/1/2006	99/99/9999								
52959-0355-12		J8498		1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	12 EA	BX	RC	EA	1 EA	1	1/1/2006	99/99/9999								
52959-0391-15		Q0165		1/1/2002	99/99/9999	ANTIEMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	COMPazine 10 MG	15 EA	BO	PO	EA	10 MG	1	1/1/2002	99/99/9999								
52959-0392-12		J8540		1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	12 EA	BO	PO	EA	0.25 MG	3	1/1/2006	99/99/9999								
52959-0392-21		J8540		1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	21 EA	DP	PO	EA	0.25 MG	3	1/1/2006	99/99/9999								
52959-0392-28		J8540		1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	28 EA	BO	PO	EA	0.25 MG	3	1/1/2006	99/99/9999								
52959-0433-10		Q0177		6/6/2002	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	HYDROXYZINE PAMOATE 25 MG	10 EA	BO	PO	EA	25 MG	1	6/6/2002	99/99/9999								
52959-0433-15		Q0177		2/28/2002	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	HYDROXYZINE PAMOATE 25 MG	15 EA	BO	PO	EA	25 MG	1	2/28/2002	99/99/9999								
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	HYDROXYZINE PAMOATE 25 MG	20 EA	BO	PO	EA	25 MG	1	12/27/2004	99/99/9999								
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	HYDROXYZINE PAMOATE 25 MG	30 EA	BO	PO	EA	25 MG	1	10/17/2002	99/99/9999								
52959-0433-40		Q0177		1/1/2002	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	HYDROXYZINE PAMOATE 25 MG	40 EA	BO	PO	EA	25 MG	1	1/1/2002	99/99/9999								
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	HYDROXYZINE PAMOATE 25 MG	60 EA	BO	PO	EA	25 MG	1	12/27/2004	99/99/9999								

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
52959-0476-02		Q0165		8/9/2005	99/99/9999	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	PROCHLORPERAZINE MALEATE 10 MG	120	EA	BO	PO	EA	10 MG		1	8/9/2005	99/99/9999						
52959-0476-10		Q0165		1/1/2002	99/99/9999	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	PROCHLORPERAZINE MALEATE 10 MG	10	EA	BO	PO	EA	10 MG		1	1/1/2002	99/99/9999						
52959-0476-15		Q0165		1/1/2002	99/99/9999	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	PROCHLORPERAZINE MALEATE 10 MG	15	EA	BO	PO	EA	10 MG		1	1/1/2002	99/99/9999						
52959-0476-20		Q0165		1/1/2002	99/99/9999	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	PROCHLORPERAZINE MALEATE 10 MG	20	EA	BO	PO	EA	10 MG		1	1/1/2002	99/99/9999						
52959-0476-24		Q0165		10/27/2004	99/99/9999	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	PROCHLORPERAZINE MALEATE 10 MG	24	EA	BO	PO	EA	10 MG		1	10/27/2004	99/99/9999						
52959-0476-30		Q0165		11/22/2004	99/99/9999	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	PROCHLORPERAZINE MALEATE 10 MG	30	EA	BO	PO	EA	10 MG		1	11/22/2004	99/99/9999						
52959-0476-60		Q0165		11/22/2004	99/99/9999	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	PROCHLORPERAZINE MALEATE 10 MG	60	EA	BO	PO	EA	10 MG		1	11/22/2004	99/99/9999						
52959-0479-10		Q0173		1/1/2002	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	TRIMETHOBENZAMIDE HCL 250 MG	10	EA	BO	PO	EA	250 MG		1	1/1/2002	99/99/9999						
52959-0479-12		Q0173		1/1/2002	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	TRIMETHOBENZAMIDE HCL 250 MG	12	EA	BO	PO	EA	250 MG		1	1/1/2002	99/99/9999						
52959-0479-20		Q0173		1/1/2002	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	TRIMETHOBENZAMIDE HCL 250 MG	20	EA	BO	PO	EA	250 MG		1	1/1/2002	99/99/9999						
52959-0479-30		Q0173		1/1/2002	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	TRIMETHOBENZAMIDE HCL 250 MG	30	EA	BO	PO	EA	250 MG		1	1/1/2002	99/99/9999						
52959-0506-06		Q0144		1/1/2002	99/99/9999	ACYCLOVIR 200 MG	ACYCLOVIR 200 MG	6	EA	DP	PO	EA	1 GM		0.25	1/1/2002	99/99/9999						
52959-0517-25		J8499		1/1/2002	99/99/9999	ACYCLOVIR 200 MG	ACYCLOVIR 200 MG	25	EA	BO	PO	EA	1 EA		1	1/1/2002	99/99/9999						
52959-0517-30		J8499		1/1/2002	99/99/9999	ACYCLOVIR 200 MG	ACYCLOVIR 200 MG	30	EA	BO	PO	EA	1 EA		1	1/1/2002	99/99/9999						
52959-0517-35		J8499		1/1/2002	99/99/9999	ACYCLOVIR 200 MG	ACYCLOVIR 200 MG	35	EA	BO	PO	EA	1 EA		1	1/1/2002	99/99/9999						
52959-0544-01		J8499		1/1/2002	99/99/9999	ACYCLOVIR 400 MG	ACYCLOVIR 400 MG	100	EA	BO	PO	EA	1 EA		1	1/1/2002	99/99/9999						
52959-0544-10		J8499		1/1/2002	99/99/9999	ACYCLOVIR 400 MG	ACYCLOVIR 400 MG	10	EA	BO	PO	EA	1 EA		1	1/1/2002	99/99/9999						
52959-0544-12		J8499		1/1/2002	99/99/9999	ACYCLOVIR 400 MG	ACYCLOVIR 400 MG	12	EA	BO	PO	EA	1 EA		1	1/1/2002	99/99/9999						
52959-0544-15		J8499		1/1/2002	99/99/9999	ACYCLOVIR 400 MG	ACYCLOVIR 400 MG	15	EA	BO	PO	EA	1 EA		1	1/1/2002	99/99/9999						
52959-0544-21		J8499		1/1/2002	99/99/9999	ACYCLOVIR 400 MG	ACYCLOVIR 400 MG	21	EA	BO	PO	EA	1 EA		1	1/1/2002	99/99/9999						
52959-0544-25		J8499		1/1/2002	99/99/9999	ACYCLOVIR 400 MG	ACYCLOVIR 400 MG	25	EA	BO	PO	EA	1 EA		1	1/1/2002	99/99/9999						
52959-0544-30		J8499		1/1/2002	99/99/9999	ACYCLOVIR 400 MG	ACYCLOVIR 400 MG	30	EA	BO	PO	EA	1 EA		1	1/1/2002	99/99/9999						
52959-0544-40		J8499		8/24/2007	99/99/9999	ACYCLOVIR 400 MG	ACYCLOVIR 400 MG	40	EA	BO	PO	EA	1 EA		1	8/24/2007	99/99/9999						
52959-0544-50		J8499		1/1/2002	99/99/9999	ACYCLOVIR 400 MG	ACYCLOVIR 400 MG	50	EA	BO	PO	EA	1 EA		1	1/1/2002	99/99/9999						
52959-0547-04		J8540		5/16/2007	99/99/9999	DEXAMETHASONE 0.25 MG	DEXAMETHASONE 4 MG	4	EA	BO	PO	EA	0.25 MG		16	5/16/2007	99/99/9999						
52959-0547-10		J8540		1/1/2006	99/99/9999	DEXAMETHASONE 0.25 MG	DEXAMETHASONE 4 MG	10	EA	BO	PO	EA	0.25 MG		16	1/1/2006	99/99/9999						
52959-0547-11		J8540		1/1/2006	99/99/9999	DEXAMETHASONE 0.25 MG	DEXAMETHASONE 4 MG	11	EA	BO	PO	EA	0.25 MG		16	1/1/2006	99/99/9999						
52959-0547-12		J8540		1/1/2006	99/99/9999	DEXAMETHASONE 0.25 MG	DEXAMETHASONE 4 MG	12	EA	BO	PO	EA	0.25 MG		16	1/1/2006	99/99/9999						
52959-0547-16		J8540		1/1/2006	99/99/9999	DEXAMETHASONE 0.25 MG	DEXAMETHASONE 4 MG	16	EA	BO	PO	EA	0.25 MG		16	1/1/2006	99/99/9999						
52959-0547-20		J8540		1/1/2006	99/99/9999	DEXAMETHASONE 0.25 MG	DEXAMETHASONE 4 MG	20	EA	BO	PO	EA	0.25 MG		16	1/1/2006	99/99/9999						
52959-0547-30		J8540		1/1/2006	99/99/9999	DEXAMETHASONE 0.25 MG	DEXAMETHASONE 4 MG	30	EA	BO	PO	EA	0.25 MG		16	1/1/2006	99/99/9999						
52959-0547-50		J8540		1/1/2006	99/99/9999	DEXAMETHASONE 0.25 MG	DEXAMETHASONE 4 MG	50	EA	BO	PO	EA	0.25 MG		16	1/1/2006	99/99/9999						
52959-0561-01		J8498		1/1/2006	99/99/9999	PHENERGAN 12.5 MG	PHENERGAN 12.5 MG	12	EA	BX	RC	EA	1 EA		1	1/1/2006	99/99/9999						
52959-0561-04		J8498		1/1/2006	99/99/9999	PHENERGAN 12.5 MG	PHENERGAN 12.5 MG	4	EA	BX	RC	EA	1 EA		1	1/1/2006	99/99/9999						
52959-0562-01		J8498		1/1/2006	99/99/9999	PHENERGAN 25 MG	PHENERGAN 25 MG	12	EA	NA	RC	EA	1 EA		1	1/1/2006	99/99/9999						
52959-0562-06		J8498		1/1/2006	99/99/9999	PHENERGAN 25 MG	PHENERGAN 25 MG	6	EA	NA	RC	EA	1 EA		1	1/1/2006	99/99/9999						
52959-0622-60		J7510		1/1/2002	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE (CHERRY) 15 MG/5 ML	480	ML	BO	PO	ML	5 MG		0.6	1/1/2002	99/99/9999						
52959-0657-03		Q0144		1/1/2002	99/99/9999	ACYCLOVIR 800 MG	ZITHROMAX 200 MG/5 ML	15	ML	BO	PO	ML	1 GM		0.04	1/1/2002	99/99/9999						
52959-0657-06		Q0144		1/1/2006	99/99/9999	ACYCLOVIR 800 MG	ZITHROMAX 200 MG/5 ML	22.5	ML	BO	PO	ML	1 GM		0.04	1/1/2006	99/99/9999						
52959-0678-30		J8499		10/7/2003	99/99/9999	ACYCLOVIR 800 MG	ACYCLOVIR 800 MG	30	EA	BO	PO	EA	1 EA		1	10/7/2003	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
52959-0741-20	J7602			1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE 0.5%	20 ML	BO	IH	ML		1 MG		5	1/1/2008	3/31/2008						
52959-0741-20	J7611			4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG	ALBUTEROL SULFATE 0.5%	20 ML	BO	IH	ML		1 MG		5	4/1/2008	99/99/9999						
52959-0748-01	J8501			8/22/2007	99/99/9999	APREPITANT, ORAL, 5 MG	EMEND 40 MG	1 EA	BO	PO	EA		5 MG		8	8/22/2007	99/99/9999						
52959-0804-04	Q0170			1/1/2002	99/99/9999	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	PROMETHAZINE 6.25 MG/5 ML	120 ML	BO	PO	ML		25 MG		0.05	1/1/2002	99/99/9999						
52959-0804-08	Q0170			1/1/2002	99/99/9999	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	PROMETHAZINE 6.25 MG/5 ML	240 ML	BO	PO	ML		25 MG		0.05	1/1/2002	99/99/9999						
52959-0817-10	Q0173			10/4/2005	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	TRIMETHOBENZAMIDE HCL 300 MG	10 EA	BO	PO	EA		250 MG		1.2	10/4/2005	99/99/9999						
52959-0833-06	Q0178			10/14/2005	99/99/9999	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	HYDROXYZINE PAMOATE 50 MG	6 EA	BO	PO	EA		50 MG		1	10/14/2005	99/99/9999						
52959-0833-20	Q0178			10/14/2005	99/99/9999	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	HYDROXYZINE PAMOATE 50 MG	20 EA	BO	PO	EA		50 MG		1	10/14/2005	99/99/9999						
52959-0838-06	Q0144			11/22/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	6 EA	BO	PO	EA		1 GM		0.25	11/22/2005	99/99/9999						
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	PROMETHAZINE 12.5 MG	30 EA	BO	PO	EA		12.5 MG		1	11/26/2007	99/99/9999						
52959-0927-03	Q0144			4/24/2008	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 500 MG	3 EA	BO	PO	EA		1 GM		0.5	4/24/2008	99/99/9999						
52959-0928-30	J8999			5/15/2008	99/99/9999	MEGESTROL ACETATE 20 MG	MEGESTROL ACETATE 20 MG	30 EA	NA	PO	EA		1 EA		1	5/15/2008	99/99/9999						
52959-0932-30	Q0144			5/23/2008	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (1X30ML,CHERRY) 200 MG/5 ML	30 ML	BO	PO	ML		1 GM		0.04	5/23/2008	99/99/9999						
53014-0250-01	J7510			1/1/2002	5/21/2012	PREDNISOLONE ORAL, PER 5 MG	PEDIAPREP (SF,DYE-FREE,RASPBERRY) 5 MG/5 ML	120 ML	BO	PO	ML		5 MG		0.2	1/1/2002	5/21/2012						
53100-0128-22	Q0163			1/1/2002	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	SOMINEX 25 MG	16 EA	NA	PO	EA		50 MG		0.5	1/1/2002	99/99/9999						
53100-0128-32	Q0163			1/1/2002	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	SOMINEX 25 MG	32 EA	NA	PO	EA		50 MG		0.5	1/1/2002	99/99/9999						
53100-0128-51	Q0163			1/1/2002	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	SOMINEX 25 MG	72 EA	NA	PO	EA		50 MG		0.5	1/1/2002	99/99/9999						
53100-0128-75	Q0163			1/1/2002	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	SOMINEX 50 MG	16 EA	NA	PO	EA		50 MG		1	1/1/2002	99/99/9999						
53191-0161-01	J3350			1/1/2002	12/31/2008	UREA, UP TO 40 GM	UREA (U.S.P.)	1 EA	CN	NA	GM		40 GM		0.025	1/1/2002	12/31/2008						
53191-0161-05	J3350			1/1/2002	8/1/2010	UREA, UP TO 40 GM	UREA (U.S.P.)	1 EA	JR	NA	GM		40 GM		0.025	1/1/2002	8/1/2010						
53270-0051-01	J1573			8/1/2010	99/99/9999	INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAVENOUS, 0.5 ML	HEPAGAM B (1X5ML->312IU/ML,SDV)	1 ML	VL	IJ	ML		0.5 ML		2	8/1/2010	99/99/9999						
53270-0052-01	J1573			8/1/2010	99/99/9999	INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAVENOUS, 0.5 ML	HEPAGAM B (1X1ML->312IU/ML,SDV)	1 ML	VL	IJ	ML		0.5 ML		2	8/1/2010	99/99/9999						
53270-0053-01	J1573			8/1/2010	99/99/9999	INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAVENOUS, 0.5 ML	NOVAPLUS HEPAGAM B (1X1ML->312IU/ML,SDV)	1 ML	VL	IJ	ML		0.5 ML		2	8/1/2010	99/99/9999						
53270-0054-01	J1573			8/1/2010	99/99/9999	INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAVENOUS, 0.5 ML	NOVAPLUS HEPAGAM B (1X1ML->312IU/ML,SDV)	1 ML	VL	IJ	ML		0.5 ML		2	8/1/2010	99/99/9999						
53270-3000-01	J2792			6/1/2010	99/99/9999	DETERGENT, 100 IU	WINRHO SDF (SDV) 15000 IU	1 ML	VL	IV	ML		100 IU		150	6/1/2010	99/99/9999						
53270-3100-01	J2792			6/1/2010	99/99/9999	DETERGENT, 100 IU	WINRHO SDF (1X4.4ML,SDV) 5000 IU	1 ML	VL	IV	ML		100 IU		50	6/1/2010	99/99/9999						
53270-3300-01	J2792			6/1/2010	99/99/9999	DETERGENT, 100 IU	WINRHO SDF (1X1.3ML,SDV) 1500 IU	1 ML	VL	IV	ML		100 IU		15	6/1/2010	99/99/9999						
53270-3500-01	J2792			6/1/2010	99/99/9999	DETERGENT, 100 IU	WINRHO SDF (1X2.2ML,SDV) 2500 IU	1 ML	VL	IV	ML		100 IU		25	6/1/2010	99/99/9999						
53298-0101-06	A4216			1/1/2004	1/7/2007	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	HSA STERILE DILUENT (VIAL)	1.8 ML	VL	IV	ML		10 ML		0.1	1/1/2004	1/7/2007						
53489-0138-01	J7506			1/1/2002	6/14/2010	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	100 EA	BO	PO	EA		5 MG		1	1/1/2002	6/14/2010						
53489-0138-10	J7506			1/1/2002	5/10/2010	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	1000 EA	BO	PO	EA		5 MG		1	1/1/2002	5/10/2010						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
53489-0139-01		J7506		1/1/2002	6/15/2010	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	100 EA	BO	PO	EA	5 MG		2	1/1/2002	6/15/2010							
53489-0139-05		J7506		1/1/2002	3/1/2011	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	500 EA	BO	PO	EA	5 MG		2	1/1/2002	3/1/2011							
53489-0139-10		J7506		1/1/2002	5/11/2011	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	1000 EA	BO	PO	EA	5 MG		2	1/1/2002	5/11/2011							
53489-0140-01		J7506		1/1/2002	6/14/2010	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	100 EA	BO	PO	EA	5 MG		4	1/1/2002	6/14/2010							
53489-0140-05		J7506		1/1/2002	7/13/2010	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	500 EA	BO	PO	EA	5 MG		4	1/1/2002	7/13/2010							
53489-0140-10		J7506		1/1/2002	5/10/2010	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	1000 EA	BO	PO	EA	5 MG		4	1/1/2002	5/10/2010							
53489-0376-01		Q0173		8/29/2003	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 TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	TRIMETHOBENZAMIDE HCL 300 MG	100 EA	BO	PO	EA	250 MG		1.2	8/29/2003	99/99/9999							
53905-0065-01		J7682		1/1/2002	2/25/2008	MILLIGRAMS TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300	TOBI (S.D. AMP.4X14) 60 MG/ML	5 ML	PC	IH	ML	300 MG		0.2	1/1/2002	2/25/2008							
53905-0065-01	KO	J7682	KO	1/1/2002	2/25/2008	MILLIGRAMS TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300	TOBI (S.D. AMP.4X14) 60 MG/ML	5 ML	PC	IH	ML	300 MG		0.2	1/1/2002	2/25/2008							
53905-0065-04		J7682		6/17/2005	8/27/2007	MILLIGRAMS TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300	TOBI (SINGLE DOSE AMP) 60 MG/ML	5 ML	PC	IH	ML	300 MG		0.2	6/17/2005	8/27/2007							
53905-0065-04	KO	J7682	KO	6/17/2005	8/27/2007	MILLIGRAMS TOBI (SINGLE DOSE AMP) 60 MG/ML	TOBI (SINGLE DOSE AMP) 60 MG/ML	5 ML	PC	IH	ML	300 MG		0.2	6/17/2005	8/27/2007							
53905-0991-01		J9015		1/1/2002	12/11/2007	INJECTION, ALDESLEUKIN, PER SINGLE USE VIA	PROLEUKIN (PF) 22 Million IL	1 EA	VL	IV	EA	1 VIAL		1	1/1/2002	12/11/2007							
54092-0700-01		J3490		7/25/2006	12/31/2007	UNCLASSIFIED DRUGS	ELAPRASE (PF) 2 MG/ML	3 ML	VL	IV	ML	1 EA		1	7/25/2006	12/31/2007							
54092-0700-01		J1743		1/1/2008	99/99/9999	INJECTION, IDURSULFASE, 1 MG	ELAPRASE (PF) 2 MG/ML	3 ML	VL	IV	ML	1 MG		2	1/1/2008	99/99/9999							
54396-0328-16		J3130		1/1/2002	10/29/2007	INJECTION, TESTOSTERONE ENANTHATE, UP TO 200 MC	DELATESTRYL (UNIMATIC) 200 MG/ML	1 ML	SR	IM	ML	200 MG		1	1/1/2002	10/29/2007							
54396-0328-40		J3130		1/1/2002	4/26/2009	INJECTION, TESTOSTERONE ENANTHATE, UP TO 200 MC	DELATESTRYL (M.D.V.) 200 MG/ML	5 ML	VL	IM	ML	200 MG		1	1/1/2002	4/26/2009							
54482-0053-01		J8999		1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOT	MATULANE 50 MG	100 EA	BO	PO	EA	1 EA		1	1/1/2002	99/99/9999							
54482-0147-01		J1955		1/1/2002	99/99/9999	INJECTION, LEVOCARNITINE, PER 1 GM	CARNITOR (S.D.V.) 200 MG/ML	5 ML	VL	IV	ML	1 GM		0.2	1/1/2002	99/99/9999							
54569-0239-00		Q0163		1/1/2002	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	DIPHENHYDRAMINE HCL 25 MG	30 EA	BO	PO	EA	50 MG		0.5	1/1/2002	99/99/9999							
54569-0239-01		Q0163		1/1/2002	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	24 EA	BO	PO	EA	50 MG		0.5	1/1/2002	99/99/9999							
54569-0239-02		Q0163		1/1/2002	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	DIPHENHYDRAMINE HCL 25 MG	15 EA	BO	PO	EA	50 MG		0.5	1/1/2002	99/99/9999							
54569-0239-03		Q0163		1/1/2002	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	20 EA	BO	PO	EA	50 MG		0.5	1/1/2002	99/99/9999							
54569-0239-08		Q0163		1/1/2002	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	DIPHENHYDRAMINE HCL 25 MG	6 EA	BO	PO	EA	50 MG		0.5	1/1/2002	99/99/9999							
54569-0241-00		Q0163		1/1/2002	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	30 EA	BO	PO	EA	50 MG		1	1/1/2002	99/99/9999							
54569-0241-02		Q0163		1/1/2002	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	DIPHENHYDRAMINE HCL 50 MG	15 EA	BO	PO	EA	50 MG		1	1/1/2002	99/99/9999							
54569-0241-03		Q0163		1/1/2002	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	20 EA	BO	PO	EA	50 MG		1	1/1/2002	99/99/9999							
54569-0241-05		Q0163		1/1/2002	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	DIPHENHYDRAMINE HCL 50 MG	10 EA	BO	PO	EA	50 MG		1	1/1/2002	99/99/9999							
54569-0322-00		J8540		1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	12 EA	BO	PO	EA	0.25 MG		3	1/1/2006	99/99/9999							
54569-0322-03		J8540		1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	20 EA	BO	PO	EA	0.25 MG		3	1/1/2006	99/99/9999							
54569-0324-04		J8540		1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	6 EA	BO	PO	EA	0.25 MG		16	1/1/2006	99/99/9999							
54569-0327-00		J7509		1/1/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	MEDROL (UNIT OF USE) 4 MG	21 EA	DP	PO	EA	4 MG		1	1/1/2002	99/99/9999							
54569-0330-00		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	21 EA	BO	PO	EA	5 MG		1	1/1/2002	99/99/9999							
54569-0330-01		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	50 EA	BO	PO	EA	5 MG		1	1/1/2002	99/99/9999							
54569-0330-03		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	100 EA	BO	PO	EA	5 MG		1	1/1/2002	99/99/9999							
54569-0330-04		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	30 EA	BO	PO	EA	5 MG		1	1/1/2002	99/99/9999							
54569-0330-07		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	60 EA	BO	PO	EA	5 MG		1	1/1/2002	99/99/9999							
54569-0331-00		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	10 EA	BO	PO	EA	5 MG		2	1/1/2002	99/99/9999							
54569-0331-01		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	15 EA	BO	PO	EA	5 MG		2	1/1/2002	99/99/9999							

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54569-0331-02	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	21 EA	BO	PO	EA	5 MG				2	1/1/2002	99/99/9999					
54569-0331-04	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	50 EA	BO	PO	EA	5 MG				2	1/1/2002	99/99/9999					
54569-0331-05	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	30 EA	BO	PO	EA	5 MG				2	1/1/2002	99/99/9999					
54569-0331-07	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	100 EA	BO	PO	EA	5 MG				2	1/1/2002	99/99/9999					
54569-0331-08	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	40 EA	BO	PO	EA	5 MG				2	1/1/2002	99/99/9999					
54569-0332-01	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	10 EA	BO	PO	EA	5 MG				4	1/1/2002	99/99/9999					
54569-0332-02	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	21 EA	BO	PO	EA	5 MG				4	1/1/2002	99/99/9999					
54569-0332-03	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	30 EA	BO	PO	EA	5 MG				4	1/1/2002	99/99/9999					
54569-0332-05	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	100 EA	BO	PO	EA	5 MG				4	1/1/2002	99/99/9999					
54569-0332-09	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	18 EA	BO	PO	EA	5 MG				4	1/1/2002	99/99/9999					
54569-0333-00	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 50 MG	8 EA	BO	PO	EA	5 MG				10	1/1/2002	99/99/9999					
54569-0336-01	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 2 MG	6 EA	BO	PO	EA	0.25 MG				8	1/1/2006	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	PROCHLORPERAZINE 5 MG	3 EA	NA	PO	EA	5 MG				1	6/26/2002	10/16/2006					
54569-0350-00	Q0164			6/26/2002	10/16/2006	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	PROCHLORPERAZINE MALEATE 5 MG	6 EA	BO	PO	EA	5 MG				1	1/1/2002	99/99/9999					
54569-0350-05	Q0164			1/1/2002	99/99/9999	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	PROCHLORPERAZINE MALEATE 10 MG	10 EA	BO	PO	EA	10 MG				1	1/1/2002	99/99/9999					
54569-0351-01	Q0165			1/1/2002	10/16/2006	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	PROCHLORPERAZINE MALEATE 10 MG	30 EA	BO	PO	EA	10 MG				1	12/7/2005	99/99/9999	1/1/2002	1/31/2003	1		
54569-0353-01	J8498			1/1/2006	10/16/2006	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	COMPАЗINE 25 MG	6 EA	BX	RC	EA	1 EA				1	1/1/2006	10/16/2006					
54569-0353-02	J8498			1/1/2006	10/16/2006	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	COMPАЗINE 25 MG	3 EA	BX	RC	EA	1 EA				1	1/1/2006	10/16/2006					
54569-0355-00	Q0165			1/1/2002	99/99/9999	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	PROCHLORPERAZINE 10 MG	30 EA	BO	PO	EA	10 MG				1	12/7/2005	99/99/9999	1/1/2002	1/31/2003	1		
54569-0355-02	Q0165			1/1/2002	99/99/9999	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	PROCHLORPERAZINE MALEATE 10 MG	10 EA	BO	PO	EA	10 MG				1	1/1/2002	99/99/9999					
54569-1036-00	J7509			1/1/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	21 EA	DP	PO	EA	4 MG				1	1/1/2002	99/99/9999					
54569-1046-00	Q0170			1/1/2002	99/99/9999	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	PROMETHAZINE HCL 6.25 MG/5 ML	120 ML	BO	PO	ML	25 MG			0.05	1/1/2002	99/99/9999						
54569-1335-00	J7510			1/1/2002	11/8/2012	PREDNISOLONE ORAL, PER 5 MG	PEDIAAPRED 5 MG/5 ML	120 ML	BO	PO	ML	5 MG			0.2	1/1/2002	11/8/2012						
54569-1377-00	J0696			1/1/2002	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	ROCEPHIN (VIAL) 500 MG	1 EA	VL	IJ	EA	250 MG				2	1/1/2002	99/99/9999					
54569-1387-00	J2010			1/1/2002	99/99/9999	INJECTION, LINCOMYCIN HCL, UP TO 300 MG	LINCOCIN (VIAL) 300 MG/ML	10 ML	VL	IJ	ML	300 MG				1	1/15/2004	99/99/9999	1/1/2002	1/31/2003	1		
54569-1409-01	J0560			1/1/2002	1/17/2007	INJECTION, PENICILLIN G BENZATHINE, UP TO 600,000 UNITS	BICILLIN L-A (TUBEX, 20GX1 1/4) 600000 U/ML	2 ML	SR	IM	ML	600000 U				1	1/1/2002	1/17/2007					
54569-1411-00	J1080			1/1/2002	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG	DEPO-TESTOSTERONE (VIAL) 200 MG/ML	10 ML	VL	IM	ML	200 MG				1	1/15/2004	99/99/9999	1/1/2002	1/31/2003	1		
54569-1522-00	A4216			1/1/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (AMP) 0.9%	10 ML	AM	IJ	ML	10 ML			0.1	1/1/2004	99/99/9999						
54569-1555-00	J2930			1/1/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MC	SOLU-MEDROL (ACT-O-VIAL) 125 MG	1 EA	VL	IJ	EA	125 MG				1	5/23/2007	99/99/9999	1/1/2002	1/31/2003	1		
54569-1555-01	J2930			6/5/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MC	SOLU-MEDROL (ACT-O-VIAL) 125 MG	1 EA	VL	IJ	EA	125 MG				1	6/5/2002	99/99/9999					
54569-1754-00	Q0170			1/1/2002	99/99/9999	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	PROMETHAZINE HCL 25 MG	12 EA	BO	PO	EA	25 MG				1	1/1/2002	99/99/9999					
54569-1754-01	Q0170			1/1/2002	99/99/9999	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	PROMETHAZINE HCL 25 MG	10 EA	BO	PO	EA	25 MG				1	1/1/2002	99/99/9999					
54569-1754-05	Q0170			12/7/2007	99/99/9999	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	PROMETHAZINE HCL 25 MG	60 EA	BO	PO	EA	25 MG				1	12/7/2007	99/99/9999					
54569-1754-06	Q0170			7/2/2002	99/99/9999	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	PROMETHAZINE HCL 25 MG	20 EA	BO	PO	EA	25 MG				1	7/2/2002	99/99/9999					
54569-1754-08	Q0170			11/12/2004	4/11/2008	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	PROMETHAZINE HCL 25 MG	2 EA	BO	PO	EA	25 MG				1	11/12/2004	4/11/2008					
54569-1754-09	Q0170			1/1/2002	99/99/9999	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	PROMETHAZINE HCL 25 MG	30 EA	BO	PO	EA	25 MG				1	1/1/2002	99/99/9999					
54569-1818-08	None			10/20/2000	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	32 EA	NA	PO	EA	2.5 MG				1	10/20/2000	99/99/9999					
54569-1827-01	J3301			1/1/2002	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MC	KENALOG-10 (VIAL) 10 MG/ML	5 ML	VL	IJ	ML	10 MG				1	1/15/2004	99/99/9999	1/1/2002	1/31/2003	1		
54569-1901-01	J1030			1/1/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MC	DEPO-MEDROL (M.D.V.) 40 MG/ML	5 ML	VL	IJ	ML	40 MG				1	1/15/2004	99/99/9999	1/1/2002	1/31/2003	1		

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54569-2318-00		J1815		1/1/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMULIN N (VIAL) 100 U/ML	10 ML	VL	SC	ML		5 U			20	1/1/2003	99/99/9999					
54569-2319-00		J1815		1/1/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMULIN R (VIAL) 100 U/ML	10 ML	VL	IJ	ML		5 U			20	1/1/2003	99/99/9999					
54569-2353-05	Q0177			1/1/2002	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	HYDROXYZINE PAMOATE 25 MG	30 EA	BO	PO	EA		25 MG			1	1/1/2002	99/99/9999					
54569-2484-00	J0698			1/1/2002	11/16/2009	INJECTION, CEFOTAXIME SODIUM, PER GV	CLAFORAN 1 GM	1 EA	NA	IJ	EA		1 GM			1	1/1/2002	11/16/2009					
54569-2571-01	Q0178			1/1/2002	99/99/9999	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	HYDROXYZINE PAMOATE 50 MG	20 EA	BO	PO	EA		50 MG			1	9/1/2005	99/99/9999	1/1/2002	6/10/2003		1	
54569-2580-00	J1000			1/1/2002	99/99/9999	INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MC	DEPO-ESTRADIOL 5 MG/ML	5 ML	VL	IM	ML		5 MG			1	1/15/2004	99/99/9999	1/1/2002	1/31/2003		1	
54569-2646-00	J3355			1/1/2006	99/99/9999	INJECTION, UROFOLLITROPIN, 75 IL	METRODIN 75 IU	1 EA	NA	IM	EA		75 IU			1	1/1/2006	99/99/9999					
54569-2660-00	J0725			1/1/2002	10/22/2007	INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS	CHORIONIC GONADOTROPIN (W/DILUENT) 10000 U	1 EA	VL	IM	EA		1000 USP I			10	1/15/2004	10/22/2007	1/1/2002	1/31/2003		10	
54569-2918-00	J1815			1/1/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	NOVOLIN 70/30 (VIAL) 70 U/ML-30 U/ML	10 ML	VL	SC	ML		5 U			20	1/1/2003	99/99/9999					
54569-2918-02	J1815			9/22/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	NOVOLIN 70/30 (10X10ML) 70 U/ML-30 U/ML	10 ML	VL	SC	ML		5 U			20	9/22/2003	99/99/9999					
54569-3043-00	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	20 EA	BO	PO	EA		5 MG			4	1/1/2002	99/99/9999					
54569-3043-01	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	12 EA	BO	PO	EA		5 MG			4	1/1/2002	99/99/9999					
54569-3043-02	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	6 EA	BO	PO	EA		5 MG			4	11/17/2003	99/99/9999	1/1/2002	6/10/2003		4	
54569-3043-05	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	14 EA	BO	PO	EA		5 MG			4	1/1/2002	99/99/9999					
54569-3043-06	J7506			11/7/2006	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	25 EA	BO	PO	EA		5 MG			4	11/7/2006	99/99/9999					
54569-3078-00	A4216			1/18/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE/RESPIRATORY THERAPY 0.9%	5 ML	VL	IH	ML		10 ML		0.1	1/18/2007	99/99/9999						
54569-3260-00	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	MARCAINE HCL (M.D.V.) 0.25%	50 ML	VL	IJ	ML		1 EA			1	1/1/2002	99/99/9999					
54569-3302-00	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	60 EA	BO	PO	EA		5 MG			2	1/1/2002	99/99/9999					
54569-3302-01	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	20 EA	BO	PO	EA		5 MG			2	1/1/2002	99/99/9999					
54569-3413-00	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	21 EA	DP	PO	EA		5 MG			1	1/1/2002	99/99/9999					
54569-3467-00	J1815			1/1/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMULIN 70/30 70 U/ML-30 U/ML	10 ML	VL	SC	ML		5 U			20	1/1/2003	99/99/9999					
54569-3504-00	Q0163			1/1/2002	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	DIPHENHYDRAMINE HCL 25 MG	8 EA	BO	PO	EA		50 MG		0.5	1/1/2002	99/99/9999						
54569-3504-01	Q0163			1/1/2002	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	DIPHENHYDRAMINE HCL 25 MG	10 EA	BO	PO	EA		50 MG		0.5	1/1/2002	99/99/9999						
54569-3701-00	J1055			1/1/2002	12/31/2012	INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG	DEPO-PROVERA CONTRACEPTIVE (VIAL) 150 MG/ML	1 ML	VL	IM	ML		150 MG			1	1/15/2004	12/31/2012	1/1/2002	1/31/2003		1	
54569-3704-00	J3030			1/1/2002	99/99/9999	NOT FOR USE WHEN DRUG IS SELF ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	IMITREX (S.D.V.) 6 MG/0.5 ML	0.5 ML	VL	SC	ML		6 MG			2	1/1/2002	99/99/9999					
54569-3765-01	J8999			10/20/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOT	TAMOXIFEN CITRATE 10 MG	60 EA	BO	PO	EA		1 EA			1	10/20/2005	99/99/9999					
54569-3798-00	J7506			1/1/2002	11/20/2006	PREDNISONE, ORAL, PER 5MG	MG	48 EA	DP	PO	EA		5 MG			2	1/1/2002	11/20/2006					
54569-3833-00	J1815			1/1/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	NOVOLIN R (VIAL) 100 U/ML	10 ML	VL	IJ	ML		5 U			20	1/26/2004	99/99/9999	1/1/2003	6/10/2003		20	
54569-3833-02	J1815			9/22/2003	4/30/2008	INJECTION, INSULIN, PER 5 UNITS	NOVOLIN R (10X10ML) 100 U/ML	10 ML	VL	IJ	ML		5 U			20	9/22/2003	4/30/2008					
54569-3835-00	J1815			1/1/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	NOVOLIN N (VIAL) 100 U/ML	10 ML	VL	SC	ML		5 U			20	9/22/2003	99/99/9999	1/1/2003	6/10/2003		20	
54569-3835-02	J1815			9/22/2003	4/11/2008	INJECTION, INSULIN, PER 5 UNITS	NOVOLIN N (10X10ML) 100 U/ML	10 ML	VL	SC	ML		5 U			20	9/22/2003	4/11/2008					
54569-3847-00	J7506			1/1/2002	11/20/2006	PREDNISONE, ORAL, PER 5MG	STERAPRED DS (UNI-PAK) 10 MG	21 EA	DP	PO	EA		5 MG			2	1/1/2002	11/20/2006					
54569-3899-00	J7603			1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE 0.083%	3 ML	PC	IH	ML		1 MG		0.83	1/1/2008	3/31/2008						
54569-3899-00	KO J7603	KO		1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE 0.083%	3 ML	PC	IH	ML		1 MG		0.83	1/1/2008	3/31/2008						
54569-3899-00	J7613			4/1/2008	99/99/9999	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE 0.083%	3 ML	PC	IH	ML		1 MG		0.83	4/1/2008	99/99/9999						
54569-3899-00	KO J7613	KO		4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE 0.083%	3 ML	PC	IH	ML		1 MG		0.83	4/1/2008	99/99/9999						
54569-3900-00	J7602			1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE 0.5%	20 ML	BO	IH	ML		1 MG		5	1/1/2008	3/31/2008						
54569-3900-00	J7611			4/1/2008	99/99/9999	COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, NON	ALBUTEROL SULFATE 0.5%	20 ML	BO	IH	ML		1 MG		5	4/1/2008	99/99/9999						
54569-3946-00	J1030			1/1/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MC	DEPO-MEDROL (VIAL) 40 MG/ML	1 ML	VL	IJ	ML		40 MG			1	1/22/2004	99/99/9999	1/1/2002	1/31/2003		1	
54569-4026-04	J7506			8/24/2010	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	40 EA	TAB	PO	EA		5 MG			1	8/24/2010	99/99/9999					
54569-4037-00	A4216			1/1/2006	5/8/2007	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	BRONCHO SALINE 0.9%	240 ML	BO	IH	ML		10 ML		0.1	1/1/2006	5/8/2007						
54569-4112-00	J2300			1/1/2002	99/99/9999	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NALBUPHINE HYDROCHLORIDE (10X1ML) 20 MG/ML	1 ML	NA	IJ	ML		10 MG			2	1/1/2002	99/99/9999					

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54569-4168-00		Q0170		1/1/2002	99/99/9999	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	PROMETHAZINE HCL 25 MG	5 EA	BO	PO	EA		25 MG		1	1/1/2002	99/99/9999						
54569-4197-00		Q0163		1/1/2002	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 THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL (AF) 12.5 MG/5 ML	120 ML	BO	PO	ML		50 MG	0.05	1/1/2002	99/99/9999							
54569-4230-00		Q0144		1/1/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 200 MG/5 ML	15 ML	BO	PO	ML		1 GM	0.04	1/1/2002	99/99/9999							
54569-4231-00		Q0144		1/1/2002	5/20/2011	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 200 MG/5 ML	22.5 ML	BO	PO	ML		1 GM	0.04	1/1/2002	5/20/2011							
54569-4232-00		Q0144		1/1/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 100 MG/5 ML	15 ML	BO	PO	ML		1 GM	0.02	1/1/2002	99/99/9999							
54569-4265-00		J1030		1/1/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MC	DEPO-MEDROL (M.D.V.) 40 MG/ML	10 ML	VL	IJ	ML		40 MG	1	1/15/2004	99/99/9999	1/1/2002	1/31/2003		1			
54569-4417-00		Q0144		1/1/2002	11/4/2010	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 200 MG/5 ML	30 ML	BO	PO	ML		1 GM	0.04	1/1/2002	11/4/2010							
54569-4482-00		J8499		1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	25 EA	BO	PO	EA		1 EA	1	1/1/2002	99/99/9999							
54569-4482-01		J8499		1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	50 EA	BO	PO	EA		1 EA	1	1/1/2002	99/99/9999							
54569-4482-04		J8499		9/11/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	40 EA	BO	PO	EA		1 EA	1	1/1/2005	99/99/9999	9/11/2002	6/10/2003		1			
54569-4482-06		J8499		4/26/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	21 EA	BO	PO	EA		1 EA	1	4/26/2005	99/99/9999							
54569-4497-00		Q0144		1/1/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX Z-PAK 250 MG	6 EA	DP	PO	EA		1 GM	0.25	1/1/2002	99/99/9999							
54569-4522-00		Q0144		1/1/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	4 EA	BO	PO	EA		1 GM	0.25	1/1/2002	99/99/9999							
54569-4522-01		Q0144		1/1/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	2 EA	BO	PO	EA		1 GM	0.25	1/1/2002	99/99/9999							
54569-4522-02		Q0144		8/26/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	30 EA	BO	PO	EA		1 GM	0.25	1/5/2004	99/99/9999	8/26/2002	6/10/2003		0.25			
54569-4567-00		Q0144		1/1/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX (SINGLE DOSE PACKETS) 1 GM/Packet	1 EA	BX	PO	EA		1 GM		1	1/1/2002	99/99/9999						
54569-4648-00		J1100		1/1/2002	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE (25X5ML) 4 MG/ML	5 ML	NA	IJ	ML		1 MG	4	1/1/2002	99/99/9999							
54569-4720-00		J8498		1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	12 EA	BX	RC	EA		1 EA	1	1/1/2006	99/99/9999							
54569-4720-02		J8498		1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	3 EA	BX	RC	EA		1 EA	1	1/1/2006	99/99/9999							
54569-4724-00		J8499		1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	35 EA	BO	PO	EA		1 EA	1	1/1/2002	99/99/9999							
54569-4734-00		J1610		1/1/2002	99/99/9999	INJECTION, GLUCAGON HYDROCHLORIDE, PER 1 MG	GLUCAGON EMERGENCY KIT 1 MG	1 EA	VL	IJ	EA		1 MG	1	1/1/2002	99/99/9999							
54569-4739-00		J3590		1/1/2003	99/99/9999	UNCLASSIFIED BIOLOGICS	NABI-HB	5 ML	VL	IM	ML		1 EA	1	1/1/2003	99/99/9999							
54569-4748-00		J7603		1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	XOPENEX (PF) 0.021%	3 ML	PC	IH	ML		1 MG	0.42	1/1/2008	3/31/2008							
54569-4748-00	KO	J7603	KO	1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	XOPENEX (PF) 0.021%	3 ML	PC	IH	ML		1 MG	0.42	1/1/2008	3/31/2008							
54569-4748-00		J7614		4/1/2008	99/99/9999	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	XOPENEX (PF) 0.021%	3 ML	PC	IH	ML		0.5 MG	0.42	4/1/2008	99/99/9999							
54569-4748-00	KO	J7614	KO	4/1/2008	99/99/9999	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	XOPENEX (PF) 0.021%	3 ML	PC	IH	ML		0.5 MG	0.42	4/1/2008	99/99/9999							
54569-4748-00	KO	J7614	KO	4/1/2008	99/99/9999	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	XOPENEX (PF) 0.021%	3 ML	PC	IH	ML		0.5 MG	0.42	4/1/2008	99/99/9999							
54569-4751-00		J3490		2/5/2004	11/13/2006	UNCLASSIFIED DRUGS	PROPOFOL (S.D.V.) 10 MG/ML	20 ML	VL	IV	ML		1 EA	1	2/5/2004	11/13/2006							
54569-4765-01		J8499		1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	14 EA	BO	PO	EA		1 EA	1	1/1/2002	99/99/9999							
54569-4765-02		J8499		1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	25 EA	BO	PO	EA		1 EA	1	1/1/2002	99/99/9999							
54569-4765-03		J8499		1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	50 EA	BO	PO	EA		1 EA	1	1/1/2002	99/99/9999							
54569-4765-04		J8499		1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	15 EA	BO	PO	EA		1 EA	1	1/1/2002	99/99/9999							
54569-4765-05		J8499		1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	45 EA	BO	PO	EA		1 EA	1	1/1/2002	99/99/9999							
54569-4765-06		J8499		1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	60 EA	BO	PO	EA		1 EA	1	1/1/2002	99/99/9999							
54569-4765-09		J8499		6/1/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	45 EA	BO	PO	EA		1 EA	1	6/1/2006	99/99/9999							
54569-4827-00		J7510		1/1/2002	8/16/2011	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE (2X120 ML) 15 MG/5 ML	120 ML	BO	PO	ML		5 MG	0.6	1/1/2002	8/16/2011							
54569-4827-01		J7510		1/1/2002	8/16/2011	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE (4X60 ML) 15 MG/5 ML	60 ML	BO	PO	ML		5 MG	0.6	1/1/2002	8/16/2011							
54569-4827-02		J7510		1/1/2002	10/16/2006	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 15 MG/5 ML	240 ML	BO	PO	ML		5 MG	0.6	1/1/2002	10/16/2006							
54569-4872-01		Q0179		12/7/2005	4/30/2008	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ZOFRAN 8 MG	4 EA	BO	PO	EA		8 MG	1	12/7/2005	4/30/2008							
54569-4904-00		J1055		1/1/2002	12/31/2012	INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG/ML	DEPO-PROVERA (SRN, PREFILLED) 150 MG/ML	1 ML	SR	IM	ML		150 MG	1	1/15/2004	12/31/2012	1/1/2002	1/31/2003		1			
54569-4910-00		J7644		1/1/2002	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (VIAL) 0.02%	2.5 ML	PC	IH	ML		1 MG	0.2	1/1/2002	99/99/9999							
54569-4910-00	KO	J7644	KO	1/1/2002	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (VIAL) 0.02%	2.5 ML	PC	IH	ML		1 MG	0.2	1/1/2002	99/99/9999							
54569-4930-00		J2941		1/1/2002	99/99/9999	INJECTION, SOMATROPIN, 1 MG	SAIZEN (VIAL, W/DILUENT) 5 MG	1 EA	VL	SC	EA		1 MG	5	1/1/2002	99/99/9999							
54569-5204-00		J7510		1/1/2002	4/30/2008	PREDNISOLONE ORAL, PER 5 MG	ORAPRED 15 MG/5 ML	240 ML	BO	PO	ML		5 MG	0.6	1/1/2002	4/30/2008							
54569-5204-01		J7510		1/1/2002	4/11/2008	PREDNISOLONE ORAL, PER 5 MG	ORAPRED 15 MG/5 ML	240 ML	BO	PO	ML		5 MG	0.6	1/1/2002	4/11/2008							
54569-5247-00		J2310		1/1/2002	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HCL (VIAL, FLIPTOP) 0.4 MG/ML	1 ML	VL	IJ	ML		1 MG	0.4	1/1/2002	99/99/9999							
54569-5275-00		J1460		1/1/2002	10/3/2006	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 1 CC	BAYGAM (S.D.V. PF)	2 ML	VL	IM	ML		1 ML	1	1/1/2002	10/3/2006							
54569-5311-00		J3490		1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	ENGERIX-B PEDIATRIC (S.D.V., TAX INCL. PF) 10 MCG/0.5 ML	0.5 ML	VL	IM	ML		1 EA	1	1/1/2002	99/99/9999							
54569-5312-00		J2001		11/8/2007	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MC	LIDOCAINE HCL 2%	5 ML	SR	IJ	ML		10 MG	2	11/8/2007	99/99/9999							

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54569-5312-01	J2001			11/8/2007	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MC	LIDOCAINE HCL (5X5ML) 2%	5 ML	SR	IJ	ML		10 MG		2	11/8/2007	99/99/9999						
54569-5351-00	J3360			3/7/2002	1/10/2008	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (M.D.V.) 5 MG/ML ENGERIX-B (TIP-LOK W/O NDL,TAX,PF) 20 MCG/ML	10 ML	VL	IJ	ML		5 MG		1	3/7/2002	1/10/2008						
54569-5408-00	J3490			7/18/2002	99/99/9999	UNCLASSIFIED DRUGS		1 ML	SR	IM	ML		1 EA		1	7/18/2002	99/99/9999						
54569-5445-00	J7603			1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	XOPENEX (PF) 0.042%	3 ML	VL	IH	ML		1 MG		0.84	1/1/2008	3/31/2008						
54569-5445-00	KO J7614	KO		4/1/2008	99/99/9999	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	XOPENEX (PF) 0.042%	3 ML	VL	IH	ML		0.5 MG		0.84	4/1/2008	99/99/9999						
54569-5445-00	J7614			4/1/2008	99/99/9999	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	XOPENEX (PF) 0.042%	3 ML	VL	IH	ML		0.5 MG		0.84	4/1/2008	99/99/9999						
54569-5445-00	KO J7603	KO		1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	XOPENEX (PF) 0.042%	3 ML	VL	IH	ML		1 MG		0.84	1/1/2008	3/31/2008						
54569-5448-00	Q0144			9/9/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX TRI-PAK 500 MG	1 EA	DP	PO	EA		1 GM		0.5	9/9/2002	99/99/9999						
54569-5527-00	J1055			8/15/2003	12/31/2012	INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG/ML	DEPO-PROVERA CONTRACEPTIVE 150 MG/ML	1 ML	VL	IM	ML		150 MG		1	8/15/2003	12/31/2012						
54569-5533-00	J3420			9/19/2003	1/28/2013	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (M.D.V.) 1000 MCG/ML	30 ML	VL	IM	ML		1000 MCG		1	9/19/2003	1/28/2013						
54569-5578-00	J3490			7/21/2004	99/99/9999	UNCLASSIFIED DRUGS	TWINRIX (TIP-LOK SYRINGE) 720 EL U/ML-20 MCG/ML	1 ML	SR	IM	ML		1 EA		1	7/21/2004	99/99/9999						
54569-5589-00	Q0173			8/26/2004	99/99/9999	TRIMETHOENZAMIDE 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	TRIMETHOENZAMIDE HCL 300 MG	12 EA	BO	PO	EA		250 MG		1.2	8/26/2004	99/99/9999						
54569-5589-01	Q0173			9/2/2005	99/99/9999	TRIMETHOENZAMIDE 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	TRIMETHOENZAMIDE HCL 300 MG	6 EA	BO	PO	EA		250 MG		1.2	9/2/2005	99/99/9999						
54569-5605-00	J1815			2/16/2006	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	LANIUS 100 U/ML	10 ML	VL	SC	ML		5 U		20	2/16/2006	99/99/9999						
54569-5607-00	J0460			9/29/2004	12/31/2009	INJECTION, ATROPINE SULFATE, UP TO 0.3 MG	ATROPINE SULFATE 1 MG/ML	1 ML	NA	IJ	ML		0.3 MG		3.33333	9/29/2004	12/31/2009						
54569-5610-00	J0150			9/30/2004	99/99/9999	INJECTION, ADENOSINE FOR THERAPEUTIC USE, 6 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS, INSTEAD USE A9270)	ADENOSINE 3 MG/ML	2 ML	NA	IV	ML		6 MG		0.5	9/30/2004	99/99/9999						
54569-5628-00	J3490			11/10/2004	3/21/2007	UNCLASSIFIED DRUGS	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	3/21/2007						
54569-5629-00	J3490			11/10/2004	99/99/9999	UNCLASSIFIED DRUGS	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	99/99/9999						
54569-5630-00	J3490			11/10/2004	99/99/9999	UNCLASSIFIED DRUGS	RECOMBIVAX HB (S.D.V.,TAX INCL) 10 MCG/ML	1 ML	VL	IM	ML		1 EA		1	11/10/2004	99/99/9999						
54569-5712-00	None			7/14/2005	2/27/2007	CYCLOPHOSPHAMIDE, 25 MG, ORAL	CYCLOPHOSPHAMIDE 25 MG	100 EA	BO	PO	EA		25 MG		1	7/14/2005	2/27/2007						
54569-5713-00	None			7/14/2005	2/27/2007	CYCLOPHOSPHAMIDE, 50 MG, ORAL	CYCLOPHOSPHAMIDE 50 MG	100 EA	BO	PO	EA		50 MG		1	7/14/2005	2/27/2007						
54569-5715-00	J8999			7/15/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOE	HYDROXYUREA 500 MG	100 EA	BO	PO	EA		1 EA		1	7/15/2005	99/99/9999						
54569-5716-00	J8999			7/15/2005	10/1/2007	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOE	TAMOXIFEN CITRATE 20 MG	90 EA	BO	PO	EA		1 EA		1	7/15/2005	10/1/2007						
54569-5717-00	None			7/15/2005	2/27/2007	CAPECITABINE, 500 MG, ORAL	XELODA 500 MG	120 EA	BO	PO	EA		500 MG		1	7/15/2005	2/27/2007						
54569-5717-00	QR J8521	QR		7/15/2005	2/27/2007	CAPECITABINE, ORAL, 500 MG	XELODA 500 MG	120 EA	BO	PO	EA		500 MG		1	7/15/2005	2/27/2007						
54569-5718-00	None			7/20/2005	2/27/2007	ETOPOSIDE, 50 MG, ORAL	ETOPOSIDE (SOFTGEL) 50 MG	20 EA	BX	PO	EA		50 MG		1	7/20/2005	2/27/2007						
54569-5720-00	J0696			7/26/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 250 MG	1 EA	VL	IJ	EA		250 MG		1	7/26/2005	99/99/9999						
54569-5721-00	J0696			7/26/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 500 MG	1 EA	VL	IJ	EA		250 MG		2	7/26/2005	99/99/9999						
54569-5722-00	J0696			7/26/2005	10/1/2012	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 1 GM	1 EA	VL	IJ	EA		250 MG		4	7/26/2005	10/1/2012						
54569-5723-00	J0696			7/27/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 250 MG	1 EA	VL	IJ	EA		250 MG		1	7/27/2005	99/99/9999						
54569-5724-00	J0696			7/27/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 500 MG	1 EA	VL	IJ	EA		250 MG		2	7/27/2005	99/99/9999						
54569-5725-00	J0696			7/27/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 1 GM	1 EA	VL	IJ	EA		250 MG		4	7/27/2005	99/99/9999						
54569-5729-00	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	28 EA	BO	PO	EA		0.25 MG		16	1/1/2006	99/99/9999						
54569-5731-00	J8999			8/3/2005	9/7/2010	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOE	ARIMIDEX 1 MG	30 EA	BO	PO	EA		1 EA		1	8/3/2005	9/7/2010						
54569-5732-00	J8999			8/3/2005	4/11/2008	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOE	AROMASIN 25 MG	30 EA	BO	PO	EA		1 EA		1	8/3/2005	4/11/2008						
54569-5741-00	J8501			10/24/2005	99/99/9999	APREPITANT, ORAL, 5 MG	EMEND TRI-FOLD PACK	3 EA	PG	PO	EA		5 MG		19	10/24/2005	99/99/9999						
54569-5742-00	J1650			10/24/2005	4/30/2008	INJECTION, ENOXAPARIN SODIUM, 10 MC	LOVENOX 80 MG/0.8 ML LOVENOX (2X5 SINGLE DOSE SYRINGE) 80 MG/0.8 ML	0.8 ML	SR	SC	ML		10 MG		10	10/24/2005	4/30/2008						
54569-5742-01	J1650			12/8/2005	2/27/2007	INJECTION, ENOXAPARIN SODIUM, 10 MG	PROMETHAZINE HYDROCHLORIDE 12.5 MG	0.8 ML	SR	SC	ML		10 MG		10	12/8/2005	2/27/2007						
54569-5744-00	J8498			1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HYDROCHLORIDE 12.5 MG	12 EA	BX	RC	EA		1 EA		1	1/1/2006	99/99/9999						
54569-5744-01	J8498			1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HYDROCHLORIDE 12.5 MG	6 EA	BX	RC	EA		1 EA		1	1/1/2006	99/99/9999						
54569-5745-00	J8498			1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HCL 25 MG	12 EA	BX	RC	EA		1 EA		1	1/1/2006	99/99/9999						
54569-5745-01	J8498			1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HYDROCHLORIDE 25 MG	4 EA	BX	RC	EA		1 EA		1	1/1/2006	99/99/9999						
54569-5745-02	J8498			1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HYDROCHLORIDE 25 MG	6 EA	BX	RC	EA		1 EA		1	1/1/2006	99/99/9999						
54569-5749-00	J7510			11/4/2005	8/16/2011	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE SODIUM PHOSPHATE 15 MG/5 ML	240 ML	BO	PO	ML		5 MG		0.6	11/4/2005	8/16/2011						
54569-5754-00	Q0144			11/24/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	4 EA	BO	PO	EA		1 GM		0.25	11/24/2005	99/99/9999						

NDC	NDC Mod	HPCCS	HPCCS Mod	Relationship Start Date	Relationship End Date	HPCCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HPCCS Amount #1	HPCCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54569-5755-00		Q0144		11/24/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	6 EA	DP	PO	EA	1 GM	0.25	11/24/2005	99/99/9999								
54569-5756-00		Q0144		11/24/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 500 MG	3 EA	DP	PO	EA	1 GM	0.5	11/24/2005	99/99/9999								
54569-5764-00		J2792		1/12/2006	99/99/9999	DETERGENT, 100 IU	HYPERRHO S/D (FULL DOSE)	1 ML	SR	IM	ML	100 IU	15	1/12/2006	99/99/9999								
54569-5771-00		Q0144		2/14/2006	4/30/2008	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZMAX (60ML SINGLE-DOSE) 2 GM/60 ML	1 EA	BO	PO	EA	1 GM	2	2/14/2006	4/30/2008								
54569-5781-00		J3490		3/16/2006	12/31/2006	UNCLASSIFIED DRUGS	FUZEON 90 MG	60 EA	PG	SC	EA	1 EA	1	3/16/2006	12/31/2006								
54569-5781-00		J1324		1/1/2007	99/99/9999	INJECTION, ENFUVIRTIDE, 1 MG	FUZEON 90 MG	60 EA	PG	SC	EA	1 MG	90	1/1/2007	99/99/9999								
54569-5789-00		Q0167		4/26/2006	4/30/2008	REGIMEN	MARINOL (SOFT GEL) 2.5 MG	60 EA	BO	PO	EA	2.5 MG	1	4/26/2006	4/30/2008								
54569-5795-00		J2300		5/12/2006	99/99/9999	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MC	NALBUPHINE HCL (10X1ML) 10 MG/ML	1 ML	AM	IJ	ML	10 MG	1	5/12/2006	99/99/9999								
54569-5804-00		Q0144		6/30/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 600 MG	8 EA	BO	PO	EA	1 GM	0.6	6/30/2006	99/99/9999								
54569-5806-00		Q0144		7/24/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 1 GM/Packe	1 EA	BX	PO	EA	1 GM	1	7/24/2006	99/99/9999								
54569-5807-00		Q0144		7/24/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 100 MG/5 ML	15 ML	BO	PO	ML	1 GM	0.02	7/24/2006	99/99/9999								
54569-5808-00		Q0144		7/24/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 200 MG/5 ML	15 ML	BO	PO	ML	1 GM	0.04	7/24/2006	99/99/9999								
54569-5809-00		Q0144		7/24/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 200 MG/5 ML	22.5 ML	BO	PO	ML	1 GM	0.04	7/24/2006	99/99/9999								
54569-5810-00		Q0144		7/25/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 200 MG/5 ML	30 ML	BO	PO	ML	1 GM	0.04	7/25/2006	99/99/9999								
54569-5815-00		J1200		8/3/2006	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HYDROCHLORIDE (25X1ML) 50 MG/ML	1 ML	VL	IJ	ML	50 MG	1	8/3/2006	99/99/9999								
54569-5828-00		J1460		9/26/2006	99/99/9999	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 1 CC	GAMASTAN S/D (SDV)	2 ML	VL	IM	ML	1 ML	1	9/26/2006	99/99/9999								
54569-5836-00		None		10/9/2006	4/11/2008	TEMODAR, 5 MG, ORAL	TEMODAR 5 MG	5 EA	BO	PO	EA	5 MG	1	10/9/2006	4/11/2008								
54569-5837-00		None		10/9/2006	4/11/2008	TEMODAR, 5 MG, ORAL	TEMODAR 5 MG	20 EA	BO	PO	EA	5 MG	1	10/9/2006	4/11/2008								
54569-5838-00		None		10/10/2006	4/11/2008	TEMODAR, 20 MG, ORAL	TEMODAR 20 MG	5 EA	BO	PO	EA	20 MG	1	10/10/2006	4/11/2008								
54569-5839-00		None		10/10/2006	4/11/2008	TEMODAR, 20 MG, ORAL	TEMODAR 20 MG	20 EA	BO	PO	EA	20 MG	1	10/10/2006	4/11/2008								
54569-5840-00		J7506		10/10/2006	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	21 EA	BO	PO	EA	5 MG	2	10/10/2006	99/99/9999								
54569-5841-00		J7506		10/10/2006	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	48 EA	BO	PO	EA	5 MG	2	10/10/2006	99/99/9999								
54569-5842-00		None		10/10/2006	4/11/2008	TEMODAR, 100 MG, ORAL	TEMODAR 100 MG	5 EA	BO	PO	EA	100 MG	1	10/10/2006	4/11/2008								
54569-5843-00		None		10/10/2006	4/11/2008	TEMODAR, 100 MG, ORAL	TEMODAR 100 MG	20 EA	BO	PO	EA	100 MG	1	10/10/2006	4/11/2008								
54569-5844-00		None		10/11/2006	4/11/2008	TEMODAR, 250 MG, ORAL	TEMODAR 250 MG	5 EA	BO	PO	EA	250 MG	1	10/11/2006	4/11/2008								
54569-5845-00		None		10/11/2006	4/11/2008	TEMODAR, 250 MG, ORAL	TEMODAR 250 MG	20 EA	BO	PO	EA	250 MG	1	10/11/2006	4/11/2008								
54569-5857-00		J8999		11/6/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOE	TEMODAR 250 MG	30 EA	BO	PO	EA	1 EA	1	11/6/2006	99/99/9999								
54569-5862-00		J3490		11/13/2006	99/99/9999	UNCLASSIFIED DRUGS	TAMOXIFEN CITRATE 20 MG	20 ML	VL	IJ	ML	1 EA	1	11/13/2006	99/99/9999								
						ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE	PROPOFOL (SDV,5X20ML) 10 MG/ML																
54569-5873-00		Q0179		1/12/2007	12/31/2011	ONDANSETRON HYDROCHLORIDE 8 MG	ONDANSETRON HYDROCHLORIDE 8 MG	4 EA	BO	PO	EA	8 MG	1	1/12/2007	12/31/2011								
						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																	
54569-5873-00		Q0162		1/1/2012	99/99/9999	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 8 MG	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 8 MG	4 EA	BO	PO	EA	1 MG	8	1/1/2012	99/99/9999								
54569-5874-00		J2405		1/12/2007	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MC	ONDANSETRON (5X2ML,SDV) 2 MG/ML	2 ML	VL	IJ	ML	1 MG	2	1/12/2007	99/99/9999								
54569-5876-00		J0560		1/17/2007	12/31/2010	INJECTION, PENICILLIN G BENZATHINE, UP TO 600,000 UNITS	BICILLIN L-A (10X1ML) 600000 U/ML	1 ML	SR	IM	ML	600000 U	1	1/17/2007	12/31/2010								
							BICILLIN L-A (10X2ML,1200M U) 600000 U/ML																
54569-5877-00		J0560		1/17/2007	12/31/2010	INJECTION, PENICILLIN G BENZATHINE, UP TO 600,000 UNITS	BICILLIN L-A (1200M U) 600000 U/ML	2 ML	SR	IM	ML	600000 U	1	1/17/2007	12/31/2010								
54569-5877-01		J0560		1/17/2007	12/31/2010	INJECTION, PENICILLIN G BENZATHINE, UP TO 600,000 UNITS	BICILLIN L-A (1200M U) 600000 U/ML	2 ML	SR	IM	ML	600000 U	1	1/17/2007	12/31/2010								
54569-5910-00		J0278		5/7/2007	3/13/2008	INJECTION, AMIKACIN SULFATE, 100 MG	AMIKACIN SULFATE (10X2ML) 250 MG/ML	2 ML	VL	IJ	ML	100 MG	2.5	5/7/2007	3/13/2008								
54569-5911-00		J7506		5/10/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (PACK) 5 MG	48 EA	BO	PO	EA	5 MG	1	5/10/2007	99/99/9999								
54569-5946-00		J0170		8/13/2007	6/10/2008	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	TWINJECT AUTO-INJECTOR (0.3MG) 1 MG/ML	0.3 ML	SR	IJ	ML	1 ML	1	8/13/2007	6/10/2008								
54569-5949-00		J0170		8/14/2007	6/10/2008	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	TWINJECT AUTO-INJECTOR (0.15MG) 1 MG/ML	0.15 ML	SR	IJ	ML	1 ML	1	8/14/2007	6/10/2008								
54569-5957-00		J0540		9/5/2007	12/31/2009	INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TO 1,200,000 UNITS	BICILLIN C-R (10X2ML)	2 ML	SR	IM	ML	1200000 U	0.5	9/5/2007	12/31/2009								
54569-5958-00		J0540		9/5/2007	12/31/2009	INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TO 1,200,000 UNITS	BICILLIN C-R 900/300 (10X2ML)	2 ML	SR	IM	ML	1200000 U	0.5	9/5/2007	12/31/2009								
54643-1006-00		J1600		10/1/2003	1/15/2007	INJECTION, GOLD SODIUM THIOALATE, UP TO 50 MG	GOLD SODIUM THIOALATE (M.D.V.) 50 MG/ML	1 ML	VL	IM	ML	50 MG	1	10/1/2003	1/15/2007								
							GOLD SODIUM THIOALATE (M.D.V.) 50 MG/ML																
54643-1007-00		J1600		10/1/2003	1/15/2007	INJECTION, GOLD SODIUM THIOALATE, UP TO 50 MG	GOLD SODIUM THIOALATE (M.D.V.) 50 MG/ML	10 ML	VL	IM	ML	50 MG	1	10/1/2003	1/15/2007								
54643-1054-00		J3303		3/15/2004	1/15/2007	INJECTION, TRIAMCINOLONE HEXACETONIDE, PER 5MC	ARISTOSPAN (VIAL) 5 MG/ML	5 ML	VL	IJ	ML	5 MG	1	3/15/2004	1/15/2007								
54643-1055-00		J3303		3/15/2004	1/15/2007	INJECTION, TRIAMCINOLONE HEXACETONIDE, PER 5MC	ARISTOSPAN (VIAL) 20 MG/ML	1 ML	VL	IJ	ML	5 MG	4	3/15/2004	1/15/2007								
54643-1056-00		J3303		3/15/2004	1/15/2007	INJECTION, TRIAMCINOLONE HEXACETONIDE, PER 5MC	ARISTOSPAN (VIAL) 20 MG/ML	5 ML	VL	IJ	ML	5 MG	4	3/15/2004	1/15/2007								
54746-0001-01		J8215		1/1/2002	99/99/9999	INJECTION, INTERFERON, ALFA-N3, (HUMAN LEUKOCYTE DERIVED), 250,000 IU	ALFERON N (M.D.V.) 5 Million IU/ML	1 ML	VL	IJ	ML	250000 IU	20	1/1/2002	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																	
54838-0135-40		Q0163		1/1/2002	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	SILADRYL ALLERGY (AF,SF) 12.5 MG/5 ML	118 ML	BO	PO	ML	50 MG	0.05	1/1/2002	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																	

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54838-0135-80		Q0163		1/1/2002	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	SILADRYL ALLERGY (AF,SF) 12.5 MG/5 ML	473 ML	BO	PO	ML		50 MG	0.05		1/1/2002	99/99/9999						
54838-0154-40		Q0163		1/1/2002	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	SILPHEN 12.5 MG/5 ML	118 ML	BO	PO	ML		50 MG	0.05		1/1/2002	99/99/9999						
54838-0154-70		Q0163		1/1/2002	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	SILPHEN 12.5 MG/5 ML	237 ML	BO	PO	ML		50 MG	0.05		1/1/2002	99/99/9999						
54838-0154-80	Q0163			1/1/2002	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	SILPHEN 12.5 MG/5 ML	473 ML	BO	PO	ML		50 MG	0.05		1/1/2002	99/99/9999						
54868-0004-00	J0280			1/1/2002	5/6/2008	INJECTION, AMINOPHYLLIN, UP TO 250 MG	AMINOPHYLLINE (S.D.V.) 25 MG/ML	10 ML	VL	IV	ML		250 MG	0.1		1/1/2002	5/6/2008						
54868-0006-00	J0460			1/1/2002	12/31/2009	INJECTION, ATROPINE SULFATE, UP TO 0.3 MG	ATROPINE SULFATE (SRN, 21GX1-1/2') 0.1 MG/ML	10 ML	SR	IJ	ML		0.3 MG	0.33333		1/1/2002	12/31/2009						
54868-0007-00	J1200			1/1/2002	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	BENADRYL (VIAL) 50 MG/ML	10 ML	AM	IJ	ML		50 MG	1		1/1/2002	99/99/9999						
54868-0015-00	J1265			12/11/2006	99/99/9999	INJECTION, DOPAMINE HCL, 40 MG	DOPAMINE HYDROCHLORIDE 80 MG/ML	125 ML	NA	IV	ML		40 MG	2		12/11/2006	99/99/9999						
54868-0026-00	Q0163			1/1/2002	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	DIPHENHYDRAMINE HCL 25 MG	100 EA	BO	PO	EA		50 MG	0.5		1/1/2002	99/99/9999						
54868-0026-01	Q0163			1/1/2002	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	DIPHENHYDRAMINE HCL 25 MG	30 EA	BO	PO	EA		50 MG	0.5		1/1/2002	99/99/9999						
54868-0026-04	Q0163			1/1/2002	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	DIPHENHYDRAMINE HCL 25 MG	1000 EA	BO	PO	EA		50 MG	0.5		1/1/2002	99/99/9999						
54868-0026-05	Q0163			1/1/2002	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	DIPHENHYDRAMINE HCL 25 MG	10 EA	BO	PO	EA		50 MG	0.5		1/1/2002	99/99/9999						
54868-0026-06	Q0163			1/1/2002	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	DIPHENHYDRAMINE HCL 25 MG	20 EA	BO	PO	EA		50 MG	0.5		1/1/2002	99/99/9999						
54868-0026-07	Q0163			6/29/2006	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	DIPHENHYDRAMINE HCL 25 MG	60 EA	BO	PO	EA		50 MG	0.5		6/29/2006	99/99/9999						
54868-0102-00	J7120			12/11/2006	99/99/9999	RINGERS LACTATE INFUSION, UP TO 1000 CC	LACTATED RINGER'S (12X1000ML) SODIUM CHLORIDE BACTERIOSTATIC (M.D.V.) 0.9%	1000 ML	PC	IV	ML		1000 ML	0.001		12/11/2006	99/99/9999						
54868-0116-00	A4216			1/1/2004	9/30/2008	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION BACTERIOSTATIC (VIAL)	30 ML	VL	IV	ML		10 ML	0.1		1/1/2004	9/30/2008						
54868-0163-02	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	STADOL (M.D.V.) 2 MG/ML	25 EA	BO	PO	EA		1 EA	1		1/1/2002	99/99/9999						
54868-0169-01	Q0177			1/1/2002	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	CELESTONE SOLUSPAN (M.D.V.) 3 MG/ML-3 MG/ML	100 EA	BO	PO	EA		25 MG	1		1/1/2002	99/99/9999						
54868-0173-00	J9250			3/26/2003	99/99/9999	METHOTREXATE SODIUM, 5 MG	DEPO-TESTOSTERONE (VIAL) 200 MG/ML	2 ML	EA	IJ	ML		5 MG	5		3/26/2003	99/99/9999						
54868-0173-01	J9250			4/6/2005	5/8/2008	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (PF) 25 MG/ML	20 ML	VL	IJ	ML		5 MG	5		4/6/2005	5/8/2008						
54868-0183-00	A4216			1/1/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION BACTERIOSTATIC (VIAL)	30 ML	VL	IV	ML		10 ML	0.1		1/1/2004	99/99/9999						
54868-0186-00	J0595			1/1/2004	99/99/9999	INJECTION, BUTORPHANOL TARTRATE, 1 MC	STADOL (M.D.V.) 2 MG/ML	10 ML	VL	IJ	ML		1 MG	2		1/1/2004	99/99/9999						
54868-0206-00	J0702			1/1/2002	99/99/9999	INJECTION, BETAMETHASONE ACETATE 3MG AND BETAMETHASONE SODIUM PHOSPHATE 3MG	CELESTONE SOLUSPAN (M.D.V.) 3 MG/ML-3 MG/ML	5 ML	VL	IJ	ML		3 MG	1		1/1/2002	99/99/9999						
54868-0216-00	J1080			9/20/2007	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG	DEPO-TESTOSTERONE (VIAL) 200 MG/ML	10 ML	VL	IM	ML		200 MG	1		9/20/2007	99/99/9999						
54868-0218-00	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	20 EA	BO	PO	EA		0.25 MG	16		1/1/2006	99/99/9999						
54868-0218-01	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	10 EA	BO	PO	EA		0.25 MG	16		1/1/2006	99/99/9999						
54868-0218-03	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	3 EA	BO	PO	EA		0.25 MG	16		1/1/2006	99/99/9999						
54868-0218-04	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	30 EA	BO	PO	EA		0.25 MG	16		1/1/2006	99/99/9999						
54868-0218-05	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	16 EA	BO	PO	EA		0.25 MG	16		1/1/2006	99/99/9999						
54868-0218-06	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	100 EA	BO	PO	EA		0.25 MG	16		1/1/2006	99/99/9999						
54868-0218-07	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	40 EA	BO	PO	EA		0.25 MG	16		1/1/2006	99/99/9999						
54868-0218-08	J8540			9/11/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE (USP) 4 MG	50 EA	BO	PO	EA		0.25 MG	16		9/11/2006	99/99/9999						
54868-0218-09	J8540			4/3/2008	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	5 EA	BO	PO	EA		0.25 MG	16		4/3/2008	99/99/9999						
54868-0231-00	J3410			1/1/2002	99/99/9999	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	HYDROXYZINE HCL (M.D.V.) 50 MG/ML	10 ML	VL	IM	ML		25 MG	2		1/1/2002	99/99/9999						
54868-0234-00	J3301			1/1/2002	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MC	KENALOG-10 (VIAL) 10 MG/ML	5 ML	VL	IJ	ML		10 MG	1		1/1/2002	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54868-0258-01		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	30 EA	BO	PO	EA	5 MG			1	1/1/2002	99/99/9999						
54868-0258-02		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	100 EA	BO	PO	EA	5 MG			1	1/1/2002	99/99/9999						
54868-0258-04		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	20 EA	BO	PO	EA	5 MG			1	1/1/2002	99/99/9999						
54868-0258-05		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	36 EA	BO	PO	EA	5 MG			1	1/1/2002	99/99/9999						
54868-0258-06		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	55 EA	BO	PO	EA	5 MG			1	1/1/2002	99/99/9999						
54868-0258-08		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	60 EA	BO	PO	EA	5 MG			1	1/1/2002	99/99/9999						
54868-0258-09		J7506		3/14/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	15 EA	BO	PO	EA	5 MG			1	3/14/2002	99/99/9999						
54868-0261-00		J0780		1/1/2002	99/99/9999	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	PROCHLORPERAZINE EDISYLATE (M.D.V.) 5 MG/ML	10 ML	VL	IJ	ML	10 MG			0.5	1/1/2002	99/99/9999						
54868-0262-00		J2550		1/1/2002	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (M.D.V.) 50 MG/ML	10 ML	VL	IJ	ML	50 MG			1	1/1/2002	99/99/9999						
54868-0262-01		J2550		9/29/2005	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (10X25ML,MDV) 50 MG/ML	10 ML	VL	IJ	ML	50 MG			1	9/29/2005	99/99/9999						
54868-0296-01		J7060		1/1/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE 5%	500 ML	FC	IV	ML	500 ML			0.002	1/1/2002	99/99/9999						
54868-0296-02		J7060		1/1/2002	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE 5%	250 ML	FC	IV	ML	500 ML			0.002	1/1/2002	99/99/9999						
54868-0296-04		J7060		12/12/2006	99/99/9999	5% DEXTROSE/WATER (500 ML = 1 UNIT)	DEXTROSE (48X100ML) 5%	100 ML	FC	IV	ML	500 ML			0.002	12/12/2006	99/99/9999						
54868-0554-00		J1200		1/1/2002	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MC	BENADRYL (AMP) 50 MG/ML	1 ML	VL	IJ	ML	50 MG			1	1/1/2002	99/99/9999						
54868-0559-00		J0690		1/1/2002	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM (VIAL) 1 GM	1 EA	VL	IJ	EA	500 MG			2	1/1/2002	99/99/9999						
54868-0597-00		J2550		1/1/2002	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PHENERGAN (AMP) 25 MG/ML	1 ML	AM	IJ	ML	50 MG			0.5	1/1/2002	99/99/9999						
54868-0601-01		J8498		1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HCL 25 MG	2 EA	BX	RC	EA	1 EA			1	1/1/2006	99/99/9999						
54868-0601-02		J8498		1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HCL 25 MG	12 EA	BX	RC	EA	1 EA			1	1/1/2006	99/99/9999						
54868-0605-00		J1720		1/1/2002	99/99/9999	INJECTION, HYDROCOITISONE SODIUM SUCCINATE, UP TO 100 MC	SOLU-CORTEF (S.D.V.) 100 MG	1 EA	VL	IJ	EA	100 MG			1	1/1/2002	99/99/9999						
54868-0608-00		J3250		1/1/2002	12/31/2006	INJECTION, TRIMETHOBENZAMIDE HCL, UP TO 200 MC	TRIMETHOBENZAMIDE HCL 100 MG/ML	2 ML	VL	IM	ML	200 MG			0.5	1/1/2002	12/31/2006						
54868-0616-00		J2175		1/1/2002	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMEROL HYDROCHLORIDE (M.D.V.) 50 MG/ML	30 ML	VL	IJ	ML	100 MG			0.5	1/1/2002	99/99/9999						
54868-0617-01		J3360		3/7/2002	99/99/9999	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (M.D.V., FLIPTOP) 5 MG/ML	10 ML	VL	IJ	ML	5 MG			1	3/7/2002	99/99/9999						
54868-0617-02		J3360		4/3/2008	99/99/9999	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (10X10ML,M.D.V.) 5 MG/ML	10 ML	VL	IJ	ML	5 MG			1	4/3/2008	99/99/9999						
54868-0622-00		J8498		1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	COMPazine 25 MG	12 EA	BX	RC	EA	1 EA			1	1/1/2006	99/99/9999						
54868-0622-02		J8498		1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	COMPazine 25 MG	6 EA	BX	RC	EA	1 EA			1	1/1/2006	99/99/9999						
54868-0710-00		J7030		1/1/2002	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, 1000 CC	SODIUM CHLORIDE 0.9%	1000 ML	FC	IV	ML	1000 ML			0.001	1/1/2002	99/99/9999						
54868-0710-01		J7040		1/1/2002	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT	SODIUM CHLORIDE 0.9%	500 ML	FC	IV	ML	500 ML			0.002	1/1/2002	99/99/9999						
54868-0710-02		A4217		1/1/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	SODIUM CHLORIDE (PF,LATEX-FREE) 0.9%	500 ML	PC	IR	ML	500 ML			0.002	1/1/2004	99/99/9999						
54868-0710-03		J7050		12/12/2006	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, 250 CC	SODIUM CHLORIDE (NORMAL SALINE,48X100ML) 0.9%	100 ML	PC	IV	ML	250 ML			0.004	12/12/2006	99/99/9999						
54868-0710-04		J7030		12/15/2006	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, 1000 CC	SODIUM CHLORIDE (NORMAL SALINE,12X1000ML) 0.9%	1000 ML	FC	IV	ML	1000 ML			0.001	12/15/2006	99/99/9999						
54868-0710-05		A4216		12/15/2006	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (NORMAL SALINE,48X50ML) 0.9%	50 ML	FC	IV	ML	10 ML			0.1	12/15/2006	99/99/9999						
54868-0710-06		J7050		1/2/2007	99/99/9999	INFUSION, NORMAL SALINE SOLUTION, 250 CC	SODIUM CHLORIDE (NORMAL SALINE,24X250ML) 0.9%	250 ML	FC	IV	ML	250 ML			0.004	1/2/2007	99/99/9999						
54868-0716-00		J3360		1/1/2002	5/5/2008	INJECTION, DIAZEPAM, UP TO 5 MG	VALIUM (VIAL) 5 MG/ML	10 ML	VL	IJ	ML	5 MG			1	1/1/2002	5/5/2008						
54868-0721-00		Q0169		1/1/2002	99/99/9999	PHENENERGAN 12.5 MG	PHENERGAN 12.5 MG	12 EA	BO	PO	EA	12.5 MG			1	1/1/2002	99/99/9999						
54868-0734-00		J3490		8/27/2002	99/99/9999	UNCLASSIFIED DRUGS	ENGERIX-B (S.D.V.,PF) 20 MCG/ML	1 ML	VL	IM	ML	1 EA			1	8/27/2002	99/99/9999						
54868-0740-00		J0460		1/1/2002	12/31/2009	INJECTION, ATROPINE SULFATE, UP TO 0.3 MG	ATROPINE SULFATE (M.D.V.) 0.4 MG/ML	20 ML	VL	IJ	ML	0.3 MG			1.33333	1/1/2002	12/31/2009						
54868-0740-01		J0460		1/1/2002	12/31/2009	INJECTION, ATROPINE SULFATE, UP TO 0.3 MG	ATROPINE SULFATE (M.D.V.) 0.4 MG/ML	20 ML	VL	IJ	ML	0.3 MG			1.33333	1/1/2002	12/31/2009						
54868-0748-00		J2310		1/1/2002	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HCL (SRN,PREFILLED,MIN-I-JET) 0.4 MG/ML	1 ML	SR	IJ	ML	1 MG			0.4	1/1/2002	99/99/9999						
54868-0753-00		J0560		1/1/2002	12/31/2010	INJECTION, PENICILLIN G BENZATHINE, UP TO 600,000 UNITS	BICILLIN L-A (TUBEX) 600000 U/ML	2 ML	SR	IM	ML	600000 U			1	1/1/2002	12/31/2010						
54868-0753-01		J0560		1/1/2002	12/31/2010	INJECTION, PENICILLIN G BENZATHINE, UP TO 600,000 UNITS	BICILLIN L-A (TUBEX) 600000 U/ML	2 ML	SR	IM	ML	600000 U			1	1/1/2002	12/31/2010						
54868-0756-00		J3250		1/1/2002	99/99/9999	INJECTION, TRIMETHOBENZAMIDE HCL, UP TO 200 MC	TIGAN (VIAL) 100 MG/ML	20 ML	VL	IM	ML	200 MG			0.5	1/1/2002	99/99/9999						
54868-0762-00		J3420		1/1/2002	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	VITAMIN B12 (VIAL) 1000 MCG/ML	30 ML	VL	IM	ML	1000 MCG			1	1/1/2002	99/99/9999						
54868-0762-01		J3420		9/18/2003	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN 1000 MCG/ML	1 ML	VL	IM	ML	1000 MCG			1	9/18/2003	99/99/9999						
54868-0767-00		J3480		1/1/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (VIAL) 2 MEQ/ML	10 ML	VL	IV	ML	2 MEQ			1	1/1/2002	99/99/9999						
54868-0767-01		J3480		3/16/2007	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE 2 MEQ/ML	250 ML	VL	IV	ML	2 MEQ			1	3/16/2007	99/99/9999						
54868-0768-00		J2920		1/1/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MC	SOLU-MEDROL (S.D.V.) 40 MG	1 EA	VL	IJ	EA	40 MG			1	1/1/2002	99/99/9999						
54868-0776-01		J7509		1/1/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	MEDROL (DOSE PACK) 4 MG	21 EA	DP	PO	EA	4 MG			1	1/1/2002	99/99/9999						
54868-0796-00		J1070		10/21/2004	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MC	DEPO-TESTOSTERONE 100 MG/ML	10 ML	VL	IM	ML	100 MG			1	10/21/2004	99/99/9999						
54868-0821-00		J7510		4/1/2007	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	ORAPRED ODT 15 MG	48 EA	BX	PO	EA	5 MG			3	4/1/2007	99/99/9999						
54868-0836-00		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	40 EA	BO	PO	EA	5 MG			2	1/1/2002	99/99/9999						
54868-0836-02		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	100 EA	BO	PO	EA	5 MG			2	1/1/2002	99/99/9999						
54868-0836-03		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	50 EA	BO	PO	EA	5 MG			2	1/1/2002	99/99/9999						
54868-0836-04		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	15 EA	BO	PO	EA	5 MG			2	1/1/2002	99/99/9999						
54868-0836-05		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	60 EA	BO	PO	EA	5 MG			2	1/1/2002	99/99/9999						
54868-0836-07		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	30 EA	BO	PO	EA	5 MG			2	1/1/2002	99/99/9999						
54868-0836-08		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	20 EA	BO	PO	EA	5 MG			2	1/1/2002	99/99/9999						
54868-0858-00		J3410		1/1/2002	99/99/9999	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	HYDROXYZINE HCL (VIAL) 25 MG/ML	1 ML	VL	IM	ML	25 MG			1	1/1/2002	99/99/9999						
54868-0871-00		J1100		1/1/2002	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE (M.D.V.) 4 MG/ML	5															

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54868-0871-01	J1100			7/21/2003	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE (1X125ML) 4 MG/ML	125 ML	NA	IJ	ML		1 MG		4	7/21/2003	99/99/9999						
54868-0871-06	J1100			1/1/2002	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE (M.D.V.) 4 MG/ML	30 ML	VL	IJ	ML		1 MG		4	1/1/2002	99/99/9999						
54868-0908-00	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 50 MG	30 EA	BO	PO	EA		5 MG		10	1/1/2002	99/99/9999						
54868-0908-01	J7506			11/10/2005	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 50 MG	10 EA	BO	PO	EA		5 MG		10	11/10/2005	99/99/9999						
54868-0908-02	J7506			2/16/2006	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 50 MG	3 EA	BO	PO	EA		5 MG		10	2/16/2006	99/99/9999						
54868-0908-03	J7506			5/16/2006	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP) 50 MG	50 EA	BO	PO	EA		5 MG		10	5/16/2006	99/99/9999						
54868-0908-04	J7506			2/6/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP) 50 MG	60 EA	BO	PO	EA		5 MG		10	2/6/2007	99/99/9999						
54868-0916-00	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	30 EA	BO	PO	EA		0.25 MG		3	1/1/2006	99/99/9999						
54868-0921-01	J7500			1/1/2002	99/99/9999	AZATHIOPRINE, ORAL, 50 MG	IMURAN 50 MG	30 EA	BO	PO	EA		50 MG		1	1/1/2002	99/99/9999						
54868-0921-02	J7500			1/1/2002	99/99/9999	AZATHIOPRINE, ORAL, 50 MG	IMURAN 50 MG	20 EA	BO	PO	EA		50 MG		1	1/1/2002	99/99/9999						
54868-0921-04	J7500			1/1/2002	99/99/9999	AZATHIOPRINE, ORAL, 50 MG	IMURAN 50 MG	50 EA	BO	PO	EA		50 MG		1	1/1/2002	99/99/9999						
54868-0923-01	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	DELTAZONE 5 MG	30 EA	BO	PO	EA		5 MG		1	1/1/2002	99/99/9999						
54868-0934-00	J0696			1/1/2002	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	ROCEPHIN (S.D.V.) 250 MG	1 EA	VL	IJ	EA		250 MG		1	1/1/2002	99/99/9999						
54868-0934-01	J0696			6/11/2003	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	ROCEPHIN 250 MG	1 EA	NA	IJ	EA		250 MG		1	6/11/2003	99/99/9999						
54868-0954-00	J7510			12/16/2003	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	ORAPRED (DYE-FREE, GRAPE) 15 MG/5 ML	237 ML	BO	PO	ML		5 MG		0.6	12/16/2003	99/99/9999						
54868-1050-00	Q0163			1/1/2002	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENHYDRAMINE HCL 50 MG	20 EA	BO	PO	EA		50 MG		1	1/1/2002	99/99/9999						
54868-1050-01	Q0163			1/1/2002	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENHYDRAMINE HCL 50 MG	30 EA	BO	PO	EA		50 MG		1	1/1/2002	99/99/9999						
54868-1050-03	Q0163			1/1/2002	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENHYDRAMINE HCL 50 MG	1000 EA	BO	PO	EA		50 MG		1	1/1/2002	99/99/9999						
54868-1050-04	Q0163			1/1/2002	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENHYDRAMINE HCL 50 MG	40 EA	BO	PO	EA		50 MG		1	1/1/2002	99/99/9999						
54868-1050-05	Q0163			1/1/2002	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENHYDRAMINE HCL 50 MG	100 EA	BO	PO	EA		50 MG		1	1/1/2002	99/99/9999						
54868-1050-06	Q0163			4/15/2002	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN 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	DIPHENHYDRAMINE HCL 50 MG	15 EA	NA	PO	EA		50 MG		1	4/15/2002	99/99/9999						
54868-1082-00	Q0165			1/1/2002	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN 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	PROCHLORPERAZINE MALEATE 10 MG	15 EA	BO	PO	EA		10 MG		1	1/1/2002	99/99/9999						
54868-1082-01	Q0165			1/29/2004	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN 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	PROCHLORPERAZINE MALEATE 10 MG	10 EA	BO	PO	EA		10 MG		1	1/29/2004	99/99/9999						
54868-1082-02	Q0165			6/3/2005	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN 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	PROCHLORPERAZINE MALEATE 10 MG	20 EA	BO	PO	EA		10 MG		1	6/3/2005	99/99/9999						
54868-1082-03	Q0165			8/24/2007	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN 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	PROCHLORPERAZINE MALEATE 10 MG	100 EA	BO	PO	EA		10 MG		1	8/24/2007	99/99/9999						
54868-1082-04	Q0165			2/10/2005	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN 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	PROCHLORPERAZINE MALEATE 10 MG	30 EA	BO	PO	EA		10 MG		1	2/10/2005	99/99/9999						
54868-1082-05	Q0165			6/9/2005	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN 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	PROCHLORPERAZINE MALEATE 10 MG	60 EA	BO	PO	EA		10 MG		1	6/9/2005	99/99/9999						
54868-1082-06	Q0165			4/16/2007	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN 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	PROCHLORPERAZINE MALEATE 10 MG	90 EA	BO	PO	EA		10 MG		1	4/16/2007	99/99/9999						
54868-1119-01	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 1 MG	100 EA	BO	PO	EA		5 MG		0.2	1/1/2002	99/99/9999						
54868-1119-02	J7506			12/9/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 1 MG	90 EA	BO	PO	EA		5 MG		0.2	12/9/2002	99/99/9999						
54868-1119-03	J7506			12/9/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 1 MG	30 EA	BO	PO	EA		5 MG		0.2	12/9/2002	99/99/9999						
54868-1119-04	J7506			6/1/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 1 MG	15 EA	BO	PO	EA		5 MG		0.2	6/1/2004	99/99/9999						
54868-1119-05	J7506			10/5/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 1 MG	60 EA	BO	PO	EA		5 MG		0.2	10/5/2004	99/99/9999						
54868-1126-00	J8999			8/11/2003	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOX	LEUKERAN 2 MG	50 EA	BO	PO	EA		1 EA		1	8/11/2003	99/99/9999						

	NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
	54868-1126-01	J8999			11/22/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	LEUKERAN 2 MG	30 EA	BO	PO	EA	1 EA	1	11/22/2005	99/99/9999								
	54868-1126-02	J8999			11/22/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	LEUKERAN 2 MG	10 EA	BO	PO	EA	1 EA	1	11/22/2005	99/99/9999								
	54868-1126-03	J8999			11/22/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	LEUKERAN 2 MG	25 EA	BO	PO	EA	1 EA	1	11/22/2005	99/99/9999								
	54868-1126-04	J8999			5/23/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	LEUKERAN 2 MG	5 EA	BO	PO	EA	1 EA	1	5/23/2006	99/99/9999								
	54868-1126-05	J8999			10/17/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	LEUKERAN 2 MG	100 EA	BO	PO	EA	1 EA	1	10/17/2006	99/99/9999								
	54868-1183-00	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	100 EA	BO	PO	EA	5 MG	4	1/1/2002	99/99/9999								
	54868-1183-01	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	15 EA	BO	PO	EA	5 MG	4	1/1/2002	99/99/9999								
	54868-1183-02	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	60 EA	BO	PO	EA	5 MG	4	1/1/2002	99/99/9999								
	54868-1183-03	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	30 EA	BO	PO	EA	5 MG	4	1/1/2002	99/99/9999								
	54868-1183-07	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	20 EA	BO	PO	EA	5 MG	4	1/1/2002	99/99/9999								
	54868-1183-08	J7506			8/19/2003	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	10 EA	BO	PO	EA	5 MG	4	8/19/2003	99/99/9999								
	54868-1183-09	J7506			8/15/2005	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	25 EA	BO	PO	EA	5 MG	4	8/15/2005	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	DIPHENHYDRAMINE (AF) 12.5 MG/5 ML	473 ML	BO	PO	ML		50 MG	0.05	2/23/2006	99/99/9999							
	54868-1227-00	Q0163			2/23/2006	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	DIPHENHYDRAMINE (AF) 12.5 MG/5 ML	473 ML	BO	PO	ML		50 MG	0.05	2/23/2006	99/99/9999							
	54868-1227-02	Q0163			10/22/2002	99/99/9999	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	GENAHIST (AF,SF,CHERRY) 12.5 MG/5 ML	120 ML	BO	PO	ML		50 MG	0.05	10/22/2002	99/99/9999							
	54868-1323-00	Q0170			1/1/2002	99/99/9999	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	PROMETHAZINE HCL 25 MG	100 EA	BO	PO	EA		25 MG	1	1/1/2002	99/99/9999							
	54868-1323-01	Q0170			1/1/2002	99/99/9999	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	PROMETHAZINE HCL 25 MG	10 EA	BO	PO	EA		25 MG	1	1/1/2002	99/99/9999							
	54868-1323-02	Q0170			1/1/2002	99/99/9999	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	PROMETHAZINE HCL 25 MG	12 EA	BO	PO	EA		25 MG	1	7/2/2003	99/99/9999	1/1/2002	4/15/2002	1				
	54868-1323-04	Q0170			1/1/2002	99/99/9999	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	PROMETHAZINE HCL 25 MG	15 EA	BO	PO	EA		25 MG	1	1/1/2002	99/99/9999							
	54868-1323-05	Q0170			1/1/2002	99/99/9999	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	PROMETHAZINE HCL 25 MG	20 EA	BO	PO	EA		25 MG	1	1/1/2002	99/99/9999							
	54868-1323-06	Q0170			1/1/2002	99/99/9999	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	PROMETHAZINE HCL 25 MG	30 EA	BO	PO	EA		25 MG	1	1/1/2002	99/99/9999							
	54868-1323-07	Q0170			6/15/2005	99/99/9999	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	PROMETHAZINE HCL 25 MG	60 EA	BO	PO	EA		25 MG	1	6/15/2005	99/99/9999							
	54868-1323-08	Q0170			9/21/2005	99/99/9999	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	PROMETHAZINE HCL 25 MG	50 EA	BO	PO	EA		25 MG	1	9/21/2005	99/99/9999							
	54868-1363-00	J0170			1/1/2002	12/31/2010	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	ADRENALIN (AMP) 1 MG/ML	1 ML	AM	IJ	ML		1 ML	1	1/1/2002	12/31/2010							
	54868-1366-00	J8999			4/6/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MATULANE 50 MG	100 EA	BO	PO	EA		1 EA	1	4/6/2006	99/99/9999							
	54868-1367-00	J8999			8/8/2003	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	HYDREA 500 MG	100 EA	BO	PO	EA		1 EA	1	8/8/2003	99/99/9999							
	54868-1429-01	J1815			1/1/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMULIN N 100 U/ML	10 ML	VL	SC	ML		5 U	20	1/1/2003	99/99/9999							
	54868-1613-02	J8498			9/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE (USP) 50 MG	6 EA	BX	RC	EA		1 EA	1	9/1/2006	99/99/9999							
	54868-1629-00	J8999			10/3/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE 40 MG	100 EA	BO	PO	EA		1 EA	1	10/3/2005	99/99/9999							
	54868-1629-01	J8999			10/3/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE 40 MG	14 EA	BO	PO	EA		1 EA	1	10/3/2005	99/99/9999							
	54868-1629-02	J8999			7/6/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE 40 MG	30 EA	BO	PO	EA		1 EA	1	7/6/2007	99/99/9999							
	54868-1720-00	J7510			1/1/2002	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PEDIAAPRED 5 MG/5 ML	120 ML	BO	PO	ML		5 MG	0.2	1/1/2002	99/99/9999							
	54868-1729-00	J1000			1/1/2002	99/99/9999	INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG	DEPO-ESTRADIOL (VIAL) 5 MG/ML	5 ML	VL	IM	ML		5 MG	1	1/1/2002	99/99/9999							
	54868-1744-00	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 1.5 MG	100 EA	BO	PO	EA		0.25 MG	6	1/1/2006	99/99/9999							
	54868-1795-00	J2001			1/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MC	XYLOCAINE (M.D.V.) 1%	50 ML	VL	EP	ML		10 MG	1	1/1/2004	99/99/9999							
	54868-1798-01	J2001			1/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MC	XYLOCAINE (M.D.V.) 2%	10 ML	VL	IJ	ML		10 MG	2	1/1/2004	99/99/9999							
							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	HYDROXYZINE PAMOATE 50 MG	100 EA	BO	PO	EA		50 MG	1	1/1/2002	99/99/9999							
	54868-1854-00	Q0178			1/1/2002	99/99/9999	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	HYDROXYZINE PAMOATE 50 MG	100 EA	BO	PO	EA		50 MG	1	1/1/2002	99/99/9999							
	54868-1854-01	Q0178			1/1/2002	99/99/9999	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	HYDROXYZINE PAMOATE 50 MG	30 EA	BO	PO	EA		50 MG	1	1/1/2002	99/99/9999							

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54868-1854-03		Q0178		1/1/2002	99/99/9999	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	HYDROXYZINE PAMOATE 50 MG	60 EA	BO	PO	EA		50 MG		1	1/1/2002	99/99/9999						
54868-1854-04		Q0178		1/1/2002	99/99/9999	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	HYDROXYZINE PAMOATE 50 MG	500 EA	BO	PO	EA		50 MG		1	1/1/2002	99/99/9999						
54868-1867-00	Q0170			1/1/2002	99/99/9999	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	PROMETHAZINE HCL 6.25 MG/5 ML	120 ML	BO	PO	ML		25 MG		0.05	1/1/2002	99/99/9999						
54868-1932-00	J8498			1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PHENERGAN 12.5 MG	12 EA	BX	RC	EA		1 EA		1	1/1/2006	99/99/9999						
54868-1932-01	J8498			1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PHENERGAN 12.5 MG	1 EA	BX	RC	EA		1 EA		1	1/1/2006	99/99/9999						
54868-1932-02	J8498			1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PHENERGAN 12.5 MG	6 EA	BX	RC	EA		1 EA		1	1/1/2006	99/99/9999						
54868-1963-00	Q0174			2/11/2003	99/99/9999	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	TORECAN 10 MG	15 EA	BO	PO	EA		10 MG		1	2/11/2003	99/99/9999						
54868-1963-01	Q0174			2/11/2003	99/99/9999	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	TORECAN 10 MG	10 EA	BO	PO	EA		10 MG		1	2/11/2003	99/99/9999						
54868-2048-00	J1200			1/1/2002	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (VIAL) 50 MG/ML	1 ML	VL	IJ	ML		50 MG		1	1/1/2002	99/99/9999						
54868-2048-01	J1200			1/1/2002	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (VIAL) 50 MG/ML	1 ML	VL	IJ	ML		50 MG		1	1/1/2002	99/99/9999						
54868-2062-00	J2310			1/1/2002	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NALOXONE HCL (AMP) 0.4 MG/ML	1 ML	AM	IJ	ML		1 MG		0.4	1/1/2002	99/99/9999						
54868-2064-00	J2001			1/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MC	LIDOCAINE HCL (M.D.V.) 2%	50 ML	VL	IJ	ML		10 MG		2	1/1/2004	99/99/9999						
54868-2064-01	J2001			6/23/2006	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MC	LIDOCAINE HCL 2%	1250 ML	VL	IJ	ML		10 MG		2	6/23/2006	99/99/9999						
54868-2065-00	J0170			1/1/2002	12/31/2010	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	EPINEPHRINE HCL 1 MG/ML	1 ML	AM	IJ	ML		1 ML		1	1/1/2002	12/31/2010						
54868-2065-01	J0170			1/1/2002	12/31/2010	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	EPINEPHRINE HCL 1 MG/ML	1 ML	AM	IJ	ML		1 ML		1	1/1/2002	12/31/2010						
54868-2088-00	J2550			9/29/2005	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL 50 MG/ML	25 ML	AM	IJ	ML		50 MG		1	9/29/2005	99/99/9999						
54868-2184-00	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 800 MG	100 EA	BO	PO	EA		1 EA		1	1/1/2002	99/99/9999						
54868-2184-02	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 800 MG	30 EA	BO	PO	EA		1 EA		1	1/1/2002	99/99/9999						
54868-2184-03	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 800 MG	25 EA	BO	PO	EA		1 EA		1	1/1/2002	99/99/9999						
54868-2184-04	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 800 MG	50 EA	BO	PO	EA		1 EA		1	1/1/2002	99/99/9999						
54868-2219-00	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	RECOMBIVAX HB (3 DOSE VIAL,TAX INCL) 10 MCG/ML	3 ML	VL	IM	ML		1 EA		1	1/1/2002	99/99/9999						
54868-2219-01	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	RECOMBIVAX HB (S.D.V.,TAX INCL) 10 MCG/ML	1 ML	VL	IM	ML		1 EA		1	1/1/2002	99/99/9999						
54868-2289-01	J3590			1/1/2003	99/99/9999	UNCLASSIFIED BIOLOGICS	BAYHEP B (S.D.V.,200 IU/ML)	1 ML	VL	IM	ML		1 EA		1	1/1/2003	99/99/9999						
54868-2299-00	J1940			9/29/2005	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (ABBOJECT) 10 MG/ML	250 ML	VL	IJ	ML		20 MG		0.5	9/29/2005	99/99/9999						
54868-2302-00	Q0172			1/1/2002	99/99/9999	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	CHLORPROMAZINE HCL 50 MG	10 EA	BO	PO	EA		25 MG		2	1/1/2002	99/99/9999						
54868-2302-02	Q0172			1/1/2002	99/99/9999	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	CHLORPROMAZINE HCL 50 MG	100 EA	BO	PO	EA		25 MG		2	1/1/2002	99/99/9999						
54868-2320-01	J3360			1/1/2002	99/99/9999	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM 5 MG/ML	2 ML	SR	IJ	ML		5 MG		1	1/1/2002	99/99/9999						
54868-2320-02	J3360			1/1/2002	99/99/9999	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (AMP) 5 MG/ML	2 ML	AM	IJ	ML		5 MG		1	1/1/2002	99/99/9999						
54868-2331-00	J2001			1/1/2004	12/31/2007	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MC	LIDOCAINE HCL (M.D.V.) 1%	50 ML	VL	EP	ML		10 MG		1	1/1/2004	12/31/2007						
54868-2331-01	J2001			1/1/2004	12/31/2007	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MC	LIDOCAINE HCL (M.D.V.) 1%	30 ML	VL	EP	ML		10 MG		1	1/1/2004	12/31/2007						
54868-2347-00	Q0172			1/1/2002	99/99/9999	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	CHLORPROMAZINE HCL 100 MG	100 EA	BO	PO	EA		25 MG		4	1/1/2002	99/99/9999						
54868-2380-01	J1815			7/16/2007	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	NOVOLIN N 100 U/ML	10 ML	VL	SC	ML		5 U		20	7/16/2007	99/99/9999						
54868-2429-01	J0515			1/1/2002	99/99/9999	INJECTION, BENZTROPINE MESYLATE, PER 1 MG	COGENTIN (AMP) 1 MG/ML	2 ML	AM	IJ	ML		1 MG		1	1/1/2002	99/99/9999						
54868-2464-00	Q0172			1/1/2002	99/99/9999	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	CHLORPROMAZINE HCL 25 MG	30 EA	BO	PO	EA		25 MG		1	1/1/2002	99/99/9999						
54868-2464-02	Q0172			8/8/2007	99/99/9999	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	CHLORPROMAZINE HCL 25 MG	60 EA	NA	PO	EA		25 MG		1	8/8/2007	99/99/9999						
54868-2466-00	J0560			6/12/2006	12/31/2010	INJECTION, PENICILLIN G BENZATHINE, UP TO 600,000 UNITS	BICILLIN L-A (10X4ML) 600000 U/ML	4 ML	SR	IM	ML		600000 U		1	6/12/2006	12/31/2010						
54868-2472-00	J7603			1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE 0.083%	3 ML	PC	IH	ML		1 MG		0.83	1/1/2008	3/31/2008						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54868-2472-00	KO	J7603	KO	1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE 0.083%	3 ML	PC	IH	ML	1 MG	0.83	1/1/2008	3/31/2008								
54868-2472-00		J7613		4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE 0.083%	3 ML	PC	IH	ML	1 MG	0.83	4/1/2008	99/99/9999								
54868-2472-00	KO	J7613	KO	4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE 0.083%	3 ML	PC	IH	ML	1 MG	0.83	4/1/2008	99/99/9999								
54868-2472-00						ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE 0.5%	3 ML	PC	IH	ML	1 MG	5	1/1/2008	3/31/2008								
54868-2472-01	J7602			1/1/2008	3/31/2008	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG	ALBUTEROL SULFATE 0.5%	3 ML	PC	IH	ML	1 MG	5	4/1/2008	99/99/9999								
54868-2472-01	J7611			4/1/2008	99/99/9999	CEFTIOXONE SODIUM, PER 250 MG	ROCEPHIN (S.D.V.) 1 GM	1 EA	VL	IJ	EA	250 MG	4	1/1/2002	99/99/9999								
54868-2489-01	J0696			1/1/2002	99/99/9999	THIAMINE HCL, 100 MG	THIAMINE HCL 100 MG/ML	2 ML	VL	IJ	ML	100 MG	1	1/1/2004	99/99/9999								
54868-2522-00	J3411			1/1/2004	99/99/9999	FILGRASTIM (G-CSF), 300 MCG	NEUPOGEN (S.D.V., PF) 300 MCG/ML	1 ML	VL	IJ	ML	300 MCG	1	1/1/2002	99/99/9999								
54868-2522-00	J1440			1/1/2002	99/99/9999	EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	PROCRIT (S.D.V.) 10000 U/ML	1 ML	VL	IJ	ML	1000 U	10	1/1/2006	99/99/9999								
54868-2522-00	J0885			1/1/2006	99/99/9999	EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	PROCRIT (S.D.V.) 10000 U/ML	1 ML	VL	IJ	ML	1000 U	10	1/1/2006	99/99/9999								
54868-2523-01	J0885			1/1/2006	99/99/9999	HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEP-LOCK (VIAL/DOSETTE) 100 U/ML	1 ML	VL	IV	ML	10 U	10	1/1/2002	99/99/9999								
54868-2526-00	J1642			1/1/2002	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (150X5ML) 0.9%	5 ML	SR	IV	ML	10 ML	0.1	6/28/2007	99/99/9999								
54868-2527-00	A4216			6/28/2007	99/99/9999	PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, COMPOUNDED PRODUCT ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MG	NEBUPENT (S.D.V., PF) 300 MG	1 EA	VL	IH	EA	300 MG	1	1/1/2007	99/99/9999								
54868-2528-00	J2545			1/1/2007	99/99/9999	INJECTION, SUMATRIPTAN SUCCLINATE, 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)	TALWIN LACTATE (VIAL) 30 MG/ML	10 ML	VL	IJ	ML	30 MG	1	1/1/2002	99/99/9999								
54868-2530-00	J3070			1/1/2002	99/99/9999	INJECTION, SUMATRIPTAN SUCCLINATE, 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)	IMITREX (S.D.V.) 6 MG/0.5 ML	0.5 ML	VL	SC	ML	6 MG	2	1/1/2002	99/99/9999								
54868-2652-00	J3030			1/1/2002	99/99/9999	INJECTION, SUMATRIPTAN SUCCLINATE, 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)	IMITREX (SDV) 6 MG/0.5 ML	5 ML	VL	SC	ML	6 MG	2	8/28/2006	99/99/9999								
54868-2652-01	J3030			8/28/2006	99/99/9999	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	CHLORPROMAZINE 10 MG	30 EA	BO	PO	EA	10 MG	1	2/1/2007	99/99/9999								
54868-2684-01	Q0171			2/1/2007	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	PERPHENAZINE 4 MG	30 EA	BO	PO	EA	4 MG	1	1/1/2002	99/99/9999								
54868-2686-00	Q0175			1/1/2002	99/99/9999	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	PERPHENAZINE 8 MG	100 EA	BO	PO	EA	8 MG	1	1/1/2002	99/99/9999								
54868-2687-01	Q0176			1/1/2002	99/99/9999	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	PERPHENAZINE 8 MG	60 EA	BO	PO	EA	8 MG	1	6/12/2007	99/99/9999								
54868-2687-02	Q0176			6/12/2007	99/99/9999	PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (M.D.V.) 25 MG/ML	10 ML	VL	IJ	ML	50 MG	0.5	1/1/2002	99/99/9999								
54868-2695-00	J2550			1/1/2002	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMULIN 70/30 (VIAL) 70 U/ML-30 U/ML	10 ML	VL	SC	ML	5 U	20	1/1/2003	99/99/9999								
54868-2746-00	J1815			1/1/2003	99/99/9999	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	NOVOLOG 100 U/ML	10 ML	VL	SC	ML	50 U	2	5/7/2007	99/99/9999								
54868-2777-00	J1817			5/7/2007	99/99/9999	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MC	LUPRON DEPOT 3.75 MG	1 EA	BX	IM	EA	3.75 MG	1	3/10/2003	99/99/9999								
54868-2825-00	J1950			3/10/2003	99/99/9999	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	PROMETHAZINE HCL 50 MG	60 EA	BO	PO	EA	25 MG	2	1/1/2002	99/99/9999								
54868-2844-00	Q0170			1/1/2002	99/99/9999	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	PROMETHAZINE HCL 50 MG	30 EA	BO	PO	EA	25 MG	2	4/21/2008	99/99/9999								
54868-2844-01	Q0170			4/21/2008	99/99/9999	HALDOL DECANOATE (AMP) 50 MG/ML	HALDOL DECANOATE (AMP) 50 MG/ML	1 ML	AM	IM	ML	50 MG	1	1/1/2002	99/99/9999								
54868-2889-01	J1631			1/1/2002	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MC	HALDOL DECANOATE (AMP) 50 MG/ML	1 ML	AM	IM	ML	50 MG	1	1/1/2002	99/99/9999								
54868-2892-00	Q0177			1/1/2002	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	HYDROXYZINE PAMOATE 25 MG	100 EA	BO	PO	EA	25 MG	1	1/1/2002	99/99/9999								
54868-2892-02	Q0177			1/1/2002	10/31/2010	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	HYDROXYZINE PAMOATE 25 MG	500 EA	BO	PO	EA	25 MG	1	1/1/2002	10/31/2010								
54868-2892-03	Q0177			9/19/2005	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	HYDROXYZINE PAMOATE 25 MG	30 EA	BO	PO	EA	25 MG	1	9/19/2005	99/99/9999								

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
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	HYDROXYZINE PAMOATE 25 MG	15 EA	BO	PO	EA		25 MG		1	10/11/2005	99/99/9999						
54868-2913-00	J7509			1/1/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	100 EA	BO	PO	EA		4 MG		1	1/1/2002	99/99/9999						
54868-2913-01	J7509			1/1/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	30 EA	BO	PO	EA		4 MG		1	1/1/2002	99/99/9999						
54868-2913-02	J7509			7/29/2003	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	60 EA	BO	PO	EA		4 MG		1	7/29/2003	99/99/9999						
54868-3004-01	J8999			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE 10 MG	120 EA	BO	PO	EA		1 EA		1	1/1/2002	99/99/9999						
54868-3004-02	J8999			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE 10 MG	60 EA	BO	PO	EA		1 EA		1	1/1/2002	99/99/9999						
54868-3004-03	J8999			2/2/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (USP) 10 MG	180 EA	BO	PO	EA		1 EA		1	2/2/2006	99/99/9999						
54868-3004-04	J8999			4/10/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (USP) 10 MG	100 EA	BO	PO	EA		1 EA		1	4/10/2006	99/99/9999						
54868-3004-05	J8999			4/13/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (USP) 10 MG	30 EA	BO	PO	EA		1 EA		1	4/13/2006	99/99/9999						
54868-3025-00	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 400 MG	15 EA	BO	PO	EA		1 EA		1	1/1/2002	99/99/9999						
54868-3050-00	J1441			8/14/2006	99/99/9999	INJECTION, FILGRASTIM (G-CSF), 480 MCG	NEUPOGEN 480 MCG/0.8 ML	10 ML	SR	IJ	ML		480 MCG		1.25	8/14/2006	99/99/9999						
54868-3053-00	J1200			1/13/2006	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	BENADRYL 50 MG/ML	25 ML	VL	IJ	ML		50 MG		1	1/13/2006	99/99/9999						
54868-3084-00	Q0167			1/1/2002	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	MARINOL (SOFTGEL) 2.5 MG	60 EA	BO	PO	EA		2.5 MG		1	1/1/2002	99/99/9999						
54868-3084-01	Q0167			2/11/2004	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	MARINOL 2.5 MG	30 EA	BO	PO	EA		2.5 MG		1	2/11/2004	99/99/9999						
54868-3084-02	Q0167			1/27/2006	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	MARINOL (SOFTGEL) 2.5 MG	90 EA	BO	PO	EA		2.5 MG		1	1/27/2006	99/99/9999						
54868-3089-00	J7799			12/11/2006	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (10X50ML) 50%	50 ML	SR	IV	ML		1 EA		1	12/11/2006	99/99/9999						
54868-3089-01	J7799			12/5/2007	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (1X1250ML) 50%	1250 ML	GC	IV	ML		1 EA		1	12/5/2007	99/99/9999						
54868-3099-01	J8999			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGACE 40 MG/ML	240 ML	BO	PO	ML		1 EA		1	1/1/2002	99/99/9999						
54868-3112-00	J8498			1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	12 EA	BX	RC	EA		1 EA		1	1/1/2006	99/99/9999						
54868-3112-01	J8498			1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	6 EA	BX	RC	EA		1 EA		1	1/1/2006	99/99/9999						
54868-3134-00	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	MARCAINE HCL (S.D.V.) 0.5%	30 ML	VL	IJ	ML		1 EA		1	1/1/2002	99/99/9999						
54868-3134-01	J3490			2/2/2007	99/99/9999	UNCLASSIFIED DRUGS	MARCAINE HCL 0.5%	50 ML	VL	IJ	ML		1 EA		1	2/2/2007	99/99/9999						
54868-3136-00	J2690			2/18/2004	99/99/9999	INJECTION, PROCAINAMIDE HCL, UP TO 1 GM	MG/ML	10 ML	VL	IV	ML		1 GM		0.1	2/18/2004	99/99/9999						
54868-3157-00	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 2 MG	10 EA	BO	PO	EA		0.25 MG		8	1/1/2006	99/99/9999						
54868-3157-01	J8540			5/10/2007	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	2 MG	48 EA	BO	PO	EA		0.25 MG		8	5/10/2007	99/99/9999						
54868-3181-00	J3030			1/1/2002	99/99/9999	NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	IMITREX (SRN) 6 MG/0.5 ML	2 ML	BX	SC	ML		6 MG		2	1/1/2002	99/99/9999						
54868-3188-00	J2820			5/23/2006	99/99/9999	INJECTION, SARGRAMOSTIM (GM-CSF), 50 MCG	LEUKINE 500 MCG/ML	5 ML	VL	IV	ML		50 MCG		10	5/23/2006	99/99/9999						
54868-3189-00	Q0168			6/7/2005	99/99/9999	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	MARINOL (SOFTGEL) 5 MG	25 EA	BO	PO	EA		5 MG		1	6/7/2005	99/99/9999						
54868-3189-01	Q0168			1/30/2006	99/99/9999	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	MARINOL 5 MG	100 EA	BO	PO	EA		5 MG		1	1/30/2006	99/99/9999						
54868-3189-02	Q0168			2/7/2006	99/99/9999	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	MARINOL 5 MG	60 EA	BO	PO	EA		5 MG		1	2/7/2006	99/99/9999						
54868-3189-03	Q0168			6/6/2006	99/99/9999	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	MARINOL 5 MG	15 EA	NA	PO	EA		5 MG		1	6/6/2006	99/99/9999						
54868-3220-00	J7510			1/1/2002	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PRELONE (CHERRY) 15 MG/5 ML	240 ML	BO	PO	ML		5 MG		0.6	1/1/2002	99/99/9999						
54868-3221-00	J0696			1/1/2002	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	ROCEPHIN (S.D.V.) 500 MG	1 EA	VL	IJ	EA		250 MG		2	1/1/2002	99/99/9999						
54868-3221-01	J0696			1/1/2002	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	ROCEPHIN (S.D.V.) 500 MG	1 EA	VL	IJ	EA		250 MG		2	1/1/2002	99/99/9999						
54868-3230-01	J2175			1/1/2002	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	50 MG/ML	25 ML	AM	IJ	ML		100 MG		0.5	1/1/2002	99/99/9999						
54868-3231-01	J7643			1/1/2002	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ROBINUL (VIAL) 0.2 MG/ML	1 ML	VL	IJ	ML		1 MG		0.2	1/1/2002	99/99/9999						
54868-3231-01	KO J7643	KO		1/1/2002	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ROBINUL (VIAL) 0.2 MG/ML	1 ML	VL	IJ	ML		1 MG		0.2	1/1/2002	99/99/9999						
54868-3234-00	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	STERAPRED DS (12 DAY UNI-PAK) 10 MG	48 EA	DP	PO	EA		5 MG		2	1/1/2002	99/99/9999						
54868-3236-00	J3490			1/2/2003	99/99/9999	UNCLASSIFIED DRUGS	ENERGIX-B PEDIATRIC 10 MCG/0.5 ML	0.5 ML	VL	IM	ML		1 EA		1	1/2/2003	99/99/9999						
54868-3244-00	Q0144			6/8/2004	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX TRI-PAK 500 MG	3 EA	DP	PO	EA		1 GM		0.5	6/8/2004	99/99/9999						
54868-3277-00	J1950			1/1/2002	99/99/9999	INJECTION, LEUPROLIDE ACETATE (FOR DEPO SUSPENSION), PER 3.75 MC	LUPRON DEPO (S.D.V.) 3.75 MG	1 EA	BX	IM	EA		3.75 MG		1	1/1/2002	99/99/9999						
54868-3341-00	J9214			7/2/2003	99/99/9999	INJECTION, INTERFERON, ALFA-2B, RECOMBINANT, 1 MILLION UNITS	INTRON A 50 Million IU	1 EA	VL	IJ	EA		1 MU		50	7/2/2003	99/99/9999						
54868-3344-00	J3303			1/1/2002	99/99/9999	INJECTION, TRIAMCINOLONE HEXACETONIDE, PER 5MC	ARISTOSPAN (M.D.V.) 20 MG/ML	1 ML	VL	IJ	ML		5 MG		4	1/1/2002	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54868-3348-01	J1051			1/1/2003	12/31/2012	INJECTION, MEDROXYPROGESTERONE ACETATE, 50 MG	DEPO-PROVERA (VIAL) 400 MG/ML	2.5 ML	VL	IM	ML		50 MG		8	1/1/2003	12/31/2012						
54868-3349-00	J0560			1/1/2002	12/31/2010	INJECTION, PENICILLIN G BENZATHINE, UP TO 600,000 UNITS	BICILLIN L-A (M.D.V.) 300000 U/ML	10 ML	VL	IM	ML		600000 U		0.5	1/1/2002	12/31/2010						
54868-3392-00	J2001			1/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MC	XYLOCAINE (VIAL) 0.5%	50 ML	VL	IJ	ML		10 MG		0.5	1/1/2004	99/99/9999						
54868-3407-00	J7602			1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE 0.5%	20 ML	BO	IH	ML		1 MG		5	1/1/2008	3/31/2008						
54868-3407-00	J7611			4/1/2008	99/99/9999	COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG	ALBUTEROL SULFATE 0.5%	20 ML	BO	IH	ML		1 MG		5	4/1/2008	99/99/9999						
54868-3429-00	J0698			1/1/2002	99/99/9999	INJECTION, CEFOTAXIME SODIUM, PER GM	CLAFORAN (VIAL) 1 GM	1 EA	VL	IJ	EA		1 GM		1	1/1/2002	99/99/9999						
54868-3429-01	J0698			1/1/2002	99/99/9999	INJECTION, CEFOTAXIME SODIUM, PER GM	CLAFORAN (VIAL) 1 GM	1 EA	VL	IJ	EA		1 GM		1	1/1/2002	99/99/9999						
54868-3437-00	J3490			2/2/2007	99/99/9999	UNCLASSIFIED DRUGS	MARCAINE 0.25%	50 ML	VL	IJ	ML		1 EA		1	2/2/2007	99/99/9999						
54868-3459-00	J1630			1/1/2002	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL LACTATE (S.D.V.) 5 MG/ML	1 ML	VL	IM	ML		5 MG		1	1/1/2002	99/99/9999						
54868-3471-00	J2300			1/1/2002	99/99/9999	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MC	NUBAIN (M.D.V.) 10 MG/ML	10 ML	VL	IJ	ML		10 MG		1	1/1/2002	99/99/9999						
54868-3474-00	J1815			1/1/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	NOVOLIN 70/30 (VIAL) 70 U/ML-30 U/ML	10 ML	VL	SC	ML		5 U		20	1/1/2003	99/99/9999						
54868-3481-00	J0290			1/1/2002	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM 1 GM	1 EA	VL	IJ	EA		500 MG		2	1/1/2002	99/99/9999						
54868-3508-00	Q0179			1/1/2002	12/31/2011	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ZOFRAN (1X3 DAILY PACK) 4 MG	3 EA	BX	PO	EA		8 MG		0.5	1/1/2002	12/31/2011						
54868-3508-00	Q0162			1/1/2012	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ZOFRAN (1X3 DAILY PACK) 4 MG	3 EA	BX	PO	EA		1 MG		4	1/1/2012	99/99/9999						
54868-3508-01	Q0179			1/1/2002	12/31/2011	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	ZOFRAN 4 MG	30 EA	BO	PO	EA		8 MG		0.5	1/1/2002	12/31/2011						
54868-3508-01	Q0162			1/1/2012	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ZOFRAN 4 MG	30 EA	BO	PO	EA		1 MG		4	1/1/2012	99/99/9999						
54868-3508-02	Q0179			10/20/2003	12/31/2011	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	ZOFRAN 4 MG	10 EA	BO	PO	EA		8 MG		0.5	10/20/2003	12/31/2011						
54868-3508-02	Q0162			1/1/2012	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ZOFRAN 4 MG	10 EA	BO	PO	EA		1 MG		4	1/1/2012	99/99/9999						
54868-3509-00	Q0179			1/1/2002	12/31/2011	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	ZOFRAN (1X3 DAILY PACK) 8 MG	3 EA	BX	PO	EA		8 MG		1	1/1/2002	12/31/2011						
54868-3509-00	Q0162			1/1/2012	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ZOFRAN (1X3 DAILY PACK) 8 MG	3 EA	BX	PO	EA		1 MG		8	1/1/2012	99/99/9999						
54868-3509-01	Q0179			6/28/2005	12/31/2011	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	ZOFRAN 8 MG	15 EA	BO	PO	EA		8 MG		1	6/28/2005	12/31/2011						
54868-3509-01	Q0162			1/1/2012	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ZOFRAN 8 MG	15 EA	BO	PO	EA		1 MG		8	1/1/2012	99/99/9999						
54868-3509-02	Q0179			7/7/2005	12/31/2011	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	ZOFRAN 8 MG	10 EA	BO	PO	EA		8 MG		1	7/7/2005	12/31/2011						
54868-3509-02	Q0162			1/1/2012	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ZOFRAN 8 MG	10 EA	BO	PO	EA		1 MG		8	1/1/2012	99/99/9999						
54868-3509-03	Q0179			10/19/2005	12/31/2011	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	ZOFRAN 8 MG	20 EA	BO	PO	EA		8 MG		1	10/19/2005	12/31/2011						
54868-3509-03	Q0162			1/1/2012	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ZOFRAN 8 MG	20 EA	BO	PO	EA		1 MG		8	1/1/2012	99/99/9999						
54868-3555-00	J7631			3/24/2003	99/99/9999	DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM 10 MG/ML	2 ML	PC	IH	ML		10 MG		1	3/24/2003	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT																							
54868-3555-00	KO	J7631	KO	3/24/2003	99/99/9999	DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM 10 MG/ML	2 ML	PC	IH	ML		10 MG	1		3/24/2003	99/99/9999						
54868-3566-00	J2060			1/1/2002	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (M.D.V.) 2 MG/ML	10 ML	VL	IJ	ML		2 MG	1		1/1/2002	99/99/9999						
54868-3566-01	J2060			1/1/2002	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (M.D.V.) 2 MG/ML	1 ML	VL	IJ	ML		2 MG	1		1/1/2002	99/99/9999						
54868-3566-02	J2060			1/10/2007	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM 2 MG/ML	25 ML	VL	IJ	ML		2 MG	1		1/10/2007	99/99/9999						
54868-3598-00	J1815			6/30/2005	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	NOVOLIN R 100 U/ML	10 ML	VL	IJ	ML		5 U	20		6/30/2005	99/99/9999						
54868-3608-00	J2300			1/1/2002	99/99/9999	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MC	NALBUPHINE HCL 10 MG/ML	1 ML	AM	IJ	ML		10 MG	1		1/1/2002	99/99/9999						
54868-3608-01	J2300			5/24/2007	99/99/9999	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MC	NALBUPHINE HCL (10X1ML) 10 MG/ML	1 ML	AM	IJ	ML		10 MG	1		5/24/2007	99/99/9999						
54868-3609-00	J2300			1/1/2002	99/99/9999	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MC	NUBAIN (M.D.V.) 20 MG/ML	10 ML	AM	IJ	ML		10 MG	2		1/1/2002	99/99/9999						
54868-3610-00	J2175			1/1/2002	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	100 MG/ML	20 ML	VL	IJ	ML		100 MG	1		1/1/2002	99/99/9999						
54868-3613-00	J1055			1/1/2002	12/31/2012	INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG	DEPO-PROVERA CONTRACEPTIVE (SRN,PREFILLED) 150 MG/ML	1 ML	VL	IM	ML		150 MG	1		1/1/2002	12/31/2012						
54868-3615-00	J1642			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEP-LOCK U/P (VIAL,DOSETTE,PF) 100 U/ML	1 ML	VL	IV	ML		10 U	10		1/1/2002	99/99/9999						
54868-3618-00	J1080			1/1/2002	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG	TESTOSTERONE CYPIONATE (M.D.V.) 200 MG/ML	10 ML	VL	IM	ML		200 MG	1		4/14/2005	99/99/9999	1/1/2002	11/8/2002		1		
54868-3618-01	J1080			8/10/2007	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG	TESTOSTERONE CYPIONATE 200 MG/ML	1 ML	VL	IM	ML		200 MG	1		8/10/2007	99/99/9999						
54868-3619-00	J1815			1/1/2002	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMULIN R 100 U/ML	10 ML	VL	IJ	ML		5 U	20		1/1/2002	99/99/9999						
54868-3623-00	J2930			1/1/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MC	SOLU-MEDROL (W/DILUENT) 500 MG	1 EA	VL	IJ	EA		125 MG	4		1/1/2002	99/99/9999						
54868-3637-00	J2930			1/1/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MC	SOLU-MEDROL (ACT-O-VIAL) 125 MG	1 EA	VL	IJ	EA		125 MG	1		1/1/2002	99/99/9999						
54868-3637-01	J2930			1/1/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MC	SOLU-MEDROL (ACT-O-VIAL) 125 MG	1 EA	VL	IJ	EA		125 MG	1		1/1/2002	99/99/9999						
54868-3641-00	J0170			1/1/2002	12/31/2010	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	EPINEPHRINE HCL (M.D.V.) 1 MG/ML	30 ML	VL	IJ	ML		1 ML	1		1/1/2002	12/31/2010						
54868-3644-00	J1200			1/1/2002	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HCL (M.D.V.) 10 MG/ML	30 ML	VL	IJ	ML		50 MG	0.2		1/1/2002	99/99/9999						
54868-3645-00	J1940			1/1/2002	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (CARPUJECT) 10 MG/ML	2 ML	SR	IJ	ML		20 MG	0.5		1/1/2002	99/99/9999						
54868-3648-00	Q0144			11/16/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (TRI-PACK) 500 MG	3 EA	DP	PO	EA		1 GM	0.5		11/16/2005	99/99/9999						
54868-3686-00	J2300			1/1/2002	99/99/9999	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	10 MG/ML	1 ML	AM	IJ	ML		10 MG	1		1/1/2002	99/99/9999						
54868-3686-01	J2300			1/1/2002	99/99/9999	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NUBAIN (AMP,W/O SULFITE/PARABEN) 10 MG/ML	1 ML	AM	IJ	ML		10 MG	1		1/1/2002	99/99/9999						
54868-3694-00	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	BREVITAL SODIUM (M.D.V.) 500 MG	1 EA	VL	IV	EA		1 EA	1		1/1/2002	99/99/9999						
54868-3695-00	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	CLINDAMYCIN PHOSPHATE (S.D.V.) 150 MG/ML	2 ML	VL	IJ	ML		1 EA	1		1/1/2002	99/99/9999						
54868-3703-00	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (18GX1-1/2") 50%	50 ML	VL	IV	ML		1 EA	1		1/1/2002	99/99/9999						
54868-3727-00	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	BREVITAL SODIUM (VIAL) 2.5 GM	1 EA	VL	IV	EA		1 EA	1		1/1/2002	99/99/9999						
54868-3738-00	J3010			1/1/2002	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (AMP) 0.05 MG/ML	2 ML	AM	IJ	ML		0.1 MG	0.5		1/1/2002	99/99/9999						
54868-3738-01	J3010			1/1/2002	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (AMP) 0.05 MG/ML	2 ML	AM	IJ	ML		0.1 MG	0.5		1/1/2002	99/99/9999						
54868-3826-00	None			12/4/2002	6/30/2010	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE 2.5 MG	16 EA	DP	PO	EA		2.5 MG	1		12/4/2002	6/30/2010						
54868-3826-01	None			2/7/2011	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE 2.5 MG	16 EA	DP	PO	EA		2.5 MG	1		2/7/2011	99/99/9999						
54868-3826-02	None			12/4/2002	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE 2.5 MG	12 EA	DP	PO	EA		2.5 MG	1		12/4/2002	99/99/9999						
54868-3826-02	None			12/9/2002	6/30/2010	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE 2.5 MG	24 EA	DP	PO	EA		2.5 MG	1		12/9/2002	6/30/2010						
54868-3826-03	None			8/25/2003	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	20 EA	BO	PO	EA		2.5 MG	1		8/25/2003	99/99/9999						
54868-3826-04	None			8/25/2003	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	28 EA	BO	PO	EA		2.5 MG	1		8/25/2003	99/99/9999						
54868-3826-05	None			7/20/2004	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	100 EA	BO	PO	EA		2.5 MG	1		7/20/2004	99/99/9999						
54868-3826-06	None			11/22/2004	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	50 EA	BO	PO	EA		2.5 MG	1		11/22/2004	99/99/9999						
54868-3826-07	None			11/4/2005	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE 2.5 MG	30 EA	BO	PO	EA		2.5 MG	1		11/4/2005	99/99/9999						
54868-3826-08	J8610			6/29/2010	99/99/9999	METHOTREXATE, ORAL, 2.5 MG	METHOTREXATE SODIUM 2.5 MG	40 EA	BO	PO	EA		2.5 MG	1		6/29/2010	99/99/9999						
54868-3826-09	J8610			9/13/2010	99/99/9999	METHOTREXATE, ORAL, 2.5 MG	METHOTREXATE SODIUM 2.5 MG	2 EA	BO	PO	EA		2.5 MG	1		9/13/2010	99/99/9999						
54868-3843-00	J1885			6/21/2002	8/6/2007	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	TORADOL IV/IM (TUBEX, 22GX1/2") 30 MG/ML	1 ML	SR	IJ	ML		15 MG	2		6/21/2002	8/6/2007						
54868-3859-01	J2560			1/1/2002	99/99/9999	INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MG	PHENOBARBITAL SODIUM (TUBEX) 30 MG/ML	1 ML	SR	IJ	ML		120 MG	0.25		1/1/2002	99/99/9999						
54868-3873-00	J1800			12/11/2006	99/99/9999	INJECTION, PROPRANLOLOL HCL, UP TO 1 MG	PROPRANLOLOL (S.D.V.,10X1ML) 1 MG/ML	1 ML	VL	IV	ML		1 MG	1		12/11/2006	99/99/9999						
54868-3889-00	J2597			1/1/2002	99/99/9999	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG	DDAVP (VIAL) 4 MCG/ML	10 ML	VL	IJ	ML		1 MCG	4		1/1/2002	99/99/9999						
54868-3890-00	J1790			1/1/2002	99/99/9999	INJECTION, DROPERIDOL, UP TO 5 MG	DROPERIDOL (AMP) 2.5 MG/ML	1 ML	AM	IJ	ML		5 MG	0.5		1/1/2002	99/99/9999						
54868-3893-00	J0460			1/1/2002	12/31/2009	INJECTION, ATROPINE SULFATE, UP TO 0.3 MC	ATROPINE SULFATE (S.D.V.) 1 MG/ML	1 ML	VL	IJ	ML		0.3 MG	3.33333		1/1/2002	12/31/2009						
54868-3894-00	J2001			1/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MC	XYLOCAINE (AMP) 2%	5 ML	AM	IJ	ML		10 MG	2		1/1/2004	99/99/9999						
54868-3896-00	J1030			1/1/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MC	DEPO-MEDROL (M.D.V.) 40 MG/ML	10 ML	VL	IJ	ML		40 MG	1		1/1/2002	99/99/9999						
54868-3896-01	J1030			5/3/2005	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MC	DEPO-MEDROL 40 MG/ML	25 ML	VL	IJ	ML		40 MG	1		5/3/2005	99/99/9999						
54868-3896-02	J1030			2/2/2007	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MC	DEPO-MEDROL 40 MG/ML	5 ML	VL	IJ	ML		40 MG	1		2/2/2007	99/99/9999						
54868-3905-00	A4217			1/1/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR INJECTION	6000 ML	FC	IV	ML		500 ML	0.002		1/1/2004	99/99/9999						
54868-3975-00	A4216			1/1/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION (S.D.V.)	5 ML	VL	IV	ML		10 ML	0.1		1/1/2004	99/99/9999						
54868-3979-00	J0740			4/12/2006	99/99/9999	INJECTION, CIDOFIVIR, 375 MG	VISTIDE 75 MG/ML	5 ML	VL	IV	ML		375 MG	0.2		4/12/2006	99/99/9999						
54868-3996-00	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	25 EA	BO	PO	EA		1 EA	1		1/1/2002	99/99/9999						
54868-3996-01	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	40 EA	BO	PO	EA		1 EA	1		1/1/2002	99/99/9999						
54868-3996-02	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	30 EA	BO	PO	EA		1 EA	1		1/1/2002	99/99/9999						
54868-3996-03	J8499			1/1/2002</																			

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54868-3997-03		J8499		10/20/2003	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	10 EA	BO	PO	EA		1 EA		1	10/20/2003	99/99/9999						
54868-3997-04		J8499		11/3/2003	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	40 EA	BO	PO	EA		1 EA		1	11/3/2003	99/99/9999						
54868-3997-05		J8499		8/1/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	60 EA	BO	PO	EA		1 EA		1	8/1/2005	99/99/9999						
54868-3998-00		J8499		1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	30 EA	BO	PO	EA		1 EA		1	1/1/2002	99/99/9999						
54868-3998-01		J8499		1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	50 EA	BO	PO	EA		1 EA		1	1/1/2002	99/99/9999						
54868-3998-02		J8499		3/5/2003	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	15 EA	BO	PO	EA		1 EA		1	3/5/2003	99/99/9999						
54868-3998-03		J8499		12/8/2003	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	20 EA	BO	PO	EA		1 EA		1	12/8/2003	99/99/9999						
54868-3998-04		J8499		1/28/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	40 EA	BO	PO	EA		1 EA		1	1/28/2004	99/99/9999						
54868-3998-05		J8499		6/9/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	100 EA	BO	PO	EA		1 EA		1	6/9/2004	99/99/9999						
54868-3998-06		J8499		7/6/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	35 EA	BO	PO	EA		1 EA		1	7/6/2004	99/99/9999						
54868-3998-07		J8499		7/23/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	500 EA	BO	PO	EA		1 EA		1	7/23/2004	99/99/9999						
54868-3998-08		J8499		4/22/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	60 EA	BO	PO	EA		1 EA		1	4/22/2005	99/99/9999						
54868-4021-00		J2550		1/1/2002	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (AMP) 25 MG/ML	1 ML	AM	IJ	ML		50 MG		0.5	1/1/2002	99/99/9999						
54868-4047-00		J0290		1/1/2002	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM (VIAL) 500 MG	1 EA	VL	IJ	EA		500 MG		1	1/1/2002	99/99/9999						
54868-4050-00		J2271		1/1/2002	99/99/9999	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE	1 EA	JR	NA	GM		100 MG		10	1/1/2002	99/99/9999						
54868-4076-00		Q0144		1/1/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 100 MG/5 ML	15 ML	BO	PO	ML		1 GM		0.02	1/1/2002	99/99/9999						
54868-4078-00		Q0144		1/1/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 200 MG/5 ML	22.5 ML	BO	PO	ML		1 GM		0.04	1/1/2002	99/99/9999						
54868-4078-01		Q0144		1/1/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 200 MG/5 ML	15 ML	BO	PO	ML		1 GM		0.04	1/1/2002	99/99/9999						
54868-4078-02		Q0144		1/1/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 200 MG/5 ML	30 ML	BO	PO	ML		1 GM		0.04	1/1/2002	99/99/9999						
54868-4082-00		J7644		1/1/2002	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (VIAL) 0.02%	2.5 ML	PC	IH	ML		1 MG		0.2	1/1/2002	99/99/9999						
54868-4082-00	KO	J7644	KO	1/1/2002	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (VIAL) 0.02%	2.5 ML	PC	IH	ML		1 MG		0.2	1/1/2002	99/99/9999						
54868-4082-01	KO	J7644	KO	1/1/2002	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (VIAL) 0.02%	2.5 ML	PC	IH	ML		1 MG		0.2	1/1/2002	99/99/9999						
54868-4082-01		J7644		1/1/2002	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (VIAL) 0.02%	2.5 ML	PC	IH	ML		1 MG		0.2	1/1/2002	99/99/9999						
54868-4095-00		J7506		4/23/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (12 DAY DOSE PACK) 10 MG	48 EA	DP	PO	EA		5 MG		2	4/23/2002	99/99/9999						
54868-4096-00		J7506		11/27/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (6 DAY DOSEPAK) 5 MG	21 EA	BX	PO	EA		5 MG		1	11/27/2002	99/99/9999						
54868-4100-00		J1055		1/1/2002	12/31/2012	INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG	DEPO-PROVERA CONTRACEPTIVE (SRN,PREFILLED) 150 MG/ML	1 ML	SR	IM	ML		150 MG		1	1/1/2002	12/31/2012						
54868-4100-01		J1055		2/11/2002	12/31/2012	INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG	DEPO-PROVERA CONTRACEPTIVE (SRN,PREFILLED) 150 MG/ML	1 ML	SR	IM	ML		150 MG		1	2/11/2002	12/31/2012						
54868-4103-00		J1580		2/12/2003	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE (FLIPTOP VIAL) 40 MG/ML	2 ML	VL	IJ	ML		80 MG		0.5	2/12/2003	99/99/9999						
54868-4106-00		J3260		1/1/2002	99/99/9999	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	TOBRAMYCIN SULFATE (M.D.V.) 40 MG/ML	2 ML	VL	IJ	ML		80 MG		0.5	1/1/2002	99/99/9999						
54868-4109-00		Q0178		1/1/2002	99/99/9999	HYDROXYZINE PAMOATE, 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 48 HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 100 MG	100 EA	BO	PO	EA		50 MG		2	1/1/2002	99/99/9999						
54868-4121-00		J0725		7/13/2007	99/99/9999	INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS	CHORIONIC GONADOTROP 10000 L	1 EA	VL	IM	EA		1000 USP I		10	7/13/2007	99/99/9999						
54868-4123-00		J0585		1/1/2002	99/99/9999	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	BOTOX 100 U	1 EA	VL	IM	EA		1 U		100	1/1/2002	99/99/9999						
54868-4137-00		J0780		1/1/2002	99/99/9999	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	PROCHLORPERAZINE EDISYLATE (CARPUJECT) 5 MG/ML	2 ML	SR	IJ	ML		10 MG		0.5	1/1/2002	99/99/9999						
54868-4138-00		Q0180		2/10/2005	99/99/9999	INJECTION, 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	ANZEMET 100 MG	5 EA	BO	PO	EA		100 MG		1	2/10/2005	99/99/9999						
54868-4138-01		Q0180		9/22/2005	99/99/9999	INJECTION, 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	ANZEMET 100 MG	1 EA	BO	PO	EA		100 MG		1	9/22/2005	99/99/9999						
54868-4139-00		Q0166		6/3/2005	99/99/9999	INJECTION, 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	KYTRIL 1 MG	2 EA	BO	PO	EA		1 MG		1	6/3/2005	99/99/9999						
54868-4139-01		Q0166		6/28/2005	99/99/9999	INJECTION, 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	KYTRIL 1 MG	10 EA	BO	PO	EA		1 MG		1	6/28/2005	99/99/9999						
54868-4139-02		Q0166		9/7/2005	99/99/9999	INJECTION, 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	KYTRIL 1 MG	6 EA	BO	PO	EA		1 MG		1	9/7/2005	99/99/9999						
54868-4139-03		Q0166		10/14/2005	99/99/9999	INJECTION, 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	KYTRIL 1 MG	8 EA	BO	PO	EA		1 MG		1	10/14/2005	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54868-4139-04		Q0166		9/22/2005	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	KYTRIL 1 MG	3 EA	BO	PO	EA		1 MG		1	9/22/2005	99/99/9999						
54868-4139-05		Q0166		1/5/2006	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	KYTRIL 1 MG	20 EA	BO	PO	EA		1 MG		1	1/5/2006	99/99/9999						
54868-4139-06		Q0166		6/7/2006	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	KYTRIL 1 MG	30 EA	BO	PO	EA		1 MG		1	6/7/2006	99/99/9999						
54868-4142-00	None			6/29/2005	99/99/9999	TEMODAR, 20 MG, ORAL	TEMODAR 20 MG	5 EA	BO	PO	EA		20 MG		1	6/29/2005	99/99/9999						
54868-4142-01	None			8/3/2006	99/99/9999	TEMODAR, 20 MG, ORAL	TEMODAR 20 MG	25 EA	BO	PO	EA		20 MG		1	8/3/2006	99/99/9999						
54868-4142-02	None			1/26/2006	99/99/9999	TEMODAR, 20 MG, ORAL	TEMODAR 20 MG	10 EA	BO	PO	EA		20 MG		1	1/26/2006	99/99/9999						
54868-4142-03	None			3/16/2006	99/99/9999	TEMODAR, 20 MG, ORAL	TEMODAR 20 MG	60 EA	BO	PO	EA		20 MG		1	3/16/2006	99/99/9999						
54868-4142-04	None			3/23/2006	99/99/9999	TEMODAR, 20 MG, ORAL	TEMODAR 20 MG	40 EA	BO	PO	EA		20 MG		1	3/23/2006	99/99/9999						
54868-4142-05	None			3/23/2006	99/99/9999	TEMODAR, 20 MG, ORAL	TEMODAR 20 MG	30 EA	BO	PO	EA		20 MG		1	3/23/2006	99/99/9999						
54868-4142-06	None			5/16/2006	99/99/9999	TEMODAR, 20 MG, ORAL	TEMODAR 20 MG	20 EA	BO	PO	EA		20 MG		1	5/16/2006	99/99/9999						
54868-4143-00	QR	J8520	QR	2/10/2005	99/99/9999	CAPECITABINE, ORAL, 150 MG	XELODA 150 MG	60 EA	BO	PO	EA		150 MG		1	2/10/2005	99/99/9999						
54868-4143-00	None			2/10/2005	99/99/9999	CAPECITABINE, 150 MG, ORAL	XELODA 150 MG	60 EA	BO	PO	EA		150 MG		1	2/10/2005	99/99/9999						
54868-4143-01	None			8/8/2007	99/99/9999	CAPECITABINE, 150 MG, ORAL	XELODA 150 MG	120 EA	BO	PO	EA		150 MG		1	8/8/2007	99/99/9999						
54868-4143-01	QR	J8520	QR	8/8/2007	99/99/9999	CAPECITABINE, ORAL, 150 MG	XELODA 150 MG	120 EA	BO	PO	EA		150 MG		1	8/8/2007	99/99/9999						
54868-4143-02	None			10/19/2005	99/99/9999	CAPECITABINE, 150 MG, ORAL	XELODA 150 MG	30 EA	BO	PO	EA		150 MG		1	10/19/2005	99/99/9999						
54868-4143-02	QR	J8520	QR	10/19/2005	99/99/9999	CAPECITABINE, ORAL, 150 MG	XELODA 150 MG	30 EA	BO	PO	EA		150 MG		1	10/19/2005	99/99/9999						
54868-4143-03	None			5/19/2006	99/99/9999	CAPECITABINE, 150 MG, ORAL	XELODA 150 MG	28 EA	BO	PO	EA		150 MG		1	5/19/2006	99/99/9999						
54868-4143-03	QR	J8520	QR	5/19/2006	99/99/9999	CAPECITABINE, ORAL, 150 MG	XELODA 150 MG	28 EA	BO	PO	EA		150 MG		1	5/19/2006	99/99/9999						
54868-4154-00	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	CLEOCIN PHOSPHATE (S.D.V.) 150 MG/ML	4 ML	VL	IJ	ML		1 EA		1	1/1/2002	99/99/9999						
54868-4167-00	J2765			1/1/2002	99/99/9999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE HCL (S.D.V.) 5 MG/ML	2 ML	VL	IV	ML		10 MG		0.5	1/1/2002	99/99/9999						
54868-4169-00	J3490			3/2/2004	99/99/9999	UNCLASSIFIED DRUGS	CLEOCIN PHOSPHATE (S.D.V.) 150 MG/ML	2 ML	VL	IJ	ML		1 EA		1	3/2/2004	99/99/9999						
54868-4183-00	Q0144			1/1/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX Z-PAK 250 MG	6 EA	DP	PO	EA		1 GM		0.25	1/1/2002	99/99/9999						
54868-4189-00	J2270			1/1/2002	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (AMP.DOSE) 10 MG/ML	1 ML	AM	IJ	ML		10 MG		1	1/1/2002	99/99/9999						
54868-4193-00	J1460			1/1/2002	10/3/2006	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 1 CC	BAYGAM (S.D.V.,PF) 15%-18% (DF & C)	2 ML	VL	IM	ML		1 ML		1	1/1/2002	10/3/2006						
54868-4194-00	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	BREVITAL SODIUM (VIAL) 5 GM	1 EA	VL	IV	EA		1 EA		1	1/1/2002	99/99/9999						
54868-4219-00	Q4084			1/1/2007	12/31/2007	DOSE	SYNVISC 8 MG/ML	2 ML	NA	IJ	ML		1 DOSE		0.5	1/1/2007	12/31/2007						
54868-4219-00	J7322			1/1/2008	12/31/2009	DOSE	SYNVISC 8 MG/ML	2 ML	NA	IJ	ML		1 DOSE		0.5	1/1/2008	12/31/2009						
54868-4287-00	J8999			1/17/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (FILM COATED) 20 MG	30 EA	BO	PO	EA		1 EA		1	1/17/2005	99/99/9999						
54868-4287-01	J8999			1/17/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (FILM COATED) 20 MG	10 EA	BO	PO	EA		1 EA		1	1/17/2005	99/99/9999						
54868-4287-02	J8999			2/14/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (FILM COATED) 20 MG	100 EA	BO	PO	EA		1 EA		1	2/14/2005	99/99/9999						
54868-4287-03	J8999			9/22/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (FILM COATED) 20 MG	90 EA	BO	PO	EA		1 EA		1	9/22/2005	99/99/9999						
54868-4287-04	J8999			1/18/2008	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (FILM COATED) 20 MG	60 EA	BO	PO	EA		1 EA		1	1/18/2008	99/99/9999						
54868-4296-00	A4217			1/1/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR IRRIGATION	500 ML	VL	IR	ML		500 ML		0.002	1/1/2004	99/99/9999						
54868-4298-00	J2001			1/1/2004	12/31/2007	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MC	XYLOCAINE 0.5%	50 ML	VL	IJ	ML		10 MG		0.5	1/1/2004	12/31/2007						
54868-4311-00	A4217			1/1/2004	99/99/9999	STERILE WATER/SALINE, 500 ML	WATER FOR INJECTION	500 ML	NA	IV	ML		500 ML		0.002	1/1/2004	99/99/9999						
54868-4319-00	Q4098			4/1/2008	12/31/2008	INJECTION, IRON DEXTRAN, 50 MG	INFED (2MLX10) 50 MG/ML	2 ML	VL	IJ	ML		50 MG		1	4/1/2008	12/31/2008						
54868-4319-00	J1750			1/1/2009	99/99/9999	INJECTION, IRON DEXTRAN, 50 MG	INFED (2MLX10) 50 MG/ML	2 ML	VL	IJ	ML		50 MG		1	1/1/2009	99/99/9999						
54868-4339-00	None			8/16/2005	99/99/9999	MELPHALAN, 2 MG, ORAL	ALKERAN (FILM-COATED) 2 MG	4 EA	BO	PO	EA		2 MG		1	8/16/2005	99/99/9999						
54868-4339-01	None			11/22/2005	99/99/9999	MELPHALAN, 2 MG, ORAL	ALKERAN 2 MG	50 EA	BO	PO	EA		2 MG		1	11/22/2005	99/99/9999						
54868-4339-02	None			2/3/2006	99/99/9999	MELPHALAN, 2 MG, ORAL	ALKERAN 2 MG	24 EA	BO	PO	EA		2 MG		1	2/3/2006	99/99/9999						
54868-4339-03	None			4/3/2006	99/99/9999	MELPHALAN, 2 MG, ORAL	ALKERAN 2 MG	28 EA	BO	PO	EA		2 MG		1	4/3/2006	99/99/9999						
54868-4339-04	None			2/5/2008	99/99/9999	MELPHALAN, 2 MG, ORAL	ALKERAN 2 MG	32 EA	BO	PO	EA		2 MG		1	2/5/2008	99/99/9999						
54868-4381-00	J1815			1/1/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMALOG MIX 75/25 (VIAL) 75 U/ML-25 U/ML	10 ML	VL	SC	ML		5 U		20	1/1/2003	99/99/9999						
54868-4409-00	J7603			1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	XOPENEX (PF) 0.021%	3 ML	PC	IH	ML		1 MG		0.42	1/1/2008	3/31/2008						
54868-4409-00	KO	J7603	KO	1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	XOPENEX (PF) 0.021%	3 ML	PC	IH	ML		1 MG		0.42	1/1/2008	3/31/2008						
54868-4409-00	J7614			4/1/2008	99/99/9999	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	XOPENEX (PF) 0.021%	3 ML	PC	IH	ML		0.5 MG		0.42	4/1/2008	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54868-4409-00	KO	J7614	KO	4/1/2008	99/99/9999	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	XOPENEX (PF) 0.021% KETOROLAC TROMETHAMINE (S.D.V.) 30 MG/ML	3 ML	PC	IH	ML		0.5 MG	0.42		4/1/2008	99/99/9999						
54868-4419-00	J1885			1/1/2002	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG		2 ML	VL	IM	ML		15 MG	2		1/1/2002	99/99/9999						
54868-4419-01	J1885			10/17/2005	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE 30 MG/ML	2 ML	VL	IM	ML		15 MG	2		10/17/2005	99/99/9999						
54868-4464-00	A4216			1/1/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (PF) 0.9% PENICILLIN G POTASSIUM (VIAL PHARMACY BOTTLE) 20 Million U SOLU-CORTEF (ACT-O-VIAL) 1 GM ZOFTRAN (S.D.V.) 2 MG/ML ZITHROMAX (VIAL) 500 MG CIPRO IV (VIAL) 10 MG/ML MIDAZOLAM HCL (VIAL,PF) 5 MG/ML DIAZEPAM (22GX1 1/4",CARPUJECT) 5 MG/ML	10 ML	VL	IV	ML		10 ML	0.1		1/1/2004	99/99/9999						
54868-4488-00	J2540			1/1/2002	99/99/9999	INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS		1 EA	VL	IV	EA		600000 U	33.33333		1/1/2002	99/99/9999						
54868-4508-00	J1720			1/1/2002	99/99/9999	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MC		1 EA	VL	U	EA		100000 U	10		1/1/2002	99/99/9999						
54868-4509-00	J2405			1/1/2002	10/11/2010	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG		2 ML	VL	U	ML		1 MG	2		1/1/2002	10/11/2010						
54868-4527-00	J0456			1/1/2002	99/99/9999	INJECTION, AZITHROMYCIN, 500 MG		1 EA	VL	IV	EA		500 MG	1		1/1/2002	99/99/9999						
54868-4547-00	J0744			1/1/2002	99/99/9999	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MC		40 ML	VL	IV	ML		200 MG	0.05		1/1/2002	99/99/9999						
54868-4580-00	J2250			1/1/2002	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MC		5 ML	VL	U	ML		1 MG	5		1/1/2002	99/99/9999						
54868-4586-00	J3360			1/23/2002	99/99/9999	INJECTION, DIAZEPAM, UP TO 5 MG		2 ML	SR	IJ	ML		5 MG	1		1/23/2002	99/99/9999						
54868-4626-00	J1815			1/1/2003	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	LANTUS (VIAL) 100 U/ML	10 ML	VL	SC	ML		5 U	20		1/1/2003	99/99/9999						
54868-4628-00	J8999			6/12/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NO	FLUTAMIDE 125 MG	180 EA	BO	PO	EA		1 EA	1		6/12/2002	99/99/9999						
54868-4629-00	J3490			10/7/2003	99/99/9999	UNCLASSIFIED DRUGS	PROPOFOL (S.D.V.) 10 MG/ML	20 ML	VL	IV	ML		1 EA	1		10/7/2003	99/99/9999						
54868-4644-00	Q0144			7/26/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	4 EA	BO	PO	EA		1 GM	0.25		7/26/2002	99/99/9999						
54868-4644-01	Q0144			2/21/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	6 EA	BO	PO	EA		1 GM	0.25		2/21/2005	99/99/9999						
54868-4644-02	Q0144			6/1/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	30 EA	BO	PO	EA		1 GM	0.25		6/1/2005	99/99/9999						
54868-4651-00	J0690			9/15/2003	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM (VIAL,PF) 500 MG	1 EA	VL	IJ	EA		500 MG	1		9/15/2003	99/99/9999						
54868-4686-00	J8498			1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHEGAN 25 MG	6 EA	BX	RC	EA		1 EA	1		1/1/2006	99/99/9999						
54868-4686-01	J8498			4/26/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHEGAN 25 MG	12 EA	NA	RC	EA		1 EA	1		4/26/2006	99/99/9999						
54868-4715-00	Q4098			4/1/2008	12/31/2008	INJECTION, IRON DEXTRAN, 50 MG	IRON DEXTRAN 50 MG/ML	20 ML	VL	IJ	ML		50 MG	1		4/1/2008	12/31/2008						
54868-4715-00	J1750			1/1/2009	6/30/2010	INJECTION, IRON DEXTRAN, 50 MG	IRON DEXTRAN 50 MG/ML	20 ML	VL	IJ	ML		50 MG	1		1/1/2009	6/30/2010						
54868-4716-00	J9250			12/16/2002	99/99/9999	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (P.F.V.,PF) 25 MG/ML	10 ML	VL	IJ	ML		5 MG	5		12/16/2002	99/99/9999						
54868-4721-00	Q0164			2/10/2003	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANT EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI- EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE 5 MG	30 EA	BO	PO	EA		5 MG	1		2/10/2003	99/99/9999						
54868-4721-01	Q0164			4/8/2003	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANT EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI- EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE 5 MG	15 EA	BO	PO	EA		5 MG	1		4/8/2003	99/99/9999						
54868-4721-02	Q0164			6/9/2005	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANT EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI- EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE 5 MG	60 EA	BO	PO	EA		5 MG	1		6/9/2005	99/99/9999						
54868-4721-03	Q0164			6/4/2007	99/99/9999	PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANT EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI- EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE 5 MG	100 EA	BO	PO	EA		5 MG	1		6/4/2007	99/99/9999						
54868-4748-00	J7510			2/28/2003	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 5 MG/5 ML	120 ML	BO	PO	ML		5 MG	0.2		2/28/2003	99/99/9999						
54868-4749-00	J7510			2/28/2003	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 15 MG/5 ML	240 ML	BO	PO	ML		5 MG	0.6		2/28/2003	99/99/9999						
54868-4749-01	J7510			5/25/2004	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE (CHERRY) 15 MG/5 ML	480 ML	BO	PO	ML		5 MG	0.6		5/25/2004	99/99/9999						
54868-4751-00	J2175			3/11/2003	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMEROL HYDROCHLORIDE (CARPUJECT) 100 MG/ML	1 ML	AM	IJ	ML		100 MG	1		3/11/2003	99/99/9999						
54868-4751-01	J2175			7/3/2003	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMEROL HYDROCHLORIDE 100 MG/ML	1 ML	AM	IJ	ML		100 MG	1		7/3/2003	99/99/9999						
54868-4752-00	J2270			3/11/2003	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MC	MORPHINE SULFATE 10 MG/ML	1 ML	VL	IJ	ML		10 MG	1		3/11/2003	99/99/9999						
54868-4752-01	J2270			5/26/2004	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MC	MORPHINE SULFATE 10 MG/ML	1 ML	VL	IJ	ML		10 MG	1		5/26/2004	99/99/9999						
54868-4773-00	J8999			4/10/2003	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NO	HYDROXYUREA 500 MG	30 EA	BO	PO	EA		1 EA	1		4/10/2003	99/99/9999						
54868-4773-01	J8999			8/6/2003	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NO	HYDROXYUREA 500 MG	100 EA	BO	PO	EA		1 EA	1		8/6/2003	99/99/9999						
54868-4773-02	J8999			7/7/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NO	HYDROXYUREA 500 MG	50 EA	BO	PO	EA		1 EA	1		7/7/2005	99/99/9999						
54868-4773-03	J8999			7/14/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NO	HYDROXYUREA 500 MG	60 EA	BO	PO	EA		1 EA	1		7/14/2005	99/99/9999						
54868-4781-00	J3490			4/24/2003	99/99/9999	UNCLASSIFIED DRUGS	ENGERIX-B PEDIATRIC (PEDIATRIC,PF) 10 MCG/0.5 ML	0.5 ML	VL	IM	ML		1 EA	1		4/24/2003	99/99/9999						
54868-4782-00	J1438			4/30/2003	6/30/2012	FOR USE WHEN DRUG IS SELF ADMINISTERED)	ENBREL (PF) 25 MG	4 EA	BX	SC	EA		25 MG	1		4/30/2003	6/30/2012						
54868-4794-02	J8498			8/8/2007	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE 12.5 MG	2 EA	BX	RC	EA		1 EA	1		8/8/2007	99/99/9999						
54868-4796-00	J9250			5/21/2003	11/30/2008	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (VIAL, L.P.P.) 25 MG/ML	2 ML	VL	IJ	ML		5 MG	5		5/21/2003	11/30/2008						
54868-4804-00	J2270			5/30/2003	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (22G,SLIM PK,LATEX-FREE) 10 MG/ML	1 ML	EA	IJ	ML		10 MG	1		5/30/2003	99/99/9999						
54868-4809-00	J9250			6/3/2003	99/99/9999	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (VIAL, L.P.P.) 25 MG/ML	10 ML	EA	IJ	ML		5 MG	5		6/3/2003	99/99/9999						
54868-4822-00	J0135			1/1/2005	6/30/2011	INJECTION, ADALIMUMAB, 20 MG	HUMIRA (KIT,PF) 40 MG/0.8 ML	0.8 ML	BX	MR	EA		20 MG	4		1/1/2005	6/30/2011						
54868-4890-00	J0270			8/28/2003	99/99/9999	FOR USE WHEN DRUG IS SELF ADMINISTERED)	CAVERJECT IMPULSE 20 MCG	1 EA	BX	IC	EA		1.25 MCG	16		8/28/2003	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54868-4893-00	J2322			8/13/2003	8/18/2007	INJECTION, NANDROLONE DECANOATE, UP TO 200 MG	NANDROLONE DECANOATE 200 MG/ML	1 ML	VL	IM	ML		200 MG		1	8/13/2003	8/18/2007						
54868-4893-01	J2322			8/14/2003	8/18/2007	INJECTION, NANDROLONE DECANOATE, UP TO 200 MG	NANDROLONE DECANOATE 200 MG/ML	1 ML	VL	IM	ML		200 MG		1	8/14/2003	8/18/2007						
54868-4925-00	J2400			9/25/2003	9/30/2010	INJECTION, CHLOROPROCAINE HYDROCHLORIDE, PER 30 MI	NESACAINE (M.D.V.) 2%	30 ML	VL	IJ	ML		30 ML	0.03333	9/25/2003	9/30/2010							
54868-4952-00	J7509			10/30/2003	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	MEDROL 2 MG	30 EA	BO	PO	EA		4 MG	0.5	10/30/2003	99/99/9999							
54868-4952-01	J7509			10/30/2003	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	MEDROL 2 MG	10 EA	BO	PO	EA		4 MG	0.5	10/30/2003	99/99/9999							
54868-4997-00	J0725			2/18/2004	99/99/9999	INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS	PREGNYL (W/DILUENT) 10000 U	1 EA	VL	IM	EA		1000 USP I	10	2/18/2004	99/99/9999							
54868-4998-00	J1940			2/18/2004	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (VIAL FLIPTOP ABBOJECT) 10 MG/ML	2 ML	VL	IJ	ML		20 MG	0.5	2/18/2004	99/99/9999							
54868-5000-00	J8999			2/19/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOX	ARIMDEX 1 MG	30 EA	BO	PO	EA		1 EA	1	2/19/2004	99/99/9999							
54868-5005-00	None			1/18/2006	99/99/9999	CYCLOPHOSPHAMIDE, 50 MG, ORAL	CYCLOPHOSPHAMIDE 50 MG	100 EA	BO	PO	EA		50 MG	1	1/18/2006	99/99/9999							
54868-5005-01	None			4/13/2006	99/99/9999	CYCLOPHOSPHAMIDE, 50 MG, ORAL	CYCLOPHOSPHAMIDE 50 MG	50 EA	BO	PO	EA		50 MG	1	4/13/2006	99/99/9999							
54868-5016-00	J3130			3/9/2004	99/99/9999	INJECTION, TESTOSTERONE ENANTHATE, UP TO 200 MC	DELATESTRYL 200 MG/ML	5 ML	VL	IM	ML		200 MG	1	3/9/2004	99/99/9999							
54868-5020-00	J1440			3/11/2004	99/99/9999	INJECTION, FILGRASTIM (G-CSF), 300 MCG	NEUPOGEN (PF,SINGLEJECT) 300	0.5 ML	SR	IJ	ML		300 MCG	2	3/11/2004	99/99/9999							
54868-5026-00	A4216			1/1/2006	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (AMP,PF) 0.9%	3 ML	PC	IH	ML		10 ML	0.1	1/1/2006	99/99/9999							
54868-5036-00	J3490			3/31/2004	99/99/9999	UNCLASSIFIED DRUGS	PEG-INTRON (PF,REDIPEN) 150 MCG	1 EA	BX	MR	EA		1 EA	1	3/31/2004	99/99/9999							
54868-5036-01	J3490			6/29/2006	99/99/9999	UNCLASSIFIED DRUGS	PEG INTRON RP 150 MCG	4 EA	BX	MR	EA		1 EA	1	6/29/2006	99/99/9999							
54868-5070-00	J1610			5/24/2004	99/99/9999	INJECTION, GLUCAGON HYDROCHLORIDE, PER 1 MG	GLUCAGON EMERGENCY KIT 1 MG	1 EA	BX	IJ	EA		1 MG	1	5/24/2004	99/99/9999							
54868-5089-00	Q0179			6/9/2004	12/31/2011	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	ZOFTRAN ODT 8 MG	2 EA	BO	PO	EA		8 MG	1	6/9/2004	12/31/2011							
54868-5089-00	Q0162			1/1/2012	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	ZOFTRAN ODT 8 MG	2 EA	BO	PO	EA		1 MG	8	1/1/2012	99/99/9999							
54868-5089-01	Q0179			6/29/2005	12/31/2011	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	ZOFTRAN ODT 8 MG	15 EA	BO	PO	EA		8 MG	1	6/29/2005	12/31/2011							
54868-5089-01	Q0162			1/1/2012	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	ZOFTRAN ODT 8 MG	15 EA	BO	PO	EA		1 MG	8	1/1/2012	99/99/9999							
54868-5089-02	Q0179			9/28/2005	12/31/2011	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	ZOFTRAN ODT 8 MG	10 EA	BX	PO	EA		8 MG	1	9/28/2005	12/31/2011							
54868-5089-02	Q0162			1/1/2012	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	ZOFTRAN ODT 8 MG	10 EA	BX	PO	EA		1 MG	8	1/1/2012	99/99/9999							
54868-5089-03	Q0179			9/22/2005	12/31/2011	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	ZOFTRAN ODT 8 MG	3 EA	BO	PO	EA		8 MG	1	9/22/2005	12/31/2011							
54868-5089-03	Q0162			1/1/2012	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	ZOFTRAN ODT 8 MG	3 EA	BO	PO	EA		1 MG	8	1/1/2012	99/99/9999							
54868-5089-04	Q0179			12/20/2005	12/31/2011	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	ZOFTRAN ODT 8 MG	20 EA	BO	PO	EA		8 MG	1	12/20/2005	12/31/2011							
54868-5089-04	Q0162			1/1/2012	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	ZOFTRAN ODT 8 MG	20 EA	BO	PO	EA		1 MG	8	1/1/2012	99/99/9999							
54868-5089-05	Q0179			8/25/2006	12/31/2011	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	ZOFTRAN ODT 8 MG	30 EA	BX	PO	EA		8 MG	1	8/25/2006	12/31/2011							
54868-5089-05	Q0162			1/1/2012	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	ZOFTRAN ODT 8 MG	30 EA	BX	PO	EA		1 MG	8	1/1/2012	99/99/9999							
54868-5108-00	J1817			7/15/2004	99/99/9999	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	HUMALOG 100 U/ML	10 ML	VL	SC	ML		50 U	2	7/15/2004	99/99/9999							
54868-5112-00	J1650			7/28/2004	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MC	LOVENOX 80 MG/0.8 ML	0.8 ML	SR	SC	ML		10 MG	10	7/28/2004	99/99/9999							
54868-5112-01	J1650			9/8/2004	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MC	LOVENOX 80 MG/0.8 ML	0.8 ML	SR	SC	ML		10 MG	10	9/8/2004	99/99/9999							
54868-5137-00	J1170			8/13/2004	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	DILAUDID (AMP) 4 MG/ML	10 ML	AM	IJ	ML		4 MG	1	8/13/2004	99/99/9999							

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
						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	TIGAN 300 MG	100 EA	BO	PO	EA	250 MG	1.2	11/18/2004	99/99/9999								
54868-5181-00	Q0173			11/18/2004	99/99/9999	NOVOLOG MIX 70/30 70 U/ML-30 U/ML	NOVOLOG MIX 70/30 70 U/ML-30 U/ML	10 ML	VL	SC	ML	5 U	20	12/28/2004	99/99/9999								
54868-5201-00	J1815			12/28/2004	99/99/9999	PREDNISONE 5 MG	PREDNISONE 5 MG	48 EA	DP	PO	EA	5 MG	1	1/25/2005	99/99/9999								
54868-5213-00	J7506			1/25/2005	99/99/9999	CYCLOPHOSPHAMIDE, 25 MG, ORAL	CYCLOPHOSPHAMIDE 25 MG	100 EA	BO	PO	EA	25 MG	1	2/10/2005	99/99/9999								
54868-5218-00	None			2/10/2005	99/99/9999	CYCLOPHOSPHAMIDE, 25 MG, ORAL	CYCLOPHOSPHAMIDE 25 MG	10 EA	BO	PO	EA	25 MG	1	12/22/2005	99/99/9999								
54868-5218-01	None			12/22/2005	99/99/9999	CYCLOPHOSPHAMIDE, 25 MG, ORAL	CYCLOPHOSPHAMIDE 25 MG	30 EA	BO	PO	EA	25 MG	1	12/22/2005	99/99/9999								
54868-5218-02	None			12/22/2005	99/99/9999	CYCLOPHOSPHAMIDE, 25 MG, ORAL	CYCLOPHOSPHAMIDE 25 MG	0.6 ML	SR	SC	ML	6 MG	1,66666	2/23/2006	99/99/9999								
54868-5229-00	J2505			2/23/2006	99/99/9999	NEULASTA (PF) 6 MG/0.6 ML	NEULASTA (PF) 6 MG/0.6 ML	21 EA	BO	PO	EA	5 MG	2	2/25/2005	99/99/9999								
54868-5230-00	J7506			2/25/2005	99/99/9999	PREDNISONE (DOSE PACK) 10 MG	PREDNISONE (DOSE PACK) 10 MG	5 EA	BO	PO	EA	5 MG	16	6/29/2005	12/31/2009								
54868-5231-00	J8501			6/29/2005	12/31/2009	APREPITANT, ORAL, 5 MG	EMEND 80 MG	6 EA	BX	PO	EA	5 MG	16	8/3/2006	99/99/9999								
54868-5231-01	J8501			8/3/2006	99/99/9999	APREPITANT, ORAL, 5 MG	EMEND 80 MG	2 EA	DP	PO	EA	5 MG	16	3/4/2008	99/99/9999								
54868-5231-02	J8501			3/4/2008	99/99/9999	APREPITANT, ORAL, 5 MG	PREDNISOLONE SODIUM PHOSPHATE (DYE-FREE, GRAPE) 15 MG/5 ML	237 ML	BO	PO	ML	5 MG	0.6	3/3/2005	99/99/9999								
54868-5242-00	J7510			3/3/2005	99/99/9999	PREDNISOLONE ORAL, PER 5 MG INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG/ML	MEDROXYPROGESTERONE ACETATE 150 MG/ML	1 ML	VL	IM	ML	150 MG	1	3/30/2005	12/31/2012								
54868-5257-00	J1055			3/30/2005	12/31/2012	CAPECITABINE, 500 MG, ORAL	XELODA 500 MG	30 EA	BO	PO	EA	500 MG	1	6/28/2005	99/99/9999								
54868-5260-00	None			6/28/2005	99/99/9999	CAPECITABINE, ORAL, 500 MG	XELODA 500 MG	30 EA	BO	PO	EA	500 MG	1	6/28/2005	99/99/9999								
54868-5260-01	QR J8521	QR		6/28/2005	99/99/9999	CAPECITABINE, 500 MG, ORAL	XELODA 500 MG	60 EA	BO	PO	EA	500 MG	1	6/29/2005	99/99/9999								
54868-5260-02	None			6/29/2005	99/99/9999	CAPECITABINE, ORAL, 500 MG	XELODA 500 MG	120 EA	BO	PO	EA	500 MG	1	6/29/2005	99/99/9999								
54868-5260-03	QR J8521	QR		6/29/2005	99/99/9999	CAPECITABINE, ORAL, 500 MG	XELODA 500 MG	120 EA	BO	PO	EA	500 MG	1	6/29/2005	99/99/9999								
54868-5260-04	None			10/7/2005	99/99/9999	CAPECITABINE, 500 MG, ORAL	XELODA 500 MG	90 EA	BO	PO	EA	500 MG	1	10/7/2005	99/99/9999								
54868-5260-05	QR J8521	QR		10/7/2005	99/99/9999	CAPECITABINE, ORAL, 500 MG	XELODA 500 MG	90 EA	BO	PO	EA	500 MG	1	10/7/2005	99/99/9999								
54868-5260-06	None			1/12/2006	99/99/9999	CAPECITABINE, 500 MG, ORAL	XELODA 500 MG	14 EA	BO	PO	EA	500 MG	1	1/12/2006	99/99/9999								
54868-5260-07	QR J8521	QR		1/12/2006	99/99/9999	CAPECITABINE, ORAL, 500 MG	XELODA 500 MG	14 EA	BO	PO	EA	500 MG	1	1/12/2006	99/99/9999								
54868-5260-08	None			1/12/2006	99/99/9999	CAPECITABINE, 500 MG, ORAL	XELODA 500 MG	28 EA	BO	PO	EA	500 MG	1	1/12/2006	99/99/9999								
54868-5260-09	QR J8521	QR		1/12/2006	99/99/9999	CAPECITABINE, ORAL, 500 MG	XELODA 500 MG	28 EA	BO	PO	EA	500 MG	1	1/12/2006	99/99/9999								
54868-5260-10	None			1/11/2006	99/99/9999	CAPECITABINE, 500 MG, ORAL	XELODA 500 MG	42 EA	BO	PO	EA	500 MG	1	1/11/2006	99/99/9999								
54868-5260-11	QR J8521	QR		1/11/2006	99/99/9999	CAPECITABINE, ORAL, 500 MG	XELODA 500 MG	42 EA	BO	PO	EA	500 MG	1	1/11/2006	99/99/9999								
54868-5260-12	None			1/12/2006	99/99/9999	CAPECITABINE, 500 MG, ORAL	XELODA 500 MG	70 EA	BO	PO	EA	500 MG	1	1/12/2006	99/99/9999								
54868-5260-13	QR J8521	QR		1/12/2006	99/99/9999	CAPECITABINE, ORAL, 500 MG	XELODA 500 MG	70 EA	BO	PO	EA	500 MG	1	1/12/2006	99/99/9999								
54868-5260-14	None			1/20/2006	99/99/9999	CAPECITABINE, 500 MG, ORAL	XELODA 500 MG	80 EA	BO	PO	EA	500 MG	1	1/20/2006	99/99/9999								
54868-5260-15	QR J8521	QR		1/20/2006	99/99/9999	CAPECITABINE, ORAL, 500 MG	XELODA 500 MG	80 EA	BO	PO	EA	500 MG	1	1/20/2006	99/99/9999								
54868-5260-16	None			8/16/2006	99/99/9999	CAPECITABINE, 500 MG, ORAL	XELODA 500 MG	20 EA	BO	PO	EA	500 MG	1	8/16/2006	99/99/9999								
54868-5260-17	QR J8521	QR		8/16/2006	99/99/9999	CAPECITABINE, ORAL, 500 MG	XELODA 500 MG	20 EA	BO	PO	EA	500 MG	1	8/16/2006	99/99/9999								
54868-5261-00	J8999			6/29/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOX	AROMASIN 25 MG	30 EA	BO	PO	EA	1 EA	1	6/29/2005	99/99/9999								
54868-5282-00	J8999			5/23/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOX	MERCAPTOPYRINE 50 MG	60 EA	BO	PO	EA	1 EA	1	5/23/2005	99/99/9999								
54868-5282-01	J8999			5/23/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOX	MERCAPTOPYRINE 50 MG	25 EA	BO	PO	EA	1 EA	1	5/23/2005	99/99/9999								
54868-5310-00	J7500			5/23/2005	99/99/9999	AZATHIOPRINE, ORAL, 50 MG	AZATHIOPRINE 50 MG	30 EA	BO	PO	EA	50 MG	1	5/23/2005	99/99/9999								
54868-5310-01	J7500			5/23/2005	99/99/9999	AZATHIOPRINE, ORAL, 50 MG	AZATHIOPRINE 50 MG	120 EA	BO	PO	EA	50 MG	1	5/23/2005	99/99/9999								
54868-5310-02	J7500			9/22/2005	99/99/9999	AZATHIOPRINE, ORAL, 50 MG	AZATHIOPRINE 50 MG	100 EA	BO	PO	EA	50 MG	1	9/22/2005	99/99/9999								
54868-5310-03	J7500			2/23/2006	99/99/9999	AZATHIOPRINE, ORAL, 50 MG	AZATHIOPRINE (USP) 50 MG	60 EA	BO	PO	EA	50 MG	1	2/23/2006	99/99/9999								
54868-5310-04	J7500			2/28/2006	99/99/9999	AZATHIOPRINE, ORAL, 50 MG	AZATHIOPRINE (USP) 50 MG	90 EA	BO	PO	EA	50 MG	1	2/28/2006	99/99/9999								
54868-5319-00	J1170			5/31/2005	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (25X1ML) 2 MG/ML	1 ML	VL	LI	ML	4 MG	0.5	5/31/2005	99/99/9999								
54868-5325-00	J8501			6/24/2005	99/99/9999	APREPITANT, ORAL, 5 MG	EMEND (COMBO PACK 1 125MG/2 80MG)	3 EA	PG	PO	EA	5 MG	19	6/24/2005	99/99/9999								
54868-5327-00	J1815			6/9/2005	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	NOVOLOG MIX 70/30 (PREFILLED SYRINGE) 70 U/ML-30 U/ML	3 ML	SR	SC	ML	5 U	20	6/9/2005	99/99/9999								
54868-5334-00	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXPAK 1.5 MG	51 EA	DP	PO	EA	0.25 MG	6	1/1/2006	99/99/9999								
54868-5334-01	J8540			8/31/2007	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXPAK 1.5 MG	35 EA	NA	PO	EA	0.25 MG	6	8/31/2007	99/99/9999								
54868-5348-00	None			10/20/2005	99/99/9999	TEMODAR, 5 MG, ORAL	TEMODAR 5 MG	25 EA	NA	PO	EA	5 MG	1	10/20/2005	99/99/9999								
54868-5348-01	None			4/13/2006	99/99/9999	TEMODAR, 100 MG, ORAL	TEMODAR 100 MG	5 EA	BO	PO	EA	5 MG	1	4/13/2006	99/99/9999								
54868-5350-00	None			10/31/2007	99/99/9999	TEMODAR, 100 MG, ORAL	TEMODAR 100 MG	15 EA	BO	PO	EA	100 MG	1	10/31/2007	99/99/9999								
54868-5350-01	None			10/20/2005	99/99/9999	TEMODAR, 100 MG, ORAL	TEMODAR 100 MG	25 EA	BO	PO	EA	100 MG	1	10/20/2005	99/99/9999								
54868-5350-02	None			11/22/2005	99/99/9999	TEMODAR, 100 MG, ORAL	TEMODAR 100 MG	5 EA	BO	PO	EA	100 MG	1	11/22/2005	99/99/9999								
54868-5350-03	None			2/8/2006	99/99/9999	TEMODAR, 100 MG, ORAL	TEMODAR 100 MG	10 EA	BO	PO	EA	100 MG	1	2/8/2006	99/99/9999								
54868-5350-04	None			3/23/2006	99/99/9999	TEMODAR, 100 MG, ORAL	TEMODAR 100 MG	30 EA	BO	PO	EA	100 MG	1	3/23/2006	99/99/9999								
54868-5354-00	None			4/13/2006	99/99/9999	TEMODAR, 250 MG, ORAL	TEMODAR 250 MG	5 EA	BO	PO	EA	250 MG	1	4/13/2006	99/99/9999								
54868-5355-00	None			12/20/2005	99/99/9999	ETOPOSIDE, 50 MG, ORAL	ETOPOSIDE 50 MG	20 EA	BX	PO	EA	50 MG	1	12/20/2005	99/99/9999								
54868-5355-01	None			1/30/2006	99/99/9999	ETOPOSIDE, 50 MG, ORAL	ETOPOSIDE 50 MG	7 EA	NA	PO	EA	50 MG	1	1/30/2006	99/99/9999								
54868-5355-02	None			1/30/2006	99/99/9999	ETOPOSIDE, 50 MG, ORAL	ETOPOSIDE 50 MG	1 EA	BO	PO	EA	50 MG	1	1/30/2006	99/99/9999								
54868-5389-00	J8999			9/1/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOX	MEGESTROL ACETATE 40 MG/ML	240 ML	BO	PO	ML	1 EA	1	9/1/2005	99/99/9999								
54868-5389-01	J8999			12/14/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOX	MEGESTROL ACETATE 40 MG/ML	480 ML	BO	PO	ML	1 EA	1	12/14/2005	99/99/9999								
54868-5404-00	Q0144			9/2/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZMAX (DIHYDRATE) 2 GM/60 ML	1 EA	BO	PO	EA	1 GM	2	9/2/2005	99/99/9999								



NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54868-5716-00	J2370			12/11/2006	99/99/9999	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	PHENYLEPHRINE HYDROCHLORIDE (SDV,25X1ML) 10 MG/ML	1 ML	VL	IJ	ML		1 ML		1	12/11/2006	99/99/9999						
54868-5717-00	J1250			12/11/2006	99/99/9999	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DOBUTAMINE 12.5 MG/ML	20 ML	VL	IV	ML		250 MG		0.05	12/11/2006	99/99/9999						
54868-5717-01	J1250			1/2/2007	99/99/9999	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DOBUTAMINE (10X40ML) 12.5 MG/ML	40 ML	VL	IV	ML		250 MG		0.05	1/2/2007	99/99/9999						
54868-5717-02	J1250			6/28/2007	99/99/9999	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DOBUTAMINE 12.5 MG/ML	200 ML	VL	IV	ML		250 MG		0.05	6/28/2007	99/99/9999						
54868-5719-00	J2001			12/11/2006	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	LIDOCAINE (10X5ML) 2%	5 ML	SR	IV	ML		10 MG		2	12/11/2006	99/99/9999						
54868-5722-00	J0282			12/11/2006	99/99/9999	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	AMIODARONE (SDV,10X3ML) 50 MG/ML	3 ML	VL	IV	ML		30 MG		1.66666	12/11/2006	99/99/9999						
54868-5724-00	J3475			12/12/2006	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNE'S SULF (25X10ML) 500 MG/ML	10 ML	SR	IJ	ML		500 MG		1	12/12/2006	99/99/9999						
54868-5725-00	J0170			12/11/2006	12/31/2010	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	EPINEPHRINE (10X10ML) 0.1 MG/ML	10 ML	SR	IJ	ML		1 ML		1	12/11/2006	12/31/2010						
54868-5727-00	J7799			12/12/2006	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	DEXTROSE (12X1000ML) 10%	1000 ML	FC	IV	ML		1 EA		1	12/12/2006	99/99/9999						
54868-5738-00	Q0179			12/29/2006	12/31/2011	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE 8 MG	10 EA	BO	PO	EA		8 MG		1	12/29/2006	12/31/2011						
54868-5738-00	Q0162			1/1/2012	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	ONDANSETRON HYDROCHLORIDE 8 MG	10 EA	BO	PO	EA		1 MG		8	1/1/2012	99/99/9999						
54868-5741-00	Q0173			1/5/2007	99/99/9999	TRIMETHOENZAMIDE 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	TRIMETHOENZAMIDE 300 MG	100 EA	BO	PO	EA		250 MG		1.2	1/5/2007	99/99/9999						
54868-5745-00	J2270			1/10/2007	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULF (10X1ML) 4 MG/ML	1 ML	CR	IJ	ML		10 MG		0.4	1/10/2007	99/99/9999						
54868-5749-00	Q0179			1/16/2007	12/31/2011	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON ODT 8 MG	10 EA	BX	PO	EA		8 MG		1	1/16/2007	12/31/2011						
54868-5749-00	Q0162			1/1/2012	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	ONDANSETRON ODT 8 MG	10 EA	BX	PO	EA		1 MG		8	1/1/2012	99/99/9999						
54868-5749-01	Q0179			10/18/2007	12/31/2011	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON ODT 8 MG	15 EA	BO	PO	EA		8 MG		1	10/18/2007	12/31/2011						
54868-5749-01	Q0162			1/1/2012	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	ONDANSETRON ODT 8 MG	15 EA	BO	PO	EA		1 MG		8	1/1/2012	99/99/9999						
54868-5752-00	J0285			1/25/2007	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B 50 MG	1 EA	VL	IV	EA		50 MG		1	1/25/2007	99/99/9999						
54868-5760-00	J2941			8/17/2007	99/99/9999	INJECTION, SOMATROPIN, 1 MG	GENOTROPIN MINIQUEL 0.8 MG	1 EA	CT	SC	EA		1 MG		0.8	8/17/2007	99/99/9999						
54868-5765-00	J1815			4/4/2007	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	LANTUS 100 U/ML	15 ML	CT	SC	ML		5 U		20	4/4/2007	99/99/9999						
54868-5774-00	J7626			6/1/2007	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	PULMICORT RESPULES 0.25 MG/2 ML	2 ML	PC	IH	ML		0.25 MG		0.5	6/1/2007	99/99/9999						
54868-5774-00	KO J7626	KO		6/1/2007	99/99/9999	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	PULMICORT RESPULES 0.25 MG/2 ML	2 ML	PC	IH	ML		0.25 MG		0.5	6/1/2007	99/99/9999						
54868-5775-00	J2780			6/6/2007	99/99/9999	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	ZANTAC 25 MG/ML	40 ML	VL	IJ	ML		25 MG		1	6/6/2007	99/99/9999						
54868-5801-00	Q0179			7/30/2007	12/31/2011	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON 4 MG	30 EA	BO	PO	EA		8 MG		0.5	7/30/2007	12/31/2011						
54868-5801-00	Q0162			1/1/2012	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	ONDANSETRON 4 MG	30 EA	BO	PO	EA		1 MG		4	1/1/2012	99/99/9999						
54868-5801-01	Q0179			10/25/2007	12/31/2011	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON 4 MG	15 EA	BO	PO	EA		8 MG		0.5	10/25/2007	12/31/2011						
54868-5801-01	Q0162			1/1/2012	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	ONDANSETRON 4 MG	15 EA	BO	PO	EA		1 MG		4	1/1/2012	99/99/9999						
54868-5802-00	J0885			8/13/2007	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	PROCRIT (SDV,1MLX4) 40000 U/ML	1 ML	VL	IJ	ML		1000 U		40	8/13/2007	99/99/9999						
54868-5808-00	J2175			8/21/2007	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	DEMEROL HYDROCHLORIDE (1MLX10) 50 MG/ML	1 ML	SR	IJ	ML		100 MG		0.5	8/21/2007	99/99/9999						
54868-5823-00	J1740			10/16/2007	99/99/9999	INJECTION, IBANDRONATE SODIUM, 1 MG	BONIVA (PFS) 1 MG/ML	1 EA	BX	IV	EA		1 MG		1	10/16/2007	99/99/9999						
54868-5824-00	J1815			10/16/2007	2/15/2010	INJECTION, INSULIN, PER 5 UNITS	INSULIN HUMULIN 50/50 50 U/ML-50 U/ML	10 ML	VL	SC	ML		5 U		20	10/16/2007	2/15/2010						
54868-5825-00	J0152			10/18/2007	99/99/9999	REPORT ANY ADENOSINE FOR DIAGNOSTIC USE, 30 MG (NOT TO BE USED TO INJECTION, ADENOSINE PHOSPHATE COMPOUNDS; INSTEAD USE A9270)	ADENOSCAN 3 MG/ML	30 ML	VL	IV	ML		30 MG		0.1	10/18/2007	99/99/9999						
54868-5825-01	J0152			10/18/2007	99/99/9999	REPORT ANY ADENOSINE FOR DIAGNOSTIC USE, 30 MG (NOT TO BE USED TO INJECTION, ADENOSINE PHOSPHATE COMPOUNDS; INSTEAD USE A9270)	ADENOSCAN 3 MG/ML	20 ML	VL	IV	ML		30 MG		0.1	10/18/2007	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
54868-5835-00	J1650			11/29/2007	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MG	LOVENOX (10X1ML) 100 MG/ML	1 ML	SR	IJ	ML		10 MG		10	11/29/2007	99/99/9999						
54868-5836-00	J1817			12/3/2007	99/99/9999	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	INSULIN-HUMALOG (1X15ML) 100 U/ML	15 ML	CT	SC	ML		50 U		2	12/3/2007	99/99/9999						
54868-5837-00	J1650			12/4/2007	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MC	LOVENOX (8X0.8ML) 120 MG/0.8 ML	0.8 ML	SR	IJ	ML		10 MG		15	12/4/2007	99/99/9999						
54868-5867-00	J0881			3/20/2008	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (1X1ML, PREFILLED,PF) 0.5 MG/ML	1 ML	SR	IJ	ML		1 MCG		500	3/20/2008	99/99/9999						
54868-5887-00	Q0179			5/12/2008	12/31/2011	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON (STRAWBERRY) 4 MG	10 EA	BX	PO	EA		8 MG		0.5	5/12/2008	12/31/2011						
54868-5887-00	Q0162			1/1/2012	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	ONDANSETRON (STRAWBERRY) 4 MG	10 EA	BX	PO	EA		1 MG		4	1/1/2012	99/99/9999						
54868-5888-00	J2405			5/9/2008	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (1X10ML) 2 MG/ML	10 ML	NA	IJ	ML		1 MG		2	5/9/2008	99/99/9999						
54868-5899-00	J1815			5/12/2008	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMALOG PEN (1X15ML) 100 U/ML	15 ML	CT	SC	ML		5 U		20	5/12/2008	99/99/9999						
54868-5980-00	None			1/26/2009	99/99/9999	TEMODAR, 20 MG, ORAL	TEMODAR 180 MG	14 EA	BO	PO	EA		20 MG		9	1/26/2009	99/99/9999						
54868-6624-01	J7509			1/1/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (DOSE PACK) 4 MG	21 EA	DP	PO	EA		4 MG		1	1/1/2002	99/99/9999						
54888-1082-03	Q0165			10/20/2004	99/99/9999	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	PROCHLORPERAZINE MALEATE 10 MG	100 EA	NA	PO	EA		10 MG		1	10/20/2004	99/99/9999						
55045-1124-00	Q0163			5/1/2004	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	DIPHENHYDRAMINE HCL 50 MG	100 EA	BO	PO	EA		50 MG		1	5/1/2004	99/99/9999						
55045-1124-01	Q0163			12/6/2004	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	DIPHENHYDRAMINE HCL 50 MG	3 EA	BO	PO	EA		50 MG		1	12/6/2004	99/99/9999						
55045-1124-02	Q0163			12/6/2004	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	DIPHENHYDRAMINE HCL 50 MG	60 EA	NA	PO	EA		50 MG		1	12/6/2004	99/99/9999						
55045-1124-03	Q0163			12/6/2004	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	DIPHENHYDRAMINE HCL 50 MG	90 EA	NA	PO	EA		50 MG		1	12/6/2004	99/99/9999						
55045-1124-04	Q0163			12/6/2004	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	DIPHENHYDRAMINE HCL 50 MG	120 EA	NA	PO	EA		50 MG		1	12/6/2004	99/99/9999						
55045-1124-05	Q0163			1/1/2003	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	DIPHENHYDRAMINE HCL 50 MG	15 EA	BO	PO	EA		50 MG		1	1/1/2003	99/99/9999						
55045-1124-06	Q0163			12/6/2004	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	DIPHENHYDRAMINE HCL 50 MG	6 EA	NA	PO	EA		50 MG		1	12/6/2004	99/99/9999						
55045-1124-07	Q0163			12/6/2004	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	DIPHENHYDRAMINE HCL 50 MG	20 EA	NA	PO	EA		50 MG		1	12/6/2004	99/99/9999						
55045-1124-08	Q0163			1/1/2003	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	DIPHENHYDRAMINE HCL 50 MG	30 EA	BO	PO	EA		50 MG		1	1/1/2003	99/99/9999						
55045-1124-09	Q0163			12/6/2004	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	DIPHENHYDRAMINE HCL 50 MG	50 EA	NA	PO	EA		50 MG		1	12/6/2004	99/99/9999						
55045-1125-00	Q0163			12/6/2004	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	DIPHENHYDRAMINE HCL 25 MG	120 EA	NA	PO	EA		50 MG		0.5	12/6/2004	99/99/9999						
55045-1125-01	Q0163			7/1/2004	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	DIPHENHYDRAMINE HCL 25 MG	100 EA	NA	PO	EA		50 MG		0.5	7/1/2004	99/99/9999						
55045-1125-02	Q0163			2/1/2004	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	DIPHENHYDRAMINE HCL 25 MG	6 EA	NA	PO	EA		50 MG		0.5	2/1/2004	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
55045-1125-03		Q0163		12/6/2004	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	DIPHENHYDRAMINE HCL 25 MG	90 EA	NA	PO	EA		50 MG		0.5	12/6/2004	99/99/9999						
55045-1125-04		Q0163		1/1/2003	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	DIPHENHYDRAMINE HCL 25 MG	12 EA	BO	PO	EA		50 MG		0.5	1/1/2003	99/99/9999						
55045-1125-05		Q0163		1/2/2004	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	DIPHENHYDRAMINE HCL 25 MG	15 EA	NA	PO	EA		50 MG		0.5	1/2/2004	99/99/9999						
55045-1125-06		Q0163		1/1/2003	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	DIPHENHYDRAMINE HCL 25 MG	20 EA	BO	PO	EA		50 MG		0.5	1/1/2003	99/99/9999						
55045-1125-08		Q0163		1/1/2003	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	DIPHENHYDRAMINE HCL 25 MG	30 EA	BO	PO	EA		50 MG		0.5	1/1/2003	99/99/9999						
55045-1125-09		Q0163		2/1/2004	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	DIPHENHYDRAMINE HCL 25 MG	60 EA	NA	PO	EA		50 MG		0.5	2/1/2004	99/99/9999						
55045-1126-02		Q0165		4/1/2005	99/99/9999	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	PROCHLORPERAZINE MALEATE 10 MG	10 EA	BO	PO	EA		10 MG		1	4/1/2005	99/99/9999						
55045-1126-03		Q0165		7/1/2003	99/99/9999	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	PROCHLORPERAZINE MALEATE 10 MG	5 EA	BO	PO	EA		10 MG		1	7/1/2003	99/99/9999						
55045-1126-04		Q0165		1/1/2003	99/99/9999	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	PROCHLORPERAZINE 10 MG	12 EA	BO	PO	EA		10 MG		1	1/1/2003	99/99/9999						
55045-1126-06		Q0165		11/10/2005	99/99/9999	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	PROCHLORPERAZINE MALEATE 10 MG	60 EA	BO	PO	EA		10 MG		1	11/10/2005	99/99/9999						
55045-1126-07		Q0165		7/1/2005	99/99/9999	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	PROCHLORPERAZINE MALEATE 10 MG	20 EA	BO	PO	EA		10 MG		1	7/1/2005	99/99/9999						
55045-1126-08		Q0165		7/1/2003	99/99/9999	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	PROCHLORPERAZINE MALEATE 10 MG	30 EA	BO	PO	EA		10 MG		1	7/1/2003	99/99/9999						
55045-1252-02		Q0163		1/1/2003	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	DIPHENHYDRAMINE HCL (AF) 12.5 MG/5 ML	118 ML	BO	PO	ML		50 MG		0.05	1/1/2003	99/99/9999						
55045-1259-09	J7509			1/1/2003	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (DOSEPAK) 4 MG	21 EA	DP	PO	EA		4 MG		1	1/1/2003	99/99/9999						
55045-1260-00	J7506			12/6/2004	99/99/9999	PREDNISONE ORAL, PER 5MG	PREDNISONE (DOSEPAK) 5 MG	48 EA	DP	PO	EA		5 MG		1	12/6/2004	99/99/9999						
55045-1260-09	J7506			1/1/2003	99/99/9999	PREDNISONE ORAL, PER 5MG	PREDNISONE (DOSEPAK) 5 MG	21 EA	DP	PO	EA		5 MG		1	1/1/2003	99/99/9999						
55045-1308-01	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	100 EA	BO	PO	EA		0.25 MG		3	1/1/2006	99/99/9999						
55045-1308-02	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	60 EA	BO	PO	EA		0.25 MG		3	1/1/2006	99/99/9999						
55045-1308-03	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	90 EA	BO	PO	EA		0.25 MG		3	1/1/2006	99/99/9999						
55045-1308-06	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	6 EA	BO	PO	EA		0.25 MG		3	1/1/2006	99/99/9999						
55045-1308-07	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	20 EA	BO	PO	EA		0.25 MG		3	1/1/2006	99/99/9999						
55045-1308-08	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	30 EA	BO	PO	EA		0.25 MG		3	1/1/2006	99/99/9999						
55045-1308-09	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	36 EA	BO	PO	EA		0.25 MG		3	1/1/2006	99/99/9999						
55045-1444-01	J7506			12/6/2004	99/99/9999	PREDNISONE ORAL, PER 5MG	PREDNISONE 20 MG	35 EA	NA	PO	EA		5 MG		4	12/6/2004	99/99/9999						
55045-1444-02	J7506			5/1/2005	99/99/9999	PREDNISONE ORAL, PER 5MG	PREDNISONE 20 MG	42 EA	BO	PO	EA		5 MG		4	5/1/2005	99/99/9999						
55045-1444-03	J7506			1/1/2004	99/99/9999	PREDNISONE ORAL, PER 5MG	PREDNISONE 20 MG	18 EA	BO	PO	EA		5 MG		4	1/1/2004	99/99/9999						
55045-1444-04	J7506			1/1/2003	99/99/9999	PREDNISONE ORAL, PER 5MG	PREDNISONE 20 MG	12 EA	BO	PO	EA		5 MG		4	1/1/2003	99/99/9999						
55045-1444-07	J7506			1/1/2003	99/99/9999	PREDNISONE ORAL, PER 5MG	PREDNISONE 20 MG	21 EA	BO	PO	EA		5 MG		4	1/1/2003	99/99/9999						
55045-1444-08	J7506			1/1/2003	99/99/9999	PREDNISONE ORAL, PER 5MG	PREDNISONE 20 MG	30 EA	BO	PO	EA		5 MG		4	1/1/2003	99/99/9999						
55045-1480-01	J7506			1/1/2003	99/99/9999	PREDNISONE ORAL, PER 5MG	PREDNISONE 5 MG	100 EA	BO	PO	EA		5 MG		1	1/1/2003	99/99/9999						
55045-1480-02	J7506			12/6/2004	99/99/9999	PREDNISONE ORAL, PER 5MG	PREDNISONE 5 MG	60 EA	NA	PO	EA		5 MG		1	12/6/2004	99/99/9999						
55045-1480-05	J7506			12/6/2004	99/99/9999	PREDNISONE ORAL, PER 5MG	PREDNISONE 5 MG	15 EA	NA	PO	EA		5 MG		1	12/6/2004	99/99/9999						
55045-1480-06	J7506			12/6/2004	99/99/9999	PREDNISONE ORAL, PER 5MG	PREDNISONE 5 MG	20 EA	NA	PO	EA		5 MG		1	12/6/2004	99/99/9999						
55045-1480-07	J7506			1/1/2003	99/99/9999	PREDNISONE ORAL, PER 5MG	PREDNISONE 5 MG	21 EA	BO	PO	EA		5 MG		1	1/1/2003	99/99/9999						
55045-1480-08	J7506			1/1/2003	99/99/9999	PREDNISONE ORAL, PER 5MG	PREDNISONE 5 MG	30 EA	BO	PO	EA		5 MG		1	1/1/2003	99/99/9999						
55045-1480-09	J7506			1/1/2003	99/99/9999	PREDNISONE ORAL, PER 5MG	PREDNISONE 5 MG	40 EA	BO	PO	EA		5 MG		1	1/1/2003	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
55045-1533-01	J7506			5/1/2004	99/99/9999	PREDNISON, ORAL, PER 5MG	PREDNISON 10 MG	100 EA	NA	PO	EA	5 MG	2	5/1/2004	99/99/9999								
55045-1533-03	J7506			1/1/2003	99/99/9999	PREDNISON, ORAL, PER 5MG	PREDNISON 10 MG	20 EA	BO	PO	EA	5 MG	2	1/1/2003	99/99/9999								
55045-1533-06	J7506			1/1/2003	99/99/9999	PREDNISON, ORAL, PER 5MG	PREDNISON 10 MG	42 EA	BO	PO	EA	5 MG	2	1/1/2003	99/99/9999								
55045-1533-07	J7506			1/1/2003	99/99/9999	PREDNISON, ORAL, PER 5MG	PREDNISON 10 MG	21 EA	BO	PO	EA	5 MG	2	1/1/2003	99/99/9999								
55045-1533-08	J7506			1/1/2003	99/99/9999	PREDNISON, ORAL, PER 5MG	PREDNISON 10 MG	30 EA	BO	PO	EA	5 MG	2	1/1/2003	99/99/9999								
55045-1533-09	J7506			1/1/2003	99/99/9999	PREDNISON, ORAL, PER 5MG	PREDNISON 10 MG	40 EA	BO	PO	EA	5 MG	2	1/1/2003	99/99/9999								
55045-1596-00	Q0170			12/6/2004	99/99/9999	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	PROMETHAZINE HCL 25 MG	100 EA	BO	PO	EA	25 MG	1	12/6/2004	99/99/9999								
55045-1596-01	Q0170			12/6/2004	99/99/9999	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	PROMETHAZINE HCL 25 MG	120 EA	BO	PO	EA	25 MG	1	12/6/2004	99/99/9999								
55045-1596-02	Q0170			8/9/2004	99/99/9999	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	PROMETHAZINE HCL 25 MG	12 EA	NA	PO	EA	25 MG	1	8/9/2004	99/99/9999								
55045-1596-03	Q0170			1/1/2003	99/99/9999	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	PROMETHAZINE HCL 25 MG	10 EA	BO	PO	EA	25 MG	1	1/1/2003	99/99/9999								
55045-1596-04	Q0170			2/9/2003	99/99/9999	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	PROMETHAZINE HCL 25 MG	60 EA	NA	PO	EA	25 MG	1	2/9/2003	99/99/9999								
55045-1596-05	Q0170			1/1/2003	99/99/9999	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	PROMETHAZINE HCL 25 MG	15 EA	BO	PO	EA	25 MG	1	1/1/2003	99/99/9999								
55045-1596-06	Q0170			1/1/2003	99/99/9999	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	PROMETHAZINE HCL 25 MG	20 EA	BO	PO	EA	25 MG	1	1/1/2003	99/99/9999								
55045-1596-08	Q0170			1/1/2004	99/99/9999	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	PROMETHAZINE HCL 25 MG	30 EA	BO	PO	EA	25 MG	1	5/23/2005	99/99/9999	1/1/2004	5/22/2005	1					
55045-1596-09	Q0170			12/6/2004	99/99/9999	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	PROMETHAZINE HCL 25 MG	90 EA	BO	PO	EA	25 MG	1	12/6/2004	99/99/9999								
55045-1628-03	Q0173			1/1/2003	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	TRIMETHOBENZAMIDE HCL 250 MG	10 EA	BO	PO	EA	250 MG	1	1/1/2003	99/99/9999								
55045-1643-09	Q0170			1/1/2003	99/99/9999	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	PROMETHAZINE HCL (FRUIT,TROPICAL) 6.25 MG/5 ML	118 ML	BO	PO	ML	25 MG	0.05	1/1/2003	99/99/9999								
55045-1661-00	Q0178			12/6/2004	99/99/9999	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	HYDROXYZINE PAMOATE 50 MG	100 EA	NA	PO	EA	50 MG	1	12/6/2004	99/99/9999								
55045-1661-01	Q0178			12/6/2004	99/99/9999	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	HYDROXYZINE PAMOATE 50 MG	120 EA	NA	PO	EA	50 MG	1	12/6/2004	99/99/9999								
55045-1661-02	Q0178			12/6/2004	99/99/9999	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	HYDROXYZINE PAMOATE 50 MG	20 EA	NA	PO	EA	50 MG	1	12/6/2004	99/99/9999								
55045-1661-03	Q0178			9/1/2004	99/99/9999	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	HYDROXYZINE PAMOATE 50 MG	40 EA	NA	PO	EA	50 MG	1	9/1/2004	99/99/9999								
55045-1661-06	Q0178			9/1/2004	99/99/9999	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	HYDROXYZINE PAMOATE 50 MG	60 EA	NA	PO	EA	50 MG	1	9/1/2004	99/99/9999								
55045-1661-08	Q0178			6/1/2003	99/99/9999	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	HYDROXYZINE PAMOATE 50 MG	30 EA	BO	PO	EA	50 MG	1	6/1/2003	99/99/9999								

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
55045-1661-09		Q0178		12/6/2004	99/99/9999	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	HYDROXYZINE PAMOATE 50 MG	90 EA	NA	PO	EA		50 MG		1	12/6/2004	99/99/9999						
55045-1696-02	Q0164			12/6/2004	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	PROCHLORPERAZINE MALEATE (FILM-COATED) 5 MG	10 EA	NA	PO	EA		5 MG		1	12/6/2004	99/99/9999						
55045-1749-02	J8498			1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PHENERGAN 25 MG	4 EA	BO	RC	EA		1 EA		1	1/1/2006	99/99/9999						
55045-1811-03	J7509			12/6/2004	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	40 EA	NA	PO	EA		4 MG		1	12/6/2004	99/99/9999						
55045-1811-08	J7509			12/6/2004	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	30 EA	NA	PO	EA		4 MG		1	12/6/2004	99/99/9999						
55045-1970-05	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	8 EA	BO	PO	EA		0.25 MG		16	1/1/2006	99/99/9999						
55045-2043-07	KO J7613	KO		4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (3MLX25) 0.083%	3 ML	NA	IH	ML		1 MG		0.83	4/1/2008	99/99/9999						
55045-2043-07	J7603			1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (3MLX25) 0.083%	3 ML	NA	IH	ML		1 MG		0.83	1/1/2008	3/31/2008						
55045-2043-07	KO J7603	KO		1/1/2008	3/31/2008	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (3MLX25) 0.083%	3 ML	NA	IH	ML		1 MG		0.83	1/1/2008	3/31/2008						
55045-2043-07	J7613			4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (3MLX25) 0.083%	3 ML	NA	IH	ML		1 MG		0.83	4/1/2008	99/99/9999						
55045-2133-03	J3360			3/24/2003	99/99/9999	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM 5 MG/ML	10 ML	VL	IJ	ML		5 MG		1	3/24/2003	99/99/9999						
55045-2195-02	Q0177			12/6/2004	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	HYDROXYZINE PAMOATE 25 MG	120 EA	NA	PO	EA		25 MG		1	12/6/2004	99/99/9999						
55045-2195-04	Q0177			7/1/2004	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	HYDROXYZINE PAMOATE 25 MG	9 EA	BO	PO	EA		25 MG		1	7/1/2004	99/99/9999						
55045-2195-05	Q0177			3/24/2003	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	HYDROXYZINE PAMOATE 25 MG	15 EA	BO	PO	EA		25 MG		1	3/24/2003	99/99/9999						
55045-2195-06	Q0177			12/6/2004	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	HYDROXYZINE PAMOATE 25 MG	60 EA	NA	PO	EA		25 MG		1	12/6/2004	99/99/9999						
55045-2195-07	Q0177			3/1/2004	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	HYDROXYZINE PAMOATE 25 MG	20 EA	NA	PO	EA		25 MG		1	3/1/2004	99/99/9999						
55045-2195-08	Q0177			2/1/2004	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	HYDROXYZINE PAMOATE 25 MG	30 EA	NA	PO	EA		25 MG		1	2/1/2004	99/99/9999						
55045-2195-09	Q0177			12/6/2004	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	HYDROXYZINE PAMOATE 25 MG	90 EA	NA	PO	EA		25 MG		1	12/6/2004	99/99/9999						
55045-2372-05	Q0144			1/19/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 100 MG/5 ML	15 ML	BO	PO	ML		1 GM		0.02	1/19/2005	99/99/9999						
55045-2373-05	Q0144			1/19/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 200 MG/5 ML	15 ML	BO	PO	ML		1 GM		0.04	1/19/2005	99/99/9999						
55045-2373-06	Q0144			1/1/2003	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 200 MG/5 ML	22.5 ML	BO	PO	ML		1 GM		0.04	1/1/2003	99/99/9999						
55045-2373-08	Q0144			1/19/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 200 MG/5 ML	30 ML	BO	PO	ML		1 GM		0.04	1/19/2005	99/99/9999						
55045-2400-02	J8498			1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	12 EA	BX	RC	EA		1 EA		1	1/1/2006	99/99/9999						
55045-2470-02	J7602			1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE 0.5%	20 ML	NA	IH	ML		1 MG		5	1/1/2008	3/31/2008						
55045-2470-02	J7611			4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG	ALBUTEROL SULFATE 0.5%	20 ML	NA	IH	ML		1 MG		5	4/1/2008	99/99/9999						
55045-2492-06	Q0144			7/3/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX Z-PAK 250 MG	6 EA	BX	PO	EA		1 GM		0.25	7/3/2006	99/99/9999						
55045-2533-00	J0595			1/1/2004	99/99/9999	INJECTION, BUTORPHANOL TARTRATE, 1 MG	STADOL 2 MG/ML	10 ML	VL	IJ	ML		1 MG		2	1/1/2004	99/99/9999						
55045-2565-00	J8499			1/1/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, NON-CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	100 EA	NA	PO	EA		1 EA		1	1/1/2005	99/99/9999						
55045-2565-02	J8499			12/6/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON-CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	25 EA	BO	PO	EA		1 EA		1	12/6/2004	99/99/9999						
55045-2565-04	J8499			1/1/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, NON-CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	50 EA	NA	PO	EA		1 EA		1	1/1/2005	99/99/9999						
55045-2565-05	J8499			1/1/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, NON-CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	15 EA	NA	PO	EA		1 EA		1	1/1/2005	99/99/9999						
55045-2565-08	J8499			1/1/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, NON-CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	30 EA	NA	PO	EA		1 EA		1	1/1/2005	99/99/9999						
55045-2571-00	J8499			1/1/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, NON-CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	100 EA	NA	PO	EA		1 EA		1	1/1/2005	99/99/9999						
55045-2571-02	J8499			1/1/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, NON-CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	25 EA	NA	PO	EA		1 EA		1	1/1/2005	99/99/9999						
55045-2571-04	J8499			1/1/2003	99/99/9999	PRESCRIPTION DRUG, ORAL, NON-CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	15 EA	BO	PO	EA		1 EA		1	1/1/2003	99/99/9999						
55045-2571-05	J8499			1/1/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, NON-CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	50 EA	NA	PO	EA		1 EA		1	1/1/2005	99/99/9999						
55045-2571-06	J8499			3/1/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, NON-CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	60 EA	NA	PO	EA		1 EA		1	3/1/2005	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
55045-2571-08		J8499		1/1/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOE	ACYCLOVIR 400 MG	30 EA	NA	PO	EA	1 EA				1	1/1/2005	99/99/9999					
55045-2648-00		J8499		1/1/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOE	ACYCLOVIR 800 MG	100 EA	NA	PO	EA	1 EA				1	1/1/2005	99/99/9999					
55045-2648-02		J8499		7/1/2003	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOE	ACYCLOVIR 800 MG	15 EA	BO	PO	EA	1 EA				1	7/1/2003	99/99/9999					
55045-2648-03		J8499		1/1/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOE	ACYCLOVIR 800 MG	25 EA	NA	PO	EA	1 EA				1	1/1/2005	99/99/9999					
55045-2648-05		J8499		1/1/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOE	ACYCLOVIR 800 MG	50 EA	NA	PO	EA	1 EA				1	1/1/2005	99/99/9999					
55045-2648-06		J8499		1/1/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOE	ACYCLOVIR 800 MG	60 EA	NA	PO	EA	1 EA				1	1/1/2005	99/99/9999					
55045-2665-02		J8540		1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.5 MG	12 EA	BO	PO	EA	0.25 MG				2	1/1/2006	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																	
55045-2781-06		Q0163		7/1/2004	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	24 EA	NA	PO	EA	50 MG				0.5	7/1/2004	99/99/9999					
55045-2857-01		J2250		12/1/2005	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HYDROCHLORIDE 5 MG/ML	1 ML	VL	IJ	ML	1 MG				5	12/1/2005	99/99/9999					
55045-2885-00		J7510		1/2/2006	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	ORAPRED (10X20ML) 15 MG/5 ML	20 ML	BO	PO	ML	5 MG				0.6	1/2/2006	99/99/9999					
55045-2885-08		J7510		7/5/2006	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	ORAPRED 15 MG/5 ML	237 ML	BO	PO	ML	5 MG				0.6	7/5/2006	99/99/9999					
55045-2887-02		J2250		8/27/2003	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MC	MIDAZOLAM HCL (10X2ML) 1 MG/ML	2 ML	EA	IJ	ML	1 MG				1	8/27/2003	99/99/9999					
55045-2963-01		J7506		12/6/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (DOSEPACK) 10 MG	21 EA	DP	PO	EA	5 MG				2	12/6/2004	99/99/9999					
55045-2963-02		J7506		12/6/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (DOSEPACK) 10 MG	48 EA	DP	PO	EA	5 MG				2	12/6/2004	99/99/9999					
							BUTORPHANOL TARTRATE (10X1ML) 2																
55045-2968-01		J0595		1/1/2005	99/99/9999	INJECTION, BUTORPHANOL TARTRATE, 1 MG	BUTORPHANOL TARTRATE 1 MG/ML	1 ML	NA	IJ	ML	1 MG				2	1/1/2005	99/99/9999					
55045-2968-02		J0595		4/1/2006	99/99/9999	INJECTION, BUTORPHANOL TARTRATE, 1 MC	BUTORPHANOL TARTRATE 2 MG/ML	1 ML	NA	IJ	ML	1 MG				2	4/1/2006	99/99/9999					
55045-3011-02		J8498		1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HCL 25 MG	4 EA	BX	RC	EA	1 EA				1	1/1/2006	99/99/9999					
							PROMETHAZINE HYDROCHLORIDE 25																
55045-3011-03		J8498		1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	MG	12 EA	NA	RC	EA	1 EA				1	1/1/2006	99/99/9999					
55045-3029-02		J1080		1/1/2003	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG	DEPO-TESTOSTERONE 200 MG/ML	10 ML	VL	IM	ML	200 MG				1	1/1/2003	99/99/9999					
						TRIMETHOENZAMIDE 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																	
55045-3203-03		Q0173		5/1/2005	99/99/9999	TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	TRIMETHOENZAMIDE 300 MG	10 EA	NA	PO	EA	250 MG				1.2	5/1/2005	99/99/9999					
55045-3212-03		J1100		7/1/2006	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MC	DEXAMETHASONE 4 MG/ML	30 ML	NA	IJ	ML	1 MG				4	7/1/2006	99/99/9999					
55045-3231-01		J2001		7/1/2006	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MC	LIDOCAINE HYDROCHLORIDE 1%	50 ML	NA	IJ	ML	10 MG				1	7/1/2006	99/99/9999					
55045-3232-01		J0690		9/1/2004	99/99/9999	INJECTION, CEFZOLIN SODIUM, 500 MG	CEFZOLIN SODIUM 1 GM	1 EA	NA	IJ	EA	500 MG				2	9/1/2004	99/99/9999					
55045-3242-02		J1030		7/1/2006	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MC	DEPO MEDROL 40 MG/ML	10 ML	NA	IJ	ML	40 MG				1	7/1/2006	99/99/9999					
55045-3242-05		J1030		7/1/2006	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MC	DEPO MEDROL 40 MG/ML	5 ML	NA	IJ	ML	40 MG				1	7/1/2006	99/99/9999					
55045-3243-01		J1040		7/20/2006	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MC	DEPO MEDROL 80 MG/ML	1 ML	VL	IJ	ML	80 MG				1	7/20/2006	99/99/9999					
55045-3248-01		J3301		7/21/2006	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MC	KENALOG 40 40 MG/ML	1 ML	VL	IJ	ML	10 MG				4	7/21/2006	99/99/9999					
55045-3249-05		J2001		7/1/2006	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MC	LIDOCAINE HYDROCHLORIDE 2%	50 ML	NA	IJ	ML	10 MG				2	7/1/2006	99/99/9999					
55045-3251-05		J3490		7/1/2006	99/99/9999	UNCLASSIFIED DRUGS	MARCAINE HYDROCHLORIDE 0.5%	50 ML	NA	IJ	ML	1 EA				1	7/1/2006	99/99/9999					
55045-3252-02		J3490		7/1/2006	99/99/9999	UNCLASSIFIED DRUGS	MARCAINE HYDROCHLORIDE 0.25%	50 ML	NA	IJ	ML	1 EA				1	7/1/2006	99/99/9999					
55045-3281-03		J7506		12/20/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	15 EA	NA	PO	EA	5 MG				2	12/20/2004	99/99/9999					
55045-3281-04		J7506		2/11/2005	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	18 EA	NA	PO	EA	5 MG				2	2/11/2005	99/99/9999					
55045-3298-01		J1200		1/1/2005	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MC	BENADRYL 50 MG/ML	10 ML	NA	IJ	ML	50 MG				1	1/1/2005	99/99/9999					
55045-3442-06		Q0144		12/5/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	6 EA	NA	PO	EA	1 GM				0.25	12/5/2005	99/99/9999					
55045-3471-01		J7500		3/1/2006	99/99/9999	AZATHIOPRINE, ORAL, 50 MG	AZATHIOPRINE 50 MG	100 EA	BO	PO	EA	50 MG				1	3/1/2006	99/99/9999					
55045-3503-01		J0696		6/28/2006	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 500 MG	1 EA	VL	IJ	EA	250 MG				2	6/28/2006	99/99/9999					
						INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150																	
55045-3505-01		J1055		6/28/2006	12/31/2012	MG	DEPO PROVERA 150 MG/ML	1 ML	VL	IM	ML	150 MG				1	6/28/2006	12/31/2012					
55045-3506-01		J1815		6/28/2006	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMULIN R U-100 100 U/ML	10 ML	VL	IJ	ML	5 U				20	6/28/2006	99/99/9999					
55045-3508-01		J1815		6/30/2006	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	NOVOLIN 70/30 70 U/ML-30 U/ML	10 ML	VL	SC	ML	5 U				20	6/30/2006	99/99/9999					
55045-3509-01		J2930		7/10/2006	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MC	SOLU MEDROL 125 MG	1 EA	VL	IJ	EA	125 MG				1	7/10/2006	99/99/9999					
55045-3511-01		J0696		7/11/2006	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 1 GM	1 EA	VL	IJ	EA	250 MG				4	7/11/2006	99/99/9999					
55045-3511-02		J0696		7/14/2006	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 1 GM	1 EA	VL	IJ	EA	250 MG				4	7/14/2006	99/99/9999					
						INJECTION, SUMATRIPTAN SUCCINATE, 6 MG (CODE MAY BE USED FOR MEDICARE																	
						WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN,																	
55045-3512-01		J3030		7/11/2006	99/99/9999	NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	IMITREX (5X0.5ML) 6 MG/0.5 ML	0.5 ML	VL	SC	ML	6 MG				2	7/11/2006	99/99/9999					
55045-3513-01		J7509		6/23/2006	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 8 MG	25 EA	BO	PO	EA	4 MG				2	6/23/2006	99/99/9999					
55045-3514-01		J2550		7/12/2006	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HYDROCHLORIDE (25X1ML) 25 MG/ML	1 ML	AM	IJ	ML	50 MG				0.5	7/12/2006	99/99/9999					
							NALOXONE HYDROCHLORIDE 0.4																
55045-3515-01		J2310		7/12/2006	99/99/9999	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	MG/ML	1 ML	AM	IJ	ML	1 MG				0.4	7/12/2006	99/99/9999					
55045-3516-01		J0696		7/12/2006	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 250 MG	1 EA	VL	IJ	EA	250 MG				1	7/12/2006	99/99/9999					
55045-3532-01		J1956		1/2/2007	9/6/2011	INJECTION, LEVOPLOXACIN, 250 MC	LEVAQUIN 25 MG/ML	20 ML	NA	IV	ML	250 MG				0.1	1/2/2007	9/6/2011					
55045-3565-01		J3250		7/1/2006	7/31/2008	INJECTION, TRIMETHOENZAMIDE HCL, UP TO 200 MC	TIGAN 100 MG/ML	20 ML	NA	IM	ML	200 MG				0.5	7/1/2006	7/31/2008					
						INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TC																	
55045-3684-02		J0540		11/15/2005	12/31/2008	1,200,000 UNITS	BICILLIN CR 900/300 (10X2ML)	2 ML	SR	IM	ML	1200000 U				0.5	11/15/2005	12/31/2008					
55045-3685-01		J1815		11/15/2006	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	LANTUS 100 U/ML	10 ML	VL	SC	ML	5 U				20	11/15/						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
55045-3729-03		Q0179		2/1/2007	12/31/2011	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE 4 MG	30	EA	BO	PO	EA	8	MG	0.5	2/1/2007	12/31/2011						
55045-3729-03		Q0162		1/1/2012	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	ONDANSETRON HYDROCHLORIDE 4 MG	30	EA	BO	PO	EA	1	MG	4	1/1/2012	99/99/9999						
55045-3773-05		J3490		4/6/2007	99/99/9999	UNCLASSIFIED DRUGS	BACITRACIN 50000 U	1	EA	NA	IM	EA	1	EA	1	4/6/2007	99/99/9999						
55045-3815-01		Q0179		7/26/2007	12/31/2011	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON 8 MG	10	EA	BX	PO	EA	8	MG	1	7/26/2007	12/31/2011						
55045-3815-01		Q0162		1/1/2012	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	ONDANSETRON 8 MG	10	EA	BX	PO	EA	1	MG	8	1/1/2012	99/99/9999						
55045-9903-03		J0170		3/15/2003	12/31/2010	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	EPINEPHRINE HCL (SYRINGE,LATEX-FREE) 0.1 MG/ML	10	ML	SR	IJ	ML	1	ML	1	3/15/2003	12/31/2010						
55111-0153-13		Q0179		12/26/2006	12/31/2011	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (1X3,FILM-COATED) 8 MG	3	EA	BX	PO	EA	8	MG	0.5	12/26/2006	12/31/2011						
55111-0153-13		Q0162		1/1/2012	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	ONDANSETRON HYDROCHLORIDE (1X3,FILM-COATED) 4 MG	3	EA	BX	PO	EA	1	MG	4	1/1/2012	99/99/9999						
55111-0153-30		Q0179		12/26/2006	12/31/2011	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 4 MG	30	EA	BO	PO	EA	8	MG	0.5	12/26/2006	12/31/2011						
55111-0153-30		Q0162		1/1/2012	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	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 4 MG	30	EA	BO	PO	EA	1	MG	4	1/1/2012	99/99/9999						
55111-0154-13		Q0179		12/26/2006	12/31/2011	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (1X3,FILM-COATED) 8 MG	3	EA	BX	PO	EA	8	MG	1	12/26/2006	12/31/2011						
55111-0154-13		Q0162		1/1/2012	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	ONDANSETRON HYDROCHLORIDE (1X3,FILM-COATED) 8 MG	3	EA	BX	PO	EA	1	MG	8	1/1/2012	99/99/9999						
55111-0154-30		Q0179		12/26/2006	12/31/2011	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 8 MG	30	EA	BO	PO	EA	8	MG	1	12/26/2006	12/31/2011						
55111-0154-30		Q0162		1/1/2012	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	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 8 MG	30	EA	BO	PO	EA	1	MG	8	1/1/2012	99/99/9999						
55111-0156-11		Q0179		12/26/2006	12/31/2011	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (1X1,FILM-COATED) 24 MG	1	EA	BX	PO	EA	8	MG	3	12/26/2006	12/31/2011						
55111-0156-11		Q0162		1/1/2012	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	ONDANSETRON HYDROCHLORIDE (1X1,FILM-COATED) 24 MG	1	EA	BP	PO	EA	1	MG	24	1/1/2012	99/99/9999						
55111-0525-01		J7507		5/14/2010	99/99/9999	TACROLIMUS, ORAL, PER 1 MG	TACROLIMUS (HARD GELATIN) 0.5 MG	100	EA	CAP	PO	EA	1	MG	0.5	5/14/2010	99/99/9999						
55111-0526-01		J7507		5/14/2010	99/99/9999	TACROLIMUS, ORAL, PER 1 MG	TACROLIMUS (HARD GELATIN) 1 MG	100	EA	CAP	PO	EA	1	MG	1	5/14/2010	99/99/9999						
55111-0527-01		J7507		5/14/2010	99/99/9999	TACROLIMUS, ORAL, PER 1 MG	TACROLIMUS (HARD GELATIN) 5 MG	100	EA	CAP	PO	EA	1	MG	5	5/14/2010	99/99/9999						
55289-0006-10		J8499		1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 200 MG	10	EA	BO	PO	EA	1	EA	1	1/1/2002	99/99/9999						
55289-0006-25		J8499		1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 200 MG	25	EA	BO	PO	EA	1	EA	1	1/1/2002	99/99/9999						
55289-0006-35		J8499		1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 200 MG	35	EA	BO	PO	EA	1	EA	1	1/1/2002	99/99/9999						
55289-0006-50		J8499		1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 200 MG	50	EA	BO	PO	EA	1	EA	1	1/1/2002	99/99/9999						
55289-0100-01		Q0163		1/1/2002	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	DIPHENHYDRAMINE HCL 50 MG	100	EA	BO	PO	EA	50	MG	1	1/1/2002	99/99/9999						
55289-0100-10		Q0163		1/1/2002	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	DIPHENHYDRAMINE HCL 50 MG	10	EA	BO	PO	EA	50	MG	1	1/1/2002	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
55289-0100-15		Q0163		1/1/2002	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	DIPHENHYDRAMINE HCL 50 MG	15 EA	BO	PO	EA		50 MG		1	1/1/2002	99/99/9999						
55289-0100-20		Q0163		1/1/2002	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	DIPHENHYDRAMINE HCL 50 MG	20 EA	BO	PO	EA		50 MG		1	1/1/2002	99/99/9999						
55289-0100-30		Q0163		1/1/2002	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	DIPHENHYDRAMINE HCL 50 MG	30 EA	BO	PO	EA		50 MG		1	1/1/2002	99/99/9999						
55289-0100-40		Q0163		9/9/2002	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	DIPHENHYDRAMINE HCL 50 MG	40 EA	BO	PO	EA		50 MG		1	9/9/2002	99/99/9999						
55289-0119-02		J8498		1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	2 EA	BX	RC	EA		1 EA		1	1/1/2006	99/99/9999						
55289-0119-06		J8498		1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	6 EA	BX	RC	EA		1 EA		1	1/1/2006	99/99/9999						
55289-0219-20		Q0173		1/1/2002	10/9/2006	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	TRIMETHOBENZAMIDE HCL 250 MG	20 EA	BO	PO	EA		250 MG		1	1/1/2002	10/9/2006						
55289-0224-04		Q0165		5/21/2002	99/99/9999	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	PROCHLORPERAZINE MALEATE 10 MG	4 EA	BO	PO	EA		10 MG		1	5/21/2002	99/99/9999						
55289-0224-06		Q0165		3/7/2008	99/99/9999	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	PROCHLORPERAZINE MALEATE 10 MG	10 EA	BO	PO	EA		10 MG		1	3/7/2008	99/99/9999						
55289-0224-12		Q0165		4/2/2008	99/99/9999	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	PROCHLORPERAZINE MALEATE 10 MG	12 EA	BO	PO	EA		10 MG		1	4/2/2008	99/99/9999						
55289-0226-10		Q0177		1/1/2002	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	HYDROXYZINE PAMOATE 25 MG	10 EA	BO	PO	EA		25 MG		1	1/1/2002	99/99/9999						
55289-0226-15		Q0177		3/6/2008	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	HYDROXYZINE PAMOATE 25 MG	15 EA	BO	PO	EA		25 MG		1	3/6/2008	99/99/9999						
55289-0273-10		J8499		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	ACYCLOVIR 200 MG	10 EA	BO	PO	EA		1 EA		1	1/1/2002	99/99/9999						
55289-0273-25		J8499		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	ACYCLOVIR 200 MG	25 EA	BO	PO	EA		1 EA		1	1/1/2002	99/99/9999						
55289-0273-30		J8499		8/1/2006	99/99/9999	PREDNISONE, ORAL, PER 5MG	ACYCLOVIR 200 MG	30 EA	BO	PO	EA		1 EA		1	8/1/2006	99/99/9999						
55289-0273-35		J8499		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	ACYCLOVIR 200 MG	35 EA	BO	PO	EA		1 EA		1	1/1/2002	99/99/9999						
55289-0273-50		J8499		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	ACYCLOVIR 200 MG	50 EA	BO	PO	EA		1 EA		1	1/1/2002	99/99/9999						
55289-0274-02		Q0144		10/16/2007	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 500 MG	2 EA	BO	PO	EA		1 GM		0.5	10/16/2007	99/99/9999						
55289-0274-03		Q0144		4/2/2008	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 500 MG	3 EA	BO	PO	EA		1 GM		0.5	4/2/2008	99/99/9999						
55289-0310-04		Q0144		1/1/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	4 EA	BO	PO	EA		1 GM		0.25	1/1/2002	99/99/9999						
55289-0310-06		Q0144		1/15/2004	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	6 EA	BO	PO	EA		1 GM		0.25	1/15/2004	99/99/9999						
55289-0310-14		Q0144		1/1/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	14 EA	BO	PO	EA		1 GM		0.25	1/1/2002	99/99/9999						
55289-0330-05		J7506		4/25/2008	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP) 50 MG	5 EA	BO	PO	EA		5 MG		10	4/25/2008	99/99/9999						
55289-0330-07		J7506		9/16/2008	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 50 MG	7 EA	BO	PO	EA		5 MG		10	9/16/2008	99/99/9999						
55289-0330-10		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 50 MG	10 EA	BO	PO	EA		5 MG		10	1/1/2002	99/99/9999						
55289-0352-05		J7506		5/1/2008	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP) 20 MG	5 EA	BO	PO	EA		5 MG		4	5/1/2008	99/99/9999						
55289-0352-07		J7506		3/1/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	7 EA	BO	PO	EA		5 MG		4	3/1/2004	99/99/9999						
55289-0352-09		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	9 EA	BO	PO	EA		5 MG		4	1/1/2002	99/99/9999						
55289-0352-10		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	10 EA	BO	PO	EA		5 MG		4	1/1/2002	99/99/9999						
55289-0352-12		J7506		5/1/2008	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP) 20 MG	12 EA	BO	PO	EA		5 MG		4	5/1/2008	99/99/9999						
55289-0352-14		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	14 EA	BO	PO	EA		5 MG		4	1/1/2002	99/99/9999						
55289-0352-15		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	15 EA	BO	PO	EA		5 MG		4	1/1/2002	99/99/9999						
55289-0352-20		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	20 EA	BO	PO	EA		5 MG		4	1/1/2002	99/99/9999						
55289-0352-21		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	21 EA	BO	PO	EA		5 MG		4	1/1/2002	99/99/9999						
55289-0352-30		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	30 EA	BO	PO	EA		5 MG		4	1/1/2002	99/99/9999						
55289-0354-10		Q0178		10/1/2002	99/99/9999	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	HYDROXYZINE PAMOATE 50 MG	10 EA	BO	PO	EA		50 MG		1	10/1/2002	99/99/9999						
55289-0373-01		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	100 EA	BO	PO	EA		5 MG		1	1/1/2002	99/99/9999						
55289-0373-12		J7506		12/13/2002	10/9/2006	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	12 EA	BO	PO	EA		5 MG		1	12/13/2002	10/9/2006						
55289-0373-30		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	30 EA	BO	PO	EA		5 MG		1	1/1/2002	99/99/9999						
55289-0373-36		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	36 EA	BO	PO	EA		5 MG		1	1/1/2002	99/99/9999						
55289-0373-42		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	42 EA	BO	PO	EA		5 MG		1	1/1/2002	99/99/9999						
55289-0373-46		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	46 EA	BO	PO	EA		5 MG		1	1/1/2002	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
55289-0373-55	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	50	EA	BO	PO	EA	5 MG		1	1/1/2002	99/99/9999						
55289-0373-60	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	60	EA	BO	PO	EA	5 MG		1	1/1/2002	99/99/9999						
55289-0373-72	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	72	EA	BO	PO	EA	5 MG		1	1/1/2002	99/99/9999						
55289-0414-04	J8498			1/1/2006	10/9/2006	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PHENERGAN 12.5 MG	4	EA	BX	RC	EA	1 EA		1	1/1/2006	10/9/2006						
55289-0414-06	J8498			1/1/2006	10/9/2006	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PHENERGAN 12.5 MG	6	EA	BX	RC	EA	1 EA		1	1/1/2006	10/9/2006						
55289-0428-17	Q0173			1/1/2002	10/9/2006	TRIMETHOENZAMIDE 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	TIGAN 250 MG	100	EA	BX	PO	EA	250 MG		1	2/12/2002	10/9/2006	1/1/2002	2/11/2002	1			
55289-0438-20	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	20	EA	BO	PO	EA	5 MG		2	1/1/2002	99/99/9999						
55289-0438-21	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	21	EA	BO	PO	EA	5 MG		2	1/1/2002	99/99/9999						
55289-0438-30	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	30	EA	BO	PO	EA	5 MG		2	1/1/2002	99/99/9999						
55289-0438-36	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	36	EA	BO	PO	EA	5 MG		2	1/1/2002	99/99/9999						
55289-0438-38	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	38	EA	BO	PO	EA	5 MG		2	1/1/2002	99/99/9999						
55289-0438-40	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	40	EA	BO	PO	EA	5 MG		2	1/1/2002	99/99/9999						
55289-0438-42	J7506			3/18/2008	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP) 10 MG	42	EA	BO	PO	EA	5 MG		2	3/18/2008	99/99/9999						
55289-0438-50	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	50	EA	BO	PO	EA	5 MG		2	1/1/2002	99/99/9999						
55289-0438-60	J7506			3/5/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	60	EA	BO	PO	EA	5 MG		2	3/5/2002	99/99/9999						
55289-0462-05	J8499			1/15/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	5	EA	BO	PO	EA	1 EA		1	1/15/2004	99/99/9999						
55289-0462-12	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	12	EA	BO	PO	EA	1 EA		1	1/1/2002	99/99/9999						
55289-0462-15	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	15	EA	BO	PO	EA	1 EA		1	1/1/2002	99/99/9999						
55289-0462-21	J8499			8/17/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	21	EA	BO	PO	EA	1 EA		1	8/17/2006	99/99/9999						
55289-0462-25	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	25	EA	BO	PO	EA	1 EA		1	1/1/2002	99/99/9999						
55289-0462-30	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	30	EA	BO	PO	EA	1 EA		1	1/1/2002	99/99/9999						
55289-0462-35	J8499			4/21/2008	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (USP) 400 MG	35	EA	BO	PO	EA	1 EA		1	4/21/2008	99/99/9999						
55289-0462-60	J8499			3/1/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (USP) 400 MG	60	EA	BO	PO	EA	1 EA		1	3/1/2006	99/99/9999						
55289-0464-15	Q0170			12/1/2003	99/99/9999	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	PROMETHAZINE HCL 25 MG	15	EA	BO	PO	EA	25 MG		1	12/1/2003	99/99/9999						
55289-0464-79	Q0170			2/1/2005	99/99/9999	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	PROMETHAZINE HCL 25 MG	1	EA	BO	PO	EA	25 MG		1	5/24/2005	99/99/9999	2/1/2005	5/23/2005	1			
55289-0479-01	Q0163			1/1/2002	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 THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	100	EA	BO	PO	EA	50 MG		0.5	1/1/2002	99/99/9999						
55289-0479-10	Q0163			1/1/2002	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 THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	10	EA	BO	PO	EA	50 MG		0.5	1/1/2002	99/99/9999						
55289-0479-12	Q0163			7/1/2006	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 THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	12	EA	BO	PO	EA	50 MG		0.5	7/1/2006	99/99/9999						
55289-0479-15	Q0163			1/1/2002	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 THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	15	EA	BO	PO	EA	50 MG		0.5	1/1/2002	99/99/9999						
55289-0479-20	Q0163			1/1/2002	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 THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	20	EA	BO	PO	EA	50 MG		0.5	1/1/2002	99/99/9999						
55289-0479-24	Q0163			1/1/2002	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 THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	24	EA	BO	PO	EA	50 MG		0.5	1/1/2002	99/99/9999						
55289-0479-30	Q0163			1/1/2002	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 THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	30	EA	BO	PO	EA	50 MG		0.5	1/1/2002	99/99/9999						
55289-0531-04	Q0170			2/26/2008	99/99/9999	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	PROMETHAZINE HYDROCHLORIDE (USP) 50 MG	4	EA	BO	PO	EA	25 MG		2	2/26/2008	99/99/9999						
55289-0559-03	Q0179			4/25/2008	12/31/2011	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON (USP,STRAWBERRY) 4 MG	3	EA	BO	PO	EA	8 MG		0.5	4/25/2008	12/31/2011						
55289-0559-03	Q0162			1/1/2012	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	ONDANSETRON (USP,STRAWBERRY) 4 MG	3	EA	BO	PO	EA	1 MG		4	1/1/2012	99/99/9999						

NDC	NDC Mod	NCPS	NCPS Mod	Relationship Start Date	Relationship End Date	NCPS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	NCPS Amount #1	NCPS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
55289-0559-05		Q0162		1/1/2012	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	ONDANSETRON (STRAWBERRY) 4 MG	5 EA	BO	PO	EA		1 MG		4	1/1/2012	99/99/9999						
55289-0559-05		Q0179		6/3/2008	12/31/2011	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON (USP, STRAWBERRY) 4 MG	5 EA	BO	PO	EA		8 MG		0.5	6/3/2008	12/31/2011						
55289-0559-06		Q0179		4/25/2008	12/31/2011	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON (USP, STRAWBERRY) 4 MG	6 EA	BO	PO	EA		8 MG		0.5	4/25/2008	12/31/2011						
55289-0559-06		Q0162		1/1/2012	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	ONDANSETRON (USP, STRAWBERRY) 4 MG	6 EA	BO	PO	EA		1 MG		4	1/1/2012	99/99/9999						
55289-0564-15		J8499		1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 800 MG	15 EA	BO	PO	EA		1 EA		1	1/1/2002	99/99/9999						
55289-0564-20		J8499		1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 800 MG	20 EA	BO	PO	EA		1 EA		1	1/1/2002	99/99/9999						
55289-0564-48		J8499		1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 800 MG	48 EA	BO	PO	EA		1 EA		1	1/1/2002	99/99/9999						
55289-0568-10		Q0164		7/1/2005	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	PROCHLORPERAZINE MALEATE 5 MG	10 EA	BO	PO	EA		5 MG		1	7/1/2005	99/99/9999						
55289-0568-12		Q0164		10/1/2002	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	PROCHLORPERAZINE MALEATE 5 MG	12 EA	BO	PO	EA		5 MG		1	10/1/2002	99/99/9999						
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	PROCHLORPERAZINE MALEATE 5 MG	30 EA	BO	PO	EA		5 MG		1	11/15/2007	99/99/9999						
55289-0582-04		J8540		10/1/2007	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	4 EA	BO	PO	EA		0.25 MG		16	10/1/2007	99/99/9999						
55289-0582-10		J8540		4/10/2008	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	10 EA	BO	PO	EA		0.25 MG		16	4/10/2008	99/99/9999						
55289-0585-30		J8999		1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	NOLVADEX 10 MG	30 EA	BO	PO	EA		1 EA		1	1/1/2002	11/14/2006						
55289-0629-10		J8499		8/26/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	10 EA	BO	PO	EA		1 EA		1	8/26/2002	99/99/9999						
55289-0629-30		J8499		6/5/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	30 EA	BO	PO	EA		1 EA		1	6/5/2007	99/99/9999						
55289-0629-50		J8499		4/23/2008	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (USP) 800 MG	50 EA	BO	PO	EA		1 EA		1	4/23/2008	99/99/9999						
55289-0649-30		J7509		10/15/2003	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	30 EA	BO	PO	EA		4 MG		1	10/15/2003	99/99/9999						
55289-0649-98		J7509		1/1/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	120 EA	BO	PO	EA		1 EA		1	1/1/2002	99/99/9999						
55289-0691-12		J8499		1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 400 MG	12 EA	BO	PO	EA		1 EA		1	1/1/2002	99/99/9999						
55289-0691-15		J8499		1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 400 MG	15 EA	BO	PO	EA		1 EA		1	1/1/2002	99/99/9999						
55289-0691-25		J8499		1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ZOVIRAX 400 MG	25 EA	BO	PO	EA		1 EA		1	1/1/2002	99/99/9999						
55289-0924-30		None		11/1/2005	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE 2.5 MG	30 EA	BO	PO	EA		2.5 MG		1	11/1/2005	99/99/9999						
55289-0928-02		J8498		3/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE (USP) 25 MG	2 EA	BX	RC	EA		1 EA		1	3/1/2006	99/99/9999						
55289-0928-04		J8498		5/9/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE 25 MG	4 EA	BX	RC	EA		1 EA		1	5/9/2006	99/99/9999						
55289-0928-06		J8498		1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE 25 MG	6 EA	BX	RC	EA		1 EA		1	1/1/2006	99/99/9999						
55289-0928-79		J8498		1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE 25 MG	1 EA	BX	RC	EA		1 EA		1	1/1/2006	99/99/9999						
55289-0940-02		J8498		3/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HYDROCHLORIDE (USP) 12.5 MG	2 EA	BX	RC	EA		1 EA		1	3/1/2006	99/99/9999						
55289-0940-06		J8498		5/9/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HYDROCHLORIDE 12.5 MG	6 EA	BX	RC	EA		1 EA		1	5/9/2006	99/99/9999						
55289-0948-02		Q0169		5/9/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE 12.5 MG	2 EA	BO	PO	EA		12.5 MG		1	5/9/2006	99/99/9999						
55289-0953-06		Q0173		5/9/2006	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	TRIMETHOBENZAMIDE 300 MG	6 EA	BO	PO	EA		250 MG		1.2	5/9/2006	99/99/9999						
55289-0964-04		Q0144		11/1/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	4 EA	BO	PO	EA		1 GM		0.25	11/1/2005	99/99/9999						
55289-0964-14		Q0144		2/1/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	14 EA	BO	PO	EA		1 GM		0.25	2/1/2006	99/99/9999						
55390-0003-10		J1800		1/1/2002	99/99/9999	INJECTION, PROPANOLOL HCL, UP TO 1 MG	PROPRANOLOL HCL (S.D.V.) 1 MG/ML	1 ML	VL	IV	ML		1 MG			1/1/2002	99/99/9999						
55390-0004-01		J1610		1/1/2002	99/99/9999	INJECTION, GLUCAGON HYDROCHLORIDE, PER 1 MG	GLUCAGON DIAGNOSTIC KIT (VIAL W/STERILE WATER) 1 MG	1 EA	VL	IJ	EA		1 MG		1	1/1/2002	99/99/9999						
55390-0004-10		J1610		1/1/2002	99/99/9999	INJECTION, GLUCAGON HYDROCHLORIDE, PER 1 MG	GLUCAGON (VIAL) 1 MG	1 EA	VL	IJ	EA		1 MG		1	1/1/2002	99/99/9999						
55390-0005-01		J9040		3/10/2003	5/2/2011	INJECTION, BLEOMYCIN SULFATE, 15 UNITS	BLEOMYCIN SULFATE (S.D.V., USP) 15 U	1 EA	VL	IJ	EA		15 U		1	3/10/2003	5/2/2011						
55390-0006-01		J9040		3/10/2003	5/2/2011	INJECTION, BLEOMYCIN SULFATE, 15 UNITS	BLEOMYCIN SULFATE (S.D.V., USP) 30 U	1 EA	VL	IJ	EA		15 U		2	3/10/2003	5/2/2011						
55390-0009-01		J0640		1/1/2002	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM (S.D.V., PF) 10 MG/ML	50 ML	VL	IJ	ML		50 MG		0.2	1/1/2002	99/99/9999						
55390-0012-01		J1450		7/29/2004	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE 200 MG/100 ML	100 ML	VL	IV	ML		200 MG		0.01	7/29/2004	99/99/9999						
55390-0013-10		J1110		9/3/2003	99/99/9999	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG	DIHYDROERGOTAMINE MESYLATE (VIAL) 1 MG/ML	1 ML	VL	IJ	ML		1 MG		1	9/3/2003	99/99/9999						
55390-0014-02		J1190		4/8/2005	99/99/9999	INJECTION, DEXRAZOXANE HYDROCHLORIDE, PER 250 MG	DEXRAZOXANE 250 MG	1 EA	VL	IV	EA		250 MG		1	4/8/2005	99/99/9999						
55390-0019-10		J2260		5/31/2002	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE (S.D.V.) 1 MG/ML	10 ML	VL	IV	ML		5 MG		0.2	5/31/2002	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
55390-0020-10	J2260			5/31/2002	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE (S.D.V.) 1 MG/ML	20 ML	VL	IV	ML	5 MG	0.2	5/31/2002	99/99/9999								
55390-0021-01	J2260			5/31/2002	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE (S.D.V.) 1 MG/ML	50 ML	VL	IV	ML	5 MG	0.2	5/31/2002	99/99/9999								
55390-0026-01	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	FAMOTIDINE (BULK VIAL) 10 MG/ML	50 ML	VL	IV	ML	1 EA	1	1/1/2002	99/99/9999								
55390-0027-01	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	FAMOTIDINE (M.D.V.,PF) 10 MG/ML	20 ML	VL	IV	ML	1 EA	1	1/1/2002	99/99/9999								
55390-0028-10	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	FAMOTIDINE (M.D.V.,PF) 10 MG/ML	4 ML	VL	IV	ML	1 EA	1	1/1/2002	99/99/9999								
55390-0029-10	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	FAMOTIDINE (S.D.V.,PF) 10 MG/ML	2 ML	VL	IV	ML	1 EA	1	1/1/2002	99/99/9999								
55390-0030-10	J8340			1/1/2002	99/99/9999	INJECTION, THIOTEPA, 15 MG	THIOTEPA (S.D.V.) 15 MG	1 EA	VL	IJ	EA	15 MG	1	1/1/2002	99/99/9999								
55390-0031-10	J8250			1/1/2002	99/99/9999	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (S.D.V.,PF) 25 MG/ML	2 ML	VL	IJ	ML	5 MG	5	1/1/2002	99/99/9999								
55390-0032-10	J8250			1/1/2002	99/99/9999	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (S.D.V.,PF) 25 MG/ML	4 ML	VL	IJ	ML	5 MG	5	1/1/2002	99/99/9999								
55390-0033-10	J8250			1/1/2002	99/99/9999	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (S.D.V.,PF) 25 MG/ML	8 ML	VL	IJ	ML	5 MG	5	1/1/2002	99/99/9999								
55390-0034-10	J8250			1/1/2002	99/99/9999	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (S.D.V.,PF) 25 MG/ML	10 ML	VL	IJ	ML	5 MG	5	1/1/2002	99/99/9999								
55390-0042-10	J3490			1/1/2002	5/2/2011	UNCLASSIFIED DRUGS	INAMRINONE LACTATE (S.D.V.) 5 MG/ML	20 ML	VL	IV	ML	1 EA	1	1/1/2002	5/2/2011								
55390-0045-01	J9209			2/24/2004	99/99/9999	INJECTION, MESNA, 200 MG	MESNA (M.D.V.) 100 MG/ML	10 ML	VL	IV	ML	200 MG	0.5	2/24/2004	99/99/9999								
55390-0046-01	J1450			7/29/2004	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE 400 MG/200 ML	200 ML	VL	IV	ML	200 MG	0.01	7/29/2004	99/99/9999								
55390-0051-10	J0640			1/1/2002	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MC	LEUCOVORIN CALCIUM (VIAL) 50 MC	1 EA	VL	IJ	EA	50 MG	1	1/1/2002	99/99/9999								
55390-0052-10	J0640			1/1/2002	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MC	LEUCOVORIN CALCIUM (VIAL) 100 MC	1 EA	VL	IJ	EA	50 MG	2	1/1/2002	99/99/9999								
55390-0053-01	J0640			1/1/2002	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MC	LEUCOVORIN CALCIUM (VIAL) 200 MC	1 EA	VL	IJ	EA	50 MG	4	1/1/2002	99/99/9999								
55390-0054-01	J0640			1/1/2002	99/99/9999	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM (S.D.V.,PF) 350 MG	1 EA	VL	IJ	EA	50 MG	7	1/1/2002	99/99/9999								
55390-0057-01	J0282			10/25/2002	5/2/2011	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	AMIODARONE HCL (20ML MULTIPLE USE VIAL) 50 MG/ML	18 ML	VL	IV	ML	30 MG	1.66666	10/25/2002	5/2/2011								
55390-0057-10	J0282			12/1/2003	5/2/2011	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	AMIODARONE HCL (S.D.V.,PF) 50 MG/ML	3 ML	VL	IV	ML	30 MG	1.66666	12/1/2003	5/2/2011								
55390-0059-10	J2360			4/28/2003	99/99/9999	INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG	ORPHENADRINE CITRATE (S.D.V.) 30 MG/ML	2 ML	VL	IJ	ML	60 MG	0.5	4/28/2003	99/99/9999								
55390-0060-02	J1190			4/8/2005	99/99/9999	INJECTION, DEXRAZOXANE HYDROCHLORIDE, PER 250 MC	DEXRAZOXANE 500 MG	1 EA	VL	IV	EA	250 MG	2	4/8/2005	99/99/9999								
55390-0066-10	J0500			7/14/2003	5/2/2011	INJECTION, DICLOMINE HCL, UP TO 20 MG	DICLOMINE HCL (U.S.P.) 10 MG/ML	2 ML	VL	IM	ML	20 MG	0.5	7/14/2003	5/2/2011								
55390-0067-10	J0150			6/16/2004	99/99/9999	REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS, INSTEAD USE A9270	ADENOSINE (S.D.V.) 3 MG/ML	2 ML	VL	IV	ML	6 MG	0.5	6/16/2004	99/99/9999								
55390-0068-01	J0150			9/1/2004	99/99/9999	REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS, INSTEAD USE A9270	ADENOSINE (S.D.V.) 3 MG/ML	4 ML	VL	IV	ML	6 MG	0.5	9/1/2004	99/99/9999								
55390-0069-01	J8390			2/3/2004	99/99/9999	INJECTION, VINORELBINE TARTRATE, 10 MG	VINORELBINE TARTRATE (S.D.V.,PF) 10 MG/ML	1 ML	VL	IV	ML	10 MG	1	2/3/2004	99/99/9999								
55390-0070-01	J8390			2/3/2004	99/99/9999	INJECTION, VINORELBINE TARTRATE, 10 MG	VINORELBINE TARTRATE (S.D.V.,PF) 10 MG/ML	5 ML	VL	IV	ML	10 MG	1	2/3/2004	99/99/9999								
55390-0074-10	J2260			5/31/2002	4/18/2013	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE NOVAPLUS (S.D.V.) 1 MG/ML	10 ML	VL	IV	ML	5 MG	0.2	5/31/2002	4/18/2013								
55390-0075-10	J2260			5/31/2002	4/18/2013	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE NOVAPLUS (S.D.V.) 1 MG/ML	20 ML	VL	IV	ML	5 MG	0.2	5/31/2002	4/18/2013								
55390-0076-01	J2260			5/31/2002	4/18/2013	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE NOVAPLUS (S.D.V.) 1 MG/ML	50 ML	VL	IV	ML	5 MG	0.2	5/31/2002	4/18/2013								
55390-0077-01	J0780			7/22/2004	99/99/9999	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	PROCHLORPERAZINE EDISYLATE (U.S.P., M.D.V.) 5 MG/ML	10 ML	VL	IJ	ML	10 MG	0.5	7/22/2004	99/99/9999								
55390-0077-10	J0780			7/22/2004	99/99/9999	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	PROCHLORPERAZINE EDISYLATE (U.S.P., M.D.V.) 5 MG/ML	2 ML	VL	IJ	ML	10 MG	0.5	7/22/2004	99/99/9999								
55390-0083-01	J9293			4/11/2006	5/2/2011	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG	MITOXANTRONE (USP,CONCENTRATE,PF) 2 MG/ML	10 ML	VL	IV	ML	5 MG	0.4	4/11/2006	5/2/2011								
55390-0084-01	J9293			4/11/2006	5/2/2011	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG	MITOXANTRONE (USP,CONCENTRATE,PF) 2 MG/ML	12.5 ML	VL	IV	ML	5 MG	0.4	4/11/2006	5/2/2011								
55390-0085-01	J9293			4/11/2006	5/2/2011	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG	MITOXANTRONE (USP,CONCENTRATE,PF) 2 MG/ML	15 ML	VL	IV	ML	5 MG	0.4	4/11/2006	5/2/2011								
55390-0090-10	J9140			1/1/2002	12/31/2010	DACARBAZINE, 200 MG	DACARBAZINE (S.D.V.) 200 MG	1 EA	VL	IV	EA	200 MG	1	1/1/2002	12/31/2010								
55390-0091-10	J9360			1/1/2002	99/99/9999	INJECTION, VINBLASTINE SULFATE, 1 MG	VINBLASTINE SULFATE (VIAL) 10 MG	1 EA	VL	IV	EA	1 MG	10	1/1/2002	99/99/9999								
55390-0097-10	J0282			3/5/2008	5/2/2011	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	NOVAPLUS AMIODARONE HYDROCHLORIDE (10X3ML,S.D.V.) 50 MG/ML	3 ML	VL	IV	ML	30 MG	1.66666	3/5/2008	5/2/2011								
55390-0100-10	J0592			6/3/2005	99/99/9999	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	BUPRENORPHINE HYDROCHLORIDE 0.3 MG/ML	1 ML	VL	IJ	ML	0.1 MG	3.24	6/3/2005	99/99/9999								
55390-0101-10	J3105			4/28/2004	99/99/9999	INJECTION, TERBUTALINE SULFATE, UP TO 1 MC	TERBUTALINE SULFATE 1 MG/ML	2 ML	VL	SC	ML	1 MG	1	4/28/2004	99/99/9999								
55390-0104-20	J3490			6/23/2005	1/1/2008	UNCLASSIFIED DRUGS	PROPOFOL 10 MG/ML	20 ML	VL	IV	ML	1 EA	1	6/23/2005	1/1/2008								
55390-0104-50	J3490			6/23/2005	1/1/2008	UNCLASSIFIED DRUGS	PROPOFOL 10 MG/ML	50 ML	VL	IV	ML	1 EA	1	6/23/2005	1/1/2008								
55390-0104-99	J3490			6/23/2005	1/1/2008	UNCLASSIFIED DRUGS	PROPOFOL 10 MG/ML	100 ML	VL	IV	ML	1 EA	1	6/23/2005	1/1/2008								
55390-0105-01	J0282			9/7/2005	5/2/2011	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MC	AMIODARONE HCL (M.D.V.) 50 MG/ML	9 ML	VL	IV	ML	30 MG	1.66666	9/7/2005	5/2/2011								
55390-0106-01	J9999			9/1/2004	99/99/9999	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	ALLOPURINOL SODIUM (S.D.V.,PF) 500 MG	1 EA	VL	IV	EA	1 EA	1	9/1/2004	99/99/9999								
55390-0107-10	J2440			1/1/2002	2/25/2008	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HYDROCHLORIDE (M.D.V.) 30 MG/ML	10 ML	VL	IJ	ML	60 MG	0.5	1/1/2002	2/25/2008								
55390-0108-01	J9150			1/1/2002	99/99/9999	INJECTION, DAUNORUBICIN, 10 MG	DAUNORUBICIN HCL (S.D.V.,PF) 5 MG/ML	10 ML	VL	IV	ML	10 MG	0.5	1/1/2002	99/99/9999								

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
55390-0108-10	J9150			1/1/2002	99/99/9999	INJECTION, DAUNORUBICIN, 10 MG	DAUNORUBICIN HCL (S.D.V.,PF) 5	4 ML	VL	IV	ML		10 MG	0.5		1/1/2002	99/99/9999						
55390-0109-01	J3490			4/8/2005	5/2/2011	UNCLASSIFIED DRUGS	CLINDAMYCIN (USP) 150 MG/ML	60 ML	VL	IJ	ML		1 EA	1		4/8/2005	5/2/2011						
55390-0113-01	J2760			1/1/2002	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (S.D.V.) 5 MG	1 EA	VL	IJ	EA		5 MG	1		1/1/2002	99/99/9999						
55390-0114-05	J9265			1/1/2002	99/99/9999	INJECTION, PACLITAXEL, 30 MG	PACLITAXEL (M.D.V.) 6 MG/ML	5 ML	VL	IV	ML		30 MG	0.2		1/1/2002	99/99/9999						
55390-0114-20	J9265			1/1/2002	99/99/9999	INJECTION, PACLITAXEL, 30 MG	PACLITAXEL (M.D.V.) 6 MG/ML	16.7 ML	VL	IV	ML		30 MG	0.2		1/1/2002	99/99/9999						
55390-0114-50	J9265			1/1/2002	99/99/9999	INJECTION, PACLITAXEL, 30 MG	PACLITAXEL (M.D.V.) 6 MG/ML	50 ML	VL	IV	ML		30 MG	0.2		1/1/2002	99/99/9999						
55390-0115-01	J9065			1/1/2002	4/18/2013	INJECTION, CLADRIBINE, PER 1 MG	CLADRIBINE NOVAPLUS (S.D.V.,PF) 1 MG/ML	10 ML	VL	IV	ML		1 MG	1		1/1/2002	4/18/2013						
55390-0121-01	J2405			12/26/2006	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (MDV,USP) 2 MG/ML	20 ML	VL	IJ	ML		1 MG	2		12/26/2006	99/99/9999						
55390-0121-10	J2405			12/26/2006	5/2/2011	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (SDV,USP,10X2ML) 2 MG/ML	2 ML	VL	IJ	ML		1 MG	2		12/26/2006	5/2/2011						
55390-0122-10	J7516			1/1/2002	99/99/9999	CYCLOSPORIN, PARENTERAL, 250 MG	CYCLOSPORINE (S.D.V.) 50 MG/ML	5 ML	VL	IV	ML		250 MG	0.2		1/1/2002	99/99/9999						
55390-0123-01	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	RIFAMPIN (VIAL,30 ML) 600 MG	1 EA	VL	IV	EA		1 EA	1		1/1/2002	99/99/9999						
55390-0124-01	J9065			1/1/2002	99/99/9999	INJECTION, CLADRIBINE, PER 1 MG	CLADRIBINE (S.D.V.,PF) 1 MG/ML	10 ML	VL	IV	ML		1 MG	1		1/1/2002	99/99/9999						
55390-0125-10	J2250			1/1/2002	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (VIAL,PF) 1 MG/ML	10 ML	VL	IJ	ML		1 MG	1		1/1/2002	99/99/9999						
55390-0126-05	J2250			1/1/2002	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (VIAL,PF) 5 MG/ML	5 ML	VL	IJ	ML		1 MG	5		1/1/2002	99/99/9999						
55390-0126-10	J2250			1/1/2002	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (VIAL,PF) 5 MG/ML	10 ML	VL	IJ	ML		1 MG	5		1/1/2002	99/99/9999						
55390-0127-01	J2430			1/1/2002	99/99/9999	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	PAMIDRONATE DISODIUM (VIAL) 30 MG	1 EA	VL	IV	EA		30 MG	1		1/1/2002	99/99/9999						
55390-0129-01	J2430			1/1/2002	99/99/9999	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	PAMIDRONATE DISODIUM (VIAL) 90 MG	1 EA	VL	IV	EA		30 MG	3		1/1/2002	99/99/9999						
55390-0131-10	J9100			1/1/2002	99/99/9999	INJECTION, CYTARABINE, 100 MG	CYTARABINE (VIAL) 100 MG	1 EA	VL	IJ	EA		100 MG	1		1/1/2002	99/99/9999						
55390-0132-10	J9110			1/1/2002	12/31/2010	INJECTION, CYTARABINE, 500 MG	CYTARABINE (VIAL) 500 MG	1 EA	VL	IJ	EA		500 MG	1		1/1/2002	12/31/2010						
55390-0133-01	J9110			1/1/2002	12/31/2010	INJECTION, CYTARABINE, 500 MG	CYTARABINE (VIAL) 1 GM	1 EA	VL	IJ	EA		500 MG	2		1/1/2002	12/31/2010						
55390-0134-01	J9110			1/1/2002	12/31/2010	INJECTION, CYTARABINE, 500 MG	CYTARABINE (VIAL) 2 GM	1 EA	VL	IJ	EA		500 MG	4		1/1/2002	12/31/2010						
55390-0135-01	J9200			1/1/2002	99/99/9999	INJECTION, FLOXURIDINE, 500 MG	FLOXURIDINE (VIAL) 0.5 GM	1 EA	VL	IJ	EA		500 MG	1		1/1/2002	99/99/9999						
55390-0136-05	J1955			1/1/2002	99/99/9999	INJECTION, LEVOCARNITINE, PER 1 GM	LEVOCARNITINE (S.D.V.) 200 MG/ML	5 ML	VL	IV	ML		1 GM	0.2		1/1/2002	99/99/9999						
55390-0137-02	J2250			1/1/2002	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (VIAL,PF) 1 MG/ML	2 ML	VL	IJ	ML		1 MG	1		1/1/2002	99/99/9999						
55390-0137-05	J2250			1/1/2002	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (VIAL,PF) 1 MG/ML	5 ML	VL	IJ	ML		1 MG	1		1/1/2002	99/99/9999						
55390-0138-01	J2250			1/1/2002	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (VIAL,PF) 5 MG/ML	1 ML	VL	IJ	ML		1 MG	5		1/1/2002	99/99/9999						
55390-0138-02	J2250			1/1/2002	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (VIAL,PF) 5 MG/ML	2 ML	VL	IJ	ML		1 MG	5		1/1/2002	99/99/9999						
55390-0142-10	J9150			1/1/2002	4/18/2013	INJECTION, DAUNORUBICIN, 10 MG	DAUNORUBICIN HCL NOVAPLUS (S.D.V.,PF) 5 MG/ML	4 ML	VL	IV	ML		10 MG	0.5		1/1/2002	4/18/2013						
55390-0143-01	J9260			9/7/2005	99/99/9999	METHOTREXATE SODIUM, 50 MG	METHOTREXATE SODIUM (S.D.V.,30ML VIAL,PF) 1 GM	1 EA	VL	IJ	EA		50 MG	20		9/7/2005	99/99/9999						
55390-0147-01	J1630			1/1/2002	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL LACTATE (M.D.V.) 5 MG/ML	10 ML	VL	IM	ML		5 MG	1		1/1/2002	99/99/9999						
55390-0147-10	J1630			1/1/2002	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL LACTATE (S.D.V.) 5 MG/ML	1 ML	VL	IM	ML		5 MG	1		1/1/2002	99/99/9999						
55390-0150-01	J9045			1/17/2006	5/2/2011	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN 50 MG	1 EA	VL	IV	EA		50 MG	1		1/17/2006	5/2/2011						
55390-0151-01	J9045			1/17/2006	5/2/2011	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN 150 MG	1 EA	VL	IV	EA		50 MG	3		1/17/2006	5/2/2011						
55390-0152-01	J9045			1/17/2006	5/2/2011	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN 450 MG	1 EA	VL	IV	EA		50 MG	9		1/17/2006	5/2/2011						
55390-0153-01	J9045			10/15/2004	5/2/2011	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (S.D.V.,PF) 10 MG/ML	5 ML	VL	IV	ML		50 MG	0.2		10/15/2004	5/2/2011						
55390-0154-01	J9045			10/15/2004	5/2/2011	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (S.D.V.,PF) 10 MG/ML	15 ML	VL	IV	ML		50 MG	0.2		10/15/2004	5/2/2011						
55390-0155-01	J9045			10/15/2004	5/2/2011	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (S.D.V.,PF) 10 MG/ML	45 ML	VL	IV	ML		50 MG	0.2		10/15/2004	5/2/2011						
55390-0156-01	J9045			3/1/2006	5/2/2011	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (MDV,PF) 10 MG/ML	60 ML	VL	IV	ML		50 MG	0.2		3/1/2006	5/2/2011						
55390-0157-01	J2430			1/1/2003	4/18/2013	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	PAMIDRONATE DISODIUM (LYOPHILIZED) 30 MG	1 EA	VL	IV	EA		30 MG	1		1/1/2003	4/18/2013						
55390-0159-01	J2430			1/1/2003	4/18/2013	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	PAMIDRONATE DISODIUM (LYOPHILIZED) 90 MG	1 EA	VL	IV	EA		30 MG	3		1/1/2003	4/18/2013						
55390-0160-10	J2354			5/4/2005	99/99/9999	INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE 50 MCG/ML	1 ML	VL	IJ	ML		25 MCG	2		5/4/2005	99/99/9999						
55390-0161-10	J2354			4/4/2005	99/99/9999	INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE 100 MCG/ML	1 ML	VL	IJ	ML		25 MCG	4		4/4/2005	99/99/9999						
55390-0162-10	J2354			4/4/2005	99/99/9999	INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE 500 MCG/ML	1 ML	VL	IJ	ML		25 MCG	20		4/4/2005	99/99/9999						
55390-0163-01	J2354			5/25/2005	99/99/9999	INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE (MDV) 200 MCG/ML	5 ML	VL	IJ	ML		25 MCG	8		5/25/2005	99/99/9999						
55390-0164-01	J2354			5/25/2005	99/99/9999	INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE (MDV) 1000 MCG/ML	5 ML	VL	IJ	ML		25 MCG	40		5/25/2005	99/99/9999						
55390-0168-10	J2060			9/13/2006	5/2/2011	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (USP,SDV,1MLX10,PF) 2 MG/ML	1 ML	VL	IJ	ML		2 MG	1		9/13/2006	5/2/2011						
55390-0169-10	J2060			9/13/2006	5/2/2011	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (USP,SDV,1MLX10,PF) 4 MG/ML	1 ML	VL	IJ	ML		2 MG	2		9/13/2006	5/2/2011						
55390-0170-10	J2060			9/13/2006	5/2/2011	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (USP,MDV,10MLX10) 2 MG/ML	10 ML	VL	IJ	ML		2 MG	1		9/13/2006	5/2/2011						
55390-0171-10	J2060			9/13/2006	5/2/2011	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (USP,MDV,10MLX10) 4 MG/ML	10 ML	VL	IJ	ML		2 MG	2		9/13/2006	5/2/2011						
55390-0175-10	Q2009			8/6/2007	5/2/2011	INJECTION, FOSPHENYTOIN, 50 MG PHENYTOIN EQUIVALENT	FOSPHENYTOIN SODIUM (SDV,USP,10X2ML) 75 MG/ML	20 ML	VL	IJ	ML		50 MG	1.5		8/6/2007	5/2/2011						
55390-0176-10	Q2009			8/6/2007	5/2/2011	INJECTION, FOSPHENYTOIN, 50 MG PHENYTOIN EQUIVALENT	FOSPHENYTOIN SODIUM (SDV,USP,10X10ML) 75 MG/ML	100 ML	VL	IJ	ML		50 MG	1.5		8/6/2007	5/2/2011						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
55390-0183-01	J0595			1/1/2004	99/99/9999	INJECTION, BUTORPHANOL TARTRATE, 1 MG	BUTORPHANOL TARTRATE (S.D.V.) 1 MG/ML	1 ML	VL	IJ	ML		1 MG	1		1/1/2004	99/99/9999						
55390-0184-01	J0595			1/1/2004	99/99/9999	INJECTION, BUTORPHANOL TARTRATE, 1 MG	BUTORPHANOL TARTRATE (S.D.V.) 2 MG/ML	1 ML	VL	IJ	ML		1 MG	2		1/1/2004	99/99/9999						
55390-0184-02	J0595			1/1/2004	99/99/9999	INJECTION, BUTORPHANOL TARTRATE, 1 MG	BUTORPHANOL TARTRATE (S.D.V.) 2 MG/ML	2 ML	VL	IJ	ML		1 MG	2		1/1/2004	99/99/9999						
55390-0185-10	J0595			1/1/2004	99/99/9999	INJECTION, BUTORPHANOL TARTRATE, 1 MG	BUTORPHANOL TARTRATE (M.D.V.) 2 MG/ML	10 ML	VL	IJ	ML		1 MG	2		1/1/2004	99/99/9999						
55390-0193-10	J3105	11/19/2004		4/18/2013	INJECTION, TERBUTALINE SULFATE, UP TO 1 MG		TERBUTALINE SULFATE NOVAPLUS 1 MG/ML	1 ML	VL	SC	ML		1 MG	1		11/19/2004	4/18/2013						
55390-0197-01	J0744	8/28/2006		5/2/2011	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG		CIPROFLOXACIN (USP,SDV) 10 MG/ML	20 ML	VL	IV	ML		200 MG	0.05		8/28/2006	5/2/2011						
55390-0198-01	J0744	8/28/2006		5/2/2011	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG		CIPROFLOXACIN (USP,SDV) 10 MG/ML	40 ML	VL	IV	ML		200 MG	0.05		8/28/2006	5/2/2011						
55390-0199-01	J0744	11/6/2006		5/2/2011	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG		CIPROFLOXACIN (PHARMACY BULK PACKAGE) 10 MG/ML	120 ML	VL	IV	ML		200 MG	0.05		11/6/2006	5/2/2011						
55390-0204-01	J2430	4/2/2002		5/2/2011	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG		PAMIDRONATE DISODIUM (S.D.V.,FLIPTOP) 3 MG/ML	10 ML	VL	IV	ML		30 MG	0.1		4/2/2002	5/2/2011						
55390-0207-01	J9178	8/7/2007		5/2/2011	INJECTION, EPIRUBICIN HCL, 2 MG		EPIRUBICIN HYDROCHLORIDE (SINGLE DOSE,PF) 2 MG/ML	25 ML	VL	IV	ML		2 MG	1		8/7/2007	5/2/2011						
55390-0208-01	J9178	8/7/2007		5/2/2011	INJECTION, EPIRUBICIN HCL, 2 MG		EPIRUBICIN HYDROCHLORIDE (SINGLE DOSE,PF) 2 MG/ML	100 ML	VL	IV	ML		2 MG	1		8/7/2007	5/2/2011						
55390-0209-10	J2920	2/22/2007		5/2/2011	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG		METHYLPREDNISOLONE SODIUM SUCCINATE (SDV) 40 MG	1 EA	VL	IJ	EA		40 MG	1		2/22/2007	5/2/2011						
55390-0210-10	J2930	2/22/2007		5/2/2011	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG		METHYLPREDNISOLONE SODIUM SUCCINATE (SDV) 125 MG	1 EA	VL	IJ	EA		125 MG	1		2/22/2007	5/2/2011						
55390-0215-01	J9211	8/7/2007		5/2/2011	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG		IDARUBICIN HYDROCHLORIDE (SINGLE DOSE,PF) 1 MG/ML	5 ML	VL	IV	ML		5 MG	0.2		8/7/2007	5/2/2011						
55390-0216-01	J9211	8/7/2007		5/2/2011	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG		IDARUBICIN HYDROCHLORIDE (SINGLE DOSE,PF) 1 MG/ML	10 ML	VL	IV	ML		5 MG	0.2		8/7/2007	5/2/2011						
55390-0217-01	J9211	8/7/2007		5/2/2011	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG		IDARUBICIN HYDROCHLORIDE (SINGLE DOSE,PF) 1 MG/ML	20 ML	VL	IV	ML		5 MG	0.2		8/7/2007	5/2/2011						
55390-0218-01	J2930	2/22/2007		8/1/2008	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG		METHYLPREDNISOLONE SODIUM SUCCINATE (SDV) 500 MG	1 EA	VL	IJ	EA		125 MG	4		2/22/2007	8/1/2008						
55390-0219-01	J2930	2/22/2007		8/1/2008	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG		METHYLPREDNISOLONE SODIUM SUCCINATE (SDV) 1 GM	1 EA	VL	IJ	EA		125 MG	8		2/22/2007	8/1/2008						
55390-0220-01	J9045	11/19/2004		6/7/2012	INJECTION, CARBOPLATIN, 50 MG		CARBOPLATIN AMERINET CHOICE (M.D.V.,PF) 10 MG/ML	5 ML	VL	IV	ML		50 MG	0.2		11/19/2004	6/7/2012						
55390-0221-01	J9045	11/19/2004		6/7/2012	INJECTION, CARBOPLATIN, 50 MG		CARBOPLATIN AMERINET CHOICE (M.D.V.,PF) 10 MG/ML	15 ML	VL	IV	ML		50 MG	0.2		11/19/2004	6/7/2012						
55390-0222-01	J9045	11/19/2004		6/7/2012	INJECTION, CARBOPLATIN, 50 MG		CARBOPLATIN AMERINET CHOICE (M.D.V.,PF) 10 MG/ML	45 ML	VL	IV	ML		50 MG	0.2		11/19/2004	6/7/2012						
55390-0223-02	J0278	1/1/2006		5/2/2011	INJECTION, AMIKACIN SULFATE, 100 MG		AMIKACIN SULFATE PEDIATRIC NOVAPLUS (S.D.V.,PF) 50 MG/ML	2 ML	VL	IJ	ML		100 MG	0.5		1/1/2006	5/2/2011						
55390-0224-02	J0278	1/1/2006		5/2/2011	INJECTION, AMIKACIN SULFATE, 100 MG		AMIKACIN SULFATE NOVAPLUS (S.D.V.,PF) 250 MG/ML	2 ML	VL	IJ	ML		100 MG	2.5		1/1/2006	5/2/2011						
55390-0224-04	J0278	1/1/2006		5/2/2011	INJECTION, AMIKACIN SULFATE, 100 MG		AMIKACIN SULFATE NOVAPLUS (PF) 250 MG/ML	4 ML	VL	IJ	ML		100 MG	2.5		1/1/2006	5/2/2011						
55390-0225-02	J0278	1/1/2006		5/2/2011	INJECTION, AMIKACIN SULFATE, 100 MG		AMIKACIN SULFATE PEDIATRIC (S.D.V.,PF) 50 MG/ML	2 ML	VL	IJ	ML		100 MG	0.5		1/1/2006	5/2/2011						
55390-0226-02	J0278	1/1/2006		99/99/9999	INJECTION, AMIKACIN SULFATE, 100 MG		AMIKACIN SULFATE (S.D.V.,PF) 250 MG/ML	2 ML	VL	IJ	ML		100 MG	2.5		1/1/2006	99/99/9999						
55390-0226-04	J0278	1/1/2006		99/99/9999	INJECTION, AMIKACIN SULFATE, 100 MG		AMIKACIN SULFATE (PF) 250 MG/ML	4 ML	VL	IJ	ML		100 MG	2.5		1/1/2006	99/99/9999						
55390-0231-10	J9000	1/1/2002		99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG		ADRIAMYCIN (S.D.V.,PF) 10 MG	1 EA	VL	IV	EA		10 MG	1		1/1/2002	99/99/9999						
55390-0232-10	J9000	1/1/2002		99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG		ADRIAMYCIN (S.D.V.,PF) 20 MG	1 EA	VL	IV	EA		10 MG	2		1/1/2002	99/99/9999						
55390-0233-01	J9000	1/1/2002		99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG		ADRIAMYCIN (S.D.V.,PF) 50 MG	1 EA	VL	IV	EA		10 MG	5		1/1/2002	99/99/9999						
55390-0235-10	J9000	1/1/2002		99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG		ADRIAMYCIN (S.D.V.) 2 MG/ML	5 ML	VL	IV	ML		10 MG	0.2		1/1/2002	99/99/9999						
55390-0236-10	J9000	1/1/2002		99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG		ADRIAMYCIN (S.D.V.,PF) 2 MG/ML	10 ML	VL	IV	ML		10 MG	0.2		1/1/2002	99/99/9999						
55390-0237-01	J9000	1/1/2002		99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG		ADRIAMYCIN (S.D.V.) 2 MG/ML	25 ML	VL	IV	ML		10 MG	0.2		1/1/2002	99/99/9999						
55390-0238-01	J9000	1/1/2002		99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG		ADRIAMYCIN (M.D.V.) 2 MG/ML	100 ML	VL	IV	ML		10 MG	0.2		1/1/2002	99/99/9999						
55390-0241-10	J9000	1/1/2002		4/18/2013	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG		DOXORUBICIN HCL NOVAPLUS (S.D.V.,PF) 10 MG	1 EA	VL	IV	EA		10 MG	1		1/1/2002	4/18/2013						
55390-0243-01	J9000	1/1/2002		4/18/2013	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG		DOXORUBICIN HCL NOVAPLUS (S.D.V.,PF) 50 MG	1 EA	VL	IV	EA		10 MG	5		1/1/2002	4/18/2013						
55390-0244-01	J9268	8/8/2007		99/99/9999	INJECTION, PENTOSTATIN, 10 MG		PENTOSTATIN (SDV) 10 MG	1 EA	VL	IV	EA		10 MG	1		8/8/2007	99/99/9999						
55390-0245-10	J9000	1/1/2002		4/18/2013	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG		DOXORUBICIN HCL NOVAPLUS (S.D.V.,PF) 2 MG/ML	5 ML	VL	IV	ML		10 MG	0.2		1/1/2002	4/18/2013						
55390-0246-10	J9000	1/1/2002		4/18/2013	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG		DOXORUBICIN HCL NOVAPLUS (S.D.V.,PF) 2 MG/ML	10 ML	VL	IV	ML		10 MG	0.2		1/1/2002	4/18/2013						
55390-0247-01	J9000	1/1/2002		4/18/2013	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG		DOXORUBICIN HCL NOVAPLUS (S.D.V.,PF) 2 MG/ML	25 ML	VL	IV	ML		10 MG	0.2		1/1/2002	4/18/2013						
55390-0248-01	J9000	1/1/2002		4/18/2013	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG		DOXORUBICIN HCL NOVAPLUS (M.D.V.) 2 MG/ML	100 ML	VL	IV	ML		10 MG	0.2		1/1/2002	4/18/2013						
55390-0250-10	J1626	7/29/2008		5/2/2011	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG		GRANISETRON HYDROCHLORIDE (10X1ML,SDV) 0.1 MG/ML	1 ML	VL	IV	ML		100 MCG	1		7/29/2008	5/2/2011						
55390-0252-01	J9290	1/1/2002		12/31/2010	MITOMYCIN, 20 MG		MITOMYCIN (S.D.V.,PF) 20 MG	1 EA	VL	IV	EA		20 MG	1		1/1/2002	12/31/2010						
55390-0253-01	J9291	1/1/2002		12/31/2010	MITOMYCIN, 40 MG		MITOMYCIN (S.D.V.,PF) 40 MG	1 EA	VL	IV	EA		40 MG	1		1/1/2002	12/31/2010						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
55390-0258-01	J2930			2/1/2008	5/2/2011	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	METHYLPREDNISOLONE SODIUM SUCCINATE (USP,MDV,LYOPHILIZED) 500 MG	1 EA	VL	IJ	EA		125 MG		4	2/1/2008	5/2/2011						
55390-0259-01	J2930			2/1/2008	5/2/2011	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	METHYLPREDNISOLONE SODIUM SUCCINATE (USP,MDV,LYOPHILIZED) 1 GM	1 EA	VL	IJ	EA		125 MG		8	2/1/2008	5/2/2011						
55390-0263-10	J0895			6/18/2007	99/99/9999	INJECTION, DEFEROXAMINE MESYLATE, 500 MG	DEFEROXAMINE MESYLATE (USP) 500 MG	1 EA	VL	IJ	EA		500 MG		1	6/18/2007	99/99/9999						
55390-0265-01	J0895			6/18/2007	99/99/9999	INJECTION, DEFEROXAMINE MESYLATE, 500 MG	DEFEROXAMINE MESYLATE (USP) 2 GM	1 EA	VL	IJ	EA		500 MG		4	6/18/2007	99/99/9999						
55390-0266-01	J9209			9/21/2005	6/7/2012	INJECTION, MESNA, 200 MG	MESNA AMERINET CHOICE (M.D.V.) 100 MG/ML	10 ML	VL	IV	ML		200 MG		0.5	9/21/2005	6/7/2012						
55390-0267-01	J9390			9/21/2005	6/7/2012	INJECTION, VINORELBINE TARTRATE, 10 MG	VINORELBINE TARTRATE AMERINET CHOICE (S.D.V.,PF) 10 MG/ML	1 ML	VL	IV	ML		10 MG		1	9/21/2005	6/7/2012						
55390-0268-01	J9390			9/21/2005	6/7/2012	INJECTION, VINORELBINE TARTRATE, 10 MG	VINORELBINE TARTRATE AMERINET CHOICE (S.D.V.,PF) 10 MG/ML	5 ML	VL	IV	ML		10 MG		1	9/21/2005	6/7/2012						
55390-0281-10	J9150			1/1/2002	99/99/9999	INJECTION, DAUNORUBICIN, 10 MG	CERUBIDINE (S.D.V.) 20 MG	1 EA	VL	IV	EA		10 MG		2	1/1/2002	99/99/9999						
55390-0291-01	J9181			1/1/2002	99/99/9999	INJECTION, ETOPOSIDE, 10 MG	ETOPOSIDE (M.D.V.) 20 MG/ML	5 ML	VL	IV	ML		10 MG		2	1/1/2002	99/99/9999						
55390-0292-01	J9181			1/1/2002	99/99/9999	INJECTION, ETOPOSIDE, 10 MG	ETOPOSIDE (M.D.V.) 20 MG/ML	25 ML	VL	IV	ML		10 MG		2	1/1/2002	99/99/9999						
55390-0293-01	J9181			1/1/2002	99/99/9999	INJECTION, ETOPOSIDE, 10 MG	ETOPOSIDE (M.D.V.) 20 MG/ML	50 ML	VL	IV	ML		10 MG		2	1/1/2002	99/99/9999						
55390-0304-05	J9265			12/4/2006	4/18/2013	INJECTION, PACLITAXEL, 30 MG	NOVAPLUS PACLITAXEL (MDV,USP) 6 MG/ML	5 ML	VL	IV	ML		30 MG		0.2	12/4/2006	4/18/2013						
55390-0304-20	J9265			12/4/2006	4/18/2013	INJECTION, PACLITAXEL, 30 MG	NOVAPLUS PACLITAXEL (MDV,USP) 6 MG/ML	16.7 ML	VL	IV	ML		30 MG		0.2	12/4/2006	4/18/2013						
55390-0304-50	J9265			12/4/2006	4/18/2013	INJECTION, PACLITAXEL, 30 MG	NOVAPLUS PACLITAXEL (MULTIPLE DOSE,USP) 6 MG/ML	50 ML	VL	IV	ML		30 MG		0.2	12/4/2006	4/18/2013						
55390-0307-01	J2405			12/26/2006	5/2/2011	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	NOVAPLUS ONDANSETRON (MDV,USP) 2 MG/ML	20 ML	VL	IJ	ML		1 MG		2	12/26/2006	5/2/2011						
55390-0307-10	J2405			12/26/2006	5/2/2011	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	NOVAPLUS ONDANSETRON (SDV,USP,10X2ML) 2 MG/ML	2 ML	VL	IJ	ML		1 MG		2	12/26/2006	5/2/2011						
55390-0308-03	J0207			4/8/2008	99/99/9999	INJECTION, AMIFOSTINE, 500 MG	AMIFOSTINE (3X10ML,LYOPHILIZED) 500 MG	1 EA	VL	IV	EA		500 MG		1	4/8/2008	99/99/9999						
55390-0314-05	J9265			1/14/2004	6/7/2012	INJECTION, PACLITAXEL, 30 MG	PACLITAXEL AMERINET CHOICE (M.D.V.) 6 MG/ML	5 ML	VL	IV	ML		30 MG		0.2	1/14/2004	6/7/2012						
55390-0314-20	J9265			1/14/2004	6/7/2012	INJECTION, PACLITAXEL, 30 MG	PACLITAXEL AMERINET CHOICE (M.D.V.) 6 MG/ML	16.7 ML	VL	IV	ML		30 MG		0.2	1/14/2004	6/7/2012						
55390-0314-50	J9265			1/14/2004	6/7/2012	INJECTION, PACLITAXEL, 30 MG	PACLITAXEL AMERINET CHOICE (M.D.V.) 6 MG/ML	50 ML	VL	IV	ML		30 MG		0.2	1/14/2004	6/7/2012						
55390-0339-10	J9140			3/5/2008	12/31/2010	DACARBAZINE, 200 MG	NOVAPLUS DACARBAZINE (USP) 200 MG	1 EA	VL	IV	EA		200 MG		1	3/5/2008	12/31/2010						
55390-0347-01	J9209			3/5/2008	4/18/2013	INJECTION, MESNA, 200 MG	NOVAPLUS MESNA (1X10ML,M.D.V) 100 MG/ML	10 ML	VL	IV	ML		200 MG		0.5	3/5/2008	4/18/2013						
55390-0403-20	J2400			1/1/2002	99/99/9999	INJECTION, CHLOROPROCAINE HYDROCHLORIDE, PER 30 ML	CHLOROPROCAINE HCL (S.D.V.,PF) 2%	20 ML	VL	IJ	ML		30 ML		0.03333	1/1/2002	99/99/9999						
55390-0404-20	J2400			1/1/2002	99/99/9999	INJECTION, CHLOROPROCAINE HYDROCHLORIDE, PER 30 ML	CHLOROPROCAINE HCL (S.D.V.,PF) 3%	20 ML	VL	IJ	ML		30 ML		0.03333	1/1/2002	99/99/9999						
55390-0412-01	J1631			1/1/2002	5/2/2011	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (S.D.V.) 50 MG/ML	1 ML	VL	IM	ML		50 MG		1	1/1/2002	5/2/2011						
55390-0412-05	J1631			1/1/2002	5/2/2011	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (M.D.V.) 50 MG/ML	5 ML	VL	IM	ML		50 MG		1	1/1/2002	5/2/2011						
55390-0413-01	J1631			1/1/2002	5/2/2011	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (S.D.V.) 100 MG/ML	1 ML	VL	IM	ML		50 MG		2	1/1/2002	5/2/2011						
55390-0413-05	J1631			1/1/2002	5/2/2011	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (M.D.V.) 100 MG/ML	5 ML	VL	IM	ML		50 MG		2	1/1/2002	5/2/2011						
55390-0435-01	J9200			1/1/2002	11/1/2008	INJECTION, FLOXURIDINE, 500 MG	FLOXURIDINE NOVAPLUS (VIAL) 0.5 GM	1 EA	VL	IJ	EA		500 MG		1	1/1/2002	11/1/2008						
55390-0436-05	J1955			1/1/2002	11/1/2008	INJECTION, LEVOCARNITINE, PER 1 GM	LEVOCARNITINE NOVAPLUS (S.D.V.) 200 MG/ML	5 ML	VL	IV	ML		1 GM		0.2	1/1/2002	11/1/2008						
55390-0447-01	J1630			1/1/2002	5/2/2011	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL LACTATE NOVAPLUS (M.D.V.) 5 MG/ML	10 ML	VL	IM	ML		5 MG		1	1/1/2002	5/2/2011						
55390-0447-10	J1630			1/1/2002	5/2/2011	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL LACTATE NOVAPLUS (S.D.V.) 5 MG/ML	1 ML	VL	IM	ML		5 MG		1	1/1/2002	5/2/2011						
55390-0452-01	J9290			1/1/2002	12/31/2010	MITOMYCIN, 20 MG	MITOMYCIN NOVAPLUS (S.D.V.,PF) 20 MG	1 EA	VL	IV	EA		20 MG		1	1/1/2002	12/31/2010						
55390-0453-01	J9291			1/1/2002	12/31/2010	MITOMYCIN, 40 MG	MITOMYCIN NOVAPLUS (S.D.V.,PF) 40 MG	1 EA	VL	IV	EA		40 MG		1	1/1/2002	12/31/2010						
55390-0460-01	J1120			1/1/2002	99/99/9999	INJECTION, ACETAZOLAMIDE SODIUM, UP TO 500 MG	ACETAZOLAMIDE SODIUM (S.D.V.,PF) 500 MG	1 EA	VL	IV	EA		500 MG		1	1/1/2002	99/99/9999						
55390-0465-05	J2680			1/1/2002	5/2/2011	INJECTION, FLUPHENAZINE DECANOATE, UP TO 25 MG	FLUPHENAZINE DECANOATE (VIAL) 25 MG/ML	5 ML	VL	IJ	ML		25 MG		1	1/1/2002	5/2/2011						
55390-0480-01	J1885			1/1/2002	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (S.D.V.) 15 MG/ML	1 ML	VL	IJ	ML		15 MG		1	1/1/2002	99/99/9999						
55390-0481-01	J1885			1/1/2002	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (S.D.V.) 30 MG/ML	1 ML	VL	IJ	ML		15 MG		2	1/1/2002	99/99/9999						
55390-0481-02	J1885			1/1/2002	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (S.D.V.) 30 MG/ML	2 ML	VL	IM	ML		15 MG		2	1/1/2002	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
55390-0481-10	J1885			1/1/2002	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (M.D.V.) 30 MG/ML	10 ML	VL	IJ	ML		15 MG	2		1/1/2002	99/99/9999						
55390-0491-01	J9181			1/1/2002	4/18/2013	INJECTION, ETOPOSIDE, 10 MG	ETOPOSIDE NOVAPLUS (M.D.V.) 20 MG/ML	5 ML	VL	IV	ML		10 MG	2		1/1/2002	4/18/2013						
55390-0492-01	J9181			1/1/2002	4/18/2013	INJECTION, ETOPOSIDE, 10 MG	ETOPOSIDE NOVAPLUS (M.D.V.) 20 MG/ML	25 ML	VL	IV	ML		10 MG	2		1/1/2002	4/18/2013						
55390-0493-01	J9181			1/1/2002	4/18/2013	INJECTION, ETOPOSIDE, 10 MG	ETOPOSIDE NOVAPLUS (M.D.V.) 20 MG/ML	50 ML	VL	IV	ML		10 MG	2		1/1/2002	4/18/2013						
55390-0500-02	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	BUMETANIDE (S.D.V.) 0.25 MG/ML	2 ML	VL	IJ	ML		1 EA	1		1/1/2002	99/99/9999						
55390-0500-05	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	BUMETANIDE (S.D.V.) 0.25 MG/ML	4 ML	VL	IJ	ML		1 EA	1		1/1/2002	99/99/9999						
55390-0500-10	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	BUMETANIDE (M.D.V.) 0.25 MG/ML	10 ML	VL	IJ	ML		1 EA	1		1/1/2002	99/99/9999						
55390-0501-02	J3490			1/1/2002	11/1/2008	UNCLASSIFIED DRUGS	BUMETANIDE NOVAPLUS (S.D.V.) 0.25 MG/ML	2 ML	VL	IJ	ML		1 EA	1		1/1/2002	11/1/2008						
55390-0501-05	J3490			1/1/2002	11/1/2008	UNCLASSIFIED DRUGS	BUMETANIDE NOVAPLUS (S.D.V.) 0.25 MG/ML	4 ML	VL	IJ	ML		1 EA	1		1/1/2002	11/1/2008						
55390-0501-10	J3490			1/1/2002	11/1/2008	UNCLASSIFIED DRUGS	BUMETANIDE NOVAPLUS (M.D.V.) 0.25 MG/ML	10 ML	VL	IJ	ML		1 EA	1		1/1/2002	11/1/2008						
55390-0503-10	J0270			1/1/2002	5/2/2011	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)	ALPROSTADIL NOVAPLUS (VIAL) 0.5 MG/ML	1 ML	VL	IV	ML		1.25 MCG	400		1/1/2002	5/2/2011						
55390-0506-10	J0270			1/1/2002	5/2/2011	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)	ALPROSTADIL (VIAL) 0.5 MG/ML	1 ML	VL	IV	ML		1.25 MCG	400		1/1/2002	5/2/2011						
55390-0514-05	J9265			1/25/2005	5/1/2008	INJECTION, PACLITAXEL, 30 MG	PACLITAXEL OTN (M.D.V.) 6 MG/ML	5 ML	VL	IV	ML		30 MG	0.2		1/25/2005	5/1/2008						
55390-0514-20	J9265			1/25/2005	5/1/2008	INJECTION, PACLITAXEL, 30 MG	PACLITAXEL OTN (M.D.V.) 6 MG/ML	16.7 ML	VL	IV	ML		30 MG	0.2		1/25/2005	5/1/2008						
55390-0514-50	J9265			1/25/2005	5/1/2008	INJECTION, PACLITAXEL, 30 MG	PACLITAXEL OTN (M.D.V.) 6 MG/ML	50 ML	VL	IV	ML		30 MG	0.2		1/25/2005	5/1/2008						
55390-0555-10	J1245			1/1/2002	5/2/2011	INJECTION, DIPYRIDAMOLE, PER 10 MG	DIPYRIDAMOLE (S.D.V.) 5 MG/ML	2 ML	VL	IV	ML		10 MG	0.5		2/1/2008	5/2/2011	1/1/2002	1/1/2005	0.5			
55390-0555-90	J1245			4/8/2005	5/2/2011	INJECTION, DIPYRIDAMOLE, PER 10 MG	DIPYRIDAMOLE 5 MG/ML	10 ML	VL	IV	ML		10 MG	0.5		4/8/2005	5/2/2011						
55390-0560-90	J1250			1/1/2002	99/99/9999	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	DOBUTAMINE HCL (S.D.V.,PF) 12.5 MG/ML	20 ML	VL	IV	ML		250 MG	0.05		1/1/2002	99/99/9999						
55390-0600-20	J7501			1/1/2002	99/99/9999	AZATHIOPRINE, PARENTERAL, 100 MG	AZATHIOPRINE SODIUM (PF) 100 MG	1 EA	VL	IV	EA		100 MG	1		1/1/2002	99/99/9999						
55390-0604-01	J2430			4/2/2002	5/2/2011	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	PAMIDRONATE DISODIUM (SDV) 3 MG/ML	10 ML	VL	IV	ML		30 MG	0.1		4/2/2002	5/2/2011						
55390-0605-02	J0760			1/1/2002	2/25/2008	INJECTION, COLCHICINE, PER 1MG	COLCHICINE (S.D.V.,PF) 0.5 MG/ML	2 ML	VL	IV	ML		1 MG	0.5		1/1/2002	2/25/2008						
55390-0612-10	J0133			1/1/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR SODIUM (PF) 500 MG	1 EA	VL	IV	EA		5 MG	100		1/1/2006	99/99/9999						
55390-0613-20	J0133			1/1/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR SODIUM (PF) 1000 MG	1 EA	VL	IV	EA		5 MG	200		1/1/2006	99/99/9999						
55390-0616-01	J2780			11/22/2004	99/99/9999	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MC	RANITIDINE (M.D.V.) 25 MG/ML	6 ML	VL	IJ	ML		25 MG	1		11/22/2004	99/99/9999						
55390-0616-10	J2780			11/22/2004	99/99/9999	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MC	RANITIDINE (S.D.V.) 25 MG/ML	2 ML	VL	IJ	ML		25 MG	1		11/22/2004	99/99/9999						
55390-0618-01	J2780			3/29/2006	99/99/9999	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE (PHARMACY BULK PACKAGE) 25 MG/ML	40 ML	VL	IJ	ML		25 MG	1		3/29/2006	99/99/9999						
55390-0805-10	J9150			1/1/2002	4/18/2013	INJECTION, DAUNORUBICIN, 10 MG	DAUNORUBICIN HCL NOVAPLUS (S.D.V.) 20 MG	1 EA	VL	IV	EA		10 MG	2		1/1/2002	4/18/2013						
55390-0806-10	J9100			1/1/2002	4/18/2013	INJECTION, CYTARABINE, 100 MG	CYTARABINE NOVAPLUS (VIAL) 100 MG	1 EA	VL	IJ	EA		100 MG	1		1/1/2002	4/18/2013						
55390-0807-10	J9110			1/1/2002	12/31/2010	INJECTION, CYTARABINE, 500 MG	CYTARABINE NOVAPLUS (VIAL) 500 MG	1 EA	VL	IJ	EA		500 MG	1		1/1/2002	12/31/2010						
55390-0808-01	J9110			1/1/2002	12/31/2010	INJECTION, CYTARABINE, 500 MG	CYTARABINE NOVAPLUS (VIAL) 1 GM	1 EA	VL	IJ	EA		500 MG	2		1/1/2002	12/31/2010						
55390-0809-01	J9110			1/1/2002	12/31/2010	INJECTION, CYTARABINE, 500 MG	CYTARABINE NOVAPLUS (VIAL) 2 GM	1 EA	VL	IJ	EA		500 MG	4		1/1/2002	12/31/2010						
55390-0818-10	J0640			1/1/2002	4/18/2013	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM NOVAPLUS (VIAL) 100 MG	1 EA	VL	IJ	EA		50 MG	2		1/1/2002	4/18/2013						
55390-0824-01	J0640			1/1/2002	4/18/2013	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM NOVAPLUS (VIAL) 200 MG	1 EA	VL	IJ	EA		50 MG	4		1/1/2002	4/18/2013						
55390-0825-01	J0640			1/1/2002	4/18/2013	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM NOVAPLUS (S.D.V.,PF) 350 MG	1 EA	VL	IJ	EA		50 MG	7		1/1/2002	4/18/2013						
55390-0826-01	J0640			1/1/2002	4/18/2013	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	LEUCOVORIN CALCIUM NOVAPLUS (S.D.V.,PF) 10 MG/ML	50 ML	VL	IJ	ML		50 MG	0.2		1/1/2002	4/18/2013						
55513-0002-01	J0881			9/11/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF) 0.025 MG/ML	1 ML	VL	IJ	ML		1 MCG	25		9/11/2006	99/99/9999						
55513-0002-04	J0881			9/11/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (4X1ML,PF) 0.025 MG/ML	1 ML	VL	IJ	ML		1 MCG	25		9/11/2006	99/99/9999						
55513-0003-01	J0881			9/11/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF) 0.04 MG/ML	1 ML	VL	IJ	ML		1 MCG	40		9/11/2006	99/99/9999						
55513-0003-04	J0881			9/11/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (1MLX4,PF) 0.04 MG/ML	1 ML	VL	IJ	ML		1 MCG	40		9/11/2006	99/99/9999						
55513-0004-01	J0881			9/11/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF) 0.06 MG/ML	1 ML	VL	IJ	ML		1 MCG	60		9/11/2006	99/99/9999						
55513-0004-04	J0881			9/11/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (1MLX4,PF) 0.06 MG/ML	1 ML	VL	IJ	ML		1 MCG	60		9/11/2006	99/99/9999						
55513-0005-01	J0881			9/11/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF) 0.1 MG/ML	1 ML	VL	IJ	ML		1 MCG	100		9/11/2006	99/99/9999						
55513-0005-04	J0881			9/11/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (1MLX4,PF) 0.1 MG/ML	1 ML	VL	IJ	ML		1 MCG	100		9/11/2006	99/99/9999						
55513-0006-01	J0881			9/11/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF) 0.2 MG/ML	1 ML	VL	IJ	ML		1 MCG	200		9/11/2006	99/99/9999						
55513-0010-01	J0881			1/1/2006	3/31/2009	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (S.D.V.,ALBUMIN SOL,PF) 0.025 MG/ML	1 ML	VL	IJ	ML		1 MCG	25		2/8/2008	3/31/2009	1/1/2006	3/28/2006	25			
55513-0010-04	J0881			1/1/2006	3/31/2009	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (S.D.V.,ALBUMIN SOL,PF) 0.025 MG/ML	1 ML	VL	IJ	ML		1 MCG	25		2/8/2008	3/31/2009	1/1/2006	3/28/2006	25			
55513-0011-01	J0881			1/1/2006	1/29/2009	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (S.D.V.,ALBUMIN SOL,PF) 0.04 MG/ML	1 ML	VL	IJ	ML		1 MCG	40		2/8/2008	1/29/2009	1/1/2006	2/16/2006	40			
55513-0011-04	J0881			1/1/2006	1/29/2009	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (S.D.V.,ALBUMIN SOL,PF) 0.04 MG/ML	1 ML	VL	IJ	ML		1 MCG	40		2/8/2008	1/29/2009	1/1/2006	2/16/2006	40			
55513-0012-01	J0881			1/1/2006	1/29/2009	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (S.D.V.,ALBUMIN SOL,PF) 0.06 MG/ML	1 ML	VL	IJ	ML		1 MCG	60		2/8/2008	1/29/2009	1/1/2006	3/10/2006	60			

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
55513-0012-04	J0881			1/1/2006	1/29/2009	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (S.D.V.,ALBUMIN SOL,PF) 0.06 MG/ML	1	ML	VL	IJ	ML	1	MCG	60	2/8/2008	1/29/2009	1/1/2006	3/10/2006	60			
55513-0013-01	J0881			1/1/2006	4/30/2009	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (S.D.V.,ALBUMIN SOL,PF) 0.1 MG/ML	1	ML	VL	IJ	ML	1	MCG	100	2/8/2008	4/30/2009	1/1/2006	4/25/2006	100			
55513-0013-04	J0881			1/1/2006	4/30/2009	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (S.D.V.,ALBUMIN SOL,PF) 0.1 MG/ML	1	ML	VL	IJ	ML	1	MCG	100	2/8/2008	4/30/2009	1/1/2006	4/25/2006	100			
55513-0014-01	J0881			1/1/2006	2/28/2009	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (S.D.V.,ALBUMIN SOL,PF) 0.2 MG/ML	1	ML	VL	IJ	ML	1	MCG	200	2/8/2008	2/28/2009	1/1/2006	4/29/2006	200			
55513-0014-04	J0881			2/8/2008	2/9/2008	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (S.D.V.,ALBUMIN SOL,PF) 0.2 MG/ML	1	ML	VL	IJ	ML	1	MCG	200	2/8/2008	2/9/2008						
55513-0015-01	J0881			1/1/2006	4/30/2009	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (S.D.V.,ALBUMIN SOL,PF) 0.3 MG/ML	1	ML	VL	IJ	ML	1	MCG	300	2/8/2008	4/30/2009	1/1/2006	4/7/2006	300			
55513-0021-01	J0881			8/14/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF) 0.04 MG/0.4 ML	0.4	ML	SR	IJ	ML	1	MCG	100	8/14/2006	99/99/9999						
55513-0021-04	J0881			8/14/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF) 0.04 MG/0.4 ML	0.4	ML	SR	IJ	ML	1	MCG	100	8/14/2006	99/99/9999						
55513-0023-01	J0881			8/14/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF) 0.06 MG/0.3 ML	0.3	ML	SR	IJ	ML	1	MCG	200	8/14/2006	99/99/9999						
55513-0023-04	J0881			8/14/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF) 0.06 MG/0.3 ML	0.3	ML	SR	IJ	ML	1	MCG	200	8/14/2006	99/99/9999						
55513-0025-01	J0881			8/14/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF) 0.1 MG/0.5 ML	0.5	ML	SR	IJ	ML	1	MCG	200	8/14/2006	99/99/9999						
55513-0025-04	J0881			8/14/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF) 0.1 MG/0.5 ML	0.5	ML	SR	IJ	ML	1	MCG	200	8/14/2006	99/99/9999						
55513-0027-01	J0881			9/11/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF) 0.15 MG/0.3 ML	0.3	ML	SR	IJ	ML	1	MCG	500	9/11/2006	99/99/9999						
55513-0027-04	J0881			9/11/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF) 0.15 MG/0.3 ML	0.3	ML	SR	IJ	ML	1	MCG	500	9/11/2006	99/99/9999						
55513-0028-01	J0881			8/14/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF) 0.2 MG/0.4 ML	0.4	ML	SR	IJ	ML	1	MCG	500	8/14/2006	99/99/9999						
55513-0032-01	J0881			6/7/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (SINGLEJECT,G27,1/2",PF) 0.5 MG/ML	1	ML	SR	IJ	ML	1	MCG	500	6/7/2006	99/99/9999						
55513-0037-01	J0881			2/8/2008	1/29/2009	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (SINGLEJECT,PF) 0.04 MG/0.4 ML	0.4	ML	SR	IJ	ML	1	MCG	100	2/8/2008	1/29/2009						
55513-0037-04	J0881			2/8/2008	1/29/2009	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (SINGLEJECT,PF) 0.04 MG/0.4 ML	0.4	ML	SR	IJ	ML	1	MCG	100	2/8/2008	1/29/2009						
55513-0039-01	J0881			1/1/2006	2/28/2009	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF,PREFILLED SYRINGE) 0.06 MG/0.3 ML	0.3	ML	SR	IJ	ML	1	MCG	200	2/8/2008	2/28/2009	1/1/2006	2/6/2006	200			
55513-0039-04	J0881			1/1/2006	2/28/2009	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF,PREFILLED SYRINGE) 0.06 MG/0.3 ML	0.3	ML	SR	IJ	ML	1	MCG	200	2/8/2008	2/28/2009	1/1/2006	2/6/2006	200			
55513-0041-01	J0881			1/1/2006	2/28/2009	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF,PREFILLED SYRINGE) 0.1 MG/0.5 ML	0.5	ML	SR	IJ	ML	1	MCG	200	2/8/2008	2/28/2009	1/1/2006	3/2/2006	200			
55513-0041-04	J0881			1/1/2006	2/28/2009	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF,PREFILLED SYRINGE) 0.1 MG/0.5 ML	0.5	ML	SR	IJ	ML	1	MCG	200	2/8/2008	2/28/2009	1/1/2006	3/2/2006	200			
55513-0043-01	J0881			1/1/2006	1/29/2009	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF,PFS) 0.15 MG/0.3 ML	0.3	ML	SR	IJ	ML	1	MCG	500	2/8/2008	1/29/2009	1/1/2006	12/7/2006	500			
55513-0043-04	J0881			1/1/2006	1/29/2009	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF,PFS) 0.15 MG/0.3 ML	0.3	ML	SR	IJ	ML	1	MCG	500	2/8/2008	1/29/2009	1/1/2006	12/7/2006	500			
55513-0044-01	J0881			1/1/2006	4/30/2009	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF,PREFILLED SYRINGE) 0.2 MG/0.4 ML	0.4	ML	SR	IJ	ML	1	MCG	500	2/8/2008	4/30/2009	1/1/2006	2/21/2006	500			
55513-0046-01	J0881			1/1/2006	4/30/2009	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF,PREFILLED SYRINGE) 0.3 MG/0.6 ML	0.6	ML	SR	IJ	ML	1	MCG	500	2/8/2008	4/30/2009	1/1/2006	4/7/2006	500			
55513-0048-01	J0881			1/1/2006	2/28/2009	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (SINGLEJECT,PF) 0.5 MG/ML	1	ML	SR	IJ	ML	1	MCG	500	2/8/2008	2/28/2009	1/1/2006	2/21/2006	500			
55513-0053-01	J0881			9/11/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF) 0.15 MG/0.75 ML	1	ML	VL	IJ	ML	1	MCG	200	9/11/2006	99/99/9999						
55513-0053-04	J0881			9/11/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (1MLX4,PF) 0.15 MG/0.75 ML	1	ML	VL	IJ	ML	1	MCG	200	9/11/2006	99/99/9999						
55513-0054-01	J0881			2/8/2008	1/29/2009	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (S.D.V.,ALBUMIN SOL,PF) 0.15 MG/0.75 ML	0.75	ML	VL	IJ	ML	1	MCG	200	2/8/2008	1/29/2009						
55513-0054-04	J0881			2/8/2008	1/29/2009	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (SDV,ALBUMIN SOLN,PF) 0.15 MG/0.75 ML	0.75	ML	VL	IJ	ML	1	MCG	200	2/8/2008	1/29/2009						
55513-0057-01	J0881			8/14/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF) 0.025 MG/0.42 ML	0.42	ML	SR	IJ	ML	1	MCG	59,52381	8/14/2006	99/99/9999						
55513-0057-04	J0881			8/14/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF) 0.025 MG/0.42 ML	0.42	ML	SR	IJ	ML	1	MCG	59,52381	8/14/2006	99/99/9999						
55513-0058-01	J0881			1/1/2006	3/31/2009	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (SINGLEJECT,PF) 0.025 MG/0.42 ML	1	EA	SR	IJ	ML	1	MCG	59,52381	2/8/2008	3/31/2009	1/1/2006	3/1/2006	60			
55513-0058-04	J0881			1/1/2006	3/31/2009	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (SINGLEJECT,PF) 0.025 MG/0.42 ML	1	EA	SR	IJ	ML	1	MCG	59,52381	2/8/2008	3/31/2009	1/1/2006	3/1/2006	60			
55513-0090-01	J0881			9/25/2006	2/28/2009	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF) 0.025 MG/0.42 ML	0.42	ML	SR	IJ	ML	1	MCG	59,52381	9/25/2006	2/28/2009						
55513-0091-01	J0881			9/25/2006	2/28/2009	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF) 0.04 MG/0.4 ML	0.4	ML	SR	IJ	ML	1	MCG	100	9/25/2006	2/28/2009						
55513-0092-01	J0881			9/25/2006	2/28/2009	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF) 0.06 MG/0.3 ML	0.3	ML	SR	IJ	ML	1	MCG	200	9/25/2006	2/28/2009						
55513-0093-01	J0881			9/25/2006	2/28/2009	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF) 0.1 MG/0.5 ML	0.5	ML	SR	IJ	ML	1	MCG	200	9/25/2006	2/28/2009						
55513-0094-01	J0881			9/25/2006	2/28/2009	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF) 0.15 MG/0.3 ML	0.3	ML	SR	IJ	ML	1	MCG	500	9/25/2006	2/28/2009						
55513-0095-01	J0881			9/25/2006	2/28/2009	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF) 0.2 MG/0.4 ML	0.4	ML	SR	IJ	ML	1	MCG	500	9/25/2006	2/28/2009						
55513-0096-01	J0881			9/25/2006	2/28/2009	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF) 0.3 MG/0.6 ML	0.6	ML	SR	IJ	ML	1	MCG	500	9/25/2006	2/28/2009						
55513-0097-01	J0881			9/25/2006	2/28/2009	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF,STERILE) 0.5 MG/ML	1	ML	SR	IJ	ML	1	MCG	500	9/25/2006	2/28/2009						
55513-0110-01	J0881			8/14/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF,STERILE) 0.3 MG/ML	1	ML	VL	IJ	ML	1	MCG	300	8/14/2006	99/99/9999						
55513-0111-01	J0881			8/14/2006	99/99/9999	INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE)	ARANESP (PF) 0.3 MG/0.6 ML	0.6	ML	SR	IJ	ML	1	MCG	500	8/14/2006	99/99/9999						
55513-0126-01	J0885			1/1/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	EPOGEN (S.D.V.,S2,PF) 2000 U/ML	1	ML	VL	IJ	ML	1000	U	2	1/1/2006	99/99/9999						
55513-0126-10	J0885			1/1/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	EPOGEN (S.D.V.,S2,PF) 2000 U/ML	1	ML	VL	IJ	ML	1000	U	2	1/1/2006	99/99/9999						
55513-0144-01	J0885			1/1/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	EPOGEN (S.D.V.,S10,PF) 10000 U/ML	1	ML	VL	IJ	ML	1000	U	10	1/1/2006	99/99/9999						
55513-0144-10	J0885			1/1/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	EPOGEN (S.D.V.,S10,PF) 10000 U/ML	1	ML	VL	IJ	ML	1000	U	10	1/1/2006	99/99/9999						
55513-0148-01	J0885			1/1/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	EPOGEN (S.D.V.,S4,PF) 4000 U/ML	1	ML	VL	IJ	ML	1000	U	4	1/1/2006	99/99/9999						
55513-0148-10	J0885			1/1/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	EPOGEN (S.D.V.,S4,PF) 4000 U/ML	1	ML	VL	IJ	ML	1000	U	4	1/1/2006	99/99/9999						
55513-0177-01	J3490			1/1/2002	4/10/2013	UNCLASSIFIED DRUGS	KINERET (SRN,W/27G NDL,PF) 100 MG/0.67 ML	0.67	ML	SR	SC	ML	1	EA	1	1/1/2002	4/10/2013						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
55513-0177-07	J3490			1/1/2002	12/15/2008	UNCLASSIFIED DRUGS	KINERET (SRN,W/27G NDL,PF) 100 MG/0.67 ML	0.67 ML	SR	SC	ML		1 EA	1		9/1/2006	12/15/2008	1/1/2002	7/31/2004	1			
55513-0177-28	J3490			2/23/2004	4/10/2013	UNCLASSIFIED DRUGS	KINERET (SRN,W/27G NDL,PF) 100 MG/0.67 ML	0.67 ML	SR	SC	ML		1 EA	1		2/23/2004	4/10/2013						
55513-0190-01	J2505			1/1/2004	99/99/9999	INJECTION, PEGFILGRASTIM, 6 MG	NEULASTA (SRN,PREFILLED,PF,4X0.6ML) 6 MG/0.6 ML	0.6 ML	SR	SC	ML		6 MG	1.66666		1/1/2004	99/99/9999						
55513-0209-01	J1441			1/1/2002	99/99/9999	INJECTION, FILGRASTIM (G-CSF), 480 MCG	NEUPOGEN (26GX5/8",PF,SINGLEJECT) 480 MCG/0.8 ML	0.8 ML	SR	IJ	ML		480 MCG	1.25		1/1/2002	99/99/9999						
55513-0209-10	J1441			1/1/2002	99/99/9999	INJECTION, FILGRASTIM (G-CSF), 480 MCG	NEUPOGEN (26GX5/8",10X0.8ML,PF,SINGLEJECT) 480 MCG/0.8 ML	0.8 ML	SR	IJ	ML		480 MCG	1.25		1/1/2002	99/99/9999						
55513-0267-01	J0885			1/1/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	EPOGEN (S.D.V.,S3,PF) 3000 U/ML	1 ML	VL	IJ	ML		1000 U	3		1/1/2006	99/99/9999						
55513-0267-10	J0885			1/1/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	EPOGEN (S.D.V.,S3,PF) 3000 U/ML	1 ML	VL	IJ	ML		1000 U	3		1/1/2006	99/99/9999						
55513-0283-01	J0885			1/1/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	EPOGEN (M.D.V.,M10) 10000 U/ML	2 ML	VL	IJ	ML		1000 U	10		1/1/2006	99/99/9999						
55513-0283-10	J0885			1/1/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	EPOGEN (M.D.V.,M10) 10000 U/ML	2 ML	VL	IJ	ML		1000 U	10		1/1/2006	99/99/9999						
55513-0478-01	J0885			1/1/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	EPOGEN (M.D.V.,M20) 20000 U/ML	1 ML	VL	IJ	ML		1000 U	20		1/1/2006	99/99/9999						
55513-0520-01	J2425			1/1/2006	12/1/2010	INJECTION, PALIFERMIN, 50 MICROGRAMS	EPOGEN (M.D.V.,M20) 20000 U/ML	1 ML	VL	IJ	ML		1000 U	20		1/1/2006	99/99/9999						
55513-0520-06	J2425			1/1/2006	12/1/2010	INJECTION, PALIFERMIN, 50 MICROGRAMS	KEPIVANCE (PF) 6.25 MG	1 EA	VL	IV	EA		50 MCG	125		1/1/2006	12/1/2010						
55513-0530-01	J1440			1/1/2002	99/99/9999	INJECTION, FILGRASTIM (G-CSF), 300 MCG	KEPIVANCE (PF) 6.25 MG	1 EA	VL	IV	EA		50 MCG	125		1/1/2006	12/1/2010						
55513-0530-10	J1440			1/1/2002	99/99/9999	INJECTION, FILGRASTIM (G-CSF), 300 MCG	NEUPOGEN (S.D.V.,PF) 300 MCG/ML	1 ML	VL	IJ	ML		300 MCG	1		1/1/2002	99/99/9999						
55513-0530-10	J1440			1/1/2002	99/99/9999	INJECTION, FILGRASTIM (G-CSF), 300 MCG	NEUPOGEN (S.D.V.,1MLX10,PF) 300 MCG/ML	1 ML	VL	IJ	ML		300 MCG	1		1/1/2002	99/99/9999						
55513-0546-01	J1441			1/1/2002	99/99/9999	INJECTION, FILGRASTIM (G-CSF), 480 MCG	NEUPOGEN (S.D.V.,PF) 480 MCG/1.6 ML	1.6 ML	VL	IJ	ML		480 MCG	0.625		1/1/2002	99/99/9999						
55513-0546-10	J1441			1/1/2002	99/99/9999	INJECTION, FILGRASTIM (G-CSF), 480 MCG	NEUPOGEN (S.D.V.,1.6MLX10,PF) 480 MCG/1.6 ML	1.6 ML	VL	IJ	ML		480 MCG	0.625		1/1/2002	99/99/9999						
55513-0623-01	J0885			1/1/2006	7/31/2010	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	EPOGEN (S.D.V.,S40,PF) 40000 U/ML	1 ML	VL	IJ	ML		1000 U	40		1/1/2006	7/31/2010						
55513-0623-10	J0885			1/1/2006	7/31/2010	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	EPOGEN (S.D.V.,S40,PF) 40000 U/ML	1 ML	VL	IJ	ML		1000 U	40		1/1/2006	7/31/2010						
55513-0924-01	J1440			1/1/2002	99/99/9999	INJECTION, FILGRASTIM (G-CSF), 300 MCG	NEUPOGEN (26GX5/8",SINGLE USE) 300 MCG/0.5 ML	0.5 ML	SR	IJ	ML		300 MCG	2		1/1/2002	99/99/9999						
55513-0924-10	J1440			1/1/2002	99/99/9999	INJECTION, FILGRASTIM (G-CSF), 300 MCG	NEUPOGEN ((26GX5/8"),0.5MLX10,PF) 300 MCG/0.5 ML	0.5 ML	SR	IJ	ML		300 MCG	2		1/1/2002	99/99/9999						
55513-0954-01	J3490			10/10/2006	12/31/2007	UNCLASSIFIED DRUGS	VECTIBIX 20 MG/ML	5 ML	VL	IV	ML		1 EA	1		10/10/2006	12/31/2007						
55513-0954-01	J9303			1/1/2008	99/99/9999	INJECTION, PANITUMUMAB, 10 MG	VECTIBIX 20 MG/ML	5 ML	VL	IV	ML		10 MG	2		1/1/2008	99/99/9999						
55513-0955-01	J3490			10/10/2006	12/31/2007	UNCLASSIFIED DRUGS	VECTIBIX 20 MG/ML	10 ML	VL	IV	ML		1 EA	1		10/10/2006	12/31/2007						
55513-0955-01	J9303			1/1/2008	2/28/2010	INJECTION, PANITUMUMAB, 10 MG	VECTIBIX 20 MG/ML	10 ML	VL	IV	ML		10 MG	2		1/1/2008	2/28/2010						
55513-0956-01	J3490			10/10/2006	12/31/2007	UNCLASSIFIED DRUGS	VECTIBIX 20 MG/ML	20 ML	VL	IV	ML		1 EA	1		10/10/2006	12/31/2007						
55513-0956-01	J9303			1/1/2008	99/99/9999	INJECTION, PANITUMUMAB, 10 MG	VECTIBIX 20 MG/ML	20 ML	VL	IV	ML		10 MG	2		1/1/2008	99/99/9999						
55553-0041-10	J1435			1/1/2002	99/99/9999	INJECTION, ESTRONE, PER 1 MG	ESTRAGYN 5 (VIAL) 5 MG/ML	10 ML	EA	IM	ML		1 MG	5		1/1/2002	99/99/9999						
55553-0042-05	J3302			1/1/2002	99/99/9999	INJECTION, TRIAMCINOLONE DIACETATE, PER 5MC	CLINACORT (VIAL) 40 MG/ML	5 ML	VL	IJ	ML		5 MG	8		1/1/2002	99/99/9999						
55553-0055-50	J2001			1/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MC	ANESTACAINE (VIAL) 1%	50 ML	VL	EP	ML		10 MG	1		1/1/2004	99/99/9999						
55553-0056-50	J2001			1/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MC	ANESTACAINE (VIAL) 2%	50 ML	VL	IJ	ML		10 MG	2		1/1/2004	99/99/9999						
55553-0091-10	J3420			1/1/2002	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	VITA #12 (VIAL) 1000 MCG/ML	10 ML	VL	IM	ML		1000 MCG	1		1/1/2002	99/99/9999						
55553-0091-30	J3420			1/1/2002	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	VITA #12 (VIAL) 1000 MCG/ML	30 ML	VL	IM	ML		1000 MCG	1		1/1/2002	99/99/9999						
55553-0092-05	J1094			1/1/2003	99/99/9999	INJECTION, DEXAMETHASONE ACETATE, 1 MG	CORTASTAT LA (VIAL) 8 MG/ML	5 ML	VL	IJ	ML		1 MG	8		1/1/2003	99/99/9999						
55553-0129-10	J2360			1/1/2002	99/99/9999	INJECTION, ORPHENADRINE CITRATE, UP TO 60 MC	ANTIFLEX (AMP) 30 MG/ML	10 ML	AM	IJ	ML		60 MG	0.5		1/1/2002	99/99/9999						
55553-0171-10	J3410			1/1/2002	99/99/9999	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	RESTALL (VIAL) 50 MG/ML	10 ML	VL	IM	ML		25 MG	2		1/1/2002	99/99/9999						
55553-0661-10	J1100			1/1/2002	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MC	CORTASTAT 10 (VIAL) 10 MG/ML	10 ML	VL	IJ	ML		1 MG	10		1/1/2002	99/99/9999						
55553-0807-05	J1100			1/1/2002	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MC	CORTASTAT (VIAL) 4 MG/ML	5 ML	VL	IJ	ML		1 MG	4		1/1/2002	99/99/9999						
55553-0827-10	J1200			1/1/2002	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	BANARIL (VIAL) 50 MG/ML	10 ML	VL	IJ	ML		50 MG	1		1/1/2002	99/99/9999						
55566-0302-01	J0795			1/1/2006	99/99/9999	INJECTION, CORTICORELIN OVINE TRIFLUATE, 1 MICROGRAM	ACTHREL (S.D.V.) 0.1 MG	1 EA	VL	IV	EA		1 MCG	100		1/1/2006	99/99/9999						
55566-1501-01	J0725			1/1/2002	99/99/9999	INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS	NOVAREL (M.D.V.) 10000 U	1 EA	VL	IM	EA		1000 USP I	10		1/1/2002	99/99/9999						
55566-4100-01	Q4085			1/1/2007	12/31/2007	DOSE	HYALURONAN OR DERIVATIVE, EUFLEXXA, FOR INTRA-ARTICULAR INJECTION, PER MG/ML	2 ML	SR	IJ	ML		1 DOSE	0.5		1/1/2007	12/31/2007						
55566-4100-01	J7323			1/1/2008	99/99/9999	DOSE	HYALURONAN OR DERIVATIVE, EUFLEXXA, FOR INTRA-ARTICULAR INJECTION, PER MG/ML	2 ML	SR	IJ	ML		1 DOSE	0.5		1/1/2008	99/99/9999						
55566-5030-01	J2597			1/1/2002	99/99/9999	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG	DESMOPRESSIN ACETATE (AMP,PF) 4 MCG/ML	1 ML	AM	IJ	ML		1 MCG	4		1/1/2002	99/99/9999						
55566-5040-01	J2597			1/1/2002	99/99/9999	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG	DESMOPRESSIN ACETATE (M.D.V.) 4 MCG/ML	10 ML	VL	IJ	ML		1 MCG	4		1/1/2002	99/99/9999						
55566-8505-02	J3355			1/1/2006	99/99/9999	INJECTION, UROFOLLITROPIN, 75 IU	BRAVELLE (S.D.V.,W/DILUENT) 75 IU	1 EA	VL	IJ	EA		75 IU	1		1/1/2006	99/99/9999						
55566-8505-06	J3355			1/1/2006	99/99/9999	INJECTION, UROFOLLITROPIN, 75 IU	BRAVELLE (SDV W/Q-CAP) 75 IU	1 EA	VL	IJ	EA		75 IU	1		1/1/2006	99/99/9999						
55592-0500-01	J9225			1/1/2006	7/25/2007	HISTRELIN IMPLANT, 50 MG	VANTAS 50 MG	1 EA	BX	SC	EA		50 MG	1		1/1/2006	7/25/2007						
55887-0033-15	Q0144			4/1/2008	9/1/2008	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (1X15ML,CHERRY) 100 MG/5 ML	15 ML	BO	PO	ML		1 GM	0.02		4/1/2008	9/1/2008						
55887-0078-03	Q0179			4/1/2007	9/1/2008	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON 4 MG	3 EA	BO	PO	EA		8 MG	0.5		4/1/2007	9/1/2008						
55887-0081-06	Q0173			4/1/2007	9/1/2008	TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	TRIMETHOENZAMIDE HYDROCHLORIDE 300 MG	6 EA	BO	PO	EA		250 MG	1.2		4/1/2007	9/1/2008						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
55887-0165-30	J8540			4/1/2007	9/1/2008	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.5 MG	30 EA	NA	PO	EA	0.25 MG	2		2	4/1/2007	9/1/2008						
55887-0165-60	J8540			4/1/2007	9/1/2008	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.5 MG	60 EA	NA	PO	EA	0.25 MG	2		2	4/1/2007	9/1/2008						
55887-0165-90	J8540			4/1/2007	9/1/2008	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.5 MG	90 EA	NA	PO	EA	0.25 MG	2		2	4/1/2007	9/1/2008						
55887-0220-12	J8498			4/1/2007	9/1/2008	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	12 EA	BX	RC	EA	1 EA	1		1	4/1/2007	9/1/2008						
55887-0246-15	J8499			4/1/2007	9/1/2008	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	15 EA	BO	PO	EA	1 EA	1		1	4/1/2007	9/1/2008						
55887-0246-21	J8499			2/1/2005	5/1/2007	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	21 EA	BO	PO	EA	1 EA	1		1	2/1/2005	5/1/2007						
55887-0246-25	J8499			2/1/2005	9/1/2008	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	25 EA	BO	PO	EA	1 EA	1		1	2/1/2005	9/1/2008						
55887-0246-30	J8499			2/1/2005	9/1/2008	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	30 EA	BO	PO	EA	1 EA	1		1	2/1/2005	9/1/2008						
55887-0246-40	J8499			4/1/2007	9/1/2008	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	40 EA	BO	PO	EA	1 EA	1		1	4/1/2007	9/1/2008						
55887-0246-50	J8499			2/1/2005	9/1/2008	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	50 EA	BO	PO	EA	1 EA	1		1	2/1/2005	9/1/2008						
55887-0246-60	J8499			3/23/2007	9/1/2008	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	60 EA	NA	PO	EA	1 EA	1		1	3/23/2007	9/1/2008						
55887-0311-30	Q0144			1/1/2007	9/1/2008	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 200 MG/5 ML	30 ML	NA	PO	ML	1 GM	0.04			1/1/2007	9/1/2008						
55887-0332-24	J7603			1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	XOPENEX (24X3ML) 0.63 MG/3 ML	3 ML	NA	IH	ML	1 MG	0.42			1/1/2008	3/31/2008						
55887-0332-24	KO J7603	KO		1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	XOPENEX (24X3ML) 0.63 MG/3 ML	3 ML	NA	IH	ML	1 MG	0.42			1/1/2008	3/31/2008						
55887-0332-24	J7614			4/1/2008	9/1/2008	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG (LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON	XOPENEX (24X3ML) 0.63 MG/3 ML	3 ML	NA	IH	ML	0.5 MG	0.42			4/1/2008	9/1/2008						
55887-0332-24	KO J7614	KO		4/1/2008	9/1/2008	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG (LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON	XOPENEX (24X3ML) 0.63 MG/3 ML	3 ML	NA	IH	ML	0.5 MG	0.42			4/1/2008	9/1/2008						
55887-0373-08	J7510			4/1/2004	9/1/2008	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 15 MG/5 ML	8 ML	BO	PO	ML	5 MG	0.6		0.6	4/1/2004	9/1/2008						
55887-0377-12	J8540			3/23/2007	9/1/2008	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	12 EA	NA	PO	EA	0.25 MG	16			3/23/2007	9/1/2008						
55887-0382-20	J7602			1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL 0.5%	20 ML	BO	IH	ML	1 MG	5			1/1/2008	3/31/2008						
55887-0382-20	J7611			4/1/2008	9/1/2008	COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG (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	ALBUTEROL 0.5%	20 ML	BO	IH	ML	1 MG	5			4/1/2008	9/1/2008						
55887-0395-30	Q0164			4/1/2004	9/1/2008	PROCHLORPERAZINE MALEATE (FILM-COATED) 5 MG	PROCHLORPERAZINE MALEATE (FILM-COATED) 5 MG	30 EA	BO	PO	EA	5 MG	1			4/1/2004	9/1/2008						
55887-0422-30	Q0177			4/1/2004	9/1/2008	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	HYDROXYZINE PAMOATE 25 MG	30 EA	BO	PO	EA	25 MG	1			4/1/2004	9/1/2008						
55887-0422-60	Q0177			3/23/2007	9/1/2008	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	HYDROXYZINE PAMOATE 25 MG	60 EA	NA	PO	EA	25 MG	1			3/23/2007	9/1/2008						
55887-0619-30	Q0165			4/1/2004	9/1/2008	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	PROCHLORPERAZINE MALEATE (FILM-COATED) 10 MG	30 EA	BO	PO	EA	10 MG	1			4/1/2004	9/1/2008						
55887-0621-03	J8498			1/1/2006	9/1/2008	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE 25 MG	3 EA	BX	RC	EA	1 EA	1			1/1/2006	9/1/2008						
55887-0621-12	J8498			4/1/2007	9/1/2008	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HCL 25 MG	12 EA	BX	RC	EA	1 EA	1			4/1/2007	9/1/2008						
55887-0643-15	J7506			4/1/2004	9/1/2008	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	15 EA	BO	PO	EA	5 MG	2			4/1/2004	9/1/2008						
55887-0643-21	J7506			1/1/2006	9/1/2008	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	21 EA	DP	PO	EA	5 MG	2			1/1/2006	9/1/2008						
55887-0643-30	J7506			4/1/2004	9/1/2008	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	30 EA	BO	PO	EA	5 MG	2			4/1/2004	9/1/2008						
55887-0643-40	J7506			1/1/2006	9/1/2008	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	40 EA	BO	PO	EA	5 MG	2			1/1/2006	9/1/2008						
55887-0643-42	J7506			4/1/2007	9/1/2008	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	42 EA	BO	PO	EA	5 MG	2			4/1/2007	9/1/2008						
55887-0643-50	J7506			4/1/2007	9/1/2008	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	50 EA	BO	PO	EA	5 MG	2			4/1/2007	9/1/2008						
55887-0643-60	J7506			4/1/2004	9/1/2008	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	60 EA	BO	PO	EA	5 MG	2			6/1/2007	9/1/2008	4/1/2004	7/1/2006				
55887-0643-90	J7506			4/1/2004	9/1/2008	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	90 EA	BO	PO	EA	5 MG	2			6/1/2007	9/1/2008	4/1/2004	7/1/2006	2			
55887-0675-04	Q0170			4/1/2004	9/1/2008	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	PROMETHAZINE HCL (FRUIT, TROPICAL) 6.25 MG/5 ML	120 ML	BO	PO	ML	25 MG	0.05			6/1/2007	9/1/2008	4/1/2004	5/1/2007	0.05			
55887-0696-21	J7506			1/1/2002	9/1/2008	PREDNISONE, ORAL, PER 5MG	PREDNISONE (DOSE PACK) 10 MG	21 EA	DP	PO	EA	5 MG	2			1/1/2002	9/1/2008						
55887-0770-01	J7506			1/1/2007	9/1/2008	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	100 EA	NA	PO	EA	5 MG	1			1/1/2007	9/1/2008						
55887-0770-15	J7506			4/1/2007	9/1/2008	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	15 EA	BO	PO	EA	5 MG	1			4/1/2007	9/1/2008						
55887-0770-20	J7506			4/1/2007	9/1/2008	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	20 EA	BO	PO	EA	5 MG	1			4/1/2007	9/1/2008						
55887-0770-21	J7506			6/30/2003	5/1/2007	PREDNISONE (DOSE PACK) 5 MG	PREDNISONE (DOSE PACK) 5 MG	21 EA	DP	PO	EA	5 MG	1			6/30/2003	5/1/2007						
55887-0770-30	J7506			4/1/2007	9/1/2008	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	30 EA	BO	PO	EA	5 MG	1			4/1/2007	9/1/2008						
55887-0770-39	J7506			4/1/2007	9/1/2008	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	39 EA	BO	PO	EA	5 MG	1			4/1/2007	9/1/2008						
55887-0770-50	J7506			4/1/2007	9/1/2008	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	50 EA	BO	PO	EA	5 MG	1			4/1/2007	9/1/2008						
55887-0770-60	J7506			4/1/2007	9/1/2008	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	60 EA	BO	PO	EA	5 MG	1			4/1/2007	9/1/2008						
55887-0795-06	Q0144			6/1/2007	9/1/2008	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	6 EA	BO	PO	EA	1 GM	0.25			6/1/2007	9/1/2008						
55887-0796-18	J7506			1/1/2007	9/1/2008	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	18 EA	NA	PO	EA	5 MG	4			1/1/2007	9/1/2008						
55887-0796-20	J7506			1/1/2006	9/1/2008	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	20 EA	BO	PO	EA	5 MG	4			1/1/2006	9/1/2008						
55887-0796-21	J7506			4/1/2004	9/1/2008	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	21 EA	BO	PO	EA	5 MG	4			4/1/2004	9/1/2008						

NDC	NDC Mod	HPCS	HPCS Mod	Relationship Start Date	Relationship End Date	HPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HPCS Amount #1	HPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
55887-0796-30	J7506			4/1/2004	9/1/2008	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	30 EA	BO	PO	EA		5 MG		4	4/1/2004	9/1/2008						
55887-0796-90	J7506			1/1/2007	9/1/2008	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	90 EA	NA	BO	EA		5 MG		4	1/1/2007	9/1/2008						
55887-0853-25	J8499			4/1/2004	9/1/2008	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	25 EA	BO	PO	EA		1 EA		1	4/1/2004	9/1/2008						
55887-0853-30	J8499			4/1/2004	9/1/2008	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	30 EA	BO	PO	EA		1 EA		1	4/1/2004	9/1/2008						
55887-0853-35	J8499			4/1/2007	9/1/2008	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	35 EA	NA	PO	EA		1 EA		1	4/1/2007	9/1/2008						
55887-0853-50	J8499			4/1/2007	9/1/2008	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	50 EA	BO	PO	EA		1 EA		1	4/1/2007	9/1/2008						
55887-0853-60	J8499			4/1/2004	9/1/2008	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	60 EA	BO	PO	EA		1 EA		1	4/1/2004	9/1/2008						
55887-0853-90	J8499			4/1/2004	9/1/2008	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	90 EA	BO	PO	EA		1 EA		1	4/1/2004	9/1/2008						
						DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT																	
55887-0885-20	Q0163			1/1/2002	5/1/2007	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	20 EA	BO	PO	EA		50 MG		1	1/1/2002	5/1/2007						
						DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT																	
55887-0885-30	Q0163			4/1/2004	9/1/2008	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	30 EA	BO	PO	EA		50 MG		1	4/1/2004	9/1/2008						
55887-0933-06	Q0144			1/1/2002	9/1/2008	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	6 EA	DP	PO	EA		1 GM		0.25	1/1/2002	9/1/2008						
						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																	
55887-0936-10	Q0170			7/1/2003	9/1/2008	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	PROMETHAZINE HCL 25 MG	10 EA	BO	PO	EA		25 MG		1	7/1/2003	9/1/2008						
						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																	
55887-0936-12	Q0170			7/1/2003	9/1/2008	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	PROMETHAZINE HCL 25 MG	12 EA	BO	PO	EA		25 MG		1	7/1/2003	9/1/2008						
						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																	
55887-0936-15	Q0170			4/1/2004	9/1/2008	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	PROMETHAZINE HCL 25 MG	15 EA	BO	PO	EA		25 MG		1	4/1/2004	9/1/2008						
						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																	
55887-0936-20	Q0170			7/1/2003	9/1/2008	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	PROMETHAZINE HCL 25 MG	20 EA	BO	PO	EA		25 MG		1	7/1/2003	9/1/2008						
						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																	
55887-0936-25	Q0170			1/1/2006	9/1/2008	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	PROMETHAZINE 25 MG	25 EA	BO	PO	EA		25 MG		1	1/1/2006	9/1/2008						
						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																	
55887-0936-28	Q0170			7/1/2003	5/1/2007	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	PROMETHAZINE HCL 25 MG	28 EA	BO	PO	EA		25 MG		1	7/1/2003	5/1/2007						
						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																	
55887-0936-30	Q0170			7/1/2003	9/1/2008	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	PROMETHAZINE HCL 25 MG	30 EA	BO	PO	EA		25 MG		1	7/1/2003	9/1/2008						
						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																	
55887-0936-60	Q0170			1/1/2005	9/1/2008	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	PROMETHAZINE HCL 25 MG	60 EA	BO	PO	EA		25 MG		1	1/1/2005	9/1/2008						
						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																	
55887-0936-90	Q0170			1/1/2005	9/1/2008	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	PROMETHAZINE HCL 25 MG	90 EA	BO	PO	EA		25 MG		1	1/1/2005	9/1/2008						
55887-0953-21	J7509			1/1/2002	12/31/2009	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPRED DP 4 MG	21 EA	BO	PO	EA		4 MG		1	1/1/2002	12/31/2009						
						DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT																	
55887-0973-20	Q0163			1/1/2002	9/1/2008	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	20 EA	BO	PO	EA		50 MG		0.5	1/1/2002	9/1/2008						
						DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT																	
55887-0973-28	Q0163			4/1/2004	5/1/2007	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	28 EA	BO	PO	EA		50 MG		0.5	4/1/2004	5/1/2007						
						DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT																	
55887-0973-30	Q0163			4/1/2004	9/1/2008	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	30 EA	BO	PO	EA		50 MG		0.5	4/1/2004	9/1/2008						
55887-0977-30	J8499			4/1/2007	9/1/2008	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	30 EA	BO	PO	EA		1 EA		1	4/1/2007	9/1/2008						
55887-0977-40	J8499			11/29/2005	9/1/2008	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	40 EA	BO	PO	EA		1 EA		1	11/29/2005	9/1/2008						
						DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT																	
55966-0115-01	Q0163			1/1/2002	8/28/2007	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	COMPLETE ALLERGY RELIEF 25 MG	100 EA	BO	PO	EA		50 MG		0.5	1/1/2002	8/28/2007						
						DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT																	
55966-0998-05	Q0163			1/1/2002	8/28/2007	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	NIGHT TIME SLEEP-AID (CAPLET) 25 MG	16 EA	NA	PO	EA		50 MG		0.5	1/1/2002	8/28/2007						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
57665-0001-01	J2504			1/1/2006	99/99/9999	INJECTION, PEGADEMASE BOVINE, 25 IU	ADAGEN (VIAL) 250 U/ML	1.5 ML	VL	IM	ML		25 IU			10	1/1/2006	99/99/9999					
57665-0002-02	J9266			4/1/2002	9/30/2011	INJECTION, PEGASPARGASE, PER SINGLE DOSE VIAL	ONCASPAR (S.D.V.,PF) 750 IU/ML	5 ML	VL	IJ	ML		1 VIAL		0.2	4/1/2002	9/30/2011						
57665-0101-41	J0287			1/1/2004	99/99/9999	INJECTION, AMPHOTERICIN B LIPID COMPLEX, 10 MG	ABELCET (W/FILTER NEEDLE) 5 MG/ML	20 ML	VL	IV	ML		10 MG		0.5	11/15/2004	99/99/9999	1/1/2004	1/1/2004	0.5			
57665-0331-01	J9098			1/1/2004	99/99/9999	INJECTION, CYTARABINE LIPOSOME, 10 MG	DEPOCYT (S.D.V.) 10 MG/ML	5 ML	VL	IN	ML		10 MG		1	1/1/2004	99/99/9999						
57844-0522-06	J8999			5/14/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	PURINETHOL 50 MG	60 EA	BO	PO	EA		1 EA		1	5/14/2004	99/99/9999						
57844-0713-19	J2941			1/18/2005	99/99/9999	INJECTION, SOMATROPIN, 1 MG	TEV-TROPIN (VIAL W/DILUENT) 5 MG	1 EA	VL	SC	EA		1 MG		5	1/18/2005	99/99/9999						
57844-0713-41	J2941			1/18/2005	8/1/2007	INJECTION, SOMATROPIN, 1 MG	TEV-TROPIN (VIAL W/DILUENT) 5 MG	1 EA	VL	SC	EA		1 MG		5	1/18/2005	8/1/2007						
						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	PROMETHAZINE 25 MG	12 EA	BO	PO	EA		25 MG		1	2/1/2004	5/25/2011						
57866-0215-01	Q0170			2/1/2004	5/25/2011	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	18 EA	BX	PO	EA		1 GM		0.25	4/15/2002	1/1/2008						
57866-0446-07	Q0144			4/15/2002	1/1/2008	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 500 MG	3 EA	BO	PO	EA		1 GM		0.5	5/1/2006	5/25/2011						
57866-3136-01	Q0144			5/1/2006	5/25/2011	DIPHENHYDRAMINE HYDROCHLORIDE, 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	DIPHENHYDRAMINE HCL 25 MG	30 EA	BO	PO	EA		50 MG		0.5	4/15/2002	5/25/2011						
57866-3594-01	Q0163			4/15/2002	5/25/2011	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	30 EA	BO	PO	EA		50 MG		0.5	4/15/2002	5/25/2011						
57866-3594-02	Q0163			4/15/2002	5/25/2011	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	12 EA	BO	PO	EA		50 MG		0.5	4/15/2002	5/25/2011						
57866-3594-05	Q0163			4/15/2002	5/25/2011	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	90 EA	BO	PO	EA		50 MG		0.5	4/15/2002	5/25/2011						
57866-3594-06	Q0163			4/15/2002	5/25/2011	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	20 EA	BO	PO	EA		50 MG		0.5	4/15/2002	5/25/2011						
57866-3762-01	Q0163			4/15/2002	5/25/2011	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	30 EA	BO	PO	EA		50 MG		1	4/15/2002	5/25/2011						
57866-3762-02	Q0163			4/15/2002	5/25/2011	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	20 EA	BO	PO	EA		50 MG		1	4/15/2002	5/25/2011						
57866-3762-04	Q0163			4/15/2002	5/25/2011	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	90 EA	BO	PO	EA		50 MG		1	4/15/2002	5/25/2011						
57866-3762-05	Q0163			3/22/2006	5/25/2011	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	15 EA	BO	PO	EA		50 MG		1	3/22/2006	5/25/2011						
57866-3893-01	Q0177			4/15/2002	5/25/2011	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	HYDROXYZINE PAMOATE 25 MG	30 EA	BO	PO	EA		25 MG		1	4/15/2002	5/25/2011						
57866-3893-02	Q0177			4/15/2002	5/25/2011	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	HYDROXYZINE PAMOATE 25 MG	60 EA	BO	PO	EA		25 MG		1	4/15/2002	5/25/2011						
57866-3893-03	Q0177			4/15/2002	5/25/2011	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	HYDROXYZINE PAMOATE 25 MG	90 EA	BO	PO	EA		25 MG		1	4/15/2002	5/25/2011						
57866-3894-01	Q0178			4/15/2002	5/25/2011	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	HYDROXYZINE PAMOATE 50 MG	30 EA	BO	PO	EA		50 MG		1	4/15/2002	5/25/2011						
57866-3894-02	Q0178			4/15/2002	5/25/2011	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	HYDROXYZINE PAMOATE 50 MG	60 EA	BO	PO	EA		50 MG		1	4/15/2002	5/25/2011						
57866-3894-03	Q0178			4/15/2002	5/25/2011	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	HYDROXYZINE PAMOATE 50 MG	90 EA	BO	PO	EA		50 MG		1	4/15/2002	5/25/2011						
57866-4037-01	J7509			4/15/2002	5/25/2011	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	21 EA	DP	PO	EA		4 MG		1	4/15/2002	5/25/2011						
57866-4132-01	Q0175			4/15/2002	5/25/2011	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	PERPHENAZINE 4 MG	30 EA	BO	PO	EA		4 MG		1	4/15/2002	5/25/2011						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
57866-4132-02		Q0175		4/15/2002	5/25/2011	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	PERPHENAZINE 4 MG	60 EA	BO	PO	EA		4 MG		1	4/15/2002	5/25/2011						
57866-4132-03		Q0175		4/15/2002	5/25/2011	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	PERPHENAZINE 4 MG	90 EA	BO	PO	EA		4 MG		1	4/15/2002	5/25/2011						
57866-4133-01		Q0176		4/15/2002	5/25/2011	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	PERPHENAZINE 8 MG	30 EA	BO	PO	EA		8 MG		1	4/15/2002	5/25/2011						
57866-4133-02		Q0176		4/15/2002	5/25/2011	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	PERPHENAZINE 8 MG	60 EA	BO	PO	EA		8 MG		1	4/15/2002	5/25/2011						
57866-4133-03		Q0176		4/15/2002	5/25/2011	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	PERPHENAZINE 8 MG	90 EA	BO	PO	EA		8 MG		1	4/15/2002	5/25/2011						
57866-4324-01	J7506			4/15/2002	5/25/2011	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	30 EA	BO	PO	EA		5 MG		1	4/15/2002	5/25/2011						
57866-4324-04	J7506			4/15/2002	5/25/2011	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	21 EA	BO	PO	EA		5 MG		1	4/15/2002	5/25/2011						
57866-4324-05	J7506			10/1/2003	5/25/2011	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	50 EA	BO	PO	EA		5 MG		1	10/1/2003	5/25/2011						
57866-4325-01	J7506			4/15/2002	5/25/2011	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	30 EA	BO	PO	EA		5 MG		2	4/15/2002	5/25/2011						
57866-4325-02	J7506			4/15/2002	5/25/2011	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	21 EA	BO	PO	EA		5 MG		2	4/15/2002	5/25/2011						
57866-4325-03	J7506			4/15/2002	5/25/2011	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	40 EA	BO	PO	EA		5 MG		2	4/15/2002	5/25/2011						
57866-4325-07	J7506			11/1/2005	5/25/2011	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	90 EA	BO	PO	EA		5 MG		2	11/1/2005	5/25/2011						
57866-4325-08	J7506			1/2/2006	5/25/2011	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	60 EA	BO	PO	EA		5 MG		2	1/2/2006	5/25/2011						
57866-4326-01	J7506			10/1/2003	5/25/2011	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	20 EA	BO	PO	EA		5 MG		4	10/1/2003	5/25/2011						
57866-4326-02	J7506			4/15/2002	5/25/2011	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	30 EA	BO	PO	EA		5 MG		4	4/15/2002	5/25/2011						
57866-4326-04	J7506			4/15/2002	5/25/2011	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	21 EA	BO	PO	EA		5 MG		4	4/15/2002	5/25/2011						
57866-4326-05	J7506			10/1/2003	5/25/2011	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	15 EA	BO	PO	EA		5 MG		4	10/1/2003	5/25/2011						
57866-4326-07	J7506			10/1/2003	5/25/2011	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	5 EA	BO	PO	EA		5 MG		4	10/1/2003	5/25/2011						
57866-4326-08	J7506			11/1/2005	5/25/2011	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	18 EA	BO	PO	EA		5 MG		4	11/1/2005	5/25/2011						
57866-4327-01	J7510			4/15/2002	5/25/2011	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 5 MG	90 EA	BO	PO	EA		5 MG		1	4/15/2002	5/25/2011						
57866-4327-02	J7506			10/1/2003	5/25/2011	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	20 EA	BO	PO	EA		5 MG		1	10/1/2003	5/25/2011						
57866-4328-03	Q0170			10/1/2003	5/25/2011	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	PROMETHAZINE 25 MG	20 EA	BO	PO	EA		25 MG		1	10/1/2003	5/25/2011						
57866-4356-01	Q0144			3/28/2006	5/25/2011	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	6 EA	BO	PO	EA		1 GM		0.25	3/28/2006	5/25/2011						
57866-4379-01	Q0170			11/1/2005	5/25/2011	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	PROMETHAZINE 25 MG	30 EA	BO	PO	EA		25 MG		1	11/1/2005	5/25/2011						
57866-4379-02	Q0170			4/15/2002	5/25/2011	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	PROMETHAZINE HCL 25 MG	12 EA	BO	PO	EA		25 MG		1	4/15/2002	5/25/2011						
57866-4379-04	Q0170			4/15/2002	5/25/2011	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	PROMETHAZINE HCL 25 MG	10 EA	BO	PO	EA		25 MG		1	4/15/2002	5/25/2011						
57866-4379-06	Q0170			1/2/2006	5/25/2011	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	PROMETHAZINE 25 MG	5 EA	BO	PO	EA		25 MG		1	1/2/2006	5/25/2011						
57866-4379-07	Q0170			1/2/2006	5/25/2011	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	PROMETHAZINE 25 MG	60 EA	BO	PO	EA		25 MG		1	1/2/2006	5/25/2011						
57866-4379-08	Q0170			4/11/2006	5/25/2011	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	PROMETHAZINE 25 MG	90 EA	BO	PO	EA		25 MG		1	4/11/2006	5/25/2011						
57866-4436-01	J8999			4/15/2002	1/1/2008	PRESRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	HYDROXYUREA 500 MG	30 EA	BO	PO	EA		1 EA		1	4/15/2002	1/1/2008						
57866-4822-01	J8999			4/15/2002	5/25/2011	PRESRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE 20 MG	30 EA	BO	PO	EA		1 EA		1	4/15/2002	5/25/2011						
57866-6298-01	Q0165			4/15/2002	5/25/2011	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	PROCHLORPERAZINE MALEATE 10 MG	30 EA	BO	PO	EA		10 MG		1	4/15/2002	5/25/2011						
57866-6299-01	Q0164			4/15/2002	5/25/2011	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	PROCHLORPERAZINE MALEATE 5 MG	30 EA	BO	PO	EA		5 MG		1	4/15/2002	5/25/2011						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
57866-6299-02	Q0164			10/1/2003	5/25/2011	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	PROCHLORPERAZINE MALEATE 5 MG	10 EA	BO	PO	EA	5 MG	1			10/1/2003	5/25/2011						
57866-6950-02	J8499			4/15/2002	5/25/2011	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	25 EA	BO	PO	EA	1 EA	1			4/15/2002	5/25/2011						
57866-6950-03	J8499			4/15/2002	5/25/2011	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	50 EA	BO	PO	EA	1 EA	1			4/15/2002	5/25/2011						
57866-7100-01	J7509			1/22/2008	5/25/2011	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 8 MG	25 EA	BO	PO	EA	4 MG	2			1/22/2008	5/25/2011						
57866-9021-01	J7500			4/15/2002	5/25/2011	AZATHIOPRINE, ORAL, 50 MG	AZATHIOPRINE 50 MG	30 EA	BO	PO	EA	50 MG	1			4/15/2002	5/25/2011						
57894-0030-01	J1745			1/1/2002	99/99/9999	INJECTION INFliximab, 10 MG	REMICADE (S.D.V.,PF) 100 MG	1 EA	VL	IV	EA	10 MG	10			1/1/2002	99/99/9999						
57896-0781-01	Q0163			8/1/2002	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	GERIDRYL 25 MG	100 EA	NA	PO	EA	50 MG	0.5			8/1/2002	99/99/9999						
57896-0782-01	Q0163			8/1/2002	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	GERIDRYL (CAPLET) 25 MG	100 EA	NA	PO	EA	50 MG	0.5			8/1/2002	99/99/9999						
58016-0084-00	Q0179			2/1/2006	12/31/2011	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ZOFran 8 MG	100 EA	BO	PO	EA	8 MG	1			2/1/2006	12/31/2011						
58016-0084-00	Q0162			1/1/2012	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	ZOFran 8 MG	100 EA	BO	PO	EA	1 MG	8			1/1/2012	99/99/9999						
58016-0084-10	Q0179			2/1/2006	12/31/2011	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ZOFran 8 MG	10 EA	BO	PO	EA	8 MG	1			2/1/2006	12/31/2011						
58016-0084-10	Q0162			1/1/2012	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	ZOFran 8 MG	10 EA	BO	PO	EA	1 MG	8			1/1/2012	99/99/9999						
58016-0084-30	Q0179			2/1/2006	12/31/2011	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	ZOFran 8 MG	30 EA	BO	PO	EA	8 MG	1			2/1/2006	12/31/2011						
58016-0084-30	Q0162			1/1/2012	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	ZOFran 8 MG	30 EA	BO	PO	EA	1 MG	8			1/1/2012	99/99/9999						
58016-0084-60	Q0179			2/1/2006	12/31/2011	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ZOFran 8 MG	60 EA	BO	PO	EA	8 MG	1			2/1/2006	12/31/2011						
58016-0084-60	Q0162			1/1/2012	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	ZOFran 8 MG	60 EA	BO	PO	EA	1 MG	8			1/1/2012	99/99/9999						
58016-0084-90	Q0179			2/1/2006	12/31/2011	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	ZOFran 8 MG	90 EA	BO	PO	EA	8 MG	1			2/1/2006	12/31/2011						
58016-0084-90	Q0162			1/1/2012	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	ZOFran 8 MG	90 EA	BO	PO	EA	1 MG	8			1/1/2012	99/99/9999						
58016-0086-30	Q0144			2/1/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	100 EA	BO	PO	EA	1 GM	0.25			2/1/2006	99/99/9999						
58016-0086-30	Q0144			2/1/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	30 EA	BO	PO	EA	1 GM	0.25			2/1/2006	99/99/9999						
58016-0086-90	Q0144			2/1/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	60 EA	BO	PO	EA	1 GM	0.25			2/1/2006	99/99/9999						
58016-0086-90	Q0144			2/1/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	90 EA	BO	PO	EA	1 GM	0.25			2/1/2006	99/99/9999						
58016-0111-00	J8499			9/1/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	100 EA	BO	PO	EA	1 EA	1			9/1/2006	99/99/9999						
58016-0111-15	J8499			9/1/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	15 EA	BO	PO	EA	1 EA	1			9/1/2006	99/99/9999						
58016-0111-20	J8499			9/1/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	20 EA	BO	PO	EA	1 EA	1			9/1/2006	99/99/9999						
58016-0111-25	J8499			9/1/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	25 EA	BO	PO	EA	1 EA	1			9/1/2006	99/99/9999						
58016-0111-30	J8499			9/1/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	30 EA	BO	PO	EA	1 EA	1			9/1/2006	99/99/9999						
58016-0111-60	J8499			9/1/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	60 EA	BO	PO	EA	1 EA	1			9/1/2006	99/99/9999						
58016-0111-90	J8499			9/1/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	90 EA	BO	PO	EA	1 EA	1			9/1/2006	99/99/9999						
58016-0112-00	J8499			5/31/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	100 EA	BO	PO	EA	1 EA	1			5/31/2005	99/99/9999						
58016-0112-20	J8499			5/31/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	20 EA	BO	PO	EA	1 EA	1			5/31/2005	99/99/9999						
58016-0112-30	J8499			5/31/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	30 EA	BO	PO	EA	1 EA	1			5/31/2005	99/99/9999						
58016-0112-60	J8499			8/9/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	60 EA	BO	PO	EA	1 EA	1			8/9/2002	99/99/9999						
58016-0112-90	J8499			5/31/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	90 EA	BO	PO	EA	1 EA	1			5/31/2005	99/99/9999						
58016-0126-12	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	12 EA	NA	PO	EA	5 MG	2			1/1/2002	99/99/9999						
58016-0170-00	J8999			2/1/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	FLUTAMIDE 125 MG	100 EA	BO	PO	EA	1 EA	1			2/1/2006	99/99/9999						
58016-0170-30	J8999			2/1/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	FLUTAMIDE 125 MG	30 EA	BO	PO	EA	1 EA	1			2/1/2006	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
58016-0170-60		J8999		2/1/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	FLUTAMIDE 125 MG	60 EA	BO	PO	EA		1 EA			1	2/1/2006	99/99/9999					
58016-0170-90		J8999		2/1/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	FLUTAMIDE 125 MG	90 EA	BO	PO	EA		1 EA			1	2/1/2006	99/99/9999					
58016-0170-99		J8999		2/1/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	FLUTAMIDE 125 MG	180 EA	BO	PO	EA		1 EA			1	2/1/2006	99/99/9999					
58016-0216-00		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	100 EA	BO	PO	EA		5 MG			2	1/1/2002	99/99/9999					
58016-0216-10		J7506		1/1/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	10 EA	NA	PO	EA		5 MG			2	1/1/2007	99/99/9999					
58016-0216-12		J7506		3/22/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	12 EA	BO	PO	EA		5 MG			2	3/22/2002	99/99/9999					
58016-0216-14		J7506		3/22/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	14 EA	BO	PO	EA		5 MG			2	3/22/2002	99/99/9999					
58016-0216-15		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	15 EA	BO	PO	EA		5 MG			2	1/1/2002	99/99/9999					
58016-0216-20		J7506		3/22/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	20 EA	BO	PO	EA		5 MG			2	3/22/2002	99/99/9999					
58016-0216-21		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	21 EA	BO	PO	EA		5 MG			2	1/1/2002	99/99/9999					
58016-0216-22		J7506		1/1/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	22 EA	NA	PO	EA		5 MG			2	1/1/2007	99/99/9999					
58016-0216-24		J7506		3/22/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	24 EA	BO	PO	EA		5 MG			2	3/22/2002	99/99/9999					
58016-0216-28		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	28 EA	BO	PO	EA		5 MG			2	1/1/2002	99/99/9999					
58016-0216-30		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	30 EA	BO	PO	EA		5 MG			2	1/1/2002	99/99/9999					
58016-0216-32		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	32 EA	BO	PO	EA		5 MG			2	1/1/2002	99/99/9999					
58016-0216-40		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	40 EA	BO	PO	EA		5 MG			2	1/1/2002	99/99/9999					
58016-0216-42		J7506		1/1/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	42 EA	NA	PO	EA		5 MG			2	1/1/2007	99/99/9999					
58016-0216-50		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	50 EA	BO	PO	EA		5 MG			2	1/1/2002	99/99/9999					
58016-0216-60		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	60 EA	BO	PO	EA		5 MG			2	1/1/2002	99/99/9999					
58016-0216-84		J7506		1/1/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	84 EA	NA	PO	EA		5 MG			2	1/1/2007	99/99/9999					
58016-0216-90		J7506		1/1/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	90 EA	BO	PO	EA		5 MG			2	1/1/2007	99/99/9999					
58016-0217-00		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	100 EA	BO	PO	EA		5 MG			4	1/1/2002	99/99/9999					
58016-0217-05		J7506		1/1/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	5 EA	NA	PO	EA		5 MG			4	1/1/2007	99/99/9999					
58016-0217-07		J7506		1/1/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	7 EA	NA	PO	EA		5 MG			4	1/1/2007	99/99/9999					
58016-0217-10		J7506		3/21/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	10 EA	BO	PO	EA		5 MG			4	3/21/2002	99/99/9999					
58016-0217-12		J7506		1/1/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	12 EA	NA	PO	EA		5 MG			4	1/1/2007	99/99/9999					
58016-0217-15		J7506		3/21/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	15 EA	BO	PO	EA		5 MG			4	3/21/2002	99/99/9999					
58016-0217-16		J7506		3/21/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	16 EA	BO	PO	EA		5 MG			4	3/21/2002	99/99/9999					
58016-0217-18		J7506		3/21/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	18 EA	BO	PO	EA		5 MG			4	3/21/2002	99/99/9999					
58016-0217-20		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	20 EA	BO	PO	EA		5 MG			4	1/1/2002	99/99/9999					
58016-0217-21		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	21 EA	BO	PO	EA		5 MG			4	1/1/2002	99/99/9999					
58016-0217-22		J7506		3/21/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	22 EA	BO	PO	EA		5 MG			4	3/21/2002	99/99/9999					
58016-0217-23		J7506		1/1/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	23 EA	NA	PO	EA		5 MG			4	1/1/2007	99/99/9999					
58016-0217-24		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	24 EA	BO	PO	EA		5 MG			4	1/1/2002	99/99/9999					
58016-0217-28		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	28 EA	BO	PO	EA		5 MG			4	1/1/2002	99/99/9999					
58016-0217-30		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	30 EA	BO	PO	EA		5 MG			4	1/1/2002	99/99/9999					
58016-0217-40		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	40 EA	BO	PO	EA		5 MG			4	1/1/2002	99/99/9999					
58016-0217-60		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	60 EA	BO	PO	EA		5 MG			4	1/1/2002	99/99/9999					
58016-0218-00		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	100 EA	BO	PO	EA		5 MG			1	1/1/2002	99/99/9999					
58016-0218-20		J7506		3/22/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	20 EA	BO	PO	EA		5 MG			1	3/22/2002	99/99/9999					
58016-0218-21		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	21 EA	BO	PO	EA		5 MG			1	1/1/2002	99/99/9999					
58016-0218-24		J7506		3/22/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	24 EA	BO	PO	EA		5 MG			1	3/22/2002	99/99/9999					
58016-0218-30		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	30 EA	BO	PO	EA		5 MG			1	1/1/2002	99/99/9999					
58016-0218-33		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	33 EA	BO	PO	EA		5 MG			1	1/1/2002	99/99/9999					
58016-0218-36		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	36 EA	BO	PO	EA		5 MG			1	1/1/2002	99/99/9999					
58016-0218-40		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	40 EA	BO	PO	EA		5 MG			1	1/1/2002	99/99/9999					
58016-0218-50		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	50 EA	BO	PO	EA		5 MG			1	1/1/2002	99/99/9999					
58016-0218-55		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	55 EA	BO	PO	EA		5 MG			1	1/1/2002	99/99/9999					
58016-0218-60		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	60 EA	BO	PO	EA		5 MG			1	1/1/2002	99/99/9999					
58016-0218-69		J7506		1/1/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	69 EA	NA	PO	EA		5 MG			1	1/1/2007	99/99/9999					
58016-0218-90		J7506		5/31/2005	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	90 EA	BO	PO	EA		5 MG			1	5/31/2005	99/99/9999					
58016-0259-00		Q0177		1/1/2002	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	HYDROXYZINE PAMOATE 25 MG	100 EA	BO	PO	EA		25 MG			1	1/1/2002	99/99/9999					
58016-0259-02		Q0177		1/1/2007	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	HYDROXYZINE PAMOATE 25 MG	120 EA	NA	PO	EA		25 MG			1	1/1/2007	99/99/9999					
58016-0259-10		Q0177		1/1/2002	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	HYDROXYZINE PAMOATE 25 MG	10 EA	BO	PO	EA		25 MG			1	1/1/2002	99/99/9999					
58016-0259-20		Q0177		1/1/2002	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	HYDROXYZINE PAMOATE 25 MG	20 EA	BO	PO	EA		25 MG			1	1/1/2002	99/99/9999					
58016-0259-30		Q0177		1/1/2002	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	HYDROXYZINE PAMOATE 25 MG	30 EA	BO	PO	EA		25 MG			1	1/1/2002	99/99/9999					
58016-0259-50		Q0177		1/1/2002	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	HYDROXYZINE PAMOATE 25 MG	50 EA	BO	PO	EA		25 MG			1	1/1/2002	99/99/9999					

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
58016-0259-60		Q0177		1/1/2002	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	HYDROXYZINE PAMOATE 25 MG	60 EA	BO	PO	EA		25 MG		1	1/1/2002	99/99/9999						
58016-0259-90		Q0177		1/1/2007	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	HYDROXYZINE PAMOATE 25 MG	90 EA	NA	PO	EA		25 MG		1	1/1/2007	99/99/9999						
58016-0290-00		J8540		1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.5 MG	100 EA	BO	PO	EA		0.25 MG		2	1/1/2006	99/99/9999						
58016-0290-02		J8540		1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.5 MG	120 EA	BO	PO	EA		0.25 MG		2	1/1/2006	99/99/9999						
58016-0290-03		J8540		1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.5 MG	150 EA	BO	PO	EA		0.25 MG		2	1/1/2006	99/99/9999						
58016-0290-12		J8540		1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.5 MG	12 EA	BO	PO	EA		0.25 MG		2	1/1/2006	99/99/9999						
58016-0290-15		J8540		1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.5 MG	15 EA	BO	PO	EA		0.25 MG		2	1/1/2006	99/99/9999						
58016-0290-20		J8540		1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.5 MG	20 EA	BO	PO	EA		0.25 MG		2	1/1/2006	99/99/9999						
58016-0290-30		J8540		1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.5 MG	30 EA	BO	PO	EA		0.25 MG		2	1/1/2006	99/99/9999						
58016-0290-73		J8540		1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.5 MG	300 EA	BO	PO	EA		0.25 MG		2	1/1/2006	99/99/9999						
58016-0290-89		J8540		1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.5 MG	200 EA	BO	PO	EA		0.25 MG		2	1/1/2006	99/99/9999						
58016-0291-60		J8540		1/1/2007	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.5 MG	60 EA	BO	PO	EA		0.25 MG		2	1/1/2007	99/99/9999						
58016-0293-00		J8540		1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	100 EA	BO	PO	EA		0.25 MG		3	1/1/2006	99/99/9999						
58016-0293-06		J8540		1/1/2007	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	6 EA	NA	PO	EA		0.25 MG		3	1/1/2007	99/99/9999						
58016-0293-12		J8540		1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	12 EA	BO	PO	EA		0.25 MG		3	1/1/2006	99/99/9999						
58016-0293-15		J8540		1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	15 EA	BO	PO	EA		0.25 MG		3	1/1/2006	99/99/9999						
58016-0293-20		J8540		1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	20 EA	BO	PO	EA		0.25 MG		3	1/1/2006	99/99/9999						
58016-0293-30		J8540		1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	30 EA	BO	PO	EA		0.25 MG		3	1/1/2006	99/99/9999						
58016-0326-00		Q0164		3/1/2007	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	PROCHLORPERAZINE MALEATE 5 MG	100 EA	BO	PO	EA		5 MG		1	3/1/2007	99/99/9999						
58016-0326-12		Q0164		9/15/2003	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	PROCHLORPERAZINE MALEATE 5 MG	12 EA	BO	PO	EA		5 MG		1	9/15/2003	99/99/9999						
58016-0326-30		Q0164		3/1/2007	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	PROCHLORPERAZINE MALEATE 5 MG	30 EA	BO	PO	EA		5 MG		1	3/1/2007	99/99/9999						
58016-0326-60		Q0164		3/1/2007	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	PROCHLORPERAZINE MALEATE 5 MG	60 EA	BO	PO	EA		5 MG		1	3/1/2007	99/99/9999						
58016-0326-90		Q0164		3/1/2007	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	PROCHLORPERAZINE MALEATE 5 MG	90 EA	BO	PO	EA		5 MG		1	3/1/2007	99/99/9999						
58016-0350-20		J8540		1/1/2006	12/31/2006	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.5 MG/5 ML	100 ML	BO	PO	ML		0.25 MG	0.4		1/1/2006	12/31/2006						
58016-0391-00		Q0144		1/15/2004	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	100 EA	BO	PO	EA		1 GM	0.25		1/15/2004	99/99/9999						
58016-0391-01		Q0144		4/3/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX Z-PAK 250 MG	6 EA	BX	PO	EA		1 GM	0.25		4/3/2002	99/99/9999						
58016-0391-06		Q0144		1/1/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	6 EA	BO	PO	EA		1 GM	0.25		1/1/2002	99/99/9999						
58016-0391-10		Q0144		1/1/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	10 EA	BO	PO	EA		1 GM	0.25		1/1/2002	99/99/9999						
58016-0391-15		Q0144		1/1/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	15 EA	BO	PO	EA		1 GM	0.25		1/1/2002	99/99/9999						
58016-0391-18		Q0144		1/1/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	18 EA	BX	PO	EA		1 GM	0.25		1/1/2002	99/99/9999						
58016-0391-20		Q0144		1/1/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	20 EA	BO	PO	EA		1 GM	0.25		1/1/2002	99/99/9999						
58016-0391-28		Q0144		1/1/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	28 EA	BO	PO	EA		1 GM	0.25		1/1/2002	99/99/9999						
58016-0391-30		Q0144		1/1/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	30 EA	BO	PO	EA		1 GM	0.25		1/1/2002	99/99/9999						
58016-0391-60		Q0144		1/15/2004	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	60 EA	BO	PO	EA		1 GM	0.25		1/15/2004	99/99/9999						
58016-0391-90		Q0144		1/15/2004	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	90 EA	BO	PO	EA		1 GM	0.25		1/15/2004	99/99/9999						
58016-0408-00		Q0163		1/1/2002	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	DIPHENHYDRAMINE HCL 25 MG	100 EA	BO	PO	EA		50 MG		0.5	1/1/2002	99/99/9999						
58016-0408-06		Q0163		1/1/2002	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	DIPHENHYDRAMINE HCL 25 MG	6 EA	BO	PO	EA		50 MG		0.5	1/1/2002	99/99/9999						
58016-0408-09		Q0163		1/1/2002	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	DIPHENHYDRAMINE HCL 25 MG	9 EA	BO	PO	EA		50 MG		0.5	1/1/2002	99/99/9999						
58016-0408-10		Q0163		1/1/2002	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	DIPHENHYDRAMINE HCL 25 MG	10 EA	BO	PO	EA		50 MG		0.5	1/1/2002	99/99/9999						
58016-0408-12		Q0163		1/1/2002	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	DIPHENHYDRAMINE HCL 25 MG	12 EA	BO	PO	EA		50 MG		0.5	1/1/2002	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
58016-0408-14		Q0163		1/1/2002	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	DIPHENHYDRAMINE HCL 25 MG	14	EA	BO	PO	EA	50 MG		0.5	1/1/2002	99/99/9999						
58016-0408-15		Q0163		1/1/2002	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	DIPHENHYDRAMINE HCL 25 MG	15	EA	BO	PO	EA	50 MG		0.5	1/1/2002	99/99/9999						
58016-0408-20		Q0163		1/1/2002	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	DIPHENHYDRAMINE HCL 25 MG	20	EA	BO	PO	EA	50 MG		0.5	1/1/2002	99/99/9999						
58016-0408-21		Q0163		1/1/2002	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	DIPHENHYDRAMINE HCL 25 MG	21	EA	BO	PO	EA	50 MG		0.5	1/1/2002	99/99/9999						
58016-0408-24		Q0163		1/1/2007	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	DIPHENHYDRAMINE HCL 25 MG	24	EA	NA	PO	EA	50 MG		0.5	1/1/2007	99/99/9999						
58016-0408-25		Q0163		1/1/2007	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	DIPHENHYDRAMINE HCL 25 MG	25	EA	NA	PO	EA	50 MG		0.5	1/1/2007	99/99/9999						
58016-0408-28		Q0163		1/1/2002	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	DIPHENHYDRAMINE HCL 25 MG	28	EA	BO	PO	EA	50 MG		0.5	1/1/2002	99/99/9999						
58016-0408-30		Q0163		1/1/2002	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	DIPHENHYDRAMINE HCL 25 MG	30	EA	BO	PO	EA	50 MG		0.5	1/1/2002	99/99/9999						
58016-0408-40		Q0163		1/1/2002	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	DIPHENHYDRAMINE HCL 25 MG	40	EA	BO	PO	EA	50 MG		0.5	1/1/2002	99/99/9999						
58016-0408-60		Q0163		1/1/2002	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	DIPHENHYDRAMINE HCL 25 MG	60	EA	BO	PO	EA	50 MG		0.5	1/1/2002	99/99/9999						
58016-0409-00		Q0163		1/1/2002	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	DIPHENHYDRAMINE HCL 50 MG	100	EA	BO	PO	EA	50 MG		1	1/1/2002	99/99/9999						
58016-0409-10		Q0163		1/1/2002	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	DIPHENHYDRAMINE HCL 50 MG	10	EA	BO	PO	EA	50 MG		1	1/1/2002	99/99/9999						
58016-0409-12		Q0163		1/1/2002	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	DIPHENHYDRAMINE HCL 50 MG	12	EA	BO	PO	EA	50 MG		1	1/1/2002	99/99/9999						
58016-0409-15		Q0163		1/1/2002	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	DIPHENHYDRAMINE HCL 50 MG	15	EA	BO	PO	EA	50 MG		1	1/1/2002	99/99/9999						
58016-0409-20		Q0163		1/1/2002	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	DIPHENHYDRAMINE HCL 50 MG	20	EA	BO	PO	EA	50 MG		1	1/1/2002	99/99/9999						
58016-0409-21		Q0163		1/1/2007	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	DIPHENHYDRAMINE HCL 50 MG	21	EA	BO	PO	EA	50 MG		1	1/1/2007	99/99/9999						
58016-0409-24		Q0163		3/26/2002	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	DIPHENHYDRAMINE HCL 50 MG	24	EA	BO	PO	EA	50 MG		1	3/26/2002	99/99/9999						
58016-0409-30		Q0163		1/1/2002	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	DIPHENHYDRAMINE HCL 50 MG	30	EA	BO	PO	EA	50 MG		1	1/1/2002	99/99/9999						
58016-0409-40		Q0163		1/1/2007	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	DIPHENHYDRAMINE HCL 50 MG	40	EA	NA	PO	EA	50 MG		1	1/1/2007	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
58016-0409-60		Q0163		8/1/2006	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	DIPHENHYDRAMINE HCL 50 MG	60 EA	BO	PO	EA		50 MG		1	8/1/2006	99/99/9999						
58016-0409-90		Q0163		8/1/2006	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	DIPHENHYDRAMINE HCL 50 MG	90 EA	BO	PO	EA		50 MG		1	8/1/2006	99/99/9999						
58016-0424-00		Q0170		1/1/2002	99/99/9999	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	PROMETHAZINE HCL 25 MG	100 EA	BO	PO	EA		25 MG		1	1/1/2002	99/99/9999						
58016-0424-02		Q0170		9/15/2003	99/99/9999	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	PROMETHAZINE HCL 25 MG	120 EA	BO	PO	EA		25 MG		1	9/15/2003	99/99/9999						
58016-0424-03		Q0170		9/15/2003	99/99/9999	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	PROMETHAZINE HCL 25 MG	150 EA	BO	PO	EA		25 MG		1	9/15/2003	99/99/9999						
58016-0424-10		Q0170		3/26/2002	99/99/9999	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	PROMETHAZINE HCL 25 MG	10 EA	BO	PO	EA		25 MG		1	3/26/2002	99/99/9999						
58016-0424-12		Q0170		1/1/2002	99/99/9999	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	PROMETHAZINE HCL 25 MG	12 EA	BO	PO	EA		25 MG		1	1/1/2002	99/99/9999						
58016-0424-15		Q0170		1/1/2002	99/99/9999	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	PROMETHAZINE HCL 25 MG	15 EA	BO	PO	EA		25 MG		1	1/1/2002	99/99/9999						
58016-0424-20		Q0170		1/1/2002	99/99/9999	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	PROMETHAZINE HCL 25 MG	20 EA	BO	PO	EA		25 MG		1	1/1/2002	99/99/9999						
58016-0424-30		Q0170		1/1/2002	99/99/9999	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	PROMETHAZINE HCL 25 MG	30 EA	BO	PO	EA		25 MG		1	1/1/2002	99/99/9999						
58016-0424-40		Q0170		1/1/2007	99/99/9999	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	PROMETHAZINE HCL 25 MG	40 EA	NA	PO	EA		25 MG		1	1/1/2007	99/99/9999						
58016-0424-48		Q0170		1/1/2007	99/99/9999	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	PROMETHAZINE HCL 25 MG	48 EA	NA	PO	EA		25 MG		1	1/1/2007	99/99/9999						
58016-0424-50		Q0170		1/1/2002	99/99/9999	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	PROMETHAZINE HCL 25 MG	50 EA	BO	PO	EA		25 MG		1	1/1/2002	99/99/9999						
58016-0424-60		Q0170		7/13/2003	99/99/9999	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	PROMETHAZINE HCL 25 MG	60 EA	BO	PO	EA		25 MG		1	7/13/2003	99/99/9999						
58016-0424-73		Q0170		9/15/2003	99/99/9999	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	PROMETHAZINE HCL 25 MG	300 EA	BO	PO	EA		25 MG		1	9/15/2003	99/99/9999						
58016-0424-89		Q0170		9/15/2003	99/99/9999	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	PROMETHAZINE HCL 25 MG	200 EA	BO	PO	EA		25 MG		1	9/15/2003	99/99/9999						
58016-0424-90		Q0170		9/15/2003	99/99/9999	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	PROMETHAZINE HCL 25 MG	90 EA	BO	PO	EA		25 MG		1	9/15/2003	99/99/9999						
58016-0464-10		Q0178		1/1/2002	99/99/9999	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	HYDROXYZINE PAMOATE 50 MG	10 EA	BO	PO	EA		50 MG		1	1/1/2002	99/99/9999						
58016-0464-15		Q0178		1/1/2002	99/99/9999	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	HYDROXYZINE PAMOATE 50 MG	15 EA	BO	PO	EA		50 MG		1	1/1/2002	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
58016-0464-20		Q0178		1/1/2002	99/99/9999	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	HYDROXYZINE PAMOATE 50 MG	20 EA	BO	PO	EA		50 MG		1	1/1/2002	99/99/9999						
58016-0464-30		Q0178		1/1/2002	99/99/9999	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	HYDROXYZINE PAMOATE 50 MG	30 EA	BO	PO	EA		50 MG		1	1/1/2002	99/99/9999						
58016-0603-01	A4216			1/1/2006	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE 0.9%	3 ML	EA	IH	ML		10 ML		0.1	1/1/2006	99/99/9999						
58016-0627-00	J8499			1/29/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	100 EA	BO	PO	EA		1 EA		1	1/29/2002	99/99/9999						
58016-0627-20	J8499			1/29/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	20 EA	BO	PO	EA		1 EA		1	1/29/2002	99/99/9999						
58016-0627-30	J8499			1/29/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	30 EA	BO	PO	EA		1 EA		1	1/29/2002	99/99/9999						
58016-0627-60	J8499			1/29/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	60 EA	BO	PO	EA		1 EA		1	1/29/2002	99/99/9999						
58016-0627-90	J8499			1/29/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	90 EA	BO	PO	EA		1 EA		1	1/29/2002	99/99/9999						
58016-0673-12	J7510			1/1/2002	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PRELONE 15 MG/5 ML	60 ML	EA	PO	ML		5 MG		0.6	1/1/2002	99/99/9999						
58016-0673-24	J7510			1/1/2002	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PRELONE 15 MG/5 ML	120 ML	EA	PO	ML		5 MG		0.6	1/1/2002	99/99/9999						
58016-0673-48	J7510			1/1/2002	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PRELONE 15 MG/5 ML	240 ML	EA	PO	ML		5 MG		0.6	1/1/2002	99/99/9999						
58016-0706-00		Q0165		9/23/2004	99/99/9999	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	PROCHLORPERAZINE MALEATE 10 MG	100 EA	BO	PO	EA		10 MG		1	9/23/2004	99/99/9999						
58016-0706-02		Q0165		9/23/2004	99/99/9999	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	PROCHLORPERAZINE MALEATE 10 MG	120 EA	BO	PO	EA		10 MG		1	9/23/2004	99/99/9999						
58016-0706-03		Q0165		9/23/2004	99/99/9999	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	PROCHLORPERAZINE MALEATE 10 MG	150 EA	BO	PO	EA		10 MG		1	9/23/2004	99/99/9999						
58016-0706-08		Q0165		1/1/2007	99/99/9999	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	PROCHLORPERAZINE MALEATE 10 MG	8 EA	NA	PO	EA		10 MG		1	1/1/2007	99/99/9999						
58016-0706-30		Q0165		9/23/2004	99/99/9999	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	PROCHLORPERAZINE MALEATE 10 MG	30 EA	BO	PO	EA		10 MG		1	9/23/2004	99/99/9999						
58016-0706-60		Q0165		9/23/2004	99/99/9999	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	PROCHLORPERAZINE MALEATE 10 MG	60 EA	BO	PO	EA		10 MG		1	9/23/2004	99/99/9999						
58016-0706-90		Q0165		9/23/2004	99/99/9999	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	PROCHLORPERAZINE MALEATE 10 MG	90 EA	BO	PO	EA		10 MG		1	9/23/2004	99/99/9999						
58016-0781-00	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	100 EA	BO	PO	EA		0.25 MG		16	1/1/2006	99/99/9999						
58016-0781-08	J8540			1/1/2007	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	8 EA	NA	PO	EA		0.25 MG		16	1/1/2007	99/99/9999						
58016-0781-10	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	10 EA	BO	PO	EA		0.25 MG		16	1/1/2006	99/99/9999						
58016-0781-12	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	12 EA	BO	PO	EA		0.25 MG		16	1/1/2006	99/99/9999						
58016-0781-14	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	14 EA	BO	PO	EA		0.25 MG		16	1/1/2006	99/99/9999						
58016-0781-15	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	15 EA	BO	PO	EA		0.25 MG		16	1/1/2006	99/99/9999						
58016-0781-20	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	20 EA	BO	PO	EA		0.25 MG		16	1/1/2006	99/99/9999						
58016-0781-21	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	21 EA	BO	PO	EA		0.25 MG		16	1/1/2006	99/99/9999						
58016-0781-24	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	24 EA	BO	PO	EA		0.25 MG		16	1/1/2006	99/99/9999						
58016-0781-28	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	28 EA	BO	PO	EA		0.25 MG		16	1/1/2006	99/99/9999						
58016-0781-30	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	30 EA	BO	PO	EA		0.25 MG		16	1/1/2006	99/99/9999						
58016-0781-40	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	40 EA	BO	PO	EA		0.25 MG		16	1/1/2006	99/99/9999						
58016-0781-50	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	50 EA	BO	PO	EA		0.25 MG		16	1/1/2006	99/99/9999						
58016-0826-00		Q0179		1/15/2004	12/31/2011	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ZOFTRAN 4 MG	100 EA	BO	PO	EA		8 MG		0.5	1/15/2004	12/31/2011						
58016-0826-00		Q0162		1/1/2012	99/99/9999	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ZOFTRAN 4 MG	100 EA	BO	PO	EA		1 MG		4	1/1/2012	99/99/9999						
58016-0826-30		Q0179		1/15/2004	12/31/2011	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	ZOFTRAN 4 MG	30 EA	BO	PO	EA		8 MG		0.5	1/15/2004	12/31/2011						
58016-0826-30		Q0162		1/1/2012	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	ZOFTRAN 4 MG	30 EA	BO	PO	EA		1 MG		4	1/1/2012	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
58016-0826-60		Q0179		1/15/2004	12/31/2011	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ZOFRAN 4 MG	60 EA	BO	PO	EA	8 MG	0.5	1/15/2004	12/31/2011								
58016-0826-60		Q0162		1/1/2012	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	ZOFRAN 4 MG	60 EA	BO	PO	EA	1 MG	4	1/1/2012	99/99/9999								
58016-0826-90		Q0179		1/15/2004	12/31/2011	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ZOFRAN 4 MG	90 EA	BO	PO	EA	8 MG	0.5	1/15/2004	12/31/2011								
58016-0826-90		Q0162		1/1/2012	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	ZOFRAN 4 MG	90 EA	BO	PO	EA	1 MG	4	1/1/2012	99/99/9999								
58016-0951-00		Q0168		4/1/2004	99/99/9999	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	MARINOL (SOFTGEL) 5 MG	100 EA	BO	PO	EA	5 MG	1	4/1/2004	99/99/9999								
58016-0951-30		Q0168		4/1/2004	99/99/9999	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	MARINOL (SOFTGEL) 5 MG	30 EA	BO	PO	EA	5 MG	1	4/1/2004	99/99/9999								
58016-0951-60		Q0168		4/1/2004	99/99/9999	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	MARINOL (SOFTGEL) 5 MG	60 EA	BO	PO	EA	5 MG	1	4/1/2004	99/99/9999								
58016-0951-90		Q0168		4/1/2004	99/99/9999	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	MARINOL (SOFTGEL) 5 MG	90 EA	BO	PO	EA	5 MG	1	4/1/2004	99/99/9999								
58016-0973-00		Q0173		1/1/2002	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	TRIMETHOBENZAMIDE HCL 250 MG	100 EA	BO	PO	EA	250 MG	1	1/1/2002	99/99/9999								
58016-0973-02		Q0173		9/15/2003	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	TRIMETHOBENZAMIDE HCL 250 MG	120 EA	BO	PO	EA	250 MG	1	9/15/2003	99/99/9999								
58016-0973-03		Q0173		9/15/2003	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	TRIMETHOBENZAMIDE HCL 250 MG	150 EA	BO	PO	EA	250 MG	1	9/15/2003	99/99/9999								
58016-0973-08		Q0173		1/1/2002	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	TRIMETHOBENZAMIDE HCL 250 MG	8 EA	BO	PO	EA	250 MG	1	1/1/2002	99/99/9999								
58016-0973-10		Q0173		9/15/2003	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	TRIMETHOBENZAMIDE HCL 250 MG	10 EA	BO	PO	EA	250 MG	1	9/15/2003	99/99/9999								
58016-0973-12		Q0173		1/1/2002	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	TRIMETHOBENZAMIDE HCL 250 MG	12 EA	BO	PO	EA	250 MG	1	1/1/2002	99/99/9999								
58016-0973-15		Q0173		1/1/2002	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	TRIMETHOBENZAMIDE HCL 250 MG	15 EA	BO	PO	EA	250 MG	1	1/1/2002	99/99/9999								
58016-0973-20		Q0173		1/1/2002	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	TRIMETHOBENZAMIDE HCL 250 MG	20 EA	BO	PO	EA	250 MG	1	1/1/2002	99/99/9999								
58016-0973-24		Q0173		1/1/2002	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	TRIMETHOBENZAMIDE HCL 250 MG	24 EA	BO	PO	EA	250 MG	1	1/1/2002	99/99/9999								
58016-0973-30		Q0173		1/1/2002	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	TRIMETHOBENZAMIDE HCL 250 MG	30 EA	BO	PO	EA	250 MG	1	1/1/2002	99/99/9999								
58016-0973-50		Q0173		1/1/2002	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	TRIMETHOBENZAMIDE HCL 250 MG	50 EA	BO	PO	EA	250 MG	1	1/1/2002	99/99/9999								

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
58016-0973-60		Q0173		9/15/2003	99/99/9999	TRIMETHOENZAMIDE 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	TRIMETHOENZAMIDE HCL 250 MG	60 EA	BO	PO	EA		250 MG		1	9/15/2003	99/99/9999						
58016-0973-73		Q0173		9/15/2003	99/99/9999	TRIMETHOENZAMIDE 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	TRIMETHOENZAMIDE HCL 250 MG	300 EA	BO	PO	EA		250 MG		1	9/15/2003	99/99/9999						
58016-0973-89		Q0173		9/15/2003	99/99/9999	TRIMETHOENZAMIDE 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	TRIMETHOENZAMIDE HCL 250 MG	200 EA	BO	PO	EA		250 MG		1	9/15/2003	99/99/9999						
58016-0973-90		Q0173		9/15/2003	99/99/9999	TRIMETHOENZAMIDE 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	TRIMETHOENZAMIDE HCL 250 MG	90 EA	BO	PO	EA		250 MG		1	9/15/2003	99/99/9999						
58016-2001-01		J7509		10/1/2006	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	21 EA	DP	PO	EA		4 MG		1	10/1/2006	99/99/9999						
58016-2004-01		J7509		1/1/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (DOSE PACK) 4 MG	21 EA	DP	PO	EA		4 MG		1	1/1/2002	99/99/9999						
58016-3018-03		J8498		1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	COMPazine 25 MG	12 EA	BX	RC	EA		1 EA		1	1/1/2006	99/99/9999						
58016-3066-01		J8498		1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PHENERGAN 12.5 MG	12 EA	BX	RC	EA		1 EA		1	1/1/2006	99/99/9999						
58016-3067-01		J8498		1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PHENERGAN 25 MG	12 EA	BX	RC	EA		1 EA		1	1/1/2006	99/99/9999						
58016-3222-01		J8498		1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	COMPazine 5 MG	12 EA	BX	RC	EA		1 EA		1	1/1/2006	99/99/9999						
58016-4008-01		Q0170		1/1/2002	99/99/9999	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	PROMETHAZINE HCL 6.25 MG/5 ML	120 ML	NA	PO	ML		25 MG		0.05	1/1/2002	99/99/9999						
58016-4144-01		J7510		1/1/2002	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PEDIAPRED 5 MG/5 ML	120 ML	BO	PO	ML		5 MG		0.2	1/1/2002	99/99/9999						
58016-4719-01		J7509		2/16/2005	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 8 MG	25 EA	BO	PO	EA		4 MG		2	2/16/2005	99/99/9999						
58016-4770-01		J2300		2/1/2006	99/99/9999	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NALBUPHINE HCL (10X1ML AMPS) 10 MG/ML	1 ML	AM	IJ	ML		10 MG		1	2/1/2006	99/99/9999						
58016-4771-01		J2941		2/1/2006	99/99/9999	INJECTION, SOMATROPIN, 1 MG	GENOTROPIN 13.8 MG	1 EA	CT	SC	EA		1 MG		13.8	2/1/2006	99/99/9999						
58016-4786-01		J0696		2/1/2006	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 1 GM	1 EA	VL	IJ	EA		250 MG		4	2/1/2006	99/99/9999						
58016-4788-01		J1815		2/1/2006	99/99/9999	INJECTION, INSULIN, PER 5 UNITS	HUMULIN N 100 U/ML	10 ML	VL	SC	ML		5 U		20	2/1/2006	99/99/9999						
58016-4790-01		J0696		2/1/2006	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 250 MG	1 EA	VL	IJ	EA		250 MG		1	2/1/2006	99/99/9999						
58016-4811-01		J2765		2/1/2006	99/99/9999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	REGLAN (25X2ML) 5 MG/ML	2 ML	VL	IJ	ML		10 MG		0.5	2/1/2006	99/99/9999						
58016-4814-01		Q0144		12/20/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	6 EA	DP	PO	EA		1 GM		0.25	12/20/2005	99/99/9999						
58016-4832-01		J7506		2/1/2006	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	21 EA	DP	PO	EA		5 MG		1	2/1/2006	99/99/9999						
58016-4834-01		J0696		2/1/2006	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 2 GM	1 EA	VL	IJ	EA		250 MG		8	2/1/2006	99/99/9999						
58016-4838-01		A4216		2/1/2006	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	BRONCHO SALINE 0.9% AEROSOL 0.9%	240 ML	BO	IH	ML		10 ML		0.1	2/1/2006	99/99/9999						
58016-4840-01		J2001		2/1/2006	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MC	LIDOCAINE (SDA) 1%	5 ML	AM	EP	ML		10 MG		1	2/1/2006	99/99/9999						
58016-4843-01		J7510		2/1/2006	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 15 MG/5 ML	240 ML	BO	PO	ML		5 MG		0.6	2/1/2006	99/99/9999						
58016-4849-01		J7644		2/1/2006	99/99/9999	MILLIGRAM	IPRATROPIUM (2.5MLX25) 0.02%	2.5 ML	PC	IH	ML		1 MG		0.2	2/1/2006	99/99/9999						
58016-4849-01	KO	J7644	KO	2/1/2006	99/99/9999	MILLIGRAM	IPRATROPIUM (2.5MLX25) 0.02%	2.5 ML	PC	IH	ML		1 MG		0.2	2/1/2006	99/99/9999						
58016-4855-01		J3303		2/1/2006	99/99/9999	INJECTION, TRIAMCINOLONE HEXACETONIDE, PER 5MC	ARISTOSPAN 20 MG/ML	5 ML	VL	IJ	ML		5 MG		4	2/1/2006	99/99/9999						
58016-4868-01		J0595		3/15/2006	99/99/9999	INJECTION, BUTORPHANOL TARTRATE, 1 MG	BUTORPHANOL TARTRATE (10X1ML) 2 MG/ML	1 ML	VL	IJ	ML		1 MG		2	3/15/2006	99/99/9999						
58016-4872-01		J1650		4/1/2006	99/99/9999	INJECTION, ENOXAPARIN SODIUM, 10 MC	LOVENOX 40 MG/0.4 ML	0.4 ML	SR	SC	ML		10 MG		10	4/1/2006	99/99/9999						
58016-4893-01		J1040		6/1/2006	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	METHYLPREDNISOLONE ACETATE 80 MG/ML	1 ML	VL	IJ	ML		80 MG		1	6/1/2006	99/99/9999						
58016-4897-01		J2920		7/1/2006	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MC	SOLU-MEDROL (SDV) 40 MG	1 EA	VL	IJ	EA		40 MG		1	7/1/2006	99/99/9999						
58016-4995-01		J2912		7/1/2006	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE (10MLX100) 0.9%	10 ML	SR	IJ	ML		0.9 %		0.5	7/1/2006	12/31/2006						
58016-4995-01		A4216		1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (10MLX100) 0.9%	10 ML	SR	IJ	ML		10 ML		0.1	1/1/2007	99/99/9999						
58016-5009-01		J8498		1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROMETHAZINE HCL 25 MG	12 EA	BX	RC	EA		1 EA		1	1/1/2006	99/99/9999						
58016-6404-01		J7602		1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE 0.5%	20 ML	NA	IH	ML		1 MG		5	1/1/2008	3/31/2008						
58016-6404-01		J7611		4/1/2008	99/99/9999	COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG	ALBUTEROL SULFATE 0.5%	20 ML	NA	IH	ML		1 MG		5	4/1/2008	99/99/9999						
58016-6506-01		J8498		1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	12 EA	BX	RC	EA		1 EA		1	1/1/2006	99/99/9999						
58016-9191-01		J0702		1/1/2002	99/99/9999	PHOSPHATE 3MG	CELESTONE SOLUSPAN (M.D.V.) 3 MG/ML-3 MG/ML	5 ML	VL	IJ	ML		3 MG		1	1/1/2002	99/99/9999						
58016-9299-01		J3410		1/1/2002	99/99/9999	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	HYDROXYZINE HCL 50 MG/ML	10 ML	VL	IM	ML		25 MG		2	1/1/2002	99/99/9999						
58016-9331-01		J2001		8/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MC	LIDOCAINE HCL (M.D.V.) 1%	50 ML	VL	EP	ML		10 MG		1	8/1/2004	99/99/9999						
58016-9343-01		J3490		1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	MARCAINE HCL (M.D.V.) 0.5%	50 ML	VL	IJ	ML		1 EA		1	1/1/2002	99/99/9999						
58016-9384-01		J2300		1/1/2002	99/99/9999	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MC	NALBUPHINE HCL (M.D.V.) 10 MG/ML	10 ML	VL	IJ	ML		10 MG		1	1/1/2002	99/99/9999						
58016-9413-01		J1885		1/1/2002	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (SDV) 30 MG/ML	2 ML	VL	IM	ML		15 MG		2	1/1/2002	99/99/9999						
58016-9438-01		J0696		2/22/2002	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	ROCEPHIN 1 GM	1 EA	VL	IJ	EA		250 MG		4	2/22/2002	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
58016-9452-01	J2930			1/1/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	SOLU-MEDROL 125 MG	1 EA	VL	U	EA		125 MG		1	1/1/2002	99/99/9999						
58016-9453-01	J0696			1/1/2002	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	ROCEPHIN 250 MG	1 EA	VL	U	EA		250 MG		1	1/1/2002	99/99/9999						
58016-9464-01	A4216			1/1/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION	50 ML	VL	IV	ML		10 ML	0.1	1/1/2004	99/99/9999							
58016-9551-01	J0696			1/1/2002	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	ROCEPHIN 500 MG	1 EA	VL	U	EA		250 MG	2	1/1/2002	99/99/9999							
58063-0797-25	J2469			1/1/2005	4/26/2009	INJECTION, PALONOSETRON HCL, 25 MCG	ALOXI (S.D.V.,PF) 0.05 MG/ML	5 ML	VL	IV	ML		25 MCG	2	1/1/2005	4/26/2009							
58063-0797-37	J2469			7/2/2008	3/31/2009	INJECTION, PALONOSETRON HCL, 25 MCG	ALOXI (Single-Use, 1.5ml 5s) 0.05 MG/ML TWINRIX (TAX INCLUDED,1MLX10,PF)	1.5 ML	VL	IV	ML		25 MCG	2	7/2/2008	3/31/2009							
58160-0815-11	J3490			8/6/2007	99/99/9999	UNCLASSIFIED DRUGS	720 EL U/ML-20 MCG/ML TWINRIX (TPLOK,SINGLE DSE,TAXINCL)	1 ML	VL	IM	ML		1 EA	1	8/6/2007	99/99/9999							
58160-0815-46	J3490			6/25/2007	2/2/2011	UNCLASSIFIED DRUGS	720 EL U/ML-20 MCG/ML ENGERIX-B PEDIATRIC (10X0.5ML,SDV,TAXINCL,PF) 10 MCG/0.5 ML	1 ML	SR	IM	ML		1 EA	1	6/25/2007	2/2/2011							
58160-0820-11	J3490			2/1/2007	99/99/9999	UNCLASSIFIED DRUGS	ENGERIX-B PEDIATRIC (0.5X5,SD,TPLOK,TAXINCL) 10 MCG/0.5 ML	0.5 ML	VL	IM	ML		1 EA	1	2/1/2007	99/99/9999							
58160-0820-46	J3490			2/1/2007	1/11/2010	UNCLASSIFIED DRUGS	ENGERIX-B (SDV,TAXINCL,PF) 20 MCG/ML	0.5 ML	SR	IM	ML		1 EA	1	2/1/2007	1/11/2010							
58160-0821-11	J3490			2/1/2007	99/99/9999	UNCLASSIFIED DRUGS	ENGERIX-B (5X1ML,PF) 20 MCG/ML	1 ML	VL	IM	ML		1 EA	1	2/1/2007	99/99/9999							
58160-0821-46	J3490			3/28/2007	6/27/2010	UNCLASSIFIED DRUGS	TWINRIX (S.D.V.,TAX INCL) 720 EL U/ML-20 MCG/ML	1 ML	SR	IM	ML		1 EA	1	3/28/2007	6/27/2010							
58160-0850-11	J3490			1/1/2002	8/5/2007	UNCLASSIFIED DRUGS	TWINRIX (TIPOK,W/O NDL,TAX INCL) 720 EL U/ML-20 MCG/ML	1 ML	VL	IM	ML		1 EA	1	1/1/2002	8/5/2007							
58160-0850-46	J3490			3/20/2002	6/24/2007	UNCLASSIFIED DRUGS	720 EL U/ML-20 MCG/ML ENGERIX-B PEDIATRIC (S.D.V.,TAX INCL,PF) 10 MCG/0.5 ML	1 ML	SR	IM	ML		1 EA	1	3/20/2002	6/24/2007							
58160-0856-11	J3490			1/1/2002	1/31/2007	UNCLASSIFIED DRUGS	ENGERIX-B PEDIATRIC (TIPOK,23GX1,TAX INC,PF) 10 MCG/0.5 ML	0.5 ML	VL	IM	ML		1 EA	1	1/1/2002	1/31/2007							
58160-0856-35	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	ENGERIX-B PEDIATRIC (TIP-LOK,W/O NDL,TAX,PF) 10 MCG/0.5 ML	0.5 ML	SR	IM	ML		1 EA	1	1/1/2002	99/99/9999							
58160-0856-46	J3490			1/17/2002	1/31/2007	UNCLASSIFIED DRUGS	ENGERIX-B (TAX INCLUDED,SDV,PF) 20 MCG/ML	1 ML	VL	IM	ML		1 EA	1	1/17/2002	1/31/2007							
58160-0857-11	J3490			3/30/2006	1/31/2007	UNCLASSIFIED DRUGS	ENGERIX-B (TIP-LOK,W/O NDL,TAX,PF) 20 MCG/ML	1 ML	VL	IM	ML		1 EA	1	3/30/2006	1/31/2007							
58160-0857-46	J3490			2/1/2002	3/27/2007	UNCLASSIFIED DRUGS	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	1 ML	SR	IM	ML		1 EA	1	2/1/2002	3/27/2007							
58177-0363-22	Q0179			6/27/2007	2/18/2009	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON (USP,10X3,STRAWBERRY) 4 MG	30 EA	BX	PO	EA		8 MG	0.5	6/27/2007	2/18/2009							
58177-0364-22	Q0179			6/27/2007	2/18/2009	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON (USP,3X10,STRAWBERRY) 8 MG	30 EA	BX	PO	EA		8 MG	1	6/27/2007	2/18/2009							
58177-0364-56	Q0179			6/27/2007	2/18/2009	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON (USP,STRAWBERRY) 8 MG	10 EA	BX	PO	EA		8 MG	1	6/27/2007	2/18/2009							
58177-0910-05	J7510			4/16/2002	2/18/2009	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE (CHERRY) 15 MG/5 ML	240 ML	BO	PO	ML		5 MG	0.6	4/16/2002	2/18/2009							
58177-0910-07	J7510			4/16/2002	2/18/2009	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE (CHERRY) 15 MG/5 ML	480 ML	BO	PO	ML		5 MG	0.6	4/16/2002	2/18/2009							
58177-0912-03	J7510			1/1/2002	12/14/2010	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 5 MG/5 ML	120 ML	BO	PO	ML		5 MG	0.2	1/1/2002	12/14/2010							
58177-0932-05	J7510			5/25/2005	12/14/2010	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE SODIUM PHOSPHATE (DYE-FREE, GRAPE) 15 MG/5 ML	237 ML	BO	PO	ML		5 MG	0.6	5/25/2005	12/14/2010							
58178-0017-01	J0207			1/1/2002	99/99/9999	INJECTION, AMIFOSTINE, 500 MG	ETHYOL (S.D.V.) 500 MG	1 EA	VL	IV	EA		500 MG	1	1/1/2002	99/99/9999							
58178-0017-03	J0207			1/1/2002	99/99/9999	INJECTION, AMIFOSTINE, 500 MG	ETHYOL (S.D.V.,10MLX3) 500 MG	1 EA	VL	IV	EA		500 MG	1	1/1/2002	99/99/9999							
58178-0020-10	J3305			1/1/2002	1/31/2007	INJECTION, TRIMETREXATE GLUCURONATE, PER 25 MG	NEUTREXIN (S.D.V.,2 TRAYS OF 25) 25 MG	1 EA	VL	IV	EA		25 MG	1	1/1/2002	1/31/2007							
58178-0021-01	J3305			1/1/2002	1/31/2007	INJECTION, TRIMETREXATE GLUCURONATE, PER 25 MG	NEUTREXIN (M.D.V.) 200 MG	1 EA	VL	IV	EA		25 MG	8	1/1/2002	1/31/2007							
58281-0560-01	J0475			1/1/2002	99/99/9999	INJECTION, BACLOFEN, 10 MG	LIORISAL INTRATHECAL REFILL KIT (1X20 ML AMP) 0.5 MG/ML	20 ML	BX	IN	EA		10 MG	1	1/1/2002	99/99/9999							
58281-0560-02	J0475			4/2/2004	99/99/9999	INJECTION, BACLOFEN, 10 MG	LIORISAL INTRATHECAL REFILL KIT (2X20ML AMP) 0.5 MG/ML	20 ML	BX	MR	EA		10 MG	2	4/2/2004	99/99/9999							
58281-0561-02	J0475			1/1/2002	99/99/9999	INJECTION, BACLOFEN, 10 MG	LIORISAL INTRATHECAL REFILL KIT (2X5 ML AMP) 2 MG/ML	5 ML	BX	IN	EA		10 MG	2	1/1/2002	99/99/9999							
58281-0562-01	J0476			1/1/2002	99/99/9999	INJECTION, BACLOFEN, 50 MCG FOR INTRATHECAL TRIAL	LIORISAL INTRATHECAL SCREENING KIT (1X1 ML AMP) 0.05 MG/ML	1 ML	AM	IN	EA		50 MCG	1	1/1/2002	99/99/9999							
58281-0563-01	J0475			10/21/2003	99/99/9999	INJECTION, BACLOFEN, 10 MG	LIORISAL INTRATHECAL REFILL KIT (1X20ML AMP) 2 MG/ML	20 ML	BX	MR	EA		10 MG	4	10/21/2003	99/99/9999							
58281-0563-02	J0475			4/2/2004	99/99/9999	INJECTION, BACLOFEN, 10 MG	LIORISAL INTRATHECAL REFILL KIT (2X20ML AMP) 2 MG/ML	20 ML	BX	MR	EA		10 MG	8	4/2/2004	99/99/9999							
58298-0525-02	J3010			4/3/2006	5/1/2008	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (USP)	1 EA	NA	NA	GM		0.1 MG	10000	4/3/2006	5/1/2008							
58298-0525-05	J3010			4/3/2006	5/1/2008	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (USP)	1 EA	NA	NA	GM		0.1 MG	10000	4/3/2006	5/1/2008							
58298-0534-02	J1170			4/3/2006	5/1/2008	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HYDROCHLORIDE (USP)	1 EA	NA	NA	GM		4 MG	250	4/3/2006	5/1/2008							

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
58298-0534-03	J1170			4/3/2006	5/1/2008	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HYDROCHLORIDE (USP)	1 EA	BO	NA	GM		4 MG	250		4/3/2006	5/1/2008						
58298-0543-25	J2175			4/3/2006	5/1/2008	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MC	MEPERIDINE HYDROCHLORIDE (USP)	1 EA	NA	NA	GM	100 MG	10			4/3/2006	5/1/2008						
58298-0545-01	J2271			4/3/2006	5/1/2008	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (USP)	1 EA	BO	NA	GM	100 MG	10			4/3/2006	5/1/2008						
58298-0545-02	J2271			4/3/2006	10/1/2009	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (USP)	1 EA	NA	NA	GM	100 MG	10			4/3/2006	10/1/2009						
58394-0001-01	J7195			1/1/2002	99/99/9999	FACTOR IX (ANTHEMOPHILIC FACTOR, RECOMBINANT) PER 1 IU.	BENEFIX (S.D.V.,W/DILUENT,1000IU) 1 IU	1000 IU	VL	IV	EA		1 IU	1		1/1/2002	99/99/9999						
58394-0001-06	J7195			6/28/2007	8/3/2011	FACTOR IX (ANTHEMOPHILIC FACTOR, RECOMBINANT) PER 1 IU	BENEFIX (1000IU,PF) 1 IU	1 EA	VL	IV	EA		1 IU	1		6/28/2007	8/3/2011						
58394-0002-01	J7195			1/1/2002	99/99/9999	FACTOR IX (ANTHEMOPHILIC FACTOR, RECOMBINANT) PER 1 IU.	BENEFIX (S.D.V.,W/DILUENT,500 IU) 1 IU	500 IU	VL	IV	EA		1 IU	1		1/1/2002	99/99/9999						
58394-0002-06	J7195			6/28/2007	8/3/2011	FACTOR IX (ANTHEMOPHILIC FACTOR, RECOMBINANT) PER 1 IU	BENEFIX (500IU,PF) 1 IU	1 EA	VL	IV	EA		1 IU	1		6/28/2007	8/3/2011						
58394-0003-01	J7195			1/1/2002	99/99/9999	FACTOR IX (ANTHEMOPHILIC FACTOR, RECOMBINANT) PER 1 IU.	BENEFIX (S.D.V.,W/DILUENT,250 IU) 1 IU	250 IU	VL	IV	EA		1 IU	1		1/1/2002	99/99/9999						
58394-0003-06	J7195			6/28/2007	8/3/2011	FACTOR IX (ANTHEMOPHILIC FACTOR, RECOMBINANT) PER 1 IU	BENEFIX (250IU,PF) 1 IU	1 EA	VL	IV	EA		1 IU	1		6/28/2007	8/3/2011						
58394-0004-01	J2355			1/1/2002	9/2/2009	INJECTION, OPRELVEKIN, 5 MG	NEUMEGA (VIAL,PF) 5 MG	1 EA	VL	SC	EA		5 MG	1		1/1/2002	9/2/2009						
58394-0004-02	J2355			1/1/2002	6/15/2007	INJECTION, OPRELVEKIN, 5 MG	NEUMEGA (VIAL,PF) 5 MG	1 EA	VL	SC	EA		5 MG	1		1/1/2002	6/15/2007						
58394-0005-02	J7192			11/2/2004	4/9/2009	FACTOR VIII (ANTHEMOPHILIC FACTOR, RECOMBINANT) PER 1 IU	REFACTO (APPROX 1000 IU/VIAL) 1 IL	1000 IU	VL	IV	EA		1 IU	1		11/2/2004	4/9/2009						
58394-0005-04	J7192			3/26/2008	99/99/9999	SPECIFIED FACTOR VIII (ANTHEMOPHILIC FACTOR, RECOMBINANT) PER 1 IU., NOT OTHERWISE	REFACTO (1000IU.LYOPHILIZED) 1 IU	1 EA	VL	IV	EA		1 IU	1		3/26/2008	99/99/9999						
58394-0006-02	J7192			11/2/2004	99/99/9999	SPECIFIED FACTOR VIII (ANTHEMOPHILIC FACTOR, RECOMBINANT) PER 1 IU., NOT OTHERWISE	REFACTO (APPROX 500 IU/VIAL) 1 IU	500 IU	VL	IV	EA		1 IU	1		11/2/2004	99/99/9999						
58394-0007-02	J7192			11/2/2004	99/99/9999	SPECIFIED FACTOR VIII (ANTHEMOPHILIC FACTOR, RECOMBINANT) PER 1 IU., NOT OTHERWISE	REFACTO (APPROX 250 IU/VIAL) 1 IU	250 IU	VL	IV	EA		1 IU	1		11/2/2004	99/99/9999						
58394-0008-02	J7195			6/28/2007	8/3/2011	FACTOR IX (ANTHEMOPHILIC FACTOR, RECOMBINANT) PER 1 IU	BENEFIX (2000IU,PF) 1 IU	1 EA	VL	IV	EA		1 IU	1		6/28/2007	8/3/2011						
58394-0011-02	J7192			11/2/2004	4/9/2009	FACTOR VIII (ANTHEMOPHILIC FACTOR, RECOMBINANT) PER 1 IU	REFACTO (APPROX 2000 IU/VIAL) 1 IL	2000 IU	VL	IV	EA		1 IU	1		11/2/2004	4/9/2009						
58394-0011-04	J7192			3/26/2008	99/99/9999	SPECIFIED FACTOR VIII (ANTHEMOPHILIC FACTOR, RECOMBINANT) PER 1 IU., NOT OTHERWISE	REFACTO (2000IU.LYOPHILIZED) 1 IU	1 EA	VL	IV	EA		1 IU	1		3/26/2008	99/99/9999						
58406-0425-34	J1438			1/1/2002	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)	ENBREL (S.D. TRAY,PF) 25 MG	4 EA	BX	SC	EA		25 MG	1		1/1/2002	99/99/9999						
58406-0425-41	J1438			1/1/2002	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)	ENBREL (S.D. TRAY,PF) 25 MG	1 EA	BX	SC	EA		25 MG	1		1/1/2002	99/99/9999						
58406-0435-01	J1438			11/17/2004	99/99/9999	FOR USE WHEN DRUG IS SELF ADMINISTERED) 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)	ENBREL (ACTUAL FILL 50MG/0.98ML) 50 MG/ML	0.98 ML	SR	SC	ML		25 MG	2		11/17/2004	99/99/9999						
58406-0435-04	J1438			11/17/2004	99/99/9999	FOR USE WHEN DRUG IS SELF ADMINISTERED) 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)	ENBREL (ACTUAL FILL 50MG/0.98ML) 50 MG/ML	0.98 ML	SR	SC	ML		25 MG	2		11/17/2004	99/99/9999						
58406-0445-01	J1438			7/17/2006	99/99/9999	FOR USE WHEN DRUG IS SELF ADMINISTERED) 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)	ENBREL (SURECLICK AUTOINJECTOR) 50 MG/ML	0.98 ML	SR	SC	ML		25 MG	2		7/17/2006	99/99/9999						
58406-0445-04	J1438			7/17/2006	99/99/9999	FOR USE WHEN DRUG IS SELF ADMINISTERED) 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)	ENBREL (SURECLICK AUTOINJECTOR) 50 MG/ML	0.98 ML	SR	SC	ML		25 MG	2		7/17/2006	99/99/9999						
58406-0455-01	J1438			4/30/2007	99/99/9999	FOR USE WHEN DRUG IS SELF ADMINISTERED) 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)	ENBREL (27G,1/2",PF) 50 MG/ML	0.51 ML	SR	SC	ML		25 MG	2		4/30/2007	99/99/9999						
58406-0455-04	J1438			4/30/2007	99/99/9999	FOR USE WHEN DRUG IS SELF ADMINISTERED) 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)	ENBREL (4X0.51ML,27G,1/2",PF) 50 MG/ML	0.51 ML	SR	SC	ML		25 MG	2		4/30/2007	99/99/9999						
58468-0040-01	J0180			1/1/2005	99/99/9999	INJECTION, AGALSIDASE BETA, 1 MG	FABRAZYME (PF) 35 MG	1 EA	VL	IV	EA		1 MG	35		1/1/2005	99/99/9999						
58468-0041-01	J0180			1/1/2005	99/99/9999	INJECTION, AGALSIDASE BETA, 1 MG	FABRAZYME (PF) 5 MG	1 EA	VL	IV	EA		1 MG	5		1/1/2005	99/99/9999						
58468-0070-01	J1931			1/1/2005	99/99/9999	INJECTION, LARONIDASE, 0.1 MG	ALDURAZYME (PF) 0.58 MG/ML	5 ML	VL	IV	ML		0.1 MG	5.8		1/1/2005	99/99/9999						
58468-0080-01	J7511			12/1/2005	99/99/9999	LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, RABBIT, PARENTERAL, 25MG	THYMOGLOBULIN (VIAL,DILUENT) 25 MG	1 EA	VL	IV	EA		25 MG	1		12/1/2005	99/99/9999						
58468-0090-01	Q4084			1/1/2007	12/31/2007	DOSE HYALURONAN OR DERIVATIVE, SYNVISC, FOR INTRA-ARTICULAR INJECTION, PER	SYNVISC (3X2 ML SRN,PREFILLED) 8 MG/ML	2 ML	SR	IJ	ML		1 DOSE	0.5		1/1/2007	12/31/2007						
58468-0090-01	J7322			1/1/2008	12/31/2009	DOSE HYALURONAN OR DERIVATIVE, SYNVISC, FOR INTRA-ARTICULAR INJECTION, PER	SYNVISC (3X2 ML SRN,PREFILLED) 8 MG/ML	2 ML	SR	IJ	ML		1 DOSE	0.5		1/1/2008	12/31/2009						
58468-0100-01	J9027			1/1/2006	99/99/9999	INJECTION, CLOFARABINE, 1 MG	CLOLAR (SINGLE-USE VIAL,PF) 1 MG/ML	20 ML	VL	IV	ML		1 MG	1		1/1/2006	99/99/9999						
58468-0100-02	J9027			1/1/2006	1/2/2011	INJECTION, CLOFARABINE, 1 MG	CLOLAR (SINGLE-USE VIAL,PF) 1 MG/ML	20 ML	VL	IV	ML		1 MG	1		1/1/2006	1/2/2011						
58468-0122-01	J1270			6/1/2006	99/99/9999	INJECTION, DOXERCALCIFEROL, 1 MCG	HECTOROL (50X2ML) 2 MCG/ML	2 ML	AM	IV	ML		1 MCG	2		6/1/2006	99/99/9999						
58468-0150-01	J3490			5/11/2006	12/31/2007	UNCLASSIFIED DRUGS	MYOZYME (PF) 50 MG	1 EA	VL	IV	EA		1 EA	1		5/11/2006	12/31/2007						
58468-0218-02	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	120 EA	NA	PO	EA		0.25 MG	16		1/1/2006	99/99/9999						
58468-1060-01	J0205			1/1/2002	99/99/9999	INJECTION, ALGLUCERASE, PER 10 UNITS	CEREDASE 80 U/ML	5 ML	VL	IV	ML		10 U	8		1/1/2002	99/99/9999						
58468-1849-04	J3240			1/1/2002	99/99/9999	INJECTION, THYROTROPIN ALPHA, 0.9 MG, PROVIDED IN 1.1 MG VIAL	THYROGEN (W/2 VIALS DILUENT) 1.1 MG	1 EA	VL	IJ	EA		1.1 MG	1		1/1/2002	99/99/9999						
58468-1983-01	J1785			1/1/2002	12/31/2010	INJECTION, IMIGLUCERASE, PER UNIT	CEREZYME (VIAL) 200 U	1 EA	VL	IV	EA		1 U	200		1/1/2002	12/31/2010						
58468-4663-01	J1785			1/1/2002	12/31/2010	INJECTION, IMIGLUCERASE, PER UNIT	CEREZYME (VIAL) 400 U	1 EA	VL	IV	EA		1 U	400		1/1/2002	12/31/2010						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
58864-0162-30		Q0163		1/1/2002	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	DIPHENHYDRAMINE HCL (REDI-SCRIPT) 25 MG	30 EA	BO	PO	EA		50 MG		0.5	1/1/2002	99/99/9999						
58864-0162-56		Q0163		3/1/2004	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	DIPHENHYDRAMINE HCL (REDI-SCRIPT) 25 MG	56 EA	BO	PO	EA		50 MG		0.5	3/1/2004	99/99/9999						
58864-0163-30		Q0163		1/1/2002	10/27/2006	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL (REDI-SCRIPT) 50 MG	30 EA	BO	PO	EA		50 MG		1	1/1/2002	10/27/2006						
58864-0191-25		J8499		3/1/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NO	ACYCLOVIR (REDI-SCRIPT) 800 MG	25 EA	BO	PO	EA		1 EA		1	3/1/2004	99/99/9999						
58864-0191-35		J8499		3/1/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NO	ACYCLOVIR (REDI-SCRIPT) 800 MG	35 EA	BO	PO	EA		1 EA		1	3/1/2004	99/99/9999						
58864-0362-20		J7506		3/1/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (U.S.P.,REDI-SCRIPT) 5 MG	20 EA	BO	PO	EA		5 MG		1	3/1/2004	99/99/9999						
58864-0362-56		J7506		3/1/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (U.S.P.,REDI-SCRIPT) 5 MG	56 EA	BO	PO	EA		5 MG		1	3/1/2004	99/99/9999						
58864-0423-15		J7506		1/1/2005	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	15 EA	BO	PO	EA		5 MG		2	1/1/2005	99/99/9999						
58864-0423-20		J7506		6/1/2005	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	20 EA	BO	PO	EA		5 MG		2	6/1/2005	99/99/9999						
58864-0423-30		J7506		1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (REDI-SCRIPT) 10 MG	30 EA	BO	PO	EA		5 MG		2	1/1/2002	99/99/9999						
58864-0423-40		J7506		7/1/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (REDI-SCRIPT) 10 MG	40 EA	BO	PO	EA		5 MG		2	7/1/2004	99/99/9999						
58864-0424-09		J7506		1/1/2002	10/27/2006	PREDNISONE, ORAL, PER 5MG	PREDNISONE (REDI-SCRIPT) 20 MG	9 EA	BO	PO	EA		5 MG		4	1/1/2002	10/27/2006						
58864-0424-14		J7506		3/2/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (REDI-SCRIPT) 20 MG	14 EA	BO	PO	EA		5 MG		4	3/2/2004	99/99/9999						
58864-0424-20		J7506		1/1/2005	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (REDI-SCRIPT) 20 MG	20 EA	BO	PO	EA		5 MG		4	1/1/2005	99/99/9999						
58864-0424-30		J7506		3/2/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	30 EA	BO	PO	EA		5 MG		4	3/2/2004	99/99/9999						
58864-0602-01		J8499		6/1/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NO	ACYCLOVIR (REDI-SCRIPT) 400 MG	100 EA	BO	PO	EA		1 EA		1	6/1/2004	99/99/9999						
58864-0602-30		J8499		3/2/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NO	ACYCLOVIR (REDI-SCRIPT) 400 MG	30 EA	BO	PO	EA		1 EA		1	3/2/2004	99/99/9999						
58864-0644-42		Q0165		3/1/2004	99/99/9999	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	PROCHLORPERAZINE MALEATE (REDI-SCRIPT) 10 MG	42 EA	BO	PO	EA		10 MG		1	3/1/2004	99/99/9999						
58864-0655-04		Q0144		7/1/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	4 EA	BO	PO	EA		1 GM		0.25	7/1/2005	99/99/9999						
58864-0655-06		Q0144		9/10/2003	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX (REDI-SCRIPT) 250 MG	6 EA	BO	PO	EA		1 GM		0.25	9/10/2003	99/99/9999						
58864-0655-14		Q0144		2/1/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	14 EA	BO	PO	EA		1 GM		0.25	2/1/2005	99/99/9999						
58864-0655-30		Q0144		6/1/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	6 EA	BO	PO	EA		1 GM		0.25	6/1/2006	99/99/9999						
58864-0702-01		Q0164		6/15/2006	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	PROCHLORPERAZINE MALEATE 5 MG	15 EA	BO	PO	EA		5 MG		1	6/15/2006	99/99/9999						
58864-0702-15		Q0164		3/1/2004	10/27/2006	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	PROCHLORPERAZINE MALEATE (REDI-SCRIPT) 5 MG	15 EA	BO	PO	EA		5 MG		1	3/1/2004	10/27/2006						
58864-0761-10		Q0170		8/1/2004	99/99/9999	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	PROMETHAZINE HCL (REDI-SCRIPT) 25 MG	10 EA	BO	PO	EA		25 MG		1	8/1/2004	99/99/9999						
58864-0761-30		Q0170		5/1/2004	99/99/9999	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	PROMETHAZINE HCL 25 MG	30 EA	BO	PO	EA		25 MG		1	5/1/2004	99/99/9999						
58864-0761-42		Q0170		8/1/2004	99/99/9999	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	PROMETHAZINE HCL 25 MG	42 EA	BO	PO	EA		25 MG		1	8/1/2004	99/99/9999						
58864-0791-06		Q0144		7/1/2004	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN DIHYDRATE 250 MG	6 EA	BO	PO	EA		1 GM		0.25	7/1/2004	99/99/9999						
58864-0876-35		J8499		1/1/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NO	ACYCLOVIR 200 MG	35 EA	BO	PO	EA		1 EA		1	1/1/2005	99/99/9999						
58914-0090-52		J0500		6/22/2004	99/99/9999	INJECTION, DICLOFENAC, UP TO 20 MG	BENTYL (AMP) 10 MG/ML	2 ML	AM	IM	ML		20 MG		0.5	3/23/2007	99/99/9999						
58914-0155-75		J9600		1/1/2002	3/29/2011	INJECTION, PORFIMER SODIUM, 75 MG	PHOTOFIN (VIAL) 75 MG	1 EA	VL	IV	EA		75 MG		1	1/1/2002	3/29/2011						
59075-0720-10		J2278		1/1/2006	5/5/2010	INJECTION, ZICONOTIDE, 1 MICROGRAM	PRIALT (PF) 100 MCG/ML	1 ML	VL	IN	ML		1 MCG		100	1/1/2006	5/5/2010						
59075-0722-10		J2278		1/1/2006	5/5/2010	INJECTION, ZICONOTIDE, 1 MICROGRAM	PRIALT (PF) 100 MCG/ML	5 ML	VL	IN	ML		1 MCG		100	1/1/2006	5/5/2010						
59075-0723-10		J2278		1/1/2006	5/5/2010	INJECTION, ZICONOTIDE, 1 MICROGRAM	PRIALT (PF) 25 MCG/ML	20 ML	VL	IN	ML		1 MCG		25	1/1/2006	5/5/2010						
59075-0730-15		Q4079		1/1/2005	12/31/2007	INJECTION, NATALIZUMAB, 1 MG	TYSABRI 20 MG/ML	15 ML	VL	IV	ML		1 MG		20	6/12/2006	12/31/2007						
59075-0730-15		J2323		1/1/2008	99/99/9999	INJECTION, NATALIZUMAB, 1 MG	TYSABRI 20 MG/ML	15 ML	VL	IV	ML		1 MG		20	1/1/2008	99/99/9999						
59148-0016-65		J3490		12/8/2006	12/31/2007	UNCLASSIFIED DRUGS	ABILIFY (SDV) 9.75 MG/1.3 ML	1.3 ML	VL	IM	ML		1 EA		1	12/8/2006	12/31/2007						
59148-0016-65		J0400		1/1/2008	99/99/9999	INJECTION, ARIPIRAZOLE, INTRAMUSCULAR, 0.25 MG	ABILIFY (SDV) 9.75 MG/1.3 ML	1.3 ML	VL	IM	ML		0.25 MG		30	1/1/2008	99/99/9999						
59196-0010-24		J7510		1/1/2002	6/3/2010	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 15 MG/5 ML	240 ML	BO	PO	ML		5 MG		0.6	1/1/2002	6/3/2010						
59196-0010-48		J7510		1/1/2002	6/3/2010	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 15 MG/5 ML	480 ML	BO	PO	ML		5 MG		0.6	1/1/2002	6/3/2010						
59390-0065-35		Q0163		1/1/2002	9/30/2008	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ALTARYL CHILDREN'S (AF,CHERRY) 12.5 MG/5 ML	118 ML	BO	PO	ML		50 MG		0.05	1/1/2002	9/30/2008						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
59390-0065-46		Q0163		1/1/2002	9/30/2008	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	ALTARYL 12.5 MG/5 ML	473 ML	BO	PO	ML		50 MG	0.05		1/1/2002	9/30/2008						
59390-0065-47		Q0163		1/1/2002	9/30/2008	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	ALTARYL 12.5 MG/5 ML	3785 ML	BO	PO	ML		50 MG	0.05		1/1/2002	9/30/2008						
59572-0301-01		J9245		3/15/2004	3/31/2010	INJECTION, MELPHALAN HYDROCHLORIDE, 50 MG	ALKERAN IV 50 MG	1 EA	VL	IV	EA		50 MG	1		3/15/2004	3/31/2010						
59572-0302-50		None		4/22/2004	1/31/2010	MELPHALAN, 2 MG, ORAL	ALKERAN (FILM-COATED) 2 MG	50 EA	BO	PO	EA		2 MG	1		4/22/2004	1/31/2010						
59618-0199-33		Q0163		1/1/2002	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	DIPHENYL ELIXIR 12.5 MG/5 ML	120 ML	EA	PO	ML		50 MG	0.05		1/1/2002	99/99/9999						
59618-0200-06		Q0163		1/1/2002	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	DIPHENYL 25 MG	24 EA	NA	PO	EA		50 MG	0.5		1/1/2002	99/99/9999						
59627-0021-03		J0215		1/1/2004	2/27/2008	INJECTION, ALEFACEPT, 0.5 MG	AMEVIVE (4 VIALS, SRN, W/DILUENT) 15 MG	1 EA	VL	IM	EA		0.5 MG	120		1/1/2004	2/27/2008						
59627-0021-04		J0215		1/1/2004	12/30/2007	INJECTION, ALEFACEPT, 0.5 MG	AMEVIVE (PF) 15 MG	1 EA	VL	IM	EA		0.5 MG	30		1/1/2004	12/30/2007						
59676-0101-01		J7505		1/1/2002	8/1/2011	MUROMONAB-CD3, PARENTERAL, 5 MG	ORTHOCLONE OKT 3 (AMP) 1 MG/ML	5 ML	AM	IV	ML		5 MG	0.2		1/1/2002	8/1/2011						
59676-0201-01		J9065		1/1/2002	1/31/2012	INJECTION, CLADIRIBINE, PER 1 MG	LEUSTATIN (S.D.V.) 1 MG/ML	10 ML	VL	IV	ML		1 MG	1		1/1/2002	1/31/2012						
59676-0302-01		J0885		1/1/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	PROCRT (VIAL) 2000 U/ML	1 ML	VL	IJ	ML		1000 U	2		1/1/2006	99/99/9999						
59676-0302-02		J0885		1/1/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	PROCRT (VOLUME PACK VIAL) 2000 U/ML	1 ML	VL	IJ	ML		1000 U	2		1/1/2006	99/99/9999						
59676-0303-01		J0885		1/1/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	PROCRT (VIAL) 3000 U/ML	1 ML	VL	IJ	ML		1000 U	3		1/1/2006	99/99/9999						
59676-0303-02		J0885		1/1/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	PROCRT (VOLUME PACK VIAL) 3000 U/ML	1 ML	VL	IJ	ML		1000 U	3		1/1/2006	99/99/9999						
59676-0304-01		J0885		1/1/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	PROCRT (VIAL) 4000 U/ML	1 ML	VL	IJ	ML		1000 U	4		1/1/2006	99/99/9999						
59676-0304-02		J0885		1/1/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	PROCRT (VOLUME PACK VIAL) 4000 U/ML	1 ML	VL	IJ	ML		1000 U	4		1/1/2006	99/99/9999						
59676-0310-01		J0885		1/1/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	PROCRT (VIAL) 10000 U/ML	1 ML	VL	IJ	ML		1000 U	10		1/1/2006	99/99/9999						
59676-0310-02		J0885		1/1/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	PROCRT (VOLUME PACK VIAL) 10000 U/ML	1 ML	VL	IJ	ML		1000 U	10		1/1/2006	99/99/9999						
59676-0312-01		J0885		1/1/2006	7/3/2008	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	PROCRT (M.D.V.) 10000 U/ML	2 ML	VL	IJ	ML		1000 U	10		1/1/2006	7/3/2008						
59676-0312-04		J0885		1/18/2008	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	PROCRT (4X2ML.MDV) 10000 U/ML	2 ML	VL	IJ	ML		1000 U	10		1/18/2008	99/99/9999						
59676-0320-01		J0885		1/1/2006	7/3/2008	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	PROCRT (M.D.V.) 20000 U/ML	1 ML	VL	IJ	ML		1000 U	20		1/1/2006	7/3/2008						
59676-0320-04		J0886		10/15/2007	99/99/9999	INJECTION, EPOETIN ALFA, 1000 UNITS, (FOR ESRD ON DIALYSIS	PROCRT (MULTIDOSE) 20000 U/ML	1 ML	VL	IJ	ML		1000 U	20		10/15/2007	99/99/9999						
59676-0340-01		J0885		1/1/2006	99/99/9999	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	PROCRT (PF) 40000 U/ML	1 ML	VL	IJ	ML		1000 U	40		1/1/2006	99/99/9999						
59676-0360-01		Q4086		1/1/2007	12/31/2007	PER DOSE	ORTHOVISC (PREFILLED SYRINGE) 15 MG/ML	2 ML	SR	IJ	ML		1 DOSE	0.5		1/1/2007	12/31/2007						
59676-0360-01		J7324		1/1/2008	99/99/9999	PER DOSE	ORTHOVISC (PREFILLED SYRINGE) 15 MG/ML	2 ML	SR	IJ	ML		1 DOSE	0.5		1/1/2008	99/99/9999						
59730-4202-01		J3590		1/1/2003	99/99/9999	UNCLASSIFIED BIOLOGICS	NABI-HB (S.D.V.,312 IU/ML)	1 ML	VL	IM	ML		1 EA	1		1/1/2003	99/99/9999						
59730-4203-01		J3590		1/1/2003	99/99/9999	UNCLASSIFIED BIOLOGICS	NABI-HB (S.D.V.,312 IU/ML)	5 ML	VL	IM	ML		1 EA	1		1/1/2003	99/99/9999						
59730-4204-01		J3590		1/3/2005	9/30/2007	UNCLASSIFIED BIOLOGICS	NABI-HB NOVAPLUS (312 IU/ML)	1 ML	VL	IM	ML		1 EA	1		1/3/2005	9/30/2007						
59730-4205-01		J3590		1/1/2004	9/30/2007	UNCLASSIFIED BIOLOGICS	NABI-HB NOVAPLUS (312 IU/ML)	5 ML	VL	IM	ML		1 EA	1		1/1/2004	9/30/2007						
59730-5601-01		J9999		1/1/2002	1/8/2008	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	ALOPRIM (S.D.V.,PF) 500 MG	1 EA	VL	IV	EA		1 EA	1		1/1/2002	1/8/2008						
59741-0119-04		Q0163		1/1/2002	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	DIPHENHYDRAMINE HCL 12.5 MG/5 ML	120 ML	BO	PO	ML		50 MG	0.05		1/1/2002	99/99/9999						
59741-0119-08		Q0163		1/1/2002	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	DIPHENHYDRAMINE HCL 12.5 MG/5 ML	240 ML	BO	PO	ML		50 MG	0.05		1/1/2002	99/99/9999						
59741-0119-16		Q0163		1/1/2002	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	DIPHENHYDRAMINE HCL 12.5 MG/5 ML	480 ML	BO	PO	ML		50 MG	0.05		1/1/2002	99/99/9999						
59741-0119-20		Q0163		1/1/2002	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	DIPHENHYDRAMINE HCL 12.5 MG/5 ML	3840 ML	BO	PO	ML		50 MG	0.05		1/1/2002	99/99/9999						
59746-0001-03		J7509		1/1/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	21 EA	DP	PO	EA		4 MG	1		1/1/2002	99/99/9999						
59746-0001-06		J7509		1/1/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	100 EA	BO	PO	EA		4 MG	1		1/1/2002	99/99/9999						
59746-0002-04		J7509		9/24/2007	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (USP) 8 MG	25 EA	BO	PO	EA		4 MG	2		9/24/2007	99/99/9999						
59746-0003-14		J7509		7/20/2007	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (USP) 16 MG	50 EA	BO	PO	EA		4 MG	4		7/20/2007	99/99/9999						
59746-0007-06		J7506		1/1/2002	99/99/9999	PREDNISONE ORAL, PER 5MG	PREDNISONE 5 MG	100 EA	NA	PO	EA		5 MG	1		1/1/2002	99/99/9999						
59746-0007-10		J7506		1/1/2002	99/99/9999	PREDNISONE ORAL, PER 5MG	PREDNISONE 5 MG	1000 EA	NA	PO	EA		5 MG	1		1/1/2002	99/99/9999						
59746-0008-06		J7506		1/1/2002	99/99/9999	PREDNISONE ORAL, PER 5MG	PREDNISONE 10 MG	100 EA	NA	PO	EA		5 MG	2		1/1/2002	99/99/9999						
59746-0008-10		J7506		1/1/2002	99/99/9999	PREDNISONE ORAL, PER 5MG	PREDNISONE 10 MG	1000 EA	NA	PO	EA		5 MG	2		1/1/2002	99/99/9999						
59746-0015-04		J7509		7/20/2007	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (USP) 32 MG	25 EA	BO	PO	EA		4 MG	8		7/20/2007	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
59746-0113-06		Q0164		1/1/2002	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	PROCHLORPERAZINE MALEATE 5 MG	100	EA	BO	PO	EA	5 MG		1	1/1/2002	99/99/9999						
59746-0113-10		Q0164		1/1/2002	10/22/2006	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	PROCHLORPERAZINE MALEATE 5 MG	1000	EA	BO	PO	EA	5 MG		1	1/1/2002	10/22/2006						
59746-0115-06		Q0165		1/1/2002	99/99/9999	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	PROCHLORPERAZINE MALEATE 10 MG	100	EA	BO	PO	EA	10 MG		1	1/1/2002	99/99/9999						
59746-0115-10		Q0165		1/1/2002	10/22/2006	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	PROCHLORPERAZINE MALEATE 10 MG	1000	EA	BO	PO	EA	10 MG		1	1/1/2002	10/22/2006						
59746-0171-06		J7506		10/21/2005	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 1 MG	100	EA	BO	PO	EA	5 MG		0.2	10/21/2005	99/99/9999						
59746-0171-10		J7506		10/21/2005	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 1 MG	1000	EA	BO	PO	EA	5 MG		0.2	10/21/2005	99/99/9999						
59746-0172-06		J7506		8/3/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP) 5 MG	100	EA	BO	PO	EA	5 MG		1	8/3/2007	99/99/9999						
59746-0172-10		J7506		8/3/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP) 5 MG	1000	EA	BO	PO	EA	5 MG		1	8/3/2007	99/99/9999						
59746-0173-06		J7506		8/3/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP) 10 MG	100	EA	BO	PO	EA	5 MG		2	8/3/2007	99/99/9999						
59746-0173-09		J7506		8/3/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP) 10 MG	500	EA	BO	PO	EA	5 MG		2	8/3/2007	99/99/9999						
59746-0173-10		J7506		8/3/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP) 10 MG	1000	EA	BO	PO	EA	5 MG		2	8/3/2007	99/99/9999						
59746-0175-06		J7506		8/3/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP) 20 MG	100	EA	BO	PO	EA	5 MG		4	8/3/2007	99/99/9999						
59746-0175-09		J7506		8/3/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP) 20 MG	500	EA	BO	PO	EA	5 MG		4	8/3/2007	99/99/9999						
59746-0175-10		J7506		8/3/2007	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP) 20 MG	1000	EA	BO	PO	EA	5 MG		4	8/3/2007	99/99/9999						
59762-0100-01		J8515		1/1/2006	99/99/9999	CABERGOLINE, ORAL, 0.25 MG	CABERGOLINE 0.5 MG	8	EA	BO	PO	EA	0.25 MG		2	1/1/2006	99/99/9999						
59762-2576-01		J9211		8/27/2007	99/99/9999	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG	IDARUBICIN HYDROCHLORIDE (PF) 1 MG/ML	5	ML	VL	IV	ML	5 MG		0.2	8/27/2007	99/99/9999						
59762-2586-01		J9211		8/27/2007	99/99/9999	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG	IDARUBICIN HYDROCHLORIDE (PF) 1 MG/ML	10	ML	VL	IV	ML	5 MG		0.2	8/27/2007	99/99/9999						
59762-2596-01		J9211		8/27/2007	99/99/9999	INJECTION, IDARUBICIN HYDROCHLORIDE, 5 MG	IDARUBICIN HYDROCHLORIDE (PF) 1 MG/ML	20	ML	VL	IV	ML	5 MG		0.2	8/27/2007	99/99/9999						
59762-3051-01		Q0144		7/7/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 1 GM/Packe	10	EA	BX	PO	EA	1 GM		1	7/7/2006	99/99/9999						
59762-3051-02		Q0144		7/7/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 1 GM/Packe	3	EA	BX	PO	EA	1 GM		1	7/7/2006	99/99/9999						
59762-3060-01		Q0144		11/14/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 250 MG	6	EA	DP	PO	EA	1 GM		0.25	11/14/2005	99/99/9999						
59762-3060-02		Q0144		11/14/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 250 MG	30	EA	BO	PO	EA	1 GM		0.25	11/14/2005	99/99/9999						
59762-3060-03		Q0144		11/14/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 250 MG	50	EA	BX	PO	EA	1 GM		0.25	11/14/2005	99/99/9999						
59762-3070-01		Q0144		11/14/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 500 MG	3	EA	DP	PO	EA	1 GM		0.5	11/14/2005	99/99/9999						
59762-3070-02		Q0144		11/14/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 500 MG	30	EA	BO	PO	EA	1 GM		0.5	11/14/2005	99/99/9999						
59762-3080-01		Q0144		11/14/2005	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 600 MG	30	EA	BO	PO	EA	1 GM		0.6	11/14/2005	99/99/9999						
59762-3110-01		Q0144		7/7/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (CHERRY) 100 MG/5 ML	15	ML	BO	PO	ML	1 GM		0.02	7/7/2006	99/99/9999						
59762-3120-01		Q0144		7/7/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (CHERRY) 200 MG/5 ML	15	ML	BO	PO	ML	1 GM		0.04	7/7/2006	99/99/9999						
59762-3130-01		Q0144		7/7/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (CHERRY) 200 MG/5 ML	22.5	ML	BO	PO	ML	1 GM		0.04	7/7/2006	99/99/9999						
59762-3140-01		Q0144		7/7/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (CHERRY) 200 MG/5 ML	30	ML	BO	PO	ML	1 GM		0.04	7/7/2006	99/99/9999						
59762-3327-01		J7509		1/1/2002	5/15/2007	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (UNIT OF USE) 4 MG	21	EA	DP	PO	EA	4 MG		1	1/1/2002	5/15/2007						
59762-3327-02		J7509		1/1/2002	5/15/2007	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (UNIT OF USE) 4 MG	100	EA	BO	PO	EA	4 MG		1	1/1/2002	5/15/2007						
59762-4537-01		J1055		9/27/2004	12/31/2012	INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG	MEDROXYPROGESTERONE ACETATE 150 MG/ML	1	ML	VL	IM	ML	150 MG		1	9/27/2004	12/31/2012						
59762-4537-02		J1055		9/27/2004	12/31/2012	INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG	MEDROXYPROGESTERONE ACETATE 150 MG/ML	1	ML	VL	IM	ML	150 MG		1	9/27/2004	12/31/2012						
59762-4538-01		J1055		5/26/2006	5/16/2011	INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG	MEDROXYPROGESTERONE ACETATE (PREFILLED SYRINGE,USP) 150 MG/ML	1	ML	SR	IM	ML	150 MG		1	5/26/2006	5/16/2011						
59762-5034-02		J1450		9/9/2004	12/22/2006	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE IV (VIAFLEX,SODIUM CHLORIDE) 200 MG/100 ML	100	ML	PC	IV	ML	200 MG		0.01	9/9/2004	12/22/2006						
59762-5035-02		J1450		9/9/2004	12/22/2006	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE IV (VIAFLEX,SODIUM CHLORIDE) 400 MG/200 ML	200	ML	PC	IV	ML	200 MG		0.01	9/9/2004	12/22/2006						
59762-5036-02		J1450		9/9/2004	12/22/2006	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE IV (VIAFLEX, DEXTROSE) 200 MG/100 ML	100	ML	PC	IV	ML	200 MG		0.01	9/9/2004	12/22/2006						
59762-5037-02		J1450		9/9/2004	12/22/2006	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE IV (VIAFLEX, DEXTROSE) 400 MG/200 ML	200	ML	PC	IV	ML	200 MG		0.01	9/9/2004	12/22/2006						
59762-5091-01		J9178		8/8/2007	99/99/9999	INJECTION, EPIRUBICIN HCL, 2 MG	EPIRUBICIN HYDROCHLORIDE (SINGLE USE,PF) 2 MG/ML	25	ML	VL	IV	ML	2 MG		1	8/8/2007	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
59762-5093-01		J9178		8/8/2007	99/99/9999	INJECTION, EPIRUBICIN HCL, 2 MG	EPIRUBICIN HYDROCHLORIDE (SINGLE USE, PF) 2 MG/ML	100 ML	VL	IV	ML		2 MG		1	8/8/2007	99/99/9999						
59762-7529-01		J9206		2/27/2008	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X2ML,SDV) 20 MG/ML	2 ML	VL	IV	ML		20 MG		1	2/27/2008	99/99/9999						
59762-7529-01	QR	J9206	QR	2/27/2008	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X2ML,SDV) 20 MG/ML	2 ML	VL	IV	ML		20 MG		1	2/27/2008	99/99/9999						
59762-7529-02		J9206		2/27/2008	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X5ML,SDV) 20 MG/ML	5 ML	VL	IV	ML		20 MG		1	2/27/2008	99/99/9999						
59762-7529-02	QR	J9206	QR	2/27/2008	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X5ML,SDV) 20 MG/ML	5 ML	VL	IV	ML		20 MG		1	2/27/2008	99/99/9999						
59911-5905-02		J2260		5/31/2002	12/14/2006	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE (S.D.V.,PF) 1 MG/ML	10 ML	VL	IV	ML		5 MG		0.2	5/31/2002	12/14/2006						
59911-5906-02		J2260		5/31/2002	12/14/2006	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE (S.D.V.,PF) 1 MG/ML	20 ML	VL	IV	ML		5 MG		0.2	5/31/2002	12/14/2006						
59911-5907-02		J2260		5/31/2002	12/14/2006	INJECTION, MILRINONE LACTATE, 5 MG	DEXTROSE/MILRINONE LACTATE (S.D.V.,REDI-INFUSION,PF) 5%-20 MG/100 ML	100 ML	FC	IV	ML		5 MG		0.04	5/31/2002	12/14/2006						
59911-5911-02		J2250		1/1/2002	12/14/2006	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (DOSETTE VIAL) 1 MG/ML	2 ML	VL	IJ	ML		1 MG		1	1/1/2002	12/14/2006						
59911-5914-02		J2250		1/1/2002	12/14/2006	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (DOSETTE VIAL) 5 MG/ML	1 ML	VL	IJ	ML		1 MG		5	1/1/2002	12/14/2006						
59911-5915-02		J2250		1/1/2002	12/14/2006	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	MIDAZOLAM HCL (DOSETTE VIAL) 5 MG/ML	2 ML	VL	IJ	ML		1 MG		5	1/1/2002	12/14/2006						
59930-1517-01	KO	J7613	KO	1/1/2005	1/1/2007	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE 0.083%	3 ML	VL	IH	ML		1 MG		0.83	1/1/2005	1/1/2007						
59930-1517-01		J7613		1/1/2005	1/1/2007	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE 0.083%	3 ML	VL	IH	ML		1 MG		0.83	1/1/2005	1/1/2007						
59930-1517-02		J7613		1/1/2005	1/1/2007	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE 0.083%	3 ML	VL	IH	ML		1 MG		0.83	1/1/2005	1/1/2007						
59930-1517-02	KO	J7613	KO	1/1/2005	1/1/2007	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE 0.083%	3 ML	VL	IH	ML		1 MG		0.83	1/1/2005	1/1/2007						
59930-1609-01	A4216			1/1/2006	1/1/2007	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (AMP,PF) 0.9%	3 ML	PC	IH	ML		10 ML		0.1	1/1/2006	1/1/2007						
59930-1609-02	A4216			1/1/2006	1/1/2007	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (AMP,PF) 0.9%	5 ML	PC	IH	ML		10 ML		0.1	1/1/2006	1/1/2007						
59930-1647-02		J7611		1/1/2005	1/1/2007	COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG	ALBUTEROL SULFATE (MDV) 0.5%	20 ML	BO	IH	ML		1 MG		5	1/1/2005	1/1/2007						
60242-0202-01		Q0163		7/6/2007	99/99/9999	PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HYDROCHLORIDE 50 MG	100 EA	BO	PO	EA		50 MG		1	7/6/2007	99/99/9999						
60242-0202-10		Q0163		7/6/2007	99/99/9999	PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HYDROCHLORIDE 50 MG	1000 EA	BO	PO	EA		50 MG		1	7/6/2007	99/99/9999						
60429-0080-36		J8610		5/25/2010	9/1/2011	METHOTREXATE, ORAL, 2.5 MG	METHOTREXATE 2.5 MG	36 EA	BO	PO	EA		2.5 MG		1	5/25/2010	9/1/2011						
60429-0153-60		Q0175		10/22/2002	9/1/2011	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	PERPHENAZINE (UNIT OF USE) 4 MG	60 EA	BO	PO	EA		4 MG		1	10/22/2002	9/1/2011						
60429-0154-60		Q0176		10/22/2002	9/1/2011	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	PERPHENAZINE (UNIT OF USE) 8 MG	60 EA	BO	PO	EA		8 MG		1	10/22/2002	9/1/2011						
60429-0711-50		J8499		1/1/2002	9/1/2011	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (UNIT OF USE) 200 MG	50 EA	BO	PO	EA		1 EA		1	1/1/2002	9/1/2011						
60429-0713-50		J8499		1/1/2002	9/1/2011	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (UNIT OF USE) 800 MG	50 EA	BO	PO	EA		1 EA		1	1/1/2002	9/1/2011						
60432-0033-04		Q0163		1/1/2002	6/26/2007	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHEN AF (CHERRY) 12.5 MG/5 ML	120 ML	BO	PO	ML		50 MG		0.05	1/1/2002	6/26/2007						
60432-0033-08		Q0163		1/1/2002	6/27/2007	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHEN AF (CHERRY) 12.5 MG/5 ML	240 ML	BO	PO	ML		50 MG		0.05	1/1/2002	6/27/2007						
60432-0033-16		Q0163		1/1/2002	4/2/2007	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHEN AF (CHERRY) 12.5 MG/5 ML	480 ML	BO	PO	ML		50 MG		0.05	1/1/2002	4/2/2007						
60432-0089-04		J7510		7/18/2002	9/30/2008	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE SODIUM PHOSPHATE (AF,SF,DYE-FREE) 5 MG/5 ML	118 ML	BO	PO	ML		5 MG		0.2	7/18/2002	9/30/2008						
60432-0126-08		J8999		11/17/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE (LEMON-LIME) 40 MG/ML	240 ML	BO	PO	ML		1 EA		1	11/17/2004	99/99/9999						
60432-0126-16		J8999		12/1/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE (LEMON-LIME) 40 MG/ML	480 ML	BO	PO	ML		1 EA		1	12/1/2006	99/99/9999						
60432-0140-50		J7502		9/28/2004	99/99/9999	CYCLOSPORINE, ORAL, 100 MG	CYCLOSPORINE 100 MG/ML	50 ML	BO	PO	ML		100 MG		1	9/28/2004	99/99/9999						
60432-0212-08		J7510		10/25/2004	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	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						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
60432-0466-08	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE (RASPBERRY) 0.5 MG/5 ML	240 ML	BO	PO	ML		0.25 MG		0.4	1/1/2006	99/99/9999						
60432-0608-04	Q0170			1/1/2002	99/99/9999	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	PROMETHAZINE HCL (FRUIT,TROPICAL) 6.25 MG/5 ML	120 ML	BO	PO	ML		25 MG		0.05	1/1/2002	99/99/9999						
60432-0608-16	Q0170			1/1/2002	99/99/9999	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	PROMETHAZINE HCL (FRUIT,TROPICAL) 6.25 MG/5 ML	480 ML	BO	PO	ML		25 MG		0.05	1/1/2002	99/99/9999						
60492-0051-01	J1571			1/1/2008	4/17/2013	INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAMUSCULAR, 0.5 ML	HEPAGAM B (SDV,PF)	5 ML	VL	IM	ML		0.5 ML		2	1/1/2008	4/17/2013						
60492-0051-01	Q4090			7/1/2007	12/31/2007	INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAMUSCULAR, 0.5 ML	HEPAGAM B (SDV,PF)	5 ML	VL	IM	ML		0.5 ML		2	7/1/2007	12/31/2007						
60492-0051-02	J1573			1/1/2008	4/17/2013	INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAVENOUS, 0.5 ML	NOVAPLUS HEPAGAM B (>1560/5ML,PF)	5 ML	VL	IJ	ML		0.5 ML		2	1/1/2008	4/17/2013						
60492-0051-02	J3590			10/1/2007	12/31/2007	UNCLASSIFIED BIOLOGICS	NOVAPLUS HEPAGAM B (>1560/5ML,PF)	5 ML	VL	IJ	ML		1 EA		1	10/1/2007	12/31/2007						
60492-0052-01	Q4090			7/1/2007	12/31/2007	INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAMUSCULAR, 0.5 ML	HEPAGAM B (SDV,PF)	1 ML	VL	IM	ML		0.5 ML		2	7/1/2007	12/31/2007						
60492-0052-01	J1571			1/1/2008	4/17/2013	INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAMUSCULAR, 0.5 ML	HEPAGAM B (SDV,PF)	1 ML	VL	IM	ML		0.5 ML		2	1/1/2008	4/17/2013						
60492-0052-02	J3590			10/1/2007	12/31/2007	UNCLASSIFIED BIOLOGICS	NOVAPLUS HEPAGAM B (>312IU/ML,PF)	1 ML	VL	IJ	ML		1 EA		1	10/1/2007	12/31/2007						
60492-0052-02	J1573			1/1/2008	4/17/2013	INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAVENOUS, 0.5 ML	NOVAPLUS HEPAGAM B (>312IU/ML,PF)	1 ML	VL	IJ	ML		0.5 ML		2	1/1/2008	4/17/2013						
60505-0042-06	J8499			3/1/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR (USP) 200 MG	100 EA	BO	PO	EA		1 EA		1	3/1/2006	99/99/9999						
60505-0133-00	J7515			5/17/2002	99/99/9999	CYCLOSPORINE, ORAL, 25 MG	CYCLOSPORINE 25 MG	30 EA	BO	PO	EA		25 MG		1	5/17/2002	99/99/9999						
60505-0134-00	J7502			5/17/2002	99/99/9999	CYCLOSPORINE, ORAL, 100 MG	CYCLOSPORINE 100 MG	30 EA	BO	PO	EA		100 MG		1	5/17/2002	99/99/9999						
60505-0354-01	J7502			8/1/2005	99/99/9999	CYCLOSPORINE, ORAL, 100 MG	CYCLOSPORINE (U.S.P.) 100 MG/ML	50 ML	BO	PO	ML		100 MG		1	8/1/2005	99/99/9999						
60505-0368-01	J8999			6/23/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE (USP,LEMON-LIME) 40 MG/ML	240 ML	BO	PO	ML		1 EA		1	6/23/2006	99/99/9999						
60505-0381-05	Q0179			3/10/2008	12/31/2011	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON (USP,1X50ML) 4 MG/5 ML	50 ML	BO	PO	ML		8 MG		0.1	3/10/2008	12/31/2011						
60505-0381-05	Q0162			1/1/2012	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	ONDANSETRON (USP,1X50ML) 4 MG/5 ML	1 EA	BO	PO	ML		1 MG		0.8	1/1/2012	99/99/9999						
60505-0658-00	J0595			1/1/2004	10/13/2010	INJECTION, BUTORPHANOL TARTRATE, 1 MG	BUTORPHANOL TARTRATE (VIAL) 1 MG/ML	1 ML	VL	IJ	ML		1 MG		1	1/1/2004	10/13/2010						
60505-0659-00	J0595			1/1/2004	10/13/2010	INJECTION, BUTORPHANOL TARTRATE, 1 MG	BUTORPHANOL TARTRATE (VIAL) 2 MG/ML	1 ML	VL	IJ	ML		1 MG		2	1/1/2004	10/13/2010						
60505-0660-00	J0595			1/1/2004	10/13/2010	INJECTION, BUTORPHANOL TARTRATE, 1 MG	BUTORPHANOL TARTRATE (M.D.V.) 2 MG/ML	10 ML	VL	IJ	ML		1 MG		2	1/1/2004	10/13/2010						
60505-0664-02	J2680			1/1/2002	10/1/2008	INJECTION, FLUPHENAZINE DECANOATE, UP TO 25 MG	FLUPHENAZINE DECANOATE (M.D.V.) 25 MG/ML	5 ML	VL	IJ	ML		25 MG		1	1/1/2002	10/1/2008						
60505-0679-05	J0696			9/1/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (1X100ML,BULK PKG) 10 GM	1 EA	VL	IV	EA		250 MG		40	9/1/2005	99/99/9999						
60505-0679-08	J0696			9/1/2005	4/17/2013	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (1X100ML,PIGGYBACK) 1 GM	1 EA	VL	IJ	EA		250 MG		4	9/1/2005	4/17/2013						
60505-0679-09	J0696			9/1/2005	4/17/2013	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (1X100ML) 2 GM	1 EA	VL	IJ	EA		250 MG		8	9/1/2005	4/17/2013						
60505-0681-00	J0692			6/19/2007	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME (USP) 2 GM	1 EA	VL	IJ	EA		500 MG		4	6/19/2007	99/99/9999						
60505-0681-04	J0692			6/19/2007	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME (USP) 2 GM	10 EA	VL	IJ	EA		500 MG		4	6/19/2007	99/99/9999						
60505-0692-00	J1626			8/14/2008	10/13/2010	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	GRANISETRON HYDROCHLORIDE (1X1ML,SINGLE-USE) 1 MG/ML	1 ML	VL	IV	ML		100 MCG		10	8/14/2008	10/13/2010						
60505-0693-00	J1626			8/14/2008	10/13/2010	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	GRANISETRON HYDROCHLORIDE (1X4ML,MULTI-USE) 1 MG/ML	4 ML	VL	IV	ML		100 MCG		10	8/14/2008	10/13/2010						
60505-0702-01	J1631			1/1/2002	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (M.D.V.) 50 MG/ML	5 ML	VL	IM	ML		50 MG		1	1/1/2002	99/99/9999						
60505-0703-01	J1631			1/1/2002	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (M.D.V.) 100 MG/ML	5 ML	VL	IM	ML		50 MG		2	1/1/2002	99/99/9999						
60505-0705-00	J1885			2/28/2005	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (SDV) 15 MG/ML	1 ML	VL	IJ	ML		15 MG		1	2/28/2005	99/99/9999						
60505-0706-00	J1885			2/28/2005	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (SDV) 30 MG/ML	1 ML	VL	IJ	ML		15 MG		2	2/28/2005	99/99/9999						
60505-0706-01	J1885			2/28/2005	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (S.D.V.) 30 MG/ML	2 ML	VL	IM	ML		15 MG		2	2/28/2005	99/99/9999						
60505-0715-00	J1245			8/1/2004	99/99/9999	INJECTION, DIPYRIDAMOLE, PER 10 MG	DIPYRIDAMOLE 5 MG/ML	2 ML	VL	IV	ML		10 MG		0.5	8/1/2004	99/99/9999						
60505-0715-01	J1245			8/1/2004	99/99/9999	INJECTION, DIPYRIDAMOLE, PER 10 MG	DIPYRIDAMOLE (10X10) 5 MG/ML	10 ML	VL	IV	ML		10 MG		0.5	8/1/2004	99/99/9999						
60505-0718-00	J2260			2/28/2005	10/13/2010	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE (PF) 1 MG/ML	10 ML	VL	IV	ML		5 MG		0.2	2/28/2005	10/13/2010						
60505-0718-01	J2260			2/28/2005	10/13/2010	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE (PF) 1 MG/ML	20 ML	VL	IV	ML		5 MG		0.2	2/28/2005	10/13/2010						
60505-0722-00	J0282			6/1/2003	99/99/9999	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MC	AMIODARONE HCL (SDV) 50 MG/ML	3 ML	VL	IV	ML		30 MG		1.66666	6/1/2003	99/99/9999						
60505-0722-01	J0282			12/20/2005	99/99/9999	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MC	AMIODARONE HCL (SDS,10X3ML) 50 MG/ML	3 ML	SR	IV	ML		30 MG		1.66666	12/20/2005	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
60505-0725-01	J1885			11/1/2004	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE 15 MG/ML	1 ML	SR	IJ	ML		15 MG		1	11/1/2004	99/99/9999						
60505-0726-01	J1885			11/1/2004	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE 30 MG/ML	1 ML	SR	IJ	ML		15 MG		2	11/1/2004	99/99/9999						
60505-0726-02	J1885			11/1/2004	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE 30 MG/ML	2 ML	SR	IJ	ML		15 MG		2	11/1/2004	99/99/9999						
60505-0727-03	J1630			1/24/2005	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL (PF) 5 MG/ML	1 ML	SR	IM	ML		5 MG		1	1/24/2005	99/99/9999						
60505-0733-01	J1450			5/25/2005	8/8/2013	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE (FLEXBAG) 200 MG/100 ML	100 ML	PC	IV	ML		200 MG		0.01	5/25/2005	8/8/2013						
60505-0733-02	J1450			5/25/2005	8/8/2013	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE (FLEXBAG, DEXTROSE) 200 MG/200 ML	200 ML	PC	IV	ML		200 MG		0.01	5/25/2005	8/8/2013						
60505-0734-01	J1450			5/25/2005	8/8/2013	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE (FLEXBAG, DEXTROSE) 200 MG/100 ML	100 ML	PC	IV	ML		200 MG		0.01	5/25/2005	8/8/2013						
60505-0734-02	J1450			5/25/2005	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE (FLEXBAG, DEXTROSE) 400 MG/200 ML	200 ML	PC	IV	ML		200 MG		0.01	5/25/2005	99/99/9999						
60505-0744-01	J2405			12/26/2006	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (MDV, USP) 2 MG/ML	2 ML	VL	IJ	ML		1 MG		2	12/26/2006	99/99/9999						
60505-0744-06	J2405			12/26/2006	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	FOSPHENYTOIN SODIUM (25X2ML) 50 MG/ML	20 ML	VL	IJ	ML		1 MG		2	12/26/2006	99/99/9999						
60505-0746-05	J1165			10/24/2007	10/13/2010	INJECTION, PHENYTOIN SODIUM, PER 50 MG	CEFAZOLIN SODIUM 500 MG	2 ML	VL	IV	ML		50 MG		1	10/24/2007	10/13/2010						
60505-0748-04	J0690			9/19/2005	99/99/9999	INJECTION, CEFZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM 500 MG	1 EA	VL	IJ	EA		500 MG		1	9/19/2005	99/99/9999						
60505-0748-05	J0690			9/19/2005	99/99/9999	INJECTION, CEFZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM 500 MG	1 EA	VL	IJ	EA		500 MG		1	9/19/2005	99/99/9999						
60505-0749-04	J0690			9/19/2005	99/99/9999	INJECTION, CEFZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM 1 GM	1 EA	VL	IJ	EA		500 MG		2	9/19/2005	99/99/9999						
60505-0749-05	J0690			9/16/2005	99/99/9999	INJECTION, CEFZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM 1 GM	1 EA	VL	IJ	EA		500 MG		2	9/16/2005	99/99/9999						
60505-0750-00	J0696			8/2/2005	99/99/9999	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG	CEFTRIAZONE (1X10ML) 250 MG	1 EA	VL	IJ	EA		250 MG		1	8/2/2005	99/99/9999						
60505-0750-04	J0696			8/2/2005	99/99/9999	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG	CEFTRIAZONE (10X10ML) 250 MG	1 EA	VL	IJ	EA		250 MG		1	8/2/2005	99/99/9999						
60505-0751-00	J0696			8/2/2005	99/99/9999	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG	CEFTRIAZONE (1X10ML) 500 MG	1 EA	VL	IJ	EA		250 MG		2	8/2/2005	99/99/9999						
60505-0751-04	J0696			8/2/2005	99/99/9999	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG	CEFTRIAZONE (10X10ML) 500 MG	1 EA	VL	IJ	EA		250 MG		2	8/2/2005	99/99/9999						
60505-0752-00	J0696			8/2/2005	99/99/9999	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG	CEFTRIAZONE (1X20ML) 1 GM	1 EA	VL	IJ	EA		250 MG		4	8/2/2005	99/99/9999						
60505-0753-00	J0696			8/2/2005	99/99/9999	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG	CEFTRIAZONE (1X20ML) 2 GM	1 EA	VL	IJ	EA		250 MG		8	8/2/2005	99/99/9999						
60505-0753-04	J0696			8/2/2005	99/99/9999	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG	CEFTRIAZONE (10X20ML) 2 GM	1 EA	VL	IJ	EA		250 MG		8	8/2/2005	99/99/9999						
60505-0759-05	J0694			1/23/2006	99/99/9999	INJECTION, CEFOXITIN SODIUM, 1 GM	CEFOXITIN 1 GM	1 EA	VL	IV	EA		1 GM		1	1/23/2006	99/99/9999						
60505-0760-05	J0694			1/23/2006	99/99/9999	INJECTION, CEFOXITIN SODIUM, 1 GM	CEFOXITIN 2 GM	1 EA	VL	IV	EA		1 GM		2	1/23/2006	99/99/9999						
60505-0761-04	J0694			2/13/2006	99/99/9999	INJECTION, CEFOXITIN SODIUM, 1 GM	CEFOXITIN (BULK PACKAGE) 10 GM	1 EA	VL	IV	EA		1 GM		10	2/13/2006	99/99/9999						
60505-0764-02	J1626			12/31/2007	10/13/2010	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	GRANISETRON HYDROCHLORIDE (5X1ML, SINGLE-USE, PF) 0.1 MG/ML	1 ML	VL	IV	ML		100 MCG		1	12/31/2007	10/13/2010						
60505-0765-04	J1165			10/24/2007	10/13/2010	INJECTION, PHENYTOIN SODIUM, PER 50 MG	FOSPHENYTOIN SODIUM (10X10ML) 50 MG/ML	10 ML	VL	IV	ML		50 MG		1	10/24/2007	10/13/2010						
60505-0769-00	J0690			6/13/2006	99/99/9999	INJECTION, CEFZOLIN SODIUM, 500 MG	CEFAZOLIN 10 GM	1 EA	VL	IJ	EA		500 MG		20	6/13/2006	99/99/9999						
60505-0802-01	J7631			5/31/2002	99/99/9999	DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (AMP) 10 MG/ML	2 ML	PC	IH	ML		10 MG		1	5/31/2002	99/99/9999						
60505-0802-01	KO J7631	KO		5/31/2002	99/99/9999	DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (AMP) 10 MG/ML	2 ML	PC	IH	ML		10 MG		1	5/31/2002	99/99/9999						
60505-0806-01	J7644			1/1/2002	99/99/9999	INJECTION, IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (AMP) 0.02%	2.5 ML	PC	IH	ML		1 MG		0.2	1/1/2002	99/99/9999						
60505-0806-01	KO J7644	KO		1/1/2002	99/99/9999	INJECTION, IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (AMP) 0.02%	2.5 ML	PC	IH	ML		1 MG		0.2	1/1/2002	99/99/9999						
60505-0807-01	KO J7669	KO		1/1/2002	99/99/9999	FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (AMP) 0.4%	2.5 ML	PC	IH	ML		10 MG		0.4	1/1/2002	99/99/9999						
60505-0807-01	J7669			1/1/2002	99/99/9999	FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (AMP) 0.4%	2.5 ML	PC	IH	ML		10 MG		0.4	1/1/2002	99/99/9999						
60505-0808-01	J7669			1/1/2002	99/99/9999	FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (AMP) 0.6%	2.5 ML	PC	IH	ML		10 MG		0.6	1/1/2002	99/99/9999						
60505-0808-01	KO J7669	KO		1/1/2002	99/99/9999	FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (AMP) 0.6%	2.5 ML	PC	IH	ML		10 MG		0.6	1/1/2002	99/99/9999						
60505-0834-00	J0692			6/19/2007	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME (USP) 1 GM	1 EA	VL	IJ	EA		500 MG		2	6/19/2007	99/99/9999						
60505-0834-04	J0692			6/19/2007	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME (USP) 1 GM	10 EA	VL	IJ	EA		500 MG		2	6/19/2007	99/99/9999						
60505-5306-01	J8499			3/1/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NO	ACYCLOVIR (USP) 400 MG	100 EA	BO	PO	EA		1 EA		1	3/1/2006	99/99/9999						
60505-5306-08	J8499			5/21/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NO	ACYCLOVIR 400 MG	1000 EA	BO	PO	EA		1 EA		1	5/21/2007	99/99/9999						
60505-5307-01	J8499			3/1/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NO	ACYCLOVIR (USP) 800 MG	100 EA	BO	PO	EA		1 EA		1	3/1/2006	99/99/9999						
60505-5307-05	J8499			5/21/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NO	ACYCLOVIR 800 MG	500 EA	BO	PO	EA		1 EA		1	5/21/2007	99/99/9999						
60505-6020-02	J1631			1/30/2008	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	NOVAPLUS HALOPERIDOL DECANOATE (1X5ML, MDV) 50 MG/ML	5 ML	VL	IM	ML		50 MG		1	1/30/2008	99/99/9999						
60505-6021-02	J1631			12/14/2007	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	NOVAPLUS HALOPERIDOL DECANOATE (1X5ML, MDV) 100 MG/ML	5 ML	VL	IM	ML		50 MG		2	12/14/2007	99/99/9999						
60505-6025-05	J0694			2/27/2008	99/99/9999	INJECTION, CEFOXITIN SODIUM, 1 GM	NOVAPLUS CEFOXITIN (USP) 1 GM	1 EA	VL	IV	EA		1 GM		1	2/27/2008	99/99/9999						
60505-6026-05	J0694			2/27/2008	99/99/9999	INJECTION, CEFOXITIN SODIUM, 1 GM	NOVAPLUS CEFOXITIN (USP) 2 GM	1 EA	VL	IV	EA		1 GM		2	2/27/2008	99/99/9999						
60505-6030-04	J0692			4/11/2008	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME (USP) 1 GM	1 EA	VL	IJ	EA		500 MG		2	4/11/2008	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
60505-6031-04	J0692			4/11/2008	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	CEFEPIME (USP) 2 GM	1 EA	VL	IJ	EA		500 MG			4	4/11/2008	99/99/9999					
60574-3101-01	J0850			1/1/2002	1/31/2007	VIAL	CYTOGAM (S.D.V.,PF)	50 ML	VL	IV	ML		1 EA		0.02	1/1/2002	1/31/2007						
60760-0002-21	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	21 EA	BO	PO	EA		5 MG		4	5/15/2009	99/99/9999	1/1/2002	9/26/2002	4	3/1/2006	9/1/2007	4
60760-0138-30	J7506			1/1/2002	9/1/2007	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	30 EA	BO	PO	EA		5 MG		1	3/1/2006	9/1/2007	1/1/2002	9/26/2002	1			
						DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT																	
60760-0330-30	Q0163			1/1/2002	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	30 EA	BO	PO	EA		50 MG		0.5	1/1/2002	99/99/9999						
60760-0630-28	J7506			1/1/2002	9/1/2007	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	28 EA	BO	PO	EA		5 MG		2	1/1/2002	9/1/2007						
						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																	
60760-0830-20	Q0170			6/1/2005	99/99/9999	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	PROMETHAZINE HCL 25 MG	20 EA	BO	PO	EA		25 MG		1	6/1/2005	99/99/9999						
60793-0010-12	KO J7631	KO		12/15/2005	8/14/2008	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	INTAL 10 MG/ML	2 ML	PC	IH	ML		10 MG		1	12/15/2005	8/14/2008						
60793-0010-12	J7631			12/15/2005	8/14/2008	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	INTAL 10 MG/ML	2 ML	PC	IH	ML		10 MG		1	12/15/2005	8/14/2008						
60793-0010-60	J7631			12/15/2005	8/14/2008	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	INTAL 10 MG/ML	2 ML	PC	IH	ML		10 MG		1	12/15/2005	8/14/2008						
60793-0010-60	KO J7631	KO		12/15/2005	8/14/2008	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	INTAL 10 MG/ML	2 ML	PC	IH	ML		10 MG		1	12/15/2005	8/14/2008						
60793-0130-10	J2510			9/14/2007	99/99/9999	INJECTION, PENICILLIN G PROCAINE, AQUEOUS, UP TO 600,000 UNITS	PENICILLIN G PROCAINE (21GX1&1/2,1MLX10) 600000 U/ML	1 ML	SR	IM	ML		600000 U		1	9/14/2007	99/99/9999						
60793-0131-10	J2510			9/14/2007	99/99/9999	INJECTION, PENICILLIN G PROCAINE, AQUEOUS, UP TO 600,000 UNITS	PENICILLIN G PROCAINE (21GX1&1/4,2MLX10) 600000 U/ML	2 ML	SR	IM	ML		600000 U		1	9/14/2007	99/99/9999						
60793-0600-10	J0540			8/15/2007	12/31/2009	INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TC	BICILLIN C-R (2MLX10,21GX1&1/2")	2 ML	SR	IM	ML		1200000 U		0.5	8/15/2007	12/31/2009						
60793-0601-10	J0540			8/15/2007	12/31/2009	INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TC	BICILLIN C-R (2MLX10,21GX1",PEDIA)	2 ML	SR	IM	ML		1200000 U		0.5	8/15/2007	12/31/2009						
60793-0602-10	J0540			8/15/2007	12/31/2009	INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TC	BICILLIN C-R 900/300	2 ML	SR	IM	ML		1200000 U		0.5	8/15/2007	12/31/2009						
60793-0700-10	J0560			11/21/2006	12/31/2010	INJECTION, PENICILLIN G BENZATHINE, UP TO 600,000 UNITS	BICILLIN L-A (10X1ML) 600000 U/ML	1 ML	SR	IM	ML		600000 U		1	11/21/2006	12/31/2010						
60793-0702-10	J0560			11/21/2006	12/31/2010	INJECTION, PENICILLIN G BENZATHINE, UP TO 600,000 UNITS	BICILLIN L-A 600000 U/ML	2 ML	SR	IM	ML		600000 U		1	11/21/2006	12/31/2010						
60831-3086-01	J9390			12/19/2005	3/25/2007	INJECTION, VINORELBINE TARTRATE, 10 MG	NAVELBINE (SDV,PF) 10 MG/ML	1 ML	VL	IV	ML		10 MG		1	12/19/2005	3/25/2007						
60831-3086-02	J9390			12/19/2005	3/25/2007	INJECTION, VINORELBINE TARTRATE, 10 MG	NAVELBINE (SDV,PF) 10 MG/ML	5 ML	VL	IV	ML		10 MG		1	12/19/2005	3/25/2007						
60977-0001-01	J2550			1/1/2004	2/16/2012	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PHENERGAN (AMP) 25 MG/ML	1 ML	AM	IJ	ML		50 MG		0.5	1/1/2004	2/16/2012						
						PHENERGAN (25X1ML,DOSETTE) 25 MG/ML																	
60977-0001-03	J2550			10/21/2004	10/16/2011	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PHENERGAN 25 MG/ML	1 ML	VL	IJ	ML		50 MG		0.5	10/21/2004	10/16/2011						
60977-0001-43	J2550			5/5/2007	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PHENERGAN 25 MG/ML	1 ML	AM	IJ	ML		50 MG		0.5	5/5/2007	99/99/9999						
60977-0001-44	J2550			5/5/2007	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PHENERGAN 25 MG/ML	1 ML	VL	IJ	ML		50 MG		0.5	5/5/2007	99/99/9999						
60977-0002-02	J2550			1/1/2004	2/16/2012	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PHENERGAN (AMP) 50 MG/ML	1 ML	AM	IJ	ML		50 MG		1	1/1/2004	2/16/2012						
						PHENERGAN (1X25ML,DOSETTE) 50 MG/ML																	
60977-0002-04	J2550			10/21/2004	2/16/2012	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PHENERGAN 50 MG/ML	1 ML	VL	IJ	ML		50 MG		1	10/21/2004	2/16/2012						
60977-0002-43	J2550			5/5/2007	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PHENERGAN 50 MG/ML	1 ML	AM	IJ	ML		50 MG		1	5/5/2007	99/99/9999						
60977-0002-44	J2550			5/5/2007	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PHENERGAN 50 MG/ML	1 ML	VL	IJ	ML		50 MG		1	5/5/2007	99/99/9999						
						INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG																	
60977-0016-02	J2275			1/15/2004	7/2/2012	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG	DURAMORPH (AMP,DOSETTE,PF) 0.5 MG/ML	10 ML	AM	IJ	ML		10 MG		0.05	1/15/2004	7/2/2012						
60977-0016-73	J2275			5/5/2007	99/99/9999	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG	DURAMORPH (PF) 0.5 MG/ML	10 ML	AM	IJ	ML		10 MG		0.05	5/5/2007	99/99/9999						
60977-0017-01	J2275			1/15/2004	7/2/2012	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG	DURAMORPH (AMP,DOSETTE,PF) 1 MG/ML	10 ML	AM	IJ	ML		10 MG		0.1	1/15/2004	7/2/2012						
						INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG																	
60977-0017-73	J2275			5/5/2007	99/99/9999	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG	DURAMORPH (PF) 1 MG/ML	10 ML	AM	IJ	ML		10 MG		0.1	5/5/2007	99/99/9999						
60977-0112-01	J2060			2/13/2004	4/5/2012	INJECTION, LORAZEPAM, 2 MG	ATIVAN (S.D.V.) 2 MG/ML	1 ML	VL	IJ	ML		2 MG		1	2/13/2004	4/5/2012						
60977-0112-02	J2060			2/13/2004	3/28/2009	INJECTION, LORAZEPAM, 2 MG	ATIVAN (M.D.V.) 2 MG/ML	10 ML	VL	IJ	ML		2 MG		1	2/13/2004	3/28/2009						
60977-0112-71	J2060			5/5/2007	99/99/9999	INJECTION, LORAZEPAM, 2 MG	ATIVAN (MDV) 2 MG/ML	10 ML	VL	IJ	ML		2 MG		1	5/5/2007	3/28/2009						
60977-0112-81	J2060			5/5/2007	99/99/9999	INJECTION, LORAZEPAM, 2 MG	ATIVAN (SDV) 2 MG/ML	1 ML	VL	IJ	ML		2 MG		1	5/5/2007	99/99/9999						
60977-0113-01	J2060			2/13/2004	4/5/2012	INJECTION, LORAZEPAM, 2 MG	ATIVAN (S.D.V.) 4 MG/ML	1 ML	VL	IJ	ML		2 MG		2	2/13/2004	4/5/2012						
60977-0113-02	J2060			2/13/2004	4/5/2012	INJECTION, LORAZEPAM, 2 MG	ATIVAN (M.D.V.) 4 MG/ML	10 ML	VL	IJ	ML		2 MG		2	2/13/2004	4/5/2012						
60977-0113-71	J2060			5/5/2007	99/99/9999	INJECTION, LORAZEPAM, 2 MG	ATIVAN (MDV) 4 MG/ML	10 ML	VL	IJ	ML		2 MG		2	5/5/2007	99/99/9999						
60977-0113-81	J2060			5/5/2007	99/99/9999	INJECTION, LORAZEPAM, 2 MG	ATIVAN 4 MG/ML	1 ML	VL	IJ	ML		2 MG		2	5/5/2007	99/99/9999						
						INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG																	
60977-0114-01	J2275			1/1/2004	7/24/2012	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG	INFUMORPH 200 (AMP, DOSETTE,PF) 10 MG/ML	20 ML	AM	IJ	ML		10 MG		1	1/1/2004	7/24/2012						
60977-0114-74	J2275			5/5/2007	99/99/9999	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG	INFUMORPH 200 (PF) 10 MG/ML	1 ML	NA	IJ	ML		10 MG		1	5/5/2007	99/99/9999						
60977-0115-01	J2275			1/1/2004	7/24/2012	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG	INFUMORPH 500 (AMP, DOSETTE,PF) 25 MG/ML	20 ML	AM	IJ	ML		10 MG		2.5	1/1/2004	7/24/2012						
						INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG																	
60977-0115-74	J2275			5/5/2007	99/99/9999	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG	INFUMORPH 500 (PF) 25 MG/ML	1 ML	NA	IJ	ML		10 MG		2.5	5/5/2007	99/99/9999						
60977-0141-01	J2730			12/20/2004	99/99/9999	INJECTION, PRALDOXIME CHLORIDE, UP TO 1 Gv	PROTOPAM CHLORIDE (S.D.V.) 1 GM	1 EA	VL	IJ	EA		1 GM		1	12/20/2004	99/99/9999						
60977-0141-27	J2730			5/5/2007	99/99/9999	INJECTION, PRALDOXIME CHLORIDE, UP TO 1 Gv	PROTOPAM CHLORIDE 1 GM	1 EA	VL	IJ	EA		1 GM		1	5/5/2007	99/99/9999		</				

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3	
60977-0155-01	J7643			2/13/2004	10/18/2012	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ROBINUL (S.D.V.) 0.2 MG/ML	1 ML	VL	IJ	ML		1 MG	0.2	2/13/2004	10/18/2012								
60977-0155-01	KO J7643	KO		2/13/2004	10/18/2012	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ROBINUL (S.D.V.) 0.2 MG/ML	1 ML	VL	IJ	ML		1 MG	0.2	2/13/2004	10/18/2012								
60977-0155-02	J7643			2/13/2004	10/18/2012	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ROBINUL (S.D.V.) 0.2 MG/ML	2 ML	VL	IJ	ML		1 MG	0.2	2/13/2004	10/18/2012								
60977-0155-02	KO J7643	KO		2/13/2004	10/18/2012	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ROBINUL (S.D.V.) 0.2 MG/ML	2 ML	VL	IJ	ML		1 MG	0.2	2/13/2004	10/18/2012								
60977-0155-03	J7643			2/13/2004	7/24/2012	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ROBINUL (M.D.V.) 0.2 MG/ML	5 ML	VL	IJ	ML		1 MG	0.2	2/13/2004	7/24/2012								
60977-0155-03	KO J7643	KO		2/13/2004	7/24/2012	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ROBINUL (M.D.V.) 0.2 MG/ML	5 ML	VL	IJ	ML		1 MG	0.2	2/13/2004	7/24/2012								
60977-0155-06	J7643			3/2/2006	7/24/2012	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ROBINUL (10X20ML,MDV) 0.2 MG/ML	20 ML	VL	IJ	ML		1 MG	0.2	3/2/2006	7/24/2012								
60977-0155-06	KO J7643	KO		3/2/2006	7/24/2012	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ROBINUL (10X20ML,MDV) 0.2 MG/ML	20 ML	VL	IJ	ML		1 MG	0.2	3/2/2006	7/24/2012								
60977-0155-17	J7643			5/5/2007	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ROBINUL 0.2 MG/ML	2 ML	VL	IJ	ML		1 MG	0.2	5/5/2007	99/99/9999								
60977-0155-17	KO J7643	KO		5/5/2007	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ROBINUL 0.2 MG/ML	2 ML	VL	IJ	ML		1 MG	0.2	5/5/2007	99/99/9999								
60977-0155-54	J7643			5/5/2007	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ROBINUL 0.2 MG/ML	5 ML	VL	IJ	ML		1 MG	0.2	5/5/2007	99/99/9999								
60977-0155-54	KO J7643	KO		5/5/2007	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ROBINUL 0.2 MG/ML	5 ML	VL	IJ	ML		1 MG	0.2	5/5/2007	99/99/9999								
60977-0155-63	KO J7643	KO		5/5/2007	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ROBINUL (MDV) 0.2 MG/ML	20 ML	VL	IJ	ML		1 MG	0.2	5/5/2007	99/99/9999								
60977-0155-63	J7643			5/5/2007	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ROBINUL (MDV) 0.2 MG/ML	20 ML	VL	IJ	ML		1 MG	0.2	5/5/2007	99/99/9999								
60977-0155-81	J7643			5/5/2007	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ROBINUL 0.2 MG/ML	1 ML	VL	IJ	ML		1 MG	0.2	5/5/2007	99/99/9999								
60977-0155-81	KO J7643	KO		5/5/2007	99/99/9999	GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	ROBINUL 0.2 MG/ML	1 ML	VL	IJ	ML		1 MG	0.2	5/5/2007	99/99/9999								
60977-0319-03	J3470			3/30/2006	12/31/2006	INJECTION, HYALURONIDASE, UP TO 150 UNITS	ROBINUL 0.2 MG/ML	1 ML	VL	IJ	ML		1 MG	0.2	5/5/2007	99/99/9999								
60977-0319-03	J3473			1/1/2007	7/30/2011	INJECTION, HYALURONIDASE, RECOMBINANT, 1 USP UNIT	HYLENEX (4X1ML VIALS,PF) 150 U/ML	1 ML	VL	IJ	ML	150 U	1	3/30/2006	12/31/2006									
60977-0319-44	J3473			4/27/2007	7/30/2011	INJECTION, HYALURONIDASE, RECOMBINANT, 1 USP UNIT	HYLENEX (4X1ML VIALS,PF) 150 U/ML	1 ML	VL	IJ	ML	1 USP I	150	1/1/2007	7/30/2011									
60977-0451-01	J2765			1/1/2004	11/29/2011	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	HYLENEX (PF) 150 U/ML	1 ML	VL	IJ	ML	1 USP I	150	4/27/2007	7/30/2011									
60977-0451-02	J2765			1/1/2004	11/29/2011	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	REGLAN (S.D.V.,PF) 5 MG/ML	2 ML	VL	IV	ML	10 MG	0.5	1/1/2004	11/29/2011									
60977-0451-02	J2765			1/1/2004	11/29/2011	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	REGLAN (S.D.V.,PF) 5 MG/ML	10 ML	VL	IV	ML	10 MG	0.5	1/1/2004	11/29/2011									
60977-0451-03	J2765			1/1/2004	11/29/2011	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	REGLAN (S.D.V.,PF) 5 MG/ML	30 ML	VL	IV	ML	10 MG	0.5	1/1/2004	11/29/2011									
60977-0451-17	J2765			5/5/2007	99/99/9999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	REGLAN (PF) 5 MG/ML	2 ML	VL	IV	ML	10 MG	0.5	5/5/2007	99/99/9999									
60977-0451-71	J2765			5/5/2007	99/99/9999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	REGLAN (PF) 5 MG/ML	10 ML	VL	IV	ML	10 MG	0.5	5/5/2007	99/99/9999									
60977-0451-82	J2765			5/5/2007	99/99/9999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	REGLAN (PF) 5 MG/ML	30 ML	VL	IV	ML	10 MG	0.5	5/5/2007	99/99/9999									
61073-0005-01	Q0163			1/1/2002	11/3/2006	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	100 EA	BO	PO	EA		50 MG	0.5	1/1/2002	11/3/2006								
61073-0005-10	Q0163			1/1/2002	11/3/2006	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 25 MG	1000 EA	BO	PO	EA		50 MG	0.5	1/1/2002	11/3/2006								
61073-0006-01	Q0163			1/1/2002	11/3/2006	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	100 EA	BO	PO	EA		50 MG	1	1/1/2002	11/3/2006								
61073-0006-10	Q0163			1/1/2002	11/3/2006	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	1000 EA	BO	PO	EA		50 MG	1	1/1/2002	11/3/2006								
61073-0026-04	Q0163			9/19/2002	11/3/2006	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL (AF,SF,CHERRY) 12.5 MG/5 ML	118 ML	BO	PO	ML		50 MG	0.05	9/19/2002	11/3/2006								
61073-0026-08	Q0163			9/19/2002	11/3/2006	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL (AF,SF,CHERRY) 12.5 MG/5 ML	236 ML	BO	PO	ML		50 MG	0.05	9/19/2002	11/3/2006								
61379-0120-01	J3246			10/1/2005	3/31/2008	INJECTION, TIROFIBAN HCL, 0.25MG	AGGRASAT (S.D. INTRA VIA,P.C.) 0.05 MG/ML	100 ML	PC	IV	ML		0.25 MG	0.2	10/1/2005	3/31/2008								
61379-0120-02	J3246			11/1/2005	3/31/2008	INJECTION, TIROFIBAN HCL, 0.25MG	AGGRASAT (S.D. INTRA VIA,P.C.) 0.05 MG/ML	250 ML	PC	IV	ML		0.25 MG	0.2	11/1/2005	3/31/2008								
61379-0120-05	J3246			1/1/2005	4/1/2008	INJECTION, TIROFIBAN HCL, 0.25MG	AGGRASAT (PF) 0.25 MG/ML	50 ML	VL	IV	ML		0.25 MG	1	1/1/2005	4/1/2008								
61553-0107-02	J3010			2/2/2004	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE/SODIUM CHLORIDE (INTRAVIA) 0.5 MG/100 ML-0.9%	250 ML	BG	IV	ML		0.1 MG	0.05	2/2/2004	99/99/9999								
61553-0109-72	J3010			2/2/2004	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE/SODIUM CHLORIDE (SRN,12 ML) 0.5 MG/100 ML-0.9%	10 ML	SR	IV	ML		0.1 MG	0.05	2/2/2004	99/99/9999								

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
61553-0111-48		J3010		2/2/2004	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE/SODIUM CHLORIDE (INTRAVIA) 1 MG/100 ML-0.9%	100 ML	BG	IV	ML		0.1 MG		0.1	2/2/2004	99/99/9999						
61553-0112-48		J3010		2/2/2004	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE/SODIUM CHLORIDE (IPUMP BAG) 1 MG/100 ML-0.9%	100 ML	BG	IV	ML		0.1 MG		0.1	2/2/2004	99/99/9999						
61553-0113-02		J3010		2/2/2004	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE/SODIUM CHLORIDE (INTRAVIA) 1 MG/100 ML-0.9%	250 ML	BG	IV	ML		0.1 MG		0.1	2/2/2004	99/99/9999						
61553-0114-02		J3010		2/2/2004	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE/SODIUM CHLORIDE (IPUMP BAG) 1 MG/100 ML-0.9%	250 ML	BG	IV	ML		0.1 MG		0.1	2/2/2004	99/99/9999						
61553-0116-48		J3010		2/2/2004	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE/SODIUM CHLORIDE (INTRAVIA) 2 MG/100 ML-0.9%	100 ML	BG	IV	ML		0.1 MG		0.2	2/2/2004	99/99/9999						
61553-0118-41		J3010		2/2/2004	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (INTRAVIA) 0.05 MG/ML	50 ML	NA	IV	ML		0.1 MG		0.5	2/2/2004	99/99/9999						
61553-0161-41		J1170		2/2/2004	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL/SODIUM CHLORIDE (INTRAVIA) 10 MG/50 ML-0.9%	50 ML	BG	IV	ML		4 MG		0.05	2/2/2004	99/99/9999						
61553-0162-67		J1170		2/2/2004	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL/SODIUM CHLORIDE (SRN,35 ML) 1 MG/5 ML-0.9%	25 ML	SR	IV	ML		4 MG		0.05	2/2/2004	99/99/9999						
61553-0163-75		J1170		2/2/2004	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL/SODIUM CHLORIDE (SRN,60 ML) 1 MG/5 ML-0.9%	50 ML	SR	IV	ML		4 MG		0.05	2/2/2004	99/99/9999						
61553-0165-41		J1170		2/2/2004	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL/SODIUM CHLORIDE (INTRAVIA) 50 MG/50 ML-0.9%	50 ML	BG	IV	ML		4 MG		0.25	2/2/2004	99/99/9999						
61553-0166-67		J1170		2/2/2004	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL/SODIUM CHLORIDE (SRN,35 ML) 1 MG/ML-0.9%	25 ML	SR	IV	ML		4 MG		0.25	2/2/2004	99/99/9999						
61553-0167-75		J1170		2/2/2004	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL/SODIUM CHLORIDE (SRN,50 ML) 1 MG/ML-0.9%	50 ML	SR	IV	ML		4 MG		0.25	2/2/2004	99/99/9999						
61553-0170-41		J2175		2/2/2004	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL/SODIUM CHLORIDE (INTRAVIA) 500 MG/50 ML-0.9%	50 ML	BG	IV	ML		100 MG		0.1	2/2/2004	99/99/9999						
61553-0172-48		J2175		2/2/2004	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL/SODIUM CHLORIDE (INTRAVIA) 1 GM/100 ML-0.9%	100 ML	BG	IV	ML		100 MG		0.1	2/2/2004	99/99/9999						
61553-0173-48		J2175		2/2/2004	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL/SODIUM CHLORIDE (IPUMP BAG) 1 GM/100 ML-0.9%	100 ML	BG	IV	ML		100 MG		0.1	2/2/2004	99/99/9999						
61553-0177-41		J2270		2/2/2004	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE/SODIUM CHLORIDE (INTRAVIA) 50 MG/50 ML-0.9%	50 ML	BG	IV	ML		10 MG		0.1	2/2/2004	99/99/9999						
61553-0178-48		J2270		2/2/2004	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE/SODIUM CHLORIDE (IPUMP BAG) 100 MG/100 ML-0.9%	100 ML	BG	IV	ML		10 MG		0.1	2/2/2004	99/99/9999						
61553-0179-48		J2270		2/2/2004	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE/SODIUM CHLORIDE (INTRAVIA) 100 MG/100 ML-0.9%	150 ML	BG	IV	ML		10 MG		0.1	2/2/2004	99/99/9999						
61553-0181-02		J2270		2/2/2004	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE/SODIUM CHLORIDE (INTRAVIA) 250 MG/250 ML-0.9%	250 ML	BG	IV	ML		10 MG		0.1	2/2/2004	99/99/9999						
61553-0183-48		J2270		2/2/2004	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	DEXTROSE/MORPHINE SULFATE (INTRAVIA) 5%-100 MG/100 ML	100 ML	NA	IV	ML		10 MG		0.1	2/2/2004	99/99/9999						
61553-0185-02		J2270		2/2/2004	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	DEXTROSE/MORPHINE SULFATE (INTRAVIA) 5%-100 MG/100 ML	250 ML	NA	IV	ML		10 MG		0.1	2/2/2004	99/99/9999						
61553-0186-67		J2270		2/2/2004	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	DEXTROSE/MORPHINE SULFATE (SRN,35 ML) 5%-2 MG/ML	25 ML	NA	IV	ML		10 MG		0.2	2/2/2004	99/99/9999						
61553-0187-75		J2270		2/2/2004	99/99/9999	INJECTION, MORPHINE SULFATE, UP TO 10 MG	DEXTROSE/MORPHINE SULFATE (SRN,60 ML) 5%-2 MG/ML	50 ML	NA	IV	ML		10 MG		0.2	2/2/2004	99/99/9999						
61553-0189-48		J3490		2/2/2004	99/99/9999	UNCLASSIFIED DRUGS	BUPIVACAINE/SODIUM CHLORIDE (INTRAVIA) 0.0625%-0.9%	100 ML	BG	IV	ML		1 EA		1	2/2/2004	99/99/9999						
61553-0190-48		J3490		2/2/2004	99/99/9999	UNCLASSIFIED DRUGS	BUPIVACAINE/SODIUM CHLORIDE (IPUMP BAG) 0.0625%-0.9%	100 ML	BG	IV	ML		1 EA		1	2/2/2004	99/99/9999						
61553-0191-48		J3490		2/2/2004	99/99/9999	UNCLASSIFIED DRUGS	BUPIVACAINE/SODIUM CHLORIDE (INTRAVIA) 0.125%-0.9%	100 ML	BG	IV	ML		1 EA		1	2/2/2004	99/99/9999						
61553-0192-02		J3490		2/2/2004	99/99/9999	UNCLASSIFIED DRUGS	BUPIVACAINE/SODIUM CHLORIDE (INTRAVIA) 0.125%-0.9%	250 ML	BG	IV	ML		1 EA		1	2/2/2004	99/99/9999						
61553-0193-41		J3490		2/2/2004	99/99/9999	UNCLASSIFIED DRUGS	BUPIVACAINE/SODIUM CHLORIDE (INTRAVIA) 0.25%-0.9%	50 ML	BG	IV	ML		1 EA		1	2/2/2004	99/99/9999						
61553-0194-48		J3490		2/2/2004	99/99/9999	UNCLASSIFIED DRUGS	BUPIVACAINE/SODIUM CHLORIDE (IPUMP BAG) 0.125%-0.9%	100 ML	BG	IV	ML		1 EA		1	2/2/2004	99/99/9999						
61553-0228-02		J3490		11/21/2007	99/99/9999	UNCLASSIFIED DRUGS	ROPIVACAINE HYDROCHLORIDE-SODIUM CHLORIDE 0.2%-0.9%	250 ML	NA	EP	ML		1 EA		1	11/21/2007	99/99/9999						
61553-0421-04		J3475		2/1/2005	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	DEXTROROSE-MAGNESIUM SULFATE (6X1000ML, VIAFLEX BAG) 5%-20 GM	1000 ML	NA	IV	ML		500 MG		0.04	2/1/2005	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
61553-0423-02	J3475			7/11/2005	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE IN DEXTROSE (24X250ML) 5%-8 GM/100 ML	250 ML	NA	IV	ML		500 MG	0.16	7/11/2005	99/99/9999							
61553-0602-48	J3010			2/2/2004	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE/SODIUM CHLORIDE (INTRAVIA) 0.2 MG/100 ML-0.9% HYDROMORPHONE HCL/SODIUM CHLORIDE (IPUMP BAG) 20 MG/100 ML-0.9%	100 ML	BG	IV	ML		0.1 MG	0.02	2/2/2004	99/99/9999							
61553-0624-48	J1170			2/2/2004	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	MORPHINE SULFATE (5X50ML LATEX-FREE) 50 MG/ML	100 ML	BG	IV	ML		4 MG	0.05	2/2/2004	99/99/9999							
61553-0649-75	J2271			3/3/2005	99/99/9999	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (5X55ML) 50 MG/ML	50 ML	EA	IJ	ML		100 MG	0.5	3/3/2005	99/99/9999							
61553-0651-76	J2271			3/3/2005	99/99/9999	INJECTION, MORPHINE SULFATE, 100MG	HYDROMORPHONE HYDROCHLORIDE-SODIUM CHLORIDE (5X60ML, BD SYRINGES) 0.2 MG/ML-0.9%	55 ML	EA	IJ	ML		100 MG	0.5	3/3/2005	99/99/9999							
61553-0681-76	J1170			11/21/2007	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HYDROCHLORIDE-SODIUM CHLORIDE (10X30ML, PCA VIAL) 0.1 MG/ML-0.9%	60 ML	SR	IV	ML		4 MG	0.05	11/21/2007	99/99/9999							
61553-0701-68	J1170			12/1/2006	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HYDROCHLORIDE-SODIUM CHLORIDE (10X30ML, PCA VIAL) 0.2 MG/ML-0.9%	30 ML	VL	IV	ML		4 MG	0.025	12/1/2006	99/99/9999							
61553-0702-68	J1170			12/1/2006	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HYDROCHLORIDE-SODIUM CHLORIDE (10X30ML, PCA VIAL) 0.4 MG/ML-0.9%	30 ML	VL	IV	ML		4 MG	0.05	12/1/2006	99/99/9999							
61553-0704-68	J1170			12/1/2006	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HYDROCHLORIDE-SODIUM CHLORIDE (10X30ML, PCA VIAL) 0.5 MG/ML-0.9%	30 ML	VL	IV	ML		4 MG	0.1	12/1/2006	99/99/9999							
61553-0705-68	J1170			12/1/2006	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HYDROCHLORIDE-SODIUM CHLORIDE (10X30ML, PCA VIAL) 0.6 MG/ML-0.9%	30 ML	VL	IV	ML		4 MG	0.125	12/1/2006	99/99/9999							
61553-0706-68	J1170			12/1/2006	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HYDROCHLORIDE-SODIUM CHLORIDE (10X30ML, PCA VIAL) 1 MG/ML-0.9%	30 ML	VL	IV	ML		4 MG	0.15	12/1/2006	99/99/9999							
61553-0710-68	J1170			12/1/2006	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HYDROCHLORIDE-SODIUM CHLORIDE (10X30ML, PCA VIAL) 1.2 MG/ML-0.9%	30 ML	VL	IV	ML		4 MG	0.25	12/1/2006	99/99/9999							
61553-0712-68	J1170			12/1/2006	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	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							
61553-0730-68	J3010			11/21/2007	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	OXYTOCIN-SODIUM CHLORIDE (12X500ML, VIAFLEX BAG) 10 U-0.9%	30 ML	VL	IV	ML		0.1 MG	100	12/1/2006	99/99/9999							
61553-0732-03	J2590			2/6/2004	99/99/9999	INJECTION, OXYTOCIN, UP TO 10 UNITS	HYDROMORPHONE HYDROCHLORIDE (10X30ML, PCA VIAL) 2 MG/ML	500 ML	NA	IV	ML		10 U	1	2/6/2004	99/99/9999							
61553-0780-68	J1170			12/1/2006	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	FENTANYL CITRATE-SODIUM CHLORIDE (10X30ML, PCA VIAL) 20 MCG/ML-0.9%	30 ML	VL	IV	ML		0.1 MG	200	12/1/2006	99/99/9999							
61553-0791-68	J3010			12/1/2006	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE-SODIUM CHLORIDE (10X30ML, PCA VIAL) 40 MCG/ML-0.9%	30 ML	VL	IV	ML		0.1 MG	400	12/1/2006	99/99/9999							
61553-0792-68	J3010			12/1/2006	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (10X30ML, PCA VIAL) 50 MCG/ML	30 ML	VL	IV	ML		0.1 MG	500	12/1/2006	99/99/9999							
61553-0793-68	J3010			12/1/2006	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TO 600,000 UNITS	100 EA	BO	PO	EA		250 MG	1.2	2/13/2002	99/99/9999							
61553-0794-68	J3010			12/1/2006	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	PENICILLIN G PROCAINE (TUBEX, 21GX1 1/4) 600000 U/ML	1 ML	SR	IM	ML		600000 U	1	12/4/2002	9/13/2007							
61553-0795-68	J3010			12/1/2006	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	PENICILLIN G PROCAINE (TUBEX, 21GX1 1/4) 600000 U/ML	2 ML	SR	IM	ML		600000 U	1	12/6/2002	9/13/2007							
61570-0079-01	Q0173			2/13/2002	99/99/9999	TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	BREVITAL SODIUM (M.D.V.) 500 MG	1 EA	VL	IV	EA		1 EA	1	1/9/2003	7/30/2008							
61570-0085-10	J2510			12/4/2002	9/13/2007	INJECTION, PENICILLIN G PROCAINE, AQUEOUS, UP TO 600,000 UNITS	BREVITAL SODIUM (M.D.V.) 500 MG	1 EA	VL	IV	EA		1 EA	1	1/9/2003	9/30/2008							
61570-0086-10	J2510			12/6/2002	9/13/2007	INJECTION, PENICILLIN G PROCAINE, AQUEOUS, UP TO 600,000 UNITS	BICILLIN C-R (TUBEX, 21GX1 1/4) 300000 U/ML-300000 U/ML	1 ML	SR	IM	ML		600000 U	1	1/9/2003	3/30/2008							
61570-0095-01	J3490			1/9/2003	7/30/2008	UNCLASSIFIED DRUGS	INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TO 600,000 UNITS	2 ML	SR	IM	ML		600000 U	1	1/1/2002	8/14/2007							
61570-0095-25	J3490			1/9/2003	3/30/2008	UNCLASSIFIED DRUGS	INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TO 1,200,000 UNITS	2 ML	SR	IM	ML		1200000 U	0.5	5/29/2002	8/14/2007							

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
61570-0142-10	J0530			1/1/2002	10/11/2007	INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TC 600,000 UNITS	BICILLIN C-R (SRN) 300000 U/ML-300000 U/ML	4 ML	SR	IM	ML	600000 U		1	1/1/2002	10/11/2007							
61570-0143-10	J0540			1/1/2002	8/22/2007	INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TC 1,200,000 UNITS	BICILLIN C-R 900/300 PEDIATRIC (TUBEX,21GX1 1/4")	2 ML	SR	IM	ML	1200000 U	0.5	1/1/2002	8/22/2007								
61570-0144-10	J0540			1/1/2002	8/14/2007	INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TC 1,200,000 UNITS	BICILLIN C-R 900/300 PEDIATRIC (TUBEX,21GX1")	2 ML	SR	IM	ML	1200000 U	0.5	1/1/2002	8/14/2007								
61570-0146-10	J0560			1/1/2002	11/20/2006	INJECTION, PENICILLIN G BENZATHINE, UP TO 600,000 UNITS	BICILLIN L-A (TUBEX,21GX1",PEDIATRIC) 600000 U/ML	1 ML	SR	IM	ML	600000 U		1	1/1/2002	11/20/2006							
61570-0147-10	J0560			1/1/2002	11/20/2006	INJECTION, PENICILLIN G BENZATHINE, UP TO 600,000 UNITS	BICILLIN L-A (TUBEX,21GX1 1/4") 600000 U/ML	2 ML	SR	IM	ML	600000 U	1	1/1/2002	11/20/2006								
61570-0148-10	J0560			1/1/2002	11/20/2006	INJECTION, PENICILLIN G BENZATHINE, UP TO 600,000 UNITS	BICILLIN L-A (SRN) 600000 U/ML	4 ML	SR	IM	ML	600000 U	1	1/1/2002	11/20/2006								
61570-0180-01	J1380			10/24/2002	12/9/2007	INJECTION, ESTRADIOL VALERATE, UP TO 10 MG	DELESTROGEN (VIAL) 10 MG/ML	5 ML	VL	IM	ML	10 MG	1	10/24/2002	12/9/2007								
61570-0181-01	J1390			8/29/2002	2/4/2008	INJECTION, ESTRADIOL VALERATE, UP TO 20 MG	DELESTROGEN (VIAL) 20 MG/ML	5 ML	VL	IM	ML	20 MG	1	8/29/2002	2/4/2008								
61570-0182-01	J0970			10/24/2002	3/30/2008	INJECTION, ESTRADIOL VALERATE, UP TO 40 MG	DELESTROGEN (VIAL) 40 MG/ML	5 ML	VL	IM	ML	40 MG	1	10/24/2002	3/30/2008								
61570-0260-10	J2770			6/27/2003	99/99/9999	INJECTION, QUINUPRISTIN/DALFOPRISTIN, 500 MG (150/350	SYNERCID (PF) 350 MG-150 MG	1 EA	VL	IV	EA	500 MG	1	6/27/2003	99/99/9999								
61570-0401-11	J0170			9/7/2002	2/27/2008	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	ADRENALIN (VIAL) 1 MG/ML	30 ML	VL	IJ	ML	1 ML	1	9/7/2002	2/27/2008								
61570-0414-51	J0770			1/1/2002	11/24/2008	INJECTION, COLISTIMETHATE SODIUM, UP TO 150 MG	COLY-MYCIN M (PARENTERAL) 150 MG	1 EA	VL	IJ	EA	150 MG	1	1/1/2002	11/24/2008								
61570-0416-05	J2590			1/1/2002	3/31/2008	INJECTION, OXYTOCIN, UP TO 10 UNITS	PITOCIN (STERI-VIAL) 10 U/ML	1 ML	VL	IV	ML	10 U	1	1/1/2002	3/31/2008								
61570-0418-81	J0170			1/1/2002	5/31/2008	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	ADRENALIN (AMP) 1 MG/ML	1 ML	AM	IJ	ML	1 ML	1	1/1/2002	5/31/2008								
61570-0541-20	J3250			1/1/2002	7/31/2008	INJECTION, TRIMETHOBENZAMIDE HCL, UP TO 200 MC	TIGAN (VIAL) 100 MG/ML	20 ML	VL	IM	ML	200 MG	0.5	1/1/2002	7/31/2008								
61570-0543-25	J3250			4/25/2006	7/21/2008	INJECTION, TRIMETHOBENZAMIDE HCL, UP TO 200 MC	TIGAN (SDV,2X25) 100 MG/ML	2 ML	VL	IM	ML	200 MG	0.5	4/25/2006	7/21/2008								
61703-0203-31	J7608			1/1/2002	7/6/2010	DOSE FORM, PER GRAM ACETYLCHOLINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT	ACETYLCHOLINE (VIAL) 10%	30 ML	VL	IH	ML	1 GM	0.1	4/1/2007	7/6/2010	1/1/2002	8/1/2006	0.1					
61703-0203-31	KO J7608	KO		1/1/2002	7/6/2010	DOSE FORM, PER GRAM ACETYLCHOLINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT	ACETYLCHOLINE (VIAL) 10%	30 ML	VL	IH	ML	1 GM	0.1	4/1/2007	7/6/2010	1/1/2002	8/1/2006	0.1					
61703-0204-31	J7608			1/1/2002	99/99/9999	DOSE FORM, PER GRAM ACETYLCHOLINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT	ACETYLCHOLINE (VIAL) 20%	30 ML	VL	IH	ML	1 GM	0.2	4/1/2007	99/99/9999	1/1/2002	8/1/2006	0.2					
61703-0204-31	KO J7608	KO		1/1/2002	99/99/9999	DOSE FORM, PER GRAM ACETYLCHOLINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT	ACETYLCHOLINE (VIAL) 20%	30 ML	VL	IH	ML	1 GM	0.2	4/1/2007	99/99/9999	1/1/2002	8/1/2006	0.2					
61703-0210-07	J2765			1/1/2002	9/5/2007	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE (S.D.V.,PF) 5 MG/ML	2 ML	VL	IV	ML	10 MG	0.5	9/4/2007	9/5/2007	1/1/2002	8/1/2006	0.5					
61703-0210-11	J2765			1/1/2002	9/5/2007	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE (S.D.V.,PF) 5 MG/ML	10 ML	VL	IV	ML	10 MG	0.5	9/4/2007	9/5/2007	1/1/2002	8/1/2006	0.5					
61703-0210-21	J2765			1/1/2002	7/6/2010	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE (S.D.V.,PF) 5 MG/ML	20 ML	VL	IV	ML	10 MG	0.5	9/4/2007	7/6/2010	1/1/2002	8/1/2006	0.5					
61703-0210-31	J2765			1/1/2002	7/6/2010	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE (S.D.V.,PF) 5 MG/ML	30 ML	VL	IV	ML	10 MG	0.5	1/1/2002	7/6/2010								
61703-0210-35	J2765			5/1/2003	7/6/2010	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE (150MG/30ML,PF) 5 MG/ML	30 ML	VL	IV	ML	10 MG	0.5	9/4/2007	7/6/2010	5/1/2003	8/1/2006	0.5					
61703-0223-21	J2270			1/1/2002	5/8/2007	INJECTION, MORPHINE SULFATE, UP TO 10 MG	MORPHINE SULFATE (S.D.V.) 25 MG/ML	20 ML	VL	IJ	ML	10 MG	2.5	1/1/2002	5/8/2007								
61703-0225-21	J2271			1/1/2002	5/8/2007	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (S.D.V.) 50 MG/ML	20 ML	VL	IJ	ML	100 MG	0.5	1/1/2002	5/8/2007								
61703-0225-43	J2271			1/1/2002	5/8/2007	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (S.D.V.) 50 MG/ML	40 ML	VL	IJ	ML	100 MG	0.5	1/1/2002	5/8/2007								
61703-0234-29	J0636			4/2/2004	7/6/2010	INJECTION, CALCITRIOL, 0.1 MCG	CALCITRIOL 1 MCG/ML	1 ML	AM	IV	ML	0.1 MCG	10	4/2/2004	7/6/2010								
61703-0241-03	J0282			2/12/2003	99/99/9999	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MC	AMIODARONE HCL 50 MG/ML	3 ML	AM	IV	ML	30 MG	1.66666	4/1/2007	99/99/9999	2/12/2003	8/1/2006	2					
61703-0242-21	J2260			9/23/2002	8/11/2009	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE (PF,LATEX-FREE) 1 MG/ML	20 ML	VL	IV	ML	5 MG	0.2	9/4/2007	8/11/2009	9/23/2002	8/1/2006	0.2					
61703-0242-32	J2260			9/23/2002	8/11/2009	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE (PF,LATEX-FREE) 1 MG/ML	10 ML	VL	IV	ML	5 MG	0.2	9/4/2007	8/11/2009	9/23/2002	8/1/2006	0.2					
61703-0242-50	J2260			9/23/2002	8/11/2009	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE (PF,LATEX-FREE) 1 MG/ML	50 ML	VL	IV	ML	5 MG	0.2	9/4/2007	8/11/2009	9/23/2002	8/1/2006	0.2					
61703-0243-45	J1170			5/15/2003	5/8/2007	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (S.D.V.) 10 MG/ML	1 ML	VL	IJ	ML	4 MG	2.5	5/15/2003	5/8/2007								
61703-0243-50	J1170			5/15/2003	5/8/2007	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (S.D.V.) 10 MG/ML	50 ML	VL	IJ	ML	4 MG	2.5	5/15/2003	5/8/2007								
61703-0243-53	J1170			5/15/2003	5/8/2007	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (S.D.V.) 10 MG/ML	5 ML	VL	IJ	ML	4 MG	2.5	5/15/2003	5/8/2007								
61703-0244-07	J2405			12/26/2006	10/2/2011	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (2MLX10,SDV,USP) 2 MG/ML	2 ML	VL	IJ	ML	1 MG	2	12/26/2006	10/2/2011								
61703-0245-22	J2405			12/26/2006	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MC	ONDANSETRON (M.D.V.,USP) 2 MG/ML	20 ML	VL	IJ	ML	1 MG	2	12/26/2006	99/99/9999								
61703-0246-15	J1170			10/8/2003	5/8/2007	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL 2 MG/ML	1 ML	VL	IJ	ML	4 MG	0.5	10/8/2003	5/8/2007								
61703-0303-46	J9110			5/1/2003	12/31/2010	INJECTION, CYTARABINE, 500 MG	CYTARABINE (1GM/50ML,PF) 20 MG/ML	50 ML	VL	IJ	ML	500 MG	0.04	5/1/2003	12/31/2010								
61703-0303-50	J9110			1/1/2002	7/6/2010	INJECTION, CYTARABINE, 500 MG	CYTARABINE (BULK PACKAGE,PF) 20 MG/ML	50 ML	VL	IJ	ML	500 MG	0.04	1/1/2002	7/6/2010								
61703-0304-25	J9110			1/1/2002	7/6/2010	INJECTION, CYTARABINE, 500 MG	CYTARABINE (M.D.V.) 20 MG/ML	25 ML	VL	IJ	ML	500 MG	0.04	1/1/2002	7/6/2010								
61703-0304-36	J9110			5/1/2003	12/31/2010	INJECTION, CYTARABINE, 500 MG	CYTARABINE (500MG/25ML,PF) 20 MG/ML	25 ML	VL	IJ	ML	500 MG	0.04	5/1/2003	12/31/2010								
61703-0305-38	J9100			5/1/2003	99/99/9999	INJECTION, CYTARABINE, 100 MG	CYTARABINE (S.D.V. X 5,PF) 20 MG/ML	5 ML	VL	IJ	ML	100 MG	0.2	5/1/2003	99/99/9999								
61703-0309-06	J9370			1/1/2002	99/99/9999	VINCRIISTINE SULFATE, 1 MG	VINCRIISTINE SULFATE (S.D.V.,PF) 1 MG/ML	1 ML	VL	IV	ML	1 MG	1	1/1/2002	99/99/9999								

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
61703-0309-16	J9370			1/1/2002	99/99/9999	VINCISTINE SULFATE, 1 MG	VINCISTINE SULFATE (S.D.V.,PF) 1 MG/ML	2 ML	VL	IV	ML		1 MG		1	1/1/2002	99/99/9999						
61703-0317-45	J0595			6/25/2004	99/99/9999	INJECTION, BUTORPHANOL TARTRATE, 1 MG	BUTORPHANOL TARTRATE (S.D.V.) 1 MG/ML	1 ML	VL	IJ	ML		1 MG		1	6/25/2004	99/99/9999						
61703-0318-45	J0595			6/25/2004	99/99/9999	INJECTION, BUTORPHANOL TARTRATE, 1 MG	BUTORPHANOL TARTRATE (S.D.V.) 2 MG/ML	1 ML	VL	IJ	ML		1 MG		2	6/25/2004	99/99/9999						
61703-0319-22	J9110			1/1/2002	12/31/2010	INJECTION, CYTARABINE, 500 MG	CYTARABINE (S.D.V.,PF) 100 MG/ML	20 ML	VL	IJ	ML		500 MG		0.2	1/1/2002	12/31/2010						
61703-0321-07	J2250			1/1/2002	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MC	MIDAZOLAM HCL (VIAL) 5 MG/ML	2 ML	VL	IJ	ML		1 MG		5	4/1/2007	99/99/9999	1/1/2002	12/7/2006		5		
61703-0321-32	J2250			1/1/2002	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MC	MIDAZOLAM HCL (VIAL) 5 MG/ML	10 ML	VL	IJ	ML		1 MG		5	4/1/2007	99/99/9999	1/1/2002	12/7/2006		5		
61703-0321-42	J2250			1/1/2002	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MC	MIDAZOLAM HCL (VIAL) 5 MG/ML	1 ML	VL	IJ	ML		1 MG		5	4/1/2007	99/99/9999	1/1/2002	12/7/2006		5		
61703-0321-53	J2250			1/1/2002	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MC	MIDAZOLAM HCL (VIAL) 5 MG/ML	5 ML	VL	IJ	ML		1 MG		5	4/1/2007	99/99/9999	1/1/2002	12/7/2006		5		
61703-0323-22	J9040			1/1/2002	99/99/9999	INJECTION, BLEOMYCIN SULFATE, 15 UNITS	BLEOMYCIN SULFATE 30 U	1 EA	VL	IJ	EA		15 U		2	1/1/2002	99/99/9999						
61703-0324-18	J2430			12/15/2006	99/99/9999	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	PAMIDRONATE DISODIUM (SDV) 3 MG/ML	10 ML	VL	IV	ML		30 MG		0.1	12/15/2006	99/99/9999						
61703-0324-39	J2430			9/15/2005	10/2/2011	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	PAMIDRONATE DISODIUM 3 MG/ML	10 ML	VL	IV	ML		30 MG		0.1	9/15/2005	10/2/2011						
61703-0325-18	J2430			1/27/2003	99/99/9999	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	PAMIDRONATE DISODIUM (PF) 6 MG/ML	10 ML	VL	IV	ML		30 MG		0.2	1/27/2003	99/99/9999						
61703-0326-18	J2430			9/15/2005	99/99/9999	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	PAMIDRONATE DISODIUM 9 MG/ML	10 ML	VL	IV	ML		30 MG		0.3	9/15/2005	99/99/9999						
61703-0327-22	J9140			9/23/2002	12/31/2010	DACARBAZINE, 200 MG	DACARBAZINE (SINGLE DOSE VIAL,PF) 200 MG	1 EA	VL	IV	EA		200 MG		1	9/23/2002	12/31/2010						
61703-0331-09	J9200			9/23/2002	10/2/2011	INJECTION, FLOXURIDINE, 500 MG	FUDR 0.5 GM	1 EA	VL	IV	EA		500 MG		1	9/23/2002	10/2/2011						
61703-0332-18	J9040			1/1/2002	99/99/9999	INJECTION, BLEOMYCIN SULFATE, 15 UNITS	BLEOMYCIN SULFATE 15 U	1 EA	VL	IJ	EA		15 U		1	1/1/2002	99/99/9999						
61703-0339-18	J9045			4/14/2004	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (MDV) 10 MG/ML	5 ML	VL	IV	ML		50 MG		0.2	4/14/2004	99/99/9999						
61703-0339-22	J9045			4/14/2004	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (MDV) 10 MG/ML	15 ML	VL	IV	ML		50 MG		0.2	4/14/2004	99/99/9999						
61703-0339-50	J9045			4/14/2004	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (MDV) 10 MG/ML	45 ML	VL	IV	ML		50 MG		0.2	4/14/2004	99/99/9999						
61703-0339-56	J9045			2/9/2005	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (MDV) 10 MG/ML	60 ML	VL	IV	ML		50 MG		0.2	2/9/2005	99/99/9999						
61703-0341-06	J9390			9/7/2005	99/99/9999	INJECTION, VINORELBINE TARTRATE, 10 MG	VINORELBINE TARTRATE (S.D.V.,PF) 10 MG/ML	1 ML	VL	IV	ML		10 MG		1	9/7/2005	99/99/9999						
61703-0341-09	J9390			11/7/2005	99/99/9999	INJECTION, VINORELBINE TARTRATE, 10 MG	VINORELBINE TARTRATE (S.D.V.,PF) 10 MG/ML	5 ML	VL	IV	ML		10 MG		1	11/7/2005	99/99/9999						
61703-0342-09	J9265			4/21/2004	99/99/9999	INJECTION, PACLITAXEL, 30 MG	PACLITAXEL (M.D.V.) 6 MG/ML	5 ML	VL	IV	ML		30 MG		0.2	4/21/2004	99/99/9999						
61703-0342-22	J9265			4/21/2004	99/99/9999	INJECTION, PACLITAXEL, 30 MG	PACLITAXEL (M.D.V.) 6 MG/ML	16.7 ML	VL	IV	ML		30 MG		0.2	4/21/2004	99/99/9999						
61703-0342-50	J9265			4/21/2004	99/99/9999	INJECTION, PACLITAXEL, 30 MG	PACLITAXEL (M.D.V.) 6 MG/ML	50 ML	VL	IV	ML		30 MG		0.2	4/21/2004	99/99/9999						
61703-0343-18	J9293			4/11/2006	99/99/9999	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG	MITOXANTRONE (USP,CONCENTRATE,MDV,PF) 2 MG/ML	10 ML	VL	IV	ML		5 MG		0.4	4/11/2006	99/99/9999						
61703-0343-65	J9293			4/11/2006	99/99/9999	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG	MITOXANTRONE (USP,CONCENTRATE,MDV,PF) 2 MG/ML	12.5 ML	VL	IV	ML		5 MG		0.4	4/11/2006	99/99/9999						
61703-0343-66	J9293			4/11/2006	99/99/9999	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG	MITOXANTRONE (USP,CONCENTRATE,MDV,PF) 2 MG/ML	15 ML	VL	IV	ML		5 MG		0.4	4/11/2006	99/99/9999						
61703-0347-35	J9178			11/6/2006	99/99/9999	INJECTION, EPIRUBICIN HCL, 2 MG	EPIRUBICIN HYDROCHLORIDE (S.D.V.) 50 MG	1 EA	VL	IV	EA		2 MG		25	11/6/2006	99/99/9999						
61703-0348-59	J9178			11/6/2006	99/99/9999	INJECTION, EPIRUBICIN HCL, 2 MG	EPIRUBICIN HYDROCHLORIDE 200 MC	1 EA	VL	IV	EA		2 MG		100	11/6/2006	99/99/9999						
61703-0349-09	J9206			2/27/2008	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X5ML) 20 MG/ML	5 ML	VL	IV	ML		20 MG		1	2/27/2008	99/99/9999						
61703-0349-09	QR J9206	QR		2/27/2008	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X5ML) 20 MG/ML	5 ML	VL	IV	ML		20 MG		1	2/27/2008	99/99/9999						
61703-0349-16	J9206			2/27/2008	99/99/9999	IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X2ML) 20 MG/ML	2 ML	VL	IV	ML		20 MG		1	2/27/2008	99/99/9999						
61703-0349-16	QR J9206	QR		2/27/2008	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X2ML) 20 MG/ML	2 ML	VL	IV	ML		20 MG		1	2/27/2008	99/99/9999						
61703-0349-36	J9206			2/27/2008	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X25ML,SDV) 20 MG/ML	25 ML	VL	IV	ML		20 MG		1	2/27/2008	99/99/9999						
61703-0349-36	QR J9206	QR		2/27/2008	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X25ML,SDV) 20 MG/ML	25 ML	VL	IV	ML		20 MG		1	2/27/2008	99/99/9999						
61703-0350-38	J9250			6/27/2005	99/99/9999	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (MDV,5X2ML) 25 MG/ML	2 ML	VL	IJ	ML		5 MG		5	6/27/2005	99/99/9999						
61703-0356-18	J2430			12/15/2006	99/99/9999	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	NOVAPLUS PAMIDRONATE DISODIUM (SDV) 9 MG/ML	10 ML	VL	IV	ML		30 MG		0.3	12/15/2006	99/99/9999						
61703-0359-01	J9178			4/10/2008	99/99/9999	INJECTION, EPIRUBICIN HCL, 2 MG	NOVAPLUS EPIRUBICIN HYDROCHLORIDE (1X25ML,SINGLE USE,PF) 2 MG/ML	25 ML	VL	IV	ML		2 MG		1	4/10/2008	99/99/9999						
61703-0359-02	J9178			4/10/2008	99/99/9999	INJECTION, EPIRUBICIN HCL, 2 MG	NOVAPLUS EPIRUBICIN HYDROCHLORIDE (1X100ML,SINGLE USE,PF) 2 MG/ML	100 ML	VL	IV	ML		2 MG		1	4/10/2008	99/99/9999						
61703-0359-59	J9178			8/8/2007	99/99/9999	INJECTION, EPIRUBICIN HCL, 2 MG	EPIRUBICIN HYDROCHLORIDE (PF) 2 MG/ML	100 ML	VL	IV	ML		2 MG		1	8/8/2007	99/99/9999						
61703-0359-91	J9178			3/13/2008	10/2/2011	INJECTION, EPIRUBICIN HCL, 2 MG	EPIRUBICIN HYDROCHLORIDE (1X75ML,SINGLE USE,PF) 2 MG/ML	75 ML	VL	IV	ML		2 MG		1	3/13/2008	10/2/2011						
61703-0359-92	J9178			3/13/2008	10/2/2011	INJECTION, EPIRUBICIN HCL, 2 MG	EPIRUBICIN HYDROCHLORIDE (1X5ML,SINGLE USE,PF) 2 MG/ML	5 ML	VL	IV	ML		2 MG		1	3/13/2008	10/2/2011						
61703-0359-93	J9178			8/8/2007	99/99/9999	INJECTION, EPIRUBICIN HCL, 2 MG	EPIRUBICIN HYDROCHLORIDE (PF) 2 MG/ML	25 ML	VL	IV	ML		2 MG		1	8/8/2007	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
61703-0360-18	J9045			6/28/2006	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	NOVAPLUS CARBOPLATIN (MDV) 10 MG/ML	5 ML	VL	IV	ML		50 MG	0.2		6/28/2006	99/99/9999						
61703-0360-22	J9045			6/28/2006	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	NOVAPLUS CARBOPLATIN (MDV) 10 MG/ML	15 ML	VL	IV	ML		50 MG	0.2		6/28/2006	99/99/9999						
61703-0360-50	J9045			6/28/2006	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	NOVAPLUS CARBOPLATIN (MDV) 10 MG/ML	45 ML	VL	IV	ML		50 MG	0.2		6/28/2006	99/99/9999						
61703-0408-41	J9250			4/9/2004	99/99/9999	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (SDV,PF) 25 MG/ML	40 ML	VL	IJ	ML		5 MG	5		6/27/2005	99/99/9999	4/9/2004	1/17/2005	5			
61703-0414-63	J1450			6/9/2004	10/2/2011	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE (PVC FLEXIBLE BAGS) 200 MG/100 ML	100 ML	PC	IV	ML		200 MG	0.01		6/9/2004	10/2/2011						
61703-0414-64	J1450			6/9/2004	10/2/2011	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE (PVC FLEXIBLE BAGS) 400 MG/200 ML	200 ML	PC	IV	ML		200 MG	0.01		6/9/2004	10/2/2011						
61703-0415-49	J2405			12/26/2006	8/11/2009	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON AND DEXTROSE (SINGLE-USE,6X50ML,PF) 32 MG/50 ML	50 ML	NA	IV	ML		1 MG	0.64		12/26/2006	8/11/2009						
61703-0425-94	J1170			3/7/2006	5/8/2007	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HYDROCHLORIDE (USP,25X1ML UNIAM,PF) 10 MG/ML	1 ML	AM	IJ	ML		4 MG	2.5		3/7/2006	5/8/2007						
61703-0425-95	J1170			3/7/2006	5/8/2007	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HYDROCHLORIDE (USP,SDA,10X5ML,PF) 10 MG/ML	5 ML	AM	IJ	ML		4 MG	2.5		3/7/2006	5/8/2007						
61953-0003-01	Q4091			7/1/2007	12/31/2007	(E.G. LIQUID), 500 MG	FLEBOGAMMA 5% (0.5 GM/VIAL,PF) 50 MG/ML	10 ML	VL	IV	ML		500 MG	0.1		7/1/2007	12/31/2007						
61953-0003-01	J1572			1/1/2008	99/99/9999	NON-LYOPHILIZED (E.G. LIQUID), 500 MG	FLEBOGAMMA 5% (2.5 GM/VIAL,PF) 50 MG/ML	10 ML	VL	IV	ML		500 MG	0.1		1/1/2008	99/99/9999						
61953-0003-02	Q4091			7/1/2007	12/31/2007	(E.G. LIQUID), 500 MG	FLEBOGAMMA 5% (2.5 GM/VIAL,PF) 50 MG/ML	50 ML	VL	IV	ML		500 MG	0.1		7/1/2007	12/31/2007						
61953-0003-02	J1572			1/1/2008	99/99/9999	NON-LYOPHILIZED (E.G. LIQUID), 500 MG	FLEBOGAMMA 5% (2.5 GM/VIAL,PF) 50 MG/ML	50 ML	VL	IV	ML		500 MG	0.1		1/1/2008	99/99/9999						
61953-0003-03	Q4091			7/1/2007	12/31/2007	(E.G. LIQUID), 500 MG	FLEBOGAMMA 5% (5 GM/VIAL,PF) 50 MG/ML	100 ML	VL	IV	ML		500 MG	0.1		7/1/2007	12/31/2007						
61953-0003-03	J1572			1/1/2008	99/99/9999	NON-LYOPHILIZED (E.G. LIQUID), 500 MG	FLEBOGAMMA 5% (5 GM/VIAL,PF) 50 MG/ML	100 ML	VL	IV	ML		500 MG	0.1		1/1/2008	99/99/9999						
61953-0003-04	Q4091			7/1/2007	12/31/2007	(E.G. LIQUID), 500 MG	FLEBOGAMMA 5% (10 GM/VIAL,PF) 50 MG/ML	200 ML	VL	IV	ML		500 MG	0.1		7/1/2007	12/31/2007						
61953-0003-04	J1572			1/1/2008	99/99/9999	NON-LYOPHILIZED (E.G. LIQUID), 500 MG	FLEBOGAMMA 5% (10 GM/VIAL,PF) 50 MG/ML	200 ML	VL	IV	ML		500 MG	0.1		1/1/2008	99/99/9999						
61953-0004-01	Q4091			7/1/2007	12/31/2007	(E.G. LIQUID), 500 MG	FLEBOGAMMA (DIF,PF) 5 GM/100 ML	10 ML	VL	IV	ML		500 MG	0.1		7/1/2007	12/31/2007						
61953-0004-01	J1572			1/1/2008	99/99/9999	NON-LYOPHILIZED (E.G. LIQUID), 500 MG	FLEBOGAMMA (DIF,PF) 5 GM/100 ML	10 ML	VL	IV	ML		500 MG	0.1		1/1/2008	99/99/9999						
61953-0004-02	Q4091			7/1/2007	12/31/2007	(E.G. LIQUID), 500 MG	FLEBOGAMMA (DIF,PF) 5 GM/100 ML	50 ML	VL	IV	ML		500 MG	0.1		7/1/2007	12/31/2007						
61953-0004-02	J1572			1/1/2008	99/99/9999	NON-LYOPHILIZED (E.G. LIQUID), 500 MG	FLEBOGAMMA (DIF,PF) 5 GM/100 ML	50 ML	VL	IV	ML		500 MG	0.1		1/1/2008	99/99/9999						
61953-0004-03	Q4091			7/1/2007	12/31/2007	(E.G. LIQUID), 500 MG	FLEBOGAMMA (DIF,PF) 5 GM/100 ML	100 ML	VL	IV	ML		500 MG	0.1		7/1/2007	12/31/2007						
61953-0004-03	J1572			1/1/2008	99/99/9999	NON-LYOPHILIZED (E.G. LIQUID), 500 MG	FLEBOGAMMA (DIF,PF) 5 GM/100 ML	100 ML	VL	IV	ML		500 MG	0.1		1/1/2008	99/99/9999						
61953-0004-04	Q4091			7/1/2007	12/31/2007	(E.G. LIQUID), 500 MG	FLEBOGAMMA (DIF,PF) 5 GM/100 ML	200 ML	VL	IV	ML		500 MG	0.1		7/1/2007	12/31/2007						
61953-0004-04	J1572			1/1/2008	99/99/9999	NON-LYOPHILIZED (E.G. LIQUID), 500 MG	FLEBOGAMMA (DIF,PF) 5 GM/100 ML	200 ML	VL	IV	ML		500 MG	0.1		1/1/2008	99/99/9999						
61953-0004-05	Q4091			7/1/2007	12/31/2007	(E.G. LIQUID), 500 MG	FLEBOGAMMA (DIF,PF) 5 GM/100 ML	400 ML	VL	IV	ML		500 MG	0.1		7/1/2007	12/31/2007						
61953-0004-05	J1572			1/1/2008	99/99/9999	NON-LYOPHILIZED (E.G. LIQUID), 500 MG	FLEBOGAMMA (DIF,PF) 5 GM/100 ML	400 ML	VL	IV	ML		500 MG	0.1		1/1/2008	99/99/9999						
61958-0101-01	J0740			1/1/2002	99/99/9999	INJECTION, CIDOFOVIR, 375 MG	VISTIDE (S.D.V.,PF) 75 MG/ML	5 ML	VL	IV	ML		375 MG	0.2		1/1/2002	99/99/9999						
61958-0301-01	J9151			1/1/2002	2/12/2012	INJECTION, DAUNORUBICIN CITRATE, LIPOSOMAL FORMULATION, 10 MC	DAUNOXOME (S.D.V.,PF) 2 MG/ML	25 ML	VL	IV	ML		10 MG	0.2		1/1/2002	2/12/2012						
62033-0204-10	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	100 EA	BO	PO	EA	1 EA	1		1/1/2002	99/99/9999							
62033-0204-14	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	400 EA	BO	PO	EA	1 EA	1		1/1/2002	99/99/9999							
62161-0003-34	J1451			1/1/2006	99/99/9999	INJECTION, FOMEPIZOLE, 15 MG	ANTIZOL (PF) 1 GM/ML	1.5 ML	VL	IV	ML		15 MG	66.66666		1/1/2006	99/99/9999						
62175-0381-37	J7507			9/28/2012	99/99/9999	TACROLIMUS, ORAL, PER 1 MG	TACROLIMUS (HARD GELATIN) 1 MG	1 EA	BO	PO	EA	1 MG	1			9/28/2012	99/99/9999						
62263-0414-11	J0285			9/7/2004	10/28/2008	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B	1 EA	BO	NA	GM		50 MG	20		9/7/2004	10/28/2008						
62541-0110-01	J0275			1/1/2002	9/30/2011	ALPROSTADIL URETHRAL SUPPOSITORY (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	MUSE 125 MCG	1 EA	BX	UR	EA		1 EA	1		1/1/2002	9/30/2011						
62541-0110-06	J0275			1/1/2002	9/30/2011	ALPROSTADIL URETHRAL SUPPOSITORY (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	MUSE 125 MCG	6 EA	BX	UR	EA		1 EA	1		1/1/2002	9/30/2011						
62541-0120-01	J0275			1/1/2002	9/30/2011	ALPROSTADIL URETHRAL SUPPOSITORY (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	MUSE 250 MCG	1 EA	BX	UR	EA		1 EA	1		1/1/2002	9/30/2011						
62541-0120-06	J0275			1/1/2002	9/30/2011	ALPROSTADIL URETHRAL SUPPOSITORY (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	MUSE 250 MCG	6 EA	BX	UR	EA		1 EA	1		1/1/2002	9/30/2011						
62541-0130-01	J0275			1/1/2002	9/30/2011	ALPROSTADIL URETHRAL SUPPOSITORY (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	MUSE 500 MCG	1 EA	BX	UR	EA		1 EA	1		1/1/2002	9/30/2011						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
62541-0130-06	J0275			1/1/2002	9/30/2011	ALPROSTADIL URETHRAL SUPPOSITORY (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	MUSE 500 MCG	6 EA	BX	UR	EA		1 EA		1	1/1/2002	9/30/2011						
62541-0140-01	J0275			1/1/2002	9/30/2011	ALPROSTADIL URETHRAL SUPPOSITORY (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	MUSE 1000 MCG	1 EA	BX	UR	EA		1 EA		1	1/1/2002	9/30/2011						
62541-0140-06	J0275			1/1/2002	9/30/2011	ALPROSTADIL URETHRAL SUPPOSITORY (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN, NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	MUSE 1000 MCG	6 EA	BX	UR	EA		1 EA		1	1/1/2002	9/30/2011						
62584-0827-21	J7502			10/19/2006	1/25/2010	CYCLOSPORINE, ORAL, 100 MG	CYCLOSPORINE (USP,3X10) 100 MG	30 EA	BX	PO	EA		100 MG		1	10/19/2006	1/25/2010						
62701-0011-01	J9290			1/1/2002	12/31/2010	MITOMYCIN, 20 MG	MITOMYCIN (VIAL) 20 MG	1 EA	VL	IV	EA		20 MG		1	1/1/2002	12/31/2010						
62701-0800-01	J9268			1/1/2002	8/15/2007	INJECTION, PENTOSTATIN, 10 MG	NIPENT (S.D.V.) 10 MG	1 EA	VL	IV	EA		10 MG		1	1/1/2002	8/15/2007						
62756-0130-01	Q0179			6/25/2007	12/31/2011	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 4 MG	30 EA	BO	PO	EA		8 MG		0.5	6/25/2007	12/31/2011						
62756-0130-01	Q0162			1/1/2012	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	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 4 MG	30 EA	BO	PO	EA		1 MG		4	1/1/2012	99/99/9999						
62756-0131-01	Q0179			6/25/2007	12/31/2011	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 8 MG	30 EA	BO	PO	EA		8 MG		1	6/25/2007	12/31/2011						
62756-0131-01	Q0162			1/1/2012	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	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 8 MG	30 EA	BO	PO	EA		1 MG		8	1/1/2012	99/99/9999						
62756-0181-01	J2405			12/27/2006	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (5X2ML.SDA,USP) 2 MG/ML	2 ML	AM	IJ	ML		1 MG		2	12/27/2006	99/99/9999						
62756-0182-01	J2405			12/27/2006	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (MDV,USP) 2 MG/ML	20 ML	VL	IJ	ML		1 MG		2	12/27/2006	99/99/9999						
62756-0240-64	Q0179			6/25/2007	12/31/2011	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON 4 MG	30 EA	BX	PO	EA		8 MG		0.5	6/25/2007	12/31/2011						
62756-0240-64	Q0162			1/1/2012	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	ONDANSETRON 4 MG	30 EA	BX	PO	EA		1 MG		4	1/1/2012	99/99/9999						
62756-0356-64	Q0179			6/25/2007	12/31/2011	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON 8 MG	30 EA	BX	PO	EA		8 MG		1	6/25/2007	12/31/2011						
62756-0356-64	Q0162			1/1/2012	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	ONDANSETRON 8 MG	30 EA	BX	PO	EA		1 MG		8	1/1/2012	99/99/9999						
62756-0356-66	Q0179			6/25/2007	12/31/2011	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON 8 MG	10 EA	BX	PO	EA		8 MG		1	6/25/2007	12/31/2011						
62756-0356-66	Q0162			1/1/2012	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	ONDANSETRON 8 MG	10 EA	BX	PO	EA		1 MG		8	1/1/2012	99/99/9999						
62756-0581-40	J0207			3/26/2008	99/99/9999	INJECTION, AMIFOSTINE, 500 MG	AMIFOSTINE (USP) 500 MG	1 EA	VL	IV	EA		500 MG		1	3/26/2008	99/99/9999						
62756-0581-42	J0207			3/26/2008	99/99/9999	INJECTION, AMIFOSTINE, 500 MG	AMIFOSTINE (USP) 500 MG	1 EA	VL	IV	EA		500 MG		1	3/26/2008	99/99/9999						
62794-0255-13	J3490			6/21/2004	12/14/2006	UNCLASSIFIED DRUGS	APOKYN (CARTRIDGE) 10 MG/ML	3 ML	CT	SC	ML		1 EA		1	6/21/2004	12/14/2006						
62794-0255-37	J3490			6/21/2004	12/14/2006	UNCLASSIFIED DRUGS	APOKYN (CARTRIDGE) 10 MG/ML	3 ML	CT	SC	ML		1 EA		1	6/21/2004	12/14/2006						
62856-0101-10	J1645			11/20/2006	99/99/9999	INJECTION, DALTEPARIN SODIUM, PER 2500 IU	FRAGMIN (27GX1/2"W/NDLGUARD) 10000 IU/ML	1 ML	SR	SC	ML		2500 IU		4	11/20/2006	99/99/9999						
62856-0102-01	J1645			7/10/2006	2/5/2010	INJECTION, DALTEPARIN SODIUM, PER 2500 IU	FRAGMIN (MDV) 10000 IU/ML	9.5 ML	VL	SC	ML		2500 IU		4	7/10/2006	2/5/2010						
62856-0125-10	J1645			8/25/2007	99/99/9999	INJECTION, DALTEPARIN SODIUM, PER 2500 IU	FRAGMIN (SINGLE DOSE,PF) 12500 IU/0.5 ML	0.5 ML	SR	SC	ML		2500 IU		10	8/25/2007	99/99/9999						
62856-0150-10	J1645			8/25/2007	99/99/9999	INJECTION, DALTEPARIN SODIUM, PER 2500 IU	FRAGMIN (SINGLE DOSE,PF) 15000 IU/0.6 ML	0.6 ML	SR	SC	ML		2500 IU		10.66666	8/25/2007	99/99/9999						
62856-0180-10	J1645			8/25/2007	99/99/9999	INJECTION, DALTEPARIN SODIUM, PER 2500 IU	FRAGMIN (SINGLE DOSE,PF) 18000 IU/0.72 ML	0.72 ML	SR	SC	ML		2500 IU		10	8/25/2007	99/99/9999						
62856-0250-10	J1645			6/26/2007	99/99/9999	INJECTION, DALTEPARIN SODIUM, PER 2500 IU	FRAGMIN (10X0.2ML,PF) 2500 IU/0.2 ML	0.2 ML	SR	SC	ML		2500 IU		5	6/26/2007	99/99/9999						
62856-0251-01	J1645			11/20/2006	99/99/9999	INJECTION, DALTEPARIN SODIUM, PER 2500 IU	FRAGMIN (MDV) 25000 IU/ML	3.8 ML	VL	SC	ML		2500 IU		10	11/20/2006	99/99/9999						
62856-0500-10	J1645			10/10/2006	99/99/9999	INJECTION, DALTEPARIN SODIUM, PER 2500 IU	FRAGMIN (27GX1/2",10X0.2ML,PF) 5000 IU/0.2 ML	0.2 ML	SR	SC	ML		2500 IU		10	10/10/2006	99/99/9999						
62856-0603-01	J9160			1/17/2008	99/99/9999	INJECTION, DENILEUKIN DIFTITOX, 300 MICROGRAMS	ONTAK (2ML,SINGLE USE) 150 MCG/ML	2 ML	VL	IV	ML		300 MCG		0.5	1/17/2008	99/99/9999						
62856-0750-10	J1645			2/6/2007	99/99/9999	INJECTION, DALTEPARIN SODIUM, PER 2500 IU	FRAGMIN (PREFILLED) 7500 IU/0.3 ML	0.3 ML	SR	SC	ML		2500 IU		10	2/6/2007	99/99/9999						
62856-0798-01	J2469			4/1/2009	4/30/2010	INJECTION, PALONOSETRON HCL, 25 MCG	ALOXI (SINGLE-USE) 0.05 MG/ML	1.5 ML	EA	IV	ML		25 MCG		2	4/1/2009	4/30/2010						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
62927-0621-04		Q0177		1/1/2002	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	HYDROXYZINE PAMOATE (BANANA) 25 MG/5 ML	120 ML	EA	PO	ML		25 MG		0.2	1/1/2002	99/99/9999						
62927-0621-16		Q0177		1/1/2002	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	HYDROXYZINE PAMOATE (BANANA) 25 MG/5 ML	480 ML	EA	PO	ML		25 MG		0.2	1/1/2002	99/99/9999						
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	ACETYLCYSTEINE (U.S.P.)	1 GM	BO	NA	GM		1 GM		1	10/31/2011	99/99/9999						
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	ACETYLCYSTEINE (U.S.P.)	1 GM	BO	NA	GM		1 GM		1	10/31/2011	99/99/9999						
62991-1003-02		J7699		1/1/2007	12/31/2007	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	ACETYLCYSTEINE (U.S.P.)	1 EA	BO	NA	GM		1 EA		1	1/1/2007	12/31/2007						
62991-1003-02		J7604		1/1/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.)	1 EA	BO	NA	GM		1 GM		1	1/1/2008	99/99/9999						
62991-1003-02	KO	J7604	KO	1/1/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.)	1 EA	BO	NA	GM		1 GM		1	1/1/2008	99/99/9999						
62991-1003-03		J7699		1/1/2007	12/31/2007	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	ACETYLCYSTEINE (U.S.P.)	1 EA	BO	NA	GM		1 EA		1	1/1/2007	12/31/2007						
62991-1003-03	KO	J7604	KO	1/1/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.)	1 EA	BO	NA	GM		1 GM		1	1/1/2008	99/99/9999						
62991-1003-03		J7699		1/1/2007	12/31/2007	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	ACETYLCYSTEINE (U.S.P.)	1 EA	BO	NA	GM		1 EA		1	1/1/2007	12/31/2007						
62991-1003-04		J7604		1/1/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.)	1 EA	BO	NA	GM		1 GM		1	1/1/2008	99/99/9999						
62991-1003-04	KO	J7604	KO	1/1/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.)	1 EA	BO	NA	GM		1 GM		1	1/1/2008	99/99/9999						
62991-1003-05		J7608		9/15/2003	12/31/2006	DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.)	1 EA	BO	NA	GM		1 GM		1	9/15/2003	12/31/2006						
62991-1003-05	KO	J7608	KO	9/15/2003	12/31/2006	DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.)	1 EA	BO	NA	GM		1 GM		1	9/15/2003	12/31/2006						
62991-1003-05		J7699		1/1/2007	10/1/2007	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	ACETYLCYSTEINE (U.S.P.)	1 EA	BO	NA	GM		1 EA		1	1/1/2007	10/1/2007						
62991-1004-01		J0133		1/1/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1 EA	BO	NA	GM		5 MG		200	1/1/2006	99/99/9999						
62991-1004-02		J0133		1/1/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1 EA	BO	NA	GM		5 MG		200	1/1/2006	99/99/9999						
62991-1006-01		J7609		1/1/2007	3/18/2011	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	JR	NA	GM		1 MG		1000	1/1/2007	3/18/2011						
62991-1006-01	KO	J7609	KO	1/1/2007	3/18/2011	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	JR	NA	GM		1 MG		1000	1/1/2007	3/18/2011						
62991-1006-01		J7613		1/1/2005	12/31/2006	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	JR	NA	GM		1 MG		1000	1/1/2005	12/31/2006						
62991-1006-01	KO	J7613	KO	1/1/2005	12/31/2006	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	JR	NA	GM		1 MG		1000	1/1/2005	12/31/2006						
62991-1006-02		J7613		1/1/2005	12/31/2006	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	1/1/2005	12/31/2006						
62991-1006-02	KO	J7613	KO	1/1/2005	12/31/2006	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	1/1/2005	12/31/2006						
62991-1006-02		J7609		1/1/2007	8/20/2011	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	1/1/2007	8/20/2011						
62991-1006-02	KO	J7609	KO	1/1/2007	8/20/2011	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	1/1/2007	8/20/2011						
62991-1006-02		J7613		1/1/2005	12/31/2006	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	1/1/2005	12/31/2006						
62991-1006-03		J7613		1/1/2005	12/31/2006	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	1/1/2005	12/31/2006						
62991-1006-03	KO	J7613	KO	1/1/2005	12/31/2006	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	1/1/2005	12/31/2006						
62991-1006-03		J7609		1/1/2007	8/20/2011	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	1/1/2007	8/20/2011						
62991-1006-03	KO	J7609	KO	1/1/2007	8/20/2011	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	1/1/2007	8/20/2011						
62991-1006-04		J7613		1/1/2005	12/31/2006	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM		1 MG		1000	1/1/2005	12/31/2006						
62991-1006-04	KO	J7613	KO	1/1/2005	12/31/2006	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM		1 MG		1000	1/1/2005	12/31/2006						
62991-1006-04		J7609		1/1/2007	8/20/2011	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM		1 MG		1000	1/1/2007	8/20/2011						
62991-1013-01		J0475		1/1/2002	99/99/9999	INJECTION, BACLOFEN, 10 MG	BACLOFEN (U.S.P.)	1 EA	BO	NA	GM		10 MG		100	1/1/2002	99/99/9999						
62991-1013-02		J0475		1/1/2002	99/99/9999	INJECTION, BACLOFEN, 10 MG	BACLOFEN (U.S.P.)	1 EA	BO	NA	GM		10 MG		100	1/1/2002	99/99/9999						
62991-1013-03		J0475		1/1/2002	99/99/9999	INJECTION, BACLOFEN, 10 MG	BACLOFEN (U.S.P.)	1 EA	BO	NA	GM		10 MG		100	1/1/2002	99/99/9999						
62991-1013-04		J0475		9/15/2003	99/99/9999	INJECTION, BACLOFEN, 10 MG	BACLOFEN (U.S.P.)	1 EA	BO	NA	GM		10 MG		100	9/15/2003	99/99/9999						
62991-1020-01		J7622		1/1/2002	10/1/2007	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BECLOMETHASONE DIPROPIONATE	1 EA	BO	NA	GM		1 MG		1000	1/1/2002	10/1/2007						
62991-1020-01	KO	J7622	KO	1/1/2002	10/1/2007	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BECLOMETHASONE DIPROPIONATE	1 EA	BO	NA	GM		1 MG		1000	1/1/2002	10/1/2007						



NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
62991-1041-04	KO	J7638	KO	1/1/2002	99/99/9999	DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000	1/1/2002	99/99/9999								
62991-1047-02	J1200			1/1/2002	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MC	DIPHENHYDRAMINE HCL (U.S.P.)	1 EA	VL	NA	GM	50 MG	20	1/1/2002	99/99/9999								
62991-1051-01	J1435			1/1/2002	6/4/2011	INJECTION, ESTRONE, PER 1 MG	ESTRONE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000	1/1/2002	6/4/2011								
62991-1051-02	J1435			1/1/2002	99/99/9999	INJECTION, ESTRONE, PER 1 MG	ESTRONE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000	1/1/2002	99/99/9999								
62991-1051-03	J1435			9/15/2003	99/99/9999	INJECTION, ESTRONE, PER 1 MG	ESTRONE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000	9/15/2003	99/99/9999								
62991-1051-04	J1435			9/15/2003	99/99/9999	INJECTION, ESTRONE, PER 1 MG	ESTRONE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000	9/15/2003	99/99/9999								
62991-1072-01	J7699			9/1/2002	99/99/9999	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	GENTAMICIN SULFATE (U.S.P.)	1 EA	BO	NA	GM	1 EA	1	9/1/2002	99/99/9999								
62991-1072-02	J7699			9/1/2002	99/99/9999	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	GENTAMICIN SULFATE (U.S.P.)	1 EA	BO	NA	GM	1 EA	1	9/1/2002	99/99/9999								
62991-1072-03	J7699			9/1/2002	10/1/2007	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	GENTAMICIN SULFATE (U.S.P.)	1 EA	BO	NA	GM	1 EA	1	9/1/2002	10/1/2007								
62991-1078-01	J1700			1/1/2002	10/1/2007	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM	25 MG	40	1/1/2002	10/1/2007								
62991-1078-02	J1700			1/1/2002	11/9/2011	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM	25 MG	40	1/1/2002	11/9/2011								
62991-1078-03	J1700			1/1/2002	11/24/2011	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM	25 MG	40	1/1/2002	11/24/2011								
62991-1078-04	J1700			1/1/2002	9/28/2011	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM	25 MG	40	1/1/2002	9/28/2011								
62991-1078-05	J1700			1/1/2002	11/18/2011	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE (U.S.P.,MICRONIZED)	1 EA	BO	NA	GM	25 MG	40	1/1/2002	11/18/2011								
62991-1085-01	J7644			1/1/2002	12/31/2006	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE	1 EA	BO	NA	GM	1 MG	1000	1/1/2002	12/31/2006								
62991-1085-01	KO	J7644	KO	1/1/2002	12/31/2006	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE	1 EA	BO	NA	GM	1 MG	1000	1/1/2002	12/31/2006								
62991-1085-01	J7645			1/1/2007	6/4/2011	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE	1 EA	BO	NA	GM	1 MG	1000	1/1/2007	6/4/2011								
62991-1085-01	KO	J7645	KO	1/1/2007	6/4/2011	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE	1 EA	BO	NA	GM	1 MG	1000	1/1/2007	6/4/2011								
62991-1085-02	J7644			1/1/2002	12/31/2006	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE	1 EA	BO	NA	GM	1 MG	1000	1/1/2002	12/31/2006								
62991-1085-02	KO	J7645	KO	1/1/2007	9/23/2011	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE	1 EA	BO	NA	GM	1 MG	1000	1/1/2007	9/23/2011								
62991-1085-02	KO	J7644	KO	1/1/2002	12/31/2006	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE	1 EA	BO	NA	GM	1 MG	1000	1/1/2002	12/31/2006								
62991-1085-02	J7645			1/1/2007	9/23/2011	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE	1 EA	BO	NA	GM	1 MG	1000	1/1/2007	9/23/2011								
62991-1085-03	J7644			9/15/2003	12/31/2006	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE MICRONIZED (PH. EUR)	1 EA	BO	NA	GM	1 MG	1000	9/15/2003	12/31/2006								
62991-1085-03	KO	J7644	KO	9/15/2003	12/31/2006	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE MICRONIZED (PH. EUR)	1 EA	BO	NA	GM	1 MG	1000	9/15/2003	12/31/2006								
62991-1085-03	J7645			1/1/2007	5/27/2011	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE MICRONIZED (PH. EUR)	1 EA	BO	NA	GM	1 MG	1000	1/1/2007	5/27/2011								
62991-1085-03	KO	J7645	KO	1/1/2007	5/27/2011	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE MICRONIZED (PH. EUR)	1 EA	BO	NA	GM	1 MG	1000	1/1/2007	5/27/2011								
62991-1085-04	J7644			9/15/2003	12/31/2006	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE MICRONIZED (PH. EUR)	1 EA	BO	NA	GM	1 MG	1000	9/15/2003	12/31/2006								
62991-1085-04	KO	J7644	KO	9/15/2003	12/31/2006	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE MICRONIZED (PH. EUR)	1 EA	BO	NA	GM	1 MG	1000	9/15/2003	12/31/2006								
62991-1085-04	J7645			1/1/2007	9/23/2011	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE MICRONIZED (PH. EUR)	1 EA	BO	NA	GM	1 MG	1000	1/1/2007	9/23/2011								
62991-1085-04	KO	J7645	KO	1/1/2007	9/23/2011	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE MICRONIZED (PH. EUR)	1 EA	BO	NA	GM	1 MG	1000	1/1/2007	9/23/2011								
62991-1085-05	J7644			9/15/2003	12/31/2006	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE MICRONIZED (PH. EUR)	1 EA	BO	NA	GM	1 MG	1000	9/15/2003	12/31/2006								
62991-1085-05	KO	J7645	KO	1/1/2007	10/1/2007	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE MICRONIZED (PH. EUR)	1 EA	BO	NA	GM	1 MG	1000	1/1/2007	10/1/2007								
62991-1085-05	J7645			1/1/2007	10/1/2007	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE MICRONIZED (PH. EUR)	1 EA	BO	NA	GM	1 MG	1000	1/1/2007	10/1/2007								
62991-1085-05	KO	J7644	KO	9/15/2003	12/31/2006	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE MICRONIZED (PH. EUR)	1 EA	BO	NA	GM	1 MG	1000	9/15/2003	12/31/2006								
62991-1085-06	J7644			9/15/2003	12/31/2006	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE MICRONIZED (PH. EUR)	1 EA	BO	NA	GM	1 MG	1000	9/15/2003	12/31/2006								
62991-1085-06	KO	J7644	KO	9/15/2003	12/31/2006	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE MICRONIZED (PH. EUR)	1 EA	BO	NA	GM	1 MG	1000	9/15/2003	12/31/2006								

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
62991-1085-06		J7645		1/1/2007	10/1/2010	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE MICRONIZED (PH. EUR)	1 EA	BO	NA	GM		1 MG	1000		1/1/2007	10/1/2010						
62991-1085-06	KO	J7645	KO	1/1/2007	10/1/2010	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE MICRONIZED (PH. EUR)	1 EA	BO	NA	GM		1 MG	1000		1/1/2007	10/1/2010						
62991-1095-01	J2001			1/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MC	LIDOCAINE HCL (U.S.P., B.P.)	1 EA	BO	NA	GM		10 MG	100		1/1/2004	99/99/9999						
62991-1095-02	J2001			1/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MC	LIDOCAINE HCL (U.S.P., B.P.)	1 EA	BO	NA	GM		10 MG	100		1/1/2004	99/99/9999						
62991-1095-03	J2001			1/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MC	LIDOCAINE HCL (U.S.P., B.P.)	1 EA	BO	NA	GM		10 MG	100		1/1/2004	99/99/9999						
62991-1095-04	J2001			1/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MC	LIDOCAINE HCL (U.S.P., B.P.)	1 EA	BO	NA	GM		10 MG	100		1/1/2004	99/99/9999						
62991-1095-06	J2001			4/1/2008	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MC	LIDOCAINE HCL (USP)	1 EA	BO	NA	GM		10 MG	100		4/1/2008	99/99/9999						
62991-1099-02	J7669			1/1/2002	12/31/2006	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM		10 MG	100		1/1/2002	12/31/2006						
62991-1099-02	KO	J7670	KO	1/1/2007	3/7/2010	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM		10 MG	100		1/1/2007	3/7/2010						
62991-1099-02	KO	J7669	KO	1/1/2002	12/31/2006	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM		10 MG	100		1/1/2002	12/31/2006						
62991-1099-02	J7670			1/1/2007	3/7/2010	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM		10 MG	100		1/1/2007	3/7/2010						
62991-1099-03	J7669			1/1/2002	12/31/2006	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM		10 MG	100		1/1/2002	12/31/2006						
62991-1099-03	KO	J7669	KO	1/1/2002	12/31/2006	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM		10 MG	100		1/1/2002	12/31/2006						
62991-1099-03	J7670			1/1/2007	3/7/2010	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM		10 MG	100		1/1/2007	3/7/2010						
62991-1099-03	KO	J7670	KO	1/1/2007	3/7/2010	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM		10 MG	100		1/1/2007	3/7/2010						
62991-1108-01	J2760			1/1/2002	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MC	PHENTOLAMINE MESYLATE (U.S.P.)	1 EA	BO	NA	GM		5 MG	200		1/1/2002	99/99/9999						
62991-1108-02	J2760			1/1/2002	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MC	PHENTOLAMINE MESYLATE (U.S.P.)	1 EA	BO	NA	GM		5 MG	200		1/1/2002	99/99/9999						
62991-1108-03	J2760			9/15/2003	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MC	PHENTOLAMINE MESYLATE (U.S.P.)	1 EA	BO	NA	GM		5 MG	200		9/15/2003	99/99/9999						
62991-1108-04	J2760			9/15/2003	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MC	PHENTOLAMINE MESYLATE (U.S.P.)	1 EA	BO	NA	GM		5 MG	200		9/15/2003	99/99/9999						
62991-1122-02	Q0165			1/1/2002	99/99/9999	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 4E HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE (U.S.P.)	1 EA	BO	NA	GM		10 MG	100		1/1/2002	99/99/9999						
62991-1122-03	J2675			9/15/2003	9/30/2007	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE MICRONIZED (YAM)	1 EA	NA	NA	GM		50 MG	20		9/15/2003	9/30/2007						
62991-1122-04	Q0165			9/15/2003	10/1/2010	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 4E HOUR DOSAGE REGIMEN	PROCHLORPERAZINE MALEATE (U.S.P.)	1 EA	BO	NA	GM		10 MG	100		9/15/2003	10/1/2010						
62991-1122-05	J2675			9/15/2003	9/30/2007	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE MICRONIZED (YAM)	1 EA	NA	NA	GM		50 MG	20		9/15/2003	9/30/2007						
62991-1124-02	J2675			1/1/2002	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM		50 MG	20		1/1/2002	99/99/9999						
62991-1124-03	J2675			10/1/2007	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE MICRONIZED	1 EA	BO	NA	GM		50 MG	20		10/1/2007	99/99/9999						
62991-1124-05	J2675			10/1/2007	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE MICRONIZED	1 EA	BO	NA	GM		50 MG	20		10/1/2007	99/99/9999						
62991-1125-01	J2550			1/1/2002	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (U.S.P.)	1 EA	BO	NA	GM		50 MG	20		1/1/2002	99/99/9999						
62991-1125-02	J2550			1/1/2002	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (U.S.P.)	1 EA	BO	NA	GM		50 MG	20		1/1/2002	99/99/9999						
62991-1125-04	J2550			1/1/2002	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (U.S.P.)	1 EA	BO	NA	GM		50 MG	20		1/1/2002	99/99/9999						
62991-1128-02	J0270			9/15/2003	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)	ALPROSTADIL (U.S.P.)	1 EA	BO	NA	GM		1.25 MCG	800000		9/15/2003	99/99/9999						
62991-1128-06	J0270			9/15/2003	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)	ALPROSTADIL (U.S.P.)	1 EA	BO	NA	GM		1.25 MCG	800000		9/15/2003	99/99/9999						
62991-1128-07	J0270			9/15/2003	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)	ALPROSTADIL (U.S.P.)	1 EA	BO	NA	GM		1.25 MCG	800000		9/15/2003	99/99/9999						
62991-1128-08	J0270			9/15/2003	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)	ALPROSTADIL (U.S.P.)	1 EA	BO	NA	GM		1.25 MCG	800000		9/15/2003	99/99/9999						
62991-1130-02	J3415			1/1/2004	99/99/9999	INJECTION, PYRIDOXINE HCL, 100 MG	PYRIDOXINE HCL (U.S.P.)	1 EA	BO	NA	GM		100 MG	10		1/1/2004	99/99/9999						
62991-1130-03	J3415			1/1/2004	99/99/9999	INJECTION, PYRIDOXINE HCL, 100 MG	PYRIDOXINE HCL (U.S.P.)	1 EA	BO	NA	GM		100 MG	10		1/1/2004	99/99/9999						
62991-1132-01	J2780			9/15/2003	99/99/9999	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MC	RANITIDINE HCL (U.S.P.)	1 EA	BO	NA	GM		25 MG	40		9/15/2003	99/99/9999						
62991-1132-02	J2780			9/15/2003	99/99/9999	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MC	RANITIDINE HCL (U.S.P.)	1 EA	BO	NA	GM		25 MG	40		9/15/2003	99/99/9999						
62991-1132-03	J2780			9/15/2003	99/99/9999	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MC	RANITIDINE HCL (U.S.P.)	1 EA	BO	NA	GM		25 MG	40		9/15/2003	99/99/9999						
62991-1132-04	J2780			9/15/2003	99/99/9999	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MC	RANITIDINE HCL (U.S.P.)	1 EA	BO	NA	GM		25 MG	40		9/15/2003	99/99/9999						
62991-1133-01	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	RIFAMPIN (U.S.P.)	1 EA	BO	NA	GM		1 EA	1		1/1/2002	99/99/9999						
62991-1133-02	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	RIFAMPIN (U.S.P.)	1 EA	BO	NA	GM		1 EA	1		1/1/2002	99/99/9999						
62991-1133-03	J3490			1/1/2002	10/1/2007	UNCLASSIFIED DRUGS	RIFAMPIN (U.S.P.)	1 EA	BO	NA	GM		1 EA	1		1/1/2002	10/1/2007						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
62991-1133-04	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	RIFAMPIN (U.S.P.)	1 EA	BO	NA	GM		1 EA			1	1/1/2002	99/99/9999					
62991-1152-01	J7681			1/1/2002	99/99/9999	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	1/1/2002	99/99/9999						
62991-1152-01	KO J7681	KO		1/1/2002	99/99/9999	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	1/1/2002	99/99/9999						
62991-1152-02	J7681			1/1/2002	99/99/9999	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	1/1/2002	99/99/9999						
62991-1152-02	KO J7681	KO		1/1/2002	99/99/9999	TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	1/1/2002	99/99/9999						
62991-1156-01	J7684			1/1/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P., BP, EP, MICRONIZED)	1 EA	BO	NA	GM		1 MG		1000	1/1/2002	99/99/9999						
62991-1156-01	KO J7684	KO		1/1/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P., BP, EP, MICRONIZED)	1 EA	BO	NA	GM		1 MG		1000	1/1/2002	99/99/9999						
62991-1156-02	J7684			1/1/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P., BP, EP, MICRONIZED)	1 EA	BO	NA	GM		1 MG		1000	1/1/2002	99/99/9999						
62991-1156-02	KO J7684	KO		1/1/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P., BP, EP, MICRONIZED)	1 EA	BO	NA	GM		1 MG		1000	1/1/2002	99/99/9999						
62991-1156-03	J7684			1/1/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P., BP, EP, MICRONIZED)	1 EA	BO	NA	GM		1 MG		1000	1/1/2002	99/99/9999						
62991-1156-03	KO J7684	KO		1/1/2002	99/99/9999	TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TRIAMCINOLONE ACETONIDE (U.S.P., BP, EP, MICRONIZED)	1 EA	BO	NA	GM		1 MG		1000	1/1/2002	99/99/9999						
62991-1173-02	J0285			1/1/2002	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B (U.S.P., ORAL GRADE)	1 EA	BO	NA	GM		50 MG		20	1/1/2008	99/99/9999	1/1/2002	9/1/2004	20			
62991-1173-04	J0285			1/1/2002	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B (U.S.P., ORAL GRADE)	1 EA	BO	NA	GM		50 MG		20	1/1/2008	99/99/9999	1/1/2002	9/1/2004	20			
62991-1173-05	J0285			1/1/2008	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B (USP)	1 EA	BO	NA	GM		50 MG		20	1/1/2008	99/99/9999						
62991-1179-01	KO J7627	KO		1/1/2006	10/1/2010	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE MICRONIZED (EP)	1 EA	JR	NA	GM		0.5 MG		2000	1/1/2006	10/1/2010						
62991-1179-01	J7627			1/1/2006	10/1/2010	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE MICRONIZED (EP)	1 EA	JR	NA	GM		0.5 MG		2000	1/1/2006	10/1/2010						
62991-1179-02	J7627			1/1/2006	2/11/2011	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE MICRONIZED (EP)	1 EA	JR	NA	GM		0.5 MG		2000	1/1/2006	2/11/2011						
62991-1179-02	KO J7627	KO		1/1/2006	2/11/2011	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE MICRONIZED (EP)	1 EA	JR	NA	GM		0.5 MG		2000	1/1/2006	2/11/2011						
62991-1179-03	J7627			1/1/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE MICRONIZED (EP)	1 EA	JR	NA	GM		0.5 MG		2000	1/1/2006	99/99/9999						
62991-1179-03	KO J7627	KO		1/1/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE MICRONIZED (EP)	1 EA	JR	NA	GM		0.5 MG		2000	1/1/2006	99/99/9999						
62991-1179-05	J7627			1/1/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE MICRONIZED (EP)	1 EA	JR	NA	GM		0.5 MG		2000	1/1/2006	99/99/9999						
62991-1179-05	KO J7627	KO		1/1/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE MICRONIZED (EP)	1 EA	JR	NA	GM		0.5 MG		2000	1/1/2006	99/99/9999						
62991-1203-02	J2440			1/1/2002	10/1/2007	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HYDROCHLORIDE (U.S.P.)	1 EA	BO	NA	GM		60 MG		16.66666	1/1/2002	10/1/2007						
62991-1203-04	J2440			9/15/2003	10/1/2007	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HYDROCHLORIDE (U.S.P.)	1 EA	BO	NA	GM		60 MG		16.66666	9/15/2003	10/1/2007						
62991-1206-01	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM		5 MG		200	1/1/2002	99/99/9999						
62991-1206-02	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (U.S.P., MICRONIZED)	1 EA	BO	NA	GM		5 MG		200	1/1/2002	99/99/9999						
62991-1254-01	J1165			9/15/2003	10/1/2007	INJECTION, PHENYTOIN SODIUM, PER 50 MC	PHENYTOIN SODIUM (BP)	1 EA	BO	NA	GM		50 MG		20	9/15/2003	10/1/2007						
62991-1254-02	J1165			9/15/2003	10/1/2007	INJECTION, PHENYTOIN SODIUM, PER 50 MC	PHENYTOIN SODIUM (BP)	1 EA	BO	NA	GM		50 MG		20	9/15/2003	10/1/2007						
62991-1254-03	J1165			9/15/2003	10/1/2007	INJECTION, PHENYTOIN SODIUM, PER 50 MC	PHENYTOIN SODIUM (BP)	1 EA	BO	NA	GM		50 MG		20	9/15/2003	10/1/2007						
62991-1257-01	J7510			1/1/2002	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE ANHYDROUS (U.S.P.)	1 EA	BO	NA	GM		5 MG		200	1/1/2002	99/99/9999						
62991-1257-02	J7510			9/15/2003	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE ANHYDROUS (U.S.P., MICRO)	1 EA	NA	NA	GM		5 MG		200	9/15/2003	99/99/9999						
62991-1351-01	J7682			1/1/2002	12/31/2006	MILLIGRAMS TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300	TOBRAMYCIN SULFATE	1 EA	BO	NA	GM		300 MG		3.33333	1/1/2002	12/31/2006						
62991-1351-01	KO J7682	KO		1/1/2002	12/31/2006	MILLIGRAMS TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300	TOBRAMYCIN SULFATE	1 EA	BO	NA	GM		300 MG		3.33333	1/1/2002	12/31/2006						
62991-1351-01	J7685			1/1/2007	12/30/2009	THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE	1 EA	BO	NA	GM		300 MG		3.33333	1/1/2007	12/30/2009						
62991-1351-01	KO J7685	KO		1/1/2007	12/30/2009	THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE	1 EA	BO	NA	GM		300 MG		3.33333	1/1/2007	12/30/2009						
62991-1351-02	J7682			1/1/2002	12/31/2006	MILLIGRAMS TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300	TOBRAMYCIN SULFATE	1 EA	BO	NA	GM		300 MG		3.33333	1/1/2002	12/31/2006						
62991-1351-02	KO J7682	KO		1/1/2002	12/31/2006	MILLIGRAMS TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300	TOBRAMYCIN SULFATE	1 EA	BO	NA	GM		300 MG		3.33333	1/1/2002	12/31/2006						
62991-1351-02	J7685			1/1/2007	99/99/9999	THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE	1 EA	BO	NA	GM		300 MG		3.33333	1/1/2007	99/99/9999						
62991-1351-02	KO J7685	KO		1/1/2007	99/99/9999	THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE	1 EA	BO	NA	GM		300 MG		3.33333	1/1/2007	99/99/9999						
62991-1351-03	J7685			1/1/2007	99/99/9999	THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE	1 EA	BO	NA	GM		300 MG		3.33333	1/1/2007	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
62991-1351-03	KO	J7685	KO	1/1/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE	1 EA	BO	NA	GM	300 MG	3.33333			1/1/2007	99/99/9999						
62991-1351-03	KO	J7682	KO	1/1/2002	12/31/2006	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE	1 EA	BO	NA	GM	300 MG	3.33333			1/1/2002	12/31/2006						
62991-1351-03		J7682		1/1/2002	12/31/2006	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE	1 EA	BO	NA	GM	300 MG	3.33333			1/1/2002	12/31/2006						
62991-1351-04	KO	J7682	KO	9/15/2003	12/31/2006	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1 EA	BO	NA	GM	300 MG	3.33333			9/15/2003	12/31/2006						
62991-1351-04		J7685		1/1/2007	10/1/2010	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1 EA	BO	NA	GM	300 MG	3.33333			1/1/2007	10/1/2010						
62991-1351-04	KO	J7685	KO	1/1/2007	10/1/2010	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1 EA	BO	NA	GM	300 MG	3.33333			1/1/2007	10/1/2010						
62991-1351-04		J7682		9/15/2003	12/31/2006	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1 EA	BO	NA	GM	300 MG	3.33333			9/15/2003	12/31/2006						
62991-1351-05		J7682		9/15/2003	12/31/2006	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1 EA	BO	NA	GM	300 MG	3.33333			9/15/2003	12/31/2006						
62991-1351-05	KO	J7682	KO	9/15/2003	12/31/2006	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1 EA	BO	NA	GM	300 MG	3.33333			9/15/2003	12/31/2006						
62991-1351-05		J7685		1/1/2007	10/1/2010	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1 EA	BO	NA	GM	300 MG	3.33333			1/1/2007	10/1/2010						
62991-1351-05	KO	J7685	KO	1/1/2007	10/1/2010	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1 EA	BO	NA	GM	300 MG	3.33333			1/1/2007	10/1/2010						
62991-1352-01		J7317		1/1/2003	12/31/2006	INJECTION	HYALURONIC ACID	1 EA	BO	NA	GM	20 MG	40			1/1/2003	12/31/2006						
62991-1352-01		J3490		1/1/2007	99/99/9999	UNCLASSIFIED DRUGS	HYALURONIC ACID	1 EA	BO	NA	GM	1 EA	1			1/1/2007	99/99/9999						
62991-1352-02		J3490		1/1/2007	99/99/9999	UNCLASSIFIED DRUGS	HYALURONIC ACID	1 EA	NA	NA	GM	1 EA	1			1/1/2007	99/99/9999						
62991-1352-02		J7317		1/1/2003	12/31/2006	INJECTION	HYALURONIC ACID	1 EA	NA	NA	GM	20 MG	40			1/1/2003	12/31/2006						
62991-1352-04		J3490		1/1/2007	99/99/9999	UNCLASSIFIED DRUGS	HYALURONIC ACID	1 EA	BO	NA	GM	1 EA	1			1/1/2007	99/99/9999						
62991-1352-04		J7317		1/1/2003	12/31/2006	INJECTION	HYALURONIC ACID	1 EA	BO	NA	GM	20 MG	40			9/15/2003	12/31/2006						
62991-1352-04		J3350		1/1/2002	99/99/9999	INJECTION, UREA, UP TO 40 GM	UREA (U.S.P./N.F.)	1 EA	BO	NA	GM	40 GM	0.025			1/1/2002	99/99/9999						
62991-1412-01		J3150		9/1/2002	1/9/2013	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	TESTOSTERONE PROPIONATE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM	100 MG	10			9/1/2002	1/9/2013						
62991-1412-02		J3150		9/1/2002	11/1/2012	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	TESTOSTERONE PROPIONATE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM	100 MG	10			9/1/2002	11/1/2012						
62991-1412-03		J3150		9/1/2002	12/21/2012	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	TESTOSTERONE PROPIONATE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM	100 MG	10			9/1/2002	12/21/2012						
62991-1422-01		J0735		9/15/2003	99/99/9999	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	CLONIDINE HCL (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000			9/15/2003	99/99/9999						
62991-1422-02		J0735		9/15/2003	99/99/9999	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	CLONIDINE HCL (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000			9/15/2003	99/99/9999						
62991-1486-01		J9190		8/17/2011	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (U.S.P.)	1 GM	BO	NA	GM	500 MG	2			8/17/2011	99/99/9999						
62991-1486-02		J9190		9/15/2003	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (U.S.P.)	1 EA	BO	NA	GM	500 MG	2			9/15/2003	99/99/9999						
62991-1486-02	QR	J9190	QR	1/28/2005	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (U.S.P.)	1 EA	BO	NA	GM	500 MG	2			1/28/2005	99/99/9999						
62991-1486-03		J9190		9/15/2003	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (U.S.P.)	1 EA	BO	NA	GM	500 MG	2			9/15/2003	99/99/9999						
62991-1486-03	QR	J9190	QR	1/28/2005	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (U.S.P.)	1 EA	BO	NA	GM	500 MG	2			1/28/2005	99/99/9999						
62991-1509-01		J0706		9/15/2003	10/1/2007	INJECTION, CAFFEINE CITRATE, 5MG	CAFFEINE CITRATED (PURIFIED)	1 EA	BO	NA	GM	5 MG	200			9/15/2003	10/1/2007						
62991-1509-02		J0706		9/15/2003	5/26/2009	INJECTION, CAFFEINE CITRATE, 5MG	CAFFEINE CITRATED (PURIFIED)	1 EA	BO	NA	GM	5 MG	200			9/15/2003	5/26/2009						
62991-1513-01		J0364		1/1/2007	99/99/9999	INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG	APOMORPHINE HCL (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000			1/1/2007	99/99/9999						
62991-1513-01		J3490		9/15/2003	12/31/2006	UNCLASSIFIED DRUGS	APOMORPHINE HCL (U.S.P.)	1 EA	BO	NA	GM	1 EA	1			9/15/2003	12/31/2006						
62991-1513-02		J3490		9/15/2003	12/31/2006	UNCLASSIFIED DRUGS	APOMORPHINE HCL (U.S.P.)	1 EA	BO	NA	GM	1 EA	1			9/15/2003	12/31/2006						
62991-1513-02		J0364		1/1/2007	99/99/9999	INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG	APOMORPHINE HCL (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000			1/1/2007	99/99/9999						
62991-1513-03		J3490		9/15/2003	12/31/2006	UNCLASSIFIED DRUGS	APOMORPHINE HCL (U.S.P.)	1 EA	BO	NA	GM	1 EA	1			9/15/2003	12/31/2006						
62991-1513-03		J0364		1/1/2007	99/99/9999	INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG	APOMORPHINE HCL (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000			1/1/2007	99/99/9999						
62991-1530-02		J0520		9/15/2003	99/99/9999	INJECTION, BETHANECHOL CHLORIDE, MYOTONACHOL OR URECHOLINE, UP TO 5 MG	BETHANECHOL CHLORIDE (U.S.P.)	1 EA	BO	NA	GM	5 MG	200			9/15/2003	99/99/9999						
62991-1530-03		J0520		9/15/2003	99/99/9999	MG	BETHANECHOL CHLORIDE (U.S.P.)	1 EA	BO	NA	GM	5 MG	200			9/15/2003	99/99/9999						
62991-1533-01		J7516		9/15/2003	99/99/9999	CYCLOSPORIN, PARENTERAL, 250 MG	CYCLOSPORINE (U.S.P./A)	1 EA	BO	NA	GM	250 MG	4			9/15/2003	99/99/9999						
62991-1533-02		J7516		9/15/2003	99/99/9999	CYCLOSPORIN, PARENTERAL, 250 MG	CYCLOSPORINE (U.S.P./A)	1 EA	BO	NA	GM	250 MG	4			9/15/2003	99/99/9999						
62991-1533-05		J7516		1/1/2008	99/99/9999	CYCLOSPORIN, PARENTERAL, 250 MG	CYCLOSPORINE (U.S.P./A)	1 EA	NA	NA	GM	250 MG	4			1/1/2008	99/99/9999						
62991-1536-01		J1212		9/15/2003	10/1/2010	INJECTION, DMSO, DIMETHYL SULFOXIDE, 50%, 50 ML	DIMETHYL SULFOXIDE (DMSO, U.S.P.)	500 ML	EA	NA	ML	50 %	0.02			9/15/2003	10/1/2010						
62991-1536-02		J1212		9/15/2003	10/1/2010	INJECTION, DMSO, DIMETHYL SULFOXIDE, 50%, 50 ML	DIMETHYL SULFOXIDE (DMSO, U.S.P.)	3840 ML	EA	NA	ML	50 %	0.02			9/15/2003	10/1/2010						
62991-1549-01		J3480		9/15/2003	10/1/2007	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (U.S.P./GRANULAR)	1 EA	BO	NA	GM	2 MEQ	6.71141			9/15/2003	10/1/2007						
62991-1549-02		J3480		9/15/2003	10/1/2007	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE (U.S.P./GRANULAR)	1 EA	BO	NA	GM	2 MEQ	6.71141			9/15/2003	10/1/2007						
62991-1568-01		J2150		9/15/2003	99/99/9999	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (U.S.P.)	1 EA	BO	NA	GM	50 ML	0.08			1/1/2008	99/99/9999	9/15/2003	10/1/2007	0.08			
62991-1583-01		J0592		9/15/2003	99/99/9999	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	BUPRENORPHINE HYDROCHLORIDE	1 EA	BO	NA	GM	0.1 MG	10000			9/15/2003	99/99/9999						
62991-1583-02		J0592		9/15/2003	99/99/9999	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	BUPRENORPHINE HYDROCHLORIDE	1 EA	BO	NA	GM	0.1 MG	10000			9/15/2003	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
62991-1583-03		J0592		9/15/2003	99/99/9999	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	BUPRENORPHINE HYDROCHLORIDE	1	EA	BO	NA	GM	0.1 MG	10000		9/15/2003	99/99/9999						
62991-1590-01		J7641		9/15/2003	10/1/2007	THROUGH DME, UNIT DOSE, PER MILLIGRAM	FLUNISOLIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED	1	EA	BO	NA	GM	1 MG	1000		9/15/2003	10/1/2007						
62991-1590-01	KO	J7641	KO	9/15/2003	10/1/2007	THROUGH DME, UNIT DOSE, PER MILLIGRAM	FLUNISOLIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED	1	EA	BO	NA	GM	1 MG	1000		9/15/2003	10/1/2007						
62991-1590-02		J7641		9/15/2003	10/1/2007	THROUGH DME, UNIT DOSE, PER MILLIGRAM	FLUNISOLIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED	1	EA	BO	NA	GM	1 MG	1000		9/15/2003	10/1/2007						
62991-1590-02	KO	J7641	KO	9/15/2003	10/1/2007	THROUGH DME, UNIT DOSE, PER MILLIGRAM	FLUNISOLIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED	1	EA	BO	NA	GM	1 MG	1000		9/15/2003	10/1/2007						
62991-1590-03		J7641		9/15/2003	10/1/2007	THROUGH DME, UNIT DOSE, PER MILLIGRAM	FLUNISOLIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED	1	EA	BO	NA	GM	1 MG	1000		9/15/2003	10/1/2007						
62991-1590-03	KO	J7641	KO	9/15/2003	10/1/2007	THROUGH DME, UNIT DOSE, PER MILLIGRAM	FLUNISOLIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED	1	EA	BO	NA	GM	1 MG	1000		9/15/2003	10/1/2007						
62991-1635-02		J1030		9/1/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE MICRONIZED (U.S.P.)	1	EA	BO	NA	GM	40 MG	25		9/1/2002	99/99/9999						
62991-1635-03		J1030		9/1/2002	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE MICRONIZED (U.S.P.)	1	EA	BO	NA	GM	40 MG	25		9/1/2002	99/99/9999						
62991-1635-04		J1030		9/15/2003	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE MICRONIZED (U.S.P.)	1	EA	BO	NA	GM	40 MG	25		9/15/2003	99/99/9999						
62991-1635-05		J1030		9/15/2003	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE MICRONIZED (U.S.P.)	1	EA	BO	NA	GM	40 MG	25		9/15/2003	99/99/9999						
62991-1635-06		J1030		9/15/2003	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE MICRONIZED (U.S.P.)	1	EA	BO	NA	GM	40 MG	25		9/15/2003	99/99/9999						
62991-1662-02		J0970		11/1/2005	12/31/2010	INJECTION, ESTRADIOL VALERATE, UP TO 40 MG	ESTRADIOL VALERATE	1	EA	BO	NA	GM	40 MG	25		11/1/2005	12/31/2010						
62991-1662-03		J0970		11/1/2005	12/31/2010	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG	TESTOSTERONE CYPIONATE (U.S.P.)	1	EA	BO	NA	GM	100 MG	10		11/1/2005	12/31/2010						
62991-1662-04		J0970		11/1/2005	12/31/2010	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG	TESTOSTERONE CYPIONATE (U.S.P.)	1	EA	BO	NA	GM	100 MG	10		11/1/2005	12/31/2010						
62991-1682-01		J2060		10/1/2002	7/2/2008	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM	1	EA	BO	NA	GM	2 MG	500		10/1/2002	7/2/2008						
62991-1682-02		J2060		10/1/2002	10/1/2007	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM	1	EA	BO	NA	GM	2 MG	500		10/1/2002	10/1/2007						
62991-1685-01		J3490		9/1/2002	99/99/9999	UNCLASSIFIED DRUGS	METRONIDAZOLE (U.S.P.)	1	EA	BO	NA	GM	1 EA	1		9/1/2002	99/99/9999						
62991-1685-02		J3490		9/1/2002	99/99/9999	UNCLASSIFIED DRUGS	METRONIDAZOLE (U.S.P.)	1	EA	BO	NA	GM	1 EA	1		9/1/2002	99/99/9999						
62991-1685-03		J3490		9/1/2002	99/99/9999	UNCLASSIFIED DRUGS	METRONIDAZOLE (U.S.P.)	1	EA	BO	NA	GM	1 EA	1		9/1/2002	99/99/9999						
62991-1692-01		J2650		9/1/2002	99/99/9999	INJECTION, PREDNISOLONE ACETATE, UP TO 1 ML	PREDNISOLONE ACETATE MICRONIZED	1	EA	BO	NA	GM	1 ML	20		9/1/2002	99/99/9999						
62991-1692-02		J2650		9/1/2002	99/99/9999	INJECTION, PREDNISOLONE ACETATE, UP TO 1 ML	PREDNISOLONE ACETATE MICRONIZED	1	EA	BO	NA	GM	1 ML	20		9/1/2002	99/99/9999						
62991-1692-03		J2650		9/1/2002	99/99/9999	INJECTION, PREDNISOLONE ACETATE, UP TO 1 ML	PREDNISOLONE ACETATE MICRONIZED	1	EA	BO	NA	GM	1 ML	20		9/1/2002	99/99/9999						
62991-1707-01		J1070		1/1/2002	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG	TESTOSTERONE CYPIONATE (U.S.P.)	1	EA	BO	NA	GM	100 MG	10		1/1/2002	99/99/9999						
62991-1707-02		J1070		1/1/2002	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG	TESTOSTERONE CYPIONATE (U.S.P.)	1	EA	BO	NA	GM	100 MG	10		1/1/2002	99/99/9999						
62991-1707-03		J1070		1/1/2002	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG	TESTOSTERONE CYPIONATE (U.S.P.)	1	EA	BO	NA	GM	100 MG	10		1/1/2002	99/99/9999						
62991-1707-05		J1070		1/1/2002	10/1/2010	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG	TESTOSTERONE CYPIONATE (U.S.P.)	1	EA	BO	NA	GM	100 MG	10		1/1/2002	10/1/2010						
62991-2002-01		J0278		1/1/2006	10/1/2007	INJECTION, AMIKACIN SULFATE, 100 MG	AMIKACIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	100 MG	10		1/1/2006	10/1/2007						
62991-2002-02		J0278		1/1/2006	10/1/2007	INJECTION, AMIKACIN SULFATE, 100 MG	AMIKACIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	100 MG	10		1/1/2006	10/1/2007						
62991-2002-03		J0278		1/1/2006	10/1/2007	INJECTION, AMIKACIN SULFATE, 100 MG	AMIKACIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	100 MG	10		1/1/2006	10/1/2007						
62991-2003-01		J0280		1/1/2002	10/1/2007	INJECTION, AMINOPHYLLIN, UP TO 250 MG	AMINOPHYLLINE ANHYDROUS (U.S.P.)	1	EA	BO	NA	GM	250 MG	4		1/1/2002	10/1/2007						
62991-2003-02		J0280		1/1/2002	99/99/9999	INJECTION, AMINOPHYLLIN, UP TO 250 MG	AMINOPHYLLINE ANHYDROUS (U.S.P.)	1	EA	BO	NA	GM	250 MG	4		1/1/2002	99/99/9999						
62991-2003-03		J0280		1/1/2002	99/99/9999	INJECTION, AMINOPHYLLIN, UP TO 250 MG	AMINOPHYLLINE ANHYDROUS (U.S.P.)	1	EA	BO	NA	GM	250 MG	4		1/1/2002	99/99/9999						
62991-2004-01		J1320		1/1/2002	6/25/2010	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	AMITRIPTYLINE HCL (U.S.P.)	1	EA	BO	NA	GM	20 MG	50		1/1/2002	6/25/2010						
62991-2004-02		J1320		1/1/2002	99/99/9999	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	AMITRIPTYLINE HCL (U.S.P.)	1	EA	BO	NA	GM	20 MG	50		1/1/2002	99/99/9999						
62991-2004-03		J1320		1/1/2002	99/99/9999	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	AMITRIPTYLINE HCL (U.S.P.)	1	EA	BO	NA	GM	20 MG	50		1/1/2002	99/99/9999						
62991-2022-02		J7638		1/1/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1 MG	1000		1/1/2002	99/99/9999						
62991-2022-02	KO	J7638	KO	1/1/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1 MG	1000		1/1/2002	99/99/9999						
62991-2022-03		J7638		1/1/2002	6/28/2011	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1 MG	1000		1/1/2002	6/28/2011						
62991-2022-03	KO	J7638	KO	1/1/2002	6/28/2011	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1 MG	1000		1/1/2002	6/28/2011						
62991-2022-04		J7638		1/1/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1 MG	1000		1/1/2002	99/99/9999						
62991-2022-04	KO	J7638	KO	1/1/2002	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE (U.S.P.,MICRONIZED)	1	EA	BO	NA	GM	1 MG	1000		1/1/2002	99/99/9999						
62991-2026-02		J3520		1/1/2002	99/99/9999	EDETATE DISODIUM, PER 150 MG	EDETATE DISODIUM (U.S.P./N.F.)	1	EA	BO	NA	GM	150 MG	6.66666		1/1/2002	99/99/9999						
62991-2026-03		J3520		1/1/2002	99/99/9999	EDETATE DISODIUM, PER 150 MG	EDETATE DISODIUM (U.S.P./N.F.)	1	EA	BO	NA	GM	150 MG	6.66666		1/1/2002	99/99/9999						
62991-2026-04		J3520		9/15/2003	99/99/9999	EDETATE DISODIUM, PER 150 MG	EDETATE DISODIUM (DIHYDRATE)	1	EA	BO	NA	GM	150 MG	6.66666		9/15/2003	99/99/9999						
62991-2031-01		J1630		1/1/2002	6/14/2011	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL (U.S.P.)	1	EA	BO	NA	GM	5 MG	200		1/1/2002	6/14/2011						
62991-2031-02		J1630		1/1/2002	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL (U.S.P.)	1	EA	BO	NA	GM	5 MG	200		1/1/2002	99/99/9999						
62991-2031-03		J1630		1/1/2002	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL (U.S.P.)	1	EA	BO	NA	GM	5 MG	200		1/1/2002	99/99/9999						
62991-2031-04		J1630		1/1/2002	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL (U.S.P.)	1	EA	BO	NA	GM	5 MG	200		1/1/2002	99/99/9999						
62991-2035-01		J3410		1/1/2002	10/1/2007	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	HYDROXYZINE HCL (U.S.P./N.F.)	1	EA	BO	NA	GM	25 MG	40		1/1/2002	10/1/2007						
62991-2035-02		J3410		1/1/2002	10/1/2007	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	HYDROXYZINE HCL (U.S.P./N.F.)	1	EA	BO	NA	GM	25 MG	40		1/1/2002	10/1/2007						
62991-2042-01		J2765		1/1/2002	4/5/2011	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE HCL (U.S.P.)	1	EA	BO	NA	GM	10 MG	100		1/1/2002	4/5/2011						
62991-2042-02		J2765		1/1/2002	99/99/9999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE HCL (U.S.P.)	1	EA	BO	NA	GM	10 MG	100		1/1/2002	99/99/9999						
62991-2042-03		J2765		1/1/2002	99/99/9999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE HCL (U.S.P.)	1	EA	BO	NA	GM	10 MG	100		1/1/2002	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
62991-2068-02		J3411		1/1/2004	99/99/9999	INJECTION, THIAMINE HCL, 100 MG	THIAMINE HYDROCHLORIDE (1X100GM, USP)	1 EA	BO	NA	GM		100 MG	10	10/1/2007	99/99/9999	1/1/2004	9/1/2004	10				
62991-2068-03		J3411		1/1/2004	99/99/9999	INJECTION, THIAMINE HCL, 100 MG	THIAMINE HYDROCHLORIDE (1X500GM, USP)	1 EA	BO	NA	GM		100 MG	10	10/1/2007	99/99/9999	1/1/2004	9/1/2004	10				
62991-2068-04		J3411		10/1/2007	99/99/9999	INJECTION, THIAMINE HCL, 100 MG	THIAMINE HYDROCHLORIDE (1X1000GM, USP)	1 EA	NA	NA	GM		100 MG	10	10/1/2007	99/99/9999							
62991-2150-01		J3140		9/1/2002	99/99/9999	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MC	TESTOSTERONE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM		50 MG	20	9/1/2002	99/99/9999							
62991-2150-02		J3140		9/1/2002	99/99/9999	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MC	TESTOSTERONE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM		50 MG	20	9/1/2002	99/99/9999							
62991-2150-03		J3140		9/1/2002	99/99/9999	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MC	TESTOSTERONE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM		50 MG	20	9/1/2002	99/99/9999							
62991-2150-04		J3140		9/1/2002	99/99/9999	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MC	TESTOSTERONE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM		50 MG	20	9/1/2002	99/99/9999							
62991-2184-01		J2675		9/1/2002	10/2/2010	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE MICRONIZED	1 EA	BO	NA	GM		50 MG	20	9/1/2002	10/2/2010							
62991-2184-02		J2675		9/1/2002	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE MICRONIZED	1 EA	BO	NA	GM		50 MG	20	9/1/2002	99/99/9999							
62991-2184-03		J2675		9/1/2002	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE MICRONIZED	1 EA	BO	NA	GM		50 MG	20	9/1/2002	99/99/9999							
62991-2184-04		J2675		9/1/2002	2/6/2013	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE MICRONIZED	1 EA	BO	NA	GM		50 MG	20	9/1/2002	2/6/2013							
62991-2186-02		J2321		1/1/2008	12/31/2010	INJECTION, NANDROLONE DECANOATE, UP TO 100 MG	NANDROLONE DECANOATE (USP, 1X1000GM)	1 EA	BO	NA	GM		100 MG	10	1/1/2008	12/31/2010							
62991-2186-03		J2321		1/1/2008	12/31/2010	INJECTION, NANDROLONE DECANOATE, UP TO 100 MC	NANDROLONE DECANOATE (USP)	1 EA	BO	NA	GM		100 MG	10	1/1/2008	12/31/2010							
62991-2186-04		J2321		1/1/2008	12/31/2010	INJECTION, NANDROLONE DECANOATE, UP TO 100 MC	NANDROLONE DECANOATE (USP)	1 EA	BO	NA	GM		100 MG	10	1/1/2008	12/31/2010							
62991-2186-05		J2321		1/1/2008	12/31/2010	INJECTION, NANDROLONE DECANOATE, UP TO 100 MC	NANDROLONE DECANOATE (USP)	1 EA	BO	NA	GM		100 MG	10	1/1/2008	12/31/2010							
62991-2501-01		J3490		9/15/2003	99/99/9999	UNCLASSIFIED DRUGS	BETAMETHASONE ACETATE MICRONIZED (U.S.P., 24)	1 EA	BO	NA	GM		1 EA	1	9/15/2003	99/99/9999							
62991-2501-02		J3490		9/15/2003	99/99/9999	UNCLASSIFIED DRUGS	BETAMETHASONE ACETATE MICRONIZED (U.S.P., 24)	1 EA	BO	NA	GM		1 EA	1	9/15/2003	99/99/9999							
62991-2504-02		J2675		9/15/2003	9/30/2010	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE MICRONIZED (SOY, U.S.P. 23)	1 EA	BO	NA	GM		50 MG	20	1/1/2008	9/30/2010	9/15/2003	10/1/2007	20				
62991-2504-03		J2675		9/15/2003	10/30/2010	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE MICRONIZED (SOY, U.S.P. 23)	1 EA	BO	NA	GM		50 MG	20	1/1/2008	10/30/2010	9/15/2003	10/1/2007	20				
62991-2504-04		J2675		9/15/2003	10/30/2010	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE MICRONIZED (SOY, U.S.P. 23)	1 EA	BO	NA	GM		50 MG	20	1/1/2008	10/30/2010	9/15/2003	10/1/2007	20				
62991-2516-01		J7640		1/1/2006	99/99/9999	THROUGH DME, UNIT DOSE FORM, 12 MICROGRAMS	FORMOTEROL FUMARATE	1 EA	BO	NA	GM		12 MCG	83333.33	1/1/2006	99/99/9999							
62991-2516-01	KO	J7640	KO	1/1/2006	99/99/9999	THROUGH DME, UNIT DOSE FORM, 12 MICROGRAMS	FORMOTEROL FUMARATE	1 EA	BO	NA	GM		12 MCG	83333.33	1/1/2006	99/99/9999							
62991-2516-02		J7640		1/1/2006	10/1/2007	THROUGH DME, UNIT DOSE FORM, 12 MICROGRAMS	FORMOTEROL FUMARATE	1 EA	BO	NA	GM		12 MCG	83333.33	1/1/2006	10/1/2007							
62991-2516-02	KO	J7640	KO	1/1/2006	10/1/2007	THROUGH DME, UNIT DOSE FORM, 12 MICROGRAMS	FORMOTEROL FUMARATE	1 EA	BO	NA	GM		12 MCG	83333.33	1/1/2006	10/1/2007							
62991-2516-03		J7640		1/1/2006	99/99/9999	THROUGH DME, UNIT DOSE FORM, 12 MICROGRAMS	FORMOTEROL FUMARATE	1 EA	BO	NA	GM		12 MCG	83333.33	1/1/2006	99/99/9999							
62991-2516-03	KO	J7640	KO	1/1/2006	99/99/9999	THROUGH DME, UNIT DOSE FORM, 12 MICROGRAMS	FORMOTEROL FUMARATE	1 EA	BO	NA	GM		12 MCG	83333.33	1/1/2006	99/99/9999							
62991-2522-01		J3370		9/15/2003	10/1/2007	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (U.S.P.)	1 EA	BO	NA	GM		500 MG	2	9/15/2003	10/1/2007							
62991-2522-02		J3370		9/15/2003	10/1/2007	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (U.S.P.)	1 EA	BO	NA	GM		500 MG	2	9/15/2003	10/1/2007							
62991-2522-03		J3370		9/15/2003	10/1/2007	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (U.S.P.)	1 EA	BO	NA	GM		500 MG	2	9/15/2003	10/1/2007							
62991-2522-04		J3370		9/15/2003	10/1/2007	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (U.S.P.)	1 EA	BO	NA	GM		500 MG	2	9/15/2003	10/1/2007							
62991-2549-01	KO	J7614	KO	1/1/2006	12/31/2006	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL HYDROCHLORIDE 100%	1 EA	BO	NA	GM		0.5 MG	2000	1/1/2006	12/31/2006							
62991-2549-01		J7615		1/1/2007	9/7/2010	ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL HYDROCHLORIDE 100%	1 EA	BO	NA	GM		0.5 MG	2000	1/1/2007	9/7/2010							
62991-2549-01	KO	J7615	KO	1/1/2007	9/7/2010	ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL HYDROCHLORIDE 100%	1 EA	BO	NA	GM		0.5 MG	2000	1/1/2007	9/7/2010							
62991-2549-01		J7614		1/1/2006	12/31/2006	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL HYDROCHLORIDE 100%	1 EA	BO	NA	GM		0.5 MG	2000	1/1/2006	12/31/2006							
62991-2549-02		J7614		1/1/2006	12/31/2006	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL HYDROCHLORIDE 100%	1 EA	BO	NA	GM		0.5 MG	2000	1/1/2006	12/31/2006							
62991-2549-02	KO	J7614	KO	1/1/2006	12/31/2006	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL HYDROCHLORIDE 100%	1 EA	BO	NA	GM		0.5 MG	2000	1/1/2006	12/31/2006							
62991-2549-02		J7615		1/1/2007	9/7/2010	ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL HYDROCHLORIDE 100%	1 EA	BO	NA	GM		0.5 MG	2000	1/1/2007	9/7/2010							
62991-2549-02	KO	J7615	KO	1/1/2007	9/7/2010	ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL HYDROCHLORIDE 100%	1 EA	BO	NA	GM		0.5 MG	2000	1/1/2007	9/7/2010							
62991-2562-01		J1835		11/1/2005	99/99/9999	INJECTION, ITRACONAZOLE, 50 MG	ITRACONAZOLE	1 EA	NA	NA	GM		50 MG	20	11/1/2005	99/99/9999							
62991-2562-02		J1835		11/1/2005	99/99/9999	INJECTION, ITRACONAZOLE, 50 MG	ITRACONAZOLE	1 EA	NA	NA	GM		50 MG	20	11/1/2005	99/99/9999							
62991-2562-03		J1835		11/1/2005	99/99/9999	INJECTION, ITRACONAZOLE, 50 MG	ITRACONAZOLE	1 EA	NA	NA	GM		50 MG	20	11/1/2005	99/99/9999							
62991-2577-01		J0456		10/1/2007	10/1/2010	INJECTION, AZITHROMYCIN, 500 MG	AZITHROMYCIN DIHYDRATE (1X1000GM, USP)	1 EA	NA	NA	GM		500 MG	2	10/1/2007	10/1/2010							
62991-2577-02		J0456		10/1/2007	99/99/9999	INJECTION, AZITHROMYCIN, 500 MG	AZITHROMYCIN DIHYDRATE (1X100GM, USP)	1 EA	NA	NA	GM		500 MG	2	10/1/2007	99/99/9999							
62991-2577-03		J0456		10/1/2007	99/99/9999	INJECTION, AZITHROMYCIN, 500 MG	AZITHROMYCIN DIHYDRATE (1X500GM, USP)	1 EA	NA	NA	GM		500 MG	2	10/1/2007	99/99/9999							
62991-2599-01		J2405		1/1/2006	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON HYDROCHLORIDE (1X100GM)	1 EA	BO	NA	GM		1 MG	1000	1/1/2006	99/99/9999							
62991-2599-02		J2405		1/1/2006	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON HYDROCHLORIDE (1X1000GM)	1 EA	BO	NA	GM		1 MG	1000	1/1/2006	99/99/9999							
62991-2664-01		J7507		10/1/2007	99/99/9999	TACROLIMUS, ORAL, PER 1 MG	TACROLIMUS (1X100MG)	100 ML	NA	NA	ML		1 MG	1000	10/1/2007	99/99/9999							

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
62991-2664-02	J7507			10/1/2007	99/99/9999	TACROLIMUS, ORAL, PER 1 MG	TACROLIMUS (1X500MG)	500 ML	NA	NA	ML		1 MG		1000	10/1/2007	99/99/9999						
62991-2664-03	J7507			10/1/2007	99/99/9999	TACROLIMUS, ORAL, PER 1 MG	TACROLIMUS (1X1GM)	1 EA	NA	NA	GM		1 MG		1000	10/1/2007	99/99/9999						
62991-2664-04	J7507			10/1/2007	99/99/9999	TACROLIMUS, ORAL, PER 1 MG	TACROLIMUS (1X5GM)	1 EA	NA	NA	GM		1 MG		1000	10/1/2007	99/99/9999						
62991-2700-01	J3130			1/1/2008	6/7/2011	INJECTION, TESTOSTERONE ENANTHATE, UP TO 200 MG	TESTOSTERONE ENANTHATE (USP, 1X1000GM)	1 EA	BO	NA	GM		200 MG		5	1/1/2008	6/7/2011						
62991-2703-01	J0713			1/1/2008	3/7/2010	INJECTION, CEFTAZIDIME, PER 500 MG	CEFTAZIDIME (USP, 1X1000GM)	1 EA	BO	NA	GM		500 MG		2	1/1/2008	3/7/2010						
62991-2707-02	J1956			1/1/2008	99/99/9999	INJECTION, LEVOFLOXACIN, 250 MG	LEVOFLOXACIN	1 EA	BO	NA	GM		250 MG		4	1/1/2008	99/99/9999						
62991-2707-03	J1956			1/1/2008	99/99/9999	INJECTION, LEVOFLOXACIN, 250 MG	LEVOFLOXACIN	1 EA	BO	NA	GM		250 MG		4	1/1/2008	99/99/9999						
63004-7731-01	J0800			1/1/2002	1/6/2013	INJECTION, CORTICOTROPIN, UP TO 40 UNITS	H.P. ACTHAR (M.D.V.) 80 U/ML	5 ML	VL	IJ	ML		40 U		2	1/1/2002	1/6/2013						
63020-0049-01	J9041			1/1/2005	99/99/9999	INJECTION, BORTEZOMIB, 0.1 MG	MG	1 EA	VL	IV	EA		0.1 MG		35	1/1/2005	99/99/9999						
63275-1025-04	J2271			12/3/2002	99/99/9999	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (U.S.P.)	1 EA	BO	NA	GM		100 MG		10	12/3/2002	99/99/9999						
63275-1100-05	J2271			12/3/2002	99/99/9999	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (U.S.P.)	1 EA	BO	NA	GM		100 MG		10	12/3/2002	99/99/9999						
63275-1200-01	J1960			12/3/2002	99/99/9999	INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MG	LEVORPHANOL TARTRATE (U.S.P.)	1 EA	BO	NA	GM		2 MG		500	12/3/2002	99/99/9999						
63275-1200-02	J1960			12/3/2002	99/99/9999	INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MG	LEVORPHANOL TARTRATE (U.S.P.)	1 EA	BO	NA	GM		2 MG		500	12/3/2002	99/99/9999						
63275-1200-04	J1960			12/3/2002	99/99/9999	INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MG	LEVORPHANOL TARTRATE (U.S.P.)	1 EA	BO	NA	GM		2 MG		500	12/3/2002	99/99/9999						
63275-1200-07	J1960			12/3/2002	99/99/9999	INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MG	LEVORPHANOL TARTRATE (U.S.P.)	1 EA	BO	NA	GM		2 MG		500	12/3/2002	99/99/9999						
63275-2001-01	J1170			12/3/2002	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (U.S.P.)	1 EA	JR	NA	GM		4 MG		250	12/3/2002	99/99/9999						
63275-2005-02	J1170			12/3/2002	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (U.S.P.)	1 EA	BO	NA	GM		4 MG		250	12/3/2002	99/99/9999						
63275-2010-03	J1170			12/3/2002	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (U.S.P.)	1 EA	BO	NA	GM		4 MG		250	12/3/2002	99/99/9999						
63275-2100-05	J1170			12/3/2002	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (U.S.P.)	1 EA	BO	NA	GM		4 MG		250	12/3/2002	99/99/9999						
63275-5100-01	J3010			12/3/2002	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (U.S.P.)	1 EA	BO	NA	GM		0.1 MG		1000	12/3/2002	99/99/9999						
63275-5100-02	J3010			9/1/2002	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (U.S.P.)	1 EA	BO	NA	GM		0.1 MG		1000	9/1/2002	99/99/9999						
63275-5100-06	J3010			12/3/2002	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (U.S.P.)	1 EA	BO	NA	GM		0.1 MG		1000	12/3/2002	99/99/9999						
63275-6200-01	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (U.S.P.)	1 EA	BO	NA	GM		1 EA		1	1/1/2002	99/99/9999						
63275-6200-06	J3490			12/3/2002	99/99/9999	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (U.S.P.)	1 EA	BO	NA	GM		1 EA		1	12/3/2002	99/99/9999						
63275-6200-07	J3490			12/3/2002	99/99/9999	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (U.S.P.)	1 EA	BO	NA	GM		1 EA		1	12/3/2002	99/99/9999						
63275-6200-09	J3490			12/3/2002	99/99/9999	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (U.S.P.)	1 EA	BO	NA	GM		1 EA		1	12/3/2002	99/99/9999						
63275-7100-04	J2175			12/3/2002	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MC	MEPERIDINE HCL (U.S.P.)	1 EA	BO	NA	GM		100 MG		10	12/3/2002	99/99/9999						
63275-7100-05	J2175			12/3/2002	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MC	MEPERIDINE HCL (U.S.P.)	1 EA	BO	NA	GM		100 MG		10	12/3/2002	99/99/9999						
63275-8100-03	J0745			12/3/2002	99/99/9999	INJECTION, CODEINE PHOSPHATE, PER 30 MG	CODEINE PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM		30 MG		33.33333	12/3/2002	99/99/9999						
63275-8100-04	J0745			12/3/2002	99/99/9999	INJECTION, CODEINE PHOSPHATE, PER 30 MG	CODEINE PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM		30 MG		33.33333	12/3/2002	99/99/9999						
63275-8100-05	J0745			12/3/2002	99/99/9999	INJECTION, CODEINE PHOSPHATE, PER 30 MG	CODEINE PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM		30 MG		33.33333	12/3/2002	99/99/9999						
63275-9100-04	J1230			12/3/2002	99/99/9999	INJECTION, METHADONE HCL, UP TO 10 MG	METHADONE HCL (U.S.P.)	1 EA	BO	NA	GM		10 MG		100	12/3/2002	99/99/9999						
63275-9100-05	J1230			12/3/2002	99/99/9999	INJECTION, METHADONE HCL, UP TO 10 MG	METHADONE HCL (U.S.P.)	1 EA	BO	NA	GM		10 MG		100	12/3/2002	99/99/9999						
63275-9936-02	J1320			1/1/2007	99/99/9999	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	AMITRIPTYLINE HYDROCHLORIDE (1X5GM, USP)	1 EA	BO	NA	GM		20 MG		50	1/1/2007	99/99/9999						
63275-9936-04	J1320			1/1/2007	99/99/9999	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	AMITRIPTYLINE HYDROCHLORIDE (1X25GM, USP)	1 EA	BO	NA	GM		20 MG		50	1/1/2007	99/99/9999						
63275-9936-05	J1320			1/1/2007	99/99/9999	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	AMITRIPTYLINE HYDROCHLORIDE (1X100GM, USP)	1 EA	BO	NA	GM		20 MG		50	1/1/2007	99/99/9999						
63275-9936-08	J1320			1/1/2007	99/99/9999	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	AMITRIPTYLINE HYDROCHLORIDE (1X500GM, USP)	1 EA	BO	NA	GM		20 MG		50	1/1/2007	99/99/9999						
63275-9955-01	J2405			1/27/2005	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MC	ONDANSETRON HCL	1 EA	BO	NA	GM		1 MG		1000	1/27/2005	99/99/9999						
63275-9955-06	J2405			1/27/2005	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MC	ONDANSETRON HCL	1 EA	BO	NA	GM		1 MG		1000	1/27/2005	99/99/9999						
63275-9955-07	J2405			1/27/2005	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MC	ONDANSETRON HCL	1 EA	BO	NA	GM		1 MG		1000	1/27/2005	99/99/9999						
63275-9958-01	J7507			9/1/2004	99/99/9999	TACROLIMUS, ORAL, PER 1 MG	TACROLIMUS	1 EA	BO	NA	GM		1 MG		1000	9/1/2004	99/99/9999						
63275-9958-02	J7507			9/1/2004	99/99/9999	TACROLIMUS, ORAL, PER 1 MG	TACROLIMUS	1 EA	BO	NA	GM		1 MG		1000	9/1/2004	99/99/9999						
63275-9958-06	J7507			9/1/2004	99/99/9999	TACROLIMUS, ORAL, PER 1 MG	TACROLIMUS	1 EA	BO	NA	GM		1 MG		1000	9/1/2004	99/99/9999						
63275-9958-07	J7507			9/1/2004	99/99/9999	TACROLIMUS, ORAL, PER 1 MG	TACROLIMUS	1 EA	BO	NA	GM		1 MG		1000	9/1/2004	99/99/9999						
63275-9960-01	J1450			5/1/2004	99/99/9999	INJECTION, FLUCONAZOLE, 200 MG	FLUCONAZOLE	1 EA	NA	NA	GM		200 MG		5	5/1/2004	99/99/9999						
63275-9960-02	J1450			5/1/2004	99/99/9999	INJECTION, FLUCONAZOLE, 200 MG	FLUCONAZOLE	1 EA	BO	NA	GM		200 MG		5	5/1/2004	99/99/9999						
63275-9960-04	J1450			5/1/2004	99/99/9999	INJECTION, FLUCONAZOLE, 200 MG	FLUCONAZOLE	1 EA	BO	NA	GM		200 MG		5	5/1/2004	99/99/9999						
63275-9960-05	J1450			5/1/2004	99/99/9999	INJECTION, FLUCONAZOLE, 200 MG	FLUCONAZOLE	1 EA	BO	NA	GM		200 MG		5	5/1/2004	99/99/9999						
63275-9960-09	J1450			5/1/2004	99/99/9999	INJECTION, FLUCONAZOLE, 200 MG	FLUCONAZOLE	1 EA	BO	NA	GM		200 MG		5	5/1/2004	99/99/9999						
63275-9963-02	J1835			6/4/2004	99/99/9999	INJECTION, ITRACONAZOLE, 50 MG	ITRACONAZOLE	1 EA	BO	NA	GM		50 MG		20	6/4/2004	99/99/9999						
63275-9963-04	J1835			6/4/2004	99/99/9999	INJECTION, ITRACONAZOLE, 50 MG	ITRACONAZOLE	1 EA	BO	NA	GM		50 MG		20	6/4/2004	99/99/9999						
63275-9963-05	J1835			6/4/2004	99/99/9999	INJECTION, ITRACONAZOLE, 50 MG	ITRACONAZOLE	1 EA	BO	NA	GM		50 MG		20	6/4/2004	99/99/9999						
63275-9963-09	J1835			6/4/2004	99/99/9999	INJECTION, ITRACONAZOLE, 50 MG	ITRACONAZOLE	1 EA	BO	NA	GM		50 MG		20	6/4/2004	99/99/9999						
63275-9965-02	J0456			1/1/2007	99/99/9999	INJECTION, AZITHROMYCIN, 500 MG	AZITHROMYCIN DIHYDRATE (1X5GM, USP)	1 EA	BO	NA	GM		500 MG		2	1/1/2007	99/99/9999						
63275-9965-03	J0456			1/1/2007	99/99/9999	INJECTION, AZITHROMYCIN, 500 MG	AZITHROMYCIN DIHYDRATE (1X10GM, USP)	1 EA	BO	NA	GM		500 MG		2	1/1/2007	99/99/9999						
63275-9965-04	J0456			1/1/2007	99/99/9999	INJECTION, AZITHROMYCIN, 500 MG	AZITHROMYCIN DIHYDRATE (1X25GM, USP)	1 EA	BO	NA	GM		500 MG		2	1/1/2007	99/99/9999						
63275-9965-05	J0456			1/1/2007	99/99/9999	INJECTION, AZITHROMYCIN, 500 MG	AZITHROMYCIN DIHYDRATE (1X100GM, USP)	1 EA	BO	NA	GM		500 MG		2	1/1/2007	99/99/9999						
63275-9974-01	J0735			1/1/2003	99/99/9999	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	CLONIDINE HCL (BULK COMPOUND)	1 EA	JR	NA	GM		1 MG		1000	1/1/2003	99/99/9999						
63275-9974-02	J0735			1/1/2003	99/99/9999	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	CLONIDINE HCL (BULK COMPOUND)	1 EA	JR	NA	GM		1 MG		1000	1/1/20							

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63275-9981-05		J2675		12/4/2002	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE MICRONIZED	1	EA	BO	NA	GM	50 MG	20	12/4/2002	99/99/9999							
63275-9981-08		J2675		12/4/2002	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE MICRONIZED	1	EA	BO	NA	GM	50 MG	20	12/4/2002	99/99/9999							
63275-9981-09		J2675		12/4/2002	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE MICRONIZED	1	EA	BO	NA	GM	50 MG	20	12/4/2002	99/99/9999							
63275-9982-04		J1070		12/4/2002	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MC	TESTOSTERONE CYPIONATE (U.S.P.)	1	EA	BO	NA	GM	100 MG	10	12/4/2002	99/99/9999							
63275-9982-05		J1070		12/4/2002	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MC	TESTOSTERONE CYPIONATE (U.S.P.)	1	EA	BO	NA	GM	100 MG	10	12/4/2002	99/99/9999							
63275-9982-09		J1070		12/4/2002	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MC	TESTOSTERONE CYPIONATE (U.S.P.)	1	EA	BO	NA	GM	100 MG	10	12/4/2002	99/99/9999							
63275-9983-04		J3140		12/4/2002	99/99/9999	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MC	TESTOSTERONE MICRONIZED	1	EA	JR	NA	GM	50 MG	20	12/4/2002	99/99/9999							
63275-9983-05		J3140		12/4/2002	99/99/9999	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MC	TESTOSTERONE MICRONIZED	1	EA	JR	NA	GM	50 MG	20	12/4/2002	99/99/9999							
63275-9983-08		J3140		12/4/2002	99/99/9999	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MC	TESTOSTERONE MICRONIZED	1	EA	JR	NA	GM	50 MG	20	12/4/2002	99/99/9999							
63275-9983-09		J3140		12/4/2002	99/99/9999	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MC	TESTOSTERONE MICRONIZED	1	EA	JR	NA	GM	50 MG	20	12/4/2002	99/99/9999							
63275-9986-01		J1435		12/4/2002	99/99/9999	INJECTION, ESTRONE, PER 1 MG	ESTRONE (U.S.P.)	1	EA	BO	NA	GM	1 MG	1000	12/4/2002	99/99/9999							
63275-9986-02		J1435		12/4/2002	99/99/9999	INJECTION, ESTRONE, PER 1 MG	ESTRONE (U.S.P.)	1	EA	BO	NA	GM	1 MG	1000	12/4/2002	99/99/9999							
63275-9986-04		J1435		12/4/2002	99/99/9999	INJECTION, ESTRONE, PER 1 MG	ESTRONE (U.S.P.)	1	EA	BO	NA	GM	1 MG	1000	12/4/2002	99/99/9999							
63275-9988-09		J0270		12/4/2002	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)	PROSTAGLANDIN E1 (U.S.P.)	1	EA	BO	NA	GM	1.25 MCG	800000	12/4/2002	99/99/9999							
63275-9989-01		J2760		12/4/2002	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MC	PHENTOLAMINE MESYLATE (U.S.P.)	1	EA	BO	NA	GM	5 MG	200	12/4/2002	99/99/9999							
63275-9989-06		J2760		12/4/2002	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MC	PHENTOLAMINE MESYLATE (U.S.P.)	1	EA	BO	NA	GM	5 MG	200	12/4/2002	99/99/9999							
63275-9989-07		J2760		12/4/2002	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MC	PHENTOLAMINE MESYLATE (U.S.P.)	1	EA	BO	NA	GM	5 MG	200	12/4/2002	99/99/9999							
63275-9990-02		J2440		12/4/2002	99/99/9999	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HYDROCHLORIDE (U.S.P.)	1	EA	BO	NA	GM	60 MG	16.66666	12/4/2002	99/99/9999							
63275-9990-04		J2440		12/4/2002	99/99/9999	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HYDROCHLORIDE (U.S.P.)	1	EA	BO	NA	GM	60 MG	16.66666	12/4/2002	99/99/9999							
63275-9990-05		J2440		12/4/2002	99/99/9999	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HYDROCHLORIDE (U.S.P.)	1	EA	BO	NA	GM	60 MG	16.66666	12/4/2002	99/99/9999							
63275-9991-04		J2001		1/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MC	LIDOCAINE HCL	1	EA	BO	NA	GM	10 MG	100	1/1/2004	99/99/9999							
63275-9991-05		J2001		1/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MC	LIDOCAINE HCL	1	EA	BO	NA	GM	10 MG	100	1/1/2004	99/99/9999							
63275-9991-08		J2001		1/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MC	LIDOCAINE HCL	1	EA	BO	NA	GM	10 MG	100	1/1/2004	99/99/9999							
63275-9992-02		J0475		12/4/2002	99/99/9999	INJECTION, BACLOFEN, 10 MG	BACLOFEN (U.S.P.)	1	EA	BO	NA	GM	10 MG	100	12/4/2002	99/99/9999							
63275-9992-04		J0475		12/4/2002	99/99/9999	INJECTION, BACLOFEN, 10 MG	BACLOFEN (U.S.P.)	1	EA	BO	NA	GM	10 MG	100	12/4/2002	99/99/9999							
63275-9992-05		J0475		12/4/2002	99/99/9999	INJECTION, BACLOFEN, 10 MG	BACLOFEN (U.S.P.)	1	EA	BO	NA	GM	10 MG	100	12/4/2002	99/99/9999							
63275-9998-01		J7644		12/4/2002	12/31/2006	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (U.S.P.)	1	EA	BO	NA	GM	1 MG	1000	12/4/2002	12/31/2006							
63275-9998-01	KO	J7644	KO	12/4/2002	12/31/2006	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (U.S.P.)	1	EA	BO	NA	GM	1 MG	1000	12/4/2002	12/31/2006							
63275-9998-01		J7645		1/1/2007	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (U.S.P.)	1	EA	BO	NA	GM	1 MG	1000	1/1/2007	99/99/9999							
63275-9998-01	KO	J7645	KO	1/1/2007	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (U.S.P.)	1	EA	BO	NA	GM	1 MG	1000	1/1/2007	99/99/9999							
63275-9998-02	KO	J7645	KO	1/1/2007	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (U.S.P.)	1	EA	BO	NA	GM	1 MG	1000	1/1/2007	99/99/9999							
63275-9998-02		J7644		12/4/2002	12/31/2006	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (U.S.P.)	1	EA	BO	NA	GM	1 MG	1000	12/4/2002	12/31/2006							
63275-9998-02	KO	J7644	KO	12/4/2002	12/31/2006	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (U.S.P.)	1	EA	BO	NA	GM	1 MG	1000	12/4/2002	12/31/2006							
63275-9998-02		J7645		1/1/2007	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (U.S.P.)	1	EA	BO	NA	GM	1 MG	1000	1/1/2007	99/99/9999							
63275-9998-04	KO	J7645	KO	1/1/2007	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (U.S.P.)	1	EA	BO	NA	GM	1 MG	1000	1/1/2007	99/99/9999							
63275-9998-04		J7645		1/1/2007	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (U.S.P.)	1	EA	BO	NA	GM	1 MG	1000	1/1/2007	99/99/9999							
63275-9998-04	KO	J7644	KO	12/4/2002	12/31/2006	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (U.S.P.)	1	EA	BO	NA	GM	1 MG	1000	12/4/2002	12/31/2006							
63275-9998-04		J7644		12/4/2002	12/31/2006	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (U.S.P.)	1	EA	BO	NA	GM	1 MG	1000	12/4/2002	12/31/2006							
63275-9998-05		J7644		12/4/2002	12/31/2006	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (U.S.P.)	1	EA	BO	NA	GM	1 MG	1000	12/4/2002	12/31/2006							
63275-9998-05	KO	J7644	KO	12/4/2002	12/31/2006	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (U.S.P.)	1	EA	BO	NA	GM	1 MG	1000	1/1/2007	99/99/9999							
63275-9998-05	KO	J7645	KO	1/1/2007	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (U.S.P.)	1	EA	BO	NA	GM	1 MG	1000	1/1/2007	99/99/9999							
63275-9999-04	KO	J7613	KO	1/1/2005	12/31/2006	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1	EA	BO	NA	GM	1 MG	1000	1/1/2005	12/31/2006							
63275-9999-04	KO	J7613	KO	1/1/2005	12/31/2006	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1	EA	BO	NA	GM	1 MG	1000	1/1/2005	12/31/2006							

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63275-9999-04	J7609			1/1/2007	99/99/9999	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000		1/1/2007	99/99/9999						
63275-9999-04	KO J7609	KO		1/1/2007	99/99/9999	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000		1/1/2007	99/99/9999						
63275-9999-05	KO J7613	KO		1/1/2005	12/31/2006	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000		1/1/2005	12/31/2006						
63275-9999-05	J7609			1/1/2007	99/99/9999	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000		1/1/2007	99/99/9999						
63275-9999-05	J7613			1/1/2005	12/31/2006	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000		1/1/2005	12/31/2006						
63275-9999-05	KO J7609	KO		1/1/2007	99/99/9999	ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG	1000		1/1/2007	99/99/9999						
63304-0303-10	J0300			1/1/2002	1/11/2009	INJECTION, AMOBARBITAL, UP TO 125 MG	AMYTAL SODIUM 0.5 GM	1 EA	VL	IJ	EA		125 MG	4		1/1/2002	1/11/2009						
63304-0458-30	Q0179			6/25/2007	12/31/2011	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 4 MG	30 EA	BO	PO	EA		8 MG	0.5		6/25/2007	12/31/2011						
63304-0458-30	Q0162			1/1/2012	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	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 4 MG	30 EA	BO	PO	EA		1 MG	4		1/1/2012	99/99/9999						
63304-0459-30	Q0179			6/25/2007	12/31/2011	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 8 MG	30 EA	BO	PO	EA		8 MG	1		6/25/2007	12/31/2011						
63304-0459-30	Q0162			1/1/2012	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	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 8 MG	30 EA	BO	PO	EA		1 MG	8		1/1/2012	99/99/9999						
63304-0504-01	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	100 EA	BO	PO	EA		1 EA	1		1/1/2002	99/99/9999						
63304-0505-01	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	100 EA	BO	PO	EA		1 EA	1		1/1/2002	99/99/9999						
63304-0652-01	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	100 EA	BO	PO	EA		1 EA	1		1/1/2002	99/99/9999						
63304-0652-05	J8499			1/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	500 EA	BO	PO	EA		1 EA	1		1/1/2002	99/99/9999						
63304-0748-01	J0745			1/1/2002	12/31/2007	INJECTION, CODEINE PHOSPHATE, PER 30 MG	CODEINE PHOSPHATE 30 MG	100 EA	BO	IJ	EA		30 MG	1		1/1/2002	12/31/2007						
63304-0749-01	J0745			1/1/2002	12/31/2007	INJECTION, CODEINE PHOSPHATE, PER 30 MG	CODEINE PHOSPHATE 60 MG	100 EA	BO	IJ	EA		30 MG	2		1/1/2002	12/31/2007						
63304-0940-25	J0690			12/7/2004	8/6/2008	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN 1 GM	1 EA	VL	IJ	EA		500 MG	2		12/7/2004	8/6/2008						
63304-0941-10	J0690			4/13/2005	8/6/2008	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM (BULK PACKAGE) 10 GM	1 EA	VL	IJ	EA		500 MG	20		4/13/2005	8/6/2008						
63323-0010-02	J1580			1/1/2002	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE (M.D.V.) 40 MG/ML	2 ML	VL	IJ	ML		80 MG	0.5		1/1/2002	99/99/9999						
63323-0010-20	J1580			1/1/2002	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE (M.D.V.) 40 MG/ML	20 ML	VL	IJ	ML		80 MG	0.5		1/1/2002	99/99/9999						
63323-0011-15	J0720			1/1/2002	99/99/9999	INJECTION, CHLORAMPHENICOL SODIUM SUCCINATE, UP TO 1 GM	CHLORAMPHENICOL SODIUM SUCCINATE (VIAL,PF) 1 GM	1 EA	VL	IV	GM		1 GM	1		1/1/2002	99/99/9999						
63323-0012-01	J2590			1/1/2002	99/99/9999	INJECTION, OXYTOCIN, UP TO 10 UNITS	OXYTOCIN (VIAL,P.C.) 10 U/ML	1 ML	VL	IV	ML		10 U	1		1/1/2002	99/99/9999						
63323-0012-10	J2590			1/1/2002	99/99/9999	INJECTION, OXYTOCIN, UP TO 10 UNITS	OXYTOCIN (M.D.V.) 10 U/ML	10 ML	VL	IV	ML		10 U	1		1/1/2002	99/99/9999						
63323-0012-12	J2590			1/28/2008	99/99/9999	INJECTION, OXYTOCIN, UP TO 10 UNITS	NOVAPLUS OXYTOCIN (25X1ML,USP) 10 U/ML	1 ML	VL	IJ	ML		10 U	1		1/28/2008	99/99/9999						
63323-0012-30	J2590			9/24/2007	99/99/9999	INJECTION, OXYTOCIN, UP TO 10 UNITS	OXYTOCIN (10X30ML,MDV) 10 U/ML	30 ML	VL	IV	ML		10 U	1		9/24/2007	99/99/9999						
63323-0013-02	J3411			1/1/2004	99/99/9999	INJECTION, THIAMINE HCL, 100 MG	THIAMINE HCL (M.D.V.) 100 MG/ML	2 ML	VL	IJ	ML		100 MG	1		1/1/2004	99/99/9999						
63323-0017-10	J1642			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPFLUSH-10 (S.D.V.,PF) 10 U/ML	10 ML	VL	IV	ML		10 U	1		1/1/2002	99/99/9999						
63323-0021-01	J3410			1/1/2002	8/14/2009	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	HYDROXYZINE HCL (VIAL) 25 MG/ML	1 ML	VL	IM	ML		25 MG	1		1/1/2002	8/14/2009						
63323-0024-25	J2150			1/1/2002	99/99/9999	INJECTION, MANNITOL, 25% IN 50 ML	MANNITOL (FLIPOFF TOP,PF) 25% 50 ML	50 ML	VL	IV	ML		50 ML	0.02		1/1/2002	99/99/9999						
63323-0025-10	J0725			1/1/2002	99/99/9999	INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS	CHORIONIC GONADOTROPIN (M.D.V. W/DILUENT) 10000 U	1 EA	VL	IM	EA		1000 USP U	10		1/1/2002	99/99/9999						
63323-0044-01	J3420			1/1/2002	99/99/9999	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	CYANOCOBALAMIN (M.D.V.) 1000 MCG/ML	1 ML	VL	IM	ML		1000 MCG	1		1/1/2002	99/99/9999						
63323-0047-10	J1644			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (M.D.V.) 5000 U/ML	10 ML	VL	IJ	ML		1000 U	5		1/1/2002	99/99/9999						
63323-0051-01	J3410			1/1/2002	8/14/2009	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	HYDROXYZINE HCL (VIAL) 50 MG/ML	1 ML	VL	IM	ML		25 MG	2		1/1/2002	8/14/2009						
63323-0051-02	J3410			1/1/2002	8/14/2009	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	HYDROXYZINE HCL (VIAL) 50 MG/ML	2 ML	VL	IM	ML		25 MG	2		1/1/2002	8/14/2009						
63323-0064-02	J3475			1/1/2002	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (S.D.V.,P.C.) 500 MG/ML	2 ML	VL	IJ	ML		500 MG	1		1/1/2002	99/99/9999						
63323-0064-10	J3475			1/1/2002	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (S.D.V.,P.C.,PF) 500 MG/ML	10 ML	VL	IJ	ML		500 MG	1		1/1/2002	99/99/9999						
63323-0064-20	J3475			1/1/2002	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (S.D.V.) 500 MG/ML	20 ML	VL	IJ	ML		500 MG	1		1/1/2002	99/99/9999						
63323-0064-50	J3475			1/1/2002	99/99/9999	INJECTION, MAGNESIUM SULFATE, PER 500 MG	MAGNESIUM SULFATE (S.D.V.) 500 MG/ML	50 ML	VL	IJ	ML		500 MG	1		1/1/2002	99/99/9999						
63323-0088-61	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE CONCENTRATE (MAXIVIAL BULK PACK,PF) 23.4% SODIUM CHLORIDE CONCENTRATE	100 ML	VL	IV	ML		1 EA	1		1/1/2002	99/99/9999						
63323-0088-63	J7799			1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE CONCENTRATE (MAXIVIAL BULK PACK,PF) 23.4% SODIUM CHLORIDE CONCENTRATE	200 ML	VL	IV	ML		1 EA	1		1/1/2002	99/99/9999						
63323-0101-61	J9000			8/6/2007	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HYDROCHLORIDE (USP,STERILE,MDV,PF) 2 MG/ML	100 ML	VL	IV	ML		10 MG	0.2		8/6/2007	99/99/9999						
63323-0104-05	J9181			1/1/2002	99/99/9999	INJECTION, ETOPOSIDE, 10 MG	ETOPOSIDE (M.D.V.) 20 MG/ML	5 ML	VL	IV	ML		10 MG	2		1/1/2002	99/99/9999						

NDC	NDC Mod	HPCS	HPCS Mod	Relationship Start Date	Relationship End Date	HPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HPCS Amount #1	HPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63323-0104-25		J9181		1/1/2002	99/99/9999	INJECTION, ETOPOSIDE, 10 MG	ETOPOSIDE (M.D.V.) 20 MG/ML	25 ML	VL	IV	ML	10 MG		2	1/1/2002	99/99/9999							
63323-0104-50		J9181		1/1/2002	99/99/9999	INJECTION, ETOPOSIDE, 10 MG	ETOPOSIDE (M.D.V.) 20 MG/ML	50 ML	VL	IV	ML	10 MG		2	1/1/2002	99/99/9999							
63323-0105-10		J0133		1/1/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR SODIUM (VIAL,PF) 500 MG	1 EA	VL	IV	EA	5 MG		100	1/1/2006	99/99/9999							
63323-0113-10		J7699		1/1/2007	12/31/2007	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	PENTAM (S.D.V.,PF) 300 MG	1 EA	VL	IJ	EA	1 EA		1	1/1/2007	12/31/2007							
63323-0113-10		J7676		1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MG	PENTAM (S.D.V.,PF) 300 MG	1 EA	VL	IJ	EA	300 MG		1	1/1/2008	99/99/9999							
63323-0113-10	KO	J7676	KO	1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MG	PENTAM (S.D.V.,PF) 300 MG	1 EA	VL	IJ	EA	300 MG		1	1/1/2008	99/99/9999							
63323-0117-10		J9190		1/1/2002	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (S.D.V.,PF) 50 MG/ML	10 ML	VL	IV	ML	500 MG		0.1	1/1/2002	99/99/9999							
63323-0117-10	QR	J9190	QR	1/28/2005	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (S.D.V.,PF) 50 MG/ML	10 ML	VL	IV	ML	500 MG		0.1	1/28/2005	99/99/9999							
63323-0117-20		J9190		1/1/2002	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (S.D.V.,PF) 50 MG/ML	20 ML	VL	IV	ML	500 MG		0.1	1/1/2002	99/99/9999							
63323-0117-20	QR	J9190	QR	1/28/2005	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (S.D.V.,PF) 50 MG/ML	20 ML	VL	IV	ML	500 MG		0.1	1/28/2005	99/99/9999							
63323-0117-51		J9190		1/1/2002	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (BULK PACKAGE,PF) 50 MG/ML	50 ML	VL	IV	ML	500 MG		0.1	1/1/2002	99/99/9999							
63323-0117-51	QR	J9190	QR	1/28/2005	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (BULK PACKAGE,PF) 50 MG/ML	50 ML	VL	IV	ML	500 MG		0.1	1/28/2005	99/99/9999							
63323-0117-61		J9190		1/1/2002	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (BULK PACKAGE,PF) 50 MG/ML	100 ML	VL	IV	ML	500 MG		0.1	1/1/2002	99/99/9999							
63323-0117-61	QR	J9190	QR	1/28/2005	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	FLUOROURACIL (BULK PACKAGE,PF) 50 MG/ML	100 ML	VL	IV	ML	500 MG		0.1	1/28/2005	99/99/9999							
63323-0119-08		J9150		1/1/2002	99/99/9999	INJECTION, DAUNORUBICIN, 10 MG	DAUNORUBICIN HCL (S.D.V.,PF) 20 MG	1 EA	VL	IV	EA	10 MG		2	1/1/2002	99/99/9999							
63323-0120-20		J9110		3/5/2004	12/31/2010	INJECTION, CYTARABINE, 500 MG	CYTARABINE (S.D.V.,LATEX-FREE) 100 MG/ML	20 ML	VL	IJ	ML	500 MG		0.2	3/5/2004	12/31/2010							
63323-0121-02		J9250		1/1/2002	99/99/9999	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (S.D.V.,PF) 25 MG/ML	2 ML	VL	IJ	ML	5 MG		5	1/1/2002	99/99/9999							
63323-0121-04		J9250		1/1/2002	99/99/9999	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (S.D.V.,PF) 25 MG/ML	4 ML	VL	IJ	ML	5 MG		5	1/1/2002	99/99/9999							
63323-0121-08		J9250		1/1/2002	99/99/9999	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (S.D.V.,PF) 25 MG/ML	8 ML	VL	IJ	ML	5 MG		5	1/1/2002	99/99/9999							
63323-0121-10		J9250		1/1/2002	99/99/9999	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (S.D.V.,PF) 25 MG/ML	10 ML	VL	IJ	ML	5 MG		5	1/1/2002	99/99/9999							
63323-0121-40		J9250		3/8/2002	99/99/9999	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (VIAL,PF) 25 MG/ML	40 ML	VL	IJ	ML	5 MG		5	3/8/2002	99/99/9999							
63323-0122-50		J9260		1/1/2002	99/99/9999	METHOTREXATE SODIUM, 50 MG	METHOTREXATE SODIUM (S.D.V.,PF) 1 GM	1 EA	VL	IJ	EA	50 MG		20	1/1/2002	99/99/9999							
63323-0123-02		J9250		1/1/2002	99/99/9999	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (VIAL) 25 MG/ML	2 ML	VL	IJ	ML	5 MG		5	1/1/2002	99/99/9999							
63323-0123-10		J9250		1/1/2002	99/99/9999	METHOTREXATE SODIUM, 5 MG	METHOTREXATE SODIUM (VIAL) 25 MG/ML	10 ML	VL	IJ	ML	5 MG		5	1/1/2002	99/99/9999							
63323-0124-04		J9150		2/18/2004	99/99/9999	INJECTION, DAUNORUBICIN, 10 MG	DAUNORUBICIN HCL (S.D.V.,PF,LATEX-FREE) 5 MG/ML	4 ML	VL	IV	ML	10 MG		0.5	2/18/2004	99/99/9999							
63323-0127-10		J9130		1/1/2002	99/99/9999	DACARBAZINE, 100 MG	DACARBAZINE (S.D.V.) 100 MG	1 EA	VL	IV	EA	100 MG		1	1/1/2002	99/99/9999							
63323-0128-12		J9140		1/1/2002	11/21/2007	DACARBAZINE, 200 MG	DACARBAZINE NOVA PLUS (S.D.V.) 200 MG	1 EA	VL	IV	EA	200 MG		1	1/1/2002	11/21/2007							
63323-0128-20		J9140		1/1/2002	12/31/2010	DACARBAZINE, 200 MG	DACARBAZINE (S.D.V.) 200 MG	1 EA	VL	IV	EA	200 MG		1	1/1/2002	12/31/2010							
63323-0132-10		J9293		3/17/2006	99/99/9999	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG	MITOXANTRONE (USP,PF,LATEX-FREE) 2 MG/ML	10 ML	VL	IV	ML	5 MG		0.4	3/17/2006	99/99/9999							
63323-0132-12		J9293		3/17/2006	99/99/9999	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG	MITOXANTRONE (USP,PF,LATEX-FREE) 2 MG/ML	12.5 ML	VL	IV	ML	5 MG		0.4	3/17/2006	99/99/9999							
63323-0132-15		J9293		3/17/2006	99/99/9999	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG	MITOXANTRONE (USP,PF,LATEX-FREE) 2 MG/ML	15 ML	VL	IV	ML	5 MG		0.4	3/17/2006	99/99/9999							
63323-0139-20		J7799		1/1/2002	2/15/2013	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (S.D.V.) 14.6%	20 ML	VL	IV	ML	1 EA		1	1/1/2002	2/15/2013							
63323-0139-40		J7799		1/1/2002	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE (S.D.V.) 14.6%	40 ML	VL	IV	ML	1 EA		1	1/1/2002	99/99/9999							
63323-0140-10		J9065		9/13/2004	99/99/9999	INJECTION, CLADRIBINE, PER 1 MG	CLADRIBINE (S.D.V.,PF) 1 MG/ML	10 ML	VL	IV	ML	1 MG		1	9/13/2004	99/99/9999							
63323-0142-10		J9208		7/25/2002	99/99/9999	INJECTION, IFOSFAMIDE, 1 GRAM	IFOSFAMIDE (S.D.V.) 1 GM	1 EA	VL	IV	EA	1 GM		1	7/25/2002	99/99/9999							
63323-0142-12		J9208		11/18/2002	99/99/9999	INJECTION, IFOSFAMIDE, 1 GRAM	IFOSFAMIDE (SDV) 1 GM	1 EA	VL	IV	EA	1 GM		1	11/18/2002	99/99/9999							
63323-0145-07		J9200		1/1/2002	99/99/9999	INJECTION, FLOXURIDINE, 500 MG	FLOXURIDINE 0.5 GM	1 EA	VL	IJ	EA	500 MG		1	1/1/2002	99/99/9999							
63323-0148-01		J9390		6/22/2005	99/99/9999	INJECTION, VINORELBINE TARTRATE, 10 MG	VINORELBINE TARTRATE (USP,PF) 10 MG/ML	1 ML	VL	IV	ML	10 MG		1	6/22/2005	99/99/9999							
63323-0148-05		J9390		6/22/2005	99/99/9999	INJECTION, VINORELBINE TARTRATE, 10 MG	VINORELBINE TARTRATE (USP,PF) 10 MG/ML	5 ML	VL	IV	ML	10 MG		1	6/22/2005	99/99/9999							
63323-0151-00		J9178		12/7/2007	99/99/9999	INJECTION, EPIRUBICIN HCL, 2 MG	EPIRUBICIN HYDROCHLORIDE (1X100ML,PF) 2 MG/ML	100 ML	VL	IV	ML	2 MG		1	12/7/2007	99/99/9999							
63323-0151-05		J9178		12/7/2007	9/11/2009	INJECTION, EPIRUBICIN HCL, 2 MG	EPIRUBICIN HYDROCHLORIDE (1X5ML,PF) 2 MG/ML	5 ML	VL	IV	ML	2 MG		1	12/7/2007	9/11/2009							
63323-0151-25		J9178		12/7/2007	99/99/9999	INJECTION, EPIRUBICIN HCL, 2 MG	EPIRUBICIN HYDROCHLORIDE (1X25ML,PF) 2 MG/ML	25 ML	VL	IV	ML	2 MG		1	12/7/2007	99/99/9999							
63323-0151-75		J9178		12/7/2007	9/11/2009	INJECTION, EPIRUBICIN HCL, 2 MG	EPIRUBICIN HYDROCHLORIDE (1X75ML,PF) 2 MG/ML	75 ML	VL	IV	ML	2 MG		1	12/7/2007	9/11/2009							
63323-0161-01		J1885		1/1/2002	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (S.D.V.) 15 MG/ML	1 ML	VL	IJ	ML	15 MG		1	1/1/2002	99/99/9999							
63323-0162-01		J1885		1/1/2002	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (S.D.V.) 30 MG/ML	1 ML	VL	IJ	ML	15 MG		2	1/1/2002	99/99/9999							
63323-0162-02		J1885		1/1/2002	99/99/9999	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (S.D.V.) 30 MG/ML	2 ML	VL	IM	ML	15 MG		2	1/1/2002	99/99/9999							

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63323-0165-01	J1100			1/1/2002	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE (VIAL) 4 MG/ML	1 ML	VL	IJ	ML		1 MG		4	1/1/2002	99/99/9999						
63323-0165-05	J1100			1/1/2002	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE (M.D.V.) 4 MG/ML	5 ML	VL	IJ	ML		1 MG		4	1/1/2002	99/99/9999						
63323-0165-30	J1100			1/1/2002	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE (M.D.V.) 4 MG/ML	30 ML	VL	IJ	ML		1 MG		4	1/1/2002	99/99/9999						
63323-0166-10	J9045			4/1/2004	12/11/2009	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN 50 MG	1 EA	VL	IV	EA		50 MG		1	4/1/2004	12/11/2009						
63323-0167-21	J9045			4/1/2004	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN 150 MG	1 EA	VL	IV	EA		50 MG		3	4/1/2004	99/99/9999						
63323-0168-00	J9045			4/1/2004	12/11/2009	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (STERILE) 450 MG	1 EA	VL	IV	EA		50 MG		9	4/1/2004	12/11/2009						
63323-0172-45	J9045			4/28/2006	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (MDV,LATEX-FREE) 10 MG/ML	50 ML	VL	IV	ML		50 MG		0.2	4/28/2006	99/99/9999						
63323-0172-60	J9045			4/7/2006	99/99/9999	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (600MG/60ML,LATEX-FREE) 10 MG/ML	60 ML	VL	IV	ML		50 MG		0.2	4/7/2006	99/99/9999						
63323-0173-02	J1580			1/1/2002	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE PEDIATRIC (PEDIATRIC S.D.V.,PF) 10 MG/ML	2 ML	VL	IJ	ML		80 MG		0.125	1/1/2002	99/99/9999						
63323-0180-01	J3415			1/1/2004	99/99/9999	INJECTION, PYRIDOXINE HCL, 100 MG	PYRIDOXINE HCL (M.D.V.,AMBER) 100 MG/ML	1 ML	VL	IJ	ML		100 MG		1	1/1/2004	99/99/9999						
63323-0185-00	A4216			1/1/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION (S.D.V.,TEAR TOP)	100 ML	VL	IV	ML		10 ML		0.1	1/1/2004	99/99/9999						
63323-0185-05	A4216			1/1/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION (S.D.V.)	5 ML	VL	IV	ML		10 ML		0.1	1/1/2004	99/99/9999						
63323-0185-10	A4216			1/1/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION (S.D.V.,P.C.)	10 ML	VL	IV	ML		10 ML		0.1	1/1/2004	99/99/9999						
63323-0185-20	A4216			1/1/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION (S.D.V.,P.C.)	20 ML	VL	IV	ML		10 ML		0.1	1/1/2004	99/99/9999						
63323-0185-50	A4216			1/1/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	WATER FOR INJECTION (S.D.V.,P.C.,PF) SODIUM CHLORIDE (S.D.V.,TEAR TOP) 0.9%	50 ML	VL	IV	ML		10 ML		0.1	1/1/2004	99/99/9999						
63323-0186-00	J7050			1/1/2002	99/99/9999	INFUSION, NORMAL SALINE SOLUTION , 250 CC	SODIUM CHLORIDE (S.D.V.,P.C.) 0.9%	100 ML	VL	IV	ML		250 ML		0.004	1/1/2002	99/99/9999						
63323-0186-02	A4216			1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (S.D.V.,P.C.) 0.9%	2 ML	VL	IV	ML		10 ML		0.1	1/1/2007	99/99/9999						
63323-0186-02	J2912			1/1/2002	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE (S.D.V.,P.C.) 0.9%	2 ML	VL	IV	ML		0.9 %		0.5	1/1/2002	12/31/2006						
63323-0186-10	A4216			1/1/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (S.D.V.,P.C.) 0.9%	10 ML	VL	IV	ML		10 ML		0.1	1/1/2004	99/99/9999						
63323-0186-20	A4216			1/1/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (S.D.V.,P.C.) 0.9%	20 ML	VL	IV	ML		10 ML		0.1	1/1/2004	99/99/9999						
63323-0187-30	J7799			1/1/2002	1/15/2013	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	SODIUM CHLORIDE CONCENTRATE (S.D.V.,PF) 23.4%	30 ML	VL	IV	ML		1 EA		1	1/1/2002	1/15/2013						
63323-0190-02	J9185			10/31/2007	12/2/2008	INJECTION, FLUDARABINE PHOSPHATE, 50 MG	FLUDARABINE PHOSPHATE (SINGLE-DOSE) 25 MG/ML	2 ML	NA	IV	ML		50 MG		0.5	10/31/2007	12/2/2008						
63323-0191-40	J9290			2/4/2002	4/2/2007	MITOMYCIN, 20 MG	MITOMYCIN (VIAL) 20 MG	1 EA	VL	IV	EA		20 MG		1	2/4/2002	4/2/2007						
63323-0193-02	J9206			2/5/2008	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X2ML,SINGLE DOSE) 20 MG/ML	2 ML	VL	IV	ML		20 MG		1	2/5/2008	99/99/9999						
63323-0193-02	QR J9206	QR		2/5/2008	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X2ML,SINGLE DOSE) 20 MG/ML	2 ML	VL	IV	ML		20 MG		1	2/5/2008	99/99/9999						
63323-0193-05	J9206			2/5/2008	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X5ML,SINGLE DOSE) 20 MG/ML	5 ML	VL	IV	ML		20 MG		1	2/5/2008	99/99/9999						
63323-0193-05	QR J9206	QR		2/5/2008	99/99/9999	INJECTION, IRINOTECAN, 20 MG	IRINOTECAN HYDROCHLORIDE (1X5ML,SINGLE DOSE) 20 MG/ML	5 ML	VL	IV	ML		20 MG		1	2/5/2008	99/99/9999						
63323-0196-06	J9185			12/7/2007	99/99/9999	INJECTION, FLUDARABINE PHOSPHATE, 50 MG	FLUDARABINE PHOSPHATE (USP) 50 MG	1 EA	VL	IV	EA		50 MG		1	12/7/2007	99/99/9999						
63323-0201-02	J2001			1/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MC	LIDOCAINE HCL (S.D.V.,P.C.) 1%	2 ML	VL	EP	ML		10 MG		1	1/1/2004	99/99/9999						
63323-0201-10	J2001			1/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MC	LIDOCAINE HCL (M.D.V.) 1%	10 ML	VL	EP	ML		10 MG		1	1/1/2004	99/99/9999						
63323-0202-02	J2001			1/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MC	LIDOCAINE HCL (S.D.V.) 2%	2 ML	VL	IJ	ML		10 MG		2	1/1/2004	99/99/9999						
63323-0208-05	J2001			1/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MC	LIDOCAINE HCL (S.D.V.,PF) 2%	5 ML	VL	IV	ML		10 MG		2	1/1/2004	99/99/9999						
63323-0221-10	J3370			1/1/2002	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (VIAL,PF) 500 MG	1 EA	VL	IV	EA		500 MG		1	1/1/2002	99/99/9999						
63323-0229-05	J2720			1/1/2002	99/99/9999	INJECTION, PROTAMINE SULFATE, PER 10 MG	PROTAMINE SULFATE (S.D.V.) 10 MG/ML	5 ML	VL	IV	ML		10 MG		1	1/1/2002	99/99/9999						
63323-0229-15	J2720			1/7/2008	99/99/9999	INJECTION, PROTAMINE SULFATE, PER 10 MG	NOVAPLUS PROTAMINE SULFATE (25X5ML,SDV,FLIPTOP,USP) 10 MG/ML	5 ML	VL	IV	ML		10 MG		1	1/7/2008	99/99/9999						
63323-0229-30	J2720			1/1/2002	99/99/9999	INJECTION, PROTAMINE SULFATE, PER 10 MG	PROTAMINE SULFATE (S.D.V.) 10 MG/ML	25 ML	VL	IV	ML		10 MG		1	1/1/2002	99/99/9999						
63323-0229-35	J2720			1/7/2008	99/99/9999	INJECTION, PROTAMINE SULFATE, PER 10 MG	NOVAPLUS PROTAMINE SULFATE (1X25ML,SDV,FLIPTOP,USP) 10 MG/ML	25 ML	VL	IV	ML		10 MG		1	1/7/2008	99/99/9999						
63323-0234-01	J0460			1/1/2002	12/31/2007	INJECTION, ATROPINE SULFATE, UP TO 0.3 MG	ATROPINE SULFATE (M.D.V.) 0.4 MG/ML	1 ML	VL	IJ	ML		0.3 MG		1.33333	1/1/2002	12/31/2007						
63323-0234-20	J0460			1/1/2002	12/31/2007	INJECTION, ATROPINE SULFATE, UP TO 0.3 MG	ATROPINE SULFATE (M.D.V.) 0.4 MG/ML	20 ML	VL	IJ	ML		0.3 MG		1.33333	1/1/2002	12/31/2007						
63323-0236-10	J0690			1/1/2002	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM (VIAL,PF) 500 MG	1 EA	VL	IJ	EA		500 MG		1	1/1/2002	99/99/9999						
63323-0237-10	J0690			1/1/2002	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM (VIAL) 1 GM	1 EA	VL	IJ	EA		500 MG		2	1/1/2002	99/99/9999						
63323-0237-65	J0690			1/1/2002	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM (P.B.,PF) 1 GM	1 EA	VL	IJ	EA		500 MG		2	1/1/2002	99/99/9999						
63323-0238-61	J0690			1/1/2002	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM (BULK PACKAGE,PF) 10 GM	1 EA	VL	IJ	EA		500 MG		20	1/1/2002	99/99/9999						
63323-0246-01	J0460			1/1/2002	12/31/2007	INJECTION, ATROPINE SULFATE, UP TO 0.3 MG	ATROPINE SULFATE (M.D.V.) 1 MG/ML	1 ML	VL	IJ	ML		0.3 MG		3.33333	1/1/2002	12/31/2007						
63323-0249-30	A4216			1/1/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	STERILE WATER BACTERIOSTATIC (M.D.V.)	30 ML	VL	IV	ML		10 ML		0.1	1/1/2004	99/99/9999						
63323-0255-03	J2920			9/22/2004	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG	METHYLPREDNISOLONE SODIUM SUCCINATE 40 MG	1 EA	VL	IJ	EA		40 MG		1	9/22/2004	99/99/9999						
63323-0258-03	J2930			8/23/2004	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	METHYLPREDNISOLONE SODIUM SUCCINATE 125 MG	1 EA	VL	IJ	EA		125 MG		1	8/23/2004	99/99/9999						
63323-0259-10	A4216			1/1/2004	12/31/2007	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (M.D.V.) 0.9%	10 ML	VL	IV	ML		10 ML		0.1	1/1/2004	12/31/2007						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63323-0259-30		A4216		1/1/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (M.D.V.) 0.9% PROGESTERONE IN SESAME OIL (M.D.V.) 50 MG/ML	30 ML	VL	IV	ML		10 ML		0.1	1/1/2004	99/99/9999						
63323-0261-10		J2675		1/1/2002	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	HEPARIN SODIUM (M.D.V.,P.C.) 5000 U/ML	10 ML	VL	IM	ML		50 MG		1	1/1/2002	99/99/9999						
63323-0262-01		J1644		1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	METHYLPREDNISOLONE SODIUM SUCCINATE (PF) 1 GM	1 ML	VL	IJ	ML		1000 U		5	1/1/2002	99/99/9999						
63323-0265-30		J2930		10/27/2004	99/99/9999	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	DIPRIVAN (20X25ML) 10 MG/ML	1 EA	VL	IJ	EA		125 MG		8	10/27/2004	99/99/9999						
63323-0269-20		J3490		2/21/2008	3/6/2013	UNCLASSIFIED DRUGS	NOVAPLUS DIPRIVAN (25X20ML) 10 MG/ML	20 ML	VL	IV	ML		1 EA		1	2/21/2008	3/6/2013						
63323-0269-27		J3490		1/15/2008	99/99/9999	UNCLASSIFIED DRUGS	DIPRIVAN (20X50ML) 10 MG/ML	20 ML	VL	IV	ML		1 EA		1	1/15/2008	99/99/9999						
63323-0269-50		J3490		4/28/2008	99/99/9999	UNCLASSIFIED DRUGS	NOVAPLUS DIPRIVAN (20X50ML) 10 MG/ML	50 ML	VL	IV	ML		1 EA		1	4/28/2008	99/99/9999						
63323-0269-57		J3490		3/5/2008	99/99/9999	UNCLASSIFIED DRUGS	DIPRIVAN (10X100ML) 10 MG/ML	50 ML	VL	IV	ML		1 EA		1	3/5/2008	99/99/9999						
63323-0269-65		J3490		3/6/2008	99/99/9999	UNCLASSIFIED DRUGS	NOVAPLUS DIPRIVAN (10X100ML, INFUSION) 10 MG/ML	100 ML	VL	IV	ML		1 EA		1	3/6/2008	99/99/9999						
63323-0269-67		J3490		2/1/2008	99/99/9999	UNCLASSIFIED DRUGS	FLUPHENAZINE DECANOATE (M.D.V.) 25 MG/ML	5 ML	VL	IJ	ML		25 MG		1	1/1/2002	99/99/9999						
63323-0272-05		J2680		1/1/2002	99/99/9999	INJECTION, FLUPHENAZINE DECANOATE, UP TO 25 MG	HEPARIN SODIUM (S.D.V.) 1000 U/ML	2 ML	VL	IJ	ML		1000 U		1	1/1/2002	99/99/9999						
63323-0276-02		J1644		1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	VINBLASTINE SULFATE (M.D.V.) 1 MG/ML	10 ML	VL	IV	ML		1 MG		1	1/1/2002	99/99/9999						
63323-0278-10		J9360		1/1/2002	99/99/9999	INJECTION, VINBLASTINE SULFATE, 1 MG	FUROSEMIDE (S.D.V.,AMBER) 10 MG/ML	2 ML	VL	IJ	ML		20 MG		0.5	1/1/2002	99/99/9999						
63323-0280-02		J1940		1/1/2002	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (S.D.V.,AMBER) 10 MG/ML	4 ML	VL	IJ	ML		20 MG		0.5	1/1/2002	99/99/9999						
63323-0280-04		J1940		1/1/2002	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (S.D.V.,AMBER) 10 MG/ML	10 ML	VL	IJ	ML		20 MG		0.5	1/1/2002	99/99/9999						
63323-0280-10		J1940		1/1/2002	99/99/9999	INJECTION, FUROSEMIDE, UP TO 20 MG	CLINDAMYCIN (SDV,USP,2MLX25) 150 MG/ML	2 ML	VL	IJ	ML		1 EA		1	5/11/2007	99/99/9999						
63323-0282-02		J3490		5/11/2007	99/99/9999	UNCLASSIFIED DRUGS	CLINDAMYCIN (SDV,USP,4MLX25) 150 MG/ML	4 ML	VL	IJ	ML		1 EA		1	5/11/2007	99/99/9999						
63323-0282-04		J3490		5/11/2007	99/99/9999	UNCLASSIFIED DRUGS	CLINDAMYCIN (SDV,USP,6MLX25) 150 MG/ML	6 ML	VL	IJ	ML		1 EA		1	5/11/2007	99/99/9999						
63323-0282-06		J3490		5/11/2007	99/99/9999	UNCLASSIFIED DRUGS	CLINDAMYCIN (USP) 150 MG/ML	60 ML	VL	IV	ML		1 EA		1	5/11/2007	99/99/9999						
63323-0282-60		J3490		5/11/2007	99/99/9999	UNCLASSIFIED DRUGS	VANCOMYCIN HCL (VIAL,PF) 1 GM	1 EA	VL	IV	EA		500 MG		2	1/1/2002	99/99/9999						
63323-0284-20		J3370		1/1/2002	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (BULK PACKAGE,PF) 5 GM	1 EA	VL	IV	GM		500 MG		2	1/1/2002	99/99/9999						
63323-0295-61		J3370		1/1/2002	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	TOBRAMYCIN SULFATE (BULK VIAL,PF,LATEX-FREE) 1.2 GM	1 EA	VL	IV	EA		300 MG		4	6/21/2004	12/31/2006						
63323-0303-51	KO	J7682	KO	6/21/2004	12/31/2006	MILLIGRAMS	TOBRAMYCIN SULFATE (BULK VIAL,PF,LATEX-FREE) 1.2 GM	1 EA	VL	IV	EA		300 MG		4	1/1/2007	99/99/9999						
63323-0303-51		J7685		1/1/2007	99/99/9999	THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (BULK VIAL,PF,LATEX-FREE) 1.2 GM	1 EA	VL	IV	EA		300 MG		4	1/1/2007	99/99/9999						
63323-0303-51	KO	J7685	KO	1/1/2007	99/99/9999	THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (BULK VIAL,PF,LATEX-FREE) 1.2 GM	1 EA	VL	IV	EA		300 MG		4	1/1/2007	99/99/9999						
63323-0303-51		J7682		6/21/2004	12/31/2006	MILLIGRAMS	TOBRAMYCIN SULFATE (BULK VIAL,PF,LATEX-FREE) 1.2 GM	1 EA	VL	IV	EA		300 MG		4	6/21/2004	12/31/2006						
63323-0303-55		J7682		12/17/2004	12/31/2006	MILLIGRAMS	TOBRAMYCIN SULFATE NOVAPLUS (BULK PKG,50ML VIAL X 6) 1.2 GM	1 EA	VL	IV	EA		300 MG		4	12/17/2004	12/31/2006						
63323-0303-55	KO	J7682	KO	12/17/2004	12/31/2006	MILLIGRAMS	TOBRAMYCIN SULFATE NOVAPLUS (BULK PKG,50ML VIAL X 6) 1.2 GM	1 EA	VL	IV	EA		300 MG		4	12/17/2004	12/31/2006						
63323-0303-55		J7685		1/1/2007	99/99/9999	THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE NOVAPLUS (BULK PKG,50ML VIAL X 6) 1.2 GM	1 EA	VL	IV	EA		300 MG		4	1/1/2007	99/99/9999						
63323-0303-55	KO	J7685	KO	1/1/2007	99/99/9999	THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE NOVAPLUS (BULK PKG,50ML VIAL X 6) 1.2 GM	1 EA	VL	IV	EA		300 MG		4	1/1/2007	99/99/9999						
63323-0305-02		J3260		4/5/2004	99/99/9999	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	TOBRAMYCIN SULFATE (PEDIATRIC M.D.V.) 10 MG/ML	2 ML	VL	IJ	ML		80 MG		0.125	4/5/2004	99/99/9999						
63323-0306-02		J3260		4/5/2004	99/99/9999	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	TOBRAMYCIN SULFATE (M.D.V.,LATEX-FREE) 40 MG/ML	2 ML	VL	IJ	ML		80 MG		0.5	4/5/2004	99/99/9999						
63323-0306-30		J3260		4/5/2004	99/99/9999	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	TOBRAMYCIN SULFATE (M.D.V.,LATEX-FREE) 40 MG/ML	30 ML	VL	IJ	ML		80 MG		0.5	4/5/2004	99/99/9999						
63323-0307-51		J3260		4/5/2004	99/99/9999	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	TOBRAMYCIN SULFATE (PHARMACY BULK PACKAGE) 40 MG/ML	50 ML	VL	IJ	ML		80 MG		0.5	4/5/2004	99/99/9999						
63323-0308-61		J1450		7/8/2004	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE (GLASS BOTTLE) 200 MG/100 ML	100 ML	VL	IV	ML		200 MG		0.01	7/8/2004	99/99/9999						
63323-0308-63		J1450		7/8/2004	99/99/9999	INJECTION FLUCONAZOLE, 200 MG	FLUCONAZOLE (GLASS BOTTLE) 400 MG/200 ML	200 ML	VL	IV	ML		200 MG		0.01	7/8/2004	99/99/9999						
63323-0311-10		J0610		1/1/2002	99/99/9999	INJECTION, CALCIUM GLUCONATE, PER 10 ML	CALCIUM GLUCONATE (S.D.V.) 100 MG/ML	10 ML	VL	IV	ML		10 ML		0.1	1/1/2002	99/99/9999						
63323-0311-50		J0610		1/1/2002	99/99/9999	INJECTION, CALCIUM GLUCONATE, PER 10 ML	CALCIUM GLUCONATE (S.D.V.) 100 MG/ML	50 ML	VL	IV	ML		10 ML		0.1	1/1/2002	99/99/9999						
63323-0311-61		J0610		1/1/2002	99/99/9999	INJECTION, CALCIUM GLUCONATE, PER 10 ML	CALCIUM GLUCONATE (MAXIVIAL,BULK PACK,PF) 100 MG/ML	100 ML	VL	IV	ML		10 ML		0.1	1/1/2002	99/99/9999						

NDC	NDC Mod	HPPCS	HPPCS Mod	Relationship Start Date	Relationship End Date	HPPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HPPCS Amount #1	HPPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63323-0311-63	J0610			1/1/2002	2/15/2013	INJECTION, CALCIUM GLUCONATE, PER 10 ML	CALCIUM GLUCONATE (MAXIVIAL,BULK PACK) 100 MG/ML	200 ML	VL	IV	ML		10 ML	0.1		1/1/2002	2/15/2013						
63323-0314-61	J3370			1/1/2002	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (BULK PACKAGE,PF) 10 GM	1 EA	VL	IV	GM		500 MG	2		1/1/2002	99/99/9999						
63323-0317-01	J1626			12/14/2007	99/99/9999	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	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						
63323-0318-01	J1626			6/25/2008	99/99/9999	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	GRANISETRON HYDROCHLORIDE (1X1ML,SDV,PF) 1 MG/ML	1 ML	VL	IV	ML		100 MCG	10		6/25/2008	99/99/9999						
63323-0319-04	J1626			6/25/2008	99/99/9999	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	GRANISETRON HYDROCHLORIDE (1X4ML,MDV) 1 MG/ML	4 ML	VL	IV	ML		100 MCG	10		6/25/2008	99/99/9999						
63323-0325-10	J0133			1/1/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR SODIUM (S.D.V.,PF) 50 MG/ML	10 ML	VL	IV	ML		5 MG	10		1/1/2006	99/99/9999						
63323-0325-20	J0133			1/1/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR SODIUM (S.D.V.,PF) 50 MG/ML	20 ML	VL	IV	ML		5 MG	10		1/1/2006	99/99/9999						
63323-0326-20	J0692			3/17/2008	99/99/9999	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MC	CEFEPIME (USP,10X1GM) 1 GM	1 EA	VL	IJ	EA		500 MG	2		3/17/2008	99/99/9999						
63323-0329-30	J3490			4/23/2004	99/99/9999	UNCLASSIFIED DRUGS	BACITRACIN (LATEX-FREE) 50000 U	1 EA	VL	IM	EA		1 EA	1		4/23/2004	99/99/9999						
63323-0331-15	J0698			1/29/2002	7/27/2011	INJECTION, CEFOTAXIME SODIUM, PER GM	CEFOTAXIME SODIUM (S.D.V.) 1 GM	1 EA	VL	IJ	EA		1 GM	1		1/29/2002	7/27/2011						
63323-0332-15	J0698			1/29/2002	7/27/2011	INJECTION, CEFOTAXIME SODIUM, PER GM	CEFOTAXIME SODIUM (S.D.V.) 2 GM	1 EA	VL	IJ	EA		1 GM	2		1/29/2002	7/27/2011						
63323-0333-61	J0698			1/29/2002	7/27/2011	INJECTION, CEFOTAXIME SODIUM, PER GM	CEFOTAXIME SODIUM (BULK PAKAGE) 10 GM	1 EA	VL	IJ	EA		1 GM	10		1/29/2002	7/27/2011						
63323-0334-61	J0698			1/29/2002	7/27/2011	INJECTION, CEFOTAXIME SODIUM, PER GM	CEFOTAXIME SODIUM (BULK PACKAGE) 20 GM	1 EA	VL	IJ	EA		1 GM	20		1/29/2002	7/27/2011						
63323-0335-10	J0698			1/29/2002	7/27/2011	INJECTION, CEFOTAXIME SODIUM, PER GM	CEFOTAXIME SODIUM (S.D.V.) 500 MG	1 EA	VL	IJ	EA		1 GM	0.5		1/29/2002	7/27/2011						
63323-0340-50	J0692			3/17/2008	9/7/2010	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MC	CEFEPIME (USP,10X2GM) 2 GM	1 EA	VL	IJ	EA		500 MG	4		3/17/2008	9/7/2010						
63323-0341-20	J0694			1/1/2002	8/16/2011	INJECTION, CEFOXITIN SODIUM, 1 GM	CEFOXITIN SODIUM (VIAL,PF) 1 GM	1 EA	VL	IJ	EA		1 GM	1		1/1/2002	8/16/2011						
63323-0342-20	J0694			1/1/2002	8/16/2011	INJECTION, CEFOXITIN SODIUM, 1 GM	CEFOXITIN SODIUM (VIAL,PF) 2 GM	1 EA	VL	IJ	EA		1 GM	2		1/1/2002	8/16/2011						
63323-0343-61	J0694			1/1/2002	5/26/2010	INJECTION, CEFOXITIN SODIUM, 1 GM	CEFOXITIN SODIUM (BULK PACKAGE,PF) 10 GM	1 EA	VL	IJ	EA		1 GM	10		1/1/2002	5/26/2010						
63323-0344-10	J0696			2/16/2006	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (S.D.V.) 250 MG	1 EA	VL	IJ	EA		250 MG	1		2/16/2006	99/99/9999						
63323-0345-10	J0696			2/16/2006	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (S.D.V.) 500 MG	1 EA	VL	IJ	EA		250 MG	2		2/16/2006	99/99/9999						
63323-0346-10	J0696			2/16/2006	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (S.D.V.) 1 GM	1 EA	VL	IJ	EA		250 MG	4		2/16/2006	99/99/9999						
63323-0347-20	J0696			2/16/2006	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (S.D.V.) 2 GM	1 EA	VL	IJ	EA		250 MG	8		2/16/2006	99/99/9999						
63323-0348-61	J0696			2/16/2006	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (BULK PACKAGE,1X100ML) 10 GM	1 EA	VL	IV	EA		250 MG	40		2/16/2006	99/99/9999						
63323-0352-10	J0697			1/1/2002	10/6/2010	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	CEFUROXIME SODIUM (VIAL,PF) 750 MG	1 EA	VL	IJ	EA		750 MG	1		1/1/2002	10/6/2010						
63323-0353-20	J0697			1/1/2002	10/6/2010	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	CEFUROXIME SODIUM (VIAL,PF) 1.5 GM	1 EA	VL	IJ	EA		750 MG	2		1/1/2002	10/6/2010						
63323-0354-61	J0697			1/13/2003	10/6/2010	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	CEFUROXIME SODIUM (BULK PACKAGE,PF) 7.5 GM	1 EA	VL	IJ	EA		750 MG	10		1/13/2003	10/6/2010						
63323-0359-03	J1840			1/3/2003	1/31/2013	INJECTION, KANAMYCIN SULFATE, UP TO 500 MG	KANAMYCIN SULFATE 1 GM/3 ML	3 ML	VL	IJ	ML		500 MG	0.666		1/3/2003	1/31/2013						
63323-0365-01	J2354			4/13/2006	99/99/9999	INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE (SDV,1MLX10,PF) 50 MCG/ML	1 ML	VL	IJ	ML		25 MCG	2		4/13/2006	99/99/9999						
63323-0366-01	J1240			7/1/2004	99/99/9999	INJECTION, DIMENHYDRINATE, UP TO 50 MG	DIMENHYDRINATE (VIAL) 50 MG/ML	1 ML	VL	IJ	ML		50 MG	1		7/1/2004	99/99/9999						
63323-0368-20	J0295			11/30/2005	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GA	AMPICILLIN/SULBACTAM 1 GM-0.5 GM	1 EA	VL	IJ	EA		1.5 GM	1		11/30/2005	99/99/9999						
63323-0369-20	J0295			11/30/2005	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GA	AMPICILLIN/SULBACTAM 2 GM-1 GM	1 EA	VL	IJ	EA		1.5 GM	2		11/30/2005	99/99/9999						
63323-0370-62	J0295			11/8/2006	99/99/9999	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	AMPICILLIN AND SULBACTAM (USP,PHARMACY BULK PKG) 10 GM-5 GM	1 EA	VL	IV	EA		1.5 GM	10		11/8/2006	99/99/9999						
63323-0373-02	J2405			12/27/2006	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (SDV,25X2ML,PF) 2 MG/ML	2 ML	VL	IJ	ML		1 MG	2		12/27/2006	99/99/9999						
63323-0374-20	J2405			12/27/2006	99/99/9999	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MC	ONDANSETRON (MDV) 2 MG/ML	20 ML	VL	IJ	ML		1 MG	2		12/27/2006	99/99/9999						
63323-0376-01	J2354			4/13/2006	99/99/9999	INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE (SDV,1MLX10,PF) 100 MCG/ML	1 ML	VL	IJ	ML		25 MCG	4		4/13/2006	99/99/9999						
63323-0377-01	J2354			4/13/2006	99/99/9999	INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE (SDV,1MLX10,PF) 500 MCG/ML	1 ML	VL	IJ	ML		25 MCG	20		4/13/2006	99/99/9999						
63323-0378-05	J2354			5/12/2006	99/99/9999	INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE (MDV) 200 MCG/ML	5 ML	VL	IJ	ML		25 MCG	8		5/12/2006	99/99/9999						
63323-0379-05	J2354			5/12/2006	99/99/9999	INTRAVENOUS INJECTION, 25 MCG	OCTREOTIDE ACETATE (MDV) 1000 MCG/ML	5 ML	VL	IJ	ML		25 MCG	40		5/12/2006	99/99/9999						
63323-0380-20	J3490			1/12/2004	3/23/2011	UNCLASSIFIED DRUGS	PIPERACILLIN (VIAL) 2 GM	1 EA	VL	IJ	EA		1 EA	1		1/12/2004	3/23/2011						
63323-0381-20	J3490			1/12/2004	3/23/2011	UNCLASSIFIED DRUGS	PIPERACILLIN (VIAL) 3 GM	1 EA	VL	IJ	EA		1 EA	1		1/12/2004	3/23/2011						
63323-0382-10	J2710			1/1/2002	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (M.D.V.,AMBER) 0.5 MG/ML	10 ML	VL	IJ	ML		0.5 MG	1		1/1/2002	99/99/9999						
63323-0383-10	J2710			1/1/2002	99/99/9999	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	NEOSTIGMINE METHYLSULFATE (M.D.V.,AMBER) 1 MG/ML	10 ML	VL	IJ	ML		0.5 MG	2		1/1/2002	99/99/9999						
63323-0385-10	J3490			8/13/2007	99/99/9999	UNCLASSIFIED DRUGS	CEFOTETAN 1 GM	1 EA	VL	IJ	EA		1 EA	1		8/13/2007	99/99/9999						
63323-0386-20	J3490			8/13/2007	99/99/9999	UNCLASSIFIED DRUGS	CEFOTETAN 2 GM	1 EA	VL	IJ	EA		1 EA	1		8/13/2007	99/99/9999						
63323-0387-10	J0290			1/1/2002	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MC	AMPICILLIN SODIUM (VIAL) 250 MG	1 EA	VL	IJ	EA		500 MG	0.5		1/1/2002	99/99/9999						
63323-0388-10	J0290			1/1/2002	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MC	AMPICILLIN SODIUM (VIAL) 500 MG	1 EA	VL	IJ	EA		500 MG	1		1/1/2002	99/99/9999						
63323-0389-10	J0290			1/1/2002	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MC	AMPICILLIN SODIUM (VIAL) 1 GM	1 EA	VL	IJ	EA		500 MG	2		1/1/2002	99/99/9999						
63323-0390-50	J3490			1/12/2004	3/23/2011	UNCLASSIFIED DRUGS	PIPERACILLIN (VIAL) 4 GM	1 EA	VL	IJ	EA		1 EA	1		1/12/2004	3/23/2011						
63323-0393-06	J0770			3/10/2008	99/99/9999	INJECTION, COLISTIMETHATE SODIUM, UP TO 150 MG	COLISTIMETHATE (USP,LYOPHILIZED CAKE) 150 MG	1 EA	VL	IJ	EA		150 MG	1		3/10/2008	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63323-0398-10	J0456			2/27/2006	99/99/9999	INJECTION, AZITHROMYCIN, 500 MG	AZITHROMYCIN (10X10ML,LATEX-FREE) 500 MG	1 EA	VL	IV	EA	500 MG	1			2/27/2006	99/99/9999						
63323-0398-12	J0456			2/27/2006	99/99/9999	INJECTION, AZITHROMYCIN, 500 MG	NOVAPLUS AZITHROMYCIN (10X10ML) 500 MG	1 EA	VL	IV	EA	500 MG	1			2/27/2006	99/99/9999						
63323-0399-23	J0290			1/1/2002	99/99/9999	INJECTION, AMPICILLIN SODIUM, 500 MG	AMPICILLIN SODIUM (VIAL) 2 GM	1 EA	VL	IJ	EA	500 MG	4			1/1/2002	99/99/9999						
63323-0403-02	Q2009			8/16/2007	99/99/9999	INJECTION, FOSPHENYTOIN, 50 MG PHENYTOIN EQUIVALENT	FOSPHENYTOIN SODIUM (USP,25X2ML) 75 MG/ML	2 ML	VL	IJ	ML	50 MG	1.5			8/16/2007	99/99/9999						
63323-0403-10	Q2009			8/16/2007	99/99/9999	INJECTION, FOSPHENYTOIN, 50 MG PHENYTOIN EQUIVALENT	FOSPHENYTOIN SODIUM (USP,10X10ML) 75 MG/ML	10 ML	VL	IJ	ML	50 MG	1.5			8/16/2007	99/99/9999						
63323-0407-03	J0706			8/3/2007	99/99/9999	INJECTION, CAFFEINE CITRATE, 5MG	CAFFEINE CITRATE (USP,SDV,PF) 20 MG/ML	3 ML	VL	IV	ML	5 MG	4			8/3/2007	99/99/9999						
63323-0411-10	J2250			1/1/2002	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MC	MIDAZOLAM HCL (M.D.V.) 1 MG/ML	10 ML	VL	IJ	ML	1 MG	1			1/1/2002	99/99/9999						
63323-0411-12	J2250			1/1/2002	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MC	MIDAZOLAM HCL (M.D.V.) 1 MG/ML	2 ML	VL	IJ	ML	1 MG	1			1/1/2002	99/99/9999						
63323-0411-25	J2250			12/8/2003	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MC	MIDAZOLAM HCL (M.D.V.) 1 MG/ML	5 ML	VL	IJ	ML	1 MG	1			12/8/2003	99/99/9999						
63323-0412-02	J2250			1/1/2002	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MC	MIDAZOLAM HCL (M.D.V.) 5 MG/ML	2 ML	VL	IJ	ML	1 MG	5			1/1/2002	99/99/9999						
63323-0412-05	J2250			1/1/2002	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MC	MIDAZOLAM HCL (M.D.V.) 5 MG/ML	5 ML	VL	IJ	ML	1 MG	5			1/1/2002	99/99/9999						
63323-0412-10	J2250			1/1/2002	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MC	MIDAZOLAM HCL (M.D.V.) 5 MG/ML	10 ML	VL	IJ	ML	1 MG	5			1/1/2002	99/99/9999						
63323-0412-25	J2250			1/7/2004	99/99/9999	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MC	MIDAZOLAM HCL (M.D.V.) 5 MG/ML	1 ML	VL	IJ	ML	1 MG	5			1/7/2004	99/99/9999						
63323-0446-61	J0690			1/1/2002	7/10/2011	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM (BULK PACKAGE,PF) 20 GM	1 EA	VL	IJ	EA	500 MG	40			1/1/2002	7/10/2011						
63323-0469-01	J1631			1/1/2002	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (VIAL) 50 MG/ML	1 ML	VL	IM	ML	50 MG	1			1/1/2002	99/99/9999						
63323-0469-05	J1631			1/1/2002	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (M.D.V.) 50 MG/ML	5 ML	VL	IM	ML	50 MG	1			1/1/2002	99/99/9999						
63323-0469-51	J1631			1/1/2002	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL AMERINET CHOICE (VIAL,FLIP-TOP) 50 MG/ML	1 ML	VL	IM	ML	50 MG	1			1/1/2002	99/99/9999						
63323-0471-01	J1631			1/1/2002	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (VIAL) 100 MG/ML	1 ML	VL	IM	ML	50 MG	2			1/1/2002	99/99/9999						
63323-0471-05	J1631			1/1/2002	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL DECANOATE (M.D.V.) 100 MG/ML	5 ML	VL	IM	ML	50 MG	2			1/1/2002	99/99/9999						
63323-0471-51	J1631			1/1/2002	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL AMERINET CHOICE (VIAL,FLIP-TOP) 100 MG/ML	1 ML	VL	IM	ML	50 MG	2			1/1/2002	99/99/9999						
63323-0471-55	J1631			1/1/2002	99/99/9999	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	HALOPERIDOL AMERINET CHOICE (M.D.V.,FLIP-TOP) 100 MG/ML	5 ML	VL	IM	ML	50 MG	2			1/1/2002	99/99/9999						
63323-0474-01	J1630			1/1/2002	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL LACTATE (VIAL) 5 MG/ML	1 ML	VL	IM	ML	5 MG	1			1/1/2002	99/99/9999						
63323-0474-10	J1630			1/1/2002	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL LACTATE (M.D.V.) 5 MG/ML	10 ML	VL	IM	ML	5 MG	1			1/1/2002	99/99/9999						
63323-0474-91	J1630			1/1/2002	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL AMERINET CHOICE (VIAL) 5 MG/ML	1 ML	VL	IM	ML	5 MG	1			1/1/2002	99/99/9999						
63323-0506-01	J1100			5/30/2003	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE (LATEX-FREE) 10 MG/ML	1 ML	VL	IJ	ML	1 MG	10			5/30/2003	99/99/9999						
63323-0513-02	J1580			1/1/2002	99/99/9999	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	GENTAMICIN SULFATE PEDIATRIC (PEDIATRIC M.D.V.,PF) 10 MG/ML	2 ML	VL	IJ	ML	80 MG	0.125			1/1/2002	99/99/9999						
63323-0516-10	J1100			8/23/2005	99/99/9999	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	DEXAMETHASONE SODIUM PHOSPHATE 10 MG/ML	10 ML	VL	IJ	ML	1 MG	10			8/23/2005	99/99/9999						
63323-0540-01	J1644			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (M.D.V.,P.C.) 1000 U/ML	1 ML	VL	IJ	ML	1000 U	1			1/1/2002	99/99/9999						
63323-0540-11	J1644			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (M.D.V.) 1000 U/ML	10 ML	VL	IJ	ML	1000 U	1			1/1/2002	99/99/9999						
63323-0540-31	J1644			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (M.D.V.) 1000 U/ML	30 ML	VL	IJ	ML	1000 U	1			1/1/2002	99/99/9999						
63323-0542-01	J1644			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (M.D.V.,P.C.) 10000 U/ML	1 ML	VL	IJ	ML	1000 U	10			1/1/2002	99/99/9999						
63323-0542-07	J1644			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (M.D.V.) 10000 U/ML	5 ML	VL	IJ	ML	1000 U	10			1/1/2002	99/99/9999						
63323-0544-01	J1642			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (M.D.V.,P.C.) 10 U/ML	1 ML	VL	IV	ML	10 U	1			1/1/2002	99/99/9999						
63323-0544-11	J1642			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (M.D.V.) 10 U/ML	10 ML	VL	IV	ML	10 U	1			1/1/2002	99/99/9999						
63323-0545-01	J1642			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (M.D.V.,P.C.) 100 U/ML	1 ML	VL	IV	ML	10 U	10			1/1/2002	99/99/9999						
63323-0545-05	J1642			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (M.D.V.) 100 U/ML	5 ML	VL	IV	ML	10 U	10			1/1/2002	99/99/9999						
63323-0604-01	J1800			1/1/2002	99/99/9999	INJECTION, PROPRANOLOL HCL, UP TO 1 MC	PROPRANOLOL HCL (S.D.V.) 1 MG/ML	1 ML	VL	IV	ML	1 MG	1			1/1/2002	99/99/9999						
63323-0614-01	J0360			1/1/2002	99/99/9999	INJECTION, HYDRALAZINE HCL, UP TO 20 MC	HYDRALAZINE HCL (S.D.V.) 20 MG/ML	1 ML	VL	IJ	ML	20 MG	1			1/1/2002	99/99/9999						
63323-0614-55	J0360			3/26/2007	99/99/9999	INJECTION, HYDRALAZINE HCL, UP TO 20 MG	NOVAPLUS HYDRALAZINE HYDROCHLORIDE (USP,SDV,LATEX-FREE) 20 MG/ML	1 ML	VL	IJ	ML	20 MG	1			3/26/2007	99/99/9999						
63323-0616-03	J0282			8/2/2002	99/99/9999	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MC	AMIODARONE HCL (S.D.V.) 50 MG/ML	3 ML	VL	IV	ML	30 MG	1.66666			8/2/2002	99/99/9999						
63323-0616-09	J0282			12/16/2003	99/99/9999	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MC	AMIODARONE HCL (S.D.V.) 50 MG/ML	9 ML	VL	IV	ML	30 MG	1.66666			12/16/2003	99/99/9999						
63323-0616-13	J0282			1/6/2003	11/21/2007	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	AMIODARONE HCL NOVAPLUS (S.D.V.) 50 MG/ML	3 ML	VL	IV	ML	30 MG	1.66666			1/6/2003	11/21/2007						
63323-0617-10	J2260			5/14/2002	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE (S.D.V.) 1 MG/ML	10 ML	VL	IV	ML	5 MG	0.2			5/14/2002	99/99/9999						
63323-0617-20	J2260			5/14/2002	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE (S.D.V.) 1 MG/ML	20 ML	VL	IV	ML	5 MG	0.2			5/14/2002	99/99/9999						
63323-0617-50	J2260			5/14/2002	99/99/9999	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE (S.D.V.) 1 MG/ML	50 ML	VL	IV	ML	5 MG	0.2			5/14/2002	99/99/9999						
63323-0651-02	J0150			6/27/2005	99/99/9999	REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS, INSTEAD USE A9270)	ADENOSINE (PF) 3 MG/ML	2 ML	VL	IV	ML	6 MG	0.5			6/27/2005	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63323-0651-04	J0150			6/27/2005	99/99/9999	INJECTION, ADENOSINE FOR THERAPEUTIC USE, 6 MG (NOT TO BE USED TO	ADENOSINE (PF) 3 MG/ML	4 ML	VL	IV	ML		6 MG	0.5	6/27/2005	99/99/9999							
63323-0664-01	J1200			6/12/2002	99/99/9999	REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS, INSTEAD USE A9270)	DIPHENHYDRAMINE HCL 50 MG/ML	1 ML	VL	IJ	ML		50 MG	1	6/12/2002	99/99/9999							
63323-0665-01	J3105			6/21/2004	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MC	TERBUTALINE SULFATE 1 MG/ML	1 ML	VL	SC	ML		1 MG	1	6/21/2004	99/99/9999							
63323-0690-30	J7608			9/19/2012	99/99/9999	INJECTION, TERBUTALINE SULFATE, UP TO 1 MC	ACETYLCYSTEINE (PDF) 20%	3 ML	SOL	IH	ML		1 GM	0.2	9/19/2012	99/99/9999							
63323-0690-30	KO J7608	KO		9/19/2012	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (PDF) 20% LEUCOVORIN CALCIUM (S.D.V.,PF) 500 MG	3 ML	SOL	IH	ML		1 GM	0.2	9/19/2012	99/99/9999							
63323-0711-00	J0640			1/1/2002	12/31/2006	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	CALCITRIOL 1 MCG/ML	1 EA	VL	IJ	EA		50 MG	10	1/1/2002	12/31/2006							
63323-0731-01	J0636			3/17/2003	99/99/9999	INJECTION, CALCITRIOL, 0.1 MCG	MESNA (M.D.V.) 100 MG/ML	10 ML	VL	IV	ML		0.1 MCG	10	3/17/2003	99/99/9999							
63323-0733-10	J9209			1/1/2002	99/99/9999	INJECTION, MESNA, 200 MG	MESNA (M.D.V.) 100 MG/ML	10 ML	VL	IV	ML		200 MG	0.5	1/1/2002	99/99/9999							
63323-0733-11	J9209			1/1/2002	99/99/9999	INJECTION, MESNA, 200 MG	MESNA (M.D.V.) 100 MG/ML	10 ML	VL	IV	ML		200 MG	0.5	1/1/2002	99/99/9999							
63323-0733-12	J9209			1/1/2002	11/21/2007	INJECTION, MESNA, 200 MG	MESNA NOVAPLUS (M.D.V.) 100 MG/ML	10 ML	VL	IV	ML		200 MG	0.5	1/1/2002	11/21/2007							
63323-0734-10	J2430			4/25/2002	99/99/9999	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	PAMIDRONATE DISODIUM (S.D.V.) 3 MG/ML	10 ML	VL	IV	ML		30 MG	0.1	4/25/2002	99/99/9999							
63323-0734-35	J2430			7/20/2004	99/99/9999	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	PAMIDRONATE DISODIUM OTN (S.D.V.,LATEX-FREE) 3 MG/ML	10 ML	VL	IV	ML		30 MG	0.1	7/20/2004	99/99/9999							
63323-0735-10	J2430			4/25/2002	99/99/9999	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	PAMIDRONATE DISODIUM (S.D.V.) 9 MG/ML	10 ML	VL	IV	ML		30 MG	0.3	4/25/2002	99/99/9999							
63323-0735-35	J2430			9/11/2003	99/99/9999	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	PAMIDRONATE DISODIUM OTN (S.D.V.) 9 MG/ML	10 ML	VL	IV	ML		30 MG	0.3	9/11/2003	99/99/9999							
63323-0738-04	J3490			1/1/2002	11/12/2012	UNCLASSIFIED DRUGS	FAMOTIDINE (M.D.V.) 10 MG/ML	4 ML	VL	IV	ML		1 EA	1	1/1/2002	11/12/2012							
63323-0738-20	J3490			1/1/2002	99/99/9999	UNCLASSIFIED DRUGS	FAMOTIDINE (M.D.V.) 10 MG/ML	20 ML	VL	IV	ML		1 EA	1	1/1/2002	99/99/9999							
63323-0739-12	J3490			5/14/2002	99/99/9999	UNCLASSIFIED DRUGS	FAMOTIDINE (S.D.V.) 10 MG/ML	2 ML	VL	IV	ML		1 EA	1	5/14/2002	99/99/9999							
63323-0877-15	J2545			1/1/2007	99/99/9999	PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, COMPOUNDED PRODUCT ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MG	NEBUPENT (S.D.V.,PF) 300 MG	1 EA	VL	IH	EA		300 MG	1	1/1/2007	99/99/9999							
63323-0883-05	J9000			8/6/2007	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HYDROCHLORIDE (USP,STERILE,SDV,PF) 2 MG/ML	5 ML	VL	IV	ML		10 MG	0.2	8/6/2007	99/99/9999							
63323-0883-10	J9000			8/6/2007	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HYDROCHLORIDE (USP,STERILE,SDV,PF) 2 MG/ML	10 ML	VL	IV	ML		10 MG	0.2	8/6/2007	99/99/9999							
63323-0883-30	J9000			8/6/2007	99/99/9999	INJECTION, DOXORUBICIN HYDROCHLORIDE, 10 MG	DOXORUBICIN HYDROCHLORIDE (USP,STERILE,SDV,PF) 2 MG/ML	25 ML	VL	IV	ML		10 MG	0.2	8/6/2007	99/99/9999							
63323-0915-01	J1644			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	HEPARIN SODIUM (M.D.V.,P.C.) 20000 U/ML	1 ML	VL	IJ	ML		1000 U	20	1/1/2002	99/99/9999							
63323-0924-10	A4216			1/1/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (M.D.V.,P.C.) 0.9%	10 ML	VL	IV	ML		10 ML	0.1	1/1/2004	99/99/9999							
63323-0924-30	A4216			1/1/2004	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE (M.D.V.,P.C.) 0.9%	30 ML	VL	IV	ML		10 ML	0.1	1/1/2004	99/99/9999							
63323-0965-05	J3480			1/1/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE CONCENTRATE (S.D.V.,P.C.) 2 MEQ/ML	5 ML	VL	IV	ML		2 MEQ	1	1/1/2002	99/99/9999							
63323-0965-10	J3480			1/1/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE CONCENTRATE (S.D.V.,P.C.) 2 MEQ/ML	10 ML	VL	IV	ML		2 MEQ	1	1/1/2002	99/99/9999							
63323-0965-15	J3480			1/1/2002	6/4/2012	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE CONCENTRATE (S.D.V.,P.C.) 2 MEQ/ML	15 ML	VL	IV	ML		2 MEQ	1	1/1/2002	6/4/2012							
63323-0965-20	J3480			1/1/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE CONCENTRATE (S.D.V.,P.C.) 2 MEQ/ML	20 ML	VL	IV	ML		2 MEQ	1	1/1/2002	99/99/9999							
63323-0967-30	J3480			1/1/2002	99/99/9999	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	POTASSIUM CHLORIDE CONCENTRATE (M.D.V.,P.C.) 2 MEQ/ML	30 ML	VL	IV	ML		2 MEQ	1	1/1/2002	99/99/9999							
63370-0005-25	J7699			1/1/2007	12/31/2007	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	ACETYLCYSTEINE (U.S.P.)	1 EA	BO	NA	GM		1 EA	1	1/1/2007	12/31/2007							
63370-0005-25	J7604			1/1/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.)	1 EA	BO	NA	GM		1 GM	1	1/1/2008	99/99/9999							
63370-0005-25	KO J7604	KO		1/1/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.)	1 EA	BO	NA	GM		1 GM	1	1/1/2008	99/99/9999							
63370-0005-35	J7604			1/1/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.)	1 EA	BO	NA	GM		1 GM	1	1/1/2008	99/99/9999							
63370-0005-35	KO J7604	KO		1/1/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.)	1 EA	BO	NA	GM		1 GM	1	1/1/2008	99/99/9999							
63370-0005-35	J7699			1/1/2007	12/31/2007	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	ACETYLCYSTEINE (U.S.P.)	1 EA	BO	NA	GM		1 EA	1	1/1/2007	12/31/2007							
63370-0005-45	J7699			1/1/2007	12/31/2007	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	ACETYLCYSTEINE (U.S.P.)	1 EA	BO	NA	GM		1 EA	1	1/1/2007	12/31/2007							
63370-0005-45	J7604			1/1/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.)	1 EA	BO	NA	GM		1 GM	1	1/1/2008	99/99/9999							
63370-0005-45	KO J7604	KO		1/1/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.)	1 EA	BO	NA	GM		1 GM	1	1/1/2008	99/99/9999							
63370-0005-50	J7699			1/1/2007	12/31/2007	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	ACETYLCYSTEINE (U.S.P.)	1 EA	BO	NA	GM		1 EA	1	1/1/2007	12/31/2007							
63370-0005-50	J7604			1/1/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.)	1 EA	BO	NA	GM		1 GM	1	1/1/2008	99/99/9999							
63370-0005-50	KO J7604	KO		1/1/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.)	1 EA	BO	NA	GM		1 GM	1	1/1/2008	99/99/9999							
63370-0005-55	J7699			1/1/2007	12/31/2007	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	ACETYLCYSTEINE (U.S.P.)	1 EA	BO	NA	GM		1 EA	1	1/1/2007	12/31/2007							

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63370-0005-55	J7604			1/1/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.)	1 EA	BO	NA	GM		1 GM		1	1/1/2008	99/99/9999						
63370-0005-55	KO J7604	KO		1/1/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.)	1 EA	BO	NA	GM		1 GM		1	1/1/2008	99/99/9999						
63370-0005-62	KO J7604	KO		1/1/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.)	1 EA	BO	NA	GM		1 GM		1	1/1/2008	99/99/9999						
63370-0005-62	J7699			1/1/2007	12/31/2007	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME, ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.)	1 EA	BO	NA	GM		1 EA		1	1/1/2007	12/31/2007						
63370-0005-62	J7604			1/1/2008	99/99/9999	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	ACETYLCYSTEINE (U.S.P.)	1 EA	BO	NA	GM		1 GM		1	1/1/2008	99/99/9999						
63370-0007-25	J0133			1/1/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1 EA	BO	NA	GM		5 MG		200	1/1/2006	99/99/9999						
63370-0007-35	J0133			1/1/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1 EA	BO	NA	GM		5 MG		200	1/1/2006	99/99/9999						
63370-0007-50	J0133			1/1/2006	99/99/9999	INJECTION, ACYCLOVIR, 5 MG	ACYCLOVIR (U.S.P.)	1 EA	BO	NA	GM		5 MG		200	1/1/2006	99/99/9999						
63370-0010-25	J7613			1/1/2005	12/31/2006	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	1/1/2005	12/31/2006						
63370-0010-25	KO J7613	KO		1/1/2005	12/31/2006	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	1/1/2005	12/31/2006						
63370-0010-25	J7609			1/1/2007	99/99/9999	COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	1/1/2007	99/99/9999						
63370-0010-25	KO J7609	KO		1/1/2007	99/99/9999	COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	1/1/2007	99/99/9999						
63370-0010-35	KO J7609	KO		1/1/2007	99/99/9999	COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	1/1/2007	99/99/9999						
63370-0010-35	J7613			1/1/2005	12/31/2006	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	1/1/2005	12/31/2006						
63370-0010-35	KO J7613	KO		1/1/2005	12/31/2006	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	1/1/2005	12/31/2006						
63370-0010-35	J7609			1/1/2007	99/99/9999	COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	1/1/2007	99/99/9999						
63370-0010-45	KO J7609	KO		1/1/2007	99/99/9999	COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	1/1/2007	99/99/9999						
63370-0010-45	KO J7613	KO		1/1/2005	12/31/2006	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	1/1/2005	12/31/2006						
63370-0010-45	J7613			1/1/2005	12/31/2006	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	1/1/2005	12/31/2006						
63370-0010-50	J7613			1/1/2005	12/31/2006	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	1/1/2005	12/31/2006						
63370-0010-50	KO J7613	KO		1/1/2005	12/31/2006	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	1/1/2005	12/31/2006						
63370-0010-50	J7609			1/1/2007	99/99/9999	COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	1/1/2007	99/99/9999						
63370-0010-50	KO J7609	KO		1/1/2007	99/99/9999	COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	1/1/2007	99/99/9999						
63370-0016-15	J0278			1/1/2006	99/99/9999	INJECTION, AMIKACIN SULFATE, 100 MG	AMIKACIN SULFATE (U.S.P.)	1 EA	BO	NA	GM		100 MG		10	1/1/2006	99/99/9999						
63370-0016-25	J0278			1/1/2006	99/99/9999	INJECTION, AMIKACIN SULFATE, 100 MG	AMIKACIN SULFATE (U.S.P.)	1 EA	BO	NA	GM		100 MG		10	1/1/2006	99/99/9999						
63370-0016-35	J0278			1/1/2006	99/99/9999	INJECTION, AMIKACIN SULFATE, 100 MG	AMIKACIN SULFATE (U.S.P.)	1 EA	BO	NA	GM		100 MG		10	1/1/2006	99/99/9999						
63370-0016-50	J0278			1/1/2006	99/99/9999	INJECTION, AMIKACIN SULFATE, 100 MG	AMIKACIN SULFATE (U.S.P.)	1 EA	BO	NA	GM		100 MG		10	1/1/2006	99/99/9999						
63370-0018-15	J1320			7/8/2003	99/99/9999	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	AMITRIPTYLINE HCL (U.S.P.)	1 EA	BO	NA	GM		20 MG		50	7/8/2003	99/99/9999						
63370-0018-25	J1320			7/8/2003	99/99/9999	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	AMITRIPTYLINE HCL (U.S.P.)	1 EA	BO	NA	GM		20 MG		50	7/8/2003	99/99/9999						
63370-0018-35	J1320			7/8/2003	99/99/9999	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	AMITRIPTYLINE HCL (U.S.P.)	1 EA	BO	NA	GM		20 MG		50	7/8/2003	99/99/9999						
63370-0020-10	J0285			7/8/2003	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B (U.S.P., ORAL)	1 EA	BO	NA	GM		50 MG		20	7/8/2003	99/99/9999						
63370-0020-15	J0285			9/4/2002	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B (U.S.P., ORAL)	1 EA	JR	NA	GM		50 MG		20	9/4/2002	99/99/9999						
63370-0020-25	J0285			9/4/2002	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B (U.S.P., ORAL)	1 EA	BO	NA	GM		50 MG		20	9/4/2002	99/99/9999						
63370-0020-35	J0285			9/4/2002	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B (U.S.P., ORAL)	1 EA	BO	NA	GM		50 MG		20	9/4/2002	99/99/9999						
63370-0020-50	J0285			9/4/2002	99/99/9999	INJECTION, AMPHOTERICIN B, 50 MG	AMPHOTERICIN B (U.S.P., ORAL)	1 EA	BO	NA	GM		50 MG		20	9/4/2002	99/99/9999						
63370-0022-06	J3490			12/19/2003	12/31/2006	UNCLASSIFIED DRUGS	APOMORPHINE HCL (U.S.P.)	1 EA	BO	NA	GM		1 EA		1	12/19/2003	12/31/2006						
63370-0022-06	J0364			1/1/2007	99/99/9999	INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG	APOMORPHINE HCL (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	1/1/2007	99/99/9999						
63370-0022-09	J3490			12/19/2003	12/31/2006	UNCLASSIFIED DRUGS	APOMORPHINE HCL (U.S.P.)	1 EA	BO	NA	GM		1 EA		1	12/19/2003	12/31/2006						
63370-0022-09	J0364			1/1/2007	99/99/9999	INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG	APOMORPHINE HCL (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	1/1/2007	99/99/9999						
63370-0022-15	J3490			12/19/2003	12/31/2006	UNCLASSIFIED DRUGS	APOMORPHINE HCL (U.S.P.)	1 EA	BO	NA	GM		1 EA		1	12/19/2003	12/31/2006						
63370-0022-15	J0364			1/1/2007	99/99/9999	INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG	APOMORPHINE HCL (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	1/1/2007	99/99/9999						
63370-0025-10	J7501			7/8/2003	99/99/9999	AZATHIOPRINE, PARENTERAL, 100 MG	AZATHIOPRINE (U.S.P.)	1 EA	BO	NA	GM		100 MG		10	7/8/2003	99/99/9999						
63370-0025-15	J7501			7/8/2003	99/99/9999	AZATHIOPRINE, PARENTERAL, 100 MG	AZATHIOPRINE (U.S.P.)	1 EA	BO	NA	GM		100 MG		10	7/8/2003	99/99/9999						
63370-0025-25	J7501			7/8/2003	99/99/9999	AZATHIOPRINE, PARENTERAL, 100 MG	AZATHIOPRINE (U.S.P.)	1 EA	BO	NA	GM		100 MG		10	7/8/2003	99/99/9999						
63370-0025-35	J7501			7/8/2003	99/99/9999	AZATHIOPRINE, PARENTERAL, 100 MG	AZATHIOPRINE (U.S.P.)	1 EA	BO	NA	GM		100 MG		10	7/8/2003	99/99/9999						
63370-0026-15	J0475			7/8/2003	99/99/9999	INJECTION, BACLOFEN, 10 MG	BACLOFEN (U.S.P.)	1 EA	BO	NA	GM		10 MG		100	7/8/2003	99/99/9999						
63370-0026-25	J0475			7/8/2003	99/99/9999	INJECTION, BACLOFEN, 10 MG	BACLOFEN (U.S.P.)	1 EA	BO	NA	GM		10 MG		100	7/8/2003	99/99/9999						
63370-0026-35	J0475			7/8/2003	99/99/9999	INJECTION, BACLOFEN, 10 MG	BACLOFEN (U.S.P.)	1 EA	JR	NA	GM		10 MG		100	7/8/2003	99/99/9999						
63370-0026-45	J0475			7/8/2003	99/99/9999	INJECTION, BACLOFEN, 10 MG	BACLOFEN (U.S.P.)	1 EA	BO	NA	GM		10 MG		100	7/8/2003	99/99/9999						
63370-0028-06	J7624			7/8/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	7/8/2003	99/99/9999						
63370-0028-06	KO J7624	KO		7/8/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	7/8/2003	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63370-0028-10		J7624		7/8/2003	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	7/8/2003	99/99/9999						
63370-0028-10	KO	J7624	KO	7/8/2003	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	7/8/2003	99/99/9999						
63370-0028-15		J7624		7/8/2003	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	7/8/2003	99/99/9999						
63370-0028-15	KO	J7624	KO	7/8/2003	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	7/8/2003	99/99/9999						
63370-0028-25		J7624		7/8/2003	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	7/8/2003	99/99/9999						
63370-0028-25	KO	J7624	KO	7/8/2003	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	7/8/2003	99/99/9999						
63370-0028-35		J7624		7/8/2003	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	7/8/2003	99/99/9999						
63370-0028-35	KO	J7624	KO	7/8/2003	99/99/9999	BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	BETAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	7/8/2003	99/99/9999						
63370-0031-25		J3490		7/8/2003	99/99/9999	UNCLASSIFIED DRUGS	BENZOCaine (U.S.P.)	1 EA	BO	NA	GM		1 EA		1	7/8/2003	99/99/9999						
63370-0031-35		J3490		7/8/2003	99/99/9999	UNCLASSIFIED DRUGS	BENZOCaine (U.S.P.)	1 EA	BO	NA	GM		1 EA		1	7/8/2003	99/99/9999						
63370-0031-45		J3490		7/8/2003	99/99/9999	UNCLASSIFIED DRUGS	BENZOCaine (U.S.P.)	1 EA	BO	NA	GM		1 EA		1	7/8/2003	99/99/9999						
63370-0032-10		J3490		7/8/2003	99/99/9999	UNCLASSIFIED DRUGS	BETAMETHASONE ACETATE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM		1 EA		1	7/8/2003	99/99/9999						
63370-0032-15		J3490		7/8/2003	99/99/9999	UNCLASSIFIED DRUGS	BETAMETHASONE ACETATE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM		1 EA		1	7/8/2003	99/99/9999						
63370-0032-25		J3490		7/8/2003	99/99/9999	UNCLASSIFIED DRUGS	BETAMETHASONE ACETATE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM		1 EA		1	7/8/2003	99/99/9999						
63370-0032-35		J3490		7/8/2003	99/99/9999	UNCLASSIFIED DRUGS	BETAMETHASONE ACETATE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM		1 EA		1	7/8/2003	99/99/9999						
63370-0034-35		J3490		7/12/2004	99/99/9999	UNCLASSIFIED DRUGS	CIPROFLOXACIN HCL (USP)	1 EA	BO	NA	GM		1 EA		1	7/12/2004	99/99/9999						
63370-0034-45		J3490		7/12/2004	99/99/9999	UNCLASSIFIED DRUGS	CIPROFLOXACIN HCL (USP)	1 EA	BO	NA	GM		1 EA		1	7/12/2004	99/99/9999						
63370-0034-50		J3490		7/12/2004	99/99/9999	UNCLASSIFIED DRUGS	CIPROFLOXACIN HCL (USP)	1 EA	BO	NA	GM		1 EA		1	7/12/2004	99/99/9999						
63370-0035-09		J7627		1/1/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE MICRONIZED	1 EA	BO	NA	GM		0.5 MG		2000	1/1/2006	99/99/9999						
63370-0035-09	KO	J7627	KO	1/1/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE MICRONIZED	1 EA	BO	NA	GM		0.5 MG		2000	1/1/2006	99/99/9999						
63370-0035-10		J7627		1/1/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE MICRONIZED	1 EA	JR	NA	GM		0.5 MG		2000	1/1/2006	99/99/9999						
63370-0035-10	KO	J7627	KO	1/1/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE MICRONIZED	1 EA	JR	NA	GM		0.5 MG		2000	1/1/2006	99/99/9999						
63370-0035-15		J7627		1/1/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE MICRONIZED	1 EA	BO	NA	GM		0.5 MG		2000	1/1/2006	99/99/9999						
63370-0035-15	KO	J7627	KO	1/1/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE MICRONIZED	1 EA	BO	NA	GM		0.5 MG		2000	1/1/2006	99/99/9999						
63370-0035-25		J7627		1/1/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE MICRONIZED	1 EA	BO	NA	GM		0.5 MG		2000	1/1/2006	99/99/9999						
63370-0035-25	KO	J7627	KO	1/1/2006	99/99/9999	BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG	BUDESONIDE MICRONIZED	1 EA	BO	NA	GM		0.5 MG		2000	1/1/2006	99/99/9999						
63370-0050-15		J7632		1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM		10 MG		100	1/1/2008	99/99/9999						
63370-0050-15	KO	J7632	KO	1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM		10 MG		100	1/1/2008	99/99/9999						
63370-0050-15		J7699		12/31/2007	99/99/9999	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM		1 EA		1	1/1/2007	12/31/2007						
63370-0050-25		J7632		1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM		10 MG		100	1/1/2008	99/99/9999						
63370-0050-25	KO	J7632	KO	1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM		10 MG		100	1/1/2008	99/99/9999						
63370-0050-25		J7699		12/31/2007	99/99/9999	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM		1 EA		1	1/1/2007	12/31/2007						
63370-0050-35		J7699		12/31/2007	99/99/9999	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM		1 EA		1	1/1/2007	12/31/2007						
63370-0050-35		J7632		1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM		10 MG		100	1/1/2008	99/99/9999						
63370-0050-35	KO	J7632	KO	1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM		10 MG		100	1/1/2008	99/99/9999						
63370-0050-45		J7699		12/31/2007	99/99/9999	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM		1 EA		1	1/1/2007	12/31/2007						
63370-0050-45		J7632		1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM		10 MG		100	1/1/2008	99/99/9999						
63370-0050-45	KO	J7632	KO	1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM		10 MG		100	1/1/2008	99/99/9999						
63370-0050-50		J7632		1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM		10 MG		100	1/1/2008	99/99/9999						
63370-0050-50	KO	J7699	KO	1/1/2007	99/99/9999	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM		1 EA		1	1/1/2007	12/31/2007						
63370-0050-50		J7632		1/1/2008	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	CROMOLYN SODIUM (U.S.P.)	1 EA	BO	NA	GM		10 MG		100	1/1/2008	99/99/9999						
63370-0052-10		J0735		7/8/2003	99/99/9999	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	CLONIDINE HCL (USP)	1 EA	BO	NA	GM		1 MG		1000	7/8/2003	99/99/9999						
63370-0052-15		J0735		7/8/2003	99/99/9999	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	CLONIDINE HCL (USP)	1 EA	BO	NA	GM		1 MG		1000	7/8/2003	99/99/9999						
63370-0052-25		J0735		7/8/2003	99/99/9999	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	CLONIDINE HCL (USP)	1 EA	BO	NA	GM		1 MG		1000	7/8/2003	99/99/9999						
63370-0057-10		J7516		7/8/2003	99/99/9999	CYCLOSPORIN, PARENTERAL, 250 MG	CYCLOSPORIN A (U.S.P.)	1 EA	JR	NA	GM		250 MG		4	7/8/2003	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63370-0057-15		J7516		7/8/2003	99/99/9999	CYCLOSPORIN, PARENTERAL, 250 MG	CYCLOSPORIN A (U.S.P.)	1 EA	BO	NA	GM	250 MG		4	7/8/2003	99/99/9999							
63370-0057-25		J7516		7/8/2003	99/99/9999	CYCLOSPORIN, PARENTERAL, 250 MG	CYCLOSPORIN A (U.S.P.)	1 EA	BO	NA	GM	250 MG		4	7/8/2003	99/99/9999							
63370-0057-35		J7516		7/8/2003	99/99/9999	CYCLOSPORIN, PARENTERAL, 250 MG	CYCLOSPORIN A (U.S.P.)	1 EA	BO	NA	GM	250 MG		4	7/8/2003	99/99/9999							
63370-0057-45		J7516		12/19/2003	99/99/9999	CYCLOSPORIN, PARENTERAL, 250 MG	CYCLOSPORIN A (U.S.P.)	1 EA	BO	NA	GM	250 MG		4	12/19/2003	99/99/9999							
63370-0060-15	J1094			7/8/2003	99/99/9999	INJECTION, DEXAMETHASONE ACETATE, 1 MG	DEXAMETHASONE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000		7/8/2003	99/99/9999							
63370-0060-20	J1094			1/1/2003	99/99/9999	INJECTION, DEXAMETHASONE ACETATE, 1 MG	DEXAMETHASONE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000		1/1/2003	99/99/9999							
63370-0060-25	J1094			7/8/2003	99/99/9999	INJECTION, DEXAMETHASONE ACETATE, 1 MG	DEXAMETHASONE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000		7/8/2003	99/99/9999							
63370-0060-35	J1094			7/8/2003	99/99/9999	INJECTION, DEXAMETHASONE ACETATE, 1 MG	DEXAMETHASONE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000		7/8/2003	99/99/9999							
63370-0060-50	J1094			7/8/2003	99/99/9999	INJECTION, DEXAMETHASONE ACETATE, 1 MG	DEXAMETHASONE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000		7/8/2003	99/99/9999							
63370-0069-09	J7640			10/24/2006	99/99/9999	FORMOTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 12 MICROGRAMS	FORMOTEROL FUMARATE DIHYDRATE (1X0.5GM)	1 EA	NA	NA	GM	12 MCG	83333.33		10/24/2006	99/99/9999							
63370-0069-09	KO J7640	KO		10/24/2006	99/99/9999	FORMOTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 12 MICROGRAMS	FORMOTEROL FUMARATE DIHYDRATE (1X0.5GM)	1 EA	NA	NA	GM	12 MCG	83333.33		10/24/2006	99/99/9999							
63370-0069-10	J7640			10/24/2006	99/99/9999	FORMOTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 12 MICROGRAMS	FORMOTEROL FUMARATE DIHYDRATE (1X1GM)	1 EA	NA	NA	GM	12 MCG	83333.33		10/24/2006	99/99/9999							
63370-0069-10	KO J7640	KO		10/24/2006	99/99/9999	FORMOTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 12 MICROGRAMS	FORMOTEROL FUMARATE DIHYDRATE (1X1GM)	1 EA	NA	NA	GM	12 MCG	83333.33		10/24/2006	99/99/9999							
63370-0070-10	J7638			7/8/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000		7/8/2003	99/99/9999							
63370-0070-10	KO J7638	KO		7/8/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000		7/8/2003	99/99/9999							
63370-0070-15	J7638			7/8/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000		7/8/2003	99/99/9999							
63370-0070-15	KO J7638	KO		7/8/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000		7/8/2003	99/99/9999							
63370-0070-20	J7638			7/8/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000		7/8/2003	99/99/9999							
63370-0070-20	KO J7638	KO		7/8/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000		7/8/2003	99/99/9999							
63370-0070-25	J7638			7/8/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000		7/8/2003	99/99/9999							
63370-0070-25	KO J7638	KO		7/8/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000		7/8/2003	99/99/9999							
63370-0070-35	J7638			7/8/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000		7/8/2003	99/99/9999							
63370-0070-35	KO J7638	KO		7/8/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000		7/8/2003	99/99/9999							
63370-0070-45	J7638			7/8/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000		7/8/2003	99/99/9999							
63370-0070-45	KO J7638	KO		7/8/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000		7/8/2003	99/99/9999							
63370-0070-50	J7638			7/8/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000		7/8/2003	99/99/9999							
63370-0070-50	KO J7638	KO		7/8/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	DEXAMETHASONE SODIUM PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM	1 MG	1000		7/8/2003	99/99/9999							
63370-0071-25	J1200			7/8/2003	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MC	DIPHENHYDRAMINE HCL (USP)	1 EA	BO	NA	GM	50 MG	20		7/8/2003	99/99/9999							
63370-0071-35	J1200			7/8/2003	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MC	DIPHENHYDRAMINE HCL (USP)	1 EA	BO	NA	GM	50 MG	20		7/8/2003	99/99/9999							
63370-0071-45	J1200			7/8/2003	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MC	DIPHENHYDRAMINE HCL (USP)	1 EA	BO	NA	GM	50 MG	20		7/8/2003	99/99/9999							
63370-0071-50	J1200			7/8/2003	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MC	DIPHENHYDRAMINE HCL (USP)	1 EA	BO	NA	GM	50 MG	20		7/8/2003	99/99/9999							
63370-0084-10	J1000			7/8/2003	99/99/9999	INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MC	ESTRADIOL CYPIONATE (USP)	1 EA	JR	NA	GM	5 MG	200		7/8/2003	99/99/9999							
63370-0084-15	J1000			7/8/2003	99/99/9999	INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MC	ESTRADIOL CYPIONATE (USP)	1 EA	JR	NA	GM	5 MG	200		7/8/2003	99/99/9999							
63370-0084-25	J1000			7/8/2003	99/99/9999	INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MC	ESTRADIOL CYPIONATE (USP)	1 EA	JR	NA	GM	5 MG	200		7/8/2003	99/99/9999							
63370-0086-10	J0970			7/8/2003	12/31/2010	INJECTION, ESTRADIOL VALERATE, UP TO 40 MC	ESTRADIOL VALERATE (U.S.P.)	1 EA	BO	NA	GM	40 MG	25		7/8/2003	12/31/2010							
63370-0086-15	J0970			7/8/2003	12/31/2010	INJECTION, ESTRADIOL VALERATE, UP TO 40 MC	ESTRADIOL VALERATE (U.S.P.)	1 EA	BO	NA	GM	40 MG	25		7/8/2003	12/31/2010							
63370-0086-25	J0970			7/8/2003	12/31/2010	INJECTION, ESTRADIOL VALERATE, UP TO 40 MC	ESTRADIOL VALERATE (U.S.P.)	1 EA	BO	NA	GM	40 MG	25		7/8/2003	12/31/2010							
63370-0088-07	J7799			12/19/2003	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	EPINEPHRINE (U.S.P.)	1 EA	BO	NA	GM	1 EA	1		12/19/2003	99/99/9999							
63370-0088-15	J7799			12/19/2003	99/99/9999	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	EPINEPHRINE (U.S.P.)	1 EA	BO	NA	GM	1 EA	1		12/19/2003	99/99/9999							
63370-0089-25	J1450			7/12/2004	99/99/9999	INJECTION FLUCONAZOLE, 200 MC	FLUCONAZOLE (USP)	1 EA	BO	NA	GM	200 MG	5		7/12/2004	99/99/9999							
63370-0089-35	J1450			7/12/2004	99/99/9999	INJECTION FLUCONAZOLE, 200 MC	FLUCONAZOLE (USP)	1 EA	BO	NA	GM	200 MG	5		7/12/2004	99/99/9999							
63370-0089-45	J1450			7/12/2004	99/99/9999	INJECTION FLUCONAZOLE, 200 MC	FLUCONAZOLE (USP)	1 EA	BO	NA	GM	200 MG	5		7/12/2004	99/99/9999							
63370-0089-50	J1450			7/12/2004	99/99/9999	INJECTION FLUCONAZOLE, 200 MC	FLUCONAZOLE (USP)	1 EA	BO	NA	GM	200 MG	5		7/12/2004	99/99/9999							
63370-0090-10	J1435			7/8/2003	99/99/9999	INJECTION, ESTRONE, PER 1 MG	ESTRONE (USP,1X1GM)	1 EA	BO	NA	GM	1 MG	1000		7/8/2003	99/99/9999							
63370-0090-15	J1435			7/8/2003	99/99/9999	INJECTION, ESTRONE, PER 1 MG	ESTRONE (USP,1X5GM)	1 EA	JR	NA	GM	1 MG	1000		7/8/2003	99/99/9999							
63370-0090-25	J1435			7/8/2003	99/99/9999	INJECTION, ESTRONE, PER 1 MG	ESTRONE (USP,1X25GM)	1 EA	BO	NA	GM	1 MG	1000		7/8/2003	99/99/9999							
63370-0090-35	J1435			7/8/2003	99/99/9999	INJECTION, ESTRONE, PER 1 MG	ESTRONE (USP,1X100GM)	1 EA	JR	NA	GM	1 MG	1000		7/8/2003	99/99/9999							
63370-0091-25	J3490			7/12/2004	99/99/9999	UNCLASSIFIED DRUGS	FAMOTIDINE (USP)	1 EA	BO	NA	GM	1 EA	1		7/12/2004	99/99/9999							
63370-0091-35	J3490			7/12/2004	99/99/9999	UNCLASSIFIED DRUGS	FAMOTIDINE (USP)	1 EA	BO	NA	GM	1 EA	1		7/12/2004	99/99/9999							
63370-0091-45	J3490			7/12/2004	99/99/9999	UNCLASSIFIED DRUGS	FAMOTIDINE (USP)	1 EA	BO	NA	GM	1 EA	1		7/12/2004	99/99/9999							
63370-0095-15	J9190			7/8/2003	99/99/9999	INJECTION, FLUOROURACIL, 500 MC	5-FLUOROURACIL (U.S.P.)	1 EA	BO	NA	GM	500 MG	2		7/8/2003	99/99/9999							

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63370-0095-15	OR	J9190	QR	1/28/2005	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	5-FLUOROURACIL (U.S.P.)	1	EA	BO	NA	GM	500 MG		2	1/28/2005	99/99/9999						
63370-0095-25	QR	J9190	QR	1/28/2005	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	5-FLUOROURACIL (U.S.P.)	1	EA	BO	NA	GM	500 MG		2	1/28/2005	99/99/9999						
63370-0095-25		J9190		7/8/2003	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	5-FLUOROURACIL (U.S.P.)	1	EA	BO	NA	GM	500 MG		2	7/8/2003	99/99/9999						
63370-0095-35		J9190		7/8/2003	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	5-FLUOROURACIL (U.S.P.)	1	EA	BO	NA	GM	500 MG		2	7/8/2003	99/99/9999						
63370-0095-35	QR	J9190	QR	1/28/2005	99/99/9999	INJECTION, FLUOROURACIL, 500 MG	5-FLUOROURACIL (U.S.P.)	1	EA	BO	NA	GM	500 MG		2	1/28/2005	99/99/9999						
63370-0098-15	J7699			7/8/2003	99/99/9999	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	GENTAMICIN SULFATE (U.S.P.)	1	EA	JR	NA	GM	1 EA		1	7/8/2003	99/99/9999						
63370-0098-25	J7699			7/8/2003	99/99/9999	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	GENTAMICIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	1 EA		1	7/8/2003	99/99/9999						
63370-0098-35	J7699			7/8/2003	99/99/9999	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	GENTAMICIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	1 EA		1	7/8/2003	99/99/9999						
63370-0098-50	J7699			7/8/2003	99/99/9999	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	GENTAMICIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	1 EA		1	7/8/2003	99/99/9999						
63370-0098-55	J7699			7/8/2003	99/99/9999	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	GENTAMICIN SULFATE (U.S.P.)	1	EA	BO	NA	GM	1 EA		1	7/8/2003	99/99/9999						
63370-0102-15	J1630			7/8/2003	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL (U.S.P.,BASE)	1	EA	BO	NA	GM	5 MG		200	7/8/2003	99/99/9999						
63370-0102-25	J1630			7/8/2003	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL (U.S.P.,BASE)	1	EA	BO	NA	GM	5 MG		200	7/8/2003	99/99/9999						
63370-0102-35	J1630			7/8/2003	99/99/9999	INJECTION, HALOPERIDOL, UP TO 5 MG	HALOPERIDOL (U.S.P.,BASE)	1	EA	BO	NA	GM	5 MG		200	7/8/2003	99/99/9999						
63370-0107-25	J3410			7/8/2003	99/99/9999	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	HYDROXYZINE HCL (U.S.P.)	1	EA	BO	NA	GM	25 MG		40	7/8/2003	99/99/9999						
63370-0107-35	J3410			7/8/2003	99/99/9999	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	HYDROXYZINE HCL (U.S.P.)	1	EA	BO	NA	GM	25 MG		40	7/8/2003	99/99/9999						
63370-0107-50	J3410			7/8/2003	99/99/9999	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	HYDROXYZINE HCL (U.S.P.)	1	EA	BO	NA	GM	25 MG		40	7/8/2003	99/99/9999						
63370-0107-55	J3410			7/8/2003	99/99/9999	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	HYDROXYZINE HCL (U.S.P.)	1	EA	BO	NA	GM	25 MG		40	7/8/2003	99/99/9999						
63370-0108-15	J1700			7/12/2004	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE MICRONIZED (USP)	1	EA	BO	NA	GM	25 MG		40	7/12/2004	99/99/9999						
63370-0108-25	J1700			7/12/2004	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE MICRONIZED (USP)	1	EA	BO	NA	GM	25 MG		40	7/12/2004	99/99/9999						
63370-0108-35	J1700			7/12/2004	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE MICRONIZED (USP)	1	EA	BO	NA	GM	25 MG		40	7/12/2004	99/99/9999						
63370-0108-45	J1700			7/12/2004	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE MICRONIZED (USP)	1	EA	BO	NA	GM	25 MG		40	7/12/2004	99/99/9999						
63370-0108-50	J1700			7/12/2004	99/99/9999	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	HYDROCORTISONE ACETATE MICRONIZED (USP)	1	EA	BO	NA	GM	25 MG		40	7/12/2004	99/99/9999						
63370-0109-10	J7317			10/24/2006	12/31/2006	INJECTION	SODIUM HYALURONATE (1X1GM)	1	EA	NA	NA	GM	20 MG		40	10/24/2006	12/31/2006						
63370-0109-10	J3490			1/1/2007	99/99/9999	UNCLASSIFIED DRUGS	SODIUM HYALURONATE (1X1GM)	1	EA	NA	NA	GM	1 EA		1	1/1/2007	99/99/9999						
63370-0109-16	J3490			1/1/2007	99/99/9999	UNCLASSIFIED DRUGS	SODIUM HYALURONATE (1X0.2GM)	1	EA	NA	NA	GM	1 EA		1	1/1/2007	99/99/9999						
63370-0109-16	J7317			10/24/2006	12/31/2006	INJECTION	SODIUM HYALURONATE (1X0.2GM)	1	EA	NA	NA	GM	20 MG		40	10/24/2006	12/31/2006						
63370-0120-10	J7644			7/8/2003	12/31/2006	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (EP)	1	EA	BO	NA	GM	1 MG		1000	7/8/2003	12/31/2006						
63370-0120-10	KO	J7644	KO	7/8/2003	12/31/2006	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (EP)	1	EA	BO	NA	GM	1 MG		1000	7/8/2003	12/31/2006						
63370-0120-10	J7645			1/1/2007	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (EP)	1	EA	BO	NA	GM	1 MG		1000	1/1/2007	99/99/9999						
63370-0120-10	KO	J7645	KO	1/1/2007	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (EP)	1	EA	BO	NA	GM	1 MG		1000	1/1/2007	99/99/9999						
63370-0120-15	KO	J7645	KO	1/1/2007	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (EP)	1	EA	BO	NA	GM	1 MG		1000	1/1/2007	99/99/9999						
63370-0120-15	J7645			1/1/2007	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (EP)	1	EA	BO	NA	GM	1 MG		1000	1/1/2007	99/99/9999						
63370-0120-15	KO	J7644	KO	7/8/2003	12/31/2006	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (EP)	1	EA	BO	NA	GM	1 MG		1000	7/8/2003	12/31/2006						
63370-0120-15	J7644			7/8/2003	12/31/2006	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (EP)	1	EA	BO	NA	GM	1 MG		1000	7/8/2003	12/31/2006						
63370-0120-25	J7644			7/8/2003	12/31/2006	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (EP)	1	EA	BO	NA	GM	1 MG		1000	7/8/2003	12/31/2006						
63370-0120-25	KO	J7644	KO	7/8/2003	12/31/2006	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (EP)	1	EA	BO	NA	GM	1 MG		1000	7/8/2003	12/31/2006						
63370-0120-25	J7645			1/1/2007	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (EP)	1	EA	BO	NA	GM	1 MG		1000	1/1/2007	99/99/9999						
63370-0120-25	KO	J7645	KO	1/1/2007	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (EP)	1	EA	BO	NA	GM	1 MG		1000	1/1/2007	99/99/9999						
63370-0120-35	KO	J7645	KO	1/1/2007	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (EP)	1	EA	BO	NA	GM	1 MG		1000	1/1/2007	99/99/9999						
63370-0120-35	J7645			1/1/2007	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (EP)	1	EA	BO	NA	GM	1 MG		1000	1/1/2007	99/99/9999						
63370-0120-35	J7644			7/8/2003	12/31/2006	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (EP)	1	EA	BO	NA	GM	1 MG		1000	7/8/2003	12/31/2006						
63370-0120-35	KO	J7644	KO	7/8/2003	12/31/2006	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (EP)	1	EA	BO	NA	GM	1 MG		1000	7/8/2003	12/31/2006						
63370-0120-50	KO	J7645	KO	1/1/2007	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (EP)	1	EA	BO	NA	GM	1 MG		1000	1/1/2007	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63370-0120-50	J7645			1/1/2007	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (EP)	1 EA	BO	NA	GM		1 MG	1000	1/1/2007	99/99/9999							
63370-0120-50	J7644			7/8/2003	12/31/2006	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (EP)	1 EA	BO	NA	GM		1 MG	1000	7/8/2003	12/31/2006							
63370-0120-50	KO J7644	KO		7/8/2003	12/31/2006	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (EP)	1 EA	BO	NA	GM		1 MG	1000	7/8/2003	12/31/2006							
63370-0122-15	J1835			7/8/2003	99/99/9999	INJECTION, ITRACONAZOLE, 50 MG	ITRACONAZOLE MICRONIZEE	1 EA	JR	NA	GM		50 MG	20	7/8/2003	99/99/9999							
63370-0122-25	J1835			7/8/2003	99/99/9999	INJECTION, ITRACONAZOLE, 50 MG	ITRACONAZOLE MICRONIZEE	1 EA	BO	NA	GM		50 MG	20	7/8/2003	99/99/9999							
63370-0122-35	J1835			7/8/2003	99/99/9999	INJECTION, ITRACONAZOLE, 50 MG	ITRACONAZOLE MICRONIZEE	1 EA	BO	NA	GM		50 MG	20	7/8/2003	99/99/9999							
63370-0124-20	J1840			7/8/2003	99/99/9999	INJECTION, KANAMYCIN SULFATE, UP TO 500 MG	KANAMYCIN SULFATE (U.S.P.)	1 EA	BO	NA	GM		500 MG	2	7/8/2003	99/99/9999							
63370-0124-25	J1840			7/8/2003	99/99/9999	INJECTION, KANAMYCIN SULFATE, UP TO 500 MG	KANAMYCIN SULFATE (U.S.P.)	1 EA	BO	NA	GM		500 MG	2	7/8/2003	99/99/9999							
63370-0124-35	J1840			7/8/2003	99/99/9999	INJECTION, KANAMYCIN SULFATE, UP TO 500 MG	KANAMYCIN SULFATE (U.S.P.)	1 EA	BO	NA	GM		500 MG	2	7/8/2003	99/99/9999							
63370-0138-10	J1030			10/25/2006	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE MICRO (1X1GM,USP)	1 EA	NA	NA	GM		40 MG	25	10/25/2006	99/99/9999							
63370-0138-15	J1030			10/25/2006	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE MICRO (1X5GM,USP)	1 EA	NA	NA	GM		40 MG	25	10/25/2006	99/99/9999							
63370-0138-25	J1030			10/25/2006	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE MICRO (1X25GM,USP)	1 EA	NA	NA	GM		40 MG	25	10/25/2006	99/99/9999							
63370-0138-35	J1030			10/25/2006	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE MICRO (1X100GM,USP)	1 EA	NA	NA	GM		40 MG	25	10/25/2006	99/99/9999							
63370-0138-50	J1030			10/25/2006	99/99/9999	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	METHYLPREDNISOLONE ACETATE MICRO (1X1000GM,USP)	1 EA	NA	NA	GM		40 MG	25	10/25/2006	99/99/9999							
63370-0141-15	J2765			7/8/2003	99/99/9999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE HCL (U.S.P., MONOHYDRATE)	1 EA	BO	NA	GM		10 MG	100	7/8/2003	99/99/9999							
63370-0141-25	J2765			7/8/2003	99/99/9999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE HCL (U.S.P., MONOHYDRATE)	1 EA	BO	NA	GM		10 MG	100	7/8/2003	99/99/9999							
63370-0141-35	J2765			7/8/2003	99/99/9999	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	METOCLOPRAMIDE HCL (U.S.P., MONOHYDRATE)	1 EA	BO	NA	GM		10 MG	100	7/8/2003	99/99/9999							
63370-0143-35	J2800			7/8/2003	99/99/9999	INJECTION, METHOCARBAMOL, UP TO 10 ML	METHOCARBAMOL (U.S.P.)	1 EA	BO	NA	GM		10 ML	1	7/8/2003	99/99/9999							
63370-0143-45	J2800			7/8/2003	99/99/9999	INJECTION, METHOCARBAMOL, UP TO 10 ML	METHOCARBAMOL (U.S.P.)	1 EA	BO	NA	GM		10 ML	1	7/8/2003	99/99/9999							
63370-0143-50	J2800			7/8/2003	99/99/9999	INJECTION, METHOCARBAMOL, UP TO 10 ML	METHOCARBAMOL (U.S.P.)	1 EA	BO	NA	GM		10 ML	1	7/8/2003	99/99/9999							
63370-0145-14	J2001			1/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MC	LIDOCAINE HCL (U.S.P.)	1 EA	BO	NA	GM		10 MG	100	1/1/2004	99/99/9999							
63370-0145-25	J2001			1/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MC	LIDOCAINE HCL (U.S.P.)	1 EA	BO	NA	GM		10 MG	100	1/1/2004	99/99/9999							
63370-0145-35	J2001			1/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MC	LIDOCAINE HCL (U.S.P.)	1 EA	BO	NA	GM		10 MG	100	1/1/2004	99/99/9999							
63370-0145-50	J2001			1/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MC	LIDOCAINE HCL (U.S.P.)	1 EA	BO	NA	GM		10 MG	100	1/1/2004	99/99/9999							
63370-0145-55	J2001			1/1/2004	99/99/9999	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MC	LIDOCAINE HCL (U.S.P.)	1 EA	BO	NA	GM		10 MG	100	1/1/2004	99/99/9999							
63370-0152-25	J3490			7/8/2003	99/99/9999	UNCLASSIFIED DRUGS	METRONIDAZOLE (U.S.P.)	1 EA	BO	NA	GM		1 EA	1	7/8/2003	99/99/9999							
63370-0152-35	J3490			7/8/2003	99/99/9999	UNCLASSIFIED DRUGS	METRONIDAZOLE (U.S.P.)	1 EA	BO	NA	GM		1 EA	1	7/8/2003	99/99/9999							
63370-0152-45	J3490			7/8/2003	99/99/9999	UNCLASSIFIED DRUGS	METRONIDAZOLE (U.S.P.)	1 EA	BO	NA	GM		1 EA	1	7/8/2003	99/99/9999							
63370-0153-20	J7669			7/8/2003	12/31/2006	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM		10 MG	100	7/8/2003	12/31/2006							
63370-0153-20	KO J7670	KO		1/1/2007	99/99/9999	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM		10 MG	100	1/1/2007	99/99/9999							
63370-0153-20	KO J7669	KO		7/8/2003	12/31/2006	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM		10 MG	100	7/8/2003	12/31/2006							
63370-0153-20	J7670			1/1/2007	99/99/9999	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM		10 MG	100	1/1/2007	99/99/9999							
63370-0153-25	J7669			7/8/2003	12/31/2006	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM		10 MG	100	7/8/2003	12/31/2006							
63370-0153-25	KO J7669	KO		7/8/2003	12/31/2006	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM		10 MG	100	7/8/2003	12/31/2006							
63370-0153-25	J7670			1/1/2007	99/99/9999	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM		10 MG	100	1/1/2007	99/99/9999							
63370-0153-25	KO J7670	KO		1/1/2007	99/99/9999	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM		10 MG	100	1/1/2007	99/99/9999							
63370-0153-35	J7670			1/1/2007	99/99/9999	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM		10 MG	100	1/1/2007	99/99/9999							
63370-0153-35	KO J7670	KO		1/1/2007	99/99/9999	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM		10 MG	100	1/1/2007	99/99/9999							
63370-0153-35	J7669			7/8/2003	12/31/2006	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM		10 MG	100	7/8/2003	12/31/2006							

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63370-0153-35	KO	J7669	KO	7/8/2003	12/31/2006	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM		10 MG		100	7/8/2003	12/31/2006						
63370-0153-45	KO	J7670	KO	1/1/2007	99/99/9999	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM		10 MG		100	1/1/2007	99/99/9999						
63370-0153-45		J7670		1/1/2007	99/99/9999	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM		10 MG		100	1/1/2007	99/99/9999						
63370-0153-45		J7669		7/8/2003	12/31/2006	METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM		10 MG		100	7/8/2003	12/31/2006						
63370-0153-45	KO	J7669	KO	7/8/2003	12/31/2006	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	METAPROTERENOL SULFATE (U.S.P.)	1 EA	BO	NA	GM		10 MG		100	7/8/2003	12/31/2006						
63370-0154-10		J8610		7/8/2003	99/99/9999	METHOTREXATE; ORAL, 2.5 MG	METHOTREXATE (U.S.P.)	1 EA	BO	NA	GM		2.5 MG		400	7/8/2003	99/99/9999						
63370-0154-15		J8610		7/8/2003	99/99/9999	METHOTREXATE; ORAL, 2.5 MG	METHOTREXATE (U.S.P.)	1 EA	BO	NA	GM		2.5 MG		400	7/8/2003	99/99/9999						
63370-0154-25		J8610		7/8/2003	99/99/9999	METHOTREXATE; ORAL, 2.5 MG	METHOTREXATE (U.S.P.)	1 EA	BO	NA	GM		2.5 MG		400	7/8/2003	99/99/9999						
63370-0165-15		J2440		7/8/2003	99/99/9999	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HYDROCHLORIDE (U.S.P.)	1 EA	BO	NA	GM		60 MG	16.66666		7/8/2003	99/99/9999						
63370-0165-25		J2440		7/8/2003	99/99/9999	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HYDROCHLORIDE (U.S.P.)	1 EA	BO	NA	GM		60 MG	16.66666		7/8/2003	99/99/9999						
63370-0165-35	J2440			7/8/2003	99/99/9999	INJECTION, PAPAVERINE HCL, UP TO 60 MG	PAPAVERINE HYDROCHLORIDE (U.S.P.)	1 EA	BO	NA	GM		60 MG	16.66666		7/8/2003	99/99/9999						
63370-0170-06	J2760			7/8/2003	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	1 EA	BO	NA	GM		5 MG		200	7/8/2003	99/99/9999						
63370-0170-09	J2760			7/8/2003	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	1 EA	BO	NA	GM		5 MG		200	7/8/2003	99/99/9999						
63370-0170-10	J2760			7/8/2003	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	1 EA	BO	NA	GM		5 MG		200	7/8/2003	99/99/9999						
63370-0170-15	J2760			7/8/2003	99/99/9999	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	PHENTOLAMINE MESYLATE (U.S.P.)	1 EA	BO	NA	GM		5 MG		200	7/8/2003	99/99/9999						
63370-0176-25	J1165			7/8/2003	99/99/9999	INJECTION, PHENYTOIN SODIUM, PER 50 MC	PHENYTOIN SODIUM (U.S.P.)	1 EA	BO	NA	GM		50 MG		20	7/8/2003	99/99/9999						
63370-0176-35	J1165			7/8/2003	99/99/9999	INJECTION, PHENYTOIN SODIUM, PER 50 MC	PHENYTOIN SODIUM (U.S.P.)	1 EA	BO	NA	GM		50 MG		20	7/8/2003	99/99/9999						
63370-0176-45	J1165			7/8/2003	99/99/9999	INJECTION, PHENYTOIN SODIUM, PER 50 MC	PHENYTOIN SODIUM (U.S.P.)	1 EA	BO	NA	GM		50 MG		20	7/8/2003	99/99/9999						
63370-0176-53	J1165			7/8/2003	99/99/9999	INJECTION, PHENYTOIN SODIUM, PER 50 MC	PHENYTOIN SODIUM (U.S.P.)	1 EA	BO	NA	GM		50 MG		20	7/8/2003	99/99/9999						
63370-0194-15	J7506			7/12/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM		5 MG		200	7/12/2004	99/99/9999						
63370-0194-25	J7506			7/12/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM		5 MG		200	7/12/2004	99/99/9999						
63370-0194-35	J7506			7/12/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM		5 MG		200	7/12/2004	99/99/9999						
63370-0194-45	J7506			7/12/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM		5 MG		200	7/12/2004	99/99/9999						
63370-0194-50	J7506			7/12/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM		5 MG		200	7/12/2004	99/99/9999						
63370-0195-15	J2650			7/8/2003	99/99/9999	INJECTION, PREDNISOLONE ACETATE, UP TO 1 ML	PREDNISOLONE ACETATE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM		1 ML		20	7/8/2003	99/99/9999						
63370-0195-25	J2650			7/8/2003	99/99/9999	INJECTION, PREDNISOLONE ACETATE, UP TO 1 ML	PREDNISOLONE ACETATE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM		1 ML		20	7/8/2003	99/99/9999						
63370-0195-35	J2650			7/8/2003	99/99/9999	INJECTION, PREDNISOLONE ACETATE, UP TO 1 ML	PREDNISOLONE ACETATE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM		1 ML		20	7/8/2003	99/99/9999						
63370-0195-50	J2650			7/8/2003	99/99/9999	INJECTION, PREDNISOLONE ACETATE, UP TO 1 ML	PREDNISOLONE ACETATE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM		1 ML		20	7/8/2003	99/99/9999						
63370-0195-55	J2650			7/8/2003	99/99/9999	INJECTION, PREDNISOLONE ACETATE, UP TO 1 ML	PREDNISOLONE ACETATE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM		1 ML		20	7/8/2003	99/99/9999						
63370-0198-25	Q0165			12/19/2003	99/99/9999	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	PROCHLORPERAZINE MALEATE (USP)	1 EA	BO	NA	GM		10 MG		100	12/19/2003	99/99/9999						
63370-0198-35	Q0165			12/19/2003	99/99/9999	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	PROCHLORPERAZINE MALEATE (USP)	1 EA	BO	NA	GM		10 MG		100	12/19/2003	99/99/9999						
63370-0198-45	Q0165			12/19/2003	99/99/9999	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	PROCHLORPERAZINE MALEATE (USP)	1 EA	BO	NA	GM		10 MG		100	12/19/2003	99/99/9999						
63370-0199-35	J2675			2/25/2004	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE MICRONIZED (USP,SOY)	1 EA	BO	NA	GM		50 MG		20	2/25/2004	99/99/9999						
63370-0199-45	J2675			2/25/2004	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE MICRONIZED (USP,SOY)	1 EA	BO	NA	GM		50 MG		20	2/25/2004	99/99/9999						
63370-0199-50	J2675			2/25/2004	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE MICRONIZED (USP,SOY)	1 EA	BO	NA	GM		50 MG		20	2/25/2004	99/99/9999						
63370-0199-55	J2675			2/25/2004	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE MICRONIZED (USP,SOY)	1 EA	BO	NA	GM		50 MG		20	2/25/2004	99/99/9999						
63370-0199-62	J2675			2/25/2004	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE MICRONIZED (USP,SOY)	1 EA	BO	NA	GM		50 MG		20	2/25/2004	99/99/9999						
63370-0200-35	J2675			12/19/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (USP,YAM)	1 EA	BO	NA	GM		50 MG		20	12/19/2003	99/99/9999						
63370-0200-45	J2675			12/19/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (USP,YAM)	1 EA	BO	NA	GM		50 MG		20	12/19/2003	99/99/9999						
63370-0200-50	J2675			7/8/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE MICRONIZED (YAM)	1 EA	BO	NA	GM		50 MG		20	7/8/2003	99/99/9999						
63370-0200-55	J2675			12/19/2003	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE (USP,YAM)	1 EA	BO	NA	GM		50 MG		20	12/19/2003	99/99/9999						
63370-0202-35	J2675			7/12/2004	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE WETTABLE (U.S.P.,YAM)	1 EA	BO	NA	GM		50 MG		20	7/12/2004	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63370-0202-45	J2675			7/12/2004	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE WETTABLE (U.S.P.,YAM)	1 EA	BO	NA	GM		50 MG		20	7/12/2004	99/99/9999						
63370-0202-50	J2675			7/12/2004	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE WETTABLE (U.S.P.,YAM)	1 EA	BO	NA	GM		50 MG		20	7/12/2004	99/99/9999						
63370-0203-25	J2550			7/8/2003	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (U.S.P.)	1 EA	BO	NA	GM		50 MG		20	7/8/2003	99/99/9999						
63370-0203-35	J2550			7/8/2003	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (U.S.P.)	1 EA	BO	NA	GM		50 MG		20	7/8/2003	99/99/9999						
63370-0203-45	J2550			7/8/2003	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (U.S.P.)	1 EA	BO	NA	GM		50 MG		20	7/8/2003	99/99/9999						
63370-0203-50	J2550			7/8/2003	99/99/9999	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (U.S.P.)	1 EA	BO	NA	GM		50 MG		20	7/8/2003	99/99/9999						
63370-0204-35	J2675			2/25/2004	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE MICRONIZED (YAM)	1 EA	BO	NA	GM		50 MG		20	2/25/2004	99/99/9999						
63370-0204-45	J2675			2/25/2004	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE MICRONIZED (YAM)	1 EA	BO	NA	GM		50 MG		20	2/25/2004	99/99/9999						
63370-0204-50	J2675			2/25/2004	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE MICRONIZED (YAM)	1 EA	BO	NA	GM		50 MG		20	2/25/2004	99/99/9999						
63370-0204-55	J2675			2/25/2004	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE MICRONIZED (YAM)	1 EA	BO	NA	GM		50 MG		20	2/25/2004	99/99/9999						
63370-0204-62	J2675			2/25/2004	99/99/9999	INJECTION, PROGESTERONE, PER 50 MG	PROGESTERONE MICRONIZED (YAM)	1 EA	BO	NA	GM		50 MG		20	2/25/2004	99/99/9999						
63370-0205-25	J1800			7/8/2003	99/99/9999	INJECTION, PROPRANOLOL HCL, UP TO 1 MG	PROPRANOLOL HCL (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	7/8/2003	99/99/9999						
63370-0205-35	J1800			7/8/2003	99/99/9999	INJECTION, PROPRANOLOL HCL, UP TO 1 MG	PROPRANOLOL HCL (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	7/8/2003	99/99/9999						
63370-0205-45	J1800			7/8/2003	99/99/9999	INJECTION, PROPRANOLOL HCL, UP TO 1 MG	PROPRANOLOL HCL (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	7/8/2003	99/99/9999						
63370-0210-04	J0270			7/8/2003	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)	ALPROSTADIL (U.S.P.)	1 EA	BO	NA	GM		1.25 MCG		800000	7/8/2003	99/99/9999						
63370-0210-06	J0270			7/8/2003	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)	ALPROSTADIL (U.S.P.)	1 EA	BO	NA	GM		1.25 MCG		800000	7/8/2003	99/99/9999						
63370-0210-10	J0270			7/8/2003	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)	ALPROSTADIL (U.S.P.)	1 EA	BO	NA	GM		1.25 MCG		800000	7/8/2003	99/99/9999						
63370-0218-25	J2780			7/8/2003	99/99/9999	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE HCL (U.S.P.)	1 EA	JR	NA	GM		25 MG		40	7/8/2003	99/99/9999						
63370-0218-35	J2780			7/8/2003	99/99/9999	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE HCL (U.S.P.)	1 EA	JR	NA	GM		25 MG		40	7/8/2003	99/99/9999						
63370-0218-45	J2780			7/8/2003	99/99/9999	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE HCL (U.S.P.)	1 EA	BO	NA	GM		25 MG		40	7/8/2003	99/99/9999						
63370-0218-50	J2780			7/8/2003	99/99/9999	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	RANITIDINE HCL (U.S.P.)	1 EA	BO	NA	GM		25 MG		40	7/8/2003	99/99/9999						
63370-0233-35	J3000			7/8/2003	99/99/9999	INJECTION, STREPTOMYCIN, UP TO 1 GM	STREPTOMYCIN SULFATE (U.S.P., NON-STERILE)	1 EA	BO	NA	GM		1 GM		1	7/8/2003	99/99/9999						
63370-0233-50	J3000			7/8/2003	99/99/9999	INJECTION, STREPTOMYCIN, UP TO 1 GM	STREPTOMYCIN SULFATE (U.S.P., NON-STERILE)	1 EA	BO	NA	GM		1 GM		1	7/8/2003	99/99/9999						
63370-0250-15	J7681			7/8/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	7/8/2003	99/99/9999						
63370-0250-15	CO J7681	CO		7/8/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	7/8/2003	99/99/9999						
63370-0250-20	J7681			7/8/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	7/8/2003	99/99/9999						
63370-0250-20	CO J7681	CO		7/8/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	7/8/2003	99/99/9999						
63370-0250-25	CO J7681	CO		7/8/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	7/8/2003	99/99/9999						
63370-0250-25	J7681			7/8/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	7/8/2003	99/99/9999						
63370-0250-35	CO J7681	CO		7/8/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	7/8/2003	99/99/9999						
63370-0250-35	J7681			7/8/2003	99/99/9999	ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	TERBUTALINE SULFATE (U.S.P.)	1 EA	BO	NA	GM		1 MG		1000	7/8/2003	99/99/9999						
63370-0275-10	CO J7685	CO		1/1/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1 EA	BO	NA	GM		300 MG		3.33333	1/1/2007	99/99/9999						
63370-0275-10	J7685			1/1/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1 EA	BO	NA	GM		300 MG		3.33333	1/1/2007	99/99/9999						
63370-0275-10	J7682			7/8/2003	12/31/2006	MILLIGRAMS TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300	TOBRAMYCIN SULFATE (U.S.P.)	1 EA	BO	NA	GM		300 MG		3.33333	7/8/2003	12/31/2006						
63370-0275-10	CO J7682	CO		7/8/2003	12/31/2006	MILLIGRAMS TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300	TOBRAMYCIN SULFATE (U.S.P.)	1 EA	BO	NA	GM		300 MG		3.33333	7/8/2003	12/31/2006						
63370-0275-15	J7682			7/8/2003	12/31/2006	MILLIGRAMS TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300	TOBRAMYCIN SULFATE (U.S.P.)	1 EA	BO	NA	GM		300 MG		3.33333	7/8/2003	12/31/2006						
63370-0275-15	CO J7682	CO		7/8/2003	12/31/2006	MILLIGRAMS TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300	TOBRAMYCIN SULFATE (U.S.P.)	1 EA	BO	NA	GM		300 MG		3.33333	7/8/2003	12/31/2006						
63370-0275-15	J7685			1/1/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1 EA	BO	NA	GM		300 MG		3.33333	1/1/2007	99/99/9999						
63370-0275-15	CO J7685	CO		1/1/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1 EA	BO	NA	GM		300 MG		3.33333	1/1/2007	99/99/9999						
63370-0275-25	CO J7685	CO		1/1/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1 EA	BO	NA	GM		300 MG		3.33333	1/1/2007	99/99/9999						
63370-0275-25	J7685			1/1/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1 EA	BO	NA	GM		300 MG		3.33333	1/1/2007	99/99/9999						
63370-0275-25	J7682			7/8/2003	12/31/2006	MILLIGRAMS TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300	TOBRAMYCIN SULFATE (U.S.P.)	1 EA	BO	NA	GM		300 MG		3.33333	7/8/2003	12/31/2006						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63370-0275-25	KO	J7682	KO	7/8/2003	12/31/2006	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1 EA	BO	NA	GM	300 MG	3.33333	7/8/2003	12/31/2006								
63370-0275-35		J7682		7/8/2003	12/31/2006	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1 EA	BO	NA	GM	300 MG	3.33333	7/8/2003	12/31/2006								
63370-0275-35	KO	J7685	KO	1/1/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1 EA	BO	NA	GM	300 MG	3.33333	1/1/2007	99/99/9999								
63370-0275-35	KO	J7682	KO	7/8/2003	12/31/2006	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1 EA	BO	NA	GM	300 MG	3.33333	7/8/2003	12/31/2006								
63370-0275-35		J7685		1/1/2007	99/99/9999	TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MILLIGRAMS	TOBRAMYCIN SULFATE (U.S.P.)	1 EA	BO	NA	GM	300 MG	3.33333	1/1/2007	99/99/9999								
63370-0300-15	J3301			7/8/2003	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	TRIAMCINOLONE ACETONIDE MICRONIZED	1 EA	BO	NA	GM	10 MG	100	7/8/2003	99/99/9999								
63370-0300-20	J3301			7/8/2003	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	TRIAMCINOLONE ACETONIDE	1 EA	BO	NA	GM	10 MG	100	7/8/2003	99/99/9999								
63370-0300-25	J3301			7/8/2003	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	TRIAMCINOLONE ACETONIDE MICRONIZED	1 EA	BO	NA	GM	10 MG	100	7/8/2003	99/99/9999								
63370-0300-35	J3301			7/8/2003	99/99/9999	INJECTION, TRIAMCINOLONE ACETONIDE, NOT OTHERWISE SPECIFIED, 10 MG	TRIAMCINOLONE ACETONIDE	1 EA	BO	NA	GM	10 MG	100	7/8/2003	99/99/9999								
63370-0350-10	J3370			7/8/2003	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (U.S.P.)	1 EA	BO	NA	GM	500 MG	2	7/8/2003	99/99/9999								
63370-0350-15	J3370			7/8/2003	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (U.S.P.)	1 EA	BO	NA	GM	500 MG	2	7/8/2003	99/99/9999								
63370-0350-25	J3370			7/8/2003	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (U.S.P.)	1 EA	BO	NA	GM	500 MG	2	7/8/2003	99/99/9999								
63370-0350-35	J3370			7/8/2003	99/99/9999	INJECTION, VANCOMYCIN HCL, 500 MG	VANCOMYCIN HCL (U.S.P.)	1 EA	BO	NA	GM	500 MG	2	7/8/2003	99/99/9999								
63370-0414-35	J1955			10/24/2006	99/99/9999	INJECTION, LEVOCARNITINE, PER 1 GM	LEVOCARNITINE (1X100GM,USP)	1 EA	BO	NA	GM	1 GM	1	10/24/2006	99/99/9999								
63370-0414-45	J1955			10/24/2006	99/99/9999	INJECTION, LEVOCARNITINE, PER 1 GM	LEVOCARNITINE (1X500GM,USP)	1 EA	BO	NA	GM	1 GM	1	10/24/2006	99/99/9999								
63370-0414-50	J1955			10/24/2006	99/99/9999	INJECTION, LEVOCARNITINE, PER 1 GM	LEVOCARNITINE (1X100GM,USP)	1 EA	BO	NA	GM	1 GM	1	10/24/2006	99/99/9999								
63370-0414-53	J1955			10/24/2006	99/99/9999	INJECTION, LEVOCARNITINE, PER 1 GM	LEVOCARNITINE (1X250GM,USP)	1 EA	BO	NA	GM	1 GM	1	10/24/2006	99/99/9999								
63370-0432-35	J3520			10/24/2006	99/99/9999	EDETATE DISODIUM, PER 150 MG	EDETATE DISODIUM (1X100GM,USP)	1 EA	BO	NA	GM	150 MG	6.66666	10/24/2006	99/99/9999								
63370-0432-50	J3520			10/24/2006	99/99/9999	EDETATE DISODIUM, PER 150 MG	EDETATE DISODIUM (1X100GM,USP)	1 EA	BO	NA	GM	150 MG	6.66666	10/24/2006	99/99/9999								
63370-0462-10	J3430			10/25/2006	99/99/9999	INJECTION, PHYTONADIONE (VITAMIN K), PER 1 MG	PHYTONADIONE (1X1GM,USP)	1 EA	BO	NA	GM	1 MG	1000	10/25/2006	99/99/9999								
63370-0462-15	J3430			10/25/2006	99/99/9999	INJECTION, PHYTONADIONE (VITAMIN K), PER 1 MG	PHYTONADIONE (1X5GM,USP)	1 EA	BO	NA	GM	1 MG	1000	10/25/2006	99/99/9999								
63370-0462-25	J3430			10/25/2006	99/99/9999	INJECTION, PHYTONADIONE (VITAMIN K), PER 1 MG	PHYTONADIONE (1X25GM,USP)	1 EA	BO	NA	GM	1 MG	1000	10/25/2006	99/99/9999								
63370-0472-35	J3415			10/26/2006	99/99/9999	INJECTION, PYRIDOXINE HCL, 100 MG	PYRIDOXINE HYDROCHLORIDE (1X100GM,USP)	1 EA	BO	NA	GM	100 MG	10	10/26/2006	99/99/9999								
63370-0472-45	J3415			10/26/2006	99/99/9999	INJECTION, PYRIDOXINE HCL, 100 MG	PYRIDOXINE HYDROCHLORIDE (1X500GM,USP)	1 EA	BO	NA	GM	100 MG	10	10/26/2006	99/99/9999								
63370-0472-50	J3415			10/26/2006	99/99/9999	INJECTION, PYRIDOXINE HCL, 100 MG	PYRIDOXINE HYDROCHLORIDE (1X100GM,USP)	1 EA	BO	NA	GM	100 MG	10	10/26/2006	99/99/9999								
63370-0472-53	J3415			10/26/2006	99/99/9999	INJECTION, PYRIDOXINE HCL, 100 MG	PYRIDOXINE HYDROCHLORIDE (1X2500GM,USP)	1 EA	BO	NA	GM	100 MG	10	10/26/2006	99/99/9999								
63370-0485-35	J3411			10/26/2006	99/99/9999	INJECTION, THIAMINE HCL, 100 MG	THIAMINE HYDROCHLORIDE (1X100GM,USP)	1 EA	BO	NA	GM	100 MG	10	10/26/2006	99/99/9999								
63370-0485-45	J3411			10/26/2006	99/99/9999	INJECTION, THIAMINE HCL, 100 MG	THIAMINE HYDROCHLORIDE (1X500GM,USP)	1 EA	BO	NA	GM	100 MG	10	10/26/2006	99/99/9999								
63370-0485-50	J3411			10/26/2006	99/99/9999	INJECTION, THIAMINE HCL, 100 MG	THIAMINE HYDROCHLORIDE (1X100GM,USP)	1 EA	BO	NA	GM	100 MG	10	10/26/2006	99/99/9999								
63370-0485-53	J3411			10/26/2006	99/99/9999	INJECTION, THIAMINE HCL, 100 MG	THIAMINE HYDROCHLORIDE (1X250GM,USP)	1 EA	BO	NA	GM	100 MG	10	10/26/2006	99/99/9999								
63370-0905-06	J0592			7/8/2003	99/99/9999	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	BUPRENORPHINE HYDROCHLORIDE (USP)	1 EA	JR	NA	GM	0.1 MG	10000	7/8/2003	99/99/9999								
63370-0905-09	J0592			7/8/2003	99/99/9999	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	BUPRENORPHINE HYDROCHLORIDE (USP)	1 EA	JR	NA	GM	0.1 MG	10000	7/8/2003	99/99/9999								
63370-0905-10	J0592			7/8/2003	99/99/9999	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	BUPRENORPHINE HYDROCHLORIDE (USP)	1 EA	JR	NA	GM	0.1 MG	10000	7/8/2003	99/99/9999								
63370-0905-15	J0592			7/8/2003	99/99/9999	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	BUPRENORPHINE HYDROCHLORIDE (USP)	1 EA	JR	NA	GM	0.1 MG	10000	7/8/2003	99/99/9999								
63370-0910-15	J0745			7/8/2003	99/99/9999	INJECTION, CODEINE PHOSPHATE, PER 30 MG	CODEINE PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM	30 MG	33.33333	7/8/2003	99/99/9999								
63370-0910-25	J0745			7/8/2003	99/99/9999	INJECTION, CODEINE PHOSPHATE, PER 30 MG	CODEINE PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM	30 MG	33.33333	7/8/2003	99/99/9999								
63370-0910-35	J0745			7/8/2003	99/99/9999	INJECTION, CODEINE PHOSPHATE, PER 30 MG	CODEINE PHOSPHATE (U.S.P.)	1 EA	BO	NA	GM	30 MG	33.33333	7/8/2003	99/99/9999								
63370-0920-06	J3010			7/8/2003	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (U.S.P.)	1 EA	BO	NA	GM	0.1 MG	10000	7/8/2003	99/99/9999								
63370-0920-09	J3010			7/8/2003	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (U.S.P.)	1 EA	JR	NA	GM	0.1 MG	10000	7/8/2003	99/99/9999								
63370-0920-10	J3010			7/8/2003	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (U.S.P.)	1 EA	BO	NA	GM	0.1 MG	10000	7/8/2003	99/99/9999								
63370-0920-15	J3010			7/8/2003	99/99/9999	INJECTION, FENTANYL CITRATE, 0.1 MG	FENTANYL CITRATE (U.S.P.)	1 EA	JR	NA	GM	0.1 MG	10000	7/8/2003	99/99/9999								
63370-0930-10	J1170			7/8/2003	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (U.S.P.)	1 EA	BO	NA	GM	4 MG	250	7/8/2003	99/99/9999								
63370-0930-15	J1170			7/8/2003	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (U.S.P.)	1 EA	BO	NA	GM	4 MG	250	7/8/2003	99/99/9999								
63370-0930-20	J1170			7/8/2003	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (U.S.P.)	1 EA	BO	NA	GM	4 MG	250	7/8/2003	99/99/9999								
63370-0930-25	J1170			7/8/2003	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (U.S.P.)	1 EA	JR	NA	GM	4 MG	250	7/8/2003	99/99/9999								
63370-0930-35	J1170			7/8/2003	99/99/9999	INJECTION, HYDROMORPHONE, UP TO 4 MG	HYDROMORPHONE HCL (U.S.P.)	1 EA	JR	NA	GM	4 MG	250	7/8/2003	99/99/9999								
63370-0935-10	J2060			7/8/2003	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (U.S.P.)	1 EA	BO	NA	GM	2 MG	500	7/8/2003	99/99/9999								
63370-0935-15	J2060			7/8/2003	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (U.S.P.)	1 EA	BO	NA	GM	2 MG	500	7/8/2003	99/99/9999								
63370-0935-25	J2060			7/8/2003	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (U.S.P.)	1 EA	BO	NA	GM	2 MG	500	7/8/2003	99/99/9999								
63370-0935-35	J2060			7/8/2003	99/99/9999	INJECTION, LORAZEPAM, 2 MG	LORAZEPAM (U.S.P.)	1 EA	BO	NA	GM	2 MG	500	7/8/2003	99/99/9999								
63370-0937-15	J2175			7/8/2003	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	MEPERIDINE HCL (U.S.P.)	1 EA	BO	NA	GM	100 MG	10	7/8/2003	99/99/9999								

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63370-0937-25		J2175		7/8/2003	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MC	MEPERIDINE HCL (U.S.P.)	1 EA	BO	NA	GM	100 MG	10	7/8/2003	99/99/9999								
63370-0937-35		J2175		7/8/2003	99/99/9999	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MC	MEPERIDINE HCL (U.S.P.)	1 EA	BO	NA	GM	100 MG	10	7/8/2003	99/99/9999								
63370-0939-15		J1230		7/8/2003	99/99/9999	INJECTION, METHADONE HCL, UP TO 10 MG	METHADONE HCL (U.S.P.)	1 EA	BO	NA	GM	10 MG	100	7/8/2003	99/99/9999								
63370-0939-25		J1230		7/8/2003	99/99/9999	INJECTION, METHADONE HCL, UP TO 10 MG	METHADONE HCL (U.S.P.)	1 EA	BO	NA	GM	10 MG	100	7/8/2003	99/99/9999								
63370-0939-35		J1230		7/8/2003	99/99/9999	INJECTION, METHADONE HCL, UP TO 10 MG	METHADONE HCL (U.S.P.)	1 EA	BO	NA	GM	10 MG	100	7/8/2003	99/99/9999								
63370-0950-25		J2271		7/8/2003	99/99/9999	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (U.S.P.)	1 EA	BO	NA	GM	100 MG	10	7/8/2003	99/99/9999								
63370-0950-35		J2271		7/8/2003	99/99/9999	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (U.S.P.)	1 EA	BO	NA	GM	100 MG	10	7/8/2003	99/99/9999								
63370-0950-45		J2271		7/8/2003	99/99/9999	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (U.S.P.)	1 EA	BO	NA	GM	100 MG	10	7/8/2003	99/99/9999								
63370-0950-50		J2271		7/8/2003	99/99/9999	INJECTION, MORPHINE SULFATE, 100MG	MORPHINE SULFATE (U.S.P.)	1 EA	BO	NA	GM	100 MG	10	7/8/2003	99/99/9999								
63370-0955-10		J2321		7/8/2003	12/31/2010	INJECTION, NANDROLONE DECANOATE, UP TO 100 MC	NANDROLONE DECANOATE (U.S.P.)	1 EA	JR	NA	GM	100 MG	10	7/8/2003	12/31/2010								
63370-0955-15		J2321		7/8/2003	12/31/2010	INJECTION, NANDROLONE DECANOATE, UP TO 100 MC	NANDROLONE DECANOATE (U.S.P.)	1 EA	JR	NA	GM	100 MG	10	7/8/2003	12/31/2010								
63370-0955-25		J2321		7/8/2003	12/31/2010	INJECTION, NANDROLONE DECANOATE, UP TO 100 MC	NANDROLONE DECANOATE (U.S.P.)	1 EA	JR	NA	GM	100 MG	10	7/8/2003	12/31/2010								
63370-0955-35		J2321		7/8/2003	12/31/2010	INJECTION, NANDROLONE DECANOATE, UP TO 100 MC	NANDROLONE DECANOATE (U.S.P.)	1 EA	JR	NA	GM	100 MG	10	7/8/2003	12/31/2010								
63370-0955-45		J2321		7/8/2003	12/31/2010	INJECTION, NANDROLONE DECANOATE, UP TO 100 MC	NANDROLONE DECANOATE (U.S.P.)	1 EA	JR	NA	GM	100 MG	10	7/8/2003	12/31/2010								
63370-0968-04		J3490		7/8/2003	99/99/9999	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (U.S.P.)	1 EA	NA	NA	GM	1 EA	1	7/8/2003	99/99/9999								
63370-0968-06		J3490		7/8/2003	99/99/9999	UNCLASSIFIED DRUGS	SUFENTANIL CITRATE (U.S.P.)	1 EA	BO	NA	GM	1 EA	1	7/8/2003	99/99/9999								
63370-0970-25		J3140		1/31/2002	99/99/9999	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MC	TESTOSTERONE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM	50 MG	20	1/31/2002	99/99/9999								
63370-0970-35		J3140		1/31/2002	99/99/9999	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MC	TESTOSTERONE MICRONIZED (U.S.P.)	1 EA	BO	NA	GM	50 MG	20	1/31/2002	99/99/9999								
63370-0970-45		J3140		1/31/2002	99/99/9999	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MC	TESTOSTERONE MICRONIZED (U.S.P.)	1 EA	JR	NA	GM	50 MG	20	1/31/2002	99/99/9999								
63370-0970-50		J3140		1/31/2002	99/99/9999	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MC	TESTOSTERONE MICRONIZED (U.S.P.)	1 EA	JR	NA	GM	50 MG	20	1/31/2002	99/99/9999								
63370-0971-25		J3140		12/19/2003	99/99/9999	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE MICRONIZED (USP,YAM)	1 EA	BO	NA	GM	50 MG	20	12/19/2003	99/99/9999								
63370-0971-35		J3140		12/19/2003	99/99/9999	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE MICRONIZED (USP,YAM)	1 EA	BO	NA	GM	50 MG	20	12/19/2003	99/99/9999								
63370-0971-45		J3140		12/19/2003	99/99/9999	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE MICRONIZED (USP,YAM)	1 EA	BO	NA	GM	50 MG	20	12/19/2003	99/99/9999								
63370-0971-50		J3140		12/19/2003	99/99/9999	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	TESTOSTERONE MICRONIZED (USP,YAM)	1 EA	BO	NA	GM	50 MG	20	12/19/2003	99/99/9999								
63370-0980-25		J1070		7/8/2003	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MC	TESTOSTERONE CYPIONATE (U.S.P.)	1 EA	BO	NA	GM	100 MG	10	7/8/2003	99/99/9999								
63370-0980-35		J1070		7/8/2003	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MC	TESTOSTERONE CYPIONATE (U.S.P.)	1 EA	JR	NA	GM	100 MG	10	7/8/2003	99/99/9999								
63370-0980-50		J1070		7/8/2003	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MC	TESTOSTERONE CYPIONATE (U.S.P.)	1 EA	JR	NA	GM	100 MG	10	7/8/2003	99/99/9999								
63370-0983-15		J3130		1/19/2004	99/99/9999	INJECTION, TESTOSTERONE ENANTHATE, UP TO 200 MC	TESTOSTERONE ENANTHATE (U.S.P.)	1 EA	BO	NA	GM	200 MG	5	1/19/2004	99/99/9999								
63370-0983-25		J3130		1/19/2004	99/99/9999	INJECTION, TESTOSTERONE ENANTHATE, UP TO 200 MC	TESTOSTERONE ENANTHATE (U.S.P.)	1 EA	BO	NA	GM	200 MG	5	1/19/2004	99/99/9999								
63370-0983-35		J3130		1/19/2004	99/99/9999	INJECTION, TESTOSTERONE ENANTHATE, UP TO 200 MC	TESTOSTERONE ENANTHATE (U.S.P.)	1 EA	BO	NA	GM	200 MG	5	1/19/2004	99/99/9999								
63370-0983-50		J3130		1/19/2004	99/99/9999	INJECTION, TESTOSTERONE ENANTHATE, UP TO 200 MC	TESTOSTERONE ENANTHATE (U.S.P.)	1 EA	BO	NA	GM	200 MG	5	1/19/2004	99/99/9999								
63370-0985-25		J3150		7/8/2003	99/99/9999	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	TESTOSTERONE PROPIONATE (U.S.P.)	1 EA	BO	NA	GM	100 MG	10	7/8/2003	99/99/9999								
63370-0985-35		J3150		7/8/2003	99/99/9999	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	TESTOSTERONE PROPIONATE (U.S.P.)	1 EA	BO	NA	GM	100 MG	10	7/8/2003	99/99/9999								
63370-0985-45		J3150		7/8/2003	99/99/9999	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	TESTOSTERONE PROPIONATE (U.S.P.)	1 EA	BO	NA	GM	100 MG	10	7/8/2003	99/99/9999								
63370-0985-50		J3150		7/8/2003	99/99/9999	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	TESTOSTERONE PROPIONATE (U.S.P.)	1 EA	BO	NA	GM	100 MG	10	7/8/2003	99/99/9999								
63402-0511-24		J7603		1/1/2008	3/31/2008	(LEVALBUTEROL)	XOPENEX PEDIATRIC 0.31 MG/3 ML	3 ML	PC	IH	ML	1 MG	0.20666	1/1/2008	3/31/2008								
63402-0511-24	KO	J7614	KO	4/1/2008	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG	XOPENEX PEDIATRIC 0.31 MG/3 ML	3 ML	PC	IH	ML	0.5 MG	0.20666	4/1/2008	99/99/9999								
63402-0511-24	KO	J7603	KO	1/1/2008	3/31/2008	(LEVALBUTEROL)	XOPENEX PEDIATRIC 0.31 MG/3 ML	3 ML	PC	IH	ML	1 MG	0.20666	1/1/2008	3/31/2008								
63402-0511-24		J7614		4/1/2008	99/99/9999	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	XOPENEX PEDIATRIC 0.31 MG/3 ML	3 ML	PC	IH	ML	0.5 MG	0.20666	4/1/2008	99/99/9999								
63402-0512-24	KO	J7603	KO	1/1/2008	3/31/2008	(LEVALBUTEROL)	XOPENEX (PF) 0.63 MG/3 ML	3 ML	PC	IH	ML	1 MG	0.42	1/1/2008	3/31/2008								
63402-0512-24		J7614		4/1/2008	99/99/9999	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	XOPENEX (PF) 0.63 MG/3 ML	3 ML	PC	IH	ML	0.5 MG	0.42	4/1/2008	99/99/9999								
63402-0512-24		J7603		1/1/2008	3/31/2008	(LEVALBUTEROL)	XOPENEX (PF) 0.63 MG/3 ML	3 ML	PC	IH	ML	1 MG	0.42	1/1/2008	3/31/2008								
63402-0512-24	KO	J7614	KO	4/1/2008	99/99/9999	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	XOPENEX (PF) 0.63 MG/3 ML	3 ML	PC	IH	ML	0.5 MG	0.42	4/1/2008	99/99/9999								
63402-0513-24		J7603		1/1/2008	3/31/2008	(LEVALBUTEROL)	XOPENEX (PF) 1.25 MG/3 ML	3 ML	PC	IH	ML	1 MG	0.83333	1/1/2008	3/31/2008								
63402-0513-24	KO	J7603	KO	1/1/2008	3/31/2008	(LEVALBUTEROL)	XOPENEX (PF) 1.25 MG/3 ML	3 ML	PC	IH	ML	1 MG	0.83333	1/1/2008	3/31/2008								

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63402-0513-24	J7614			4/1/2008	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	XOPENEX (PF) 1.25 MG/3 ML	3 ML	PC	IH	ML		0.5 MG	0.83333		4/1/2008	99/99/9999						
63402-0513-24	KO J7614	KO		4/1/2008	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	XOPENEX (PF) 1.25 MG/3 ML	3 ML	PC	IH	ML		0.5 MG	0.83333		4/1/2008	99/99/9999						
63402-0515-30	J7602			1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	XOPENEX (PF) 1.25 MG/0.5 ML	0.5 ML	PC	IH	ML		1 MG		5	1/1/2008	3/31/2008						
63402-0515-30	J7612			4/1/2008	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 0.5 MG	XOPENEX (PF) 1.25 MG/0.5 ML	0.5 ML	PC	IH	ML		0.5 MG		5	4/1/2008	99/99/9999						
63402-0911-30	KO J7699	KO		4/4/2007	12/31/2007	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	BROVANA 15 MCG/2 ML	2 ML	PC	IH	ML		1 EA		1	4/4/2007	12/31/2007						
63402-0911-30	KO J7605	KO		1/1/2008	99/99/9999	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS	BROVANA 15 MCG/2 ML	2 ML	PC	IH	ML		15 MCG		0.5	1/1/2008	99/99/9999						
63402-0911-64	KO J7605	KO		1/1/2008	99/99/9999	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 15 MICROGRAMS	BROVANA (60X2ML) 15 MCG/2 ML	2 ML	VL	IH	ML		15 MCG		0.5	1/1/2008	99/99/9999						
63402-0911-64	KO J7699	KO		1/31/2007	12/31/2007	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	BROVANA (60X2ML) 15 MCG/2 ML	2 ML	VL	IH	ML		1 EA		1	1/31/2007	12/31/2007						
63459-0300-42	J2315			1/1/2007	5/1/2009	INJECTION, NALTREXONE, DEPOT FORM, 1 MG	VIVITROL (W/DILUENT) 380 MG	1 EA	VL	IM	EA		1 MG		380	1/1/2007	5/1/2009						
63459-0300-42	J3490			6/12/2006	12/31/2006	UNCLASSIFIED DRUGS	VIVITROL (W/DILUENT) 380 MG	1 EA	VL	IM	EA		1 EA		1	6/12/2006	12/31/2006						
63459-0391-20	J3490			3/31/2008	99/99/9999	UNCLASSIFIED DRUGS	TREANDA	1 EA	VL	IV	EA		1 EA		1	3/31/2008	99/99/9999						
63459-0600-10	J9017			7/15/2006	99/99/9999	INJECTION, ARSENIC TRIOXIDE, 1 MG	TRISENOX (10X10 AMP,PF) 1 MG/ML	10 ML	AM	IV	ML		1 MG		1	7/15/2006	99/99/9999						
63481-0358-10	J2310			1/1/2002	5/21/2007	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	NARCAN (AMP) 0.4 MG/ML	1 ML	AM	IJ	ML		1 MG		0.4	1/1/2002	5/21/2007						
63481-0432-10	J2300			1/1/2002	5/21/2007	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NUBAIN (AMP,W/O SULFITE/PARABEN) 10 MG/ML	1 ML	AM	IJ	ML		10 MG		1	1/1/2002	5/21/2007						
63481-0433-10	J2300			1/1/2002	5/21/2007	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NUBAIN (AMP,W/O SULFITE/PARABEN) 20 MG/ML	1 ML	AM	IJ	ML		10 MG		2	1/1/2002	5/21/2007						
63481-0444-10	J2410			1/1/2002	7/19/2007	INJECTION, OXYMORPHONE HCL, UP TO 1 MG	NUMORPHAN HCL (AMP) 1 MG/ML	1 ML	AM	IJ	ML		1 MG		1	1/1/2002	7/19/2007						
63481-0509-05	J2300			1/1/2002	5/21/2007	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	NUBAIN (M.D.V.) 20 MG/ML	10 ML	VL	IJ	ML		10 MG		2	1/1/2002	5/21/2007						
63481-0624-10	J2410			5/7/2007	99/99/9999	INJECTION, OXYMORPHONE HCL, UP TO 1 MG	OPANA (1MLX10,PARABEN-FREE) 1 MG/ML	1 ML	AM	IJ	ML		1 MG		1	5/7/2007	99/99/9999						
63629-1262-01	J8999			11/1/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOC	AROMASIN 25 MG	30 EA	NA	PO	EA		1 EA		1	11/1/2004	99/99/9999						
63629-1335-01	Q0165			11/1/2004	99/99/9999	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	PROCHLORPERAZINE MALEATE 10 MG	10 EA	NA	PO	EA		10 MG		1	11/1/2004	99/99/9999						
63629-1335-02	Q0165			11/1/2004	99/99/9999	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	PROCHLORPERAZINE MALEATE 10 MG	30 EA	NA	PO	EA		10 MG		1	11/1/2004	99/99/9999						
63629-1335-03	Q0165			11/1/2004	99/99/9999	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	PROCHLORPERAZINE MALEATE 10 MG	20 EA	NA	PO	EA		10 MG		1	11/1/2004	99/99/9999						
63629-1343-01	Q0163			11/1/2004	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	DIPHENHYDRAMINE 25 MG	30 EA	BO	PO	EA		50 MG		0.5	11/1/2004	99/99/9999						
63629-1343-02	Q0163			11/1/2004	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	DIPHENHYDRAMINE 25 MG	20 EA	BO	PO	EA		50 MG		0.5	11/1/2004	99/99/9999						
63629-1343-03	Q0163			11/1/2004	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	DIPHENHYDRAMINE 25 MG	42 EA	BO	PO	EA		50 MG		0.5	11/1/2004	99/99/9999						
63629-1343-04	Q0163			11/1/2004	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	DIPHENHYDRAMINE 25 MG	24 EA	BO	PO	EA		50 MG		0.5	11/1/2004	99/99/9999						
63629-1349-01	Q0163			11/1/2004	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	DIPHENHYDRAMINE 50 MG	15 EA	BO	PO	EA		50 MG		1	11/1/2004	99/99/9999						
63629-1349-02	Q0163			11/1/2004	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	DIPHENHYDRAMINE 50 MG	20 EA	BO	PO	EA		50 MG		1	11/1/2004	99/99/9999						
63629-1349-03	Q0163			11/1/2004	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	DIPHENHYDRAMINE 50 MG	30 EA	BO	PO	EA		50 MG		1	11/1/2004	99/99/9999						
63629-1472-01	None			11/1/2004	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE 2.5 MG	30 EA	NA	PO	EA		2.5 MG		1	11/1/2004	99/99/9999						
63629-1472-02	J8610			2/1/2009	99/99/9999	METHOTREXATE, ORAL, 2.5 MG	METHOTREXATE SODIUM 2.5 MG	12 EA	TAB	PO	EA		2.5 MG		1	2/1/2009	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63629-1533-01		Q0177		11/1/2004	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	HYDROXYZINE PAMOATE 25 MG	20 EA	NA	PO	EA		25 MG		1	11/1/2004	99/99/9999						
63629-1533-02		Q0177		11/1/2004	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	HYDROXYZINE PAMOATE 25 MG	30 EA	NA	PO	EA		25 MG		1	11/1/2004	99/99/9999						
63629-1579-01		J7506		11/1/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	21 EA	NA	PO	EA		5 MG		2	11/1/2004	99/99/9999						
63629-1579-02		J7506		11/1/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	40 EA	NA	PO	EA		5 MG		2	11/1/2004	99/99/9999						
63629-1579-03		J7506		11/1/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	30 EA	NA	PO	EA		5 MG		2	11/1/2004	99/99/9999						
63629-1587-01		J7506		11/1/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	20 EA	NA	PO	EA		5 MG		4	11/1/2004	99/99/9999						
63629-1587-02		J7506		11/1/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	30 EA	NA	PO	EA		5 MG		4	11/1/2004	99/99/9999						
63629-1587-03		J7506		11/1/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	40 EA	NA	PO	EA		5 MG		4	11/1/2004	99/99/9999						
63629-1587-04		J7506		11/1/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	15 EA	NA	PO	EA		5 MG		4	11/1/2004	99/99/9999						
63629-1591-01		Q0169		11/1/2004	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	PROMETHAZINE 12.5 MG	12 EA	NA	PO	EA		12.5 MG		1	11/1/2004	99/99/9999						
63629-1591-02		Q0169		11/1/2004	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	PROMETHAZINE 12.5 MG	4 EA	NA	PO	EA		12.5 MG		1	11/1/2004	99/99/9999						
63629-1591-03		Q0169		11/1/2004	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	PROMETHAZINE 12.5 MG	2 EA	NA	PO	EA		12.5 MG		1	11/1/2004	99/99/9999						
63629-1591-04		Q0169		11/1/2004	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	PROMETHAZINE 12.5 MG	30 EA	NA	PO	EA		12.5 MG		1	11/1/2004	99/99/9999						
63629-1605-01		J7506		11/1/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	30 EA	NA	PO	EA		5 MG		1	11/1/2004	99/99/9999						
63629-1605-02		J7506		11/1/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	78 EA	NA	PO	EA		5 MG		1	11/1/2004	99/99/9999						
63629-1605-03		J7506		11/1/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	36 EA	NA	PO	EA		5 MG		1	11/1/2004	99/99/9999						
63629-1605-04		J7506		11/1/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	21 EA	NA	PO	EA		5 MG		1	11/1/2004	99/99/9999						
63629-1605-05		J7506		11/1/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	15 EA	NA	PO	EA		5 MG		1	11/1/2004	99/99/9999						
63629-1676-01		J8499		11/1/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	30 EA	BO	PO	EA		1 EA		1	11/1/2004	99/99/9999						
63629-1676-02		J8499		11/1/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	25 EA	BO	PO	EA		1 EA		1	11/1/2004	99/99/9999						
63629-1676-03		J8499		11/1/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	35 EA	BO	PO	EA		1 EA		1	11/1/2004	99/99/9999						
63629-1677-01		J8499		11/1/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	20 EA	BO	PO	EA		1 EA		1	11/1/2004	99/99/9999						
63629-1677-02		J8499		11/1/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	28 EA	BO	PO	EA		1 EA		1	11/1/2004	99/99/9999						
63629-1677-03		J8499		11/1/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	30 EA	BO	PO	EA		1 EA		1	11/1/2004	99/99/9999						
63629-1678-01		J8499		11/1/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	25 EA	BO	PO	EA		1 EA		1	11/1/2004	99/99/9999						
63629-1678-02		J8499		11/1/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	35 EA	BO	PO	EA		1 EA		1	11/1/2004	99/99/9999						
63629-1678-03		J8499		11/1/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	30 EA	BO	PO	EA		1 EA		1	11/1/2004	99/99/9999						
63629-1742-01		Q0170		11/1/2004	99/99/9999	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	PROMETHAZINE 25 MG	15 EA	NA	PO	EA		25 MG		1	11/1/2004	99/99/9999						
63629-1742-02		Q0170		11/1/2004	99/99/9999	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	PROMETHAZINE 25 MG	30 EA	NA	PO	EA		25 MG		1	11/1/2004	99/99/9999						
63629-1742-03		Q0170		11/1/2004	99/99/9999	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	PROMETHAZINE 25 MG	10 EA	NA	PO	EA		25 MG		1	11/1/2004	99/99/9999						
63629-1742-04		Q0170		11/1/2004	99/99/9999	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	PROMETHAZINE 25 MG	20 EA	NA	PO	EA		25 MG		1	11/1/2004	99/99/9999						
63629-1841-01		Q0164		11/1/2004	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	PROCHLORPERAZINE MALEATE 5 MG	20 EA	NA	PO	EA		5 MG		1	11/1/2004	99/99/9999						
63629-1856-01		Q0177		11/1/2004	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	HYDROXYZINE PAMOATE 25 MG	30 EA	NA	PO	EA		25 MG		1	11/1/2004	99/99/9999						
63629-1856-02		Q0177		11/1/2004	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	HYDROXYZINE PAMOATE 25 MG	60 EA	NA	PO	EA		25 MG		1	11/1/2004	99/99/9999						
63629-1862-01		J7510		11/1/2004	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 15 MG/5 ML	60 ML	NA	PO	ML		5 MG		0.6	11/1/2004	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63629-1870-01		Q0170		11/1/2004	99/99/9999	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	PROMETHAZINE 6.25 MG/5 ML	120 ML	NA	PO	ML		25 MG	0.05		11/1/2004	99/99/9999						
63629-1870-02		Q0170		11/1/2004	99/99/9999	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	PROMETHAZINE 6.25 MG/5 ML	240 ML	NA	PO	ML		25 MG	0.05		11/1/2004	99/99/9999						
63704-0002-01		J1330		1/1/2006	12/31/2009	INJECTION, ERGONOVINE MALEATE, UP TO 0.2 MG	ERGOTRATE (AMP) 0.2 MG/ML	1 ML	AM	IJ	ML		0.2 MG	1		1/1/2006	12/31/2009						
63717-0801-30		Q0166		3/3/2008	7/22/2010	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	GRANISOL (1X30ML AMBER GLASS) 2 MG/10 ML	30 ML	BO	PO	ML		1 MG	0.2		3/3/2008	7/22/2010						
63739-0161-10		J7509		2/27/2007	6/30/2013	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE (USP) 4 MG	100 EA	BX	PO	EA		4 MG	1		2/27/2007	6/30/2012						
63739-0161-15		J7509		8/4/2003	10/3/2008	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	150 EA	BX	PO	EA		4 MG	1		8/4/2003	10/3/2008						
63739-0165-01		J8999		1/1/2002	6/30/2007	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE (BLISTER PACK) 40 MG	25 EA	BX	PO	EA		1 EA	1		1/1/2002	6/30/2007						
63739-0165-03		J8999		1/1/2002	6/30/2007	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE (PUNCH CARD 25X30) 40 MG	25 EA	BX	PO	EA		1 EA	1		1/1/2002	6/30/2007						
63739-0165-10		J8999		2/27/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE (USP) 40 MG	100 EA	BX	PO	EA		1 EA	1		2/27/2007	99/99/9999						
63739-0165-15		J8999		6/9/2004	10/3/2008	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE 40 MG	150 EA	BX	PO	EA		1 EA	1		6/9/2004	10/3/2008						
63739-0207-10		J7506		3/1/2007	4/30/2012	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP) 5 MG	100 EA	BX	PO	EA		5 MG	1		3/1/2007	4/30/2012						
63739-0207-15		J7506		6/9/2004	10/3/2008	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	150 EA	BX	PO	EA		5 MG	1		6/9/2004	10/3/2008						
63739-0208-10		J7506		3/1/2007	3/31/2012	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP) 10 MG	100 EA	BX	PO	EA		5 MG	2		3/1/2007	3/31/2012						
63739-0208-15		J7506		6/9/2004	10/3/2008	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	150 EA	BX	PO	EA		5 MG	2		6/9/2004	10/3/2008						
63739-0209-10		J7506		3/1/2007	12/31/2011	PREDNISONE, ORAL, PER 5MG	PREDNISONE (USP) 20 MG	100 EA	BX	PO	EA		5 MG	4		3/1/2007	12/31/2011						
63739-0209-15		J7506		6/9/2004	10/3/2008	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	150 EA	BX	PO	EA		5 MG	4		6/9/2004	10/3/2008						
63739-0213-10		Q0170		2/27/2007	99/99/9999	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	PROMETHAZINE HYDROCHLORIDE (USP) 25 MG	100 EA	BX	PO	EA		25 MG	1		2/27/2007	99/99/9999						
63739-0213-15		Q0170		3/1/2006	10/3/2008	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	PROMETHAZINE HYDROCHLORIDE (USP) 25 MG	150 EA	BX	PO	EA		25 MG	1		3/1/2006	10/3/2008						
63739-0269-10		J8999		2/27/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (USP) 10 MG	100 EA	BX	PO	EA		1 EA	1		2/27/2007	99/99/9999						
63739-0269-15		J8999		2/15/2005	10/3/2008	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	TAMOXIFEN CITRATE (FILM COATED) 10 MG	150 EA	BX	PO	EA		1 EA	1		2/15/2005	10/3/2008						
63739-0314-10		J8499		2/27/2007	3/31/2010	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	100 EA	BX	PO	EA		1 EA	1		2/27/2007	3/31/2010						
63739-0314-15		J8499		6/9/2004	10/3/2008	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	150 EA	BX	PO	EA		1 EA	1		6/9/2004	10/3/2008						
63739-0315-10		J8499		2/27/2007	6/30/2010	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	100 EA	BX	PO	EA		1 EA	1		2/27/2007	6/30/2010						
63739-0315-15		J8499		6/9/2004	10/3/2008	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	150 EA	BX	PO	EA		1 EA	1		6/9/2004	10/3/2008						
63739-0316-10		J8499		2/27/2007	9/30/2010	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	100 EA	BX	PO	EA		1 EA	1		2/27/2007	9/30/2010						
63739-0316-15		J8499		6/9/2004	10/3/2008	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	150 EA	BX	PO	EA		1 EA	1		6/9/2004	10/3/2008						
63807-0100-11		A4216		1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SYREX (PF,LATEX-FREE) 0.9%	10 ML	BX	IJ	ML		10 ML	0.1		1/1/2007	99/99/9999						
63807-0100-11		J2912		1/1/2002	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SYREX (PF,LATEX-FREE) 0.9%	10 ML	BX	IJ	ML		0.9 %	0.5		1/1/2002	12/31/2006						
63807-0100-20		A4216		4/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SYREX (30X10ML,PF) 0.9%	10 ML	SR	IJ	ML		10 ML	0.1		4/1/2007	99/99/9999						
63807-0100-30		A4216		1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SYREX (SRN,PF) 0.9%	2.5 ML	SR	IJ	ML		10 ML	0.1		1/1/2007	99/99/9999						
63807-0100-30		J2912		1/1/2002	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SYREX (SRN,PF) 0.9%	2.5 ML	SR	IJ	ML		0.9 %	0.5		1/1/2002	12/31/2006						
63807-0100-33		J2912		1/1/2002	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SYREX (PF,LATEX-FREE) 0.9%	2.5 ML	BX	IJ	ML		0.9 %	0.5		1/1/2002	12/31/2006						
63807-0100-33		A4216		1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SYREX (PF,LATEX-FREE) 0.9%	2.5 ML	BX	IJ	ML		10 ML	0.1		1/1/2007	99/99/9999						
63807-0100-35		J2912		5/25/2006	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SYREX (USP,10X3ML SYRINGE,PF) 0.9%	3 ML	SR	IJ	ML		0.9 %	0.5		5/25/2006	12/31/2006						
63807-0100-35		A4216		1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SYREX (USP,10X3ML SYRINGE,PF) 0.9%	3 ML	SR	IJ	ML		10 ML	0.1		1/1/2007	99/99/9999						
63807-0100-50		J2912		1/1/2002	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SYREX (SRN,PF) 0.9%	5 ML	SR	IJ	ML		0.9 %	0.5		1/1/2002	12/31/2006						
63807-0100-50		A4216		1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SYREX (SRN,PF) 0.9%	5 ML	SR	IJ	ML		10 ML	0.1		1/1/2007	99/99/9999						
63807-0100-51		J2912		1/1/2002	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SYREX (PF,LATEX-FREE) 0.9%	5 ML	BX	IJ	ML		0.9 %	0.5		1/1/2002	12/31/2006						
63807-0100-51		A4216		1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SYREX (PF,LATEX-FREE) 0.9%	5 ML	BX	IJ	ML		10 ML	0.1		1/1/2007	99/99/9999						
63807-0100-55		A4216		4/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SYREX (100X5ML,PF) 0.9%	5 ML	SR	IJ	ML		10 ML	0.1		4/1/2007	99/99/9999						
63807-0100-56		J2912		1/1/2002	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SYREX (PF,LATEX-FREE) 0.9%	5 ML	BX	IJ	ML		0.9 %	0.5		1/1/2002	12/31/2006						
63807-0100-56		A4216		1/1/2007	1/1/2012	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SYREX (PF,LATEX-FREE) 0.9%	5 ML	BX	IJ	ML		10 ML	0.1		1/1/2007	1/1/2012						
63807-0100-75		J2912		1/1/2002	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SYREX (SRN,PF) 0.9%	10 ML	SR	IJ	ML		0.9 %	0.5		1/1/2002	12/31/2006						
63807-0100-75		A4216		1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SYREX (SRN,PF) 0.9%	10 ML	SR	IJ	ML		10 ML	0.1		1/1/2007	99/99/9999						
63807-0100-92		J2912		1/1/2002	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SYREX (2X10ML,PF,LATEX-FREE) 0.9%	10 ML	SR	IJ	ML		0.9 %	0.5		1/1/2002	12/31/2006						
63807-0100-92		A4216		1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SYREX (2X10ML,PF,LATEX-FREE) 0.9%	10 ML	SR	IJ	ML		10 ML	0.1		1/1/2007	99/99/9999						
63807-0102-11		J2912		1/1/2002	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SYREX (PF,LATEX-FREE) 0.9%	10 ML	SR	IJ	ML		0.9 %	0.5		1/1/2002	12/31/2006						
63807-0102-11		A4216		1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SYREX (PF,LATEX-FREE) 0.9%	10 ML	SR	IJ	ML		10 ML	0.1		1/1/2007	99/99/9999						
63807-0300-31		J1642		1/1/2007	1/1/2012	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (LATEX-FREE) 1 U/ML	3 ML	SR	IV	ML		10 U	0.1		1/1/2007	1/1/2012						
63807-0300-35		J1642		4/12/2007	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (USP,3MLX100,PF) 1 U/ML	3 ML	SR	IV	ML		10 U	0.1		4/12/2007	99/99/9999						
63807-0400-31		J1642		1/1/2007	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (LATEX-FREE) 2 U/ML	5 ML	SR	IV	ML		10 U	0.2		1/1/2007	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63807-0400-35	J1642			4/12/2007	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (USP,3MLX100,PF) 2 U/ML	3 ML	SR	IV	ML		10 U		0.2	4/12/2007	99/99/9999						
63807-0500-31	J1642			1/1/2007	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (LATEX-FREE) 10 U/ML	3 ML	SR	IV	ML		10 U		1	1/1/2007	99/99/9999						
63807-0500-51	J1642			1/1/2007	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (LATEX-FREE) 10 U/ML	5 ML	SR	IV	ML		10 U		1	1/1/2007	99/99/9999						
63807-0600-31	J1642			1/1/2007	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (LATEX-FREE)	3 ML	SR	IV	ML		10 U		10	1/1/2007	99/99/9999						
63807-0600-51	J1642			1/1/2007	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (LATEX-FREE) 100 U/ML	5 ML	SR	IV	ML		10 U		10	1/1/2007	99/99/9999						
63807-0600-55	J1642			5/10/2005	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH 100 U/ML	5 ML	SR	IV	ML		10 U		10	5/10/2005	99/99/9999						
63868-0087-01	Q0163			1/1/2002	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	MEDIPHEDRYL 25 MG	100 EA	BO	PO	EA		50 MG		0.5	1/1/2002	99/99/9999						
63868-0087-24	Q0163			1/1/2002	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	MEDIPHEDRYL 25 MG	24 EA	BO	PO	EA		50 MG		0.5	1/1/2002	99/99/9999						
63868-0500-01	Q0163			1/1/2002	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	MEDIPHEDRYL (MINITAB) 25 MG	100 EA	BO	PO	EA		50 MG		0.5	1/1/2002	99/99/9999						
63868-0611-32	Q0163			1/1/2002	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	NIGHT TIME SLEEP AID 25 MG	32 EA	BX	PO	EA		50 MG		0.5	1/1/2002	99/99/9999						
63868-0612-32	Q0163			4/1/2006	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	QUALITY CHOICE SLEEP AID (SOFTGEL) 50 MG	32 EA	BO	PO	EA		50 MG		1	4/1/2006	99/99/9999						
63868-0751-24	Q0163			4/15/2003	2/8/2010	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ALLERGY RELIEF INTENSE STRENGTH (CAPLET) 50 MG	24 EA	BX	PO	EA		50 MG		1	4/15/2003	2/8/2010						
63868-0789-24	Q0163			11/1/2003	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	QUALITY CHOICE REST SIMPLY (CAPLET) 25 MG	24 EA	BX	PO	EA		50 MG		0.5	11/1/2003	99/99/9999						
63868-0823-54	Q0163			1/1/2002	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	ALLERGY CHILDREN'S (AF,CHERRY) 12.5 MG/5 ML	118 ML	BO	PO	ML		50 MG		0.05	1/1/2002	99/99/9999						
63868-0995-24	Q0163			9/12/2003	7/21/2010	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	QUALITY CHOICE DYE-FREE ALLERGY MEDICINE (DYE-FREE,SOFTGEL) 25 MG	24 EA	BX	PO	EA		50 MG		0.5	9/12/2003	7/21/2010						
63874-0005-01	Q0163			1/1/2002	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	DIPHENHYDRAMINE HCL 25 MG	100 EA	NA	PO	EA		50 MG		0.5	1/1/2002	99/99/9999						
63874-0005-02	Q0163			1/1/2002	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	DIPHENHYDRAMINE HCL 25 MG	1000 EA	NA	PO	EA		50 MG		0.5	1/1/2002	99/99/9999						
63874-0005-06	Q0163			5/10/2004	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	DIPHENHYDRAMINE HCL 25 MG	6 EA	BO	PO	EA		50 MG		0.5	5/10/2004	99/99/9999						
63874-0005-09	Q0163			5/10/2004	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	DIPHENHYDRAMINE HCL 25 MG	9 EA	BO	PO	EA		50 MG		0.5	5/10/2004	99/99/9999						
63874-0005-10	Q0163			5/10/2004	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	DIPHENHYDRAMINE HCL 25 MG	10 EA	BO	PO	EA		50 MG		0.5	5/10/2004	99/99/9999						
63874-0005-12	Q0163			5/10/2004	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	DIPHENHYDRAMINE HCL 25 MG	12 EA	BO	PO	EA		50 MG		0.5	5/10/2004	99/99/9999						
63874-0005-14	Q0163			5/10/2004	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	DIPHENHYDRAMINE HCL 25 MG	14 EA	BO	PO	EA		50 MG		0.5	5/10/2004	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63874-0005-15		Q0163		1/1/2002	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	DIPHENHYDRAMINE HCL 25 MG	15	EA	NA	PO	EA	50 MG		0.5	1/1/2002	99/99/9999						
63874-0005-20		Q0163		1/1/2002	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	DIPHENHYDRAMINE HCL 25 MG	20	EA	NA	PO	EA	50 MG		0.5	1/1/2002	99/99/9999						
63874-0005-21		Q0163		5/10/2004	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	DIPHENHYDRAMINE HCL 25 MG	21	EA	BO	PO	EA	50 MG		0.5	5/10/2004	99/99/9999						
63874-0005-24		Q0163		5/10/2004	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	DIPHENHYDRAMINE HCL 25 MG	24	EA	BO	PO	EA	50 MG		0.5	5/10/2004	99/99/9999						
63874-0005-25		Q0163		5/10/2004	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	DIPHENHYDRAMINE HCL 25 MG	25	EA	BO	PO	EA	50 MG		0.5	5/10/2004	99/99/9999						
63874-0005-28		Q0163		5/10/2004	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	DIPHENHYDRAMINE HCL 25 MG	28	EA	BO	PO	EA	50 MG		0.5	5/10/2004	99/99/9999						
63874-0005-30		Q0163		1/1/2002	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	DIPHENHYDRAMINE HCL 25 MG	30	EA	BX	PO	EA	50 MG		0.5	1/1/2002	99/99/9999						
63874-0005-40		Q0163		5/10/2004	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	DIPHENHYDRAMINE HCL 25 MG	40	EA	BO	PO	EA	50 MG		0.5	5/10/2004	99/99/9999						
63874-0005-45		Q0163		5/10/2004	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	DIPHENHYDRAMINE HCL 25 MG	45	EA	BO	PO	EA	50 MG		0.5	5/10/2004	99/99/9999						
63874-0005-60		Q0163		5/10/2004	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	DIPHENHYDRAMINE HCL 25 MG	60	EA	BO	PO	EA	50 MG		0.5	5/10/2004	99/99/9999						
63874-0005-90		Q0163		5/10/2004	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	DIPHENHYDRAMINE HCL 25 MG	90	EA	BO	PO	EA	50 MG		0.5	5/10/2004	99/99/9999						
63874-0006-01		Q0163		1/1/2002	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	DIPHENHYDRAMINE HCL 50 MG	100	EA	BO	PO	EA	50 MG		1	1/1/2002	99/99/9999						
63874-0006-02		Q0163		1/1/2002	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	DIPHENHYDRAMINE HCL 50 MG	1000	EA	BO	PO	EA	50 MG		1	1/1/2002	99/99/9999						
63874-0006-07		Q0163		5/10/2004	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	DIPHENHYDRAMINE HCL 50 MG	7	EA	BO	PO	EA	50 MG		1	5/10/2004	99/99/9999						
63874-0006-10		Q0163		5/10/2004	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	DIPHENHYDRAMINE HCL 50 MG	10	EA	BO	PO	EA	50 MG		1	5/10/2004	99/99/9999						
63874-0006-12		Q0163		5/10/2004	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	DIPHENHYDRAMINE HCL 50 MG	12	EA	BO	PO	EA	50 MG		1	5/10/2004	99/99/9999						
63874-0006-14		Q0163		5/10/2004	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	DIPHENHYDRAMINE HCL 50 MG	14	EA	BO	PO	EA	50 MG		1	5/10/2004	99/99/9999						
63874-0006-15		Q0163		1/1/2002	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	DIPHENHYDRAMINE HCL 50 MG	15	EA	BO	PO	EA	50 MG		1	1/1/2002	99/99/9999						
63874-0006-20		Q0163		1/1/2002	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	DIPHENHYDRAMINE HCL 50 MG	20	EA	BO	PO	EA	50 MG		1	1/1/2002	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63874-0006-25		Q0163		5/10/2004	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	DIPHENHYDRAMINE HCL 50 MG	25	EA	BO	PO	EA	50	MG	1	5/10/2004	99/99/9999						
63874-0006-28		Q0163		5/10/2004	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	DIPHENHYDRAMINE HCL 50 MG	28	EA	BO	PO	EA	50	MG	1	5/10/2004	99/99/9999						
63874-0006-30		Q0163		1/1/2002	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	DIPHENHYDRAMINE HCL 50 MG	30	EA	BO	PO	EA	50	MG	1	1/1/2002	99/99/9999						
63874-0006-60		Q0163		5/10/2004	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	DIPHENHYDRAMINE HCL 50 MG	60	EA	BO	PO	EA	50	MG	1	5/10/2004	99/99/9999						
63874-0229-01		J3360		4/4/2008	4/5/2008	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (1X10ML) 5 MG/ML	10	ML	VL	U	ML	5	MG	1	4/4/2008	4/5/2008						
63874-0229-10		J3360		4/4/2008	4/5/2008	INJECTION, DIAZEPAM, UP TO 5 MG	DIAZEPAM (5X10ML) 5 MG/ML	10	ML	VL	U	ML	5	MG	1	4/4/2008	4/5/2008						
63874-0246-00		Q0144		3/15/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX (Z-PACK) 250 MG	6	EA	NA	PO	EA	1	GM	0.25	3/15/2006	99/99/9999						
63874-0246-04		Q0144		3/15/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	4	EA	BO	PO	EA	1	GM	0.25	3/15/2006	99/99/9999						
63874-0246-06		Q0144		3/15/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	6	EA	BO	PO	EA	1	GM	0.25	3/15/2006	99/99/9999						
63874-0246-10		Q0144		3/15/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	10	EA	BO	PO	EA	1	GM	0.25	3/15/2006	99/99/9999						
63874-0246-15		Q0144		3/15/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	15	EA	BO	PO	EA	1	GM	0.25	3/15/2006	99/99/9999						
63874-0327-01		J7506		5/10/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	100	EA	BO	PO	EA	5	MG	2	5/10/2004	99/99/9999						
63874-0327-02		J7506		5/10/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	1000	EA	BO	PO	EA	5	MG	2	5/10/2004	99/99/9999						
63874-0327-10		J7506		5/10/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	10	EA	BO	PO	EA	5	MG	2	5/10/2004	99/99/9999						
63874-0327-12		J7506		5/10/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	12	EA	BO	PO	EA	5	MG	2	5/10/2004	99/99/9999						
63874-0327-14		J7506		5/10/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	14	EA	BO	PO	EA	5	MG	2	5/10/2004	99/99/9999						
63874-0327-15		J7506		5/10/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	15	EA	BO	PO	EA	5	MG	2	5/10/2004	99/99/9999						
63874-0327-18		J7506		5/10/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	18	EA	BO	PO	EA	5	MG	2	5/10/2004	99/99/9999						
63874-0327-19		J7506		5/10/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	19	EA	BO	PO	EA	5	MG	2	5/10/2004	99/99/9999						
63874-0327-20		J7506		5/10/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	20	EA	BO	PO	EA	5	MG	2	5/10/2004	99/99/9999						
63874-0327-21		J7506		5/10/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	21	EA	BO	PO	EA	5	MG	2	5/10/2004	99/99/9999						
63874-0327-24		J7506		5/10/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	24	EA	BO	PO	EA	5	MG	2	5/10/2004	99/99/9999						
63874-0327-25		J7506		5/10/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	25	EA	BO	PO	EA	5	MG	2	5/10/2004	99/99/9999						
63874-0327-28		J7506		5/10/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	28	EA	BO	PO	EA	5	MG	2	5/10/2004	99/99/9999						
63874-0327-30		J7506		5/10/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	30	EA	BO	PO	EA	5	MG	2	5/10/2004	99/99/9999						
63874-0327-32		J7506		5/10/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	32	EA	BO	PO	EA	5	MG	2	5/10/2004	99/99/9999						
63874-0327-40		J7506		5/10/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	40	EA	BO	PO	EA	5	MG	2	5/10/2004	99/99/9999						
63874-0327-42		J7506		5/10/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	42	EA	BO	PO	EA	5	MG	2	5/10/2004	99/99/9999						
63874-0327-50		J7506		5/10/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	50	EA	BO	PO	EA	5	MG	2	5/10/2004	99/99/9999						
63874-0327-60		J7506		5/10/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	60	EA	BO	PO	EA	5	MG	2	5/10/2004	99/99/9999						
63874-0370-01		Q0170		5/7/2004	99/99/9999	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	PROMETHAZINE HCL 25 MG	100	EA	BO	PO	EA	25	MG	1	5/7/2004	99/99/9999						
63874-0370-08		Q0170		5/7/2004	99/99/9999	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	PROMETHAZINE HCL 25 MG	8	EA	BO	PO	EA	25	MG	1	5/7/2004	99/99/9999						
63874-0370-10		Q0170		5/7/2004	99/99/9999	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	PROMETHAZINE HCL 25 MG	10	EA	BO	PO	EA	25	MG	1	5/7/2004	99/99/9999						
63874-0370-12		Q0170		5/7/2004	99/99/9999	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	PROMETHAZINE HCL 25 MG	12	EA	BO	PO	EA	25	MG	1	5/7/2004	99/99/9999						
63874-0370-15		Q0170		5/7/2004	99/99/9999	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	PROMETHAZINE HCL 25 MG	15	EA	BO	PO	EA	25	MG	1	5/7/2004	99/99/9999						
63874-0370-20		Q0170		5/7/2004	99/99/9999	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	PROMETHAZINE HCL 25 MG	20	EA	BO	PO	EA	25	MG	1	5/7/2004	99/99/9999						
63874-0370-24		Q0170		5/7/2004	99/99/9999	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	PROMETHAZINE HCL 25 MG	24	EA	BO	PO	EA	25	MG	1	5/7/2004	99/99/9999						
63874-0370-30		Q0170		5/7/2004	99/99/9999	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	PROMETHAZINE HCL 25 MG	30	EA	BO	PO	EA	25	MG	1	5/7/2004	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63874-0370-40		Q0170		5/7/2004	99/99/9999	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	PROMETHAZINE HCL 25 MG	40 EA	BO	PO	EA		25 MG		1	5/7/2004	99/99/9999						
63874-0370-60	Q0170			3/2/2006	99/99/9999	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	PROMETHAZINE HYDROCHLORIDE 25 MG	60 EA	NA	PO	EA		25 MG		1	3/2/2006	99/99/9999						
63874-0373-01	J7506			1/15/2006	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	100 EA	BO	PO	EA		5 MG		1	1/15/2006	99/99/9999						
63874-0373-02	J7506			1/15/2006	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	1000 EA	BO	PO	EA		5 MG		1	1/15/2006	99/99/9999						
63874-0373-10	J7506			1/15/2006	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	10 EA	BO	PO	EA		5 MG		1	1/15/2006	99/99/9999						
63874-0373-15	J7506			1/15/2006	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	15 EA	BO	PO	EA		5 MG		1	1/15/2006	99/99/9999						
63874-0373-20	J7506			1/15/2006	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	20 EA	BO	PO	EA		5 MG		1	1/15/2006	99/99/9999						
63874-0373-21	J7506			1/15/2006	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	21 EA	BO	PO	EA		5 MG		1	1/15/2006	99/99/9999						
63874-0373-30	J7506			1/15/2006	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	30 EA	BO	PO	EA		5 MG		1	1/15/2006	99/99/9999						
63874-0373-33	J7506			1/15/2006	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	33 EA	BO	PO	EA		5 MG		1	1/15/2006	99/99/9999						
63874-0373-36	J7506			1/15/2006	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	36 EA	BO	PO	EA		5 MG		1	1/15/2006	99/99/9999						
63874-0373-40	J7506			1/15/2006	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	40 EA	BO	PO	EA		5 MG		1	1/15/2006	99/99/9999						
63874-0373-50	J7506			1/15/2006	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	50 EA	BO	PO	EA		5 MG		1	1/15/2006	99/99/9999						
63874-0373-60	J7506			1/15/2006	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	60 EA	BO	PO	EA		5 MG		1	1/15/2006	99/99/9999						
63874-0392-01	J7506			1/15/2006	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	100 EA	BO	PO	EA		5 MG		4	1/15/2006	99/99/9999						
63874-0392-02	J7506			1/15/2006	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	1000 EA	BO	PO	EA		5 MG		4	1/15/2006	99/99/9999						
63874-0392-06	J7506			1/15/2006	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	60 EA	BO	PO	EA		5 MG		4	1/15/2006	99/99/9999						
63874-0392-10	J7506			1/15/2006	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	10 EA	BO	PO	EA		5 MG		4	1/15/2006	99/99/9999						
63874-0392-14	J7506			1/15/2006	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	14 EA	BO	PO	EA		5 MG		4	1/15/2006	99/99/9999						
63874-0392-15	J7506			1/15/2006	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	15 EA	BO	PO	EA		5 MG		4	1/15/2006	99/99/9999						
63874-0392-20	J7506			1/15/2006	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	20 EA	BO	PO	EA		5 MG		4	1/15/2006	99/99/9999						
63874-0392-21	J7506			1/15/2006	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	21 EA	BO	PO	EA		5 MG		4	1/15/2006	99/99/9999						
63874-0392-24	J7506			1/15/2006	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	24 EA	BO	PO	EA		5 MG		4	1/15/2006	99/99/9999						
63874-0392-28	J7506			1/15/2006	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	28 EA	BO	PO	EA		5 MG		4	1/15/2006	99/99/9999						
63874-0392-30	J7506			1/15/2006	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	30 EA	BO	PO	EA		5 MG		4	1/15/2006	99/99/9999						
63874-0392-40	J7506			1/15/2006	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	40 EA	BO	PO	EA		5 MG		4	1/15/2006	99/99/9999						
63874-0404-01	J8499			1/23/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	100 EA	BO	PO	EA		1 EA		1	1/23/2002	99/99/9999						
63874-0404-10	J8499			1/23/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	10 EA	BO	PO	EA		1 EA		1	1/23/2002	99/99/9999						
63874-0404-14	J8499			1/23/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	14 EA	BO	PO	EA		1 EA		1	1/23/2002	99/99/9999						
63874-0404-15	J8499			1/23/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	15 EA	BO	PO	EA		1 EA		1	1/23/2002	99/99/9999						
63874-0404-20	J8499			1/23/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	20 EA	BO	PO	EA		1 EA		1	1/23/2002	99/99/9999						
63874-0404-24	J8499			1/23/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	24 EA	BO	PO	EA		1 EA		1	1/23/2002	99/99/9999						
63874-0404-25	J8499			1/23/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	25 EA	BO	PO	EA		1 EA		1	1/23/2002	99/99/9999						
63874-0404-30	J8499			1/23/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	30 EA	BO	PO	EA		1 EA		1	1/23/2002	99/99/9999						
63874-0404-35	J8499			1/15/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	35 EA	BO	PO	EA		1 EA		1	1/15/2006	99/99/9999						
63874-0404-40	J8499			1/23/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	40 EA	BO	PO	EA		1 EA		1	1/23/2002	99/99/9999						
63874-0404-50	J8499			1/23/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	50 EA	BO	PO	EA		1 EA		1	1/23/2002	99/99/9999						
63874-0405-01	J8499			1/15/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	60 EA	BO	PO	EA		1 EA		1	1/15/2006	99/99/9999						
63874-0405-10	J8499			1/15/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	100 EA	BO	PO	EA		1 EA		1	1/15/2006	99/99/9999						
63874-0405-20	J8499			1/15/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	10 EA	BO	PO	EA		1 EA		1	1/15/2006	99/99/9999						
63874-0405-25	J8499			1/15/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	20 EA	BO	PO	EA		1 EA		1	1/15/2006	99/99/9999						
63874-0405-30	J8499			1/15/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	25 EA	BO	PO	EA		1 EA		1	1/15/2006	99/99/9999						
63874-0405-35	J8499			1/15/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	30 EA	BO	PO	EA		1 EA		1	1/15/2006	99/99/9999						
63874-0405-35	J8499			1/15/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	35 EA	BO	PO	EA		1 EA		1	1/15/2006	99/99/9999						
63874-0413-21	J7509			1/1/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	21 EA	DP	PO	EA		4 MG		1	1/1/2002	99/99/9999						
63874-0442-02	Q0177			5/11/2004	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	HYDROXYZINE PAMOATE 25 MG	1000 EA	NA	PO	EA		25 MG		1	5/11/2004	99/99/9999						
63874-0442-03	Q0177			5/11/2004	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	HYDROXYZINE PAMOATE 25 MG	500 EA	NA	PO	EA		25 MG		1	5/11/2004	99/99/9999						
63874-0442-04	Q0177			5/11/2004	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	HYDROXYZINE PAMOATE 25 MG	120 EA	BO	PO	EA		25 MG		1	5/11/2004	99/99/9999						
63874-0442-05	Q0177			5/11/2004	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	HYDROXYZINE PAMOATE 25 MG	5 EA	BO	PO	EA		25 MG		1	5/11/2004	99/99/9999						
63874-0442-09	Q0177			5/11/2004	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	HYDROXYZINE PAMOATE 25 MG	9 EA	BO	PO	EA		25 MG		1	5/11/2004	99/99/9999						
63874-0442-10	Q0177			5/11/2004	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	HYDROXYZINE PAMOATE 25 MG	10 EA	BO	PO	EA		25 MG		1	5/11/2004	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63874-0442-14		Q0177		5/11/2004	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	HYDROXYZINE PAMOATE 25 MG	14	EA	BO	PO	EA	25	MG	1	5/11/2004	99/99/9999						
63874-0442-15		Q0177		5/11/2004	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	HYDROXYZINE PAMOATE 25 MG	15	EA	BO	PO	EA	25	MG	1	5/11/2004	99/99/9999						
63874-0442-20		Q0177		5/11/2004	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	HYDROXYZINE PAMOATE 25 MG	20	EA	BO	PO	EA	25	MG	1	5/11/2004	99/99/9999						
63874-0442-25		Q0177		5/11/2004	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	HYDROXYZINE PAMOATE 25 MG	25	EA	BO	PO	EA	25	MG	1	5/11/2004	99/99/9999						
63874-0442-28		Q0177		5/11/2004	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	HYDROXYZINE PAMOATE 25 MG	28	EA	BO	PO	EA	25	MG	1	5/11/2004	99/99/9999						
63874-0442-30		Q0177		5/11/2004	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	HYDROXYZINE PAMOATE 25 MG	30	EA	BO	PO	EA	25	MG	1	5/11/2004	99/99/9999						
63874-0442-40		Q0177		5/11/2004	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	HYDROXYZINE PAMOATE 25 MG	40	EA	BO	PO	EA	25	MG	1	5/11/2004	99/99/9999						
63874-0442-45		Q0177		5/11/2004	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	HYDROXYZINE PAMOATE 25 MG	45	EA	BO	PO	EA	25	MG	1	5/11/2004	99/99/9999						
63874-0442-60		Q0177		5/11/2004	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	HYDROXYZINE PAMOATE 25 MG	60	EA	BO	PO	EA	25	MG	1	5/11/2004	99/99/9999						
63874-0442-90		Q0177		5/11/2004	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	HYDROXYZINE PAMOATE 25 MG	90	EA	BO	PO	EA	25	MG	1	5/11/2004	99/99/9999						
63874-0444-01		J8540		1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE (DOSE PAK) 0.75 MG	100	EA	BO	PO	EA	0.25	MG	3	1/1/2006	99/99/9999						
63874-0444-12		J8540		1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE (DOSE PAK) 0.75 MG	12	EA	BO	PO	EA	0.25	MG	3	1/1/2006	99/99/9999						
63874-0444-15		J8540		1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE (DOSE PAK) 0.75 MG	15	EA	BO	PO	EA	0.25	MG	3	1/1/2006	99/99/9999						
63874-0444-20		J8540		1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE (DOSE PAK) 0.75 MG	20	EA	BO	PO	EA	0.25	MG	3	1/1/2006	99/99/9999						
63874-0444-21		J8540		1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE (DOSE PAK) 0.75 MG	12	EA	BO	PO	EA	0.25	MG	3	1/1/2006	99/99/9999						
63874-0444-30		J8540		1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE (DOSE PAK) 0.75 MG	30	EA	BO	PO	EA	0.25	MG	3	1/1/2006	99/99/9999						
63874-0490-01		Q0165		5/10/2004	99/99/9999	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	PROCHLORPERAZINE MALEATE 10 MG	100	EA	BO	PO	EA	10	MG	1	5/10/2004	99/99/9999						
63874-0490-06		Q0165		5/10/2004	99/99/9999	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	PROCHLORPERAZINE MALEATE 10 MG	6	EA	BO	PO	EA	10	MG	1	5/10/2004	99/99/9999						
63874-0490-08		Q0165		5/10/2004	99/99/9999	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	PROCHLORPERAZINE MALEATE 10 MG	8	EA	BO	PO	EA	10	MG	1	5/10/2004	99/99/9999						
63874-0490-10		Q0165		5/10/2004	99/99/9999	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	PROCHLORPERAZINE MALEATE 10 MG	10	EA	BO	PO	EA	10	MG	1	5/10/2004	99/99/9999						
63874-0490-12		Q0165		5/10/2004	99/99/9999	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	PROCHLORPERAZINE MALEATE 10 MG	12	EA	BO	PO	EA	10	MG	1	5/10/2004	99/99/9999						
63874-0490-15		Q0165		5/10/2004	99/99/9999	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	PROCHLORPERAZINE MALEATE 10 MG	15	EA	BO	PO	EA	10	MG	1	5/10/2004	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63874-0490-20		Q0165		5/10/2004	99/99/9999	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	PROCHLORPERAZINE MALEATE 10 MG	20	EA	BO	PO	EA	10 MG		1	5/10/2004	99/99/9999						
63874-0490-28		Q0165		5/10/2004	99/99/9999	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	PROCHLORPERAZINE MALEATE 10 MG	28	EA	BO	PO	EA	10 MG		1	5/10/2004	99/99/9999						
63874-0490-30		Q0165		5/10/2004	99/99/9999	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	PROCHLORPERAZINE MALEATE 10 MG	30	EA	BO	PO	EA	10 MG		1	5/10/2004	99/99/9999						
63874-0490-60		Q0165		5/10/2004	99/99/9999	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	PROCHLORPERAZINE MALEATE 10 MG	60	EA	BO	PO	EA	10 MG		1	5/10/2004	99/99/9999						
63874-0500-01		J8499		3/15/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	100	EA	BO	PO	EA	1 EA		1	3/15/2006	99/99/9999						
63874-0500-15		J8499		1/23/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	15	EA	BO	PO	EA	1 EA		1	1/23/2002	99/99/9999						
63874-0500-20		J8499		3/15/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	20	EA	BO	PO	EA	1 EA		1	3/15/2006	99/99/9999						
63874-0500-21		J8499		3/15/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	21	EA	BO	PO	EA	1 EA		1	3/15/2006	99/99/9999						
63874-0500-25		J8499		3/15/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	25	EA	BO	PO	EA	1 EA		1	3/15/2006	99/99/9999						
63874-0500-30		J8499		3/15/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	30	EA	BO	PO	EA	1 EA		1	3/15/2006	99/99/9999						
63874-0500-40		J8499		3/15/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	40	EA	BO	PO	EA	1 EA		1	3/15/2006	99/99/9999						
63874-0500-60		J8499		3/15/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	60	EA	NA	PO	EA	1 EA		1	3/15/2006	99/99/9999						
63874-0708-20		J7602		1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE 0.5%	20	ML	NA	IH	ML	1 MG		5	1/1/2008	3/31/2008						
63874-0708-20		J7611		4/1/2008	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG	ALBUTEROL SULFATE 0.5%	20	ML	NA	IH	ML	1 MG		5	4/1/2008	99/99/9999						
63874-0712-12		Q0170		1/1/2002	99/99/9999	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	PROMETHAZINE HCL 6.25 MG/5 ML	120	ML	NA	PO	ML	25 MG		0.05	1/1/2002	99/99/9999						
63874-0757-01		Q0178		1/15/2006	99/99/9999	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	HYDROXYZINE PAMOATE 50 MG	100	EA	BO	PO	EA	50 MG		1	1/15/2006	99/99/9999						
63874-0757-04		Q0178		1/15/2006	99/99/9999	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	HYDROXYZINE PAMOATE 50 MG	120	EA	BO	PO	EA	50 MG		1	1/15/2006	99/99/9999						
63874-0757-10		Q0178		1/15/2006	99/99/9999	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	HYDROXYZINE PAMOATE 50 MG	10	EA	BO	PO	EA	50 MG		1	1/15/2006	99/99/9999						
63874-0757-15		Q0178		1/15/2006	99/99/9999	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	HYDROXYZINE PAMOATE 50 MG	15	EA	BO	PO	EA	50 MG		1	1/15/2006	99/99/9999						
63874-0757-20		Q0178		1/15/2006	99/99/9999	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	HYDROXYZINE PAMOATE 50 MG	20	EA	BO	PO	EA	50 MG		1	1/15/2006	99/99/9999						
63874-0757-21		Q0178		1/15/2006	99/99/9999	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	HYDROXYZINE PAMOATE 50 MG	21	EA	BO	PO	EA	50 MG		1	1/15/2006	99/99/9999						
63874-0757-24		Q0178		1/15/2006	99/99/9999	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	HYDROXYZINE PAMOATE 50 MG	24	EA	BO	PO	EA	50 MG		1	1/15/2006	99/99/9999						
63874-0757-28		Q0178		1/15/2006	99/99/9999	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	HYDROXYZINE PAMOATE 50 MG	28	EA	BO	PO	EA	50 MG		1	1/15/2006	99/99/9999						
63874-0757-30		Q0178		1/15/2006	99/99/9999	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	HYDROXYZINE PAMOATE 50 MG	30	EA	BO	PO	EA	50 MG		1	1/15/2006	99/99/9999						
63874-0757-60		Q0178		1/15/2006	99/99/9999	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	HYDROXYZINE PAMOATE 50 MG	60	EA	BO	PO	EA	50 MG		1	1/15/2006	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
63874-0757-90	Q0178			1/15/2006	99/99/9999	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	HYDROXYZINE PAMOATE 50 MG	90 EA	BO	PO	EA		50 MG		1	1/15/2006	99/99/9999						
63874-0806-12	J8498			1/15/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	12 EA	NA	RC	EA		1 EA		1	1/15/2006	99/99/9999						
63874-1061-01	J1080			1/1/2008	99/99/9999	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG	DEPO-TESTOSTERONE 200 MG/ML	10 ML	VL	IM	ML		200 MG		1	1/1/2008	99/99/9999						
64019-0750-85	J1230			1/1/2002	99/99/9999	INJECTION, METHADONE HCL, UP TO 10 MG	METHADONE HCL	1 EA	BO	NA	GM		10 MG		100	1/1/2002	99/99/9999						
64019-0750-88	J1230			1/1/2002	99/99/9999	INJECTION, METHADONE HCL, UP TO 10 MG	METHADONE HCL	1 EA	BO	NA	GM		10 MG		100	1/1/2002	99/99/9999						
64054-0902-02	A4216			1/1/2007	5/25/2010	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE IV FLUSH SYRINGE (2X2ML.PF) 0.9%	2 ML	SR	IV	ML		10 ML		0.1	1/1/2007	5/25/2010						
64054-0903-03	A4216			1/1/2007	5/25/2010	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE IV FLUSH SYRINGE (3X3ML.PF) 0.9%	3 ML	SR	IV	ML		10 ML		0.1	1/1/2007	5/25/2010						
64054-0903-06	A4216			1/1/2007	5/25/2010	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE IV FLUSH SYRINGE (3X3ML.PF) 0.9%	3 ML	SR	IV	ML		10 ML		0.1	1/1/2007	5/25/2010						
64054-0905-02	A4216			1/1/2007	5/25/2010	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE IV FLUSH SYRINGE (5X5ML.PF) 0.9%	5 ML	SR	IV	ML		10 ML		0.1	1/1/2007	5/25/2010						
64054-0905-06	A4216			1/1/2007	5/25/2010	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE IV FLUSH SYRINGE (5X5ML.PF) 0.9%	5 ML	SR	IV	ML		10 ML		0.1	1/1/2007	5/25/2010						
64054-0910-02	A4216			1/1/2007	5/25/2010	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE IV FLUSH SYRINGE (10X10ML.PF) 0.9%	10 ML	SR	IV	ML		10 ML		0.1	1/1/2007	5/25/2010						
64054-1003-01	J1642			1/1/2007	5/25/2010	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (3X3ML.PF.LATEX-FREE) 100 U/ML	3 ML	SR	IV	ML		10 U		10	1/1/2007	5/25/2010						
64054-1003-02	J1642			1/1/2007	5/25/2010	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (3X5ML.PF.LATEX-FREE) 100 U/ML	5 ML	SR	IV	ML		10 U		10	1/1/2007	5/25/2010						
64054-3003-02	J1642			1/1/2007	5/25/2010	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (1X3ML.USP.PF.LATEX-FREE) 10 U/ML	3 ML	BX	IV	ML		10 U		1	1/1/2007	5/25/2010						
64054-3005-02	J1642			1/1/2007	5/25/2010	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (1X6ML.USP.PF.LATEX-FREE) 10 U/ML	5 ML	BX	IV	ML		10 U		1	1/1/2007	5/25/2010						
64116-0011-12	J9216			1/1/2002	99/99/9999	INJECTION, INTERFERON, GAMMA 1-B, 3 MILLION UNITS	ACTIMMUNE (VIAL) 2 Million IU/0.5 ML	0.5 ML	VL	SC	ML		3 MU	1.33333		1/1/2002	99/99/9999						
64116-0021-01	J0288			1/1/2003	8/13/2008	INJECTION, AMPHOTERICIN B CHOLESTERYL SULFATE COMPLEX, 10 MC	AMPHOTEC (S.D.V.) 100 MG	1 EA	VL	IV	EA		10 MG		10	1/1/2003	8/13/2008						
64116-0031-06	J9212			4/18/2003	1/17/2008	INJECTION, INTERFERON ALFACON-1, RECOMBINANT, 1 MICROGRAM	INFERGEN (PF.SINGLEJECT) 30 MCG/ML	0.5 ML	VL	SC	ML		1 MCG		30	4/18/2003	1/17/2008						
64116-0039-06	J9212			4/18/2003	1/17/2008	INJECTION, INTERFERON ALFACON-1, RECOMBINANT, 1 MICROGRAM	INFERGEN (6X9MCG.S.D.V.) 30 MCG/ML	0.3 ML	VL	SC	ML		1 MCG		30	4/18/2003	1/17/2008						
64193-0222-03	J7198			8/20/2004	99/99/9999	ANTI-INHIBITOR, PER 1 U	FEIBA-VH IMMUNO (400-650IU) 1 IL	650 IU	VL	IV	EA		1 IU		1	8/20/2004	99/99/9999						
64193-0222-04	J7198			1/1/2002	99/99/9999	ANTI-INHIBITOR, PER 1 U	FEIBA-VH IMMUNO (651-1200IU) 1 IL	1200 IU	VL	IV	EA		1 IU		1	1/1/2002	99/99/9999						
64193-0222-05	J7198			2/1/2006	99/99/9999	ANTI-INHIBITOR, PER 1 U	FEIBA-VH IMMUNO (1750-3250IU) 1 IL	3250 IU	VL	IV	EA		1 IU		1	2/1/2006	99/99/9999						
64193-0244-02	J7194			1/1/2002	99/99/9999	FACTOR IX, COMPLEX, PER 1 U	BEBULIN VH (VAPOR HEATED) (200-1200 IU) 1 IU	1200 IU	VL	IV	EA		1 IU		1	1/1/2002	99/99/9999						
64208-8234-01	J1557			1/1/2012	99/99/9999	E.G., LIQUID) 500 MG	GAMMAPLEX (1X50ML.SINGLE USE) 2.5 GM/50 ML	1 ML	VL	IV	ML		1 EA		0.1	1/1/2012	99/99/9999						
64208-8234-01	J1599			1/1/2011	12/31/2011	NOT OTHERWISE SPECIFIED, 500 MG	GAMMAPLEX (1X50ML.SINGLE USE) 2.5 GM/50 ML	1 ML	VL	IV	ML		1 EA		0.1	1/1/2011	12/31/2011						
64208-8234-02	J1557			1/1/2012	99/99/9999	E.G., LIQUID) 500 MG	GAMMAPLEX (1X100ML.SINGLE USE) 5 GM/ 100 ML	1 ML	VL	IV	ML		1 EA		0.1	1/1/2012	99/99/9999						
64208-8234-02	J1599			1/1/2011	12/31/2011	NOT OTHERWISE SPECIFIED, 500 MG	GAMMAPLEX (1X100ML.SINGLE USE) 5 GM/ 100 ML	1 ML	VL	IV	ML		1 EA		0.1	1/1/2011	12/31/2011						
64208-8234-03	J1557			1/1/2012	99/99/9999	E.G., LIQUID) 500 MG	GAMMAPLEX (1X200ML.SINGLE USE) 10 GM/ 200 ML	1 ML	VL	IV	ML		1 EA		0.1	1/1/2012	99/99/9999						
64208-8234-03	J1599			1/1/2011	12/31/2011	NOT OTHERWISE SPECIFIED, 500 MG	GAMMAPLEX (1X200ML.SINGLE USE) 10 GM/ 200 ML	1 ML	VL	IV	ML		1 EA		0.1	1/1/2011	12/31/2011						
64253-0111-21	A4216			1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN,6 ML W/LUER LOCK,PF) 0.9%	1 ML	SR	IV	ML		10 ML		0.1	1/1/2007	99/99/9999						
64253-0111-21	J2912			1/1/2002	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	NORMAL SALINE FLUSH (SRN,6 ML W/LUER LOCK,PF) 0.9%	1 ML	SR	IV	ML		0.9 %		0.5	1/1/2002	12/31/2006						
64253-0111-22	A4216			1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN,6 ML W/LUER LOCK,PF) 0.9%	2 ML	SR	IV	ML		10 ML		0.1	1/1/2007	99/99/9999						
64253-0111-22	J2912			1/1/2002	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	NORMAL SALINE FLUSH (SRN,6 ML W/LUER LOCK,PF) 0.9%	2 ML	SR	IV	ML		0.9 %		0.5	1/1/2002	12/31/2006						
64253-0111-23	A4216			1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN,6 ML W/LUER LOCK,PF) 0.9%	3 ML	SR	IV	ML		10 ML		0.1	1/1/2007	99/99/9999						
64253-0111-23	J2912			1/1/2002	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	NORMAL SALINE FLUSH (SRN,6 ML W/LUER LOCK,PF) 0.9%	3 ML	SR	IV	ML		0.9 %		0.5	1/1/2002	12/31/2006						
64253-0111-25	A4216			1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN,6 ML W/LUER LOCK,PF) 0.9%	5 ML	SR	IV	ML		10 ML		0.1	1/1/2007	99/99/9999						
64253-0111-25	J2912			1/1/2002	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	NORMAL SALINE FLUSH (SRN,6 ML W/LUER LOCK,PF) 0.9%	5 ML	SR	IV	ML		0.9 %		0.5	1/1/2002	12/31/2006						
64253-0111-30	J2912			1/1/2002	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	NORMAL SALINE FLUSH (SRN W/LUER LOCK,PF) 0.9%	10 ML	SR	IV	ML		0.9 %		0.5	1/1/2002	12/31/2006						
64253-0111-30	A4216			1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN W/LUER LOCK,PF) 0.9%	10 ML	SR	IV	ML		10 ML		0.1	1/1/2007	99/99/9999						
64253-0111-33	J2912			1/1/2002	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	NORMAL SALINE FLUSH (SRN,12 ML W/LUER LOK,PF) 0.9%	3 ML	SR	IV	ML		0.9 %		0.5	1/1/2002	12/31/2006						
64253-0111-33	A4216			1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN,12 ML W/LUER LOK,PF) 0.9%	3 ML	SR	IV	ML		10 ML		0.1	1/1/2007	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
64253-0111-35	J2912			1/1/2002	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	NORMAL SALINE FLUSH (SRN,12 ML W/LUER LOK,PF) 0.9%	5 ML	SR	IV	ML		0.9 %		0.5	1/1/2002	12/31/2006						
64253-0111-35	A4216			1/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	NORMAL SALINE FLUSH (SRN,12 ML W/LUER LOK,PF) 0.9%	5 ML	SR	IV	ML		10 ML		0.1	1/1/2007	99/99/9999						
64253-0222-21	J1642			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (SRN,6 ML W/LUER LOCK) 10 U/ML-0.9%	1 ML	SR	IV	ML		10 U		1	1/1/2002	99/99/9999						
64253-0222-22	J1642			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (SRN,6 ML W/LUER LOCK) 10 U/ML-0.9%	2 ML	SR	IV	ML		10 U		1	1/1/2002	99/99/9999						
64253-0222-23	J1642			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (SRN,6 ML W/LUER LOCK) 10 U/ML-0.9%	3 ML	SR	IV	ML		10 U		1	1/1/2002	99/99/9999						
64253-0222-25	J1642			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (SRN,6 ML W/LUER LOCK) 10 U/ML-0.9%	5 ML	SR	IV	ML		10 U		1	1/1/2002	99/99/9999						
64253-0222-30	J1642			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (SRN W/LUER LOCK) 10 U/ML-0.9%	10 ML	SR	IV	ML		10 U		1	1/1/2002	99/99/9999						
64253-0222-33	J1642			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (SRN,12 ML W/LUER LOCK) 10 U/ML-0.9%	3 ML	SR	IV	ML		10 U		1	1/1/2002	99/99/9999						
64253-0222-35	J1642			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (SRN,12 ML W/LUER LOCK) 10 U/ML-0.9%	5 ML	SR	IV	ML		10 U		1	1/1/2002	99/99/9999						
64253-0333-21	J1642			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (SRN,6 ML W/LUER LOCK) 100 U/ML-0.9%	1 ML	SR	IV	ML		10 U		10	1/1/2002	99/99/9999						
64253-0333-22	J1642			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (SRN,6 ML W/LUER LOCK) 100 U/ML-0.9%	2 ML	SR	IV	ML		10 U		10	1/1/2002	99/99/9999						
64253-0333-23	J1642			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (SRN,6 ML W/LUER LOCK) 100 U/ML-0.9%	3 ML	SR	IV	ML		10 U		10	1/1/2002	99/99/9999						
64253-0333-25	J1642			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (SRN,6 ML W/LUER LOCK) 100 U/ML-0.9%	5 ML	SR	IV	ML		10 U		10	1/1/2002	99/99/9999						
64253-0333-30	J1642			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (SRN W/LUER LOCK) 100 U/ML-0.9%	10 ML	SR	IV	ML		10 U		10	1/1/2002	99/99/9999						
64253-0333-33	J1642			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (SRN,12 ML W/LUER LOCK) 100 U/ML-0.9%	3 ML	SR	IV	ML		10 U		10	1/1/2002	99/99/9999						
64253-0333-35	J1642			1/1/2002	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (SRN,12 ML W/LUER LOCK) 100 U/ML-0.9%	5 ML	SR	IV	ML		10 U		10	1/1/2002	99/99/9999						
64253-0444-21	J1642			10/10/2003	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (6ML PRE-FILLED SYRINGE) 1 U/ML	1 ML	SR	IV	ML		10 U		0.1	10/10/2003	99/99/9999						
64253-0444-22	J1642			10/10/2003	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (6ML PRE-FILLED SYRINGE) 1 U/ML	2 ML	SR	IV	ML		10 U		0.1	10/10/2003	99/99/9999						
64253-0444-23	J1642			10/10/2003	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (6ML PRE-FILLED SYRINGE) 1 U/ML	3 ML	SR	IV	ML		10 U		0.1	10/10/2003	99/99/9999						
64253-0444-25	J1642			10/10/2003	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (6ML PRE-FILLED SYRINGE) 1 U/ML	5 ML	SR	IV	ML		10 U		0.1	10/10/2003	99/99/9999						
64253-0444-30	J1642			10/10/2003	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (12ML PRE-FILLED SYRINGE) 1 U/ML	10 ML	SR	IV	ML		10 U		0.1	10/10/2003	99/99/9999						
64253-0444-33	J1642			10/10/2003	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (12ML PRE-FILLED SYRINGE) 1 U/ML	3 ML	SR	IV	ML		10 U		0.1	10/10/2003	99/99/9999						
64253-0444-35	J1642			10/10/2003	99/99/9999	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (12ML PRE-FILLED SYRINGE) 1 U/ML	5 ML	SR	IV	ML		10 U		0.1	10/10/2003	99/99/9999						
64281-0100-06	J7674			1/1/2005	99/99/9999	NEBULIZER, PER 1 MG	METHACHOLINE CHLORIDE ADMINISTERED AS INHALATION SOLUTION THROUGH A	1 EA	VL	IH	EA		1 MG		100	1/1/2005	99/99/9999						
64281-0100-12	J7674			1/1/2005	7/30/2010	NEBULIZER, PER 1 MG	METHACHOLINE CHLORIDE ADMINISTERED AS INHALATION SOLUTION THROUGH A	1 EA	VL	IH	EA		1 MG		100	1/1/2005	7/30/2010						
64365-0503-01	J9160			1/1/2002	1/16/2008	INJECTION, DENILEUKIN DIFTITOX, 300 MICROGRAMS	PROVOCHOLINE 100 MG	2 ML	VL	IV	ML		300 MCG		0.5	1/1/2002	1/16/2008						
64370-0532-01	J9390			6/23/2008	99/99/9999	INJECTION, VINORELBINE TARTRATE, 10 MG	ONTAK (SINGLE USE VIAL) 150 MCG/ML	1 ML	VL	IV	ML		10 MG		1	6/23/2008	99/99/9999						
64370-0532-02	J9390			6/23/2008	99/99/9999	INJECTION, VINORELBINE TARTRATE, 10 MG	NAVELBINE (1X5ML,SINGLE USE,PF) 10 MG/ML	5 ML	VL	IV	ML		10 MG		1	6/23/2008	99/99/9999						
64370-3086-01	J9390			3/26/2007	6/22/2008	INJECTION, VINORELBINE TARTRATE, 10 MG	NAVELBINE (SDV,PF) 10 MG/ML	1 ML	VL	IV	ML		10 MG		1	3/26/2007	6/22/2008						
64370-3086-02	J9390			3/26/2007	6/22/2008	INJECTION, VINORELBINE TARTRATE, 10 MG	NAVELBINE (SDV,PF) 10 MG/ML	5 ML	VL	IV	ML		10 MG		1	3/26/2007	6/22/2008						
64679-0661-02	J1626			7/1/2008	99/99/9999	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	GRANISETRON HYDROCHLORIDE (1X4ML) 1 MG/ML	4 MG	VL	IV	ML		100 MCG		10	7/1/2008	99/99/9999						
64679-0661-03	J1626			7/1/2008	99/99/9999	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	GRANISETRON HYDROCHLORIDE (1X1ML) 1 MG/ML	1 MG	VL	IV	ML		100 MCG		10	7/1/2008	99/99/9999						
64679-0662-01	J1626			4/25/2008	99/99/9999	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	GRANISETRON HYDROCHLORIDE (5X1ML,PF) 0.1 MG/ML	1 ML	VL	IV	ML		100 MCG		1	4/25/2008	99/99/9999						
64679-0701-01	J0696			5/18/2007	10/22/2009	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 250 MG	1 EA	VL	IJ	EA		250 MG		1	5/18/2007	10/22/2009						
64679-0701-02	J0696			5/18/2007	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 250 MG	1 EA	VL	IJ	EA		250 MG		1	5/18/2007	99/99/9999						
64679-0701-03	J0696			5/18/2007	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 250 MG	1 EA	VL	IJ	EA		250 MG		1	5/18/2007	99/99/9999						
64679-0702-01	J0696			5/18/2007	10/22/2009	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 500 MG	1 EA	VL	IJ	EA		250 MG		2	5/18/2007	10/22/2009						
64679-0702-02	J0696			5/18/2007	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 500 MG	1 EA	VL	IJ	EA		250 MG		2	5/18/2007	99/99/9999						
64679-0703-01	J0696			5/18/2007	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 2 GM	1 EA	VL	IJ	EA		250 MG		8	5/18/2007	99/99/9999						
64679-0703-02	J0696			5/18/2007	10/22/2009	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 2 GM	1 EA	VL	IJ	EA		250 MG		8	5/18/2007	10/22/2009						
64679-0726-01	J2405			12/26/2006	8/19/2013	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (5X2ML,SDV,USP) 2 MG/ML	2 ML	VL	IJ	ML		1 MG		2	12/26/2006	8/19/2013						
64679-0727-01	J2405			12/26/2006	8/19/2013	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	ONDANSETRON (MDV,USP) 2 MG/ML	20 ML	VL	IJ	ML		1 MG		2	12/26/2006	8/19/2013						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
64679-0729-01	Q2009			7/25/2007	3/1/2009	INJECTION, FOSPHENYTOIN, 50 MG PHENYTOIN EQUIVALENT	FOSPHENYTOIN SODIUM (SDV, USP, 25X2ML) 75 MG/ML	2 ML	VL	IJ	ML		50 MG	1.5		7/25/2007	3/1/2009						
64679-0730-01	Q2009			7/25/2007	3/1/2009	INJECTION, FOSPHENYTOIN, 50 MG PHENYTOIN EQUIVALENT	FOSPHENYTOIN SODIUM (SDV, USP, 10X10ML) 75 MG/ML	10 ML	VL	IJ	ML		50 MG	1.5		7/25/2007	3/1/2009						
64679-0757-01	J1885			4/12/2007	8/19/2013	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (USP, SDV) 15 MG/ML	1 ML	VL	IJ	ML		15 MG	1		4/12/2007	8/19/2013						
64679-0757-02	J1885			4/12/2007	8/19/2013	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (USP, SDV) 15 MG/ML	1 ML	VL	IJ	ML		15 MG	1		4/12/2007	8/19/2013						
64679-0758-01	J1885			4/12/2007	8/19/2013	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (USP, SDV) 30 MG/ML	1 ML	VL	IJ	ML		15 MG	2		4/12/2007	8/19/2013						
64679-0758-02	J1885			4/12/2007	8/19/2013	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (USP, SDV, 25X2ML) 30 MG/ML	2 ML	VL	IJ	ML		15 MG	2		4/12/2007	8/19/2013						
64679-0758-04	J1885			4/12/2007	8/19/2013	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (USP, SDV) 30 MG/ML	1 ML	VL	IJ	ML		15 MG	2		4/12/2007	8/19/2013						
64679-0758-05	J1885			4/12/2007	3/1/2009	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (USP, S.D.V.) 30 MG/ML	2 ML	VL	IJ	ML		15 MG	2		4/12/2007	3/1/2009						
64679-0758-06	J1885			4/12/2007	8/19/2013	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	KETOROLAC TROMETHAMINE (USP, SDV, 2X10ML) 30 MG/ML	2 ML	VL	IJ	ML		15 MG	2		4/12/2007	8/19/2013						
64679-0759-01	J1940			4/12/2007	9/30/2008	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (USP, SDV, 25X2ML) 10 MG/ML	2 ML	VL	IJ	ML		20 MG	0.5		4/12/2007	9/30/2008						
64679-0759-02	J1940			4/12/2007	9/30/2008	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (USP, SDV, 4X25ML) 10 MG/ML	4 ML	VL	IJ	ML		20 MG	0.5		4/12/2007	9/30/2008						
64679-0759-03	J1940			4/12/2007	9/30/2008	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (USP, SDV, 10X25ML) 10 MG/ML	10 ML	VL	IJ	ML		20 MG	0.5		4/12/2007	9/30/2008						
64679-0759-04	J1940			4/12/2007	9/30/2008	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (USP, SDV) 10 MG/ML	2 ML	VL	IJ	ML		20 MG	0.5		4/12/2007	9/30/2008						
64679-0759-05	J1940			4/12/2007	9/30/2008	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (USP, SDV) 10 MG/ML	4 ML	VL	IJ	ML		20 MG	0.5		4/12/2007	9/30/2008						
64679-0759-06	J1940			4/12/2007	9/30/2008	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (USP, SDV, 10X2ML) 10 MG/ML	10 ML	VL	IJ	ML		20 MG	0.5		4/12/2007	9/30/2008						
64679-0759-07	J1940			4/12/2007	9/30/2008	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (USP, SDV, 10X4ML) 10 MG/ML	2 ML	VL	IJ	ML		20 MG	0.5		4/12/2007	9/30/2008						
64679-0759-08	J1940			4/12/2007	9/30/2008	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (USP, SDV, 10X10ML) 10 MG/ML	4 ML	VL	IJ	ML		20 MG	0.5		4/12/2007	9/30/2008						
64679-0759-09	J1940			4/12/2007	9/30/2008	INJECTION, FUROSEMIDE, UP TO 20 MG	FUROSEMIDE (USP, SDV, 10X10ML) 10 MG/ML	10 ML	VL	IJ	ML		20 MG	0.5		4/12/2007	9/30/2008						
64679-0961-01	Q0144			2/11/2008	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 250 MG	30 EA	BO	PO	EA		1 GM	0.25		2/11/2008	99/99/9999						
64679-0961-04	Q0144			2/14/2008	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM-COATED) 250 MG	6 EA	BX	PO	EA		1 GM	0.25		2/14/2008	99/99/9999						
64679-0961-05	Q0144			2/11/2008	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (3X6, FILM-COATED) 250 MG	18 EA	DP	PO	EA		1 GM	0.25		2/11/2008	99/99/9999						
64679-0962-01	Q0144			2/11/2008	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM COATED) 600 MG	30 EA	BO	PO	EA		1 GM	0.6		2/11/2008	99/99/9999						
64679-0964-01	Q0144			2/11/2008	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM COATED) 500 MG	30 EA	BO	PO	EA		1 GM	0.5		2/11/2008	99/99/9999						
64679-0964-03	Q0144			2/14/2008	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (FILM COATED) 500 MG	3 EA	BX	PO	EA		1 GM	0.5		2/14/2008	99/99/9999						
64679-0964-05	Q0144			2/11/2008	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN (3X3, FILM COATED) 500 MG	9 EA	DP	PO	EA		1 GM	0.5		2/11/2008	99/99/9999						
64679-0983-01	J0696			5/26/2006	10/22/2009	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 1 GM	1 EA	VL	IJ	EA		250 MG	4		5/26/2006	10/22/2009						
64679-0983-02	J0696			5/26/2006	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 1 GM	1 EA	VL	IJ	EA		250 MG	4		5/26/2006	99/99/9999						
64679-0986-01	J0698			9/20/2006	99/99/9999	INJECTION, CEFOTAXIME SODIUM, PER GN	CEFOTAXIME (USP) 1 GM	1 EA	VL	IJ	EA		1 GM	1		9/20/2006	99/99/9999						
64679-0986-02	J0698			9/20/2006	99/99/9999	INJECTION, CEFOTAXIME SODIUM, PER GN	CEFOTAXIME (USP) 1 GM	1 EA	VL	IJ	EA		1 GM	1		9/20/2006	99/99/9999						
64679-0986-03	J0698			9/20/2006	99/99/9999	INJECTION, CEFOTAXIME SODIUM, PER GN	CEFOTAXIME (USP) 1 GM	1 EA	VL	IJ	EA		1 GM	1		9/20/2006	99/99/9999						
64679-0986-04	J0698			9/20/2006	99/99/9999	INJECTION, CEFOTAXIME SODIUM, PER GN	CEFOTAXIME (USP) 1 GM	1 EA	VL	IJ	EA		1 GM	1		9/20/2006	99/99/9999						
64720-0198-02	Q0166			12/29/2007	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	GRANISETRON HYDROCHLORIDE (FILM COATED) 1 MG	20 EA	BO	PO	EA		1 MG	1		12/29/2007	99/99/9999						
64720-0198-98	Q0166			12/29/2007	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	GRANISETRON HYDROCHLORIDE (FILM COATED) 1 MG	2 EA	DP	PO	EA		1 MG	1		12/29/2007	99/99/9999						
64938-0009-01	A4217			1/1/2004	11/9/2006	STERILE WATER/SALINE, 500 ML	SALJET (SINGLE DOSE, STERILE) 0.9%	30 ML	PC	IR	ML		500 ML	0.002		1/1/2004	11/9/2006						
65162-0156-10	Q0163			9/1/2004	11/5/2009	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HYDROCHLORIDE (CAPLET) 25 MG	100 EA	BO	PO	EA		50 MG	0.5		9/1/2004	11/5/2009						
65162-0156-11	Q0163			9/1/2004	11/5/2009	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HYDROCHLORIDE (CAPLET) 25 MG	1000 EA	BO	PO	EA		50 MG	0.5		9/1/2004	11/5/2009						
65162-0516-10	Q0163			9/1/2004	11/5/2009	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HYDROCHLORIDE 25 MG	100 EA	BO	PO	EA		50 MG	0.5		9/1/2004	11/5/2009						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
65162-0516-11		Q0163		9/1/2004	11/5/2009	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HYDROCHLORIDE 25 MG	1000	EA	BO	PO	EA	50 MG		0.5	9/1/2004	11/5/2009						
65162-0518-10		Q0163		9/1/2004	7/26/2010	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HYDROCHLORIDE (MAXIMUM STRENGTH) 50 MG	100	EA	BO	PO	EA	50 MG		1	9/1/2004	7/26/2010						
65162-0518-11		Q0163		9/1/2004	4/26/2010	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HYDROCHLORIDE (MAXIMUM STRENGTH) 50 MG	1000	EA	BO	PO	EA	50 MG		1	9/1/2004	4/26/2010						
65293-0001-01		J0583		1/1/2004	99/99/9999	INJECTION, BIVALIRUDIN, 1 MG	ANGIOMAX (VIAL, GLASS) 250 MG	1	EA	VL	IV	EA	1 MG		250	1/1/2004	99/99/9999						
65483-0590-10		J7500		1/1/2002	99/99/9999	AZATHIOPRINE, ORAL, 50 MG	IMURAN 50 MG	100	EA	BO	PO	EA	50 MG		1	1/1/2002	99/99/9999						
65580-0251-01		J7510		5/9/2002	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE SODIUM PHOSPHATE (DYE-FREE RASPBERRY) 6.7 MG/5 ML	120	ML	BO	PO	ML	5 MG		0.268	5/9/2002	99/99/9999						
65649-0231-41		J7500		10/31/2003	99/99/9999	AZATHIOPRINE, ORAL, 50 MG	AZASAN 75 MG	100	EA	BO	PO	EA	50 MG		1.5	10/31/2003	99/99/9999						
65649-0241-41		J7500		10/31/2003	99/99/9999	AZATHIOPRINE, ORAL, 50 MG	AZASAN 100 MG	100	EA	BO	PO	EA	50 MG		2	10/31/2003	99/99/9999						
65847-0205-25		J2325		1/1/2006	99/99/9999	INJECTION, NESIRITIDE, 0.1 MG	NATRECOR (S.D.V.) 1.5 MG	1	EA	VL	IV	EA	0.1 MG		15	1/1/2006	99/99/9999						
65862-0187-03		Q0179		10/31/2007	10/1/2009	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 4 MG	3	EA	BX	PO	EA	8 MG		0.5	10/31/2007	10/1/2009						
65862-0187-05		Q0179		10/31/2007	10/1/2009	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 4 MG	500	EA	BO	PO	EA	8 MG		0.5	10/31/2007	10/1/2009						
65862-0187-30		Q0179		10/31/2007	12/31/2011	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 4 MG	30	EA	BO	PO	EA	8 MG		0.5	10/31/2007	12/31/2011						
65862-0187-30		Q0162		1/1/2012	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	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 4 MG	30	EA	BO	PO	EA	1 MG		4	1/1/2012	99/99/9999						
65862-0188-03		Q0179		10/31/2007	10/1/2009	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 8 MG	3	EA	BX	PO	EA	8 MG		1	10/31/2007	10/1/2009						
65862-0188-05		Q0179		10/31/2007	10/1/2009	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 8 MG	500	EA	BO	PO	EA	8 MG		1	10/31/2007	10/1/2009						
65862-0188-30		Q0179		10/31/2007	12/31/2011	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 8 MG	30	EA	BO	PO	EA	8 MG		1	10/31/2007	12/31/2011						
65862-0188-30		Q0162		1/1/2012	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	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 8 MG	30	EA	BO	PO	EA	1 MG		8	1/1/2012	99/99/9999						
66105-0507-01		Q0144		8/22/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	10	EA	BO	PO	EA	1 GM		0.25	8/22/2006	99/99/9999						
66105-0507-03		Q0144		1/1/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	30	EA	BO	PO	EA	1 GM		0.25	1/1/2006	99/99/9999						
66105-0507-06		Q0144		8/22/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	60	EA	BO	PO	EA	1 GM		0.25	8/22/2006	99/99/9999						
66105-0507-09		Q0144		8/22/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	90	EA	BO	PO	EA	1 GM		0.25	8/22/2006	99/99/9999						
66105-0507-10		Q0144		8/22/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	100	EA	BO	PO	EA	1 GM		0.25	8/22/2006	99/99/9999						
66105-0549-10		J7507		1/1/2006	99/99/9999	TACROLIMUS, ORAL, PER 1 MG	PROGRAF 1 MG	100	EA	NA	PO	EA	1 MG		1	1/1/2006	99/99/9999						
66105-0653-01		Q0144		9/13/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 500 MG	10	EA	BO	PO	EA	1 GM		0.5	9/13/2006	99/99/9999						
66105-0653-03		Q0144		9/13/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 500 MG	30	EA	BO	PO	EA	1 GM		0.5	9/13/2006	99/99/9999						
66105-0653-05		Q0144		9/13/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 500 MG	50	EA	BO	PO	EA	1 GM		0.5	9/13/2006	99/99/9999						
66105-0653-06		Q0144		9/13/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 500 MG	60	EA	BO	PO	EA	1 GM		0.5	9/13/2006	99/99/9999						
66105-0653-19		Q0144		9/13/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 500 MG	9	EA	BO	PO	EA	1 GM		0.5	9/13/2006	99/99/9999						
66105-0670-01		Q0144		9/13/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	10	EA	BO	PO	EA	1 GM		0.25	9/13/2006	99/99/9999						
66105-0670-03		Q0144		9/13/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	30	EA	BO	PO	EA	1 GM		0.25	9/13/2006	99/99/9999						
66105-0670-05		Q0144		9/13/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	50	EA	BO	PO	EA	1 GM		0.25	9/13/2006	99/99/9999						
66105-0670-06		Q0144		9/13/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	60	EA	BO	PO	EA	1 GM		0.25	9/13/2006	99/99/9999						
66105-0670-18		Q0144		9/13/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	18	EA	BO	PO	EA	1 GM		0.25	9/13/2006	99/99/9999						
66105-0832-01		J8999		9/13/2006	99/99/9999	PRESRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	NOLVADEX 10 MG	10	EA	BO	PO	EA	1 EA		1	9/13/2006	99/99/9999						
66105-0832-03		J8999		9/13/2006	99/99/9999	PRESRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	NOLVADEX 10 MG	30	EA	BO	PO	EA	1 EA		1	9/13/2006	99/99/9999						
66105-0832-06		J8999		9/13/2006	99/99/9999	PRESRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	NOLVADEX 10 MG	60	EA	BO	PO	EA	1 EA		1	9/13/2006	99/99/9999						
66105-0832-09		J8999		9/13/2006	99/99/9999	PRESRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	NOLVADEX 10 MG	90	EA	BO	PO	EA	1 EA		1	9/13/2006	99/99/9999						
66105-0832-10		J8999		9/13/2006	99/99/9999	PRESRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	NOLVADEX 10 MG	100	EA	BO	PO	EA	1 EA		1	9/13/2006	99/99/9999						
66203-2300-01		J1652		1/1/2003	99/99/9999	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	ARIXTRA (SRN, PREFL, 27GX1/2", PF) 2.5 MG/0.5 ML	0.5	ML	SR	SC	ML	0.5 MG		10	1/1/2003	99/99/9999						
66215-0401-01		J1325		8/27/2007	99/99/9999	INJECTION, EPOPROSTENOL, 0.5 MG	EPOPROSTENOL (SINGLE DOSE, LYOPHILIZED) 1.5 MG	1	EA	EA	IV	EA	0.5 MG		3	8/27/2007	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
66215-0402-01	J1325			10/1/2012	99/99/9999	INJECTION, EPOPROSTENOL, 0.5 MG	VELETRI (SINGLE DOSE,LYOPHILIZED) 1.5 MG	1 EA	VL	IV	EA		0.5 MG		3	10/1/2012	99/99/9999						
66215-0403-01	J1325			10/1/2012	99/99/9999	INJECTION, EPOPROSTENOL, 0.5 MG	VELETRI (SINGLE DOSE,LYOPHILIZED) 0.5 MG	1 EA	VL	IV	EA		0.5 MG		1	10/1/2012	99/99/9999						
66220-0107-30	J0132			1/1/2006	1/13/2011	INJECTION, ACETYLCYSTEINE, 100 MG	ACETADOTE (PF) 200 MG/ML	30 ML	VL	IV	ML		100 MG		2	1/1/2006	1/13/2011						
66267-0006-25	J8499			4/8/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	25 EA	BO	PO	EA		1 EA		1	4/8/2002	99/99/9999						
66267-0006-40	J8499			8/1/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	40 EA	BO	PO	EA		1 EA		1	8/1/2002	99/99/9999						
66267-0006-50	J8499			4/8/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	50 EA	BO	PO	EA		1 EA		1	4/8/2002	99/99/9999						
66267-0007-15	J8499			4/8/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	15 EA	BO	PO	EA		1 EA		1	4/8/2002	99/99/9999						
66267-0007-21	J8499			4/8/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	25 EA	BO	PO	EA		1 EA		1	4/8/2002	99/99/9999						
66267-0007-25	J8499			4/8/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	25 EA	BO	PO	EA		1 EA		1	4/8/2002	99/99/9999						
66267-0007-30	J8499			4/8/2002	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	30 EA	BO	PO	EA		1 EA		1	4/8/2002	99/99/9999						
66267-0066-12	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	12 EA	BO	PO	EA		0.25 MG		3	1/1/2006	99/99/9999						
66267-0080-15	Q0163			1/1/2002	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	DIPHENHYDRAMINE HCL 25 MG	15 EA	BO	PO	EA		50 MG		0.5	1/1/2002	99/99/9999						
66267-0080-20	Q0163			4/5/2002	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	DIPHENHYDRAMINE HCL 25 MG	20 EA	BO	PO	EA		50 MG		0.5	4/5/2002	99/99/9999						
66267-0080-30	Q0163			1/1/2002	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	DIPHENHYDRAMINE HCL 25 MG	30 EA	BO	PO	EA		50 MG		0.5	1/1/2002	99/99/9999						
66267-0080-60	Q0163			1/1/2002	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	DIPHENHYDRAMINE HCL 25 MG	60 EA	BO	PO	EA		50 MG		0.5	1/1/2002	99/99/9999						
66267-0081-15	Q0163			1/1/2002	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	DIPHENHYDRAMINE HCL 50 MG	15 EA	BO	PO	EA		50 MG		1	1/1/2002	99/99/9999						
66267-0081-20	Q0163			4/5/2002	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	DIPHENHYDRAMINE HCL 50 MG	20 EA	BO	PO	EA		50 MG		1	4/5/2002	99/99/9999						
66267-0081-30	Q0163			1/1/2002	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	DIPHENHYDRAMINE HCL 50 MG	30 EA	BO	PO	EA		50 MG		1	1/1/2002	99/99/9999						
66267-0081-60	Q0163			9/4/2002	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	DIPHENHYDRAMINE HCL 50 MG	60 EA	BO	PO	EA		50 MG		1	9/4/2002	99/99/9999						
66267-0171-15	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	15 EA	BO	PO	EA		5 MG		2	1/1/2002	99/99/9999						
66267-0171-20	J7506			4/4/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	20 EA	BO	PO	EA		5 MG		2	4/4/2002	99/99/9999						
66267-0171-21	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	21 EA	BO	PO	EA		5 MG		2	1/1/2002	99/99/9999						
66267-0171-30	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	30 EA	BO	PO	EA		5 MG		2	1/1/2002	99/99/9999						
66267-0171-40	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	40 EA	BO	PO	EA		5 MG		2	1/1/2002	99/99/9999						
66267-0171-42	J7506			4/4/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	42 EA	BO	PO	EA		5 MG		2	4/4/2002	99/99/9999						
66267-0172-10	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	10 EA	BO	PO	EA		5 MG		4	1/1/2002	99/99/9999						
66267-0172-15	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	15 EA	BO	PO	EA		5 MG		4	1/1/2002	99/99/9999						
66267-0172-20	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	20 EA	BO	PO	EA		5 MG		4	1/1/2002	99/99/9999						
66267-0172-30	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	30 EA	BO	PO	EA		5 MG		4	1/1/2002	99/99/9999						
66267-0173-20	J7506			4/4/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	20 EA	BO	PO	EA		5 MG		1	4/4/2002	99/99/9999						
66267-0173-30	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	30 EA	BO	PO	EA		5 MG		1	1/1/2002	99/99/9999						
66267-0173-40	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	40 EA	BO	PO	EA		5 MG		1	1/1/2002	99/99/9999						
66267-0173-42	J7506			3/24/2003	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	42 EA	BO	PO	EA		5 MG		1	3/24/2003	99/99/9999						
66267-0173-60	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	60 EA	BO	PO	EA		5 MG		1	1/1/2002	99/99/9999						
66267-0208-10	Q0173			1/1/2002	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	TRIMETHOBENZAMIDE HCL 250 MG	10 EA	BO	PO	EA		250 MG		1	1/1/2002	99/99/9999						
66267-0208-20	Q0173			1/1/2002	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	TRIMETHOBENZAMIDE HCL 250 MG	20 EA	BO	PO	EA		250 MG		1	1/1/2002	99/99/9999						
66267-0399-30	J8499			3/15/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	30 EA	BO	PO	EA		1 EA		1	3/15/2005	99/99/9999						
66267-0921-03	Q4084			1/1/2007	12/31/2007	DOSE	HYALURONAN OR DERIVATIVE, SYNVISC, FOR INTRA-ARTICULAR INJECTION, PER 8 MG/ML	2 ML	SR	IJ	ML		1 DOSE		0.5	1/1/2007	12/31/2007						
66267-0921-03	J7322			1/1/2008	12/31/2008	DOSE	HYALURONAN OR DERIVATIVE, SYNVISC, FOR INTRA-ARTICULAR INJECTION, PER 8 MG/ML	2 ML	SR	IJ	ML		1 DOSE		0.5	1/1/2008	12/31/2008						
66267-0928-06	Q0144			1/1/2002	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	6 EA	BO	PO	EA		1 GM		0.25	1/1/2002	99/99/9999						
66267-0948-21	J7506			1/1/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE (DOSEPACK) 5 MG	21 EA	DP	PO	EA		5 MG		1	1/1/2002	99/99/9999						
66267-0961-21	J7509			1/1/2002	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	21 EA	BO	PO	EA		4 MG		1	1/1/2002	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
66267-0977-04		Q0163		1/1/2002	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	DIPHENHYDRAMINE HCL 12.5 MG/5 ML	120 ML	BO	PO	ML		50 MG		0.05	1/1/2002	99/99/9999						
66288-1100-01		J0690		10/1/2002	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	CEFAZOLIN SODIUM 100 GM	1 EA	FC	IJ	GM		500 MG		2	10/1/2002	99/99/9999						
66288-1300-01		J0690		10/1/2002	99/99/9999	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM 300 GM	1 EA	FC	IJ	GM		500 MG		2	10/1/2002	99/99/9999						
66302-0101-01		J3285		1/1/2006	99/99/9999	INJECTION, TREPROSTINIL, 1 MG	REMODULIN (M.D.V.) 1 MG/ML	20 ML	VL	IJ	ML		1 MG		1	1/1/2006	99/99/9999						
66302-0102-01		J3285		1/1/2006	99/99/9999	INJECTION, TREPROSTINIL, 1 MG	REMODULIN (M.D.V.) 2.5 MG/ML	20 ML	VL	IJ	ML		1 MG		2.5	1/1/2006	99/99/9999						
66302-0105-01		J3285		1/1/2006	99/99/9999	INJECTION, TREPROSTINIL, 1 MG	REMODULIN (M.D.V.) 5 MG/ML	20 ML	VL	IJ	ML		1 MG		5	1/1/2006	99/99/9999						
66302-0110-01		J3285		1/1/2006	99/99/9999	INJECTION, TREPROSTINIL, 1 MG	REMODULIN (M.D.V.) 10 MG/ML	20 ML	VL	IJ	ML		1 MG		10	1/1/2006	99/99/9999						
66302-0206-01		J7686		8/14/2009	99/99/9999	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	TYVASO 0.6 MG/ML	28 EA	SOL	IH	ML		1 ML		1	8/14/2009	99/99/9999						
66302-0206-02		J7686		8/14/2009	99/99/9999	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	TYVASO 0.6 MG/ML	28 EA	SOL	IH	ML		1 ML		1	8/14/2009	99/99/9999						
66302-0206-03		J7686		8/14/2009	99/99/9999	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	TYVASO 0.6 MG/ML	4 EA	SOL	IH	ML		1 ML		1	8/14/2009	99/99/9999						
66312-0170-14		J2001		8/15/2006	10/1/2011	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MC	XYLOCAINE DENTAL (1.8MLX100) 2%	1.8 ML	NA	IJ	ML		10 MG		2	8/15/2006	10/1/2011						
66312-0440-14		J0670		8/15/2006	3/31/2009	INJECTION, MEPIVACAIN HYDROCHLORIDE, PER 10 ML	POLOCAINE DENTAL (1.8MLX100) 3%	1.8 ML	NA	IJ	ML		10 ML		0.1	8/15/2006	3/31/2009						
66312-0460-14		J0670		8/15/2006	3/31/2009	INJECTION, MEPIVACAIN HYDROCHLORIDE, PER 10 ML	POLOCAINE DENTAL (1.8MLX100) 2%	1.8 ML	NA	IJ	ML		10 ML		0.1	8/15/2006	3/31/2009						
66336-0045-06		Q0163		10/22/2004	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	DIPHENHYDRAMINE HCL 50 MG	6 EA	BO	PO	EA		50 MG		1	10/22/2004	99/99/9999						
66336-0045-15		Q0163		10/22/2004	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	15 EA	BO	PO	EA		50 MG		1	10/22/2004	99/99/9999						
66336-0045-20		Q0163		4/1/2010	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	DIPHENHYDRAMINE HCL 50 MG	15 EA	BO	PO	EA		50 MG		1	4/1/2010	99/99/9999						
66336-0045-30		Q0163		11/23/2003	99/99/9999	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	30 EA	BO	PO	EA		50 MG		1	11/23/2003	99/99/9999						
66336-0045-60		Q0163		4/1/2010	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	DIPHENHYDRAMINE HCL 50 MG	60 EA	BO	PO	EA		50 MG		1	4/1/2010	99/99/9999						
66336-0045-60		Q0163		11/23/2003	12/17/2007	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL 50 MG	60 EA	BO	PO	EA		50 MG		1	11/23/2003	12/17/2007						
66336-0045-90		Q0163		4/1/2010	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	DIPHENHYDRAMINE HCL 50 MG	90 EA	BO	PO	EA		50 MG		1	4/1/2010	99/99/9999						
66336-0058-10		J7506		10/22/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	10 EA	BO	PO	EA		5 MG		2	10/22/2004	99/99/9999						
66336-0058-12		J7506		11/4/2005	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	12 EA	BO	PO	EA		5 MG		2	11/4/2005	99/99/9999						
66336-0058-20		J7506		10/22/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	20 EA	BO	PO	EA		5 MG		2	10/22/2004	99/99/9999						
66336-0058-21		J7506		10/22/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	21 EA	BO	PO	EA		5 MG		2	10/22/2004	99/99/9999						
66336-0058-30		J7506		4/16/2002	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	30 EA	BO	PO	EA		5 MG		2	4/16/2002	99/99/9999						
66336-0058-60		J7506		10/22/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	60 EA	BO	PO	EA		5 MG		2	10/22/2004	99/99/9999						
66336-0085-10		Q0170		10/22/2004	99/99/9999	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	PROMETHAZINE 25 MG	10 EA	BO	PO	EA		25 MG		1	10/22/2004	99/99/9999						
66336-0085-12		Q0170		10/22/2004	99/99/9999	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	PROMETHAZINE 25 MG	12 EA	BO	PO	EA		25 MG		1	10/22/2004	99/99/9999						
66336-0085-20		Q0170		5/29/2008	99/99/9999	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	PROMETHAZINE HYDROCHLORIDE 25 MG	20 EA	BO	PO	EA		25 MG		1	5/29/2008	99/99/9999						
66336-0085-25		Q0170		5/29/2008	99/99/9999	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	PROMETHAZINE HYDROCHLORIDE 25 MG	25 EA	BO	PO	EA		25 MG		1	5/29/2008	99/99/9999						
66336-0085-30		Q0170		10/22/2004	99/99/9999	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	PROMETHAZINE 25 MG	30 EA	BO	PO	EA		25 MG		1	10/22/2004	99/99/9999						
66336-0085-60		Q0170		5/29/2008	99/99/9999	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	PROMETHAZINE HYDROCHLORIDE 25 MG	60 EA	BO	PO	EA		25 MG		1	5/29/2008	99/99/9999						
66336-0094-10		J7506		10/22/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	10 EA	BO	PO	EA		5 MG		4	10/22/2004	99/99/9999						
66336-0094-18		J7506		10/22/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	18 EA	BO	PO	EA		5 MG		4	10/22/2004	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
66336-0094-20	J7506			10/22/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	20 EA	BO	PO	EA	5 MG				4	10/22/2004	99/99/9999					
66336-0094-30	J7506			10/22/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	30 EA	BO	PO	EA	5 MG				4	10/22/2004	99/99/9999					
66336-0150-03	J8498			1/1/2006	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	3 EA	BO	RC	EA	1 EA				1	1/1/2006	99/99/9999					
66336-0150-06	J8498			4/20/2007	99/99/9999	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	6 EA	BX	RC	EA	1 EA				1	4/20/2007	99/99/9999					
66336-0208-20	Q0177			10/22/2004	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	HYDROXYZINE PAMOATE 25 MG	20 EA	BO	PO	EA	25 MG				1	10/22/2004	99/99/9999					
66336-0208-30	Q0177			10/22/2004	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	HYDROXYZINE PAMOATE 25 MG	30 EA	BO	PO	EA	25 MG				1	10/22/2004	99/99/9999					
66336-0268-03	Q0162			1/1/2012	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	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 8 MG	3 EA	BO	PO	EA	1 MG				8	1/1/2012	99/99/9999					
66336-0268-03	Q0179			3/17/2008	12/31/2011	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 8 MG	3 EA	BO	PO	EA	8 MG				1	3/17/2008	12/31/2011					
66336-0338-21	None			3/1/2012	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE, 2.5 MG	21 EA	BO	PO	EA	2.5 MG				1	3/1/2012	99/99/9999					
66336-0338-30	None			4/1/2012	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM, 2.5 MG	30 EA	BO	PO	EA	2.5 MG				1	4/1/2012	99/99/9999					
66336-0400-05	Q0144			12/3/2007	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 500 MG	5 EA	BO	PO	EA	1 GM				0.5	12/3/2007	99/99/9999					
66336-0434-06	Q0164			10/22/2004	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	PROCHLORPERAZINE 5 MG	6 EA	BO	PO	EA	5 MG				1	10/22/2004	99/99/9999					
66336-0434-10	Q0164			8/18/2005	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	PROCHLORPERAZINE 5 MG	10 EA	BO	PO	EA	5 MG				1	8/18/2005	99/99/9999					
66336-0466-44	Q0144			10/22/2004	12/17/2007	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	4 EA	BO	PO	EA	1 GM		0.25		10/22/2004	12/17/2007						
66336-0479-06	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	6 EA	BO	PO	EA	0.25 MG				16	1/1/2006	99/99/9999					
66336-0479-15	J8540			4/1/2010	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE, 4 MG	15 EA	TAB	PO	EA	0.25 MG				16	4/1/2010	99/99/9999					
66336-0515-10	J7506			10/22/2004	12/17/2007	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	10 EA	BO	PO	EA	5 MG				1	10/22/2004	12/17/2007					
66336-0515-21	J7506			4/1/2010	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	10 EA	BO	PO	EA	5 MG				1	4/1/2010	99/99/9999					
66336-0515-30	J7506			10/22/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	21 EA	BO	PO	EA	5 MG				1	10/22/2004	99/99/9999					
66336-0515-40	J7506			10/22/2004	99/99/9999	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	30 EA	BO	PO	EA	5 MG				1	10/22/2004	99/99/9999					
66336-0550-12	J8540			1/1/2006	99/99/9999	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	12 EA	BO	PO	EA	0.25 MG				3	1/1/2006	99/99/9999					
66336-0589-15	Q0163			1/1/2002	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	DIPHENHYDRAMINE HCL 25 MG	15 EA	BO	PO	EA	50 MG				0.5	1/1/2002	99/99/9999					
66336-0589-20	Q0163			10/22/2004	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	DIPHENHYDRAMINE HCL 25 MG	20 EA	BO	PO	EA	50 MG				0.5	10/22/2004	99/99/9999					
66336-0589-30	Q0163			10/22/2004	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	DIPHENHYDRAMINE HCL 25 MG	30 EA	BO	PO	EA	50 MG				0.5	10/22/2004	99/99/9999					
66336-0589-60	Q0163			10/22/2004	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	DIPHENHYDRAMINE HCL 25 MG	60 EA	BO	PO	EA	50 MG				0.5	10/22/2004	99/99/9999					
66336-0629-10	Q0173			4/1/2010	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	TRIMETHOBENZAMIDE HCL 250 MG	10 EA	NA	PO	EA	250 MG				1	4/1/2010	99/99/9999					
66336-0642-25	J8499			10/22/2004	12/17/2007	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	25 EA	BO	PO	EA	1 EA				1	10/22/2004	12/17/2007					
66336-0642-30	J8499			6/22/2005	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	30 EA	BO	PO	EA	1 EA				1	6/22/2005	99/99/9999					
66336-0642-40	J8499			10/22/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	40 EA	BO	PO	EA	1 EA				1	10/22/2004	99/99/9999					
66336-0642-50	J8499			1/7/2008	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	50 EA	BO	PO	EA	1 EA				1	1/7/2008	99/99/9999					
66336-0735-15	J8499			10/22/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	15 EA	BO	PO	EA	1 EA				1	10/22/2004	99/99/9999					
66336-0735-25	J8499			10/22/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	25 EA	BO	PO	EA	1 EA				1	10/22/2004	99/99/9999					
66336-0735-40	J8499			10/22/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	40 EA	BO	PO	EA	1 EA				1	10/22/2004	99/99/9999					
66336-0793-03	Q0162			1/1/2012	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	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 4 MG	3 EA	BO	PO	EA	1 MG				4	1/1/2012	99/99/9999					
66336-0793-03	Q0179			3/17/2008	12/31/2011	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 4 MG	3 EA	BO	PO	EA	8 MG				0.5	3/17/2008	12/31/2011					
66336-0862-50	J8499			5/1/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	DISPENSEQUICK ACYCLOVIR 800 MG	50 EA	BO	PO	EA	1 EA				1	5/1/2006	99/99/9999					

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
66336-0921-15		Q0165		12/3/2007	99/99/9999	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	PROCHLORPERAZINE MALEATE 10 MG	15	EA	BO	PO	EA	10	MG	1	12/3/2007	99/99/9999						
66336-0921-60		Q0165		5/29/2008	99/99/9999	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	PROCHLORPERAZINE MALEATE 10 MG	60	EA	BO	PO	EA	10	MG	1	5/29/2008	99/99/9999						
66375-0107-02		Q0163		1/1/2002	12/29/2008	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL (10X10) 25 MG	100	EA	BX	PO	EA	50	MG	0.5	1/1/2002	12/29/2008						
66375-0108-02		Q0163		1/1/2002	12/29/2008	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	DIPHENHYDRAMINE HCL (10X10) 50 MG	100	EA	BX	PO	EA	50	MG	1	1/1/2002	12/29/2008						
66435-0301-51		J0288		1/1/2006	5/31/2011	INJECTION, AMPHOTERICIN B CHOLESTERYL SULFATE COMPLEX, 10 MC	AMPHOTEC (SDV) 50 MG	1	EA	VL	IV	EA	10	MG	5	11/1/2006	5/31/2011						
66435-0302-01		J0288		8/14/2008	5/31/2011	INJECTION, AMPHOTERICIN B CHOLESTERYL SULFATE COMPLEX, 10 MC	AMPHOTEC (SDV) 100 MG	1	EA	VL	IV	MG	10	MG	10	8/14/2008	5/31/2011						
66440-0150-08		J7510		10/2/2003	9/23/2007	PREDNISOLONE ORAL, PER 5 MG	PRELONE (CHERRY) 15 MG/5 ML	240	ML	BO	PO	ML	5	MG	0.6	10/2/2003	9/23/2007						
66440-0150-16		J7510		10/2/2003	9/24/2007	PREDNISOLONE ORAL, PER 5 MG	PRELONE (CHERRY) 15 MG/5 ML	480	ML	BO	PO	ML	5	MG	0.6	10/2/2003	9/24/2007						
66479-0301-10		J7500		9/26/2006	5/20/2008	AZATHIOPRINE, ORAL, 50 MG	AZATHIOPRINE (USP) 50 MG	100	EA	BO	PO	EA	50	MG	1	9/26/2006	5/20/2008						
66479-0520-01		J0735		6/28/2006	99/99/9999	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	DURACLON (SDV,PF) 0.1 MG/ML	10	ML	VL	EP	ML	1	MG	0.1	6/28/2006	99/99/9999						
66479-0521-01		J0735		6/14/2006	99/99/9999	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	DURACLON (SDV,PF) 0.5 MG/ML	10	ML	VL	EP	ML	1	MG	0.5	6/14/2006	99/99/9999						
66479-0530-02		J1230		1/9/2007	5/16/2010	INJECTION, METHADONE HCL, UP TO 10 MG	METHADONE HYDROCHLORIDE (USP,MDV) 10 MG/ML	20	ML	VL	IJ	ML	10	MG	1	1/9/2007	5/16/2010						
66490-0041-01		J1110		12/31/2002	99/99/9999	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MC	D.H.E. 45 (AMP) 1 MG/ML	1	ML	AM	IJ	ML	1	MG	1	12/31/2002	99/99/9999						
66591-0434-11		J3105		5/23/2003	9/4/2008	INJECTION, TERBUTALINE SULFATE, UP TO 1 MC	BRETHINE (AMP) 1 MG/ML	1	ML	VL	SC	ML	1	MG	1	5/23/2003	9/4/2008						
66591-0435-11		J3105		9/21/2004	9/4/2008	INJECTION, TERBUTALINE SULFATE, UP TO 1 MC	BRETHINE (VIALS) 1 MG/ML	1	ML	VL	SC	ML	1	MG	1	9/21/2004	9/4/2008						
66591-0815-51		J1230		12/12/2003	1/8/2007	INJECTION, METHADONE HCL, UP TO 10 MG	METHADONE HCL 10 MG/ML	20	ML	VL	IJ	ML	10	MG	1	7/26/2005	1/8/2007						
66591-0815-51		J1457		1/12/2005	9/5/2013	INJECTION, GALLIUM NITRATE, 1 MC	GANITE (PF) 25 MG/ML	20	ML	VL	IV	ML	1	MG	25	1/1/2005	9/5/2013						
66591-0815-51		J1457		1/12/2005	9/5/2013	INJECTION, GALLIUM NITRATE, 1 MC	GANITE (PF) 25 MG/ML	20	ML	VL	IV	ML	1	MG	25	1/1/2005	9/5/2013						
66591-0815-51		J1457		1/12/2005	9/5/2013	INJECTION, GALLIUM NITRATE, 1 MC	GANITE (PF) 25 MG/ML	20	ML	VL	IV	ML	1	MG	25	1/1/2005	9/5/2013						
66591-0815-51		J1457		1/12/2005	9/5/2013	INJECTION, GALLIUM NITRATE, 1 MC	GANITE (PF) 25 MG/ML	20	ML	VL	IV	ML	1	MG	25	1/1/2005	9/5/2013						
66591-0815-51		J1457		1/12/2005	9/5/2013	INJECTION, GALLIUM NITRATE, 1 MC	GANITE (PF) 25 MG/ML	20	ML	VL	IV	ML	1	MG	25	1/1/2005	9/5/2013						
66591-0815-51		J1457		1/12/2005	9/5/2013	INJECTION, GALLIUM NITRATE, 1 MC	GANITE (PF) 25 MG/ML	20	ML	VL	IV	ML	1	MG	25	1/1/2005	9/5/2013						
66591-0815-51		J1457		1/12/2005	9/5/2013	INJECTION, GALLIUM NITRATE, 1 MC	GANITE (PF) 25 MG/ML	20	ML	VL	IV	ML	1	MG	25	1/1/2005	9/5/2013						
66591-0815-51		J1457		1/12/2005	9/5/2013	INJECTION, GALLIUM NITRATE, 1 MC	GANITE (PF) 25 MG/ML	20	ML	VL	IV	ML	1	MG	25	1/1/2005	9/5/2013						
66591-0815-51		J1457		1/12/2005	9/5/2013	INJECTION, GALLIUM NITRATE, 1 MC	GANITE (PF) 25 MG/ML	20	ML	VL	IV	ML	1	MG	25	1/1/2005	9/5/2013						
66591-0815-51		J1457		1/12/2005	9/5/2013	INJECTION, GALLIUM NITRATE, 1 MC	GANITE (PF) 25 MG/ML	20	ML	VL	IV	ML	1	MG	25	1/1/2005	9/5/2013						
66591-0815-51		J1457		1/12/2005	9/5/2013	INJECTION, GALLIUM NITRATE, 1 MC	GANITE (PF) 25 MG/ML	20	ML	VL	IV	ML	1	MG	25	1/1/2005	9/5/2013						
66591-0815-51		J1457		1/12/2005	9/5/2013	INJECTION, GALLIUM NITRATE, 1 MC	GANITE (PF) 25 MG/ML	20	ML	VL	IV	ML	1	MG	25	1/1/2005	9/5/2013						
66591-0815-51		J1457		1/12/2005	9/5/2013	INJECTION, GALLIUM NITRATE, 1 MC	GANITE (PF) 25 MG/ML	20	ML	VL	IV	ML	1	MG	25	1/1/2005	9/5/2013						
66591-0815-51		J1457		1/12/2005	9/5/2013	INJECTION, GALLIUM NITRATE, 1 MC	GANITE (PF) 25 MG/ML	20	ML	VL	IV	ML	1	MG	25	1/1/2005	9/5/2013						
66591-0815-51		J1457		1/12/2005	9/5/2013	INJECTION, GALLIUM NITRATE, 1 MC	GANITE (PF) 25 MG/ML	20	ML	VL	IV	ML	1	MG	25	1/1/2005	9/5/2013						
66591-0815-51		J1457		1/12/2005	9/5/2013	INJECTION, GALLIUM NITRATE, 1 MC	GANITE (PF) 25 MG/ML	20	ML	VL	IV	ML	1	MG	25	1/1/2005	9/5/2013						
66591-0815-51		J1457		1/12/2005	9/5/2013	INJECTION, GALLIUM NITRATE, 1 MC	GANITE (PF) 25 MG/ML	20	ML	VL	IV	ML	1	MG	25	1/1/2005	9/5/2013						
66591-0815-51		J1457		1/12/2005	9/5/2013	INJECTION, GALLIUM NITRATE, 1 MC	GANITE (PF) 25 MG/ML	20	ML	VL	IV	ML	1	MG	25	1/1/2005	9/5/2013						
66591-0815-51		J1457		1/12/2005	9/5/2013	INJECTION, GALLIUM NITRATE, 1 MC	GANITE (PF) 25 MG/ML	20	ML	VL	IV	ML	1	MG	25	1/1/2005	9/5/2013						
66591-0815-51		J1457		1/12/2005	9/5/2013	INJECTION, GALLIUM NITRATE, 1 MC	GANITE (PF) 25 MG/ML	20	ML	VL	IV	ML	1	MG	25	1/1/2005	9/5/2013						
66591-0815-51		J1457		1/12/2005	9/5/2013	INJECTION, GALLIUM NITRATE, 1 MC	GANITE (PF) 25 MG/ML	20	ML	VL	IV	ML	1	MG	25	1/1/2005	9/5/2013						
66591-0815-51		J1457		1/12/2005	9/5/2013	INJECTION, GALLIUM NITRATE, 1 MC	GANITE (PF) 25 MG/ML	20	ML	VL	IV	ML	1	MG	25	1/1/2005	9/5/2013						
66591-0815-51		J1457		1/12/2005	9/5/2013	INJECTION, GALLIUM NITRATE, 1 MC	GANITE (PF) 25 MG/ML	20	ML	VL	IV	ML	1	MG	25	1/1/2005	9/5/2013						
66591-0815-51		J1457		1/12/2005	9/5/2013	INJECTION, GALLIUM NITRATE, 1 MC	GANITE (PF) 25 MG/ML	20	ML	VL	IV	ML	1	MG	25	1/1/2005	9/5/2013						
66591-0815-51		J1457		1/12/2005	9/5/2013	INJECTION, GALLIUM NITRATE, 1 MC	GANITE (PF) 25 MG/ML	20	ML	VL	IV	ML	1	MG	25	1/1/2005	9/5/2013						
66591-0815-51		J1457		1/12/2005	9/5/2013	INJECTION, GALLIUM NITRATE, 1 MC	GANITE (PF) 25 MG/ML	20	ML	VL	IV	ML	1	MG	25	1/1/2005	9/5/2013						
66591-0815-51		J1457		1/12/2005	9/5/2013	INJECTION, GALLIUM NITRATE, 1 MC	GANITE (PF) 25 MG/ML	20	ML	VL	IV	ML	1	MG	25	1/1/2005	9/5/2013						
66591-0815-51		J1457		1/12/2005	9/5/2013	INJECTION, GALLIUM NITRATE, 1 MC	GANITE (PF) 25 MG/ML	20	ML	VL	IV	ML	1	MG	25	1/1/2005	9/5/2013						
66591-0815-51		J1457		1/12/2005	9/5/2013	INJECTION, GALLIUM NITRATE, 1 MC	GANITE (PF) 25 MG/ML	20	ML	VL	IV	ML	1	MG	25	1/1/2005	9/5/2013						
66591-0815-51		J1457		1/12/2005	9/5/2013	INJECTION, GALLIUM NITRATE, 1 MC	GANITE (PF) 25 MG/ML	20	ML	VL	IV	ML	1	MG	25	1/1/2005	9/5/2013						
66591-0815-51		J1457		1/12/2005	9/5/2013	INJECTION, GALLIUM NITRATE, 1 MC	GANITE (PF) 25 MG/ML	20	ML	VL	IV	ML	1	MG	25	1/1/2005	9/5/2013						
66591-0815-51		J1457		1/12/2005	9/5/2013	INJECTION, GALLIUM NITRATE, 1 MC	GANITE (PF) 25 MG/ML	20	ML	VL	IV	ML	1	MG	25	1/1/2005	9/5/2013						
66591-0815-51		J1457		1/12/2005	9/5/2013	INJECTION, GALLIUM NITRATE, 1 MC	GANITE (PF) 25 MG/ML	20	ML	VL	IV	ML	1	MG	25	1/1/2005	9/5/2013						
66591-0815-51		J1457		1/12/2005	9/5/2013	INJECTION, GALLIUM NITRATE, 1 MC	GANITE (PF) 25 MG/ML	20	ML	VL	IV	ML	1	MG	25	1/1/2005	9/5/2013						
66591-0815-51		J1457		1/12/2005	9/5/2013	INJECTION, GALLIUM NITRATE, 1 MC	GANITE (PF) 25 MG/ML	20	ML	VL	IV	ML	1	MG	25	1/1/2005	9/5/2013						
66591-0815-51		J1457		1/12/2005	9/5/2013	INJECTION, GALLIUM NITRATE, 1 MC	GANITE (PF) 25 MG/ML	20	ML	VL	IV	ML	1	MG	25	1/1/2005	9/5/2013						
66591-0815-51		J1457		1/12/2005	9/5/2013	INJECTION, GALLIUM NITRATE, 1 MC	GANITE (PF) 25 MG/ML	20	ML	VL	IV	ML	1	MG	25	1/1/2005	9/5/2013						
66591-0815-51		J1457		1/12/2005	9/5/2013	INJECTION, GALLIUM NITRATE, 1 MC	GANITE (PF) 25 MG/ML	20	ML	VL	IV	ML	1	MG	25	1/1/2005	9/5/2013						
66591-0815-51		J1457		1/12/2005	9/5/2013	INJECTION, GALLIUM NITRATE, 1 MC	GANITE (PF) 25 MG/ML	20	ML	VL	IV	ML	1	MG	25	1/1/2005	9/5/2013						
66591-0815-51		J1457		1/12/2005	9/5/2013	INJECTION, GALLIUM NITRATE, 1 MC	GANITE (PF) 25 MG/ML	20	ML	VL	IV	ML	1	MG	25	1/1/2005	9/5/2013						
66591-0815-51		J1457		1/12/2005	9/5/2013	INJECTION, GALLIUM NITRATE, 1 MC	GANITE (PF) 25 MG/ML	20	ML	VL	IV	ML	1	MG	25	1/1/2005	9/5/2013						
66591-0815-51		J1457		1/12/2005	9/5/2013	INJECTION, GALLIUM NITRATE, 1 MC	GANITE (PF) 25 MG/ML	20	ML														

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
66758-0046-01		J9185		10/12/2007	99/99/9999	INJECTION, FLUDARABINE PHOSPHATE, 50 MG	FLUDARABINE PHOSPHATE (SDV,PF) 25 MG/ML	2 ML	VL	IV	ML		50 MG		0.5	10/12/2007	99/99/9999						
66794-0001-25	KO	J7603	KO	1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (PF) 0.083%	3 ML	VL	IH	ML		1 MG		0.83	1/1/2008	3/31/2008						
66794-0001-25		J7613		4/1/2008	6/1/2009	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (PF) 0.083%	3 ML	VL	IH	ML		1 MG		0.83	4/1/2008	6/1/2009						
66794-0001-25		J7603		1/1/2008	3/31/2008	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (PF) 0.083%	3 ML	VL	IH	ML		1 MG		0.83	1/1/2008	3/31/2008						
66794-0001-25	KO	J7613	KO	4/1/2008	6/1/2009	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (PF) 0.083%	3 ML	VL	IH	ML		1 MG		0.83	4/1/2008	6/1/2009						
66794-0001-30		J7613		4/1/2008	6/1/2009	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (PF) 0.083%	3 ML	VL	IH	ML		1 MG		0.83	4/1/2008	6/1/2009						
66794-0001-30	KO	J7603	KO	1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (PF) 0.083%	3 ML	VL	IH	ML		1 MG		0.83	1/1/2008	3/31/2008						
66794-0001-30		J7603		1/1/2008	3/31/2008	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (PF) 0.083%	3 ML	VL	IH	ML		1 MG		0.83	1/1/2008	3/31/2008						
66794-0001-30	KO	J7613	KO	4/1/2008	6/1/2009	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (PF) 0.083%	3 ML	VL	IH	ML		1 MG		0.83	4/1/2008	6/1/2009						
66794-0001-60	KO	J7613	KO	4/1/2008	6/1/2009	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (PF) 0.083%	3 ML	VL	IH	ML		1 MG		0.83	4/1/2008	6/1/2009						
66794-0001-60		J7613		4/1/2008	6/1/2009	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (PF) 0.083%	3 ML	VL	IH	ML		1 MG		0.83	4/1/2008	6/1/2009						
66794-0001-60		J7603		1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (PF) 0.083%	3 ML	VL	IH	ML		1 MG		0.83	1/1/2008	3/31/2008						
66794-0001-60	KO	J7603	KO	1/1/2008	3/31/2008	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, PER 1 MG (ALBUTEROL) OR PER 0.5 MG (LEVALBUTEROL)	ALBUTEROL SULFATE (PF) 0.083%	3 ML	VL	IH	ML		1 MG		0.83	1/1/2008	3/31/2008						
66794-0002-25	KO	J7644	KO	4/15/2002	6/1/2009	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (PF) 0.02%	2.5 ML	PC	IH	ML		1 MG		0.2	4/15/2002	6/1/2009						
66794-0002-25		J7644		4/15/2002	6/1/2009	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (PF) 0.02%	2.5 ML	PC	IH	ML		1 MG		0.2	4/15/2002	6/1/2009						
66794-0002-30	KO	J7644	KO	4/15/2002	6/1/2009	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (PF) 0.02%	2.5 ML	PC	IH	ML		1 MG		0.2	4/15/2002	6/1/2009						
66794-0002-30		J7644		4/15/2002	6/1/2009	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (PF) 0.02%	2.5 ML	PC	IH	ML		1 MG		0.2	4/15/2002	6/1/2009						
66794-0002-60	KO	J7644	KO	4/15/2002	6/1/2009	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (PF) 0.02%	2.5 ML	PC	IH	ML		1 MG		0.2	4/15/2002	6/1/2009						
66794-0002-60		J7644		4/15/2002	6/1/2009	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (PF) 0.02%	2.5 ML	PC	IH	ML		1 MG		0.2	4/15/2002	6/1/2009						
66860-0001-03		J0690		7/10/2002	4/8/2011	INJECTION, CEFAZOLIN SODIUM, 500 MG	IPRATROPIUM BROMIDE (PF) 0.02%	2.5 ML	PC	IH	ML		1 MG		0.2	4/15/2002	6/1/2009						
66860-0002-03		J0690		7/10/2002	4/28/2011	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM (VIAL) 500 MG	1 EA	VL	IJ	EA		500 MG		1	7/10/2002	4/8/2011						
66860-0003-02		J0690		6/1/2002	4/28/2011	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM (VIAL) 1 GM	1 EA	VL	IJ	EA		500 MG		2	7/10/2002	4/28/2011						
66860-0003-02		J0690		6/1/2002	4/28/2011	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN SODIUM (BULK PACKAGE) 10 GM	1 EA	VL	IJ	EA		500 MG		20	6/1/2002	4/28/2011						
66860-0020-01		J0170		1/1/2003	12/30/2007	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	EPINEPHRINE 1:1000 (MDV,USP) 1 MG/ML	30 ML	VL	IJ	ML		1 ML		1	1/1/2003	12/30/2007						
66860-0021-02		J0170		1/1/2002	12/31/2010	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	EPINEPHRINE 1:1000 (10X1ML AMPS,PF) 1 MG/ML	1 ML	AM	IJ	ML		1 ML		1	1/1/2002	12/31/2010						
66860-0030-03		J0697		6/1/2002	4/28/2011	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	CEFUROXIME SODIUM 750 MG	1 EA	VL	IJ	EA		750 MG		1	6/1/2002	4/28/2011						
66860-0031-03		J0697		6/1/2002	4/28/2011	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	CEFUROXIME SODIUM 1.5 GM	1 EA	VL	IJ	EA		750 MG		2	6/1/2002	4/28/2011						
66860-0032-02		J0697		1/1/2003	4/28/2011	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	CEFUROXIME (PHARMACY BULK,USP) 7.5 GM	1 EA	VL	IJ	EA		750 MG		10	1/1/2003	4/28/2011						
66860-0090-02		J1800		1/1/2003	5/31/2007	INJECTION, PROPRANOLOL HCL, UP TO 1 MG	PROPRANOLOL HYDROCHLORIDE (1MLX10,USP) 1 MG/ML	1 ML	VL	IV	ML		1 MG		1	1/1/2003	5/31/2007						
66860-0098-03		J2550		3/26/2009	4/28/2011	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (1X25) 25 MG/ML	1 ML	EA	IJ	ML		50 MG		0.5	3/26/2009	4/28/2011						
66860-0099-03		J2550		3/26/2009	4/28/2011	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL 50 MG/ML	1 ML	EA	IJ	ML		50 MG		1	3/26/2009	4/28/2011						
66860-0902-03		J0690		9/1/2005	11/30/2007	INJECTION, CEFAZOLIN SODIUM, 500 MG	CEFAZOLIN AMERINET CHOICE 1 GM	1 EA	VL	IJ	EA		500 MG		2	9/1/2005	11/30/2007						
66993-0021-27	KO	J7614	KO	8/23/2012	99/99/9999	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL HCL (24X3ML,PF) 0.31 MG/3 ML	24 ML	PC	IH	ML		0.5 MG		0.20667	8/23/2012	99/99/9999						

NDC	NDC Mod	NCPS	NCPS Mod	Relationship Start Date	Relationship End Date	NCPS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	NCPS Amount #1	NCPS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
66993-0021-27		J7614		8/23/2012	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL HCL (24X3ML,PF) 0.31 MG/3 ML	24 ML	PC	IH	ML		0.5 MG	0.20667		8/23/2012	99/99/9999						
66993-0022-27	KO	J7614	KO	8/23/2012	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL HCL (24X3ML,PF) 0.63 MG/3 ML	24 ML	PC	IH	ML		0.5 MG	0.42		8/23/2012	99/99/9999						
66993-0022-27		J7614		8/23/2012	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL HCL (24X3ML,PF) 0.63 MG/3 ML	24 ML	PC	IH	ML		0.5 MG	0.42		8/23/2012	99/99/9999						
66993-0023-27	KO	J7614	KO	8/23/2012	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL HCL (24X3ML,PF) 1.25 MG/3 ML	24 ML	PC	IH	ML		0.5 MG	0.83333		8/23/2012	99/99/9999						
66993-0023-27		J7614		8/23/2012	99/99/9999	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL HCL (24X3ML,PF) 1.25 MG/3 ML	24 ML	PC	IH	ML		0.5 MG	0.83333		8/23/2012	99/99/9999						
66993-0805-02		Q0164		2/14/2003	12/31/2008	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	PROCHLORPERAZINE MALEATE 5 MG	100 EA	BO	PO	EA		5 MG	1		2/14/2003	12/31/2008						
66993-0810-02		Q0165		2/14/2003	12/31/2008	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	PROCHLORPERAZINE MALEATE 10 MG	100 EA	BO	PO	EA		10 MG	1		2/14/2003	12/31/2008						
66993-0810-05		Q0165		2/14/2003	6/30/2007	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	PROCHLORPERAZINE MALEATE 10 MG	1000 EA	BO	PO	EA		10 MG	1		2/14/2003	6/30/2007						
66993-0840-02	J7509			1/21/2003	12/31/2008	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	100 EA	BO	PO	EA		4 MG	1		1/21/2003	12/31/2008						
66993-0840-21	J7509			1/21/2003	12/31/2008	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	21 EA	DP	PO	EA		4 MG	1		1/21/2003	12/31/2008						
66993-0842-25	J7509			4/29/2004	12/31/2008	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 8 MG	25 EA	BO	PO	EA		4 MG	2		4/29/2004	12/31/2008						
67066-0006-01	J2850			9/30/2008		INJECTION, SECRETIN, SYNTHETIC, HUMAN, 1 MICROGRAM	SECRETIN 16 MCG	1 EA	VL	IV	EA		1 MCG	16		9/30/2008							
67211-0102-01	J9025			1/1/2006	4/30/2009	INJECTION, AZACITIDINE, 1 MG	VIDAZA 100 MG	1 EA	VL	SC	EA		1 MG	100		1/1/2006	4/30/2009						
67211-0342-08	J1655			1/1/2002	6/30/2010	INJECTION, TINZAPARIN SODIUM, 1000 IU	INNOHEP (M.D.V.) 20000 IU/ML	2 ML	VL	SC	ML		1000 IU	20		1/1/2002	6/30/2010						
67211-0342-53	J1655			1/1/2002	6/30/2010	INJECTION, TINZAPARIN SODIUM, 1000 IU	INNOHEP (M.D.V.) 20000 IU/ML	2 ML	VL	SC	ML		1000 IU	20		1/1/2002	6/30/2010						
67253-0100-10	J8499			10/1/2003	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	100 EA	BO	PO	EA		1 EA	1		10/1/2003	99/99/9999						
67253-0100-11	J8499			7/15/2003	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	1000 EA	BO	PO	EA		1 EA	1		7/15/2003	99/99/9999						
67253-0101-10	J8499			10/1/2003	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	100 EA	BO	PO	EA		1 EA	1		10/1/2003	99/99/9999						
67253-0101-11	J8499			7/15/2003	99/99/9999	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	1000 EA	BO	PO	EA		1 EA	1		7/15/2003	99/99/9999						
67253-0102-10	J8499			7/15/2003	8/1/2010	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	100 EA	BO	PO	EA		1 EA	1		7/15/2003	8/1/2010						
67253-0102-50	J8499			7/15/2003	8/1/2010	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	500 EA	BO	PO	EA		1 EA	1		7/15/2003	8/1/2010						
67253-0320-10	None			12/30/2005	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE (USP) 2.5 MG	100 EA	BO	PO	EA		2.5 MG	1		10/29/2007	99/99/9999						
67253-0320-36	None			6/25/2009	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE 2.5 MG	36 EA	BO	PO	EA		2.5 MG	1		6/25/2009	99/99/9999						
67253-0360-10	J7509			10/17/2005	1/1/2007	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	100 EA	BO	PO	EA		4 MG	1		10/17/2005	1/1/2007						
67253-0360-21	J7509			10/17/2005	1/1/2007	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	21 EA	DP	PO	EA		4 MG	1		10/17/2005	1/1/2007						
67253-0417-12		Q0166		5/15/2008	2/1/2010	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	GRANISETRON HYDROCHLORIDE (FILM-COATED) 1 MG	2 EA	BO	PO	EA		1 MG	1		5/15/2008	2/1/2010						
67253-0417-22		Q0166		5/15/2008	2/1/2010	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	GRANISETRON HYDROCHLORIDE (2X10.FILM-COATED) 1 MG	20 EA	BO	PO	EA		1 MG	1		5/15/2008	2/1/2010						
67253-0580-42	None			7/1/2003	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	RHEUMATREX DOSE PACK (4X2) 2.5 MG	8 EA	DP	PO	EA		2.5 MG	1		7/1/2003	99/99/9999						
67253-0580-43	None			7/1/2003	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	RHEUMATREX DOSE PACK (4X3) 2.5 MG	12 EA	DP	PO	EA		2.5 MG	1		7/1/2003	99/99/9999						
67253-0580-44	None			7/1/2003	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	RHEUMATREX DOSE PACK (4X4) 2.5 MG	16 EA	DP	PO	EA		2.5 MG	1		7/1/2003	99/99/9999						
67253-0580-45	None			7/1/2003	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	RHEUMATREX DOSE PACK (4X5) 2.5 MG	20 EA	DP	PO	EA		2.5 MG	1		7/1/2003	99/99/9999						
67253-0580-46	None			7/1/2003	99/99/9999	METHOTREXATE, 2.5 MG, ORAL	RHEUMATREX DOSE PACK (4X6) 2.5 MG	24 EA	DP	PO	EA		2.5 MG	1		7/1/2003	99/99/9999						
67286-0040-01	J2993			11/30/2005	3/9/2008	INJECTION, RETEPLASE, 18.1 MG	RETAVASE (2X18.1 MG VIALS,PF) 10.4 U	2 EA	BX	IV	EA		18.1 MG	2		11/30/2005	3/9/2008						
67286-0040-02	J2993			11/30/2005	3/9/2008	INJECTION, RETEPLASE, 18.1 MG	RETAVASE (1X18.1 MG VIALS,PF) 10.4 U	1 EA	BX	IV	EA		18.1 MG	1		11/30/2005	3/9/2008						
67286-0053-08	J0594			1/1/2007	8/22/2007	INJECTION, BUSULFAN, 1 MG	BUSULFEX (AMP) 6 MG/ML	10 ML	AM	IV	ML		1 MG	6		1/1/2007	8/22/2007						
67286-0053-08	J0594			6/10/2004	12/31/2006	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	BUSULFEX (AMP) 6 MG/ML	10 ML	AM	IV	ML		1 EA	1		6/10/2004	12/31/2006						
67286-0054-08	J0594			7/30/2007	11/2/2008	INJECTION, BUSULFAN, 1 MG	BUSULFEX (8X10ML) 6 MG/ML	10 ML	VL	IV	ML		1 MG	6		7/30/2007	11/2/2008						
67286-0400-01	J2993			3/10/2008	11/8/2009	INJECTION, RETEPLASE, 18.1 MG	RETAVASE (2X18.1 MG VIALS,PF) 10.4 U	2 EA	BX	IV	EA		18.1 MG	2		3/10/2008	11/8/2009						
67286-0400-02	J2993			3/10/2008	11/8/2009	INJECTION, RETEPLASE, 18.1 MG	RETAVASE (1X18.1 MG VIALS,PF) 10.4 U	1 EA	BX	IV	EA		18.1 MG	1		3/10/2008	11/8/2009						
67308-0101-01	J7308			1/1/2003	99/99/9999	AMINOLEVULINIC ACID HCL FOR TOPICAL ADMINISTRATION, 20%, SINGLE UNIT DOSAGE FORM (354 MG)	LEVULAN KERASTICK 20%	1 EA	SK	TP	EA		354 MG	1		1/1/2003	99/99/9999						
67308-0101-06	J7308			1/1/2003	99/99/9999	DOSAGE FORM (354 MG)	LEVULAN KERASTICK 20%	1 EA	SK	TP	EA		354 MG	1		1/1/2003	99/99/9999						
67386-0501-52	J2515			6/11/2003	5/31/2012	INJECTION, PENTOBARBITAL SODIUM, PER 50 MG	NEMBUTAL SODIUM 50 MG/ML	20 ML	VL	IV	ML		50 MG	1		6/11/2003	5/31/2012						
67386-0501-55	J2515			6/11/2003	5/31/2012	INJECTION, PENTOBARBITAL SODIUM, PER 50 MG	NEMBUTAL SODIUM (VIAL) 50 MG/ML	50 ML	VL	IV	ML		50 MG	1		6/11/2003	5/31/2012						
67386-0611-52	J0515			1/21/2006	6/19/2012	INJECTION, BENZTROPINE MESYLATE, PER 1 MG	COGENTIN (5X2ML) 1 MG/ML	2 ML	AM	IV	ML		1 MG	1		1/21/2006	6/19/2012						

NDC	NDC Mod	HPCS	HPCS Mod	Relationship Start Date	Relationship End Date	HPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HPCS Amount #1	HPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
67386-0701-54	J1640			1/1/2006	99/99/9999	INJECTION, HEMIN, 1 MG	PANHEMATIN 313 MG	1 EA	VL	IV	EA		1 MG		313	1/1/2006	99/99/9999						
67386-0711-55	J1205			1/21/2006	12/22/2011	INJECTION, CHLOROTHIAZIDE SODIUM, PER 500 MC	DIURIL SODIUM 0.5 GM	1 EA	VL	IV	EA		500 MG		1	1/21/2006	12/22/2011						
67386-0811-55	J9120			1/21/2006	99/99/9999	INJECTION, DACTINOMYCIN, 0.5 MG	COSMEGEN 0.5 MG	1 EA	VL	IV	EA		0.5 MG		1	1/21/2006	99/99/9999						
67386-0911-51	J9230			1/21/2006	99/99/9999	INJECTION, MECHLORETHAMINE HYDROCHLORIDE, (NITROGEN MUSTARD), 10 MG	MUSTARGEN 10 MG	1 EA	VL	IV	EA		10 MG		1	1/21/2006	99/99/9999						
67425-0001-01	J3470			1/28/2005	9/30/2009	INJECTION, HYALURONIDASE, UP TO 150 UNITS	VITRASE (PF) 6200 U	1 EA	NA	SC	EA		150 U	41.33333	1/28/2005	9/30/2009							
67425-0001-10	J3470			1/28/2005	12/7/2006	INJECTION, HYALURONIDASE, UP TO 150 UNITS	VITRASE (OVINE) 6200 U	1 EA	NA	SC	EA		150 U	41.33333	1/28/2005	12/7/2006							
67425-0002-10	J3470			1/28/2005	4/21/2013	INJECTION, HYALURONIDASE, UP TO 150 UNITS	VITRASE (LYOPHILIZED,OVINE,SDV) 200 U/ML	1.2 ML	VL	SC	ML		150 U	1.33333	1/28/2005	4/21/2013							
67457-0124-10	J1200			5/1/2007	99/99/9999	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	DIPHENHYDRAMINE HYDROCHLORIDE (MDV,USP) 50 MG/ML	10 ML	VL	IJ	ML		50 MG		1	5/1/2007	99/99/9999						
67457-0147-20	J3520			7/1/2005	4/18/2008	EDETATE DISODIUM, PER 150 MG	EDETATE DISODIUM (S.D.V.) 150 MG/ML	20 ML	VL	IV	ML		150 MG		1	7/1/2005	4/18/2008						
67457-0152-10	J2550			7/1/2005	1/15/2009	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	PROMETHAZINE HCL (M.D.V.) 25 MG/ML	10 ML	VL	IJ	ML		50 MG		0.5	7/1/2005	1/15/2009						
67457-0153-03	J0282			7/1/2005	99/99/9999	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MC	AMIODARONE HYDROCHLORIDE	3 ML	VL	IV	ML		30 MG	1.66666	7/1/2005	99/99/9999							
67457-0153-09	J0282			11/29/2005	99/99/9999	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	AMIODARONE HYDROCHLORIDE (9X10ML) 50 MG/ML	9 ML	VL	IV	ML		30 MG	1.66666	11/29/2005	99/99/9999							
67457-0153-18	J0282			11/29/2005	99/99/9999	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	AMIODARONE HYDROCHLORIDE 50 MG/ML	18 ML	VL	IV	ML		30 MG	1.66666	11/29/2005	99/99/9999							
67457-0160-20	J2260			10/30/2003	8/7/2007	INJECTION, MILRINONE LACTATE, 5 MG	MILRINONE LACTATE (S.D.V.,PF,LATEX-FREE) 1 MG/ML	20 ML	VL	IV	ML		5 MG		0.2	10/30/2003	8/7/2007						
67457-0177-50	J1212			6/22/2007	99/99/9999	INJECTION, DMSO, DIMETHYL SULFOXIDE, 50%, 50 ML	RIMSO-50 (ODORLESS) 50%	50 ML	VL	IL	ML		50 %		0.02	6/22/2007	99/99/9999						
67467-0843-01	J1568			11/4/2011	99/99/9999	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	OCTAGAM (1GM/VIAL,S/D TREATED) 50 MG/ML	1 ML	VL	IV	ML		500 MG		0.1	11/4/2011	99/99/9999						
67467-0843-01	J1568			1/1/2008	11/1/2010	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	OCTAGAM (1GM/VIAL,S/D TREATED) 50 MG/ML	20 ML	VL	IV	ML		500 MG		0.1	1/1/2008	11/1/2010						
67467-0843-02	J1568			11/4/2011	99/99/9999	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	OCTAGAM (2.5GM/VIAL,S/D TREATED) 50 MG/ML	1 ML	VL	IV	ML		500 MG		0.1	11/4/2011	99/99/9999						
67467-0843-02	J1568			1/1/2008	11/1/2010	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	OCTAGAM (2.5GM/VIAL,S/D TREATED) 50 MG/ML	50 ML	VL	IV	ML		500 MG		0.1	1/1/2008	11/1/2010						
67467-0843-03	J1568			11/4/2011	99/99/9999	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	OCTAGAM (5GM/VIAL,S/D TREATED) 50 MG/ML	1 ML	VL	IV	ML		500 MG		0.1	11/4/2011	99/99/9999						
67467-0843-03	J1568			1/1/2008	11/1/2010	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	OCTAGAM (5GM/VIAL,S/D TREATED) 50 MG/ML	100 ML	VL	IV	ML		500 MG		0.1	1/1/2008	11/1/2010						
67467-0843-04	J1568			11/4/2011	99/99/9999	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	OCTAGAM (10GM/VIAL,S/D TREATED) 50 MG/ML	1 ML	VL	IV	ML		500 MG		0.1	11/4/2011	99/99/9999						
67467-0843-04	J1568			1/1/2008	11/1/2010	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	OCTAGAM (10GM/VIAL,S/D TREATED) 50 MG/ML	200 ML	VL	IV	ML		500 MG		0.1	1/1/2008	11/1/2010						
67467-0843-05	J1568			11/4/2011	99/99/9999	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	OCTAGAM (LATEX-FREE) 50 MG/ML	1 ML	VL	IV	ML		500 MG		0.1	11/4/2011	99/99/9999						
67467-0843-05	J1568			1/1/2008	11/1/2010	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	OCTAGAM (PF,SUCROSE-FREE) 50 MG/ML	500 ML	VL	IV	ML		500 MG		0.1	1/1/2008	11/1/2010						
67817-0061-12	J9045			10/14/2004	2/15/2007	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (M.D.V.) 10 MG/ML	5 ML	VL	IV	ML		50 MG		0.2	10/14/2004	2/15/2007						
67817-0063-12	J9045			10/14/2004	2/15/2007	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (M.D.V.) 10 MG/ML	15 ML	VL	IV	ML		50 MG		0.2	10/14/2004	2/15/2007						
67817-0066-12	J9045			10/14/2004	2/15/2007	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (M.D.V.) 10 MG/ML	45 ML	VL	IV	ML		50 MG		0.2	10/14/2004	2/15/2007						
67817-0067-12	J9045			10/14/2004	2/15/2007	INJECTION, CARBOPLATIN, 50 MG	CARBOPLATIN (M.D.V.) 10 MG/ML	60 ML	VL	IV	ML		50 MG		0.2	10/14/2004	2/15/2007						
67871-0007-10	J9175			1/1/2006	6/4/2013	INJECTION, ELLIOTT'S B SOLUTION, 1 ML	ELLIOTT'S B (FOR INTRATHECAL USE,PF)	10 ML	AM	IN	ML		1 ML		1	1/1/2006	6/4/2013						
67871-4790-06	J1430			1/1/2006	99/99/9999	INJECTION, ETHANOLAMINE OLEATE, 100 MC	ETHAMOLIN (10X2ML AMP) 50 MG/ML	2 ML	AM	IV	ML		100 MG		0.5	1/1/2006	99/99/9999						
67871-7729-02	J3490			10/1/2005	4/18/2008	UNCLASSIFIED DRUGS	GLOFIL-125	4 ML	VL	IV	ML		1 EA		1	10/1/2005	4/18/2008						
67877-0225-01	J7517			3/20/2012	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (FILM COATED) 500 MG	100 EA	BO	PO	EA		250 MG		2	3/20/2012	99/99/9999						
67919-0011-01	J0878			1/1/2005	99/99/9999	INJECTION, DAPTOMYCIN, 1 MG	CUBICIN (PF) 500 MG	1 EA	VL	IV	EA		1 MG		500	1/1/2005	99/99/9999						
67979-0001-01	J9357			10/31/2007	99/99/9999	INJECTION, VALRUBICIN, INTRAVESICAL, 200 MC	VALSTAR (4X5ML,PF) 40 MG/ML	5 ML	VL	IL	ML		200 MG		0.2	6/3/2009	99/99/9999	10/31/2007	3/3/2009				
67979-0001-02	J9357			10/31/2007	2/2/2011	INJECTION, VALRUBICIN, INTRAVESICAL, 200 MC	VALSTAR (24X5ML,PF) 40 MG/ML	5 ML	VL	IL	ML		200 MG		0.2	6/3/2009	2/2/2011	10/31/2007	3/3/2009				
67979-0002-01	J9225			6/18/2007	12/31/2007	HISTRELIN IMPLANT, 50 MG	SUPPRELIN LA 50 MG	1 EA	BX	SC	EA		50 MG		1	6/18/2007	12/31/2007						
67979-0002-01	J9226			1/1/2008	99/99/9999	HISTRELIN IMPLANT (SUPPRELIN LA), 50 MC	SUPPRELIN LA 50 MG	1 EA	BX	SC	EA		50 MG		1	1/1/2008	99/99/9999						
67979-0500-01	J9226			1/1/2008	99/99/9999	HISTRELIN IMPLANT (SUPPRELIN LA), 50 MC	VANTAS 50 MG	1 EA	BX	SC	EA		50 MG		1	1/1/2008	99/99/9999						
67979-0500-01	J9225			7/25/2007	12/31/2007	HISTRELIN IMPLANT, 50 MG	VANTAS 50 MG	1 EA	BX	SC	EA		50 MG		1	7/25/2007	12/31/2007						
68084-0156-01	Q0170			9/8/2006	2/22/2008	HOUR DOSAGE REGIMEN	PROMETHAZINE HYDROCHLORIDE (USP,10X10) 50 MG	100 EA	BX	PO	EA		25 MG		2	9/8/2006	2/22/2008						
68084-0229-01	J7500			3/14/2008	99/99/9999	AZATHIOPRINE, ORAL, 50 MG	AZATHIOPRINE 50 MG	100 EA	BX	PO	EA		50 MG		1	3/14/2008	99/99/9999						
68084-0245-21	J8515			6/3/2008	99/99/9999	CABERGOLINE, ORAL, 0.25 MG	CABERGOLINE (3X10) 0.5 MG	30 EA	BX	PO	EA		0.25 MG		2	6/3/2008	99/99/9999						
68094-0518-59	J8999			7/1/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE (1X20ML,LEMON LIME) 40 MG/ML	20 ML	CP	PO	ML		1 EA		1	7/1/2007	99/99/9999						
68094-0518-61	J8999			11/28/2006	3/1/2008	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE (100X20ML,LEMON-LIME) 40 MG/ML	20 ML	CP	PO	ML		1 EA		1	11/28/2006	3/1/2008						
68094-0518-62	J8999			11/28/2006	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE (30X20ML,LEMON-LIME) 40 MG/ML	20 ML	CP	PO	ML		1 EA		1	11/28/2006	99/99/9999						
68094-0528-59	J8999			7/1/2007	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE (1X10ML,LEMON LIME) 40 MG/ML	10 ML	CP	PO	ML		1 EA		1	7/1/2007	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
68094-0528-61	J8999			2/26/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE (10X10) 40 MG/ML	10 ML	CP	PO	ML	1 EA	1			2/26/2004	99/99/9999						
68094-0528-62	J8999			2/26/2004	99/99/9999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	MEGESTROL ACETATE 40 MG/ML	10 ML	CP	PO	ML	1 EA	1			2/26/2004	99/99/9999						
68115-0005-10	J8499			1/20/2005	4/1/2009	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	10 EA	BO	PO	EA	1 EA	1			1/20/2005	4/1/2009						
68115-0005-25	J8499			4/19/2004	4/1/2009	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	25 EA	BO	PO	EA	1 EA	1			4/19/2004	4/1/2009						
68115-0005-30	J8499			5/1/2005	4/1/2009	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	30 EA	BO	PO	EA	1 EA	1			5/1/2005	4/1/2009						
68115-0005-40	J8499			1/20/2005	4/1/2009	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 200 MG	40 EA	BO	PO	EA	1 EA	1			1/20/2005	4/1/2009						
68115-0006-10	J8499			1/20/2005	4/1/2009	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	10 EA	BO	PO	EA	1 EA	1			1/20/2005	4/1/2009						
68115-0006-15	J8499			3/17/2004	4/1/2009	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	15 EA	BO	PO	EA	1 EA	1			3/17/2004	4/1/2009						
68115-0006-21	J8499			1/20/2005	4/1/2009	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	21 EA	BO	PO	EA	1 EA	1			1/20/2005	4/1/2009						
68115-0006-25	J8499			1/5/2004	4/1/2009	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	25 EA	BO	PO	EA	1 EA	1			1/5/2004	4/1/2009						
68115-0006-30	J8499			3/17/2004	4/1/2009	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	30 EA	BO	PO	EA	1 EA	1			3/17/2004	4/1/2009						
68115-0006-60	J8499			4/19/2004	4/1/2009	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 400 MG	60 EA	BO	PO	EA	1 EA	1			4/19/2004	4/1/2009						
68115-0007-30	J8499			3/29/2004	4/1/2009	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	30 EA	BO	PO	EA	1 EA	1			3/29/2004	4/1/2009						
68115-0007-40	J8499			5/1/2005	4/1/2009	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	ACYCLOVIR 800 MG	40 EA	BO	PO	EA	1 EA	1			5/1/2005	4/1/2009						
68115-0096-12	J8540			1/1/2006	4/1/2009	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	12 EA	BO	PO	EA	0.25 MG	3			1/1/2006	4/1/2009						
68115-0096-14	J8540			1/1/2006	4/1/2009	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	14 EA	BO	PO	EA	0.25 MG	3			1/1/2006	4/1/2009						
68115-0096-30	J8540			1/1/2006	4/1/2009	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 0.75 MG	30 EA	BO	PO	EA	0.25 MG	3			1/1/2006	4/1/2009						
68115-0097-04	J8540			1/1/2006	4/1/2009	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	4 EA	NA	PO	EA	0.25 MG	16			1/1/2006	4/1/2009						
68115-0097-15	J8540			1/1/2006	4/1/2009	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	15 EA	NA	PO	EA	0.25 MG	16			1/1/2006	4/1/2009						
68115-0097-20	J8540			1/1/2006	4/1/2009	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	20 EA	BO	PO	EA	0.25 MG	16			1/1/2006	4/1/2009						
68115-0097-30	J8540			1/1/2006	4/1/2009	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 4 MG	30 EA	BO	PO	EA	0.25 MG	16			1/1/2006	4/1/2009						
68115-0116-00	Q0163			3/17/2004	4/1/2009	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENHYDRAMINE HCL 25 MG	100 EA	BO	PO	EA	50 MG	0.5			3/17/2004	4/1/2009						
68115-0116-10	Q0163			3/17/2004	4/1/2009	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENHYDRAMINE HCL 25 MG	10 EA	BO	PO	EA	50 MG	0.5			3/17/2004	4/1/2009						
68115-0116-12	Q0163			5/1/2005	4/1/2009	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENHYDRAMINE 25 MG	12 EA	NA	PO	EA	50 MG	0.5			5/1/2005	4/1/2009						
68115-0116-15	Q0163			10/1/2003	4/1/2009	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENHYDRAMINE HCL 25 MG	15 EA	BO	PO	EA	50 MG	0.5			10/1/2003	4/1/2009						
68115-0116-20	Q0163			3/17/2004	4/1/2009	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENHYDRAMINE HCL 25 MG	20 EA	BO	PO	EA	50 MG	0.5			3/17/2004	4/1/2009						
68115-0116-24	Q0163			10/26/2004	4/1/2009	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENHYDRAMINE HCL 25 MG	24 EA	BO	PO	EA	50 MG	0.5			10/26/2004	4/1/2009						
68115-0116-30	Q0163			10/1/2003	4/1/2009	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENHYDRAMINE HCL 25 MG	30 EA	BO	PO	EA	50 MG	0.5			10/1/2003	4/1/2009						
68115-0116-60	Q0163			3/17/2004	4/1/2009	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENHYDRAMINE HCL 25 MG	60 EA	BO	PO	EA	50 MG	0.5			3/17/2004	4/1/2009						
68115-0117-06	Q0163			3/29/2004	4/1/2009	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENHYDRAMINE HCL 50 MG	6 EA	BO	PO	EA	50 MG	1			3/29/2004	4/1/2009						
68115-0117-15	Q0163			10/1/2003	4/1/2009	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENHYDRAMINE HCL 50 MG	15 EA	BO	PO	EA	50 MG	1			10/1/2003	4/1/2009						
68115-0117-20	Q0163			1/5/2004	4/1/2009	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENHYDRAMINE HCL 50 MG	20 EA	BO	PO	EA	50 MG	1			1/5/2004	4/1/2009						
68115-0117-30	Q0163			10/1/2003	4/1/2009	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN 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	DIPHENHYDRAMINE HCL 50 MG	30 EA	BO	PO	EA	50 MG	1			10/1/2003	4/1/2009						
68115-0177-00	Q0177			5/5/2004	4/1/2009	HOUR DOSAGE REGIMEN	HYDROXYZINE PAMOATE 25 MG	100 EA	BO	PO	EA	25 MG	1			5/5/2004	4/1/2009						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
68115-0177-30		Q0177		3/17/2004	4/1/2009	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	HYDROXYZINE PAMOATE 25 MG	30 EA	BO	PO	EA		25 MG		1	3/17/2004	4/1/2009						
68115-0177-60		Q0177		10/1/2003	4/1/2009	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	HYDROXYZINE PAMOATE 25 MG	60 EA	BO	PO	EA		25 MG		1	10/1/2003	4/1/2009						
68115-0178-20	Q0178			1/5/2004	4/1/2009	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	HYDROXYZINE PAMOATE 50 MG	20 EA	BO	PO	EA		50 MG		1	1/5/2004	4/1/2009						
68115-0289-10	J7506			9/28/2004	4/1/2009	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	10 EA	BO	PO	EA		5 MG		2	9/28/2004	4/1/2009						
68115-0289-21	J7506			10/26/2004	4/1/2009	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	21 EA	BO	PO	EA		5 MG		2	10/26/2004	4/1/2009						
68115-0289-30	J7506			5/5/2004	4/1/2009	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	30 EA	BO	PO	EA		5 MG		2	5/5/2004	4/1/2009						
68115-0289-42	J7506			1/5/2004	4/1/2009	PREDNISONE, ORAL, PER 5MG	PREDNISONE 10 MG	42 EA	BO	PO	EA		5 MG		2	1/5/2004	4/1/2009						
68115-0290-15	J7506			1/5/2004	4/1/2009	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	15 EA	BO	PO	EA		5 MG		4	1/5/2004	4/1/2009						
68115-0290-20	J7506			9/28/2004	4/1/2009	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	20 EA	BO	PO	EA		5 MG		4	9/28/2004	4/1/2009						
68115-0290-30	J7506			10/26/2004	4/1/2009	PREDNISONE, ORAL, PER 5MG	PREDNISONE 20 MG	30 EA	BO	PO	EA		5 MG		4	10/26/2004	4/1/2009						
68115-0291-00	J7506			8/8/2004	4/1/2009	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	100 EA	BO	PO	EA		5 MG		1	8/8/2004	4/1/2009						
68115-0291-21	J7506			10/26/2004	4/1/2009	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	21 EA	BO	PO	EA		5 MG		1	10/26/2004	4/1/2009						
68115-0291-30	J7506			1/5/2004	4/1/2009	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	30 EA	BO	PO	EA		5 MG		1	1/5/2004	4/1/2009						
68115-0298-00	Q0165			7/27/2006	4/1/2009	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	PROCHLORPERAZINE 10 MG	100 EA	BO	PO	EA		10 MG		1	7/27/2006	4/1/2009						
68115-0298-04	Q0165			7/27/2006	4/1/2009	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	PROCHLORPERAZINE 10 MG	4 EA	BO	PO	EA		10 MG		1	7/27/2006	4/1/2009						
68115-0298-12	Q0165			5/11/2004	4/1/2009	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	PROCHLORPERAZINE MALEATE 10 MG	12 EA	BO	PO	EA		10 MG		1	5/11/2004	4/1/2009						
68115-0298-15	Q0165			7/27/2006	4/1/2009	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	PROCHLORPERAZINE 10 MG	15 EA	BO	PO	EA		10 MG		1	7/27/2006	4/1/2009						
68115-0298-30	Q0165			7/27/2006	4/1/2009	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	PROCHLORPERAZINE 10 MG	30 EA	BO	PO	EA		10 MG		1	7/27/2006	4/1/2009						
68115-0298-60	Q0165			7/1/2005	4/1/2009	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	PROCHLORPERAZINE MALEATE 10 MG	60 EA	BO	PO	EA		10 MG		1	7/1/2005	4/1/2009						
68115-0298-90	Q0165			7/27/2006	4/1/2009	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	PROCHLORPERAZINE 10 MG	90 EA	BO	PO	EA		10 MG		1	7/27/2006	4/1/2009						
68115-0299-12	J8498			4/13/2006	8/1/2007	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	12 EA	BX	RC	EA		1 EA		1	4/13/2006	8/1/2007						
68115-0300-10	Q0164			1/5/2004	4/1/2009	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	PROCHLORPERAZINE MALEATE 5 MG	10 EA	BO	PO	EA		5 MG		1	1/5/2004	4/1/2009						
68115-0302-00	Q0170			7/27/2006	4/1/2009	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	PROMETHAZINE 25 MG	100 EA	BO	PO	EA		25 MG		1	7/27/2006	4/1/2009						
68115-0302-04	Q0170			7/27/2006	4/1/2009	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	PROMETHAZINE 25 MG	4 EA	BO	PO	EA		25 MG		1	7/27/2006	4/1/2009						
68115-0302-10	Q0170			10/26/2004	4/1/2009	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	PROMETHAZINE HCL 25 MG	10 EA	BO	PO	EA		25 MG		1	10/26/2004	4/1/2009						
68115-0302-20	Q0170			6/25/2004	4/1/2009	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	PROMETHAZINE HCL 25 MG	20 EA	BO	PO	EA		25 MG		1	6/25/2004	4/1/2009						
68115-0302-30	Q0170			10/1/2003	4/1/2009	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	PROMETHAZINE HCL 25 MG	30 EA	BO	PO	EA		25 MG		1	10/1/2003	4/1/2009						

NDC	NDC Mod	NCPS	NCPS Mod	Relationship Start Date	Relationship End Date	NCPS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	NCPS Amount #1	NCPS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
68115-0302-60		Q0170		11/10/2004	4/1/2009	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	PROMETHAZINE HCL 25 MG	60 EA	BO	PO	EA		25 MG		1	11/10/2004	4/1/2009						
68115-0302-90		Q0170		7/27/2006	4/1/2009	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	PROMETHAZINE 25 MG	90 EA	BO	PO	EA		25 MG		1	7/27/2006	4/1/2009						
68115-0339-20	Q0173			10/1/2003	4/1/2009	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	TRIMETHOBENZAMIDE HCL 250 MG	20 EA	BO	PO	EA		250 MG		1	10/1/2003	4/1/2009						
68115-0364-04	Q0144			10/26/2004	4/1/2009	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	4 EA	BO	PO	EA		1 GM	0.25		10/26/2004	4/1/2009						
68115-0364-50	Q0144			5/4/2005	4/1/2009	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	50 EA	BO	PO	EA		1 GM	0.25		5/4/2005	4/1/2009						
68115-0435-10	J8540			1/1/2006	4/1/2009	DEXAMETHASONE, ORAL, 0.25 MG	DEXAMETHASONE 1.5 MG	10 EA	BO	PO	EA		0.25 MG		6	1/1/2006	4/1/2009						
68115-0535-03	Q4084			1/1/2007	12/31/2007	HYALURONAN OR DERIVATIVE, SYNVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	SYNVISC 8 MG/ML	2 ML	SR	IJ	ML		1 DOSE	0.5		1/1/2007	12/31/2007						
68115-0535-03	J7322			1/1/2008	12/31/2009	HYALURONAN OR DERIVATIVE, SYNVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	SYNVISC 8 MG/ML	2 ML	SR	IJ	ML		1 DOSE	0.5		1/1/2008	12/31/2009						
68115-0541-50	Q0144			5/4/2005	4/1/2009	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	50 EA	BO	PO	EA		1 GM	0.25		5/4/2005	4/1/2009						
68115-0588-00	Q0173			6/25/2004	4/1/2009	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	TRIMETHOBENZAMIDE HCL 300 MG	100 EA	BO	PO	EA		250 MG		1.2	6/25/2004	4/1/2009						
68115-0598-04	Q0170			10/26/2004	4/1/2009	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	PROMETHAZINE HCL (FRUIT,TROPICAL) 6.25 MG/5 ML	120 ML	BO	PO	ML		25 MG	0.05		10/26/2004	4/1/2009						
68115-0632-00	None			4/19/2004	4/1/2009	METHOTREXATE, 2.5 MG, ORAL	METHOTREXATE SODIUM 2.5 MG	100 EA	BO	PO	EA		2.5 MG		1	4/19/2004	4/1/2009						
68115-0651-60	J7699			4/19/2004	4/1/2009	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	FORADIL AEROLIZER 0.012 MG	60 EA	BO	IH	EA		1 EA		1	4/19/2004	4/1/2009						
68115-0691-12	J8498			1/1/2006	4/1/2009	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	PROCHLORPERAZINE 25 MG	12 EA	BX	RC	EA		1 EA		1	1/1/2006	4/1/2009						
68115-0692-25	Q0168			3/29/2004	4/1/2009	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	MARINOL (SOFTGEL) 5 MG	25 EA	BX	PO	EA		5 MG		1	3/29/2004	4/1/2009						
68115-0709-05	J1815			3/17/2004	4/1/2009	INJECTION, INSULIN, PER 5 UNITS	NOVOLIN R PENFILL 100 U/ML	3 ML	CT	IJ	ML		5 U		20	3/17/2004	4/1/2009						
68115-0711-20	J7611			4/1/2008	4/1/2009	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG	ALBUTEROL SULFATE (STERILE) 0.5%	20 ML	BO	IH	ML		1 MG		5	4/1/2008	4/1/2009						
68115-0711-20	J7602			1/1/2008	3/31/2008	(LEVALBUTEROL)	ALBUTEROL SULFATE (STERILE) 0.5%	20 ML	BO	IH	ML		1 MG		5	1/1/2008	3/31/2008						
68115-0728-10	J1815			3/17/2004	4/1/2009	INJECTION, INSULIN, PER 5 UNITS	HUMULIN R (VIAL) 100 U/ML	10 ML	VL	IJ	ML		5 U		20	3/17/2004	4/1/2009						
68115-0729-05	J1815			3/17/2004	4/1/2009	INJECTION, INSULIN, PER 5 UNITS	HUMULIN N PEN 100 U/ML	3 ML	CT	SC	ML		5 U		20	3/17/2004	4/1/2009						
68115-0746-10	J1817			2/12/2004	4/1/2009	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS	HUMALOG 100 U/ML	10 ML	VL	SC	ML		50 U		2	2/12/2004	4/1/2009						
68115-0749-10	J1650			3/17/2004	4/1/2009	INJECTION, ENOXAPARIN SODIUM, 10 MG	LOVENOX 40 MG/0.4 ML	0.4 ML	SR	SC	ML		10 MG		10	3/17/2004	4/1/2009						
68115-0750-30	J1595			3/29/2004	4/1/2009	INJECTION, GLATIRAMER ACETATE, 20 MG	COPAXONE (30 SRN,PREFILLED,PF) 20 MG/ML	1 ML	DP	MR	EA		20 MG		30	3/29/2004	4/1/2009						
68115-0770-02	J3030			1/20/2004	99/99/9999	NOT FOR USE WHEN DRUG IS SELF ADMINISTERED)	IMITREX (SRN,PREFILLED,UNIT/USE) 6 MG/0.5 ML	0.5 ML	BX	SC	ML		6 MG		2	1/20/2004	99/99/9999						
68115-0774-10	J1650			2/6/2004	4/1/2009	INJECTION, ENOXAPARIN SODIUM, 10 MG	LOVENOX (SRN,PREFILLED) 60 MG/0.6 ML	0.6 ML	SR	SC	ML		10 MG		10	2/6/2004	4/1/2009						
68115-0802-30	Q0179			1/20/2004	4/1/2009	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ZOFRAN 4 MG	30 EA	BO	PO	EA		8 MG	0.5		1/20/2004	4/1/2009						
68115-0839-10	J1815			1/20/2004	4/1/2009	INJECTION, INSULIN, PER 5 UNITS	LANTUS 100 U/ML	10 ML	VL	SC	ML		5 U		20	1/20/2004	4/1/2009						
68115-0898-08	J7510			5/4/2004	8/1/2007	PREDNISOLONE ORAL, PER 5 MG	PREDNISOLONE 15 MG/5 ML	240 ML	BO	PO	ML		5 MG	0.6		5/4/2004	8/1/2007						
68115-0931-06	Q0144			1/5/2004	4/1/2009	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	ZITHROMAX 250 MG	6 EA	BO	PO	EA		1 GM	0.25		1/5/2004	4/1/2009						
68115-0947-21	J7506			5/4/2004	4/1/2009	PREDNISONE, ORAL, PER 5MG	PREDNISONE 5 MG	21 EA	BO	PO	EA		5 MG		1	5/4/2004	4/1/2009						
68115-0960-21	J7509			10/1/2003	4/1/2009	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	21 EA	BO	PO	EA		4 MG		1	10/1/2003	4/1/2009						
68115-0976-04	Q0163			1/20/2004	8/1/2007	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT	DIPHENHYDRAMINE HCL 12.5 MG/5 ML	120 ML	BO	PO	ML		50 MG	0.05		1/20/2004	8/1/2007						
68135-0020-01	J3490			6/5/2005	12/31/2006	UNCLASSIFIED DRUGS	NAGLAZYME (PF) 1 MG/ML	5 ML	VL	IJ	ML		1 EA		1	6/5/2005	12/31/2006						
68135-0020-01	J1458			1/1/2007	99/99/9999	INJECTION, GALSULFASE, 1 MG	NAGLAZYME (PF) 1 MG/ML	5 ML	VL	IJ	ML		1 MG		1	1/1/2007	99/99/9999						
68135-0455-02	J7510			2/1/2005	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	ORAPRED (DYE-FREE, GRAPE) 15 MG/5 ML	237 ML	BO	PO	ML		5 MG	0.6		2/1/2005	99/99/9999						
68135-0455-03	J7510			9/1/2005	99/99/9999	PREDNISOLONE ORAL, PER 5 MG	ORAPRED (20MLX10,DYE-FREE, GRAPE) 15 MG/5 ML	20 ML	BO	PO	ML		5 MG	0.6		9/1/2005	99/99/9999						
68158-0149-51	J0128			1/1/2005	6/21/2010	INJECTION, ABARELIX, 10 MG	PLENAXIS (S.D.V.,PF) 100 MG-0.9%	1 EA	VL	MR	EA		10 MG		10	1/1/2005	6/21/2010						
68180-0611-01	J0696			7/20/2005	99/99/9999	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG	CEFTRIAZONE 250 MG	1 EA	VL	IJ	EA		250 MG		1	7/20/2005	99/99/9999						
68180-0611-10	J0696			7/20/2005	99/99/9999	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG	CEFTRIAZONE 250 MG	1 EA	VL	IJ	EA		250 MG		1	7/20/2005	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
68180-0622-01	J0696			7/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 500 MG	1	EA	NA	IJ	EA	250 MG		2	7/20/2005	99/99/9999						
68180-0622-10	J0696			7/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 500 MG	1	EA	NA	IJ	EA	250 MG		2	7/20/2005	99/99/9999						
68180-0633-01	J0696			7/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 1 GM	1	EA	VL	IJ	EA	250 MG		4	7/20/2005	99/99/9999						
68180-0633-10	J0696			7/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 1 GM	10	EA	VL	IJ	EA	250 MG		4	7/20/2005	99/99/9999						
68180-0644-01	J0696			7/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 2 GM	1	EA	NA	IJ	EA	250 MG		8	7/20/2005	99/99/9999						
68180-0644-10	J0696			7/20/2005	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE 2 GM	1	EA	NA	IJ	EA	250 MG		8	7/20/2005	99/99/9999						
68188-0480-02	J7510			4/3/2007	11/7/2008	PREDNISOLONE ORAL, PER 5 MG	ORAPRED ODT (GRAPE) 10 MG	48	EA	BX	PO	EA	5 MG		2	4/3/2007	11/7/2008						
68188-0482-02	J7510			7/10/2006	11/7/2008	PREDNISOLONE ORAL, PER 5 MG	ORAPRED ODT (GRAPE) 15 MG	48	EA	BX	PO	EA	5 MG		3	7/10/2006	11/7/2008						
68188-0484-02	J7510			1/4/2008	11/20/2008	PREDNISOLONE ORAL, PER 5 MG	ORAPRED ODT (GRAPE) 30 MG	48	EA	BX	PO	EA	5 MG		6	1/4/2008	11/20/2008						
68209-0843-01	Q4087			7/1/2007	12/31/2007	(E.G. LIQUID), 500 MG	INJECTION, IMMUNE GLOBULIN (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED MG/ML	20	ML	VL	IV	ML	500 MG		0.1	7/1/2007	12/31/2007						
68209-0843-01	J1568			1/1/2008	11/1/2010	(E.G. LIQUID), 500 MG	INJECTION, IMMUNE GLOBULIN (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED MG/ML	20	ML	VL	IV	ML	500 MG		0.1	1/1/2008	11/1/2010						
68209-0843-02	Q4087			7/1/2007	12/31/2007	(E.G. LIQUID), 500 MG	INJECTION, IMMUNE GLOBULIN (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED MG/ML	50	ML	VL	IV	ML	500 MG		0.1	7/1/2007	12/31/2007						
68209-0843-02	J1568			1/1/2008	11/1/2010	(E.G. LIQUID), 500 MG	INJECTION, IMMUNE GLOBULIN (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED MG/ML	50	ML	VL	IV	ML	500 MG		0.1	1/1/2008	11/1/2010						
68209-0843-03	Q4087			7/1/2007	12/31/2007	(E.G. LIQUID), 500 MG	INJECTION, IMMUNE GLOBULIN (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED MG/ML	100	ML	VL	IV	ML	500 MG		0.1	7/1/2007	12/31/2007						
68209-0843-03	J1568			1/1/2008	11/1/2010	(E.G. LIQUID), 500 MG	INJECTION, IMMUNE GLOBULIN (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED MG/ML	100	ML	VL	IV	ML	500 MG		0.1	1/1/2008	11/1/2010						
68209-0843-04	J1568			1/1/2008	11/1/2010	(E.G. LIQUID), 500 MG	INJECTION, IMMUNE GLOBULIN (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED MG/ML	200	ML	VL	IV	ML	500 MG		0.1	1/1/2008	11/1/2010						
68209-0843-04	Q4087			7/1/2007	12/31/2007	(E.G. LIQUID), 500 MG	INJECTION, IMMUNE GLOBULIN (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED MG/ML	200	ML	VL	IV	ML	500 MG		0.1	7/1/2007	12/31/2007						
68330-0001-01	J0696			9/15/2007	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 250 MG	1	EA	VL	IJ	EA	250 MG		1	9/15/2007	99/99/9999						
68330-0001-10	J0696			9/15/2007	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 250 MG	1	EA	VL	IJ	EA	250 MG		1	9/15/2007	99/99/9999						
68330-0002-01	J0696			9/15/2007	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 500 MG	1	EA	VL	IJ	EA	250 MG		2	9/15/2007	99/99/9999						
68330-0002-10	J0696			9/15/2007	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 500 MG	1	EA	VL	IJ	EA	250 MG		2	9/15/2007	99/99/9999						
68330-0003-01	J0696			9/15/2007	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 1 GM	1	EA	VL	IJ	EA	250 MG		4	9/15/2007	99/99/9999						
68330-0003-10	J0696			9/15/2007	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 1 GM	1	EA	VL	IJ	EA	250 MG		4	9/15/2007	99/99/9999						
68330-0004-01	J0696			9/15/2007	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 2 GM	1	EA	VL	IJ	EA	250 MG		8	9/15/2007	99/99/9999						
68330-0004-10	J0696			9/15/2007	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP) 2 GM	1	EA	VL	IJ	EA	250 MG		8	9/15/2007	99/99/9999						
68330-0005-01	J0696			11/5/2007	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP.PIGGYBACK) 1 GM	1	EA	GC	IJ	EA	250 MG		4	11/5/2007	99/99/9999						
68330-0006-01	J0696			11/5/2007	99/99/9999	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	CEFTRIAXONE (USP.PIGGYBACK) 2 GM	1	EA	GC	IJ	EA	250 MG		8	11/5/2007	99/99/9999						
68382-0003-01	J7500			5/1/2007	99/99/9999	AZATHIOPRINE, ORAL, 50 MG	AZATHIOPRINE (USP) 50 MG	100	EA	BO	PO	EA	50 MG		1	5/1/2007	99/99/9999						
68382-0003-05	J7500			5/1/2007	99/99/9999	AZATHIOPRINE, ORAL, 50 MG	AZATHIOPRINE (USP) 50 MG	500	EA	BO	PO	EA	50 MG		1	5/1/2007	99/99/9999						
68382-0040-01	Q0169			12/1/2005	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	PROMETHAZINE HYDROCHLORIDE 12.5 MG	100	EA	BO	PO	EA	12.5 MG		1	12/1/2005	99/99/9999						
68382-0040-10	Q0169			2/27/2007	12/2/2009	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	PROMETHAZINE HYDROCHLORIDE 12.5 MG	1000	EA	BO	PO	EA	12.5 MG		1	2/27/2007	12/2/2009						
68382-0041-01	Q0170			12/1/2005	99/99/9999	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	PROMETHAZINE HYDROCHLORIDE 25 MG	100	EA	BO	PO	EA	25 MG		1	12/1/2005	99/99/9999						
68382-0041-10	Q0170			2/27/2007	99/99/9999	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	PROMETHAZINE HYDROCHLORIDE 25 MG	1000	EA	BO	PO	EA	25 MG		1	2/27/2007	99/99/9999						
68382-0130-05	J7517			5/4/2009	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL (HARD GELATIN) 250 MG	500	EA	CAP	PO	EA	250 MG		1	5/4/2009	99/99/9999						
68382-0131-01	J7517			5/4/2009	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL, (FILM-COATED), 500MG	100	EA	BO	PO	EA	250 MG		2	5/4/2009	99/99/9999						
68382-0131-05	J7517			5/4/2009	99/99/9999	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	MYCOPHENOLATE MOFETIL, (FILM-COATED), 500MG	500	EA	BO	PO	EA	250 MG		2	5/4/2009	99/99/9999						
68387-0170-01	J7509			3/26/2004	99/99/9999	METHYLPREDNISOLONE ORAL, PER 4 MG	METHYLPREDNISOLONE 4 MG	21	EA	DP	PO	EA	4 MG		1	3/26/2004	99/99/9999						
68387-0240-10	J7506			5/29/2008	99/99/9999	PREDNISONE ORAL, PER 5MG	PREDNISONE 20 MG	10	EA	DP	PO	EA	4 MG		4	5/29/2008	99/99/9999						
68387-0240-25	J7506			3/26/2004	99/99/9999	PREDNISONE ORAL, PER 5MG	PREDNISONE 20 MG	25	EA	BO	PO	EA	5 MG		4	3/26/2004	99/99/9999						
68387-0241-15	J7506			7/23/2008	99/99/9999	PREDNISONE ORAL, PER 5MG	PREDNISONE 10 MG	15	EA	BO	PO	EA	5 MG		2	7/23/2008	99/99/9999						
68387-0468-30	Q0178			3/1/2007	99/99/9999	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	HYDROXYZINE PAMOATE 50 MG	30	EA	BO	PO	EA	50 MG		1	3/1/2007	99/99/9999						
68387-0469-30	Q0178			3/1/2007	99/99/9999	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	HYDROXYZINE PAMOATE 100 MG	30	EA	BO	PO	EA	50 MG		2	3/1/2007	99/99/9999						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
68387-0536-12		Q0170		3/8/2006	99/99/9999	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	PROMETHAZINE HYDROCHLORIDE 25 MG	12	EA	BO	PO	EA	25 MG		1	3/8/2006	99/99/9999						
68387-0536-30		Q0170		5/1/2006	99/99/9999	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	PROMETHAZINE HYDROCHLORIDE 25 MG	30	EA	BO	PO	EA	25 MG		1	5/1/2006	99/99/9999						
68387-0536-60		Q0170		5/4/2007	99/99/9999	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	PROMETHAZINE HYDROCHLORIDE 25 MG	60	EA	BO	PO	EA	25 MG		1	5/4/2007	99/99/9999						
68387-0536-90		Q0170		5/1/2006	99/99/9999	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	PROMETHAZINE HYDROCHLORIDE 25 MG	90	EA	BO	PO	EA	25 MG		1	5/1/2006	99/99/9999						
68387-0541-30	Q0163			5/1/2006	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	DIPHENHYDRAMINE HYDROCHLORIDE 25 MG	30	EA	BO	PO	EA	50 MG		0.5	5/1/2006	99/99/9999						
68387-0565-06	Q0144			5/1/2006	99/99/9999	AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GRAM	AZITHROMYCIN 250 MG	6	EA	BX	PO	EA	1 GM		0.25	5/1/2006	99/99/9999						
68462-0105-30	Q0179			6/25/2007	12/31/2011	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 4 MG	30	EA	BO	PO	EA	8 MG		0.5	6/25/2007	12/31/2011						
68462-0105-30	Q0162			1/1/2012	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	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 4 MG	30	EA	BO	PO	EA	1 MG		4	1/1/2012	99/99/9999						
68462-0106-30	Q0179			6/25/2007	12/31/2011	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 8 MG	30	EA	BO	PO	EA	8 MG		1	6/25/2007	12/31/2011						
68462-0106-30	Q0162			1/1/2012	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	ONDANSETRON HYDROCHLORIDE (FILM-COATED) 8 MG	30	EA	BO	PO	EA	1 MG		8	1/1/2012	99/99/9999						
68462-0157-13	Q0179			6/27/2007	12/31/2011	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON (STRAWBERRY) 4 MG	30	EA	BX	PO	EA	8 MG		0.5	6/27/2007	12/31/2011						
68462-0157-13	Q0162			1/1/2012	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	ONDANSETRON (STRAWBERRY) 4 MG	30	EA	BX	PO	EA	1 MG		4	1/1/2012	99/99/9999						
68462-0158-11	Q0179			6/27/2007	12/31/2011	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON (STRAWBERRY) 8 MG	30	EA	BX	PO	EA	8 MG		1	6/27/2007	12/31/2011						
68462-0158-11	Q0162			1/1/2012	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	ONDANSETRON (STRAWBERRY) 8 MG	30	EA	BX	PO	EA	1 MG		8	1/1/2012	99/99/9999						
68462-0158-13	Q0179			6/27/2007	12/31/2011	ONDANSETRON HYDROCHLORIDE 8 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	ONDANSETRON (STRAWBERRY) 8 MG	10	EA	BX	PO	EA	8 MG		1	6/27/2007	12/31/2011						
68462-0158-13	Q0162			1/1/2012	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	ONDANSETRON (STRAWBERRY) 8 MG	10	EA	BX	PO	EA	1 MG		8	1/1/2012	99/99/9999						
68516-1612-01	J1567			1/1/2006	6/28/2007	500 MG INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID)	VENOGLOBULIN-S 5% (2.5GM VIAL W/ADMIN SET) 50 MG/ML	50	ML	VL	IV	ML	500 MG		0.1	1/1/2006	6/28/2007						
68516-1613-01	J1567			1/1/2006	6/28/2007	500 MG INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID)	VENOGLOBULIN-S 5% (5 GM/VIAL W/ADMIN SET) 50 MG/ML	100	ML	VL	IV	ML	500 MG		0.1	1/1/2006	6/28/2007						
68516-1614-01	J1567			1/1/2006	6/28/2007	500 MG INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID)	VENOGLOBULIN-S 5% (10 GM/VIAL W/ADMIN SET) 50 MG/ML	200	ML	VL	IV	ML	500 MG		0.1	1/1/2006	6/28/2007						
68516-1622-01	J1567			1/1/2006	6/28/2007	500 MG INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID)	VENOGLOBULIN-S 10% (5 GM/VIAL W/ADMIN SET) 100 MG/ML	50	ML	VL	IV	ML	500 MG		0.2	1/1/2006	6/28/2007						
68516-1623-01	J1567			1/1/2006	6/28/2007	500 MG INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID)	VENOGLOBULIN-S 10% (10 GM/VIAL W/ADMIN SET) 100 MG/ML	100	ML	VL	IV	ML	500 MG		0.2	1/1/2006	6/28/2007						
68516-1624-01	J1567			1/1/2006	6/28/2007	500 MG INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID)	VENOGLOBULIN-S 10% (20 GM/VIAL W/ADMIN SET) 100 MG/ML	200	ML	VL	IV	ML	500 MG		0.2	1/1/2006	6/28/2007						
68516-3200-02	J7194			7/25/2003	4/15/2010	FACTOR IX, COMPLEX, PER I.U.	PROFILNINE SD (APPROX. 500 IU/VIAL) 1 IU	500	IU	VL	IV	EA	1 IU		1	7/25/2003	4/15/2010						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
68516-3200-03	J7194			7/25/2003	4/30/2009	FACTOR IX, COMPLEX, PER I.U.	PROFILNINE SD (APPROX 1000-1500IU/VIAL) 1 IU	1250 IU	VL	IV	EA		1 IU		1	7/25/2003	4/30/2009						
68516-3600-02	J7193			7/25/2003	6/30/2008	FACTOR IX (ANTHEMOPHILIC FACTOR, PURIFIED, NON-RECOMBINANT) PER I.U.	ALPHANINE SD (250-1500 FIX I.U./VIAL) 1 IU	850 IU	VL	IV	EA		1 IU		1	7/25/2003	6/30/2008						
68516-4600-01	J7186			1/1/2009	5/14/2009	(HUMAN), PER FACTOR VIII I.U.	ALPHANATE (250-500 FVIII IU/5ML) 1 IU	500 IU	VL	IV	IU		1 IU		1	1/1/2009	5/14/2009						
68516-4600-01	Q4096			4/1/2008	12/31/2008	INJECTION, VON WILLEBRAND FACTOR COMPLEX, HUMAN, RISTOCETIN COFACTOR (NOT OTHERWISE SPECIFIED), PER I.U. VWF:RCO	ALPHANATE (250-500 FVIII IU/5ML) 1 IU	500 IU	VL	IV	EA		1 IU		1	4/1/2008	12/31/2008						
68516-4600-02	Q4096			4/1/2008	12/31/2008	INJECTION, VON WILLEBRAND FACTOR COMPLEX, HUMAN, RISTOCETIN COFACTOR (NOT OTHERWISE SPECIFIED), PER I.U. VWF:RCO	ALPHANATE (1000-1500 FVIII IU/10ML) 1 IU	1500 IU	VL	IV	EA		1 IU		1	4/1/2008	12/31/2008						
68516-4600-02	J7186			1/1/2009	5/29/2009	INJECTION, ANTIHEMOPHILIC FACTOR VIII/VON WILLEBRAND FACTOR COMPLEX (HUMAN), PER FACTOR VIII I.U.	ALPHANATE (1000-1500 FVIII IU/10ML) 1 IU	1500 IU	VL	IV	IU		1 IU		1	1/1/2009	5/29/2009						
68516-4601-01	Q4096			4/1/2008	12/31/2008	INJECTION, VON WILLEBRAND FACTOR COMPLEX, HUMAN, RISTOCETIN COFACTOR (NOT OTHERWISE SPECIFIED), PER I.U. VWF:RCO	ALPHANATE (SINGLE DOSE,250IU/5ML) 1 IU-1 IU	1 EA	VL	IV	EA		1 IU		1	4/1/2008	12/31/2008						
68516-4601-01	J7186			1/1/2009	99/99/9999	INJECTION, ANTIHEMOPHILIC FACTOR VIII/VON WILLEBRAND FACTOR COMPLEX (HUMAN), PER FACTOR VIII I.U.	ALPHANATE (SINGLE DOSE,250IU/5ML) 1 IU-1 IU	250 IU	VL	IV	IU		1 IU		1	1/1/2009	99/99/9999						
68516-4602-01	Q4096			4/1/2008	12/31/2008	INJECTION, VON WILLEBRAND FACTOR COMPLEX, HUMAN, RISTOCETIN COFACTOR (NOT OTHERWISE SPECIFIED), PER I.U. VWF:RCO	ALPHANATE (SINGLE DOSE,500IU/5ML) 1 IU-1 IU	1 EA	VL	IV	EA		1 IU		1	4/1/2008	12/31/2008						
68516-4602-01	J7186			1/1/2009	99/99/9999	INJECTION, ANTIHEMOPHILIC FACTOR VIII/VON WILLEBRAND FACTOR COMPLEX (HUMAN), PER FACTOR VIII I.U.	ALPHANATE (SINGLE DOSE,500IU/5ML) 1 IU-1 IU	500 IU	VL	IV	IU		1 IU		1	1/1/2009	99/99/9999						
68516-4603-02	Q4096			4/1/2008	12/31/2008	INJECTION, VON WILLEBRAND FACTOR COMPLEX, HUMAN, RISTOCETIN COFACTOR (NOT OTHERWISE SPECIFIED), PER I.U. VWF:RCO	DOSE,1000IU/10ML) 1 IU-1 IU	1 EA	VL	IV	EA		1 IU		1	4/1/2008	12/31/2008						
68516-4603-02	J7186			1/1/2009	99/99/9999	INJECTION, ANTIHEMOPHILIC FACTOR VIII/VON WILLEBRAND FACTOR COMPLEX (HUMAN), PER FACTOR VIII I.U.	ALPHANATE (SINGLE DOSE,1000IU/10ML) 1 IU-1 IU	1000 IU	VL	IV	IU		1 IU		1	1/1/2009	99/99/9999						
68516-4604-02	Q4096			4/1/2008	12/31/2008	INJECTION, VON WILLEBRAND FACTOR COMPLEX, HUMAN, RISTOCETIN COFACTOR (NOT OTHERWISE SPECIFIED), PER I.U. VWF:RCO	ALPHANATE (SINGLE DOSE,1500IU/10ML) 1 IU-1 IU	1 EA	VL	IV	EA		1 IU		1	4/1/2008	12/31/2008						
68516-4604-02	J7186			1/1/2009	99/99/9999	INJECTION, ANTIHEMOPHILIC FACTOR VIII/VON WILLEBRAND FACTOR COMPLEX (HUMAN), PER FACTOR VIII I.U.	ALPHANATE (SINGLE DOSE,1500IU/10ML) 1 IU-1 IU	1500 IU	VL	IV	IU		1 IU		1	1/1/2009	99/99/9999						
68546-0917-30	J1595			4/28/2008	99/99/9999	INJECTION, GLATIRAMER ACETATE, 20 MG	COPAXONE 20 MG/ML	1 ML	DP	MR	EA		20 MG	30		4/28/2008	99/99/9999						
68727-0200-02	J1451			11/9/2006	99/99/9999	INJECTION, FOMEPIZOLE, 15 MG	ANTIZOL (4X1.5ML/PF) 1 GM/ML	1.5 ML	VL	IV	ML		15 MG	66.66666		11/9/2006	99/99/9999						
68782-0001-01	J2503			1/1/2006	6/20/2008	INJECTION, PEGAPTANIB SODIUM, 0.3 MG	MACUGEN (PF) 0.3 MG/0.09 ML	0.09 ML	SR	IO	ML		0.3 MG	11.11111		1/1/2006	6/20/2008						
68817-0134-50	J9264			1/1/2006	99/99/9999	INJECTION, PACLITAXEL PROTEIN-BOUND PARTICLES, 1 MC	ABRAXANE 100 MG	1 EA	VL	IV	EA		1 MG	100		1/1/2006	99/99/9999						
68830-0319-80	J0636			9/17/2003	12/31/2008	INJECTION, CALCITRIOL, 0.1 MCG	CALCITRIOL 1 MCG/ML	1 ML	NA	IV	ML		0.1 MCG	10		9/17/2003	12/31/2008						
68883-0010-03	J1642			1/5/2006	8/17/2012	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (IN 6ML SD SYRINGE.PF) 10 U/ML	3 ML	SR	IV	ML		10 U		1	1/5/2006	8/17/2012						
68883-0010-05	J1642			1/5/2006	8/17/2012	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (IN 12ML SD SYRINGE.PF) 10 U/ML	5 ML	SR	IV	ML		10 U		1	1/5/2006	8/17/2012						
68883-0010-06	J1642			1/5/2006	8/17/2012	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (IN 3ML SD SYRINGE.PF) 10 U/ML	2.5 ML	SR	IV	ML		10 U		1	1/5/2006	8/17/2012						
68883-0100-03	J1642			1/5/2006	8/17/2012	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (IN 6ML SD SYRINGE.PF) 100 U/ML	3 ML	SR	IV	ML		10 U		10	1/5/2006	8/17/2012						
68883-0100-04	J1642			1/5/2006	8/17/2012	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (IN 12ML SD SYRINGE.PF) 100 U/ML	3 ML	SR	IV	ML		10 U		10	1/5/2006	8/17/2012						
68883-0100-05	J1642			1/5/2006	8/17/2012	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (IN 12ML SD SYRINGE.PF) 100 U/ML	5 ML	SR	IV	ML		10 U		10	1/5/2006	8/17/2012						
68883-0100-06	J1642			1/5/2006	8/17/2012	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	HEPARIN LOCK FLUSH (IN 6ML SD SYRINGE.PF) 100 U/ML	5 ML	SR	IV	ML		10 U		10	1/5/2006	8/17/2012						
68883-0900-01	A4216			1/1/2007	8/17/2012	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE FLUSH (IN 3ML SD SYRINGE.PF) 0.9%	2.5 ML	SR	IV	ML		10 ML		0.1	1/1/2007	8/17/2012						
68883-0900-01	J2912			1/5/2006	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE FLUSH (IN 3ML SD SYRINGE.PF) 0.9%	2.5 ML	SR	IV	ML		0.9 %		0.5	1/5/2006	12/31/2006						
68883-0900-03	J2912			1/5/2006	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE FLUSH (IN 6ML SD SYRINGE.PF) 0.9%	3 ML	SR	IV	ML		0.9 %		0.5	1/5/2006	12/31/2006						
68883-0900-03	A4216			1/1/2007	8/17/2012	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE FLUSH (IN 6ML SD SYRINGE.PF) 0.9%	3 ML	SR	IV	ML		10 ML		0.1	1/1/2007	8/17/2012						
68883-0900-04	A4216			1/1/2007	8/17/2012	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE FLUSH (IN 6ML SD SYRINGE.PF) 0.9%	5 ML	SR	IV	ML		10 ML		0.1	1/1/2007	8/17/2012						
68883-0900-04	J2912			1/5/2006	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE FLUSH (IN 6ML SD SYRINGE.PF) 0.9%	5 ML	SR	IV	ML		0.9 %		0.5	1/5/2006	12/31/2006						
68883-0900-05	A4216			1/1/2007	8/23/2010	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE FLUSH (IN 12ML SD SYRINGE.PF) 0.9%	5 ML	SR	IV	ML		10 ML		0.1	1/1/2007	8/23/2010						
68883-0900-05	J2912			1/5/2006	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE FLUSH (IN 12ML SD SYRINGE.PF) 0.9%	5 ML	SR	IV	ML		0.9 %		0.5	1/5/2006	12/31/2006						
68883-0900-10	J2912			1/5/2006	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE FLUSH (IN 12ML SD SYRINGE.PF) 0.9%	10 ML	SR	IV	ML		0.9 %		0.5	1/5/2006	12/31/2006						
68883-0900-10	A4216			1/1/2007	8/23/2010	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE FLUSH (IN 12ML SD SYRINGE.PF) 0.9%	10 ML	SR	IV	ML		10 ML		0.1	1/1/2007	8/23/2010						
68883-0900-16	J2912			1/5/2006	12/31/2006	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	SODIUM CHLORIDE FLUSH (IN 12ML SD SYRINGE.PF) 0.9%	3 ML	SR	IV	ML		0.9 %		0.5	1/5/2006	12/31/2006						
68883-0900-16	A4216			1/1/2007	8/23/2010	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	SODIUM CHLORIDE FLUSH (IN 12ML SD SYRINGE.PF) 0.9%	3 ML	SR	IV	ML		10 ML		0.1	1/1/2007	8/23/2010						
74300-0001-33	Q0163			1/1/2002	12/21/2006	NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	UNISOM SLEEPGELS MAXIMUM STRENGTH (SOFTGEL) 50 MG	32 EA	NA	PO	EA		50 MG		1	1/1/2002	12/21/2006						

NDC	NDC Mod	HCPCS	HCPCS Mod	Relationship Start Date	Relationship End Date	HCPCS Description	NDC Label	Number of Items in NDC Package	NDC Package Measure	NDC Package Type	Route of Administration	Billing Units	HCPCS Amount #1	HCPCS Measure #1	CF	Start Date #1	End Date #1	Prior Start Date #2	Prior End Date #2	Prior Conversion Factor #2	Prior Start Date #3	Prior End Date #3	Prior Conversion Factor #3
74300-0006-10		Q0163		1/1/2002	12/21/2006	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	UNISON SLEEPGELS MAXIMUM STRENGTH (SOFTGEL) 50 MG	8 EA	PK	PO	EA		50 MG		1	1/1/2002	12/21/2006						
74300-0006-11		Q0163		1/1/2002	12/21/2006	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	UNISON SLEEPGELS MAXIMUM STRENGTH (SOFTGEL) 50 MG	16 EA	NA	PO	EA		50 MG		1	1/1/2002	12/21/2006						
75137-0212-15		Q0163		1/1/2002	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	COMPOZ NIGHTTIME SLEEP AID (GELCAPLET) 50 MG	16 EA	BO	PO	EA		50 MG		1	1/1/2002	99/99/9999						
76125-0900-50		J1561		2/24/2012	99/99/9999	INJECTION, IMMUNE GLOBULIN, (GAMUNEX/GAMUNEX-C/GAMMAKED), NON LYOPHILIZED (E.G. LIQUID), 500 MG	GAMMAKED (1X50ML, SINGLE-USE) 10% LEVALBUTEROL HYDROCHLORIDE, 0.63 MG/3ML (24X3ML, PF)	1 ML	VL	IJ	ML		500 MG	0.002	2/24/2012	99/99/9999							
76204-0002-24	KO	J7614	KO	2/1/2013	99/99/9999	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	24 ML	BO	IH	ML		0.5 MG	0.42	2/1/2013	99/99/9999							
76204-0002-24		J7614		2/1/2013	99/99/9999	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	24 ML	BO	IH	ML		0.5 MG	0.42	2/1/2013	99/99/9999							
76204-0003-24		J7614		2/18/2013	99/99/9999	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	24 ML	BO	IH	ML		0.5 MG	0.83333	2/1/2013	99/99/9999							
76204-0003-24	KO	J7614	KO	2/18/2013	99/99/9999	COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG	LEVALBUTEROL HYDROCHLORIDE, 1.25 MG/3ML (24X3ML, PF)	24 ML	BO	IH	ML		0.5 MG	0.83333	2/1/2013	99/99/9999							
76204-0100-25	KO	J7644	KO	2/1/2012	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (25X2.5ML,PF) 0.02%	25 ML	SOL	IH	ML		1 MG	0.2	2/1/2012	99/99/9999							
76204-0100-25		J7644		2/1/2012	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (25X2.5ML,PF) 0.02%	25 ML	SOL	IH	ML		1 MG	0.2	2/1/2012	99/99/9999							
76204-0100-30	KO	J7644	KO	2/1/2012	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (30X2.5ML,PF) 0.02%	25 ML	SOL	IH	ML		1 MG	0.2	2/1/2012	99/99/9999							
76204-0100-30		J7644		2/1/2012	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (30X2.5ML,PF) 0.02%	25 ML	SOL	IH	ML		1 MG	0.2	2/1/2012	99/99/9999							
76204-0100-60		J7644		2/1/2012	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (60X2.5ML,PF) 0.02%	25 ML	SOL	IH	ML		1 MG	0.2	2/1/2012	99/99/9999							
76204-0100-60	KO	J7644	KO	2/1/2012	99/99/9999	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	IPRATROPIUM BROMIDE (60X2.5ML,PF) 0.02%	25 ML	SOL	IH	ML		1 MG	0.2	2/1/2012	99/99/9999							
76204-0200-25	KO	J7613	KO	2/1/2012	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (25X3ML) 0.083%	30 ML	PC	IH	ML		1 MG	0.83	2/1/2012	99/99/9999							
76204-0200-25		J7613		2/1/2012	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (25X3ML) 0.083%	30 ML	PC	IH	ML		1 MG	0.83	2/1/2012	99/99/9999							
76204-0200-30		J7613		2/1/2012	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (30X3ML) 0.083%	30 ML	PC	IH	ML		1 MG	0.83	2/1/2012	99/99/9999							
76204-0200-30	KO	J7613	KO	2/1/2012	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (30X3ML) 0.083%	30 ML	PC	IH	ML		1 MG	0.83	2/1/2012	99/99/9999							
76204-0200-60	KO	J7613	KO	2/1/2012	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (60X3ML) 0.083%	30 ML	PC	IH	ML		1 MG	0.83	2/1/2012	99/99/9999							
76204-0200-60		J7613		2/1/2012	99/99/9999	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG	ALBUTEROL SULFATE (60X3ML) 0.083%	30 ML	PC	IH	ML		1 MG	0.83	2/1/2012	99/99/9999							
76204-0600-05		J7620		1/1/2013	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	IPRATROPIUM BROMIDE AND ALBUTEROL SULFATE, (30 x 3 ML) 3 MG/3 ML-0.5 MG/3 ML	30 ML	PC	IH	ML		3 MG	0.33333	1/1/2013	99/99/9999							
76204-0600-12	J7620			1/1/2013	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	IPRATROPIUM BROMIDE AND ALBUTEROL SULFATE, (60 x 3 ML) 3 MG/3 ML-0.5 MG/3 ML	60 ML	PC	IH	ML		3 MG	0.33333	1/1/2013	99/99/9999							
76388-0713-25	None			6/22/2012	99/99/9999	BUSULFAN; ORAL, 2 MG	MYLERAN, (FILM-COATED), 2 MG	25 EA	BO	PO	EA		2 MG	1	6/22/2012	99/99/9999							
83490-0107-60	A4216			10/1/2007	99/99/9999	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML	HYPER-SAL (4MLX60,PF) 7%	4 ML	PC	IH	ML		10 ML	0.1	10/1/2007	99/99/9999							
88395-0067-64	J1955			9/3/2003	9/1/2008	INJECTION, LEVOCARNITINE, PER 1 GM	L-CARNITINE	1 EA	NA	PO	GM		1 GM	1	9/3/2003	9/1/2008							