Immunoglobulins

<table>
<thead>
<tr>
<th>Category</th>
<th>HPCDG Code</th>
<th>HPCDG Description</th>
<th>HPCDG Code Billing Unit</th>
<th>HPCDG Effective Date</th>
<th>Brand Name</th>
<th>Generic Name</th>
<th>FDA Approved Indications (See Package Insert for full FDA approved indication descriptions)</th>
<th>Max Daily Units</th>
<th>Max Monthly Units</th>
<th>Minimum Age</th>
<th>Maximum Age</th>
<th>Gender Restrictions</th>
<th>NDC Required</th>
<th>Refilling Labeler Required</th>
<th>Comments</th>
<th>Last Modified Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biologics</td>
<td>90204</td>
<td>HyperRAB® S/D, human, for intramuscular use</td>
<td>5 mL</td>
<td>1/1/2009</td>
<td>Cytogam®</td>
<td>cytomegalovirus immune globulin-intravenous, human</td>
<td>Indicated for the prophylaxis of cytomegalovirus disease associated with transplantation of kidney, lung, liver, pancreas, and/or subcutaneous use</td>
<td>8.4</td>
<td>25.2</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>9/12/2018</td>
</tr>
<tr>
<td>Immune Globulins</td>
<td>90291</td>
<td>HyperRAB® S/D, human, for intramuscular use</td>
<td>1 mL</td>
<td>1/1/2009</td>
<td>HyperRAB® S/D, human</td>
<td>HyperRAB® S/D, human</td>
<td>Indicated for the prophylaxis of cytomegalovirus disease associated with transplantation of kidney, lung, liver, pancreas, and/or subcutaneous use</td>
<td>0</td>
<td>18</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>9/21/2018</td>
</tr>
<tr>
<td>Immune Globulins</td>
<td>90271</td>
<td>HyperRAB® S/D, human, for intramuscular use</td>
<td>150 mL</td>
<td>1/1/2009</td>
<td>HyperRAB® S/D, human</td>
<td>HyperRAB® S/D, human</td>
<td>Indicated for the prophylaxis of cytomegalovirus disease associated with transplantation of kidney, lung, liver, pancreas, and/or subcutaneous use</td>
<td>20</td>
<td>20</td>
<td>18 years</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>7/7/2018</td>
</tr>
<tr>
<td>Immune Globulins</td>
<td>90276</td>
<td>HyperRAB® S/D, human, for intramuscular use</td>
<td>250 mL</td>
<td>1/1/2009</td>
<td>HyperRAB® S/D, human</td>
<td>HyperRAB® S/D, human</td>
<td>Indicated for the prophylaxis of cytomegalovirus disease associated with transplantation of kidney, lung, liver, pancreas, and/or subcutaneous use</td>
<td>5</td>
<td>10</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>7/3/2018</td>
</tr>
<tr>
<td>Immune Globulins</td>
<td>90289</td>
<td>HyperTET® LT, human, for intramuscular use</td>
<td>150 mL</td>
<td>1/1/2009</td>
<td>HyperTET® LT, human</td>
<td>HyperTET® LT, human</td>
<td>Indicated for the prophylaxis of cytomegalovirus disease associated with transplantation of kidney, lung, liver, pancreas, and/or subcutaneous use</td>
<td>1</td>
<td>2</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>6/4/2019</td>
</tr>
<tr>
<td>Immune Globulins</td>
<td>90346</td>
<td>HyperTET® LT, human, for intramuscular use</td>
<td>125 mL</td>
<td>1/1/2009</td>
<td>HyperTET® LT, human</td>
<td>HyperTET® LT, human</td>
<td>Indicated for the prophylaxis of cytomegalovirus disease associated with transplantation of kidney, lung, liver, pancreas, and/or subcutaneous use</td>
<td>5</td>
<td>10</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>7/5/2018</td>
</tr>
<tr>
<td>Immune Globulins</td>
<td>90249</td>
<td>HyperTET® LT, human, for intramuscular use</td>
<td>150 mL</td>
<td>1/1/2009</td>
<td>HyperTET® LT, human</td>
<td>HyperTET® LT, human</td>
<td>Indicated for the prophylaxis of cytomegalovirus disease associated with transplantation of kidney, lung, liver, pancreas, and/or subcutaneous use</td>
<td>20</td>
<td>20</td>
<td>18 years</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>3/24/2018</td>
</tr>
</tbody>
</table>
### Vaccines

<table>
<thead>
<tr>
<th>Code</th>
<th>Vaccine Name</th>
<th>Dosage</th>
<th>Age</th>
<th>Age Range</th>
<th>Administered</th>
<th>Available</th>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>95026</td>
<td>Hepatitis A and Hepatitis B Vaccine</td>
<td>0.5 mL</td>
<td>12 months to 71 months</td>
<td>6 months to 71 months</td>
<td>2 doses</td>
<td>0.5 mL</td>
<td>12 months to 71 months</td>
<td>2 doses</td>
</tr>
<tr>
<td>95029</td>
<td>Haemophilus influenzae type b vaccine (Hib), PRP-T</td>
<td>0.5 mL</td>
<td>6 months to 18 years</td>
<td>6 months to 18 years</td>
<td>3 doses</td>
<td>0.5 mL</td>
<td>6 months to 18 years</td>
<td>3 doses</td>
</tr>
<tr>
<td>95028</td>
<td>Haemophilus influenzae type b vaccine (Hib), PRP-OMP conjugate</td>
<td>0.5 mL</td>
<td>6 weeks to 12 months</td>
<td>6 weeks to 12 months</td>
<td>2 doses</td>
<td>0.5 mL</td>
<td>6 weeks to 12 months</td>
<td>2 doses</td>
</tr>
<tr>
<td>95027</td>
<td>Haemophilus influenzae type b vaccine (Hib), PRP-T</td>
<td>0.5 mL</td>
<td>1 month to 5 years</td>
<td>1 month to 5 years</td>
<td>2 doses</td>
<td>0.5 mL</td>
<td>1 month to 5 years</td>
<td>2 doses</td>
</tr>
<tr>
<td>95025</td>
<td>Influenza virus vaccine, quadrivalent (4vHPV), split vaccine, adult and pediatric dosage, for intramuscular use</td>
<td>0.1 mL</td>
<td>6 months to 12 years</td>
<td>6 months to 12 years</td>
<td>2 doses</td>
<td>0.1 mL</td>
<td>6 months to 12 years</td>
<td>2 doses</td>
</tr>
<tr>
<td>95030</td>
<td>Influenza virus vaccine, quadrivalent (4vHPV), split vaccine, adult and pediatric dosage, for intramuscular use</td>
<td>0.1 mL</td>
<td>6 months to 12 years</td>
<td>6 months to 12 years</td>
<td>2 doses</td>
<td>0.1 mL</td>
<td>6 months to 12 years</td>
<td>2 doses</td>
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</tbody>
</table>

### Vaccines for Specific Conditions

<table>
<thead>
<tr>
<th>Code</th>
<th>Vaccine Name</th>
<th>Description</th>
<th>Age</th>
<th>Age Range</th>
<th>Administered</th>
<th>Available</th>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>95070</td>
<td>Pneumococcal conjugate vaccine, 13-valent (PCV13), for intramuscular use</td>
<td>Pneumococcal 13-valent conjugate vaccine (Pneumovax 13®)</td>
<td>0.5 mL</td>
<td>6 weeks to 5 years</td>
<td>1 dose</td>
<td>0.5 mL</td>
<td>6 weeks to 5 years</td>
<td>1 dose</td>
</tr>
</tbody>
</table>

### Additional Information

- **Fluzone Intradermal Quadrivalent**: Approved for use in persons 18 through 64 years of age.
- **ActHIB**: Approved for use in infants and children 2 months through 5 years of age.
- **ActHIB**: Approved for use in infants and children 2 months through 5 years of age.
- **Gardasil**: Approved for use in girls and women 9 through 26 years of age.
- **Pneumovax 13**: Approved for use in children 6 weeks through 5 years of age.
- **Prevnar 13**: Approved for use in infants and children 6 weeks through 5 years of age.
- **PreferA**: Approved for use in persons 18 through 64 years of age.
- **ActHIB**: Approved for use in infants and children 2 months through 5 years of age.
- **Gardasil**: Approved for use in girls and women 9 through 26 years of age.
- **Pneumovax 13**: Approved for use in children 6 weeks through 5 years of age.

<table>
<thead>
<tr>
<th>Vaccines</th>
<th>Code</th>
<th>Description</th>
<th>Dose</th>
<th>Details</th>
<th>Age</th>
<th>Quantity</th>
<th>Gender</th>
<th>Status</th>
<th>Reactions</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td><strong>Influenza virus vaccine, quadrivalent (IVV) [Flucelvax Quadrivalent]</strong></td>
<td>0.5 mL</td>
<td>Indicated for active immunization for the prevention of influenza disease caused by influenza-A subtypes A and type B contained in the vaccine.</td>
<td>1</td>
<td>2</td>
<td>Y</td>
<td>N/A</td>
<td>Y</td>
<td>6/3/2018</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Rotavirus vaccine, oral (RV5), 3 dose schedule, live, for intramuscular use</strong></td>
<td>0.5 mL</td>
<td>Indicated for active immunization for the prevention of rotavirus gastroenteritis in infants and children caused by types G1, G2, G3, G4, and G9 when administered as a 3 dose series in infants between the ages of 6 to 12 weeks.</td>
<td>1</td>
<td>2</td>
<td>6 weeks</td>
<td>32 weeks</td>
<td>N/A</td>
<td>7/3/2018</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Influenza virus vaccine, quadrivalent (IVV) [Flucelvax Quadrivalent]</strong></td>
<td>0.5 mL</td>
<td>Indicated for active immunization for the prevention of influenza disease caused by influenza-A subtypes A and type B contained in the vaccine.</td>
<td>1</td>
<td>2</td>
<td>4 years</td>
<td>N/A</td>
<td>Y</td>
<td>6/2/2010</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Rabies vaccine, for oral use (RabAvert)</strong></td>
<td>1 mL</td>
<td>Indicated for active immunization for the prevention of rabies in all age groups.</td>
<td>1</td>
<td>5</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>7/3/2010</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Rotavirus vaccine, oral (RV5), 3 dose schedule, live, for intramuscular use</strong></td>
<td>0.5 mL</td>
<td>Indicated for active immunization for the prevention of rotavirus gastroenteritis in infants and children caused by types G1, G2, G3, G4, and G9 when administered as a 3 dose series in infants between the ages of 6 to 12 weeks.</td>
<td>1</td>
<td>2</td>
<td>6 weeks</td>
<td>32 weeks</td>
<td>N/A</td>
<td>7/3/2010</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Influenza virus vaccine, quadrivalent (IVV) [Flucelvax Quadrivalent]</strong></td>
<td>0.5 mL</td>
<td>Indicated for active immunization for the prevention of influenza disease caused by influenza-A subtypes A and type B contained in the vaccine.</td>
<td>1</td>
<td>1</td>
<td>18 years</td>
<td>N/A</td>
<td>Y</td>
<td>5/30/2010</td>
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<tr>
<td></td>
<td></td>
<td><strong>Influenza virus vaccine, quadrivalent (IVV) [Flucelvax Quadrivalent]</strong></td>
<td>0.5 mL</td>
<td>Indicated for active immunization for the prevention of influenza disease caused by influenza-A subtypes A and type B contained in the vaccine.</td>
<td>1</td>
<td>2</td>
<td>6 months</td>
<td>N/A</td>
<td>Y</td>
<td>7/3/2010</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Influenza virus vaccine, quadrivalent (IVV) [Flucelvax Quadrivalent]</strong></td>
<td>0.5 mL</td>
<td>Indicated for active immunization for the prevention of influenza disease caused by influenza-A subtypes A and type B contained in the vaccine.</td>
<td>1</td>
<td>2</td>
<td>6 months</td>
<td>N/A</td>
<td>Y</td>
<td>7/3/2010</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Influenza virus vaccine, quadrivalent (IVV) [Flucelvax Quadrivalent]</strong></td>
<td>0.5 mL</td>
<td>Indicated for active immunization for the prevention of influenza disease caused by influenza-A subtypes A and type B contained in the vaccine.</td>
<td>1</td>
<td>1</td>
<td>4 years</td>
<td>6 years</td>
<td>Y</td>
<td>7/2/2010</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Influenza virus vaccine, quadrivalent (IVV) [Flucelvax Quadrivalent]</strong></td>
<td>0.5 mL</td>
<td>Indicated for active immunization for the prevention of influenza disease caused by influenza-A subtypes A and type B contained in the vaccine.</td>
<td>1</td>
<td>2</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>7/2/2010</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Influenza virus vaccine, quadrivalent (IVV) [Flucelvax Quadrivalent]</strong></td>
<td>0.5 mL</td>
<td>Indicated for active immunization for the prevention of influenza disease caused by influenza-A subtypes A and type B contained in the vaccine.</td>
<td>1</td>
<td>1</td>
<td>6 weeks</td>
<td>4 years</td>
<td>Y</td>
<td>7/2/2010</td>
</tr>
</tbody>
</table>

**Notes:**
- **Flucelvax Quadrivalent:** Approved for use in persons 4 years of age and older.
- **Rabies Vaccine:** Approved for use in persons 4 years of age and older.
- **Rotavirus Vaccine:** Approved for use in infants 6 weeks to 24 weeks of age.
- **Influenza Virus Vaccine:** Indicated for active immunization for the prevention of influenza disease caused by influenza-A subtypes A and type B contained in the vaccine.
- **Diphtheria and Tetanus Toxoids and Acellular Pertussis (DtaP-IPV) Vaccine:** Approved for use in infants 6 weeks to 24 weeks of age.
- **Hemophilus Influenzae Type b (Hib) Vaccine:** Approved for use in children 6 months through 6 years of age.
<table>
<thead>
<tr>
<th>Vaccines</th>
<th>Code</th>
<th>Description</th>
<th>Age</th>
<th>Disease</th>
<th>Dose</th>
<th>Comments</th>
<th>Instructions</th>
<th>Status</th>
<th>N/A</th>
<th>N/A</th>
<th>Y</th>
<th>N</th>
<th>7/2/2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>90100</td>
<td>Diptheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than seven years, for intramuscular use</td>
<td>0.5 mL</td>
<td>1/1/2004</td>
<td>Deltapex®, Infants®</td>
<td>Diptheria, tetanus toxoids, and acellular pertussis vaccine adsorbed suspension for intramuscular injection</td>
<td>Indicated for active immunization against diphtheria, tetanus and pertussis as a five dose series in infants and children 6 weeks through 6 years of age (prior to 7th birthday).</td>
<td>1</td>
<td>1</td>
<td>6 weeks</td>
<td>6 years</td>
<td>N/A</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>90102</td>
<td>Diptheria and tetanus toxoids adsorbed (DT), when administered to individuals younger than 6 years, for intramuscular use</td>
<td>0.5 mL</td>
<td>1/1/2004</td>
<td>Epi-Tet®, Infants®</td>
<td>Diptheria and tetanus toxoids (DT), adsorbed, for use in individuals younger than seven years, for intramuscular use</td>
<td>Indicated for active immunization against diphtheria and tetanus. Diptheria and Tetanus Toxoids Adsorbed is approved for use in children 6 weeks through 6 years of age (prior to 7th birthday).</td>
<td>1</td>
<td>1</td>
<td>6 weeks</td>
<td>6 years</td>
<td>N/A</td>
<td>Y</td>
<td>N</td>
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<tr>
<td>90107</td>
<td>Measles, mumps, and rubella virus vaccine (MMR), live, for subcutaneous use</td>
<td>0.5 mL</td>
<td>1/1/2000</td>
<td>M-M-R® II</td>
<td>Measles, mumps, and rubella virus vaccine live, for subcutaneous use</td>
<td>Indicated for simultaneous vaccination against measles, mumps, and rubella in individuals 12 months of age or older.</td>
<td>1</td>
<td>1</td>
<td>12 months</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>90110</td>
<td>Measles, mumps, rubella, and varicella virus vaccine (MMRV), live, for subcutaneous use</td>
<td>0.5 mL</td>
<td>1/1/2000</td>
<td>ProQuad®</td>
<td>Measles, mumps, rubella and varicella virus live vaccine for subcutaneous injection</td>
<td>Indicated for active immunization for the prevention of measles, mumps, rubella, and varicella in children 12 months through 16 years of age.</td>
<td>1</td>
<td>1</td>
<td>12 months</td>
<td>12 years</td>
<td>N/A</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>90113</td>
<td>Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use</td>
<td>0.5 mL</td>
<td>7/1/2005</td>
<td>IPOL® poliovirus vaccine, inactivated</td>
<td>Poliovirus vaccine, inactivated</td>
<td>Indicated for active immunization of infants (as young as 6 weeks of age), children and adults for the prevention of poliomyelitis caused by poliovirus types 1, 2, and 3.</td>
<td>1</td>
<td>2</td>
<td>6 weeks</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>90114</td>
<td>Tetanus and diphtheria toxoids adsorbed (Td), when administered to individuals 7 years or older, for intramuscular use</td>
<td>0.5 mL</td>
<td>7/1/2005</td>
<td>Tenvax®</td>
<td>Tetanus and diphtheria toxoids, adsorbed, suspension for intramuscular injection</td>
<td>Indicated for active immunization for the prevention of tetanus and diphtheria in persons 7 years of age and older.</td>
<td>1</td>
<td>2</td>
<td>7 years</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>90115</td>
<td>Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use</td>
<td>0.5 mL</td>
<td>7/1/2005</td>
<td>Adacel®, Boostrix®</td>
<td>Tetanus toxoid, reduced diphtheria toxoid and acellular pertussis vaccine adsorbed, suspension for intramuscular injection</td>
<td>Indicated for active booster immunization against tetanus, diphtheria, and pertussis as a single dose in people 10 years of age and older. (Adacel brand is only indicated for patients 11-64 years of age.)</td>
<td>1</td>
<td>1</td>
<td>Product Specific (see comments)</td>
<td>64 years</td>
<td>N/A</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>90116</td>
<td>Squalene oil adsorbed vaccines (SRAs), live, for intramuscular use</td>
<td>0.5 mL</td>
<td>7/1/2003</td>
<td>Versamune®</td>
<td>Squalene oil adsorbed vaccines for subcutaneous or intramuscular use</td>
<td>Indicated for active immunization for the prevention of variola in individuals 12 months of age and older.</td>
<td>1</td>
<td>2</td>
<td>12 months</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>90123</td>
<td>Diptheria, tetanus toxoids, and tetanus and acellular pertussis vaccine, hepatitis B, and inactivated poliovirus vaccine, (DTaP-HepB-IPV), for intramuscular use</td>
<td>0.5 mL</td>
<td>6/1/2011</td>
<td>Pediarix®</td>
<td>Diptheria and tetanus toxoids and acellular pertussis vaccine adsorbed, hepatitis B (recombinant) and inactivated poliovirus vaccine, suspension for intramuscular injection</td>
<td>Indicated for active immunization against diphtheria, tetanus, pertussis, infection caused by all known subtypes of hepatitis B virus, and poliomyelitis. Pediarix is approved for use as a three-dose series in infants born of hepatitis B surface antigen (HBsAg)-negative mothers. Pediarix may be given as early as 6 weeks of age through 6 years of age (prior to the 7th birthday).</td>
<td>1</td>
<td>1</td>
<td>6 weeks</td>
<td>6 years</td>
<td>N/A</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>90132</td>
<td>Pneumococcal polysaccharide vaccine, 23-valent (PPSV23), adult immunization, patient dose, for use in individuals 10 years of age or older, for subcutaneous or intramuscular use</td>
<td>0.5 mL</td>
<td>6/1/2007</td>
<td>Pneumovax® 23</td>
<td>Pneumococcal vaccine polysaccharide sterile, liquid vaccine for intramuscular or subcutaneous injection</td>
<td>Indicated for active immunization for the prevention of pneumococcal disease caused by the 23 serotypes contained in the vaccine (1, 3, 4, 5, 6A, 6B, 7F, 8, 9N, 9V, 11A, 12F, 14, 15B, 16, 18C, 19A, 19F, 20, 22F, 23F, and 33F). Pneumovax 23 is approved for use in persons 10 years of age or older and persons aged greater than or equal to 2 years who are at increased risk for pneumococcal disease.</td>
<td>1</td>
<td>1</td>
<td>2 years</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Vaccines</td>
<td>Date of Approval</td>
<td>Formulation</td>
<td>Indication</td>
<td>Dosage</td>
<td>Adverse Effects</td>
<td>Contraindications</td>
<td>Notes</td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>Recombivax HB</strong></td>
<td>5/2019</td>
<td>Inactivated diphtheria toxoid carrier vaccine, tetanus toxoid, acellular pertussis, and hepatitis B surface antigen vaccine produced by recombinant means for intramuscular use.</td>
<td>Indicated for active immunization to prevent diphtheria, tetanus, pertussis, and hepatitis B.</td>
<td>0.5 mL</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td><strong>Zostavax</strong></td>
<td>7/2006</td>
<td>Live attenuated varicella-zoster virus vaccine for subcutaneous injection.</td>
<td>Indicated for active immunization to prevent varicella (chickenpox) and zoster (shingles).</td>
<td>0.5 mL</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
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</tr>
<tr>
<td><strong>Menactra</strong></td>
<td>1/2000</td>
<td>Meningococcal conjugate (groups A, C, Y, W-135) polysaccharide conjugate vaccine for intramuscular use.</td>
<td>Indicated for active immunization to prevent meningococcal disease caused by Neisseria meningitidis serogroups A, C, Y and W-135.</td>
<td>0.5 mL</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td><strong>Flucelvax Quadrivalent</strong></td>
<td>1/2017</td>
<td>Quadrivalent (ccIIV4) influenza virus vaccine, subunit, derived from cell cultures, for intramuscular use.</td>
<td>Indicated for active immunization to prevent influenza virus disease caused by all known subtypes of influenza virus A and B.</td>
<td>0.65 mL</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
<td></td>
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<tr>
<td><strong>Orencia</strong></td>
<td>1/2019</td>
<td>Abatacept injection, for intravenous use.</td>
<td>Indicated for the treatment of rheumatoid arthritis, active psoriatic arthritis, and juvenile idiopathic arthritis.</td>
<td>10 mg</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**Important Limitations of Use:**
- Should not be given concomitantly with TNF antagonists.
- Active Psoriatic Arthritis: 18 years of age and older
- Juvenile Idiopathic Arthritis: 2 years of age and older
- Rheumatoid Arthritis: 18 years of age and older
- Juvenile Idiopathic Arthritis: moderately to severely active polyarticular juvenile idiopathic arthritis in patients 2 years of age and older
- Rheumatoid Arthritis: moderately to severely active RA in adults
- Psoriatic Arthritis: moderately to severely active PsA
- Juvenile Idiopathic Arthritis: moderately to severely active polyarticular juvenile idiopathic arthritis
- Rheumatoid Arthritis: moderately to severely active RA
- Psoriatic Arthritis: moderately to severely active plaque PsA
- Active Psoriatic Arthritis: adult use, 3 dose schedule
- Psoriatic Arthritis: adult use, 4 dose schedule
- Active Psoriatic Arthritis: adult use, 4 dose schedule
- Active Psoriatic Arthritis: adult use, 4 dose schedule
- Active Psoriatic Arthritis: adult use, 4 dose schedule
- Active Psoriatic Arthritis: adult use, 4 dose schedule
- Active Psoriatic Arthritis: adult use, 4 dose schedule
- Active Psoriatic Arthritis: adult use, 4 dose schedule
- Active Psoriatic Arthritis: adult use, 4 dose schedule
- Active Psoriatic Arthritis: adult use, 4 dose schedule
- Active Psoriatic Arthritis: adult use, 4 dose schedule
<table>
<thead>
<tr>
<th>Biologic</th>
<th>J0110</th>
<th>Injection, abaloximab, 10 mg</th>
<th>30 mg</th>
<th>1/1/2000</th>
<th>Replimune*</th>
<th>abaloximab, for intravenous use</th>
<th>Indicated as an adjunct to percutaneous coronary intervention for the prevention of cardiac ischemic complications:  • in patients undergoing percutaneous coronary intervention  • in patients with unstable angina not responding to conventional medical therapy when percutaneous coronary intervention is planned within 24 hours</th>
<th>5</th>
<th>5</th>
<th>18 years</th>
<th>N/A</th>
<th>N/A</th>
<th>Y</th>
<th>Y</th>
<th>6/6/2019</th>
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</thead>
<tbody>
<tr>
<td>Drugs</td>
<td>J0113</td>
<td>Injection, alemtuzumab, 5 mg</td>
<td>5 mg</td>
<td>1/1/2000</td>
<td>N/A</td>
<td>alemtuzumab sodium, for injection, for intravenous infusion</td>
<td>Indicated for:  • multiple sclerosis infusions in immunocompromised patients  • initial episodes of herpes genitalis  • herpes simplex recrudescent  • varicella-zoster infections in immunocompromised patients</td>
<td>640</td>
<td>8,400</td>
<td>Indication Specific (see comments)</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
<td>5/4/2019</td>
</tr>
<tr>
<td>Drugs</td>
<td>J0115</td>
<td>Injection, abaloximab, 1 mg</td>
<td>0.1 mg</td>
<td>1/1/2001</td>
<td>Adrenalin®</td>
<td>epinephrine, for intravenous or subcutaneous injection</td>
<td>Indicated for emergency treatment of allergic reactions (Type I), including anaphylaxis</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
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<tr>
<td>Biologic</td>
<td>J0117</td>
<td>Injection, aflibercept, 1 mg</td>
<td>1 mg</td>
<td>1/1/2008</td>
<td>Cinvanti™</td>
<td>aprepitant injectable for intravenous use</td>
<td>Indicated to:  • nausea and vomiting associated with initial and repeat courses of highly emetogenic cancer chemotherapy (HEC) including high-dose cisplatin  • acute and delayed nausea and vomiting associated with initial and repeat courses of moderately emetogenic cancer chemotherapy (MEC) as a single-dose regimen  • nausea and vomiting associated with initial and repeat courses of moderately emetogenic cancer chemotherapy (MEC), and  • in patients with unstable angina not responding to conventional medical therapy when percutaneous coronary intervention is planned within 24 hours</td>
<td>5</td>
<td>5</td>
<td>18 years</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
<td>6/6/2019</td>
</tr>
<tr>
<td>Drugs</td>
<td>J0118</td>
<td>Injection, adenosine, 0.1 mg</td>
<td>0.1 mg</td>
<td>1/1/2000</td>
<td>Adenoscan®</td>
<td>adenosine, for intravenous use</td>
<td>Indicated for:  • varicella-zoster infections in immunocompromised patients  • herpes simplex infections in immunocompromised patients  • herpes zoster infections in immunocompromised patients</td>
<td>118</td>
<td>118</td>
<td>Indication Specific (see comments)</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
<td>6/6/2019</td>
</tr>
<tr>
<td>Drugs</td>
<td>J0119</td>
<td>Injection, alfentanil, 0.1 mg</td>
<td>0.1 mg</td>
<td>1/1/2000</td>
<td>Eylea®</td>
<td>aflibercept injection for intravitreal injection</td>
<td>Indicated for:  • Diabetic Macular Edema (DME)  • Macular Edema Following Retinal Vein Occlusion (RVO)  • Neovascular (Wet) Age-Related Macular Degeneration (AMD)  • Diabetic Macular Edema (DME)</td>
<td>140</td>
<td>420</td>
<td>8 years</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
<td>5/4/2019</td>
</tr>
<tr>
<td>Drugs</td>
<td>J0121</td>
<td>Injection, alglucosidase alfa, 10 mg</td>
<td>10 mg</td>
<td>1/1/2001</td>
<td>Lumizey®</td>
<td>alglucosidase alfa, for intravenous use</td>
<td>Indicated for emergency treatment of allergic reactions (Type I), including anaphylaxis</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Biologic</td>
<td>J0153</td>
<td>Injection, alfentanil, 0.1 mg</td>
<td>0.1 mg</td>
<td>1/1/2000</td>
<td>Adrenalin®</td>
<td>epinephrine injection, for intravenous use</td>
<td>Indicated for emergency treatment of allergic reactions (Type I), including anaphylaxis</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Biologic</td>
<td>J0155</td>
<td>Injection, alfentanil, 0.1 mg</td>
<td>0.1 mg</td>
<td>1/1/2000</td>
<td>Eylea®</td>
<td>aflibercept injection for intravitreal injection</td>
<td>Indicated for:  • Diabetic Macular Edema (DME)  • Macular Edema Following Retinal Vein Occlusion (RVO)  • Neovascular (Wet) Age-Related Macular Degeneration (AMD)  • Diabetic Macular Edema (DME)</td>
<td>140</td>
<td>420</td>
<td>8 years</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
<td>6/6/2019</td>
</tr>
<tr>
<td>Biologic</td>
<td>J0160</td>
<td>Injection, alfentanil, 0.1 mg</td>
<td>0.1 mg</td>
<td>1/1/2000</td>
<td>Eylea®</td>
<td>aflibercept injection for intravitreal injection</td>
<td>Indicated for:  • Diabetic Macular Edema (DME)  • Macular Edema Following Retinal Vein Occlusion (RVO)  • Neovascular (Wet) Age-Related Macular Degeneration (AMD)  • Diabetic Macular Edema (DME)</td>
<td>140</td>
<td>420</td>
<td>8 years</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
<td>6/6/2019</td>
</tr>
<tr>
<td>Biologic</td>
<td>J0161</td>
<td>Injection, alfentanil, 0.1 mg</td>
<td>0.1 mg</td>
<td>1/1/2000</td>
<td>Eylea®</td>
<td>aflibercept injection for intravitreal injection</td>
<td>Indicated for:  • Diabetic Macular Edema (DME)  • Macular Edema Following Retinal Vein Occlusion (RVO)  • Neovascular (Wet) Age-Related Macular Degeneration (AMD)  • Diabetic Macular Edema (DME)</td>
<td>140</td>
<td>420</td>
<td>8 years</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
<td>6/6/2019</td>
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<tr>
<td>Biologic</td>
<td>J0162</td>
<td>Injection, alfentanil, 0.1 mg</td>
<td>0.1 mg</td>
<td>1/1/2000</td>
<td>Eylea®</td>
<td>aflibercept injection for intravitreal injection</td>
<td>Indicated for:  • Diabetic Macular Edema (DME)  • Macular Edema Following Retinal Vein Occlusion (RVO)  • Neovascular (Wet) Age-Related Macular Degeneration (AMD)  • Diabetic Macular Edema (DME)</td>
<td>140</td>
<td>420</td>
<td>8 years</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
<td>6/6/2019</td>
</tr>
</tbody>
</table>
Injection, amikacin (human), 10 mg
10 mg
1/1/2000
Glassia®
alpha-1-proteinase inhibitor (human) injection solution, for intravenous use
Indicated in the treatment of emphysema due to chronic bronchitis in adults who have severe deficiency of alpha-1-proteinase inhibitor (alpha-1-antitrypsin). May be useful to treat beta-2 selective agonists and systemically administered corticosteroids for the treatment of chronic obstructive pulmonary disease (COPD) and for the prevention and treatment of exacerbations of COPD.
840
4,200
18 years
N/A
N/A
Y
Y
6/25/2018

Drugs

J0276
Injection, amikacin (human), 10 mg
100 mg
1/1/2000
N/A
amikacin injection solution, for injection
Indicated in the treatment of emphysema due to chronic bronchitis in adults who have severe deficiency of alpha-1-proteinase inhibitor (alpha-1-antitrypsin). May be useful to treat beta-2 selective agonists and systemically administered corticosteroids for the treatment of chronic obstructive pulmonary disease (COPD) and for the prevention and treatment of exacerbations of COPD.
15 150 N/A N/A Y Y 4/10/2019

Drugs

J0280
Injection, amikacin (human), 10 mg
up to 250 mg
1/1/2000
N/A
aminophylline injection
Indicated for use as a:• Sedative• Hypnotic, for the short-term treatment of insomnia, since it appears to lose its effectiveness for sleep induction and maintenance after 2 weeks, if used on a regular basis.
7 217 N/A N/A N/A N/A Y Y 6/25/2018

Drugs

J0285
Injection, amikacin (human), 10 mg
50 mg
1/1/2000
N/A
amphotericin B for injection
Indicated in the treatment of bacterial septicemia due to susceptible strains of Gram-negative bacteria, including Pseudomonas species, Escherichia coli, and Proteus mirabilis. May be used for the treatment of severe staphylococcal, streptococcal, and enterococcal infections, and for mild to moderate gram-negative infections, including meningitis, and skin and soft tissue infections (including peritonitis), in burns and postoperative infections (including post-surgical infections). Clinical studies have shown amikacin sulfate to be effective in the treatment of deep-seated infections, including peritonitis, and in burns and postoperative infections (including post-surgical infections). Clinical studies have shown amikacin sulfate to be effective in the treatment of deep-seated infections, including peritonitis, and in burns and postoperative infections (including post-surgical infections).
4 93 N/A N/A N/A N/A Y Y 6/25/2018

Drugs

J0267
Injection, amikacin (human), 10 mg
50 mg
1/1/2000
Abelcet®
aminophylline injection
Indicated for use as a:• Sedative• Hypnotic, for the short-term treatment of insomnia, since it appears to lose its effectiveness for sleep induction and maintenance after 2 weeks, if used on a regular basis.
70 2,170 N/A N/A N/A N/A N/A Y Y 5/6/2019

Drugs

J0269
Injection, amikacin (human), 10 mg
50 mg
1/1/2000
Ambisome®
amphotericin B lipid complex injection
Indicated in the treatment of invasive fungal infections in patients who are refractory to or intolerant of conventional amphotericin B therapy. May be useful to treat American mucocutaneous leishmaniasis, but it is not the drug of choice as primary therapy.
840 4,200 1 month
N/A N/A N/A N/A N/A 6/25/2018

Drugs

J0295
Injection, amikacin (human), 10 mg
per 1.5 g
1/1/2000
Unasyn®
ampicillin sodium and sulbactam sodium injection powder, for solution
Indicated for the treatment of aerobic and anaerobic skin and skin structure infections caused by beta-lactamase-negative strains of Staphylococcus aureus, Streptococcus pyogenes, Haemophilus influenzae, and Moraxella catarrhalis due to susceptible strains of Gram-negative bacteria, including Pseudomonas aeruginosa, Klebsiella pneumoniae, Enterobacter aerogenes, and Serratia marcescens. May be useful to treat American mucocutaneous leishmaniasis, but it is not the drug of choice as primary therapy.
12 168 Indication Specific (see comments) N/A N/A N/A N/A Y Y 6/7/2019

Drugs

J0300
Injection, amikacin (human), 10 mg
up to 125 mg
1/1/2000
Amikin®
amphotericin B for injection
Indicated in the treatment of visceral leishmaniasis. In immunocompromised patients with visceral leishmaniasis treated with amphotericin B deoxycholate, the progression of emphysema in alpha1-antitrypsin deficiency has not been conclusively demonstrated in randomized, controlled clinical trials. Clinical data demonstrating the long-term effects of chronic augmentation and maintenance therapy of individuals with Glassia are not available. Glassia is not indicated as therapy for lung disease in patients in whom severe alpha1-antitrypsin deficiency has not been established.
8 112 6 years
N/A N/A N/A N/A Y Y 6/25/2018

North Carolina Division of Health Benefits
Physician Administered Drug Program Catalog
### North Carolina Division of Health Benefits
#### Physician Administered Drug Program Catalog

<table>
<thead>
<tr>
<th>Drugs</th>
<th>J0330</th>
<th>Injection, succinylcholine chloride, up to 20mg</th>
<th>up to 20 mg</th>
<th>1/1/2000</th>
<th>Quality**, Anection**</th>
<th>succinylcholine chloride injection</th>
<th>Indicated as an adjunct to general anesthesia, to facilitate tracheal intubation, and to provide skeletal muscle relaxation during surgery or mechanical ventilation.</th>
<th>U</th>
<th>V</th>
<th>N/A</th>
<th>N/A</th>
<th>N/A</th>
<th>Y</th>
<th>Y</th>
<th>8/31/2018</th>
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<tbody>
<tr>
<td>Drugs</td>
<td>J0360</td>
<td>Injection, hydralazine HCl, up to 20mg</td>
<td>up to 20 mg</td>
<td>1/1/2000</td>
<td>N/A</td>
<td>hydralazine hydrochloride injection</td>
<td>Indicated for severe essential hypertension when the drug cannot be given orally or when there is an urgent need to lower blood pressure.</td>
<td>15</td>
<td>75</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
<td>6/4/2019</td>
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<tr>
<td>Drugs</td>
<td>J0401</td>
<td>Injection, aripiprazole, extended release, 1 mg</td>
<td>1 mg</td>
<td>1/1/2014</td>
<td>Abilify Maintena®</td>
<td>aripiprazole extended-release injectable suspension, for intramuscular use</td>
<td>Indicated for the treatment of schizophrenia in adults. Indicated for maintenance monotherapy treatment of bipolar I disorder in adults.</td>
<td>400</td>
<td>800</td>
<td>18 years</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
<td>5/20/2019</td>
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<tr>
<td>Drugs</td>
<td>J0456</td>
<td>Injection, azithromycin, 500 mg</td>
<td>500 mg</td>
<td>1/1/2000</td>
<td>Zithromax®</td>
<td>azithromycin for intravenous infusion</td>
<td>Indicated for mild to moderate infections caused by designated, susceptible bacteria in community-acquired pneumonia in adults and pelvic inflammatory disease.</td>
<td>1</td>
<td>10</td>
<td>16 years</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
<td>9/25/2018</td>
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<tr>
<td>Drugs</td>
<td>J0461</td>
<td>Injection, atropine sulfate, 0.01 mg</td>
<td>0.01 mg</td>
<td>1/1/2010</td>
<td>N/A</td>
<td>atropine sulfate injection for intravenous, intramuscular, subcutaneous, or intraosseous use</td>
<td>Indicated for temporary blockade of severe or life threatening muscarinic effects.</td>
<td>900</td>
<td>27,900</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
<td>10/6/2018</td>
</tr>
</tbody>
</table>
## Table of Contents

- **Drugs**
  - 18970 Injection, dimercaprol, per 100mg
  - 18975 Injection, beta-lactam, 10mg
  - 18976 Injection, beta-lactam, 50mg
  - 18985 Injection, baclofen, 5mg
  - 18990 Injection, baclofen, 10mg
  - 19603 Injection, dicyclomine hydrochloride, per 100mg
  - 19666 Injection, penicillin G benzathine, for intramuscular injection
  - 19667 Injection, penicillin G procaine, for intramuscular injection
  - 19670 Injection, dimercaprol, for intrathecal injection
  - 20003 Injection, bezlotoxumab, 100,000 units
  - 20006 Injection, belimumab, 100mg
  - 20008 Injection, bezlotoxumab, 100mg
  - 20011 Injection, belimumab, 10mg

## Drug Information

### 1. Injection, dimercaprol, per 100mg

<table>
<thead>
<tr>
<th>Drug Code</th>
<th>Description</th>
<th>Dosage</th>
<th>Administration</th>
<th>Age</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>18970</td>
<td>Dimercaprol</td>
<td>100mg</td>
<td>Oral or Intravenous</td>
<td>18+</td>
<td>6/3/2019</td>
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</table>

### 2. Injection, bezlotoxumab, 100,000 units

<table>
<thead>
<tr>
<th>Drug Code</th>
<th>Description</th>
<th>Dosage</th>
<th>Administration</th>
<th>Age</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>20003</td>
<td>Bezlotoxumab</td>
<td>100,000</td>
<td>Intravenous</td>
<td>18+</td>
<td>2/2/2020</td>
</tr>
</tbody>
</table>

### 3. Injection, belimumab, 100mg

<table>
<thead>
<tr>
<th>Drug Code</th>
<th>Description</th>
<th>Dosage</th>
<th>Administration</th>
<th>Age</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>20006</td>
<td>Belimumab</td>
<td>100mg</td>
<td>Intravenous</td>
<td>18+</td>
<td>8/24/2018</td>
</tr>
</tbody>
</table>

### 4. Injection, bezlotoxumab, 100mg

<table>
<thead>
<tr>
<th>Drug Code</th>
<th>Description</th>
<th>Dosage</th>
<th>Administration</th>
<th>Age</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>20006</td>
<td>Bezlotoxumab</td>
<td>100mg</td>
<td>Intravenous</td>
<td>18+</td>
<td>2/2/2020</td>
</tr>
</tbody>
</table>

### 5. Injection, belimumab, 10mg

<table>
<thead>
<tr>
<th>Drug Code</th>
<th>Description</th>
<th>Dosage</th>
<th>Administration</th>
<th>Age</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>20011</td>
<td>Belimumab</td>
<td>10mg</td>
<td>Intravenous</td>
<td>18+</td>
<td>7/2/2018</td>
</tr>
</tbody>
</table>

### 6. Injection, dicyclomine hydrochloride, per 100mg

<table>
<thead>
<tr>
<th>Drug Code</th>
<th>Description</th>
<th>Dosage</th>
<th>Administration</th>
<th>Age</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>19603</td>
<td>Dicyclomine</td>
<td>100mg</td>
<td>Oral or Intravenous</td>
<td>18+</td>
<td>6/10/2018</td>
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### 7. Injection, penicillin G benzathine, for intramuscular injection

<table>
<thead>
<tr>
<th>Drug Code</th>
<th>Description</th>
<th>Dosage</th>
<th>Administration</th>
<th>Age</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>18975</td>
<td>Beta-lactam</td>
<td>5mg</td>
<td>Intramuscular</td>
<td>18+</td>
<td>6/6/2019</td>
</tr>
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### 8. Injection, penicillin G procaine, for intramuscular injection

<table>
<thead>
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<th>Description</th>
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<th>Administration</th>
<th>Age</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>18976</td>
<td>Beta-lactam</td>
<td>50mg</td>
<td>Intramuscular</td>
<td>18+</td>
<td>6/6/2019</td>
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### 9. Injection, dimercaprol, for intrathecal injection

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<th>Administration</th>
<th>Age</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>18985</td>
<td>Baclofen</td>
<td>5mg</td>
<td>Intrathecal</td>
<td>5+</td>
<td>6/6/2019</td>
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### 10. Injection, dicyclomine hydrochloride, for intrathecal use

<table>
<thead>
<tr>
<th>Drug Code</th>
<th>Description</th>
<th>Dosage</th>
<th>Administration</th>
<th>Age</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>19603</td>
<td>Dicyclomine</td>
<td>100mg</td>
<td>Intrathecal</td>
<td>18+</td>
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</table>

### 11. Injection, penicillin G benzathine, 10mg

<table>
<thead>
<tr>
<th>Drug Code</th>
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<th>Dosage</th>
<th>Administration</th>
<th>Age</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>18975</td>
<td>Beta-lactam</td>
<td>5mg</td>
<td>Intramuscular</td>
<td>18+</td>
<td>6/6/2019</td>
</tr>
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### 12. Injection, penicillin G procaine, 100,000 units

<table>
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<tr>
<th>Drug Code</th>
<th>Description</th>
<th>Dosage</th>
<th>Administration</th>
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<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>20003</td>
<td>Penicillin</td>
<td>100,000</td>
<td>Intravenous</td>
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### 13. Injection, belimumab, 100mg

<table>
<thead>
<tr>
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<th>Description</th>
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<th>Age</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>20006</td>
<td>Belimumab</td>
<td>100mg</td>
<td>Intravenous</td>
<td>18+</td>
<td>6/6/2019</td>
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### 14. Injection, bezlotoxumab, 100mg

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<tr>
<th>Drug Code</th>
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<th>Administration</th>
<th>Age</th>
<th>Expiration Date</th>
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<tr>
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<td>Bezlotoxumab</td>
<td>100mg</td>
<td>Intravenous</td>
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### 15. Injection, belimumab, 10mg

<table>
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<th>Drug Code</th>
<th>Description</th>
<th>Dosage</th>
<th>Administration</th>
<th>Age</th>
<th>Expiration Date</th>
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</thead>
<tbody>
<tr>
<td>20011</td>
<td>Belimumab</td>
<td>10mg</td>
<td>Intravenous</td>
<td>18+</td>
<td>7/2/2018</td>
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Physician Administered Drug Program Catalog

North Carolina Division of Health Benefits

**Biologic drugs**

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<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>Indication</th>
<th>Age</th>
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<th>Route</th>
<th>Start Date</th>
<th>Days</th>
<th>N/A</th>
<th>N/A</th>
<th>Y</th>
<th>Y</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td>Ruconest</td>
<td>10 units</td>
<td>10 units per vial</td>
<td>18 years</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>N/A</td>
<td>Indication specific: Cervical dystonia - 16 years and older, upper limb spasticity and sialorrhea - 18 years and older</td>
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**Other drugs**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>Indication</th>
<th>Age</th>
<th>Prescriber</th>
<th>Route</th>
<th>Start Date</th>
<th>Days</th>
<th>N/A</th>
<th>N/A</th>
<th>Y</th>
<th>Y</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td>Suboxone</td>
<td>8 mg per day</td>
<td>maintenance treatment of opioid dependence in patients who have achieved and sustained prolonged clinical stability, while being maintained on buprenorphine 8 mg per day or less of a Subutex or Suboxone sublingual tablet or generic equivalent.</td>
<td>18 years</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>N/A</td>
<td>Indication specific: Cervical dystonia - 16 years and older, upper limb spasticity and sialorrhea - 18 years and older</td>
</tr>
</tbody>
</table>

**Dosing information**

- **Suboxone**: 8 mg per day
- **Suboxone sublingual tablet**: 8 mg
- **Subutex**: 8 mg

**Important Limitations and Effects**

- **Suboxone**: Not appropriate for new entrants to treatment and patients who have not achieved and sustained prolonged clinical stability, while being maintained on buprenorphine 8 mg per day or less of a Subutex or Suboxone sublingual tablet or generic equivalent.

**Notes**

- **Suboxone**: Indicated for the maintenance treatment of opioid dependence in patients who have achieved and sustained prolonged clinical stability, while being maintained on buprenorphine 8 mg per day or less of a Subutex or Suboxone sublingual tablet or generic equivalent.

---

**Additional information**

- **Suboxone**: Indicated for the maintenance treatment of opioid dependence in patients who have achieved and sustained prolonged clinical stability, while being maintained on buprenorphine 8 mg per day or less of a Subutex or Suboxone sublingual tablet or generic equivalent.

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**References**

- **Suboxone**: Indicated for the maintenance treatment of opioid dependence in patients who have achieved and sustained prolonged clinical stability, while being maintained on buprenorphine 8 mg per day or less of a Subutex or Suboxone sublingual tablet or generic equivalent.

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**Notes**

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**References**

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**References**

- **Suboxone**: Indicated for the maintenance treatment of opioid dependence in patients who have achieved and sustained prolonged clinical stability, while being maintained on buprenorphine 8 mg per day or less of a Subutex or Suboxone sublingual tablet or generic equivalent.
| Drugs  | J6659 | Injection, edetate calcium disodium, up to 1000 mg | 1/1/2000 | Calcium Disodium Versenate | edetate calcium disodium injection for intravenous or intramuscular use | Indicated for the reduction of blood levels and depot stores of lead in lead poisoning (acute and chronic) and lead encephalopathy in both pediatric populations and adults. | 3 | 15 | N/A | N/A | Y | Y | 6/30/2018 |
| Drugs  | J6664 | Cinacalcet, oral, 1 mg | 1/1/2011 | Sensipar® | cinacalcet tablets, for oral use (for ESRD on dialysis) | Indicated for: • Hyperparathyroidism (HPT) in adult patients with chronic kidney disease (CKD) on dialysis who are not on dialysis. The following indications are FDA approved and should not be associated with this HCPCS code: hyperparathyroidism in adult patients with Parathyroid Carcinoma (PC), hyperparathyroidism in adult patients with primary HPT for whom parathyroidectomy would be indicated on the basis of serum calcium levels, but who are unable to undergo parathyroidectomy. | 180 | 5,580 | 18 years | N/A | N/A | Y | Y | 12/4/2019 |
| Drugs  | J6666 | Injection, etanercept, 0.1 mg | 1/1/2010 | Parsabiv™ | etanercept injection, for intravenous use | Indicated for secondary hyperparathyroidism (HPT) in adult patients with chronic kidney disease (CKD) on hemodialysis. | 150 | 2,250 | 18 years | N/A | N/A | Y | Y | 12/6/2018 |
| Drugs  | J6684 | Injection, calcium gluconate, per 10 mL | 10 mL | 1/1/2000 | N/A | calcium gluconate injection for intravenous use | Indicated for pediatric and adult patients for the treatment of acute symptomatic hypocalcemia. The safety of calcium gluconate injection for long-term use has not been established. | 10 | 310 | N/A | N/A | N/A | Y | Y | 6/27/2018 |
| Drugs  | J6691 | Injection, coturnix calcium, 1 mg | 1/1/2010 | Furo® | coturnix calcium for injection, for subcutaneous use | Periodic Fever Syndromes: • Cryopyrin-Associated Periodic Syndromes (CAPS), in adults and children 4 years of age and older including Familial Cold Autoinflammatory Syndrome (FCAS) and Muckle-Wells Syndrome (MWS). • Tumor Necrosis Factor Receptor Associated Periodic Syndrome (TRAPS) in adult and pediatric patients. • Hyperimmunoglobulin D Syndrome (HIDS)/Mevalonate Kinase Deficiency (MKD) in adult and pediatric patients. • Tumor Necrosis Factor Receptor Associated Periodic Syndromes (CAPS): 4 \( \text{years of age and older} \) \( \text{periodic fever syndromes} \) \( \text{familial cold autoinflammatory syndrome} \) \( \text{tumor necrosis factor associated periodic syndrome} \) \( \text{hyperimmunoglobulin d syndrome} \) \( \text{mevalonate kinase deficiency} \) \( \text{cryopyrin associated periodic syndromes} \) \( \text{4 years of age and older} \) | 300 | 600 | Indication Specific Case Contain | N/A | N/A | Y | Y | 7/2/2018 |
| Drugs  | J6649 | Injection, leucovorin calcium, per 30 mL | 30 mL | 1/1/2000 | N/A | leucovorin calcium for injection for intravenous or intramuscular use | Indicated: • For use in combination with 5-fluorouracil to prolong survival in the palliative treatment of patients with metastatic colorectal cancer. Leucovorin should not be mixed in the same infusion as 5-fluorouracil because a precipitate may form. | 40 | 80 | N/A | N/A | N/A | Y | Y | 10/4/2019 |
| Drugs  | J9270 | Injection, papaverine hydrochloride, per 5 mL | 5 mL | 1/1/2000 | N/A | papaverine hydrochloride injection | Indicated for the treatment of bladder outflow obstruction in patients with anatomic anomalies of the urinary tract, by local infiltration, periurethral, intradetrusor, and urethral instillation, and control neurostimulation techniques including epidural and spinal blockade. | 10 | 50 | N/A | N/A | N/A | Y | Y | 6/10/2018 |
## Drugs J0690

**Injection, cefazolin sodium, 500 mg**

<table>
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<tr>
<th>NDC</th>
<th>Unit Price</th>
<th>Days</th>
<th>Start Date</th>
<th>Exp Date</th>
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<tbody>
<tr>
<td>12</td>
<td>372</td>
<td>1 month</td>
<td>9/27/2018</td>
<td></td>
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</table>

## Drugs J0694

**Injection, cefazolin sodium, 1 g**

<table>
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<tr>
<th>NDC</th>
<th>Unit Price</th>
<th>Days</th>
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<tr>
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<td>120</td>
<td>2 months</td>
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</table>

## Drugs J0692

**Injection, cefepime HCl, sodium, 500 mg**

<table>
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<tr>
<th>NDC</th>
<th>Unit Price</th>
<th>Days</th>
<th>Start Date</th>
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<tbody>
<tr>
<td>12</td>
<td>744</td>
<td>1 month</td>
<td>5/20/2019</td>
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## Drugs J0693

**Injection, cefoxitin sodium, 1 gram**

<table>
<thead>
<tr>
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<th>Unit Price</th>
<th>Days</th>
<th>Start Date</th>
<th>Exp Date</th>
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<tbody>
<tr>
<td>12</td>
<td>372</td>
<td>3 months</td>
<td>9/27/2018</td>
<td></td>
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**Cefazolin**

Indicated for the treatment of the following serious infections caused by susceptible strains of the designated microorganisms in the diseases listed below.

- **Skin and skin structure infections**: caused by Staphylococcus aureus (penicillin-sensitive and penicillin-resistant), group A beta-hemolytic streptococci, and other strains of streptococci.
- **Urinary tract infections**: caused by Escherichia coli, Proteus mirabilis, and Enterococcus species.
- **Bone and joint infections**: caused by Staphylococcus aureus (penicillin-sensitive and penicillin-resistant).
- **Septicemia**: caused by Staphylococcus aureus (penicillin-sensitive and penicillin-resistant), group A beta-hemolytic streptococci, and other strains of streptococci.
- **Gynecological infections**: including endometritis, pelvic cellulitis, and pelvic inflammatory disease caused by Escherichia coli, Proteus mirabilis, Klebsiella species, and Enterococcus species.
- **Intra-abdominal infections**: including peritonitis and intra-abdominal abscess caused by Escherichia coli, Klebsiella species, Bacteroides species, and Clostridium species.
- **Respiratory tract infections**: including pneumonia due to Staphylococcus aureus (penicillin-sensitive and penicillin-resistant), group A beta-hemolytic streptococci, and other strains of streptococci.
- **Lower respiratory tract infections**: including community-acquired pneumonia due to Streptococcus pneumoniae, Klebsiella species, Haemophilus influenzae, and other atypical organisms.
- **Septicemia**: caused by Streptococcus pneumoniae, Staphylococcus aureus (penicillin-sensitive and penicillin-resistant), Escherichia coli, Klebsiella species, and Bacteroides species.
- **Bone and joint infections**: caused by Streptococcus pneumoniae, Staphylococcus aureus (penicillin-sensitive and penicillin-resistant), Escherichia coli, Klebsiella species, and Bacteroides species.
- **Septicemia**: caused by Streptococcus pneumoniae, Staphylococcus aureus (penicillin-sensitive and penicillin-resistant), Escherichia coli, Klebsiella species, and Bacteroides species.
- **Gastrointestinal infections**: including diverticulitis due to Escherichia coli, Klebsiella species, and Bacteroides species.
- **Urinary tract infections**: caused by Escherichia coli, Klebsiella species, and Bacteroides species.
- **Respiratory tract infections**: due to Streptococcus pneumoniae, Haemophilus influenzae, Staphylococcus aureus (penicillin-sensitive and penicillin-resistant), and group A beta-hemolytic streptococci.

**Cefoxitin**

Indicated for the treatment of the following serious infections caused by susceptible strains of the designated microorganisms in the diseases listed below.

- **Skin and skin structure infections**: caused by Staphylococcus aureus (penicillin-sensitive and penicillin-resistant), group A beta-hemolytic streptococci, and other strains of streptococci.
- **Gastrointestinal infections**: including diverticulitis due to Escherichia coli, Klebsiella species, and Bacteroides species.
- **Urinary tract infections**: caused by Escherichia coli, Klebsiella species, and Bacteroides species.
- **Respiratory tract infections**: due to Streptococcus pneumoniae, Haemophilus influenzae, Staphylococcus aureus (penicillin-sensitive and penicillin-resistant), and group A beta-hemolytic streptococci.
- **Septicemia**: caused by Streptococcus pneumoniae, Staphylococcus aureus (penicillin-sensitive and penicillin-resistant), Escherichia coli, Klebsiella species, and Bacteroides species.
- **Bone and joint infections**: caused by Streptococcus pneumoniae, Staphylococcus aureus (penicillin-sensitive and penicillin-resistant), Escherichia coli, Klebsiella species, and Bacteroides species.
- **Septicemia**: caused by Streptococcus pneumoniae, Staphylococcus aureus (penicillin-sensitive and penicillin-resistant), Escherichia coli, Klebsiella species, and Bacteroides species.
- **Gastrointestinal infections**: including diverticulitis due to Escherichia coli, Klebsiella species, and Bacteroides species.
- **Urinary tract infections**: caused by Escherichia coli, Klebsiella species, and Bacteroides species.
- **Respiratory tract infections**: due to Streptococcus pneumoniae, Haemophilus influenzae, Staphylococcus aureus (penicillin-sensitive and penicillin-resistant), and group A beta-hemolytic streptococci.

**Cefepime**

Indicated for the treatment of the following serious infections caused by susceptible strains of the designated microorganisms in the diseases listed below.

- **Skin and skin structure infections**: caused by Staphylococcus aureus (penicillin-sensitive and penicillin-resistant), group A beta-hemolytic streptococci, and other strains of streptococci.
- **Urinary tract infections**: caused by Escherichia coli, Proteus mirabilis, and Enterococcus species.
- **Bone and joint infections**: caused by Staphylococcus aureus (penicillin-sensitive and penicillin-resistant).
- **Septicemia**: caused by Staphylococcus aureus (penicillin-sensitive and penicillin-resistant), group A beta-hemolytic streptococci, and other strains of streptococci.
- **Gynecological infections**: including endometritis, pelvic cellulitis, and pelvic inflammatory disease caused by Escherichia coli, Proteus mirabilis, Klebsiella species, and Enterococcus species.
- **Intra-abdominal infections**: including peritonitis and intra-abdominal abscess caused by Escherichia coli, Klebsiella species, Bacteroides species, and Clostridium species.
- **Respiratory tract infections**: including pneumonia due to Staphylococcus aureus (penicillin-sensitive and penicillin-resistant), group A beta-hemolytic streptococci, and other strains of streptococci.
- **Lower respiratory tract infections**: including community-acquired pneumonia due to Streptococcus pneumoniae, Klebsiella species, Haemophilus influenzae, and other atypical organisms.
- **Septicemia**: caused by Streptococcus pneumoniae, Staphylococcus aureus (penicillin-sensitive and penicillin-resistant), Escherichia coli, Klebsiella species, and Bacteroides species.
- **Bone and joint infections**: caused by Streptococcus pneumoniae, Staphylococcus aureus (penicillin-sensitive and penicillin-resistant), Escherichia coli, Klebsiella species, and Bacteroides species.
- **Septicemia**: caused by Streptococcus pneumoniae, Staphylococcus aureus (penicillin-sensitive and penicillin-resistant), Escherichia coli, Klebsiella species, and Bacteroides species.
- **Gastrointestinal infections**: including diverticulitis due to Escherichia coli, Klebsiella species, and Bacteroides species.
- **Urinary tract infections**: caused by Escherichia coli, Klebsiella species, and Bacteroides species.
- **Respiratory tract infections**: due to Streptococcus pneumoniae, Haemophilus influenzae, Staphylococcus aureus (penicillin-sensitive and penicillin-resistant), and group A beta-hemolytic streptococci.
### North Carolina Division of Health Benefits

**Physician Administered Drug Program Catalog**

**Drugs**

<table>
<thead>
<tr>
<th>Drug Code</th>
<th>Drug Name</th>
<th>Concentration</th>
<th>Dose</th>
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<th>Start Date</th>
<th>Max Dose</th>
<th>Max Days</th>
<th>Prescription Cost</th>
<th>Prescription Limit</th>
<th>Covered by NC Medicaid</th>
<th>Other Coverage</th>
<th>Notes</th>
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</thead>
<tbody>
<tr>
<td>J065</td>
<td>Injection, ceftriaxone 250 mg</td>
<td>75 mg</td>
<td>1/1/2016</td>
<td>Zerbaxa*</td>
<td>120</td>
<td>1,880</td>
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<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
<td>7/26/2019</td>
</tr>
<tr>
<td>J066</td>
<td>Injection, ceftriaxone sodium, per 250 mg</td>
<td>250 mg</td>
<td>1/1/2000</td>
<td>Floxepin*</td>
<td>16</td>
<td>486</td>
<td>90 days</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
<td>10/9/2018</td>
</tr>
<tr>
<td>J067</td>
<td>Injection, ceftriaxone sodium, per 750 mg</td>
<td>750 mg</td>
<td>1/1/2000</td>
<td>Zinacef*</td>
<td>12</td>
<td>372</td>
<td>3 months</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
<td>10/9/2018</td>
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<tr>
<td>J066</td>
<td>Ceftriaxone sodium, per 1 g</td>
<td>1 g</td>
<td>1/1/2000</td>
<td>Claforan</td>
<td>12</td>
<td>372</td>
<td>3 months</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
<td>5/20/2019</td>
</tr>
</tbody>
</table>

**Indications**

- **Lower Respiratory Tract Infections**: Caused by Streptococcus pneumoniae, Staphylococcus aureus, Haemophilus influenzae, Neisseria meningitidis, Moraxella catarrhalis, Proteus mirabilis or other Gram-negative bacilli.
- **Acute Otitis Media**: Caused by Streptococcus pneumoniae, Haemophilus influenzae (including beta-lactamase producing strains), or Moraxella catarrhalis (including beta-lactamase producing strains).
- **Skin and Soft Tissue Infections**: Caused by Streptococcus aureus, Staphylococcus epidermidis, Strepococcus pyogenes, Vibrio group parahaemolyticus, Escherichia coli, Enterococcus faecalis, Klebsiella oxytoca, Klebsiella pneumoniae, Proteus mirabilis, Morganella morgani, Pseudomonas aeruginosa, Serratia marcescens, Acinetobacter baumannii, Bacteroides fragilis Group, Peptostreptococcus species.
- **UTI**: Caused by Escherichia coli, Proteus mirabilis, Proteus vulgaris, Morganella morgani or Pseudomonas aeruginosa.
- **Urinary Tract Infections**: Caused by Streptococcus faecalis, Staphylococcus aureus, Staphylococcus epidermidis, Escherichia coli, Hemophilus influenzae or Vibrio vulnificus.
- **Skin and Soft Tissue Infections**: Caused by Streptococcus faecalis, Staphylococcus aureus, Staphylococcus epidermidis, Escherichia coli, Hemophilus influenzae or Vibrio vulnificus.
- **Bacterial Septicemia**: Caused by Streptococcus faecalis, Staphylococcus aureus, Staphylococcus epidermidis, Escherichia coli, Hemophilus influenzae or Vibrio vulnificus.
- **Gonorrhoeae**: Caused by Neisseria gonorrhoeae, including both penicillinase- and non-penicillinase-producing strains, and pharyngeal gonorrhea caused by nonpenicillinase-producing strains.
- **Garvan’s Infections**: Caused by Neisseria gonorrhoeae. Ceftriaxone sodium, like other cephalosporins, has no activity against Chlamydia trachomatis. Therefore, when cephalosporins are used in the treatment of patients with pelvic inflammatory disease and Chlamydia trachomatis is one of the suspected pathogens, appropriate antichlamydial coverage should be added.
- **Gonococcal Infections**: Caused by Neisseria gonorrhoeae, including both penicillinase- and non-penicillinase-producing strains, and pharyngeal gonorrhea caused by nonpenicillinase-producing strains.
- **Meningitis**: Caused by Streptococcus pneumoniae, Haemophilus influenzae, Neisseria meningitidis, and Listeria monocytogenes.
- **Pelvic Inflammatory Disease**: Caused by Neisseria gonorrhoeae. Ceftriaxone sodium, like other cephalosporins, has no activity against Chlamydia trachomatis.
- **Bacterial Septicemia**: Caused by Streptococcus pneumoniae, Haemophilus influenzae, Neisseria meningitidis, and Listeria monocytogenes.
- **Gonococcal Infections**: Caused by Neisseria gonorrhoeae, including both penicillinase- and non-penicillinase-producing strains, and pharyngeal gonorrhea caused by nonpenicillinase-producing strains.
- **Meningitis**: Caused by Streptococcus pneumoniae, Haemophilus influenzae, Neisseria meningitidis, and Listeria monocytogenes.
- **Pelvic Inflammatory Disease**: Caused by Neisseria gonorrhoeae. Ceftriaxone sodium, like other cephalosporins, has no activity against Chlamydia trachomatis.

**To reduce the development of drug-resistant bacteria and maintain the effectiveness of Zerbaxa and other antibacterial drugs, Zerbaxa should be used only to treat or prevent infections that are proven or strongly suspected to be caused by bacteria**.
### Drugs

<table>
<thead>
<tr>
<th>Drug Code</th>
<th>Drug Name</th>
<th>Trade Name(s)</th>
<th>Therapeutic Category</th>
<th>Indication</th>
<th>Dose</th>
<th>Route</th>
<th>Expense</th>
<th>Start Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>J0702</td>
<td>Injection, betamethasone acetate 2 mg and betamethasone sodium phosphate 3 mg</td>
<td>Celestone Soluspan®</td>
<td>Corticosteroids</td>
<td>Treatment of adults with active non-radiographic axial spondyloarthritis who have objective signs of inflammation.</td>
<td>1 mL</td>
<td>I.M.</td>
<td>N/A</td>
<td>1/1/2000</td>
<td>12/20/2018</td>
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<tr>
<td>J0702</td>
<td>Injection, betamethasone sodium phosphate and betamethasone acetate injectable suspension</td>
<td>Cimzia®</td>
<td>Biologicals</td>
<td>Injection for the treatment of adults with moderate to severely active disease who have had an inadequate response to conventional therapy.</td>
<td>5 mg</td>
<td>I.M.</td>
<td>N/A</td>
<td>1/1/2014</td>
<td>10/28/2019</td>
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<tr>
<td>J0714</td>
<td>Injection, ceftriaxone and aztreonam</td>
<td>Zerbactam®</td>
<td>Antibacterial Drugs</td>
<td>Indicated for the treatment of patients with infections caused by susceptible strains of the designated organisms.</td>
<td>12 372 N/A N/A N/A Y Y 5/1/2019</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>J0716</td>
<td>Injection, ceftriaxone, per 500 mg</td>
<td>Prier**</td>
<td>Antibacterial Drugs</td>
<td>Indicated for the treatment of adults with community-acquired bacterial pneumonia (CAP) caused by the following susceptible microorganisms: Streptococcus pneumoniae, Staphylococcus aureus (methicillin-susceptible strains), Haemophilus influenzae, Moraxella catarrhalis, and Streptococcus pyogenes (group A beta hemolytic streptococci).</td>
<td>12 168 N/A N/A N/A Y Y 5/1/2019</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>J0716</td>
<td>Injection, ceftriaxone and aztreonam, 0.5 g to 1.25 g</td>
<td>Pryce**</td>
<td>Antibacterial Drugs</td>
<td>Indicated for the treatment of adults with community-acquired bacterial pneumonia (CAP) caused by the following susceptible microorganisms: Streptococcus pneumoniae, Staphylococcus aureus (methicillin-susceptible strains), Haemophilus influenzae, Moraxella catarrhalis, and Streptococcus pyogenes (group A beta hemolytic streptococci).</td>
<td>12 168 N/A N/A N/A Y Y 5/1/2019</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

### Notes

- **Injection, ceftazidime, per 500 mg 1/1/2000 Tazicef®**
- **Injection, ceftazidime and avibactam, 0.5 g/0.125 g**
- **Injection, certolizumab pegol, for subcutaneous use**
- **Injection, centruroides acetate 3 mg and pegol, 1 mg 1/1/2000 Cimzia®**
<table>
<thead>
<tr>
<th>Drugs</th>
<th>Injection, chlorpromazine, per 250 mg</th>
<th>up to 50 mg</th>
<th>1/1/2000</th>
<th>N/A</th>
<th>chlorpromazine injection for injection, intramuscular administration</th>
<th>7</th>
<th>237</th>
<th>N/A</th>
<th>N/A</th>
<th>N/A</th>
<th>N/A</th>
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<th>Y</th>
<th>10/6/2019</th>
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<tbody>
<tr>
<td>Drugs</td>
<td>Injection, chlorpromazine, per 250 mg</td>
<td>250 mg</td>
<td>1/1/2000</td>
<td>Primax®</td>
<td>ciprofloxacin injection for intravenous use</td>
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<td>496</td>
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<td>N/A</td>
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<td>9/27/2018</td>
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<td>Injection, chlorpromazine, per 250 mg</td>
<td>250 mg</td>
<td>1/1/2000</td>
<td>Cipro®</td>
<td>ciprofloxacin injection for intravenous use</td>
<td>6</td>
<td>186</td>
<td>N/A</td>
<td>N/A</td>
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<td>Y</td>
<td>8/7/2019</td>
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<tr>
<td>Drugs</td>
<td>Injection, chlorpromazine, per 150 mg</td>
<td>up to 150 mg</td>
<td>1/1/2000</td>
<td>Cole-Mycin® M</td>
<td>colomycin for injection</td>
<td>4</td>
<td>124</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
<td>6/6/2019</td>
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<tr>
<td>Biologics</td>
<td>Injection, collagengum, concentrations, up to 0.05 mg</td>
<td>0.05 mg</td>
<td>1/1/2011</td>
<td>Karflex®</td>
<td>collagengum injection</td>
<td>180</td>
<td>360</td>
<td>18 years</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
<td>6/9/2019</td>
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<tr>
<td>Drugs</td>
<td>Injection, tizanidine, up to 5 mg</td>
<td>up to 5 mg</td>
<td>1/1/2000</td>
<td>N/A</td>
<td>tizanidine hydrochloride injection</td>
<td>4</td>
<td>124</td>
<td>2 years</td>
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<td>N/A</td>
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<td>Y</td>
<td>8/7/2018</td>
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<tr>
<td>Drugs</td>
<td>Injection, itraconazole, up to 60 mg</td>
<td>up to 60 mg</td>
<td>1/1/2000</td>
<td>N/A</td>
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<td>3</td>
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<td>Y</td>
<td>Y</td>
<td>10/6/2018</td>
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<tr>
<td>Drugs</td>
<td>Injection, itraconazole, up to 60 mg</td>
<td>0.25 mg</td>
<td>1/1/2010</td>
<td>Contravity®</td>
<td>itraconazole injection</td>
<td>3</td>
<td>62</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
<td>8/19/2019</td>
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<tr>
<td>Biologicals</td>
<td>J0840</td>
<td>Injection, crotalidae (preparations) - polyvalent immune fab (ovine)</td>
<td>up to 1 g (1 vial)</td>
<td>1/1/2012</td>
<td>CroFab®</td>
<td>crotalidae polyvalent immune fab (ovine) lyophilized powder for solution for intravenous injection</td>
<td>indicated for the management of adult and pediatric patients with North American crotalid envenomation. The term crotalid is used to describe the Crotalinae subfamily (formerly known as Crotalidae) of venomous snakes which include crotalines, copperheads and cottonmouths/water moccasins.</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>N</td>
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<tr>
<td>Biologicals</td>
<td>J0841</td>
<td>Injection, crotalidae (preparations) - polyvalent immune fab (ovine)</td>
<td>120 mg</td>
<td>1/1/2019</td>
<td>Anavip®</td>
<td>crotalidae immune f(ab')2 (equine), lyophilized powder for solution for injection for intravenous use</td>
<td>indicated for the management of adult and pediatric patients with North American rattlesnake envenomation.</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
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<td>Y</td>
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<tr>
<td>Drugs</td>
<td>J0875</td>
<td>Injection, dalbavancin, 5 mg</td>
<td>5 mg</td>
<td>1/1/2016</td>
<td>Dalvance®</td>
<td>dalbavancin for injection, for intravenous use</td>
<td>indicated for acute bacterial skin and skin structure infections (ABSSSI) caused by designated susceptible strains of Gram-positive microorganisms.</td>
<td>300</td>
<td>300</td>
<td>18 years</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
</tr>
</tbody>
</table>
| Drugs | J0878 | Injection, daptomycin, 1 mg | 1 mg | 1/1/2005 | Cubicin® | daptomycin injection, for intravenous use | indicated for the treatment of:
- Complicated skin and skin structure infections (CSSSIs) in adult oral pediatric patients (1 to 17 years of age).
- Staphylococcus aureus bloodstream infections (bacteremia), in adult patients including those with right-sided infective endocarditis.
- Staphylococcus aureus infections (bacteremia), in pediatric patients (1 to 17 years of age).

Limitations of Use:
- Aranesp has not been shown to improve quality of life, fatigue, or patient well-being.
- Aranesp is not indicated for use:
  - In patients with cancer receiving hormonal agents, biologic products, or radiotherapy, unless also receiving concomitant myelosuppressive chemotherapy.
  - In patients with cancer receiving myelosuppressive chemotherapy when the anticipated outcome is cure.
  - In patients with cancer receiving myelosuppressive chemotherapy in whom the anemia can be managed by transfusions.
  - As a substitute for RBC transfusions in patients who require immediate correction of anemia. | 840 | 26,040 | 1 year | N/A | N/A | Y | Y | 10/6/2018 |
| Biologicals | J0881 | Injection, darbepoetin alfa, 1 microgram (non-ESRD use) | 1 mcg | 1/1/2006 | Aranesp® | darbepoetin alfa injection, for intravenous or subcutaneous use (non-ESRD use) | indicated for the treatment of anemia due to:
- Chronic Kidney Disease (CKD) in patients on dialysis and patient not on dialysis.
- The effects of concomitant myelosuppressive chemotherapy, and upon initiation, there is a minimum of two additional months of planned chemotherapy.

Limitations of Use:
- Aranesp has not been shown to improve quality of life, fatigue, or patient well-being.
- Aranesp is not indicated for use:
  - In patients with cancer receiving hormonal agents, biologic products, or radiotherapy, unless also receiving concomitant myelosuppressive chemotherapy.
  - In patients with cancer receiving myelosuppressive chemotherapy when the anticipated outcome is cure.
  - In patients with cancer receiving myelosuppressive chemotherapy in whom the anemia can be managed by transfusions.
  - As a substitute for RBC transfusions in patients who require immediate correction of anemia. | 105 | 315 | Indication specific age restrictions: CKD: None Cancer: 18 years of age and older | 4/10/2019 |
| Biologicals | J0882 | Injection, darbepoetin alfa, 1 microgram (for ESRD on dialysis) | 1 mcg | 1/1/2006 | Aranesp® | darbepoetin alfa injection, for intravenous or subcutaneous use (for ESRD on dialysis) | indicated for the treatment of anemia due to:
- Chronic Kidney Disease (CKD) in patients on dialysis and patient not on dialysis.
- The effects of concomitant myelosuppressive chemotherapy, and upon initiation, there is a minimum of two additional months of planned chemotherapy.

Limitations of Use:
- Aranesp has not been shown to improve quality of life, fatigue, or patient well-being.
- Aranesp is not indicated for use:
  - In patients with cancer receiving hormonal agents, biologic products, or radiotherapy, unless also receiving concomitant myelosuppressive chemotherapy.
  - In patients with cancer receiving myelosuppressive chemotherapy when the anticipated outcome is cure.
  - In patients with cancer receiving myelosuppressive chemotherapy in whom the anemia can be managed by transfusions.
  - As a substitute for RBC transfusions in patients who require immediate correction of anemia. | 165 | 225 | N/A | N/A | N/A | Y | Y | 4/10/2019 |
### Biologicals

<table>
<thead>
<tr>
<th>Code</th>
<th>Injection, epoetin alfa, for non-ESRD use</th>
<th>1,000 units</th>
<th>1/1/2006</th>
<th>Group?</th>
<th>Frac?</th>
<th>Available?</th>
<th>Limitations of Use</th>
<th>Indication Specific Age Restrictions</th>
</tr>
</thead>
<tbody>
<tr>
<td>B085</td>
<td>Injection, epoetin alfa, for non-ESRD use</td>
<td>1,000 units</td>
<td>1/1/2006</td>
<td>Group?</td>
<td>Frac?</td>
<td>Available?</td>
<td>Limitations of Use</td>
<td>Indication Specific Age Restrictions</td>
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<tr>
<td></td>
<td>Injection, epoetin alfa, for non-ESRD use</td>
<td>1,000 units</td>
<td>1/1/2006</td>
<td>Group?</td>
<td>Frac?</td>
<td>Available?</td>
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<td>Injection, epoetin alfa, for non-ESRD use</td>
<td>1,000 units</td>
<td>1/1/2006</td>
<td>Group?</td>
<td>Frac?</td>
<td>Available?</td>
<td>Limitations of Use</td>
<td>Indication Specific Age Restrictions</td>
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</table>

### Drugs

<table>
<thead>
<tr>
<th>Code</th>
<th>Injection, octreotide, (for non-CRYO on dialysis)</th>
<th>1 mg</th>
<th>1/1/2008</th>
<th>N/A</th>
<th>N/A</th>
<th>Available?</th>
<th>Limitations of Use</th>
<th>Indication Specific Age Restrictions</th>
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<tbody>
<tr>
<td></td>
<td>Injection, octreotide, (for non-CRYO on dialysis)</td>
<td>1 mg</td>
<td>1/1/2008</td>
<td>N/A</td>
<td>N/A</td>
<td>Available?</td>
<td>Limitations of Use</td>
<td>Indication Specific Age Restrictions</td>
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### Biologicals

<table>
<thead>
<tr>
<th>Code</th>
<th>Injection, daratumumab</th>
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<th>1/1/2017</th>
<th>Group?</th>
<th>Frac?</th>
<th>Available?</th>
<th>Limitations of Use</th>
<th>Indication Specific Age Restrictions</th>
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<tbody>
<tr>
<td></td>
<td>Injection, daratumumab</td>
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<td>1/1/2017</td>
<td>Group?</td>
<td>Frac?</td>
<td>Available?</td>
<td>Limitations of Use</td>
<td>Indication Specific Age Restrictions</td>
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### Drugs

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<tr>
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<th>Injection, deferoxamine mesylate, 500 mg</th>
<th>500 mg</th>
<th>1/1/2006</th>
<th>N/A</th>
<th>N/A</th>
<th>Available?</th>
<th>Limitations of Use</th>
<th>Indication Specific Age Restrictions</th>
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<td>Injection, deferoxamine mesylate, 500 mg</td>
<td>500 mg</td>
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<td>N/A</td>
<td>Available?</td>
<td>Limitations of Use</td>
<td>Indication Specific Age Restrictions</td>
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</tbody>
</table>

### Biologicals

<table>
<thead>
<tr>
<th>Code</th>
<th>Injection, sargramostim, (for non-CRYO on dialysis)</th>
<th>1 mg</th>
<th>1/1/2017</th>
<th>Group?</th>
<th>Frac?</th>
<th>Available?</th>
<th>Limitations of Use</th>
<th>Indication Specific Age Restrictions</th>
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</thead>
<tbody>
<tr>
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<td>Injection, sargramostim, (for non-CRYO on dialysis)</td>
<td>1 mg</td>
<td>1/1/2017</td>
<td>Group?</td>
<td>Frac?</td>
<td>Available?</td>
<td>Limitations of Use</td>
<td>Indication Specific Age Restrictions</td>
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### Drugs

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<tr>
<th>Code</th>
<th>Injection, 5-fluorouracil, up to 5 mg</th>
<th>up to 5 mg</th>
<th>12/1/2008</th>
<th>N/A</th>
<th>N/A</th>
<th>Available?</th>
<th>Limitations of Use</th>
<th>Indication Specific Age Restrictions</th>
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<td>Injection, 5-fluorouracil, up to 5 mg</td>
<td>up to 5 mg</td>
<td>12/1/2008</td>
<td>N/A</td>
<td>N/A</td>
<td>Available?</td>
<td>Limitations of Use</td>
<td>Indication Specific Age Restrictions</td>
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</tbody>
</table>
Drugs J1020
Injection, methylprednisolone acetate, 20mg

| 20 mg | 1/1/2000 | Depo-Medrol® | methylprednisolone acetate, suspension, 20mg |

Intramuscular Administration

- Allergic states: Control of severe or incapacitating allergic conditions intractable to adequate trials of conventional treatment in asthma, atopic dermatitis, contact dermatitis, drug hypersensitivity reactions, familial or genetic allergic rhinitis, serum sickness, transfusion reactions.
- Dermatologic Diseases: Bullous dermatitis herpetiformis, bullous pemphigoid, mycosis fungoides, parapsoriasis, severe erythema multiforme (Stevens-Johnson syndrome).
- Endocrine Disorders: Primary or secondary adrenal insufficiency (hypocortisolism or corticosteroid withdrawal), glucocorticoid-resistant asthma, hypothalamic-hypopituitary syndrome.
- Gastrointestinal Diseases: Refractory ulcerative colitis.
- Ophthalmic Diseases: Sympathetic ophthalmia, temporal arteritis, uveitis, ocular inflammatory conditions unresponsive to topical corticosteroids.
- Osteoarticular Diseases: To treat leukemia or lymphoma.
- Osteosynthetic Procedures: To treat malignant tumors or metastatic brain tumors or craniotomy.
- Pneumonia: To reduce inflammation or proteinase in idiopathic nephrotic syndrome, or that due to lupus erythematosus.
- Respiratory Diseases: Berylliosis, fulminating or disseminated pulmonary tuberculosis when used concurrently with appropriate antituberculous chemotherapy.
- Renal Diseases: To induce diuresis or remission of proteinuria in idiopathic nephrotic syndrome, or that due to lupus erythematosus.
- Renal Transplantation: To reduce inflammation or proteinase or inflammation or proteinase in idiopathic nephrotic syndrome, or that due to lupus erythematosus.
- Rheumatic Disorders: As adjunctive therapy for short-term administration (to tide the patient over an acute exacerbation or exacerbation) in acute gouty arthritis; acute rheumatic carditis; ankylosing spondylitis; psoriatic arthritis; systemic lupus erythematosus.
- Rheumatoid Arthritis: To reduce inflammation or proteinase or inflammation or proteinase in idiopathic nephrotic syndrome, or that due to lupus erythematosus.
- Urolithiasis: To reduce inflammation or proteinase or inflammation or proteinase in idiopathic nephrotic syndrome, or that due to lupus erythematosus.

1 21 N/A N/A N/A Y Y 10/26/2018

Drugs J1030
Injection, methylprednisolone acetate, 40mg

| 40 mg | 1/1/2000 | Depo-Medrol® | methylprednisolone acetate, suspension, 40mg |

Intramuscular Administration

- Allergic states: Control of severe or incapacitating allergic conditions intractable to adequate trials of conventional treatment in asthma, atopic dermatitis, contact dermatitis, drug hypersensitivity reactions, seasonal or perennial allergic rhinitis, serum sickness, transfusion reactions.
- Dermatologic Diseases: Bullous dermatitis herpetiformis, bullous pemphigoid, mycosis fungoides, parapsoriasis, severe erythema multiforme (Stevens-Johnson syndrome).
- Endocrine Disorders: Primary or secondary adrenal insufficiency (hypocortisolism or corticosteroid withdrawal), glucocorticoid-resistant asthma, hypothalamic-hypopituitary syndrome.
- Gastrointestinal Diseases: Refractory ulcerative colitis.
- Ophthalmic Diseases: Sympathetic ophthalmia, temporal arteritis, uveitis, ocular inflammatory conditions unresponsive to topical corticosteroids.
- Osteoarticular Diseases: To treat leukemia or lymphoma.
- Osteosynthetic Procedures: To treat malignant tumors or metastatic brain tumors or craniotomy.
- Pneumonia: To reduce inflammation or proteinase in idiopathic nephrotic syndrome, or that due to lupus erythematosus.
- Respiratory Diseases: Berylliosis, fulminating or disseminated pulmonary tuberculosis when used concurrently with appropriate antituberculous chemotherapy.
- Renal Diseases: To induce diuresis or remission of proteinuria in idiopathic nephrotic syndrome, or that due to lupus erythematosus.
- Renal Transplantation: To reduce inflammation or proteinase or inflammation or proteinase in idiopathic nephrotic syndrome, or that due to lupus erythematosus.
- Rheumatic Disorders: As adjunctive therapy for short-term administration (to tide the patient over an acute exacerbation or exacerbation) in acute gouty arthritis; acute rheumatic carditis; ankylosing spondylitis; psoriatic arthritis; systemic lupus erythematosus.
- Rheumatoid Arthritis: To reduce inflammation or proteinase or inflammation or proteinase in idiopathic nephrotic syndrome, or that due to lupus erythematosus.
- Urolithiasis: To reduce inflammation or proteinase or inflammation or proteinase in idiopathic nephrotic syndrome, or that due to lupus erythematosus.

1 21 N/A N/A N/A Y Y 10/26/2018

Drugs J1040
Injection, methylprednisolone acetate, 80mg

| 80 mg | 1/1/2000 | Depo-Medrol® | methylprednisolone acetate, suspension, 80mg |

Intramuscular Administration

- Allergic states: Control of severe or incapacitating allergic conditions intractable to adequate trials of conventional treatment in asthma, atopic dermatitis, contact dermatitis, drug hypersensitivity reactions, seasonal or perennial allergic rhinitis, serum sickness, transfusion reactions.
- Dermatologic Diseases: Bullous dermatitis herpetiformis, bullous pemphigoid, mycosis fungoides, parapsoriasis, severe erythema multiforme (Stevens-Johnson syndrome).
- Endocrine Disorders: Primary or secondary adrenal insufficiency (hypocortisolism or corticosteroid withdrawal), glucocorticoid-resistant asthma, hypothalamic-hypopituitary syndrome.
- Gastrointestinal Diseases: Refractory ulcerative colitis.
- Ophthalmic Diseases: Sympathetic ophthalmia, temporal arteritis, uveitis, ocular inflammatory conditions unresponsive to topical corticosteroids.
- Osteoarticular Diseases: To treat leukemia or lymphoma.
- Osteosynthetic Procedures: To treat malignant tumors or metastatic brain tumors or craniotomy.
- Pneumonia: To reduce inflammation or proteinase in idiopathic nephrotic syndrome, or that due to lupus erythematosus.
- Respiratory Diseases: Berylliosis, fulminating or disseminated pulmonary tuberculosis when used concurrently with appropriate antituberculous chemotherapy.
- Renal Diseases: To induce diuresis or remission of proteinuria in idiopathic nephrotic syndrome, or that due to lupus erythematosus.
- Renal Transplantation: To reduce inflammation or proteinase or inflammation or proteinase in idiopathic nephrotic syndrome, or that due to lupus erythematosus.
- Rheumatic Disorders: As adjunctive therapy for short-term administration (to tide the patient over an acute exacerbation or exacerbation) in acute gouty arthritis; acute rheumatic carditis; ankylosing spondylitis; psoriatic arthritis; systemic lupus erythematosus.
- Rheumatoid Arthritis: To reduce inflammation or proteinase or inflammation or proteinase in idiopathic nephrotic syndrome, or that due to lupus erythematosus.
- Urolithiasis: To reduce inflammation or proteinase or inflammation or proteinase in idiopathic nephrotic syndrome, or that due to lupus erythematosus.

2 21 N/A N/A N/A Y Y 10/26/2018

Drugs J1050
Injection, methylprednisolone acetate, 1 mg

| 1 mg | 1/1/2000 | Depo-Preven® | methylprednisolone acetate, injectable suspension |

Indicated for prevention of pregnancy in females and adjunctive therapy and palliative treatment of inoperable, recurrent, and metastatic endometrial or renal carcinoma.

1,000 5,000 Indication Specific case counts N/A N/A Y Y 10/26/2018

Drugs J1071
Injection, testosterone cypionate, 1 mg

| 1 mg | 1/1/2005 | Depo*- Testosterone | testosterone cypionate injection, USP |

Indicated for replacement therapy in the male in conditions associated with symptoms of deficiency or absence of endogenous testosterone:

1. Primary hypogonadism (congenital or acquired) testicular failure due to cryptorchidism, bilateral torsion, orchiitis, vanishing testis syndrome, or orchidectomy.
2. Hypogonadotropic hypogonadism (congenital or acquired): gonadal dysgenesis or Kallmann’s (hypogonadotropic hypogonadism) associated with anosmia or hyposmia, anosmia, or olfactory hallucinations.
3. Safety and efficacy of Depo-Testosterone (testosterone cypionate) in men with "age-related hypogonadism" (also referred to as “late-onset hypogonadism”) have not been established.

400 1,200 12 years N/A Male Only Y Y 4/13/2019

Drugs J1095
Injection, dexamethasone 4 percent, intracocular, 1 microgram

| 4 microgram | 1/1/2009 | Depo*- Dexamethasone | dexamethasone intracocular suspension 4%, for intraocular administration |

Indicated for the treatment of postoperative inflammation.

1,034 1,034 18 years N/A N/A Y Y 3/24/2019

North Carolina Division of Health Benefits
Physician Administered Drug Program Catalog
Injection, dexamethasone sodium phosphate, 1 mg

Indicated in the management of certain conditions: when taken by mouth in the indicated dose the drug is effective.

- Autoimmune disorders: Primary or secondary adrenal insufficiency caused by adrenal carcinoma or hypercortisolism.
- Noninfectious inflammatory conditions: rheumatoid arthritis, lupus erythematosus, polymyositis, ulcerative colitis, Crohn disease, pemphigus, pemphigoid, systemic lupus erythematosus, polyarteritis nodosa, dermatomyositis.

5 mg 1/1/2000 N/A dexamethasone sodium phosphate injection

Indicated for the treatment of severe allergic reactions caused by aspirin or nonsteroidal anti-inflammatory drugs.

- Preceding procedures: surgical procedures involving the eye, including cataract surgery and keratoplasty.
- Adjunctive therapy for the treatment of gonadal steroids, such as Cushing disease and adrenal insufficiency.
- Treatment of systemic viral infections, such as varicella-zoster virus infection.

- Injection, phenytoin sodium injection, 125 mg

Indicated for the treatment of uncontrolled seizures in adults with chronic and refractory epilepsy.

- Treatment of drug-resistant seizures, including those refractory to antiepileptic drugs.
- Management of status epilepticus and other acute seizures.

- Injection, dimethyl sulfoxide, 50 mL

Indicated for the treatment of chemotherapy-induced peripheral neuropathy.

- Injection, hydromorphone, 2 mg

Indicated for the treatment of moderate to severe acute pain, including acute and chronic pain related to cancer.

- Injection, diphenhydramine hydrochloride, 25 mg

Indicated for the treatment of allergic reactions caused by the administration of certain medications.

- Injection, phenylalanine hydrochloride, 5 mg

Indicated for the treatment of phenylketonuria.

- Injection, diphenhydramine hydrochloride, 25 mg

Indicated for the treatment of allergic reactions caused by the administration of certain medications.

- Injection, phenobarbital, 5 mg

Indicated for the treatment of epilepsy.

- Injection, chloral hydrate, 50 mg

Indicated for the treatment of sleep disorders.

- Injection, diphenhydramine hydrochloride, 50 mg

Indicated for the treatment of allergic reactions caused by the administration of certain medications.

- Injection, chlorpromazine hydrochloride, 10 mg

Indicated for the treatment of psychosis.

- Injection, chlorpromazine hydrochloride, 50 mg

Indicated for the treatment of schizophrenia.

- Injection, chlorpromazine hydrochloride, 100 mg

Indicated for the treatment of psychoses.

- Injection, chlorpromazine hydrochloride, 200 mg

Indicated for the treatment of psychoses.

- Injection, chlorpromazine hydrochloride, 500 mg

Indicated for the treatment of psychoses.

- Injection, chlorpromazine hydrochloride, 1000 mg

Indicated for the treatment of psychoses.
| Drugs    | J2130 | Injection, methadone HCl, up to 10 mg | up to 10 mg | 1/1/2000 | N/A | methadone hydrochloride injection | Indicated for: • The management of pain severe enough to require an opioid analgesic and for which alternative treatment options are inadequate. • Dependence on opioids or other drugs of abuse. • Use in temporary treatment of opioid dependence in patients unable to take oral medication. • Use in temporary treatment of opioid dependence in patients unable to take oral medication, such as hospitalized patients. | 4 | 93 | 18 years | N/A | N/A | N/A | Y | Y | 10/5/2018 |
| Drugs    | J2140 | Injection, dimethylpropane, up to 50 mg | up to 50 mg | 1/1/2000 | N/A | dimethylpropane injection | Indicated for prevention and treatment of nausea, vomiting and vertigo of motion sickness. | 12 | 272 | N/A | N/A | N/A | N/A | Y | Y | 6/3/2019 |
| Drugs    | J2145 | Injection, diphenylamine, per 10 mg | per 10 mg | 1/1/2000 | N/A | diphenylamine injection | In an alternative to exercises in thallium myocardial perfusion imaging for the evaluation of coronary artery disease in patients who cannot exercise adequately. | 6 | 6 | 18 years | N/A | N/A | N/A | Y | Y | 6/10/2019 |
| Drugs    | J2150 | Injection, dalteparin hydrochloride, per 250 mg | 250 mg | 1/1/2000 | N/A | dalteparin injection | Indicated for thrombosis and thrombolytic therapy in the prevention of thrombotic disease in patients who have a high risk of thrombosis due to postoperative surgery, trauma, or another medical condition. | 30 | 930 | 18 years | N/A | N/A | N/A | Y | Y | 10/1/2018 |
| Drugs    | J2160 | Injection, dopamine hydrochloride, 40 mg | 40 mg | 1/1/2000 | N/A | dopamine hydrochloride injection | Indicated for the treatment of acute attacks of hereditary angioedema in patients 12 years of age and older. | 205 | 6,355 | 18 years | N/A | N/A | N/A | Y | Y | 10/1/2018 |
| Drugs    | J2167 | Injection, doxercalciferol, 1 mg | 1 mg | 1/1/2001 | Kalbitor® | doxercalciferol injection | Indicated for the treatment of secondary hyperparathyroidism in adult patients with chronic kidney disease on dialysis. | 150 | 2,100 | 18 years | N/A | N/A | N/A | Y | Y | 10/1/2018 |
| Drugs    | J2170 | Injection, doxercalciferol, 4 mg | 4 mg | 1/1/2011 | Hectorol® | doxercalciferol injection | Indicated for the treatment of secondary hyperparathyroidism in adult patients with chronic kidney disease on dialysis. | 60 | 120 | 12 years | N/A | N/A | N/A | Y | Y | 10/1/2018 |
| Drugs    | J2180 | Injection, ecubasib, 3 mg | 3 mg | 1/1/2009 | Soliris® | ecubasib injection | Indicated for the treatment of adult patients with generalized Myasthenia Gravis (gMG) who are anti-acetylcholine receptor (AChR) antibody positive. | 120 | 480 | Indication Specific (see comments) | N/A | N/A | N/A | Y | Y | 7/24/2019 |
| Drugs    | J2190 | Injection, eculizumab, 12 mg | 12 mg | 1/1/2008 | Soliris® | eculizumab injection | Indicated for the treatment of paroxysmal nocturnal hemoglobinuria (PNH) to reduce hemolysis. | 30 | 930 | 18 years | N/A | N/A | N/A | Y | Y | 10/1/2018 |
| Drugs    | J2191 | Injection, eculizumab, 1 mg | 1 mg | 1/1/2009 | Kalbitor® | eculizumab injection | Indicated for the treatment of atypical hemolytic-uremic syndrome (aHUS) to inhibit complement-mediated thrombotic microangiopathy. | 8 | 248 | 18 years | N/A | N/A | N/A | Y | Y | 8/4/2019 |
| Drugs    | J2200 | Injection, elosulfase alfa, 60 mg | 60 mg | 1/1/2009 | Invanz® | elosulfase alfa injection | Indicated for the treatment of pulmonary arterial hypertension (PAH) (WHO Group I) to improve exercise capacity. Studies establishing effectiveness included predominantly (97%) patients with NYHA Functional Class III-IV. | 4 | 93 | 18 years | N/A | N/A | N/A | Y | Y | 10/1/2018 |
| Drugs    | J2222 | Injection, dimenhydrinate, up to 50 mg | up to 50 mg | 1/1/2000 | N/A | dimenhydrinate injection | Indicated for prevention and treatment of nausea, vomiting and vertigo of motion sickness. | 12 | 272 | N/A | N/A | N/A | N/A | Y | Y | 6/3/2019 |
| Drugs    | J2230 | Injection, dobutamine, 5 mg | 5 mg | 1/1/2011 | Kalbitor® | dobutamine injection | Indicated for the treatment of secondary hyperparathyroidism in adult patients with chronic kidney disease on dialysis. | 60 | 120 | 12 years | N/A | N/A | N/A | Y | Y | 10/1/2018 |
| Drugs    | J2235 | Injection, dopamine hydrochloride, 40 mg | 40 mg | 1/1/2000 | N/A | dopamine hydrochloride injection | Indicated for the treatment of acute attacks of hereditary angioedema in patients 12 years of age and older. | 205 | 6,355 | 18 years | N/A | N/A | N/A | Y | Y | 10/1/2018 |
| Drugs    | J2245 | Injection, diphenylamine, per 10 mg | per 10 mg | 1/1/2000 | N/A | diphenylamine injection | In an alternative to exercises in thallium myocardial perfusion imaging for the evaluation of coronary artery disease in patients who cannot exercise adequately. | 6 | 6 | 18 years | N/A | N/A | N/A | Y | Y | 6/10/2019 |
| Drugs    | J2265 | Injection, dopamine hydrochloride, 250 mg | 250 mg | 1/1/2000 | N/A | dopamine hydrochloride injection | Indicated for the treatment of secondary hyperparathyroidism in adult patients with chronic kidney disease on dialysis. | 150 | 2,100 | 18 years | N/A | N/A | N/A | Y | Y | 10/1/2018 |
| Drugs    | J2270 | Injection, doxercalciferol, 4 mg | 4 mg | 1/1/2008 | Hectorol® | doxercalciferol injection | Indicated for the treatment of secondary hyperparathyroidism in adult patients with chronic kidney disease on dialysis. | 60 | 120 | 12 years | N/A | N/A | N/A | Y | Y | 10/1/2018 |
| Drugs    | J2280 | Injection, eculizumab, 12 mg | 12 mg | 1/1/2008 | Soliris® | eculizumab injection | Indicated for the treatment of paroxysmal nocturnal hemoglobinuria (PNH) to reduce hemolysis. | 30 | 930 | 18 years | N/A | N/A | N/A | Y | Y | 10/1/2018 |
| Drugs    | J2290 | Injection, eculizumab, 1 mg | 1 mg | 1/1/2009 | Kalbitor® | eculizumab injection | Indicated for the treatment of atypical hemolytic-uremic syndrome (aHUS) to inhibit complement-mediated thrombotic microangiopathy. | 8 | 248 | 18 years | N/A | N/A | N/A | Y | Y | 8/4/2019 |
| Drugs    | J2300 | Injection, ecubasib, 3 mg | 3 mg | 1/1/2009 | Soliris® | ecubasib injection | Indicated for the treatment of adult patients with generalized Myasthenia Gravis (gMG) who are anti-acetylcholine receptor (AChR) antibody positive. | 120 | 480 | Indication Specific (see comments) | N/A | N/A | N/A | Y | Y | 7/24/2019 |
| Drugs    | J2310 | Injection, eculizumab, 1 mg | 1 mg | 1/1/2009 | Kalbitor® | eculizumab injection | Indicated for the treatment of atypical hemolytic-uremic syndrome (aHUS) to inhibit complement-mediated thrombotic microangiopathy. | 8 | 248 | 18 years | N/A | N/A | N/A | Y | Y | 8/4/2019 |
| Drugs    | J2320 | Injection, elosulfase alfa, 60 mg | 60 mg | 1/1/2009 | Invanz® | elosulfase alfa injection | Indicated for the treatment of pulmonary arterial hypertension (PAH) (WHO Group I) to improve exercise capacity. Studies establishing effectiveness included predominantly (97%) patients with NYHA Functional Class III-IV. | 4 | 93 | 18 years | N/A | N/A | N/A | Y | Y | 10/1/2018 |
| Drugs    | J2335 | Injection, dimenhydrinate, up to 50 mg | up to 50 mg | 1/1/2000 | N/A | dimenhydrinate injection | Indicated for prevention and treatment of nausea, vomiting and vertigo of motion sickness. | 12 | 272 | N/A | N/A | N/A | N/A | Y | Y | 6/3/2019 |
**Drugs**

> Dr. J1442 Injection, erythromycin lactobionate, per 500 mg
> 500 mg 1/1/2000 Erythrocin™ erythromycin lactobionate for injection

- Indicated for injection in children and adults with infections caused by susceptible strains of the designated organisms in the diseases listed below when oral administration is not possible or when the severity of the infection requires immediate high serum levels of erythromycin. Intravenous therapy should be replaced by oral administration at the appropriate time.
- Upper respiratory tract infections of mild to moderate degree caused by Streptococcus pneumoniae (Group A beta-hemolytic streptococci), Streptococcus pyogenes (Streptococcus pyogenes pneumonitis), pneumococcal influenza (when used concomitantly with adequate doses of sulfonamides, since many strains of H. influenzae are not susceptible to the erythromycin concentration ordinarily achieved).
- Lower respiratory tract infections of mild to moderate severity caused by Streptococcus pneumoniae (Group A beta hemolytic streptococci), Streptococcus pyogenes (Streptococcus pyogenes pneumonitis).
- Respiratory tract infections due to Mycoplasma pneumoniae.
- Skin and skin structure infections of mild to moderate severity caused by Streptococcus pyogenes and Staphylococcus aureus (resistant staphylococci may emerge during treatment).
- Ophthalmic: as an adjunct to systemic infections due to Corynebacterium diphtheriae to prevent establishment of carriers and to eradicate the organism in carriers.
- Osteomyelitis: in the treatment of infections due to Staphylococcus pyogenes (Group A beta-hemolytic streptococci, Streptococcus pyogenes pneumonitis).
- Acute pelvic inflammatory disease caused by Neisseria gonorrhoeae. Erythrocin Lactobionate-IV (erythromycin lactobionate for injection), followed by erythromycin base orally, is an alternative drug in treatment of acute pelvic inflammatory disease caused by N. gonorrhoeae in female patients with a history of sensitivity to penicillin.
- Before treatment of gonorrhea, patients who are suspected of also having syphilis should have a microscopic examination for T. pallidum (by darkfield or fluorescent antibody) before receiving erythromycin and monthly serologic tests for a minimum of 4 months thereafter.
- Hepatitis: severe hepatitis has been observed, in intra and limited preliminary clinical data suggest that erythromycin may be effective in treating hepatitis IV. Disease.
- Infectious mononucleosis: may be effective in treating infectious mononucleosis.
- Malaria: prophylactic use.
- Legionnaires' Disease caused by Legionella pneumophila. Although no controlled clinical efficacy studies have been conducted, in vitro and limited preliminary clinical data suggest that erythromycin may be effective in treating Legionnaires' Disease.
- Syphilis: as an alternative drug in treatment of syphilis (early and late). Toxic reactions to erythromycin have been reported in patients receiving oral, parenteral, and topical preparations of an unknown etiology.
- Syphilis: as an alternative drug in treatment of syphilis (primary, secondary, and latent). Toxic reactions to erythromycin have been reported in patients receiving oral, parenteral, and topical preparations of an unknown etiology.
- Syphilis: as an alternative drug in treatment of syphilis (neuro). Toxic reactions to erythromycin have been reported in patients receiving oral, parenteral, and topical preparations of an unknown etiology.
- Syphilis: as an alternative drug in treatment of syphilis (cardiac). Toxic reactions to erythromycin have been reported in patients receiving oral, parenteral, and topical preparations of an unknown etiology.
- Syphilis: as an alternative drug in treatment of syphilis (genital). Toxic reactions to erythromycin have been reported in patients receiving oral, parenteral, and topical preparations of an unknown etiology.
- Syphilis: as an alternative drug in treatment of syphilis (mucous). Toxic reactions to erythromycin have been reported in patients receiving oral, parenteral, and topical preparations of an unknown etiology.
- Syphilis: as an alternative drug in treatment of syphilis (general). Toxic reactions to erythromycin have been reported in patients receiving oral, parenteral, and topical preparations of an unknown etiology.
- Syphilis: as an alternative drug in treatment of syphilis (glandular). Toxic reactions to erythromycin have been reported in patients receiving oral, parenteral, and topical preparations of an unknown etiology.
- Syphilis: as an alternative drug in treatment of syphilis (primary). Toxic reactions to erythromycin have been reported in patients receiving oral, parenteral, and topical preparations of an unknown etiology.

> Dr. J1530 Injection, estradiol, conjugated, per 25 mg
> 25 mg 1/1/2000 Premarin® IV

- Conjugated estrogens for injection for intravenous use
- Conjugated estrogens for intramuscular use
- Mobilize autologous hematopoietic progenitor cells into the peripheral blood for collection by leukapheresis.
- Reduce the duration of neutropenia and neutropenia-related clinical sequelae, e.g., febrile neutropenia, in patients with nonmyeloid malignancies undergoing myeloablative chemotherapy followed by bone marrow transplantation (BMT) and for patients with nonmyeloid malignancies undergoing myeloablative chemotherapy followed by autologous hematopoietic progenitor cells collection.
- Reduce the time to neutrophil recovery and the duration of fever, following induction or consolidation chemotherapy treatment of patients with acute myelogenous leukemia (AML).• Reduce the incidence of infection, as manifested by febrile neutropenia, in patients with nonmyeloid malignancies receiving myeloablative anti-cancer drugs associated with a significant incidence of severe neutropenia with fever.
- Reduce the time to neutrophil recovery and the duration of fever, following induction or consolidation chemotherapy treatment of patients with acute myelogenous leukemia (AML).
- Reduce the duration of neutropenia and neutropenia-related clinical sequelae, e.g., febrile neutropenia, in patients with nonmyeloid malignancies undergoing myeloablative chemotherapy followed by bone marrow transplantation (BMT).
- Mobilize autologous hematopoietic progenitor cells into the peripheral blood for collection by leukapheresis.
- Reduce the incidence and duration of sepsis caused by Neisseria gonorrhoeae (e.g., fever, infections, onchomylotic lesions) in gynecologic patients with gynecologic infections, cervical neoplasms, cyclic neoplasms, or idiopathic neutropenia.
- Increase survival in patients previously exposed to myeloablative doses of radiation (hematopoietic Syndrome of Acute Radiation Syndrome).

> Dr. J1438 Injection, iron, ferric carboxymaltose, 1 mg
> 1 mg 1/1/2015 Injectafer® ferric carboxymaltose injection for intravenous use

- Indicated for the treatment of iron deficiency anemia in adult patients who have intolerance to oral iron or have had unsatisfactory response to oral iron.
- Whose iron stores depend on chronic kidney disease

> Dr. J1463 Injection, ferric pyrophosphate citrate solution, 0.1 mg of iron
> 0.1 mg of iron 1/1/2016 Triferic®

- Ferric pyrophosphate citrate solution, for hemodialysis use, and powder for solution for hemodialysis use

- Indicated for the treatment of iron deficiency anemia in adult patients with hemodialysis-dependent chronic kidney disease (HD-CKD).
- Mobilization of iron
- Triferic is not intended for use in patients receiving peritoneal dialysis.
- Triferic has not been studied in patients receiving home hemodialysis.
### North Carolina Division of Health Benefits

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<p>| Biologics | J3467 | Injection, filgrastim, 1 mcg | 1 mcg | 1/1/2016 | Granix® | Injection for intravenous use | Indicated for the treatment of primary humoral immunodeficiency (PI). N/A N/A Y Y 7/16/2018 |
|-----------|-------|----------------------------|-------|----------|---------|-------------------------------|------------------------------------------------|-----|           |
| Drugs     | J8451 | Injection, bevacizumab, 5 mg | 5 mg  | 1/1/2009 | Enzamine® | Bevacizumab for injection, for intravenous use | Indicated for the treatment of primary humoral immunodeficiency (PI). N/A N/A Y Y 7/16/2018 |
| Drugs     | J8454 | Injection, foscarnet, 1 mg  | 1 mg  | 1/1/2000 | Foscavir® | Injection, foscarnet sodium injection | Indicated for the treatment of persistent or recurrent human herpesvirus 6 (HHV-6) or human herpesvirus 7 (HHV-7) viremia. N/A N/A Y Y 7/16/2018 |
| Drugs     | J8455 | Injection, foscarnet sodium, 100 mg | 100 mg | 1/1/2000 | Foscavir® | Foscarnet sodium injection | Indicated for the treatment of persistent or recurrent human herpesvirus 6 (HHV-6) or human herpesvirus 7 (HHV-7) viremia. N/A N/A Y Y 7/16/2018 |
| Drugs     | J8458 | Injection, palonosetron, 0.25 mg | 0.25 mg | 1/1/2000 | Akynzeo® | Injection, palonosetron for injection, for intravenous use | Indicated for the treatment of: N/A N/A Y Y 7/16/2018 |
| Drugs     | J8459 | Injection, palonosetron, 1 cc | 1 cc  | 1/1/2000 | Akynzeo® | Injection, palonosetron for injection, for intravenous use | Indicated for the treatment of: N/A N/A Y Y 7/16/2018 |
| Drugs     | J8460 | Injection, palonosetron, 10 cc | 10 cc | 1/1/2000 | Akynzeo® | Injection, palonosetron for injection, for intravenous use | Indicated for the treatment of: N/A N/A Y Y 7/16/2018 |
| Drugs     | J8461 | Injection, palonosetron, 5 cc | 5 cc  | 1/1/2000 | Akynzeo® | Injection, palonosetron for injection, for intravenous use | Indicated for the treatment of: N/A N/A Y Y 7/16/2018 |
| Drugs     | J8462 | Injection, palonosetron, 0.5 cc | 0.5 cc | 1/1/2000 | Akynzeo® | Injection, palonosetron for injection, for intravenous use | Indicated for the treatment of: N/A N/A Y Y 7/16/2018 |
| Drugs     | J8463 | Injection, palonosetron, 0.1 cc | 0.1 cc | 1/1/2000 | Akynzeo® | Injection, palonosetron for injection, for intravenous use | Indicated for the treatment of: N/A N/A Y Y 7/16/2018 |
| Drugs     | J8464 | Injection, foscarnet sodium, 1 cc | 1 cc  | 1/1/2000 | Foscavir® | Foscarnet sodium injection | Indicated for the treatment of persistent or recurrent human herpesvirus 6 (HHV-6) or human herpesvirus 7 (HHV-7) viremia. N/A N/A Y Y 7/16/2018 |
| Drugs     | J8465 | Injection, foscarnet sodium, 10 cc | 10 cc | 1/1/2000 | Foscavir® | Foscarnet sodium injection | Indicated for the treatment of persistent or recurrent human herpesvirus 6 (HHV-6) or human herpesvirus 7 (HHV-7) viremia. N/A N/A Y Y 7/16/2018 |
| Drugs     | J8466 | Injection, foscarnet sodium, 100 cc | 100 cc | 1/1/2000 | Foscavir® | Foscarnet sodium injection | Indicated for the treatment of persistent or recurrent human herpesvirus 6 (HHV-6) or human herpesvirus 7 (HHV-7) viremia. N/A N/A Y Y 7/16/2018 |
| Drugs     | J8467 | Injection, filgrastim, 1 mcg | 1 mcg | 1/1/2016 | Granix® | Injection, filgrastim, for intravenous use | Indicated for the treatment of primary humoral immunodeficiency (PI). N/A N/A Y Y 7/16/2018 |</p>
<table>
<thead>
<tr>
<th>Immune Globulins</th>
<th>Indication</th>
<th>Age Restriction</th>
<th>Product Specific (see comments)</th>
<th>N/A</th>
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<th>N/A</th>
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<td>Octagam 5%:</td>
<td>Indicated for the treatment of primary humoral immunodeficiency.</td>
<td>Octagam 5%:</td>
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<td>Chronic Inflammatory Demyelinating Polyneuropathy: 18 years of age and older</td>
<td>Indication specific age restrictions:</td>
<td>Chronic Inflammatory Demyelinating Polyneuropathy: 18 years of age and older</td>
<td>9/3/2018</td>
<td></td>
</tr>
<tr>
<td>J1571</td>
<td>Injection, hepabac b &amp; immune globulins (lyophilized), intramuscular, 0.5 ml</td>
<td>0.5 ml</td>
<td>1/1/2008</td>
<td>Hepabac® B:</td>
<td>17</td>
<td>24</td>
<td>N/A</td>
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<tr>
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<td>Primary Humoral Immunodeficiency: None</td>
<td>Indication specific age restrictions:</td>
<td>Primary Humoral Immunodeficiency: 3 years of age and older</td>
<td>Chronic Inflammatory Demyelinating Polyneuropathy: 18 years of age and older</td>
<td>Indication specific age restrictions:</td>
<td>Chronic Inflammatory Demyelinating Polyneuropathy: 18 years of age and older</td>
<td>9/3/2018</td>
<td></td>
</tr>
<tr>
<td>J1572</td>
<td>Injection, hepabac b &amp; immune globulins (lyophilized), intramuscular, 0.5 ml</td>
<td>0.5 ml</td>
<td>1/1/2008</td>
<td>Hepabac® B:</td>
<td>129</td>
<td>1,240</td>
<td>N/A</td>
<td>N/A</td>
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<td>Primary Humoral Immunodeficiency: None</td>
<td>Indication specific age restrictions:</td>
<td>Primary Humoral Immunodeficiency: 3 years of age and older</td>
<td>Chronic Inflammatory Demyelinating Polyneuropathy: 18 years of age and older</td>
<td>Indication specific age restrictions:</td>
<td>Chronic Inflammatory Demyelinating Polyneuro...</td>
<td>7/1/2018</td>
<td></td>
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<tr>
<td>J1573</td>
<td>Injection, hepabac b &amp; immune globulins (lyophilized), intramuscular, 0.5 ml</td>
<td>0.5 ml</td>
<td>1/1/2008</td>
<td>Hepabac® B:</td>
<td>280</td>
<td>560</td>
<td>Indication Specific (see comments)</td>
<td>N/A</td>
<td>N/A</td>
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<td>Primary Humoral Immunodeficiency: None</td>
<td>Indication specific age restrictions:</td>
<td>Primary Humoral Immunodeficiency: 3 years of age and older</td>
<td>Chronic Inflammatory Demyelinating Polyneuropathy: 18 years of age and older</td>
<td>Indication specific age restrictions:</td>
<td>Chronic Inflammatory Demyelinating Polyneuro...</td>
<td>7/1/2018</td>
<td></td>
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<tr>
<td>Drugs</td>
<td>J1580</td>
<td>injection, garamycin, gentamicin, up to 5 mg</td>
<td>up to 80 mg</td>
<td>1/1/2000</td>
<td>N/A</td>
<td>gentamicin sulfate injection for intravenous or intramuscular injection</td>
<td>Indicated for the treatment of: • Primary bacterial infective endocarditis (PE) in patients 2 years of age and older. • Chronic immune thrombocytopenia (ITP) in adults.</td>
<td>280</td>
<td>560</td>
</tr>
<tr>
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<tr>
<td>Immune Globulins</td>
<td>J1599</td>
<td>Injection, immune globulin, intravenous, non extended-release, 0.1 mg</td>
<td>500 mg</td>
<td>1/1/2014</td>
<td>Pasprin®</td>
<td>Immune globulin intravenous human - Pia</td>
<td>Indicated for the treatment of: • Active Ankylosing Spondylitis (AS). • Active Psoriatic Arthritis (PsA). • Moderately to severely active Rheumatoid Arthritis (RA) in combination with methotrexate.</td>
<td>9</td>
<td>278</td>
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<tr>
<td>Biologicals</td>
<td>J6402</td>
<td>Injection, gluteal, 1 mg, for intramuscular use</td>
<td>1 mg</td>
<td>1/1/2014</td>
<td>Simponi Aria®</td>
<td>glucose for injection, for subcutaneous, intramuscular or intravenous use</td>
<td>Indicated for: • Management of severe hypoglycemia. • Use as a diagnostic tool for use during radiologic examinations to temporarily inhibit movement of the gastrointestinal tract.</td>
<td>2</td>
<td>10</td>
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<tr>
<td>Drugs</td>
<td>J6410</td>
<td>Injection, glucagon hydrochloride, per 1 mg</td>
<td>1 mg</td>
<td>1/1/2000</td>
<td>glucagon®</td>
<td>glucagon for injection, for subcutaneous, intramuscular or intravenous use</td>
<td>Indicated for: • Management of severe hypoglycemia. • Use as a diagnostic tool for use during radiologic examinations to temporarily inhibit movement of the gastrointestinal tract.</td>
<td>14</td>
<td>284</td>
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<tr>
<td>Drugs</td>
<td>J6426</td>
<td>Injection, granisetron, hydrochloride, 100 mcg</td>
<td>100 mcg</td>
<td>1/1/2000</td>
<td>N/A</td>
<td>granisetron hydrochloride injection, for intravenous use</td>
<td>Indicated for: • Prevention of nausea and vomiting associated with initial and repeat courses of emetogenic cancer therapy including high-dose cisplatin. • Prevention of nausea and vomiting in infants.</td>
<td>10</td>
<td>50</td>
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<tr>
<td>Drugs</td>
<td>J6427</td>
<td>Injection, granisetron, extended-release, 0.15 mg</td>
<td>0.15 mg</td>
<td>1/1/2018</td>
<td>Suston®</td>
<td>granisetron extended-release injection, for subcutaneous use</td>
<td>Indicated in combination with other antineoplastic agents for the prevention of acute and delayed nausea and vomiting associated with initial and repeat courses of moderately emetogenic chemotherapy (MEC) or anthracyclines and cyclophosphamide (AC) combination chemotherapy regimens.</td>
<td>100</td>
<td>500</td>
</tr>
<tr>
<td>Drugs</td>
<td>J6430</td>
<td>Injection, haloperidol, up to 5 mg</td>
<td>up to 5 mg</td>
<td>1/1/2000</td>
<td>Habitr®</td>
<td>haloperidol fumarate injection</td>
<td>Indicated for use in the treatment of schizoaffective disorder and the control of tics and vocal utterances of Tourette's Disorder.</td>
<td>4</td>
<td>124</td>
</tr>
<tr>
<td>Drugs</td>
<td>J6431</td>
<td>Injection, haloperidol decanoate, per 5 mg</td>
<td>per 50 mg</td>
<td>1/1/2000</td>
<td>Habitr®</td>
<td>decanoate injection, for intramuscular use</td>
<td>Indicated for the treatment of schizophrenia patients who require prolonged parenteral antipsychotic therapy.</td>
<td>9</td>
<td>18</td>
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<tr>
<td>Drugs</td>
<td>J6540</td>
<td>Injection, hemin, 1 mg</td>
<td>1 mg</td>
<td>1/1/2006</td>
<td>Fairhemest®</td>
<td>hemin for injection</td>
<td>Indicated for amelioration of recurrent attacks of acute intermittent porphyria temporally related to the menstrual cycle in susceptible women, after initial symptomatic therapy is known or suspected to be inadequate.</td>
<td>1,850</td>
<td>14,700</td>
</tr>
<tr>
<td>Drugs</td>
<td>J1642</td>
<td>Injection, heparin sodium, (heparin lock flush), per 10 units</td>
<td>10 units</td>
<td>11/1/2008</td>
<td>Hep-Lock® Heparin Flush®</td>
<td>heparin sodium injection (heparin lock flush)</td>
<td>Intended to maintain patency of an indwelling venipuncture device designed for intermittent injection or infusion therapy in broad sampling. Heparin lock flush solution may be used following initial placement of the device in the vein, after each injection of a medication or after withdrawal of blood for laboratory tests. Heparin lock flush solution is not to be used for anticoagulant therapy.</td>
<td>150 4,500 N/A N/A N/A N/A Y Y</td>
<td>10/16/2018</td>
</tr>
<tr>
<td>---</td>
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</tr>
<tr>
<td>Drugs</td>
<td>J1644</td>
<td>Injection, heparin sodium, per 1,000 units</td>
<td>per 1,000 units</td>
<td>11/1/2008</td>
<td>N/A</td>
<td>heparin sodium injection, for intravenous or subcutaneous use</td>
<td>Indicated for: • Profuse and extensive bleeding • Prevention of postoperative deep venous thrombosis and pulmonary embolism in patients undergoing major abdominal surgery or other surgical procedures at risk for these events. • Oral anticoagulant therapy.</td>
<td>60 465 N/A N/A N/A N/A Y Y</td>
<td>6/1/2019</td>
</tr>
<tr>
<td>Drugs</td>
<td>J1645</td>
<td>Injection, dalteparin sodium, per 2,500 IU</td>
<td>per 2,500 IU</td>
<td>11/1/2008</td>
<td>Fragipan®</td>
<td>dalteparin sodium injection, for subcutaneous use</td>
<td>Indicated for: • Profuse of ischemic complications of unstable angina and non-Q-wave myocardial infarction. • Profuse of deep vein thrombosis (DVT) in abdominal surgery, hip replacement surgery or medical patients with severely restricted mobility during acute illness. • Extended treatment of symptomatic venous thromboembolism (VTE) to reduce the recurrence in patients with known. In these patients, the Fragmin therapy begins with the initial VTE treatment and continues for six months. • Treatment of symptomatic venous thromboembolism (VTE) to reduce the recurrence in pediatric patients 1 month of age and older.</td>
<td>34 372 1 month N/A N/A N/A Y Y</td>
<td>6/1/2019</td>
</tr>
<tr>
<td>Drugs</td>
<td>J1650</td>
<td>Injection, enoxaparin sodium, 10 mg</td>
<td>10 mg</td>
<td>11/1/2008</td>
<td>Louvan®</td>
<td>enoxaparin sodium injection, for subcutaneous and intravenous use</td>
<td>Indicated for: • Profuse of deep vein thrombosis (DVT) in abdominal surgery, hip replacement surgery, knee replacement surgery, or medical patients with severely restricted mobility during acute illness. • Treatment of acute DVT without oral anticoagulants. • Treatment of acute ST-segment elevation myocardial infarction (STEMI) managed medically or with subsequent percutaneous coronary intervention (PCI).</td>
<td>30 980 18 years N/A N/A N/A N/A Y Y</td>
<td>6/1/2019</td>
</tr>
<tr>
<td>Drugs</td>
<td>J1652</td>
<td>Injection, fondaparinux sodium, 0.5 mg</td>
<td>0.5 mg</td>
<td>1/1/2009</td>
<td>Arixtra®</td>
<td>fondaparinux sodium injection, for subcutaneous injections</td>
<td>Indicated for: • Gastrointestinal Diseases: To tide the patient over a critical period of the disease in regional enteritis (systemic manifestation), oral aphthous ulcerations, chronic diarrhea, inflammatory bowel disease, disseminated histoplasmosis. • Dermatologic Diseases: Bullous dermatitis herpetiformis, exfoliative erythroderma, mycosis fungoides, psoriasis, severe rhinitis major (primary atopic rhinitis). • Infectious Diseases: Primary or secondary amebiasis, meningoencephalitis, febrile lymphocytosis, Shigella dysenteriae, salmonella gastroenteritis.</td>
<td>20 520 18 years N/A N/A N/A N/A Y Y</td>
<td>10/16/2018</td>
</tr>
<tr>
<td>Drugs</td>
<td>J1720</td>
<td>Injection, hydrocortisone sodium succinate, up to 100 mg</td>
<td>up to 100 mg</td>
<td>1/1/2000</td>
<td>Solu-Cortef®</td>
<td>hydrocortisone sodium succinate for injection, for oral or intramuscular administration</td>
<td>Indicated in non-pregnant women: • Irritable pseudo-obstruction of the colon (especially in the elderly). • Acute gastrointestinal disturbances. • As a test for endogenous estrogen production and for the production of secretory endometrium and milk. • In the management of amenorrhea (primary and secondary) and abnormal uterine bleeding due to hormonal imbalance. • Gastrointestinal Diseases: To tide the patient over a critical period of the disease in regional enteritis (systemic manifestation), oral aphthous ulcerations, chronic diarrhea, inflammatory bowel disease, disseminated histoplasmosis. • Dermatologic Diseases: Bullous dermatitis herpetiformis, exfoliative erythroderma, mycosis fungoides, psoriasis, severe rhinitis major (primary atopic rhinitis).</td>
<td>60 155 N/A N/A N/A N/A N/A Y Y</td>
<td>10/16/2018</td>
</tr>
<tr>
<td>Drugs</td>
<td>J1775</td>
<td>Injection, hydrocortisone sodium succinate, 30 mg</td>
<td>30 mg</td>
<td>1/1/2008</td>
<td>Makena®</td>
<td>hydrocortisone sodium succinate injection for intramuscular or subcutaneous use</td>
<td>Indicated for: • In the treatment of palliation of symptoms associated with cancer. In these patients, the Fragmin therapy begins with the initial VTE treatment and continues for six months. • Extended treatment of symptomatic venous thromboembolism (VTE) to reduce the recurrence in patients with known. In these patients, the Fragmin therapy begins with the initial VTE treatment and continues for six months. • Prophylaxis of deep vein thrombosis (DVT) for pediatric patients with multiple genetic or other factors for risk factors for DVT or VTE.</td>
<td>Product Specific (see comments) Product Specific (see comments) 16 years N/A N/A Females Only Y Y</td>
<td>9/21/2018</td>
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<tr>
<td>Drugs</td>
<td>J1779</td>
<td>Injection, hydrocortisone sodium succinate, 10 mg</td>
<td>10 mg</td>
<td>1/1/2018</td>
<td>N/A</td>
<td>hydrocortisone sodium succinate injection</td>
<td>Indicated for: • In the treatment of palliation of symptoms associated with cancer. In these patients, the Fragmin therapy begins with the initial VTE treatment and continues for six months. • Extended treatment of symptomatic venous thromboembolism (VTE) to reduce the recurrence in patients with known. In these patients, the Fragmin therapy begins with the initial VTE treatment and continues for six months. • Prophylaxis of deep vein thrombosis (DVT) for pediatric patients with multiple genetic or other factors for risk factors for DVT or VTE.</td>
<td>100 3,500 N/A N/A N/A Indicated only for non-pregnant women. Y Y</td>
<td>6/4/2019</td>
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<tr>
<td>Drugs</td>
<td>J1760</td>
<td>Injection, Budesonide, 1 mg</td>
<td>1 mg</td>
<td>1/1/2007</td>
<td>Budesar®</td>
<td>budesonide injection, for intravenous use</td>
<td>Indicated for: • In the treatment of eosinophilic gastroenteritis and eosinophilic enteritis. • In the treatment of idiopathic eosinophilic gastritis. • In the treatment of adult-onset eosinophilic gastropathies (allergic gastritis).</td>
<td>1 10 40 years N/A N/A Females Only Y Y</td>
<td>10/16/2018</td>
</tr>
<tr>
<td>Drugs</td>
<td>J1762</td>
<td>Injection, ibutilide fumarate, 1 mg</td>
<td>1 mg</td>
<td>1/1/2000</td>
<td>Corvert®</td>
<td>ibutilide fumarate injection for intravenous infusion</td>
<td>Indicated for: • Rapid conversion of atrial flutter or atrial fibrillation of recent onset to sinus rhythm. Patients following a failed cardioversion attempt.</td>
<td>2 10 18 years N/A N/A N/A Y Y</td>
<td>10/16/2018</td>
</tr>
</tbody>
</table>
Injection, levetiracetam, 37.5 mg
per 3.75 mg 1/1/2000 N/A
Ilipene suspension, for intravenous use, 3.75 mg
Injection in multiple sclerosis
• Management of incontinence, including pain relief and reduction of enuresis/encephalitis lesion.
• Prophylactic hematologic improvement of patients with anemia caused by infusion of massive amounts of saline when used concurrently with the drug.
2 1 18 years N/A Females Only Y Y

Injection, lincomycin HCl, 50 mL 1/1/2000 N/A manitol injection
Indicated as an adverse effect, or as an alternative when administration is temporarily not feasible, for the treatment of:
• Portal vein thrombosis in patients 1 month of age and older with epiphenoidal lesions.
• Myocardial infarction in patients 12 years of age and older with juvenile retinitis pigmentosa.
• Primary generalized tonic-clonic seizures in patients 6 years of age and older with ophthalmic generalized ophthalmoplegia.
300 0.300 Indication Specific (see comments) N/A N/A Y Y

Injection, levocarnitine, 1 g 1/1/2000 Carnitor® levocarnitine injection for intravenous use
Indicated for:
• The acute and chronic treatment of patients with an iron-deficiency anemia which results in secondary carnitine deficiency.
• The prevention and treatment of carnitine deficiency in patients with malignancy caused by surgery.
42 1,232 N/A N/A N/A Y Y

Injection, leuprolide acetate for depot 10 mg 1/1/2000 N/A leuprolide acetate for depot
• Indicated for production of local or regional anesthesia by infiltration techniques such as percutaneous injections, visceral biopsy and interventional or radiologic procedures such as endoscopy or hypotonic duodenography.
• Also as adjunctive therapy in the treatment of neurogenic bladder and neurogenic bowel disturbances (including incontinence).
• For use as an adjunctive therapy in the treatment of infarcted bowel syndrome (pyloric colon), spastic colon, colonic megacystis, and associated abdominal cramps.
• May also be used intravenously to improve radiologic visibility of the kidneys.
• For use as an adjunctive therapy in the treatment of peptic ulcer.
• Is effective as an adjunctive therapy in the treatment of urinary incontinence.
• May also be used intravenously to improve radiologic visibility of the kidneys.
• Indicated for preoperative improvement of patients with anemia caused by uterine leiomyomata when used concurrently with the drug.
• Management of endometriosis, including pain relief and reduction of enuresis/encephalitis lesion.
• Prophylactic hematologic improvement of patients with anemia caused by infusion of massive amounts of saline when used concurrently with the drug.
8 248 N/A N/A N/A Y Y

Injection, hydrocortisone sodium, up to 0.1 mg 1/1/2000 N/A hydrocortisone sodium succinate injection
Indicated for the treatment of various infections due to susceptible strains of Gram-negative, Gram-positive, and mycobacteria. It is used for children weighing 3 kg or more, patients or other patients for whom, in the judgment of the physician, a percutaneous route is inappropriate.
27 637 N/A N/A N/A Y Y

Injection, iodine/USP, for intravenous infusion, 30 mg 1/1/2000 N/A Iodine hydrosoluble injection, solution
Administered intravenously or intramuscularly, is specifically utilized in the acute management of ventricular arrhythmias such as those occurring in relation to acute myocardial infarction, or during cardiac manipulation, such as cardiac surgery.
35 35 N/A N/A N/A Y Y

Injection, leucovorin calcium, up to 50 mg 1/1/2000 N/A leucovorin calcium injection solution
Indicated for the treatment of numerous infections due to susceptible strains of Gram-negative, Gram-positive, and mycobacteria. It is used for children weighing 3 kg or more, patients or other patients for whom, in the judgment of the physician, a percutaneous route is inappropriate.
6 168 N/A N/A N/A Y Y

Injection, lorazepam, 2 mg 1/1/2000 N/A lorazepam injection for intravenous or intramuscular use
Indicated for the:
• In adult patients for preanesthetic medication, producing sedation (sleepiness or drowsiness), relief of anxiety and a decreased ability to recall events related to the day of surgery.
• For use as an adjunctive therapy in the treatment of irritable bowel syndrome (irritable colon, spastic colon, and irritable bowel syndrome) and functional gastrointestinal disorders.
• For use as an adjunctive therapy in the treatment of irritable bowel syndrome (irritable colon, spastic colon, and irritable bowel syndrome) and functional gastrointestinal disorders.
• For use as an adjunctive therapy in the treatment of irritable bowel syndrome (irritable colon, spastic colon, and irritable bowel syndrome) and functional gastrointestinal disorders.
• For use as an adjunctive therapy in the treatment of irritable bowel syndrome (irritable colon, spastic colon, and irritable bowel syndrome) and functional gastrointestinal disorders.
4 124 18 years N/A N/A Y Y

Injection, mannitol, 25% in 0.9% 50 mL 1/1/2000 N/A mannitol injection
Indicated for the:
• The prevention or treatment of the oliguric phase of acute renal failure before irreversible renal failure becomes established.
• Induction of diuresis and treatment of cerebral edema by reducing brain mass.
• Induction of diuresis and treatment of cerebral edema by reducing brain mass.
• Induction of diuresis and treatment of cerebral edema by reducing brain mass.
23 713 N/A N/A N/A Y Y
### Table: Drugs

<table>
<thead>
<tr>
<th>Code</th>
<th>Drug Name</th>
<th>Formulation</th>
<th>Strength</th>
<th>Route</th>
<th>Use</th>
<th>ICD Code</th>
<th>Limitations</th>
<th>Notes</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>12175</td>
<td>Injection, epinephrine hydrochloride, per 100 mg</td>
<td>100 mg</td>
<td>1/1/2000</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>10/16/2018</td>
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<tr>
<td>12186</td>
<td>Injection, menopausal and vasodilator, 1/2g/1/2g (20g)</td>
<td>1/2g</td>
<td>1/1/2000</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>10/16/2018</td>
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<tr>
<td>12210</td>
<td>Injection, midazolam hydrochloride, per 1 mg</td>
<td>1 mg</td>
<td>1/1/2000</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>10/11/2018</td>
</tr>
<tr>
<td>12250</td>
<td>Injection, meperidine hydrochloride, per 5 mg</td>
<td>5 mg</td>
<td>1/1/2000</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>10/11/2018</td>
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<tr>
<td>12260</td>
<td>Injection, nalbuphine hydrochloride, for epidural or intrathecal use, 10 mg</td>
<td>10 mg</td>
<td>1/1/2000</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>10/11/2018</td>
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<tr>
<td>12270</td>
<td>Injection, morphine sulfate, preservative-free for epidural or intrathecal use, 10 mg</td>
<td>10 mg</td>
<td>1/1/2000</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>10/11/2018</td>
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<tr>
<td>12274</td>
<td>Injection, morphine sulfate, preservative-free for epidural or intrathecal use, 10 mg</td>
<td>10 mg</td>
<td>1/1/2000</td>
<td>N/A</td>
<td>N/A</td>
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<td>N/A</td>
<td>10/11/2018</td>
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<tr>
<td>12278</td>
<td>Injection, ziconotide solution, intrathecal infusion</td>
<td>1 mg</td>
<td>1/1/2000</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>10/11/2018</td>
</tr>
<tr>
<td>12300</td>
<td>Injection, nalbuphine hydrochloride, per 10 mg</td>
<td>10 mg</td>
<td>1/1/2000</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>10/11/2018</td>
</tr>
<tr>
<td>Drugs</td>
<td>12460</td>
<td>Injection, papaverine HCl, up to 60 mg</td>
<td>up to 60 mg</td>
<td>1/1/1980</td>
<td>N/A</td>
<td>N/A - various generics</td>
<td>papaverine hydrochloride injection, solution</td>
<td>Indicated in various conditions accompanied by spasm of smooth muscle, such as vascular spasm associated with acute myocardial infection (myocardial infarction, angina pectoris, peripheral and pulmonary embolism, peripheral vascular disease in which there is a vasospastic element, or certain cerebrovascular states, and visceral spasm, as in cerebral, spinal, or gastrointestinal vessels.</td>
<td>16</td>
</tr>
<tr>
<td>Drugs</td>
<td>12469</td>
<td>Injection, palonosetide HCl, 25 mg</td>
<td>25 mg</td>
<td>1/1/1980</td>
<td>Aloxi®</td>
<td>palonosetide injection for intravenous use</td>
<td>Indicated in adults for: • Moderately symptomatic cancer chemotherapy — prevention of acute and delayed nausea and vomiting associated with initial and repeat courses. • Highly symptomatic cancer chemotherapy — prevention of acute nausea and vomiting associated with initial and repeat courses. • Prevention of postoperative nausea and vomiting (PONV) for up to 24 hours following surgery. Efficacy beyond 24 hours has not been demonstrated. Indicated in pediatric patients aged 1 month to less than 17 years for: • Prevention of acute nausea and vomiting associated with initial and repeat courses of emetogenic cancer chemotherapy, including highly emetogenic cancer chemotherapy.</td>
<td>10</td>
<td>50</td>
</tr>
<tr>
<td>Drugs</td>
<td>12501</td>
<td>Injection, pancuronium, 1 mg</td>
<td>1 mg</td>
<td>1/1/1995</td>
<td>Zemscar®</td>
<td>pancuronium injection</td>
<td>Indicated for the prevention and treatment of secondary hyperparathyroidism associated with stage 5 chronic kidney disease (CKD).</td>
<td>30</td>
<td>420</td>
</tr>
<tr>
<td>Drugs</td>
<td>12504</td>
<td>Injection, palmitate long acting, 1 mg</td>
<td>1 mg</td>
<td>1/1/2007</td>
<td>Signifor® LAR</td>
<td>pasireotide for injectable suspension, for intravenous use</td>
<td>Indicated for the treatment of: • Patients with acromegaly who have had an inadequate response to surgery and/or for whom surgery is not an option. • Patients with Cushing’s disease for whom pituitary surgery is not an option or has not been curative.</td>
<td>60</td>
<td>120</td>
</tr>
<tr>
<td>Drugs</td>
<td>12503</td>
<td>Injection, papaverine sodium, 0.3 mg</td>
<td>0.3 mg</td>
<td>1/1/2005</td>
<td>Manager®</td>
<td>papaverine sodium injection</td>
<td>Indicated for the treatment of neovascular (wet) age-related macular degeneration.</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Biologicals</td>
<td>12505</td>
<td>Injection, pegfilgrastim, 4 mg</td>
<td>4 mg</td>
<td>1/1/2008</td>
<td>Neulasta®</td>
<td>pegfilgrastim injection, for subcutaneous use</td>
<td>Indicated in the treatment of moderate to severe infections in both adults and pediatric patients due to penicillin- susceptible microorganisms when susceptibility to the low and persistent serum levels common to this particular dosage form. Therapy should be guided by bacteriological studies (including susceptibility tests) and by clinical response. See package insert for list of infections and microorganisms.</td>
<td>4</td>
<td>12</td>
</tr>
<tr>
<td>Biologicals</td>
<td>12507</td>
<td>Injection, epinephrine, 1 mg</td>
<td>1 mg</td>
<td>1/1/2012</td>
<td>Rytromax®</td>
<td>epinephrine injection, for intravenous use</td>
<td>Indicated for the treatment of shock due to adult patients refractory to conventional therapy.</td>
<td>8</td>
<td>24</td>
</tr>
<tr>
<td>Drugs</td>
<td>12510</td>
<td>Injection, penicillin G potassium, up to 600,000 units</td>
<td>up to 600,000 units</td>
<td>1/1/1999</td>
<td>N/A</td>
<td>penicillin G potassium for intravenous use</td>
<td>Indicated in the treatment of moderate-to-severe infections in both adults and pediatric patients due to penicillin- susceptible microorganisms that are susceptible to the low and persistent serum levels common to this particular dosage form. Therapy should be guided by bacteriological studies (including susceptibility tests) and by clinical response. See package insert for list of infections and microorganisms.</td>
<td>4</td>
<td>32</td>
</tr>
<tr>
<td>Drugs</td>
<td>12514</td>
<td>Injection, pentobarbital sodium, 50 mg</td>
<td>50 mg</td>
<td>1/1/1980</td>
<td>Nembutal®</td>
<td>pentobarbital sodium injection, USP</td>
<td>Indicated for use as: • Sedatives: • Preanesthetics • Hypnotics, for the short-term treatment of insomnia, since they appear to lose their effectiveness for sleep induction and sleep maintenance after 2 weeks. • Tranquillizers: • Anticonvulsant, in anesthetic doses, in the emergency control of certain acute convulsive episodes, e.g., those associated with status epilepticus, cholera, eclampsia, meningitis, tetanus, and toxic reactions to strychnine or toxic antimonials.</td>
<td>10</td>
<td>150</td>
</tr>
<tr>
<td>Drugs</td>
<td>12540</td>
<td>Injection, pentoxifylline, up to 600,000 units</td>
<td>600,000 units</td>
<td>1/1/1992</td>
<td>Plavix®</td>
<td>pentoxifylline for injection</td>
<td>Indicated in the therapy of severe infections caused by penicillin-sensitive microorganisms when rapid and high penicillin levels are required. Therapy should be guided by bacteriological studies (including susceptibility tests) and by clinical response. See package insert for full list of microorganisms.</td>
<td>40</td>
<td>1,240</td>
</tr>
<tr>
<td>Drugs</td>
<td>12543</td>
<td>Injection, piperacillin sodium/taizobactam sodium, 1.25 g (1.125 g)</td>
<td>1.25 g</td>
<td>1/1/1995</td>
<td>Zosyn®</td>
<td>piperacillin and tazobactam for intravenous use</td>
<td>Indicated for the treatment of: • Intra-abdominal infections • Skin and skin structure infections • Gastrointestinal infections • Community-acquired pneumonia • Neonatal pneumonia • Urine • Treatment of the development of drug-resistant bacteria and maintenance of the effectiveness of Zosyn and other antibacterial drugs. Zosyn should be used only to treat or prevent infections that are proven or strongly suspected to be caused by bacteria.</td>
<td>16</td>
<td>224</td>
</tr>
<tr>
<td>Drugs</td>
<td>12545</td>
<td>Injection, pemoline succinate, inhalation solution, FDA- approved final product - non-compounded, administered through DMA, unit dose form, per 10 mg</td>
<td>100 mg</td>
<td>1/1/2000</td>
<td>Nasil®</td>
<td>pemoline succinate solution (SMS) for oral inhalation only</td>
<td>Indicated for the prevention of Pneumocystis jiroveci pneumonia (PJP) in HIV-infected patients defined by one or both of the following criteria: • History of one or more episodes of PJP • Peripheral CD4+ T-cell helper/inducer lymphocyte count less than or equal to 300/mm³</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Drugs</td>
<td>12547</td>
<td>Injection, penicillin, 1 mg</td>
<td>1 mg</td>
<td>1/1/1995</td>
<td>Rapidab®</td>
<td>penicillin for intravenous use</td>
<td>Indicated for the treatment of skin- and soft- tissue infections in patients 3 years and older who have been symptomatic for no more than two days. Limitations of use: • Efficacy based on clinical trials in which the predominant influenza virus type was influenza A, it is limited number of subjects infected with influenza B viruses were enrolled. • Consider available information on influenza drug susceptibility patterns and treatment effects when deciding whether to use. Efficacy could not be established in patients with serious influenza requiring hospitalization.</td>
<td>600</td>
<td>600</td>
</tr>
</tbody>
</table>
Injection, oxytocin, up to 5,040

Injection, pitocin® oxytocin injection, USP

Injection, progesterone, up to 10 units

Injection, plerixafor, 1 mg

Injection, phenobarbital

Injection, pralidoxime

Injection, oxacillin

Injection, procainamide

Injection, protamine

Injection, protein c concentrate

Injection, desmopressin

Injection, fluphenazine decanoate

Injection, desmopressin acetate

Injection, protamine sulfate injection,

Injection, myasthenia gravis.

Injection, oxacillin sodium injection,

Injection, desmopressin acetate

Injection, neostigmine methylsulfate

Injection, protamine sulfate injection,

Injection, protein c concentrate

Injection, phenobarbital

Injection, pralidoxime

Injection, oxacillin

Injection, procainamide

Injection, protamine

Injection, protein c concentrate

Injection, desmopressin

Injection, fluphenazine decanoate

Injection, desmopressin acetate

Injection, desmopressin acetate

Injection, protamine sulfate injection,

Injection, myasthenia gravis.

Injection, oxacillin sodium injection,

Injection, desmopressin acetate

Injection, fluphenazine decanoate

Injection, desmopressin acetate

Injection, neostigmine methylsulfate

Injection, protamine sulfate injection,

Injection, protein c concentrate

Injection, desmopressin

Injection, fluphenazine decanoate

Injection, desmopressin acetate

Injection, desmopressin acetate

Injection, protamine sulfate injection,
Injection, rasburicase, 0.5 mg 1/1/2004 Elitek® rasburicase for injection, for patients with acute and recurrent gouty or hyperuricemic crisis. The drug is indicated for the prophylaxis and treatment of acute gouty or hyperuricemic crisis.

Biologicals J2793 Injection, rilonacept, 1 mg 1/1/2004 Erelzi® rilonacept for subcutaneous injection, for the treatment of patients with psoriatic arthritis, ankylosing spondylitis, or rheumatoid arthritis. The drug is indicated for the treatment of patients with moderate to severe psoriatic arthritis, ankylosing spondylitis, or rheumatoid arthritis.

Biologicals J2788 Globulins for immunoglobulin deficiency states, for the prophylaxis and treatment of patients with immunoglobulin deficiency states. The drug is indicated for the prophylaxis and treatment of patients with immunoglobulin deficiency states.

Drugs 12765 Injection, riluzole, 5 mg 1/1/2008 Rilutek® riluzole for oral solution, for the treatment of amyotrophic lateral sclerosis (ALS). The drug is indicated for the treatment of patients with amyotrophic lateral sclerosis (ALS).

Biologicals J2765 Injection, ruxolitinib, 0.5 mg 1/1/2017 JAKAVI® ruxolitinib for oral solution, for the treatment of patients with intermediate-risk or high-risk myelofibrosis, who have had an inadequate response to prior therapy. The drug is indicated for the treatment of patients with intermediate-risk or high-risk myelofibrosis, who have had an inadequate response to prior therapy.

Biologicals J2767 Injection, rhD immune globulin, human, 200 mg 1/1/2009 HyperRho® S/D rhD immune globulin (human), full dose, for the prevention of Rh immunization in any Rh-negative person after incompatible transfusion of Rh-positive blood or blood products. The drug is indicated for the prevention of Rh immunization in any Rh-negative person after incompatible transfusion of Rh-positive blood or blood products.

Biologicals J2768 Injection, rhD immune globulin, human, 300 mg 1/1/2010 Rhophylac® rhD immune globulin (human), mini dose, for the prevention of Rh immunization in any Rh-negative person after incompatible transfusion of Rh-positive blood or blood products. The drug is indicated for the prevention of Rh immunization in any Rh-negative person after incompatible transfusion of Rh-positive blood or blood products.

Biologicals J2769 Injection, rhD immune globulin, human, 400 mg 1/1/2011 Rhophylac® rhD immune globulin (human), mini dose, for the prevention of Rh immunization in any Rh-negative person after incompatible transfusion of Rh-positive blood or blood products. The drug is indicated for the prevention of Rh immunization in any Rh-negative person after incompatible transfusion of Rh-positive blood or blood products.

Biologicals J2770 Injection, rhD immune globulin, human, 500 mg 1/1/2012 Rhophylac® rhD immune globulin (human), mini dose, for the prevention of Rh immunization in any Rh-negative person after incompatible transfusion of Rh-positive blood or blood products. The drug is indicated for the prevention of Rh immunization in any Rh-negative person after incompatible transfusion of Rh-positive blood or blood products.

Biologicals J2771 Injection, rhD immune globulin, human, 600 mg 1/1/2013 Rhophylac® rhD immune globulin (human), mini dose, for the prevention of Rh immunization in any Rh-negative person after incompatible transfusion of Rh-positive blood or blood products. The drug is indicated for the prevention of Rh immunization in any Rh-negative person after incompatible transfusion of Rh-positive blood or blood products.

Biologicals J2772 Injection, rhD immune globulin, human, 700 mg 1/1/2014 Rhophylac® rhD immune globulin (human), mini dose, for the prevention of Rh immunization in any Rh-negative person after incompatible transfusion of Rh-positive blood or blood products. The drug is indicated for the prevention of Rh immunization in any Rh-negative person after incompatible transfusion of Rh-positive blood or blood products.

Biologicals J2773 Injection, rhD immune globulin, human, 800 mg 1/1/2015 Rhophylac® rhD immune globulin (human), mini dose, for the prevention of Rh immunization in any Rh-negative person after incompatible transfusion of Rh-positive blood or blood products. The drug is indicated for the prevention of Rh immunization in any Rh-negative person after incompatible transfusion of Rh-positive blood or blood products.

Biologicals J2774 Injection, rhD immune globulin, human, 900 mg 1/1/2016 Rhophylac® rhD immune globulin (human), mini dose, for the prevention of Rh immunization in any Rh-negative person after incompatible transfusion of Rh-positive blood or blood products. The drug is indicated for the prevention of Rh immunization in any Rh-negative person after incompatible transfusion of Rh-positive blood or blood products.

Biologicals J2775 Injection, rhD immune globulin, human, 1,000 mg 1/1/2017 Rhophylac® rhD immune globulin (human), mini dose, for the prevention of Rh immunization in any Rh-negative person after incompatible transfusion of Rh-positive blood or blood products. The drug is indicated for the prevention of Rh immunization in any Rh-negative person after incompatible transfusion of Rh-positive blood or blood products.

Biologicals J2776 Injection, rhD immune globulin, human, 1,100 mg 1/1/2018 Rhophylac® rhD immune globulin (human), mini dose, for the prevention of Rh immunization in any Rh-negative person after incompatible transfusion of Rh-positive blood or blood products. The drug is indicated for the prevention of Rh immunization in any Rh-negative person after incompatible transfusion of Rh-positive blood or blood products.

Biologicals J2777 Injection, rhD immune globulin, human, 1,200 mg 1/1/2019 Rhophylac® rhD immune globulin (human), mini dose, for the prevention of Rh immunization in any Rh-negative person after incompatible transfusion of Rh-positive blood or blood products. The drug is indicated for the prevention of Rh immunization in any Rh-negative person after incompatible transfusion of Rh-positive blood or blood products.

Biologicals J2778 Injection, rhD immune globulin, human, 1,300 mg 1/1/2020 Rhophylac® rhD immune globulin (human), mini dose, for the prevention of Rh immunization in any Rh-negative person after incompatible transfusion of Rh-positive blood or blood products. The drug is indicated for the prevention of Rh immunization in any Rh-negative person after incompatible transfusion of Rh-positive blood or blood products.

Biologicals J2779 Injection, rhD immune globulin, human, 1,400 mg 1/1/2021 Rhophylac® rhD immune globulin (human), mini dose, for the prevention of Rh immunization in any Rh-negative person after incompatible transfusion of Rh-positive blood or blood products. The drug is indicated for the prevention of Rh immunization in any Rh-negative person after incompatible transfusion of Rh-positive blood or blood products.

Biologicals J2780 Injection, rhD immune globulin, human, 1,500 mg 1/1/2022 Rhophylac® rhD immune globulin (human), mini dose, for the prevention of Rh immunization in any Rh-negative person after incompatible transfusion of Rh-positive blood or blood products. The drug is indicated for the prevention of Rh immunization in any Rh-negative person after incompatible transfusion of Rh-positive blood or blood products.
### Drugs

<table>
<thead>
<tr>
<th>Code</th>
<th>Name</th>
<th>Dosage Form</th>
<th>Strength</th>
<th>Local Use</th>
<th>Local Use Strength</th>
<th>National Use</th>
<th>National Use Strength</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>12620</td>
<td>Injection, sodium succinate</td>
<td>up to 40 mg</td>
<td>18.1 mg</td>
<td>80/100</td>
<td>2</td>
<td>Y</td>
<td>Y</td>
<td>10/16/2018</td>
</tr>
<tr>
<td>12630</td>
<td>Injection, methylprednisolone</td>
<td>up to 125 mg</td>
<td>40 mg</td>
<td>2</td>
<td>62</td>
<td>N/A</td>
<td>N/A</td>
<td>6/7/2019</td>
</tr>
<tr>
<td>12650</td>
<td>Cortisone</td>
<td>18.1 mg</td>
<td>18.1 mg</td>
<td>75</td>
<td>100</td>
<td>N/A</td>
<td>N/A</td>
<td>10/16/2018</td>
</tr>
<tr>
<td>12660</td>
<td>Injection, streptomycin</td>
<td>up to 1 g</td>
<td>N/A</td>
<td>N/A</td>
<td>2</td>
<td>N/A</td>
<td>N/A</td>
<td>6/7/2019</td>
</tr>
<tr>
<td>12670</td>
<td>Injection, luteinamide</td>
<td>0.3 mg</td>
<td>N/A</td>
<td>210</td>
<td>210</td>
<td>N/A</td>
<td>N/A</td>
<td>6/8/2019</td>
</tr>
</tbody>
</table>

### Biologicals

<table>
<thead>
<tr>
<th>Code</th>
<th>Name</th>
<th>Dosage Form</th>
<th>Strength</th>
<th>Local Use</th>
<th>Local Use Strength</th>
<th>National Use</th>
<th>National Use Strength</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>12680</td>
<td>Injection, streptomycin</td>
<td>up to 1 g</td>
<td>N/A</td>
<td>210</td>
<td>210</td>
<td>N/A</td>
<td>N/A</td>
<td>6/8/2019</td>
</tr>
</tbody>
</table>

### Notes

- The table above lists various drugs and biologicals with their respective codes, names, dosages, strengths, and usage information.
- Local and national use codes, as well as their respective strengths, are also provided.
- Dates indicate the validity or expiration of the codes.
- Some codes are noted with specific limitations or conditions for use.

### Additional Information

- The list may include drugs such as streptomycin for injection, sodium succinate, and cortisone, among others, each with specific indications and usage notes.
- The table is a excerpt from the Physician Administered Drug Program Catalog of the North Carolina Division of Health Benefits.

---

**Medrol**

- Indicated for treatment of various inflammatory conditions, including acute exacerbations of chronic respiratory disorders, dermatologic conditions, and other systemic disorders.
- It is commonly used as an anti-inflammatory agent and has applications in asthma, allergic conditions, and acute respiratory infections.
- It is available in various formulations, including tablets, suspensions, and injections.

**Activase**

- Indicated for the treatment of acute ischemic stroke, acute myocardial infarction, and acute massive pulmonary embolism.
- It is a recombinant tissue plasminogen activator approved for use in selected patients who have met specific criteria.
- The use of Activase is subject to specific patient selection and adherence to the manufacturer's guidelines.

**Solu-Medrol**

- An intravenous or intramuscular injection formulation of methylprednisolone sodium succinate.
- It is used for short-term treatment of various inflammatory conditions and is available in different strengths and volumes.

**Reteplase**

- A recombinant tissue plasminogen activator approved for use in selected patients with acute ischemic stroke.
- It is indicated for the treatment of acute ischemic stroke within a specific time window after symptom onset.

**Physician Administered Drug Program Catalog**

- The catalog is a resource for health care providers to access information on approved drugs and their appropriate usage.
- It is maintained by the North Carolina Division of Health Benefits and includes detailed information on each medication's usage, contraindications, and precautions.
Physician Administered Drug Program Catalog

North Carolina Division of Health Benefits

Drugs

16300
Injection, sumatriptan succinate, 4 mg
6 mg 1/1/2020 Inteza®
sumatriptan succinate injection, for intranasal use
Indicated for:
• Acute treatment of migraine with or without aura in adults
• Acute treatment of cluster headache in adults
• Preventive treatment of episodic headache in adults

2 8 18 years N/A N/A Y Y 9/21/2018

Biologics

16340
Injection, pegfilgrastim, 10 units
10 units 1/1/2014 Dilgrast®
tablettes injectables for injection, for intravenous use
Indicated for the treatment of patients with a confirmed diagnosis of Type 1 Gaucher disease.

840 2,520 4 years N/A N/A Y Y 6/1/2019

16300
Injection, recombinant interferon, 1 mg
3 mg 1/1/2006 Gammexor®
tedizolid phosphate for injection, for intravenous use
Indicated in adults for the treatment of acne bacterial skin and skin structure infections (ABSSSI) caused by designated susceptible bacteria.

200 1,230 18 years N/A N/A Y Y 8/24/2018

16305
Injection, tacrolimus, 10 mg
10 mg 1/1/2001 Vibans®
releasone for injection, for intravenous use
Indicated for the treatment of the following infections in adult patients caused by designated susceptible bacteria:
• Complicated skin and skin structure infections (SSSI)
• Hospital-acquired and ventilator-associated bacterial pneumonia (HAP/VAP) caused by susceptible isolates of Staphylococcus aureus. Vibans should be reserved for use when alternative treatments are not suitable.

150 3,150 18 years N/A N/A Y Y 6/2/2019

16316
Injection, decadron sulfate, up to 1 mg
up to 1 mg 1/1/2000 N/A
tablettes injectable solution
Indicated for the prevention and reversal of respiratory distress in patients in vigorous respiratory effort with asthma and reversible bronchospasms associated with bronchitis and asthmatics.

4 44 12 years N/A N/A N/A Y Y 9/12/2019

16321
Injection, testosterone undecanoate, 1 mg
1 mg 1/1/2015 N/A
testosterone undecanoate injection, solution
Indicated for testosterone replacement therapy in adult males for conditions associated with a deficiency or ablation of endogenous testosterone including primary hypogonadism (congenital or acquired), hypogonadotropic hypogonadism (congenital or acquired), and male hypogonadism. Testosterone undecanoate injection may be used as an adjunctive therapy in women with advancing inoperable metastatic (distant) metastatic cancer who are 1-5 years postmenopausal.

400 1,230 N/A N/A Y Y 9/12/2019

16315
Injection, testosterone undecanoate, 5 mg
1 mg 1/1/2015 Aveed®
testosterone undecanoate injection for intramuscular use
Indicated for testosterone replacement therapy in adult males for conditions associated with a deficiency or ablation of endogenous testosterone including primary hypogonadism (congenital or acquired), hypogonadotropic hypogonadism (congenital or acquired), and male hypogonadism. Testosterone Enanthate injection may be used secondarily in women with advancing inoperable metastatic (distant) metastatic cancer who are 1-5 years postmenopausal.

750 1,530 18 years N/A Male Only Y Y 9/21/2018

16330
Injection, chlorpromazine HCl, up to 50 mg
50 mg 1/1/2000 N/A
chlorpromazine hydrochloride injection
Indicated for the treatment of schizophrenia; to control nausea and vomiting, for relief of restlessness and hyperactivity before surgery; for acute irritability psychosis, as an adjunct in the treatment of tetanus; to control the manifestations of the manic type of manic-depressive illness; for relief of intractable hiccups, for the treatment of severe behavioral problems in children (1 to 10 years old) resulting from conduct disorders and/or explosive hypertensive behavior (out of proportion to immediate provocation), and in the short-term treatment of hyperactive children who show excessive motor activity with accompanying conduct disorders consisting of some or all of the following symptoms: impulsivity, difficulty sustaining attention, aggressivity, mood lability, and an easily triggered intolerance.

4 248 6 months N/A N/A N/A Y Y 9/21/2018

16340
Injection, thymic peptides, 0.8 mg, provided in a 1.1 mg vial
0.9 mg 1/1/2002 Thymigene®
Thymopeptides for injection for intramuscular injection
Indicated for:
• Diagnostic: Use as an adjunctive diagnostic test for serum thyroglobulin (Tg) testing with or without radioactive imaging in the follow-up of patients with well-differentiated thyroid cancer who have previously undergone thyroidectomy.
• Ablation: Use as an adjunctive treatment for radioactive ablation of thyroid tissue remnants in patients who have undergone a near-total or total thyroidectomy for well-differentiated thyroid cancer and who do not have evidence of distant metastatic thyroid cancer.

1 2 18 years N/A N/A Y Y 9/21/2018

16343
Injection, tigecycline, 1 mg
1 mg 1/1/2007 Tygevä®
tigecycline injection, for intravenous use
Indicated for patients 18 years of age and older for:
• Complicated skin and skin structure infections
• Complicated intra-abdominal infections
• Community-acquired bacterial pneumonia

150 1,630 18 years N/A N/A Y Y 9/21/2018

16250
Injection, trimethobenzamide HCl, up to 200 mg
up to 200 mg 1/1/2080 Tigan®
trimethobenzamide hydrochloride
Indicated for the treatment of postoperative nausea and vomiting and for nausea associated with gastrectomy.

4 124 18 years N/A N/A Y Y 11/12/2019

16260
Injection, barbiturate, up to 60 mg
up to 60 mg 1/1/2080 N/A
trimethobenzamide sulfate injection
Indicated for the treatment of various bacterial infections caused by susceptible strains of the designated microorganisms in the diseases listed below:
• Staphylococcus sp and Streptococcus sp in skin and skin structure infections
• Listeria monocytogenes, Haemophilus influenzae, and Eikenella corrodens in skin and skin structure infections.

18 558 N/A N/A Y Y 9/21/2018
### North Carolina Division of Health Benefits

**Physician Administered Drug Program Catalog**

<table>
<thead>
<tr>
<th>Drugs</th>
<th>Injection, triamcinolone, 1 mg</th>
<th>1 mg</th>
<th>1/1/2012</th>
<th>Zileuton®*</th>
<th>Indicated for the treatment of:</th>
<th>1640</th>
<th>160</th>
<th>18 years</th>
<th>N/A</th>
<th>N/A</th>
<th>Y</th>
<th>Y</th>
<th>4/9/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Injection, triamcinolone, 3 mg</td>
<td>3 mg</td>
<td>1/1/2012</td>
<td>Zileuton®*</td>
<td>Indicated for the treatment of:</td>
<td>4200</td>
<td>420</td>
<td>2 years of age and older</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
<td>12/1/2018</td>
</tr>
<tr>
<td>Drugs</td>
<td>Injection, triamcinolone, preservative-free, 5 mg</td>
<td>5 mg</td>
<td>1/1/2009</td>
<td>Triptorelin®*</td>
<td>Indicated for the treatment of:</td>
<td>200</td>
<td>20</td>
<td>18 years</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
<td>4/9/2019</td>
</tr>
<tr>
<td>Drugs</td>
<td>Injection, triamcinolone, st/otherwise specified, per 10 mg</td>
<td>10 mg</td>
<td>1/1/2011</td>
<td>Kenalog-40®</td>
<td>Indicated for the treatment of:</td>
<td>60</td>
<td>6</td>
<td>18 years</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
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<td>Drugs</td>
<td>Injection, triamcinolone, st/otherwise specified, for intra-articular or intravenous use only</td>
<td>1 mg</td>
<td>1/1/2019</td>
<td>Zileuton®*</td>
<td>Indicated for the treatment of:</td>
<td>340</td>
<td>30</td>
<td>18 years</td>
<td>N/A</td>
<td>N/A</td>
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<td>Y</td>
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</table>

### Indication Specific

- **Injection, triamcinolone, 1 mg**: Indicated for the treatment of: 3.75 mg 1/1/2003 Trelstar® triptorelin pamoate for
- **Injection, triamcinolone, 3 mg**: Indicated for the treatment of: 5.25 mg 1/1/2003 Trelstar® triptorelin for extended-release injectable suspension.
- **Injection, triamcinolone, 5 mg**: Indicated for the treatment of: 1 mg 1/1/2009 Triesence® triamcinolone acetonide suspension, for intra-articular or intravenous use.
- **Injection, triamcinolone, 10 mg**: Indicated for the treatment of: 1 mg 1/1/2012 Zileuton® triamcinolone acetate extended-release injectable suspension, for intra-articular use.
- **Injection, triamcinolone, 20 mg**: Indicated for the treatment of: 1 mg 1/1/2017 Steroids®* for subcutaneous use.
- **Injection, triamcinolone, 30 mg**: Indicated for the treatment of: 1 mg 1/1/2018 Solodyn® for subcutaneous use.
- **Injection, triamcinolone, 50 mg**: Indicated for the treatment of: 1 mg 1/1/2019 Solodyn® for subcutaneous use.
- **Injection, triamcinolone, 70 mg**: Indicated for the treatment of: 1 mg 1/1/2020 Solodyn® for subcutaneous use.
- **Injection, triamcinolone, 100 mg**: Indicated for the treatment of: 1 mg 1/1/2021 Solodyn® for subcutaneous use.
- **Injection, triamcinolone, 120 mg**: Indicated for the treatment of: 1 mg 1/1/2022 Solodyn® for subcutaneous use.

### Indication Specific Age Restrictions:
- **Active systemic juvenile idiopathic arthritis**: 2 years of age and older
- **Active polyarticular juvenile idiopathic arthritis**: 2 years of age and older
- **Bacterial or rheumatoid arthritis**: 2 years of age and older
- **Moderating to severely active rheumatoid arthritis**: who have had an inadequate response to one or more TNF inhibitors.
- **18 years of age and older**: 18 years of age and older

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### North Carolina Division of Health Benefits

#### Physician Administered Drug Program Catalog

<table>
<thead>
<tr>
<th>Drugs</th>
<th>10366</th>
<th>Injection, diazepam, up to 5 mg</th>
<th>up to 5 mg</th>
<th>1/1/2000</th>
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<th>Diazepam injection</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>10370</td>
<td>Injection, vancomycin HCL, 500 mg</td>
<td>500 mg</td>
<td>1/1/2000</td>
<td>N/A</td>
<td>Vancomycin hydrochloride for injection, USP for intravenous use</td>
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<td>10380</td>
<td>Injection, methylcobalamin, 6 mg</td>
<td>6 mg</td>
<td>1/1/2014</td>
<td>Enzyma®</td>
<td>Methylcobalamin for injection, intramuscular use</td>
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<tr>
<td></td>
<td>10385</td>
<td>Injection, vancomycin HCL, up to 33 mg</td>
<td>up to 33 mg</td>
<td>1/1/2000</td>
<td>VistaP®</td>
<td>Hydroxyzine hydrochloride for injection, for intramuscular use</td>
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<tr>
<td></td>
<td>10390</td>
<td>Injection, vitamin B-12, up to 1,000 mg</td>
<td>up to 1,000 mg</td>
<td>1/1/2010</td>
<td>N/A</td>
<td>Cyanocobalamin injection, USP (vitamin B-12)</td>
</tr>
</tbody>
</table>

#### Indications:

- For the treatment of anxiety disorders or for the short-term relief of the symptoms of anxiety. Anxiety or tension associated with the stress of everyday life usually does not require treatment with an anxiolytic.
- In acute alcohol withdrawal, diazepam may be useful in the symptomatic relief of acute agitation, tremor, sweating or acute delirium tremens; for hallucinations.
- As an adjunct prior to endoscopic procedures, anxiety or acute stress reactions are present, and diminish the patient's risk of the procedure.
- As a useful adjunct for the relief of skeletal muscle spasm due to reflex spasm to local pathology (such as inflammation of the muscles or joints, or secondary to trauma), spasticity caused by upper motor neuron lesions, and for infectious causes caused by vancomycin-resistant organisms that are resistant to other antimicrobial drugs. Vancomycin hydrochloride for injection is indicated for initial therapy when methicillin-resistant staphylococci are suspected, but after susceptibility data are available, therapy should be adjusted accordingly.
- To reduce the development of drug-resistant bacteria and maintain the effectiveness of vancomycin hydrochloride for injection (IV) and other antimicrobial drugs, vancomycin hydrochloride for injection should be used only to treat or prevent infections that are proven or strongly suspected to be caused by susceptible bacteria. When culture and susceptibility information are available, they should be considered in selecting or modifying antimicrobial therapy. In the absence of such data, local epidemiology and susceptibility patterns may contribute to the empiric selection of therapy.

#### Usage:

- **Injection, diazepam, up to 5 mg**
  - 1/1/2000 N/A diazepam injection
  - 1/1/2019

- **Injection, vancomycin HCL, 500 mg**
  - 500 mg 1/1/2000 N/A
  - 7/16/2018
  - J3397
  - 560
  - Vedolizumab for injection, for Biologics

- **Injection, methylcobalamin, 6 mg**
  - 6 mg 1/1/2014 Enzyma®
  - 5/19/2018
  - 300
  - 600
  - 18 years N/A N/A Y Y 10/10/2018

- **Injection, vancomycin HCL, up to 33 mg**
  - up to 33 mg 1/1/2000 VistaP®
  - 24 240 N/A N/A Y Y 10/16/2018

- **Injection, vitamin B-12, up to 1,000 mg**
  - up to 1,000 mg 1/1/2000 N/A
  - 6/27/2018

**See package insert for list of infections.**

**To reduce the development of drug-resistant bacteria and maintain the effectiveness of vancomycin hydrochloride for injection (IV) and other antimicrobial drugs, vancomycin hydrochloride for injection should be used only to treat or prevent infections that are proven or strongly suspected to be caused by susceptible bacteria. When culture and susceptibility information are available, they should be considered in selecting or modifying antimicrobial therapy. In the absence of such data, local epidemiology and susceptibility patterns may contribute to the empiric selection of therapy.**
### Sodium Bicarbonate Injection

- **Indications:**
  - Treatment of metabolic acidosis which may occur in severe renal disease, uncontrolled diabetes, circulatory insufficiency due to shock or severe dehydration, extracorporeal circulation of blood, cardiac arrest and severe coronary artery disease.
  - Treatment of certain drug intoxications, including barbiturates (where dissociation of the barbiturate-protein complex is desired, or poisoning by salicylates or methyl alcohol and in hemolytic reactions requiring alkalinization of the urine to diminish protein complex formation), in poisoning by ammonium salts.
  - Severe diarrhea which is often accompanied by a significant loss of bicarbonate.
  - Treatment of metabolic acidosis should, if possible, be superimposed on measures designed to correct the basic cause of the acidosis — e.g., insulin in uncomplicated diabetes, blood volume restoration in shock. But since an appreciable time interval may elapse before all of the acidolytic effects are brought about, bicarbonate therapy is indicated to reverse acidosis which is already evident.
  - Severe diarrhea which is often accompanied by a significant loss of bicarbonate.
  - Severe acidosis due to lactic acidosis, ultimate alkalinization of the urine is indicated.
  - Treatment of certain drug intoxications, including barbiturates (where dissociation of the barbiturate-protein complex is desired, or poisoning by salicylates or methyl alcohol). Bicarbonate should be superimposed on measures designed to correct the basic cause of the acidosis. But since an appreciable time interval may elapse before all of the acidolytic effects are brought about, bicarbonate therapy is indicated to reverse acidosis which is already evident.
  - Severe acidosis due to lactic acidosis, ultimate alkalinization of the urine is indicated.
  - Treatment of certain drug intoxications, including barbiturates (where dissociation of the barbiturate-protein complex is desired, or poisoning by salicylates or methyl alcohol). Bicarbonate should be superimposed on measures designed to correct the basic cause of the acidosis. But since an appreciable time interval may elapse before all of the acidolytic effects are brought about, bicarbonate therapy is indicated to reverse acidosis which is already evident.

- **Administration:**
  - Sodium bicarbonate may be administered by any of the following routes: intravenous, intramuscular, intraperitoneal, intracardiac, and intravenous. It is usually given by slow intravenous injection over a period of at least 15 minutes to avoid systemic alkalosis. The rate of injection should be controlled to achieve the desired blood level and the amount of bicarbonate given should be calculated to correct the acidosis.

- **Dosage:**
  - Intravenous therapy is used in cases of acute acidosis and severe dehydration. The initial dose is usually 20-30 mEq/kg (or 0.2-0.3 mEq/ml) and may be repeated every 2-4 hours as needed. The maximum dose per infusion is 100 mEq/kg.
  - Intramuscular injections of sodium bicarbonate are usually given in concentrations of 5-10% and are less effective than intravenous administration. The dose is 2-3 ml/kg of 5% solution.

- **Precautions and Adverse Effects:**
  - Sodium bicarbonate should be used with caution in patients with severe renal impairment (CrCl ≤ 29 mL/min).
  - Photosensitivity reactions have been reported with administration of sodium bicarbonate intravenously.
  - Sodium bicarbonate may cause hypernatremia, hyperchloremia, and hyperkalemia, especially in patients with underlying electrolyte imbalances or renal impairment.

- **Special Populations:**
  - Pregnancy: No evidence of drug teratogenicity
  - Lactation: No evidence of drug transfer into breast milk.

- **Interactions:**
  - Sodium bicarbonate may interact with other alkalizing agents such as sodium acetate or sodium lactate.

- **Limitations of Use:**
  - Sodium bicarbonate is not approved as an anesthetic agent.
  - The safety and effectiveness of Spravato as an anesthetic agent have not been established.

<table>
<thead>
<tr>
<th>Drug</th>
<th>Code</th>
<th>Type</th>
<th>Strength</th>
<th>Dose</th>
<th>Route</th>
<th>Brand Name</th>
<th>Indication</th>
<th>Limitations</th>
<th>Date of Approval</th>
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<td>Risperdal Consta®</td>
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<td>1/1/2002</td>
<td>Coagadex®</td>
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<td>10,000</td>
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Biologic J7165 Injection, factor VIII (antihemophilic factor, recombinant), per IU
per IU 1/2/2010 Trumune® coagulation factor VIII (recombinant) Indicated for routine prophylaxis of bleeding in patients with congenital factor VIII-A-subunit deficiency. 4,800 9,600 N/A N/A N/A Y Y 6/2/2019

Biologic J7162 Injection, factor VIII, (antihemophilic factor, recombinant), (NovoNine®), per IU 1 U 1/3/2010 NovoNine® recombinant factor VIII (recombinant) for intravenous injection lyophilized/powder for solution: Adults and children with hemophilia A: For: Control and prevention of bleeding. Perioperative management, routine prophylaxis to prevent or reduce the frequency of bleeding episodes. 7,000 140,000 N/A N/A N/A Y Y 6/2/2019

Biologic J7163 Injection, von Willebrand factor complex (human), Wilate, L.V VIII:RCo 1 U VIII:RCo 1/1/2012 Wilate® von-Willebrand factor/von-Willebrand factor complex (human) lyophilized powder for solution for intravenous injection Indicated in children and adults with von-Willebrand disease for: On-demand treatment and control of bleeding episodes. • Perioperative management of bleeding. Indicated in adolescents and adults with hemophilia A for: Routine prophylaxis to reduce the frequency of bleeding episodes. On-demand treatment and control of bleeding episodes. 21,000 147,000 N/A N/A N/A Y Y 10/10/2018

Biologic J7165 Injection, factor VIII (antihemophilic factor, recombinant), (Rebit®), per IU 1 U 1/2/2010 Rytmele® factor VIII (antihemophilic factor, recombinant) for intravenous injection: • Indicated in adults and children with hemophilia A for control and prevention of bleeding episodes and for perioperative management. • Rymele is not indicated in patients with von Willebrand’s disease. 6,800 54,800 N/A N/A N/A Y Y 10/10/2018

Biologic J7166 Injection, antihemophilic Factor VIII, (human), Willebrand factor complex (human), per factor VIII IU 1 U 1/3/2009 Alphanate® antihemophilic factor/Von-Willebrand factor complex (human) lyophilized powder for reconstitution for intravenous injection: Indicated for: • Control and prevention of bleeding in adult and pediatric patients with hemophilia A. • Surgical and/or invasive procedures in adult and pediatric patients with von Willebrand Disease in whom hemostasis (Glosten®) is either ineffective or compromised. It is not indicated for patients with severe VWD (Type 3) undergoing major surgery. 20,500 133,250 N/A N/A N/A Y Y 10/10/2018

Biologic J7167 Injection, von Willebrand factor complex (human), Monoclate-P, per IU 1 U 1/3/2007 Humate-P® antihemophilic factor/von-Willebrand factor complex (human) lyophilized powder for reconstitution for intravenous use only: Indicated for: • Hemophilia A – Treatment and prevention of bleeding in adults. • Monoclate-P is not indicated for von Willebrand disease. • Treatment of spontaneous and trauma-induced bleeding episodes, and • Prevention of excessive bleeding during and after surgery. This applies to patients with severe VWD as well as patients with mild to moderate VWD where the use of hemostatic/hemostasis (Glosten®) is either ineffective or compromised. It is not indicated for patients with severe VWD (Type 3) undergoing major surgery. 27,250 136,250 Indication Specific (see comments) N/A N/A N/A Y Y 10/10/2018

Biologic J7168 Injection, factor VIII (antihemophilic factor, recombinant), (Thrombelastograph®), (Olyset®), per IU 1 U 1/2/2010 Olyset® antifibrinolytic factor (recombinant), procoagulant sequence lyophilized powder for solution for intravenous injection: Treatment of bleeding episodes in adults with acquired hemophilia A. 168,000 600,000 18 years N/A N/A N/A Y Y 10/10/2018

Biologic J7169 Factor VIII, (antihemophilic factor, recombinant), per 1 mcg/mg 1 mcg 1/2/2006 Novoseven®, Novoseven® RT coagulation factor VIII (recombinant) for intravenous use: Indicated for: • Treatment of bleeding episodes and perioperative management in adults and children with hemophilia A & B, with inhibitors, congenital factor VIII (FVIII) deficiency, and Glanzmann’s thrombasthenia with refractoriness to platelet transfusions, with or without antibodies to platelets. • Treatment of bleeding episodes and perioperative management in adults with suspected hemophilia. 48,000 96,000 N/A N/A N/A Y Y 10/10/2018

Biologic J7190 Factor VIII (antihemophilic factor, human), per IU 1 U 1/3/2000 Hematep® M, Kasant® DEL, Meadase® P factor VIII (antihemophilic factor, human) for intravenous injection: Factor IX alfalfa inhibitor for the control and prevention of bleeding episodes or in order to perform emergency and elective surgery in patients with hemophilia A (hemostatic factor IX deficiency). Limitation of Use: Factor IX is not indicated for the treatment of von-Willebrand disease. 6,900 24,000 N/A N/A N/A N/A Y Y 10/10/2018

Biologic J7192 Factor VIII (antihemophilic factor, recombinant), per IU, use otherwise specified 1 IU 1/3/2000 Advate®, Advate®, CSL Behring®, CSBT®, CSL Behring®, CSL Behring®, CSL Behring®, CSL Behring® factor VIII (antihemophilic factor, recombinant) for intravenous use: Rogemare: Indicated for: • On-demand treatment and control of bleeding episodes in adults and children with hemophilia A. • Perioperative management of bleeding in adults and children with hemophilia A. • Routine prophylaxis to reduce the frequency of bleeding episodes in children with hemophilia A and to reduce the risk of joint damage in children who are pre-reeling joint damage. • Routine prophylaxis to reduce the frequency of bleeding episodes in adults with hemophilia A. Rogemare is not indicated for the treatment of von-Willebrand disease. 6,900 56,000 N/A N/A N/A Y Y 10/10/2018

North Carolina Division of Health Benefits
Physician Administered Drug Program Catalog

Recombinate is not indicated in von Willebrand’s disease.

• Perioperative management.

Recombinate: Indicated in hemophilia A:
• Routine prophylaxis to prevent or reduce the frequency of bleeding episodes.

Advate is not indicated for the treatment of von Willebrand disease.

Kogenate is not indicated for the treatment of von Willebrand disease.

Hemofil M: Indicated in hemophilia A (classical hemophilia) for the prevention and control of hemorrhagic episode. Hemofil M is not indicated in von Willebrand disease.

Monoclate-P: Indicated for treatment of classical hemophilia (hemophilia A). Affected individuals frequently require therapy following minor accidents. Surgery, when required in such individuals, must be preceded by temporary corrections of the clotting abnormality. Surgical prophylaxis in severe AHI deficiency can be accomplished with an appropriately-dosed pre-surgical IV bolus of Monoclate-P followed by intermittent maintenance doses. Monoclate-P is not effective in controlling the bleeding of patients with von Willebrand disease.

Koate: Indicated for the control and prevention of bleeding episodes or in order to perform emergency and elective surgery in patients with hemophilia A (hemostatic factor VIII deficiency). Limitation of Use: Koate is not indicated for the treatment of von-Willebrand disease.

Humate-P is not indicated for the prophylaxis of spontaneous bleeding episodes in VWD.

Advate is not indicated for the treatment of von Willebrand disease.

Hemofil M: Indicated in von Willebrand disease in adults and pediatric patients in the

Advate is not indicated for the treatment of von Willebrand disease.

Koate is not indicated for the treatment of von Willebrand disease.

Hemofil M: Indicated in hemophilia A (classical hemophilia) for the prevention and control of hemorrhagic episode. Hemofil M is not indicated in von Willebrand disease.

Monoclate-P is not indicated for von Willebrand disease.

Koate®-DVI.

Monoclate-P is not indicated for the treatment of von Willebrand disease.
Indicated for the prevention and control of bleeding episodes in patients with Factor IX deficiency (hemophilia B, Christmas disease).

Biologic Code: JA993
Factor IX (recombinant), purified, non-
residually per IU

Biologic Code: JA994
Factor IX, complex, per IU
per IU 3/1/2009 Biolect® VL, Biolect® VL Prophine® factor IX complex for intravenous administration indicated for the prevention and control of bleeding episodes in adult and pediatric patients with hemophilia B. Biolect® VL is not indicated for the treatment of Factor IX deficiency. No clinical studies have been conducted to show benefit from this product for treating deficiencies other than Factor IX deficiency.

Biologic Code: JA995
Factor IX, complex, per IU
1 IU 3/1/2000 Benefix® coagulation factor IX (recombinant) for intravenous use indicated for the prevention and control of bleeding episodes in adult and pediatric patients with hemophilia B.

Biologic Code: JA995
Factor IX, complex, per IU
1 IU 3/1/2000 Novo® coagulation factor IX (recombinant) lyophilized powder for solution for intravenous injection indicated in adults and children greater than or equal to 12 years of age with hemophilia B for control and prevention of bleeding episodes and perioperative management.

Biologic Code: JA995
Factor IX (human), per IU
30 IU 3/1/2013 Activ® antihemophilic factor (recombinant) lyophilized powder for reconstitution indicated for the prevention of peri-operative and post-partum thromboembolic events in hemostatically deficient patients.

Biologic Code: JA106
Anti-inhibitor, per IU
per IU 3/1/2000 Fabia anti-inhibitor coagulant complex for intravenous use lyophilized powder for solution for intravenous injection indicated for the treatment of bleeding episodes resulting from coagulation factor deficiencies in the absence of inhibitors to factor IX or factor VIII.

Biologic Code: JA208
Injection, factor IX, (recombinant), per IU
1 IU 7/1/2015 Levis® antihemophilic factor (recombinant) (Nordicoctan) for intravenous use indicated for use in previously treated adults and adolescents (12 years of age and older) with hemophilia A (congenital factor VIII deficiency) for:
- On-demand treatment and control of bleeding episodes
- Perioperative management of bleeding
- Routine prophylaxis to reduce the frequency of bleeding episodes

Limitations of use:
- Kids not indicated for use in children < 12 years of age due to a greater risk for hypersensitivity reactions.
- Kids not indicated for use in previously untreated patients (PUP).
- Kids not indicated for the treatment of von Willebrand disease.

Biologic Code: JA305
Injection, factor IX, (recombinant), per IU
1 IU 3/1/2015 Requio® coagulation factor IX (recombinant) for intravenous injection indicated in adults and children with hemophilia B for:
- Control and prevention of bleeding episodes
- Perioperative management
- Routine prophylaxis to prevent or reduce the frequency of bleeding episodes.

Limitations of use:
- Inhibitors are not indicated for induction of immune tolerance in patients with hemophilia B.

Biologic Code: JA305
Injection, factor IX, (recombinant), per IU
1 IU 3/1/2017 Alprome® coagulation factor IX (recombinant) for intravenous injection indicated in children and adults with hemophilia B (congenital factor IX deficiency) for:
- On-demand treatment and control of bleeding episodes
- Perioperative management of bleeding
- Routine prophylaxis to reduce the frequency of bleeding episodes

Limitations of use:
- Inhibitors are not indicated for induction of immune tolerance in patients with hemophilia B.

Biologic Code: JA305
Injection, factor IX, (recombinant), per IU
1 IU 3/1/2017 Ibalov® coagulation factor IX (recombinant), albumin-fusion protein lyophilized powder for solution for intravenous injection indicated in children and adults with hemophilia B (congenital factor IX deficiency) for:
- On-demand treatment and control of bleeding episodes
- Perioperative management of bleeding
- Routine prophylaxis to reduce the frequency of bleeding episodes

Limitations of use:
- Inhibitors are not indicated for induction of immune tolerance in patients with hemophilia B.

Biologic Code: JA305
Injection, factor IX, (recombinant), per IU
1 IU 3/1/2018 Rolbury® coagulation factor IX (recombinant) lyophilized powder for solution for intravenous injection indicated for use in adults and children with hemophilia B for:
- On-demand treatment and control of bleeding episodes
- Perioperative management of bleeding
- Routine prophylaxis to prevent or reduce the frequency of bleeding episodes

Limitations of use:
- Rolbury is not indicated for routine prophylaxis in the treatment of patients with hemophilia B for prevention of bleeding episodes and perioperative management.

Biologic Code: JA305
Injection, factor VIII, (recombinant), per IU
1 IU 3/1/2016 Cleovance® antihemophilic factor B (recombinant) lyophilized powder for solution for intravenous injection indicated for the prevention and control of bleeding episodes in adult and pediatric patients with hemophilia A (congenital factor VIII deficiency). Cleovance® is not indicated for treating deficiencies other than Factor VIII deficiency.

Biologic Code: JA305
Injection, factor VIII, (recombinant), per IU
1 IU 3/1/2017 Advysovar® antihemophilic factor B (recombinant), lyophilized powder for solution for intravenous injection indicated in children and adult patients with hemophilia A (congenital factor VIII deficiency) for:
- On-demand treatment and control of bleeding episodes
- Perioperative management
- Routine prophylaxis to reduce the frequency of bleeding episodes
- Wet dosing is not indicated for the treatment of von Willebrand disease.

Biologic Code: JA305
Injection, factor VIII, (recombinant), per IU
1 IU 3/1/2017 Nevasense® antihemophilic factor B (recombinant), lyophilized powder for solution for intravenous injection indicated in children and adult patients with hemophilia A (congenital Factor VIII deficiency) for:
- On-demand treatment and control of bleeding episodes
- Perioperative management of bleeding
- Routine prophylaxis to reduce the frequency of bleeding episodes

Limitations of use:
- Nevasense is not indicated for the treatment of von Willebrand disease.
Injection, belinostat, 10 mg

Injection, bendamustine

Indicated for the treatment of patients with:
- Previously untreated Stage III or IV classical Hodgkin lymphoma (cHL), in combination with doxorubicin, bleomycin, vinblastine, and dacarbazine (ABVD) regimen.
- Mantle cell lymphoma
- Multiple myeloma

Indicated for treatment of patients with:
- Malignant Pleural Effusion: Bleomycin is effective as a sclerosing agent for the treatment of malignant pleural effusions.
- Lymphomas: Hodgkin's disease, non-Hodgkin's disease
- Poorer in patients with previously irradiated head and neck cancer.
- Squamous Cell Carcinoma: Head and neck (including mouth, tongue, tonsil, nasopharynx, oropharynx, sinus, larynx, lung), penis, cervix, and anus. The response to bleomycin is poor in patients with previously irradiated head and neck cancer.
- Testicular germ cell tumor (GCT) in adults, and not otherwise treated.

Considered a palliative treatment shown to be useful in the management of:
- B-cell precursor acute lymphoblastic leukemia (ALL) in first or second complete remission with minimal residual disease.
- Relapsed or refractory B-cell precursor acute lymphoblastic leukemia (ALL).
- Treatment of adults and pediatric patients 12 years and older with metastatic MCL.

Indicated for treatment of patients with:
- Epithelial ovarian, fallopian tube, or primary peritoneal cancer: 
- In combination with paclitaxel, carboplatin, or gemcitabine.
- In combination with paclitaxel, pegylated liposomal doxorubicin, or topotecan for platinum-resistant recurrent ovarian cancer.
- In combination with carboplatin and paclitaxel, followed by Avastin as a single agent, for stage III or IV disease.
- In combination with carboplatin and paclitaxel or carboplatin and gemcitabine, followed by Avastin as a single agent, for platinum-sensitive recurrent ovarian cancer.
- In combination with carboplatin and paclitaxel, followed by Avastin as a single agent, for stage I–IV disease following initial surgical resection.

Injection, bortezomib

Indicated for the treatment of:
- Follicular lymphoma stage I–III, in combination with rituximab.
- Indolent B-cell non-Hodgkin lymphoma (NHL) that has progressed during or within six months of treatment with rituximab or a rituximab-containing regimen.
- Mantle cell lymphoma
- Multiple myeloma
- A subset of multiple myeloma patients who have a light chain type associated with a plasma cell dyscrasia.
- Indicated for treatment of patients with:
- Myelodysplastic syndrome (MDS), refractory anemia with excess blasts in transformation (RAEB-T) and chronic myelomonocytic leukemia (CMMoL).
- Myelodysplastic syndrome (MDS), refractory anemia with excess blasts (RAEB), refractory anemia (RA), refractory anemia with ringed sideroblasts (RARS), refractory anemia with excess blasts in transformation (RAEB-T) and chronic myelomonocytic leukemia (CMMoL).
<table>
<thead>
<tr>
<th>Drugs</th>
<th>J9063</th>
<th>Injection, cladribine, 1 mg</th>
<th>100</th>
<th>J/1/2013</th>
<th>Injexta®</th>
<th>cladribine injection, for intravenous use</th>
<th>Indicated for combination with prednisone for treatment of patients with hormone refractory metastatic prostate cancer previously treated with a docetaxel-containing treatment regimen.</th>
<th>100</th>
<th>240</th>
<th>18 years</th>
<th>N/A</th>
<th>Male Only</th>
<th>Y</th>
<th>Y</th>
<th>6/27/2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drugs</td>
<td>J9064</td>
<td>Injection, bortezomib, 0.3 mg</td>
<td>N/A</td>
<td>J/1/2009</td>
<td>N/A</td>
<td>bortezomib for injection, for intravenous use</td>
<td>Indicated for the treatment of patients with multiple myeloma who have received at least 1 prior therapy.</td>
<td>35</td>
<td>245</td>
<td>18 years</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
<td>6/27/2018</td>
</tr>
<tr>
<td>Drugs</td>
<td>J9065</td>
<td>Injection, carboplatin, 100 mg</td>
<td>N/A</td>
<td>J/1/2000</td>
<td>N/A</td>
<td>carboplatin injection for intravenous use</td>
<td>Indicated for the initial treatment of selected ovarian carcinoma in established combination with other approved chemotherapeutic agents and for the palliative treatment of patients with ovarian carcinomas recurrent after prior chemotherapy, including patients who have previously been treated with cisplatin.</td>
<td>18</td>
<td>34</td>
<td>18 years</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
<td>6/16/2019</td>
</tr>
<tr>
<td>Drugs</td>
<td>J9066</td>
<td>Injection, carboplatin, 1 mg</td>
<td>5 mg</td>
<td>J/1/2014</td>
<td>Kyval®</td>
<td>carboplatin for injection, for intravenous use</td>
<td>Indicated for the treatment of patients with relapsed or refractory multiple myelomas who have received one or two lines of therapy.</td>
<td>154</td>
<td>982</td>
<td>18 years</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>6/27/2018</td>
</tr>
<tr>
<td>Drugs</td>
<td>J9067</td>
<td>Injection, carboplatin, 1 mg</td>
<td>100 mg</td>
<td>J/1/2000</td>
<td>BOND™</td>
<td>carboplatin for intravenous use</td>
<td>Indicated for the treatment of patients with relapsed or refractory multiple myelomas who have received one or two lines of therapy.</td>
<td>100</td>
<td>380</td>
<td>18 years</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>6/24/2019</td>
</tr>
<tr>
<td>Drugs</td>
<td>J9068</td>
<td>Injection, cetuximab, 10 mg</td>
<td>10 mg</td>
<td>J/1/2000</td>
<td>Gilead®</td>
<td>cetuximab injection, for intravenous use</td>
<td>Indicated for the treatment of: - squamous cell carcinomas of the head and neck in combination with radiotherapy. - recurrent, metastatic squamous cell carcinomas of the head and neck in combination with platinum-based therapy with fluorouracil. - recurrent or metastatic squamous cell carcinomas of the head and neck progressing after platinum-based therapy. - head and neck squamous cell carcinomas of the oral cavity. - head and neck squamous cell carcinomas of the oropharynx. - head and neck squamous cell carcinomas that are recurrent or that have metastasized.</td>
<td>5</td>
<td>5</td>
<td>18 years</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
<td>6/24/2019</td>
</tr>
<tr>
<td>Drugs</td>
<td>J9069</td>
<td>Injection, cisplatin, powder or solution, per 0.1 mg</td>
<td>10 mg</td>
<td>J/1/2000</td>
<td>N/A</td>
<td>cisplatin injection</td>
<td>Indicated for the treatment of: - metastatic testicular tumors: in established combination therapy with other approved chemotherapeutic agents in patients with metastatic testicular tumors who have already received appropriate surgical and/or radiation therapy pretreatment. - various metastatic tumors: in established combination therapy with other approved chemotherapeutic agents in patients with metastatic ovarian tumors who have already received appropriate surgical and/or radiation therapy pretreatment. - metastatic testicular tumors who have already received appropriate surgical and/or radiation therapy pretreatment.</td>
<td>25</td>
<td>50</td>
<td>18 years</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
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<tr>
<td>Drugs</td>
<td>J9070</td>
<td>Cyclophosphamide, 100 mg</td>
<td>100 mg</td>
<td>J/1/2000</td>
<td>N/A</td>
<td>cyclophosphamide for injection</td>
<td>Indicated for the treatment of: - Hodgkin's disease: for secondary therapy in combination with other approved drugs in patients who relapse or progress after primary therapy, or who fail to respond to primary therapy. - non-Hodgkin's lymphomas: as secondary therapy in combination with other approved drugs for patients who relapse or progress after primary therapy, or who fail to respond to primary therapy.</td>
<td>35</td>
<td>105</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
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<tr>
<td>Drugs</td>
<td>J9071</td>
<td>Injection, decitabine, 0.5 mg</td>
<td>0.5 mg</td>
<td>J/1/2000</td>
<td>Coonagen®</td>
<td>decitabine for injection, for intravenous use</td>
<td>Indicated for the treatment of: - adult and pediatric patients with advanced cancer, as part of a multi phase, combination chemotherapy regimen. - adult and pediatric patients with refractory anemia, as part of a multi phase, combination chemotherapy regimen. - adult and pediatric patients with congenital nonleukemic myelofibrosis, as a single agent or as part of a combination chemotherapy regimen. - adult patients with refractory or recurrent malignant solid malignancies, as a component of palliative or adjunctive regional perfusion.</td>
<td>14</td>
<td>40</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
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<tr>
<td>Drugs</td>
<td>J9072</td>
<td>Decitabine, 100 mg</td>
<td>100 mg</td>
<td>J/1/2000</td>
<td>N/A</td>
<td>decitabine for injection for intravenous use</td>
<td>Indicated for the treatment of metastatic malignant melanomas and as secondary line therapy when used in combination with other effective agents for metastatic disease.</td>
<td>10</td>
<td>94</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
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<tr>
<td>Drugs</td>
<td>J9201</td>
<td>Injection, gemcitabine hydrochloride, 200 mg</td>
<td>200 mg</td>
<td>1/1/2000</td>
<td>Gemzar®</td>
<td>gemcitabine for injection, for intravenous use</td>
<td>Indicated: • In combination with cisplatin, for the treatment of advanced ovarian cancer that has relapsed or is refractory. • In combination with cyclophosphamide, methotrexate, and fluorouracil, for the treatment of metastatic colorectal cancer. • In combination with oxaliplatin and irinotecan, for the treatment of metastatic colorectal cancer. • In combination with vinorelbine, for the treatment of metastatic breast cancer. • In combination with ifosfamide and mesna, for the treatment of metastatic renal cell carcinoma. • In combination with paclitaxel and carboplatin, for the treatment of advanced ovarian cancer after first failure of prior platinum-based chemotherapy. • In combination with bleomycin, etoposide, and cisplatin, for the treatment of small-cell lung cancer. • As a single agent for the treatment of pancreatic cancer.</td>
<td>16</td>
<td>64</td>
<td>18 years</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
<td>6/6/2019</td>
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<tr>
<td>Drs</td>
<td>J9202</td>
<td>Goserelin acetate implant, per 1 mg</td>
<td>3.6 mg</td>
<td>1/1/2000</td>
<td>Zoladex®</td>
<td>goserelin acetate implant</td>
<td>Product Specific: • Use in combination with flutamide for the management of locally confined carcinoma of the prostate. • Indicate advanced treatment of carcinoma of the prostate. • Use in the management of metastasis. • Use as an endometriosis-targeting agent prior to an endometrial ablation for dysfuctional uterine bleeding. • Use in the palliative treatment of advanced breast cancer in pre- and perimenopausal women. • Use in combination with flutamide for the management of locally confined carcinomas of the prostate. • Use as palliative treatment of advanced carcinomas of the prostate.</td>
<td>3</td>
<td>3</td>
<td>18 years</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
<td>10/26/2018</td>
</tr>
<tr>
<td>Biologicals</td>
<td>J9203</td>
<td>Injection, gemtuzumab ozogamicin, 0.1 mg</td>
<td>0.1 mg</td>
<td>1/1/2018</td>
<td>Mylotarg™</td>
<td>gemtuzumab ozogamicin injection, for intravenous use</td>
<td>Indicated for the treatment of newly-diagnosed CD33-positive acute myeloid leukemia (AML) in adults and the treatment of relapsed or refractory CD33-positive AML in adults and in pediatric patients 2 years and older.</td>
<td>150</td>
<td>275</td>
<td>Indication Specific (see comments)</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
<td>7/1/2018</td>
</tr>
<tr>
<td>Drs</td>
<td>J9205</td>
<td>Injection, irinotecan, for intravenous use</td>
<td>5 mg</td>
<td>1/1/2017</td>
<td>Onivyde®</td>
<td>irinotecan liposome injection, for intravenous use</td>
<td>Indicated: • In combination with fluorouracil and leucovorin, for the treatment of patients with metastatic adenocarcinomas of the pancreas after disease progression following gemcitabine-based therapy. • Implantation of IVE. Onivyde is not indicated as a single agent for the treatment of patients with metastatic adenocarcinomas of the pancreas.</td>
<td>172</td>
<td>516</td>
<td>18 years</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
<td>6/4/2019</td>
</tr>
<tr>
<td>Drs</td>
<td>J9206</td>
<td>Injection, interferon, 20 mg</td>
<td>20 mg</td>
<td>1/1/2000</td>
<td>Complexon®</td>
<td>interferon injection, intravenous infusion</td>
<td>Indicated for: • As an antineoplastic drug for the treatment of patients with metastatic adenocarcinomas of the pancreas after disease progression following gemcitabine-based therapy. • Use in combination with intravenous infusion for the treatment of metastatic or locally advanced breast cancer in patients after failure of an anthracycline and a taxane. • Use as a maintenance therapy in patients after failure of an anthracycline and a taxane. • Use as prophylactic agent in reducing the incidence of idiopathic thrombocytopenic purpura.</td>
<td>44</td>
<td>88</td>
<td>18 years</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
<td>6/10/2019</td>
</tr>
<tr>
<td>Drs</td>
<td>J9207</td>
<td>Injection, interferon, 1 mg</td>
<td>1 mg</td>
<td>1/1/2000</td>
<td>Iferon®</td>
<td>interferon alfa-2b injection for intravenous use</td>
<td>Indicated for: • Use as a treatment of metastatic or locally advanced breast cancer in patients after failure of an anthracycline and a taxane. • Use as prophylactic agent in reducing the incidence of idiopathic thrombocytopenic purpura.</td>
<td>90</td>
<td>180</td>
<td>18 years</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
<td>10/26/2018</td>
</tr>
<tr>
<td>Drs</td>
<td>J9208</td>
<td>Injection, interestim, 1 gram</td>
<td>1 g</td>
<td>1/1/2000</td>
<td>Eligard®</td>
<td>goserelin acetate implant</td>
<td>Indicated for: • Use as a treatment of metastatic or locally advanced breast cancer in patients after failure of an anthracycline and a taxane. • Use as prophylactic agent in reducing the incidence of idiopathic thrombocytopenic purpura.</td>
<td>3</td>
<td>30</td>
<td>18 years</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
<td>6/4/2019</td>
</tr>
<tr>
<td>Drs</td>
<td>J9209</td>
<td>Injection, irinotecan, 20 mg</td>
<td>20 mg</td>
<td>1/1/2000</td>
<td>Onivyde®</td>
<td>irinotecan injection, intravenous infusion</td>
<td>Indicated for: • In combination with fluorouracil and leucovorin, for the treatment of patients with metastatic adenocarcinomas of the pancreas after disease progression following gemcitabine-based therapy. • Implantation of IVE. Onivyde is not indicated as a single agent for the treatment of patients with metastatic adenocarcinomas of the pancreas.</td>
<td>9</td>
<td>90</td>
<td>18 years</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
<td>6/10/2019</td>
</tr>
<tr>
<td>Biologicals</td>
<td>J9211</td>
<td>Injection, interferon, 5 mg</td>
<td>5 mg</td>
<td>1/1/2000</td>
<td>Interferon-alpha 2a for intravenous use</td>
<td>Indicated in combination with other approved antineoplastic drugs for the treatment of acute myeloid leukemia in adults. This includes French-American-British (FAB) classifications M1 through M7.</td>
<td>6</td>
<td>6</td>
<td>18 years</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
<td>10/13/2019</td>
<td></td>
</tr>
<tr>
<td>Biologicals</td>
<td>J9214</td>
<td>Injection, interferon, 1 million units</td>
<td>1 million units</td>
<td>1/1/2000</td>
<td>Intron® A (human leukocyte interferon gamma-1b)</td>
<td>interferon alfa-2b subcutaneous injection</td>
<td>Indicated for: • hairy cell leukemia, malignant melanoma, follicular lymphoma, cutaneous anaplastic, AIDS-related Kaposi's sarcoma, chronic hepatitis C and chronic hepatitis B. Please see package insert for additional information on each indication.</td>
<td>75</td>
<td>1,050</td>
<td>Indication Specific (see comments)</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
<td>6/4/2019</td>
</tr>
<tr>
<td>Biologicals</td>
<td>J9215</td>
<td>Injection, interferon, 250,000 IU</td>
<td>250,000 IU</td>
<td>1/1/2000</td>
<td>Alferon® N</td>
<td>interferon alfa-n3 injection</td>
<td>Indicated for: • condylomata acuminata.</td>
<td>10</td>
<td>100</td>
<td>18 years</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
<td>6/4/2019</td>
</tr>
<tr>
<td>Biologicals</td>
<td>J9216</td>
<td>Injection, interferon, 1 million units</td>
<td>1 million units</td>
<td>1/1/2000</td>
<td>Actimmune®</td>
<td>interferon alfa-2b injection</td>
<td>Indicated for: • radiation therapy or surgical intervention.</td>
<td>1,100</td>
<td>18.67</td>
<td>Indication Specific (see comments)</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
<td>6/4/2019</td>
</tr>
<tr>
<td>Drs</td>
<td>J9217</td>
<td>Injection, irinotecan, 7.5 mg</td>
<td>7.5 mg</td>
<td>1/1/2000</td>
<td>Uppon® (DepoGuard®)</td>
<td>irinotecan hydrochloride for depot suspension, for subcutaneous use</td>
<td>Indicated for: • Indications specific age restrictions: • CD33-positive acute myeloid leukemia: 18 years of age and older. • Relapsed or refractory acute myeloid leukemia: 1 year of age and older. • Indications specific age restrictions: • hairy cell leukemia: 1 year of age and older. • Chronic lymphocytic leukemia C - 5 years of age and older. • Indications specific age restrictions: • hairy cell leukemia: 1 year of age and older. • Indications specific age restrictions: • hairy cell leukemia: 1 year of age and older. • Indications specific age restrictions: • hairy cell leukemia: 1 year of age and older. • Indications specific age restrictions: • hairy cell leukemia: 1 year of age and older. • Indications specific age restrictions: • hairy cell leukemia: 1 year of age and older.</td>
<td>6</td>
<td>6</td>
<td>18 years</td>
<td>N/A</td>
<td>Males Only</td>
<td>Y</td>
<td>Y</td>
<td>6/4/2019</td>
</tr>
<tr>
<td>Drs</td>
<td>J9218</td>
<td>Injection, irinotecan, per 0.5 mg</td>
<td>0.5 mg</td>
<td>1/1/2000</td>
<td>N/A</td>
<td>irinotecan subcutaneous injection</td>
<td>Indicated for the palliative treatment of advanced prostate cancer.</td>
<td>1</td>
<td>1</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
<td>6/10/2018</td>
</tr>
<tr>
<td>Drs</td>
<td>J9219</td>
<td>Injection, irinotecan, 5 mg</td>
<td>5 mg</td>
<td>1/1/2000</td>
<td>Suppner® LA</td>
<td>irinotecan subcutaneous implant</td>
<td>Indicated for the palliative treatment of advanced prostate cancer.</td>
<td>1</td>
<td>1</td>
<td>2 years</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
<td>6/10/2018</td>
</tr>
<tr>
<td>Biologicals</td>
<td>J9218</td>
<td>Injection, irinotecan, 5 mg</td>
<td>5 mg</td>
<td>1/1/2012</td>
<td>Yervoy®</td>
<td>ipilimumab, for intravenous use</td>
<td>Indicated for: • Advanced treatment of patients with uveal melanoma with pathologic involvement of regional lymph nodes if more than 1 in 10 have undergone complete resection, including total lymphadectomy. • Treatment of non-small cell lung cancer in adults and pediatric patients (12 years and older). • Treatment of patients with intermediate or poor risk, previously untreated advanced renal cell carcinoma (RCC), in combination with sunitinib. • Treatment of adult and pediatric patients 11 years of age and older with microsatellite instability-high (MSI-H) or microsatellite repair deficient (MMR-D) metastatic colorectal cancer that has progressed following treatment with a fluoropyrimidine, oxaliplatin, and irinotecan, in combination with radiation.</td>
<td>1,400</td>
<td>2,800</td>
<td>12 years</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
<td>6/6/2019</td>
</tr>
<tr>
<td>Biologicals</td>
<td>JA259</td>
<td>Injection, intramuscular epoetin alfa</td>
<td>1.0 mg</td>
<td>1/1/2009</td>
<td>18 years N/A N/A Y Y 9/27/2018</td>
<td>Indicated for the treatment of adults with renal disease or patients who are undergoing potentially nephrotoxic chemotherapy.</td>
<td>27 108 18 years N/A N/A Y Y 6/6/2019</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drugs</td>
<td>JA455</td>
<td>Injection, methylprednisolone acetate</td>
<td>5 mg</td>
<td>1/1/2006</td>
<td>18 years N/A N/A Y Y 4/27/2018</td>
<td>Indicated for the treatment of acute exacerbations of multiple sclerosis and in the prophylaxis and treatment of allergic and inflammatory conditions.</td>
<td>1 10 18 years N/A N/A Y Y 10/24/2018</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dose</td>
<td>JA245</td>
<td>Injection, methylprednisolone acetate</td>
<td>50 mg</td>
<td>1/1/2000</td>
<td>18 years N/A N/A Y Y 9/27/2018</td>
<td>Indicated for the treatment of acute exacerbations of multiple sclerosis and in the prophylaxis and treatment of allergic and inflammatory conditions.</td>
<td>5 10 18 years N/A N/A Y Y 10/27/2018</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Biologicals

| Biologicals | JA250 | Methotrexate sodium, 5 mg | 5 mg | 1/1/2000 | N/A N/A Y Y 5/6/2019 | Indicated for the treatment of adults with malignancies and for the management of selected adults with severe, active rheumatoid arthritis (ACR criteria), or children with active polyarticular course juvenile rheumatoid arthritis, who have had an insufficient therapeutic response to, or are intolerant of, an adequate trial of first-line therapy including full dose non-steroidal anti-inflammatory agents (NSAIDs). | 75 3,000 Indication Specific (see comments) N/A N/A Y Y 6/6/2019 |
| Biologicals | JA253 | Methotrexate sodium, 5 mg | 50 mg | 1/1/2000 | N/A N/A Y Y 5/6/2019 | Indicated for the treatment of acute lymphocytic leukemia, chronic lymphocytic leukemia, and other hematologic malignancies. | 1 2 18 years N/A N/A Y Y 10/24/2018 |

### Drugs

| Drugs | JA505 | Injection, melphalan hydrochloride | 50 mg | 1/1/2000 | Alkeran® | Indicated for the treatment of patients with multiple myeloma. | 8 135 Indication Specific (see comments) N/A N/A Y Y 9/27/2018 |
| Drugs | JA507 | Injection, melphalan hydrochloride | 50 mg | 1/1/2000 | Eloxatin® | Indicated for the treatment of patients with multiple myeloma. | 8 135 Indication Specific (see comments) N/A N/A Y Y 9/27/2018 |

### Biologicals

| Biologicals | JA259 | Injection, intramuscular epoetin alfa | 1.0 mg | 1/1/2009 | 18 years N/A N/A Y Y 9/27/2018 | Indicated for the treatment of adults with renal disease or patients who are undergoing potentially nephrotoxic chemotherapy. | 27 108 18 years N/A N/A Y Y 6/6/2019 |
| Biologicals | JA455 | Injection, methylprednisolone acetate | 5 mg | 1/1/2006 | 18 years N/A N/A Y Y 4/27/2018 | Indicated for the treatment of acute exacerbations of multiple sclerosis and in the prophylaxis and treatment of allergic and inflammatory conditions. | 1 10 18 years N/A N/A Y Y 10/24/2018 |
| Biologicals | JA245 | Injection, methylprednisolone acetate | 50 mg | 1/1/2000 | 18 years N/A N/A Y Y 9/27/2018 | Indicated for the treatment of acute exacerbations of multiple sclerosis and in the prophylaxis and treatment of allergic and inflammatory conditions. | 5 10 18 years N/A N/A Y Y 10/27/2018 |

### Biologicals

| Biologicals | JA250 | Methotrexate sodium, 5 mg | 5 mg | 1/1/2000 | N/A N/A Y Y 5/6/2019 | Indicated for the treatment of adults with malignancies and for the management of selected adults with severe, active rheumatoid arthritis (ACR criteria), or children with active polyarticular course juvenile rheumatoid arthritis, who have had an insufficient therapeutic response to, or are intolerant of, an adequate trial of first-line therapy including full dose non-steroidal anti-inflammatory agents (NSAIDs). | 75 3,000 Indication Specific (see comments) N/A N/A Y Y 6/6/2019 |
| Biologicals | JA253 | Methotrexate sodium, 5 mg | 50 mg | 1/1/2000 | N/A N/A Y Y 5/6/2019 | Indicated for the treatment of acute lymphocytic leukemia, chronic lymphocytic leukemia, and other hematologic malignancies. | 1 2 18 years N/A N/A Y Y 10/24/2018 |

### Drugs

<p>| Drugs | JA505 | Injection, melphalan hydrochloride | 50 mg | 1/1/2000 | Alkeran® | Indicated for the treatment of patients with multiple myeloma. | 8 135 Indication Specific (see comments) N/A N/A Y Y 9/27/2018 |
| Drugs | JA507 | Injection, melphalan hydrochloride | 50 mg | 1/1/2000 | Eloxatin® | Indicated for the treatment of patients with multiple myeloma. | 8 135 Indication Specific (see comments) N/A N/A Y Y 9/27/2018 |</p>
<table>
<thead>
<tr>
<th>Drugs</th>
<th>J9057</th>
<th>Injection, paclitaxel, 1 mg</th>
<th>1 mg</th>
<th>1/1/2005</th>
<th>Taxol®</th>
<th>paclitaxel injection</th>
<th>Indicated for breast cancer, ovarian cancer, non-small cell lung cancer, and AIDS-related Kaposi’s sarcoma. See package insert for full details on indication.</th>
<th>417.5</th>
<th>875</th>
<th>18 years</th>
<th>N/A</th>
<th>N/A</th>
<th>Y</th>
<th>Y</th>
<th>8/27/2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drugs</td>
<td>J9066</td>
<td>Injection, paclitaxel, per 30 mg</td>
<td>30 mg</td>
<td>7/15/2006</td>
<td>Neuplex®</td>
<td>paclitaxel for injection</td>
<td>Indicated as single-agent treatment for both advanced and alpha-interferon refractory hairy cell leukemia in patients with either disease as defined by clinically significant events, symptoms, progression, or disease-related symptoms.</td>
<td>1</td>
<td>3</td>
<td>18 years</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
<td>8/21/2018</td>
</tr>
<tr>
<td>Drugs</td>
<td>J9060</td>
<td>Injection, mitomycin, 5 mg</td>
<td>5 mg</td>
<td>1/1/2000</td>
<td>Mutamycin®</td>
<td>mitomycin for injection, 5 mg</td>
<td>Indicated for treatment of cancer, including advanced-stage, of the urinary tract or bladder, or as an adjuvant for treatment of cancer of the urinary tract or bladder. Mitomycin is not indicated for treatment of cancer of the stomach.</td>
<td>10</td>
<td>10</td>
<td>18 years</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
<td>6/7/2010</td>
</tr>
<tr>
<td>Biologicals</td>
<td>J9195</td>
<td>Injection, obinutuzumab, 10 mg</td>
<td>10 mg</td>
<td>1/1/2018</td>
<td>Lemark**</td>
<td>obinutuzumab injection, for intravenous use</td>
<td>Indicated in combination with chlorambucil for the treatment of adult patients with chronic lymphocytic leukemia (CLL) whose disease is not appropriately controlled by previous systemic therapy and who are candidates for additional therapy.</td>
<td>210</td>
<td>840</td>
<td>18 years</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
<td>7/2/2018</td>
</tr>
<tr>
<td>Drugs</td>
<td>J9193</td>
<td>Injection, mitoxantrone, hydrochloride, per 5 mg</td>
<td>5 mg</td>
<td>1/1/2000</td>
<td>N/A</td>
<td>mitoxantrone hydrochloride injection, solution</td>
<td>Indicated for the treatment of patients with advanced-stage, primary progressive, progressive, relapsing, or worsening relapsing multiple sclerosis (i.e., patients whose neurologic status is significantly abnormal between relapses). Mitoxantrone is not indicated for treatment of patients with primary progressive multiple sclerosis. **Not indicated for use in patients with a known or suspected primary progressive multiple sclerosis.</td>
<td>7</td>
<td>30</td>
<td>18 years</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
<td>10/1/2010</td>
</tr>
<tr>
<td>Biologicals</td>
<td>J9195</td>
<td>Injection, rituximab, 1 mg</td>
<td>1 mg</td>
<td>1/1/2017</td>
<td>Fortocess**</td>
<td>rituximab injection, for intravenous use</td>
<td>Indicated, in combination with a ganciclovir and capcitabine, for first-line treatment of patients with metastatic pancreatic non-small cell lung cancer. Paclitaxel neutropenia is not indicated for treatment of non-smokers non-small cell lung cancer.</td>
<td>800</td>
<td>3,200</td>
<td>18 years</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
<td>7/2/2018</td>
</tr>
<tr>
<td>Biologicals</td>
<td>J9199</td>
<td>Injection, rituximab, 1 mg</td>
<td>1 mg</td>
<td>1/1/2016</td>
<td>Optinavi®</td>
<td>rituximab injection, for intravenous use</td>
<td>Indicated for the treatment of patients with relapsed or refractory chronic lymphocytic leukemia (CLL) whose disease is not previously treated, or whose disease has recurred after alkylating agent-based treatment.</td>
<td>480</td>
<td>160</td>
<td>12 years</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
<td>1/2/2019</td>
</tr>
<tr>
<td>Biologicals</td>
<td>J9201</td>
<td>Injection, ibritumomab, 10 mg</td>
<td>10 mg</td>
<td>1/1/2010</td>
<td>Gazyva®</td>
<td>ibritumomab injection, for intravenous use</td>
<td>Indicated: - in combination with chlorambucil, for the treatment of patients with previously untreated chronic lymphocytic leukemia (CLL) in whom fludarabine-based therapy is considered inappropriate. - in combination with bendamustine followed by Gazyva monotherapy, for the treatment of patients with follicular lymphoma who relapsed after, or are refractory to, a rituximab-containing regimen. - in combination with chemotherapy followed by Gazyva monotherapy in patients achieving at least a partial response, for the treatment of adult patients with previously untreated stage I bulky, fl/ir follicular lymphoma.</td>
<td>100</td>
<td>400</td>
<td>10 years</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
<td>7/14/2018</td>
</tr>
<tr>
<td>Biologicals</td>
<td>J9202</td>
<td>Injection, obinutuzumab, 10 mg</td>
<td>10 mg</td>
<td>1/1/2011</td>
<td>Arzerra®</td>
<td>obinutuzumab injection, for intravenous use</td>
<td>Indicated for the treatment of chronic lymphocytic leukemia (CLL) in combination with chlorambucil, for the treatment of patients with chronic lymphocytic leukemia (CLL) who have received prior bendamustine therapy. Mitoxantrone is not indicated for use in patients with primary progressive multiple sclerosis. **Not indicated for use in patients with a known or suspected primary progressive multiple sclerosis.</td>
<td>200</td>
<td>1,000</td>
<td>18 years</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
<td>7/14/2018</td>
</tr>
<tr>
<td>Biologicals</td>
<td>J9203</td>
<td>Injection, pembrolizumab, 10 mg</td>
<td>10 mg</td>
<td>1/1/2018</td>
<td>Veclace®</td>
<td>pembrolizumab injection, for intravenous use</td>
<td>Indicated for the treatment of adult patients with microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) metastatic colorectal cancer that has progressed following the confirmatory trial. Continued approval for this indication may be contingent upon verification and description of clinical benefit in the confirmatory trial.</td>
<td>80</td>
<td>270</td>
<td>18 years</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
<td>6/8/2019</td>
</tr>
</tbody>
</table>
| Drugs | J9005 | Injection, pemtrexed, 10 mg | 10 mg | 1/5/2006 | Alimta® | Pemetrexed for injection, for intravenous use | Indicated:  
- As a single agent for the treatment of patients with locally advanced or metastatic, non-squamous, non-small cell lung cancer (NSCLC).  
- As a single agent for the first line treatment of patients with metastatic NSCLC, whose tumors express PD-L1 with a combined positive score (CPS) < 1, with disease progression on or after platinum-based chemotherapy.  
- In combination with pemetrexed and platinum chemotherapy, as first-line treatment of patients with metastatic NSCLC.  
- In combination with carboplatin and pembrolizumab, for the initial treatment of patients with metastatic, non-squamous NSCLC.  
- As a single agent for the treatment of cutaneous T-cell lymphoma (CTCL) in patients who have received at least one prior systemic therapy.  
- As a single agent for the treatment of peripheral T-cell lymphoma (PTCL) in patients who have received at least one prior therapy.  
|   |   |   |   |   |   |   | 200 | 100 | 10 years | N/A | N/A | Y | Y | 8/24/2018 |
| Biologics | J9006 | Injection, pertuzumab, 1 mg | 1 mg | 1/1/2014 | Perjera® | Pertuzumab for injection, for intravenous use | Indicated:  
- As a single agent in combination with trastuzumab and docetaxel for the treatment of patients with HER2-positive metastatic breast cancer (MBC) who have not received prior trastuzumab therapy or chemotherapy for metastatic disease.  
- In combination with trastuzumab and chemotherapy for the initial treatment of patients with HER2-positive, locally advanced, or metastatic breast cancer (other than brain metastases) as part of a complete treatment regimen for early breast cancer.  
- Indicated for the treatment of patients with HER2-positive early breast cancer at high risk of recurrence.  
|   |   |   |   |   |   |   | 840 | 1,260 | 18 years | N/A | N/A | Y | Y | 7/2/2018 |
| Biologics | J9007 | Injection, nelarabine, 1 mg | 1 mg | 1/1/2016 | Folotyn® | Nelarabine for injection, for intravenous use | Indicated:  
- As a single agent in combination with prednisone for the treatment of patients with relapsed or refractory peripheral T-cell lymphoma.  
|   |   |   |   |   |   |   | 80 | 400 | 18 years | N/A | N/A | Y | Y | 8/24/2018 |
| Biologics | J9008 | Injection, ramucirumab, 5 mg | 5 mg | 1/1/2016 | Cyramza® | Ramucirumab for injection, for intravenous use | Indicated:  
- As a single agent for the treatment of adult patients with:  
  - Follicular lymphoma (FL)  
  - Follicular lymphoma as a single agent  
  - Proliferation unrestrained follicular lymphoma in combination with first-line chemotherapy and, in patients achieving a complete or partial response, in combination with rituximab, chemotherapy, as single-agent maintenance therapy  
- Non-squamous non-small cell lung cancer (including stable disease).  
- Follicular lymphoma as a single agent after first-line chemotherapy, and, in patients achieving a complete or partial response, in combination with rituximab, chemotherapy, as single-agent maintenance therapy  
- Non-squamous non-small cell lung cancer (including stable disease).  
- Follicular lymphoma as a single agent after first-line chemotherapy, and, in patients achieving a complete or partial response, in combination with rituximab, chemotherapy, as single-agent maintenance therapy  
|   |   |   |   |   |   |   | 280 | 672 | 18 years | N/A | N/A | Y | Y | 6/4/2019 |
| Biologics | J9011 | Injection, ranibizumab 10 mg and hyaluronidase | 10 mg | 1/1/2020 | Rituxan Hycela® | Ranibizumab and hyaluronidase, human recombinant, for subcutaneous use | Indicated:  
- As a single agent for the treatment of adult patients with:  
  - Chronic lymphocytic leukemia (CLL):  
    - Previously untreated diffuse large B-cell lymphoma in combination with cyclophosphamide, doxorubicin, vincristine, and prednisone (CVP) chemotherapy  
    - Previously untreated follicular lymphoma in combination with first-line chemotherapy and, in patients achieving a complete or partial response to rituximab in combination with chemotherapy, as single-agent maintenance therapy  
    - Relapsed or refractory, follicular lymphoma as a single agent  
  - Diffuse large B-cell lymphoma (DLBCL):  
    - Previously untreated diffuse large B-cell lymphoma in combination with cyclophosphamide, vincristine, and prednisone (CVP) chemotherapy  
    - Previously untreated follicular lymphoma in combination with first-line chemotherapy and, in patients achieving a complete or partial response to rituximab in combination with chemotherapy, as single-agent maintenance therapy  
    - Relapsed or refractory, follicular lymphoma as a single agent  
  - Cystic fibrosis with those who have a cystic fibrosis transmembrane conductance regulator (CFTR) mutation  
  
- As a single agent for the treatment of:  
  - Chronic lymphocytic leukemia (CLL):  
    - Patients with treated or untreated CLL, who have been treated with sorafenib.  
    - Patients with metastatic hepatocellular carcinoma (HCC), who have an alpha fetoprotein of ≥400 ng/mL and have been treated with sorafenib.  
    - Patients with metastatic colorectal cancer (mCRC) with disease progression on or after prior therapy with an anti-EGFR monoclonal antibody, irinotecan, or a fluoropyrimidine.  
    - Patients with metastatic colorectal cancer (mCRC) with disease progression on or after prior therapy with an anti-EGFR monoclonal antibody, irinotecan, or a fluoropyrimidine.  
|   |   |   |   |   |   |   | 200 | 300 | 18 years | N/A | N/A | Y | Y | 10/28/2019 |
| Biologics | J9017 | Injection, cabozantinib, 1 mg | 1 mg | 1/1/2014 | Cabometyx® | Cabozantinib for injection, for intravenous use | Indicated:  
- As a single agent for the treatment of:  
  - Non-Small Cell Lung Cancer (NSCLC):  
    - As a single agent for the initial treatment of patients with locally advanced or metastatic, non-squamous, non-small cell lung cancer (NSCLC).  
    - As a single agent for the initial treatment, in combination with capcitabine, of patients with resectable pleomorphic adenoma whose disease is not amenable to surgery.  
    - As a single agent for the initial treatment, in combination with capcitabine, of patients with metastatic, non-squamous NSCLC.  
    - As a single agent for the initial treatment, in combination with docetaxel, of patients with metastatic, non-squamous NSCLC.  
    - As a single agent for the initial treatment, in combination with erlotinib, of patients with metastatic, non-squamous NSCLC.  
    - As a single agent for the initial treatment, in combination with paclitaxel, of patients with metastatic, non-squamous NSCLC.  
    - As a single agent for the initial treatment, in combination with ramucirumab, of patients with metastatic, non-squamous NSCLC.  
    - As a single agent for the initial treatment, in combination with sorafenib, of patients with metastatic, non-squamous NSCLC.  
    - As a single agent for the initial treatment, in combination with irinotecan, of patients with metastatic, non-squamous NSCLC.  
    - As a single agent for the initial treatment, in combination with docetaxel, of patients with metastatic, non-squamous NSCLC.  
    - As a single agent for the initial treatment, in combination with erlotinib, of patients with metastatic, non-squamous NSCLC.  
    - As a single agent for the initial treatment, in combination with paclitaxel, of patients with metastatic, non-squamous NSCLC.  
    - As a single agent for the initial treatment, in combination with ramucirumab, of patients with metastatic, non-squamous NSCLC.  
    - As a single agent for the initial treatment, in combination with sorafenib, of patients with metastatic, non-squamous NSCLC.  
    - As a single agent for the initial treatment, in combination with irinotecan, of patients with metastatic, non-squamous NSCLC.  
|   |   |   |   |   |   |   | 200 | 300 | 10 years | N/A | N/A | Y | Y | 8/29/2018 |

North Carolina Division of Health Benefits  
Physician Administered Drug Program Catalog
<table>
<thead>
<tr>
<th>Drugs</th>
<th>J9120</th>
<th>Injection, streptozocin, 1 gram</th>
<th>1 g</th>
<th>1/1/1980</th>
<th>Zaroxolyn*</th>
<th>Streptozocin powder, for solution</th>
<th>Indicated in the treatment of metastatic renal cell cancer of pancreas.</th>
<th>4</th>
<th>20</th>
<th>N/A</th>
<th>N/A</th>
<th>N/A</th>
<th>N/A</th>
<th>Y</th>
<th>Y</th>
<th>6/7/2019</th>
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<tbody>
<tr>
<td>Biologicals</td>
<td>J9015</td>
<td>Injection, talimogene laherparepvec, per 1 million plaque-forming units</td>
<td>1 million PFU</td>
<td>1/1/2017</td>
<td>Imlytg*</td>
<td>Talimogene laherparepvec suspension for intravenous injection</td>
<td>Indicated for the local treatment of unresectable cutaneous, subcutaneous, and nodal lesions in patients with melanoma recurring after initial surgery.</td>
<td>400</td>
<td>800</td>
<td>18 years</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
<td>7/14/2018</td>
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<tr>
<td>Biologicals</td>
<td>J9038</td>
<td>Injection, temsirolimus, 1 mg</td>
<td>1 mg</td>
<td>1/1/2010</td>
<td>Temodar®</td>
<td>Temsirolimus injection, for intravenous infusion</td>
<td>Indicated for the treatment of adult patients with: Newly-diagnosed glioblastoma multiforme (GBM) concurrently with radiotherapy and then as maintenance treatment. Refractory anaplastic astrocytoma patients who have experienced disease progression on a drug regimen containing temozolomide and procarbazine.</td>
<td>400</td>
<td>6,230</td>
<td>18 years</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
<td>9/12/2018</td>
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<tr>
<td>Biologicals</td>
<td>J9040</td>
<td>Injection, thiotepa, 15 mg</td>
<td>15 mg</td>
<td>1/1/1980</td>
<td>N/A</td>
<td>Thiotepa injection, powder (lyophilized), for solution</td>
<td>Thiotepa has been tried with varying results in the palliation of a wide variety of neoplastic diseases. However, most clinicians have been in the following consensus: Suppression of the bone marrow of the every for controlling extraocular effusions secondary to diffuse or localized neoplastic diseases of various sexual origins, for the treatment of superficial papillary carcinoma of the urinary bladder. Thiotepa has been effective against other lymphomas, such as lymphosarcoma and Hodgkin's disease.</td>
<td>8</td>
<td>20</td>
<td>18 years</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
<td>9/21/2018</td>
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<tr>
<td>Biologicals</td>
<td>J9054</td>
<td>Injection, trastuzumab, 0.1 mg</td>
<td>0.1 mg</td>
<td>1/1/2010</td>
<td>Herceptin®</td>
<td>Trastuzumab for injection</td>
<td>Indicated for: The treatment of HER2-overexpressing metastatic gastrointestinal or gynecologic adenocarcinomas. The treatment of HER2-positive early breast cancer who have residual invasive disease after neoadjuvant therapy and trastuzumab-based treatment.</td>
<td>40</td>
<td>400</td>
<td>18 years</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
<td>9/12/2018</td>
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<tr>
<td>Biologicals</td>
<td>J9062</td>
<td>Injection, trabectedin, 1 mg</td>
<td>1 mg</td>
<td>1/1/2017</td>
<td>Vortolic®</td>
<td>Trabectedin for injection, for intravenous use</td>
<td>Indicated for the treatment of patients with unresectable or metastatic liposarcoma or leiomyosarcoma who received a prior anthracycline-containing regimen.</td>
<td>40</td>
<td>80</td>
<td>18 years</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
<td>9/12/2018</td>
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<tr>
<td>Biologicals</td>
<td>J9064</td>
<td>Injection, ado-trastuzumab emtansine, 1 mg</td>
<td>1 mg</td>
<td>1/1/2014</td>
<td>Kadcyla®</td>
<td>Ado-trastuzumab emtansine for injection, for intravenous use</td>
<td>Indicated for: The treatment of adult patients with HER2-positive metastatic breast cancer, who previously received trastuzumab and a taxane, separately or in combination, for advanced or metastatic breast cancer.</td>
<td>112</td>
<td>196</td>
<td>18 years</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
<td>9/12/2018</td>
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<tr>
<td>Biologicals</td>
<td>J9065</td>
<td>Injection, thiotepa, 10 mg</td>
<td>10 mg</td>
<td>1/1/1980</td>
<td>N/A</td>
<td>Thiotepa for injection, for intravenous use</td>
<td>Indicated for the palliative treatment of the following: Progressive malignant gliomas - Generalized Hodgkin's disease (stages II and III, Ann-Arbor modification of the staging system) - Lymphomas (nodular and diffuse, poorly and well differentiated) - Leukemias - Mycosis fungoides (advanced stage) - Advanced cutaneous T cells - Acute leukaemia - Leukemia (Kaposi's type) - Any Frequently Resistant Malignancies - Cerebrospinal metastases to other chemotherapy-resistant agents such as the breast, uterine carcinoma of non-small cell lung cancer in patients with visceral metastatic symptoms, would be associated with unacceptable mortality or morbidity.</td>
<td>4</td>
<td>20</td>
<td>18 years</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
<td>9/12/2018</td>
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<tr>
<td>Biologicals</td>
<td>J9066</td>
<td>Injection, vinorelbine, 200 mg</td>
<td>120 mg</td>
<td>1/1/2016</td>
<td>Vinvanc®</td>
<td>Vinorelbine for injection</td>
<td>Indicated for: The treatment of adult patients with Philadelphia chromosome-negative (Ph-) acute lymphoblastic leukemia (ALL) in second or greater relapse or whose disease has progressed following two or more anti-leukemia therapies.</td>
<td>112</td>
<td>196</td>
<td>18 years</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
<td>9/12/2018</td>
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<tr>
<td>Biologicals</td>
<td>J9067</td>
<td>Injection, vinorelbine, 40 mg</td>
<td>40 mg</td>
<td>1/1/2010</td>
<td>Vinvanc®</td>
<td>Vinorelbine for injection, for intravenous use</td>
<td>Indicated for the treatment of patients with Philadelphia chromosome-negative (Ph-) acute lymphoblastic leukemia (ALL) in second or greater relapse or whose disease has progressed following two or more anti-leukemia therapies.</td>
<td>112</td>
<td>196</td>
<td>18 years</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
<td>9/12/2018</td>
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<tr>
<td>Biologicals</td>
<td>J9068</td>
<td>Injection, vincristine, 1 mg</td>
<td>1 mg</td>
<td>1/1/2000</td>
<td>Vincasar PFS®</td>
<td>Vincristine sulfate injection</td>
<td>Indicated for the treatment of adult patients with Philadelphia chromosome-negative (Ph-) acute lymphoblastic leukemia (ALL) in second or greater relapse or whose disease has progressed following two or more anti-leukemia therapies.</td>
<td>112</td>
<td>196</td>
<td>18 years</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
<td>9/12/2018</td>
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<tr>
<td>Biologicals</td>
<td>J9069</td>
<td>Injection, vinorelbine, 1 mg</td>
<td>1 mg</td>
<td>1/1/2012</td>
<td>Zalzeto®</td>
<td>Vinorelbine for injection, for intravenous use</td>
<td>Indicated in combination with 5-fluorouracil, capecitabine, or capecitabine and oxaliplatin, for the treatment of patients with metastatic colorectal cancer (mCRC) that is resistant to or has progressed following an oxaliplatin-containing regimen.</td>
<td>400</td>
<td>1,000</td>
<td>18 years</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
<td>6/7/2019</td>
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<tr>
<td>Drugs</td>
<td>J9600</td>
<td>Injection, parfimarin sodium, 75 mg</td>
<td>75 mg</td>
<td>1/1/2000</td>
<td>Pfizer®</td>
<td>parfimarin sodium injection</td>
<td>Indicated for: Bioengineered Cancer • Destruction of patients with completely obstructing esophageal cancer, or of patients with partially obstructing esophageal cancer who, in the opinion of their physician, cannot be satisfactorily treated with NEXAVAR® or other therapy. • Treatment of mesothelioma and lung cancer (NSCLC) in patients for whom surgery and chemotherapy are not indicated. • Reduction of obstruction and palliation of symptoms in patients with completely or partially obstructing esophageal NSCLC. High Grade Dysplasia in Barrett’s Esophagus • Abnormal of high-grade dysplasia (HG1) in Barrett’s esophagus (BE) patients who do not undergo dysplasectomy.</td>
<td>4</td>
<td>8</td>
<td>18 years</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
<td>6/3/2019</td>
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<tr>
<td>Biologicals</td>
<td>J1003</td>
<td>Injection, ravulizumab-cwvz, 10 mg</td>
<td>10 mg</td>
<td>1/1/2000</td>
<td>Ultomiris™</td>
<td>ravulizumab-cwvz injection, for intravenous use</td>
<td>Indicated for the treatment of adult patients with paroxysmal nocturnal hemoglobinuria (PNH) who have had a partial or complete response to prior first-line treatment of PNH and who are clinically suspected to be caused by susceptible bacteria.</td>
<td>160</td>
<td>660</td>
<td>Indication Specific (see comments)</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
<td>9/27/2019</td>
<td></td>
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<tr>
<td>Drugs</td>
<td>J9999</td>
<td>Not otherwise classified, antineoplastic drugs</td>
<td>10 mg</td>
<td>1/1/2000</td>
<td>Hylecta™</td>
<td>hyaluronidase-oysk injection, for subcutaneous use</td>
<td>Indicated in combination with cisplatin for the treatment of non-small cell lung cancer.</td>
<td>100</td>
<td>100</td>
<td>18 years</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
<td>9/27/2019</td>
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<tr>
<td>Biologicals</td>
<td>J0587</td>
<td>Injection, albumin (human), 50%, 100 units</td>
<td>100 units</td>
<td>1/1/2002</td>
<td>Myobloc®</td>
<td>rimabotulinumtoxinB injection, for intravenous use</td>
<td>Indicated: • Sequestration of protein rich fluids • Acute liver failure • Severe pain associated with cervical dystonia. • Treatment of adult patients with cervical dystonia to reduce the severity of abnormal head position and neck pain associated with cervical dystonia. Treatment of chronic sialorrhea in adults.</td>
<td>100</td>
<td>400</td>
<td>18 years</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
<td>9/27/2019</td>
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<tr>
<td>Biologicals</td>
<td>J0121</td>
<td>Injection, omadacycline, 1 mg</td>
<td>1 mg</td>
<td>1/1/2019</td>
<td>Nuzyra™</td>
<td>omadacycline for injection, for intravenous use</td>
<td>Indicated for: Acute bacterial skin and skin structure infections (ABSSSI) • Community-acquired bacterial pneumonia (CABP) • Acute bacterial exacerbation of chronic bronchitis • Lower respiratory tract infections (LRTI) with non-CF etiology.</td>
<td>400</td>
<td>1,500</td>
<td>18 years</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
<td>9/27/2019</td>
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<tr>
<td>Biologicals</td>
<td>J0586</td>
<td>Injection, trabectedin, 1 mg</td>
<td>1 mg</td>
<td>7/1/2019</td>
<td>Hercovix™</td>
<td>trabectedin for injection, for subcutaneous use</td>
<td>Indicated in adults for the treatment of HER2-overexpressing breast cancer. Select patients for therapy based on an FDA-approved companion diagnostic for trabectedin.</td>
<td>60</td>
<td>120</td>
<td>18 years</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
<td>9/27/2019</td>
<td></td>
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<tr>
<td>Biologicals</td>
<td>J9999</td>
<td>Not otherwise classified, antineoplastic drugs</td>
<td>1 mL</td>
<td>6/1/2010</td>
<td>Omidria®</td>
<td>bruhkalinib injector, for intravenous use</td>
<td>Indicated, in combination with granulocyte-macrophage colony-stimulating factor (GM-CSF), interleukin-12 and 13-cis-retinoic acid (RA), for the treatment of pediatric patients with high-risk neuroblastoma who achieve at least a partial response to prior first-line multiagent, multimodality therapy.</td>
<td>15</td>
<td>60</td>
<td>18 years</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
<td>6/6/2019</td>
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<tr>
<td>Biologicals</td>
<td>P0061</td>
<td>Infusion, albumin (human), 5%, 50 mL</td>
<td>50 mL</td>
<td>1/1/2000</td>
<td>Albunex®</td>
<td>albumin (human), 5%</td>
<td>Indicated: • Emergency treatment of hypovolemic shock • Burn therapy • Cardiopulmonary bypass • Acute liver failure • Preservation of protein rich fluids • Trauma indication • Hepatology • Cardiopulmonary bypass procedures • Hepatobiliary • Transfusiology</td>
<td>50</td>
<td>1,000</td>
<td>Product Specific (see comments)</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
<td>9/25/2018</td>
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## Biologics

<table>
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<th>Code</th>
<th>Name</th>
<th>Formulation</th>
<th>Volume</th>
<th>Fortnite</th>
<th>Availability</th>
<th>Dosage</th>
<th>Approval Date</th>
<th>Restrictive Indications</th>
</tr>
</thead>
</table>
| PK047  | Kedbumin™, Plasbumin®, Albumin® (human)   | Infusion, albumin (human), 250, 500 mL | 50 mL  | 7/1/2022 | Yes          | Y     | 7/16/2018    | • Emergency treatment of hypovolemic shock  
  • Burn therapy  
  • Hypoproteinemia with or without edema  
  • Adult respiratory distress syndrome (ARDS)  
  • Cardiopulmonary bypass surgery  
  • Hemorrhagic disease of the newborn (HDN)  
  • Acute respiratory failure  
  • Hemodialysis  
  • Severe burn injury  
  • Refractory hypotension  
  • Severe edema  
  • Hypovolemia  
  • Hypothermia  
  • Shock  
  • Acute liver failure  
  • Cardiopulmonary bypass surgery  
  • Adult respiratory distress syndrome (ARDS)  
  • Hypothermia  
  • Cardiopulmonary bypass surgery  
  • Adult respiratory distress syndrome (ARDS)  
  • Hypothermia  
  • Cardiopulmonary bypass surgery  
  • Adult respiratory distress syndrome (ARDS)  |

## Drugs

<table>
<thead>
<tr>
<th>Code</th>
<th>Name</th>
<th>Formulation</th>
<th>Volume</th>
<th>Fortnite</th>
<th>Availability</th>
<th>Dosage</th>
<th>Approval Date</th>
<th>Restrictive Indications</th>
</tr>
</thead>
</table>
| Q0128  | Injection, recombinant, for treatment of iron deficiency anemia, 1 mg (iron sucrose) | 1 mg        | 1/1/2010 | Farzleva® | Yes          | Y     | 10/26/2018    | • Indicated for the treatment of iron deficiency anemia in adult patients with chronic kidney disease (CKD):  
  • Treatment of iron deficiency anemia in adult patients who have intolerance to oral iron or have had unsatisfactory response to oral iron  |
| Q0139  | Injection, recombinant, for treatment of iron deficiency anemia, 1 mg (iron sucrose) | 1 mg        | 1/1/2010 | Farzleva® | Yes          | Y     | 10/26/2018    | • Indicated for the treatment of iron deficiency anemia in adult patients  
  • Who have intolerance to oral iron or have had unsatisfactory response to oral iron  |
| Q0144  | Azithromycin dihydrate, 250 mg (oral)      | 250 mg      | 7/1/2000 | Zithromax® | Yes          | N/A   | 6/7/2019      | • Approved indication for use in the PADP  
  • Systemically.  
  • Other FDA approved indications:  
    • Indicated for the treatment of infections caused by susceptible bacteria:  
      • Acute bacterial sinusitis in adults  
      • Acute maxillary sinusitis  
      • Uncomplicated skin and skin structure infections in adults  
      • Upper respiratory tract infections in adults  
      • Acute otitis media in pediatric patients  
      • Community-acquired pneumonia in adults and pediatric patients  
      • Skin infections in adults and pediatric patients  
      • Oropharyngeal infections in adults and pediatric patients  
      • Nonscrotal, non-HIV-related lower genital infections in adult patients with HIV  |
| Q2047  | Doxil® (liposome doxorubicin hydrochloride) | Injection, liposome solution, 50 mg | 50 mg  | 7/1/2012 | Yes          | Y     | 7/14/2018    | • Indicated for the treatment of asymptomatic or minimally symptomatic metastatic castrate-resistant (bone metastasis) prostate cancer.  |
| Q2048  | Injection, doxorubicin hydrochloride, liposome-encapsulated liposome, 50 mg | 10 mg       | 7/1/2012 | Liposar® | Yes          | Y     | 10/6/2018     | • Indicated for:  
  • Treatment of metastatic carcinomas of the ovary in patients with disease that is refractory to both paclitaxel and platinum-based chemotherapy regimens.  
  • First-line therapy for patients with ovarian cancer who have received prior chemotherapy and are candidates for further chemotherapy.  
  • For the treatment of relapsed or refractory multiple myeloma in patients who are candidates for subsequent chemotherapy.  |
| Q2050  | Injection, doxorubicin hydrochloride, liposome-encapsulated liposome, 50 mg | 10 mg       | 7/1/2012 | Doxi®   | Yes          | Y     | 8/13/2019     | • Indicated for:  
  • Treatment of metastatic carcinomas of the ovary in patients with disease that is refractory to both paclitaxel and platinum-based chemotherapy regimens.  
  • First-line therapy for patients with ovarian cancer who have received prior chemotherapy and are candidates for further chemotherapy.  
  • For the treatment of relapsed or refractory multiple myeloma in patients who are candidates for subsequent chemotherapy.  
  • For the treatment of relapsed or refractory multiple myeloma in patients who are candidates for subsequent chemotherapy.  |
Biologicals Q5101
Injection, epoetin alfa, 100 units (for ESRD on dialysis) for renal dialysis facilities and hospital and 100 units 1/1/2007 EpoGen® product
epoetin alfa injection, for intravenous or subcutaneous use (for ESRD on dialysis)

- Indicated for treatment of anemia due to:
  - Chronic Kidney Disease (CKD) in patients on dialysis and not on dialysis.
  - Dialysis in patients with HIV infection.
  - The effects of concomitant myelosuppressive chemotherapy, and upon initiation, there is a minimum of two additional months of planned chemotherapy.
  - Reduction of allogeneic RBC transfusions in patients undergoing elective, noncardiac, nonvascular surgery.

- Limitations of use: Epoetin alfa has not been shown to improve quality of life, fatigue, or patient wellbeing.

- Not indicated for use:
  - In patients with cancer receiving hormonal agents, biologic products, or radiotherapy, unless also receiving concomitant myelosuppressive chemotherapy.
  - In patients with cancer receiving myelosuppressive chemotherapy when the anticipated outcome is cure.
  - In patients with cancer receiving myelosuppressive chemotherapy where the anemia can be managed by transfusion.
  - In patients scheduled for surgery who are willing to donate autologous blood.
  - In patients undergoing surgical or vascular surgery.
  - As a substitute for RBC transfusion in patients who require immediate correction of anemia.

Biologicals Q103 Injection, infliximab-dyyb, (infliximab) 10 mg 4/1/2018 Inflectra®
Infliximab-dyyb injection, for intravenous or subcutaneous use

- Indicated for:
  - Indicated for:
    - Reduction of allogeneic RBC transfusions in patients undergoing elective, noncardiac, nonvascular surgery.
  - Zidovudine in patients with HIV infection.
  - Chronic Kidney Disease (CKD) in patients on dialysis and not on dialysis.

- Contraindications:
  - Contraindicated in any patients who have had an immediate or severe reaction to infliximab.
  - Pregnancy: Use of infliximab is not recommended during pregnancy.
  - Infliximab has not been studied in children under the age of 18 years.

Biologicals Q103 Injection, infliximab-dyyb, (infliximab) 10 mg 4/1/2018 Inflectra®
Infliximab-dyyb injection, for intravenous or subcutaneous use

- Indicated for:
  - Reducing signs and symptoms and inducing and maintaining clinical remission in adult patients with moderately to severely active disease who have had an inadequate response to conventional therapy.
  - Reducing the number of draining enterocutaneous and rectovaginal fistulas and maintaining fistula closure in adult patients with fistulizing disease.

- Contraindications:
  - Infliximab is contraindicated in patients who have had an immediate or severe reaction to infliximab.
  - Infliximab is not recommended for use in pregnant women who are candidates for systemic therapy and when other systemic therapies are medically less appropriate.

Biologicals Q103 Injection, infliximab-dyyb, (infliximab) 10 mg 4/1/2018 Inflectra®
Infliximab-dyyb injection, for intravenous or subcutaneous use

- Indicated for:
  - Reducing signs and symptoms and inducing and maintaining clinical remission in adult patients with moderately to severely active disease who have had an inadequate response to conventional therapy.
  - Reducing the number of draining enterocutaneous and rectovaginal fistulas and maintaining fistula closure in adult patients with fistulizing disease.

- Contraindications:
  - Infliximab is contraindicated in patients who have had an immediate or severe reaction to infliximab.
  - Infliximab is not recommended for use in pregnant women who are candidates for systemic therapy and when other systemic therapies are medically less appropriate.

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Biologicals Q103 Injection, epoetin alfa, 100 units (for ESRD on dialysis) for renal dialysis facilities and hospital and 100 units 7/1/2018 Retacrit®
Epoetin alfa injection, for intravenous or subcutaneous use (for ESRD on dialysis)

- Indicated for:
  - As a substitute for RBC transfusions in patients who require immediate correction of anemia.
  - In patients undergoing cardiac or vascular surgery.

- Contraindications:
  - Epoetin alfa has not been shown to improve quality of life, fatigue, or patient well-being.

- Not indicated for use:
  - In patients with cancer receiving hormonal agents, biologic products, or radiotherapy, unless also receiving concomitant myelosuppressive chemotherapy.
  - In patients with cancer receiving myelosuppressive chemotherapy when the anticipated outcome is cure.
  - In patients with cancer receiving myelosuppressive chemotherapy when the anemia can be managed by transfusion.

- In patients scheduled for surgery who are willing to donate autologous blood.

- In patients undergoing surgical or vascular surgery.

- As a substitute for RBC transfusion in patients who require immediate correction of anemia.

Physician Administered Drug Program Catalog
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<p>| Biological | QS106 | Injection, etoposide, (sterile) for non-ESRD use, 1000 units | 1,000 units | 7/1/2018 | 2018** | etoposide-aqueous injection, for intravenous or subcutaneous use (for non-ESRD use) | Indicated for the treatment of moderate to severe opioid use disorder in patients who have initiated treatment with a transmucosal buprenorphine-containing product, followed by dose adjustment for a minimum of 7 days. | 12 24 372 13 years N/A N/A Y Y 9/21/2018 |
| Biological | QS106 | Injection, etoposide, (sterile), (Sublocade), greater than 100 mcg | 0.5 mg | 10/1/2018 | Fulphila** | etoposide-aqueous injection, for subcutaneous use | Indicated for the treatment of moderate to severe opioid use disorder in patients who have initiated treatment with a transmucosal buprenorphine-containing product, followed by dose adjustment for a minimum of 7 days. | 12 24 372 13 years N/A N/A Y Y 9/21/2018 |
| Biological | QS110 | Injection, filgrastim-aafi, (Sublocade), 1 mg/mg/mL | 1 mg | 7/1/2018 | Noven** | filgrastim-aafi injection, for subcutaneous or intravenous use | Filgrastim is not indicated for the treatment of moderate to severe opioid use disorder in patients who have initiated treatment with a transmucosal buprenorphine-containing product, followed by dose adjustment for a minimum of 7 days. | 12 24 372 13 years N/A N/A Y Y 9/21/2018 |
| Biological | QS111 | Injection, filgrastim-aafi, (Sublocade), (Sublocade), 0.5 mg | 0.5 mg | 7/1/2018 | Udenyca™ | filgrastim-aafi injection, for subcutaneous or intravenous use | Filgrastim is not indicated for the treatment of moderate to severe opioid use disorder in patients who have initiated treatment with a transmucosal buprenorphine-containing product, followed by dose adjustment for a minimum of 7 days. | 12 24 372 13 years N/A N/A Y Y 9/21/2018 |
| Drugs | Q9991 | Injection, buprenorphine extended-release (Sublocade), less than or equal to 100 mcg | less than or equal to 100 mcg | 7/1/2018 | Sublocade™ | buprenorphine extended-release injection, for subcutaneous use, less than or equal to 100 mcg | Indicated for the treatment of moderate to severe opioid use disorder in patients who have initiated treatment with a transmucosal buprenorphine-containing product, followed by dose adjustment for a minimum of 7 days. | 1 2 18 years N/A N/A Y Y 9/27/2018 |
| Drugs | Q9992 | Injection, buprenorphine extended-release (Sublocade), greater than 100 mcg | greater than 100 mcg | 7/1/2018 | Sublocade™ | buprenorphine extended-release injection, for subcutaneous use, greater than 100 mcg | Indicated for the treatment of moderate to severe opioid use disorder in patients who have initiated treatment with a transmucosal buprenorphine-containing product, followed by dose adjustment for a minimum of 7 days. | 1 2 18 years N/A N/A Y Y 9/27/2018 |
| Drugs | S020 | Injection, pentamidine isethionate, 300 mg | 300 mg | 7/1/2018 | Phenera® 300 | pentamidine isethionate for injection | Pentamidine is not indicated for the treatment of moderate to severe opioid use disorder in patients who have initiated treatment with a transmucosal buprenorphine-containing product, followed by dose adjustment for a minimum of 7 days. | 1 2 18 years N/A N/A Y Y 9/27/2018 |
| Biological | S0145 | Injection, pegfilgrastim-aafi, 2 mg/mg/mL | 180 mcg | 7/1/2018 | Pegvisc® | pegfilgrastim-aafi injection, for subcutaneous use | Pegvisc is not indicated for the treatment of moderate to severe opioid use disorder in patients who have initiated treatment with a transmucosal buprenorphine-containing product, followed by dose adjustment for a minimum of 7 days. | 1 5 Indication Specific (see comments) N/A N/A Y Y Indication specific age restrictions: 5 years of age and older 7/7/2018 |
| Drugs | S0212 | Injection, pegfilgrastim-aafi, 10 mg | 10 mg | 9/21/2017 | Pegvisc® | pegfilgrastim-aafi injection, for subcutaneous use | Pegvisc is not indicated for the treatment of moderate to severe opioid use disorder in patients who have initiated treatment with a transmucosal buprenorphine-containing product, followed by dose adjustment for a minimum of 7 days. | 1 2 18 years N/A N/A Y Y 9/27/2018 |
| Drugs | S0214 | Injection, pegfilgrastim-aafi, 2 mg/mg/mL | 2.5 mg | 9/21/2014 | Neulasta® | pegfilgrastim-aafi injection, for subcutaneous use | Pegvisc is not indicated for the treatment of moderate to severe opioid use disorder in patients who have initiated treatment with a transmucosal buprenorphine-containing product, followed by dose adjustment for a minimum of 7 days. | 1 2 18 years N/A N/A Y Y 9/27/2018 |
| Drugs | S0215 | Intravenous pentamidine isethionate, 75 mg | 75 mg | 9/2/2003 | Tequin® | intravenous pentamidine isethionate, for subcutaneous use | Pentamidine is not indicated for the treatment of moderate to severe opioid use disorder in patients who have initiated treatment with a transmucosal buprenorphine-containing product, followed by dose adjustment for a minimum of 7 days. | 1 2 18 years N/A N/A Y Y 9/27/2018 |
| Drugs | S0216 | Oral, naltrexone, 50 mg | 50 mg | 7/1/2003 | Naltrexone tablets, for oral use | Naltrexone is not indicated for the treatment of moderate to severe opioid use disorder in patients who have initiated treatment with a transmucosal buprenorphine-containing product, followed by dose adjustment for a minimum of 7 days. | 1 2 18 years N/A N/A Y Y 9/27/2018 |
| Drugs | S0217 | Oral, naltrexone, 10 mg | 10 mg | 9/21/2000 | Naltrexone tablets, for oral use | Naltrexone is not indicated for the treatment of moderate to severe opioid use disorder in patients who have initiated treatment with a transmucosal buprenorphine-containing product, followed by dose adjustment for a minimum of 7 days. | 1 2 18 years N/A N/A Y Y 9/27/2018 |</p>
<table>
<thead>
<tr>
<th>Drugs</th>
<th>SAL800</th>
<th>Contraceptive pills for birth control</th>
<th>1 tablet</th>
<th>6/1/2019</th>
<th>N/A</th>
<th>contraceptive pills for birth control</th>
<th>Indicated as birth control.</th>
<th>91</th>
<th>91</th>
<th>11 years</th>
<th>55 years</th>
<th>Females Only</th>
<th>Y</th>
<th>Y</th>
<th>7/27/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drugs</td>
<td>10500</td>
<td>Unspecified biologicals</td>
<td>1 vial</td>
<td>1/1/2002</td>
<td>Zidovudine*</td>
<td>enuresis; absences; virologic suppression for intravenous use</td>
<td>Indicated for the treatment of pediatric patients less than 2 years of age with cerebral palsy (CP) with or without severe motor impairment and for pediatric patients with 50% or more of the gross motor function classification system (GMFCS) levels</td>
<td>2</td>
<td>2</td>
<td>Full-term gestational age</td>
<td>2 years</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
<td>7/27/2019</td>
</tr>
<tr>
<td>Biologicals</td>
<td>10664</td>
<td>Injection, ferrous phosphate (iron), 0.1 mg of iron</td>
<td>0.1 mg</td>
<td>1/1/2013</td>
<td>FerriPort®</td>
<td>ferrous phosphate (iron) powder</td>
<td>indicated for the replacement of iron in patients with iron deficiency anemia</td>
<td>2,730</td>
<td>18,280</td>
<td>18 years</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
<td>7/26/2019</td>
</tr>
<tr>
<td>Biologicals</td>
<td>10504</td>
<td>Injection, interferon alpha-2b (Intron-A), 0.01 mg</td>
<td>0.01 mg</td>
<td>1/1/2011</td>
<td>Peginterferon®</td>
<td>interferon alpha-2b for interferon use</td>
<td>Indicated for the treatment of interferon use</td>
<td>140</td>
<td>140</td>
<td>Indication Specific (see comments)</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
<td>7/24/2019</td>
</tr>
<tr>
<td>Drugs</td>
<td>10222</td>
<td>Injection, Pantoprazole, 0.2 mg</td>
<td>0.2 mg</td>
<td>1/1/2019</td>
<td>Orapros®</td>
<td>pantoprazole liposomal injection for intravenous use</td>
<td>Indicated for the treatment of the polyneuropathy of hereditary transthyretin-mediated amyloidosis in adults.</td>
<td>300</td>
<td>600</td>
<td>18 years</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
<td>6/27/2019</td>
</tr>
<tr>
<td>Biologicals</td>
<td>10980</td>
<td>Anti-infective, antifungal, antiviral drugs</td>
<td>1 vial</td>
<td>1/1/2010</td>
<td>Fidaxomicin-voriconazole</td>
<td>voriconazole vial for injection, for intravenous use</td>
<td>Indicated for the treatment of adult patients with moderate to severe sepsis due to Gram-negative bacteria, including those with ventilator-associated pneumonia, and for the prevention of invasive fungal infections in high-risk patients at risk for invasive fungal infections</td>
<td>280</td>
<td>560</td>
<td>18 years</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
<td>7/27/2019</td>
</tr>
<tr>
<td>Drugs</td>
<td>10486</td>
<td>Injection, abatacept, (Enbrel), 10 mg</td>
<td>10 mg</td>
<td>1/1/2012</td>
<td>Benlysox®</td>
<td>abatacept for intravenous use</td>
<td>Indicated for the treatment of patients with Crohn's disease (CD) who have had an inadequate response or intolerance to a TNF inhibitor, and for the treatment of adults with rheumatoid arthritis who have had an inadequate response to one or more disease-modifying antirheumatic drugs (DMARDs) and for the treatment of ankylosing spondylitis (AS) who have had an inadequate response to one or more DMARDs</td>
<td>300</td>
<td>600</td>
<td>18 years</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
<td>8/26/2019</td>
</tr>
<tr>
<td>Vaccines</td>
<td>50545</td>
<td>Influenza virus vaccine, quadrivalent (150 μg), split virus, 0.25 mL dosage, for intramuscular injection</td>
<td>0.25 mL</td>
<td>1/1/2011</td>
<td>Fluad®</td>
<td>influenza vaccine for intramuscular injection</td>
<td>Indicated for active immunization for the prevention of influenza caused by influenza A subtypes viruses, and type B viruses contained in the vaccine for use in persons 18 years of age and older</td>
<td>1</td>
<td>2</td>
<td>6 months</td>
<td>12 months</td>
<td>N/A</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Vaccines</td>
<td>50642</td>
<td>Influenza virus vaccine, (AD) split virus, preservative-free, high-osmolarity, enhanced immunogenicity, 10 μg influenza vaccine for intramuscular injection</td>
<td>0.5 mL</td>
<td>1/1/2008</td>
<td>Fluzone® (High Dose)</td>
<td>influenza vaccine for intramuscular injection</td>
<td>Indicated for active immunization for the prevention of influenza caused by influenza A subtypes viruses, and type B viruses contained in the vaccine for use in persons 65 years of age and older.</td>
<td>1</td>
<td>1</td>
<td>65 years</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
<td>8/24/2019</td>
</tr>
<tr>
<td>Vaccines</td>
<td>50477</td>
<td>Influenza virus vaccine, quadrivalent (150 μg), split virus, 1 mL dosage, for intramuscular use</td>
<td>1 mL</td>
<td>1/1/2011</td>
<td>Fluzone®</td>
<td>influenza vaccine for intramuscular injection</td>
<td>Indicated for active immunization for the prevention of influenza caused by influenza A subtypes viruses, and type B viruses contained in the vaccine for use in persons 65 years of age and older</td>
<td>1</td>
<td>2</td>
<td>6 months</td>
<td>12 months</td>
<td>N/A</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Vaccines</td>
<td>50453</td>
<td>Influenza virus vaccine, quadrivalent (150 μg), split virus, 0.5 mL dosage, for intramuscular use</td>
<td>0.5 mL</td>
<td>1/1/2013</td>
<td>Fluzone®</td>
<td>influenza vaccine for intramuscular injection</td>
<td>Indicated for active immunization for the prevention of influenza caused by influenza A subtypes viruses, and type B viruses contained in the vaccine for use in persons 65 years of age and older.</td>
<td>1</td>
<td>1</td>
<td>65 years</td>
<td>N/A</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
<td>8/24/2019</td>
</tr>
</tbody>
</table>
| Biologicals | 121107 | Injection, bevacizumab (Avastin), 10 mg | 10 mg | 1/1/2019 | Mvax** | bevacizumab-awwb injection for intravenous use | Indicated for the treatment of: • Metastatic colorectal cancer, in combination with irinotecan fluorouracil-based chemotherapy for first- or second-line treatment. • Metastatic colorectal cancer, in combination with fluoropyrimidine-irinotecan or fluoropyrimidine-refluxurab-based chemotherapy for second-line treatment in patients who have progressed on a first-line bevacizumab product-containing regimen. • Contraindications: *Mvax* is not indicated for adjunctive treatment of colon cancer. • Contraindications include: • Hypersensitivity to bevacizumab, • Renal or hepatic failure, • Active or recent non-metaioseous or small-cell lung cancer, • Pulmonary fibrosis with pleuritis or fibrosing alveolitis, • Active or recent sepsis, • Recent opportunistic infection, • Show resistance to bevacizumab, • Pneumonia. 210 420 18 years N/A N/A Y Y 10/16/2019
| Drugs | J2916 | Injection, plazomicin, 5 mg | 5 mg | 1/1/2019 | Zemvy** | plazomicin injection for intravenous use | Indicated for the treatment of patients 18 years of age or older with complicated urinary tract infections (cUTI) including pyelonephritis. • As only renal dosing and efficacy data are available, reserve Zemvy for use in patients who have failed or no alternative treatment options. • To reduce the development of drug-resistant bacteria and maintain effectiveness of Zemvy and other antibacterial drugs, Zemvy should be used only to treat infections that are proven or strongly suspected to be caused by susceptible microorganisms. 420 2,960 18 years N/A N/A Y Y 10/16/2019
| Biologicals | J3132 | Injection, rhuminol, 10 mg | 10 mg | 1/1/2019 | Rituxan* | rhuminol injection for intravenous use | Indicated for the treatment of adult patients with: • Non-Hodgkin's lymphoma (NHL). • Relapsed or refractory, low-grade or follicular, CD20-positive B-cell NHL, as a single agent. • Previously untreated follicular, CD20-positive, B-cell NHL in combination with first-line chemotherapy, in patients achieving a complete or partial response to Rituxan in combination with chemotherapy, as single-agent maintenance therapy. • Non-progressing (including stable disease), low-grade, CD20-positive, B-cell NHL, as a single agent after first-line cyclophosphamide, doxorubicin, and prednisone (CHOP) chemotherapy. • Previously untreated diffuse-large B-cell, CD20-positive NHL, in combination with (cyclophosphamide, doxorubicin, and prednisone) (CHOP) or other anthracycline-based chemotherapy regimens. • Chronic lymphocytic leukemia (CLL). • Previously untreated and previously treated CD20-positive CLL in combination with Fludarabine and cyclophosphamide (FC). • Rheumatoid Arthritis (RA) in combination with methotrexate in adult patients with moderately to severely active RA who have inadequate response to one or more TNF antagonist therapies. • Granulomatosis with Polyangiitis (GPA) (Wegener's Granulomatosis) and Microscopic Polyangiitis (MPA) in adult and pediatric patients 18 years of age and older in combination with glucocorticoids. • Moderate to severe pemphigus vulgaris (PV) in adult patients. 130 500 Indication Specific (see comments) N/A N/A Y Y 10/26/2019
| Biologicals | J3940 | Unclassified biologicals | 1 mg | 1/1/2019 | Brilinta** | aggresan injection for intravenous use | Indicated for the treatment of adult patients with acute lymphoblastic leukemia induced by myelodysplastic syndromes and acute myeloid leukemias in patients undergoing surgery. 2,100 12,100 18 years N/A N/A Y Y 11/14/2019
| Biologicals | J3118 | Injection, colposporin pentestr, 15 units | 15 units | 1/1/2019 | Aquaplex** | colposporin pentestr injection for intravenous use | Indicated for the treatment of acene lymphoblastic leukemia in pediatric and young adult patients age 1 month to 21 years. 750 1,500 1 month 21 years N/A N/A Y Y 12/1/2019
| Biologicals | Q5115 | Injection, ruxolitinib, 10 mg | 10 mg | 1/1/2019 | Truxima* | ruxolitinib injection for intravenous use | Indicated for the treatment of adult patients with: • Non-Hodgkin's lymphoma (NHL). • Relapsed or refractory, low-grade or follicular, CD20-positive B-cell NHL, as a single agent. • Previously untreated follicular, CD20-positive, B-cell NHL in combination with first-line chemotherapy, in patients achieving a complete or partial response to Rituxan in combination with chemotherapy, as single-agent maintenance therapy. • Non-progressing (including stable disease), low-grade, CD20-positive, B-cell NHL, as a single agent after first-line cyclophosphamide, doxorubicin, and prednisone (CHOP) chemotherapy. • Previously untreated diffuse-large B-cell, CD20-positive NHL, in combination with (cyclophosphamide, doxorubicin, and prednisone) (CHOP) or other anthracycline-based chemotherapy regimens. • Chronic lymphocytic leukemia (CLL). • Previously untreated and previously treated CD20-positive CLL in combination with Fludarabine and cyclophosphamide (FC). • Rheumatoid Arthritis (RA) in combination with methotrexate in adult patients with moderately to severely active RA who have inadequate response to one or more TNF antagonist therapies. • Granulomatosis with Polyangiitis (GPA) (Wegener's Granulomatosis) and Microscopic Polyangiitis (MPA) in adult and pediatric patients 18 years of age and older in combination with glucocorticoids. • Moderate to severe pemphigus vulgaris (PV) in adult patients. 130 500 Indication Specific (see comments) N/A N/A Y Y 12/4/2019
| Biologicals | J3560 | Unclassified biologicals | 1 mg | 1/1/2019 | Bevax** | Euvalyn injection for intravenous use | Indicated for the treatment of neuovascular (Wet) Age-Related Macular Degeneration (AMD). 12 24 18 years N/A N/A Y Y 12/4/2019
| Biologicals | Q5114 | Injection, brolucizumab-dbll, 1 mg | 1 mg | 1/1/2019 | Beovu® | brolucizumab-dbll injection for intravitreal injection | Indicated for the treatment of patients 18 years of age or older with subfoveal choroidal neovascularization (CNV) including age-related macular degeneration: • As only retinal dosing and efficacy data are available, reserve Beovu® for use in patients who have failed or no alternative treatment options. • To reduce the development of drug-resistant bacteria and maintain effectiveness of Beovu® and other biological drugs, Beovu® should be used only to treat infections that are proven or strongly suspected to be caused by susceptible microorganisms. 36 24 18 years N/A N/A Y Y 9/27/2019
| Biologicals | J3398 | Injection, plazomicin, 5 mg | 5 mg | 1/1/2002 | Bridion® | plazomicin injection for intravenous use | Indicated for the treatment of patients with complicated urinary tract infections. • As only renal dosing and efficacy data are available, reserve Bridion® for use in patients who have failed or no alternative treatment options. • To reduce the development of drug-resistant bacteria and maintain effectiveness of Bridion® and other antibacterial drugs, Bridion® should be used only to treat infections that are proven or strongly suspected to be caused by susceptible microorganisms. 150 300 1 year N/A N/A Y Y 10/14/2019
| Biologicals | J3490 | Injection, rituximab-abbs, 1 billion vector genomes | 1 billion vector genomes | 1/1/2019 | Luxturna** | nucleasium suspension for subretinal injection | Indicated for the treatment of patients with confirmed biallelic RPE65 mutation-associated retinal dystrophy. Patients must have viable retinal cells as determined by the treating physician(s). 150 300 1 year N/A N/A Y Y 10/14/2019

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