

| CROSSWALK DISCLAIMER | |
|----------------------|---|
| 1 | This crosswalk is a reference document for unit billing assistance to lessen drug rebate billing disputes for not otherwise classified (NOC) codes. |
| 2 | The information provided does not guarantee coverage or payment. Provider must reference provider manuals for specific coverage information or program limitations and verify if the service is covered for their provider type and specialty and the member eligibility. |
| 3 | Rebate status and NDC terminations can result in a change and is not tracked on this crosswalk. |
| 4 | The CMS Unit of Measure may be an estimate at the time of posting if not available prior to publication. The crosswalk will be updated when the information from CMS is available (once a calendar quarter). |
| 5 | This crosswalk does not consider if a prior authorization or manual review is required for the drug. |
| 6 | This crosswalk is scheduled to be updated once a quarter. Updates may be considered on an 'as needed' basis. |

| CROSSWALK HEADER | DEFINITION | ADDITIONAL INFORMATION |
|---|--|---|
| NDC-11 | 11-digit National Drug Code (NDC) | |
| NDC Name | Trade name for the NDC | |
| Generic Name | Generic name for the NDC | |
| CMS Unit | Centers for Medicare & Medicaid Services (CMS) unit of measure (UOM) value. This value is specific to each NDC and is the basis for drug rebate invoicing and reporting. | AHF = Injectable Anti-Hemophilic Factor CAP = Capsule SUP = Suppository GM = Gram ML = Milliliter TAB = Tablet TPD = Transdermal Patch EA = Each |
| Basis of Measurement Qualifier | Industry standard basis of measurement values used to define the total NDC Drug Quantity reported for the HCPCS detail. - CMS 1500 = Field 24 - UB-04 = Field 43 - 837P = 2410 CTP05 - 837I = 2410 CTP05 | F2 = International Unit GR = Gram ME = Milligram ML = Milliliter UN = Unit |
| Drug Quantity - Total for Basis of Measurement Qualifier | Industry standard numeric value for NDC detail total units administered based on the Basis of Measurement qualifier. - CMS 1500 = Field 24 - UB-04 = Field 43 - 837P = 2410 CTP04 - 837I = 2410 CTP04 | |
| NDC to NOC End Date | Last date of service the NDC can be cross walked to a Not Otherwise Classified (NOC) drug HCPCS. | |
| NDC to Pure Code Relationship Start Date | First date of service the NDC is cross walked to a pure HCPCS code. | |
| Pure Code* | The pure drug HCPCS code defines the administration method, ingredient(s), and dose per HCPCS. Sometimes, the pure code is specific to a brand drug. NOTE: C-codes will NOT be added as these are temporary codes, and if considered for coverage, have limited provider type and specialty allowances. Provider types and specialties considered for C-code coverage must bill using the appropriate code. | |

NOTE: When reporting supplemental NDC information for drug HCPCS on the CMS-1500 (Paper-Professional), UB-04 (Paper-Institutional), 837P (Electronic-Professional), or 837I (Electronic-Institutional), follow all applicable billing instructions.

| NDC-11 | NDC Name | Generic Name | CMS Unit | Basis of Measurement Qualifier | Drug Quantity - Total for Basis of Measurement Qualifier | NDC to NOC End Date | NDC to Pure Code | |
|-------------|-----------------|---|----------|--------------------------------|--|---------------------|-------------------------|-----------|
| | | | | | | | Relationship Start Date | Pure Code |
| 00173089601 | Blenrep | Belantamab Mafodotin-BLMF IV 100MG Vial | EA | UN | Provide the total vials administered; use decimals for partial vials. | 3/31/2021 | 4/1/2021 | J9037 |
| 71287021901 | Tecartus | Brexucabtagene Autoleucel IV 2X10 ⁸ Bag | EA | UN | Provide number of bags administered. | 3/31/2021 | 4/1/2021 | Q2053 |
| 73535020801 | Monjuvi | Tafasitamab-CXIX IV 200MG Vial | EA | UN | Provide the total vials administered; use decimals for partial vials. | 3/31/2021 | 4/1/2021 | J9349 |
| 73292001101 | Viltepsa | Viltolarsen IV 250MG/5ML Vial | ML | ML | Provide number of MLs administered. | 3/31/2021 | 4/1/2021 | J1427 |
| 59630026601 | FETROJA | Cefiderocol IV 1G Vial | EA | UN | Provide the total vials administered; use decimals for partial vials. | 12/31/2020 | 1/1/2021 | J0693 |
| 59630026610 | FETROJA | Cefiderocol IV 1G Vial | EA | UN | Provide the total vials administered; use decimals for partial vials. | 12/31/2020 | 1/1/2021 | J0693 |
| 57894050301 | Darzalex Faspro | Daratumumab-Hyaluronidase-FIHJ SQ 1800/30000 per 15 ML Vial | ML | ML | Standard dose is 1 vial or 15 ML; be sure to provide the number of MLs administered. | 12/31/2020 | 1/1/2021 | J9144 |
| 72677055101 | Uplizna | Inebilizumab-CDON IV 100MG/10ML Vial | ML | ML | Provide number of MLs administered. | 12/31/2020 | 1/1/2021 | J1823 |
| 68727071201 | Zepzelca | Lurbinectedin IV 4MG Vial | EA | UN | Provide the total vials administered; use decimals for partial vials. | 12/31/2020 | 1/1/2021 | J9223 |
| 72493010303 | Jelmyto | Mitomycin Urethral Kit | EA | UN | Standard preparation and use is 1 (one) kit; provide number of kits administered. | 12/31/2020 | 1/1/2021 | J9281 |
| 50242024501 | Phesgo | Pertuzumab-Trastuzumab-HY-ZZXF SQ 1200-600MG Vial | ML | ML | Provide number of MLs administered. | 12/31/2020 | 1/1/2021 | J9316 |
| 50242026001 | Phesgo | Pertuzumab-Trastuzumab-HY-ZZXF SQ 600-600MG Vial | ML | ML | Provide number of MLs administered. | 12/31/2020 | 1/1/2021 | J9316 |
| 55135013201 | Trodely | Sacituzumab Govitecan-HZIY IV 180 MG Vial | EA | UN | Provide the total vials administered; use decimals for partial vials. | 12/31/2020 | 1/1/2021 | J9317 |
| 00023965201 | Durysta | Bimatoprost Intraocular 10 MCG Implant | EA | UN | Provide number of implants administered. | 9/30/2020 | 10/1/2020 | J7351 |
| 72152054720 | ZULRESSO | Brexanolone IV 100MG/20ML Vial | ML | ML | Provide number of MLs administered. | 9/30/2020 | 10/1/2020 | J1632 |
| 67386013051 | Vyepti | Epinezumab-JJMR IV 100 MG/ML Vial | ML | ML | Provide number of MLs administered. | 9/30/2020 | 10/1/2020 | J3032 |
| 00024065401 | SARCLISA | Isatuximab-IRFC 100MG/5ML Vial | ML | ML | Provide number of MLs administered. | 9/30/2020 | 10/1/2020 | J9227 |
| 00024065601 | SARCLISA | Isatuximab-IRFC 500MG/25ML Vial | ML | ML | Provide number of MLs administered. | 9/30/2020 | 10/1/2020 | J9227 |
| 71518000101 | Anjeso | Meloxicam IV 30 MG/ML Vial | ML | ML | Provide number of MLs administered. | 9/30/2020 | 10/1/2020 | J1738 |
| 75987013015 | TEPEZZA | Teprotumumab-TRBW IV 500MG Vial | EA | UN | Provide the total vials administered; use decimals for partial vials. | 9/30/2020 | 10/1/2020 | J3241 |

07/23/2021

| NDC-11 | NDC Name | Generic Name | CMS Unit | Basis of Measurement Qualifier | Drug Quantity - Total for Basis of Measurement Qualifier | NDC to NOC End Date | NDC to Pure Code | |
|-------------|-----------|---|----------|--------------------------------|--|---------------------|-------------------------|-----------|
| | | | | | | | Relationship Start Date | Pure Code |
| 70720010001 | QUZYTIR | Cetirizine HCl IV 10MG/ML Vial | ML | ML | Provide number of MLs administered. | 6/30/2020 | 7/1/2020 | J1201 |
| 70720010025 | QUZYTIR | Cetirizine HCl IV 10MG/ML Vial | ML | ML | Provide number of MLs administered. | 6/30/2020 | 7/1/2020 | J1201 |
| 00078088361 | ADAKVEO | Crizanlizumab-TMCA IV 100MG/10ML Vial | ML | ML | Provide number of MLs administered. | 6/30/2020 | 7/1/2020 | J0791 |
| 51144002001 | PADCEV | Enfortumab Vedotin-EJFV IV 20MG Vial | EA | UN | Provide the total vials administered; use decimals for partial vials. | 6/30/2020 | 7/1/2020 | J9177 |
| 51144003001 | PADCEV | Enfortumab Vedotin-EJFV IV 30MG Vial | EA | UN | Provide the total vials administered; use decimals for partial vials. | 6/30/2020 | 7/1/2020 | J9177 |
| 69853010101 | ANDEXXA | Factor XA, inactivated-ZHZO Intravenous 100 MG Vial | ML | ML | Per package insert, reconstitute with 10 ML; provide number of MLs administered. | 6/30/2020 | 7/1/2020 | J7169 |
| 69853010201 | ANDEXXA | Factor XA, inactivated-ZHZO Intravenous 200 MG Vial | ML | ML | Per package insert, reconstitute with 20 ML; provide number of MLs administered. | 6/30/2020 | 7/1/2020 | J7169 |
| 65597040601 | ENHERTU | FAM-Trastuzumab Deruxtec-NXKI IV 100MG Vial | EA | UN | Provide the total vials administered; use decimals for partial vials. | 6/30/2020 | 7/1/2020 | J9358 |
| 71336100101 | GIVLAARI | Givosiran Sodium SQ 189MG/ML Vial | ML | ML | Provide number of MLs administered. | 6/30/2020 | 7/1/2020 | J0223 |
| 72000012001 | XENLETA | Lefamulin Acetate IV 150 MG/15ML Vial | ML | ML | Provide number of MLs administered. | 6/30/2020 | 7/1/2020 | J0691 |
| 72000012006 | XENLETA | Lefamulin Acetate IV 150 MG/15ML Vial | ML | ML | Provide number of MLs administered. | 6/30/2020 | 7/1/2020 | J0691 |
| 71894012203 | ZOLGENSMA | Onasemnogene Apeparovvec-XIOI 2X10E13/ML Kit | EA | UN | Provide the number of kits administered. | 6/30/2020 | 7/1/2020 | J3399 |
| 71894012303 | ZOLGENSMA | Onasemnogene Apeparovvec-XIOI 2X10E13/ML Kit | EA | UN | Provide the number of kits administered. | 6/30/2020 | 7/1/2020 | J3399 |
| 71894012404 | ZOLGENSMA | Onasemnogene Apeparovvec-XIOI 2X10E13/ML Kit | EA | UN | Provide the number of kits administered. | 6/30/2020 | 7/1/2020 | J3399 |
| 71894012504 | ZOLGENSMA | Onasemnogene Apeparovvec-XIOI 2X10E13/ML Kit | EA | UN | Provide the number of kits administered. | 6/30/2020 | 7/1/2020 | J3399 |
| 71894012604 | ZOLGENSMA | Onasemnogene Apeparovvec-XIOI 2X10E13/ML Kit | EA | UN | Provide the number of kits administered. | 6/30/2020 | 7/1/2020 | J3399 |
| 71894012705 | ZOLGENSMA | Onasemnogene Apeparovvec-XIOI 2X10E13/ML Kit | EA | UN | Provide the number of kits administered. | 6/30/2020 | 7/1/2020 | J3399 |
| 71894012805 | ZOLGENSMA | Onasemnogene Apeparovvec-XIOI 2X10E13/ML Kit | EA | UN | Provide the number of kits administered. | 6/30/2020 | 7/1/2020 | J3399 |
| 71894013006 | ZOLGENSMA | Onasemnogene Apeparovvec-XIOI 2X10E13/ML Kit | EA | UN | Provide the number of kits administered. | 6/30/2020 | 7/1/2020 | J3399 |
| 71894013106 | ZOLGENSMA | Onasemnogene Apeparovvec-XIOI 2X10E13/ML Kit | EA | UN | Provide the number of kits administered. | 6/30/2020 | 7/1/2020 | J3399 |

| NDC-11 | NDC Name | Generic Name | CMS Unit | Basis of Measurement Qualifier | Drug Quantity - Total for Basis of Measurement | | NDC to NOC End Date | NDC to Pure Code Relationship | |
|-------------|-----------|--|----------|--------------------------------|--|---|---------------------|-------------------------------|-----------|
| | | | | | Measurement Qualifier | Measurement Qualifier | | Start Date | Pure Code |
| 71894013206 | ZOLGENSMA | Onasemnogene Abeparovvec-XIOI 2X10E13/ML Kit | EA | UN | | Provide the number of kits administered. | 6/30/2020 | 7/1/2020 | J3399 |
| 71894013307 | ZOLGENSMA | Onasemnogene Abeparovvec-XIOI 2X10E13/ML Kit | EA | UN | | Provide the number of kits administered. | 6/30/2020 | 7/1/2020 | J3399 |
| 71894013407 | ZOLGENSMA | Onasemnogene Abeparovvec-XIOI 2X10E13/ML Kit | EA | UN | | Provide the number of kits administered. | 6/30/2020 | 7/1/2020 | J3399 |
| 71894013507 | ZOLGENSMA | Onasemnogene Abeparovvec-XIOI 2X10E13/ML Kit | EA | UN | | Provide the number of kits administered. | 6/30/2020 | 7/1/2020 | J3399 |
| 71894013608 | ZOLGENSMA | Onasemnogene Abeparovvec-XIOI 2X10E13/ML Kit | EA | UN | | Provide the number of kits administered. | 6/30/2020 | 7/1/2020 | J3399 |
| 71894013708 | ZOLGENSMA | Onasemnogene Abeparovvec-XIOI 2X10E13/ML Kit | EA | UN | | Provide the number of kits administered. | 6/30/2020 | 7/1/2020 | J3399 |
| 71894013808 | ZOLGENSMA | Onasemnogene Abeparovvec-XIOI 2X10E13/ML Kit | EA | UN | | Provide the number of kits administered. | 6/30/2020 | 7/1/2020 | J3399 |
| 71894014009 | ZOLGENSMA | Onasemnogene Abeparovvec-XIOI 2X10E13/ML Kit | EA | UN | | Provide the number of kits administered. | 6/30/2020 | 7/1/2020 | J3399 |
| 71894014109 | ZOLGENSMA | Onasemnogene Abeparovvec-XIOI 2X10E13/ML Kit | EA | UN | | Provide the number of kits administered. | 6/30/2020 | 7/1/2020 | J3399 |
| 61314086601 | ZIEXTENZO | Pegfilgrastim-BMEZ SQ 6MG/0.6ML | ML | ML | | Provide number of MLs administered. | 6/30/2020 | 7/1/2020 | Q5120 |
| 00069023801 | RUXIENCE | Rituximab-PVVR IV 100MG/10ML Vial | ML | ML | | Provide number of MLs administered. | 6/30/2020 | 7/1/2020 | Q5119 |
| 00069024901 | RUXIENCE | Rituximab-PVVR IV 500MG/50ML Vial | ML | ML | | Provide number of MLs administered. | 6/30/2020 | 7/1/2020 | Q5119 |
| 61755000801 | LIBTAYO | Cemiplimab-RWLC IV 350 MG/7ML Vial | ML | ML | | Provide number of MLs administered. | 9/30/2019 | 10/1/2019 | J9119 |
| 70382020401 | DEXTENZA | Dexamethasone Ophthalmic 0.4MG Insert | EA | UN | | Provide the number of inserts administered. | 9/30/2019 | 10/1/2019 | J1096 |
| 70382020410 | DEXTENZA | Dexamethasone Ophthalmic 0.4MG Insert | EA | UN | | Provide the number of inserts administered. | 9/30/2019 | 10/1/2019 | J1096 |
| 70382020488 | DEXTENZA | Dexamethasone Ophthalmic 0.4MG Insert | EA | UN | | Provide the number of inserts administered. | 9/30/2019 | 10/1/2019 | J1096 |
| 72171050101 | GAMIFANT | Emapalumab-LZSG Intravenous 10 MG/2 ML Vial | ML | ML | | Provide number of MLs administered. | 9/30/2019 | 10/1/2019 | J9210 |
| 72171050501 | GAMIFANT | Emapalumab-LZSG Intravenous 50 MG/10 ML Vial | ML | ML | | Provide number of MLs administered. | 9/30/2019 | 10/1/2019 | J9210 |
| 51759020410 | AJOVY | Fremanezumab-VFRM 225MG/1.5 Syringe | ML | ML | | Provide number of MLs administered. | 9/30/2019 | 10/1/2019 | J3031 |
| 68152011201 | KHAPZORY | Levoleucovorin IV 175 MG Vial | EA | UN | | Provide the total vials administered; use decimals for partial vials. | 9/30/2019 | 10/1/2019 | J0642 |
| 68152011401 | KHAPZORY | Levoleucovorin IV 300 MG Vial | EA | UN | | Provide the total vials administered; use decimals for partial vials. | 9/30/2019 | 10/1/2019 | J0642 |
| 42747076101 | POTELIGEO | mogamulizumab-kpkc | ML | ML | | Provide number of MLs administered. | 9/30/2019 | 10/1/2019 | J9204 |

| NDC-11 | NDC Name | Generic Name | CMS Unit | Basis of Measurement Qualifier | Drug Quantity - Total for Basis of Measurement Qualifier | NDC to NOC End Date | NDC to Pure Code | |
|-------------|------------------|---|----------|--------------------------------|---|---------------------|-------------------------|-----------|
| | | | | | | | Relationship Start Date | Pure Code |
| 00310470001 | LUMOXITI | Moxetumomab Pasudotox-TDFK IV 1 MG Vial | EA | UN | Provide the total vials administered; use decimals for partial vials. | 9/30/2019 | 10/1/2019 | J9313 |
| 71715000102 | NUZYRA | Omadacycline Tosylate Intravenous 100 MG Vial | EA | UN | Provide the total vials administered; use decimals for partial vials. | 9/30/2019 | 10/1/2019 | J0121 |
| 71336100001 | ONPATTRO | patisiran sodium, lipid complex | ML | ML | Provide number of MLs administered. | 9/30/2019 | 10/1/2019 | J0222 |
| 71045001001 | ZEMDRI | plazomicin sulfate INTRAVEN 500MG/10ML VIAL | ML | ML | Provide number of MLs administered. | 9/30/2019 | 10/1/2019 | J0291 |
| 71045001002 | ZEMDRI | plazomicin sulfate INTRAVEN 500MG/10ML VIAL | ML | ML | Provide number of MLs administered. | 9/30/2019 | 10/1/2019 | J0291 |
| 25682002201 | ULTOMIRIS | Ravulizumab-CWVZ Intravenous 300 MG/30 ML Vial | ML | ML | Provide number of MLs administered. | 9/30/2019 | 10/1/2019 | J1303 |
| 12496012001 | PERSERIS | risperidone 120mg | EA | UN | Provide the number of kits administered. | 9/30/2019 | 10/1/2019 | J2798 |
| 12496009001 | PERSERIS | risperidone 90mg | EA | UN | Provide the number of kits administered. | 9/30/2019 | 10/1/2019 | J2798 |
| 72187040101 | ELZONRIS | Tagraxofusp-ERZS Intravenous 1000 MCG/ML Vial | ML | ML | Provide number of MLs administered. | 9/30/2019 | 10/1/2019 | J9269 |
| 42367052025 | BENDAMUSTINE HCL | Bendamustine HCl IV 25 MG/ML Vial | ML | ML | Provide number of MLs administered. | 6/30/2019 | 7/1/2019 | J9036 |
| 42367052125 | BELRAPZO | Bendamustine HCl IV 25 MG/ML Vial | ML | ML | Provide number of MLs administered. | 6/30/2019 | 7/1/2019 | J9036 |
| 00026394425 | JIVI | Factor VIII Rec, B-Dom Delet Peg-AUCL IV 1000 (+/-) Vial | AHF | UN | Provide the number of AHFs administered. | 6/30/2019 | 7/1/2019 | J7208 |
| 00026394625 | JIVI | Factor VIII Rec, B-Dom Delet Peg-AUCL IV 2000 (+/-) Vial | AHF | UN | Provide the number of AHFs administered. | 6/30/2019 | 7/1/2019 | J7208 |
| 00026394825 | JIVI | Factor VIII Rec, B-Dom Delet Peg-AUCL IV 3000 (+/-) Vial | AHF | UN | Provide the number of AHFs administered. | 6/30/2019 | 7/1/2019 | J7208 |
| 00026394225 | JIVI | Factor VIII Rec, B-Dom Delet Peg-AUCL IV 500 (+/-) Vial | AHF | UN | Provide the number of AHFs administered. | 6/30/2019 | 7/1/2019 | J7208 |
| 71390012520 | Barhemsys | Amisulpride IV 5MG/2ML | ML | ML | Provide number of MLs administered. | | | |
| 71390012521 | Barhemsys | Amisulpride IV 5MG/2ML | ML | ML | Provide number of MLs administered. | | | |
| 49702025315 | Cabenuva | Cabotegravir/Rilpivirine Intramusc 400-600 MG Kit per 2ML each vial (4ML total volume for both vials) | ML | ML | Provide number of MLs administered. | | | |
| 49702024015 | Cabenuva | Cabotegravir/Rilpivirine Intramusc 600-900 MG per 3ML each vial (6ML total volume for both vials) | ML | ML | Provide number of MLs administered. | | | |
| 10122062001 | KENREAL | cangrelor tetrasodium INTRAVEN 50 MG VIAL | EA | UN | Provide the total vials administered; use decimals for partial vials. | | | |

| NDC-11 | NDC Name | Generic Name | CMS Unit | Basis of Measurement Qualifier | Drug Quantity - Total for Basis of Measurement Qualifier | NDC to NOC End Date | NDC to Pure Code Relationship Start Date | Pure Code |
|-------------|----------------------|---|----------|--------------------------------|---|---------------------|--|-----------|
| 10122062010 | KENGREAL | cangrelor tetrasodium INTRAVEN 50 MG VIAL | EA | UN | Provide the total vials administered; use decimals for partial vials. | | | |
| 58468022501 | CABLIVI | Caplacizumab-YHDP Injection 11 MG Kit | EA | UN | Provide the number of kits administered. | | | |
| 60923022702 | Amondys-45 | Casimersen 100 MG/2 ML Vial | ML | ML | Provide number of MLs administered. | | | |
| 10122061001 | CLEVIPREX | clevidipine butyrate INTRAVEN 25 MG/50ML VIAL | ML | ML | Provide number of MLs administered. | | | |
| 10122061010 | CLEVIPREX | clevidipine butyrate INTRAVEN 25 MG/50ML VIAL | ML | ML | Provide number of MLs administered. | | | |
| 10122061101 | CLEVIPREX | clevidipine butyrate INTRAVEN 50MG/100ML VIAL | ML | ML | Provide number of MLs administered. | | | |
| 10122061110 | CLEVIPREX | clevidipine butyrate INTRAVEN 50MG/100ML VIAL | ML | ML | Provide number of MLs administered. | | | |
| 66220016010 | VAPRISOL-5% DEXTROSE | conivaptan HCl in 5 % dextrose INTRAVEN 20MG/100ML PLAST. BAG | ML | ML | Provide number of MLs administered. | | | |
| 70842010203 | BAXDELA | delafloxacin meglumine INTRAVEN 300 MG VIAL | EA | UN | Provide the total vials administered; use decimals for partial vials. | | | |
| 61755001001 | Evkeeza | Evinacumab-DGNB Intraven 1200 MG/8 ML Vial | ML | ML | Provide number of MLs administered. | | | |
| 61755001301 | Evkeeza | Evinacumab-DGNB Intraven 345 MG/2.3 ML Vial | ML | ML | Provide number of MLs administered. | | | |
| 63833038702 | KCENTRA | hum prothrombin cplx(PCC)4fact INTRAVEN 1000 UNIT VIAL | AHF | UN | Provide the number of AHFs administered. | 6/30/2021 | 7/1/2021 | J7168 |
| 63833038602 | KCENTRA | hum prothrombin cplx(PCC)4fact INTRAVEN 500 UNIT VIAL | AHF | UN | Provide the number of AHFs administered. | 6/30/2021 | 7/1/2021 | J7168 |
| 00131181067 | VIMPAT | lacosamide INTRAVEN 200MG/20ML VIAL | ML | ML | Provide number of MLs administered. | | | |
| 10885000201 | SYNERA | lidocaine/tetracaine TOPICAL 70 MG-70MG M.HT PATCH | TDP | UN | Provide number of patches administered. | | | |
| 10885000210 | SYNERA | lidocaine/tetracaine TOPICAL 70 MG-70MG M.HT PATCH | TDP | UN | Provide number of patches administered. | | | |
| 71336100201 | Oxlumo | Lumasiran Sodium 94.5MG/0.5ML | ML | ML | Provide number of MLs administered. | 6/30/2021 | 7/1/2021 | J0224 |
| 73042020101 | Danyelza | Naxitamab-GQ GK Intraven 40MG/10ML Vial | ML | ML | Provide number of MLs administered. | 6/30/2021 | 7/1/2021 | J9348 |
| 71308001101 | Olinwyk | Oliceridine Fumarate Intraven 1 MG/ML Vial | ML | ML | Provide number of MLs administered. | | | |
| 71308001110 | Olinwyk | Oliceridine Fumarate Intraven 1 MG/ML Vial | ML | ML | Provide number of MLs administered. | | | |

| NDC-11 | NDC Name | Generic Name | CMS Unit | Basis of Measurement Qualifier | Drug Quantity - Total for Basis of Measurement Qualifier | NDC to NOC End Date | NDC to Pure Code Relationship Start Date | Pure Code |
|-------------|---------------------|--|----------|--------------------------------|--|---------------------|--|-----------|
| 71308002101 | Olinvyk | Oliceridine Fumarate Intraven 2 MG/2 ML Vial | ML | ML | Provide number of MLs administered. | | | |
| 71308002110 | Olinvyk | Oliceridine Fumarate Intraven 2 MG/2 ML Vial | ML | ML | Provide number of MLs administered. | | | |
| 00008092351 | PROTONIX IV | pantoprazole sodium INTRAVEN 40 MG VIAL | EA | UN | Provide the total vials administered; use decimals for partial vials. | | | |
| 00008092355 | PROTONIX IV | pantoprazole sodium INTRAVEN 40 MG VIAL | EA | UN | Provide the total vials administered; use decimals for partial vials. | | | |
| 00008092360 | PROTONIX IV | pantoprazole sodium INTRAVEN 40 MG VIAL | EA | UN | Provide the total vials administered; use decimals for partial vials. | | | |
| 00008094102 | PROTONIX IV | pantoprazole sodium INTRAVEN 40 MG VIAL | EA | UN | Provide the total vials administered; use decimals for partial vials. | | | |
| 00008200101 | PROTONIX IV | pantoprazole sodium INTRAVEN 40 MG VIAL | EA | UN | Provide the total vials administered; use decimals for partial vials. | | | |
| 00008200110 | PROTONIX IV | pantoprazole sodium INTRAVEN 40 MG VIAL | EA | UN | Provide the total vials administered; use decimals for partial vials. | | | |
| 00008200125 | PROTONIX IV | pantoprazole sodium INTRAVEN 40 MG VIAL | EA | UN | Provide the total vials administered; use decimals for partial vials. | | | |
| 00008400101 | PROTONIX IV | pantoprazole sodium INTRAVEN 40 MG VIAL | EA | UN | Provide the total vials administered; use decimals for partial vials. | | | |
| 00008400110 | PROTONIX IV | pantoprazole sodium INTRAVEN 40 MG VIAL | EA | UN | Provide the total vials administered; use decimals for partial vials. | | | |
| 00008400125 | PROTONIX IV | pantoprazole sodium INTRAVEN 40 MG VIAL | EA | UN | Provide the total vials administered; use decimals for partial vials. | | | |
| 00143928401 | PANTOPRAZOLE SODIUM | pantoprazole sodium INTRAVEN 40 MG VIAL | EA | UN | Labeler changed CMS Unit of Measure from ML to EA. Provide the total vials administered; use decimals for partial vials. | | | |
| 00143928410 | PANTOPRAZOLE SODIUM | pantoprazole sodium INTRAVEN 40 MG VIAL | EA | UN | Labeler changed CMS Unit of Measure from ML to EA. Provide the total vials administered; use decimals for partial vials. | | | |

| NDC-11 | NDC Name | Generic Name | CMS Unit | Basis of Measurement Qualifier | Drug Quantity - Total for Basis of Measurement Qualifier | NDC to NOC End Date | NDC to Pure Code Relationship Start Date | Pure Code |
|-------------|---------------------|--|----------|--------------------------------|--|---------------------|--|-----------|
| 00143930001 | PANTOPRAZOLE SODIUM | pantoprazole sodium INTRAVEN 40 MG VIAL | EA | UN | Labeler changed CMS Unit of Measure from ML to EA. Provide the total vials administered; use decimals for partial vials. | | | |
| 00143930010 | PANTOPRAZOLE SODIUM | pantoprazole sodium INTRAVEN 40 MG VIAL | EA | UN | Labeler changed CMS Unit of Measure from ML to EA. Provide the total vials administered; use decimals for partial vials. | | | |
| 55150020200 | PANTOPRAZOLE SODIUM | pantoprazole sodium INTRAVEN 40 MG VIAL | EA | UN | Provide the total vials administered; use decimals for partial vials. | | | |
| 55150020210 | PANTOPRAZOLE SODIUM | pantoprazole sodium INTRAVEN 40 MG VIAL | EA | UN | Provide the total vials administered; use decimals for partial vials. | | | |
| 71390001100 | Byfavo | Remimazolam Besylate Intraven 20 MG Vial | EA | UN | Provide the total vials administered; use decimals for partial vials. | | | |
| 71390001111 | Byfavo | Remimazolam Besylate Intraven 20 MG Vial | EA | UN | Provide the total vials administered; use decimals for partial vials. | | | |
| 55513022401 | Riabni | Rituximab-ARRX Intraven 10MG/ML Vial | ML | ML | Provide number of MLs administered. | 6/30/2021 | 7/1/2021 | Q5123 |
| 55513032601 | Riabni | Rituximab-ARRX Intraven 10MG/ML Vial | ML | ML | Provide number of MLs administered. | 6/30/2021 | 7/1/2021 | Q5123 |
| 00703400401 | Romidepsin | Romidepsin IV 27.5MG/5.5ML (liquid) | ML | ML | Provide number of MLs administered. | 6/30/2021 | 7/1/2021 | J9314 |
| 50242000701 | Enspryng | Satralizumab-MWGE SQ 120MG/ML Syringe | ML | ML | Provide number of MLs administered. | To be removed | N/A | N/A |
| 73462010101 | Cosela | Trilaciclib IV 300 MG Vial | EA | UN | Provide total vials administered; use decimals for partial vials. | | | |
| 59572051501 | Abecma | Idecabtagene Vicleucel IV 460 X 10 ⁶ 50 ML Bag | EA | UN | Provide correct NDC and total number of bags should equal '1'. | | | |
| 59572051502 | Abecma | Idecabtagene Vicleucel IV 460 X 10 ⁶ 250 ML Bag | EA | UN | Provide correct NDC and total number of bags should equal '1'. | | | |
| 59572051503 | Abecma | Idecabtagene Vicleucel IV 460 X 10 ⁶ 500 ML Bag | EA | UN | Provide correct NDC and total number of bags should equal '1'. | | | |
| 73657002001 | Pepaxto | Melphalan Flufenamide Hcl IV 20 MG Vial | EA | UN | Provide total vials administered; use decimals for partial vials. | | | |

| NDC-11 | NDC Name | Generic Name | CMS Unit | Basis of Measurement Qualifier | Drug Quantity - Total for Basis of Measurement Qualifier | NDC to NOC End Date | NDC to Pure Code Relationship Start Date | Pure Code |
|-------------|-----------|---|----------|--------------------------------|---|---------------------|--|-----------|
| 73129000101 | Nulibry | Fosdenopterin HBr IV 9.5 MG Vial | EA | UN | Provide total vials administered; use decimals for partial vials. | | | |
| 00173089803 | Jemperli | Dostarlimab-GXLY IV 500MG/10ML Vial | ML | ML | Provide number of MLs administered. | | | |
| 57894050100 | Rybrevant | Amivantamab-VMJW IV 350MG/7ML Vial | ML | ML | Provide number of MLs administered. | | | |
| 57894050101 | Rybrevant | Amivantamab-VMJW IV 350MG/7ML Vial | ML | ML | Provide number of MLs administered. | | | |
| 79952011001 | Zynlonta | Loncastuximab Tesirine-LPYL IV 10 MG Vial | EA | UN | Provide total vials administered; use decimals for partial vials. | | | |
| 73153090001 | Breyanzi | Lisocabtagene Maraleucel IV 70 X 10 ⁶ Vial | EA | UN | Provide outer NDC and total number of units should equal '1'. | | | |
| 64406010101 | Aduhelm | Aducanumab-AVWA 170MG/1.7ML Vial | ML | ML | Provide number of MLs administered. | | | |
| 64406010202 | Aduhelm | Aducanumab-AVWA 300MG/3ML Vial | ML | ML | Provide number of MLs administered. | | | |