

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
<b>NDC-11</b>	11-digit National Drug Code (NDC)	
<b>NDC Name</b>	Trade name for the NDC	
<b>Generic Name</b>	Generic name for the NDC	
<b>CMS Unit</b>	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
<b>Basis of Measurement Qualifier</b>	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
<b>Drug Quantity - Total for Basis of Measurement Qualifier</b>	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	
<b>NDC to NOC End Date</b>	Last date of service the NDC can be cross walked to a Not Otherwise Classified (NOC) drug HCPCS.	
<b>NDC to Pure Code Relationship Start Date</b>	First date of service the NDC is cross walked to a pure HCPCS code.	
<b>Pure Code*</b>	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 <sup>8</sup> 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	Viltepso	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	Eptinezumab-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

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
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
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 Deruxtecan-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 Abeparovec-XIOI 2X10E13/ML Kit	EA	UN	Provide the number of kits administered.	6/30/2020	7/1/2020	J3399
71894012303	ZOLGENSMA	Onasemnogene Abeparovec-XIOI 2X10E13/ML Kit	EA	UN	Provide the number of kits administered.	6/30/2020	7/1/2020	J3399
71894012404	ZOLGENSMA	Onasemnogene Abeparovec-XIOI 2X10E13/ML Kit	EA	UN	Provide the number of kits administered.	6/30/2020	7/1/2020	J3399
71894012504	ZOLGENSMA	Onasemnogene Abeparovec-XIOI 2X10E13/ML Kit	EA	UN	Provide the number of kits administered.	6/30/2020	7/1/2020	J3399
71894012604	ZOLGENSMA	Onasemnogene Abeparovec-XIOI 2X10E13/ML Kit	EA	UN	Provide the number of kits administered.	6/30/2020	7/1/2020	J3399
71894012705	ZOLGENSMA	Onasemnogene Abeparovec-XIOI 2X10E13/ML Kit	EA	UN	Provide the number of kits administered.	6/30/2020	7/1/2020	J3399
71894012805	ZOLGENSMA	Onasemnogene Abeparovec-XIOI 2X10E13/ML Kit	EA	UN	Provide the number of kits administered.	6/30/2020	7/1/2020	J3399
71894013006	ZOLGENSMA	Onasemnogene Abeparovec-XIOI 2X10E13/ML Kit	EA	UN	Provide the number of kits administered.	6/30/2020	7/1/2020	J3399

71894013106	ZOLGENSMA	Onasemnogene Abeparovec-XIOI 2X10E13/ML Kit	EA	UN	Provide the number of kits administered.	6/30/2020	7/1/2020	J3399
71894013206	ZOLGENSMA	Onasemnogene Abeparovec-XIOI 2X10E13/ML Kit	EA	UN	Provide the number of kits administered.	6/30/2020	7/1/2020	J3399
71894013307	ZOLGENSMA	Onasemnogene Abeparovec-XIOI 2X10E13/ML Kit	EA	UN	Provide the number of kits administered.	6/30/2020	7/1/2020	J3399
71894013407	ZOLGENSMA	Onasemnogene Abeparovec-XIOI 2X10E13/ML Kit	EA	UN	Provide the number of kits administered.	6/30/2020	7/1/2020	J3399
71894013507	ZOLGENSMA	Onasemnogene Abeparovec-XIOI 2X10E13/ML Kit	EA	UN	Provide the number of kits administered.	6/30/2020	7/1/2020	J3399
71894013608	ZOLGENSMA	Onasemnogene Abeparovec-XIOI 2X10E13/ML Kit	EA	UN	Provide the number of kits administered.	6/30/2020	7/1/2020	J3399
71894013708	ZOLGENSMA	Onasemnogene Abeparovec-XIOI 2X10E13/ML Kit	EA	UN	Provide the number of kits administered.	6/30/2020	7/1/2020	J3399
71894013808	ZOLGENSMA	Onasemnogene Abeparovec-XIOI 2X10E13/ML Kit	EA	UN	Provide the number of kits administered.	6/30/2020	7/1/2020	J3399
71894014009	ZOLGENSMA	Onasemnogene Abeparovec-XIOI 2X10E13/ML Kit	EA	UN	Provide the number of kits administered.	6/30/2020	7/1/2020	J3399
71894014109	ZOLGENSMA	Onasemnogene Abeparovec-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 M	9/30/2019	10/1/2019	J0222
71045001001	ZEMDRI	plazomicin sulfate INTRAVEN 500MG/10ML VIAL	ML	ML	Provide number of M	9/30/2019	10/1/2019	J0291
71045001002	ZEMDRI	plazomicin sulfate INTRAVEN 500MG/10ML VIAL	ML	ML	Provide number of M	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	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 Intramuscular 400-600 MG Kit per 2ML each vial (4ML total volume for both vials)	ML	ML	Provide number of MLs administered.	9/30/2021	10/1/2021	J0741
49702024015	Cabenuva	Cabotegravir/Rilpivirine Intramuscular 600-900 MG per 3ML each vial (6ML total volume for both vials)	ML	ML	Provide number of MLs administered.	9/30/2021	10/1/2021	J0741

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
10122062001	KENGREAL	cangrelor tetrasodium INTRAVEN 50 MG VIAL	EA	UN	Provide the total vials administered; use decimals for partial vials.			
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.	9/30/2021	10/1/2021	J1426
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%	conivaptan HCl in 5 % dextrose INTRAVEN 20MG/100ML PLAST. BAG	ML	ML	Provide number of MLs administered.			
70842010203	BAXDELA	delafoxacin 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.	9/30/2021	10/1/2021	J1305
61755001301	Evkeeza	Evinacumab-DGNB Intraven 345 MG/2.3 ML Vial	ML	ML	Provide number of MLs administered.	9/30/2021	10/1/2021	J1305
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-GQGK Intraven 40MG/10ML Vial	ML	ML	Provide number of MLs administered.	6/30/2021	7/1/2021	J9348

NDC-11	NDC Name	Generic Name	CMS Unit	Basis of Measurement Qualifier	Drug Quantity -	NDC to NOC End Date	NDC to Pure Code	Pure Code
					Total for Basis of Measurement Qualifier		Relationship Start Date	
71308001101	Olinyk	Oliceridine Fumarate Intraven 1 MG/ML Vial	ML	ML	Provide number of MLs administered.			
71308001110	Olinyk	Oliceridine Fumarate Intraven 1 MG/ML Vial	ML	ML	Provide number of MLs administered.			
71308002101	Olinyk	Oliceridine Fumarate Intraven 2 MG/2 ML Vial	ML	ML	Provide number of MLs administered.			
71308002110	Olinyk	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	PANTOPRAZOL	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
00143928410	PANTOPRAZOL	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.			
00143930001	PANTOPRAZOL	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	PANTOPRAZOL	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	PANTOPRAZOL	pantoprazole sodium INTRAVEN 40 MG VIAL	EA	UN	Provide the total vials administered; use decimals for partial vials.			
55150020210	PANTOPRAZOL	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.	<del>6/30/2021</del> 9/30/2021	<del>7/1/2021</del> 10/1/2021	J9314 J9318
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.	9/30/2021	10/1/2021	J1448
59572051501	Abecma	Idecabtagene Vicleucel IV 460 X 10 <sup>6</sup> 50 ML Bag	EA	UN	Provide correct NDC and total number of bags should equal '1'.	12/31/2021	1/1/2022	Q2055



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
59572051502	Abecma	Idecabtagene Vicleucel IV 460 X 10 <sup>6</sup> 250 ML Bag	EA	UN	Provide correct NDC and total number of bags should equal '1'.	12/31/2021	1/1/2022	Q2055
59572051503	Abecma	Idecabtagene Vicleucel IV 460 X 10 <sup>6</sup> 500 ML Bag	EA	UN	Provide correct NDC and total number of bags should equal '1'.	12/31/2021	1/1/2022	Q2055
73657002001	Pepaxto	Melphalan Flufenamide Hcl IV 20 MG Vial	EA	UN	Provide total vials administered; use decimals for partial vials.	9/30/2021	10/1/2021	J9247
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.	12/31/2021	1/1/2022	J9272
57894050100	Rybrevant	Amivantamab-VMJW IV 350MG/7ML Vial	ML	ML	Provide number of MLs administered.	12/31/2021	1/1/2022	J9061
57894050101	Rybrevant	Amivantamab-VMJW IV 350MG/7ML Vial	ML	ML	Provide number of MLs administered.	12/31/2021	1/1/2022	J9061
79952011001	Zynlonta	Loncastuximab Tesirine-LPYL IV 10 MG Vial	EA	UN	Provide total vials administered; use decimals for partial vials.	3/31/2022	4/1/2022	J9359
73153090001	Breyanzi	Lisocabtagene Maraleucel IV 70 X 10 <sup>6</sup> Vial	EA	UN	Provide outer NDC and total number of units should equal '1'.	9/30/2021	10/1/2021	Q2054
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.			
73606001001	Empaveli	Pegcetacoplan SQ 1080MG/20ML	ML	ML	Provide number of MLs administered.			
00310304000	Saphnelo	Anifrolumab-FNIA IV 300MG/2ML	ML	ML	Provide number of MLs administered.	3/31/2022	4/1/2022	J0491
73607000110	Artesunate	Artesunate IV 110MG Vial (4 Vials Drug + 4 Vials Diluent)	EA	UN	Provide total vials of DRUG VIALS administered (not diluent); use decimals for partial vials.			
73607000111	Artesunate	Artesunate IV 110MG Vial (2 Vials Drug + 2 Vials Diluent)	EA	UN	Provide total vials of DRUG VIALS administered (not diluent); use decimals for partial vials.			
58468042601	Nexvzyme	Avalglucosidase Alfa-NGPT IV 100MG Vial	EA	UN	Provide total vials administered; use decimals for partial vials.	3/31/2022	4/1/2022	J0219
66215071801	Uptravi	Selexipag IV 1800MCG Vial	EA	UN	Provide total vials administered; use decimals for partial vials.			
51144000301	Tivdak	Tisotumab Vedotin-TFTV 40MG Vial	EA	UN	Provide total vials administered; use decimals for partial vials.	3/31/2022	4/1/2022	J9273

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
55150027001	Cyclophosphamide	Cyclophosphamide IV 200 MG/ML Vial	ML	ML	Provide number of MLs administered.	3/31/2022	4/1/2022	J9071
55150027101	Cyclophosphamide	Cyclophosphamide IV 200 MG/ML Vial	ML	ML	Provide number of MLs administered.	3/31/2022	4/1/2022	J9071
47426030102	Zynrelef	Bupivacaine/Meloxicam Implant 400MG - 12MG per 14ML Vial	ML	ML	Provide number of MLs administered.			
47426030301	Zynrelef	Bupivacaine/Meloxicam Implant 200MG - 6MG per 7ML Vial	ML	ML	Provide number of MLs administered.			
51715010003	Xaracoll	Bupivacaine HCl 100 MG Implant	EA	UN	Provide total implants administered.			
51715010004	Xaracoll	Bupivacaine HCl 100 MG Implant	EA	UN	Provide total implants administered.			
51715010010	Xaracoll	Bupivacaine HCl 100 MG Implant	EA	UN	Provide total implants administered.			
70573009901	Ryplazim	Plasminogen, Human-TVMH IV 68.8 MG Vial	EA	UN	Provide total vials administered; use decimals for partial vials.			
70573009902	Ryplazim	Plasminogen, Human-TVMH IV 68.8 MG Vial	EA	UN	Provide total vials administered; use decimals for partial vials.			
80803015350	Fyarro	Sirolimus Protein-Bound IV 100 MG Vial	EA	UN	Provide total vials administered; use decimals for partial vials.			
71565004001	Xipere	Triamcinolone Acetonide/PF Intraocular 40 MG/ML Vial	ML	ML	Provide number of MLs administered.			
71565004025	Xipere	Triamcinolone Acetonide/PF Intraocular 40 MG/ML Vial	ML	ML	Provide number of MLs administered.			
50242007812	Susvimo	Ranibizumab Implant 10 MG/0.1 ML Vial	ML	ML	Provide number of MLs administered.			
50242007855	Susvimo	Ranibizumab Implant 10 MG/0.1 ML Vial	ML	ML	Provide number of MLs administered.			
59353006501	Korsuva	Difelikefalin Acetate IV 65 MCG/1.3 ML Vial	ML	ML	Provide number of MLs administered.			
59353006512	Korsuva	Difelikefalin Acetate IV 65 MCG/1.3 ML Vial	ML	ML	Provide number of MLs administered.			
49702026423	Apretude	Cabotegravir IM 600 mg/3 mL ER suspension vial	ML	ML	Provide number of MLs administered.			
73475304105	Vyvgart	Efgartigimod Alfa-FCAB IV 400 mg/20 mL vial	ML	ML	Provide number of MLs administered.			
00078100060	Leqvio	Inclisiran Sodium subcut 284 mg/1.5 mL syringe	ML	ML	Provide number of MLs administered.			
55513011201	Tezspire	Tezepelumab-EKKO subcut 210 mg/1.91 mL syringe	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
50222034602	Adbry	Tralokinumab-LDRM subcut 150 mg/mL syringe	ML	ML	Provide number of MLs administered.			
50222034604	Adbry	Tralokinumab-LDRM subcut 150 mg/mL syringe	ML	ML	Provide number of MLs administered.			
50222034622	Adbry	Tralokinumab-LDRM subcut 150 mg/mL syringe	ML	ML	Provide number of MLs administered.			
50242009601	Vabysmo	Faricimab-SVOA Intraoculr 6 mg/0.05 mL vial	ML	ML	Provide number of MLs administered.			
80446040101	Kimtrak	Tebentafusp-TEBN IV 100 mcg/0.5 mL vial	ML	ML	Provide number of MLs administered.			
57894011101	Carykti	Ciltacabtagene Autoleucel IV 1X10EXP8 vial	EA	UN	Provide correct NDC; total should equal '1'.			
57894011102	Carykti	Ciltacabtagene Autoleucel IV 1X10EXP8 vial	EA	UN	Provide correct NDC; total should equal '1'.			
70121156801	Releuko	Filgrastim-AYOW subcut 300 mcg/0.5 mL syringe	ML	ML	Provide number of MLs administered.			
70121156807	Releuko	Filgrastim-AYOW subcut 300 mcg/0.5 mL syringe	ML	ML	Provide number of MLs administered.			
70121156901	Releuko	Filgrastim-AYOW subcut 300 mcg/mL syringe	ML	ML	Provide number of MLs administered.			
70121156907	Releuko	Filgrastim-AYOW subcut 300 mcg/mL syringe	ML	ML	Provide number of MLs administered.			
70121157001	Releuko	Filgrastim-AYOW subcut 480 mcg/0.8 mL syringe	ML	ML	Provide number of MLs administered.			
70121157007	Releuko	Filgrastim-AYOW subcut 480 mcg/0.8 mL syringe	ML	ML	Provide number of MLs administered.			
70121157101	Releuko	Filgrastim-AYOW subcut 480 mcg/1.6 mL syringe	ML	ML	Provide number of MLs administered.			
70121157107	Releuko	Filgrastim-AYOW subcut 480 mcg/1.6 mL syringe	ML	ML	Provide number of MLs administered.			
49702023801	Cabotegravir	Cabotegravir IM 600 mg/3 mL suspension vial	ML	ML	Provide number of MLs administered.			
49702024501	Cabotegravir	Cabotegravir IM 400 mg/2 mL suspension vial	ML	ML	Provide number of MLs administered.			
49702024302	Rilpivirine	Rilpivirine IM 900 mg/3 mL suspension vial	ML	ML	Provide number of MLs administered.			
49702024902	Rilpivirine	Rilpivirine IM 600 mg/2 mL suspension vial	ML	ML	Provide number of MLs administered.			
80203034701	Enjaymo	Sutolimab-Jome IV 1100 mg/22 mL vial	ML	ML	Provide number of MLs administered.			
00003712511	Opdualag	Nivolumab-Relatlimab-RMBW IV 240-80/20 mL vial	ML	ML	Provide number of MLs administered.			