COLORADO
Prescription Drug Affordability Board
Division of Insurance

Upper Payment Limit Data Submission Guide

Purpose: This document is meant to provide guidance for stakeholders that are interested in submitting information to the Prescription Drug Affordability Board's (PDAB, the Board) consideration prior to a specific drug's upper payment limit (UPL) rulemaking. The Board will consider the data outlined in the PDAB Staff Data Memo, in addition to any submissions from stakeholders, to determine a UPL for the drugs under review.

This data submission guide (DSG) addresses the:

- Form and manner in which stakeholders can submit data and information,
- Timeline for submission of data before a UPL rulemaking hearing, and
- Types of data requested from different stakeholder groups.

The DSG is meant as a guide; stakeholders are encouraged to submit additional information not outlined in this guide for the Board's consideration.

For more information on PDAB rulemaking, see the linked PDAB Rulemaking Guide folder.

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Data Submission Timeline, Instructions & Requirements

Stakeholders who wish to submit information for the Board's review and consideration must do so **14-21 calendar days ahead of a UPL rulemaking hearing.** Any information submitted less than 14 days ahead of a rulemaking hearing will be considered at the next hearing, as applicable. Stakeholders submitting any written testimony, via the DSG or another method, are encouraged to attend the rulemaking hearing they are submitting the information for and also sign up for verbal testimony for the hearing.

Stakeholders are encouraged to provide information on the drug-specific data elements described in this document. Additionally, the Board welcomes any other information that may be helpful when considering a drug's UPL.

Respondents may provide the requested data to the Board by:

- Using the linked forms under each stakeholder type outlined below, or
- Submitting documentation to the staff via email at dora_ins_pdab@state.co.us.

All stakeholders submitting information are asked to provide contact information for the person who will be able to answer questions about the submitted information, particularly if the person submitting is *not* the one to be contacted regarding the submission. Please include:

- Name of Affiliation or Organization
- Contact Name and Title
- Email address
- Telephone number
- City, State, Zip Code

Stakeholders should ensure that the information they are submitting is accurately calculated, thoroughly explained, and includes well-cited sources. It is most helpful to the Board when stakeholders fully illustrate the relevance of their data submission to a specific drug's UPL and how it may help in the Board's decision-making process.

Research and Methods that Employ a Dollars-per-QALY

Per section 10-16-1407(4)(a), C.R.S., the Board shall not consider research or methods that employ a dollars-per-quality adjusted life year (QALY), or similar measure that discounts the value of a life because of an individual's disability or age (see Appendix A for a list of QALY-related terms). Any submissions that include QALYs, as attested by the submitter, will not be provided to the Board for consideration during UPL rulemaking. Staff and contractors may review submissions for QALYs before the submitted information is provided to the Board. Additionally, stakeholders submitting information for the Board's consideration will be asked to attest that either:

- The data or research submitted does not use a QALY or similar measure, or
- Identify that the data or research submitted uses a QALY so that staff may remove it from the Board's consideration.

Submitting Confidential Data

Information containing confidential, proprietary, or trade secret information must be submitted to the Board through a secure File Transfer Protocol (FTP). Stakeholders can request access by emailing staff at dora_ins_pdab@state.co.us. More information on the confidential information submission process document linked here.

Requested Data Elements

The following section details separate submission requests for:

- **Impact to Older Adults and Persons with Disabilities**
- **Supply Chain Entities** including:
    - Manufacturers
    - Wholesalers
    - Carriers
    - Pharmacy Benefit Managers (PBMs)
    - Pharmacies/Providers

Stakeholders can utilize the linked submission forms at the beginning of each section to submit the requested data elements. Please note that the submission forms are for non-confidential information only. For instructions on how to submit confidential information, please see the confidential information submission process document.

Submissions Regarding Impact to Older Adults and Persons with Disabilities

Stakeholders can submit non-confidential information regarding impact to older adults and persons with disabilities via the submission form linked here.

Stakeholders with lived experience or expertise of the prescription drug's impact on older adults and persons with disabilities are encouraged to submit information to the Board for a drug's UPL rulemaking. The submission can be submitted as written and/or verbal testimony. Though statute specifically addresses the impact to older adults and persons with disabilities, the Board values and welcomes input from all stakeholders impacted by the prescription drug.

Information that may be helpful regarding the prescription drug's impact to older adults and persons with disabilities include:

- Qualitative and quantitative analyses on the impact of the drug on older adults and/or persons with disabilities,
- Clinical effectiveness of the drug compared to its therapeutic alternatives (TAs),
- Any differences in the drug's use or effects for older adults or persons with disabilities (e.g., sensitivity to side effects, adverse effects from taking multiple medicines simultaneously, cognitive impact, impact on daily functioning, comorbidities, etc.),
- Though staff may research certain disability information, they will not make a definitive decision about whether an indication or condition treated by the drug could result in a disability. Stakeholders should describe if an indication or condition treated by the drug could result in a disability and provide their reasoning (e.g., the indication or condition could cause an impairment that could substantially limit one or more major life activities, etc.),
- Information about patient assistance programs:
    - Ease of application process
    - Required paperwork
    - Types of assistance programs, the name of the programs, and their eligibility criteria (e.g. coupon programs vs. assistance programs)
- Any other information you would like the Board to know regarding the drug's impact on older adults and/or persons with disabilities.

The Board will not accept or consider any research that uses a QALY or similar measure, in accordance with section 10-16-1407(3), C.R.S. Please ensure that all submitted information is well cited and does not contain QALYs or similar measures. See Appendix A for a list of measures that may be similar to QALYs.

Submissions from Supply Chain Entities

The Board requests additional data and information to understand how a potential UPL may impact different supply chain entities, including manufacturers, wholesalers, PBMs, carriers, and providers and pharmacists. Specific data elements that may be helpful to the Board can be divided into the categories below. Note that not all of the categories may be relevant for each supply chain entity.

- **Transactions:** Details on transactions between entities that purchase, sell, reimburse, or otherwise participate in the prescription drug supply chain, including sales information and utilization information.
- **Rebates and Discounts:** Details regarding any rebates or discounts an entity receives or grants another entity that lowers the overall cost of the prescription drug. Provide a range where necessary.
- **Plan Design:** Details regarding decisions on health plan coverage, copayments, coinsurance, deductibles, and cost-sharing.

For each of the requested data elements below, please provide both:

1. Current data for each category, and
2. Projections on how the data may be impacted after a specific dollar amount UPL is set. Provide an explanation for your projection.

Additionally, for the requested data elements below, please provide the following information as relevant:

- Provide multiple years of data and indicate which years you are reporting,
- Describe data sources, including line of business and payer type (e.g., Medicare, Medicaid, commercial) as applicable,
- Show calculations, and
- Outline methodologies and assumptions as needed to better understand data provided.

Finally, please specify if data is presented at the National Drug Code (NDC) level, aggregate level, or another level for the selected drug. If an entity is also submitting information for a selected drug's TAs, please provide the same information (see Appendix B for the list of TAs for Enbrel; see Appendix C for the list of NCD-11s for Enbrel and its TAs).

Information requested of each supply chain entity can be found below.

Manufacturer Submissions

Manufacturers can submit non-confidential information via the submission form linked here.

To help the Board understand the impact of a potential UPL on manufacturers, please respond to the following questions:

- What factors would affect your decision to purchase and/or sell the prescription drug in question?
- How would a UPL impact patients, specifically in the form of lower premiums or out-of-pocket amounts?
- Do you currently participate in the 340B program?

Manufacturers are encouraged to report both current and projected data at the NDC level for the following requested data elements. Additionally, in a narrative format, provide additional information on the calculation methods, assumptions, interpretations, and caveats related to the data requested in this section.

Transactions

- **Sales, Purchases, and Reimbursements**
  - **Total sales in Colorado:** The total sales of the drug in Colorado, separated by sales to wholesalers and direct purchasers, as applicable.
  - **Average manufacturer price**: The total cost of making the drug, including time for development, rebates, and discounts.
  - **Average price charged:** The average price charged to purchasers, separated by wholesalers and direct purchasers as applicable. Information should include minimum, maximum, median, and mean.
- **Units and Utilization**
  - **Total units sold in Colorado:** The total number of units of the drug sold in Colorado, separated by sales to wholesalers and direct purchasers, if applicable.

Rebates and Discounts

- **Net prices in Colorado:** The net price of the drug after discounts and rebates. Information should include minimum, maximum, median, and mean.
- **Average rebates and discounts in Colorado:** The average rebates and discounts provided to commercial payers for the drug in Colorado, excluding 340B discounts.
- **Percent of sales of the drug sold in Colorado to 340B providers**
- **Assistance programs offered by the manufacturer:** Documentation explaining manufacturer assistance programs (if any) offered for the drug[1] and how this program helps patients in Colorado with cost-sharing. Please include the following:
  - What is the name of the assistance program?
  - Who is eligible for the assistance program?
  - How is the assistance program designed?
  - How do patients apply, and what is the application process?
  - How is the assistance provided (e.g., co-pay card, reimbursement)?
  - Is the application form available in other languages? If so, which ones and how many?
  - How long does review and approval of each application take?
  - Please submit a copy of an application form for the Board's review.

Wholesaler Submissions

Wholesalers can submit non-confidential information via the submission form linked here.

To help the Board understand the impact of a potential UPL on wholesalers, please respond to the following questions:

- What factors would affect your decision to purchase and/or sell the prescription drug in question?
- How would a UPL impact patients, specifically in the form of lower premiums or out-of-pocket amounts?

[1] Information on manufacturer assistance programs was also requested during each drug's affordability review.

Wholesalers are encouraged to report both current and projected data at the NDC level for the following requested data elements. In a narrative format, provide additional information on the calculation methods, assumptions, interpretations, and caveats related to the data requested in this section.

Transactions

- **Sales, Purchases, and Reimbursements**
  - **Total sales in Colorado:** The total sales for the drug in Colorado.
  - **Average price per unit charged to purchasers in Colorado:** The average price charged per unit by type of sales (340B vs. WAC). Information should include minimum, maximum, median, and mean.
  - **Percentage of sales in Colorado**: The percentage of sales for the drug in Colorado by type (340B vs. WAC).
- **Units and Utilization**
  - **Total units filled in Colorado:** The total number of units of the drug filled in Colorado by type (340B vs. WAC).
  - **Total units purchased in Colorado:** The total number of units purchased directly from the manufacturer for each payer type. Please indicate the amount of units sold that are expected to be used by Colorado consumers.

Net Price and Chargebacks

- **Net prices in Colorado:** The net price of the drug after any discounts. Information should include minimum, maximum, median, and mean across contracts in Colorado, not including 340B estimates.
- **Average chargebacks received from a manufacturer for business in Colorado:** The average chargebacks received from a manufacturer in Colorado by type of discount.

Carrier Submissions

Carriers can submit non-confidential information via the submission form linked here.

To help the Board understand the impact of a potential UPL on carriers, please respond to the following questions:

- What factors would affect your decision to cover/reimburse the prescription drug in question?
- How would a UPL impact patients, specifically in the form of lower premiums or out-of-pocket amounts?

Carriers are encouraged to report both current and projected data at the NDC level for each type of plan for the following requested data elements. In a narrative format, provide additional information on the calculation methods, assumptions, interpretations, and caveats related to the data requested in this section.

Transactions

- **Sales, Purchases, and Reimbursements**
  - **Total reimbursement amount:** The total reimbursement for the drug.
  - **Patient cost-sharing:** The drug's average out-of-pocket amount, and the change in patient cost-sharing over time.
- **Units and Utilization**
  - **Total units:** The total number of units for which a carrier reimbursed for the drug.
  - **Utilization:** The number of covered patients using the drug.

Rebates and Discounts

- **Average revenues from rebates for the drug:** The average revenue received from rebates for the drug. Provide an explanation for how you use the revenue (e.g., to reduce premiums, reduce general out-of-pocket costs, reduce out-of-pocket costs for specific drugs, administration, profits, etc)
- **Other retail discounts and fees:** Any additional discounts, concessions, and fees received for the drug.

Plan design

- **Describe any utilization management practices for the drug** (e.g., prior authorization requirements, step therapy, drug tier, drug adherence, etc.) for the drug and TAs.
- **Describe how a UPL might impact:**
  - Formulary placement,
  - Cost-sharing, and/or
  - Benefit design

Pharmacy Benefit Manager (PBM) Submissions

PBMs can submit non-confidential information via the submission form linked here.

To help the Board understand the impact of a potential UPL on PBMs, please respond to the following questions:

- What factors would affect your decision to cover/reimburse the prescription drug in question?

PBMs are encouraged to report both current and projected data at the NDC level for the following requested data elements. In a narrative format, provide additional information on the calculation methods, assumptions, interpretations, and caveats related to the data requested in this section.

Transactions

- **Sales, Purchases, and Reimbursements**
  - **Total reimbursement amount:** The total reimbursement for the drug.
  - **Gross and net revenues for the drug:** The gross and net revenues for the drug in Colorado.
  - **Patient cost-sharing:** The drug's average out-of-pocket amount, and the change in patient cost-sharing over time.
- **Units and Utilization**
  - **Total units:** The total number of units for which a carrier reimbursed for the drug.
  - **Utilization:** The number of covered patients using the drug.

Rebates and Discounts

- **Average revenues from rebates for the drug:** The average revenue received from rebates for the drug. Provide an explanation for how you use the revenue (e.g., to reduce premiums, reduce general out-of-pocket costs, reduce out-of-pocket costs for specific drugs, administration, profits, etc).
- **Total discounts and other fees paid to pharmacies, prescription drug networks, or pharmacy services administrative organizations in Colorado:** The dollar amount or percentage of discounts or fees paid to pharmacies in Colorado.

Plan design

- **Describe any utilization management practices for the drug** (e.g., prior authorization, step therapy, drug tier, drug adherence, etc.)

- **Describe how a UPL might impact:**
  - Formulary placement,
  - Cost-sharing,
  - Benefit design, and/or
  - Copayment and coinsurance amounts

Pharmacy/Provider Submissions

Pharmacies/providers can submit non-confidential information via the submission form linked here.

To help the Board understand the impact of a potential UPL on pharmacies, please respond to the following questions:

- Are you an independent pharmacy, specialty pharmacy, retail pharmacy, or healthcare provider's office?
- What factors would affect your decision to purchase and/or sell the prescription drug in question?
- How would a UPL impact patients, specifically in the form of lower premiums or out-of-pocket amounts?
- Is this drug purchased directly from the manufacturer or from a drug distributor? If yes, provide a percentage of the drug purchased from the manufacturer and drug distributor.
- What percentage of prescriptions for the drug from your pharmacy, if any, have to be transferred due to being out-of-network?

Pharmacies are encouraged to report both current and projected data at the NDC level for the following requested data elements. In a narrative format, provide additional information on the calculation methods, assumptions, interpretations, and caveats related to the data requested in this section.

Transactions

- **Sales, Purchases, and Reimbursements**
  - **Average purchase price:** The average price the pharmacy purchased the drug by type (340B vs. Medicaid).
  - **Average reimbursement to the pharmacy by insurance type**: The average discount from the average wholesale price as paid by insurance to the pharmacy for the drug.
  - **Total cost**: Drug net cost after discounts and any price adjustment, not including dispensing fees.
  - **Total reimbursement by insurance type**: The total discount negotiated by insurance, including dispensing fees.
  - **Total dispensing fees by type**: The total cost of preparing and dispensing the drugs, including services cost by type (340B vs. Medicaid).
  - **Total sales price of the drug:** The total price and/or reimbursement for the drug (i.e., the average dollars recouped from carrier reimbursement and patient payments). Information should include minimum, maximum, median, and mean.
  - **Percentage of the drug purchased at**: 340B, WAC.
- **Units and Utilization**
  - **Total unit dispensed:** The total number of prescriptions for the drug that were filled.
  - **Utilization:** The total number of patients that filled the prescriptions for the drug.

Rebates and Discounts

- **Cards, coupons, manufacturer discounts, or other discounts:** A description of, and the total dollar amount or any percentage of any cards, coupons, manufacturer discounts, or other discounts patients may receive for the drug, including alternative entities such as Single Care or GoodRx.

Appendix A

QALY-Related Search Terms[2] [3]

- Utility/utilities
    - Health state utility/utilities
    - Disutility
- Quality-adjusted life-year
- QALYs
- Cost-utility analysis
- Cost effectiveness analysis
- Health years in total (HYT)
- Health-related quality of life (HRQoL)
- EuroQol 5D
- EQ-5D (including EQ-5D-3L and EQ-5D-5L; both of these measures have been developed specifically to estimate QALYs)
- Health utilities index (HUI and HUI-3; also developed to estimate QALYs)
- Short Form 6D (SF-6D)
- Preferences
- Preference elicitation
- Generic preference-based measure
- Disease-specific measure
- Multi-attribute utility theory (MAUT)
- Person trade-off (PTO)
- Time trade-off (TTO)
- Standard gamble (SG)
- Visual analogue scale (VAS)
- Rating scale
- Discrete choice experiment (DCE)

[2] Brazier J, Ratcliffe J, Saloman J, Tsuchiya A. Measuring and Valuing Health Benefits for Economic Evaluation. Vol 1. Oxford University Press; 2016. doi:10.1093/med/9780198725923.001.0001

[3] Drummond MF, Sculpher M, Claxton K, Stoddart GL, Torrance GW. Methods for the Economic Evaluation of Health Care Programmes. Fourth edition. Oxford University Press; 2015.

Appendix B

Brand and Generic Names for Enbrel and Therapeutic Alternatives (TAs)

Brand Name(s)	Generic Name
Abrilada	Adalimumab-afzb
Abrilada	Adalimumab-atto
Avsola	Infliximab-axxq
Cimzia	Certolizumab pegol
Cyltezo, Adalimumab-abdm, Adalimumab-abdm (Quallent)	Adalimumab-abdm
Enbrel	Etanercept
Hadlima	Adalimumab-bwwd
Hulio, Adalimumab-fkjp	Adalimumab-fkjp
Humira	Adalimumab
Hyrimoz, Hyrimoz (Cordavis), Adalimumab-adaz	Adalimumab-adaz
Idacio, Adalimumab-aacf	Adalimumab-aacf
Inflectra	Infliximab-dyyb
Remicade, Infliximab	Infliximab
Renflexis	Infliximab-abda
Simlandi, Adalimumab-ryvk (Quallent)	Adalimumab-ryvk
Simponi, Simponi Aria	Golimumab
Yuflyma, Adalimumab-aaty	Adalimumab-aaty
Yusimry	Adalimumab-aqvh

Appendix C

NDC-11s for Enbrel and Therapeutic Alternatives (TAs)

NDC	Brand Name(s)
00025-0328-02	ABRILADA(CF)
00025-0333-02	ABRILADA(CF)
00069-0328-02	ABRILADA(CF)
00069-0333-02	ABRILADA(CF)
00025-0325-01	ABRILADA(CF) PEN
00025-0325-02	ABRILADA(CF) PEN
00069-0325-01	ABRILADA(CF) PEN
00069-0325-02	ABRILADA(CF) PEN
65219-0612-89	ADALIMUMAB-AACF 40MG/0.8ML STARTER PACK CROHN'S, UC, HS
65219-0612-69	ADALIMUMAB-AACF STARTER PLAQUE PSORIASIS
65219-0618-02	ADALIMUMAB-AACF(CF)
65219-0620-20	ADALIMUMAB-AACF(CF)
65219-0612-99	ADALIMUMAB-AACF(CF) PEN
65219-0612-89	ADALIMUMAB-AACF(CF) PEN CROHNS
65219-0610-02	ADALIMUMAB-AACF(CF) PEN PS-UV
65219-0612-69	ADALIMUMAB-AACF(CF) PEN PS-UV
72606-0040-04	ADALIMUMAB-AATY 80MG/0.8ML AUTOINJECTOR
72606-0022-06	ADALIMUMAB-AATY(CF)
72606-0041-01	ADALIMUMAB-AATY(CF)
72606-0022-10	ADALIMUMAB-AATY(CF) AUTOINJ(2)
72606-0022-09	ADALIMUMAB-AATY(CF) AUTOINJECT
72606-0040-04	ADALIMUMAB-AATY(CF) AUTOINJECT
61314-0327-64	ADALIMUMAB-ADAZ(CF)
61314-0327-20	ADALIMUMAB-ADAZ(CF) PEN
00597-0575-60	ADALIMUMAB-ADBM 40MG/0.4ML INJ,PEN,CROHN-UC-H
00597-0575-40	ADALIMUMAB-ADBM 40MG/0.4ML INJ,PEN,PSORIASIS-UVEITIS
00597-0545-44	ADALIMUMAB-ADBM 40MG/0.8ML INJ,PEN,PSORIASIS
00597-0545-66	ADALIMUMAB-ADBM 40MG/0.8ML INJ,PEN,UC-HS STAR
00597-0555-80	ADALIMUMAB-ADBM(CF)
00597-0565-20	ADALIMUMAB-ADBM(CF)
00597-0585-89	ADALIMUMAB-ADBM(CF)

NDC	Brand Name(s)
00597-0595-20	ADALIMUMAB-ADBM(CF)
82009-0146-22	ADALIMUMAB-ADBM(CF)
82009-0150-22	ADALIMUMAB-ADBM(CF)
00597-0575-50	ADALIMUMAB-ADBM(CF) PEN
82009-0144-22	ADALIMUMAB-ADBM(CF) PEN
00597-0545-66	ADALIMUMAB-ADBM(CF) PEN CROHNS
00597-0575-60	ADALIMUMAB-ADBM(CF) PEN CROHNS
00597-0545-44	ADALIMUMAB-ADBM(CF) PEN PS-UV
00597-0575-40	ADALIMUMAB-ADBM(CF) PEN PS-UV
00597-0545-22	ADALIMUMAB-ADBM(CF)PEN
82009-0148-22	ADALIMUMAB-ADBM(CF)PEN
49502-0416-02	ADALIMUMAB-FKJP
49502-0417-02	ADALIMUMAB-FKJP
49502-0418-02	ADALIMUMAB-FKJP
83257-0020-42	ADALIMUMAB-FKJP(CF)
83257-0021-42	ADALIMUMAB-FKJP(CF)
83257-0022-32	ADALIMUMAB-FKJP(CF) PEN
82009-0158-22	ADALIMUMAB-RYVK(CF)
82009-0156-22	ADALIMUMAB-RYVK(CF) AUTOINJECT
55513-0481-01	AMJEVITA 80MG/0.8ML AUTOINJECTOR
55513-0481-02	AMJEVITA 80MG/0.8ML AUTOINJECTOR
50090-6411-00	AMJEVITA(CF)
55513-0399-01	AMJEVITA(CF)
55513-0410-01	AMJEVITA(CF)
55513-0411-01	AMJEVITA(CF)
55513-0413-01	AMJEVITA(CF)
55513-0479-01	AMJEVITA(CF)
55513-0479-02	AMJEVITA(CF)
50090-6428-00	AMJEVITA(CF) AUTOINJECTOR
55513-0400-01	AMJEVITA(CF) AUTOINJECTOR
55513-0400-02	AMJEVITA(CF) AUTOINJECTOR
55513-0481-01	AMJEVITA(CF) AUTOINJECTOR
55513-0481-02	AMJEVITA(CF) AUTOINJECTOR

NDC	Brand Name(s)
55513-0482-01	AMJEVITA(CF) AUTOINJECTOR
55513-0482-02	AMJEVITA(CF) AUTOINJECTOR
72511-0400-01	AMJEVITA(CF) AUTOINJECTOR
72511-0400-02	AMJEVITA(CF) AUTOINJECTOR
55513-0670-01	AVSOLA
83457-0124-02	CDV HUMIRA(CF) PEN 80 MG/0.8 ML
83457-0107-01	CDV HYRIMOZ(CF) PEN 80 MG/0.8 ML
83457-0113-01	CDV HYRIMOZ(CF) PEN CROHNS-ULCER COLITIS START 80 MG/0.8 ML
83457-0112-01	CDV HYRIMOZ(CF) PEN PSORIASIS START 80 MG/0.8 ML-40 MG/0.4ML
50474-0700-62	CIMZIA
50474-0710-79	CIMZIA
50474-0710-81	CIMZIA
50474-0750-10	CIMZIA
50474-0710-81	CIMZIA 2X200 MG/ML START KT
00597-0495-40	CYLTEZO 40MG/0.4ML INJ,PEN,PSORIASIS-UVEITIS
00597-0370-82	CYLTEZO(CF)
00597-0400-89	CYLTEZO(CF)
00597-0405-80	CYLTEZO(CF)
00597-0485-20	CYLTEZO(CF)
00597-0495-60	CYLTEZO(CF) 40MG/0.4ML INJ,PEN,CROHN-UC-H
00597-0375-97	CYLTEZO(CF) PEN
00597-0495-50	CYLTEZO(CF) PEN
00597-0375-16	CYLTEZO(CF) PEN CROHN'S-UC-HS
00597-0495-60	CYLTEZO(CF) PEN CROHN'S-UC-HS
00597-0375-16	CYLTEZO(CF) PEN CROHN'S-UC-HS STARTER 40 MG/0.8 ML
00597-0375-23	CYLTEZO(CF) PEN PSORIASIS-UV
00597-0495-40	CYLTEZO(CF) PEN PSORIASIS-UV
00597-0375-23	CYLTEZO(CF) PEN PSORIASIS-UVEITIS STARTER 40 MG/0.8 ML
58406-0010-01	ENBREL
58406-0010-04	ENBREL
58406-0021-01	ENBREL
58406-0021-04	ENBREL
58406-0055-01	ENBREL

NDC	Brand Name(s)
58406-0055-04	ENBREL
58406-0044-01	ENBREL MINI
58406-0044-04	ENBREL MINI
58406-0032-01	ENBREL SURECLICK
58406-0032-04	ENBREL SURECLICK
50090-6705-00	HADLIMA
78206-0183-01	HADLIMA
78206-0183-99	HADLIMA
50090-6706-00	HADLIMA PUSHTOUCH
78206-0184-01	HADLIMA PUSHTOUCH
78206-0184-99	HADLIMA PUSHTOUCH
50090-6704-00	HADLIMA(CF)
78206-0186-01	HADLIMA(CF)
78206-0186-99	HADLIMA(CF)
50090-6707-00	HADLIMA(CF) PUSHTOUCH
78206-0187-01	HADLIMA(CF) PUSHTOUCH
78206-0187-99	HADLIMA(CF) PUSHTOUCH
83257-0016-42	HULIO
83257-0017-42	HULIO
83257-0019-32	HULIO PEN
00074-3799-02	HUMIRA
00074-0124-02	HUMIRA 80MG/0.8ML INJ PEN KIT
00074-0124-03	HUMIRA 80MG/0.8ML INJ,PEN,CROHNS STARTER
00074-4339-01	HUMIRA PEN
00074-4339-02	HUMIRA PEN
00074-4339-74	HUMIRA PEN
50090-4487-00	HUMIRA PEN
00074-0243-02	HUMIRA(CF)
00074-0616-02	HUMIRA(CF)
00074-0817-02	HUMIRA(CF)
83457-0243-02	HUMIRA(CF)
83457-0616-02	HUMIRA(CF)
83457-0817-02	HUMIRA(CF)

NDC	Brand Name(s)
00074-0124-04	HUMIRA(CF) 80MG/0.8ML INJ,PEN,CD-UC-HS STARTER PKG
00074-0124-02	HUMIRA(CF) PEN
00074-0124-74	HUMIRA(CF) PEN
00074-0554-02	HUMIRA(CF) PEN
00074-0554-71	HUMIRA(CF) PEN
83457-0124-02	HUMIRA(CF) PEN
83457-0554-02	HUMIRA(CF) PEN
00074-0124-03	HUMIRA(CF) PEN CROHN'S-UC-HS
00074-0124-04	HUMIRA(CF) PEN PEDIATRIC UC
00074-1539-03	HUMIRA(CF) PEN PSOR-UV-ADOL HS
00074-1539-03	HUMIRA(CF) PEN PS-UV-ADOL HS START 80 MG/0.8 ML-40 MG/0.4 ML
83457-0103-01	HYRIMOZ
83457-0203-56	HYRIMOZ
83457-0102-01	HYRIMOZ PEN
83457-0202-50	HYRIMOZ PEN
61314-0473-64	HYRIMOZ(CF)
61314-0476-64	HYRIMOZ(CF)
61314-0509-64	HYRIMOZ(CF)
83457-0101-01	HYRIMOZ(CF)
83457-0108-01	HYRIMOZ(CF)
83457-0201-46	HYRIMOZ(CF)
61314-0454-20	HYRIMOZ(CF) 80MG/0.8ML INJ,PEN
61314-0454-68	HYRIMOZ(CF) 80MG/0.8ML INJ,PEN
61314-0454-36	HYRIMOZ(CF) 80MG/0.8ML INJ,PEN,CD-UC STARTER
61314-0531-64	HYRIMOZ(CF) 80MGX1,40MGX1 INJ,SYR, PEDIATRIC (1 KIT)
61314-0517-36	HYRIMOZ(CF) 80MGX1,40MGX2,INJ,PEN PSORIASIS (1 KIT)
61314-0454-68	HYRIMOZ(CF) PEDIATRIC CROHN'S
61314-0531-64	HYRIMOZ(CF) PEDIATRIC CROHN'S
61314-0454-20	HYRIMOZ(CF) PEN
61314-0473-20	HYRIMOZ(CF) PEN
61314-0473-77	HYRIMOZ(CF) PEN
61314-0473-92	HYRIMOZ(CF) PEN
83457-0100-01	HYRIMOZ(CF) PEN

NDC	Brand Name(s)
83457-0107-01	HYRIMOZ(CF) PEN
83457-0200-40	HYRIMOZ(CF) PEN
61314-0454-36	HYRIMOZ(CF) PEN CROHN-UC START
83457-0113-01	HYRIMOZ(CF) PEN CROHN-UC START
61314-0517-36	HYRIMOZ(CF) PEN PSORIASIS
83457-0112-01	HYRIMOZ(CF) PEN PSORIASIS
65219-0556-18	IDACIO(CF)
65219-0554-08	IDACIO(CF) PEN
65219-0574-04	IDACIO(CF) PEN
65219-0554-38	IDACIO(CF) PEN CROHN'S-UC
65219-0554-38	IDACIO(CF) PEN CROHN'S-ULCERATIVE COLITIS START 40 MG/0.8 ML
65219-0554-28	IDACIO(CF) PEN PLAQUE PSORIASIS STARTER 40 MG/0.8 ML
65219-0554-28	IDACIO(CF) PEN PSORIASIS
00069-0809-01	INFLECTRA
57894-0160-01	INFLIXIMAB
57894-0030-01	REMICADE
78206-0162-01	RENFLEXIS
78206-0162-99	RENFLEXIS
00006-4305-02	RENFLEXIS
51759-0402-02	SIMLANDI(CF) AUTOINJECTOR
51759-0402-17	SIMLANDI(CF) AUTOINJECTOR
51759-0513-21	SIMLANDI(CF) AUTOINJECTOR
57894-0070-01	SIMPONI
57894-0070-02	SIMPONI
57894-0071-01	SIMPONI
57894-0071-02	SIMPONI
57894-0071-02	SIMPONI 100 MG/ML PEN INJECTOR
57894-0071-01	SIMPONI 100 MG/ML SYRINGE
57894-0350-01	SIMPONI ARIA
72606-0024-01	YUFLYMA(CF)
72606-0030-06	YUFLYMA(CF)
72606-0023-04	YUFLYMA(CF) 80 MG/0.8 ML AUTOINJECTOR
72606-0023-07	YUFLYMA(CF) AI CROHN'S-UC-HS

NDC	Brand Name(s)
72606-0030-10	YUFLYMA(CF) AUTOINJECT (2 PCK)
72606-0023-04	YUFLYMA(CF) AUTOINJECTOR
72606-0030-09	YUFLYMA(CF) AUTOINJECTOR
72606-0023-07	YUFLYMA(CF) AUTOINJECTOR CROHN'S-UC-HS STARTER 80 MG/0.8 ML
70114-0220-02	YUSIMRY(CF) PEN