

Drug Fees, Pharmacy Dispensing Fees, and Pharmacy Supply Fees



EFFECTIVE 10/01/2023 THROUGH 12/31/2023

The absence or presence of a HCPCS code and the fee in this list does not indicate Medicare coverage of the drug.

HCPCS Code/ NDC Number	Description	Dosage	Fee
G0333	PHARMACY DISPENSING FEE FOR INHALATION DRUG(S); INITIAL 30-DAY SUPPLY AS A BENEFICIARY		\$57.000
J0133	INJECTION, ACYCLOVIR	5 MG	\$0.051
J0285	INJECTION, AMPHOTERICIN B	50 MG	\$24.620
J0287	INJECTION, AMPHOTERICIN B LIPID COMPLEX	10 MG	\$11.130
J0288	INJECTION, AMPHOTERICIN B CHOLESTERYL SULFATE COMPLEX	10 MG	INVOICE*
J0289	INJECTION, AMPHOTERICIN B LIPOSOME	10 MG	\$27.923
J0895	INJECTION, DEFEROXAMINE MESYLATE	500 MG	\$8.591
J1170	INJECTION, HYDROMORPHONE	UP TO 4 MG	\$4.023
J1250	INJECTION, DOBUTAMINE HYDROCHLORIDE	250 MG	\$9.822
J1265	INJECTION, DOPAMINE HCL	40 MG	\$0.630
J1325	INJECTION, EPOPROSTENOL	0.5 MG	\$16.023
J1455	INJECTION, FOSCARNET SODIUM	1000 MG	\$83.506
J1459	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID)	500 MG	\$47.589
J1551	INJECTION, IMMUNE GLOBULIN (CUTAQUIG)	100 MG	\$14.042
J1554	INJECTION, IMMUNE GLOBULIN (ASCENIV)	500 MG	\$491.405
J1555	INJECTION, IMMUNE GLOBULIN (CUVITRU)	100 MG	\$15.725
J1556	INJECTION, IMMUNE GLOBULIN (BIVIGAM)	500 MG	\$72.962
J1557	INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID)	500 MG	\$57.010
J1558	INJECTION, IMMUNE GLOBULIN (XEMBIFY)	100 MG	\$13.971
J1559	INJECTION, IMMUNE GLOBULIN (HIZENTRA)	100 MG	\$12.728
J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID)	500 MG	\$49.262
J1561JB	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID) [JB modifier indicates drug being administered subcutaneously]	500 MG	Same as J1561**
J1562	INJECTION, IMMUNE GLOBULIN (VIVAGLOBIN)	100 MG	INVOICE*
J1566	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT OTHERWISE SPECIFIED	500 MG	\$76.567
J1568	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID)	500 MG	\$44.786
J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED, (E.G. LIQUID)	500 MG	\$44.460
J1569JB	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED, (E.G. LIQUID) [JB modifier indicates drug being administered subcutaneously]	500 MG	Same as J1569**
J1570	INJECTION, GANCICLOVIR SODIUM	500 MG	\$29.992
J1572	INJECTION, IMMUNE GLOBULIN, (FLEBOGAMMA/FLEBOGAMMA DIF), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID)	500 MG	\$56.116
J1575	INJECTION, IMMUNE GLOBULIN/HYALURONIDASE, (HYQVIA)	100 MG	\$16.888
J1576	INJECTION, IMMUNE GLOBULIN (PANZYGA), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID)	500 MG	\$65.704

* Invoice indicates an invoice for drug should be submitted when filing claim

** Effective January 1, 2017, the HCPCS code with the JB modifier no longer has a different fee than the HCPCS code without the JB modifier.



HCPCS Code/ NDC Number	Description	Dosage	Fee
J1811	INSULIN (FIASP) FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP)	50 UNITS	\$6.673
J1813	INSULIN (LYUMJEV) FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP)	50 UNITS	\$15.675
J1817	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP)	50 UNITS	\$8.302
J2175	INJECTION, MEPERIDINE HYDROCHLORIDE	100 MG	\$6.746
J2260	INJECTION, MILRINONE LACTATE	5 MG	\$1.770
J2270	INJECTION, MORPHINE SULFATE	UP TO 10 MG	\$4.316
J2274	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE	10 MG	\$11.190
J2278	INJECTION, ZICONOTIDE	1 MCG	\$9.036
J2545	PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	300 MG	\$92.416
J2920	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE	UP TO 40 MG	\$3.433
J2930	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE	UP TO 125 MG	\$4.985
J3010	INJECTION, FENTANYL CITRATE	0.1 MG	\$0.850
J3285	INJECTION, TREPROSTINIL	1 MG	\$56.005
J7340	CARBIDOPA 5 MG/LEVODOPA 20 MG ENTERAL SUSPENSION	100 ML	\$226.800
J7500	AZATHIOPRINE, ORAL	50 MG	\$11.752
J7501	AZATHIOPRINE, PARENTERAL	100 MG	INVOICE*
J7502	CYCLOSPORINE, ORAL	100 MG	\$2.207
J7503	TACROLIMUS, EXTENDED RELEASE, (ENVARUS XR), ORAL	0.25 MG	\$1.675
J7504	LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, EQUINE, PARENTERAL	250 MG	\$3,254.873
J7507	TACROLIMUS, IMMEDIATE RELEASE, ORAL	1 MG	\$0.300
J7508	TACROLIMUS, EXTENDED RELEASE, ORAL	0.1 MG	\$0.553
J7509	METHYLPREDNISOLONE, ORAL	4 MG	\$0.241
J7510	PREDNISOLONE, ORAL	5 MG	\$0.241
J7511	LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, RABBIT, PARENTERAL	25 MG	\$921.169
J7512	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL	1 MG	\$0.008
J7515	CYCLOSPORINE, ORAL	25 MG	\$0.685
J7517	MYCOPHENOLATE MOFETIL, ORAL	250 MG	\$0.198
J7518	MYCOPHENOLIC ACID, ORAL	180 MG	\$0.873
J7519	INJECTION, MYCOPHENOLATE MOFETIL	10 MG	INVOICE*
J7520	SIROLIMUS, ORAL	1 MG	\$3.155
J7525	TACROLIMUS, PARENTERAL	5 MG	\$248.745
J7527	EVEROLIMUS, ORAL	0.25 MG	\$2.866
J7605KO	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	15 MCG	\$2.648
J7606KO	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	20 MCG	\$4.879
J7608KO	ACETYLCYSTEINE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	1 GM	\$9.874
J7611	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM	1 MG	\$0.124
J7612	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM	0.5 MG	\$0.225
J7613KO	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE	1 MG	\$0.042
J7614KO	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE	0.5 MG	\$0.050
J7620	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	1 UNIT	\$0.153
J7626KO	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	UP TO 0.5 MG	\$1.148
J7631KO	CROMOLYN SODIUM, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	10 MG	\$1.311

* Invoice indicates an invoice for drug should be submitted when filing claim

** Effective January 1, 2017, the HCPCS code with the JB modifier no longer has a different fee than the HCPCS code without the JB modifier.

HCPCS Code/ NDC Number	Description	Dosage	Fee
J7639KO	DORNASE ALPHA, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	1 MG	\$52.254
J7644KO	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	1 MG	\$0.318
J7669KO	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	10 MG	INVOICE*
J7677	REVEFENACIN INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	1 MCG	\$0.189
J7682KO	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME	300 MG	\$24.076
J7686KO	TREPROSTINIL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	1.74 MG	\$733.638
J8501	APREPITANT, ORAL	5 MG	\$3.458
J8520	CAPECITABINE, ORAL	150 MG	\$0.291
J8521	CAPECITABINE, ORAL	500 MG	\$1.169
J8530	CYCLOPHOSPHAMIDE; ORAL	25 MG	\$1.006
J8540	DEXAMETHASONE, ORAL	0.25 MG	\$0.078
J8610	METHOTREXATE; ORAL	2.5 MG	\$0.255
J8650	NABILONE, ORAL	1 MG	INVOICE*
J8655	NETUPITANT AND PALONOSETRON, ORAL	300 MG and 0.5 MG	\$407.833
J8670	ROLAPITANT, ORAL	1 MG	\$1.731
J9000	INJECTION, DOXORUBICIN HYDROCHLORIDE	10 MG	\$2.684
J9039	INJECTION, BLINATUMOMAB	1 MCG	\$145.313
J9040	INJECTION, BLEOMYCIN SULFATE	15 UNITS	\$24.581
J9065	INJECTION, CLADRIBINE	1 MG	\$16.757
J9100	INJECTION, CYTARABINE	100 MG	\$0.941
J9190	INJECTION, FLUOROURACIL	500 MG	\$2.838
J9200	INJECTION, FLOXURIDINE	500 MG	\$3,551.000
J9208	INJECTION, IFOSFAMIDE	1 GM	\$25.891
J9355	INJECTION, TRASTUZUMAB, EXCLUDES BIOSIMILAR	10 MG	\$80.785
J9360	INJECTION,VINBLASTINE SULFATE	1 MG	\$4.071
J9370	VINCRISTINE SULFATE	1 MG	\$7.939
Q0162	ONDANSETRON, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	1 MG	\$0.016
Q0163	DIPHENHYDRAMINE HYDROCHLORIDE, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	50 MG	INVOICE*
Q0164	PROCHLORPERAZINE MALEATE, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	5MG	\$0.370
Q0166	GRANISETRON HYDROCHLORIDE, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 24 HOUR DOSAGE REGIMEN	1 MG	\$3.816
Q0167	DRONABINOL, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	2.5 MG	\$0.624
Q0169	PROMETHAZINE HYDROCHLORIDE, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	12.5 MG	\$0.119
Q0173	TRIMETHOBENZAMIDE HYDROCHLORIDE, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	250 MG	INVOICE*

* Invoice indicates an invoice for drug should be submitted when filing claim

** Effective January 1, 2017, the HCPCS code with the JB modifier no longer has a different fee than the HCPCS code without the JB modifier.

HCPCS Code/ NDC Number	Description	Dosage	Fee
Q0174	THIETHYLPERAZINE MALEATE, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	10 MG	INVOICE*
Q0175	PERPHENAZINE, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	4 MG	\$0.494
Q0177	HYDROXYZINE PAMOATE, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	25 MG	\$0.140
Q0180	DOLASETRON MESYLATE, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC AT TIME OF CHEMOTHERAPY TREATMENT NOT TO EXCEED A 24 HOUR DOSAGE REGIMEN	100 MG	\$101.236
Q0510	PHARMACY SUPPLY FEE FOR INITIAL IMMUNOSUPPRESSIVE DRUG(S), FIRST MONTH FOLLOWING TRANSPLANT		\$50.000
Q0511	PHARMACY SUPPLY FEE FOR ORAL ANTI-CANCER, ORAL ANTI-EMETIC OR IMMUNOSUPPRESSIVE DRUG(S); FOR THE FIRST PRESCRIPTION IN A 30-DAY PERIOD		\$24.000
Q0512	PHARMACY SUPPLY FEE FOR ORAL ANTI-CANCER, ORAL ANTI-EMETIC OR IMMUNOSUPPRESSIVE DRUG(S); FOR A SUBSEQUENT PRESCRIPTION IN A 30-DAY PERIOD		\$16.000
Q0513	PHARMACY DISPENSING FEE FOR INHALATION DRUG(S); PER 30 DAYS		\$33.000
Q0514	PHARMACY DISPENSING FEE FOR INHALATION DRUG(S); PER 90 DAYS		\$66.000
Q4074	ILOPORST, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	UP TO 20 MCG	\$146.709
NDC number	BUSULFAN, ORAL	2 MG	INVOICE*
NDC number	CAPECITABINE, ORAL	150 MG	\$0.291
NDC number	CAPECITABINE, ORAL	500 MG	\$1.169
NDC number	CYCLOPHOSPHAMIDE, ORAL	25 MG	\$1.006
NDC number	CYCLOPHOSPHAMIDE, ORAL	50 MG	\$2.012
NDC number	ETOPOSIDE, ORAL	50 MG	\$76.534
NDC number	FLUDARABINE PHOSPHATE, ORAL	10 MG	INVOICE*
NDC number	MELPHALAN, ORAL	2 MG	\$9.709
NDC number	METHOTREXATE, ORAL	2.5 MG	\$0.255
NDC number	METHOTREXATE, ORAL	5 MG	\$0.510
NDC number	METHOTREXATE, ORAL	7.5 MG	\$0.765
NDC number	METHOTREXATE, ORAL	10 MG	\$1.020
NDC number	METHOTREXATE, ORAL	15 MG	\$1.530
NDC number	TEMOZOLOMIDE, ORAL	5 MG	\$0.187
NDC number	TEMOZOLOMIDE, ORAL	20 MG	\$0.748
NDC number	TEMOZOLOMIDE, ORAL	100 MG	\$3.740
NDC number	TEMOZOLOMIDE, ORAL	250 MG	\$9.350
NDC number	TOPOTECAN, ORAL	0.25 MG	\$113.779

* Invoice indicates an invoice for drug should be submitted when filing claim

** Effective January 1, 2017, the HCPCS code with the JB modifier no longer has a different fee than the HCPCS code without the JB modifier.