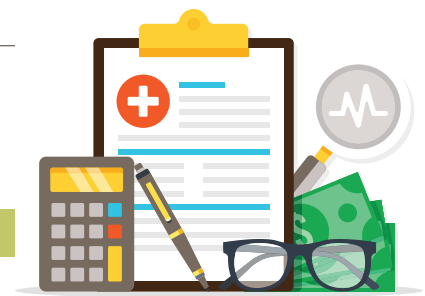


Drug Fees, Pharmacy Dispensing Fees, and Pharmacy Supply Fees



EFFECTIVE 07/01/2023 THROUGH 09/30/2023

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 | \$0.047 |
| J0285 | INJECTION, AMPHOTERICIN B | 50 MG | \$41.673 |
| 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 | \$27.871 |
| J0895 | INJECTION, DEFEROXAMINE MESYLATE | 500 MG | \$8.592 |
| J1170 | INJECTION, HYDROMORPHONE | UP TO 4 MG | \$4.347 |
| J1250 | INJECTION, DOBUTAMINE HYDROCHLORIDE | 250 MG | \$8.825 |
| J1265 | INJECTION, DOPAMINE HCL | 40 MG | \$0.699 |
| J1325 | INJECTION, EPOPROSTENOL | 0.5 MG | \$15.999 |
| J1455 | INJECTION, FOSCARNET SODIUM | 1000 MG | \$83.506 |
| J1459 | INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID) | 500 MG | \$47.992 |
| J1551 | INJECTION, IMMUNE GLOBULIN (CUTAQUIG) | 100 MG | \$14.386 |
| J1554 | INJECTION, IMMUNE GLOBULIN (ASCENIV) | 500 MG | \$491.405 |
| J1555 | INJECTION, IMMUNE GLOBULIN (CUVITRU) | 100 MG | \$16.275 |
| J1556 | INJECTION, IMMUNE GLOBULIN (BIVIGAM) | 500 MG | \$72.963 |
| J1557 | INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID) | 500 MG | \$59.483 |
| J1558 | INJECTION, IMMUNE GLOBULIN (XEMBIFY) | 100 MG | \$13.999 |
| J1559 | INJECTION, IMMUNE GLOBULIN (HIZENTRA) | 100 MG | \$12.803 |
| J1561 | INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID) | 500 MG | \$50.640 |
| 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 | \$77.766 |
| J1568 | INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID) | 500 MG | \$44.118 |
| J1569 | INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED, (E.G. LIQUID) | 500 MG | \$46.031 |
| 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 | \$39.494 |
| 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 | \$16.655 |
| J1576 | INJECTION, IMMUNE GLOBULIN (PANZYGA), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID) | 500 MG | \$65.741 |

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| HCPCS Code/ NDC Number | Description | Dosage | Fee |
|---------------------------|---|--------------|-------------|
| J1811 | INSULIN (FIASP) FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) | 50 UNITS | \$7.195 |
| J1813 | INSULIN (LYUMJEV) FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) | 50 UNITS | \$15.730 |
| J1817 | INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) | 50 UNITS | \$8.395 |
| J2175 | INJECTION, MEPERIDINE HYDROCHLORIDE | 100 MG | \$7.309 |
| J2260 | INJECTION, MILRINONE LACTATE | 5 MG | \$1.874 |
| J2270 | INJECTION, MORPHINE SULFATE | UP TO 10 MG | \$4.600 |
| J2274 | INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE | 10 MG | \$15.701 |
| J2278 | INJECTION, ZICONOTIDE | 1 MCG | \$9.078 |
| J2545 | PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM | 300 MG | \$93.857 |
| J2920 | INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE | UP TO 40 MG | \$4.237 |
| J2930 | INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE | UP TO 125 MG | \$5.725 |
| J3010 | INJECTION, FENTANYL CITRATE | 0.1 MG | \$0.837 |
| J3285 | INJECTION, TREPROSTINIL | 1 MG | \$55.196 |
| J7340 | CARBIDOPA 5 MG/LEVODOPA 20 MG ENTERAL SUSPENSION | 100 ML | \$226.831 |
| J7500 | AZATHIOPRINE, ORAL | 50 MG | \$13.701 |
| J7501 | AZATHIOPRINE, PARENTERAL | 100 MG | INVOICE* |
| J7502 | CYCLOSPORINE, ORAL | 100 MG | \$1.759 |
| J7503 | TACROLIMUS, EXTENDED RELEASE, (ENVARUS XR), ORAL | 0.25 MG | \$1.673 |
| J7504 | LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, EQUINE, PARENTERAL | 250 MG | \$2,989.437 |
| J7507 | TACROLIMUS, IMMEDIATE RELEASE, ORAL | 1 MG | \$0.287 |
| J7508 | TACROLIMUS, EXTENDED RELEASE, ORAL | 0.1 MG | \$0.549 |
| J7509 | METHYLPREDNISOLONE, ORAL | 4 MG | \$0.261 |
| J7510 | PREDNISOLONE, ORAL | 5 MG | \$0.248 |
| J7511 | LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, RABBIT, PARENTERAL | 25 MG | \$920.534 |
| J7512 | PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL | 1 MG | \$0.006 |
| J7515 | CYCLOSPORINE, ORAL | 25 MG | \$0.754 |
| J7516 | CYCLOSPORINE, PARENTERAL | 250 MG | \$68.333 |
| J7517 | MYCOPHENOLATE MOFETIL, ORAL | 250 MG | \$0.212 |
| J7518 | MYCOPHENOLIC ACID, ORAL | 180 MG | \$0.672 |
| J7520 | SIROLIMUS, ORAL | 1 MG | \$3.107 |
| J7525 | TACROLIMUS, PARENTERAL | 5 MG | \$246.085 |
| J7527 | EVEROLIMUS, ORAL | 0.25 MG | \$3.201 |
| J7605KO | ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM | 15 MCG | \$3.286 |
| J7606KO | FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM | 20 MCG | \$5.189 |
| J7608KO | ACETYLCYSTEINE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM | 1 GM | \$6.844 |
| J7611 | ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM | 1 MG | \$0.133 |
| J7612 | LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM | 0.5 MG | \$0.254 |
| J7613KO | ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE | 1 MG | \$0.030 |
| J7614KO | LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE | 0.5 MG | \$0.035 |
| 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 | \$0.131 |
| J7626KO | BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM | UP TO 0.5 MG | \$0.878 |
| J7631KO | CROMOLYN SODIUM, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM | 10 MG | \$1.658 |

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| 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 | \$52.234 |
| J7644KO | IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM | 1 MG | \$0.258 |
| 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 | \$0.196 |
| J7682KO | TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME | 300 MG | \$29.624 |
| J7686KO | TREPROSTINIL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM | 1.74 MG | \$737.376 |
| J8501 | APREPITANT, ORAL | 5 MG | \$3.119 |
| J8520 | CAPECITABINE, ORAL | 150 MG | \$0.796 |
| J8521 | CAPECITABINE, ORAL | 500 MG | \$22.876 |
| J8530 | CYCLOPHOSPHAMIDE; ORAL | 25 MG | \$0.953 |
| J8540 | DEXAMETHASONE, ORAL | 0.25 MG | \$0.103 |
| J8610 | METHOTREXATE; ORAL | 2.5 MG | \$0.232 |
| J8650 | NABILONE, ORAL | 1 MG | INVOICE* |
| J8655 | NETUPITANT AND PALONOSETRON, ORAL | 300 MG and 0.5 MG | \$461.255 |
| J8670 | ROLAPITANT, ORAL | 1 MG | \$1.625 |
| J9000 | INJECTION, DOXORUBICIN HYDROCHLORIDE | 10 MG | \$2.501 |
| J9039 | INJECTION, BLINATUMOMAB | 1 MCG | \$144.683 |
| J9040 | INJECTION, BLEOMYCIN SULFATE | 15 UNITS | \$24.533 |
| J9065 | INJECTION, CLADRIBINE | 1 MG | \$18.296 |
| J9100 | INJECTION, CYTARABINE | 100 MG | \$0.917 |
| J9190 | INJECTION, FLUOROURACIL | 500 MG | \$1.830 |
| J9200 | INJECTION, FLOXURIDINE | 500 MG | \$3,551.000 |
| J9208 | INJECTION, IFOSFAMIDE | 1 GM | \$25.384 |
| J9355 | INJECTION, TRASTUZUMAB, EXCLUDES BIOSIMILAR | 10 MG | \$81.079 |
| J9360 | INJECTION,VINBLASTINE SULFATE | 1 MG | \$3.952 |
| J9370 | VINCRISTINE SULFATE | 1 MG | \$7.486 |
| 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 | \$0.014 |
| 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 | \$0.733 |
| 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* |

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| 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 | \$144.425 |
| NDC number | BUSULFAN, ORAL | 2 MG | INVOICE* |
| NDC number | CAPECITABINE, ORAL | 150 MG | \$0.796 |
| NDC number | CAPECITABINE, ORAL | 500 MG | \$22.876 |
| NDC number | CYCLOPHOSPHAMIDE, ORAL | 25 MG | \$0.953 |
| NDC number | CYCLOPHOSPHAMIDE, ORAL | 50 MG | \$1.906 |
| NDC number | ETOPOSIDE, ORAL | 50 MG | \$77.388 |
| NDC number | FLUDARABINE PHOSPHATE, ORAL | 10 MG | INVOICE* |
| NDC number | MELPHALAN, ORAL | 2 MG | \$9.709 |
| NDC number | METHOTREXATE, ORAL | 2.5 MG | \$0.232 |
| NDC number | METHOTREXATE, ORAL | 5 MG | \$0.464 |
| NDC number | METHOTREXATE, ORAL | 7.5 MG | \$0.696 |
| NDC number | METHOTREXATE, ORAL | 10 MG | \$0.928 |
| NDC number | METHOTREXATE, ORAL | 15 MG | \$1.392 |
| NDC number | TEMOZOLOMIDE, ORAL | 5 MG | \$0.189 |
| NDC number | TEMOZOLOMIDE, ORAL | 20 MG | \$0.756 |
| NDC number | TEMOZOLOMIDE, ORAL | 100 MG | \$3.780 |
| NDC number | TEMOZOLOMIDE, ORAL | 250 MG | \$9.450 |
| NDC number | TOPOTECAN, ORAL | 0.25 MG | \$112.300 |

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