

Drug Fees, Pharmacy Dispensing Fees, and Pharmacy Supply Fees

EFFECTIVE 10/01/2020 THROUGH 12/31/2020 (REVISED PER CR 12854)

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 | \$0.053 |
| J0285 | INJECTION, AMPHOTERICIN B | 50 MG | \$38.925 |
| J0287 | INJECTION, AMPHOTERICIN B LIPID COMPLEX | 10 MG | \$9.358 |
| J0288 | INJECTION, AMPHOTERICIN B CHOLESTERYL SULFATE COMPLEX | 10 MG | INVOICE* |
| J0289 | INJECTION, AMPHOTERICIN B LIPOSOME | 10 MG | \$26.563 |
| J0895 | INJECTION, DEFEROXAMINE MESYLATE | 500 MG | \$8.440 |
| J1170 | INJECTION, HYDROMORPHONE | UP TO 4 MG | \$1.975 |
| J1250 | INJECTION, DOBUTAMINE HYDROCHLORIDE | 250 MG | \$5.693 |
| J1265 | INJECTION, DOPAMINE HCL | 40 MG | \$0.560 |
| J1325 | INJECTION, EPOPROSTENOL | 0.5 MG | \$16.314 |
| J1455 | INJECTION, FOSCARNET SODIUM | 1000 MG | \$82.268 |
| J1459 | INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID) | 500 MG | \$41.503 |
| J1555 | INJECTION, IMMUNE GLOBULIN (CUVITRU) | 100 MG | \$14.022 |
| J1556 | INJECTION, IMMUNE GLOBULIN (BIVIGAM) | 500 MG | \$70.490 |
| J1557 | INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID) | 500 MG | \$53.662 |
| J1558 | INJECTION, IMMUNE GLOBULIN (XEMBIFY) | 100 MG | \$14.223 |
| J1559 | INJECTION, IMMUNE GLOBULIN (HIZENTRA) | 100 MG | \$10.855 |
| J1561 | INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID) | 500 MG | \$42.186 |
| 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 | \$68.303 |
| J1568 | INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID) | 500 MG | \$41.229 |
| J1569 | INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED, (E.G. LIQUID) | 500 MG | \$43.201 |
| 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 | \$12.842 |
| J1572 | INJECTION, IMMUNE GLOBULIN, (FLEBOGAMMA/FLEBOGAMMA DIF), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID) | 500 MG | \$40.383 |
| J1575 | INJECTION, IMMUNE GLOBULIN/HYALURONIDASE, (HYQVIA) | 100 MG | \$14.486 |
| J1817 | INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) | 50 UNITS | \$10.228 |
| J2175 | INJECTION, MEPERIDINE HYDROCHLORIDE | 100 MG | \$8.354 |
| J2260 | INJECTION, MILRINONE LACTATE | 5 MG | \$1.511 |
| J2270 | INJECTION, MORPHINE SULFATE | UP TO 10 MG | \$1.872 |

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| J2274 | INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE | 10 MG | \$10.402 |
| J2278 | INJECTION, ZICONOTIDE | 1 MCG | \$8.171 |
| J2545 | PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM | 300 MG | \$119.589 |
| J2920 | INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE | UP TO 40 MG | \$4.171 |
| J2930 | INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE | UP TO 125 MG | \$5.636 |
| J3010 | INJECTION, FENTANYL CITRATE | 0.1 MG | \$0.776 |
| J3285 | INJECTION, TREPROSTINIL | 1 MG | \$62.806 |
| J7340 | CARBIDOPA 5 MG/LEVODOPA 20 MG ENTERAL SUSPENSION | 100 ML | \$213.095 |
| J7500 | AZATHIOPRINE, ORAL | 50 MG | \$1.160 |
| J7501 | AZATHIOPRINE, PARENTERAL | 100 MG | INVOICE* |
| J7502 | CYCLOSPORINE, ORAL | 100 MG | \$1.785 |
| J7503 | TACROLIMUS, EXTENDED RELEASE, (ENVARUSUS XR), ORAL | 0.25 MG | \$1.383 |
| J7504 | LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, EQUINE, PARENTERAL | 250 MG | \$2,257.665 |
| J7507 | TACROLIMUS, IMMEDIATE RELEASE, ORAL | 1 MG | \$0.751 |
| J7508 | TACROLIMUS, EXTENDED RELEASE, ORAL | 0.1 MG | \$0.477 |
| J7509 | METHYLPREDNISOLONE, ORAL | 4 MG | \$0.248 |
| J7510 | PREDNISOLONE, ORAL | 5 MG | \$0.123 |
| J7511 | LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, RABBIT, PARENTERAL | 25 MG | \$817.122 |
| J7512 | PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL | 1 MG | \$0.013 |
| J7515 | CYCLOSPORINE, ORAL | 25 MG | \$0.644 |
| J7516 | CYCLOSPORINE, PARENTERAL | 250 MG | \$61.747 |
| J7517 | MYCOPHENOLATE MOFETIL, ORAL | 250 MG | \$0.414 |
| J7518 | MYCOPHENOLIC ACID, ORAL | 180 MG | \$1.904 |
| J7520 | SIROLIMUS, ORAL | 1 MG | \$6.383 |
| J7525 | TACROLIMUS, PARENTERAL | 5 MG | \$211.974 |
| J7527 | EVEROLIMUS, ORAL | 0.25 MG | \$8.028 |
| J7605KO | ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM | 15 MCG | \$11.169 |
| J7606KO | FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM | 20 MCG | \$11.647 |
| J7608KO | ACETYLCYSTEINE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM | 1 GM | \$5.923 |
| J7611 | ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM | 1 MG | \$0.337 |
| J7612 | LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM | 0.5 MG | \$0.377 |
| J7613KO | ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE | 1 MG | \$0.041 |
| J7614KO | LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE | 0.5 MG | \$0.060 |
| 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 | \$0.124 |
| J7626KO | BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM | UP TO 0.5 MG | \$1.589 |
| J7631KO | CROMOLYN SODIUM, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM | 10 MG | \$2.705 |
| J7639KO | DORNASE ALPHA, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM | 1 MG | \$47.787 |
| J7644KO | IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM | 1 MG | \$0.197 |
| J7669KO | METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM | 10 MG | INVOICE* |

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| J7677 | REVEFENACIN INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME | 1 MCG | \$0.197 |
| J7682KO | TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME | 300 MG | \$32.459 |
| J7686KO | TREPROSTINIL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM | 1.74 MG | \$642.992 |
| J8501 | APREPITANT, ORAL | 5 MG | \$4.855 |
| J8520 | CAPECITABINE, ORAL | 150 MG | \$0.668 |
| J8521 | CAPECITABINE, ORAL | 500 MG | \$2.408 |
| J8530 | CYCLOPHOSPHAMIDE; ORAL | 25 MG | \$2.017 |
| J8540 | DEXAMETHASONE, ORAL | 0.25 MG | \$0.104 |
| J8610 | METHOTREXATE; ORAL | 2.5 MG | \$0.150 |
| J8650 | NABILONE, ORAL | 1 MG | INVOICE* |
| J8655 | NETUPITANT AND PALONOSETRON, ORAL | 300 MG and 0.5 MG | \$270.102 |
| J8670 | ROLAPITANT, ORAL | 1 MG | \$2.266 |
| J9000 | INJECTION, DOXORUBICIN HYDROCHLORIDE | 10 MG | \$2.703 |
| J9039 | INJECTION, BLINATUMOMAB | 1 MCG | \$118.586 |
| J9040 | INJECTION, BLEOMYCIN SULFATE | 15 UNITS | \$26.923 |
| J9065 | INJECTION, CLADRIBINE | 1 MG | \$19.573 |
| J9100 | INJECTION, CYTARABINE | 100 MG | \$0.680 |
| J9190 | INJECTION, FLUOROURACIL | 500 MG | \$1.528 |
| J9200 | INJECTION, FLOXURIDINE | 500 MG | \$46.439 |
| J9208 | INJECTION, IFOSFAMIDE | 1 GM | \$26.312 |
| J9355 | INJECTION, TRASTUZUMAB, EXCLUDES BIOSIMILAR | 10 MG | \$99.675 |
| J9360 | INJECTION,VINBLASTINE SULFATE | 1 MG | \$3.982 |
| J9370 | VINCRISTINE SULFATE | 1 MG | \$5.339 |
| 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 | \$0.012 |
| 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 | \$0.256 |
| 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 | \$1.330 |
| 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 | \$0.677 |
| 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 | \$0.114 |
| 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* |
| 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 | \$1.350 |

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|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------|
| 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 | \$140.403 |
| NDC number | BUSULFAN, ORAL | 2 MG | \$24.828 |
| NDC number | CAPECITABINE, ORAL | 150 MG | \$0.668 |
| NDC number | CAPECITABINE, ORAL | 500 MG | \$2.408 |
| NDC number | CYCLOPHOSPHAMIDE, ORAL | 25 MG | \$2.017 |
| NDC number | CYCLOPHOSPHAMIDE, ORAL | 50 MG | \$4.034 |
| NDC number | ETOPOSIDE, ORAL | 50 MG | \$75.493 |
| NDC number | FLUDARABINE PHOSPHATE, ORAL | 10 MG | INVOICE* |
| NDC number | MELPHALAN, ORAL | 2 MG | \$9.709 |
| NDC number | METHOTREXATE, ORAL | 2.5 MG | \$0.150 |
| NDC number | METHOTREXATE, ORAL | 5 MG | \$0.300 |
| NDC number | METHOTREXATE, ORAL | 7.5 MG | \$0.450 |
| NDC number | METHOTREXATE, ORAL | 10 MG | \$0.600 |
| NDC number | METHOTREXATE, ORAL | 15 MG | \$0.900 |
| NDC number | TEMOZOLOMIDE, ORAL | 5 MG | \$0.622 |
| NDC number | TEMOZOLOMIDE, ORAL | 20 MG | \$2.488 |
| NDC number | TEMOZOLOMIDE, ORAL | 100 MG | \$12.440 |
| NDC number | TEMOZOLOMIDE, ORAL | 250 MG | \$31.100 |
| NDC number | TOPOTECAN, ORAL | 0.25 MG | \$103.828 |

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