

## DME MAC Jurisdiction B

### Drug Fees, Pharmacy Dispensing Fees and Pharmacy Supply Fees

Effective 01/01/2017 through 03/31/2017

(Revised per CR 9945)

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

| HCPCS CODE /<br>NDC NUMBER | DESCRIPTION   | DOSAGE      | FEE                |
|----------------------------|---|-------------|--------------------|
| G0333                      | PHARMACY DISPENSING FEE FOR INHALATION DRUG(S);<br>INITIAL 30-DAY SUPPLY AS A BENEFICIARY   |             | \$57.000           |
| J0133                      | INJECTION, ACYCLOVIR  | 5 MG        | \$0.075            |
| J0285                      | INJECTION, AMPHOTERICIN B   | 50 MG       | \$30.244           |
| J0287                      | INJECTION, AMPHOTERICIN B LIPID COMPLEX   | 10 MG       | \$14.496           |
| J0288                      | INJECTION, AMPHOTERICIN B CHOLESTERYL SULFATE<br>COMPLEX  | 10 MG       | TBD*               |
| J0289                      | INJECTION, AMPHOTERICIN B LIPOSOME  | 10 MG       | \$19.774           |
| J0895                      | INJECTION, DEFEROXAMINE MESYLATE  | 500 MG      | \$8.714            |
| J1170                      | INJECTION, HYDROMORPHONE  | UP TO 4 MG  | \$2.099            |
| J1250                      | INJECTION, DOBUTAMINE HYDROCHLORIDE   | 250 MG      | \$5.469            |
| J1265                      | INJECTION, DOPAMINE HCL   | 40 MG       | \$0.447            |
| J1325                      | INJECTION, EPOPROSTENOL   | 0.5 MG      | \$15.511           |
| J1455                      | INJECTION, FOSCARNET SODIUM   | 1000 MG     | \$13.375           |
| J1459                      | INJECTION, IMMUNE GLOBULIN (PRIVIGEN),<br>INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID)  | 500 MG      | \$38.674           |
| J1556                      | INJECTION, IMMUNE GLOBULIN (BIVIGAM)  | 500 MG      | \$37.144           |
| J1557                      | INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX),<br>INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID)  | 500 MG      | \$39.005           |
| J1559                      | INJECTION, IMMUNE GLOBULIN (HIZENTRA)   | 100 MG      | \$9.846            |
| J1561                      | INJECTION, IMMUNE GLOBULIN, (GAMUNEX-<br>C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID)   | 500 MG      | \$36.441           |
| J1561JB                    | INJECTION, IMMUNE GLOBULIN, (GAMUNEX-<br>C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID) [JB<br>modifier indicates drug being administered subcutaneously] | 500 MG      | Same as<br>J1561** |
| J1562                      | INJECTION, IMMUNE GLOBULIN (VIVAGLOBIN)   | 100 MG      | TBD*               |
| J1566                      | INJECTION, IMMUNE GLOBULIN, INTRAVENOUS,<br>LYOPHILIZED (E.G. POWDER), NOT OTHERWISE<br>SPECIFIED   | 500 MG      | \$31.696           |
| J1568                      | INJECTION, IMMUNE GLOBULIN, (OCTAGAM),<br>INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID)  | 500 MG      | \$35.398           |
| J1569                      | INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID),<br>NON-LYOPHILIZED, (E.G. LIQUID)   | 500 MG      | \$40.196           |
| J1569JB                    | INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID),<br>NON-LYOPHILIZED, (E.G. LIQUID) [JB modifier indicates<br>drug being administered subcutaneously]   | 500 MG      | Same as<br>J1569** |
| J1570                      | INJECTION, GANCICLOVIR SODIUM   | 500 MG      | \$61.636           |
| J1572                      | INJECTION, IMMUNE GLOBULIN,<br>(FLEBOGAMMA/FLEBOGAMMA DIF), INTRAVENOUS, NON-<br>LYOPHILIZED (E.G. LIQUID)  | 500 MG      | \$32.678           |
| J1575                      | INJECTION, IMMUNE GLOBULIN/HYALURONIDASE,<br>(HYQVIA)   | 100 MG      | \$12.969           |
| J1817                      | INSULIN FOR ADMINISTRATION THROUGH DME (I.E.,<br>INSULIN PUMP)  | 50 UNITS    | \$9.832            |
| J2175                      | INJECTION, MEPERIDINE HYDROCHLORIDE   | 100 MG      | \$4.916            |
| J2260                      | INJECTION, MILRINONE LACTATE  | 5 MG        | \$4.240            |
| J2270                      | INJECTION, MORPHINE SULFATE   | UP TO 10 MG | \$1.844            |
| J2274                      | INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE<br>FOR EPIDURAL OR INTRATHECAL USE   | 10 MG       | \$9.777            |
| J2278                      | INJECTION, ZICONOTIDE   | 1 MCG       | \$7.328            |

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|----------------------------|--|--------------|-------------|
| J2545                      | PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM | 300 MG       | \$126.257   |
| J2920                      | INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE   | UP TO 40 MG  | \$4.002     |
| J2930                      | INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE   | UP TO 125 MG | \$5.498     |
| J3010                      | INJECTION, FENTANYL CITRATE  | 0.1 MG       | \$0.480     |
| J3285                      | INJECTION, TREPROSTINIL  | 1 MG         | \$61.237    |
| J7340                      | CARBIDOPA 5 MG/LEVODOPA 20 MG ENTERAL SUSPENSION   | 100 ML       | \$213.950   |
| J7500                      | AZATHIOPRINE, ORAL   | 50 MG        | \$0.307     |
| J7501                      | AZATHIOPRINE, PARENTERAL   | 100 MG       | TBD*        |
| J7502                      | CYCLOSPORINE, ORAL   | 100 MG       | \$3.047     |
| J7503                      | TACROLIMUS, EXTENDED RELEASE, (ENVARUSUS XR), ORAL   | 0.25 MG      | \$1.233     |
| J7504                      | LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, EQUINE, PARENTERAL   | 250 MG       | \$1,479.339 |
| J7507                      | TACROLIMUS, IMMEDIATE RELEASE, ORAL  | 1 MG         | \$0.751     |
| J7508                      | TACROLIMUS, EXTENDED RELEASE, ORAL   | 0.1 MG       | \$0.393     |
| J7509                      | METHYLPREDNISOLONE, ORAL   | 4 MG         | \$0.346     |
| J7510                      | PREDNISOLONE, ORAL   | 5 MG         | \$0.106     |
| J7511                      | LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, RABBIT, PARENTERAL   | 25 MG        | \$688.437   |
| J7512                      | PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL   | 1 MG         | \$0.010     |
| J7515                      | CYCLOSPORINE, ORAL   | 25 MG        | \$0.828     |
| J7516                      | CYCLOSPORINE, PARENTERAL   | 250 MG       | \$40.446    |
| J7517                      | MYCOPHENOLATE MOFETIL, ORAL  | 250 MG       | \$1.074     |
| J7518                      | MYCOPHENOLIC ACID, ORAL  | 180 MG       | \$2.782     |
| J7520                      | SIROLIMUS, ORAL  | 1 MG         | \$7.844     |
| J7525                      | TACROLIMUS, PARENTERAL   | 5 MG         | \$170.746   |
| J7527                      | EVEROLIMUS, ORAL   | 0.25 MG      | \$7.886     |
| J7605KO                    | ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM            | 15 MCG       | \$9.373     |
| J7606KO                    | FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM     | 20 MCG       | \$10.486    |
| J7608KO                    | ACETYLCYSTEINE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM          | 1 GM         | \$4.260     |
| J7611                      | ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM            | 1 MG         | \$0.109     |
| J7612                      | LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM         | 0.5 MG       | \$0.180     |

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| J7613KO                    | ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE                     | 1 MG              | \$0.048   |
| J7614KO                    | LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE                  | 0.5 MG            | \$0.073   |
| 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            | \$0.166   |
| J7626KO                    | BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM               | UP TO 0.5 MG      | \$2.529   |
| J7631KO                    | CROMOLYN SODIUM, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM          | 10 MG             | \$0.832   |
| J7639KO                    | DORNASE ALPHA, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM            | 1 MG              | \$42.500  |
| J7644KO                    | IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM      | 1 MG              | \$0.224   |
| J7669KO                    | METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM   | 10 MG             | TBD*      |
| J7682KO                    | TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME               | 300 MG            | \$44.158  |
| J7686KO                    | TREPROSTINIL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM             | 1.74 MG           | \$531.289 |
| J8501                      | APREPITANT, ORAL  | 5 MG              | \$12.270  |
| J8520                      | CAPECITABINE, ORAL  | 150 MG            | \$4.131   |
| J8521                      | CAPECITABINE, ORAL  | 500 MG            | \$11.854  |
| J8530                      | CYCLOPHOSPHAMIDE; ORAL  | 25 MG             | \$3.259   |
| J8540                      | DEXAMETHASONE, ORAL   | 0.25 MG           | \$0.015   |
| J8610                      | METHOTREXATE; ORAL  | 2.5 MG            | \$0.562   |
| J8650                      | NABILONE, ORAL  | 1 MG              | \$38.195  |
| J8655                      | NETUPITANT AND PALONOSETRON, ORAL   | 300 MG and 0.5 MG | \$444.992 |
| J8670                      | ROLAPITANT, ORAL  | 1 MG              | \$3.121   |
| J9000                      | INJECTION, DOXORUBICIN HYDROCHLORIDE  | 10 MG             | \$2.415   |
| J9039                      | INJECTION, BLINATUMOMAB   | 1 MCG             | \$100.982 |
| J9040                      | INJECTION, BLEOMYCIN SULFATE  | 15 UNITS          | \$50.300  |
| J9065                      | INJECTION, CLADRIBINE   | 1 MG              | \$23.198  |
| J9100                      | INJECTION, CYTARABINE   | 100 MG            | \$0.796   |
| J9190                      | INJECTION, FLUOROURACIL   | 500 MG            | \$1.692   |
| J9200                      | INJECTION, FLOXURIDINE  | 500 MG            | \$74.794  |
| J9208                      | INJECTION, IFOSFAMIDE   | 1 GM              | \$28.327  |
| J9355                      | INJECTION, TRASTUZUMAB  | 10 MG             | \$94.527  |
| J9360                      | INJECTION, VINBLASTINE SULFATE  | 1 MG              | \$3.739   |
| J9370                      | VINCRISTINE SULFATE   | 1 MG              | \$4.474   |

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|----------------------------|---|---------|---------|
| 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    | \$0.038 |
| 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   | \$0.262 |
| 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     | \$0.036 |
| 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    | \$4.923 |
| 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  | \$9.228 |
| 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 | \$0.017 |
| 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  | TBD*    |
| 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   | TBD*    |

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|----------------------------|---|--------------|-----------|
| 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   |
| 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        | \$0.137   |
| 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 | \$123.932 |
| NDC number                 | BUSULFAN, ORAL  | 2 MG         | \$23.719  |
| NDC number                 | CAPECITABINE, ORAL  | 150 MG       | \$4.131   |
| NDC number                 | CAPECITABINE, ORAL  | 500 MG       | \$11.854  |
| NDC number                 | CYCLOPHOSPHAMIDE, ORAL  | 25 MG        | \$3.259   |
| NDC number                 | CYCLOPHOSPHAMIDE, ORAL  | 50 MG        | \$6.518   |
| NDC number                 | ETOPOSIDE, ORAL   | 50 MG        | \$73.550  |
| NDC number                 | FLUDARABINE PHOSPHATE, ORAL   | 10 MG        | TBD*      |
| NDC number                 | MELPHALAN, ORAL   | 2 MG         | \$11.710  |
| NDC number                 | METHOTREXATE, ORAL  | 2.5 MG       | \$0.562   |
| NDC number                 | METHOTREXATE, ORAL  | 5 MG         | \$1.124   |
| NDC number                 | METHOTREXATE, ORAL  | 7.5 MG       | \$1.686   |
| NDC number                 | METHOTREXATE, ORAL  | 10 MG        | \$2.248   |
| NDC number                 | METHOTREXATE, ORAL  | 15 MG        | \$3.372   |
| NDC number                 | TEMOZOLOMIDE, ORAL  | 5 MG         | \$1.946   |
| NDC number                 | TEMOZOLOMIDE, ORAL  | 20 MG        | \$7.784   |
| NDC number                 | TEMOZOLOMIDE, ORAL  | 100 MG       | \$38.920  |
| NDC number                 | TEMOZOLOMIDE, ORAL  | 250 MG       | \$97.300  |

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| NDC number                 | TOPOTECAN, ORAL | 0.25 MG | \$103.818 |

\*To Be Developed (TBD) indicates the claim will be developed for an invoice on the drug billed.

\*\* Effective January 1, 2017, the fee for the HCPCS code with the JB modifier is the same as the fee for the HCPCS code without a listed modifier.