

DME MAC Jurisdiction B

Drug Fees, Pharmacy Dispensing Fees and Pharmacy Supply Fees

Effective 01/01/2020 through 03/31/2020

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	\$0.054
J0285	INJECTION, AMPHOTERICIN B	50 MG	\$38.077
J0287	INJECTION, AMPHOTERICIN B LIPID COMPLEX	10 MG	\$9.058
J0288	INJECTION, AMPHOTERICIN B CHOLESTERYL SULFATE COMPLEX	10 MG	TBD*
J0289	INJECTION, AMPHOTERICIN B LIPOSOME	10 MG	\$26.726
J0895	INJECTION, DEFEROXAMINE MESYLATE	500 MG	\$7.910
J1170	INJECTION, HYDROMORPHONE	UP TO 4 MG	\$3.100
J1250	INJECTION, DOBUTAMINE HYDROCHLORIDE	250 MG	\$6.082
J1265	INJECTION, DOPAMINE HCL	40 MG	\$0.723
J1325	INJECTION, EPOPROSTENOL	0.5 MG	\$16.162
J1455	INJECTION, FOSCARNET SODIUM	1000 MG	\$82.268
J1459	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID)	500 MG	\$40.844
J1555	INJECTION, IMMUNE GLOBULIN (CUVITRU)	100 MG	\$14.010
J1556	INJECTION, IMMUNE GLOBULIN (BIVIGAM)	500 MG	\$69.080
J1557	INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID)	500 MG	\$46.226
J1559	INJECTION, IMMUNE GLOBULIN (HIZENTRA)	100 MG	\$10.495
J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX- C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID)	500 MG	\$40.347
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	TBD*
J1566	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT OTHERWISE SPECIFIED	500 MG	\$63.188
J1568	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID)	500 MG	\$38.216
J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED, (E.G. LIQUID)	500 MG	\$39.921
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	\$34.643
J1572	INJECTION, IMMUNE GLOBULIN, (FLEBOGAMMA/FLEBOGAMMA DIF), INTRAVENOUS, NON- LYOPHILIZED (E.G. LIQUID)	500 MG	\$35.773
J1575	INJECTION, IMMUNE GLOBULIN/HYALURONIDASE, (HYQVIA)	100 MG	\$14.635
J1817	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP)	50 UNITS	\$10.777
J2175	INJECTION, MEPERIDINE HYDROCHLORIDE	100 MG	\$4.723
J2260	INJECTION, MILRINONE LACTATE	5 MG	\$1.525
J2270	INJECTION, MORPHINE SULFATE	UP TO 10 MG	\$2.029
J2274	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE	10 MG	\$11.803

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J2278	INJECTION, ZICONOTIDE	1 MCG	\$7.913
J2545	PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	300 MG	\$121.211
J2920	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE	UP TO 40 MG	\$4.582
J2930	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE	UP TO 125 MG	\$6.317
J3010	INJECTION, FENTANYL CITRATE	0.1 MG	\$0.987
J3285	INJECTION, TREPROSTINIL	1 MG	\$62.511
J7340	CARBIDOPA 5 MG/LEVODOPA 20 MG ENTERAL SUSPENSION	100 ML	\$212.632
J7500	AZATHIOPRINE, ORAL	50 MG	\$0.658
J7501	AZATHIOPRINE, PARENTERAL	100 MG	TBD*
J7502	CYCLOSPORINE, ORAL	100 MG	\$2.381
J7503	TACROLIMUS, EXTENDED RELEASE, (ENVARUSUS XR), ORAL	0.25 MG	\$1.353
J7504	LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, EQUINE, PARENTERAL	250 MG	\$2,060.038
J7507	TACROLIMUS, IMMEDIATE RELEASE, ORAL	1 MG	\$0.690
J7508	TACROLIMUS, EXTENDED RELEASE, ORAL	0.1 MG	\$0.479
J7509	METHYLPREDNISOLONE, ORAL	4 MG	\$0.353
J7510	PREDNISOLONE, ORAL	5 MG	\$0.092
J7511	LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, RABBIT, PARENTERAL	25 MG	\$765.737
J7512	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL	1 MG	\$0.012
J7515	CYCLOSPORINE, ORAL	25 MG	\$0.653
J7516	CYCLOSPORINE, PARENTERAL	250 MG	\$58.745
J7517	MYCOPHENOLATE MOFETIL, ORAL	250 MG	\$0.720
J7518	MYCOPHENOLIC ACID, ORAL	180 MG	\$2.664
J7520	SIROLIMUS, ORAL	1 MG	\$6.002
J7525	TACROLIMUS, PARENTERAL	5 MG	\$211.595
J7527	EVEROLIMUS, ORAL	0.25 MG	\$8.964
J7605KO	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	15 MCG	\$10.640
J7606KO	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	20 MCG	\$12.080
J7608KO	ACETYLCYSTEINE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	1 GM	\$5.690
J7611	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM	1 MG	\$0.243
J7612	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM	0.5 MG	\$0.279

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J7613KO	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE	1 MG	\$0.039
J7614KO	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE	0.5 MG	\$0.055
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	\$0.127
J7626KO	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	UP TO 0.5 MG	\$1.736
J7631KO	CROMOLYN SODIUM, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	10 MG	\$4.897
J7639KO	DORNASE ALPHA, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	1 MG	\$47.793
J7644KO	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	1 MG	\$0.204
J7669KO	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	10 MG	TBD*
J7677	REVEFENACIN INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	1 MCG	\$0.208
J7682KO	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME	300 MG	\$39.926
J7686KO	TREPROSTINIL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	1.74 MG	\$612.957
J8501	APREPITANT, ORAL	5 MG	\$4.869
J8520	CAPECITABINE, ORAL	150 MG	\$0.778
J8521	CAPECITABINE, ORAL	500 MG	\$2.729
J8530	CYCLOPHOSPHAMIDE; ORAL	25 MG	\$2.651
J8540	DEXAMETHASONE, ORAL	0.25 MG	\$0.024
J8610	METHOTREXATE; ORAL	2.5 MG	\$0.228
J8650	NABILONE, ORAL	1 MG	TBD*
J8655	NETUPITANT AND PALONOSETRON, ORAL	300 MG and 0.5 MG	\$246.916
J8670	ROLAPITANT, ORAL	1 MG	\$2.080
J9000	INJECTION, DOXORUBICIN HYDROCHLORIDE	10 MG	\$2.867
J9039	INJECTION, BLINATUMOMAB	1 MCG	\$113.344
J9040	INJECTION, BLEOMYCIN SULFATE	15 UNITS	\$22.665
J9065	INJECTION, CLADRIBINE	1 MG	\$20.180
J9100	INJECTION, CYTARABINE	100 MG	\$0.806
J9190	INJECTION, FLUOROURACIL	500 MG	\$1.512
J9200	INJECTION, FLOXURIDINE	500 MG	\$85.372
J9208	INJECTION, IFOSFAMIDE	1 GM	\$26.698
J9355	INJECTION, TRASTUZUMAB, EXCLUDES BIOSIMILAR	10 MG	\$105.855

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J9360	INJECTION,VINBLASTINE SULFATE	1 MG	\$3.885
J9370	VINCRIStINE SULFATE	1 MG	\$4.884
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	\$0.018
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	TBD*
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	\$0.225
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	\$0.693
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	\$0.692
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	\$0.122
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	\$139.833
NDC number	BUSULFAN, ORAL	2 MG	\$24.828
NDC number	CAPECITABINE, ORAL	150 MG	\$0.778
NDC number	CAPECITABINE, ORAL	500 MG	\$2.729
NDC number	CYCLOPHOSPHAMIDE, ORAL	25 MG	\$2.651
NDC number	CYCLOPHOSPHAMIDE, ORAL	50 MG	\$5.302
NDC number	ETOPOSIDE, ORAL	50 MG	\$75.267
NDC number	FLUDARABINE PHOSPHATE, ORAL	10 MG	TBD*
NDC number	MELPHALAN, ORAL	2 MG	\$9.709
NDC number	METHOTREXATE, ORAL	2.5 MG	\$0.228
NDC number	METHOTREXATE, ORAL	5 MG	\$0.456
NDC number	METHOTREXATE, ORAL	7.5 MG	\$0.684
NDC number	METHOTREXATE, ORAL	10 MG	\$0.912
NDC number	METHOTREXATE, ORAL	15 MG	\$1.368
NDC number	TEMOZOLOMIDE, ORAL	5 MG	\$0.908
NDC number	TEMOZOLOMIDE, ORAL	20 MG	\$3.632
NDC number	TEMOZOLOMIDE, ORAL	100 MG	\$18.160
NDC number	TEMOZOLOMIDE, ORAL	250 MG	\$45.400

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NDC number	TOPOTECAN, ORAL	0.25 MG	\$103.709

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

** 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.