

DME MAC Jurisdiction B

Drug Fees, Pharmacy Dispensing Fees and Pharmacy Supply Fees

Effective 07/01/2012 through 09/30/2012

(Revised based on CR 8247)

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	\$0.470
J0285	AMPHOTERICIN B	50 MG	\$10.280
J0287	AMPHOTERICIN B LIPID COMPLEX	10 MG	\$21.850
J0288	AMPHOTERICIN B CHOLESTERYL SULFATE COMPLEX	10 MG	\$15.200
J0289	AMPHOTERICIN B LIPOSOME	10 MG	\$35.800
J0895	DEFEROXAMINE MESYLATE	500 MG / 5 CC	\$15.630
J1170	HYDROMORPHONE	4 MG	\$1.490
J1250	DOBUTAMINE HYDROCHLORIDE	250 MG	\$4.740
J1265	INJECTION, DOPAMINE HCL	40 MG	\$0.620
J1325	EPOPROSTENOL	.5 MG	\$12.640
J1455	FOSCARNET SODIUM	1000 MG	\$13.070
J1459	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID)	500 MG	\$35.041
J1557	INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID)	500 MG	\$37.293
J1559	INJECTION, IMMUNE GLOBULIN (HIZENTRA)	100 MG	\$14.364
J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID)	500 MG	\$38.399
J1561JB	INJECTION, IMMUNE GLOBULIN, (GAMUNEX), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID) [JB modifier indicates drug being administered subcutaneously]	500 MG	\$46.170
J1562	INJECTION, IMMUNE GLOBULIN, SUBCUTANEOUS	100 MG	\$11.400
J1566	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER)	500 MG	\$31.102
J1568	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID)	500 MG	\$34.208
J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), INTRAVENOUS, NON-LYOPHILIZED, (E.G. LIQUID)	500 MG	\$39.269
J1569JB	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), INTRAVENOUS, NON-LYOPHILIZED, (E.G. LIQUID) [JB modifier indicates drug being administered subcutaneously]	500 MG	\$52.497
J1570	GANCICLOVIR SODIUM	500 MG	\$35.250
J1572	INJECTION, IMMUNE GLOBULIN, (FLEBOGAMMA), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID)	500 MG	\$34.295
J1815	INSULIN	5 UNITS	\$0.491
J1817	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP)	50 UNITS	\$2.800
J2175	MEPERIDINE HYDROCHLORIDE	100 MG	\$0.560
J2260	MILRINONE LACTATE	5 MG	\$51.580
J2270	MORPHINE SULFATE	10 MG	\$0.710
J2271	MORPHINE SULFATE	100 MG	\$11.070
J2275	MORPHINE SULFATE, PRESERVATIVE FREE STERILE SOLUTION	10 MG	\$4.390
J2278	INJECTION, ZICONOTIDE	1 MCG	\$6.935
J2545	PENTAMIDINE FOR AEROSOL INHALER FOR PNEUMOCYSTIS	300 MG	\$59.837
J2920	METHYLPREDNISOLONE SODIUM SUCCINATE	40 MG	\$1.976

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J2930	METHYLPREDNISOLONE SODIUM SUCCINATE	125 MG	\$3.081
J3010	FENTANYL CITRATE	2 ML	\$0.700
J3285	INJECTION, TREPROSTINIL	1 MG	\$61.750
J7500	AZATHIOPRINE, ORAL	50 MG	\$0.062
J7501	AZATHIOPRINE, PARENTERAL	100 MG	\$132.052
J7502	CYCLOSPORINE, ORAL	100 MG	\$3.308
J7504	LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, EQUINE, PARENTERAL	250 MG	\$646.193
J7505	MUROMONAB-CD3 PARENTERAL	5 MG	\$1,156.078
J7506	PREDNISON, ORAL	5 MG	\$0.023
J7507	TACROLIMUS, ORAL	1 MG	\$2.273
J7509	METHYLPREDNISOLONE, ORAL	4 MG	\$0.830
J7510	PREDNISOLONE, ORAL	5 MG	\$0.029
J7511	LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, RABBIT, PARENTERAL	25 MG	\$469.472
J7513	DACLIZUMAB, PARENTERAL	25 MG	\$526.343
J7515	CYCLOSPORINE, ORAL	25 MG	\$1.047
J7516	CYCLOSPORINE, PARENTERAL	250 MG	\$34.939
J7517	MYCOPHENOLATE MOFETIL, ORAL	250 MG	\$1.306
J7518	MYCOPHENOLIC ACID, ORAL	180 MG	\$3.575
J7520	SIROLIMUS, ORAL	1 MG	\$11.509
J7525	TACROLIMUS, PARENTERAL	5 MG	\$139.436
J7605KO	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	15 MCG	\$5.355
J7606KO	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	20 MCG	\$5.087
J7608KO	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM	1 GM	\$2.439
J7611	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM	1 MG	\$0.101
J7612	LEVALBUTEROL, INHALATION SOLUTION, FDA- APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM	0.5 MG	\$0.191
J7613KO	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE	1 MG	\$0.062
J7614KO	LEVALBUTEROL, INHALATION SOLUTION, FDA- APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE	0.5 MG	\$0.261
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	\$0.218
J7626KO	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	UP TO 0.5 MG	\$4.973
J7631KO	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM	10 MG	\$0.533

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J7639KO	DORNASE ALPHA, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM	1 MG	\$30.623
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	\$0.252
J7682KO	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME	300 MG	\$91.538
J7686KO	TREPROSTINIL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	1.74 MG	\$418.155
J8501	APREPITANT, ORAL	5 MG	\$6.225
J8520	CAPECITABINE, ORAL	150 MG	\$8.234
J8521	CAPECITABINE, ORAL	500 MG	\$27.315
J8530	CYCLOPHOSPHAMIDE; ORAL	25 MG	\$0.896
J8540	DEXAMETHASONE, ORAL	0.25 MG	\$0.367
J8561	EVEROLIMUS, ORAL	0.25 MG	\$6.166
J8610	METHOTREXATE; ORAL	2.5 MG	\$0.115
J8650	NABILONE, ORAL	1 MG	\$23.433
J9000	DOXORUBICIN HCL	10 MG	\$12.540
J9040	BLEOMYCIN SULFATE	15 UNITS	\$289.370
J9065	CLADRIBINE	1 MG	\$61.720
J9100	CYTARABINE	100 MG	\$8.190
J9190	FLUOROURACIL	500 MG	\$2.070
J9200	FLOXURIDINE	500 MG	\$136.800
J9208	IFOSFAMIDE	1 GM	\$150.380
J9263	OXALIPLATIN	0.5 MG	\$9.446
J9265	PACLITAXEL	30 MG	\$162.170
J9355	TRASTUZUMAB	10 MG	\$58.130
J9360	VINBLASTINE SULFATE	1 MG	\$4.100
J9370	VINCRISTINE SULFATE	1 MG	\$33.980
J9390	VINORELBINE TARTRATE	10 MG	\$109.000
Q0162	ONDANSETRON, ORAL	1 MG	\$0.072
Q0163	DIPHENHYDRAMINE HYDROCHLORIDE, ORAL	50 MG	\$0.023
Q0164	PROCHLORPERAZINE MALEATE, ORAL	5MG	\$0.046
Q0165	PROCHLORPERAZINE MALEATE, ORAL	10 MG	\$0.028
Q0166	GRANISETRON HYDROCHLORIDE	1 MG	\$2.919
Q0167	DRONABINOL, ORAL	2.5 MG	\$3.714
Q0168	DRONABINOL, ORAL	5 MG	\$8.944
Q0169	PROMETHAZINE HYDROCHLORIDE, ORAL	12.5 MG	\$0.087
Q0170	PROMETHAZINE HYDROCHLORIDE, ORAL	25 MG	\$0.045
Q0171	CHLORPROMAZINE HYDROCHLORIDE, ORAL	10 MG	\$0.594
Q0172	CHLORPROMAZINE HYDROCHLORIDE, ORAL	25 MG	\$0.848
Q0173	TRIMETHOBENZAMIDE HYDROCHLORIDE, ORAL	250 MG	\$0.349
Q0174	THIETHYLPERAZINE MALEATE, ORAL	10 MG	TBD*
Q0175	PERPHENAZINE, ORAL	4 MG	\$0.992
Q0176	PERPHENAZINE, ORAL	8 MG	\$1.229
Q0177	HYDROXYZINE PAMOATE, ORAL	25 MG	\$0.137

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Q0178	HYDROXYZINE PAMOATE, ORAL	50 MG	\$0.147
Q0180	DOLASETRON MESYLATE, ORAL	100 MG	\$66.913
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	\$71.094
NDC number	BUSULFAN, ORAL	2 MG	\$4.734
NDC number	CAPECITABINE, ORAL	150 MG	\$8.234
NDC number	CAPECITABINE, ORAL	500 MG	\$27.315
NDC number	CYCLOPHOSPHAMIDE, ORAL	25 MG	\$0.896
NDC number	CYCLOPHOSPHAMIDE, ORAL	50 MG	\$1.792
NDC number	ETOPOSIDE, ORAL	50 MG	\$50.950
NDC number	FLUDARABINE PHOSPHATE, ORAL	10 MG	\$81.772
NDC number	MELPHALAN, ORAL	2 MG	\$8.047
NDC number	METHOTREXATE, ORAL	2.5 MG	\$0.115
NDC number	METHOTREXATE, ORAL	5 MG	\$0.230
NDC number	METHOTREXATE, ORAL	7.5 MG	\$0.345
NDC number	METHOTREXATE, ORAL	10 MG	\$0.460
NDC number	METHOTREXATE, ORAL	15 MG	\$0.690
NDC number	TEMOZOLOMIDE, ORAL	5 MG	\$10.117
NDC number	TEMOZOLOMIDE, ORAL	20 MG	\$40.468
NDC number	TEMOZOLOMIDE, ORAL	100 MG	\$202.340
NDC number	TEMOZOLOMIDE, ORAL	250 MG	\$505.850
NDC number	TOPOTECAN, ORAL	0.25 MG	\$81.846

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