

# DME MAC Jurisdiction B

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

Effective 07/01/2014 through 09/30/2014

Revised per CR 9084

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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	INJECTION, AMPHOTERICIN B	50 MG	\$10.280
J0287	INJECTION, AMPHOTERICIN B LIPID COMPLEX	10 MG	\$21.850
J0288	INJECTION, AMPHOTERICIN B CHOLESTERYL SULFATE COMPLEX	10 MG	\$15.200
J0289	INJECTION, AMPHOTERICIN B LIPOSOME	10 MG	\$35.800
J0895	INJECTION, DEFEROXAMINE MESYLATE	500 MG	\$15.630
J1170	INJECTION, HYDROMORPHONE	UP TO 4 MG	\$1.490
J1250	INJECTION, DOBUTAMINE HYDROCHLORIDE	250 MG	\$4.740
J1265	INJECTION, DOPAMINE HCL	40 MG	\$0.620
J1325	INJECTION, EPOPROSTENOL	0.5 MG	\$12.640
J1455	INJECTION, FOSCARNET SODIUM	1000 MG	\$13.070
J1459	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID)	500 MG	\$37.071
J1556	INJECTION, IMMUNE GLOBULIN (BIVIGAM)	500 MG	\$37.917
J1557	INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID)	500 MG	\$35.618
J1559	INJECTION, IMMUNE GLOBULIN (HIZENTRA)	100 MG	\$14.364
J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX- C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID)	500 MG	\$40.321
J1561JB	INJECTION, IMMUNE GLOBULIN, (GAMUNEX- C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID) <b>[JB modifier indicates drug being administered subcutaneously]</b>	500 MG	\$46.170
J1562	INJECTION, IMMUNE GLOBULIN (VIVAGLOBIN)	100 MG	\$11.400
J1566	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT OTHERWISE SPECIFIED	500 MG	\$28.709
J1568	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID)	500 MG	\$31.958
J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED, (E.G. LIQUID)	500 MG	\$39.681
J1569JB	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED, (E.G. LIQUID) <b>[JB modifier indicates drug being administered subcutaneously]</b>	500 MG	\$52.497
J1570	INJECTION, GANCICLOVIR SODIUM	500 MG	\$35.250
J1572	INJECTION, IMMUNE GLOBULIN, (FLEBOGAMMA/FLEBOGAMMA DIF), INTRAVENOUS, NON- LYOPHILIZED (E.G. LIQUID)	500 MG	\$38.804
J1815	INJECTION, INSULIN	5 UNITS	\$0.477
J1817	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP)	50 UNITS	\$2.800
J2175	INJECTION, MEPERIDINE HYDROCHLORIDE	100 MG	\$0.560
J2260	INJECTION, MILRINONE LACTATE	5 MG	\$51.580
J2270	INJECTION, MORPHINE SULFATE	UP TO 10 MG	\$0.710
J2271	INJECTION, MORPHINE SULFATE	100 MG	\$11.070
J2275	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION)	10 MG	\$4.390

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J2278	INJECTION, ZICONOTIDE	1 MCG	\$6.935
J2545	PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	300 MG	\$86.909
J2920	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE	UP TO 40 MG	\$1.929
J2930	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE	UP TO 125 MG	\$2.903
J3010	INJECTION, FENTANYL CITRATE	0.1 MG	\$0.700
J3285	INJECTION, TREPROSTINIL	1 MG	\$61.750
J7500	AZATHIOPRINE, ORAL	50 MG	\$0.154
J7501	AZATHIOPRINE, PARENTERAL	100 MG	\$217.300
J7502	CYCLOSPORINE, ORAL	100 MG	\$3.227
J7504	LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, EQUINE, PARENTERAL	250 MG	\$824.116
J7506	PREDNISONE, ORAL	5 MG	\$0.082
J7507	TACROLIMUS, IMMEDIATE RELEASE, ORAL	1 MG	\$1.228
J7508	TACROLIMUS, EXTENDED RELEASE, ORAL	0.1 MG	\$0.397
J7509	METHYLPREDNISOLONE, ORAL	4 MG	\$0.546
J7510	PREDNISOLONE, ORAL	5 MG	\$0.128
J7511	LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, RABBIT, PARENTERAL	25 MG	\$602.256
J7515	CYCLOSPORINE, ORAL	25 MG	\$0.874
J7516	CYCLOSPORINE, PARENTERAL	250 MG	\$40.544
J7517	MYCOPHENOLATE MOFETIL, ORAL	250 MG	\$1.582
J7518	MYCOPHENOLIC ACID, ORAL	180 MG	\$3.461
J7520	SIROLIMUS, ORAL	1 MG	\$15.741
J7525	TACROLIMUS, PARENTERAL	5 MG	\$135.015
J7527	EVEROLIMUS, ORAL	0.25 MG	\$6.842
J7605KO	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	15 MCG	\$6.391
J7606KO	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	20 MCG	\$6.622
J7608KO	ACETYLCYSTEINE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	1 GM	\$5.080
J7611	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM	1 MG	\$0.115
J7612	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM	0.5 MG	\$0.211
J7613KO	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE	1 MG	\$0.053
J7614KO	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE	0.5 MG	\$0.089

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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	\$0.170
J7626KO	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	UP TO 0.5 MG	\$4.900
J7631KO	CROMOLYN SODIUM, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	10 MG	\$0.408
J7639KO	DORNASE ALPHA, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	1 MG	\$35.362
J7644KO	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	1 MG	\$0.234
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	\$97.756
J7686KO	TREPROSTINIL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	1.74 MG	\$482.994
J8501	APREPITANT, ORAL	5 MG	\$7.431
J8520	CAPECITABINE, ORAL	150 MG	\$9.837
J8521	CAPECITABINE, ORAL	500 MG	\$32.829
J8530	CYCLOPHOSPHAMIDE; ORAL	25 MG	\$1.087
J8540	DEXAMETHASONE, ORAL	0.25 MG	\$0.186
J8610	METHOTREXATE; ORAL	2.5 MG	\$0.958
J8650	NABILONE, ORAL	1 MG	\$28.419
J9000	INJECTION, DOXORUBICIN HYDROCHLORIDE	10 MG	\$12.540
J9040	INJECTION, BLEOMYCIN SULFATE	15 UNITS	\$289.370
J9065	INJECTION, CLADRIBINE	1 MG	\$61.720
J9100	INJECTION, CYTARABINE	100 MG	\$8.190
J9190	INJECTION, FLUOROURACIL	500 MG	\$2.070
J9200	INJECTION, FLOXURIDINE	500 MG	\$136.800
J9208	INJECTION, IFOSFAMIDE	1 GM	\$150.380
J9265	INJECTION, PACLITAXEL	30 MG	\$162.170
J9355	INJECTION, TRASTUZUMAB	10 MG	\$58.130
J9360	INJECTION, VINBLASTINE SULFATE	1 MG	\$4.100
J9370	VINCRISTINE SULFATE	1 MG	\$33.980
J9390	INJECTION, VINOORELBINE TARTRATE	10 MG	\$109.000
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	\$0.064

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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	\$0.227
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	\$0.046
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	\$2.025
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	\$3.506
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	\$0.087
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	\$0.349
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*
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	\$1.337

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HCPCS CODE / NDC NUMBER	DESCRIPTION	DOSAGE	FEE
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	\$0.151
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	\$76.383
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	\$88.059
NDC number	BUSULFAN, ORAL	2 MG	\$11.022
NDC number	CAPECITABINE, ORAL	150 MG	\$9.837
NDC number	CAPECITABINE, ORAL	500 MG	\$32.829
NDC number	CYCLOPHOSPHAMIDE, ORAL	25 MG	\$1.087
NDC number	CYCLOPHOSPHAMIDE, ORAL	50 MG	\$2.174
NDC number	ETOPOSIDE, ORAL	50 MG	\$57.884
NDC number	FLUDARABINE PHOSPHATE, ORAL	10 MG	TBD*
NDC number	MELPHALAN, ORAL	2 MG	\$9.427
NDC number	METHOTREXATE, ORAL	2.5 MG	\$0.958
NDC number	METHOTREXATE, ORAL	5 MG	\$1.916
NDC number	METHOTREXATE, ORAL	7.5 MG	\$2.874
NDC number	METHOTREXATE, ORAL	10 MG	\$3.832
NDC number	METHOTREXATE, ORAL	15 MG	\$5.748
NDC number	TEMOZOLOMIDE, ORAL	5 MG	\$5.903
NDC number	TEMOZOLOMIDE, ORAL	20 MG	\$23.612
NDC number	TEMOZOLOMIDE, ORAL	100 MG	\$118.060
NDC number	TEMOZOLOMIDE, ORAL	250 MG	\$295.150
NDC number	TOPOTECAN, ORAL	0.25 MG	\$94.646

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