

DME MAC Jurisdiction B

Drug Fees, Pharmacy Dispensing Fees and Pharmacy Supply Fees

Effective 07/01/2017 through 09/30/2017

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	\$0.076
J0285	INJECTION, AMPHOTERICIN B	50 MG	\$32.585
J0287	INJECTION, AMPHOTERICIN B LIPID COMPLEX	10 MG	\$13.081
J0288	INJECTION, AMPHOTERICIN B CHOLESTERYL SULFATE COMPLEX	10 MG	TBD*
J0289	INJECTION, AMPHOTERICIN B LIPOSOME	10 MG	\$20.750
J0895	INJECTION, DEFEROXAMINE MESYLATE	500 MG	\$8.501
J1170	INJECTION, HYDROMORPHONE	UP TO 4 MG	\$2.080
J1250	INJECTION, DOBUTAMINE HYDROCHLORIDE	250 MG	\$6.084
J1265	INJECTION, DOPAMINE HCL	40 MG	\$0.645
J1325	INJECTION, EPOPROSTENOL	0.5 MG	\$15.566
J1455	INJECTION, FOSCARNET SODIUM	1000 MG	\$13.375
J1459	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID)	500 MG	\$38.604
J1556	INJECTION, IMMUNE GLOBULIN (BIVIGAM)	500 MG	\$38.310
J1557	INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID)	500 MG	\$46.691
J1559	INJECTION, IMMUNE GLOBULIN (HIZENTRA)	100 MG	\$9.829
J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX- C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID)	500 MG	\$38.411
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	\$32.942
J1568	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID)	500 MG	\$34.125
J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED, (E.G. LIQUID)	500 MG	\$40.193
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	\$72.791
J1572	INJECTION, IMMUNE GLOBULIN, (FLEBOGAMMA/FLEBOGAMMA DIF), INTRAVENOUS, NON- LYOPHILIZED (E.G. LIQUID)	500 MG	\$27.930
J1575	INJECTION, IMMUNE GLOBULIN/HYALURONIDASE, (HYQVIA)	100 MG	\$13.036
J1817	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP)	50 UNITS	\$9.574
J2175	INJECTION, MEPERIDINE HYDROCHLORIDE	100 MG	\$5.455
J2260	INJECTION, MILRINONE LACTATE	5 MG	\$1.749
J2270	INJECTION, MORPHINE SULFATE	UP TO 10 MG	\$1.650
J2274	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE	10 MG	\$9.734
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	\$118.052
J2920	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE	UP TO 40 MG	\$4.348
J2930	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE	UP TO 125 MG	\$6.033
J3010	INJECTION, FENTANYL CITRATE	0.1 MG	\$0.429
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	\$0.329
J7501	AZATHIOPRINE, PARENTERAL	100 MG	TBD*
J7502	CYCLOSPORINE, ORAL	100 MG	\$2.769
J7503	TACROLIMUS, EXTENDED RELEASE, (ENVARUSUS XR), ORAL	0.25 MG	\$1.238
J7504	LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, EQUINE, PARENTERAL	250 MG	\$1,754.667
J7507	TACROLIMUS, IMMEDIATE RELEASE, ORAL	1 MG	\$0.598
J7508	TACROLIMUS, EXTENDED RELEASE, ORAL	0.1 MG	\$0.424
J7509	METHYLPREDNISOLONE, ORAL	4 MG	\$0.412
J7510	PREDNISOLONE, ORAL	5 MG	\$0.064
J7511	LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, RABBIT, PARENTERAL	25 MG	\$706.132
J7512	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL	1 MG	\$0.009
J7515	CYCLOSPORINE, ORAL	25 MG	\$0.787
J7516	CYCLOSPORINE, PARENTERAL	250 MG	\$42.510
J7517	MYCOPHENOLATE MOFETIL, ORAL	250 MG	\$1.001
J7518	MYCOPHENOLIC ACID, ORAL	180 MG	\$2.711
J7520	SIROLIMUS, ORAL	1 MG	\$7.745
J7525	TACROLIMUS, PARENTERAL	5 MG	\$185.241
J7527	EVEROLIMUS, ORAL	0.25 MG	\$8.130
J7605KO	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	15 MCG	\$9.289
J7606KO	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	20 MCG	\$10.379
J7608KO	ACETYLCYSTEINE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	1 GM	\$4.473
J7611	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM	1 MG	\$0.138
J7612	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM	0.5 MG	\$0.206

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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	\$0.055
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	\$0.143
J7626KO	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	UP TO 0.5 MG	\$3.670
J7631KO	CROMOLYN SODIUM, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	10 MG	\$0.809
J7639KO	DORNASE ALPHA, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	1 MG	\$45.088
J7644KO	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	1 MG	\$0.228
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	\$45.353
J7686KO	TREPROSTINIL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	1.74 MG	\$531.281
J8501	APREPITANT, ORAL	5 MG	\$9.493
J8520	CAPECITABINE, ORAL	150 MG	\$3.028
J8521	CAPECITABINE, ORAL	500 MG	\$7.983
J8530	CYCLOPHOSPHAMIDE; ORAL	25 MG	\$3.508
J8540	DEXAMETHASONE, ORAL	0.25 MG	\$0.089
J8610	METHOTREXATE; ORAL	2.5 MG	\$0.537
J8650	NABILONE, ORAL	1 MG	\$38.195
J8655	NETUPITANT AND PALONOSETRON, ORAL	300 MG and 0.5 MG	\$431.501
J8670	ROLAPITANT, ORAL	1 MG	\$3.308
J9000	INJECTION, DOXORUBICIN HYDROCHLORIDE	10 MG	\$2.670
J9039	INJECTION, BLINATUMOMAB	1 MCG	\$102.300
J9040	INJECTION, BLEOMYCIN SULFATE	15 UNITS	\$46.497
J9065	INJECTION, CLADRIBINE	1 MG	\$21.219
J9100	INJECTION, CYTARABINE	100 MG	\$0.827
J9190	INJECTION, FLUOROURACIL	500 MG	\$1.650
J9200	INJECTION, FLOXURIDINE	500 MG	\$73.882
J9208	INJECTION, IFOSFAMIDE	1 GM	\$27.257
J9355	INJECTION, TRASTUZUMAB	10 MG	\$96.631
J9360	INJECTION, VINBLASTINE SULFATE	1 MG	\$3.481
J9370	VINCRISTINE SULFATE	1 MG	\$4.916

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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	\$0.035
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	\$0.268
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	\$0.042
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	\$2.357
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	\$4.159
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	\$0.042
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	\$1.858
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	\$126.598
NDC number	BUSULFAN, ORAL	2 MG	\$24.829
NDC number	CAPECITABINE, ORAL	150 MG	\$3.028
NDC number	CAPECITABINE, ORAL	500 MG	\$7.983
NDC number	CYCLOPHOSPHAMIDE, ORAL	25 MG	\$3.508
NDC number	CYCLOPHOSPHAMIDE, ORAL	50 MG	\$7.016
NDC number	ETOPOSIDE, ORAL	50 MG	\$74.081
NDC number	FLUDARABINE PHOSPHATE, ORAL	10 MG	TBD*
NDC number	MELPHALAN, ORAL	2 MG	\$11.724
NDC number	METHOTREXATE, ORAL	2.5 MG	\$0.537
NDC number	METHOTREXATE, ORAL	5 MG	\$1.074
NDC number	METHOTREXATE, ORAL	7.5 MG	\$1.611
NDC number	METHOTREXATE, ORAL	10 MG	\$2.148
NDC number	METHOTREXATE, ORAL	15 MG	\$3.222
NDC number	TEMOZOLOMIDE, ORAL	5 MG	\$1.873
NDC number	TEMOZOLOMIDE, ORAL	20 MG	\$7.492
NDC number	TEMOZOLOMIDE, ORAL	100 MG	\$37.460
NDC number	TEMOZOLOMIDE, ORAL	250 MG	\$93.650

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NDC number	TOPOTECAN, ORAL	0.25 MG	\$103.779

*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.