

DME MAC Jurisdiction B

Drug Fees, Pharmacy Dispensing Fees and Pharmacy Supply Fees

Effective 07/01/2018 through 09/30/2018

Revised per CR 11225

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	\$0.052
J0285	INJECTION, AMPHOTERICIN B	50 MG	\$33.680
J0287	INJECTION, AMPHOTERICIN B LIPID COMPLEX	10 MG	\$19.336
J0288	INJECTION, AMPHOTERICIN B CHOLESTERYL SULFATE COMPLEX	10 MG	TBD*
J0289	INJECTION, AMPHOTERICIN B LIPOSOME	10 MG	\$48.067
J0895	INJECTION, DEFEROXAMINE MESYLATE	500 MG	\$20.161
J1170	INJECTION, HYDROMORPHONE	UP TO 4 MG	\$1.374
J1250	INJECTION, DOBUTAMINE HYDROCHLORIDE	250 MG	\$5.056
J1265	INJECTION, DOPAMINE HCL	40 MG	\$0.603
J1325	INJECTION, EPOPROSTENOL	0.5 MG	\$16.078
J1455	INJECTION, FOSCARNET SODIUM	1000 MG	\$82.268
J1459	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID)	500 MG	\$39.670
J1555	INJECTION, IMMUNE GLOBULIN (CUVITRU)	100 MG	\$13.397
J1556	INJECTION, IMMUNE GLOBULIN (BIVIGAM)	500 MG	\$70.516
J1557	INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID)	500 MG	\$55.772
J1559	INJECTION, IMMUNE GLOBULIN (HIZENTRA)	100 MG	\$9.850
J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX- C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID)	500 MG	\$40.249
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	\$40.008
J1568	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID)	500 MG	\$33.159
J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED, (E.G. LIQUID)	500 MG	\$46.328
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	\$68.529
J1572	INJECTION, IMMUNE GLOBULIN, (FLEBOGAMMA/FLEBOGAMMA DIF), INTRAVENOUS, NON- LYOPHILIZED (E.G. LIQUID)	500 MG	\$35.161
J1575	INJECTION, IMMUNE GLOBULIN/HYALURONIDASE, (HYQVIA)	100 MG	\$14.343
J1817	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP)	50 UNITS	\$11.197
J2175	INJECTION, MEPERIDINE HYDROCHLORIDE	100 MG	\$3.768
J2260	INJECTION, MILRINONE LACTATE	5 MG	\$1.657
J2270	INJECTION, MORPHINE SULFATE	UP TO 10 MG	\$2.433
J2274	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE	10 MG	\$11.425

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J2278	INJECTION, ZICONOTIDE	1 MCG	\$7.579
J2545	PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	300 MG	\$115.476
J2920	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE	UP TO 40 MG	\$4.805
J2930	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE	UP TO 125 MG	\$6.965
J3010	INJECTION, FENTANYL CITRATE	0.1 MG	\$0.595
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	\$0.600
J7501	AZATHIOPRINE, PARENTERAL	100 MG	TBD*
J7502	CYCLOSPORINE, ORAL	100 MG	\$2.423
J7503	TACROLIMUS, EXTENDED RELEASE, (ENVARUSUS XR), ORAL	0.25 MG	\$1.254
J7504	LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, EQUINE, PARENTERAL	250 MG	\$2,106.508
J7507	TACROLIMUS, IMMEDIATE RELEASE, ORAL	1 MG	\$0.533
J7508	TACROLIMUS, EXTENDED RELEASE, ORAL	0.1 MG	\$0.473
J7509	METHYLPREDNISOLONE, ORAL	4 MG	\$0.266
J7510	PREDNISOLONE, ORAL	5 MG	\$0.065
J7511	LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, RABBIT, PARENTERAL	25 MG	\$725.691
J7512	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL	1 MG	\$0.015
J7515	CYCLOSPORINE, ORAL	25 MG	\$0.716
J7516	CYCLOSPORINE, PARENTERAL	250 MG	\$44.197
J7517	MYCOPHENOLATE MOFETIL, ORAL	250 MG	\$1.517
J7518	MYCOPHENOLIC ACID, ORAL	180 MG	\$3.082
J7520	SIROLIMUS, ORAL	1 MG	\$7.315
J7525	TACROLIMUS, PARENTERAL	5 MG	\$206.318
J7527	EVEROLIMUS, ORAL	0.25 MG	\$8.608
J7605KO	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	15 MCG	\$9.870
J7606KO	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	20 MCG	\$10.821
J7608KO	ACETYLCYSTEINE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	1 GM	\$4.379
J7611	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM	1 MG	\$0.159
J7612	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM	0.5 MG	\$0.201

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J7613KO	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE	1 MG	\$0.046
J7614KO	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE	0.5 MG	\$0.060
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	\$0.142
J7626KO	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	UP TO 0.5 MG	\$3.525
J7631KO	CROMOLYN SODIUM, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	10 MG	\$7.695
J7639KO	DORNASE ALPHA, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	1 MG	\$47.725
J7644KO	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	1 MG	\$0.217
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	\$48.651
J7686KO	TREPROSTINIL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	1.74 MG	\$584.325
J8501	APREPITANT, ORAL	5 MG	\$7.491
J8520	CAPECITABINE, ORAL	150 MG	\$1.818
J8521	CAPECITABINE, ORAL	500 MG	\$5.360
J8530	CYCLOPHOSPHAMIDE; ORAL	25 MG	\$4.046
J8540	DEXAMETHASONE, ORAL	0.25 MG	\$0.085
J8610	METHOTREXATE; ORAL	2.5 MG	\$1.139
J8650	NABILONE, ORAL	1 MG	\$41.556
J8655	NETUPITANT AND PALONOSETRON, ORAL	300 MG and 0.5 MG	\$340.624
J8670	ROLAPITANT, ORAL	1 MG	\$2.225
J9000	INJECTION, DOXORUBICIN HYDROCHLORIDE	10 MG	\$3.071
J9039	INJECTION, BLINATUMOMAB	1 MCG	\$109.923
J9040	INJECTION, BLEOMYCIN SULFATE	15 UNITS	\$27.818
J9065	INJECTION, CLADRIBINE	1 MG	\$22.273
J9100	INJECTION, CYTARABINE	100 MG	\$0.597
J9190	INJECTION, FLUOROURACIL	500 MG	\$1.738
J9200	INJECTION, FLOXURIDINE	500 MG	\$89.210
J9208	INJECTION, IFOSFAMIDE	1 GM	\$26.273
J9355	INJECTION, TRASTUZUMAB	10 MG	\$103.728
J9360	INJECTION, VINBLASTINE SULFATE	1 MG	\$3.809
J9370	VINCRISTINE SULFATE	1 MG	\$5.215

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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	\$0.042
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	\$0.272
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	\$0.031
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	\$1.473
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	\$3.201
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	\$0.021
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	\$0.144
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	\$141.833
NDC number	BUSULFAN, ORAL	2 MG	\$24.128
NDC number	CAPECITABINE, ORAL	150 MG	\$1.818
NDC number	CAPECITABINE, ORAL	500 MG	\$5.360
NDC number	CYCLOPHOSPHAMIDE, ORAL	25 MG	\$4.046
NDC number	CYCLOPHOSPHAMIDE, ORAL	50 MG	\$8.092
NDC number	ETOPOSIDE, ORAL	50 MG	\$75.789
NDC number	FLUDARABINE PHOSPHATE, ORAL	10 MG	TBD*
NDC number	MELPHALAN, ORAL	2 MG	\$11.677
NDC number	METHOTREXATE, ORAL	2.5 MG	\$1.139
NDC number	METHOTREXATE, ORAL	5 MG	\$2.278
NDC number	METHOTREXATE, ORAL	7.5 MG	\$3.417
NDC number	METHOTREXATE, ORAL	10 MG	\$4.556
NDC number	METHOTREXATE, ORAL	15 MG	\$6.834
NDC number	TEMOZOLOMIDE, ORAL	5 MG	\$0.923
NDC number	TEMOZOLOMIDE, ORAL	20 MG	\$3.692
NDC number	TEMOZOLOMIDE, ORAL	100 MG	\$18.460
NDC number	TEMOZOLOMIDE, ORAL	250 MG	\$46.150

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NDC number	TOPOTECAN, ORAL	0.25 MG	\$103.859

*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.