

Drug Fees, Pharmacy Dispensing Fees, and Pharmacy Supply Fees

EFFECTIVE JULY 1, 2026 – SEPTEMBER 30, 2026



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	\$0.035
J0285	INJECTION, AMPHOTERICIN B	50 MG	\$41.918
J0287	INJECTION, AMPHOTERICIN B LIPID COMPLEX	10 MG	INVOICE*
J0289	INJECTION, AMPHOTERICIN B LIPOSOME	10 MG	\$19.845
J0738	INJECTION, LENACAPAVIR, 1 MG, FDA APPROVED PRESCRIPTION, ONLY FOR USE AS HIV PRE-EXPOSURE PROPHYLAXIS (NOT FOR USE AS TREATMENT FOR HIV)		\$16.081
J0739	INJECTION, CABOTEGRAVIR, 1MG, FDA APPROVED PRESCRIPTION, ONLY FOR USE AS HIV PRE-EXPOSURE PROPHYLAXIS (NOT FOR USE AS TREATMENT FOR HIV)	1 MG	\$7.294
J0750	EMTRICITABINE 200MG AND TENOFOVIR DISOPROXIL FUMARATE 300MG, ORAL, FDA APPROVED PRESCRIPTION, ONLY FOR USE AS HIV PRE-EXPOSURE PROPHYLAXIS (NOT FOR USE AS TREATMENT OF HIV)		\$0.453
J0751	EMTRICITABINE 200MG AND TENOFOVIR ALAFENAMIDE 25MG, ORAL, FDA APPROVED PRESCRIPTION, ONLY FOR USE AS HIV PRE-EXPOSURE PROPHYLAXIS (NOT FOR USE AS TREATMENT OF HIV)		\$71.427
J0752	ORAL, LENACAPAVIR, 300 MG, FDA APPROVED PRESCRIPTION, ONLY FOR USE AS HIV PRE-EXPOSURE PROPHYLAXIS (NOT FOR USE AS TREATMENT FOR HIV)		\$620.909
J0799	FDA APPROVED PRESCRIPTION DRUG, ONLY FOR USE AS HIV PRE-EXPOSURE PROPHYLAXIS (NOT FOR USE AS TREATMENT OF HIV), NOT OTHERWISE CLASSIFIED		INVOICE*
J0895	INJECTION, DEFEROXAMINE MESYLATE	500 MG	\$10.020
J1171	INJECTION, HYDROMORPHONE	0.1 MG	\$0.136
J1250	INJECTION, DOBUTAMINE HYDROCHLORIDE	250 MG	\$7.691
J1265	INJECTION, DOPAMINE HCL	40 MG	\$1.012
J1325	INJECTION, EPOPROSTENOL	0.5 MG	\$16.918
J1455	INJECTION, FOSCARNET SODIUM	1000 MG	\$8.355
J1459	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID)	500 MG	\$51.218
J1551	INJECTION, IMMUNE GLOBULIN (CUTAQUIG)	100 MG	\$14.030
J1552	INJECTION, IMMUNE GLOBULIN (ALYGLO)	500 MG	\$121.544
J1553	INJECTION, IMMUNE GLOBULIN (YIMMUGO)	100 MG	\$24.145
J1554	INJECTION, IMMUNE GLOBULIN (ASCENIV)	500 MG	\$509.139
J1555	INJECTION, IMMUNE GLOBULIN (CUVITRU)	100 MG	\$18.147
J1556	INJECTION, IMMUNE GLOBULIN (BIVIGAM)	500 MG	\$81.241
J1557	INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID)	500 MG	\$66.272
J1558	INJECTION, IMMUNE GLOBULIN (XEMBIFY)	100 MG	\$15.243
J1559	INJECTION, IMMUNE GLOBULIN (HIZENTRA)	100 MG	\$14.883
J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID)	500 MG	\$49.014
J1561JB	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID) [JB modifier indicates drug being administered subcutaneously]	500 MG	Same as J1561**

* Invoice indicates an invoice for drug should be submitted when filing claim

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HCPCS Code / NDC Number	Description	Dosage	Fee
J1566	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT OTHERWISE SPECIFIED	500 MG	\$80.961
J1568	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID)	500 MG	\$47.056
J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED, (E.G. LIQUID)	500 MG	\$49.303
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	\$31.464
J1572	INJECTION, IMMUNE GLOBULIN, (FLEBOGAMMA/FLEBOGAMMA DIF), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID)	500 MG	\$56.116
J1574	INJECTION, GANCICLOVIR SODIUM (EXELA), NOT THERAPEUTICALLY EQUIVALENT TO J1570	500 MG	INVOICE*
J1575	INJECTION, IMMUNE GLOBULIN/HYALURONIDASE, (HYQVIA)	100 MG	\$18.347
J1576	INJECTION, IMMUNE GLOBULIN (PANZYGA), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID)	500 MG	\$71.346
J1577	INJECTION, IMMUNE GLOBULIN (QIVIGY)	100 MG	\$30.446
J1811	INSULIN (FIASP) FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP)	50 UNITS	\$1.727
J1813	INSULIN (LYUMJEV) FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP)	50 UNITS	\$4.802
J1817	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP)	50 UNITS	\$3.062
J2175	INJECTION, MEPERIDINE HYDROCHLORIDE	100 MG	\$6.339
J2260	INJECTION, MILRINONE LACTATE	5 MG	\$1.098
J2270	INJECTION, MORPHINE SULFATE	UP TO 10 MG	\$8.087
J2274	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE	10 MG	\$18.914
J2278	INJECTION, ZICONOTIDE	1 MCG	\$10.793
J2545	PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	300 MG	\$72.997
J2919	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE	5 MG	\$0.224
J3010	INJECTION, FENTANYL CITRATE	0.1 MG	\$1.385
J3285	INJECTION, TREPROSTINIL	1 MG	\$54.740
J7131	HYPERTONIC SALINE SOLUTION	1 ML	INVOICE*
J7340	CARBIDOPA 5 MG/LEVODOPA 20 MG ENTERAL SUSPENSION	100 ML	\$244.497
J7356	INJECTION, FOSCARBIDOPA 0.25 MG/FOSLEVODOPA 5 MG		\$0.702
J7500	AZATHIOPRINE, ORAL	50 MG	\$0.136
J7501	AZATHIOPRINE, PARENTERAL	100 MG	INVOICE*
J7502	CYCLOSPORINE, ORAL	100 MG	\$1.559
J7503	TACROLIMUS, EXTENDED RELEASE, (ENVARUS XR), ORAL	0.25 MG	\$1.863
J7507	TACROLIMUS, IMMEDIATE RELEASE, ORAL	1 MG	\$0.200
J7508	TACROLIMUS, EXTENDED RELEASE, ORAL	0.1 MG	\$0.601
J7509	METHYLPREDNISOLONE, ORAL	4 MG	\$0.160
J7510	PREDNISOLONE, ORAL	5 MG	\$0.777
J7512	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL	1 MG	\$0.004
J7514	MYCOPHENOLATE MOFETIL (MYHIBBIN), ORAL SUSPENSION	100 MG	\$2.296
J7515	CYCLOSPORINE, ORAL	25 MG	\$0.552
J7517	MYCOPHENOLATE MOFETIL, ORAL	250 MG	\$0.131
J7518	MYCOPHENOLIC ACID, ORAL	180 MG	\$0.325
J7519	INJECTION, MYCOPHENOLATE MOFETIL	10 MG	\$0.399
J7520	SIROLIMUS, ORAL	1 MG	\$0.744
J7521	TACROLIMUS, GRANULES, ORAL SUSPENSION	0.1 MG	\$1.303
J7525	TACROLIMUS, PARENTERAL	5 MG	\$268.176
J7527	EVEROLIMUS, ORAL	0.25 MG	\$1.163
J7528	MYCOPHENOLATE MOFETIL, FOR SUSPENSION, ORAL	100 MG	\$0.164

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J7601KO	ENSIFENTRINE, INHALATION SUSPENSION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED ADMINISTERED THROUGH DME, UNIT DOSE FORM	3 MG (1 AMPULE) = 1 UNIT OF SERVICE	\$52.117
J7605KO	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	15 MCG	\$0.742
J7606KO	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	20 MCG	\$1.547
J7608KO	ACETYLCYSTEINE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	1 GM	\$7.274
J7611	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM	1 MG	\$0.232
J7612	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM	0.5 MG	\$0.343
J7613KO	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE	1 MG	\$0.063
J7614KO	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE	0.5 MG	\$0.075
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	\$0.201
J7626KO	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	UP TO 0.5 MG	\$1.092
J7631KO	CROMOLYN SODIUM, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	10 MG	\$0.691
J7639KO	DORNASE ALPHA, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	1 MG	\$56.780
J7644KO	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	1 MG	\$0.444
J7669KO	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	10 MG	INVOICE*
J7677	REVEFENACIN INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	1 MCG	\$0.198
J7682KO	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME	300 MG	\$12.305
J7686KO	TREPROSTINIL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	1.74 MG	\$832.827
J8501	APREPITANT, ORAL	5 MG	\$3.069
J8522	CAPECITABINE, ORAL	50 MG	\$0.080
J8530	CYCLOPHOSPHAMIDE; ORAL	25 MG	\$1.491
J8540	DEXAMETHASONE, ORAL	0.25 MG	\$0.026
J8541	DEXAMETHASONE (HEMADY), ORAL	0.25 MG	INVOICE*
J8610	METHOTREXATE; ORAL	2.5 MG	\$0.154
J8655	NETUPITANT AND PALONOSETRON, ORAL	300 MG and 0.5 MG	\$474.038
J8670	ROLAPITANT, ORAL	1 MG	INVOICE*
J9000	INJECTION, DOXORUBICIN HYDROCHLORIDE	10 MG	\$2.710
J9039	INJECTION, BLINATUMOMAB	1 MCG	\$172.900
J9040	INJECTION, BLEOMYCIN SULFATE	15 UNITS	\$24.838
J9065	INJECTION, CLADRIBINE	1 MG	\$8.188
J9100	INJECTION, CYTARABINE	100 MG	\$0.853
J9190	INJECTION, FLUOROURACIL	500 MG	\$2.024
J9200	INJECTION, FLOXURIDINE	500 MG	\$4,396.492
J9208	INJECTION, IFOSFAMIDE	1 GM	\$27.613
J9355	INJECTION, TRASTUZUMAB, EXCLUDES BIOSIMILAR	10 MG	\$70.243
J9360	INJECTION,VINBLASTINE SULFATE	1 MG	\$5.608
J9370	VINCRISTINE SULFATE	1 MG	\$9.529

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HCPCS Code / NDC Number	Description	Dosage	Fee
Q0155	DRONABINOL (SYNDROS), 0.1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IVANTI-EMETIC AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	0.1 MG	INVOICE*
Q0161	CHLORPROMAZINE HYDROCHLORIDE, FDA APPROVED PRESCRIPTION ANTI-EMETIC. FOR US AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETICAT AT THE TIME OF CHEMOTHERAPY TREATMENT, NOT TO EXCEED A 48 HOUR DOSAGE REGIMEN	5 MG	INVOICE*
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	\$0.016
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	INVOICE*
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	\$0.363
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	\$2.147
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	\$1.869
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	\$0.104
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	INVOICE*
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	\$0.455
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	INVOICE*
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
Q0521	PHARMACY SUPPLYING FEE FOR HIV PRE-EXPOSURE PROPHYLAXIS FDA APPROVED PRESCRIPTION		\$24.000
Q4074	ILOPORST, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	UP TO 20 MCG	INVOICE*
NDC number	BUSULFAN, ORAL	2 MG	INVOICE*
NDC number	CAPECITABINE, ORAL	50 MG	\$0.080
NDC number	CYCLOPHOSPHAMIDE, ORAL	25 MG	\$1.491
NDC number	CYCLOPHOSPHAMIDE, ORAL	50 MG	\$2.982
NDC number	ETOPOSIDE, ORAL	50 MG	\$88.055
NDC number	FLUDARABINE PHOSPHATE, ORAL	10 MG	INVOICE*

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HCPCS Code / NDC Number	Description	Dosage	Fee
NDC number	MELPHALAN, ORAL	2 MG	INVOICE*
NDC number	METHOTREXATE, ORAL	2.5 MG	\$0.154
NDC number	METHOTREXATE, ORAL	5 MG	\$0.308
NDC number	METHOTREXATE, ORAL	7.5 MG	\$0.462
NDC number	METHOTREXATE, ORAL	10 MG	\$0.616
NDC number	METHOTREXATE, ORAL	15 MG	\$0.924
NDC number	METHOTREXATE (JYLAMVO), ORAL	2.5 MG	\$16.467
NDC number	METHOTREXATE (XATMEP), ORAL	2.5 MG	\$22.915
NDC number	TEMOZOLOMIDE, ORAL	5 MG	\$0.425
NDC number	TEMOZOLOMIDE, ORAL	20 MG	\$1.700
NDC number	TEMOZOLOMIDE, ORAL	100 MG	\$8.500
NDC number	TEMOZOLOMIDE, ORAL	250 MG	\$21.250
NDC number	TOPOTECAN, ORAL	0.25 MG	\$125.334

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