DME MAC JURISDICTION B

Drug Fees, Pharmacy Dispensing Fees, and Pharmacy Supply Fees



EFFECTIVE OCTOBER 1, 2026–DECEMBER 31, 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	$0.048
J0285	INJECTION, AMPHOTERICIN B	50 MG	$42.474
J0287	INJECTION, AMPHOTERICIN B LIPID COMPLEX	10 MG	INVOICE*
J0289	INJECTION, AMPHOTERICIN B LIPOSOME	10 MG	$17.851
J0738	INJECTION, LENACAPAVIR, 1 MG, FDA APPROVED PRESCRIPTION, ONLY FOR USE AS HIV PRE-EXPOSURE PROPHYLAXIS (NOT FOR USE AS TREATMENT FOR HIV)		$16.016
J0739	INJECTION, CABOTEGRAVIR, 1MG, FDA APPROVED PRESCRIPTION, ONLY FOR USE AS HIV PRE-EXPOSURE PROPHYLAXIS (NOT FOR USE AS TREATMENT FOR HIV)	1 MG	$7.278
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)		$0.451
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)		$74.941
J0752	ORAL, LENACAPAVIR, 300 MG, FDA APPROVED PRESCRIPTION, ONLY FOR USE AS HIV PRE-EXPOSURE PROPHYLAXIS (NOT FOR USE AS TREATMENT FOR HIV)		$617.946
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	$8.777
J1171	INJECTION, HYDROMORPHONE	0.1 MG	$0.224
J1250	INJECTION, DOBUTAMINE HYDROCHLORIDE	250 MG	$8.875
J1265	INJECTION, DOPAMINE HCL	40 MG	$0.823
J1325	INJECTION, EPOPROSTENOL	0.5 MG	$17.247
J1455	INJECTION, FOSCARNET SODIUM	1000 MG	$6.734
J1459	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID)	500 MG	$48.963
J1551	INJECTION, IMMUNE GLOBULIN (CUTAQUIG)	100 MG	$14.172
J1552	INJECTION, IMMUNE GLOBULIN (ALYGLO)	500 MG	$120.040
J1553	INJECTION, IMMUNE GLOBULIN (YIMMUGO)	100 MG	$21.664
J1554	INJECTION, IMMUNE GLOBULIN (ASCENIV)	500 MG	$508.454
J1555	INJECTION, IMMUNE GLOBULIN (CUVITRU)	100 MG	$17.994
J1556	INJECTION, IMMUNE GLOBULIN (BIVIGAM)	500 MG	$80.791
J1557	INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID)	500 MG	$62.299
J1558	INJECTION, IMMUNE GLOBULIN (XEMBIFY)	100 MG	$15.200
J1559	INJECTION, IMMUNE GLOBULIN (HIZENTRA)	100 MG	$14.786
J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID)	500 MG	$48.022
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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CENTERS FOR MEDICARE & MEDICAID SERVICES

Drug Fees, Pharmacy Dispensing Fees, and Pharmacy Supply Fees

HCPCS Code / NDC Number	Description	Dosage	Fee
J1566	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT OTHERWISE SPECIFIED	500 MG	$82.756
J1568	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID)	500 MG	$47.133
J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED, (E.G. LIQUID)	500 MG	$49.495
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	$29.336
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	$19.293
J1576	INJECTION, IMMUNE GLOBULIN (PANZYGA), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID)	500 MG	$70.250
J1577	INJECTION, IMMUNE GLOBULIN (QIVIGY)	100 MG	$29.280
J1811	INSULIN (FIASP) FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP)	50 UNITS	$1.181
J1813	INSULIN (LYUMJEV) FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP)	50 UNITS	$3.903
J1817	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP)	50 UNITS	$3.116
J2175	INJECTION, MEPERIDINE HYDROCHLORIDE	100 MG	$9.652
J2260	INJECTION, MILRINONE LACTATE	5 MG	$1.143
J2270	INJECTION, MORPHINE SULFATE	UP TO 10 MG	$7.259
J2274	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE	10 MG	$16.044
J2278	INJECTION, ZICONOTIDE	1 MCG	$10.656
J2545	PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	300 MG	$67.047
J2919	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE	5 MG	$0.255
J3010	INJECTION, FENTANYL CITRATE	0.1 MG	$1.362
J3285	INJECTION, TREPROSTINIL	1 MG	$54.563
J7131	HYPERTONIC SALINE SOLUTION	1 ML	$0.142
J7340	CARBIDOPA 5 MG/LEVODOPA 20 MG ENTERAL SUSPENSION	100 ML	$243.108
J7356	INJECTION, FOSCARBIDOPA 0.25 MG/FOSLEVODOPA 5 MG		$0.702
J7500	AZATHIOPRINE, ORAL	50 MG	$0.103
J7501	AZATHIOPRINE, PARENTERAL	100 MG	INVOICE*
J7502	CYCLOSPORINE, ORAL	100 MG	$1.455
J7503	TACROLIMUS, EXTENDED RELEASE, (ENVARSUS XR), ORAL	0.25 MG	$1.863
J7507	TACROLIMUS, IMMEDIATE RELEASE, ORAL	1 MG	$0.162
J7508	TACROLIMUS, EXTENDED RELEASE, ORAL	0.1 MG	$0.604
J7509	METHYLPREDNISOLONE, ORAL	4 MG	$0.128
J7510	PREDNISOLONE, ORAL	5 MG	$0.498
J7512	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL	1 MG	$0.004
J7515	CYCLOSPORINE, ORAL	25 MG	$0.576
J7518	MYCOPHENOLIC ACID, ORAL	180 MG	$0.257
J7520	SIROLIMUS, ORAL	1 MG	$0.609
J7521	TACROLIMUS, GRANULES, ORAL SUSPENSION	0.1 MG	$1.328
J7524	MYCOPHENOLATE MOFETIL, ORAL	5 MG	$0.002
J7525	TACROLIMUS, PARENTERAL	5 MG	$242.073
J7527	EVEROLIMUS, ORAL	0.25 MG	$1.126
J7529	MYCOPHENOLATE MOFETIL, FOR SUSPENSION, ORAL	5 MG	$0.034
J7530	MYCOPHENOLATE MOFETIL (MYHIBBIN), ORAL SUSPENSION	5 MG	$0.115
J7531	PREDNISOLONE SODIUM PHOSPHATE, ORALLY DISINTEGRATING TABLET	1 MG	INVOICE*

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Drug Fees, Pharmacy Dispensing Fees, and Pharmacy Supply Fees

HCPCS Code / NDC Number	Description	Dosage	Fee
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	$0.542
J7606KO	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	20 MCG	$1.373
J7608KO	ACETYLCYSTEINE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	1 GM	$6.398
J7611	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM	1 MG	$0.206
J7612	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM	0.5 MG	$0.304
J7613KO	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE	1 MG	$0.066
J7614KO	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE	0.5 MG	$0.076
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	$0.197
J7626KO	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	UP TO 0.5 MG	$0.923
J7631KO	CROMOLYN SODIUM, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	10 MG	$0.385
J7639KO	DORNASE ALPHA, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	1 MG	$56.806
J7644KO	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	1 MG	$0.445
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	$0.200
J7682KO	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME	300 MG	$11.404
J7686KO	TREPROSTINIL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	1.74 MG	$830.383
J8501	APREPITANT, ORAL	5 MG	$2.511
J8522	CAPECITABINE, ORAL	50 MG	$0.029
J8530	CYCLOPHOSPHAMIDE; ORAL	25 MG	$1.233
J8540	DEXAMETHASONE, ORAL	0.25 MG	$0.022
J8541	DEXAMETHASONE (HEMADY), ORAL	0.25 MG	$0.375
J8610	METHOTREXATE; ORAL	2.5 MG	$0.157
J8655	NETUPITANT AND PALONOSETRON, ORAL	300 MG and 0.5 MG	$455.762
J8670	ROLAPITANT, ORAL	1 MG	INVOICE*
J9000	INJECTION, DOXORUBICIN HYDROCHLORIDE	10 MG	$3.120
J9039	INJECTION, BLINATUMOMAB	1 MCG	$173.047
J9040	INJECTION, BLEOMYCIN SULFATE	15 UNITS	$23.120
J9065	INJECTION, CLADRIBINE	1 MG	$7.872
J9100	INJECTION, CYTARABINE	100 MG	$0.853
J9200	INJECTION, FLOXURIDINE	500 MG	$4,389.848
J9208	INJECTION, IFOSFAMIDE	1 GM	$27.905
J9355	INJECTION, TRASTUZUMAB, EXCLUDES BIOSIMILAR	10 MG	$68.871
J9360	INJECTION,VINBLASTINE SULFATE	1 MG	$5.754
J9370	VINCRISTINE SULFATE	1 MG	$9.426
J9191	INJECTION, FLUOROURACIL (AVYXA)	10 MG	$14.840
J9192	INJECTION, FLUOROURACIL	10 MG	$0.039

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Drug Fees, Pharmacy Dispensing Fees, and Pharmacy Supply Fees

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	$0.774
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	$2.092
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	.208*5	INVOICE*
NDC number	CAPECITABINE, ORAL	50 MG	$0.029
NDC number	CYCLOPHOSPHAMIDE, ORAL	25 MG	$1.233
NDC number	CYCLOPHOSPHAMIDE, ORAL	50 MG	$2.466
NDC number	ETOPOSIDE, ORAL	50 MG	$88.164
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	$0.157
NDC number	METHOTREXATE, ORAL	5 MG	$0.314
NDC number	METHOTREXATE, ORAL	7.5 MG	$0.471
NDC number	METHOTREXATE, ORAL	10 MG	$0.628
NDC number	METHOTREXATE, ORAL	15 MG	$0.942
NDC number	METHOTREXATE (JYLAMVO), ORAL	2.5 MG	$18.264
NDC number	METHOTREXATE (XATMEP), ORAL	2.5 MG	$22.855
NDC number	TEMOZOLOMIDE, ORAL	5 MG	$0.208
NDC number	TEMOZOLOMIDE, ORAL	20 MG	$0.832
NDC number	TEMOZOLOMIDE, ORAL	100 MG	$4.160
NDC number	TEMOZOLOMIDE, ORAL	250 MG	$10.400
NDC number	TOPOTECAN, ORAL	0.25 MG	$125.461

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