

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



**EFFECTIVE JANUARY 1, 2026 – MARCH 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	\$0.119
J0285	INJECTION, AMPHOTERICIN B	50 MG	\$43.291
J0287	INJECTION, AMPHOTERICIN B LIPID COMPLEX	10 MG	INVOICE*
J0289	INJECTION, AMPHOTERICIN B LIPOSOME	10 MG	\$20.721
J0738	INJECTION, LENACAPAVIR, 1 MG, FDA APPROVED PRESCRIPTION, ONLY FOR USE AS HIV PRE-EXPOSURE PROPHYLAXIS (NOT FOR USE AS TREATMENT FOR HIV)		\$16.133
J0739	INJECTION, CABOTEGRAVIR, 1MG, FDA APPROVED PRESCRIPTION, ONLY FOR USE AS HIV PRE-EXPOSURE PROPHYLAXIS (NOT FOR USE AS TREATMENT FOR HIV)	1 MG	\$7.147
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)		\$1.342
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)		\$71.327
J0752	ORAL, LENACAPAVIR, 300 MG, FDA APPROVED PRESCRIPTION, ONLY FOR USE AS HIV PRE-EXPOSURE PROPHYLAXIS (NOT FOR USE AS TREATMENT FOR HIV)		\$623.148
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	\$8.468
J1171	INJECTION, HYDROMORPHONE	0.1 MG	\$0.140
J1250	INJECTION, DOBUTAMINE HYDROCHLORIDE	250 MG	\$8.024
J1265	INJECTION, DOPAMINE HCL	40 MG	\$0.802
J1325	INJECTION, EPOPROSTENOL	0.5 MG	\$15.654
J1455	INJECTION, FOSCARNET SODIUM	1000 MG	\$6.710
J1459	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID)	500 MG	\$50.281
J1551	INJECTION, IMMUNE GLOBULIN (CUTAQUIG)	100 MG	\$14.823
J1552	INJECTION, IMMUNE GLOBULIN (ALYGLO)	500 MG	\$123.841
J1554	INJECTION, IMMUNE GLOBULIN (ASCENIV)	500 MG	\$490.457
J1555	INJECTION, IMMUNE GLOBULIN (CUVITRU)	100 MG	\$17.262
J1556	INJECTION, IMMUNE GLOBULIN (BIVIGAM)	500 MG	\$79.645
J1557	INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID)	500 MG	\$63.931
J1558	INJECTION, IMMUNE GLOBULIN (XEMBIFY)	100 MG	\$15.056
J1559	INJECTION, IMMUNE GLOBULIN (HIZENTRA)	100 MG	\$14.543
J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID)	500 MG	\$49.076
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

\*\* 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.



HCPCS Code / NDC Number	Description	Dosage	Fee
J1566	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT OTHERWISE SPECIFIED	500 MG	\$78.892
J1568	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID)	500 MG	\$47.385
J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED, (E.G. LIQUID)	500 MG	\$47.288
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	\$33.522
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	\$18.325
J1576	INJECTION, IMMUNE GLOBULIN (PANZYGA), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID)	500 MG	\$71.223
J1811	INSULIN (FASP) FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP)	50 UNITS	\$7.903
J1813	INSULIN (LYUMJEV) FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP)	50 UNITS	\$15.104
J1817	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP)	50 UNITS	\$3.200
J2175	INJECTION, MEPERIDINE HYDROCHLORIDE	100 MG	\$8.148
J2260	INJECTION, MILRINONE LACTATE	5 MG	\$1.351
J2270	INJECTION, MORPHINE SULFATE	UP TO 10 MG	\$3.036
J2274	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE	10 MG	\$13.495
J2278	INJECTION, ZICONOTIDE	1 MCG	\$10.565
J2545	PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	300 MG	\$124.285
J2919	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE	5 MG	\$0.264
J3010	INJECTION, FENTANYL CITRATE	0.1 MG	\$1.188
J3285	INJECTION, TREPROSTINIL	1 MG	\$54.480
J7340	CARBIDOPA 5 MG/LEVODOPA 20 MG ENTERAL SUSPENSION	100 ML	\$243.786
J7356	INJECTION, FOSCARBIDOPA 0.25 MG/FOSLEVODOPA 5 MG		\$0.702
J7500	AZATHIOPRINE, ORAL	50 MG	\$0.057
J7501	AZATHIOPRINE, PARENTERAL	100 MG	INVOICE*
J7502	CYCLOSPORINE, ORAL	100 MG	\$1.810
J7503	TACROLIMUS, EXTENDED RELEASE, (ENVARUS XR), ORAL	0.25 MG	\$1.873
J7507	TACROLIMUS, IMMEDIATE RELEASE, ORAL	1 MG	\$0.197
J7508	TACROLIMUS, EXTENDED RELEASE, ORAL	0.1 MG	\$0.586
J7509	METHYLPREDNISOLONE, ORAL	4 MG	\$0.139
J7510	PREDNISOLONE, ORAL	5 MG	\$0.919
J7512	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL	1 MG	\$0.005
J7514	MYCOPHENOLATE MOFETIL (MYHIBBIN), ORAL SUSPENSION	100 MG	\$2.243
J7515	CYCLOSPORINE, ORAL	25 MG	\$0.526
J7517	MYCOPHENOLATE MOFETIL, ORAL	250 MG	\$0.146
J7518	MYCOPHENOLIC ACID, ORAL	180 MG	\$0.318
J7519	INJECTION, MYCOPHENOLATE MOFETIL	10 MG	\$0.366
J7520	SIROLIMUS, ORAL	1 MG	\$0.969
J7521	TACROLIMUS, GRANULES, ORAL SUSPENSION	0.1 MG	\$1.318
J7525	TACROLIMUS, PARENTERAL	5 MG	\$262.449
J7527	EVEROLIMUS, ORAL	0.25 MG	\$1.176
J7528	MYCOPHENOLATE MOFETIL, FOR SUSPENSION, ORAL	100 MG	\$0.240
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

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

\*\* 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.

HCPCS Code / NDC Number	Description	Dosage	Fee
J7605KO	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	15 MCG	\$0.715
J7606KO	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	20 MCG	\$2.196
J7608KO	ACETYLCYSTEINE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	1 GM	\$8.455
J7611	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM	1 MG	\$0.262
J7612	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM	0.5 MG	\$0.384
J7613KO	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE	1 MG	\$0.073
J7614KO	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE	0.5 MG	\$0.083
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	\$1.049
J7631KO	CROMOLYN SODIUM, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	10 MG	\$0.911
J7639KO	DORNASE ALPHA, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	1 MG	\$55.158
J7644KO	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	1 MG	\$0.400
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	\$12.470
J7686KO	TREPROSTINIL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	1.74 MG	\$791.981
J8501	APREPITANT, ORAL	5 MG	\$2.770
J8522	CAPECITABINE, ORAL	50 MG	\$0.038
J8530	CYCLOPHOSPHAMIDE; ORAL	25 MG	\$1.819
J8540	DEXAMETHASONE, ORAL	0.25 MG	\$0.009
J8541	DEXAMETHASONE (HEMADY), ORAL	0.25 MG	INVOICE*
J8610	METHOTREXATE; ORAL	2.5 MG	\$0.151
J8655	NETUPITANT AND PALONOSETRON, ORAL	300 MG and 0.5 MG	\$380.188
J8670	ROLAPITANT, ORAL	1 MG	\$2.003
J9000	INJECTION, DOXORUBICIN HYDROCHLORIDE	10 MG	\$2.783
J9039	INJECTION, BLINATUMOMAB	1 MCG	\$163.683
J9040	INJECTION, BLEOMYCIN SULFATE	15 UNITS	\$23.018
J9065	INJECTION, CLADRIBINE	1 MG	\$7.419
J9100	INJECTION, CYTARABINE	100 MG	\$0.835
J9190	INJECTION, FLUOROURACIL	500 MG	\$1.941
J9200	INJECTION, FLOXURIDINE	500 MG	\$4,254.923
J9208	INJECTION, IFOSFAMIDE	1 GM	\$24.843
J9355	INJECTION, TRASTUZUMAB, EXCLUDES BIOSIMILAR	10 MG	\$73.483
J9360	INJECTION,VINBLASTINE SULFATE	1 MG	\$5.183
J9370	VINCRIStINE SULFATE	1 MG	\$8.151
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*

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

\*\* 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.

HCPSC Code / NDC Number	Description	Dosage	Fee
Q0161	CHLORPROMAZINE HYDROCHLORIDE, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR US AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV ANTI-EMETIC 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	\$0.014
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	\$0.366
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	\$1.352
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*
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	END
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	\$158.916
NDC number	BUSULFAN, ORAL	2 MG	INVOICE*
NDC number	CAPECITABINE, ORAL	50 MG	\$0.038
NDC number	CYCLOPHOSPHAMIDE, ORAL	25 MG	\$1.819
NDC number	CYCLOPHOSPHAMIDE, ORAL	50 MG	\$3.638
NDC number	ETOPOSIDE, ORAL	50 MG	\$86.790
NDC number	FLUDARABINE PHOSPHATE, ORAL	10 MG	INVOICE*

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

\*\* 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.

HCPCS Code / NDC Number	Description	Dosage	Fee
NDC number	MELPHALAN, ORAL	2 MG	INVOICE*
NDC number	METHOTREXATE, ORAL	2.5 MG	\$0.151
NDC number	METHOTREXATE, ORAL	5 MG	\$0.302
NDC number	METHOTREXATE, ORAL	7.5 MG	\$0.453
NDC number	METHOTREXATE, ORAL	10 MG	\$0.604
NDC number	METHOTREXATE, ORAL	15 MG	\$0.906
NDC number	METHOTREXATE (JYLAMVO), ORAL	2.5 MG	\$18.641
NDC number	METHOTREXATE (XATMEP), ORAL	2.5 MG	\$22.433
NDC number	TEMOZOLOMIDE, ORAL	5 MG	\$0.542
NDC number	TEMOZOLOMIDE, ORAL	20 MG	\$2.168
NDC number	TEMOZOLOMIDE, ORAL	100 MG	\$10.840
NDC number	TEMOZOLOMIDE, ORAL	250 MG	\$27.100
NDC number	TOPOTECAN, ORAL	0.25 MG	\$125.090

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

\*\* 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.