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<table>
<thead>
<tr>
<th>HCPCS CODE / NDC NUMBER</th>
<th>DESCRIPTION</th>
<th>DOSAGE</th>
<th>FEE</th>
</tr>
</thead>
<tbody>
<tr>
<td>G0333</td>
<td>PHARMACY DISPENSING FEE FOR INHALATION DRUG(S); INITIAL 30-DAY SUPPLY AS A BENEFICIARY</td>
<td></td>
<td>$57.000</td>
</tr>
<tr>
<td>J0133</td>
<td>INJECTION, ACYCLOVIR</td>
<td>5 MG</td>
<td>$0.470</td>
</tr>
<tr>
<td>J0285</td>
<td>INJECTION, AMPHOTERICIN B</td>
<td>50 MG</td>
<td>$10.280</td>
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<tr>
<td>J0287</td>
<td>INJECTION, AMPHOTERICIN B LIPID COMPLEX</td>
<td>10 MG</td>
<td>$21.850</td>
</tr>
<tr>
<td>J0288</td>
<td>INJECTION, AMPHOTERICIN B CHOLESTERYL SULFATE COMPLEX</td>
<td>10 MG</td>
<td>$15.200</td>
</tr>
<tr>
<td>J0289</td>
<td>INJECTION, AMPHOTERICIN B LIPOSOME</td>
<td>10 MG</td>
<td>$35.800</td>
</tr>
<tr>
<td>J0895</td>
<td>INJECTION, DEFEROXAMINE MESYLATE</td>
<td>500 MG</td>
<td>$15.630</td>
</tr>
<tr>
<td>J1170</td>
<td>INJECTION, HYDROMORPHONE</td>
<td>UP TO 4 MG</td>
<td>$1.490</td>
</tr>
<tr>
<td>J1250</td>
<td>INJECTION, DOBUTAMINE HYDROCHLORIDE</td>
<td>250 MG</td>
<td>$4.740</td>
</tr>
<tr>
<td>J1265</td>
<td>INJECTION, DOPAMINE HCL</td>
<td>40 MG</td>
<td>$0.620</td>
</tr>
<tr>
<td>J1325</td>
<td>INJECTION, EPOPROSTENOL</td>
<td>0.5 MG</td>
<td>$12.640</td>
</tr>
<tr>
<td>J1455</td>
<td>INJECTION, FOSCARNET SODIUM</td>
<td>1000 MG</td>
<td>$13.070</td>
</tr>
<tr>
<td>J1459</td>
<td>INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID)</td>
<td>500 MG</td>
<td>$38.255</td>
</tr>
<tr>
<td>J1556</td>
<td>INJECTION, IMMUNE GLOBULIN (BIVIGAM)</td>
<td>500 MG</td>
<td>$39.228</td>
</tr>
<tr>
<td>J1557</td>
<td>INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID)</td>
<td>500 MG</td>
<td>$37.276</td>
</tr>
<tr>
<td>J1559</td>
<td>INJECTION, IMMUNE GLOBULIN (HIZENTRA)</td>
<td>100 MG</td>
<td>$14.364</td>
</tr>
<tr>
<td>J1561</td>
<td>INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID)</td>
<td>500 MG</td>
<td>$40.756</td>
</tr>
<tr>
<td>J1561JB</td>
<td>INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID) [JB modifier indicates drug being administered subcutaneously]</td>
<td>500 MG</td>
<td>$46.170</td>
</tr>
<tr>
<td>J1562</td>
<td>INJECTION, IMMUNE GLOBULIN (VIVAGLOBIN)</td>
<td>100 MG</td>
<td>$11.400</td>
</tr>
<tr>
<td>J1566</td>
<td>INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT OTHERWISE SPECIFIED</td>
<td>500 MG</td>
<td>$33.426</td>
</tr>
<tr>
<td>J1568</td>
<td>INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID)</td>
<td>500 MG</td>
<td>$45.856</td>
</tr>
<tr>
<td>J1569</td>
<td>INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED, (E.G. LIQUID)</td>
<td>500 MG</td>
<td>$38.821</td>
</tr>
<tr>
<td>J1569JB</td>
<td>INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED, (E.G. LIQUID) [JB modifier indicates drug being administered subcutaneously]</td>
<td>500 MG</td>
<td>$52.497</td>
</tr>
<tr>
<td>J1570</td>
<td>INJECTION, GANCICLOVIR SODIUM</td>
<td>500 MG</td>
<td>$35.250</td>
</tr>
<tr>
<td>J1572</td>
<td>INJECTION, IMMUNE GLOBULIN, (FLEBOGAMMA/FLEBOGAMMA DIF), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID)</td>
<td>500 MG</td>
<td>$38.125</td>
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<tr>
<td>J1575</td>
<td>INJECTION, IMMUNE GLOBULIN/HYALURONIDASE, (HYQVIA)</td>
<td>100 MG</td>
<td>$17.372</td>
</tr>
<tr>
<td>J1815</td>
<td>INJECTION, INSULIN</td>
<td>5 UNITS</td>
<td>$0.784</td>
</tr>
<tr>
<td>J1817</td>
<td>INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP)</td>
<td>50 UNITS</td>
<td>$2.800</td>
</tr>
<tr>
<td>J2175</td>
<td>INJECTION, MEPERIDINE HYDROCHLORIDE</td>
<td>100 MG</td>
<td>$0.560</td>
</tr>
<tr>
<td>J2260</td>
<td>INJECTION, MILRINONE LACTATE</td>
<td>5 MG</td>
<td>$51.580</td>
</tr>
<tr>
<td>J2270</td>
<td>INJECTION, MORPHINE SULFATE</td>
<td>UP TO 10 MG</td>
<td>$0.710</td>
</tr>
</tbody>
</table>
### HCPCS CODE / NDC NUMBER
### DESCRIPTION
### DOSAGE
### FEE

<table>
<thead>
<tr>
<th>HCPCS CODE / NDC NUMBER</th>
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</tr>
</thead>
<tbody>
<tr>
<td>J2274</td>
<td>INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE</td>
<td>10 MG</td>
<td>$4.390</td>
</tr>
<tr>
<td>J2278</td>
<td>INJECTION, ZICONOTIDE</td>
<td>1 MCG</td>
<td>$6.935</td>
</tr>
<tr>
<td>J2545</td>
<td>PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM</td>
<td>300 MG</td>
<td>$107.993</td>
</tr>
<tr>
<td>J2791</td>
<td>INJECTION, RHO(D) IMMUNE GLOBULIN (HUMAN), (RHOPHYLAC), INTRAMUSCULAR OR INTRAVENOUS</td>
<td>100 IU</td>
<td>$4.731</td>
</tr>
<tr>
<td>J2920</td>
<td>INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE</td>
<td>UP TO 40 MG</td>
<td>$2.955</td>
</tr>
<tr>
<td>J2930</td>
<td>INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE</td>
<td>UP TO 125 MG</td>
<td>$4.213</td>
</tr>
<tr>
<td>J3010</td>
<td>INJECTION, FENTANYL CITRATE</td>
<td>0.1 MG</td>
<td>$0.700</td>
</tr>
<tr>
<td>J3285</td>
<td>INJECTION, TREPROSTINIL</td>
<td>1 MG</td>
<td>$61.750</td>
</tr>
<tr>
<td>J7340</td>
<td>CARBIDOPA 5 MG/LEVODOPA 20 MG ENTERAL SUSPENSION</td>
<td>100 ML</td>
<td>$230.099</td>
</tr>
<tr>
<td>J7500</td>
<td>AZATHIOPRINE, ORAL</td>
<td>50 MG</td>
<td>$0.366</td>
</tr>
<tr>
<td>J7501</td>
<td>AZATHIOPRINE, PARENTERAL</td>
<td>100 MG</td>
<td>TBD*</td>
</tr>
<tr>
<td>J7502</td>
<td>CYCLOSPORINE, ORAL</td>
<td>100 MG</td>
<td>$3.528</td>
</tr>
<tr>
<td>J7503</td>
<td>TACROLIMUS, EXTENDED RELEASE, (ENVARSUS XR), ORAL</td>
<td>0.25 MG</td>
<td>$1.270</td>
</tr>
<tr>
<td>J7504</td>
<td>LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, EQUINE, PARENTERAL</td>
<td>250 MG</td>
<td>$1,137.194</td>
</tr>
<tr>
<td>J7507</td>
<td>TACROLIMUS, IMMEDIATE RELEASE, ORAL</td>
<td>1 MG</td>
<td>$0.786</td>
</tr>
<tr>
<td>J7508</td>
<td>TACROLIMUS, EXTENDED RELEASE, ORAL</td>
<td>0.1 MG</td>
<td>$0.392</td>
</tr>
<tr>
<td>J7509</td>
<td>METHYLPREDNISOLONE, ORAL</td>
<td>4 MG</td>
<td>$0.288</td>
</tr>
<tr>
<td>J7510</td>
<td>PREDNISOLONE, ORAL</td>
<td>5 MG</td>
<td>$0.135</td>
</tr>
<tr>
<td>J7511</td>
<td>LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, RABBIT, PARENTERAL</td>
<td>25 MG</td>
<td>$649.575</td>
</tr>
<tr>
<td>J7512</td>
<td>PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL</td>
<td>1 MG</td>
<td>$0.012</td>
</tr>
<tr>
<td>J7515</td>
<td>CYCLOSPORINE, ORAL</td>
<td>25 MG</td>
<td>$0.994</td>
</tr>
<tr>
<td>J7516</td>
<td>CYCLOSPORINE, PARENTERAL</td>
<td>250 MG</td>
<td>$39.680</td>
</tr>
<tr>
<td>J7517</td>
<td>MYCOPHENOLATE MOFETIL, ORAL</td>
<td>250 MG</td>
<td>$1.014</td>
</tr>
<tr>
<td>J7518</td>
<td>MYCOPHENOLIC ACID, ORAL</td>
<td>180 MG</td>
<td>$3.063</td>
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<tr>
<td>J7520</td>
<td>SIROLIMUS, ORAL</td>
<td>1 MG</td>
<td>$9.408</td>
</tr>
<tr>
<td>J7525</td>
<td>TACROLIMUS, PARENTERAL</td>
<td>5 MG</td>
<td>$164.160</td>
</tr>
<tr>
<td>J7527</td>
<td>EVEROLIMUS, ORAL</td>
<td>0.25 MG</td>
<td>$7.503</td>
</tr>
<tr>
<td>J7605KO</td>
<td>ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM</td>
<td>15 MCG</td>
<td>$8.501</td>
</tr>
<tr>
<td>J7606KO</td>
<td>FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM</td>
<td>20 MCG</td>
<td>$9.820</td>
</tr>
<tr>
<td>J7608KO</td>
<td>ACETYLCYSTEINE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM</td>
<td>1 GM</td>
<td>$5.308</td>
</tr>
<tr>
<td>J7611</td>
<td>ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM</td>
<td>1 MG</td>
<td>$0.111</td>
</tr>
</tbody>
</table>
## Drug Fees, Pharmacy Dispensing Fees and Pharmacy Supply Fees

**Effective 04/01/2016 through 06/30/2016**

(Revised per CR 9724)

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<tbody>
<tr>
<td>J7612</td>
<td>LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM</td>
<td>0.5 MG</td>
<td>$0.221</td>
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<tr>
<td>J7613KO</td>
<td>ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE</td>
<td>1 MG</td>
<td>$0.049</td>
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<tr>
<td>J7614KO</td>
<td>LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE</td>
<td>0.5 MG</td>
<td>$0.081</td>
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<tr>
<td>J7620</td>
<td>ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME</td>
<td>1 UNIT</td>
<td>$0.173</td>
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<tr>
<td>J7626KO</td>
<td>BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM</td>
<td>UP TO 0.5 MG</td>
<td>$4.588</td>
</tr>
<tr>
<td>J7631KO</td>
<td>CROMOLYN SODIUM, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM</td>
<td>10 MG</td>
<td>$0.806</td>
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<tr>
<td>J7639KO</td>
<td>DORNASE ALPHA, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM</td>
<td>1 MG</td>
<td>$38.987</td>
</tr>
<tr>
<td>J7644KO</td>
<td>IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM</td>
<td>1 MG</td>
<td>$0.213</td>
</tr>
<tr>
<td>J7669KO</td>
<td>METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM</td>
<td>10 MG</td>
<td>TBD*</td>
</tr>
<tr>
<td>J7682KO</td>
<td>TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME</td>
<td>300 MG</td>
<td>$50.766</td>
</tr>
<tr>
<td>J7686KO</td>
<td>TREPROMSTINIL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM</td>
<td>1.74 MG</td>
<td>$506.433</td>
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<tr>
<td>J8501</td>
<td>APREPITANT, ORAL</td>
<td>5 MG</td>
<td>$10.028</td>
</tr>
<tr>
<td>J8520</td>
<td>CAPECITABINE, ORAL</td>
<td>150 MG</td>
<td>$4.885</td>
</tr>
<tr>
<td>J8521</td>
<td>CAPECITABINE, ORAL</td>
<td>500 MG</td>
<td>$15.631</td>
</tr>
<tr>
<td>J8530</td>
<td>CYCLOPHOSPHAMIDE; ORAL</td>
<td>25 MG</td>
<td>$3.580</td>
</tr>
<tr>
<td>J8540</td>
<td>DEXAMETHASONE, ORAL</td>
<td>0.25 MG</td>
<td>$0.017</td>
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<tr>
<td>J8610</td>
<td>METHOTREXATE; ORAL</td>
<td>2.5 MG</td>
<td>$1.244</td>
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<tr>
<td>J8650</td>
<td>NABILONE, ORAL</td>
<td>1 MG</td>
<td>$38.195</td>
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<tr>
<td>J8655</td>
<td>NETUPITANT AND PALONOSETRON, ORAL</td>
<td>300 MG and 0.5 MG</td>
<td>$395.650</td>
</tr>
<tr>
<td>J9000</td>
<td>INJECTION, DOXORUBICIN HYDROCHLORIDE</td>
<td>10 MG</td>
<td>$12.540</td>
</tr>
<tr>
<td>J9039</td>
<td>INJECTION, BLINATUMOMAB</td>
<td>1 MCG</td>
<td>$103.530</td>
</tr>
<tr>
<td>J9040</td>
<td>INJECTION, BLEOMYCIN SULFATE</td>
<td>15 UNITS</td>
<td>$289.370</td>
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<tr>
<td>J9065</td>
<td>INJECTION, CLADRIBINE</td>
<td>1 MG</td>
<td>$61.720</td>
</tr>
<tr>
<td>J9070</td>
<td>CYCLOPHOSPHAMIDE</td>
<td>100 MG</td>
<td>$5.730</td>
</tr>
<tr>
<td>J9100</td>
<td>INJECTION, CYTARABINE</td>
<td>100 MG</td>
<td>$8.190</td>
</tr>
<tr>
<td>J9181</td>
<td>INJECTION, ETOPOSIDE</td>
<td>10 MG</td>
<td>$1.710</td>
</tr>
<tr>
<td>J9190</td>
<td>INJECTION, FLOROURACIL</td>
<td>500 MG</td>
<td>$2.070</td>
</tr>
<tr>
<td>J9200</td>
<td>INJECTION, FLOXURIDINE</td>
<td>500 MG</td>
<td>$136.800</td>
</tr>
<tr>
<td>J9208</td>
<td>INJECTION, IFOSFAMIDE</td>
<td>1 GM</td>
<td>$150.380</td>
</tr>
</tbody>
</table>
### DME MAC Jurisdiction C

**Drug Fees, Pharmacy Dispensing Fees and Pharmacy Supply Fees**

*Effective 04/01/2016 through 06/30/2016*  
*(Revised per CR 9724)*

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</thead>
<tbody>
<tr>
<td>J9355</td>
<td>INJECTION, TRASTUZUMAB</td>
<td>10 MG</td>
<td>$58.130</td>
</tr>
<tr>
<td>J9360</td>
<td>INJECTION, VINBLASTINE SULFATE</td>
<td>1 MG</td>
<td>$4.100</td>
</tr>
<tr>
<td>J9370</td>
<td>VINCRIŞTINE SULFATE</td>
<td>1 MG</td>
<td>$33.980</td>
</tr>
<tr>
<td>Q0162</td>
<td>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</td>
<td>1 MG</td>
<td>$0.031</td>
</tr>
<tr>
<td>Q0163</td>
<td>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</td>
<td>50 MG</td>
<td>$0.257</td>
</tr>
<tr>
<td>Q0164</td>
<td>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</td>
<td>5 MG</td>
<td>$0.045</td>
</tr>
<tr>
<td>Q0166</td>
<td>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</td>
<td>1 MG</td>
<td>$1.070</td>
</tr>
<tr>
<td>Q0167</td>
<td>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</td>
<td>2.5 MG</td>
<td>$2.025</td>
</tr>
<tr>
<td>Q0169</td>
<td>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</td>
<td>12.5 MG</td>
<td>$0.035</td>
</tr>
<tr>
<td>Q0173</td>
<td>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</td>
<td>250 MG</td>
<td>TBD*</td>
</tr>
<tr>
<td>Q0174</td>
<td>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</td>
<td>10 MG</td>
<td>TBD*</td>
</tr>
</tbody>
</table>
DME MAC Jurisdiction C
Drug Fees, Pharmacy Dispensing Fees and Pharmacy Supply Fees
Effective 04/01/2016 through 06/30/2016
(Revised per CR 9724)

The absence or presence of a HCPCS code and the fee in this list does not indicate Medicare coverage of the drug.

<table>
<thead>
<tr>
<th>HCPCS CODE / NDC NUMBER</th>
<th>DESCRIPTION</th>
<th>DOSAGE</th>
<th>FEE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q0175</td>
<td>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</td>
<td>4 MG</td>
<td>$1.350</td>
</tr>
<tr>
<td>Q0177</td>
<td>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</td>
<td>25 MG</td>
<td>$0.137</td>
</tr>
<tr>
<td>Q0180</td>
<td>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</td>
<td>100 MG</td>
<td>$96.912</td>
</tr>
<tr>
<td>Q0510</td>
<td>PHARMACY SUPPLY FEE FOR INITIAL IMMUNOSUPPRESSIVE DRUG(S), FIRST MONTH FOLLOWING TRANSPLANT</td>
<td></td>
<td>$50.000</td>
</tr>
<tr>
<td>Q0511</td>
<td>PHARMACY SUPPLY FEE FOR ORAL ANTI-CANCER, ORAL ANTI-EMETIC OR IMMUNOSUPPRESSIVE DRUG(S); FOR THE FIRST PRESCRIPTION IN A 30-DAY PERIOD</td>
<td></td>
<td>$24.000</td>
</tr>
<tr>
<td>Q0512</td>
<td>PHARMACY SUPPLY FEE FOR ORAL ANTI-CANCER, ORAL ANTI-EMETIC OR IMMUNOSUPPRESSIVE DRUG(S); FOR A SUBSEQUENT PRESCRIPTION IN A 30-DAY PERIOD</td>
<td></td>
<td>$16.000</td>
</tr>
<tr>
<td>Q0513</td>
<td>PHARMACY DISPENSING FEE FOR INHALATION DRUG(S); PER 30 DAYS</td>
<td></td>
<td>$33.000</td>
</tr>
<tr>
<td>Q0514</td>
<td>PHARMACY DISPENSING FEE FOR INHALATION DRUG(S); PER 90 DAYS</td>
<td></td>
<td>$66.000</td>
</tr>
<tr>
<td>Q4074</td>
<td>ILOPORST, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM</td>
<td>UP TO 20 MCG</td>
<td>$113.659</td>
</tr>
<tr>
<td>NDC number BUSULFAN, ORAL</td>
<td>2 MG</td>
<td>$16.015</td>
<td></td>
</tr>
<tr>
<td>NDC number CAPECITABINE, ORAL</td>
<td>150 MG</td>
<td>$4.885</td>
<td></td>
</tr>
<tr>
<td>NDC number CAPECITABINE, ORAL</td>
<td>500 MG</td>
<td>$15.631</td>
<td></td>
</tr>
<tr>
<td>NDC number CYCLOPHOSPHAMIDE, ORAL</td>
<td>25 MG</td>
<td>$3.580</td>
<td></td>
</tr>
<tr>
<td>NDC number CYCLOPHOSPHAMIDE, ORAL</td>
<td>50 MG</td>
<td>$7.160</td>
<td></td>
</tr>
<tr>
<td>NDC number ETOPOSIDE, ORAL</td>
<td>50 MG</td>
<td>$67.298</td>
<td></td>
</tr>
<tr>
<td>NDC number FLUDARABINE PHOSPHATE, ORAL</td>
<td>10 MG</td>
<td>TBD*</td>
<td></td>
</tr>
<tr>
<td>NDC number MELPHALAN, ORAL</td>
<td>2 MG</td>
<td>$10.882</td>
<td></td>
</tr>
<tr>
<td>NDC number METHOTREXATE, ORAL</td>
<td>2.5 MG</td>
<td>$1.244</td>
<td></td>
</tr>
<tr>
<td>NDC number METHOTREXATE, ORAL</td>
<td>5 MG</td>
<td>$2.488</td>
<td></td>
</tr>
<tr>
<td>NDC number METHOTREXATE, ORAL</td>
<td>7.5 MG</td>
<td>$3.732</td>
<td></td>
</tr>
<tr>
<td>NDC number METHOTREXATE, ORAL</td>
<td>10 MG</td>
<td>$4.976</td>
<td></td>
</tr>
<tr>
<td>NDC number METHOTREXATE, ORAL</td>
<td>15 MG</td>
<td>$7.464</td>
<td></td>
</tr>
<tr>
<td>NDC number TEMOZOLOMIDE, ORAL</td>
<td>5 MG</td>
<td>$3.575</td>
<td></td>
</tr>
<tr>
<td>NDC number TEMOZOLOMIDE, ORAL</td>
<td>20 MG</td>
<td>$14.300</td>
<td></td>
</tr>
<tr>
<td>NDC number TEMOZOLOMIDE, ORAL</td>
<td>100 MG</td>
<td>$71.500</td>
<td></td>
</tr>
<tr>
<td>NDC number TEMOZOLOMIDE, ORAL</td>
<td>140 MG</td>
<td>$100.100</td>
<td></td>
</tr>
</tbody>
</table>
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<table>
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<tr>
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<th>DESCRIPTION</th>
<th>DOSAGE</th>
<th>FEE</th>
</tr>
</thead>
<tbody>
<tr>
<td>NDC number</td>
<td>TEMOZOLOMIDE, ORAL</td>
<td>180 MG</td>
<td>$128.700</td>
</tr>
<tr>
<td>NDC number</td>
<td>TEMOZOLOMIDE, ORAL</td>
<td>250 MG</td>
<td>$178.750</td>
</tr>
<tr>
<td>NDC number</td>
<td>TOPOTECAN, ORAL</td>
<td>0.25 MG</td>
<td>$101.043</td>
</tr>
</tbody>
</table>

*To Be Developed (TBD) indicates the claim will be developed for an invoice on the drug billed.*