

Drug Fees, Pharmacy Dispensing Fees, and Pharmacy Supply Fees

EFFECTIVE JULY 1, 2025 – SEPTEMBER 30, 2025

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	\$0.029
J0285	INJECTION, AMPHOTERICIN B	50 MG	\$34.124
J0287	INJECTION, AMPHOTERICIN B LIPID COMPLEX	10 MG	\$10.299
J0288	INJECTION, AMPHOTERICIN B CHOLESTERYL SULFATE COMPLEX	10 MG	INVOICE*
J0289	INJECTION, AMPHOTERICIN B LIPOSOME	10 MG	\$22.616
J0739	INJECTION, CABOTEGRAVIR, 1MG, FDA APPROVED PRESCRIPTION, ONLY FOR USE AS HIV PRE-EXPOSURE PROPHYLAXIS (NOT FOR USE AS TREATMENT FOR HIV)	1 MG	\$7.033
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)		\$1.736
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)		\$71.274
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	\$9.016
J1171	INJECTION, HYDROMORPHONE	0.1 MG	\$0.085
J1250	INJECTION, DOBUTAMINE HYDROCHLORIDE	250 MG	\$7.977
J1265	INJECTION, DOPAMINE HCL	40 MG	\$0.656
J1325	INJECTION, EPOPROSTENOL	0.5 MG	\$16.200
J1455	INJECTION, FOSCARNET SODIUM	1000 MG	\$15.584
J1459	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID)	500 MG	\$50.432
J1551	INJECTION, IMMUNE GLOBULIN (CUTAQUIG)	100 MG	\$14.207
J1552	INJECTION, IMMUNE GLOBULIN (ALYGLO)	500 MG	\$131.122
J1554	INJECTION, IMMUNE GLOBULIN (ASCENIV)	500 MG	\$496.505
J1555	INJECTION, IMMUNE GLOBULIN (CUVITRU)	100 MG	\$17.589
J1556	INJECTION, IMMUNE GLOBULIN (BIVIGAM)	500 MG	\$77.266
J1557	INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID)	500 MG	\$62.466
J1558	INJECTION, IMMUNE GLOBULIN (XEMBIFY)	100 MG	\$14.911
J1559	INJECTION, IMMUNE GLOBULIN (HIZENTRA)	100 MG	\$14.123
J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX-C/GAMMAKED), NON-LYOPHILIZED (E.G. LIQUID)	500 MG	\$48.030
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	INVOICE*
J1566	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), NOT OTHERWISE SPECIFIED	500 MG	\$81.702

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

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J1568	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID)	500 MG	\$48.376
J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), NON-LYOPHILIZED, (E.G. LIQUID)	500 MG	\$47.797
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	\$39.619
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	\$18.386
J1576	INJECTION, IMMUNE GLOBULIN (PANZYGA), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID)	500 MG	\$74.457
J1811	INSULIN (FASP) FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP)	50 UNITS	\$7.762
J1813	INSULIN (LYUMJEV) FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP)	50 UNITS	\$15.272
J1817	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP)	50 UNITS	\$3.237
J2175	INJECTION, MEPERIDINE HYDROCHLORIDE	100 MG	\$15.694
J2260	INJECTION, MILRINONE LACTATE	5 MG	\$1.404
J2270	INJECTION, MORPHINE SULFATE	UP TO 10 MG	\$4.545
J2274	INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE	10 MG	\$10.792
J2278	INJECTION, ZICONOTIDE	1 MCG	\$10.129
J2545	PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	300 MG	\$82.370
J2919	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE	5 MG	\$0.259
J3010	INJECTION, FENTANYL CITRATE	0.1 MG	\$0.964
J3285	INJECTION, TREPROSTINIL	1 MG	\$55.483
J7340	CARBIDOPA 5 MG/LEVODOPA 20 MG ENTERAL SUSPENSION	100 ML	\$243.148
J7500	AZATHIOPRINE, ORAL	50 MG	\$2.141
J7501	AZATHIOPRINE, PARENTERAL	100 MG	INVOICE*
J7502	CYCLOSPORINE, ORAL	100 MG	\$2.069
J7503	TACROLIMUS, EXTENDED RELEASE, (ENVARUS XR), ORAL	0.25 MG	\$1.833
J7507	TACROLIMUS, IMMEDIATE RELEASE, ORAL	1 MG	\$0.154
J7508	TACROLIMUS, EXTENDED RELEASE, ORAL	0.1 MG	\$0.586
J7509	METHYLPREDNISOLONE, ORAL	4 MG	\$0.233
J7510	PREDNISOLONE, ORAL	5 MG	\$0.273
J7512	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL	1 MG	\$0.004
J7514	MYCOPHENOLATE MOFETIL (MYHIBBIN), ORAL SUSPENSION	100 MG	INVOICE*
J7515	CYCLOSPORINE, ORAL	25 MG	\$0.769
J7517	MYCOPHENOLATE MOFETIL, ORAL	250 MG	\$0.157
J7518	MYCOPHENOLIC ACID, ORAL	180 MG	\$0.369
J7519	INJECTION, MYCOPHENOLATE MOFETIL	10 MG	\$0.414
J7520	SIROLIMUS, ORAL	1 MG	\$0.956
J7521	TACROLIMUS, GRANULES, ORAL SUSPENSION	0.1 MG	\$1.253
J7525	TACROLIMUS, PARENTERAL	5 MG	\$262.230
J7527	EVEROLIMUS, ORAL	0.25 MG	\$1.986
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	\$0.791
J7606KO	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	20 MCG	\$1.966

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J7608KO	ACETYLCYSTEINE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	1 GM	\$8.892
J7611	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM	1 MG	\$0.161
J7612	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM	0.5 MG	\$0.300
J7613KO	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE	1 MG	\$0.075
J7614KO	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE	0.5 MG	\$0.088
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	\$1.275
J7631KO	CROMOLYN SODIUM, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	10 MG	\$0.285
J7639KO	DORNASE ALPHA, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	1 MG	\$55.156
J7644KO	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	1 MG	\$0.394
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	\$0.191
J7682KO	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME	300 MG	\$14.457
J7686KO	TREPROSTINIL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	1.74 MG	\$800.153
J8501	APREPITANT, ORAL	5 MG	\$2.718
J8522	CAPECITABINE, ORAL	50 MG	\$0.053
J8530	CYCLOPHOSPHAMIDE; ORAL	25 MG	\$1.982
J8540	DEXAMETHASONE, ORAL	0.25 MG	\$0.016
J8541	DEXAMETHASONE (HEMADY), ORAL	0.25 MG	INVOICE*
J8610	METHOTREXATE; ORAL	2.5 MG	\$0.198
J8611	METHOTREXATE (JYLAMO), ORAL	2.5 MG	\$18.528
J8612	METHOTREXATE (XATMEP), ORAL	2.5 MG	\$22.659
J8650	NABILONE, ORAL	1 MG	INVOICE*
J8655	NETUPITANT AND PALONOSETRON, ORAL	300 MG and 0.5 MG	\$409.520
J8670	ROLAPITANT, ORAL	1 MG	\$1.559
J9000	INJECTION, DOXORUBICIN HYDROCHLORIDE	10 MG	\$2.723
J9039	INJECTION, BLINATUMOMAB	1 MCG	\$163.206
J9040	INJECTION, BLEOMYCIN SULFATE	15 UNITS	\$20.899
J9065	INJECTION, CLADRIBINE	1 MG	\$9.726
J9100	INJECTION, CYTARABINE	100 MG	\$0.806
J9190	INJECTION, FLUOROURACIL	500 MG	\$1.715
J9200	INJECTION, FLOXURIDINE	500 MG	\$4,125.550
J9208	INJECTION, IFOSFAMIDE	1 GM	\$23.497
J9355	INJECTION, TRASTUZUMAB, EXCLUDES BIOSIMILAR	10 MG	\$76.181
J9360	INJECTION,VINBLASTINE SULFATE	1 MG	\$5.291
J9370	VINCRIStINE SULFATE	1 MG	\$7.863
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*

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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	\$0.368
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	\$3.816
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	\$1.675
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	\$0.085
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	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	\$0.494
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	\$0.140
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
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	\$0.053
NDC number	CYCLOPHOSPHAMIDE, ORAL	25 MG	\$1.982
NDC number	CYCLOPHOSPHAMIDE, ORAL	50 MG	\$3.964
NDC number	ETOPOSIDE, ORAL	50 MG	\$75.763
NDC number	FLUDARABINE PHOSPHATE, ORAL	10 MG	INVOICE*

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NDC number	MELPHALAN, ORAL	2 MG	\$9.709
NDC number	METHOTREXATE, ORAL	2.5 MG	\$0.198
NDC number	METHOTREXATE, ORAL	5 MG	\$0.396
NDC number	METHOTREXATE, ORAL	7.5 MG	\$0.594
NDC number	METHOTREXATE, ORAL	10 MG	\$0.792
NDC number	METHOTREXATE, ORAL	15 MG	\$1.188
NDC number	METHOTREXATE (JYLAMVO), ORAL	2.5 MG	\$18.528
NDC number	METHOTREXATE (XATMEP), ORAL	2.5 MG	\$22.659
NDC number	TEMOZOLOMIDE, ORAL	5 MG	\$0.361
NDC number	TEMOZOLOMIDE, ORAL	20 MG	\$1.444
NDC number	TEMOZOLOMIDE, ORAL	100 MG	\$7.220
NDC number	TEMOZOLOMIDE, ORAL	250 MG	\$18.050
NDC number	TOPOTECAN, ORAL	0.25 MG	\$124.901

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