

**DME MAC Jurisdiction C**  
**Drug Fees, Pharmacy Dispensing Fees and Pharmacy Supply Fees**  
 Effective 10/01/2008 through 12/31/2008

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
G0377	ADMINISTRATION OF VACCINE FOR PART D DRUG		\$19.330
J0133	INJECTION, ACYCLOVIR	5 MG	\$0.470
J0285	AMPHOTERICIN B	50 MG	\$10.280
J0287	AMPHOTERICIN B LIPID COMPLEX	10 MG	\$21.850
J0288	AMPHOTERICIN B CHOLESTERYL SULFATE COMPLEX	10 MG	\$15.200
J0289	AMPHOTERICIN B LIPOSOME	10 MG	\$35.800
J0882	INJECTION, DARBEPOETIN ALFA, (FOR ESRD ON DIALYSIS)	1 MCG	\$2.963
J0886	INJECTION, EPOETIN ALFA, (FOR ESRD ON DIALYSIS)	1000 UNITS	\$9.097
J0895	DEFEROXAMINE MESYLATE	500 MG / 5 CC	\$15.630
J1170	HYDROMORPHONE	4 MG	\$1.490
J1250	DOBUTAMINE HYDROCHLORIDE	250 MG	\$4.740
J1265	INJECTION, DOPAMINE HCL	40 MG	\$0.620
J1325	EPOPROSTENOL	.5 MG	\$12.640
J1455	FOSCARNET SODIUM	1000 MG	\$13.070
J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID)	500 MG	\$34.798
J1562	INJECTION, IMMUNE GLOBULIN, SUBCUTANEOUS	100 MG	\$11.400
J1566	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER)	500 MG	\$29.236
J1568	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID)	500 MG	\$35.915
J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), INTRAVENOUS, NON-LYOPHILIZED, (E.G. LIQUID)	500 MG	\$35.006
J1570	GANCICLOVIR SODIUM	500 MG	\$35.250
J1572	INJECTION, IMMUNE GLOBULIN, (FLEBOGAMMA), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID)	500 MG	\$35.699
J1644AX	INJECTION, HEPARIN SODIUM (FOR ESRD)	1000 UNITS	\$0.121
J1815	INSULIN	5 UNITS	\$0.301
J1817	INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP)	50 UNITS	\$2.800
J2175	MEPERIDINE HYDROCHLORIDE	100 MG	\$0.560
J2260	MILRINONE LACTATE	5 MG	\$51.580
J2270	MORPHINE SULFATE	10 MG	\$0.710
J2271	MORPHINE SULFATE	100 MG	\$11.070
J2275	MORPHINE SULFATE, PRESERVATIVE FREE STERILE SOL	10 MG	\$4.390
J2545	PENTAMIDINE FOR AEROSOL INHALER FOR PNEUMOCYSTIS	300 MG	\$46.004
J2791	INJECTION, RHO(D) IMMUNE GLOBULIN (HUMAN), (RHOPHYLAC), INTRAMUSCULAR OR INTRAVENOUS	100 IU	\$5.245
J2920	METHYLPREDNISOLONE SODIUM SUCCINATE	40 MG	\$2.050
J2930	METHYLPREDNISOLONE SODIUM SUCCINATE	125 MG	\$3.098
J3010	FENTANYL CITRATE	2 ML	\$0.700
J3285	INJECTION, TREPROSTINIL	1 MG	\$61.750
J7500	AZATHIOPRINE, ORAL	50 MG	\$0.118
J7501	AZATHIOPRINE, PARENTERAL	100 MG	\$90.990
J7502	CYCLOSPORINE, ORAL	100 MG	\$3.671

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J7504	LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, EQUINE, PARENTERAL	250 MG	\$439.478
J7505	MUROMONAB-CD3 PARENTERAL	5 MG	\$1,104.181
J7506	PREDNISONE, ORAL	5 MG	\$0.031
J7507	TACROLIMUS, ORAL	1 MG	\$3.901
J7509	METHYLPREDNISOLONE, ORAL	4 MG	\$0.084
J7510	PREDNISOLONE, ORAL	5 MG	\$0.020
J7511	LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, RABBIT, PARENTERAL	25 MG	\$372.336
J7513	DACLIZUMAB, PARENTERAL	25 MG	\$344.553
J7515	CYCLOSPORINE, ORAL	25 MG	\$0.877
J7516	CYCLOSPORINE, PARENTERAL	250 MG	\$19.371
J7517	MYCOPHENOLATE MOFETIL, ORAL	250 MG	\$3.146
J7518	MYCOPHENOLIC ACID, ORAL	180 MG	\$2.602
J7520	SIROLIMUS, ORAL	1 MG	\$8.403
J7525	TACROLIMUS, PARENTERAL	5 MG	\$139.602
J7605KO	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	15 MCG	\$4.990
J7608KO	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM	1 GM	\$1.906
J7611	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM	1 MG	\$0.084
J7612	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED FORM	0.5 MG	\$0.155
J7613KO	ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE	1 MG	\$0.044
J7614KO	LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE	0.5 MG	\$0.212
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	\$0.307
J7626KO	BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	UP TO 0.5 MG	\$5.392
J7631KO	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM	10 MG	\$0.711
J7639KO	DORNASE ALPHA, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM	1 MG	\$21.608
J7644KO	IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	1 MG	\$0.212
J7669KO	METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	10 MG	\$0.249

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J7682KO	TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME	300 MG	\$63.558
J8501	APREPITANT, ORAL	5 MG	\$5.336
J8520	CAPECITABINE, ORAL	150 MG	\$4.915
J8521	CAPECITABINE, ORAL	500 MG	\$16.341
J8530	CYCLOPHOSPHAMIDE; ORAL	25 MG	\$0.912
J8540	DEXAMETHASONE, ORAL	0.25 MG	\$0.365
J8610	METHOTREXATE; ORAL	2.5 MG	\$0.162
J8650	NABILONE, ORAL	1 MG	\$16.000
J9000	DOXORUBICIN HCL	10 MG	\$12.540
J9001	DOXORUBICIN HYDROCHLORIDE, ALL LIPID FORMULTAIONS	10 MG	\$393.480
J9040	BLEOMYCIN SULFATE	15 UNITS	\$289.370
J9065	CLADRIBINE	1 MG	\$61.720
J9070	CYCLOPHOSPHAMIDE	100 MG	\$5.730
J9080	CYCLOPHOSPHAMIDE	200 MG	\$10.890
J9100	CYTARABINE	100 MG	\$8.190
J9110	CYTARABINE	500 MG	\$8.550
J9150	DAUNORUBICIN HYDROCHLORIDE	10 MG	\$74.230
J9181	ETOPOSIDE	10 MG	\$1.710
J9182	ETOPOSIDE	100 MG	\$17.100
J9190	FLUOROURACIL	500 MG	\$2.070
J9200	FLOXURIDINE	500 MG	\$136.800
J9208	IFOSFAMIDE	1 GM	\$150.380
J9263	OXALIPLATIN	0.5 MG	\$9.446
J9265	PACLITAXEL	30 MG	\$162.170
J9280	MITOMYCIN	5 MG	\$127.400
J9290	MITOMYCIN	20 MG	\$323.200
J9293	MITOXANTRONE HYDROCHLORIDE	5 MG	\$359.350
J9350	TOPOTECAN	4 MG	\$798.650
J9355	TRASTUZUMAB	10 MG	\$58.130
J9360	VINBLASTINE SULFATE	1 MG	\$4.100
J9370	VINCRISTINE SULFATE	1 MG	\$33.980
J9375	VINCRISTINE SULFATE	2 MG	\$67.960
J9380	VINCRISTINE SULFATE	5 MG	\$169.910
J9390	VINORELBINE TARTRATE	10 MG	\$109.000
Q0163	DIPHENHYDRAMINE HYDROCHLORIDE, ORAL	50 MG	\$0.019
Q0164	PROCHLORPERAZINE MALEATE, ORAL	5MG	\$0.050
Q0165	PROCHLORPERAZINE MALEATE, ORAL	10 MG	\$0.032
Q0166	GRANISETRON HYDROCHLORIDE	1 MG	\$17.877
Q0167	DRONABINOL, ORAL	2.5 MG	\$5.876
Q0168	DRONABINOL, ORAL	5 MG	\$11.838
Q0169	PROMETHAZINE HYDROCHLORIDE, ORAL	12.5 MG	\$0.421
Q0170	PROMETHAZINE HYDROCHLORIDE, ORAL	25 MG	\$0.127
Q0171	CHLORPROMAZINE HYDROCHLORIDE, ORAL	10 MG	\$0.012
Q0172	CHLORPROMAZINE HYDROCHLORIDE, ORAL	25 MG	\$0.032
Q0173	TRIMETHOBENZAMIDE HYDROCHLORIDE, ORAL	250 MG	\$0.335
Q0174	THIETHYLPERAZINE MALEATE, ORAL	10 MG	TBD*
Q0175	PERPHENAZINE, ORAL	4 MG	\$0.205
Q0176	PERPHENAZINE, ORAL	8 MG	\$0.221
Q0177	HYDROXYZINE PAMOATE, ORAL	25 MG	\$0.044

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Q0178	HYDROXYZINE PAMOATE, ORAL	50 MG	\$0.052
Q0179	ONDANSETRON HYDROCHLORIDE, ORAL	8 MG	\$3.938
Q0180	DOLASETRON MESYLATE, ORAL	100 MG	\$57.078
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
Q4080	ILOPORST, INHALATION SOLUTION, ADMINISTERED THROUGH DME	20 MCG	\$48.500
Q4081	INJECTION, EPOETIN ALFA, (FOR ESRD ON DIALYSIS)	100 UNITS	\$0.910
Q4097	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G., LIQUID)	500 MG	\$33.636
Q4099KO	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM	20 MCG	\$4.292
00173-0713-25	BUSULFAN, ORAL	2 MG	\$2.798
00004-1100-13	CAPECITABINE, ORAL	150 MG	\$4.915
00004-1100-20	CAPECITABINE, ORAL	150 MG	\$4.915
00004-1100-22	CAPECITABINE, ORAL	150 MG	\$4.915
00004-1100-51	CAPECITABINE, ORAL	150 MG	\$4.915
54868-4143-00	CAPECITABINE, ORAL	150 MG	\$4.915
54868-4143-01	CAPECITABINE, ORAL	150 MG	\$4.915
54868-4143-02	CAPECITABINE, ORAL	150 MG	\$4.915
54868-4143-03	CAPECITABINE, ORAL	150 MG	\$4.915
00004-1101-13	CAPECITABINE, ORAL	500 MG	\$16.341
00004-1101-16	CAPECITABINE, ORAL	500 MG	\$16.341
00004-1101-50	CAPECITABINE, ORAL	500 MG	\$16.341
00004-1101-51	CAPECITABINE, ORAL	500 MG	\$16.341
54569-5717-00	CAPECITABINE, ORAL	500 MG	\$16.341
54868-5260-00	CAPECITABINE, ORAL	500 MG	\$16.341
54868-5260-01	CAPECITABINE, ORAL	500 MG	\$16.341
54868-5260-02	CAPECITABINE, ORAL	500 MG	\$16.341
54868-5260-03	CAPECITABINE, ORAL	500 MG	\$16.341
54868-5260-04	CAPECITABINE, ORAL	500 MG	\$16.341
54868-5260-05	CAPECITABINE, ORAL	500 MG	\$16.341
54868-5260-06	CAPECITABINE, ORAL	500 MG	\$16.341
54868-5260-07	CAPECITABINE, ORAL	500 MG	\$16.341
54868-5260-08	CAPECITABINE, ORAL	500 MG	\$16.341
54868-5260-09	CAPECITABINE, ORAL	500 MG	\$16.341
00015-0504-01	CYCLOPHOSPHAMIDE, ORAL	25 MG	\$0.912

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00054-4129-25	CYCLOPHOSPHAMIDE, ORAL	25 MG	\$0.912
00054-8089-25	CYCLOPHOSPHAMIDE, ORAL	25 MG	\$0.912
54569-5712-00	CYCLOPHOSPHAMIDE, ORAL	25 MG	\$0.912
54868-5218-00	CYCLOPHOSPHAMIDE, ORAL	25 MG	\$0.912
54868-5218-01	CYCLOPHOSPHAMIDE, ORAL	25 MG	\$0.912
54868-5218-02	CYCLOPHOSPHAMIDE, ORAL	25 MG	\$0.912
00015-0503-01	CYCLOPHOSPHAMIDE, ORAL	50 MG	\$1.824
00015-0503-02	CYCLOPHOSPHAMIDE, ORAL	50 MG	\$1.824
00054-4130-25	CYCLOPHOSPHAMIDE, ORAL	50 MG	\$1.824
00054-8130-25	CYCLOPHOSPHAMIDE, ORAL	50 MG	\$1.824
54569-5713-00	CYCLOPHOSPHAMIDE, ORAL	50 MG	\$1.824
54868-5005-00	CYCLOPHOSPHAMIDE, ORAL	50 MG	\$1.824
54868-5005-01	CYCLOPHOSPHAMIDE, ORAL	50 MG	\$1.824
00015-3091-45	ETOPOSIDE, ORAL	50 MG	\$29.346
00378-3266-94	ETOPOSIDE, ORAL	50 MG	\$29.346
51079-0965-05	ETOPOSIDE, ORAL	50 MG	\$29.346
54569-5718-00	ETOPOSIDE, ORAL	50 MG	\$29.346
54868-5355-00	ETOPOSIDE, ORAL	50 MG	\$29.346
54868-5355-01	ETOPOSIDE, ORAL	50 MG	\$29.346
54868-5355-02	ETOPOSIDE, ORAL	50 MG	\$29.346
00081-0045-35	MELPHALAN, ORAL	2 MG	\$4.505
00173-0045-35	MELPHALAN, ORAL	2 MG	\$4.505
54868-4339-00	MELPHALAN, ORAL	2 MG	\$4.505
54868-4339-01	MELPHALAN, ORAL	2 MG	\$4.505
54868-4339-02	MELPHALAN, ORAL	2 MG	\$4.505
54868-4339-03	MELPHALAN, ORAL	2 MG	\$4.505
54868-4339-04	MELPHALAN, ORAL	2 MG	\$4.505
59572-0302-50	MELPHALAN, ORAL	2 MG	\$4.505
00005-4507-04	METHOTREXATE, ORAL	2.5 MG	\$0.162
00005-4507-05	METHOTREXATE, ORAL	2.5 MG	\$0.162
00005-4507-07	METHOTREXATE, ORAL	2.5 MG	\$0.162
00005-4507-09	METHOTREXATE, ORAL	2.5 MG	\$0.162
00005-4507-23	METHOTREXATE, ORAL	2.5 MG	\$0.162
00005-4507-91	METHOTREXATE, ORAL	2.5 MG	\$0.162
00054-4550-15	METHOTREXATE, ORAL	2.5 MG	\$0.162
00054-4550-25	METHOTREXATE, ORAL	2.5 MG	\$0.162
00054-8550-03	METHOTREXATE, ORAL	2.5 MG	\$0.162
00054-8550-05	METHOTREXATE, ORAL	2.5 MG	\$0.162
00054-8550-06	METHOTREXATE, ORAL	2.5 MG	\$0.162
00054-8550-07	METHOTREXATE, ORAL	2.5 MG	\$0.162
00054-8550-10	METHOTREXATE, ORAL	2.5 MG	\$0.162
00054-8550-25	METHOTREXATE, ORAL	2.5 MG	\$0.162
00182-1539-01	METHOTREXATE, ORAL	2.5 MG	\$0.162
00182-1539-95	METHOTREXATE, ORAL	2.5 MG	\$0.162
00364-2499-01	METHOTREXATE, ORAL	2.5 MG	\$0.162
00364-2499-36	METHOTREXATE, ORAL	2.5 MG	\$0.162
00378-0014-01	METHOTREXATE, ORAL	2.5 MG	\$0.162
00378-0014-50	METHOTREXATE, ORAL	2.5 MG	\$0.162
00536-3998-01	METHOTREXATE, ORAL	2.5 MG	\$0.162
00536-3998-36	METHOTREXATE, ORAL	2.5 MG	\$0.162
00555-0572-02	METHOTREXATE, ORAL	2.5 MG	\$0.162
00555-0572-35	METHOTREXATE, ORAL	2.5 MG	\$0.162

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00555-0572-45	METHOTREXATE, ORAL	2.5 MG	\$0.162
00555-0572-46	METHOTREXATE, ORAL	2.5 MG	\$0.162
00555-0572-47	METHOTREXATE, ORAL	2.5 MG	\$0.162
00555-0572-48	METHOTREXATE, ORAL	2.5 MG	\$0.162
00555-0572-49	METHOTREXATE, ORAL	2.5 MG	\$0.162
00603-4499-21	METHOTREXATE, ORAL	2.5 MG	\$0.162
00677-1610-01	METHOTREXATE, ORAL	2.5 MG	\$0.162
00781-1076-01	METHOTREXATE, ORAL	2.5 MG	\$0.162
00781-1076-36	METHOTREXATE, ORAL	2.5 MG	\$0.162
00904-1749-60	METHOTREXATE, ORAL	2.5 MG	\$0.162
00904-1749-73	METHOTREXATE, ORAL	2.5 MG	\$0.162
23490-5889-00	METHOTREXATE, ORAL	2.5 MG	\$0.162
49999-0380-24	METHOTREXATE, ORAL	2.5 MG	\$0.162
51079-0670-05	METHOTREXATE, ORAL	2.5 MG	\$0.162
51285-0509-02	METHOTREXATE, ORAL	2.5 MG	\$0.162
51432-0522-03	METHOTREXATE, ORAL	2.5 MG	\$0.162
52959-0244-00	METHOTREXATE, ORAL	2.5 MG	\$0.162
54569-1818-08	METHOTREXATE, ORAL	2.5 MG	\$0.162
54868-3826-00	METHOTREXATE, ORAL	2.5 MG	\$0.162
54868-3826-01	METHOTREXATE, ORAL	2.5 MG	\$0.162
54868-3826-02	METHOTREXATE, ORAL	2.5 MG	\$0.162
54868-3826-03	METHOTREXATE, ORAL	2.5 MG	\$0.162
54868-3826-04	METHOTREXATE, ORAL	2.5 MG	\$0.162
54868-3826-05	METHOTREXATE, ORAL	2.5 MG	\$0.162
54868-3826-06	METHOTREXATE, ORAL	2.5 MG	\$0.162
54868-3826-07	METHOTREXATE, ORAL	2.5 MG	\$0.162
55289-0924-30	METHOTREXATE, ORAL	2.5 MG	\$0.162
58469-3998-30	METHOTREXATE, ORAL	2.5 MG	\$0.162
59911-5874-01	METHOTREXATE, ORAL	2.5 MG	\$0.162
62701-0940-36	METHOTREXATE, ORAL	2.5 MG	\$0.162
62701-0940-99	METHOTREXATE, ORAL	2.5 MG	\$0.162
63629-1472-01	METHOTREXATE, ORAL	2.5 MG	\$0.162
67253-0320-10	METHOTREXATE, ORAL	2.5 MG	\$0.162
67253-0580-42	METHOTREXATE, ORAL	2.5 MG	\$0.162
67253-0580-43	METHOTREXATE, ORAL	2.5 MG	\$0.162
67253-0580-44	METHOTREXATE, ORAL	2.5 MG	\$0.162
67253-0580-45	METHOTREXATE, ORAL	2.5 MG	\$0.162
67253-0580-46	METHOTREXATE, ORAL	2.5 MG	\$0.162
68115-0632-00	METHOTREXATE, ORAL	2.5 MG	\$0.162
00555-0927-01	METHOTREXATE, ORAL	5 MG	\$0.324
51285-0366-01	METHOTREXATE, ORAL	5 MG	\$0.324
00555-0928-01	METHOTREXATE, ORAL	7.5 MG	\$0.486
51285-0367-01	METHOTREXATE, ORAL	7.5 MG	\$0.486
00555-0929-01	METHOTREXATE, ORAL	10 MG	\$0.648
51285-0368-01	METHOTREXATE, ORAL	10 MG	\$0.648
00555-0945-01	METHOTREXATE, ORAL	15 MG	\$0.972
51285-0369-01	METHOTREXATE, ORAL	15 MG	\$0.972
00085-1248-01	TEMOZOLOMIDE, ORAL	5 MG	\$8.243
00085-1248-02	TEMOZOLOMIDE, ORAL	5 MG	\$8.243
00085-1248-03	TEMOZOLOMIDE, ORAL	5 MG	\$8.243
00085-3004-01	TEMOZOLOMIDE, ORAL	5 MG	\$8.243
00085-3004-02	TEMOZOLOMIDE, ORAL	5 MG	\$8.243

**DME MAC Jurisdiction C**  
**Drug Fees, Pharmacy Dispensing Fees and Pharmacy Supply Fees**  
 Effective 10/01/2008 through 12/31/2008

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
54569-5836-00	TEMOZOLOMIDE, ORAL	5 MG	\$8.243
54569-5837-00	TEMOZOLOMIDE, ORAL	5 MG	\$8.243
54868-5348-00	TEMOZOLOMIDE, ORAL	5 MG	\$8.243
54868-5348-01	TEMOZOLOMIDE, ORAL	5 MG	\$8.243
00085-1244-01	TEMOZOLOMIDE, ORAL	20 MG	\$32.972
00085-1244-02	TEMOZOLOMIDE, ORAL	20 MG	\$32.972
00085-1425-01	TEMOZOLOMIDE, ORAL	20 MG	\$32.972
00085-1425-02	TEMOZOLOMIDE, ORAL	20 MG	\$32.972
00085-1430-01	TEMOZOLOMIDE, ORAL	20 MG	\$32.972
00085-1430-02	TEMOZOLOMIDE, ORAL	20 MG	\$32.972
00085-1519-01	TEMOZOLOMIDE, ORAL	20 MG	\$32.972
00085-1519-02	TEMOZOLOMIDE, ORAL	20 MG	\$32.972
54569-5838-00	TEMOZOLOMIDE, ORAL	20 MG	\$32.972
54569-5839-00	TEMOZOLOMIDE, ORAL	20 MG	\$32.972
54868-4142-00	TEMOZOLOMIDE, ORAL	20 MG	\$32.972
54868-4142-01	TEMOZOLOMIDE, ORAL	20 MG	\$32.972
54868-4142-02	TEMOZOLOMIDE, ORAL	20 MG	\$32.972
54868-4142-03	TEMOZOLOMIDE, ORAL	20 MG	\$32.972
54868-4142-04	TEMOZOLOMIDE, ORAL	20 MG	\$32.972
54868-4142-05	TEMOZOLOMIDE, ORAL	20 MG	\$32.972
54868-4142-06	TEMOZOLOMIDE, ORAL	20 MG	\$32.972
00085-1259-01	TEMOZOLOMIDE, ORAL	100 MG	\$164.860
00085-1259-02	TEMOZOLOMIDE, ORAL	100 MG	\$164.860
00085-1366-01	TEMOZOLOMIDE, ORAL	100 MG	\$164.860
00085-1366-02	TEMOZOLOMIDE, ORAL	100 MG	\$164.860
54569-5842-00	TEMOZOLOMIDE, ORAL	100 MG	\$164.860
54569-5843-00	TEMOZOLOMIDE, ORAL	100 MG	\$164.860
54868-5350-00	TEMOZOLOMIDE, ORAL	100 MG	\$164.860
54868-5350-01	TEMOZOLOMIDE, ORAL	100 MG	\$164.860
54868-5350-02	TEMOZOLOMIDE, ORAL	100 MG	\$164.860
54868-5350-03	TEMOZOLOMIDE, ORAL	100 MG	\$164.860
54868-5350-04	TEMOZOLOMIDE, ORAL	100 MG	\$164.860
00085-1252-01	TEMOZOLOMIDE, ORAL	250 MG	\$412.150
00085-1252-02	TEMOZOLOMIDE, ORAL	250 MG	\$412.150
00085-1417-01	TEMOZOLOMIDE, ORAL	250 MG	\$412.150
54569-5844-00	TEMOZOLOMIDE, ORAL	250 MG	\$412.150
54569-5845-00	TEMOZOLOMIDE, ORAL	250 MG	\$412.150
54868-5354-00	TEMOZOLOMIDE, ORAL	250 MG	\$412.150

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