

4th Quarter 2023 BREAKDOWN OF INHALATION DRUGS

Effective for Dates of Service: 10/01/2023 through 12/31/2023

J7611 ALBUTEROL STOCK 5%
MAX Allowed 465 Units Per Month

HCPCS	DISPENSING	Allowed	Units (per 1mg)	Total Allowable	Patients Copay	30 Day Disp Fee	Copay for 30 day	Allowable Change over last Quarter
J7611	10 ML	0.124	50	\$6.20	\$1.24	\$33.00	\$6.60	-0.009
J7611	20 ML	0.124	100	\$12.40	\$2.48	\$33.00	\$6.60	-0.009
J7611	30 ML	0.124	150	\$18.60	\$3.72	\$33.00	\$6.60	-0.009
J7611	40 ML	0.124	200	\$24.80	\$4.96	\$33.00	\$6.60	-0.009
J7611	50 ML	0.124	250	\$31.00	\$6.20	\$33.00	\$6.60	-0.009
J7611	60 ML	0.124	300	\$37.20	\$7.44	\$33.00	\$6.60	-0.009

J7613 ALBUTEROL PREMIX 2.5MG
MAX ALLOWED 465 UNITS PER MONTH

HCPCS	DISPENSING	Allowed	Units (per 1mg)	Total Allowable	Patients Copay	30 Day Disp Fee	Copay for 30 day	Allowable Change over last Quarter
J7613	150 ML	0.042	125	\$5.25	\$1.05	\$33.00	\$6.60	0.012
J7613	180 ML	0.042	150	\$6.30	\$1.26	\$33.00	\$6.60	0.012
J7613	250 ML	0.042	208	\$8.74	\$1.75	\$33.00	\$6.60	0.012
J7613	300 ML	0.042	250	\$10.50	\$2.10	\$33.00	\$6.60	0.012
J7613	360 ML	0.042	300	\$12.60	\$2.52	\$33.00	\$6.60	0.012
J7613	540 ML	0.042	450	\$18.90	\$3.78	\$33.00	\$6.60	0.012

J7644 IPRATROPIUM
MAX ALLOWED 93 UNITS PER MONTH

HCPCS	DISPENSING	Allowed	Units (per 1mg)	Total Allowable	Patients Copay	30 Day Disp Fee	Copay for 30 day	Allowable Change over last Quarter
J7644	150 ML	0.258	30	\$7.74	\$1.55	\$33.00	\$6.60	0.023
J7644	180 ML	0.258	36	\$9.29	\$1.86	\$33.00	\$6.60	0.023
J7644	250 ML	0.258	50	\$12.90	\$2.58	\$33.00	\$6.60	0.023
J7644	300 ML	0.258	60	\$15.48	\$3.10	\$33.00	\$6.60	0.023

J7644	360 ML	0.258	72	\$18.58	\$3.72	\$33.00	\$6.60	0.023
J7644	465 ML	0.258	93	\$23.99	\$4.80	\$33.00	\$6.60	0.023

J7620 DUONEB per .25 or .5 MG Vial
MAX ALLOWED 186 UNITS PER MONTH

HCPCS	DISPENSING	Allowed	Units (2.5mg/0.5mg)	Total Allowable	Patients Copay	30 Day Disp Fee	Copay for 30 day	Allowable Change over last Quarter
J7620	60 ML	0.318	20	\$6.36	\$1.27	\$33.00	\$6.60	0.187
J7620	120 ML	0.318	40	\$12.72	\$2.54	\$33.00	\$6.60	0.187
J7620	150 ML	0.318	50	\$15.90	\$3.18	\$33.00	\$6.60	0.187
J7620	180 ML	0.318	60	\$19.08	\$3.82	\$33.00	\$6.60	0.187
J7620	300 ML	0.318	100	\$31.80	\$6.36	\$33.00	\$6.60	0.187
J7620	360 ML	0.318	120	\$38.16	\$7.63	\$33.00	\$6.60	0.187

J7626 PULMICORT/BUDESONIDE per .25mg or .5mg
MAX ALLOWED 62 UNITS PER MONTH

HCPCS	DISPENSING	Allowed	Units (per .5mg)	Total Allowable	Patients Copay	30 Day Disp Fee	Copay for 30 day	Allowable Change over last Quarter
J7626	60 ML	1.148	30	\$34.44	\$6.89	\$33.00	\$6.60	0.27
J7626	120 ML	1.148	60	\$68.88	\$13.78	\$33.00	\$6.60	0.27
J7626	150 ML	1.148	75	\$86.10	\$17.22	\$33.00	\$6.60	0.27
J7626	250 ML	1.148	125	\$143.50	\$28.70	\$33.00	\$6.60	0.27
J7626	300 ML	1.148	150	\$172.20	\$34.44	\$33.00	\$6.60	0.27
J7626	360 ML	1.148	180	\$206.64	\$41.33	\$33.00	\$6.60	0.27

J7626 PULMICORT/BUDESONIDE per 1mg
MAX ALLOWED 62 UNITS PER MONTH

HCPCS	DISPENSING	Allowed	Units (per .5mg)	Total Allowable	Patients Copay	30 Day Disp Fee	Copay for 30 day	Allowable Change over last Quarter
J7626	60 ML	1.148	120	\$137.76	\$27.55	\$33.00	\$6.60	0.27

J7614 LEVALBUTEROL/XOPENEX .63MG
MAX ALLOWED 465 UNITS PER MONTH

HCPCS	DISPENSING	Allowed	Units (per .5mg)	Total Allowable	Patients Copay	30 Day Disp Fee	Copay for 30 day	Allowable Change over last Quarter
J7614	150 ML	0.05	63	\$3.15	\$0.63	\$33.00	\$6.60	-0.3
J7614	180 ML	0.05	76	\$3.80	\$0.76	\$33.00	\$6.60	-0.3
J7614	250 ML	0.05	105	\$5.25	\$1.05	\$33.00	\$6.60	-0.3
J7614	300 ML	0.05	126	\$6.30	\$1.26	\$33.00	\$6.60	-0.3
J7614	360 ML	0.05	151	\$7.55	\$1.51	\$33.00	\$6.60	-0.3

J7614 LEVALBUTEROL/XOPENEX 1.25MG
MAX ALLOWED 465 UNITS PER MONTH

HCPCS	DISPENSING	Allowed	Units (per .5mg)	Total Allowable	Patients Copay	30 Day Disp Fee	Copay for 30 day	Allowable Change over last Quarter
J7614	150 ML	0.05	125	\$6.25	\$1.25	\$33.00	\$6.60	-0.3
J7614	180 ML	0.05	150	\$7.50	\$1.50	\$33.00	\$6.60	-0.3
J7614	250 ML	0.05	208	\$10.40	\$2.08	\$33.00	\$6.60	-0.3
J7614	300 ML	0.05	250	\$12.50	\$2.50	\$33.00	\$6.60	-0.3
J7614	360 ML	0.05	300	\$15.00	\$3.00	\$33.00	\$6.60	-0.3

J7605 AFORMORATOL
MAX ALLOWED 62 UNITS PER MONTH

HCPCS	DISPENSING	Allowed	Units (per 15mcg)	Total Allowable	Patients Copay	30 Day Disp Fee	Copay for 30 day	Allowable Change over last Quarter
J7605	60 ML	2.648	30	\$79.44	\$15.89	\$33.00	\$6.60	-0.638
J7605	120 ML	2.648	60	\$158.88	\$31.78	\$33.00	\$6.60	-0.638
J7605	150 ML	2.648	75	\$198.60	\$39.72	\$33.00	\$6.60	-0.638
J7605	180 ML	2.648	90	\$238.32	\$47.66	\$33.00	\$6.60	-0.638
J7605	250 ML	2.648	125	\$331.00	\$66.20	\$33.00	\$6.60	-0.638
J7605	300 ML	2.648	150	\$397.20	\$79.44	\$33.00	\$6.60	-0.638
J7605	360 ML	2.648	180	\$476.64	\$95.33	\$33.00	\$6.60	-0.638

J7606 PERFORMIST/FORMOTEROL
MAX ALLOWED 62 UNITS PER MONTH

HCPCS	DISPENSING	Allowed	Units (per 20mcg)	Total Allowable	Patients Copay	30 Day Disp Fee	Copay for 30 day	Allowable Change over last Quarter
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J7606	60 ML	4.879	30	\$146.37	\$29.27	\$33.00	\$6.60	-0.31
J7606	120 ML	4.879	60	\$292.74	\$58.55	\$33.00	\$6.60	-0.31
J7606	150 ML	4.879	75	\$365.93	\$73.19	\$33.00	\$6.60	-0.31
J7606	180 ML	4.879	90	\$439.11	\$87.82	\$33.00	\$6.60	-0.31
J7606	250 ML	4.879	125	\$609.88	\$121.98	\$33.00	\$6.60	-0.31
J7606	300 ML	4.879	150	\$731.85	\$146.37	\$33.00	\$6.60	-0.31
J7606	360 ML	4.879	180	\$878.22	\$175.64	\$33.00	\$6.60	-0.31

J7677 REVEFENACIN

MAX ALLOWED 5,250MCG/30 VIALS PER MONTH 175MCG/3 ML

HCPCS	DISPENSING	Allowed	Units (per 1mcg)	Total Allowable	Patients Copay	30 Day Disp Fee	Copay for 30 day	Allowable Change over last Quarter
J7677	9 ML	0.189	525	\$99.23	\$19.85	\$33.00	\$6.60	-0.007
J7677	18ML	0.189	1050	\$198.45	\$39.69	\$33.00	\$6.60	-0.007
J7677	27ML	0.189	1,575	\$297.68	\$59.54	\$33.00	\$6.60	-0.007
J7677	45ML	0.189	2,625	\$496.13	\$99.23	\$33.00	\$6.60	-0.007
J7677	60ML	0.189	3,500	\$661.50	\$132.30	\$33.00	\$6.60	-0.007
J7677	75ML	0.189	4,375	\$826.88	\$165.38	\$33.00	\$6.60	-0.007
J7677	90ML	0.189	5,250	\$992.25	\$198.45	\$33.00	\$6.60	-0.007

J7608 ACETYLCYSTEINE 10%

MAX ALLOWED 74 GRAMS/MONTH BILLED PER GRAM

HCPCS	DISPENSING	Allowed	Units (per 1gram)	Total Allowable	Patients Copay	30 Day Disp Fee	Copay for 30 day	Allowable Change over last Quarter
J7608	90ML	9.874	9	\$88.87	\$17.77	\$33.00	\$6.60	3.03
J7608	120ML	9.874	12	\$118.49	\$23.70	\$33.00	\$6.60	3.03
J7608	150ML	9.874	15	\$148.11	\$29.62	\$33.00	\$6.60	3.03
J7608	180ML	9.874	18	\$177.73	\$35.55	\$33.00	\$6.60	3.03
J7608	210ML	9.874	21	\$207.35	\$41.47	\$33.00	\$6.60	3.03
J7608	240ML	9.874	24	\$236.98	\$47.40	\$33.00	\$6.60	3.03
J7608	360ML	9.874	36	\$355.46	\$71.09	\$33.00	\$6.60	3.03
J7608	720ML	9.874	72	\$710.93	\$142.19	\$33.00	\$6.60	3.03

J7686 TREPROSTINIL

HCPCS	DISPENSING	Allowed	Units (per 1.74 mg)	Total Allowable	Patients Copay	30 Day Disp Fee	Copay for 30 day	Allowable Change over last Quarter
J7686	20ML	733.638	28.7356	\$21081.53	\$4216.31	\$33.00	\$6.60	

J2545 PENTAMIDINE

HCPCS	DISPENSING	Allowed	Units (per 300 MG)	Total Allowable	Patients Copay	30 Day Disp Fee	Copay for 30 day	Allowable Change over last Quarter
J2545	1 VIAL/6ML	92.416	1	\$92.42	\$18.48	\$33.00	\$6.60	