

2nd Quarter 2023 BREAKDOWN OF INHALATION DRUGS

Effective for Dates of Service: 04/01/2023 through 06/30/2023

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	.135	50	\$6.75	\$1.35	\$33.00	\$6.60	-0.047
J7611	20 ML	.135	100	\$13.50	\$2.70	\$33.00	\$6.60	-0.047
J7611	30 ML	.135	150	\$20.25	\$4.05	\$33.00	\$6.60	-0.047
J7611	40 ML	.135	200	\$27.00	\$5.40	\$33.00	\$6.60	-0.047
J7611	50 ML	.135	250	\$33.75	\$6.75	\$33.00	\$6.60	-0.047
J7611	60 ML	.135	300	\$40.50	\$8.10	\$33.00	\$6.60	-0.047

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	0.031	125	\$3.88	\$0.78	\$33.00	\$6.60	-0.004
J7613	180 ML	0.031	150	\$4.65	\$0.93	\$33.00	\$6.60	-0.004
J7613	250 ML	0.031	208	\$6.45	\$1.29	\$33.00	\$6.60	-0.004
J7613	300 ML	0.031	250	\$7.75	\$1.55	\$33.00	\$6.60	-0.004
J7613	360 ML	0.031	300	\$9.30	\$1.86	\$33.00	\$6.60	-0.004
J7613	540 ML	0.031	450	\$13.95	\$2.79	\$33.00	\$6.60	-0.004

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	0.235	30	\$7.05	\$1.41	\$33.00	\$6.60	0.009
J7644	180 ML	0.235	36	\$8.46	\$1.69	\$33.00	\$6.60	0.009
J7644	250 ML	0.235	50	\$11.75	\$2.35	\$33.00	\$6.60	0.009
J7644	300 ML	0.235	60	\$14.10	\$2.82	\$33.00	\$6.60	0.009
J7644	360 ML	0.235	72	\$16.92	\$3.38	\$33.00	\$6.60	0.009
J7644	465 ML	0.235	93	\$21.86	\$4.37	\$33.00	\$6.60	0.009

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	0.131	20	\$2.62	\$0.52	\$33.00	\$6.60	0.002
J7620	120 ML	0.131	40	\$5.24	\$1.05	\$33.00	\$6.60	0.002
J7620	150 ML	0.131	50	\$6.55	\$1.31	\$33.00	\$6.60	0.002
J7620	180 ML	0.131	60	\$7.86	\$1.57	\$33.00	\$6.60	0.002
J7620	300 ML	0.131	100	\$13.10	\$2.62	\$33.00	\$6.60	0.002
J7620	360 ML	0.131	120	\$15.72	\$3.14	\$33.00	\$6.60	0.002

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	0.899	30	\$26.97	\$5.39	\$33.00	\$6.60	0.031
J7626	120 ML	0.899	60	\$53.94	\$10.79	\$33.00	\$6.60	0.031
J7626	150 ML	0.899	75	\$67.43	\$13.49	\$33.00	\$6.60	0.031
J7626	250 ML	0.899	125	\$112.38	\$22.48	\$33.00	\$6.60	0.031
J7626	300 ML	0.899	150	\$134.85	\$26.97	\$33.00	\$6.60	0.031
J7626	360 ML	0.899	180	\$161.82	\$32.36	\$33.00	\$6.60	0.031

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	0.899	120	\$107.88	\$21.58	\$33.00	\$6.60	0.031

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	0.04	63	\$2.52	\$0.50	\$33.00	\$6.60	-0.01
J7614	180 ML	0.04	76	\$3.04	\$0.61	\$33.00	\$6.60	-0.01
J7614	250 ML	0.04	105	\$4.20	\$0.84	\$33.00	\$6.60	-0.01
J7614	300 ML	0.04	126	\$5.04	\$1.01	\$33.00	\$6.60	-0.01

J7614	360 ML	0.04	151	\$6.04	\$1.21	\$33.00	\$6.60	-0.01
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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	0.04	125	\$5.00	\$1.00	\$33.00	\$6.60	-0.01
J7614	180 ML	0.04	150	\$6.00	\$1.20	\$33.00	\$6.60	-0.01
J7614	250 ML	0.04	208	\$8.32	\$1.66	\$33.00	\$6.60	-0.01
J7614	300 ML	0.04	250	\$10.00	\$2.00	\$33.00	\$6.60	-0.01
J7614	360 ML	0.04	300	\$12.00	\$2.40	\$33.00	\$6.60	-0.01

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	2.902	30	\$87.06	\$17.41	\$33.00	\$6.60	-0.274
J7605	120 ML	2.902	60	\$174.12	\$34.82	\$33.00	\$6.60	-0.274
J7605	150 ML	2.902	75	\$217.65	\$43.53	\$33.00	\$6.60	-0.274
J7605	180 ML	2.902	90	\$261.18	\$52.24	\$33.00	\$6.60	-0.274
J7605	250 ML	2.902	125	\$362.75	\$72.55	\$33.00	\$6.60	-0.274
J7605	300 ML	2.902	150	\$435.30	\$87.06	\$33.00	\$6.60	-0.274
J7605	360 ML	2.902	180	\$522.36	\$104.47	\$33.00	\$6.60	-0.274

J7606 PERFOROMIST
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
J7606	60 ML	6.327	30	\$189.81	\$37.96	\$33.00	\$6.60	-0.141
J7606	120 ML	6.327	60	\$379.62	\$75.92	\$33.00	\$6.60	-0.141
J7606	150 ML	6.327	75	\$474.53	\$94.91	\$33.00	\$6.60	-0.141
J7606	180 ML	6.327	90	\$569.43	\$113.89	\$33.00	\$6.60	-0.141
J7606	250 ML	6.327	125	\$790.88	\$158.18	\$33.00	\$6.60	-0.141
J7606	300 ML	6.327	150	\$949.05	\$189.81	\$33.00	\$6.60	-0.141
J7606	360 ML	6.327	180	\$1138.86	\$227.77	\$33.00	\$6.60	-0.141

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	0.19	525	\$99.75	\$19.95	\$33.00	\$6.60	0.003
J7677	18ML	0.19	1050	\$199.50	\$39.90	\$33.00	\$6.60	0.003
J7677	27ML	0.19	1,575	\$299.25	\$59.85	\$33.00	\$6.60	0.003
J7677	45ML	0.19	2,625	\$498.75	\$99.75	\$33.00	\$6.60	0.003
J7677	60ML	0.19	3,500	\$665.00	\$133.00	\$33.00	\$6.60	0.003
J7677	75ML	0.19	4,375	\$831.25	\$166.25	\$33.00	\$6.60	0.003
J7677	90ML	0.19	5,250	\$997.50	\$199.50	\$33.00	\$6.60	0.003

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	6.195	9	\$55.76	\$11.15	\$33.00	\$6.60	0.694
J7608	120ML	6.195	12	\$74.34	\$14.87	\$33.00	\$6.60	0.694
J7608	150ML	6.195	15	\$92.93	\$18.59	\$33.00	\$6.60	0.694
J7608	180ML	6.195	18	\$111.51	\$22.30	\$33.00	\$6.60	0.694
J7608	210ML	6.195	21	\$130.10	\$26.02	\$33.00	\$6.60	0.694
J7608	240ML	6.195	24	\$148.68	\$29.74	\$33.00	\$6.60	0.694
J7608	360ML	6.195	36	\$223.02	\$44.60	\$33.00	\$6.60	0.694
J7608	720ML	6.195	72	\$446.04	\$89.21	\$33.00	\$6.60	0.694

J7608 ACETYLCYSTEINE 20%

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	6.195	18	\$111.51	\$22.30	\$33.00	\$6.60	0.694
J7608	120ML	6.195	24	\$148.68	\$29.74	\$33.00	\$6.60	0.694
J7608	150ML	6.195	30	\$185.85	\$37.17	\$33.00	\$6.60	0.694
J7608	180ML	6.195	36	\$223.02	\$44.60	\$33.00	\$6.60	0.694
J7608	210ML	6.195	42	\$260.19	\$52.04	\$33.00	\$6.60	0.694
J7608	240ML	6.195	48	\$297.36	\$59.47	\$33.00	\$6.60	0.694
J7608	270ML	6.195	54	\$334.53	\$66.91	\$33.00	\$6.60	0.694
J7608	360ML	6.195	72	\$446.04	\$89.21	\$33.00	\$6.60	0.694