

3rd Quarter 2023 BREAKDOWN OF INHALATION DRUGS

Effective for Dates of Service: 07/01/2023 through 09/30/2023

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	.133	50	\$6.65	\$1.33	\$33.00	\$6.60	-0.002
J7611	20 ML	.133	100	\$13.30	\$2.66	\$33.00	\$6.60	-0.002
J7611	30 ML	.133	150	\$19.95	\$3.99	\$33.00	\$6.60	-0.002
J7611	40 ML	.133	200	\$26.60	\$5.32	\$33.00	\$6.60	-0.002
J7611	50 ML	.133	250	\$33.25	\$6.65	\$33.00	\$6.60	-0.002
J7611	60 ML	.133	300	\$39.90	\$7.98	\$33.00	\$6.60	-0.002

J7613ALBUTEROL 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	0.03	125	\$3.75	\$0.75	\$33.00	\$6.60	-0.001
J7613	180 ML	0.03	150	\$4.50	\$0.90	\$33.00	\$6.60	-0.001
J7613	250 ML	0.03	208	\$6.24	\$1.25	\$33.00	\$6.60	-0.001
J7613	300 ML	0.03	250	\$7.50	\$1.50	\$33.00	\$6.60	-0.001
J7613	360 ML	0.03	300	\$9.00	\$1.80	\$33.00	\$6.60	-0.001
J7613	540 ML	0.03	450	\$13.50	\$2.70	\$33.00	\$6.60	-0.001

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	0.131	20	\$2.62	\$0.52	\$33.00	\$6.60	0
J7620	120 ML	0.131	40	\$5.24	\$1.05	\$33.00	\$6.60	0
J7620	150 ML	0.131	50	\$6.55	\$1.31	\$33.00	\$6.60	0
J7620	180 ML	0.131	60	\$7.86	\$1.57	\$33.00	\$6.60	0
J7620	300 ML	0.131	100	\$13.10	\$2.62	\$33.00	\$6.60	0
J7620	360 ML	0.131	120	\$15.72	\$3.14	\$33.00	\$6.60	0

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	0.878	30	\$26.34	\$5.27	\$33.00	\$6.60	-0.021

J7626	120 ML	0.878	60	\$52.68	\$10.54	\$33.00	\$6.60	-0.021
J7626	150 ML	0.878	75	\$65.85	\$13.17	\$33.00	\$6.60	-0.021
J7626	250 ML	0.878	125	\$109.75	\$21.95	\$33.00	\$6.60	-0.021
J7626	300 ML	0.878	150	\$131.70	\$26.34	\$33.00	\$6.60	-0.021
J7626	360 ML	0.878	180	\$158.04	\$31.61	\$33.00	\$6.60	-0.021

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	0.878	120	\$105.36	\$21.07	\$33.00	\$6.60	-0.021

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	0.35	63	\$22.05	\$4.41	\$33.00	\$6.60	-0.05
J7614	180 ML	0.35	76	\$26.60	\$5.32	\$33.00	\$6.60	-0.05
J7614	250 ML	0.35	105	\$36.75	\$7.35	\$33.00	\$6.60	-0.05
J7614	300 ML	0.35	126	\$44.10	\$8.82	\$33.00	\$6.60	-0.05
J7614	360 ML	0.35	151	\$52.85	\$10.57	\$33.00	\$6.60	-0.05

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	0.35	125	\$43.75	\$8.75	\$33.00	\$6.60	-0.05
J7614	180 ML	0.35	150	\$52.50	\$10.50	\$33.00	\$6.60	-0.05

J7614	250 ML	0.35	208	\$72.80	\$14.56	\$33.00	\$6.60	-0.05
J7614	300 ML	0.35	250	\$87.50	\$17.50	\$33.00	\$6.60	-0.05
J7614	360 ML	0.35	300	\$105.00	\$21.00	\$33.00	\$6.60	-0.05

J7605 AFORMORATOL
MAXALLOWED 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	3.286	30	\$98.58	\$19.72	\$33.00	\$6.60	0.384
J7605	120 ML	3.286	60	\$197.16	\$39.43	\$33.00	\$6.60	0.384
J7605	150 ML	3.286	75	\$246.45	\$49.29	\$33.00	\$6.60	0.384
J7605	180 ML	3.286	90	\$295.74	\$59.15	\$33.00	\$6.60	0.384
J7605	250 ML	3.286	125	\$410.75	\$82.15	\$33.00	\$6.60	0.384
J7605	300 ML	3.286	150	\$492.90	\$98.58	\$33.00	\$6.60	0.384
J7605	360 ML	3.286	180	\$591.48	\$118.30	\$33.00	\$6.60	0.384

J7606 PERFORMIST
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	5.189	30	\$155.67	\$31.13	\$33.00	\$6.60	-1.138
J7606	120 ML	5.189	60	\$311.34	\$62.27	\$33.00	\$6.60	-1.138
J7606	150 ML	5.189	75	\$389.18	\$77.84	\$33.00	\$6.60	-1.138
J7606	180 ML	5.189	90	\$467.01	\$93.40	\$33.00	\$6.60	-1.138
J7606	250 ML	5.189	125	\$648.63	\$129.73	\$33.00	\$6.60	-1.138
J7606	300 ML	5.189	150	\$778.35	\$155.67	\$33.00	\$6.60	-1.138

J7606	360 ML	5.189	180	\$934.02	\$186.80	\$33.00	\$6.60	-1.138
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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	0.196	525	\$102.90	\$20.58	\$33.00	\$6.60	0.006
J7677	18ML	0.196	1050	\$205.80	\$41.16	\$33.00	\$6.60	0.006
J7677	27ML	0.196	1,575	\$308.70	\$61.74	\$33.00	\$6.60	0.006
J7677	45ML	0.196	2,625	\$514.50	\$102.90	\$33.00	\$6.60	0.006
J7677	60ML	0.196	3,500	\$686.00	\$137.20	\$33.00	\$6.60	0.006
J7677	75ML	0.196	4,375	\$857.50	\$171.50	\$33.00	\$6.60	0.006
J7677	90ML	0.196	5,250	\$1029.00	\$205.80	\$33.00	\$6.60	0.006

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	6.844	9	\$61.60	\$12.32	\$33.00	\$6.60	0.649
J7608	120ML	6.844	12	\$82.13	\$16.43	\$33.00	\$6.60	0.649
J7608	150ML	6.844	15	\$102.66	\$20.53	\$33.00	\$6.60	0.649
J7608	180ML	6.844	18	\$123.19	\$24.64	\$33.00	\$6.60	0.649
J7608	210ML	6.844	21	\$143.72	\$28.74	\$33.00	\$6.60	0.649
J7608	240ML	6.844	24	\$164.26	\$32.85	\$33.00	\$6.60	0.649
J7608	360ML	6.844	36	\$246.38	\$49.28	\$33.00	\$6.60	0.649
J7608	720ML	6.844	72	\$492.77	\$98.55	\$33.00	\$6.60	0.649

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	6.844	18	\$123.19	\$24.64	\$33.00	\$6.60	0.649
J7608	120ML	6.844	24	\$164.26	\$32.85	\$33.00	\$6.60	0.649
J7608	150ML	6.844	30	\$205.32	\$41.06	\$33.00	\$6.60	0.649
J7608	180ML	6.844	36	\$246.38	\$49.28	\$33.00	\$6.60	0.649
J7608	210ML	6.844	42	\$287.45	\$57.49	\$33.00	\$6.60	0.649
J7608	240ML	6.844	48	\$328.51	\$65.70	\$33.00	\$6.60	0.649
J7608	270ML	6.844	54	\$369.58	\$73.92	\$33.00	\$6.60	0.649
J7608	360ML	6.844	72	\$492.77	\$98.55	\$33.00	\$6.60	0.649