

**WellPath Injectable Medication Pricing**

**August 1, 2009**

CODE	DESCRIPTION	FEE
C9245	INJECTION, ROMIPLOSTIM, 10 MCG	\$53.13
J0120	INJECTION, TETRACYCLINE, UP TO 250 MG	provider submit invoice
J0128	INJECTION, ABARELIX, 10 MG (Plenaxis)	\$80.92
J0129	INJECTION, ABATACEPT, 10 MG (ORENCIA)	\$19.49
J0130	INJECTION ABCIXIMAB, 10 MG	\$612.30
J0132	INJECTION, ACETYLCYSTEINE, 100 MG (ACETADOTE)	\$2.31
J0133	INJECTION, ACYCLOVIR, 5 MG (ZOVIRAX)	\$0.04
J0135	INJECTION, ADALIMUMAB, 20 MG (HUMIRA)	\$374.54
J0150	INJECTION, ADENOSINE, 6 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE)	\$9.34
J0152	INJECTION, ADENOSINE, 30 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE)	\$76.66
J0170	INJECTION, ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	\$0.70
J0180	INJECTION, AGALSIDASE BETA, 1 MG (Fabrazyme)	\$133.88
J0190	INJECTION, BIPERIDEN LACTATE, PER 5 MG	provider submit invoice
J0200	INJECTION, ALATROFLOXACIN MESYLATE, 100 MG	\$16.03
J0205	INJECTION, ALGLUCERASE, PER 10 UNITS (Ceredase)	\$41.99
J0207	INJECTION, AMIFOSTINE, 500 MG (Ethyol)	\$520.674
J0210	INJECTION, METHYLDOPATE HCL, UP TO 250 MG	\$1.22
J0215	INJECTION, ALEFACEPT, 0.5 MG (AMEVIVE)	\$27.37
J0220	INJECTION, ALGLUCERASE, PER 10 UNITS (Myozyme)	\$124.88
J0256	INJECTION, ALPHA 1 - PROTEINASE INHIBITOR - HUMAN, 10 MG (PROLASTIN)	\$3.80
J0270	INJECTION, ALPROSTADIL, 1.25 MCG, ADMINISTERED UNDER DIRECT PHYSICIAN (CAVERJECT)	\$2.25
J0275	ALPROSTADIL URETHRAL SUPPOSITORY, ADMINISTERED UNDER DIRECT PHYSICIAN	\$24.61
J0278	INJECTION, AMIKACIN SULFATE, 100MG (Amikin)	\$3.03
J0280	INJECTION, AMINOPHYLLIN, UP TO 250 MG	\$0.39
J0282	INJECTION, AMIODARONE HYDROCHLORIDE, 30MG	\$0.74
J0285	INJECTION, AMPHOTERICIN B, 50 MG	\$13.17
J0287	INJECTION, AMPHOTERICIN B LIPID COMPLEX, 10 MG	\$9.90
J0288	INJECTION, AMPHOTERICIN B CHOLESTRYL SULFATE COMPLEX, 10 MG	\$14.00
J0289	INJECTION, AMPHOTERICIN B LIPOSOME, 10 MG	\$14.78
J0290	INJECTION, AMPICILLIN SODIUM, 500 MG	\$1.99
J0295	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	\$3.06
J0300	INJECTION, AMOBARBITAL, UP TO 125 MG	\$14.93
J0330	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	\$0.15
J0348	INJECTION, ANIDULAFUNGIN, 1 MG (ERAXIS)	\$1.80
J0350	INJECTION, ANISTREPLASE, PER 30 UNITS	provider submit invoice
J0360	INJECTION, HYDRALAZINE HCL, UP TO 20 MG	\$4.74
J0364	INJECTION, APSOMORPHINE HYDROCHLORIDE, 1 MG (APOKYN)	\$4.55
J0365	INJECTION, APROTININ, 10,000 KIU (TRASYLOL)	\$2.65
J0380	INJECTION, METARAMINOL BITARTRATE, PER 10 MG	\$1.07
J0390	INJECTION, CHLOROQUINE HYDROCHLORIDE, UP TO 250 MG	provider submit invoice
J0395	INJECTION, ARBUTAMINE HCL, 1 MG	provider submit invoice
J0400	INJECTION, ARIPIRAZOLE, INTRAMUSCULAR, 0.25MG (Abilify)	\$0.31
J0456	INJECTION, AZITHROMYCIN, 500 MG	\$28.66
J0460	INJECTION, ATROPINE SULFATE, UP TO 0.3 MG	\$0.11
J0470	INJECTION, DIMERCAPROL, PER 100 MG	\$26.21
J0475	INJECTION, BACLOFEN, 10 MG	\$215.00
J0476	INJECTION, BACLOFEN, 50 MCG FOR INTRATHECAL TRIAL	\$70.00
J0480	INJECTION, BASILIXIMAB, 20 MG (SIMULECT)	\$1,644.98
J0500	INJECTION, DICYCLOMINE HCL, UP TO 20 MG	\$17.80
J0515	INJECTION, BENZTROPINE MESYLATE, PER 1 MG	\$33.46
J0520	INJECTION, BETHANECHOL CHLORIDE, MYOTONACHOL OR URECHOLINE, UP TO 5 MG	\$4.49
J0530	INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TO 600,000	\$22.35
J0540	INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TO 1,200,000	\$35.41
J0550	INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TO 2,400,000	\$35.41
J0560	INJECTION, PENICILLIN G BENZATHINE, UP TO 600,000 UNITS	\$25.51
J0570	INJECTION, PENICILLIN G BENZATHINE, UP TO 1,200,000 UNITS	\$44.44

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CODE	DESCRIPTION	FEE
J0580	INJECTION, PENICILLIN G BENZATHINE, UP TO 2,400,000 UNITS	\$48.60
J0583	INJECTION, BIVALIRUDIN, 1 MG (ANGIOMAX)	\$2.30
J0585	BOTULINUM TOXIN TYPE A, PER UNIT (BOTOX)	\$5.46
J0587	BOTULINUM TOXIN TYPE B, PER 100 UNITS (MYOBLOC)	\$8.16
J0592	INJECTION, BUPRENORPHINE HCL, 0.1 MG	\$0.83
J0594	INJECTION, BUSULFAN, 1 MG (BUSULFEX)	\$11.53
J0595	INJECTION, BUTORPHANOL TARTRATE, 1 MG (STADOL (G))	\$0.50
J0600	INJECTION, EDETATE CALCIUM DISODIUM, UP TO 1000 MG	\$80.42
J0610	INJECTION, CALCIUM GLUCONATE, PER 10 ML	\$0.30
J0620	INJECTION, CALCIUM GLYCEROPHOSPHATE AND CALCIUM LACTATE, PER 10 ML	\$15.40
J0630	INJECTION, CALCITONIN SALMON, UP TO 400 UNITS (MIACALCIN)	\$50.28
J0636	INJECTION, CALCITRIOL, 0.1 MCG	\$1.23
J0637	INJECTION, CASPOFUNGIN ACETATE, 5 MG	\$33.77
J0640	INJECTION, LEUCOVORIN CALCIUM, PER 50MG	\$3.57
J0641	INJECTION, LEVOLEUCOVORIN CALCIUM, 0.5MG	\$1.23
J0670	INJECTION, MEPIVACAINE HYDROCHLORIDE, PER 10 ML	\$1.34
J0690	INJECTION, CEFAZOLIN SODIUM, 500 MG	\$0.63
J0692	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	\$4.42
J0694	INJECTION, CEFOXITIN SODIUM, 1 GM	\$6.84
J0696	INJECTION, CEFTRIAZONE SODIUM, PER 250 MG	\$1.07
J0697	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	\$3.54
J0698	CEFOTAXIME SODIUM, PER GM	\$4.08
J0702	INJECTION, BETAMETHASONE ACETATE AND BETAMETHASONE SODIUM PHOSPHATE, PER 3 MG	\$6.37
J0704	INJECTION, BETAMETHASONE SODIUM PHOSPHATE, PER 4 MG	provider submit invoice
J0706	INJECTION, CAFFEINE CITRATE, 5 MG	\$0.56
J0710	INJECTION, CEPHAPIRIN SODIUM, UP TO 1 GM	provider submit invoice
J0713	INJECTION, CEFTAZIDIME, PER 500 MG	\$2.86
J0715	INJECTION, CEFTIZOXIME SODIUM, PER 500 MG	provider submit invoice
J0720	INJECTION, CHLORAMPHENICOL SODIUM SUCCINATE, UP TO 1 GM	\$15.53
J0725	INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS	\$4.52
J0735	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	\$77.26
J0740	INJECTION CIDOFOVIR, 375 MG	\$761.15
J0743	INJECTION, CILASTATIN SODIUM; IMPENEM, PER 250 MG	\$17.35
J0744	INJECTION, CIPROFLOXACIN FOR IV INFUSION, 200 MG	\$1.40
J0745	INJECTION, CODEINE PHOSPHATE, PER 30 MG	\$0.92
J0760	INJECTION, COLCHICINE, PER 1MG	provider submit invoice
J0770	INJECTION, COLISTIMETHATE SODIUM, UP TO 150 MG	\$16.32
J0780	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	\$2.05
J0795	INJECTION, CORTICORELIN OVINE TRIFLUTATE, 1 MCG (ACTHREL)	\$4.46
J0800	INJECTION, CORTICOTROPIN, UP TO 40 UNITS (ACTHAR)	\$2,399.60
J0835	INJECTION, COSYNTROPIN, PER 0.25 MG	\$106.58
J0850	INJECTION, CYTOMEGALOVIRUS IMMUNE GLOBULIN INTRAVENOUS (HUMAN), PER VIAL	\$734.97
J0878	INJECTION, DAPTOMYCIN, 1 MG (Cubicin)	\$0.40
J0881	INJECTION, DARBEPOETIN ALFA, 1 MCG (NON-ESRD USE) (ARANESP)	\$5.13
J0882	INJECTION, DARBEPOETIN ALFA, 1 MCG (ESRD USE) (ARANESP)	\$5.13
J0885	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS (EPOGEN/PROCRIT)	\$14.50
J0886	INJECTION, EPOETIN ALFA, (FOR ESRD USE), 1000 UNITS (EPOGEN/PROCRIT)	\$14.50
J0894	INJECTION, DECITABINE, 1 MG (DACOGEN)	\$25.60
J0895	INJECTION, DEFEROXAMINE MESYLATE, 500 MG	\$14.96
J0900	INJECTION, TESTOSTERONE ENANTHATE AND ESTRADIOL VALERATE, UP TO 1 CC	provider submit invoice
J0945	INJECTION, BROMPHENIRAMINE MALEATE, PER 10 MG	provider submit invoice
J0970	INJECTION, ESTRADIOL VALERATE, UP TO 40 MG	\$24.71
J1000	INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG (DEPOESTRADIOL)	\$8.48
J1020	INJECTION, METHYLPREDNISOLONE ACETATE, 20 MG	\$3.15
J1030	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	\$5.34
J1040	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	\$9.72

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CODE	DESCRIPTION	FEE
J1051	INJECTION, MEDROXYPROGESTERONE ACETATE, 50 MG	\$7.49
J1055	INJECTION, MEDROXYPROGESTERONE ACETATE FOR CONTRACEPTIVE USE, 150 MG (DEPO PROVERA)	\$37.69
J1056	INJECTION, MEDROXYPROGESTERONE ACETATE/ESTRADIOL CYPIONATE, 5 MG / 25 MG (LUNELLE)	provider submit invoice
J1060	INJECTION, TESTOSTERONE CYPIONATE AND ESTRADIOL CYPIONATE, UP TO 1 ML	\$3.91
J1070	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG	\$6.39
J1080	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG	\$12.78
J1094	INJECTION, DEXAMETHASONE ACETATE, 1 MG	\$0.25
J1100	INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, 1MG	\$0.05
J1110	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG (DHE 45)	\$87.33
J1120	INJECTION, ACETAZOLAMIDE SODIUM, UP TO 500 MG	\$35.71
J1160	INJECTION, DIGOXIN, UP TO 0.5 MG	\$1.22
J1162	INJECTION, DIGOXIN IMMUNE FAB (OVINE), PER VIAL	\$470.11
J1165	INJECTION, PHENYTOIN SODIUM, PER 50 MG	\$0.73
J1170	INJECTION, HYDROMORPHONE, UP TO 4 MG	\$1.09
J1180	INJECTION, DYPHYLLINE, UP TO 500 MG	provider submit invoice
J1190	INJECTION, DEXRAZOXANE HYDROCHLORIDE, PER 250 MG	\$215.49
J1200	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	\$0.80
J1205	INJECTION, CHLOROTHIAZIDE SODIUM, PER 500 MG	\$297.72
J1212	INJECTION, DMSO, DIMETHYL SULFOXIDE, 50%, 50 ML	\$60.00
J1230	INJECTION, METHADONE HCL, UP TO 10 MG	\$5.74
J1240	INJECTION, DIMENHYDRINATE, UP TO 50 MG	\$4.99
J1245	INJECTION, DIPYRIDAMOLE, PER 10 MG	\$0.97
J1250	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	\$3.12
J1260	INJECTION, DOLASETRON MESYLATE, 10 MG (ANZEMET)	\$4.03
J1265	INJECTION, DOPAMINE HCL, 40 MG	\$0.16
J1267	INJECTION, DORIPENEM, 10 MG	\$0.58
J1270	INJECTION, DOXERCALCIFEROL, 1 MCG	\$3.11
J1300	INJECTION, ECULIZUMAB 10MG (Soliris)	\$178.20
J1320	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	provider submit invoice
J1324	INJECTION, ENFUVIRTIDE, 1 MG (FUZEON)	\$28.04
J1325	INJECTION, EPOPROSTENOL, 0.5 MG (FLOLAN)	\$14.98
J1327	INJECTION, EPTIFIBATIDE, 5 MG	\$18.31
J1330	INJECTION, ERGONOVINE MALEATE, UP TO 0.2 MG	\$4.68
J1335	INJECTION, ERTAPENEM SODIUM, 500 MG (INVANZ)	\$29.66
J1364	INJECTION, ERYTHROMYCIN LACTOBIONATE, PER 500 MG	\$10.54
J1380	INJECTION, ESTRADIOL VALERATE, UP TO 10 MG	\$9.81
J1390	INJECTION, ESTRADIOL VALERATE, UP TO 20 MG	\$19.61
J1410	INJECTION, ESTROGEN CONJUGATED, PER 25 MG	\$79.77
J1430	INJECTION, ETHANOLAMINE OLEATE, 100 MG (Ethinamin)	\$149.97
J1435	INJECTION, ESTRONE, PER 1 MG	provider submit invoice
J1436	INJECTION, ETIDRONATE DISODIUM, PER 300 MG	provider submit invoice
J1438	INJECTION, ETANERCEPT, 25 MG (ENBREL)	\$200.19
J1440	INJECTION, FILGRASTIM (G-CSF), 300 MCG (NEUPOGEN)	\$210.99
J1441	INJECTION, FILGRASTIM (G-CSF), 480 MCG (NEUPOGEN)	\$359.82
J1450	INJECTION, FLUCONAZOLE, 200 MG	\$6.62
J1451	INJECTION, FOMEPIZOLE, 15 MG (Antizol)	\$8.75
J1452	INJECTION, FOMIVIRSEN SODIUM, INTRAOCULAR, 1.65MG	provider submit invoice
J1453	INJECTION, FOSAPREPITANT, 1MG	\$1.56
J1455	INJECTION, FOSCARNET SODIUM, PER 1000 MG	\$10.02
J1457	INJECTION, GALLIUM NITRATE, 1 MG (Ganite)	\$1.60
J1458	INJECTION, GALSULFASE, 1 MG (NAGLAZYME)	\$339.88
J1459	INJECTION, IMMUNE GLOBULIN (PRIMGEN), INTRAVENOUS, NON-LYOPHILIZED	\$35.09
J1460	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 1 CC	\$14.89
J1470	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 2 CC	\$29.78
J1480	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 3 CC	\$44.64
J1490	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 4 CC	\$59.55

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CODE	DESCRIPTION	FEE
J1500	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 5 CC	\$74.44
J1510	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 6 CC	\$89.42
J1520	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 7 CC	\$104.11
J1530	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 8 CC	\$119.10
J1540	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 9 CC	\$148.88
J1550	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 10 CC	\$148.88
J1560	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, OVER 10 CC	\$20.23
J1561	INJECTION, IMMUGNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED, 500MG (Gamunex)	\$41.99
J1562	INJECTION, IMMUNE GLOBULIN, SUBCUTANEOUS, 100 MG (VIVAGLOBIN)	\$16.68
J1565	INJECTION, RESPIRATORY SYNCYTIAL VIRUS IMMUNE GLOBULIN, INTRAVENOUS, 50 MG (RESPIGAM)	provider submit invoice
J1566	INJECTION, IMMUNE GLOBULIN, INTRVENOUS, LYOPHILIZED, 500 MG	\$35.10
J1567	INJECTION, IMMUNE GLOBULIN, INTRVENOUS, NON-LYOPHILIZED, 500 MG	\$35.03
J1568	INJECTION, IMMUGNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED, 500MG (Octagam)	\$46.61
J1569	INJECTION, IMMUNE GLOBULIN INTRAVENOUS, NON-LYOPHILIZED 500MG (GAMMAGARD)	\$49.92
J1570	INJECTION, GANCICLOVIR SODIUM, 500 MG	\$47.19
J1571	INJECTION, HEPATITS B IMMUNE GLOBULIN 0.5 ML INTRAMUSCULAR (HEPAGAM B)	\$55.60
J1572	INJECTION, IMMUNE GLOBULIN, NON LYOPHILIZED 500 MG (FLEBOGAMMA)	\$35.03
J1573	INJECTION, HEPATITS B IMMUNE GLOBULIN 0.5 ML INTRAVENOUS (HEPAGAM B)	\$55.60
J1580	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	\$0.67
J1590	INJECTION, GATIFLOXACIN, 10 MG	provider submit invoice
J1595	INJECTION, GLATIRAMER ACETATE, 20 MG (COPAXONE)	\$84.01
J1600	INJECTION, GOLD SODIUM THIOMALATE, UP TO 50 MG (Myochrysin)	\$23.40
J1610	INJECTION, GLUCAGON HYDROCHLORIDE, PER 1 MG	\$80.96
J1620	INJECTION, GONADORELIN HYDROCHLORIDE, PER 100 MCG	provider submit invoice
J1626	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG (KYTRIL)	\$16.25
J1630	INJECTION, HALOPERIDOL, UP TO 5 MG	\$1.38
J1631	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	\$7.07
J1640	INJECTION, HEMIN, 1 MG (Panhematin)	\$7.88
J1642	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	\$0.65
J1644	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	\$0.67
J1645	INJECTION, DALTEPARIN SODIUM, PER 2500 IU (FRAGMIN)	\$16.62
J1650	INJECTION, ENOXAPARIN SODIUM, 10 MG (LOVENOX)	\$7.38
J1652	INJECTION, FONDAPARINUX SODIUM, 0.5 MG (ARIXTRA)	\$9.46
J1655	INJECTION, TINZAPARIN SODIUM, 1000 IU (INNOHEP)	\$3.74
J1670	INJECTION, TETANUS IMMUNE GLOBULIN, HUMAN, UP TO 250 UNITS	\$194.62
J1675	INJECTION, HISTRELIN ACETATE, 10 MCG	provider submit invoice
J1700	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	provider submit invoice
J1710	INJECTION, HYDROCORTISONE SODIUM PHOSPHATE, UP TO 50 MG	\$4.69
J1720	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG (SOLU-CORTEF)	\$3.78
J1730	INJECTION, DIAZOXIDE, UP TO 300 MG	provider submit invoice
J1740	INJECTION, IBANDRONATE SODIUM, 1 MG (BONIVA)	\$149.27
J1742	INJECTION, IBUTILIDE FUMARATE, 1 MG	\$452.27
J1743	INJECTION, IDURSULFASE, 1MG (Elaprase)	\$455.83
J1745	INJECTION, INFLIXIMAB, 10 MG (REMICADE)	\$60.36
J1750	INJECTION, IRON DEXTRAN, 50 MG	\$11.76
J1751	INJECTION, IRON DEXTRAN 165, 50 MG (InFed)	\$15.04
J1752	INJECTION, IRON DEXTRAN 267, 50 MG (DexFerrum)	provider submit invoice
J1756	INJECTION, IRON SUCROSE, 1 MG	\$0.39
J1785	INJECTION, IMIGLUCERASE, PER UNIT (CEREZYME)	\$4.13
J1790	INJECTION, DROPERIDOL, UP TO 5 MG	\$1.24
J1800	INJECTION, PROPRANOLOL HCL, UP TO 1 MG	\$5.31
J1810	INJECTION, DROPERIDOL AND FENTANYL CITRATE, UP TO 2 ML AMPULE	\$1.24
J1815	INJECTION, INSULIN, PER 5 UNITS	\$0.19
J1817	INSULIN FOR ADMINISTRATION THROUGH DME (IE INSULIN PUMP) PER 50 UNITS	\$1.91
J1825	INJECTION, INTERFERON BETA-1A, 33 MCG, ADMINISTERED UNDER DIRECT PHYSICIAN (AVONEX)	\$593.49
J1830	INJECTION INTERFERON BETA-1B, 0.25 MG, ADMINISTERED UNDER DIRECT PHYSICIAN (BETASERON)	\$166.37

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CODE	DESCRIPTION	FEE
J1835	INJECTION, ITRACONAZOLE, 50 MG	\$42.28
J1840	INJECTION, KANAMYCIN SULFATE, UP TO 500 MG	\$3.84
J1850	INJECTION, KANAMYCIN SULFATE, UP TO 75 MG	\$0.58
J1885	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	\$0.27
J1890	INJECTION, CEPHALOTHIN SODIUM, UP TO 1 GRAM	provider submit invoice
J1930	INJECTION, LANREOTIDE, 1 MG	\$29.07
J1931	INJECTION, LARONIDASE, 0.1 MG (Aldurazyme)	\$24.14
J1940	INJECTION, FUROSEMIDE, UP TO 20 MG	\$0.56
J1945	INJECTION, LEPIRUDIN, 50MG (REFLUDAN)	\$178.18
J1950	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG	\$295.00
J1953	INJECTION, LEVETIRACETAM, 10 MG	\$0.44
J1955	INJECTION, LEVOCARNITINE, PER 1 GM	\$6.26
J1956	INJECTION, LEVOFLOXACIN, 250 MG	\$5.34
J1960	INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MG	\$4.54
J1980	INJECTION, HYOSCYAMINE SULFATE, UP TO 0.25 MG	\$10.00
J1990	INJECTION, CHLORDIAZEPOXIDE HCL, UP TO 100 MG	\$26.31
J2001	INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG	\$0.77
J2010	INJECTION, LINCOMYCIN HCL, UP TO 300 MG	\$4.91
J2020	INJECTION, LINEZOLID, 200 MG	\$30.46
J2060	INJECTION, LORAZEPAM, 2 MG	\$0.80
J2150	INJECTION, MANNITOL, 25% IN 50 ML	\$0.92
J2170	INJECTION, MECASERMIN, 1 MG (INCRELEX)	\$22.87
J2175	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	\$1.33
J2180	INJECTION, MEPERIDINE AND PROMETHAZINE HCL, UP TO 50 MG	\$7.31
J2185	INJECTION, MEROPENEM, 100 MG (MERREM)	\$4.08
J2210	INJECTION, METHYLERGONOVINE MALEATE, UP TO 0.2 MG	\$6.04
J2248	INJECTION, MICA FUNGIN SODIUM, 1 MG (MYCAMINE)	\$1.12
J2250	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	\$0.24
J2260	INJECTION MILRINONE LACTATE, 5 MG	\$3.50
J2270	INJECTION, MORPHINE SULFATE, UP TO 10 MG	\$0.79
J2271	INJECTION, MORPHINE SULFATE, 100MG	\$1.11
J2275	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG	\$2.67
J2278	INJECTION, ZICONOTIDE, 1 MCG (Prialt)	\$6.50
J2280	INJECTION, MOXIFLOXACIN, 100 MG (CIPRO IV)	\$2.64
J2300	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG (NALBUPHINE)	\$1.44
J2310	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	\$3.82
J2315	INJECTION, NALTREXONE, DEPOT FORM, 1 MG (VIVITROL)	\$1.98
J2320	INJECTION, NANDROLONE DECANOATE, UP TO 50 MG	\$4.67
J2321	INJECTION, NANDROLONE DECANOATE, UP TO 100 MG	\$9.34
J2322	INJECTION, NANDROLONE DECANOATE, UP TO 200 MG	\$18.68
J2323	INJECTION, NATALIZUMAB, 1 MG (TYSABRI)	\$8.13
J2325	INJECTION, NESIRITIDE, 0.1 MG (Natrecor)	\$36.26
J2353	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG (SANDOSTATIN LAR)	\$161.85
J2354	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS PER 25MCG (SANOSTATIN)	\$4.63
J2355	INJECTION, OPRELVEKIN, 5 MG (NEUMEGA)	\$244.80
J2357	INJECTION, OMALIZUMAB, 5 MG (Xolair)	\$19.32
J2360	INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG	\$7.57
J2370	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	\$5.06
J2400	INJECTION, CHLOROPROCAINE HYDROCHLORIDE, PER 30 ML	\$12.29
J2405	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	\$0.73
J2410	INJECTION, OXYMORPHONE HCL, UP TO 1 MG	\$2.25
J2425	INJECTION, PALIFERMIN, 50 MCG (Kepivance)	\$11.25
J2430	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG (PAMIDRONATE)	\$26.60
J2440	INJECTION, PAPAVERINE HCL, UP TO 60 MG	\$0.65
J2469	INJECTION, PALONOSETRON HCL, 25 MCG (Aloxi)	\$17.63
J2501	INJECTION, PARICALCITOL, 1 MCG	\$4.67

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CODE	DESCRIPTION	FEE
J2503	INJECTION, PEGAPTANIB SODIUM, 0.3 MG (MACUGEN)	\$1,036.38
J2504	INJECTION, PEGADEMASE BOVINE, 25 IU (Adagen)	\$247.33
J2505	INJECTION, PEGFILGRASTIM, 6 MG (NEULASTA)	\$2,899.10
J2510	INJECTION, PENICILLIN G PROCAINE, AQUEOUS, UP TO 600,000 UNITS	\$10.82
J2513	INJECTION, PENTASTARCH, 10% SOLUTION, 100 ML (Pentaspán)	provider submit invoice
J2515	INJECTION, PENTOBARBITAL SODIUM, PER 50 MG	\$12.00
J2540	INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS	\$0.76
J2543	INJECTION, PIPERACILLIN SOD / TAZOBACTAM SOD 1G/0.125G (1.125GM)	\$6.18
J2545	PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, PER 300 MG, ADMINISTERED THROUGH	\$44.82
J2550	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	\$1.64
J2560	INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MG	\$3.21
J2590	INJECTION, OXYTOCIN, UP TO 10 UNITS	\$0.98
J2597	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG	\$1.49
J2650	INJECTION, PREDNISOLONE ACETATE, UP TO 1 ML	\$0.17
J2670	INJECTION, TOLAZOLINE HCL, UP TO 25 MG	provider submit invoice
J2675	INJECTION, PROGESTERONE, PER 50MG (PROGESTERONE OIL)	\$2.94
J2680	INJECTION, FLUPHENAZINE DECANOATE, UP TO 25 MG (FLUPHENAZ DEC)	\$3.96
J2690	INJECTION, PROCAINAMIDE HCL, UP TO 1 GM	\$4.49
J2700	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	\$1.70
J2710	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	\$0.38
J2720	INJECTION, PROTAMINE SULFATE, PER 10 MG	\$0.61
J2724	INJECTION, PROTEIN C CONCENTRATE, INTRAVENOUS, HUMNA, 10IU	\$12.19
J2725	INJECTION, PROTIRELIN, PER 250 MCG	provider submit invoice
J2730	INJECTION, PRALIDOXIME CHLORIDE, UP TO 1 GM	\$91.90
J2760	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	\$53.12
J2765	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	\$0.36
J2770	INJECTION, QUINUPRISTIN/DALFOPRISTIN, 500MG (150/350)	\$147.04
J2778	INJECTION, RANIBIZUMAB, 0.1MG (Lucentis)	\$402.19
J2780	INJECTION, RANITIDINE HCL, 25 MG	\$1.22
J2783	INJECTION, RASBURICASE, 0.5 MG (ELITEK)	\$165.90
J2785	INJECTION, REGADENOSON, 0.1 MG	\$50.40
J2788	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN MINIDOSE, 50 MCG (MICRhoGAM)	\$47.14
J2790	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, ONE DOSE PACKAGE (RhoGAM)	\$110.31
J2791	INJECTION, RHO (D) IMMUNE GLOBULIN (HUMAN) 100 IU (RHOPHYLAC)	\$8.44
J2792	INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT, 100 IU (WinRho SD)	\$18.44
J2794	INJECTION, RISPERIDONE, LONG ACTING, 0.5 MG (Risperdal Consta)	\$5.11
J2795	INJECTION, ROPIVACAINE HCL, 1MG	\$0.07
J2800	INJECTION, METHOCARBAMOL, UP TO 10 ML	\$25.08
J2805	INJECTION, SINCALIDE, 5 MCG (Kinevac)	\$65.05
J2810	INJECTION, THEOPHYLLINE, PER 40 MG	\$0.02
J2820	INJECTION, SARGRAMOSTIM (GM-CSF), 50 MCG (LEUKINE)	\$31.08
J2850	INJECTION, SECRETIN, SYNTHETIC, HUMAN, 1 MCG (SecreFlo)	\$20.31
J2910	INJECTION, AUROTHIOGLUCOSE, UP TO 50 MG	provider submit invoice
J2916	INJECTION, SODIUM FERRIC GLUCONATE COMPLEX IN SUCROSE INJECTION, 12.5 MG	\$4.74
J2920	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG	\$2.73
J2930	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	\$5.46
J2940	INJECTION, SOMATREM, 1 MG (SOMATREM)	\$42.03
J2941	INJECTION, SOMATROPIN, 1 MG (SOMATROPIN)	\$58.84
J2950	INJECTION, PROMAZINE HCL, UP TO 25 MG	\$0.48
J2993	INJECTION, RETEPLASE, 18.1MG	\$1,047.75
J2995	INJECTION, STREPTOKINASE, PER 250,000 IU	\$93.75
J2997	INJECTION, ALTEPLASE RECOMBINANT, PER 1 MG	\$35.48
J3000	INJECTION, STREPTOMYCIN, UP TO 1 GM	\$6.31
J3010	INJECTION, FENTANYL CITRATE, 0.1MG	\$0.33
J3030	INJECTION, SUMATRIPTAN SUCCINATE, 6 MG, ADMINISTERED UNDER DIRECT PHYSICIAN	\$82.66
J3070	INJECTION, PENTAZOCINE HCL, UP TO 30 MG	\$5.06

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CODE	DESCRIPTION	FEE
J3100	INJECTION, TENECTEPLASE, 50 MG	\$3,095.15
J3101	INJECTION, TENECTEPLASE, 1 MG	\$41.90
J3105	INJECTION, TERBUTALINE SULFATE, UP TO 1 MG	\$3.02
J3110	INJECTION, TERIPARATIDE, 10 MCG (Forteo)	\$13.70
J3120	INJECTION, TESTOSTERONE ENANTHATE, UP TO 100 MG (DELATESTRYL)	\$4.90
J3130	INJECTION, TESTOSTERONE ENANTHATE, UP TO 200 MG (DELATESTRYL)	\$9.80
J3140	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	provider submit invoice
J3150	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	provider submit invoice
J3230	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG	\$4.63
J3240	INJECTION, THYROTROPIN, 0.9 MG (THYROGEN)	\$887.62
J3243	INJECTION, TIGECYCLINE, 1 MG (TYGACIL)	\$1.15
J3246	INJECTION, TIROFIBAN HCL, 0.25 MG (Aggrastat)	\$6.75
J3250	INJECTION, TRIMETHOENZAMIDE HCL, UP TO 200 MG	\$2.31
J3260	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	\$2.00
J3265	INJECTION, TORSEMIDE, 10 MG/ML	\$4.62
J3280	INJECTION, THIETHYLPERAZINE MALEATE, UP TO 10 MG	provider submit invoice
J3285	INJECTION, TREPASTINIL, 1 MG (REMODULIN)	\$60.19
J3300	INJECTION, TRIAMCINOLONE ACETONIDE, PRESERVATIVE FREE, 1 MG	\$3.10
J3301	INJECTION TRIAMCINOLONE ACETONIDE, PER 10MG (KENALOG)	\$2.01
J3302	INJECTION TRIAMCINOLONE DIACETATE, PER 5MG	\$0.54
J3303	INJECTION TRIAMCINOLONE HEXACETONIDE, PER 5MG	\$1.47
J3305	INJECTION, TRIMETREXATE GLUCURONATE, PER 25 MG	provider submit invoice
J3310	INJECTION, PERPHENAZINE, UP TO 5 MG	provider submit invoice
J3315	INJECTION, TRIPTORELIN PAMOATE, 3.75 MG	\$161.82
J3320	INJECTION, SPECTINOMYCIN DIHYDROCHLORIDE, UP TO 2 GM	provider submit invoice
J3350	INJECTION, UREA, UP TO 40 GM	provider submit invoice
J3355	INJECTION, UROFOLLITROPIN, 75IU (BRAVELLE)	\$73.54
J3360	INJECTION, DIAZEPAM, UP TO 5 MG	\$0.16
J3364	INJECTION, UROKINASE, 5000 IU VIAL	\$9.07
J3365	INJECTION, IV, UROKINASE, 250,000 I.U. VIAL	\$453.41
J3370	INJECTION, VANCOMYCIN HCL, 500 MG	\$3.05
J3396	INJECTION, VERTEPORFIN, 0.1 MG (Visudyne)	\$9.48
J3400	INJECTION, TRIFLUPROMAZINE HCL, UP TO 20 MG	provider submit invoice
J3410	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	\$0.52
J3411	INJECTION, THIAMINE HCL, 100 MG (VIT B-1)	\$2.48
J3415	INJECTION, PYRIDOXINE HCL, 100 MG (VIT B-6)	\$4.85
J3420	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	\$1.04
J3430	INJECTION, PHYTONADIONE (VITAMIN K), PER 1 MG	\$4.24
J3465	INJECTION, VORICONAZOLE, 10 MG (VFEND)	\$5.69
J3470	INJECTION, HYALURONIDASE, UP TO 150 UNITS	\$15.98
J3471	INJECTION, HYALURONIDASE, OVINE, PRES. FREE, PER 1 USP UNIT (UP TO 999 USP UNITS) (VITRASE)	\$0.12
J3472	INJECTION, HYALURONIDASE, OVINE, PRES. FREE, PER 1000 USP UNITS (VITRASE)	\$127.60
J3473	INJECTION, HYALURONIDASE, RECOMBINANT, 1 USP UNIT (HYLENEX)	\$0.55
J3475	INJECTION, MAGNESIUM SULFATE, PER 500 MG	\$0.05
J3480	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	\$0.04
J3485	INJECTION, ZIDOVUDINE, 10MG	\$1.23
J3486	INJECTION, ZIPRASIDONE MESYLATE, 10 MG (GEODON)	\$5.79
J3487	INJECTION, ZOLEDRONIC ACID, 1 MG (ZOMETA)	\$223.91
J3488	INJECTION, ZOLEDRONIC ACID, 1 MG (RECLAST)	\$241.45
J3490	UNCLASSIFIED DRUGS	provider submit invoice
J3520	EDETATE DISODIUM, PER 150 MG	\$1.26
J3530	NASAL VACCINE INHALATION	provider submit invoice
J3535	DRUG ADMINISTERED THROUGH A METERED DOSE INHALER	provider submit invoice
J3570	LAETRILE, AMYGDALIN, VITAMIN B17	provider submit invoice
J3590	UNCLASSIFIED BIOLOGICS	provider submit invoice
J7030	INFUSION, NORMAL SALINE SOLUTION , 1000 CC	\$0.45

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CODE	DESCRIPTION	FEE
J7040	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	\$0.54
J7042	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)	\$0.31
J7050	INFUSION, NORMAL SALINE SOLUTION , 250 CC	\$0.27
J7060	5% DEXTROSE/WATER (500 ML = 1 UNIT)	\$5.60
J7070	INFUSION, D5W, 1000 CC	\$6.58
J7100	LMD 10%/0.9% SOD CHL SOLN	\$22.25
J7110	GENTRAN 75 6% / NS IV SOLN	provider submit invoice
J7120	RINGERS LACTATE INFUSION, UP TO 1000 CC	\$0.97
J7130	HYPERTONIC SALINE SOLUTION, 50 OR 100 MEQ, 20 CC VIAL	\$0.23
J7186	INJECTION, ANTIEHEMOPHILIC FACTOR VIII/VON WILLEBRAND FACOTR COMPLEX (HUMAN)	\$0.91
J7187	INJECTION, VON WILLEBRAND FACTOR COMPLEX, HUMAN, IU (Humate-P)	\$0.79
J7189	FACTOR VIIa, PER 1 MCG (NovoSeven)	\$1.19
J7190	FACTOR VIII (ANTIEHEMOPHILIC FACTOR, HUMAN) PER I.U. (HEMOFIL-M)	\$0.71
J7191	FACTOR VIII (ANTIEHEMOPHILIC FACTOR (PORCINE)), PER I.U.	provider submit invoice
J7192	FACTOR VIII (ANTIEHEMOPHILIC FACTOR, RECOMBINANT) PER I.U.	\$1.04
J7193	FACTOR IX (ANTIEHEMOPHILIC FACTOR, PURIFIED, NON RECOMBINANT) PER IU	\$0.81
J7194	FACTOR IX, COMPLEX, PER I.U. (Proplex T)	\$0.75
J7195	FACTOR IX (ANTIEHEMOPHILIC FACTOR, RECOMBINANT) PER IU (BENEFIX)	\$0.99
J7197	ANTITHROMBIN III (HUMAN), PER I.U.	\$2.33
J7198	ANTI-INHIBITOR, PER IU (FEIBA VH)	\$1.31
J7199	HEMOPHILIA CLOTTING FACTOR, NOT OTHERWISE CLASSIFIED	provider submit invoice
J7300	INTRAUTERINE COPPER CONTRACEPTIVE	\$448.86
J7302	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, 52 MG	\$585.89
J7303	CONTRACEPTIVE SUPPLY, HORMONE CONTAINING VAGINAL RING (NUVARING)	\$69.66
J7306	LEVONORGESTREL IMPLANT SYSTEM, INCLUDING IMPLANTS AND SUPPLIES	provider submit invoice
J7307	ETONOGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLANT AND SUPPLIES (IMPLANON)	\$744.10
J7308	AMINOLEVULINIC ACID HCL FOR TOPICAL ADMINISTRATION, 20%, SINGLE UNIT DOSAGE FORM (354 MG)	\$130.49
J7310	GANCICLOVIR, 4.5 MG, LONG-ACTING IMPLANT	\$16,960.00
J7311	FLUCINOLONE ACETONIDE, INTRAVITREAL IMPLANT (RETSERT)	\$18,250.00
J7321	HYALURONAN OR DERIVATIVE, HYALGAN OR SUPARTZ, FOR INTRA-ARTICULAR INJECTION, PER DOSE	\$123.82
J7322	HYALURONAN OR DERIVATIVE, SYNVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	\$208.11
J7323	HYALURONAN OR DERIVATIVE, EUFLEXXA, FOR INTRA-ARTICULAR INJECTION, PER DOSE	\$152.12
J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	\$221.64
J7330	AUTOLOGOUS CULTURED CHONDROCYTES, IMPLANT (CARTICEL)	\$30,850.00
J7340	DERMAL & EPIDERMAL, TISS OF HUM ORIGIN, W/ OR W/O BIOENG OR PROC ELEMENTS, W/ MET ACT ELE, PER SQUARE CM	provider submit invoice
J7341	DERMAL TISSUE OF NON-HUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS	provider submit invoice
J7342	DERMAL TISSUE, OF HUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED	provider submit invoice
J7343	DERMAL TISSUE, OF HUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED	provider submit invoice
J7344	DERMAL TISSUE, OF HUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED	provider submit invoice
J7345	DERMAL (SUBSTITUTE) TISSUE OF NON-HUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS PER SQUARE CENTIMETER (PRIMANTRIX DERMAL REPAIR SCAFFOLD, INTEGRA MATRIX WOUND DRESSING)	provider submit invoice
J7346	DERMAL (SUBSTITUTE) TISSUE OF HUMAN ORIGIN, INJECTABLE, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, BUT WITHOUT METABOLICALLY ACTIVE ELEMENTS 1 CC (CYRNETRA, GRAFTJACKET XPRESS)	provider submit invoice
J7347	DERMAL (SUBSTITUTE) TISSUE OF HUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR PROCESSED ELEMENTS, WITHOUT METABOLICALLY ACTIVE ELEMENTS (INTEGRA MATRIX), PER SQUARE CENTIMETER	provider submit invoice
J7348	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER	provider submit invoice
J7349	DERMAL (SUBSTITUTE) TISSUE OF NONHUMAN ORIGIN, WITH OR WITHOUT OTHER	provider submit invoice
J7500	AZATHIOPRINE - ORAL, TAB, 50 MG,	provider submit invoice
J7501	AZATHIOPRINE - PARENTERAL, 100 MG.	\$91.36
J7502	CYCLOSPORINE 100 MG	\$3.84
J7504	LYMPHOCYTE IMMUNE GLOBULIN, ANTITYMOCYTE GLOBULIN - PARENTERAL, 250 MG	\$491.75
J7505	MUROMONAB-CD3 - PARENTERAL, 5 MG	\$1,117.10
J7506	PREDNISONE, ORAL, PER 5MG	provider submit invoice
J7507	TACROLIMUS, ORAL, PER 1 MG	provider submit invoice
J7508	TACROLIMUS, ORAL, PER 5 MG	provider submit invoice
J7509	METHYLPREDNISOLONE ORAL, PER 4 MG	provider submit invoice

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CODE	DESCRIPTION	FEE
J7510	PREDNISOLONE ORAL, PER 5 MG	provider submit invoice
J7511	LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, RABBIT, PARENTERAL, 25 MG	\$444.83
J7513	DACLIZUMAB, PARENTERAL, 25 MG (ZENAPAX)	\$516.72
J7515	CYCLOSPORINE, ORAL, 25 MG	\$0.92
J7516	CYCLOSPORINE, PARENTERAL, 250 MG	\$21.01
J7517	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	provider submit invoice
J7518	MYCOPHENOLIC ACID ORAL 180MG	\$2.97
J7520	SIROLIMUS, ORAL, 1MG	provider submit invoice
J7525	TACROLIMUS, PARENTERAL, 5MG	\$139.60
J7599	IMMUNOSUPPRESSIVE DRUG, NOT OTHERWISE CLASSIFIED	provider submit invoice
J7602	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION	\$0.17
J7603	ALBUTEROL, ALL FORMULATIONS INCLUDING SEPARATED ISOMERS, INHALATION SOLUTION	\$0.41
J7604	ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMIN THROUGH DME	provider submit invoice
J7605	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED	\$5.08
J7606	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT	\$4.38
J7608	ACETYLCYSTEINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UD, PER GRAM	provider submit invoice
J7609	ALBUTEROL, INHALATION SOLUTION, COMPOUND PRODUCT, ADM DME, UNIT DOSE 1MG (CODE PRICE IS FOR ACTIVE INGREDIENT INCLUDE COMPOUNDING COST)	\$0.17
J7611	ALBUTEROL, INHALATION SOLUTION, ADMINISTERED THROUGH DME, CONCENTRATED, 1MG	\$0.09
J7612	LEVALBUTEROL, INHALATION SOLUTION, ADMINISTERED THROUGH DME, CONCENTRATED, 0.5MG	\$0.21
J7613	ALBUTEROL INHALATION SOLUTION, ADMINISTERED THROUGH DME, UNIT DOSE, 1MG	\$0.05
J7614	LEVALBUTEROL, INHALATION SOLUTION, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5MG	\$0.25
J7617	LEVALBUTEROL, UP TO 2.5MG AND IPRATROPIUM BROMIDE, UP TO 1MG, COMPOUND, (FURTHER DOC. NEEDED)	provider submit invoice
J7620	ALBUTEROL, UP TO 2.5MG AND IPRAT. BROM., UP TO 0.5MG, NON-COMPOUND INHAL. SOL., ADMIN. THROUGH DME (DUONEB)	\$0.25
J7622	BECLOMETHASONE, INHALATION SOLUTION ADMIN. THROUGH DME, UD FORM, PER MG	provider submit invoice
J7624	BECLOMETHASONE, INHALATION SOLUTION ADMIN. THROUGH DME, UD FORM, PER MG	provider submit invoice
J7626	BUDESONIDE INHALATION SOLUTION, ADMIN. THROUGH DME, UD FORM, 0.25 MG	\$6.09
J7627	BUDESONIDE, POWDER, COMP. FOR INHALATION SOLUTION, ADMIN. THROUGH DME, UNIT DOSE UP TO 0.5MG	provider submit invoice
J7628	BITOLTEROL MESYLATE, INH. SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED, PER MG	provider submit invoice
J7629	BITOLTEROL MESYLATE, INH. SOLUTION ADMINISTERED THROUGH DME, UD, PER MG	provider submit invoice
J7631	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UD, PER 10 MG	\$0.45
J7632	CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UD, PER 10 MG	provider submit invoice
J7633	BUDESONIDE, INHALATION SOLUTION ADMIN. THROUGH DME, CONCENTRATED FORM	provider submit invoice
J7635	ATROPINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED, PER MG	provider submit invoice
J7636	ATROPINE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UD, PER MG	provider submit invoice
J7637	DEXAMETHASONE, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED, PER MG	provider submit invoice
J7638	DEXAMETHASONE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UD, PER MG	provider submit invoice
J7639	DORNASE ALPHA, INHALATION SOLUTION ADMINISTERED THROUGH DME, UD, PER MG	\$22.72
J7640	FORMOTEROL, INHALATION SOLN ADMIN. THROUGH DME, UNIT DOSE FORM, 12 MCG (Foradil)	\$2.94
J7641	FLUNISOLIDE, INHALATION SOLUTION ADMIN. THROUGH DME, UD, PER MG	provider submit invoice
J7642	GLYCOPYRROLATE, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED, PER MG	provider submit invoice
J7643	GLYCOPYRROLATE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UD, PER MG	provider submit invoice
J7644	IPRATROPIUM BROMIDE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UD, PER MG	\$0.20
J7648	ISOETHARINE HCL, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED, PER MG	provider submit invoice
J7649	ISOETHARINE HCL, INHALATION SOLUTION ADMINISTERED THROUGH DME, UD, PER MG	provider submit invoice
J7658	ISOPROTERENOL HCL, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED, PER MG	provider submit invoice
J7659	ISOPROTERENOL HCL, INHALATION SOLUTION ADMINISTERED THROUGH DME, UD, PER MG	provider submit invoice
J7668	METAPROTERENOL SULFATE, INH. SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED, PER 10 MG	provider submit invoice
J7669	METAPROTERENOL SULFATE, INH. SOLUTION ADMINISTERED THROUGH DME, UD, PER 10 MG	\$0.25
J7674	METHACHOLINE CHLORIDE ADMINISTERED AS INHALATION SOL. THROUGH A NEBULIZER, PER 1 MG	\$0.44
J7676	PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UD, PER 300MG	provider submit invoice
J7680	TERBUTALINE SULFATE, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED, PER MG	provider submit invoice
J7681	TERBUTALINE SULFATE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UD, PER MG	provider submit invoice
J7682	TOBRAMYCIN, UD FORM, 300 MG, INHALATION SOLUTION, ADMINISTERED THROUGH DME	\$67.40
J7683	TRIAMCINOLONE, INHALATION SOLUTION ADMINISTERED THROUGH DME, CONCENTRATED, PER MG	provider submit invoice
J7684	TRIAMCINOLONE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UD, PER MG	provider submit invoice
J7699	NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME	provider submit invoice

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<b>CODE</b>	<b>DESCRIPTION</b>	<b>FEE</b>
J7799	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	provider submit invoice
J8498	ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED	provider submit invoice
J8499	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, NOS	provider submit invoice
J8501	EMEND 80MG	\$5.49
J8510	BUSULFAN, ORAL, 2 MG	provider submit invoice
J8515	CABERGOLINE, ORAL, 0.25 MG (Dostinex)	\$11.83
J8520	CAPECITABINE, ORAL, 150 MG	provider submit invoice
J8521	CAPECITABINE, ORAL, 500 MG	provider submit invoice
J8530	CYCLOPHOSPHAMIDE, ORAL, 25 MG	provider submit invoice
J8540	DEXAMETHASONE, ORAL, 0.25 MG	\$0.09
J8560	ETOPOSIDE, ORAL, 50 MG	\$30.35
J8597	ANTIEMETIC DRUG, ORAL, NOT OTHERWISE SPECIFIED	provider submit invoice
J8600	MELPHALAN, ORAL, 2 MG	provider submit invoice
J8610	METHOTREXATE, ORAL, 2.5 MG	\$0.15
J8650	NABILONE, ORAL, 1 MG (CESAMET)	\$20.00
J8700	TEMOZOLMIDE, ORAL, 5MG	provider submit invoice
J8705	TOPOTECAN, ORAL, 0.25 MG	\$70.03
J8999	PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS	provider submit invoice
J9000	DOXORUBICIN HCL, 10 MG	\$3.58
J9001	DOXORUBICIN HCL, ALL LIPID FORMULATIONS, 10 MG (DOXIL)	\$466.64
J9010	ALEMTUZUMAB, 10 MG	\$569.84
J9015	ALDESLEUKIN, PER SINGLE USE VIAL (PROLEUKIN)	\$774.76
J9017	ARSENIC TRIOXIDE, 1 MG	\$37.55
J9020	ASPARAGINASE, 10,000 UNITS	\$58.02
J9025	INJECTION, AZACITIDINE, 1 MG (Vidaza)	\$4.81
J9027	INJECTION, CLOFARABINE, 1 MG (Clolar)	\$116.54
J9031	BCG (INTRAVESICAL) PER INSTILLATION (TICE BCG)	\$164.21
J9033	INJECTION, BENDAMUSTINE HCL, 1 MG	\$18.56
J9035	INJECTION, BEVACIZUMAB, 10 MG (Avastin)	\$56.72
J9040	BLEOMYCIN SULFATE, 15 UNITS	\$70.13
J9041	INJECTION, BORTEZOMIB, 0.1 MG (Velcade)	\$37.24
J9045	CARBOPLATIN, 50 MG	\$5.22
J9050	CARMUSTINE, 100 MG	\$176.92
J9055	INJECTION, CETUXIMAB, 10 MG (Erbix)	\$49.50
J9060	CISPLATIN, POWDER OR SOLUTION, PER 10 MG	\$2.32
J9062	CISPLATIN, 50 MG	\$11.60
J9065	INJECTION, CLADRIBINE, PER 1 MG	\$27.06
J9070	CYCLOPHOSPHAMIDE, 100 MG	\$3.16
J9080	CYCLOPHOSPHAMIDE, 200 MG	\$6.32
J9090	CYCLOPHOSPHAMIDE, 500 MG	\$15.80
J9091	CYCLOPHOSPHAMIDE, 1.0 GRAM	\$31.60
J9092	CYCLOPHOSPHAMIDE, 2.0 GRAM	\$63.20
J9093	CYCLOPHOSPHAMIDE, LYOPHILIZED, 100 MG	\$2.45
J9094	CYCLOPHOSPHAMIDE, LYOPHILIZED, 200 MG	\$4.90
J9095	CYCLOPHOSPHAMIDE, LYOPHILIZED, 500 MG	\$11.13
J9096	CYCLOPHOSPHAMIDE, LYOPHILIZED, 1.0 GRAM	\$22.26
J9097	CYCLOPHOSPHAMIDE, LYOPHILIZED, 2.0 GRAM	\$44.52
J9098	CYTARABINE LIPOSOME, 10 MG (Depocyt)	\$488.64
J9100	CYTARABINE 100 MG	\$1.73
J9110	CYTARABINE, 500 MG	\$3.85
J9120	DACTINOMYCIN, 0.5 MG	\$543.73
J9130	DACARBAZINE, 100 MG	\$4.00
J9140	DACARBAZINE, 200 MG	\$7.89
J9150	DAUNORUBICIN, 10 MG	\$16.07
J9151	DAUNORUBICIN CITRATE, LIPOSOMAL FORMULATION, 10 MG	\$56.31
J9160	DENILEUKIN DIFTOX, 300MCG	\$1,424.51

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CODE	DESCRIPTION	FEE
J9165	DIETHYLSTILBESTROL DIPHOSPHATE, 250 MG	\$15.17
J9170	DOCETAXEL, 20 MG (TAXOTERE)	\$378.96
J9175	INJECTION, ELLIOTT'S B SOLUTION, 1 ML	\$4.07
J9178	INJECTION, EPIRUBICIN HCL, 2 MG (ELLENCÉ)	\$25.95
J9181	ETOPOSIDE, 10 MG	\$0.45
J9182	ETOPOSIDE, 100 MG.	provider submit invoice
J9185	FLUDARABINE PHOSPHATE, 50 MG	\$163.26
J9190	FLUOROURACIL, 500 MG	\$1.45
J9200	FLOXURIDINE, 500 MG	\$55.85
J9201	GEMCITABINE HCL, 200 MG (GEMZAR)	\$142.24
J9202	GOSERELIN ACETATE IMPLANT, PER 3.6 MG (ZOLADEX)	\$391.27
J9206	IRINOTECAN, 20 MG (CAMPTOSAR)	\$126.57
J9207	INJECTION, IXABEPILONE, 1MG	\$63.74
J9208	IFOSFAMIDE, 1 GM	\$30.03
J9209	MESNA, 200 MG	\$22.26
J9211	IDARUBICIN HYDROCHLORIDE, 5 MG	\$412.57
J9212	INJECTION, INTERFERON ALFACON-1, RECOMBINANT, 1 MCG (INFERGEN)	\$11.40
J9213	INTERFERON, ALFA-2A, RECOMBINANT, 3 MILLION UNITS (ROFERON A)	\$40.50
J9214	INTERFERON, ALFA-2B, RECOMBINANT, 1 MILLION UNITS (INTRON A)	\$12.64
J9215	INTERFERON, ALFA-N3, (HUMAN LEUKOCYTE DERIVED), 250,000 IU (ALFERON)	\$17.90
J9216	INTERFERON, GAMMA 1-B, 3 MILLION UNITS (ACTIMMUNE)	\$446.41
J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	\$305.00
J9218	LEUPROLIDE ACETATE, PER 1 MG	\$20.00
J9219	LEUPROLIDE ACETATE IMPLANT, 65MG	\$4,819.82
J9225	HISTRELIN, IMPLANT, 50MG (Vantas)	\$5,203.13
J9226	HISTRELIN, IMPLANT, 50MG (Supprelin LA)	\$15,033.38
J9230	MECHLORETHAMINE HYDROCHLORIDE, (NITROGEN MUSTARD), 10 MG	\$147.19
J9245	INJECTION, MELPHALAN HYDROCHLORIDE, 50 MG	\$1,624.60
J9250	METHOTREXATE SODIUM, 5 MG	\$0.18
J9260	METHOTREXATE SODIUM, 50 MG	\$1.82
J9261	INJECTION, NELARABINE, 50 MG (ARRANON)	\$100.71
J9263	INJECTION, OXALIPLATIN, 0.5 MG	\$9.61
J9264	INJECTION, PACLITAXEL PROTEIN-BOUND PARTICLES, 1 MG (Abraxane)	\$9.22
J9265	PACLITAXEL, 30 MG	\$54.04
J9266	PEGASPARGASE, PER SINGLE DOSE VIAL	\$2,748.19
J9268	PENTOSTATIN, PER 10 MG	\$1,889.64
J9270	PLICAMYCIN, 2.5 MG	\$98.74
J9280	MITOMYCIN, 5 MG	\$14.27
J9290	MITOMYCIN, 20 MG	\$57.40
J9291	MITOMYCIN, 40 MG	\$114.18
J9293	INJECTION, MITOXANTRONE HYDROCHLORIDE, PER 5 MG (NOVANTRONE)	\$103.74
J9300	GEMTUZUMAB OZOGAMICIN, 5 MG	\$2,524.24
J9303	INJECTION, PANITUMUMAB, 10MG	\$85.93
J9305	INJECTION, PEMETREXED, 10 MG (Alimta)	\$62.10
J9310	RITUXIMAB, 100 MG (RITUXAN)	\$556.98
J9320	STREPTOZOCIN, 1 GM (ZANOSAR)	\$48.93
J9330	INJECTION, TEMSIROLIMUS, 1 MG	\$48.79
J9340	THIOTEPA, 15 MG	\$65.68
J9350	TOPOTECAN, 4 MG (HYCAMTIN)	\$1,037.76
J9355	TRASTUZUMAB, 10 MG (HERCEPTIN)	\$62.45
J9357	VALRUBICIN, INTRAVESICAL, 200 MG (VALSTAR)	\$645.04
J9360	VINBLASTINE SULFATE, 1 MG	\$1.00
J9370	VINCRISTINE SULFATE, 1 MG	\$5.70
J9375	VINCRISTINE SULFATE, 2 MG	\$11.40
J9380	VINCRISTINE SULFATE, 5 MG	\$28.49
J9390	VINORELBINE TARTRATE, PER 10 MG (NAVELBINE)	\$36.09

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CODE	DESCRIPTION	FEE
J9395	INJECTION, FULVESTRANT, 25 MG (FASLODEX)	\$82.78
J9600	PORFIMER SODIUM, 75 MG	\$2,708.57
J9999	NOT OTHERWISE CLASSIFIED, ANTINEOPLASTIC DRUGS	provider submit invoice
Q0164	PROCHLORPERAZINE MALEATE, 5MG	\$0.04
Q0165	PROCHLORPERAZINE MALEATE, 10MG	\$0.02
Q0166	GRANISETRON HYDROCHLORIDE, 1MG	\$5.26
Q0167	DRONABINOL, 2.5MG	\$5.89
Q0168	DRONABINOL, 5MG	\$13.52
Q0170	PROMETHAZINE HYDROCHLORIDE, 25MG	\$0.13
Q0171	CHLORPROMAZINE HYDROCHLORIDE, 10MG	\$0.01
Q0172	CHLORPROMAZINE HYDROCHLORIDE, 25MG	\$0.03
Q0173	TRIMETHOBENZAMIDE HYDROCHLORIDE, 250MG	provider submit invoice
Q0175	PERPHENAZINE, 4MG	\$0.78
Q0176	PERPHENAZINE, 8MG	\$0.75
Q0177	HYDROXYZINE PAMOATE, 25MG	\$0.05
Q0178	HYDROXYZINE PAMOATE, 50MG	\$0.06
Q0179	ONDANSETRON HYDROCHLORIDE, 8MG	\$8.07
Q0180	DOLASETRON MESYLATE, 100MG	\$50.59
Q0515	INJECTION, SERMORELIN ACETATE, 1 MCG (GEREF)	provider submit invoice
Q2009	INJECTION, FOSPHENYTOIN, 50MG	\$0.59
Q2017	INJECTION, TENIPOSIDE, 50MG	\$325.66
Q3025	INJECTION, INTERFERON BETA-1A, 11 MCG FOR SUBCUTANEOUS USE (REBIF)	\$178.75
Q3026	INJECTION, INTERFERON BETA-1A, 11 MCG FOR SUBCUTANEOUS USE (REBIF)	\$98.01
Q4079	INJECTION, NATALIZUMAB, 1 MG (TYSABRI)	provider submit invoice
Q4080	ILLOPROST, INHALATION SOLUTION, UPT TO 20MCG (VENTAVIS)	\$63.45
Q4081	INJECTION, EPOETIN ALFA, 100 UNITS (FOR ESRD ON DIALYSIS) (EPOGEN, PROCRIT)	\$1.24
Q4082	DRUG OR BIOLOGICAL, NOT OTHERWISE CLASSIFIED, PART B DRUG COMPETITIVE ACQUISITION PROGRAM (CAP)	provider submit invoice
Q4083	HYALGAN OR SUPARTZ, INJ	\$123.82
Q4084	SYNVISC, INJ	\$208.11
Q4085	EUFLEXA, INJ	\$152.12
Q4086	ORTHOVISC, INJ	provider submit invoice
Q4087	INJECTION, IMMUNE GLOBULIN INTRAVENOUS, NON-LYOPHILIZED, 500 MG (OCTAGAM)	provider submit invoice
Q4088	INJECTION, IMMUNE GLOBULIN INTRAVENOUS, NON-LYOPHILIZED 500MG (GAMMAGARD)	provider submit invoice
Q4089	INJECTION, RHO (D) IMMUNE GLOBULIN (HUMAN) 100 IU (RHOPHYLAC)	provider submit invoice
Q4090	INJECTION, HEPATITS B IMMUNE GLOBULIN 0.5 ML (HEPAGAM B)	provider submit invoice
Q4091	INJECTION, IMMUNE GLOBULIN, NON LYOPHILIZED 500 MG (FLEBOGAMMA)	provider submit invoice
Q4092	INJECTION, IMMUNE GLOBULIN, NON LYOPHILIZED 500 MG (GAMUNEX)	provider submit invoice
Q4093	ALBUTEROL, ALL FORMULATIONS, INCLUDING SEPARATED ISOMERS, CONCENTRATED, per 1 MG OR 0.5 MG	provider submit invoice
Q4094	ALBUTEROL, ALL FORMULATIONS, INCLUDING SEPARATED ISOMERS, UNIT DOSE, PER 1 MG OR 0.5 MG	provider submit invoice
Q4095	INJECTION ZOLEDRONIC ACID (RECLAST) 1 MG	provider submit invoice
Q4097	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED, 500 MG (PRIVIGEN)	provider submit invoice
Q4098	INJECTION, IRON DEXTRAN, 50 MG	provider submit invoice
Q4099	FORMOTEROL FUMARATE, INHALATION SOLUTION, NON-COMPOUNDED, ADMIN THROUGH DME, UNIT DOSE, 20 MICROGRAMS	provider submit invoice
Q4100	SKIN SUBSTITUTE, NOT OTHERWISE SPECIFIED	provider submit invoice
Q4101	SKIN SUBSTITUTE, APLIGRAF, PER SQUARE CENTIMETER	\$32.75
Q4102	SKIN SUBSTITUTE, OASIS WOUND MATRIX, PER SQUARE CENTIMETER	\$4.45
Q4103	SKIN SUBSTITUTE, OASIS BURN MATRIX, PER SQUARE CENTIMETER	\$3.15
Q4104	SKIN SUBSTITUTE, INTEGRA BILAYER MATRIX WOUND DRESSING	\$11.94
Q4105	SKIN SUBSTITUTE, INTEGRA DERMAL REGENERATION TEMPLATE (DRT) PER SQUIRE CENTIMETER	\$11.94
Q4106	SKIN SUBSTITUTE, DERMAGRAFT, PER SQUARE CENTIMETER	\$40.00
Q4107	SKIN SUBSTITUTE, GRAFT JACKET, PER SQUARE CENTIMETER	\$90.46
Q4108	SKIN SUBSTITUTE, INTEGRAL MATRIX, PER SQUARE CENTIMETER	\$12.26
Q4109	SKIN SUBSTITUTE, TISSUEMEND, PER SQUARE CENTIMETER	\$79.09
Q4110	SKIN SUBSTITUTE, PRIMATRIX, PER SQUARE CENTIMETER	\$34.45
Q4111	SKIN SUBSTITUTE, GAMMAGRAFT, PER SQUARE CENTIMETER	provider submit invoice
Q4112	ALLOGRAFT, CYMETRA, INJECTABLE, 1CC	provider submit invoice

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CODE	DESCRIPTION	FEE
Q4113	ALLOGRAFT, GRAFTJACKET EXPRESS, INJECTABLE, 1CC	\$313.97
Q4114	INTEGRA FLOWABLE WOUND MATRIX, INJECTABLE, 1CC	\$866.67
Q9945	LOW OSMOLAR CONTRAST MATERIAL, UP TO 149 MG/ML IODINE CONCENTRATION, PER ML	provider submit invoice
Q9946	LOW OSMOLAR CONTRAST MATERIAL, 150-199 MG/ML IODINE CONCENTRATION, PER ML	provider submit invoice
Q9947	LOW OSMOLAR CONTRAST MATERIAL, 200-240 MG/ML IODINE CONCENTRATION, PER ML	provider submit invoice
Q9948	LOW OSMOLAR CONTRAST MATERIAL, 250-299 MG/ML IODINE CONCENTRATION, PER ML	provider submit invoice
Q9949	LOW OSMOLAR CONTRAST MATERIAL, 300-349 MG/ML IODINE CONC., PER ML	provider submit invoice
Q9950	LOW OSMOLAR CONTRAST MATERIAL, 350-399 MG/ML IODINE CONC., PER ML	provider submit invoice
Q9951	LOW OSMOLAR CONTRAST MATERIAL, 400 OR GREATER MG/ML IODINE CONCENTRATION , PER ML	provider submit invoice
Q9952	INJECTION, GADOLINIUM-BASED MAGNETIC RESONANCE CONTRAST AGENT, PER ML	provider submit invoice
Q9953	INJECTION, IRON-BASED MAGNETIC RESONANCE CONTRAST AGENT, PER ML	provider submit invoice
Q9954	ORAL MAGNETIC RESONANCE CONTRAST AGENT, PER ML	\$0.12
Q9955	INJECTION, PERFLEXANE LIPID MICROSPHERES, PER ML	provider submit invoice
Q9956	INJECTION, OCTAFLUOROPROPANE MICROSPHERES, PER ML	\$58.50
Q9957	INJECTION, PERFLUTREN LIPID MICROSPHERES, PER ML	\$62.16
Q9958	HIGH OSMOLAR MATERIAL, UPTO 149MG/ML IODINE CONCENTRATION, PER ML	\$0.06
Q9960	HIGH OSMOLAR MATERIAL, UPTO 200-249MG/ML IODINE CONC, PER ML	\$0.12
Q9961	HIGH OSMOLAR MATERIAL, UPTO 250-299MG/ML IODINE CONC, PER ML	\$0.13
Q9962	HIGH OSMOLAR MATERIAL, UPTO 300-349MG/ML IODINE CONC, PER ML	\$0.17
Q9963	HIGH OSMOLAR MATERIAL, UPTO 350-399MG/ML IODINE CONC, PER ML	\$0.16
Q9964	HIGH OSMOLAR MATERIAL, 400 OR GREATER MG/ML, PER ML	\$0.30
Q9965	LOW OSMOLAR CONTRAST MATERIAL, 100-199 MG/ML IODINE CONC. PER ML	\$0.34
Q9966	LOW OSMOLAR CONTRAST MATERIAL, 200-299 MG/ML IODINE CONC. PER ML	\$0.40
Q9967	LOW OSMOLAR CONTRAST MATERIAL, 300-399 MG/ML IODINE CONC., PER ML	\$0.20
S0020	INJECTION, BUPIVCANE HYDROCHLORIDE, 30ML	\$2.79
S0023	INJECTION, CIMETIDINE HYDROCHLORIDE, 300 MG	\$2.81
S0028	INJECTION FAMOTIDINE 20 MG	\$0.74
S0030	INJECTION, METRONIDAZOLE, 500 MG	\$2.61
S0032	INJECTION NAFCILLIN SODIUM 2 GRAMS	\$24.08
S0039	INJECTION, SULFAMETHOXAZOLE AND TRIMETHOPRIM, 10mL	\$3.81
S0040	INJECTION, TICARCILLIN DISODIUM AND CLAVULANATE POTASSIUM, 3.1 GM (TIMENTIN)	\$16.66
S0073	INJECTION, AZTREONAM, 500 MG (AZACTAM)	\$15.86
S0074	INJECTION, CEFOTETAN DISODIUM, 500mg	\$7.11
S0077	INJECTION CLINDAMYCIN PHOSPHATE 300 MG	\$1.58
S0078	INJECTION, FOSPHENYTOIN SODIUM, 750 MG	\$71.94
S0081	INJECTION, PIPERACILLIN SODIUM, 500mg	\$1.83
S0088	Imatinib 100mg	\$28.47
S0122	INJECTION, MENOTROPINS, 75 IU (PERGONAL)	\$71.76
S0126	INJECTION, FOLLITROPIN ALFA, 75 IU (Gonal-f)	\$92.93
S0128	INJECTION, FOLLITROPIN BETA, 75 IU (FOLLISTIM)	\$87.45
S0132	INJECTION, GANIRELIX ACETATE, 250 MCG	\$101.43
S0145	INJECTION, PEGYLATED INTERFERON ALFA-2A, 180MCG PER ML (PEGASYS)	\$487.86
S0146	INJECTION, PEGYLATED INTERFERON ALFA-2B, 10MCG PER 0.5 ML (PEG-INTRON)	\$40.48
S0155	STERILE DILUTANT FOR EPOPROSTENOL, 50ML	\$15.34
S0162	INJECTION, EFALIZUMAB 125MG (RAPTIVA)	\$408.94
S0164	INJECTION, PANTOPRAZOLE SODIUM 40MG (PROTONIX)	\$12.00
S0166	INJECTION, OLANAZAPINE, 2.5 MG (Zyprexa)	\$6.72
S0171	INJECTION, BUMETANIDE, 0.5MG	\$0.30
S0180	ETONOGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLANT AND SUPPLIES (IMPLANON)	\$744.10
S0190	MIFEPRISTONE, ORAL, 200 MG	\$90.00
S5010	5%, DEXTROSE AND 0.45% NORMAL SALINE, 1000 mL	\$2.19
S5011	5% DEXTROSE IN LACTATE RINGER'S, 1000 mL	\$3.16
S5012	5% DESTROSE WITH POTASSIUM CHLORIDE, 1000 mL	\$2.55