

# Reimbursement of OA Contracted Products

## A QUICK REFERENCE GUIDE FOR OA MEMBERS

Please be aware the following information should only be used as a reference only. Please refer to your local Medicare or CMS web site for the most up to date reimbursement rates and changes as they occur.

**Amgen** Reimbursement Hotline: 800-272-9376 [www.reimbursementconnection.com](http://www.reimbursementconnection.com)

PRODUCT	DESCRIPTION	NDC#	HCPCS CODE	HCPCS BILLING UNIT
<b>Aranesp</b> (darbepoetin alfa, pre-filled syringe or vial)	25 mcg, 1.0 ml	55513-010-04	J0880/Q0137	5 mcg/1 mcg
	40 mcg, 1.0 ml	55513-011-04	J0880/Q0137	5 mcg/1 mcg
	60 mcg, 1.0 ml	55513-012-01	J0880/Q0137	5 mcg/1 mcg
	100 mcg, 1.0 ml	55513-013-04	J0880/Q0137	5 mcg/1 mcg
	150 mcg, .075 ml	55513-054-04	J0880/Q0137	5 mcg/1 mcg
	200 mcg, 1.0 ml	55513-014-01	J0880/Q0137	5 mcg/1 mcg
	300 mcg, 1.0 ml	55513-015-01	J0880/Q0137	5 mcg/1 mcg
<b>Neulasta</b> (pegfilgrastim)	6 mg/0.6 ml	55513-190-01	J2505	6 mg (1 billing unit=6 mg)
<b>Neupogen</b> (filgrastim, pre-filled syringe)	300 mcg/0.5 ml	55513-0924-01	J1440	300 mcg/vial (1 billing unit=300 mcg)
	480 mcg/0.8 ml	55513-0209-01	J1441	1 billing unit=480 mcg
<b>Neupogen</b> (filgrastim, pre-filled vial)	300 mcg/1.0 ml	55513-0530-01	J1440	400 mcg/vial
	480 mcg/1.6 ml	55513-0546-01	J1441	

**Aventis** PACT+: 800-996-ONCO (6626) [www.aventisoncology.com/reimbursement.htm](http://www.aventisoncology.com/reimbursement.htm) ePACT@access2health.com

PRODUCT	DESCRIPTION	NDC#	HCPCS CODE	HCPCS BILLING UNIT
<b>Taxotere</b> (docetaxel, for injection concentrate)	20 mg single-dose vial	00075-8001-20	J9170	20 mg
	80 mg single-dose vial	00075-8001-80	J9170	20 mg
<b>Anzemet Injection</b> (dolasetron mesylate)	100 mg vial	00088-1206-32	J1260	10 mg
<b>Anzemet Tablet</b> (dolasetron mesylate)	5 ct Bottle	00088-1202-05	Q0180	100 mg
	10 ct Unit Dose	00088-1202-43	Q0180	100 mg
	5 ct Blister Pack	00088-1202-29	Q0180	100 mg
	5 ct Bottle (100 mg)	00088-1203-43	Q0180	100 mg
	10 ct Unit Dose	00088-1203-43	Q0180	100 mg
	5 ct Blister Pack	00088-1203-29	Q0180	100 mg

**GlaxoSmithKline** Reimbursement Hotline: 800-699-3806

PRODUCT	PACKAGE SIZE	NDC#	STRENGTH	HCPCS CODE	HCPCS BILLING UNIT
<b>Hycamtin</b> (topotecan HCl)	4 mg single-use vial	00007-4201-01	4 mg/5 ml	J9350	4 mg
<b>Zofran</b> (ondansetron HCl)	32 mg injection Premixed	00173-0461-00	32 mg/50 ml	J2405	1 mg
	40 ml MDV	00173-0442-00	2 mg/mL 20 ml	J2405	1 mg
<b>Navelbine Injection</b> (vinorelbine tartrate)	10 mg single-use vial	00173-0656-01	10 mg/1 ml	J9390	10 mg

**MedImmune Oncology, Inc.** Ethyol Protect Program: 800-887-2467 [www.ethyol.com](http://www.ethyol.com)

PRODUCT	PACKAGE SIZE	NDC#	STRENGTH	HCPCS CODE	HCPCS BILLING UNIT
<b>Ethyol</b> (amifostine)	1 box of 3 vials	58178-017-01 for one vial	500 mg/10 ml vial	J0207	1 billing unit=500 mg

**MGI Pharma, Inc.** Aloxi® Alliance Program: 866-30-ALOXI (866-302-5694) [www.aloxi.com](http://www.aloxi.com)

PRODUCT	PACKAGE SIZE	NDC#	STRENGTH	HCPCS CODE	HCPCS BILLING UNIT
<b>Aloxi</b> (palonosetron hydrochloride)	1 ct	58063-797-25	0.25 mg/5 ml vial	Misc. J-Code 3490 (make sure name of drug appears on claim)	1 billing unit=0.25 mg