

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.

Abraxis Oncology Reimbursement Hotline: 800-551-7176 www.abraxane.com

PRODUCT	PACKAGE SIZE	NDC#	STRENGTH	HCPCS CODE	HCPCS BILLING UNIT
Abraxane (paclitaxel protein-bound particles for injectable suspension)(albumin-bound)	100 mg vial	6881-7134-50	100 mg	J3490 or J9999	Bill # of units to equal # of vials used based on carrier requirement for drugs and J-code

Amgen Reimbursement Hotline: 800-272-9376 www.reimbursementconnection.com

PRODUCT	DESCRIPTION	NDC#	HCPCS CODE	HCPCS BILLING UNIT
Aranesp (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
Neulasta (pegfilgrastim)	300 mcg, 1.0 ml	55513-015-01	J0880/Q0137	5 mcg/1 mcg
	6 mg/0.6 ml	55513-190-01	J2505	6 mg (1 billing unit=6 mg)
Neupogen (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
Neupogen (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	

Baxter Healthcare Corporation Reimbursement Hotline: 800-4WINRHO [(800)-494-6746] www.winrho.com

PRODUCT	PACKAGE SIZE	NDC#	STRENGTH	HCPCS CODE	HCPCS BILLING UNIT
WinRho® SDF	120 mcg vial (600 IUs)	00944-2950-02	120 mcg	J2792	1 unit=100 IU (bill 6 units)
WinRho® SDF	300 mcg (1500 IUs)*	00944-2950-04	300 mcg	J2792	1 unit=100 IU (bill 15 units)
WinRho® SDF	1000 mcg vial (5000 IUs)*	00944-2950-06	1000 mcg	J2792	1 unit=100 IU (bill 50 units)

J2792=[Rh₀(D) Immune Globulin Intravenous (Human)] *Note the J-code is in IU (international units) not mcg.*
*With Sterile Diluent

GlaxoSmithKline Reimbursement Hotline: 800-699-3806

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

PRODUCT	PACKAGE SIZE	NDC#	STRENGTH	HCPCS CODE	HCPCS BILLING UNIT
Ethyol (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

PRODUCT	PACKAGE SIZE	NDC#	STRENGTH	HCPCS CODE	HCPCS BILLING UNIT
Aloxi (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