

Reimbursement of OA Contracted Products

A QUICK REFERENCE GUIDE FOR OA MEMBERS

Please be aware the following information should 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: 800-564-0216, Option 3 www.abraxane.com

| PRODUCT | DESCRIPTION | NDC# | HCPCS CODE | HCPCS BILLING UNIT |
|--|--------------|---------------|------------|--------------------|
| Abraxane (paclitaxel protein-bound particles for injectable suspension) | 100 mg vials | 68817-0134-50 | J9264 | 1 mg |

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 | J0881 | 1 mcg |
| | 40 mcg, 1.0 ml | 55513-011-04 | J0881 | 1 mcg |
| | 60 mcg, 1.0 ml | 55513-012-01 | J0881 | 1 mcg |
| | 100 mcg, 1.0 ml | 55513-013-04 | J0881 | 1 mcg |
| | 150 mcg, .075 ml | 55513-054-04 | J0881 | 1 mcg |
| | 200 mcg, 1.0 ml | 55513-014-01 | J0881 | 1 mcg |
| Neulasta (pegfilgrastim) | 300 mcg, 1.0 ml | 55513-015-01 | J0881 | 1 mcg |
| | 6 mg/0.6 ml | 55513-190-01 | J2505 | 6 mg |
| Neupogen (filgrastim, pre-filled syringe) | 300 mcg/0.5 ml | 55513-0924-01 | J1440 | 300 mcg |
| | 480 mcg/0.8 ml | 55513-0209-01 | J1441 | 480 mcg |
| Neupogen (filgrastim, pre-filled vial) | 300 mcg/1.0 ml | 55513-0530-01 | J1440 | 300 mcg |
| | 480 mcg/1.6 ml | 55513-0546-01 | J1441 | 480 mcg |

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 |

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 | 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 | J2469 | 0.25 mcg |
| | | | | (make sure name of drug appears on claim) | |

Novartis Oncology Sandostatin LAR Reimbursement Hotline: 877-527-4357 www.sandostatin.com
Zometa Reimbursement Hotline: 800-282-7630 www.zometa.com

| PRODUCT | DESCRIPTION | NDC# | STRENGTH | HCPCS CODE | HCPCS BILLING UNIT |
|---|---------------|--------------|--------------|------------|--------------------|
| Sandostatin LAR** | Depot 10 mg | 0078-0340-84 | 10 mg | J2353 | 1 mg |
| Sandostatin LAR** | Depot 20 mg | 0078-0341-84 | 20 mg | J2353 | 1 mg |
| Sandostatin LAR** | Depot 30 mg | 0078-0342-84 | 30 mg | J2353 | 1 mg |
| Zometa® (zoledronic acid) | 4 mg/5ml vial | 0078-0387-25 | 1 mg=1.25 cc | J3487 | 1 mg |
| *(octreotide acetate for injectable suspension) | | | | | |