

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
	300 mcg, 1.0 ml	55513-015-01	J0881	1 mcg
Neulasta (pegfilgrastim)	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

Baxter WinRho® Hotline: 800-4WINRHO (946746) www.winrho.com

PRODUCT	PACKAGE SIZE	NDC#	STRENGTH	HCPCS CODE	HCPCS BILLING UNIT
WinRho® SDF ([Rh ₀ (D) Immune Globulin Intravenous (Human)])	1 vial	0944-2967-03	300 mcg (1500 IU vial)	J3590	100 IU
WinRho® SDF ([Rh ₀ (D) Immune Globulin Intravenous (Human)])	1 vial	0944-2967-05	1000 mcg (5000 IU vial)	J3590	100 IU

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
Dacogen Hotline: 877-789-DACO (3226) www.dacogen.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
Dacogen™ (decitabine for injection)	1 ct	58063-0600-50	50 mg vial	Misc. J9999 (make sure name of drug appears on claim)	1 vial