

## Q1 2019 Payment Limit Report for Urology

CMS has released the Q1 2019 drug pricing files for both average sales price (ASP) and not otherwise classified (NOC) drugs. These changes are effective **January 1, 2019**, and will remain in effect until either a correction or the next scheduled update is made by CMS.

The data used for the Q1 2019 reimbursement files is based on the Q3 2018 sales data submitted to CMS by drug manufacturers. We encourage you to review the revised drug payment limit files, including reimbursement allowables on NOC drugs, on the [CMS Website](#).

### 2% Sequestration Cut to Medicare Reimbursements

Due to sequestration, a 2% cut to Medicare payments has been applied to providers with services dates on or after April 1, 2013. As a result, the effective rate for office-administered drugs will be ASP+4.3%. However, the underlying allowable will remain at ASP+6%, which may be a basis for private payer reimbursement rates. We encourage you to check with your private payers to understand their allowable rates for physician fee schedule Part B drugs.

Drug	HCPCS Code	Billing Unit	Q4 2018 ASP+6%	Q1 2019 ASP+6%	% Change
Bcg live intravesical vac (TICE® BCG)	J9031	1 UNIT	\$140.62	\$140.26	-0.26%
Collagenase, clostridium histolyticum (XIAFLEX®)	J0775	1 MG	\$45.05	\$45.06	0.03%
Degarelix (FIRMAGON®)	J9155	0.01 MG	\$3.72	\$3.80	2.37%
Denosumab ( XGEVA®, PROLIA®)	J0897	3.75 MG	\$18.58	\$18.61	0.17%
Goserelin acetate implant (ZOLADEX®)	J9202	1 EA	\$509.02	\$501.21	-1.54%
Interferon alfa-2b (INTRON® A)	J9214	1 MG	\$34.15	\$34.03	-0.34%
Leuprolide acetate suspension (LUPRON®, ELIGARD®)	J9217	3.6 MG	\$228.41	\$236.15	3.39%
Mitomycin	J9280	7.5 MG	\$134.25	\$125.07	-6.84%
OnabotulinumtoxinA (BOTOX®)	J0585	50 MG	\$6.14	\$6.14	-0.02%
Radium Ra 223 dichloride (XOFIGO®)	A9606	Per infusion (minimum 50 million cells)	microCurie 100% AWP = \$158.220 microCurie 100% WAC = \$131.850	microCurie 100% AWP = \$161.390 microCurie 100% WAC = \$134.490	N/A
Sipuleucel-T auto CD54+ (PROVENGE®)	Q2043	Per infusion (minimum	\$43,419.43	\$42,616.29	-1.85%

Drug	HCPCS Code	Billing Unit	Q4 2018 ASP+6%	Q1 2019 ASP+6%	% Change
		50 million cells)			
Triptorelin pamoate (TRELSTAR®)	J3315	Per infusion (minimum 50 million cells)	\$267.38	\$244.50	-8.56%
Valrubicin (VALSTAR®)	J9357	Per infusion (minimum 50 million cells)	\$1,328.67	\$1,331.12	0.19%
Vantas implant (VANTAS®)	J9225	Per infusion (minimum 50 million cells)	\$3,610.32	\$3,659.73	1.37%
Zoledronic acid	J3489	Per infusion (minimum 50 million cells)	\$12.45	\$12.75	2.39%

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