

Abraxane (paclitaxel protein-bound) — HCPCS J9264

CARECOST ESTIMATE · BILLING CHEAT SHEET

Bristol Myers Squibb (Celgene) 100 mg lyophilized single-dose vial → 5 mg/mL IV infusion 30 min · no premed **Reviewed:** May 2, 2026

ASP: Q2 2026

HCPCS J9264 1 mg = 1 unit	BREAST DOSE 442 units 260 mg/m ² × 1.7 BSA · q3w	MODIFIER JW Waste typical (BSA dosing)	ADMIN CPT 96413 Chemo IV (30-min infusion)	MEDICARE ASP+6% \$6.020 /mg · \$2,660.84/442 mg
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CODES & NDC	
HCPCS	J9264 — "Inj, paclitaxel protein-bound particles, 1 mg" (permanent)
GENERIC	paclitaxel protein-bound (nab-paclitaxel)
NDC	68817-134-50 (10) / 68817-0134-50 (11) — N4 qualifier in 24A shaded
VIAL	100 mg lyophilized SDV; reconstitute w/ 20 mL 0.9% NaCl → 5 mg/mL
FILTER	Do NOT use in-line filter (vs J9267 which requires 0.22 µm)
BENEFIT	Medical (provider buy-and-bill); not specialty pharmacy

ICD-10 BY INDICATION	
CODE	FOR
C50.x	Metastatic breast (laterality + quadrant); document prior anthracycline failure
C34.10-12	NSCLC upper lobe (R/L)
C34.2	NSCLC right middle lobe
C34.30-32	NSCLC lower lobe (R/L)
C34.0x / C34.8x / C34.9x	NSCLC bronchus / overlap / unspc
C25.0	Pancreatic head (most common)
C25.1 / C25.2	Pancreatic body / tail
C25.8 / C25.9	Pancreatic overlap / NOS
C77-C79	Add for nodal / mets (paired)

MULTI-INDICATION REGIMEN MATRIX			
INDICATION	DOSE	SCHEDULE	COMBO
Metastatic breast (post-anthracycline)	260 mg/m²	q3wk	Mono
NSCLC 1L	100 mg/m²	D1, 8, 15 of 21-day	+ carboplatin AUC 6 D1
Pancreatic adeno 1L	125 mg/m²	D1, 8, 15 of 28-day	+ gemcitabine 1,000 mg/m ²

PAYER REQUIREMENTS (MAY 2026)		
PAYER	PA	INDICATION-SPECIFIC
UnitedHealthcare	Yes	Anthracycline failure docs (breast); concurrent PA on combo agent (NSCLC/panc)
Aetna	Yes	NCCN + FDA label aligned; site-of-care UM
BCBS plans	Yes	NCCN aligned; plan-specific site-of-care

Combo agent has its own PA. Submit carboplatin (NSCLC) or gemcitabine (panc) PA in parallel.

UNIT MATH (BSA 1.7 M ²)
<ul style="list-style-type: none"> Breast 260 mg/m² → 442 mg dose → 5 vials drawn = 500 mg → 442 admin + 58 JW NSCLC 100 mg/m² → 170 mg dose → 2 vials = 200 mg → 170 admin + 30 JW Pancreatic 125 mg/m² → 213 mg dose → 3 vials = 300 mg → 213 admin + 87 JW
<p>Both lines reimbursable at ASP+6% — bill the full vial draw across two lines (admin + JW).</p>

MEDICARE REIMBURSEMENT (Q2 2026)	
FIELD	VALUE
ASP + 6%	\$6.020 / mg (eff. 4/1 – 6/30/2026)
442 mg breast dose	\$2,660.84
442 mg + 58 JW (5 vial draw)	\$3,010.00 (admin + waste both pay)
225 mg pancreatic dose	\$1,354.50
170 mg NSCLC dose	\$1,023.40

PACLITAXEL CLASS — J9264 VS J9267

	ABRAXANE J9264	PACLITAXEL J9267
Formulation	Albumin-bound (nab)	Solvent (Cremophor EL)
Premed	NOT required	Required (dex + DPH + H2)
Breast dose	260 mg/m ² q3w	175 mg/m ² q3w
Infusion	30 min	3 hr (q3w)
ASP/mg (Q2 2026)	\$6.020	~\$0.20-\$0.40
Boxed warning	None	Yes (hypersensitivity)

Not interchangeable. Reconcile chemo order, MAR, and pharmacy dispense before posting claim.

ADMINISTRATION & MODIFIERS

CODE	WHEN
96413	Chemo IV, up to 1 hr (primary) — 30-min infusion fits
96417	Each addl sequential chemo (gemcitabine after Abraxane in pancreatic combo)
96415	Each addl hour — rare for Abraxane itself
96365	NOT appropriate — Abraxane is cytotoxic chemo

JW = default. BSA dosing + 100 mg vials = waste on virtually every claim. JZ only when dose lands on a 100 mg multiple. One of JZ/JW required since 7/1/2023.

SITE OF CARE

SETTING	POS	NOTES
Physician oncology office	11	Preferred; 30-min infusion fits
Ambulatory infusion suite	49	Preferred
Oncology ASC	24	Acceptable
Hospital outpatient	19/22	Disfavored by commercial UM

Chair-time advantage: 30-min infusion + zero premed = materially faster per-visit than J9267 paclitaxel.

PATIENT ASSISTANCE — BMS ACCESS SUPPORT

- **Phone:** 1-800-861-0048 (BMS Access Support)
- **Co-Pay Assistance:** commercial pts pay **\$5 first dose**; ongoing copay support
- **BMS Patient Assistance Foundation:** free product for uninsured / underinsured
- **Foundations (Medicare):** PAN, HealthWell, CancerCare — verify open breast/lung/panc funds quarterly
- **Web:** bmsaccesssupport.com

PERIPHERAL NEUROPATHY — cumulative & dose-limiting.

Withhold for grade 3+ sensory neuropathy until improvement to grade 1/baseline; resume at reduced dose. Document CTCAE grade every cycle — payer renewals request neuropathy monitoring evidence. Severe neutropenia (ANC <1,500/ μ L) also contraindicates restart.

NO BOXED WARNING. Cremophor EL-free formulation eliminates the severe-hypersensitivity boxed warning carried by J9267 paclitaxel. No premed regimen required for J9264.