

Doxil / Lipodox (doxorubicin liposomal) — HCPCS Q2050

CARECOST ESTIMATE · BILLING CHEAT SHEET

Janssen (Doxil) + Sun Pharma (Lipodox generic) 20 mg / 50 mg single-dose vials (2 mg/mL) IV ~60 min (start 1 mg/min on first dose)

Reviewed: May 2, 2026 ASP: Q2 2026

HCPCS Q2050 10 mg = 1 unit	OVARIAN DOSE 50 mg/m² q4wk · ~85 mg = 9 units	MODIFIERS JZ + JW BSA ⇒ frequent waste	ADMIN CPT 96413 Chemo IV (~60 min)	MEDICARE ASP+6% \$71.861 /10 mg · ~\$646.75/85 mg dose
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BOXED WARNINGS (4): (1) Cardiomyopathy / heart failure — cumulative-dose risk, lifetime cap **550 mg/m²**, baseline LVEF + monitoring; (2) Life-threatening infusion reactions including anaphylaxis — mitigated by slow first-dose titration starting at 1 mg/min; (3) Severe myelosuppression (neutropenia, thrombocytopenia, anemia); (4) Hepatotoxicity in patients with impaired hepatic function — dose-adjust by bilirubin.

HAND-FOOT SYNDROME (~50% incidence): palmar-plantar erythrodysesthesia is the Doxil-specific hallmark toxicity (vs <5% with conventional doxorubicin J9000). Cumulative + dose-limiting. Cool extremities during infusion; avoid pressure/heat 4–7 days post. Document grade + dose modifications — payers may require evidence of grade-appropriate management for continued therapy.

CODES & NDC

HCPCS	Q2050 — "Doxorubicin inj 10 mg" (liposomal NOS); 1 unit = 10 mg
NOT	J9000 = conventional non-liposomal doxorubicin (different drug, different ASP, different label)
NDC (DOXIL)	59676-960-01 (20 mg/10 mL) · 59676-961-01 (50 mg/25 mL)
NDC (LIPODOX)	Verify Sun Pharma current labeler NDC on carton
VIALS	20 mg / 10 mL and 50 mg / 25 mL single-dose (2 mg/mL)
BENEFIT	Medical (provider buy-and-bill); Q2050 NOC accepts any FDA-approved liposomal-doxorubicin NDC

ICD-10 BY INDICATION

CODE	FOR
C56.x	Ovarian (C56.1 R, C56.2 L, C56.9 unspec)
C46.x	Kaposi sarcoma (+ B20 for AIDS-related)
C90.00 / C90.01 / C90.02	Multiple myeloma (not in remission / in remission / in relapse)

Document line of therapy. All 3 indications require failure of prior therapy in the FDA label.

INDICATION-SPECIFIC DOSING

INDICATION	DOSE	SCHEDULE
Ovarian (post-platinum)	50 mg/m ²	q4wk IV
AIDS-Kaposi sarcoma	20 mg/m ²	q3wk IV
MM + bortezomib	30 mg/m ²	Day 4 of 21-day cycle

First dose: start 1 mg/min, titrate up after 10–15 min if tolerated; subsequent infusions ~60 min.

CUMULATIVE DOSE TRACKING

Lifetime cap: 550 mg/m² doxorubicin equivalents — counts Doxil + prior conventional doxorubicin / daunorubicin / idarubicin / mitoxantrone exposure.

- Cycle 1: capture prior anthracycline exposure from records
- Convert to doxorubicin equivalents per institutional protocol
- Track running total in chart after each cycle
- Cardio-onc consult as approaches 450 mg/m²
- At 550: do not exceed without documented benefit/risk + informed consent

PAYER REQUIREMENTS (MAY 2026)

PAYER	PA	KEY CRITERIA / PREFERENCE
UnitedHealthcare	Yes	Indication criteria + LVEF baseline; generic Lipodox preferred
Aetna	Yes	NCCN-aligned + LVEF + HFS dose-mod documented; generic preferred
BCBS plans	Yes	Plan-specific; NCCN + FDA label criteria

DOXORUBICIN FORMULATION COMPARISON

	DOXIL/LIPODOX (LIPOSOMAL)	CONVENTIONAL
HCPCS	Q2050	J9000
ASP+6% / 10 mg	\$71.861	\$2.729
Cost ratio	~26× more expensive	
HFS	~50%	<5%
Alopecia	Less	Universal
Acute cardiotox	Reduced peak	Classic vesicant + cardiac
Cumulative cap	550 mg/m ²	450–550 mg/m ²

Substitution = billing error. Match the formulation administered.

ADMINISTRATION & MODIFIERS

CODE	WHEN
96413	Chemo IV, ≤1 hr (primary)
96415	+each addl hr if titration extends chair time
96417	+each addl sequential infusion (MM Day 4 after bortezomib)
96365	NOT appropriate — cytotoxic chemo

JZ + JW: BSA-based dosing with 20/50 mg vials ⇒ partial-vial waste is the norm. Bill JZ on units administered + JW on units wasted. One must appear on every Q2050 claim.

MEDICARE REIMBURSEMENT (Q2 2026)

FIELD	VALUE
ASP + 6%	\$71.861 / 10 mg unit (effective 4/1 – 6/30/2026)
85 mg ovarian dose (1.7 m ²)	~\$646.75 (9 units × ASP+6%)
51 mg MM dose (1.7 m ²)	~\$431.17 (6 units)
34 mg KS dose (1.7 m ²)	~\$287.44 (4 units)
Annual ovarian regimen	~\$8,408 drug cost (13 cycles, before waste)
vs J9000 conventional	\$2.729/10 mg (~26× cheaper)

SITE OF CARE

SETTING	POS	NOTES
Physician office	11	Preferred by commercial UM
Ambulatory infusion suite	49	Preferred
Oncology ASC	24	Acceptable
Hospital outpatient	19/22	UHC/Aetna disfavor after first 1–3 cycles
Patient home	12	Generally not used (vesicant + slow titration)

PATIENT ASSISTANCE — JANSSEN CAREPATH

- **Phone:** 1-877-CarePath (**1-877-227-3728**)
- **Doxil Patient Support:** benefits investigation, PA assistance, appeals
- **Janssen Commercial Copay Program:** commercial-only (no Medicare/Medicaid/federal)
- **J&J Patient Assistance Foundation:** free product for uninsured/underinsured
- **Sun Pharma Lipodox:** verify generic patient support program
- **Foundations (Medicare):** PAN, HealthWell, CancerCare — verify open ovarian/MM/KS funds