

Lupron Depot (leuprolide acetate) — HCPCS J1950

CARECOST ESTIMATE · BILLING CHEAT SHEET

AbbVie 3.75 / 7.5 / 11.25 / 22.5 / 30 / 45 mg single-dose kits + Lupron Depot-PED 7.5/11.25/15 mg IM injection **Reviewed:** May 2, 2026

ASP: Q2 2026

HCPCS J1950 3.75 mg = 1 unit	STD DOSE 2 units 7.5 mg q1mo (prostate)	MODIFIER JZ Required (single-dose kit)	ADMIN CPT 96402 or 96372 96402 prostate / 96372 endo, fib, CPP	MEDICARE ASP+6% \$1,765.574 /3.75 mg unit · \$3,531.15/7.5 mg
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BILLER ERROR TRAP — 1 unit = 3.75 mg, NOT 1 mg. 7.5 mg = 2 units · 11.25 mg = 3 units · 22.5 mg = 6 units · 30 mg = 8 units · 45 mg = 12 units. Treating it as 1 mg per unit under-bills 73%.

MULTI-FORMULATION DOSING & UNITS

STRENGTH	INTERVAL	INDICATION	UNITS
3.75 mg	1 mo	Endo / fib	1
7.5 mg	1 mo	Prostate CA	2
11.25 mg	3 mo	Endo / fib	3
22.5 mg	3 mo	Prostate CA	6
30 mg	4 mo	Prostate CA	8
45 mg	6 mo	Prostate CA	12
PED 7.5 mg	1 mo	CPP <25 kg	2
PED 11.25 mg	1 mo	CPP 25–37.5 kg	3
PED 15 mg	1 mo	CPP >37.5 kg	4

Same code (J1950) across all formulations — only unit count changes.

NDC REFERENCE (KEY KITS)

NDC	KIT
0074-3641-03	Lupron Depot 3.75 mg
0074-3663-03	Lupron Depot 7.5 mg
0074-3683-03	Lupron Depot 11.25 mg
0074-3684-03	Lupron Depot 22.5 mg
0074-9694-03	Lupron Depot 30 mg
0074-3346-03	Lupron Depot 45 mg
0074-9694-02	Lupron Depot-PED 7.5 mg
0074-2282-03	Lupron Depot-PED 11.25 mg
0074-9694-04	Lupron Depot-PED 15 mg

NDC must match kit strength. Mismatched NDC/units triggers immediate denial.

ADMIN CPT BY INDICATION

INDICATION	ICD-10	CPT
Prostate cancer	C61	96402 chemo IM hormonal
Endometriosis	N80.x	96372 non-chemo
Uterine fibroids	D25.x	96372 non-chemo
Central precocious puberty	E30.1	96372 non-chemo

Common error: 96402 with non-oncology dx triggers ICD/CPT incompatibility denial. Reserve 96402 for prostate cancer (C61).

MEDICARE REIMBURSEMENT (Q2 2026)

FIELD	VALUE
ASP + 6% / unit	\$1,765.574 / 3.75 mg
3.75 mg dose	\$1,765.57 (1 unit)
7.5 mg dose	\$3,531.15 (2 units)
11.25 mg dose	\$5,296.72 (3 units)
22.5 mg dose	\$10,593.44 (6 units)
30 mg dose	\$14,124.59 (8 units)
45 mg dose	\$21,186.89 (12 units)
Annualized prostate (any interval)	~\$42,374 (same total leuprolide ~90 mg/yr)

GNRH ANALOG CLASS — DON'T CROSS-BILL

BRAND	HCPCS	MFR	ROUTE	MECH
Lupron Depot	J1950	AbbVie	IM depot	Agonist
Eligard	J9217	Tolmar	SC depot (Atrigel)	Agonist
Trelstar	J3315	Verity	IM depot	Agonist
Zoladex	J9202	AstraZeneca	SC implant	Agonist
Firmagon	J9155	Ferring	SC inj	Antagonist (no flare)

Cross-billing trap: Eligard ≠ Lupron Depot. Both are leuprolide but separate codes. Verify dispensed kit.

MODIFIERS

- **JZ** — required on EVERY claim (single-dose kit, no waste)
- **JW** — does not apply (kit delivers fixed depot dose)
- **Mod 25** — same-day E/M when significant separately identifiable service
- **JG / TB** — 340B-acquired drug per MAC policy

PAYER REQUIREMENTS (MAY 2026)

PAYER	PROSTATE	ENDO / FIB
UnitedHealthcare	PA per onc policy	PA + step (elagolix / relugolix)
Aetna (CPB 0501)	Generally no PA	PA + step + 6-mo cap
BCBS	Mostly no PA (FDA label)	PA + step common
Medicare (MAC LCDs)	Covered, no PA	Covered with appropriate dx

Step therapy: Endo/fibroids increasingly require oral GnRH antagonist trial first. CPP requires pediatric endo specialist.

SITE OF CARE

SETTING	POS	NOTES
Urology / oncology office	11	Preferred (prostate)
OB/GYN office	11	Preferred (endo / fib)
Pediatric endo office	11	Preferred (CPP)
HOPD on-campus	22	Disfavored
HOPD off-campus PBD	19	Disfavored

PATIENT ASSISTANCE — ABBVIE

- **AbbVie Patient Assistance Foundation:** 1-800-441-4900 — free product for uninsured/underinsured
- **Lupron Co-Pay Card:** commercial copay support (excludes Medicare/Medicaid/federal)
- **myAbbVie Assist:** benefits investigation, PA assistance, appeals
- **Foundations (Medicare):** PAN, HealthWell, CancerCare, Patient Advocate Foundation
- Web: lupron.com

NO BOXED WARNING. W&P only: cardiovascular events (MI, stroke), QT prolongation, hyperglycemia/diabetes, decreased BMD (long-term), tumor flare (initial testosterone surge in prostate cancer — consider concurrent anti-androgen first 2–4 weeks; or use Firmagon J9155 antagonist for imminent flare risk), injection-site reactions.