

Bristol Myers Squibb 250 mg single-dose lyophilized vial IV infusion 30 min · weight-tiered q4w **Reviewed:** May 2, 2026 **ASP:** Q2 2026

HCPCS J0129 10 mg = 1 unit	RA DOSE 60-100 KG 75 units 750 mg q4w · 3 vials	MODIFIER JZ Whole-vial, no waste	ADMIN CPT 96365 Therapeutic IV (NOT 96413)	MEDICARE ASP+6% \$44.718 /10 mg · \$3,353.85/750 mg
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CODES & NDC

HCPCS	J0129 — "Inj, abatacept, 10 mg" (permanent since shortly after 2005 FDA approval)
NDC (IV VIAL)	00003-2188-10 — 250 mg single-dose lyophilized; N4 + ML qualifier
NDC (SC SYRINGE)	00003-2187-11 — 125 mg/mL prefilled syringe (carton of 4) — NOT J0129
NDC (CLICKJECT)	00003-2188-11 — 125 mg autoinjector (carton of 4) — NOT J0129
RECONSTITUTION	10 mL sterile water/vial → 25 mg/mL; silicone-free syringe required ; further dilute to 100 mL 0.9% NaCl
BENEFIT	IV: medical (buy-and-bill) · SC ClickJect/syringe: pharmacy (specialty)

ADULT RA / PSA DOSING — WEIGHT-TIERED

WEIGHT	DOSE	VIALS	UNITS
< 60 kg	500 mg IV	2	50
60–100 kg	750 mg IV	3	75
> 100 kg	1,000 mg IV	4	100

- Schedule: weeks 0, 2, 4, then every 4 weeks (13 maintenance doses/yr)
- All tiers = whole-vial multiples = JZ on every claim
- Infuse over 30 min; 0.2–1.2 micron inline filter

PEDIATRIC JIA & AGVHD PREVENTION

- JIA (≥6 yr):** 10 mg/kg IV weeks 0, 2, 4 then q4wk; max 1,000 mg
- aGVHD prevention (≥2 yr HSCT):** 10 mg/kg IV; peri-transplant schedule (day -1, +5, +14, +28); combine with calcineurin inhibitor + MTX
- Round dose to nearest mg** for J0129 units = mg ÷ 10
- Bill JW** for partial-vial waste on these mg/kg doses

ICD-10 BY INDICATION

CODE	FOR
M05.x	RA, seropositive (most common)
M06.x	Other RA (RF-negative, NOS)
M08.0x / M08.4x / M08.9x	Polyarticular JIA
L40.5x + M07.x	Active psoriatic arthritis
Z94.84 + dx	HSCT for aGVHD prevention
Z11.1 / Z22.7	TB screening / latent TB documented
Z79.899	Long-term biologic DMARD use

PAYER REQUIREMENTS (MAY 2026)

PAYER	PA	STEP / OTHER GATES
UnitedHealthcare	Yes	TNFi step (Humira/Remicade) for RA; TB screening; SC preferred when stable
Aetna	Yes	TNFi step; site-of-care UM; DAS-28/CDAI; TB & HBV screening
BCBS	Yes	Plan-specific; most require TNFi step + concurrent MTX for RA
Medicare Part B	No formal PA	MAC LCDs for biologics; document indication + TB screening

TB screening is mandatory. IGRA or TST result required pre-initiation; document in PA submission. HBV serology recommended.

MEDICARE REIMBURSEMENT (Q2 2026)

FIELD	VALUE
ASP + 6%	\$44.718 / 10 mg (Apr 1 – Jun 30, 2026)
500 mg dose (<60 kg)	\$2,235.90 (50 × \$44.718)
750 mg dose (60–100 kg)	\$3,353.85 (75 × \$44.718)
1,000 mg dose (>100 kg)	\$4,471.80 (100 × \$44.718)
Annual 750 mg q4w (13 doses)	~\$43,600/yr

ADMINISTRATION & MODIFIERS

CODE	WHEN
96365	Therapeutic IV, up to 1 hr (primary) — non-chemo
96366	Each additional hour beyond 96365
96413 / 96415	NOT appropriate — abatacept is non-cytotoxic CTLA-4-Ig
JZ	Adult RA / PsA (every claim — whole-vial multiples)
JW	JIA / aGVHD partial-vial waste only

Top denial cause: billing 96413 (chemo IV) instead of 96365. Abatacept is non-chemo per AMA classification.

SITE OF CARE

SETTING	POS	NOTES
Rheumatology office	11	Preferred by commercial UM
Ambulatory infusion suite	49	Preferred by commercial UM
Hospital outpatient	22 / 19	Disfavored after loading; site-of-care UM
Patient home (SC)	12	SC ClickJect/syringe — pharmacy benefit only

PATIENT ASSISTANCE — BMS ACCESS SUPPORT

- **Phone:** 1-800-861-0048 (BMS Access Support)
- **Co-Pay Assistance:** commercial as little as **\$5/mo**, up to **\$20,000/yr**
- **BMS PAP Foundation:** free product for uninsured / underinsured
- **Foundations (Medicare):** PAN, HealthWell, Good Days — verify open RA/PsA funds
- **Web:** orencia.com financial support · bmsaccesssupport.com

SC ClickJect / syringe is NEVER J0129. Patient self-administered SC abatacept (125 mg weekly) bills through specialty pharmacy under the pharmacy benefit. J0129 covers the IV lyophilized vial only.

No Boxed Warning — differentiator vs TNF inhibitors. W&P: serious infections, malignancies, infusion reactions, COPD exacerbations, HBV reactivation. Avoid concurrent biologic DMARDs / JAK inhibitors.