

# Oxaliplatin (Eloxatin / generic) — HCPCS J9263 CARECOST ESTIMATE · BILLING CHEAT SHEET

Multiple generic mfrs (originator: Sanofi) 50/100/200 mg single-dose vials (5 mg/mL) IV infusion 2 hr in D5W only (NOT saline)

Reviewed: May 2, 2026 ASP: Q2 2026

<b>HCPCS</b> <b>J9263</b> 1 unit = 0.5 mg — mg × 2	<b>FOLFOX DOSE (2.0 M<sup>2</sup>)</b> <b>340 units</b> 170 mg q14d (85 mg/m <sup>2</sup> )	<b>MODIFIERS</b> <b>JZ + JW</b> Both required (BSA waste)	<b>ADMIN CPT</b> <b>96413</b> <b>+96415×1</b> 2-hr chemo IV	<b>MEDICARE ASP+6%</b> <b>\$0.078</b> /0.5 mg unit · ~\$26.52/170 mg
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**BOXED WARNING — ANAPHYLAXIS:** Severe hypersensitivity within minutes of infusion start; risk peaks cycles 7–12. HCP admin only with epinephrine + resuscitation equipment immediately available. Discontinue if anaphylaxis confirmed.

## UNIT TRAP — THE #1 OXALIPLATIN ERROR

J9263 bills per 0.5 mg, NOT per mg. Most cytotoxics are per 1 mg or per 50 mg; oxaliplatin is the outlier. **Multiply administered mg × 2 to get J9263 units.**

DOSE (MG)	J9263 UNITS
50 mg	100
100 mg	200
157 mg (1.85 m <sup>2</sup> )	314 (JZ)
170 mg (2.0 m <sup>2</sup> )	340 (JZ)
200 mg	400

**Audit trap:** billing in mg = 50% underpayment. Verify your billing software's J9263 unit basis.

## ICD-10 — ON-LABEL INDICATIONS

CODE	FOR
C18.0-C18.9	Colon (by site) — FOLFOX/CapeOx
C19	Rectosigmoid junction
C20	Rectum — TNT FOLFOX increasingly common
C25.0-C25.9	Pancreas — FOLFIRINOX
C16.0-C16.9	Stomach / GEJ — FLOT peri-op
C15.3-C15.9	Esophageal — FLOT (adenoCa)
G62.0	Drug-induced peripheral neuropathy
T80.52XA	Anaphylactic reaction (initial)
Z85.038	Personal hx colon cancer (post-adj surveillance)

## CODES & NDC (REPRESENTATIVE GENERICS)

HCPCS	J9263 — "Inj, oxaliplatin, 0.5 mg"
HOSPIRA 50 MG	0409-0299-10 / 00409-0299-10
HOSPIRA 100 MG	0409-0299-20 / 00409-0299-20
HOSPIRA 200 MG	0409-0299-40 / 00409-0299-40
SANDOZ 100 MG	0781-3046-94
ACCORD 100 MG	16729-243-66
ELOXATIN 50 MG	0024-0590-50 (legacy originator)
VIALS	50/100/200 mg single-dose (5 mg/mL)
SOLVENT	D5W only — NEVER saline (chloride degrades drug)

## WORKED EXAMPLE — 1.85 M<sup>2</sup> FOLFOX CYCLE

- Dose: 1.85 × 85 = **157 mg**
- Vials drawn: 2 × 100 mg = 200 mg
- Waste: 200 – 157 = **43 mg**
- JZ line: J9263 × **314 units** (157 × 2)
- JW line: J9263 × **86 units** (43 × 2)
- Total drug units billed: **400** (=vials × 2)
- Admin: **96413** + **96415** × 1 (2 hr)
- Drug paid Q2 2026: **~\$31.20** (400 × \$0.078)

## PERIPHERAL NEUROPATHY — TWO PATTERNS

	ACUTE (COLD)	CHRONIC (CUMULATIVE)
<b>Incidence</b>	85–95%	~50% at >12 cycles
<b>Trigger</b>	Cold drinks/air/ice	Cumulative dose
<b>Reversible?</b>	Resolves between cycles	May be permanent
<b>Action</b>	Cold avoidance ed.	Hold/reduce if Gr 2+; D/C if Gr 3+

**Cold avoidance education at every cycle.** Patients must avoid cold drinks (use straws, room-temp), cold air (scarves), ice, cold metal. Stop-and-go strategy after 6 cycles in mCRC reduces chronic neuropathy.

## COMBINATION REGIMENS

REGIMEN	DOSE	CYCLE	INDICATION
FOLFOX	85 mg/m <sup>2</sup>	q14d	1L mCRC + adj stage III
FOLFOXIRI	85 mg/m <sup>2</sup>	q14d	Aggressive 1L mCRC
CapeOx / XELOX	130 mg/m <sup>2</sup>	q21d	1L mCRC alt + adj
FOLFIRINOX	85 mg/m <sup>2</sup>	q14d	Pancreatic 1L met + adj
FLOT	85 mg/m <sup>2</sup>	q14d	Peri-op gastric/eso

Combo agents bill 96417 (each addl sequential). 5-FU 46-hr CIV pump bills 96416.

## ADMINISTRATION & MODIFIERS

CODE	WHEN
96413	Hour 1 chemo IV (always primary)
96415 ×1	Hour 2 (each addl hour) — oxaliplatin = 2 hr
96417	Each addl sequential (irinotecan, 5-FU bolus, etc.)
96416	5-FU 46-hr CIV pump initiation
96521	Pump return/disconnect (Day 3)
JZ	Required — administered units (no waste line)
JW	Required — waste units (BSA dose vs fixed vials)

**Both JZ + JW on virtually every claim. JZ + JW units must equal vials drawn × 2.**

## PLATINUM CLASS COMPARISON

DRUG	HCPCS	UNITS	USE	TOXICITY
Oxaliplatin	J9263	<b>0.5 mg</b>	GI (CRC, panc, gastric)	Neuropathy + anaphylaxis
Carboplatin	J9045	50 mg	Ovarian, lung, breast	Myelosuppression
Cisplatin	J9060	1 mg	Multiple solid tumors	Nephrotoxicity

Not interchangeable — substitution is regimen-defining.

## PAYER REQUIREMENTS (MAY 2026)

PAYER	OXALI PA?	COMBO PA?
Medicare (LCDs)	No	n/a — FDA + NCCN coverage
UnitedHealthcare	Yes	Yes (bev/cetuximab/pembro)
Aetna	Yes	Yes
BCBS plans	Plan-specific	Yes for combo biologics

**Generic oxaliplatin rarely the bottleneck.** PA friction comes from combo biologics + biomarkers (KRAS/NRAS for cetuximab; MSI-H/dMMR for pembrolizumab).

## PATIENT ASSISTANCE

- **Generic mfr support:** Hospira/Pfizer, Sandoz, Accord — verify with dispensing pharmacy
- **Sanofi Patient Connection:** 1-888-847-4877 (legacy Eloxatin only)
- **Foundations:** PAN, HealthWell, CancerCare Co-Pay, PAF Co-Pay Relief — verify open CRC/gastric/pancreatic funds quarterly
- **NeedyMeds:** needymeds.org aggregator

Drug itself is cheap; OOP burden usually from combo biologics + admin coinsurance.

**Pending SME review.** Treat as draft; verify each cited source for high-stakes claims.