

## **Q4 2018 Payment Limit Report for Neurology**

CMS has released the Q4 2018 drug pricing files for both average sales price (ASP) and not otherwise classified (NOC) drugs, effective **October 1, 2018**. The data used for the Q4 2018 reimbursement files is based on the Q2 2018 sales data submitted to CMS by drug manufacturers. Detailed information, including reimbursement allowables on NOC drugs, is available on the [CMS website](#).

To better serve your practice, we have identified the changes to a number of widely administered drugs and calculated the percentage change over the past quarter.

| <b>Drug</b>  | <b>HCPCS Code</b> | <b>Billing Unit</b> | <b>Q3 2018 ASP+6%</b> | <b>Q4 2018 ASP+6%</b> | <b>% Change</b> |
|--|-------------------|---------------------|-----------------------|-----------------------|-----------------|
| AbobotulinumtoxinA (DYSPORT®)                      | J0586             | 5 Unit              | 8.43                  | 8.42                  | -0.03%          |
| Alemtuzumab (LEMTRADA®)                            | J0202             | 1 MG                | 1,843.28              | 1,842.13              | -0.07%          |
| Baclofen   | J0475             | 10 MG               | 173.31                | 176.02                | 1.57%           |
| Belimumab (BENLYSTA®)                              | J0490             | 10 MG               | 43.62                 | 44.16                 | 1.25%           |
| Bevacizumab (AVASTIN®)                             | J9035             | 10 MG               | 78.85                 | 79.25                 | 0.51%           |
| Denosumab injection (XGEVA®, PROLIA®)              | J0897             | 1 MG                | 18.38                 | 18.58                 | 1.10%           |
| Incobotulinumtoxin A (XEOMIN®)                     | J0588             | 1 UNIT              | 5.08                  | 5.08                  | 0.04%           |
| Immune globulin (BIVIGAM™)                         | J1556             | 500 MG              | 70.52                 | 70.52                 | 0.00%           |
| Immune globulin, powder (CARIMUNE® NF, GAMMAGARD®) | J1566             | 500 MG              | 40.01                 | 37.95                 | -5.16%          |
| Immune globulin, liquid (GAMMAGARD®)               | J1569             | 500 MG              | 46.33                 | 43.14                 | -6.89%          |
| Immune globulin (GAMUNEX®-C, GAMMAKED™)            | J1561             | 500 MG              | 41.21                 | 39.49                 | -4.17%          |
| Immune globulin (GAMMAPLEX®)                       | J1557             | 500 MG              | 55.77                 | 52.06                 | -6.66%          |
| Immune globulin (OCTAGAM®)                         | J1568             | 500 MG              | 33.16                 | 36.72                 | 10.74%          |
| Immune globulin (PRIVIGEN®)                        | J1459             | 500 MG              | 39.67                 | 39.63                 | -0.10%          |
| Infliximab (REMICADE®)                             | J1745             | 10 MG               | 83.90                 | 78.83                 | -6.04%          |
| Natalizumab (TYSABRI®)                             | J2323             | 1 MG                | 19.90                 | 19.83                 | -0.37%          |
| Omalizumab (XOLAIR®)                               | J2357             | 5 MG                | 36.33                 | 37.07                 | 2.02%           |
| OnabotulinumtoxinA (BOTOX®)                        | J0585             | 1 UNIT              | 6.16                  | 6.14                  | -0.33%          |
| RimabotulinumtoxinB (MYOBLOC®)                     | J0587             | 100 UNITS           | 12.02                 | 12.03                 | 0.14%           |
| Rituximab (RITUXAN®)                               | J9310             | 100 MG              | 915.30                | 919.85                | 0.50%           |