IV Antifungals Rollup — anchor HCPCS J0289 (AmBisome)

CARECOST ESTIMATE · BILLING CHEAT SHEET

12 drugs · 3 classes Amphotericin formulations · Echinocandins · Azoles Invasive candidiasis / aspergillosis / mucor / crypto **Reviewed:** May 22, 2026

ASP: Q2 2026

ANCHOR HCPCS	TYPICAL DOSE	MODIFIER	ADMIN CPT	ASP+6% (J0289)
J0289	21 units	JW/JZ	96365	$22.807
AmBisome · per 10 mg	3 mg/kg × 70 kg = 210 mg	SDV — one required	+96366 (per add'l hr)	/10 mg · $478.95/210 mg

MULTI-DRUG SUMMARY — THE 12 IV ANTIFUNGALS

DRUG	BRAND	HCPCS	UNIT	ASP+6%/UNIT	TYPICAL DOSE	CLASS
Liposomal ampho B	AmBisome	J0289	10 mg	**$22.807**	3–5 mg/kg/day (10 for mucor)	Polyene (lipid)
Lipid complex ampho B	Abelcet	J0287	10 mg	$10.299	5 mg/kg/day	Polyene (lipid)
Colloidal disp ampho B	Amphotec	J0288	10 mg	n/a (off-market)	3–4 mg/kg/day	Polyene (lipid)
Conventional ampho B	Generic	J0285	50 mg	$44.331	0.3–1.5 mg/kg/day	Polyene (deoxy.)
Caspofungin	Cancidas	J0637	5 mg	$3.575	70 mg load → 50 mg/day	Echinocandin
Micafungin	Mycamine	J2248	1 mg	$0.255	100–150 mg/day	Echinocandin
Anidulafungin	Eraxis	J0348	1 mg	$0.487	200 mg load → 100 mg/day	Echinocandin
Fluconazole IV	Generic/Diflucan	J1450	200 mg	$3.874	800 mg load → 400 mg/day	Azole (triazole)
Voriconazole IV	Vfend	J3465	10 mg	$0.652	6 mg/kg q12h load → 4 mg/kg q12h	Azole (triazole)
Isavuconazonium IV	Cresemba	J3490/J3590	Unclassified	WAC narrative	372 mg q8h×6 → 372 mg q24h	Azole (triazole)
Posaconazole IV	Noxafil	J3490/J3590	Unclassified	WAC narrative	300 mg q12h×2 → 300 mg/day	Azole (triazole)
Ibrexafungerp	*Brexafemme*	*Oral only — out of IV scope (mention only)*				

Cresemba & Noxafil IV: no permanent J-code in Q2 2026 CMS file — bill J3490/J3590 unclassified with brand + NDC + dose + cost in narrative (NTE / box 19). Verify your MAC's preferred format.

ID CONSULT REQUIREMENTS (UNIVERSAL PA GATE)

- **Formal ID consult note** in chart (not just an order) — required by UHC, Aetna, BCBS, and most regional plans
- Telemedicine ID consult acceptable when on-site ID unavailable
- Attach the ID note to the PA submission, not just the chemo / antifungal order
- Hospitalist or ICU intensivist note alone is **not** equivalent — PA will round-trip

BIOMARKER MONITORING

TEST	CPT	FOR
Galactomannan EIA (serum)	87385	Aspergillosis screen / monitoring
(1→3)-β-D-glucan	87449 or 87999 (MAC-dep)	Invasive fungal screening
Fungal blood culture	87106	Candidemia, others
Aspergillus PCR	87502 / 87798	BAL or tissue
Voriconazole / posaconazole trough	80299	TDM for invasive aspergillosis

Document positivity or pending workup in PA. Empiric therapy is acceptable; absence of any biomarker plan triggers denials.

ICD-10 ANCHORS

CODE	INFECTION
B37.7	Candidemia / disseminated candidiasis
B37.81	Candidal esophagitis
B44.0	Invasive pulmonary aspergillosis
B44.7–B44.9	Disseminated / other aspergillosis
B46.0–B46.5	Mucormycosis by site
B45.0–B45.7	Cryptococcosis (pulm / mening / dissem)
B59	PJP (Pneumocystis pneumonia)
U07.1 + B44.0	COVID-associated pulmonary aspergillosis
+ B20 / D70.x / Z94.x	Pair w/ HIV, neutropenia, or transplant for PA

TOP 5 DENIALS

1. **No ID consult** — attach formal ID note to PA
2. **No biomarker** — submit galactomannan / BD-glucan / culture status
3. **Step therapy** — document why fluconazole bypassed (severity, mucor, prior fail)
4. **Nephrotox not monitored** (ampho) — submit serial Cr, K+, Mg++, LFTs
5. **Duration not justified** — cite IDSA: candidemia 14d post-neg cx, IA 6–12 wk, mucor longer

STEP THERAPY LOGIC

- **Susceptible candidemia:** echinocandin empiric → step-down oral fluconazole when isolate IDs as C. albicans/parapsilosis
- **Invasive aspergillosis:** voriconazole IV first-line; isavuconazonium if vori intolerance / interaction
- **Mucor:** AmBisome 5–10 mg/kg/day first-line; isavuconazonium consolidation step-down
- **Cryptococcal meningitis:** AmBisome + flucytosine induction, fluconazole consolidation
- **Cost-step:** some plans require fluconazole-fail before echinocandin in non-severe Candida

ADMIN & INFUSION TIMES

DRUG	INFUSION	96365 + 96366
AmBisome / Abelcet	~2 hr	96365 + 1×96366
Conventional ampho B	2–6 hr	96365 + 1–5×96366
Echinocandins	~1 hr	96365 only
Fluconazole IV	1–2 hr	96365 + 0–1×96366
Voriconazole IV	≥1 hr (max 3 mg/kg/hr)	96365 + 0–1×96366, q12h = 2 sequences/day
Cresemba / Noxafil IV	~90 min	96365 + 1×96366

PATIENT ASSISTANCE

- **Astellas Patient Support:** AmBisome, Mycamine, Cresemba IV — astellaspatientsupport.com
- **Pfizer RxPathways:** Vfend IV, Eraxis — pfizerrxpathways.com
- **Merck Access Program:** Cancidas, Noxafil IV — merckaccessprogram.com
- **Gilead Advancing Access:** legacy AmBisome inquiries
- **Foundations:** PAN, HealthWell, Good Days — antifungal funds open/close throughout year

SITE OF CARE

SETTING	POS	USE
Hospital inpatient	21	**Induction**; DRG-bundled, no Part B billing
HOPD on-campus	22	Step-down infusion (commercial UM-disfavored)
Off-campus PBD	19	Site-neutral payment
Freestanding AIC	49	**OPAT preferred** by commercial UM
Physician office	11	ID clinic-attached infusion
Patient home	12	OPAT for prolonged azole / echino; S9494 per diem + drug J-code + S9498 nursing

Inpatient DRG bundling: AmBisome + echinocandins are not separately billable to Part B in POS 21.

Amphotericin nephrotoxicity: Conventional (J0285) produces AKI in nearly all patients. Switch to AmBisome (J0289) or echinocandin for nephrotoxicity-prone patients. Monitor serial Cr, K+, Mg++ q2–3d; replete electrolytes proactively.

Sources: IDSA candidiasis 2016, aspergillosis 2016, mucor 2019; FDA labels (AmBisome, Abelcet, Cancidas, Mycamine, Eraxis, Vfend, Cresemba, Noxafil); CMS ASP Q2 2026; UHC/Aetna antifungal medical drug policies; NCCN supportive care.

carecostestimate.com/drugs/iv-antifungals