

IV Antivirals (Acyclovir, Ganciclovir, Foscarnet, Cidofovir + 4 more) — Class Reference

CARECOST ESTIMATE · BILLING CHEAT SHEET

Anchor: Acyclovir J0133 (5 mg / unit) Admin: 96365 + 96366 IV; 96372 IM (Synagis / Beyfortus) ASP: Q2 2026 (live) Reviewed: May 22, 2026

HCPCS & PER-UNIT REFERENCE

DRUG	HCPCS	PER UNIT	Q2 26 ASP+6%
Acyclovir	J0133	5 mg	\$0.017
Ganciclovir	J1570	500 mg	\$34.047
Foscarnet	J1455	1,000 mg	\$8.356 ↑
Cidofovir	J0740	375 mg	\$560.789
Letermovir IV	J3490	+ NDC + invoice	n/a
Maribavir	oral only	200 mg PO BID	Part D / PBM
Palivizumab	90378	50 mg IM	Verify MAC
Nirsevimab	90380 / 90381	50 mg IM	Verify MAC

Foscarnet ASP volatility: rose 25% Q1→Q2 2026 (shortage). Track quarterly.

DOSING — THE HIGH-FREQUENCY REGIMENS

INDICATION	AGENT	DOSE
HSV encephalitis	Acyclovir	10 mg/kg IV q8h × 14-21 d (≥1 hr infusion)
Neonatal HSV (CNS / dissem)	Acyclovir	20 mg/kg IV q8h × 14-21 d
Severe / immunocomp VZV	Acyclovir	10 mg/kg IV q8h × 7-10 d
CMV induction (transplant)	Ganciclovir	5 mg/kg IV q12h × 14-21 d
CMV salvage (resistant)	Foscarnet	60 mg/kg q8h or 90 mg/kg q12h
CMV retinitis (HIV)	Cidofovir	5 mg/kg q week × 2 induction, then q2wk
BK virus (off-label HSCT/KTx)	Cidofovir low-dose	0.25-1 mg/kg q1-2wk
HSCT CMV prophylaxis	Letermovir	480 mg IV / PO daily through day 100 (or 200 high-risk)
Refractory post-tx CMV	Maribavir	400 mg PO BID × 8 weeks
RSV prophylaxis (high-risk)	Synagis (palivizumab)	15 mg/kg IM monthly, RSV season
RSV prophylaxis (all 1st-season)	Beyfortus (nirsevimab)	Single IM dose, weight-based 50/100/200 mg

CMV VIREMIA PCR THRESHOLDS (INSTITUTION-SPECIFIC)

- **HSCT pre-emptive:** ≥ 150-1,000 IU/mL (WHO standard)
- **Solid organ pre-emptive:** ≥ 1,000-10,000 IU/mL by tx type
- **CMV disease:** treat regardless of threshold when organ-specific syndrome confirmed
- Document **specific PCR result + institutional threshold** in chart and PA

NEPHROTOXICITY MONITORING (CRITICAL)

AGENT	MONITORING
Acyclovir	Pre-hydrate; infuse ≥ 1 hr; serial Cr if > 7 d
Ganciclovir	CBC + Cr 2×/wk; ANC for myelosuppression
Foscarnet	Cr 2-3×/wk; Ca/Mg/Phos/K with each lab; 500-1000 mL NS pre-dose
Cidofovir	Cr + UA q dose; CrCl ≥ 55 required; probenecid 2g pre + 1g x2 post; 1L NS pre

Boxed warnings: Foscarnet + Cidofovir = nephrotoxicity. Cidofovir contraindicated CrCl < 55 or baseline proteinuria. Document monitoring or claim denials.

ICD-10 — TRANSPLANT CMV (T86.X REQUIRED)

CODE	FOR
B25.0 / .1 / .8 / .9	CMV pneumonitis / hepatitis / other / unspec
T86.0x	HSCT complication
T86.1x	Kidney transplant complication
T86.2x	Heart transplant complication
T86.4x	Liver transplant complication
T86.81x	Lung transplant complication
Z94.x	Transplant status (always pair w/ T86.x)
B00.4	HSV encephalitis (drives acyclovir IV)
B02.0 / .1 / .7	VZV encephalitis / meningitis / disseminated
Z29.11	RSV prophylactic immunotherapy (Synagis/Beyfortus)

Missing T86.x = #2 denial reason for CMV agents.

TOP 5 DENIALS

1. No CMV viremia PCR documentation
2. Missing T86.x transplant complication coding
3. Step therapy not satisfied (Letermovir / Livtency / Beyfortus)
4. Nephrotoxicity monitoring not documented (foscarnet / cidofovir)
5. Wrong J-code for similar antiviral (J0133 vs J1570 vs J1455 vs J0740 NOT interchangeable)

PATIENT ASSISTANCE

- Gilead (Vistide/cidofovir): 800-226-2056
- Merck (Prevymis/letermovir): 800-727-5400
- Takeda (Livtency/maribavir): 844-817-6468
- Sobi (Synagis/palivizumab): 877-727-9637
- Sanofi (Beyfortus/nirsevimab): 855-239-3678
- Generics (acyclovir/ganciclovir/foscarnet): PAN / HealthWell / PAF foundations

STEP THERAPY LOGIC (NEWER AGENTS)

- **Letermovir / Prevmis:** HSCT prophylaxis only (not treatment)
- **Maribavir / Livtency:** refractory CMV after ≥ 2 prior agents
- **Beyfortus > Synagis:** many plans prefer nirsevimab 1st-line
- Document genotypic resistance / clinical failure / intolerance for refractory cases

SITE OF CARE & ADMIN CODES

SETTING	POS	NOTES
Inpatient	21	DRG-bundled (induction)
HOPD on-campus	22	Separately payable (consolidation)
Office / infusion clinic	11	Separately payable
AIC	49	Separately payable
Home infusion	12	Prolonged prophylaxis / maintenance

CPT	FOR
96365 / 96366	IV antivirals (initial / add'l hr)
96372	Synagis & Beyfortus IM only
96413	Wrong — not chemo

Three rollup caveats: (1) Maribavir is oral only — no IV form. (2) Letermovir IV has no permanent J-code (use J3490 + invoice). (3) Synagis & Beyfortus are IM, not IV — use 96372.

Sources: FDA labels (acyclovir / Vistide / Prevmis / Livtency / Synagis / Beyfortus); IDSA encephalitis guidelines; AST IDCOP CMV guidelines (3rd ed); ASTCT CMV in HCT; AAP Red Book; CDC ACIP; CMS Q2 2026 ASP file.

carecostestimate.com/drugs/iv-antivirals