

# Paclitaxel (conventional / generic Taxol) — HCPCS CARECOST ESTIMATE · BILLING CHEAT SHEET

## J9267

**Multi-generic** (Hospira/Pfizer, Teva, Accord, Fresenius Kabi, Hikma; originator Taxol discontinued)

30 / 100 / 300 mg multi-dose vial, 6 mg/mL in Cremophor EL + ethanol IV 3 hr (q3w) or 1 hr (weekly) **Reviewed:** May 21, 2026 **ASP:** Q2 2026

<b>HCPCS</b> <b>J9267</b> 1 mg = 1 unit	<b>STD Q3W DOSE</b> <b>300 units</b> 175 mg/m <sup>2</sup> × 1.7 BSA	<b>MODIFIER</b> <b>JZ</b> Multi-dose vial — JW only if discarded	<b>ADMIN CPT</b> <b>96413</b> <b>+96415×2</b> 3-hr infusion (q3w)	<b>MEDICARE ASP+6%</b> <b>\$0.147</b> /mg · ~\$44.10 / 300 mg
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**BILLER ERROR TRAP — J9267 is NOT Abraxane (J9264).** Same active drug, two products. J9267 = solvent-based (Cremophor EL) — **premed + 3-hr infusion + 0.22 µm in-line filter + non-PVC tubing.** J9264 = Abraxane (nab-paclitaxel) — **NO premed, 30-min infusion, NO filter.** ~55× price difference per mg. Reconcile order ↔ pharmacy dispense ↔ MAR before posting.

### CODES & NDC (MULTI-GENERIC)

HCPCS	J9267 — "Injection, paclitaxel, 1 mg"
HOSPIRA / PFIZER	00409-0201-02 (30 mg) / 00409-0201-22 (100 mg) / 00409-0201-32 (300 mg)
TEVA	00703-3215-01 (30) / 00703-3216-01 (100) / 00703-3218-01 (300)
ACCORD	16729-0337-50 (30) / 16729-0338-08 (100) / 16729-0339-09 (300)
FRESENIUS KABI	63323-0763-05 / -17 / -50 (30/100/300 mg)
HIKMA	00641-6195-25 (30) / 00641-6196-25 (100)
VIALS	30 / 100 / 300 mg multi-dose, 6 mg/mL; dilute in NaCl or D5W to 0.3–1.2 mg/mL

**Use 11-digit NDC of actual vial dispensed.** Generic NDCs change with ANDA/packaging revisions. Originator Taxol (BMS) discontinued.

### PREMED PROTOCOL (REQUIRED PER FDA LABEL)

DRUG	DOSE / TIMING	BILL
Dexamethasone	20 mg PO @ 12 & 6 hr pre (or 10–20 mg IV 30–60 min pre)	PO = pt-supplied. IV = J1100 /mg + 96365/96366
Diphenhydramine	50 mg IV 30–60 min pre	J1200 + 96365 or 96366
H2 blocker	Famotidine 20 mg IV / cimetidine 300 mg IV / ranitidine 50 mg IV	Famotidine NOC J3590 or S0028 ; ranitidine J2780 + 96366

**Missing premed = denial + quality citation.** Premed required — not optional.

### J9267 VS J9264 DISAMBIGUATION

	J9267 (THIS PAGE)	J9264 ABRAXANE
Formulation	Cremophor EL + EtOH	Albumin-bound (nab)
Premed	<b>YES</b> (dex+DPH+H2)	NO
Infusion	<b>3 hr q3w</b>	30 min
Filter	<b>YES</b> 0.22 µm	NO
Tubing	<b>Non-PVC</b>	Standard PVC OK
Vial	30/100/300 mg multi-dose	100 mg SDV Iyo
ASP/mg (Q2 26)	<b>\$0.147</b>	\$6.020
JW pattern	JZ default; JW if discarded	JW on every claim
Breast dose	175 mg/m <sup>2</sup> q3w	260 mg/m <sup>2</sup> q3w

### ICD-10 BY INDICATION

CODE	FOR
C56.x / C57.0x / C48.x	Ovarian / fallopian / peritoneal
C50.x	Breast (incl TNBC — document ER/PR/HER2 neg)
C34.x	NSCLC (lobe-specific)
C00–C14, C32.x	Head & neck SCC, laryngeal
C53.x	Cervical (recurrent/met, NCCN)
C54.1	Endometrial (advanced/recurrent, NCCN)
C15.x / C16.x	Esophageal / gastric (NCCN)
C25.x	Pancreatic (combo — J9264 is on-label)
C46.x + B20	AIDS-related Kaposi sarcoma (2L)
C77–C79	Secondary mets (paired)

## MULTI-INDICATION DOSING

INDICATION	DOSE	SCHEDULE
Ovarian 1L (+ carbo)	175 mg/m <sup>2</sup>	3-hr IV q3w × 6
Breast adj TC (+ carbo)	175 mg/m <sup>2</sup>	3-hr q3w × 4–6
Breast adj TCH (HER2+)	175 q3w / 80 wkly	+ carbo + J9355 trastuzumab
Met breast weekly	80 mg/m <sup>2</sup>	1-hr IV weekly
mTNBC 1L PD-L1+ (KN-355)	90 mg/m <sup>2</sup>	1-hr D1/D8/D15 q28d + J9271 Keytruda
NSCLC 1L (+ carbo + bev)	200 mg/m <sup>2</sup>	3-hr q3w + J9035
H&N SCC concurrent RT	40–100 mg/m <sup>2</sup>	Weekly
AIDS-KS 2L	135 mg/m <sup>2</sup>	3-hr q3w

## ADMINISTRATION & MODIFIERS

CODE	WHEN
96413	Initial chemo IV up to 1 hr — <b>required</b>
96415 × 2	Each additional hour — <b>for 3-hr q3w infusion</b>
96417	Sequential chemo (carbo, cisplatin)
96365 / 96366	Premed therapeutic IV (NOT for paclitaxel itself)

**Filter + non-PVC tubing required.** 0.22 µm in-line filter; non-PVC bag (glass/polyolefin) & tubing (DEHP leaches). Document in MAR — bundled in admin code, not separately billable.

**JZ on most claims (multi-dose vial).** JW only when residual actually discarded (not returned to stock). Don't apply Abraxane single-dose JW pattern by default.

## PAYER REQUIREMENTS (MAY 2026)

PAYER	PA ON J9267	NOTES
Medicare	No	FDA + NCCN compendium covered
UnitedHealthcare	Generally no	PA on combos (bev, trastuzumab, Keytruda)
Aetna	Generally no	NCCN-aligned; combo partner PA
BCBS	Plan-specific (mostly no)	NCCN aligned

**J9267 itself rarely PA-restricted.** Burden is on combo partners (J9035, J9271, J9355) and site-of-care UM. To overcome step from J9267 → J9264 Abraxane: document hypersensitivity to paclitaxel or Cremophor contraindication.

## TOP DENIALS & FIXES

- **Wrong J-code (J9264 vs J9267):** reconcile order ↔ pharmacy ↔ MAR. ~55× price diff — audit catch.
- **Missing premed doc:** chart-correct; FDA label requires; not optional.
- **Missing in-line filter / non-PVC doc:** update infusion supply checklist; bundled but must be charted.
- **Missing 96415 hours:** 3-hr q3w needs 96413 + 96415 × 2; document precise start/stop.
- **96365 used for paclitaxel itself:** resubmit 96413; 96365 is for premeds only.
- **JW without actual waste:** use JZ when residual returns to stock (multi-dose); JW only if discarded.
- **Site of care (HOPD):** move stable patients to POS 11/49 post-cycle 1.

## PATIENT ASSISTANCE (FOUNDATIONS ONLY)

- **No manufacturer copay program** — generic; rely on foundations.
- **CancerCare Co-Pay:** 1-866-552-6729 (breast, ovarian, NSCLC, H&N, cervical funds)
- **PAN Foundation:** 1-866-316-7263
- **HealthWell Foundation:** 1-800-675-8416
- **Patient Advocate Co-Pay Relief:** 1-866-512-3861
- **The Assistance Fund:** 1-855-845-3663
- **Good Days:** 1-877-968-7233
- Verify fund status monthly — opens/closes by donation flow.

**Boxed warning & W&P:** Severe **hypersensitivity** (Cremophor EL) — premed required; severe **neutropenia** (no start if ANC <1,500); peripheral neuropathy (cumulative, dose-limiting); cardiac conduction abnormalities; **pediatric fatalities** reported (EtOH vehicle — not approved pediatric); embryo-fetal toxicity.

**Pending SME review.** Staff-authored from FDA labels (multi-generic ANDAs + NDA 020262), CMS Q2 2026 ASP, NCCN Breast/Ovarian/NSCLC/H&N guidelines, UHC/Aetna oncology policies. Verify high-stakes claims.