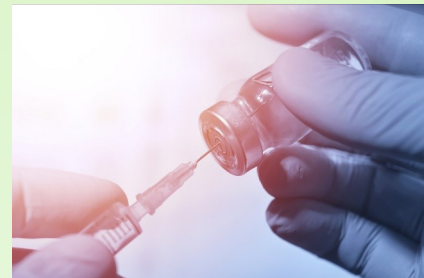


IHCP adds coverage for Adstiladrin (J9029)

On July 1, 2023, Healthcare Common Procedure Coding System (HCPCS) procedure code J9029 for nadofaragene firadenovec-vncg (Adstiladrin) was added by the Centers for Medicare & Medicaid Services (CMS), but the drug was not listed as participating in the Medicaid Drug Rebate Program (MDRP).

The drug's rebating status was changed effective Sept. 5, 2023.

Effective immediately, retroactive for dates of service (DOS) on or after **Sept. 5, 2023**, the Indiana Health Coverage Programs (IHCP) is adding coverage for Adstiladrin for eligible members 18 years of age and older. This coverage applies to medical claims for procedure code J9029 – *Intravesical instillation, nadofaragene firadenovec-vncg, per therapeutic dose*, and to Adstiladrin claims billed under the pharmacy benefit.



Additionally, for DOS on or after **Oct. 1, 2024**, prior authorization (PA) is required for coverage of Adstiladrin. The IHCP will require the following PA criteria be met for Adstiladrin claims with DOS on or after Oct. 1, 2024:

- Member is 18 years of age or older.
- Member has a diagnosis of high-risk Bacillus Calmette-Guerin (BCG)-unresponsive non-muscle invasive bladder cancer (NMIBC) with carcinoma in situ (CIS) with or without papillary tumors.
- One of the following apply:
 - Member has a prior history of at least six months of intravesical BCG therapy.
 - Prescriber has provided medical justification for the use of Adstiladrin (nadofaragene firadenovec) over intravesical BCG therapy.
- Dose is four vials (80 mL) every three months.

Note: Adstiladrin medical necessity criteria was approved by the Drug Utilization Review (DUR) Board in their Aug. 16, 2024, meeting, as published in IHCP Bulletin [BT2024137](#). Any subsequent updates to the Adstiladrin PA criteria will be announced in pharmacy update bulletins and posted on the Pharmacy Prior Authorization Criteria and Forms page of the Optum Rx Indiana Medicaid website, accessible from the [Pharmacy Services](#) page at in.gov/medicaid/providers.

Prior authorization will not be required for Adstiladrin claims with DOS prior to Oct. 1, 2024. Claims submitted for this drug with DOS on or after Sept. 5, 2023, that denied in error will be reprocessed. For fee-for-service (FFS) medical claims, providers should see adjusted or reprocessed claims on remittance advices (RAs) beginning Oct. 2, 2024, with internal control numbers (ICNs)/Claim IDs that begin with 52 (mass replacements non-check related) or 80 (reprocessed denied claims).

All claims for Adstiladrin must include the National Drug Code (NDC). For institutional outpatient claims, separate reimbursement is available for HCPCS procedure code J9029 when billed in conjunction with revenue code 636 – *Drugs requiring detailed coding*.

Coverage for this drug applies to both managed care and FFS delivery systems:

- For members enrolled in a managed care program, providers should submit PA requests and claims to the member’s managed care entity (MCE) or its designated pharmacy benefit manager.
- For FFS members, PA requests and claims should be submitted as follows:
 - Medical providers should submit PA requests for J9029 to the FFS prior authorization and utilization management (PA-UM) contractor, Acentra Health, and claims should be submitted to the FFS claim-processing contractor, Gainwell Technologies.
 - Pharmacy providers should submit PA requests and claims for Adstiladrin to the FFS pharmacy benefit manager, Optum Rx. PA requests should be faxed to Optum Rx at 855-577-6384.



These changes will be reflected in the next regular update to the Professional Fee Schedule and Outpatient Fee Schedule, accessible from the [IHCP Fee Schedules](#) page at in.gov/medicaid/providers.

This code will also be added to *Procedure Codes That Require National Drug Codes (NDCs) and Revenue Codes With Special Procedure Code Linkages*, accessible from the [Code Sets](#) page at in.gov/medicaid/providers.

Table 1 – Newly covered procedure code for Adstiladrin, effective for DOS on or after Sept. 5, 2023

Procedure code	Description	Program coverage	PA required	NDC required	Special billing information
J9029	Intravesical instillation, nadofaragene firdenovec-vncg, per therapeutic dose	Covered under Traditional Medicaid and other IHCP programs that include full Indiana Medicaid State Plan benefits; the service may not be covered under IHCP plans with limited benefits	Yes for DOS on or after Oct. 1, 2024 No for DOS from Sept. 5, 2023, through Sept. 30, 2024	Yes	Max fee: \$63,000 Restricted to members 18 years of age and older Linked to revenue code 636

For more information

Questions about FFS nonpharmacy PA should be directed to Acentra Health at 866-725-9991. Questions about FFS nonpharmacy billing and reimbursement should be directed to Gainwell Customer Assistance at 800-457-4584 or your [Provider Relations consultant](#).

For questions regarding FFS pharmacy PA, billing or reimbursement, please contact the Optum Rx Clinical and Technical Help Desk at 855-577-6317.

Individual managed care entities (MCEs) establish and publish PA, billing and reimbursement information within the managed care delivery system. Questions about managed care PA, billing or reimbursement should be directed to the MCE with which the member is enrolled.

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 800-457-4584.

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