AVERAGE SALES PRICE (ASP)

FOR MEDICARE PART B ESTABLISHED FOR FOURTH-QUARTER 2017

When SIMPONI ARIA® (golimumab) is administered in a physician's office and covered under Medicare Part B, it is reimbursed based on ASP + 6%.[1]

- ASP is based on quarterly sales data provided by manufacturers[2]

$$\text{ASP} = \frac{\text{Gross Sales - (Discounts + Chargebacks + Rebates)}}{\text{Total Number of Units Sold}}$$

- Manufacturers submit ASP data to the Centers for Medicare & Medicaid Services (CMS) by specific deadlines following the end of each quarterly period. CMS uses this data to determine the Medicare reimbursement rate for the subsequent quarter. This results in a two-quarter lag between the quarter in which the sales occur and the time when the sales are reflected in a revised reimbursement rate. For example, first-quarter sales become the basis for third-quarter reimbursement[3]

Fourth-Quarter 2017 SIMPONI ARIA® Medicare Allowable[4]

HCPCS CODE	SHORT DESCRIPTION	FOURTH-QUARTER 2017 ASP RATE
J1602[4]	golimumab for IV use, 1 mg[4]	$24.736 per 1 mg[4]

Note: J1602 is reported per 1-mg unit. Medicare Allowable is based on ASP + 6%.

SIMPONI ARIA®	# OF UNITS	FOURTH-QUARTER 2017 MEDICARE ALLOWABLE
50-mg/4-mL vial	50	$1,236.80 per vial

Please see accompanying full Prescribing Information, including Boxed WARNINGS and Medication Guide for SIMPONI ARIA®. Provide the Medication Guide to your patients and encourage discussion.

The fact that a drug, device, procedure, or service is assigned an HCPCS code and a payment rate does not imply coverage by the Medicare program, but indicates only how the product, procedure, or service may be paid if covered by the program. Fiscal Intermediaries (FIs)/Medicare Administrative Contractors (MACs) determine whether a drug, device, procedure, or other service meets all program requirements for coverage.[5]

The information in this guide is provided to assist you in understanding the reimbursement process. It is intended to help providers in accurately obtaining reimbursement for healthcare services. It is not intended to increase or maximize reimbursement by any payer. We strongly suggest that you consult your payer organization with regard to local reimbursement policies. This document is presented for informational purposes only and is not intended to provide reimbursement or legal advice. Laws, regulations, and policies concerning reimbursement are complex and updated frequently. While Janssen Biotech, Inc., has made an effort to be current as of the issue date of this document, the information may not be as current or comprehensive when you view it. Please consult with your counselor reimbursement specialist for any reimbursement or billing questions. Similarly, all Current Procedural Terminology (CPT®)* & Healthcare Common Procedural Coding System (HCPCS) billing codes are supplied for informational purposes only and represent no statement, promise, or guarantee by Janssen Biotech, Inc., that these codes will be appropriate or that reimbursement will be made.

* CPT® is a registered trademark of the American Medical Association.

References: 1. 42 CFR § 414.904. **2.** 42 CFR § 414.804. **3.** 42 USC § 1395w-3a. **4.** Centers for Medicare & Medicaid Services. 2017 ASP Drug Pricing Files. http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Part-B-Drugs/McrPartBDrugAvgSalesPrice/2017ASPFiles.html. Accessed September 18, 2017. **5.** Centers for Medicare & Medicaid Services. CMS Manual System, Pub 100-04 Medicare Claims Processing. http://www.cms.gov/transmittals/downloads/R1139CP.pdf. Accessed September 18, 2017.

Simponi ARIA® golimumab for infusion

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