

Medicare Payment Policy



Effective October 1, 2021, RYBREVANT[®] (amivantamab-vmjw) is classified as a “transitional pass-through drug”

- Given the status, payment for hospital outpatient claims to Medicare will be based on average sales price (ASP) + 6%*
- Pass-through status is in place for the first 2 to 3 years the drug is on the market
- That payment rate is different from the rate for non-pass-through drugs obtained under the 340B drug discount program that are subject to a substantial payment reduction based on CMS policy

Effective January 1, 2022, physician claims to Medicare and non-Medicare payers, and hospital outpatient claims to Medicare and non-Medicare payers, should use J9061 – injection, amivantamab-vmjw, 2 mg, the permanent HCPCS J-code for RYBREVANT[®].

*Because of the COVID-19 Public Health Emergency, sequestration cuts have been suspended 5/1/2020 through 12/31/2021. Under sequestration, Medicare payments are subject to a 2% reduction to Medicare’s portion of the payment, reducing ASP + 6% to ASP + 4.3%. Sequestration does not impact the patient cost-sharing component.

Please read full Prescribing Information for RYBREVANT[®].