



## **Medicare Part B Prescription Drug Inflation Rebate**

### **Applicable April 1 – June 30, 2024**

Effective January 1, 2023, coinsurance for Part B rebatable drugs will be reduced if the drug's price has increased at a rate faster than the rate of inflation. Please reference the Leon Health website at [www.LeonHealth.com](http://www.LeonHealth.com), for an updated list of rebatable drugs with the reduced coinsurance amount. This list will be updated and posted on our website on a quarterly basis.

### **Below is the list of the Part B eligible drugs with adjusted coinsurance percentage for the quarter April 1 – June 30, 2024.**

Please note that these changes do not apply to the Part D prescription drug coverage.

In addition, Effective July 1, 2023, insulin furnished under the Part B benefits through a qualified item of durable medical equipment (for example., a medically necessary traditional insulin pump), are subject to a beneficiary coinsurance limit for a month's supply of such insulin (that does not exceed \$35).

For more information, please call our Member Services Department at 1-844-969-5366 (TTY: 711). Monday – Sunday 8 a.m. – 8 p.m. October to March and Monday – Friday 8 a.m. – 8 p.m. April to September or visit our website at [www.LeonHealth.com](http://www.LeonHealth.com).



## 2024 Part B Rebatable Drug List

(Applicable April 1 – June 30, 2024)

HCPCS Code	Drug Name	Coinsurance Percentage
J0287	Abelcet	19.92%
J9042	ADCETRIS	19.29%
J8655	AKYNZEO CAPSULE	18.20%
J1454	Akynzeo IV	19.73%
J0891	Argatroban (Accord) <sup>1</sup>	16.76%
J0892	Argatroban (Accord) <sup>1</sup>	16.76%
J0898	Argatroban (Auromedics) <sup>1</sup>	7.47%
J0899	Argatroban (Auromedics) <sup>1</sup>	7.47%
J7504	ATGAM	15.37%
J3145	Aveed	19.14%
J0558	BICILLIN CR	16.31%
J0561	BICILLIN L-A	16.25%
J9039	BLINCYTO	19.79%
J2850	CHIRHOSTIM	19.60%
J0584	Crysvita	19.38%
J0850	Cytogam	19.78%
J0586	DYSPORT	18.88%
J7503	Envarsus XR	19.94%
J1456	Fosaprepitant (Teva)	3.82%
J1645	FRAGMIN	12.23%
J1670	HYPERTET	19.67%
J9325	IMLYGIC	19.90%
J2425	KEPIVANCE	16.56%
Q2042	Kymriah	19.31%
J2820	LEUKINE	19.59%
J1950	LUPRON DEPOT-PED	19.51%
J2184	Meropenem (B Braun)	9.54%
J2265	MINOCIN	19.09%
J0283	NEXTERONE (BAXTER)	11.54%
J9268	NIPENT	19.85%
J9266	ONCASPAR	19.66%
J9177	PADCEV	18.89%
J1640	PANHEMATIN	19.84%
J0897	Prolia	19.59%

LEON Health, Inc. is an HMO plan with a Medicare contract. Enrollment in LEON Health, Inc. depends on contract renewal.



J9318	ROMIDEPSIN (non-lyophilized)	19.79%
J2502	SIGNIFOR LAR	17.85%
C9482	SOTALOL (Altathera)	19.97%
J2860	SYLVANT	18.95%
J9262	SYNRIBO	19.70%
J3250	Tigan	19.72%
J3244	TIGECYCLINE (ACCORD)	8.83%
J9273	TIVDAK	19.85%
J2186	VABOMERE	19.81%
J0775	XIAFLEX	18.56%
J0291	ZEMDRI	19.91%

<sup>1</sup> The drugs in HCPCS codes J0891/J0892 and J0898/J0899 (Argatroban) are not therapeutically equivalent.

