



FLORIDA SOCIETY OF CLINICAL ONCOLOGY FAX BLAST – February 1, 2007

FLASCO 2007 ANNUAL MEETING AND SPRING SESSION:

The 2007 FLASCO Annual Meeting and Spring Session will be held on March 2-3, 2007, at the Tampa Airport Marriott Hotel. A meeting announcement and registration form has been mailed to all members. **In the event you do not receive your materials, please contact the FLASCO Executive Director.** This is an outstanding meeting – Dr. Joe Bailes from ASCO will provide a Legislative Update and ASCO President, Gabriel Hortobagyi will speak at the Saturday session. **PLEASE MAKE EVERY EFFORT TO ATTEND THIS MEETING AND MEET AND HEAR THE ASCO PRESIDENT!**

MEDICAID:

Reporting of NDC#s

Questions have arisen concerning the reporting of NDC#s to Medicaid. Claims will not begin denying until April. This is to help give providers time to adjust software etc. for compliance. **It is strongly recommended that you work with your software vendor to insure your program will accommodate the NDC numbers.**

If you are using multiple vial sizes for a J code, it will need to be broken out into multiple lines. The system will not deny the claims for duplicative billing if all lines are on one claim. If you submit three different claims (for three different vial sizes) then the claims will deny as duplicate. The following bulletin article was posted in the recent Medicaid bulletin.

National Drug Code Requirement on the Revised CMS-1500 Claim Form:

Florida Medicaid is implementing the revised CMS-1500 claim form effective January 7, 2007. All claims submitted on or after January 7, 2007, regardless of the date of service, must be submitted on the revised CMS-1500 claim form. Medicaid providers billing HCPCS codes for drugs (J, Q, or S codes) must report the drug's NDC code on the revised claim form. Block 24 must have the identifier N4 and the NDC code in the shaded area of item 24. This information should be entered in the shaded area above 24-A and not contain a space, hyphen, or other separator between N4 and the NDC code.

The NDC is required for all claims submitted on the revised CMS-1500 claim form on and after January 7, 2007. Please contact your Medicaid area office if you need assistance. This information is available on the Medicaid fiscal agent website (<http://floridamedicaid.acs-inc.com>). Click on "provider support" then "handbooks" then go to the updated "CMS-1500" effective January 2007. It is in this handbook. For electronic claims submitted in the 837 professional, electronic claim format, loop 2410 LIN segment must contain the NDC number.

Here is the another recent RV banner:

Based on the Federal Deficit Reduction Act of 2006, Florida Medicaid requires the reporting of the National Drug Code (NDC) on all claims with J, Q, or S drug codes received on and after January 7, 2007, regardless of the date of service. Please enter this information in Block 24 on the revised CMS-1500 claim form. Enter the identifier N4 immediately followed by the NDC code in the shaded area above 24-A. **DO NOT** leave a space or place a hyphen or other separator between the N4 identifier and the NDC code. For claims submitted in the 837 professional, electronic claim format, loop 2410 LIN segment must contain the NDC number. Please contact your Medicaid area office if you need assistance.

Also, you may want to get onto the e-mail alert system (if you are not already). It is a free service that sends e-mails to providers based on your provider type. This article is available in the Winter 2006 Medicaid Bulletin. At the website above, click on "provider support" then "provider bulletins" then "Winter 2006".

INDUSTRY NEWS:

Pharmion Corporation Announces FDA Approval of Vidaza NDA Supplement for IV Administration

Pharmion Corporation announced that it has received approval from the U.S. Food and Drug Administration (FDA) for its new drug application (NDA) supplement to add intravenous (IV) use as a new route of administration to the instructions in the approved prescribing information for its DNA demethylating agent Vidaza® (azacitidine for injection). With this approval, Vidaza may now be administered intravenously over a period of 10 to 40 minutes in a clinic or hospital setting.

MedWatch - The FDA Safety Information and Adverse Event Reporting Program

Amgen notified the oncology medical community of the results of a large, multicenter, randomized, placebo-controlled study showing that Aranesp was ineffective in reducing red blood cell transfusions or fatigue in patients with cancer who have anemia that is not due to concurrent chemotherapy. The study also showed higher mortality in patients receiving Aranesp. Aranesp is approved for the treatment of patients with anemia caused by the chemotherapy treatment of the malignant disease and should only be used in accordance with its approved product labeling. Read the complete MedWatch 2007 Safety summary, including a link to the Dear Healthcare Professional letter, at: <http://www.fda.gov/medwatch/safety/2007/safety07.htm#Aranesp>

Cephalon Comments on Study of its Leukemia Treatment Led by National Cancer Institute Cooperative Group (CALGB and NCI Report Improved Survival in Newly Diagnosed Adult Patients with Acute Promyelocytic Leukemia (APL) in Study Using TRISENOX)

January 24, 2007 – Cephalon, Inc. (Nasdaq: CEPH) commented on the announcement today by the National Cancer Institute (NCI) and one of its Cooperative Clinical Trials Groups, the Cancer and Leukemia Group B (CALGB), regarding event-free and overall survival results from a clinical trial using TRISENOX® (arsenic trioxide) injection in newly diagnosed patients with acute promyelocytic leukemia (APL). After reviewing the results from more than 500 patients in the study, a data safety monitoring board notified the investigators and the NCI of the positive results and the findings are being released based on their impact on the treatment of APL. A complete scientific presentation of these study results is planned for the annual meeting of the American Society of Clinical Oncology (ASCO) in June 2007.

A press release announcing some of the study results can be found at <http://www.cancer.gov/newscenter/pressreleases/APLArsenic>, the NCI Web site, as well as on the CALGB Web site, at www.calgb.org.

USP DI UPDATES:

TRISENOX® (arsenic trioxide) injection, HCPCS Code J-9017 - United States Pharmacopeia Drug Index ("USPDI") Newly Accepted Indication Myelodysplastic Syndrome, Monotherapy in Transfusion-Dependent Patients

Cephalon, Inc. acquired the rights to manufacture and market TRISENOX® (arsenic trioxide) injection, HCPCS Code J-9017. The U.S. Food and Drug Administration ("FDA") granted orphan drug status to TRISENOX, which was approved in 2000 for the treatment of relapsed/refractory acute promyelocytic leukemia.

Cephalon wishes to inform you that the USP DI has updated the TRISENOX monograph to include as accepted, the following indication:

Accepted: Myelodysplastic syndrome, monotherapy in transfusion-dependent patients

This updated TRISENOX monograph can be accessed via the appropriate Thomson MICROMEDEX product providing access to USPDI monograph updates.

CMS UPDATES:

MLN Matters:

New:

Processing All Diagnosis Codes Reported on Claims Submitted to Carriers MLN Matters Number: MM5441

Effective for claims processed July 1, 2007 and later the Part B standard systems and the carrier claims processing systems capture and process up to eight diagnosis codes on all of your claims (both paper and electronic). You should make sure that your billing staffs are aware of these changes that allow all eight diagnosis codes on Medicare claims effective, July 1, 2007. <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5441.pdf>

MM5411 – Institutional Value Code Changes

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5411.pdf>

MM5387 – Colorectal Cancer Screening Flexible Sigmoidoscopy and Colonoscopy Coinsurance Payment Change <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5387.pdf>

Elimination of the Manual Process for Therapy Cap Exceptions [Source: CMS Pub. 100-04/1145, CR 5478]

Effective January 1, 2007, 5478 announces several changes to the therapy cap and the exceptions process. The purpose of this article is to address one of the changes, which discontinues the manual process for CY 2007 for the therapy cap exceptions. Contractors will no longer accept or grant exceptions via the manual request for exceptions to the therapy cap in CY 2007. All exceptions to the CY 2007 therapy cap of \$1780 must meet the criteria under the automatic process as outlined in CR 5478 dated December 29, 2006

http://www.floridamedicare.com/partb_whatsnew_Elimination%20of%20the%20Manual%20Process%20for%20Therapy%20Cap%20Exceptions.asp

2007 CORPORATE MEMBERSHIP/SPONSORSHIP: (January 1 – December 31, 2007)

FLASCO Members extend a big thanks to the following companies who are 2007 Corporate Members/Sponsors:

PLATINUM

Astra Zeneca
Genentech
Oncology Supply/ION

GOLD

Cephalon Oncology
Pharmion Corporation
OSI Pharmaceuticals

SILVER

Genomic Health, Inc.
Talceris Biotherapeutics
Millennium

BRONZE

Abraxis Oncology

EVENTS:

March 2-3, 2007 – FLASCO Spring & Annual Meeting – Tampa Airport Marriott Hotel

March 16-18, 2007 – Fourth Annual Winter Lung Cancer Conference – The Eden Roc Renaissance Resort & Spa, Miami Beach, FL

November 9-10, 2007 – FLASCO Fall Meeting – Rosen Shingle Creek – Orlando

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