

OSCO News

The Voice of the Practice of Oncology in Oklahoma

Volume 1, Issue 2

NEW BOARD MEMBERS

Elections were held in March to add new positions to the OSCO board of directors.

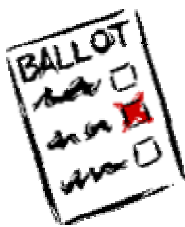
OSCO Officers

2002-2004

Vikki Canfield MD—
President

Todd Kliewer MD—
Vice-President

Diane Heaton MD—
Secretary/Treasurer



Board Members (effective 4/1/2004)

George Selby, MD —
Oklahoma City

John Lohrey, MD -- Tulsa

Nadim Nimeh, MD -- Rural

Joan Walker, MD --
Academia

Stephen Hamilton, MD --
At Large

Lance Miller, MD -- At Large

OSCO Officers

2005 – 2007

Todd Kliewer, MD --
President

Alan Langerak, MD --
Vice-President

Vikki Canfield, MD --
Secretary/Treasurer

Medicare/CAC

Representatives

Vicki Baker MD — Onc
Todd Kliewer MD — Heme

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POST-ASCO UPDATES IN TULSA and OKC

This year OSCO and OU are cosponsoring Post-ASCO Reviews in both Tulsa and Oklahoma City to best meet the needs of our members.

The Oklahoma City meeting will be on June 24th at the Westin Hotel from 5—9 pm.

Speakers: Dr. Bruce Cheson, Georgetown University; Dr. Ed Kim, MD Anderson; Julie Alley, Pharm D, US Oncology; Dr. Howard Hochster, New York University Medical Center; and Dr. David Crawford, University of Colorado.

The Tulsa Post-ASCO Review will be held at Tulsa County Medical Society from 5—9 p.m. on Friday, June 25th. Speakers include: Dr. Howard Ozer, University of Oklahoma, Dr. Ed Kim, MD Anderson; Dr. Owen O'Connor

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NADIM NIMEH, MD

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MEDICARE CAC UPDATE

The spring CAC meeting was held on Wed, April 7th. Dr. Todd Kliewer attended in OKC and Dr. Vicki Baker attended in Tulsa, via teleconference. There were no heme-onc issues specifically, but these are the general issues of importance to pass on.

1. Critical Care Workshops- Just in case some of you spend time in the ICU, be aware of some changes in documentation requirements and billing procedures. There are several workshops being held around the state for you and your billing staff to attend. You must register in advance and of course pay for them! Sign up online at the Medicare website (www.oknmmedicare.com) then go to

providers, then to events/seminars.

2. New ICD-9 codes for 2005 will start being implemented in October, 2004. There will be no grace period this time, so make sure you are doing it right in the beginning.

3. What used to be called LMRP (local medical review policy) is now going to be called LCD (local coverage decision). There will be a slight change in the format. Don't ask me why - can you say bureaucracy??

More ridiculous bureaucracy, but very important to know about: The CERT program. The is the Comprehensive Error Rate Testing Program. Basically a

quality control check set up by CMS to improve the process (and provide an excuse to get some of their money back from you).

If you receive a letter from Advance-Med, you need to respond to it and provide the records that are requested. If you don't, there will be a report that payment was made in error since no documentation was available and they will demand a refund!! They say that they may decide that you could have billed a higher level of service and might send you more money! (If you believe that, I have some land.....)

*Vicki C Baker, MD
Medicare CAC Representative*

OSCO TRACKING DENIALS

Please send information on payment denials to Mary Jo at the OSCO office so we can track trends and the Payor Advisory Committee can work on behalf of OSCO members.

Top 10 Denied Oncology Medicare Claims in Oklahoma, high utilization codes, and other pertinent topics will be covered by Medicare Part B Senior Education Coordinator Kim Gassie in lunch meetings for physicians and office staff.

August 3rd
Tulsa County Medical Society
11—1:30 p.m.

August 5th
Oklahoma City Museum of Art
11—1:30 p.m.

RSVP required
918-743-6184
or maryjo@t-c-m-s.com

SAVE THE DATE
January 28 & 29, 2005
OSCO Annual Conference
OKC Museum of Art

COMMUNITY ONCOLOGY ALLIANCE UPDATE

I would like to take this opportunity to update you on the activities of the Community Oncology Alliance in its efforts to reverse the cuts to cancer care.

At this time, things are moving very slowly. COA is working hard to keep the reversal of the cancer care cuts from becoming a partisan issue. In an election year, that is a very difficult task but we feel strongly that the only way a change

in the reimbursement rates for 2005 can take place is if everyone is to work together.

We are focusing on what can be done within the scope of the Medicare bill. We have developed initiatives related to both drug and services reimbursement. The initiatives are directed at the Congress and CMS.

On the drug reimbursement side, we

have been collecting information on practice expenses as well as talking to many experts in the field. There are many questions and concerns about ASP.

CMS has published in the Federal Register an interim final rule on the submission of Average Selling Price data by pharmaceutical manufacturers. Everyone is encouraged to comment on these rules. The comment period runs until

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POST-ASCO REVIEWS Continued

Memorial Sloan Kettering; Julie Alley Pharm D, US Oncology; and Dr. Charles McWilliams of Oklahoma City.

The five main topics at each conference will highlight advances covered at the national ASCO conference. They include: leukemia/lymphoma, colorectal, genitourinary, non-small cell lung cancer, and supportive care. In addition, each conference will have a round table Q & A discussion at the end.

Please contact Mary Jo at 918-743-6185 or maryjo@t-c-m-s.com for conference registration. Conference brochures

will be distributed in May and will also be on our website at www.oscoOK.org.

www.oscoOK.org

Post-ASCO Reviews

Thurs, June 24th OKC

Westin Hotel

5–9 pm

OR

Fri, June 25th Tulsa

Tulsa County Medical Society

5–9 pm

No charge

Dinner and CME provided

COA UPDATE Continued

June 7, 2004. Comments can now be sent electronically and CMS is encouraging input. In the near future, COA will have an official response to the rules and it will be posted on the website and should offer you some assistance in writing your response to CMS.

It is important for all community oncology practices to comment on these rules. It will be most helpful if each practice customizes its letter to detail the concerns particular to your practice. It is important that a copy of your letter be forwarded to each of your Congressional delegates as a way to keep them involved

in this process.

CMS will also hold an open forum on MVI and ASP on Tuesday, April 20th. The COA website (www.communityoncology.org) will have the details on registering and participation. The teleconference is set for 2:00—4:00 pm Eastern Time. The call in number is 1-800-837-1935. The reference number is 6330178.

COA continues to encourage practices to invite their elected officials to visit their practices and become better informed on the issues of cancer care delivery. This is

an opportunity to personally explain the issues as they relate to your practice and present specific data about the effects these changes will have on your practice. It continues to be very important to stay engaged with your representatives in a very positive manner.

If you have any questions about these efforts, please call me at 918-744-3946.

*G. Lance Miller MD
Board Member
Community Oncology Alliance*

AVASTIN APPROVED BY FDA

On February 26, 2004 the FDA approved the first and only anti-angiogenic agent for the treatment of metastatic colorectal cancer. Avastin (bevacizumab), used in combination with intravenous 5-fluorouracil (FU)-based chemotherapy, is indicated for first-line treatment of patients with metastatic carcinoma of the colon or rectum. The drug is a recombinant

humanized monoclonal IgG1 antibody that binds to and inhibits the biologic activity of human vascular endothelial growth factor (VEGF) in *vitro* and *in vivo* assay systems.

A statistically significant extension of survival was demonstrated in a Phase III clinical triad. In a randomized Phase III trial of 813 patients with metastatic colorectal cancer, patients

receiving Avastin plus IFL (irinotecan, 5-fluorouracil, leucovorin) as first-line therapy, lived significantly longer than those who received IFL alone (20.3 vs 15.6 months median overall survival, $P<0.001$). The clinical benefit of Avastin, as measured by survival in the 2 principal arms, was seen in all subgroups tested.

According to the American Cancer

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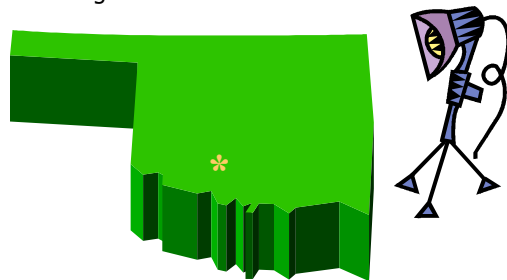
Society, colorectal cancer accounts for the third-most common cancer in men and women in the United States and affects nearly 130,000 new cases per year. The majority of colorectal cancers are adenocarcinomas, most of which arise from adenomatous polyps. At diagnosis, roughly 30% of patients have metastatic disease.

The recommended dose of Avastin is 5 mg/kg given once every 14 days as an IV infusion until disease progression is detected. Avastin infusions should not be administered or mixed with dextrose solutions. AVASTIN SHOULD NOT BE ADMINISTERED AS AN IV PUSH OR BOLUS. The drug is supplied as single-unit 100 mg or 400 mg vials.

The most serious adverse events associated with Avastin were: gastro-

intestinal perforations, wound healing complications, hemorrhage, hypertensive crises, nephritic syndrome and congestive heart failure. See boxed WARNINGS in the Avastin full prescribing information. The most common severe (NCI-CTC Grade 3-4) adverse events among the 1,032 patients receiving Avastin in Genentech-sponsored studies were: asthenia, pain, hypertension, diarrhea, and leucopenia.

Detailed product information and educational resources are accessible at www.avastin.com. For medical information or queries, call 1-800-821-8590. For support with patient reimbursement concerns or queries, please contact SPOC (Single Point of Contact) at 1-888-249-4918 or visit www.spoconline.com.



SPOTLIGHT ON: NADIM F. NIMEH, MD

"People are extremely nice, extremely friendly and very trusting" in rural Oklahoma. "Most of them follow their doctor's recommendations, which makes the practice very pleasant and interesting" said Nadim F. Nimeh, MD. "Their trust also places a tremendous obligation to do my utmost for them." Dr. Nimeh was recently elected to the OSCO board of directors as the representative of rural Oklahoma oncologists.

Dr. Nimeh and his wife Sue live in Lawton and have three children who keep them very busy. Sara is 14-1/2, Andrew 13, and Danielle is 10. Dr. Nimeh moved to Lawton almost 20 years ago. He was the first oncologist in Oklahoma to move outside an urban setting.

While working at Oral Roberts University School of Medicine, Dr. Nimeh had a patient who drove from Comanche for treatment. At the time, he didn't know where Comanche was. His lady patient

got so much better that she kept traveling the 200 miles each way to see him.

During that time he began negotiations to move to Lawton. His very first patient in his new practice was that lady. He asked if she was following him around, and she replied that Comanche was only 10 miles away. He told her that he'd moved there because it was only fair that oncologists started spreading out their practices to best serve cancer patients.

Dr. Nimeh believes strongly that we must keep working to improve the lives of people and in turn our lives will be enriched. He thinks oncology is "the most challenging field" and although it is going through a transition period, and there will be a struggle to maintain independence, the field will survive. "Patients will lead the ship. The government will have to listen."

He said that oncology has a bright

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Silver

Lilly Oncology

Novartis

Schering-Plough Oncology

future in terms of the specialty, and definitely will have a big place in the community of the future as well as today, especially because of the aging population. "The nut has not been cracked yet. Even with all of the tremendous improvements and progress, we still lose 500,000 people a year."

Dr. Nimeh says the thing he misses the most from practicing in the city is the interaction with colleagues. However, the internet and meetings help, and he has developed a network where he can call and discuss cases.

Southwest Oncology Group, Southwestern Medical Center, Comanche County Memorial Hospital and Cameron University rely on his expertise. He has been involved in clinical trials research activities for over 15 years. He also collaborates with the University of Oklahoma Hematology/Oncology and Gyne-

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CLINICAL TRIALS

Eastern Oklahoma

June newsletter will list clinical trials in other parts of Oklahoma. A list of clinical trials will also be posted on www.oscoOK.org.

Warren Cancer Research Foundation/St. Francis Hospital Open Protocols (918) 491-5878

LaFortune Cancer Center/St. John Medical Center Open Protocols (918) 744-2685

BREAST

B35 NSABP Breast Available at SFH and SJMC

A Clinical Trial Comparing Anastrozole with Tamoxifen in Postmenopausal Patients with Ductal Carcinoma in Situ (DCIS) Undergoing Lumpectomy with Radiation Therapy

RTOG 98-04 Breast Available at SFH and SJMC

Phase III Trial of observation +/- Tamoxifen VS. RT +/- Tamoxifen for Good Risk Duct Carcinoma in Situ (DCIS) of the Female Breast

MA20 Breast (NCIC/CTSU) Available at SFH

A Phase III Study of Regional Radiation Therapy in Early Breast Cancer

MA27 Breast (NCIC/CTSU) Available at SFH

A Randomized Phase III Trial of Exemestane versus Anastrozole with or without Lelecoxib in Postmenopausal Women with Receptor Positive Breast Primary Cancer

N02C1 NCCTG Cancer Control Study Available at SFH

A Phase III Randomized, Placebo-Controlled, Double-Blind Trial of Risendronate (Actonel) For Prevention of Bone Loss in Premenopausal Women Undergoing Chemotherapy For Primary Breast Carcinoma

N99C7 NCCTG Hot Flashes (women) Cancer Control Study Available at SFH

Phase III Comparison of Depomedroxyprogesterone Acetate (DPROV) to Venlafaxine for Managing Hot Flashes

C40101 CTSU Available at SFH

Cyclophosphamide and Doxorubicin (CA) (4 vs 6 cycles) Vs Paclitaxel (4 cycles vs 6 cycles) as Adjuvant Therapy for Women with Node-Negative Breast Ca: A 2.2 Factorial Phase III Randomized Study

S0012 CTSU Available at SFH

A Randomized Comparison of Standard Doxorubicin & Cyclophosphamide vs. Weekly Doxorubin & Daily Oral Cyclophosphamide Plus G-CSF as Neoadjuvant Therapy for Inflammatory & Locally Advanced Breast Cancer, Phase III

BREAST NODE (+)

CTSU 49907 Breast Available at SJMC

A Randomized Trial of Adjuvant Chemotherapy with Standard Regimens, Cyclophosphamide, Methotrexate and Fluorouracil (CMF) and Cyclophosphamide and Doxorubicin (AC) VS Capecitabine in Women 65 Years and Older with Node Positive of High-Risk Node-Negative Breast Cancer

MA20 Breast (NCIC/CTSU) Available at SFH

A Phase III Study of Regional Radiation Therapy in Early Breast Cancer

MA27 Breast (NCIC/CTSU) Available at SFH

A Randomized Phase III Trial of Exemestane versus Anastrozole with or without Lelecoxib in Postmenopausal Women with Receptor Positive Breast Primary Cancer

B31 Breast NSABP Available at SFH and SJMC

A Randomized Trial Comparing the Safety and Efficacy of Adriamycin and Cyclophosphamide Followed By Taxol (AC-T) To That of Adriamycin and Cyclophosphamide Followed by Taxol + Herceptin (AC-T+H) in Node-Positive Breast Cancer Patients Who Have Tumors That Overexpress HER2

BREAST ADV./METASTATIC

ECOG 3198 Adv. Breast Available at SJMC

A Safety and Efficacy Study of Doxil and Taxotere +/- Herceptin in Advanced Breast Cancer

E2100 ECOG Available at SFH and SJMC

A Randomized Phase III Trial of Paclitaxel VS Paclitaxel + VEGF as First-Line Therapy for Locally Recurrent or Metastatic Breast Cancer

N0234 Breast NCCTG Available at SFH

Phase II Study of OSI-774 (Tarceva) plus Gemcitabine for Patients with Metastatic Breast Cancer

E4101 ECOG Available at SFH

A Randomized Phase II Trial of Combination Anastrozole plus ZD1839 (IRESSA) and of Combination Fulvestrant plus ZD1839 in the Treatment of Postmenopausal Women with Hormone Receptor-Positive Metastatic Breast Cancer

BRAIN

RTOG 98-13 RTOG Available at SFH
A Phase I/III Randomized Study of Radiation Therapy and Temozolomide Versus Radiation Therapy and BCNU Versus Radiation Therapy and Temozolomide and BCNU for Anaplastic Astrocytoma

E1F01 ECOG Brain Available at SFH
A Phase II Study to Evaluate the Effect of Dalteparin and Radiation Therapy on Survival Compared to the RTOG RPA Database and on Thromboembolic Events in Patients with Newly Diagnosed Glioblastoma multiforme

RTOG BR-0013 Brain Available at SJMC
A Phase II Trial of Conventional XRT Followed by Intratumoral Bleomycin Delivered Using a Refillable, Sustained-Release Device (IND #46,592) for the Tx if Supratentorial Glioblastoma

RTOG BR-0131 Brain Available at SJMC
A Phase II Trial of Pre-Irradiation and Concurrent Temozolomide in Patients with Newly Diagnosed Anaplastic Oligodendrogliomas and Mixed Anaplastic Oligoastrocytomas

GI

RTOG 9811 ECOG Anal Available at SFH and SJMC
A Phase III Randomized Study of 5-Fluorouracil, Mitomycin-C, and Radiotherapy vs. 5-Fluorouracil, Cisplatin and Radiotherapy in Carcinoma of the Anal Canal

E8200 ECOG Pancreatic Available at SFH
A Phase II Trial of Irinotecan/Docetaxel for Advanced Pancreatic Cancer with Randomization Between Irinotecan/Docetaxel and Irinotecan/Docetaxel Plus C225, a Monoclonal Antibody to the Epidermal Growth Factor Receptor (EGF-R)

E4201 Pancreas Available at SFH
A Randomized Phase III Study of Gemcitabine in Combination with Radiation Therapy versus Gemcitabine Alone in Patients with Localized, Unresectable Pancreatic Cancer

E6201 Pancreas Available at SFH
A Phase III, Randomized Study of Gemcitabine (Fixed-Dose Rate Infusion) and Oxaliplatin (NSC 266046) Versus Gemcitabine (30 Minute Infusion) in Pancreatic Carcinoma

GU

RTOG 99-10 Prostate Available at SFH and SJMC
A Phase III Trial to Evaluate the Duration of Neoadjuvant Total Androgen Suppression (TAS) and Radiation Therapy (RT) in Intermediate-Risk Prostate Cancer

N00CB NCCTG Hot Flashes in Men (Prostate Ca) Available at SFH
A Phase III Randomized, Double-Blinded, Placebo-Controlled Trial of Gabapentin in the Management of Hot Flashes in Men

C90206 Renal (CALGB/CTSU) Available at SFH
A Randomized Phase III Trial of Interferon Alfa-2b or Interferon Alfa-2b plus Bevacizumab in Patients with Advanced Renal Cancer

GYN

GOG 182 CTSU Ovarian Available at SFH
Phase III Randomized Trial of Paclitaxel and Carboplatin vs Triplet or Sequential Doublet Combinations in Patients with Epithelial Ovarian or Primary Peritoneal Carcinoma

HEAD AND NECK

H0129 RTOG Head and Neck Available at SFH and SJMC
A Phase III Trial of Concurrent Radiation and Chemotherapy for Advanced Head and Neck Carcinomas

N01C4 NCCTG Altered Taste Cancer Control Available at SFH
Phase III Double-Blind, Placebo-Controlled Randomized Comparison of Zinc Sulfate versus Placebo for the Prevention of Altered Taste in Patients with Head and Neck Cancer During Radiation

LYMPHOMA

E2496 ECOG Hodgkin's Disease Available at SFH and SJMC
Randomized Phase III Trial of ABVD vs. Stanford V± Radiation Therapy in Locally Extensive and Advanced Stage Hodgkin's Disease w/0-2 Risk Factors

ID99-208 MD Anderson Lymphoma Available at SFH
Phase II Study of 506U78 (NSC #686673) for Patients with Relapsed or Refractory Indolent B-Cell or Peripheral T-Cell Lymphoma

E3999 ECOG Leukemia (AML) Available at SFH
Randomized, Double-Blind Placebo-Controlled Trial of the Administration of the MDR Modulator, Zosuquidar Trihydrochloride (LY335979), During Conventional Induction and Post-Remission Treatment in Patients Greater than 60 Years of Age with Newly Diagnosed Acute Myeloid Leukemia, Refractory Anemia with Excess Blasts in Transformation or High Risk Refractory Anemia with Excess Blasts

E2993 ECOG (BMT Study) Available at SFH
Phase III Randomized Trial of Autologous and Allogeneic Bone Marrow Transplantation versus Intensive Conventional Chemotherapy in Acute Lymphoblastic Leukemia in First Remission

E5597 NSCL Available at SFH
Phase III Chemoprevention Trial of Selenium Supplementation in Persons with Resected Stage I Non-Small Cell Lung Cancer

RTOG 0213 NSCL Available at SFH
A Phase I/II Trial of a Cox-2 Inhibitor, Celebrex (Celecoxib), [NSC# 719627] with Limited Field Radiation for Intermediate Prognosis Patients with Locally Advanced Non-Small Cell Lung Cancer, with Analysis of Prognostic Factors

RTOG 0214 NSCL Available at SJMC
A Phase I/II Dose Intensification Study Using Three Dimensional Conformal Radiation Therapy and Concurrent Chemotherapy for Patients with Inoperable, Non-Small Cell Lung Cancer

S0023 CTSU NSCL Available at SFH
A Phase II Trial of Cisplatin/Etoposide/Radiotherapy with Consolidation Docetaxel Followed by Maintenance Therapy with ZD1839 or Placebo in Patients with Inoperable Locally Advanced Stage III NSCL Cancer

N0124 NCCTG SCLC Available at SFH
Phase II Trial of ST1571 in Patients with Relapsed Small Cell Lung Cancer

MELANOMA

E4697 ECOG Melanoma Available at SFH and SJMC
A Randomized, Placebo-Controlled Phase III Trial of Yeast Derived CM-CSF Versus Peptide Vaccination Versus GM-CSF Plus Peptide Vaccination Versus Placebo in Pt w/“No Evidence of Disease” After Complete Surgical Resection of “Locally Advanced” and/or Stage IV Melanoma

MULTI-SITE

CALGB 30102 LUNG / BREAST / OTHER Available at SFH
A Phase III Comparison of Catheter Based Therapy of Pleural Effusions in Cancer Patients (Optimal Pleural Effusion Control, OPEC)

CANCER CONTROL

N01C4 NCCTG Altered Taste Cancer Control Study Available at SFH
Phase III Placebo-Controlled, Randomized, Double-Blind Comparison of Etanercept (Enbrel) versus Placebo for the Treatment of Cancer-Associated Weight Loss and Anorexia.

N02C2 NCCTG Anemia Cancer Control Study Available at SFH
A Phase III Randomized Study of Two Different Dosing Schedules of Erythropoietin in Anemic Patients with Cancer

N00C1 NCCTG Anorexia Cancer Control Study Available at SFH
Phase III Placebo-Controlled, Randomized, Double-Blind Comparison of Etanercept (Enbrel) versus Placebo for the Treatment of Cancer-Associated Weight Loss and Anorexia

PREVENTION

P-2 STAR NSABP Breast Prevention Cancer Control Study Available at SFH and SJMC
Study of Tamoxifen and Raloxifene (STAR) for the Prevention of Breast Cancer

S0000 SELECT SWOG Prostate Prevention Cancer Control Study Available at SFH and SJMC
SELECT Selenium and Vitamin E Cancer Prevention Trial

DR. NIMEH Continued

cology/Oncology on protocols. A designated investigator for National Cancer Institute, he is also an investigator of national cooperative study group CALGB for clinical trials in cancer treatment. He participates in research for Bristol-Meyers Squibb, Glaxo-Wellcome and Eli Lilly.

He is a member of American College of Physicians, American Medical Association, American Hematology Society, American Society of Clinical Oncology and OSCO. He is also an advisory board member for the American Cancer Society in Comanche County.

In his spare time Dr. Nimeh likes to

read a variety of subjects, including politics. He plays “a little” golf. He likes to travel and wants to see more of the United States as well as explore new countries and cultures abroad.

A native of Lebanon, “it breaks my heart to see what goes on in that area. I would aspire in the future to build a charity clinic [non-oncology] there” to help the people. He said the people in Lebanon are very cosmopolitan, like the people in Lawton.

There is a strong military presence in Lawton and people are stationed there from many different countries. Many military retirees married while overseas and so Dr. Nimeh has patients from Austria, Germany

and England.

He said that he has a big variety of patients, both in culture and personalities. He gets fresh tomatoes from some of his patients, and even is supplied with fresh fish when there’s a good catch. “I like to deal with rural people.”

Dr. Nimeh can be reached at the Cleo Craig Memorial Cancer & Research Clinic in Lawton Monday through Friday. His phone number is 580-536-2121. His email is NNimeh@aol.com

Mary Jo Wichers



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Fax: 918-743-0336
maryjo@t-c-m-s.com

OSCO

ELOXATIN RECEIVES NEW J-CODE & NEW 1st-LINE INDICATION FOR CRC

In November of 2003, the FDA issued a HCPCS National Code for Eloxatin. Effective January 1, 2004 providers can use the following HCPCS Code to submit claims for Eloxatin: **J9263 (injection, oxaliplatin, 0.5 mg)**.

Because the unit for Eloxatin was assigned at 0.5 mg, most claims that are submitted for Eloxatin will require billing for an amount that is three digits. Most HIPAA compliant electronic billing software will allow billing three digits in field 24 G (or its electronic equivalent) of the CMS-1500.

For providers with non-HIPAA compliant software or billing using a paper claim, J9263 will need to be billed as multiple line-items in order to accommodate two-digit billing. *In order to reduce the likelihood of a denial for duplicate claims, providers should bill with different billing units on each line* (see table).

EXAMPLE:

If a patient received 150 mg of Eloxatin the total number of billing units would be 300 (150/0.5= 300)

Field 24D: CPT/HCPCS	Field 24G: Days or Units
J9263	99
J9263	98
J9263	97
J9263	6

If you have any questions concerning this issue contact Rhonda Thompson at (405) 414-6442 or the Eloxatin Reimbursement Hotline at 1-877-4ELOXATIN (1-877-435-6928).

On January 19th, 2004 Eloxatin received a new FDA indication for 1st-line colorectal cancer. Previously the package insert stated: "Eloxatin, used in combina-

tion with infusional 5FU/LV, is indicated for the treatment of patients with metastatic carcinoma of the colon or rectum whose disease has recurred or progressed during or within 5 months of completion of 1st-line therapy with the combination of bolus 5FU/LV and irinotecan." The new and updated package insert lists "**Eloxatin, used in combination with infusional 5FU/LV, is indicated for the treatment of advanced carcinoma of the colon or rectum.**"

More than 4000 patients with advanced colorectal cancer have been treated in clinical studies with Eloxatin, either as a single agent or in combination with other medications. The most common adverse reactions were peripheral neuropathies, fatigue, neutropenia, nausea, emesis, and diarrhea.

For more information, visit www.ELOXATIN.com.