



FLORIDA SOCIETY OF CLINICAL ONCOLOGY FAX BLAST – December 3, 2008

FLASCO WEBSITE: www.flasco.org

FLASCO CLINICAL TRIALS NETWORK WEBSITE: www.fctn.org

MESSAGE FROM THE FLASCO PRESIDENT: Robert Cassell, MD

I am extremely pleased to announce that **GENENTECH** is the first Corporate Member to renew its FLASCO Membership for 2009! Thanks Genentech for renewing your Platinum Membership.

Also, **AMGEN** is continuing its Platinum Membership for 2009 (this company renewed for two years last year). In addition, **The Phipps Wealth Management Group** is a 2009 Platinum Member. FLASCO extends it thanks to these companies for their continued Corporate Support.

REMINDER: All 2008 Corporate Memberships/Sponsorships expire on December 31, 2008. **Sanofi-Aventis** has submitted paperwork to renew its Platinum Membership for 2009. It will be greatly appreciated if all companies who plan to renew their Corporate Membership/Sponsorship for 2009 will notify the FLASCO Office.

PROGRAM COMMITTEE: Rogerio Lilenbaum, MD, Chairman

Save the date for Highlights of ASH®

This year one of the Highlights of ASH is taking place in Miami, FL, on February 6-7, 2009. The following is a direct link to the Highlights information on the ASH Web site: <http://hematology.org/meetings/highlights/index.cfm#2>
The FLASCO member code is FLH09 – FLASCO special registration fee - \$110. Let's have a good showing of attendees from FLASCO!

Save the date for FLASCO Annual Meeting & Spring Session:

The 2009 FLASCO Annual Meeting and Spring Session will be held on February 27 and 28, 2009, at the Marriott Sawgrass Resort near Jacksonville. The President of ASCO and the CEO of ASCO will both speak at the dinner on Friday, February 27. Please mark your calendars to attend this meeting.

CLINICAL PRACTICE COMMITTEE: Thomas Gaddis, MD, Chairman

Leucovorin Update from FCSSO:

We have received a number of calls from FLASCO Members inquiring what to do in regard to the Leucovorin shortage. FCSSO was contacted and the following is their response:

“In the case where providers would use Fusilev instead of Leucovorin due to inability to get Leucovorin, providers would need to submit documentation (when the claim is developed on) that includes a statement as to why Fusilev was given in the place of leucovorin. Because leucovorin is billed with an unlisted CPT code (J3490) the claims are developed for supporting documentation and forwarded to medical review. As long as there is a statement regarding why leucovorin was substituted with Fusilev due to access issue, these claims would be allowed.”

PQRI Payments

Our CPC has received several comments from practices stating that they had not received any PQRI payments. We have learned that ASCO has been working with the American Medical Association (AMA) in regards to resolving the PQRI payment issues. Below is the contact information for a CMS staff member providers may contact with questions on their PQRI problems.

Michael Rapp, MD – Director, Centers for Medicare & Medicaid Services, Quality Measurement & Health Assessment Group – Email address: michael.rapp@cms.hhs.gov

WellCare

WellCare has notified Availity of their intention to change their state of NPI readiness on **December 4, 2008**. Please begin any necessary preparations to your systems. WellCare will be moving to the “**Option 3**” state of NPI Readiness for claim transactions, as Availity has defined it, and will no longer accept Legacy Identifiers on electronic claim transactions and will enforce an NPI-only policy.

Please take the necessary actions to ensure you experience no unnecessary interruptions in your submission of electronic claim transactions to WellCare, via the Availity® Health Information Network.

A complete listing of all payers connected to Availity and their current state of NPI Readiness, as defined by Availity, as well as additional information regarding Availity’s definition of Option 3, can be found at the NPI Section of the Availity web site. For more information regarding this change, please contact an Availity Client Services Representative at 800.AVAILITY (282.4548).

2009 HCPCS Changes

Here are the new HCPCS changes for Hematology-Oncology for 2009. Do not use these codes for service dates before 1/1/09.

New Codes

J0641 INJECTION, LEVOLEUCOVORIN CALCIUM, 0.5 MG
J1453 INJECTION, FOSAPREPITANT, 1 MG
J1459 INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G.)
J8705 TOPOTECAN, ORAL, 0.25 MG
J9033 INJECTION, BENDAMUSTINE HCL, 1 MG
J9207 INJECTION, IXABEPILONE, 1 MG
J9330 INJECTION, TEMSIROLIMUS, 1 MG

Changed Code Descriptors

- J1572 INJECTION, IMMUNE GLOBULIN, (FLEBOGAMMA/FLEBOGAMMA DIF), INTRAVENOUS,
- J2788 INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, MINIDOSE, 50 MICROGRAMS (250 I.U.)
- J2790 INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MICROGRAMS (1500 I.U.)

Deleted Codes

- Q4096 INJECTION, VON WILLEBRAND FACTOR COMPLEX, HUMAN, RISTOCETIN COFACTOR (NOT
- Q4097 INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G.)
- Q4098 INJECTION, IRON DEXTRAN, 50 MG

Reinstated Code

- J1750 INJECTION, IRON DEXTRAN, 50 MG

These are only a preliminary list of codes that apply to Hem-Onc. To see the total list, check it out in EXCEL.
<http://www.cms.hhs.gov/HCPCSReleaseCodeSets/ANHCPCS/>

FCSO UPDATES:

New IVR enhancement -- telephone reopening request

Please see separate document which has been made a part of this fax blast.

Neupogen and Neulasta:

Another article has been posted to the FCSO website referencing the administration of neupogen and neulasta following chemotherapy administration. Neupogen is **NOT** to be administered 24 hours before or 24 hours after administration of a chemotherapy drug. Neulasta should **NOT** occur within 14 days before nor 24 hours following administration of a

chemotherapy drug. The LCDs outline administration criteria can be found under LCDs on FCSO website. The carrier states their continues to be issues with administration guidelines and encourages providers to read and adhere to guidelines in LCDs in order to avoid review and documentation requests. If you have issues relating to either coverage criteria, you may forward your concerns to FCSO medical policy at; medical.policy@fcsso.com

DRUG & INDUSTRY UPDATES:

Emend for Injection

(fosaprepitant dimeglumine) has received a permanent J□Code effective 01/2009

J1453 EMEND (fosaprepitant dimeglumine)

- Acute and delayed nausea and vomiting associated with initial and repeat course of highly emetogenic cancer therapy, including high□dose cisplatin.
- Nausea and vomiting associated with initial and repeat courses of moderately emetogenic cancer chemotherapy

Administration code: 96375 - (New administration code effective 01/2009)

GlaxoSmithKline Wins U.S. Approval for Platelet Drug

GlaxoSmithKline announced that its new platelet-boosting drug, Promacta, was granted accelerated approval by the U.S. Food and Drug Administration (FDA). Promacta, also known by the chemical name eltrombopag, is approved for the treatment of patients with chronic immune thrombocytopenic purpura (ITP) who have had an insufficient response to corticosteroids, immunoglobulins or splenectomy. Promacta is the first oral thrombopoietin (TPO) receptor agonist approved for adult patients with chronic ITP.

A green light had been expected after an FDA advisory panel unanimously agreed in May that the drug demonstrated a favorable risk-benefit profile for the short-term treatment of chronic ITP. ITP is an autoimmune disease which results in low blood platelet counts. Because platelets contribute to blood clotting, patients with low counts bleed more easily than others, heal more slowly and bruise more often.

GSK is launching PROMACTA CARES, a single source of information, education and support for healthcare professionals and patients. Prescribers and pharmacies must enroll in PROMACTA CARES before they can prescribe or dispense Promacta. Similarly, patients are required to enroll in PROMACTA CARES before they can receive the drug. This program was created in accordance with the FDA's requirements to help assure the appropriate and safe use of Promacta, while minimizing risks. PROMACTA CARES is part of an ongoing collaboration between GSK and the FDA to provide a format for appropriate additional data collection.

CMS UPDATES:

Electronic Prescribing (E-Prescribing) Incentive Program Update

The Centers for Medicare & Medicaid Services (CMS) is pleased to announce that the specifications for the E-Prescribing measure, which will be used to determine whether an eligible professional is a successful E-Prescriber and may qualify for a 2% incentive payment for the 2009 reporting period, has been posted to the CMS website. The measure specifications may be found in the “**Downloads**” section of the E-Prescribing Incentive Program webpage at http://www.cms.hhs.gov/PQRI/03_EPrescribingIncentiveProgram.asp#TopOfPage on the CMS website.

An eligible professional does not have to enroll in order to participate in the E-Prescribing Incentive Program. Furthermore, an eligible professional does not need to participate in PQRI in order to participate in this incentive program.

Beginning January 1, 2009, eligible professionals may participate in the E-Prescribing Incentive Program by submitting information required by the E-Prescribing measure on their Medicare Part B claims

Detailed information on the implementation of the E-Prescribing Incentive Program for 2009 may be found in the final 2009 Medicare Physician Fee Schedule rule with comment period that was published in the *Federal Register* on November 19, 2008. A copy of the final rule with comment period is on display at the Federal Register and can be viewed at <http://www.cms.hhs.gov/center/physician.asp> on the CMS website.

CMS Will Cover In-Vitro Lab Test for Some Liver Neoplasms

The Centers for Medicare & Medicaid Services (CMS) announced Nov. 24 that it was adding "secondary malignant neoplasm of liver" to the list of conditions for which it will cover the prothrombin time—or PT—in-vitro laboratory test. This test is used to assess coagulation and is reasonable and necessary in this instance, according to the national coverage decision. The test assesses the extrinsic or tissue factor dependent pathway. Extrinsic pathway factors are produced in the liver and their production is dependent on adequate vitamin K activity. Deficiencies of coagulation factors may be related to decreased production or increased consumption, the decision said. A PT test may be used to assess patients with signs of abnormal bleeding or thrombosis; evaluate patients with a history of a condition known to be associated with the risk of bleeding or thrombosis that is related to the extrinsic coagulation pathway; and other conditions, the decision said.

CMS emphasizes that "malignant neoplasms" is a covered indication and the narrative does not specify primary neoplasms of the liver. The decision includes a list of indications for PT, such as using it to assess the risk of hemorrhage or thrombosis in patients who are going to have certain medical interventions. It also includes limitations, including when it is not necessary to repeat the test.

The ICD-10-Clinical Modification/Procedure Coding System Fact Sheet

This Fact Sheet which provides general information about the International Classification of Diseases, 10th Edition, Clinical Modification/Procedure Coding System (ICD-10-CM/PCS) including benefits of adopting the new coding system, structural differences between ICD-9CM and ICD-10-CM/PCS, and implementation planning recommendations, is now available in print format from the Centers for Medicare & Medicaid Services Medicare Learning Network. To place your order, visit http://www.cms.hhs.gov/MLNProducts/01_Overview.asp, scroll down to “Related Links Inside CMS” and select “MLN Product Ordering Page.”

BUSINESS AND FINANCE: (Source: Phipps Wealth Management Group)

Q—What exactly is dollar cost averaging as it applies to investing?

A---A principle of investing which entails the use of equal dollar amounts for investment at regular intervals in the hope of reducing average share cost by acquiring more shares in the periods of lower securities prices and fewer shares in period of higher securities prices.

For additional information you may contact: 561-276-1635 Direct - 877-276-1635 Toll Free - 561-922-3275 - Fax - E-mail: jeffrey_phippsr@ml.com - <http://fa.ml.com/PhippsGroup/>

EDUCATIONAL OPPORTUNITIES:

Sanofi-Aventis: Live Satellite Program: Evolving Paradigms in the Adjuvant Treatment of HER2 Overexpressing Breast Cancer: The Role of Anthracyclines

Date: Wednesday, January 14th, 2009

Faculty: Dr. Dennis Slamon, Dr. Stephen Jones, and Dr. Michael Ewer

Locations: Choose from one of the restaurants below

Morton's 5050 Town Center Circle - Boca Raton

Morton's 2333 Ponce de Leon Blvd.- Coral Gables

Maggiano's 10367 Midtown Parkway – St. John's Towne Center - Jacksonville

Morton's 1200 Brickell Avenue- Miami, FL

Morton's Dr. Phillips Market Place – 7600 D. Phillips Blvd-, Orlando, FL

Morton's 777 S. Flagler Drive W.- Palm Beach, FL

Maggiano's 203 West Shore Plaza -Tampa, FL

Contact your local Sanofi-Aventis Sales Representative with any questions and additional information.

CORPORATE MEMBERSHIP/SPONSORSHIP: (January 1 – December 31, 2008)

FLASCO Members extends a big thanks to all of our 2008 Corporate Members/Sponsors

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FLASCO EVENTS:

FLASCO is co-sponsoring the following three Events:

- (1) January 17-18, 2009** –Clinical Breakthroughs & Challenges in Hematologic Malignancies – Grand Floridian Resort – Lake Buena Vista - **For more information, call (813) 745-1247 or e-mail: Melissa.Pearson@MOFFITT.org**
- (2) February 6 & 7, 2009** – Highlights of ASH – Miami - <http://hematology.org/meetings/highlights/index.cfm#2>.
The FLASCO member code is FLH09
- (3) March 20, 2009** – Statewide PA & NP Conference, Moffitt Cancer Center – Tampa

FLASCO 2009 MEETINGS:

February 27 & 28, 2009 – FLASCO Spring Meeting – Marriott Sawgrass – Jacksonville
November 6-7, 2009 – FLASCO Fall Meeting – Tampa Airport Marriott Hotel

OTHER EVENTS:

December 6-9, 2008 – ASH Annual meeting – San Francisco
February 26-28, 2009 – ASCO - GU Symposium, Orlando World Center Marriott
March 22-24, 2009 - 2009 AOHA Assembly Conference – Los Angeles, California
June 13-17, 2009 – AMA Annual Meeting – Chicago, IL
July 23-26, 2009 – FMA Annual Meeting – Boca Raton, FL

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