

Xeloda Continues to be Eligible for Medicare Part B Reimbursement in Oncology (Not Part D)



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Why is Xeloda eligible for Medicare Part B reimbursement in oncology?

- Xeloda has been eligible for Medicare Part B since 1999 as part of the Oral Anti-Cancer Drug policy¹
- The Medicare Prescription Drug, Improvement and Modernization Act of 2003 (MMA) requires that drugs currently covered under Part B are excluded from coverage under Part D plans²

What happens if a Xeloda claim is mistakenly submitted to a Part D plan?

- Because Xeloda is a Medicare Part B drug for oncology, the claim should be denied by the Part D Plan
- The Centers for Medicare and Medicaid Services (CMS) advised Part D plans to adopt and use the standardized NCPDP 5.1 code set to include the Part D denial reason code for the dispensing pharmacist indicating that the requested product is a Part B covered drug³
- Non-hospital claims for Xeloda should be redirected to the appropriate Part B Durable Medical Equipment Medicare Administrative Contractor (DME MAC)

Where can I find additional information on Medicare Part B versus D coverage for Xeloda and other oral anti-cancer drugs?

- Visit the following pages on the CMS Web site: www.cms.hhs.gov > Medicare > Prescription Drug Coverage > Prescription Drug Coverage Contracting > Overview
- Download on Part B vs. D Coverage available at:
<http://www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/BvsDCoverageIssues.pdf>
- Call the Oncology Reimbursement Hotline: 1-800-443-6676

It is the provider's responsibility to determine and submit the appropriate codes, charges and modifiers for services that are rendered. Providers should contact third party payors for specific information on their coding, coverage and payment policies.

Please see attached Prescribing Information including boxed warning.

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WARNING

For patients receiving XELODA and warfarin concomitantly, frequent monitoring of INR or prothrombin time (PT) is recommended. A clinically important drug interaction between XELODA and warfarin has been demonstrated. Altered coagulation parameters and/or bleeding and death have been reported. Clinically significant increases in PT and INR have been observed within days to months after starting XELODA, and infrequently within one month of stopping XELODA. These events occurred in patients with and without liver metastases. Age greater than 60 and a diagnosis of cancer independently predispose patients to an increased risk of coagulopathy.

ATTACH
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HERE

References: **1.** Xeloda Web site. Available at: <http://www.xeloda.com/hcp/reimbursement/default.aspx>. Accessed September 15, 2006. **2.** Centers for Medicare and Medicaid Studies. Medicare Part B versus Part D coverage issues. Available at: http://www.cms.hhs.gov/PrescriptionDrugCovGenIn/Downloads/PartBandPartDdoc_07.27.05.pdf. Accessed September 15, 2006. **3.** Part D claims messaging requirement. Available at: http://www.cms.hhs.gov/PrescriptionDrugCovContra/downloads/MemoClaimsMessagingRequirement_05.22.06.pdf. Accessed September 13, 2006.



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Roche Laboratories Inc.
340 Kingsland Street
Nutley, New Jersey 07110-1199
www.rocheusa.com

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