Compendia-Based
Drug Bulletin
Association of Community Cancer Centers

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ACCC
Association of Community Cancer Centers

www.accc-cancer.org

Summer Update

ACCC's Compendia-Based Drug Bulletin is a quarterly update of information on oncology drugs recognized by the two national reference compendia: USP DI and AHFS Drug Information.

This publication is online at www.accc-cancer.org.

Unless otherwise noted, drugs/indications are recognized by both compendia. Always check with your local Medicare updates as they may include indications not listed in the compendia.

★ = Item has been added or changed since last edition
1 = Recognized by *USP*
3 = Recognized by *AHFS*
o = Medicare may reimburse with this code.
xx = Check with your local carrier before submitting claim
† = New, FDA-approved indication, not yet in compendia

See You in Dallas at ACCC's 24th National Oncology Economics Conference

Join us for the Association of Community Cancer Centers' 24th National Oncology Economics Conference, October 3-6, 2007, at the Hyatt Regency Dallas in Dallas, Texas. With tracks for both hospital programs and physician practices, the meeting offers strategies, solutions, and interactions with thought-leaders in oncology. Streamline and upgrade your program or practice with valuable benchmarking data, return on investment information for new technologies and treatments, and ways to improve efficiencies and maximize reimbursement.

Register now at *www.accc-cancer.org* and be sure to encourage your colleagues to attend.

Among the highlights are:

- Gear up for P4P now. A pay for performance panel examines the latest P4P initiatives from third-party payers.
- Learn about drug compendia changes and how they may affect your billing and reimbursement.
- Hear the latest information about CMS's Physician Quality Reporting Initiative (PQRI) and value-based purchasing program.
- Build up your clinical trials program: best practices, financial management, billing, and auditing.

And Oncology Pharmacists: A meeting just for you! **ACCC's Oncology Pharmacy Education Network (OPEN)** is pleased to announce a pre-conference for hospital- and practice-based pharmacists who work at programs that provide cancer-related care. "Preparing the Oncology Pharmacy for 2008" will be held on Wednesday, October 3, 2007, at the Hyatt Regency in Dallas, Texas. Learn how the role of the pharmacist is changing in oncology private practice management. Find out just what is "appropriate" reimbursement of hospital pharmacy services. And discover what's new in the oncology treatment regimen and how will it affect your product line. Tell your pharmacists. Register at *www.accc-cancer.org*.

Compendia Changes

Starting July 2007 one of the recognized drug compendia, the United States Pharmacopeia's *USP DI Drug Information for the Health Care Professional*, was succeeded by Thomson Healthcare's *Drug Points.*® *DrugPoints* uses a new rating system for indications. ACCC is currently reviewing this new three-tier rating system, which is not reflected with the Summer 2007 issue of ACCC's *Compendia-Based Drug Bulletin*. Starting in September 2007, *DrugPoints*' monographs of oncology and supportive care drugs will be available on ACCC's website at *www.accc-cancer.org*. This database will be updated quarterly—not monthly, as Thomson has provided in the past.

Association of Community Cancer Centers
11600 Nebel Street, Suite 201
Rockville, MD 20852
The premier education and advocacy organization for the oncology team

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AGENT/Indication(s)	ICD-9 Code(s)
Abarelix (Plenaxis)	
Prostate	185._
Aldesleukin (Proleukin)	
Kidney	189.0, 189.1
Melanoma	172._
Alemtuzumab (Campath)	
Chronic Lymphocytic Leukemia	204.1_
B-cell Chronic Lymphocytic Leukemia[1]	
Alitretinoin (Panretin)	
Kaposi's Sarcoma (topical)	176._
Altretamine (Hexalen)	
Lung[1] (small cell)	162._
Ovary[1]	183.0
Amifostine (Ethyol)	
Bone marrow toxicity, cisplatin- and cyclophosphamide-induced (prophylaxis), advanced solid tumors (140.0 to 203.8, 283._ _ to 285.9, 995.2, V58.11, E933.1°)	
Bone marrow toxicity, cisplatin-induced (prophylaxis), head and neck carcinoma (140.0_ to 149.0_, 160._ to 161._, 195.0, 995.2, V58.11, E933.1°)	
Bone marrow toxicity, cyclophosphamide-induced (prophylaxis), malignant lymphoma (200._ to 202._, 283._ _ to 285.9, 995.2, V58.11, E933.1°)	
Bone marrow toxicity, carboplatin-induced (prophylaxis), non-small cell lung cancer (162.0 to 162.9, 283._ _ to 258.9, 995.2, V58.11, E933.1°)	
Bone marrow toxicity, carboplatin-induced (prophylaxis) plus radiation therapy, head and neck carcinoma (140._ to 149._, 160._ to 161._, 195.0, 995.2, V58.0, V58.11)	
Myelodysplastic Syndromes[1]	238.71 to 238.76, 238.79
Nephrotoxicity, cisplatin-induced (prophylaxis), advanced ovarian carcinoma, melanoma, non-small cell lung carcinoma, advanced solid tumors of non-germ cell origin (162.2 to 162.9, 183._, 198.6, 172._, 583.9, 995.2, V58.11, E933.1°)	
Neurotoxicity, cisplatin-induced (prophylaxis), neuropathy and ototoxicity (357.6, 388.5, 389.12, 995.2, V58.11, E933.1°)	
Reduction in the incidence of mucositus in patients receiving radiation therapy or radiation combined with chemotherapy (101, 990, 995.2, V58.0, V58.11)[1]	
Reduction in the incidence of xerostomia associated with post-operative radiation treatment of head and neck cancer, where the radiation port includes a substantial portion of the parotid glands (V58.0, 140._ to 149._, 160._ to 161._, 195.0, 527.7, 990)	
(Please consult your coding manual.)	
Aminoglutethimide (Cytadren)	
ACTH-Producing Tumors	194.0, 194.3, 198.89, 234.8, 227.3, 237.0, 162._, 164.0, 157._, 193
Adrenal Cortex[1]	194.0
Breast[1]	174._, 175._
Prostate[1]	185
Anastrozole (Arimidex)	
Breast	174._, 175._
Aprepitant (Emend)	
Antiemetic (Chemotherapy-induced)	787.01, 787.03, 995.20 to 995.23, 995.27, 995.29
Arsenic Trioxide (Trisenox)	
Acute Promyelocytic Leukemia	205.0_
Myelodysplastic Syndromes[1] (monotherapy in transfusion-dependent patients)	238.71 to 238.76, 238.79
Asparaginase (Elspar, Kidrolase)	
Acute Lymphocytic Leukemia	204.0_
Acute Nonlymphocytic Leukemia[3] (Childhood acute myeloid leukemia)	205.0_
Non-Hodgkin's Lymphomas	200.0_, 200.1_
Azacitidine (Vidaza)	
Myelodysplastic Syndromes	238.72, 238.73, 238.74, 238.75
Bacillus Calmette-Guerin (TheraCys, Tice)	
Bladder	188._
Bevacizumab (Avastin)	
Breast, HER2-negative, first line therapy in combination with paclitaxel[1]	174._, 175._
Colorectal	153._, 154._
Lung (non-small cell, non-squamous)	162._
Bexarotene (Targretin)	
Cutaneous T-Cell Lymphoma	202.1_, 202.2_, 202.8_
Bicalutamide (Casodex)	
Prostate	185
Bleomycin (Blenoxane)	
Cervix	180._
Esophagus[1]	150._
Head & Neck	140._ to 149._, 160._, 161._, 195.0
Hodgkin's Lymphoma	201._ _
Kaposi's Sarcoma	176._
Malignant Peritoneal Effusion[1]	197.6
Malignant Pleural Effusion	197.2
Melanoma[1]	172._
Non-Hodgkin's Lymphomas	200._ _, 202._ _
Osteosarcoma[1]	170._, 198.5
Ovary (germ cell)	183.0, 183.9
Penis	187.1 to 187.4
Skin	173._
Soft-Tissue Sarcomas[1]	171._
Squamous Cell Carcinomas of Skin	173._
Testes	186._
Thyroid[1]	193
Vulva	184.4
Trophoblastic Neoplasms	236.1
Bortezomib (Velcade)	
Mantle Cell Lymphoma	202.80
Multiple Myeloma	203.0_
Busulfan (Myleran)	
Acute Nonlymphocytic Leukemia[1]	205.0_
Chronic Myelocytic Leukemia	205.1_
Preparative therapy in treatment of malignancies with BMT	
Capecitabine (Xeloda)	
Breast	174._, 175._
Colorectal	153._,154._
Stomach[1]	151._

The Association of Community Cancer Centers' *Compendia-Based Drug Bulletin* is published in February, May, August, and November as a service to ACCC members and other cancer care providers. If you have queries regarding the *Bulletin,* contact Donald Jewler, Publications Director, ACCC, 11600 Nebel St., Suite 201, Rockville, MD 20852, 301/984-9496.

ARC of Support™

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ARC of Support is a comprehensive program that provides a broad range of services for healthcare professionals. This resource center has experienced representatives who are available to assist you with specific questions or issues about ABRAXANE.® Just call 800.564.0216 Monday thru Friday to access their help.

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- Customer Service Representatives
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Call the resource center today at **800.564.0216** to learn more, or visit **www.ABRAXANE.com**.

ABRAXANE for Injectable Suspension is indicated for the treatment of breast cancer after failure of combination chemotherapy for metastatic disease or relapse within 6 months of adjuvant chemotherapy. Prior therapy should have included an anthracycline unless clinically contraindicated.

WARNING: *ABRAXANE for Injectable Suspension (paclitaxel protein-bound particles for injectable suspension) should be administered under the supervision of a physician experienced in the use of cancer chemotherapeutic agents. Appropriate management of complications is possible only when adequate diagnostic and treatment facilities are readily available.*

ABRAXANE therapy should not be administered to patients with metastatic breast cancer who have baseline neutrophil counts of less than 1,500 cells/mm^3. In order to monitor the occurrence of bone marrow suppression, primarily neutropenia, which may be severe and result in infection, it is recommended that frequent peripheral blood cell counts be performed on all patients receiving ABRAXANE.

Note: An albumin form of paclitaxel may substantially affect a drug's functional properties relative to those of drug in solution. DO NOT SUBSTITUTE FOR OR WITH OTHER PACLITAXEL FORMULATIONS.

Abraxis Oncology

AstraZeneca

Abraxane® for Injectable Suspension
(paclitaxel protein-bound particles for injectable suspension)
(albumin-bound)

Please see adjacent page for brief summary of Full Prescribing Information.

Abraxane®
for Injectable Suspension

Rx Only

(paclitaxel protein-bound particles for injectable suspension)
(albumin-bound)

Brief Summary of Full Prescribing Information.

WARNING

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Note: An albumin form of paclitaxel may substantially affect a drug's functional properties relative to those of drug in solution. DO NOT SUBSTITUTE FOR OR WITH OTHER PACLITAXEL FORMULATIONS.

INDICATION:
ABRAXANE for Injectable Suspension (paclitaxel protein-bound particles for injectable suspension) is indicated for the treatment of breast cancer after failure of combination chemotherapy for metastatic disease or relapse within 6 months of adjuvant chemotherapy. Prior therapy should have included an anthracycline unless clinically contraindicated.

CONTRAINDICATIONS:
ABRAXANE should not be used in patients who have baseline neutrophil counts of <1,500 cells/mm³.

WARNINGS:
Bone marrow suppression (primarily neutropenia) is dose dependent and a dose limiting toxicity. ABRAXANE should not be administered to patients with baseline neutrophil counts of <1,500 cells/mm³. Frequent monitoring of blood counts should be instituted during ABRAXANE treatment. Patients should not be retreated with subsequent cycles of ABRAXANE until neutrophils recover to a level >1,500 cells/mm³ and platelets recover to a level >100,000 cells/mm³.

The use of ABRAXANE has not been studied in patients with hepatic or renal dysfunction. In the randomized controlled trial, patients were excluded for baseline serum bilirubin >1.5 mg/dL or baseline serum creatinine >2 mg/dL.

Pregnancy – Teratogenic Effects: Pregnancy Category D
ABRAXANE can cause fetal harm when administered to a pregnant woman. Administration of paclitaxel protein-bound particles to rats on gestation days 7 to 17 at doses of 6 mg/m² (approximately 2% of the daily maximum recommended human dose on a mg/m² basis) caused embryo- and fetotoxicity, as indicated by intrauterine mortality, increased resorptions (up to 5-fold), reduced numbers of litters and live fetuses, reduction in fetal body weight and increase in fetal anomalies. Fetal anomalies included soft tissue and skeletal malformations, such as eye bulge, folded retina, microphthalmia, and dilation of brain ventricles. A lower incidence of soft tissue and skeletal malformations were also exhibited at 3 mg/m² (approximately 1% of the daily maximum recommended human dose on a mg/m² basis).

There are no adequate and well-controlled studies in pregnant women using ABRAXANE. If this drug is used during pregnancy, or if the patient becomes pregnant while receiving this drug, the patient should be apprised of the potential hazard to the fetus. Women of childbearing potential should be advised to avoid becoming pregnant while receiving treatment with ABRAXANE.

Use in Males
Men should be advised to not father a child while receiving treatment with ABRAXANE (see **PRECAUTIONS: *Carcinogenesis, Mutagenesis, Impairment of Fertility*** for discussion of effects of ABRAXANE exposure on male fertility and embryonic viability).

Albumin (Human)
ABRAXANE contains albumin (human), a derivative of human blood. Based on effective donor screening and product manufacturing processes, it carries an extremely remote risk for transmission of viral diseases. A theoretical risk for transmission of Creutzfeldt-Jakob Disease (CJD) also is considered extremely remote. No cases of transmission of viral diseases or CJD have ever been identified for albumin.

PRECAUTIONS:
Drug Interactions
No drug interaction studies have been conducted with ABRAXANE.

The metabolism of paclitaxel is catalyzed by CYP2C8 and CYP3A4. In the absence of formal clinical drug interaction studies, caution should be exercised when administering ABRAXANE (paclitaxel protein-bound particles for injectable suspension) concomitantly with known substrates or inhibitors of CYP2C8 and CYP3A4 (see **CLINICAL PHARMACOLOGY**).

Potential interactions between paclitaxel, a substrate of CYP3A4, and protease inhibitors (such as ritonavir, saquinavir, indinavir, and nelfinavir), which are substrates and/or inhibitors of CYP3A4, have not been evaluated in clinical trials.

Hematology
ABRAXANE therapy should not be administered to patients with baseline neutrophil counts of less than 1,500 cells/mm³. In order to monitor the occurrence of myelotoxicity, it is recommended that frequent peripheral blood cell counts be performed on all patients receiving ABRAXANE. Patients should not be retreated with subsequent cycles of ABRAXANE until neutrophils recover to a level >1,500 cells/mm³ and platelets recover to a level >100,000 cells/mm³. In the case of severe neutropenia (<500 cells/mm³ for seven days or more) during a course of ABRAXANE therapy, a dose reduction for subsequent courses of therapy is recommended (see **DOSAGE AND ADMINISTRATION**).

Nervous System
Sensory neuropathy occurs frequently with ABRAXANE. The occurrence of grade 1 or 2 sensory neuropathy does not generally require dose modification. If grade 3 sensory neuropathy develops, treatment should be withheld until resolution to grade 1 or 2 followed by a dose reduction for all subsequent courses of ABRAXANE (see **DOSAGE AND ADMINISTRATION**).

Injection Site Reaction
Injection site reactions occur infrequently with ABRAXANE and were mild in the randomized clinical trial. Given the possibility of extravasation, it is advisable to closely monitor the infusion site for possible infiltration during drug administration.

Carcinogenesis, Mutagenesis, Impairment of Fertility
The carcinogenic potential of ABRAXANE has not been studied.

Paclitaxel has been shown to be clastogenic *in vitro* (chromosome aberrations in human lymphocytes) and *in vivo* (micronucleus test in mice). ABRAXANE was not mutagenic in the Ames test or the CHO/HGPRT gene mutation assay.

Administration of paclitaxel protein-bound particles to male rats at 42 mg/m² on a weekly basis (approximately 16% of the daily maximum recommended human exposure on a mg/m² basis) for 11 weeks prior to mating with untreated female rats resulted in significantly reduced fertility accompanied by decreased pregnancy rates and increased loss of embryos in mated females. A low incidence of skeletal and soft tissue fetal anomalies was also observed at doses of 3 and 12 mg/m²/week in this study (approximately 1% to 5% of the daily maximum recommended human exposure on a mg/m² basis). Testicular atrophy/degeneration has also been observed in single-dose toxicology studies in rodents administered paclitaxel protein-bound particles at 54 mg/m² and dogs administered 175 mg/m² (see **WARNINGS**).

Pregnancy – Teratogenic Effects: Pregnancy Category D
(See **WARNINGS** section).

Nursing Mothers
It is not known whether paclitaxel is excreted in human milk. Following intravenous administration of carbon-14 labeled paclitaxel to rats on days 9 to 10 postpartum, concentrations of radioactivity in milk were higher than in plasma and declined in parallel with the plasma concentrations. Because many drugs are excreted in human milk and because of the potential for serious adverse reactions in nursing infants, it is recommended that nursing be discontinued when receiving ABRAXANE therapy.

Pediatric Use
The safety and effectiveness of ABRAXANE in pediatric patients have not been evaluated.

Geriatric Use
Of the 229 patients in the randomized study who received ABRAXANE, 11% were at least 65 years of age and <2% were 75 years or older. No toxicities occurred notably more frequently among elderly patients who received ABRAXANE.

ADVERSE REACTIONS:
The following table shows the frequency of important adverse events in the randomized comparative trial for the patients who received either single-agent ABRAXANE or paclitaxel injection for the treatment of metastatic breast cancer.

Table 1: Frequency[a] of Important Treatment Emergent Adverse Events in the Randomized Study on an Every-3-Weeks Schedule

	Percent of Patients	
	ABRAXANE 260/30min[b] (n=229)	Paclitaxel Injection 175/3h[c,d] (n=225)
Bone Marrow		
Neutropenia		
< 2.0 x 10^9/L	80	82
< 0.5 x 10^9/L	9	22
Thrombocytopenia		
< 100 x 10^9/L	2	3
< 50 x 10^9/L	<1	<1
Anemia		
< 11 g/dL	33	25
< 8 g/dL	1	<1
Infections	24	20
Febrile Neutropenia	2	1
Bleeding	2	2

(Continued)

Table 1: Frequency[a] of Important Treatment Emergent Adverse Events in the Randomized Study on an Every-3-Weeks Schedule
(Continued)

	Percent of Patients	
	ABRAXANE 260/30min[b] (n=229)	Paclitaxel Injection 175/3h[c,d] (n=225)
Hypersensitivity Reaction[e]		
All	4	12
Severe[f]	0	2
Cardiovascular		
Vital Sign Changes[g]		
Bradycardia	<1	<1
Hypotension	5	5
Severe Cardiovascular Events[f]	3	4
Abnormal ECG		
All patients	60	52
Patients with Normal Baseline	35	30
Respiratory		
Cough	7	6
Dyspnea	12	9
Sensory Neuropathy		
Any Symptoms	71	56
Severe Symptoms[f]	10	2
Myalgia/Arthralgia		
Any Symptoms	44	49
Severe Symptoms[f]	8	4
Asthenia		
Any Symptoms	47	39
Severe Symptoms[f]	8	3
Fluid Retention/Edema		
Any Symptoms	10	8
Severe Symptoms[f]	0	<1
Gastrointestinal		
Nausea		
Any symptoms	30	22
Severe symptoms[f]	3	<1
Vomiting		
Any symptoms	18	10
Severe Symptoms[f]	4	1
Diarrhea		
Any Symptoms	27	15
Severe Symptoms[f]	<1	1
Mucositis		
Any Symptoms	7	6
Severe Symptoms[f]	<1	0
Alopecia	90	94
Hepatic (Patients with Normal Baseline)		
Bilirubin Elevations	7	7
Alkaline Phosphatase Elevations	36	31
AST (SGOT) Elevations	39	32
Injection Site Reaction	<1	1

[a] **Based on worst grade**
[b] **ABRAXANE dose in mg/m²/duration in minutes**
[c] **paclitaxel injection dose in mg/m²/duration in hours**
[d] **paclitaxel injection pts received premedication**
[e] **Includes treatment-related events related to hypersensitivity (e.g., flushing, dyspnea, chest pain, hypotension) that began on a day of dosing.**
[f] **Severe events are defined as at least grade 3 toxicity**
[g] **During study drug dosing.**

Myelosuppression and sensory neuropathy were dose related.

Adverse Event Experiences by Body System
Unless otherwise noted, the following discussion refers to the primary safety database of 229 patients with metastatic breast cancer treated with single-agent ABRAXANE in the randomized controlled trial. The frequency and severity of important adverse events for the study are presented above in tabular form. In some instances, rare severe events observed with paclitaxel injection may be expected to occur with ABRAXANE.

Hematologic
Neutropenia, the most important hematologic toxicity, was dose dependent and reversible. Among patients with metastatic breast cancer in the randomized trial, neutrophil counts declined below 500 cells/mm³ (Grade 4) in 9% of the patients treated with a dose of 260 mg/m² compared to 22% in patients receiving paclitaxel injection at a dose of 175 mg/m².

In the randomized metastatic breast cancer study, infectious episodes were reported in 24% of the patients treated with a dose of 260 mg/m² given as a 30-minute infusion. Oral candidiasis, respiratory tract infections and pneumonia were the most frequently reported infectious complications. Febrile neutropenia was reported in 2% of patients in the ABRAXANE arm and 1% of patients in the paclitaxel injection arm.

Thrombocytopenia was uncommon. In the randomized metastatic breast cancer study, bleeding episodes were reported in 2% of the patients in each treatment arm.

Anemia (Hb <11 g/dL) was observed in 33% of patients treated with ABRAXANE in the randomized trial and was severe (Hb <8 g/dL) in 1% of the cases. Among all patients with normal baseline hemoglobin, 31% became anemic on study and 1% had severe anemia.

Hypersensitivity Reactions (HSRs)
In the randomized controlled metastatic breast cancer study, Grade 1 or 2 HSRs occurred on the day of ABRAXANE administration and consisted of dyspnea (1%) and flushing, hypotension, chest pain, and arrhythmia (all <1%). The use of ABRAXANE in patients previously exhibiting hypersensitivity to paclitaxel injection or human albumin has not been studied.

During postmarketing surveillance, rare occurrences of severe hypersensitivity reactions have been reported with ABRAXANE. The use of ABRAXANE in patients previously exhibiting hypersensitivity to paclitaxel injection or human albumin has not been studied. Patients who experience a severe hypersensitivity reaction to ABRAXANE should not be rechallenged with the drug.

Cardiovascular
Hypotension, during the 30-minute infusion, occurred in 5% of patients in the randomized metastatic breast cancer trial. Bradycardia, during the 30-minute infusion, occurred in <1% of patients. These vital sign changes most often caused no symptoms and required neither specific therapy nor treatment discontinuation.

Severe cardiovascular events possibly related to single-agent ABRAXANE occurred in approximately 3% of patients in the randomized trial. These events included chest pain, cardiac arrest, supraventricular tachycardia, edema,thrombosis, pulmonary thromboembolism, pulmonary emboli, and hypertension. Cases of cerebrovascular attacks (strokes) and transient ischemic attacks have been reported rarely.

Electrocardiogram (ECG) abnormalities were common among patients at baseline. ECG abnormalities on study did not usually result in symptoms, were not dose-limiting, and required no intervention. ECG abnormalities were noted in 60% of patients in the metastatic breast cancer randomized trial. Among patients with a normal ECG prior to study entry, 35% of all patients developed an abnormal tracing while on study. The most frequently reported ECG modifications were non-specific repolarization abnormalities, sinus bradycardia, and sinus tachycardia.

Respiratory
Reports of dyspnea (12%) and cough (6%) were reported after treatment with ABRAXANE in the randomized trial. Rare reports (<1%) of pneumothorax were reported after treatment with ABRAXANE. Rare reports of interstitial pneumonia, lung fibrosis, and pulmonary embolism have been received as part of the continuing surveillance of paclitaxel injection safety and may occur following ABRAXANE treatment. Rare reports of radiation pneumonitis have been received in paclitaxel injection patients receiving concurrent radiotherapy. There is no experience with the use of ABRAXANE with concurrent radiotherapy.

Neurologic
The frequency and severity of neurologic manifestations were influenced by prior and/or concomitant therapy with neurotoxic agents.

In general, the frequency and severity of neurologic manifestations were dose-dependent in patients receiving single-agent ABRAXANE. In the randomized trial, sensory neuropathy was observed in 71% of patients (10% severe) in the ABRAXANE arm and in 56% of patients (2% severe) in the paclitaxel injection arm. The frequency of sensory neuropathy increased with cumulative dose. Sensory neuropathy was the cause of ABRAXANE discontinuation in 7/229 (3%) patients in the randomized trial. In the randomized comparative study, 24 patients (10%) treated with ABRAXANE developed Grade 3 peripheral neuropathy; of these patients, 14 had documented improvement after a median of 22 days; 10 patients resumed treatment at a reduced dose of ABRAXANE and 2 discontinued due to peripheral neuropathy. Of the 10 patients without documented improvement, 4 discontinued the study due to peripheral neuropathy.

No incidences of grade 4 sensory neuropathies were reported in the clinical trial. Only one incident of motor neuropathy (grade 2) was observed in either arm of the controlled trial.

Reports of autonomic neuropathy resulting in paralytic ileus have been received as part of the continuing surveillance of paclitaxel injection safety.

Cranial nerve palsies have been reported during postmarketing surveillance of ABRAXANE. Because these events have been reported during clinical practice, true estimates of frequency cannot be made and a causal relationship to the events has not been established.

Ocular/visual disturbances occurred in 13% of all patients (n=366) treated with ABRAXANE in single arm and randomized trials and 1% were severe. The severe cases (keratitis and blurred vision) were reported in patients in a single arm study who received higher doses than those recommended (300 or 375 mg/m²). These effects generally have been reversible. However, rare reports in the literature of abnormal visual evoked potentials in patients treated with paclitaxel injection have suggested persistent optic nerve damage.

Arthralgia/Myalgia
Forty-four percent of patients treated in the randomized trial experienced arthralgia/myalgia; 8% experienced severe symptoms. The symptoms were usually transient, occurred two or three days after ABRAXANE administration, and resolved within a few days.

Hepatic
Among patients with normal baseline liver function treated with ABRAXANE in the randomized trial, 7%, 36%, and 39% had elevations in bilirubin, alkaline phosphatase, and AST (SGOT), respectively. Grade 3 or 4 elevations in GGT were reported for 14% of patients treated with ABRAXANE and 10% of patients treated with paclitaxel injection in the randomized trial.

Rare reports of hepatic necrosis and hepatic encephalopathy leading to death have been received as part of the continuing surveillance of paclitaxel injection safety and may occur following ABRAXANE treatment.

Renal
Overall 11% of patients experienced creatinine elevation, 1% severe. No discontinuations, dose reductions, or dose delays were caused by renal toxicities.

Gastrointestinal (GI)
Nausea/vomiting, diarrhea, and mucositis were reported by 33%, 27%, and 7% of ABRAXANE treated patients in the randomized trial.

Rare reports of intestinal obstruction, intestinal perforation, pancreatitis, and ischemic colitis have been received as part of the continuing surveillance of paclitaxel injection safety and may occur following ABRAXANE treatment. Rare reports of neutropenic enterocolitis (typhlitis), despite the coadministration of G-CSF, were observed in patients treated with paclitaxel injection alone and in combination with other chemotherapeutic agents.

Injection Site Reaction
Injection site reactions have occurred infrequently with ABRAXANE and were mild in the randomized clinical trial. Recurrence of skin reactions at a site of previous extravasation following administration of paclitaxel injection at a different site, i.e., "recall", has been reported rarely.

Rare reports of more severe events such as phlebitis, cellulitis, induration, skin exfoliation, necrosis, and fibrosis have been received as part of the continuing surveillance of paclitaxel injection safety. In some cases the onset of the injection site reaction in paclitaxel injection patients either occurred during a prolonged infusion or was delayed by a week to ten days.

Given the possibility of extravasation, it is advisable to closely monitor the infusion site for possible infiltration during drug administration.

Asthenia
Asthenia was reported in 47% of patients (8% severe) treated with ABRAXANE in the randomized trial. Asthenia included reports of asthenia, fatigue, weakness, lethargy and malaise.

Other Clinical Events
Rare cases of cardiac ischemia/infarction and thrombosis/embolism possibly related to ABRAXANE treatment have been reported. Alopecia was observed in almost all of the patients. Nail changes (changes in pigmentation or discoloration of nail bed) were uncommon. Edema (fluid retention) was infrequent (10% of randomized trial patients); no patients had severe edema.

The following rare adverse events have been reported as part of the continuing surveillance of paclitaxel injection safety and may occur following ABRAXANE treatment: skin abnormalities related to radiation recall as well as reports of Stevens-Johnson syndrome, toxic epidermal necrolysis, conjunctivitis, and increased lacrimation. As part of the continuing surveillance of ABRAXANE, skin reactions including generalized or maculo-papular rash, erythema, and pruritis have been observed. Additionally, there have been case reports of photosensitivity reactions, radiation recall phenomenon, and in some patients previously exposed to capecitabine, reports of palmar-plantar erythrodysaesthesiae. Because these events have been reported during clinical practice, true estimates of frequency cannot be made and a causal relationship to the events has not been established.

Accidental Exposure
No reports of accidental exposure to ABRAXANE have been received. However, upon inhalation of paclitaxel, dyspnea, chest pain, burning eyes, sore throat, and nausea have been reported. Following topical exposure, events have included tingling, burning, and redness.

OVERDOSAGE:
There is no known antidote for ABRAXANE overdosage. The primary anticipated complications of overdosage would consist of bone marrow suppression, sensory neurotoxicity, and mucositis.

DOSAGE AND ADMINISTRATION:
After failure of combination chemotherapy for metastatic breast cancer or relapse within 6 months of adjuvant chemotherapy, the recommended regimen for ABRAXANE for Injectable Suspension (paclitaxel protein-bound particles for injectable suspension) is 260 mg/m² administered intravenously over 30 minutes every 3 weeks.

Hepatic Impairment
The appropriate dose of ABRAXANE for patients with bilirubin greater than 1.5 mg/dL is not known.

Dose Reduction
Patients who experience severe neutropenia (neutrophil <500 cells/mm³ for a week or longer) or severe sensory neuropathy during ABRAXANE therapy should have dosage reduced to 220 mg/m² for subsequent courses of ABRAXANE. For recurrence of severe neutropenia or severe sensory neuropathy, additional dose reduction should be made to 180 mg/m². For grade 3 sensory neuropathy hold treatment until resolution to grade 1 or 2, followed by a dose reduction for all subsequent courses of ABRAXANE.

Preparation and Administration Precautions
ABRAXANE is a cytotoxic anticancer drug and, as with other potentially toxic paclitaxel compounds, caution should be exercised in handling ABRAXANE. The use of gloves is recommended. If ABRAXANE (lyophilized cake or reconstituted suspension) contacts the skin, wash the skin immediately and thoroughly with soap and water. Following topical exposure to paclitaxel, events may include tingling, burning and redness. If ABRAXANE contacts mucous membranes, the membranes should be flushed thoroughly with water.

Given the possibility of extravasation, it is advisable to closely monitor the infusion site for possible infiltration during drug administration. Limiting the infusion of ABRAXANE to 30 minutes, as directed, reduces the likelihood of infusion-related reactions (see **PRECAUTIONS: *Injection Site Reaction***).

No premedication to prevent hypersensitivity reactions is required prior to administration of ABRAXANE.

Preparation for Intravenous Administration
ABRAXANE is supplied as a sterile lyophilized powder for reconstitution before use. **AVOID ERRORS, READ ENTIRE PREPARATION INSTRUCTIONS PRIOR TO RECONSTITUTION.**

Each mL of the reconstituted formulation will contain 5 mg/mL paclitaxel.

1. Aseptically, reconstitute each vial by injecting 20 mL of 0.9% Sodium Chloride Injection, USP.
2. Slowly inject the 20 mL of 0.9% Sodium Chloride Injection, USP, over minimum of 1 minute, using the sterile syringe to direct the solution flow onto the INSIDE WALL OF THE VIAL.
3. DO NOT INJECT the 0.9% Sodium Chloride Injection, USP, directly onto the lyophilized cake as this will result in foaming.
4. Once the injection is complete, allow the vial to sit for a minimum of 5 minutes to ensure proper wetting of the lyophilized cake/powder.
5. Gently swirl and/or invert the vial slowly for at least 2 minutes until complete dissolution of any cake/powder occurs. Avoid generation of foam.
6. If foaming or clumping occurs, stand solution for at least 15 minutes until foam subsides.

Calculate the exact total dosing volume of 5 mg/mL suspension required for the patient: Dosing volume (mL) = Total dose (mg)/5 (mg/mL).

The reconstituted suspension should be milky and homogenous without visible particulates. If particulates or settling are visible, the vial should be **gently** inverted again to ensure complete resuspension prior to use. Discard the reconstituted suspension if precipitates are observed. Discard any unused portion.

Inject the appropriate amount of reconstituted ABRAXANE into an empty, sterile IV bag (plasticized polyvinyl chloride (PVC) containers, PVC or non PVC type IV bag). The use of specialized DEHP-free solution containers or administration sets is not necessary to prepare or administer ABRAXANE infusions. The use of an in-line filter is not recommended.

Parenteral drug products should be inspected visually for particulate matter and discoloration prior to administration whenever solution and container permit.

Stability
Unopened vials of ABRAXANE are stable until the date indicated on the package when stored between 20°C to 25°C (68°F to 77°F), in the original package. Neither freezing nor refrigeration adversely affects the stability of the product.

Stability of Reconstituted Suspension in the Vial
Reconstituted ABRAXANE should be used immediately, but may be refrigerated at 2°C to 8°C (36°F to 46°F) for a maximum of 8 hours if necessary. If not used immediately, each vial of reconstituted suspension should be replaced in the original carton to protect it from bright light. Discard any unused portion.

Stability of Reconstituted Suspension in the Infusion Bag
The suspension for infusion prepared as recommended in an infusion bag should be used immediately, but may be stored at ambient temperature (approximately 25°C) and lighting conditions for up to 8 hours.

HOW SUPPLIED:

Product No.	NDC No.	
103450	68817-134-50	100 mg of paclitaxel in a single use vial, individually packaged in a carton.

Storage
Store the vials in original cartons at 20°C to 25°C (68°F to 77°F). Retain in the original package to protect from bright light.

Handling and Disposal
Procedures for proper handling and disposal of anticancer drugs should be considered. Several guidelines on this subject have been published.[1-8] There is no general agreement that all of the procedures recommended in the guidelines are necessary or appropriate.

U.S. Patent Numbers: 5,439,686; 5,498,421; 6,096,331; 6,506,405; 6,537,579; 6,749,868; 6,753,006

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Abraxis Oncology

AstraZeneca

ABRAXANE is marketed under a co-promotion agreement between Abraxis BioScience, Inc. and AstraZeneca.

AO-502/250892 05/07

AGENT/Indication(s)	ICD-9 Code(s)
Carboplatin (Paraplatin, Paraplatin Solution)	
Bladder	188._
Brain	191._
Breast	174._, 175._
Carcinoma of unknown primary[1]	199.0, 199.1
Cervix[3]	180._
Endometrium[1]	182.0
Esophagus[1] (also GE junction adenocarcinomas)[1]	150._
Fallopian tube[1]	183.2
Head & Neck	140._ to 149._, 160._, 161._, 195.0
Hodgkin's Lymphoma[1]	201._ _
Lung	162._
Melanoma[1]	172._
Neuroblastoma[3] XX	160._, 194.0
Non-Hodgkin's Lymphoma[1]	200._ _, 202._ _
Ovary	183.0
Peritoneal[1]	158.8, 158.9, 197.6
Retinoblastoma	190.5
Testes	186._
Wilms' Tumor[3]	189.0
Carmustine (BICNU)	
Brain	191._
Colorectal	153._, 154._
Cutaneous T-Cell Lymphoma[3]	201._, 202._, 202.8_
Hodgkin's Lymphoma	201._ _
Melanoma	172._
Multiple Myeloma	203.0_
Non-Hodgkin's Lymphomas	200._ _, 202._ _
Stomach[1]	151._
Waldenström Macroglobulinemia[1]	273.3
Carmustine, Implantation-Local (BCNU, Gliadel)	
Brain[1]	191._
Cetuximab (Erbitux)	
Colorectal	153._, 154._
Head & Neck	140._ to 149._, 160._, 161._, 195.0
Chlorambucil (Leukeran)	
Chronic Lymphocytic Leukemia	204.1_
Cutaneous T-Cell Lymphoma[1]	201._, 202._, 202.8_
Hairy Cell Leukemia	202.4_
Hodgkin's Lymphoma	201._ _
Non-Hodgkin's Lymphoma	200._ _, 202._ _
Ovary (germ and nongerm cell)	183.0, 183.9
Trophoblastic Neoplasms	181, 236.1, 186.9
Waldenström Macroglobulinemia[1]	273.3
Chlorotrianisene	
Prostate	185
Chromic Phosphate P 32 (Phosphocol P32)	
Malignant Peritoneal Effusion[1]	197.6
Malignant Pleural Effusion[1]	197.2
Ovary[1]	183.0
Prostate[1]	185
Cisplatin (Platinol)	
Adrenal Cortex	194.0
Anal	154.2, 154.3
Bladder	188._
Brain[3]	191._
Breast	174._, 175._
Carcinoma of unknown primary	199.0, 199.1
Cervix	180._
Endometrium	182.0
Esophagus	150._
Fallopian tube[1]	183.2

AGENT/Indication(s)	ICD-9 Code(s)
Head & Neck	140._ to 149._, 160._, 161._, 195.0
Hodgkin's Lymphoma	201._ _
Kaposi's Sarcoma[1]	176._
Kidney[3] (Rhabdoid Tumors)	155._
Liver	155._
Lung	162._
Melanoma	172._
Mesothelioma[3]	158._, 163._
Neuroblastoma	160._, 194.0
Non-Hodgkin's Lymphomas	200._, 202._
Osteosarcoma	170._, 198.5
Ovary (germ and nongerm cell)	183.0, 183.9
Penis[3] XX	187.1 to 187.4
Peritoneal[1]	158.8, 158.9
Prostate	185
Retinoblastoma[1]	190.5
Skin[1]	173._
Soft-Tissue Sarcomas	171._
Stomach	151._
Testes	186._
Thymoma	164.0, 164.8
Thyroid	193
Trophoblastic Neoplasms	181, 236.1, 186.9
Vulvar[1]	184.1, 184.2, 184.3, 184.4
Wilms' Tumor[1]	189.0
Cladribine, Chlorodeoxyadenosine (Leustatin)	
Chronic Lymphocytic Leukemia[1]	204.1_
Cutaneous T-cell Lymphoma[3]	202.1_, 202.2_, 202.8_
Non-Hodgkin's Lymphomas (refractory, low grade)	200._ _, 202.0_ to 202.9_
Hairy Cell Leukemia	202.4_
Waldenström Macroglobulinemia[1]	273.3
Clofarabine (Clolar)	
(Pediatric) Acute Lymphoblastic Leukemia	204.0_
Corticotropin	
Antiemetic (chemotherapy-induced)[1]	787.01, 787.03, 995.20 to 995.23, 995.27, 995.29
Hypercalcemia (assoc. with malignancy)[1]	275.42
Cyclophosphamide (Cytoxan, Neosar)	
Acute Lymphocytic Leukemia	204.0_
Acute Nonlymphocytic Leukemia	205.0_
Bladder[1]	188._
Brain	191._
Breast	174._, 175._
Cervix[1]	180._
Choriocarcinoma[3]	
Chronic Lymphocytic Leukemia	204.1_
Chronic Myelocytic Leukemia	205.1_
Cryoglobulinemia[3]	273.2
Endometrium[1]	182.0
Ewing's Sarcoma	170._
Head & Neck[3]	140._ to 149._, 160._, 161._, 195.0
Hodgkin's Lymphoma	201._ _
Kidney[1]	189.0, 189.1
Lung	162._
Multiple Myeloma	203.0_
Neuroblastoma	160._ , 194.0
Non-Hodgkin's Lymphomas	200._ _, 202._ _

AGENT/Indication(s)	ICD-9 Code(s)
Cyclophosphamide (Cytoxan, Neosar) *(cont'd)*	
Osteosarcoma[1]	170._, 198.5
Ovary (germ and nongerm cell)	183.0, 183.9
Pheochromocytoma[3]	
Preparative therapy in treatment of malignancies with BMT	
Prostate	185
Retinoblastoma	190.5
Soft-Tissue Sarcomas	171._
Thymoma[1]	164.0, 164.8
Testes	186._
Trophoblastic Neoplasms[1]	181, 236.1, 186.9
Waldenström Macroglobulinemia[1]	273.3
Wilms' Tumor	189.0
Cytarabine (Cytosar-U)	
Acute Lymphocytic Leukemia	204.0_
Acute Nonlymphocytic Leukemia	205.0_
Chronic Myelocytic Leukemia	205.1_
Hodgkin's Lymphoma[1]	201._ _
Lymphomatous Meningitis[1]	198.4
Myelodysplastic Syndromes[1]	238.71 to 238.76, 238.79
Non-Hodgkin's Lymphoma	200._, 202._
Cytarabine Liposome Injection (DepoCyt)	
Lymphomatous Meningitis[1]	198.4
Dacarbazine (DTIC-Dome)	
Hodgkin's Lymphoma	201._ _
Melanoma	172._
Neuroblastoma[3]	160._, 194.0
Pancreas	157._
Soft-Tissue Sarcomas	171._
Dactinomycin (Cosmegen)	
Acute Lymphocytic Leukemia[3]	204.0_
Ewing's Sarcoma	170._
Kaposi's Sarcoma[1]	176._
Osteosarcoma	170._, 198.5
Ovary[3] ♀♀	183._
Soft-Tissue Sarcomas[3]	171._
Testes	186._
Trophoblastic Neoplasms	181, 236.1, 186.9
Wilms' Tumor	189.0
Darbepoetin Alfa (Aranesp)	
Anemia associated with chronic renal failure	285.21
Chronic anemia (associated with chemotherapy, nonmyeloid malignancies)	285.9, V58.11°
Dasatinib (Sprycel)	
Chronic Myeloid Leukemia	205.1_
Acute Lymphoblastic Leukemia	204.0_
Daunorubicin (Cerubidine)	
Acute Lymphocytic Leukemia	204.0_
Acute Nonlymphocytic Leukemia	205.0_
Chronic Myelocytic Leukemia	205.1_
Chronic Myelomonocytic Leukemia	205.10, 205.11
Ewing's Sarcoma[1]	170._
Neuroblastoma[1]	160._, 194.0
Non-Hodgkin's Lymphomas[1]	200._ _, 202._ _
Wilms' Tumor[1]	189.0

AGENT/Indication(s)	ICD-9 Code(s)
Daunorubicin, Liposomal (Daunoxome)	
Kaposi's Sarcoma	176._
Decitabine (Dacogen)	
Myelodysplastic Syndromes	238.72 to 238.75
Denileukin Diftitox (ONTAK)	
Cutaneous T-Cell Lymphoma	202.1_, 202.2_, 202.8_
Dexamethasone	
Acute Lymphocytic Leukemia	204.0_
Antiemetic (chemotherapy-induced)	787.01, 787.03, 995.2
Brain[1]	191._
Breast	174._, 175._
Chronic Lymphocytic Leukemia	204.1_
Chronic Myelocytic Leukemia[3]	205.1_
Hodgkin's Lymphoma	201._ _
Hypercalcemia (assoc. with malignancy)	275.42
Multiple Myeloma	203.0_
Non-Hodgkin's Lymphoma[3]	200._ _, 202._ _
Prostate[1]	185
Dexrazoxane Hydrochloride (Zinecard)	
Breast, doxorubicin-induced cardiomyopathy prophylaxis in	174._, 175._, 995.2
Diethylstilbestrol (DES)	
Breast	174._, 175._
Prostate	185
Docetaxel (Taxotere)	
Bladder[1]	188._
Breast	174._, 175._
Esophagus[1]	150._
Head & Neck	140._ to 149._, 160._, 161._, 195.0
Lung	162._
Ovary[1]	183.0
Prostate	185
Stomach	151._
Dolasetron Mesylate (Anzemet)	
Antiemetic (Chemotherapy-induced)	787.01, 787.03, 995.20 to 995.23, 995.27, 995.29
Doxorubicin (Adriamycin, RUBEX)	
Acute Lymphocytic Leukemia	204.0_
Acute Nonlymphocytic Leukemia	205.0_
Adrenal Cortex[1]	194.0
Bladder	188._
Breast	174._, 175._
Carcinoid Tumors[1]	152._, 153._, 155._ to 157._, 162.2 to 162.9, 183.0, 259.2
Cervix	180._
Chronic Lymphocytic Leukemia[1]	204.1_
Endometrium	182.0
Esophagus[1]	150._
Ewing's Sarcoma	170._
Head & Neck	140._ to 149._, 160._, 161._, 195.0
Hodgkin's Lymphoma	201._ _

AGENT/Indication(s)	ICD-9 Code(s)
Kaposi's Sarcoma	176._
Liver[1]	155._
Lung	162._
Multiple Myeloma	203.0_
Neuroblastoma	160._, 194.0
Non-Hodgkin's Lymphoma	200._ _, 202._ _
Osteosarcoma	170._, 198.5
Ovary (germ and nongerm cell)	183.0, 183.9
Pancreas[1]	157._
Prostate	185
Retinoblastoma[1]	190.5
Soft-Tissue Sarcomas	171._
Stomach	151._
Testes	186._
Thymoma[1]	164.0, 164.8
Thyroid	193
Trophoblastic Neoplasms[1]	181, 236.1, 186.9
Wilms' Tumor	189.0
Doxorubicin, Liposomal (Doxil)	
Breast[1]	174._, 175._
Kaposi's Sarcoma	176._
Multiple Myeloma[1]	203.0_
Ovary	183.0
Epirubicin Hydrochloride (Ellence)	
Breast	174._, 175._
Esophagus[1]	150._
Hodgkin's Lymphoma[1]	201._ _
Lung[1]	162._
Non-Hodgkin's Lymphoma[1]	200._ _, 202._ _
Ovary[1]	183.0
Soft Tissue Sarcomas[1]	171._
Stomach[1]	151._
Epoetin Alfa (Procrit, Epogen)	
Anemia in neoplastic disease, not due to chemotherapy[1] (Acceptance not established)	
Chronic anemia (associated with chemotherapy, nonmyeloid malignancies)	285.9, V58.11°
Anemia associated with chronic illness (HIV,[1] renal failure)	285.29
Myelodysplastic Syndromes[1]	238.71 to 238.76, 238.79
Reduction of allogeneic blood transfusion in anemic surgery[1]	
Erlotinib Hydrochloride (Tarceva)	
Lung, non-small cell	162._
Pancreas	157._
Estradiol	
Breast	174._, 175._
Prostate	185
Estradiol Valerate	
Breast	174._, 175._
Prostate	185

AGENT/Indication(s)	ICD-9 Code(s)
Estramustine (Emcyt)	
Prostate	185
Estrogens (Conjugated & Esterified)	
Breast	174._, 175._
Prostate	185
Estrone	
Prostate	185
Ethinyl Estradiol (Estinyl)	
Breast	174._, 175._
Prostate	185
Etidronate (Didronel)	
Hypercalcemia (assoc. with malignancy)	275.42
Paget's Disease of Bone	731.0
Etoposide (Toposar, VePesid)	
Acute Lymphocytic Leukemia[1]	204.0_
Acute Nonlymphocytic Leukemia	205.0_
Adrenal Cortex[1]	194.0
Bladder	188._
Brain	191._
Carcinoma of unknown primary[1]	199._
Cutaneous T-cell Lymphoma[1]	201._, 202._, 202.8_
Endometrium[1]	182.0
Ewing's Sarcoma	170._
Hodgkin's Lymphoma	201._ _
Kaposi's Sarcoma	176._
Liver	155.0, 155.2
Lung	162._
Multiple Myeloma[1]	203.0_
Neuroblastoma	160._, 194.0
Non-Hodgkin's Lymphoma	200._ _, 202._ _
Osteosarcoma	170._, 198.5
Ovary (germ and nongerm cell)	183.0, 183.9
Retinoblastoma[1]	190.5
Soft Tissue Sarcomas	171._
Stomach[1]	151._
Testes	186._
Thymoma[1]	164.0, 164.8
Trophoblastic Neoplasms	181, 236.1, 186.9
Wilms' Tumor	189.0
Etoposide Phosphate (Etopophos)	
Same indications as Etoposide	
Exemestane (Aromasin)	
Breast	174._, 175._
Filgrastim (Neupogen)	
Acute Myeloid Leukemia	205._ to 208.01
Chemotherapy	V66.2° or V58.11°
PBPC Mobilization	
Myelodysplastic Syndromes	238.71 to 238.76, 238.79
Neutropenia (Chemotherapy-induced, assoc. with bone marrow transplant)	288.00 to 288.04, 288.09, 288.4, 288.50 to 288.51, 288.59, 289.53
Floxuridine (FUDR)	
Colorectal	153._, 154._
Kidney[1]	189.0, 189.1

AGENT/Indication(s)	ICD-9 Code(s)
Liver	155._
Ovary[1]	183.0
Fludarabine Phosphate (Fludara)	
Acute Nonlymphocytic Leukemia[3] XX	205.0_
Chronic Lymphocytic Leukemia	204.1_
Cutaneous T-Cell Lymphoma[3]	202.1_, 202.2_
Hairy Cell Leukemia[3]	202.4_
Non-Hodgkin's Lymphoma	200._ _, 202._ _
Prolymphocytic Leukemia	204.9_
Waldenström Macroglobulinemia[3]	273.3
Fluorouracil (Adrucil, Efudex, Fluoroplex)	
Adrenal Cortex[1]	194.0
Anal[1]	154.2, 154.3
Bladder	188._
Breast	174._, 175._
Carcinoid Tumors[1]	152._, 153._, 155._ to 157._, 162.2 to 162.9, 183.0, 259.2
Cervix	180._
Colorectal	153._, 154._
Endometrium[1]	182.0
Esophagus	150._
Head & Neck	140._to 149._, 160._, 161._, 195.0
Kidney[3] XX	189.0, 189.1
Liver	155._
Lung	162._
Ovary	183.0
Pancreas	157._
Penis[1]	187.1 to 187.4, 187.8
Prostate[1]	185
Skin (topical 5-FU)	173._
Stomach	151._
Vulvar[1]	184.1, 184.2, 184.3, 184.4
Fluoxymesterone (Halotestin)	
Breast	174._, 175._
Flutamide (Eulexin)	
Prostate	185
Fulvestrant (Faslodex)	
Breast	174._, 175._ XX
Gallium Nitrate (Ganite)	
Hypercalcemia	275.42
Gefitinib (Iressa)	
Lung	162._
Gemcitabine Hydrochloride (Gemzar)	
Bladder	188._
Breast	174._, 175._
Gallbladder (and biliary tract)[1]	156._
Germ Cell Tumor[1]	183.0, 186._, 164.2, 164.3, 164.8, 164.9, 158._, 181, 194.4
Hodgkin's Lymphoma[1]	201._ _
Lung (non-small cell)	162._
Non-Hodgkin's Lymphoma[1]	200._, 202._
Ovary	183.0
Pancreas	157._
Testes[1]	186._
★Urinary Tract, transitional cell carcinoma[1]	
Gemtuzumab Ozogamicin (Mylotarg)	
Acute Myeloid Leukemia	205._ _
Goserelin (Zoladex)	
Breast	174._, 175._
Endometrium (endometriosis, endometriotic lesions, only)	617._
Prostate	185
Granisetron Hydrochloride (Kytril)	
Antiemetic (Chemotherapy-induced) (Associated with radiation[1])	787.01, 787.03, 995.2
Hydrocortisone	
Antiemetic (chemotherapy-induced)	787.01, 787.03, 995.20 to 995.23, 995.27, 995.29
Hypercalcemia (assoc. with malignancy)	275.42
Hydroxyprogesterone (Prodox)	
Endometrium[3]	182.0
Uterus	182._
Hydroxyurea (Hydrea)	
Cervix	180._
Chronic Myelocytic Leukemia	205.1_
Head & Neck	140._ to 149._, 160._, 161._, 195.0
Melanoma	172._
Ovary	183.0
Polycythemia Vera	238.4
Thrombocytosis	289.9
Ibritumomab Tiuxetan (Zevalin)	
Non-Hodgkin's Lymphoma	200._ _, 202._ _
Idarubicin (Idamycin)	
Acute Lymphocytic Leukemia[1]	204.0_
Acute Nonlymphocytic Leukemia	205.0_
Ifosfamide (Ifex)	
Acute Lymphocytic Leukemia	204.0_
Bladder	188._
Breast[1]	174._, 175._
Cervix	180._
Endometrium[1]	182.0
Ewing's Sarcoma	170._
Head & Neck[1]	140._ to 149._, 160._, 161._, 195.0
Hodgkin's Lymphomas[1]	201._ _
Lung	162._
Neuroblastoma[1]	160._, 194.0
Non-Hodgkin's Lymphoma	200._, 202._
Osteosarcoma	170._, 198.5
Ovary (germ and nongerm cells)	183._, 183.9
Pancreas[1]	157._
Soft Tissue Sarcomas	171._
Testes (germ cell)	186._

AGENT/Indication(s)	ICD-9 Code(s)
Thymoma[1]	164.0, 164.8
Uterus[3] xx	182._
Wilms' Tumor	189.0
Imatinib Mesylate (Gleevec)	
Acute Lymphoblastic Leukemia, Philadelphia chromosome positive, newly diagnosed[1]	204.0_
Acute Lymphoblastic Leukemia, Philadelphia chromosome positive, relapsed/refractory[1]	
Chronic Eosinophilic Leukemia†	
Chronic Myelogenous Leukemia	205.1_
Dermatofibrosarcoma Protuberans†	
Gastrointestinal Stromal Tumors	171.8
Myelodysplastic Syndromes†	238.71 to 238.76, 238.79
Immune Globulin IGIV	
Bacterial infections (associated with B-Cell chronic lymphocytic leukemia)	790.7
Interferon Alpha-2a (Roferon A)	
Bladder	188._
Carcinoid Syndrome	259.2
Chronic Myelocytic Leukemia	205.1_
Cutaneous T-Cell Lymphoma	202.1_, 202.2_, 202.8_
Hairy Cell Leukemia	202.4
Kaposi's Sarcoma	176._
Kidney	189.0, 189.1
Melanoma	172._
Multiple Myeloma	203.0_
Non-Hodgkin's Lymphomas	200._ _, 202._ _
Polycythemia Vera[1]	238.4
Skin	173._
Interferon Alpha-2b (Intron A, Rebetron)	
Bladder	188._
Carcinoid Syndrome	259.2
Chronic Myelocytic Leukemia	205.1_
Condyloma Acuminatum	078.11
Cutaneous T-Cell Lymphoma	202.1_, 202.2_, 202.8_
Hairy Cell Leukemia	202.4
Kaposi's Sarcoma	176._
Kidney	189.0, 189.1
Melanoma	172._
Multiple Myeloma	203.0_
Non-Hodgkin's Lymphomas	200._ _, 202._ _
Polycythemia Vera[1]	238.4
Skin	173._
Irinotecan Hydrochloride (Camptosar)	
Cervix[3] xx	180._
Colorectal	153._, 154._
Lung (small-cell)	162._
Lung (non small-cell)[1]	162._
Ovary (platinum-refractory, platinum-resistant)[1]	183._
Ketoconazole (Nizoral)	
Adrenal Cortex[3]	194.0
Prostate	185

AGENT/Indication(s)	ICD-9 Code(s)
Lapatinib (Tykerb)	
Breast	174._
Lenalidomide (Revlimid)	
Multiple Myeloma[1]	203.0_
Transfusion-dependent anemia due to low- or intermediate-1-risk myelodysplastic syndromes associated with a deletion 5q cytogenic abnormality with or without additional cytogenetic abnormalities[1]	238.71 to 238.76, 238.79
Letrozole (Femara)	
Breast	174._
Leucovorin (Leucovorin Calcium, Wellcovorin)	
Colorectal	153._, 154._
Ewing's Sarcoma[1]	170._
Head & Neck[1]	140._ to 149.0, 160._, 161._, 195.0
Non-Hodgkin's Lymphoma[1]	200._, 202._
Osteosarcoma	170._, 198.5
Trophoblastic Neoplasmas[1]	181, 236.1, 186.9
Leuprolide (Eligard, Lupron, Lupron Depot)	
Breast	174._
Endometrium (endometriosis, endometriotic lesions, only)	617._
Prostate	185
Levamisole (Ergamisol)	
Colorectal	153._, 154._
Levodopa	
Bone Lesions[3]	170._, 198.5
Levothyroxine	
Thyroid	193
Liothyronine	
Thyroid	193
Liotrix	
Thyroid	193
Lomustine (CeeNU)	
Brain	191._
Breast	174._, 175._
Colorectal	153._, 154._
Hodgkin's Lymphoma	201._ _
Lung	162._
Melanoma[1]	172._
Multiple Myeloma[1]	203.00 to 203.01
Masoprocol (Actinex)	
Skin (topical)[1]	173._
Mechlorethamine (Mustargen)	
Chronic Myelocytic Leukemia	205.1_
Cutaneous T-cell Lymphoma[1]	202.1_, 202.2_, 202.8_
Hodgkin's Lymphoma	201._ _
Lung	162._
Malignant Pericardial Effusion	164.1
Malignant Peritoneal Effusion	197.6
Malignant Pleural Effusion	197.2
Non-Hodgkin's Lymphoma	200._ _, 202._ _

AGENT/Indication(s)	ICD-9 Code(s)
Medroxyprogesterone (Provera, Depo-Provera)	
Breast	174._
Endometrial	182.0
Kidney	189.0, 189.1
Megestrol (Megace)	
Breast	174._, 175._
Cachexia	199.1, 799.4
Endometrial	182.0
Melphalan (Alkeran)	
Breast	174._
Chronic Myelocytic Leukemia	205.1_
Endometrial[1]	182.0
Hodgkin's Lymphoma[1]	201._ _
Melanoma	172._
Multiple Myeloma	203.0_
Osteosarcoma[3]	170._, 198.5
Ovary	183.0
Prostate[3]	185
Soft Tissue Sarcomas[3]	171._
Testes[3]	186._
Waldenström Macroglobulinemia[1]	273.3
Mercaptopurine (Purinethol, 6-MP)	
Acute Lymphocytic Leukemia	204.0_
Acute Nonlymphocytic Leukemia	205.0_
Chronic Myelocytic Leukemia	205.1_
Hodgkin's Lymphoma[3]	201._ _
Non-Hodgkin's Lymphoma	200._ _ to 202._ _
Mesna (Mesnex)	
Hemorrhagic Cystitis	595.82, 995.20 to 995.23, 995.27, 995.29
(Cyclophosphamide-/Ifosfamide-induced)	
Methotrexate (Folex, Mexate)	
Acute Lymphocytic Leukemia	204.0_
Acute Nonlymphocytic Leukemia	205.0_
Bladder	188._
Brain[1]	191._
Breast	174._, 175._
Carcinomatous Meningitis	198.4
Cervix[1]	180._
Colorectal[1]	153._, 154._
Esophagus[1]	150._
Head & Neck	140._ to 149._, 160._, 161._, 195.0
Hodgkin's Lymphoma[1]	201._ _
Lung	162._
Non-Hodgkin's Lymphomas	200._ _, 202._ _
Osteosarcoma	170._, 198.5
Ovary[1]	183.0
Pancreas[1]	157._
Penis[1]	187.1 to 187.4, 187.8
Soft Tissue Sarcoma[1]	171._
Stomach[1]	151._
Trophoblastic Neoplasms	181, 236.1, 186.9
Methoxsalen (8–MOP)	
Cutaneous T-Cell Lymphoma	202.1_, 202.2_, 202.8_

AGENT/Indication(s)	ICD-9 Code(s)
Methyltestosterone	
Breast	174._
Mitomycin (Mutamycin)	
Anal	154.2, 154.3
Bladder	188._
Breast	174._, 175._
Cervix	180._
Chronic Myelocytic Leukemia[1]	205.1_
Colorectal	153._, 154._
Esophagus[1]	150._
Gallbladder[1]	156.0
Head & Neck	140._ to 149._, 160._, 161._, 195.0
Lung	162._
Pancreas	157._
Stomach	151._
Mitotane (Lysodren)	
Adrenal Cortex	194.0
Mitoxantrone (Novantrone)	
Acute Lymphocytic Leukemia[1]	204.0_
Acute Nonlymphocytic Leukemia	205.0_
Breast[1]	174._, 175._
Liver[1]	155._
Non-Hodgkin's Lymphomas	200._ _, 202._ _
Prostate	185
Nabilone (Cesamet)	787.01, 787.03, 995.20 to
Antiemetic (chemotherapy-induced)	995.23, 995.27, 995.29, V58.11°
Nandrolone	
Breast[1]	174._, 175._
Nelarabine (Arranon)	
Acute Lymphoblastic Leukemia, T-cell	
Lymphoblastic Lymphoma, T-cell	
Nilutamide	
Prostate	185._
Octreotide (Sandostatin, Sandostatin LAR Depot)	
Carcinoid Tumors	259.2
Pancreas	157._
Chemotherapy-induced diarrhea[1]	787.91
Ondansetron Hydrochloride (Zofran)	
Antiemetic (chemotherapy-induced)	787.01, 787.03, 995.20 to 995.23, 995.27, 995.29
Oprelvekin (Neumega)	
Non-myeloid Malignancy[1]	140._ to 202._
Secondary Thrombocytopenia, due to drug therapy[1]	287.4
Oxaliplatin (Eloxatin)	
Colorectal	153._, 154._
Stomach[1]	151._

AGENT/Indication(s)	ICD-9 Code(s)
Oxandrolone (Oxandrin)	
Involuntary weight loss	783.21
Paclitaxel (Taxol, Onxol)	
Bladder	188._
Breast	174._, 175._
Carcinoma of unknown primary[1]	199.0, 199.1
Cervix	180._
Endometrium	182.0
Esophagus	150._
Fallopian tube[1]	183.2
Head & Neck	140._ to 149._, 160._, 161._, 195.0
Lung (Non-small cell and small cell)	162._
Kaposi's Sarcoma	176._
Ovary	183.0
Peritoneal[1]	158.8, 158.9
Prostate[1]	185
Stomach	151._
Testes	186._
Paclitaxel, Protein Bound (Abraxane)	
Breast	174._, 175._
Palifermin (Kepivance)	
Oral mucositis	
Palonosetron Hydrochloride (Aloxi)	
Antiemetic (Chemotherapy-induced)	787.01, 787.03, 995.20 to 995.23, 995.27, 995.29
Pamidronate Disodium (Aredia)	
Hypercalcemia (assoc. with malignancy)	275.42
Multiple Myeloma with bone metastases	203.0_ and 198.5
Osteolytic Bone Metastases (with breast cancer/myeloma)	174._, 175._, 198.5
Paget's Disease of Bone	731.0
Panitumumab† (Vectibix)	
Colorectal	153._, 154._
Pegaspargase (Oncaspar)	
Acute Lymphoblastic Leukemia	204.0_
Pegfilgrastim (Neulasta)	288.00 to 288.04, 288.09, 288.4, 288.50 to 288.51, 288.59, 289.53
Infection, as manifested by febrile neutropenia, in patients with nonmyeloid malignancies receiving myelosuppressive anticancer drugs.	
Pemetrexed (Alimta)	
Lung (non-small cell)	162._
Mesothelioma	163._
Pentostatin (Nipent)	
Acute Lymphocytic Leukemia[3]	204.0_
Chronic Lymphocytic Leukemia[3]	204.1_
Cutaneous T-Cell Lymphoma[1]	202.1_, 202.2_, 202.8_
Hairy Cell Leukemia	202.4_
Prolymphocytic Leukemia	204.9_

AGENT/Indication(s)	ICD-9 Code(s)
Plicamycin (Mithracin)	
Hypercalcemia (assoc. with malignancy)	275.42
Hypercalciuria (assoc. with malignancy)	275.40
Paget's Disease of Bone[1]	731.0
Testes	186._
Porfimer Sodium (Photofrin)	
Esophagus[1]	150._
Lung[1]	162._
Prednisone (Deltasone)	
Acute Lymphocytic Leukemia	204.0_
Antiemetic (chemotherapy-induced)	787.01, 787.03, 995.2
Breast	174._, 175._
Chronic Lymphocytic Leukemia	204.1_
Chronic Myelocytic Leukemia[3]	205.1_
Hodgkin's Lymphoma	201._ _
Hypercalcemia (assoc. with malignancy)	275.42
Multiple Myeloma[1]	203.0_
Non-Hodgkin's Lymphomas	200._ _, 202._ _
Prostate[1]	185
Waldenström Macroglobulinemia[1]	273.3
Procarbazine (Matulane, Natulan)	
Brain	191._
Hodgkin's Lymphoma	201._ _
Lung	162._
Multiple Myeloma[1]	203.00 to 203.01
Non-Hodgkin's Lymphomas	200._ _, 202._ _
Raloxifene (Evista)	
Breast[1] (prophylaxis in high-risk, postmenopausal women)	174._
Raltitrexed (Tomudex)	
Colorectal[1] (Available in Canada)	153._, 154._
Rituximab (Rituxan)	
Chronic Lymphocytic Leukemia[1]	204.1_
Immune or Idiopathic Thrombocytopenic Purpura[1]	287.31
Non-Hodgkin's Lymphomas	200._ _, 202._ _
Waldenström Macroglobulinemia[1] (also Reinduction Treatment of Indolent Non-Hodgkin's Lymphomas)[1]	273.3
Sargramostim (Leukine)	
Chemotherapy	V58.11°, V66.2°
Neutropenia (assoc. with bone marrow transplant, chemotherapy-induced, including chemotherapy assoc. with acute myelogenous leukemia)	288.00 to 288.04, 288.09, 288.4, 288.50 to 288.51, 288.59, 289.53
Myelodysplastic Syndromes	238.71 to 238.76, 238.79
Sodium Iodide I 131 (Idotope)	
Thyroid[1]	193
Sodium Phosphate P 32	
Bone Lesions[1]	170._, 198.5
Chronic Lymphocytic Leukemia[1]	204.1_
Chronic Myelocytic Leukemia[1]	205.1_

AGENT/Indication(s)	ICD-9 Code(s)
Sorafenib Tosylate (Nexavar)	
Kidney[1]	189.0, 189.1
★Liver[1]	155.0, 155.2
Streptozocin (Zanosar)	
Carcinoid Tumors	152._, 153._, 154.0, 154.1, 162.2 to 162.9, 183.0, 259.2
Colorectal[1]	153._, 154._
Pancreas	157._
Sunitinib (Sutent)	
Gastrointestinal Stromal Tumors	171.8
Kidney	189.0, 189.1
Tamoxifen (Nolvadex, Soltamox, Tamofen, Tamone)	
Breast	174._
Endometrium[1]	182.0
Melanoma[1]	172._
Temozolomide (Temodar)	
Brain (refractory anaplastic astrocytoma, glioblastoma multiforme[1])	191._
Melanoma[1]	172._
★Temsirolimus (Torisel)†	
Kidney	189.0, 189.1
Teniposide (Vumon)	
Acute Lympocytic Leukemia	204.0_
Neuroblastoma[1]	160._, 194.0
Non-Hodgkin's Lymphomas[1]	200._ _, 202._ _
Testolactone (Teslac)	
Breast	174._, 175._
Testosterone	
Breast	174._, 175._
Thalidomide (Thalomid)	
Brain[3] XX	191._
Breast[3] XX	174._, 175._
Cachexia[3] XX	199.1, 799.4
Kaposi's Sarcoma[3] XX	176._
Kidney[3] XX	189.0, 189.1
Melanoma[3] XX	172._
Multiple Myeloma	203.0_
Ovary[3] XX	183.0
Prostate[3] XX	185
Thioguanine	
Acute Lymphocytic Leukemia	204.00, 204.01
Acute Nonlymphocytic Leukemia	205.00 to 205.01
Chronic Myelocytic Leukemia	205.10, 205.11
Thiotepa	
Bladder	188._
Breast	174._, 175._
Carcinomatous Meningitis[1]	198.4
Hodgkin's Lymphoma[1]	201._ _
Malignant Pericardial Effusion	164.1
Malignant Peritoneal Effusion	197.6
Malignant Pleural Effusion	197.2
Ovary	183.0

AGENT/Indication(s)	ICD-9 Code(s)
Thyroglobulin	
Thyroid	193
Thyroid	
Thyroid	193
Thyrotropin Alpha (Thyrogen)	
Thyroid	193
Topotecan Hydrochloride (Hycamtin)	
Cervix	180._
Chronic Myelomonocytic Leukemia[1]	205.1_
Lung (small and non-small cell)	162._
Myelodysplastic Syndromes[1]	238.71 to 238.76, 238.79
Ovary	183.0
Toremifene Citrate (Fareston)	
Breast	174._
Tositumomab, Iodine I-131 (Bexxar)	
Non-Hodgkin's Lymphomas	200._ _, 202._ _
Trastuzumab (Herceptin)	
Breast	174._, 175._
Treosulfan (Ovastat)	
Ovary[1]	183.0
Tretinoin (Vesanoid)	
Acute Promyelocytic Leukemia[1]	205.0_
Trilostane	
ACTH-Producing Tumors	194.3, 198.89, 234.8, 227.3, 237.0, 162._, 164.0, 157._, 193
Adrenal Cortex[1]	194.0
Trimetrexate	
Colorectal[1]	153._, 154._
Triptorelin Pamoate (Trelstar Depot)	
Prostrate[3]	185
Uracil Mustard	
Cervix[3]	180.0
Chronic Lymphocytic Leukemia	204.1_
Chronic Myelocytic Leukemia	205.1_
Hodgkin's Lymphoma[3]	201._ _
Lung[3]	162._
Non-Hodgkin's Lymphoma	200._ _, 202._ _
Ovary[3]	183.0
Valrubicin (Valstar)	
Bladder	188._, 233.7
Vinblastine (Velban)	
Bladder	188._
Breast	174._, 175._
Cutaneous T-Cell Lymphoma	202.1_, 202.2_, 202.8_
Head & Neck	140._ to 149._, 161._, 195.0
Hodgkin's Lymphoma	201._ _
Immune or Idiopathic Thrombocytopenic Purpura[3]	287.31
Kaposi's Sarcoma	176._
Kidney	189.0, 189.1

AGENT/Indication(s)	ICD-9 Code(s)
Lung	162._
Melanoma	172._
Neuroblastoma[1]	160._, 194.0
Non-Hodgkin's Lymphomas	200._ _, 202._ _
Ovary[1] (germ cell)	183.0
Prostate[1]	185._
Testes	186._
Trophoblastic Neoplasms	181, 236.1, 186.9
Vincristine (Oncovin, Vincasar)	
Acute Lymphocytic Leukemia	204.0_
Acute Nonlymphocytic Leukemia[3] XX	205.0_
Brain	191._
Breast	174._, 175._
Cervix[1]	180._
Chronic Lymphocytic Leukemia	204.1_
Chronic Myelocytic Leukemia[1]	205.1_
Colorectal[1]	153._, 154._
Cutaneous T-Cell Lymphoma[1]	202.1_, 202.2_, 202.8_
Ewing's Sarcoma	170._
Hodgkin's Lymphoma	201._ _
Kaposi's Sarcoma	176._
Immune or Idiopathic Thrombocytopenic Purpura[3]	287.31
Kidney	189.0, 189.1
Liver[1]	155.0, 155.2
Lung	162._
Melanoma[1]	172._
Multiple Myeloma	203.0_
Neuroblastoma	160._, 194.0
Non-Hodgkin's Lymphoma	200._ _, 202._ _
Osteosarcoma	170._, 198.5
Ovary[1] (germ cell)	183.0
Retinoblastoma[1]	190.5
Rhabdomyosarcoma	171._, 143.9, 158.0, 190.1, 173.9, 174.9, 175.9
Soft Tissue Sarcomas	171._
Trophoblastic Neoplasms[1]	181, 236.1, 186.9
Waldenström Macroglobulinemia[1]	273.3
Wilms' Tumor	189.0
Vinorelbine Tartrate (Navelbine)	
Breast	174._, 175._
Cervix	180._
Lung (non-small cell)	162._
Ovary[1]	183.0
Vorinostat (Zolinza)	
Cutaneous T-Cell Lymphoma†	202.1_, 202.2_, 202.8_
Zoledronic Acid (Zometa)	
Hypercalcemia (assoc. with malignancy)	275.42
Multiple Myeloma	203.0_
Bone Metastases from solid tumors, sometimes found with breast carcinoma, multiple myeloma, non-small cell lung carcinoma, renal cell carcinoma, head and neck carcinoma, and prostate carcinoma.[1]	198.5
Drug-induced osteopenia, secondary to androgen-deprivation therapy in prostate cancer patients (prophylaxis)[1]	733.90

Indication Index

INDICATION/Agent(s)	ICD-9 Code(s)
ACTH-Producing Tumors	194.3, 198.89, 234.8, 227.3, 237.0, 162._, 164.0, 157._, 193
Aminoglutethimide, Trilostane[1]	
Acute Lymphocytic Leukemia	204.0_
Asparaginase, Clofarabine (Pediatric), Cyclophosphamide, Cytarabine, Daunorubicin, Dexamethasone, Doxorubicin, Etoposide, Idarubicin,[1] Ifosfamide, Imatimib Mesylate,[1] Mercaptopurine, Methotrexate, Mitoxantrone,[1] Nelarabine, Pegaspargase, Pentostatin,[3] Prednisone, Teniposide, Thioguanine, Vincristine	
Acute Nonlymphocytic Leukemia (Erythroleukemia, Meningeal, Monocytic, Myelocytic, Myelomonocytic, Promyelocytic)	205.0_
Asparaginase,[3] Busulfan,[1] Cyclophosphamide, Cytarabine, Daunorubicin, Doxorubicin, Etoposide, Fludarabine Phosphate[3] XX, Gemtuzumab, Idarubicin, Mercaptopurine, Methotrexate, Mitoxantrone, Thioguanine, Tretinoin,[1] Vincristine[3] XX	
Adrenal Cortex	194.0
Aminoglutethimide,[1] Cisplatin, Doxorubicin,[1] Etoposide,[1] Fluorouracil[1], Ketoconazole,[3] Mitotane, Trilostane[1]	
Antiemetic	787.01, 787.03, 995.20 to 995.23, 995.27, 995.29, V58.11°
Aprepitant, Corticotropin,[1] Dexamethasone,[1] Dolasetron Mesylate, Granisetron Hydrochloride, Hydrocortisone,[1] Nabilone, Ondansetron Hydrochloride, Palonosetron Hydrochloride, Prednisone	
Bacterial Infections (assoc. with B-cell chronic lymphocytic leukemia)	790.7
Immune Globulin IGIV	
Bladder	188._
Bleomycin, Carboplatin, Cisplatin Cyclophosphamide,[1] Docetaxel,[1] Doxorubicin, Etoposide, Fluorouracil, Gemcitabine, Ifosfamide, Interferon Alpha 2a & 2b, Methotrexate, Mitomycin, Paclitaxel, Thiotepa, Valrubicin (233.7), Vinblastine	
Bone Lesions	170._, 198.5
Levodopa,[3] Sodium Phosphate P 32,[1] Zoledronic Acid[1]	
Brain	191._
Carboplatin, Carmustine, Cisplatin,[3] Cyclophosphamide, Dexamethasone,[1] Etoposide, Lomustine, Methotrexate,[1] Procarbazine, Temozolomide, Thalidomide,[3] XX Vincristine	
Breast	174._, 175._
Abraxane, Aminoglutethimide,[1] Anastrozole, Bevacizumab,[1] Capecitabine, Carboplatin, Cisplatin, Cyclophosphamide, Dexamethasone, Dexrazoxane, Docetaxel, Doxorubicin, Doxorubicin, Liposomal,[1] Epirubicin Hydrochloride, Estradiol, Estradiol Valerate, Estrogens (Conjugated & Esterified), Ethinyl, Exemestane, Fluorouracil, Fluoxymesterone, Fulvestrant, Gemcitabine, Goserelin, Ifosfamide,[1] Lapatinib, Letrozole, Leuprolide, Lomustine, Medroxyprogesterone, Megestrol, Melphalan, Methotrexate, Methyltestosterone, Mitomycin, Mitoxantrone,[1] Nandrolone,[1] Pamidronate Disodium,[1] Paclitaxel, Paclitaxel Protein Bound, Prednisone, Raloxifene,[1] Tamoxifen, Testolactone, Testosterone, Thalidomide[3] XX, Thiotepa, Toremifene, Trastuzumab, Vinblastine, Vincristine, Vinorelbine Tartrate	

Indication Index

INDICATION/Agent(s) — ICD-9 Code(s)

Cachexia 199.1, 799.4
Megace, Thalidomide[3] XX
Oxandrin (involuntary weight loss) 783.21

Carcinoid Syndrome 259.2, 152._, 153._, and other malignant neoplasm codes
Interferon Alpha 2a, 2b

Carcinoid Tumors 152._, 153._, 154.0, 154.1, 162.2 to 162.9, 259.2
Doxorubicin,[1] Fluorouracil[1], Interferon Alpha 2a, 2b, Octreotide, Streptozocin

Carcinoma of Unknown Primary Site 190._ to 199.1
Carboplatin,[1] Cisplatin,[1] Etoposide,[1] Paclitaxel,[1]

Cervix 180._
Bleomycin, Carboplatin,[3] Cisplatin, Cyclophosphamide,[1] Doxorubicin, Fluorouracil, Hydroxyurea, Ifosfamide, Irinotecan Hydrochloride[3] XX, Methotrexate,[1] Mitomycin, Paclitaxel, Topotecan Hydrochloride, Uracil Mustard,[3] Vincristine,[1] Vinorelbine Tartrate

Chronic Anemia
Darbepoetin Alfa, Epoetin Alfa

Chronic Lymphocytic Leukemia 204.1_
Alemtuzumab, Chlorambucil, Cladribine,[1] Cyclophosphamide, Dasatinib, Dexamethasone, Doxorubicin,[1] Fludarabine Phosphate, Mechlorethamine, Pentostatin, Prednisone, Rituximab,[1] Sodium Phosphate P 32,[1] Uracil Mustard, Vincristine

Chronic Myelocytic Leukemia 205.1_
Aldesleukin,[1] Busulfan, Cyclophosphamide, Cytarabine, Dasatinib, Daunorubicin, Dexamethasone,[3] Etoposide,[3] Hydroxyurea, Imatinib Mesylate, Interferon Alpha 2a, 2b, Mechlorethamine, Melphalan, Mercaptopurine, Mitomycin,[1] Prednisone,[3] Sodium Phosphate P 32,[1] Thioguanine, Topotecan,[1] Uracil Mustard, Vincristine[1]

Chronic Myelomonocytic Leukemia 205.10
Daunorubicin, Mitomycin, Topotecan[1]

Colorectal 153._, 154._
Bevacizumab, Capecitabine, Carmustine,[3] Cetuximab,† Floxuridine, Fluorouracil, Irinotecan Hydrochloride, Leucovorin, Levamisole, Lomustine, Methotrexate,[1] Mitomycin, Oxaliplatin, Panitumumab, Raltitrexed (not available in US),[1] Streptozocin,[1] Trimetrexate,[1] Vincristine[1]

Cutaneous T-Cell Lymphoma 202.1_, 202.2_, 202.8_
Bexarotene, Carmustine,[3] Chlorambucil,[1] Cladribine,[3] Denileukin, Diftitox, Etoposide,[1] Fludarabine Phosphate[3], Interferon Alpha 2a, 2b, Mechlorexthamine,[1] Methotrexate,[3] Pentostatin[1], Vinblastine, Vincristine[1], Vorinostat

Endometrial 182.0
Cisplatin, Carboplatin,[1] Cyclophosphamide,[1] Dactinomycin,[1] Doxorubicin, Etoposide,[1] Fluorouracil, Goserelin (endometriosis, endometriotic lesions, only), Hydroxyprogesterone,[3] Ifosfamide,[1] Leuprolide (endometriosis, endometriotic lesions, only), Medroxyprogesterone, Megestrol, Melphalan[1], Methoxsalen, Paclitaxel, Tamoxifen[1]

Esophagus 150._
Bleomycin,[1] Carboplatin,[1] Cisplatin, Docetaxel,[1] Doxorubicin,[1] Epirubicin Hydrochloride,[1] Fluorouracil, Methotrexate,[1] Mitomycin,[1] Paclitaxel, Porfimer Sodium [1]

Ewing's Sarcoma 170._
Cyclophosphamide, Dactinomycin, Daunorubicin,[1] Doxorubicin, Etoposide, Ifosfamide, Leucovorin,[1] Vincristine

Fallopian Tube 183.2
Carboplatin,[1] Cisplatin,[1] Paclitaxel[1]

Gallbladder 156._
Gemcitabine[1], Mitomycin[1]

Hairy Cell Leukemia 202.4_
Chlorambucil, Cladribine, Fludarabine Phosphate,[3] Interferon Alpha 2a, 2b, Pentostatin

Head & Neck 140._ to 149._, 160._, 161._, 195.0
Amifostine, Bleomycin, Carboplatin, Cetuximab, Cisplatin Cyclophosphamide,[3] Docetaxel, Doxorubicin, Fluorouracil,[1] Hydroxyurea,[3] Ifosfamide,[1] Leucovorin,[1] Methotrexate, Mitomycin, Paclitaxel, Vinblastine

Hemorrhagic Cystitis 595.82, 995.20 to 995.23, 995.27, 995.29
Mesna (Cyclophosphamide-induced, Ifosfamide-induced)

Hodgkin's Lymphoma 201._ _
Amifostine, Bleomycin, Carboplatin,[1] Carmustine, Chlorambucil, Cisplatin, Cyclophosphamide, Cytarabine,[1] Dacarbazine, Dexamethasone, Doxorubicin, Epirubicin Hydrochloride,[1] Etoposide, Gemcitabine Hydrochloride[1], Ifosfamide,[1] Lomustine, Mechlorethamine, Melphalan,[1] Mercaptopurine,[3] Methotrexate,[1] Prednisone, Procarbazine, Thiotepa,[1] Uracil Mustard,[3] Vinblastine, Vincristine

Hypercalcemia (associated with malignancy) 275.42
Corticotropin,[1] Dexamethasone, Etidronate, Gallium Nitrate, Hydrocortisone,[1] Pamidronate, Plicamycin, Prednisone, Plicamycin, Zoledronic Acid[3]

Kaposi's Sarcoma 176._
Alitretinoin, Bexarotene, Bleomycin, Cisplatin,[1] Dactinomycin,[1] Daunorubicin Liposomal, Doxorubicin, Doxorubicin Liposomal, Etoposide, Interferon Alpha 2a, 2b, Paclitaxel, Thalidomide[3] XX, Vinblastine, Vincristine

Kidney 189.0, 189.1
Aldesleukin, Amifostine, Cisplatin,[3] Cyclophosphamide,[1] Fluorouracil,[3] XX Floxuridine,[1] Interferon Alpha 2a, 2b, Medroxyprogesterone, Sorafenib Tosylate,[1] Sunitinib, ★Temsirolimus†, Thalidomide,[3] Vinblastine, Vincristine

Liver 155.0, 155.2
Cisplatin, Doxorubicin,[1] Etoposide, Floxuridine, Fluorouracil, Mitoxantrone,[1] ★Sorafenib,[1] Vincristine,[1]

Lung (Small and/or Non-Small Cell) 162._
Altretamine,[1] Amifostine, Bevacizumab[1], Carboplatin, Cisplatin, Cyclophosphamide, Docetaxel, Doxorubicin, Epirubicin Hydrochloride,[1] Erlotinib Hydrochloride, Etoposide, Etoposide Phosphate, Fluorouracil, Gefitinib, Gemcitabine Hydrochloride, Irinotecan,[1, 3] Ifosfamide, Lomustine, Mechlorethamine, Methotrexate, Mitomycin, Paclitaxel, Pemetrexed, Porfirmer Sodium,[1] Procarbazine, Topotecan,Uracil Mustard,[3] Vinblastine, Vincristine, Vinorelbine Tartrate

Malignant Peritoneal Effusion 197.6
Bleomycin,[1] Chromic Phosphate P32,[1] Mechlorethamine, Thiotepa

Malignant Pleural Effusion 197.2
Bleomycin, Chromic Phosphate P32,[1] Mechlorethamine, Thiotepa

Indication Index

INDICATION/Agent(s) — ICD-9 Code(s)

Mantle Cell Lymphoma — 202.80
Bortezomib

Melanoma — 172._
Aldesleukin, Amifostine, Asparaginase[1] (melanosarcoma), Bleomycin,[1] Carboplatin,[1] Carmustine, Cisplatin, Dacarbazine, Hydroxyurea, Interferon Alpha 2a, 2b, Lomustine,[1] Melphalan, Tamoxifen,[1] Temozolomide,[1] Thalidomide[3] XX, Vinblastine, Vincristine[1]

Mesothelioma — 163._
Cisplatin,[3] Pemetrexed†

Multiple Myeloma — 203.0_
Bortezomib, Carmustine, Cyclophosphamide, Dexamethasone, Doxorubicin, Doxorubicin Liposomal,[2] Etoposide,[1] Interferon Alpha 2a, 2b, Lenalidomide,[1] Lomustine,[1] Melphalan, Pamidronate Disodium, Prednisone,[1] Procarbazine,[1] Thalidomide, Vincristine, Zoledronic Acid[1]

Myelodysplastic Syndromes — 238.71 to 238.76, 238.79
Amifostine,[1] Arsenic Trioxide,[1] Azacitidine, Cytarabine,[1] Decitabine, Epoetin Alfa, Filgrastim, Imatinib Mesylate, Lenalidomide, Sargramostim, Topotecan Hydrochloride[1]

Neuroblastoma — 160._, 194.0
Cisplatin,[1] Carboplatin,[3] XX Cyclophosphamide, Dacarbazine,[3] Daunorubicin,[1] Doxorubicin, Etoposide, Ifosfamide,[1] Teniposide,[1] Vinblastine,[1] Vincristine

Neutropenia — 288.00 to 288.04, 288.09, 288.4, 288.50 to 288.51, 288.59, 289.53
Filgrastim (Chemotherapy-induced, assoc. with bone marrow transplant), Pegfilgrastim, Sargramostim (assoc. with bone marrow transplant, chemotherapy-induced, including chemotherapy assoc.with acute myelogenous leukemia)

Non-Hodgkin's Lymphoma — 200._ _, 202._ _
Amifostine, Asparaginase, Bleomycin, Carboplatin,[1] Carmustine, Chlorambucil, Cisplatin, Cladribine, Cyclophosphamide, Cytarabine, Daunorubicin,[1] Dexamethasone,[3] Doxorubicin, Epirubicin Hydrochloride,[1] Etoposide, Fludarabine Phosphate, Gemcitabine Hydrochloride[1], Ibritumomab tiuxetan, Ifosfamide, Interferon Alpha 2a, 2b, Leucovorin,[1] Mechlorethamine, Mercaptopurine, Methotrexate, Mitoxantrone,[1] Prednisone, Procarbazine, Rituximab, Teniposide,[1] Tositumomab, Iodine I-131, Uracil Mustard, Vinblastine, Vincristine

Osteosarcoma — 170._, 198.5 (secondary code)
Bleomycin, Cisplatin, Cyclophosphamide,[1] Dactinomycin, Doxorubicin, Etoposide,[1] Ifosfamide, Leucovorin, Melphalan,[3] Methotrexate, Vincristine, Zoledronic Acid[1]

Ovary — 183.0
Altretamine,[1] Amifostine, Carboplatin, Chlorambucil, Chromic Phosphate P 32,[1] Cisplatin, Cyclophosphamide, Dactinomycin,[3] Docetaxel,[1] Doxorubicin, Doxorubicin Liposomal, Epirubicin Hydrochloride,[1] Etoposide, Floxuridine, Fluorouracil, Gemcitabine, Hydroxyurea,[1] Ifosfamide, Irinotecan,[1] Melphalan, Methotrexate,[1] Paclitaxel, Thalidomide[3] XX, Thiotepa, Topotecan Hydrochloride, Treosulfan,[1] Uracil Mustard,[3] Vinorelbine[1]

Ovary (Germ Cell) — 183.9
Bleomycin, Chlorambucil, Cisplatin, Cyclophosphamide, Dactinomycin,[1] Doxorubicin, Doxorubicin Lipsomal,[1] Etoposide,[1] Ifosfamide,[1] Vinblastine,[1] Vincristine[1]

INDICATION/Agent(s) — ICD-9 Code(s)

Pancreas — 157._
Dacarbazine, Doxorubicin,[1] Erlotinib Hydrochloride, Fluorouracil, Gemcitabine Hydrochloride, Ifosfamide,[1] Methotrexate,[1] Mitomycin, Octreotide

Paget's Disease of Bone — 731.0
Etidronate, Pamidronate, Plicamycin

Penis — 187.1 to 187.4
Bleomycin, Cisplatin[3] XX, Fluorouracil,[1] Methotrexate[1]

Peritoneal — 158.8, 158.9, 197.6
Carboplatin,[1] Cisplatin,[1] Paclitaxel[1]

Prostate — 185
Abarelix, Aminoglutethimide,[1] Bicalutamide, Buserelin,[1] Chlorotrianisene, Chromic Phosphate P 32,[1] Cisplatin, Cyclophosphamide, Dexamethasone,[1] Diethylstilbestrol, Docetaxel, Doxorubicin, Estradiol, Estradiol Valerate, Estramustine, Estrogens (Conjugated & Esterified), Estrone, Ethinyl Estradiol, Fluorouracil,[1] Flutamide, Goserelin, Ketoconazole, Leuprolide, Melphalan,[3] Mitoxantrone, Nilutamide, Paclitaxel,[1] Prednisone,[1] Thalidomide[3] XX, Triptorelin Pamoate,[3] Vinblastine[1]

Retinoblastoma — 190.5
Carboplatin, Cisplatin,[1] Cyclophosphamide, Doxorubicin,[1] Etoposide,[1] Vincristine[1]

Skin — 173._
Bleomycin, Cisplatin,[1] Fluorouracil, Interferon Alpha 2a, 2b, Masoprocol, Methoxsalen[1]

Soft-Tissue Sarcomas — 171._
Bleomycin,[1] Cisplatin, Cyclophosphamide, Dacarbazine, Dactinomycin,[3] Daunorubicin,[1] Doxorubicin, Epirubicin Hydrochloride,[1] Etoposide, Ifosfamide, Melphalan,[3] Methotrexate,[1] Vinblastine,[1] Vincristine

Stomach — 151._
Capecitabine,[1] Carmustine,[1] Cisplatin, Docetaxel, Doxorubicin, Epirubicin Hydrochloride,[1] Etoposide,[1] Fluorouracil, Imatinib Mesylate[1] (GIST), Methotrexate,[1] Mitomycin, Oxaliplatin,[1] Paclitaxel

Testes — 186._
Bleomycin, Carboplatin, Cisplatin, Cyclophosphamide, Dactinomycin, Doxorubicin, Etoposide, Etoposide Phosphate, Gemcitabine, Ifosfamide, Melphalan,[3] Paclitaxel, Plicamycin, Vinblastine

Thymoma — 164.0, 164.8
Cisplatin, Cyclophosphamide,[1] Doxorubicin,[1] Etoposide,[1] Ifosfamide[1]

Thyroid — 193
Bleomycin,[1] Cisplatin, Doxorubicin, Levothyroxine, Liothyronine, Liotrix, Sodium Iodide I 131,[1] Thyroglobulin, Thyroid, Thyrotropin

Trophoblastic Neoplasms — 181, 236.1, 186.9
Bleomycin, Cisplatin, Cyclophosphamide,[1] Dactinomycin, Doxorubicin,[1] Etoposide, Leucovorin,[1] Methotrexate, Vinblastine, Vincristine[1]

Uterus — 182._
Amifostine, Hydroxyprogesterone, Ifosfamide[3] XX

Vulva — 184.1, 184.2, 184.3, 184.4
Bleomycin

Wilms' Tumor — 189.0
Carboplatin[3], Cisplatin,[1] Cyclophosphamide, Dactinomycin, Daunorubicin,[1] Doxorubicin, Etoposide, Ifosfamide, Vincristine

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