

RESULTS™

Reimbursement Support Line-Trained Specialists

In today's reimbursement environment, Biogen Idec recognizes the importance of coverage, payment, and accurate coding and is committed to providing assistance through a dedicated Reimbursement Support Line. The Reimbursement Support Line is staffed with trained specialists skilled in payer relations, coding, and payment issues unique to the Zevalin® (Ibritumomab tiuxetan) therapeutic regimen.

Trained specialists address your reimbursement needs with insurance companies

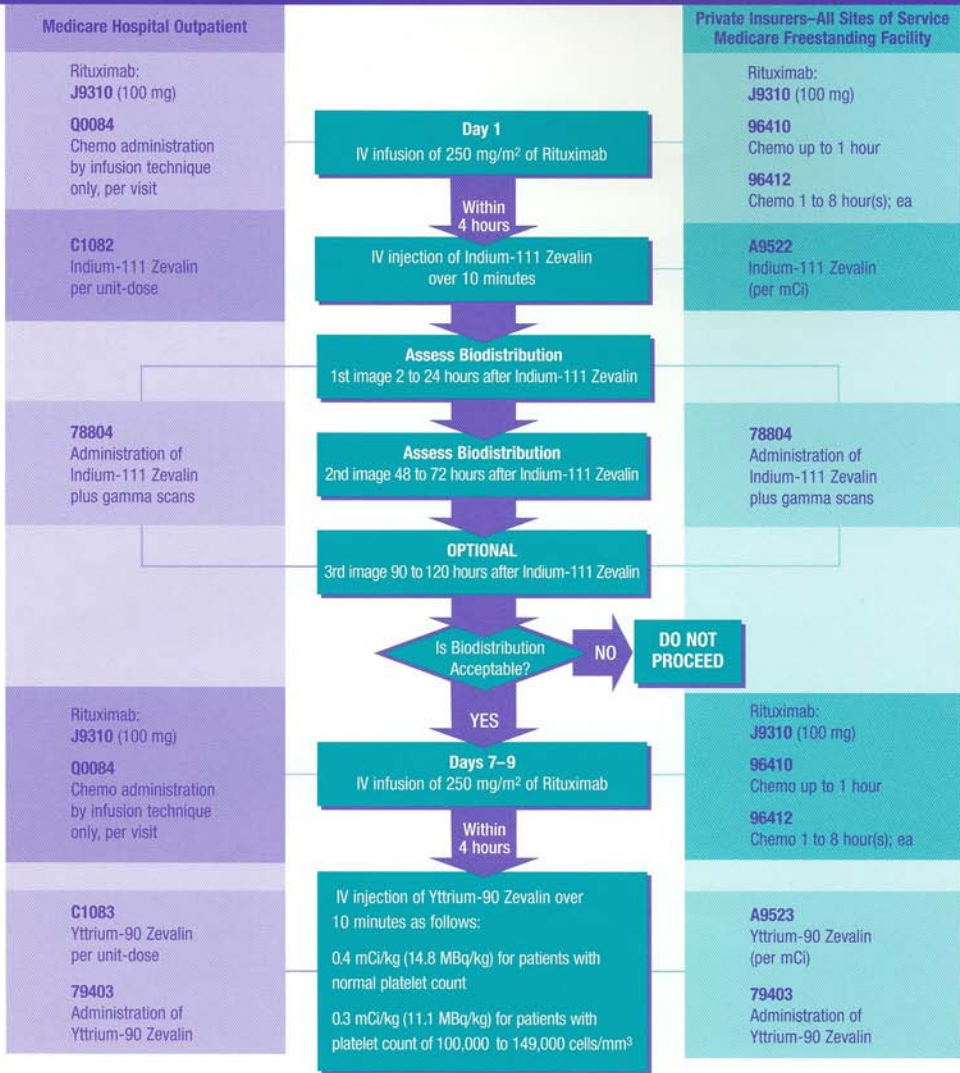
- RESULTS™ will:**
- Help you understand the various coding options across sites of service: physician's office and hospital outpatient
 - Help you complete correct claim forms for submission to insurance companies
 - Help you understand the Medicare Hospital Outpatient Prospective Payment System (APCs) and how it relates to the Zevalin therapeutic regimen
 - Assist you with claim denial appeals
 - Track important payer policies and payment methodologies for the Zevalin therapeutic regimen

Trained specialists address your reimbursement needs with patient-specific issues

- RESULTS™ will:**
- Help you navigate through the prior authorization process for the Zevalin therapeutic regimen
 - Verify insurance benefits specific to your patients' plans
 - Identify alternate insurance sources that may be available for your patients and help them navigate through the application process for alternate/public programs
 - Identify and appropriately assist patients who need access to the Zevalin therapeutic regimen but who lack insurance or other coverage sources

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Zevalin Protocol and Potential Coding



DO NOT TREAT PATIENTS WITH <100,000 PLATELETS/mm³

THE MAXIMUM ALLOWABLE DOSE OF Yttrium-90 ZEVALIN IS 32.0 mCi (1,184 MBq)

2004 Zevalin Protocol Coding

Medicare Only - Hospital Outpatient Setting

Product or Procedure	Code	Description	Units
Indium-111 Zevalin	C1082	Indium-111 Zevalin per unit-dose	1
Administration of Indium-111 Zevalin plus gamma scans	78804	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); whole body, requiring 2 or more days of imaging	1
Yttrium-90 Zevalin	C1083	Yttrium-90 Zevalin per unit-dose	1
Administration of Yttrium-90 Zevalin	79403	Radiopharmaceutical therapy, radiolabeled monoclonal antibody by intravenous infusion	1

All Private Insurers - All Settings Medicare Only - Freestanding Facility Setting

Product or Procedure	Code	Description	Units
Indium-111 Zevalin	A9522	Indium-111 Zevalin per mCi	5
Administration of Indium-111 Zevalin plus gamma scans	78804	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); whole body, requiring 2 or more days of imaging	1
Yttrium-90 Zevalin	A9523	Yttrium-90 Zevalin per mCi	40*
Administration of Yttrium-90 Zevalin	79403	Radiopharmaceutical therapy, radiolabeled monoclonal antibody by intravenous infusion	1

Rituxan Coding

Product or Procedure	Code	Description	Units
Rituxan	J9310	Rituximab (100 mg)	3**
Administration of Rituximab	96410	Chemotherapy administration, intravenous; infusion technique, up to 1 hour for the first hour	1
	96412	Chemotherapy administration, intravenous; infusion technique, 1 to 8 hours for each additional hour (List separately in addition to code for primary procedure)	-
Administration of Rituximab (Medicare Hospital Outpatient Only)	Q0084	Chemotherapy administration by infusion technique only, per visit	1

Diagnosis Coding	Code	Description
ICD-9-CM	200.10-200.18	Lymphosarcoma
	200.80-200.88	Lymphoma (malignant)
	202.00-202.08	Nodular lymphoma
	202.80-202.88	Other lymphomas

Product	NDC
Indium-111 Zevalin	64406-0104-04
Yttrium-90 Zevalin	64406-0103-03

*Preparation of Y-90 Zevalin results in 40 mCi of product activity, from which the patient-specific dose is drawn with excess product appropriately discarded. Providers may bill the amount for which they were charged by the commercial radiopharmacy, up to 40 mCi.

**Actual Rituxan units will vary by patient's specific dose (250 mg/m²)

Medicare references:
2004 Hospital Outpatient Final Rule
2004 Physical Fee Schedule

Yttrium-90 Zevalin, reimbursement up to 40 mCi (Part III, Page 4),
http://www.cms.hhs.gov/manuals/pm_trans/A02111.pdf

References:

CPT codes: Current Procedural Terminology ©2004 American Medical Association
HCPCS codes: HCPCS 2004 American Medical Association

Please see enclosed full prescribing information for Zevalin and Rituximab, including their respective Boxed WARNINGS.

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Zevalin Patient Assistance Program

Biogen Idec offers the Zevalin Patient Assistance Program to facilitate access to Zevalin therapy for patients with relapsed or refractory low-grade, follicular or transformed B-cell non-Hodgkin's lymphoma, including patients with Rituximab-refractory follicular B-cell non-Hodgkin's lymphoma. This program is facilitated through RESULTS™—a Reimbursement Support Line staffed with trained specialists.

Who can benefit from the Patient Assistance Program

Uninsured patients must:

- Lack medical insurance coverage
- Not qualify for government medical programs
- Be a U.S. citizen or hold a valid green card

Patients with insurance that does not cover Zevalin:

- Zevalin is purchased from a commercial radiopharmacy and administered, after which the patient's insurance is billed
- Should the initial claim be denied, RESULTS™ will assist in the appeal process
- Appeals must be pursued to the first level of independent review
- If the appeal is unsuccessful, and a denial is upheld, this program could potentially cover Zevalin kit costs and Yttrium-90 charges

Program enrollment

The treating physician and patient must complete and sign program application forms prior to treatment.

Upon receipt of the complete application, RESULTS™ will determine if preset financial and income criteria have been met and confirm eligibility with the physician and patient within 2 business days.

The following components of the Zevalin therapeutic regimen are covered under this program:

- One kit for the preparation of Indium-111 Zevalin
- One kit for the preparation of Yttrium-90 Zevalin
- 40 mCi Yttrium-90 for preparation of Yttrium-90 Zevalin (Rituximab, Indium-111 and preparation fees are not included in this program.)

How to get started with the Patient Assistance Program

To initiate the program or if you have any questions regarding coverage for the Zevalin therapeutic regimen, please call RESULTS™ at 1-800-386-9997. A program counselor will initiate the process and provide the necessary application forms.

PLEASE CALL:

Monday through Friday 9 AM to 6 PM Eastern Time

For RESULTS™
1-800-386-9997

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Biogen Idec reserves the right to modify the Zevalin Patient Assistance Program at any time. Third-party reimbursement is affected by a range of factors; therefore, the program cannot guarantee coverage or reimbursement rates.

Please see enclosed full prescribing information for Zevalin and Rituximab, including their respective Boxed WARNINGS.

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