



## PROVENGE CODING UPDATE EFFECTIVE JULY 1, 2011

Dendreon is pleased to announce that effective July 1, 2011, the Centers for Medicare & Medicaid Services (CMS) has granted PROVENGE a temporary, product-specific HCPCS Q-code. This new code may facilitate the filing of PROVENGE claims and payment.

Code	Description	Effective Date
Q2043	Sipuleucel-T, minimum of 50 million autologous CD54+ cells activated with PAP-GM-CSF, including leukapheresis and all other preparatory procedures, per infusion	Effective for dates of service on or after July 1, 2011

The NDC for PROVENGE remains the same: 30237-8900-06.

Medicare will recognize Q2043 in the hospital outpatient and physician office settings. Although coding requirements of other payers may vary, we expect some non-Medicare payers to recognize Q2043 in these settings as well.

A benefits verification of each patient's health care plan coverage will help to determine which non-Medicare payers will adopt the Q-code.

Q2043 may replace other codes currently used to bill PROVENGE, including:

- C9273 (Sipuleucel-T, minimum of 50 million autologous CD54+ cells activated with PAP-GM-CSF, including leukapheresis and all other preparatory procedures, per infusion)
- J3490 (Unclassified drugs)
- J3590 (Unclassified biologics)
- J9999 (Not otherwise classified, antineoplastic drugs)

Please contact *Dendreon ON Call* for assistance with benefits verification and claim submission questions.

*Dendreon ON Call* can help with research on a specific payer's coding requirements or payment methodology for PROVENGE.

If you have questions or need assistance with billing or reimbursement, please call *Dendreon ON Call* at 1-877-336-3736.

Hours of Operation: Monday through Friday, 8:00 AM to 8:00 PM ET.

HCPCS=Healthcare Common Procedure Coding System; NDC=National Drug Code.

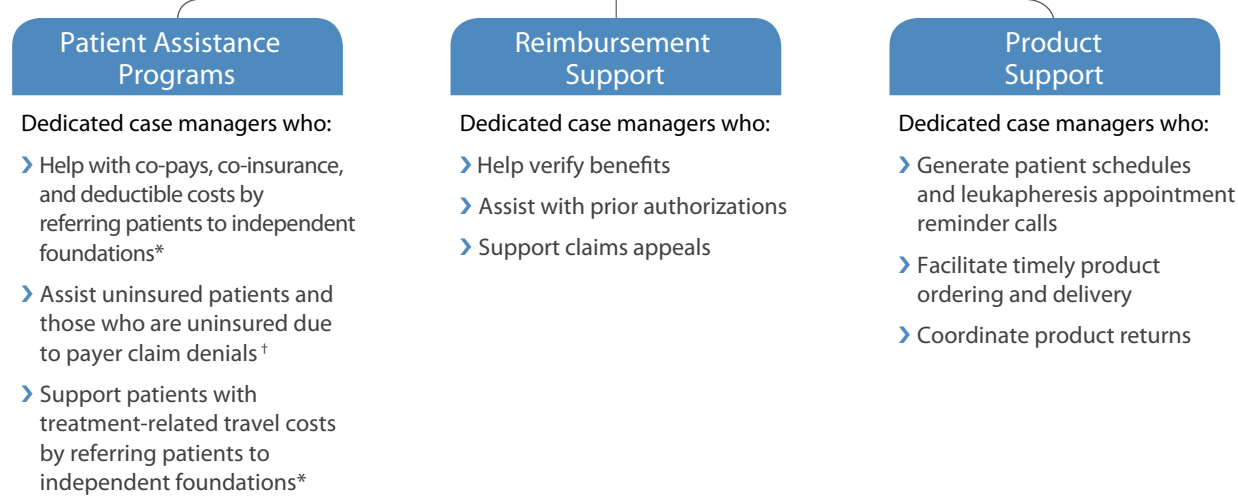
Please see enclosed full Prescribing Information for PROVENGE.

**PROVENGE**  
(sipuleucel-T)

**DENDREON ON CALL**



DENDREON PROVIDES A VARIETY OF PRODUCT SUPPORT SERVICES TO HELP FACILITATE TREATMENT WITH PROVENGE.



\*Co-pay and travel assistance foundations provide assistance regardless of the choice of medicine, and decisions are based on financial need and according to criteria established by individual foundations. Dendreon can assist patients by referring them to these independent organizations. Dendreon cannot guarantee that patients will be eligible for or receive assistance after referral. Dendreon does not have controlling or managerial influence on these independent organizations.  
<sup>†</sup>Services vary by office based on application criteria and are subject to change or discontinuation.

**INDICATION:** PROVENGE® (sipuleucel-T) is an autologous cellular immunotherapy indicated for the treatment of asymptomatic or minimally symptomatic metastatic castrate resistant (hormone refractory) prostate cancer.

**IMPORTANT SAFETY INFORMATION:** PROVENGE is intended solely for autologous use and is not routinely tested for transmissible infectious diseases.

In controlled clinical trials, serious adverse events reported in the PROVENGE group include acute infusion reactions (occurring within 1 day of infusion) and cerebrovascular events. Severe (Grade 3) acute infusion reactions were reported in 3.5% of patients in the PROVENGE group. Reactions included chills, fever, fatigue, asthenia, dyspnea, hypoxia, bronchospasm, dizziness, headache, hypertension, muscle ache, nausea, and vomiting. No Grade 4 or 5 acute infusion reactions were reported in patients in the PROVENGE group.

The most common adverse events (incidence ≥15%) reported in the PROVENGE group are chills, fatigue, fever, back pain, nausea, joint ache, and headache.

Please see enclosed full Prescribing Information for PROVENGE.



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[www.PROVENGE.com](http://www.PROVENGE.com)

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