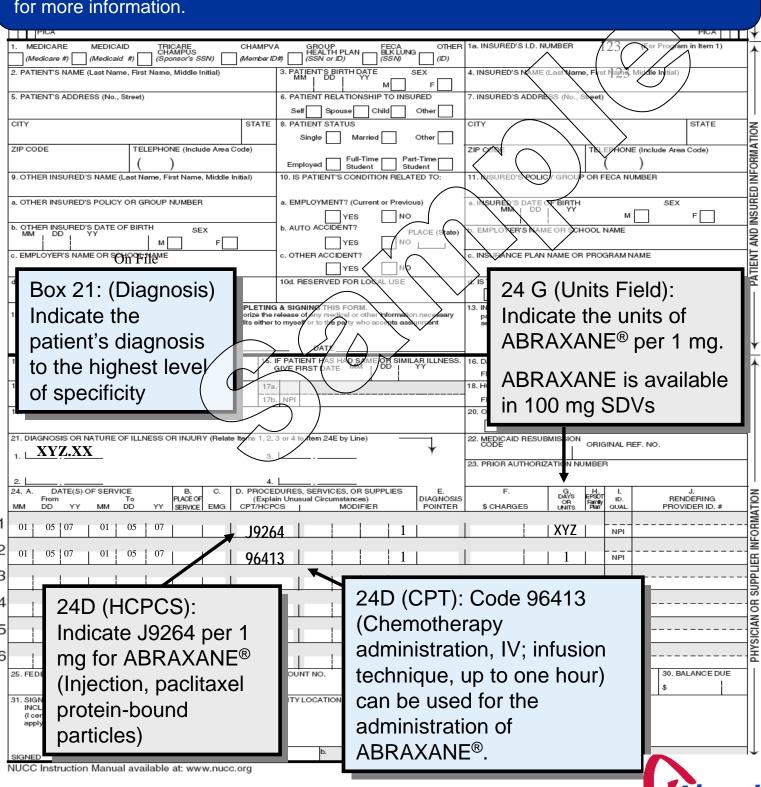


ABRAXANE® for Injectable Suspension Sample 1500 Claim Form

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

Effective for DOS on or after January 1, 2006 for claims to all payers

The Abraxis Oncology Resource Center, ARC of Support, Reimbursement Services can assist you with ABRAXANE® coverage, coding and reimbursement. Call toll free 800-564-0216, Option 3, Monday – Friday 8 AM to 8 PM ET, or visit www.ABRAXANE.com for more information.



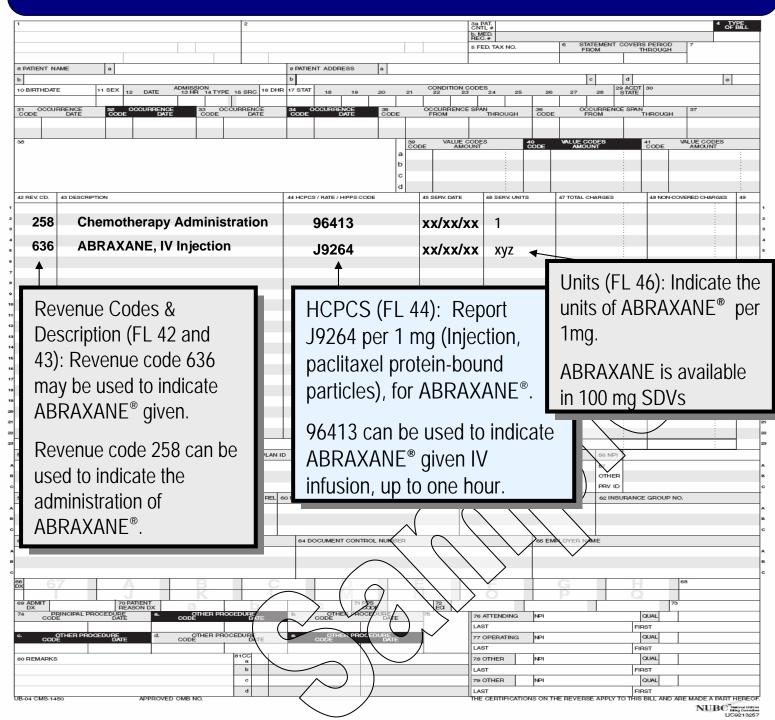
This sample form is intended as an ABRAXANE coding reference. It is not intended to be a directive or guarantee of reimbursement. Health care providers may deem other codes more appropriate and should select the codes that most accurately reflect the services rendered.



ABRAXANE® for Injectable Suspension Sample UB-04 Claim Form

(paclitaxel protein-bound particles for injectable suspension) (albumin-bound) Effective for DOS on or after January 1, 2006 for claims to all payers

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ABRAXANE® for Injectable Suspension (paclitaxel protein-bound particles for injectable suspension) is indicated for the treatment of breast cancer after the 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 (paditaxel 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/mm³. 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.

Please see the full Prescribing Information for Important Safety Information including the Black Box Warning

To Learn More, Call the ARC of Support[™] Hotline: (800) 564-0216, Option 3

