

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>6-19-08</i>
--------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER  <i>000665</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR  <i>* Per Bob Lining, already working on. Cleared 7/2/08, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>6-30-08</i>  DATE DUE _____  <input type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

06/19/2008 10:13 8037340799

OMBUDSMAN

PAGE 01



*State of South Carolina*  
**Office of the Governor**

**MARK SANFORD**  
GOVERNOR

**Office of Executive  
Policy and Program**

**FAX TRANSMITTAL COVER**

DATE:	June 19
FAX TO:	Bob Liming
FAX #:	255-8350
FROM:	Deise Riley

Total number of pages:

(including this cover sheet)

If you have any problems receiving this document, please contact:

734-76419

Office of Consultant Services  
Post Office Box 12287  
Columbia, SC 29211  
TELEPHONE: (803) 734-0040 • FAX: (803) 734-4700

06/19/2008 10:49AM

06/19/2008 10:13 8037340799 DMBUDSMAN  
06/17/2008 14:04 PRL HEMATOLOGY DR CURRAN → 918037340396

PAGE 02  
NO. 295 D02



380 Serpentine Drive, Suite #200  
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James D. Bearden, III, M.D., F.A.C.P.  
Brio C. Nelson, M.D.  
Astin R. Parr, M.D.  
Steven W. Correa, M.D.  
Colin P. Curran, M.D.

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PATIENT: WHITEHILL, JUDITH N.

D.O.B.: 07/10/45

06/17/08

The Honorable Mark Sanford  
Governor's Office  
Columbia, South Carolina

Dear Governor Sanford,

Ms. Judith Whitehill is a 62-year-old female under my care with metastatic esophageal cancer. I am writing to ask your assistance with her care. Ms. Whitehill is covered by Medicaid, but under Medicaid rules I am unable to treat her with the commonly accepted chemotherapy regimens used for her disease. The reason for this is that Medicaid will only cover medications for their specifically FDA approved indications. As you probably are aware, there are many medications which are generally accepted for use in medical practice for purposes other than their originally approved indication.

Currently, two of the most effective chemotherapy drugs for metastatic esophageal cancer do not have specific indications from the FDA for this usage. Oxaliplatin and irinotecan are both well recognized as two of the most effective agents for this situation. These drugs are both recommended under the guidelines of the National Comprehensive Cancer Network which is a consortium of experts from the top cancer centers around the country. ([www.nccn.org](http://www.nccn.org)) I have treated many esophageal cancer patients with these medications with good results and I have recommended them for Ms. Whitehill as well.

Thank you for any assistance you can provide to Ms. Whitehill so that I can provide her with the most effective and least toxic therapy available for her unfortunate situation.

Please do not hesitate to contact me directly with any questions concerning this matter.

06/19/2008 10:49AM

06/19/2008 10:13 8037340799

OMBUDSMAN

06/17/2008 14:04 PRL HEMATOLOGY DR CURRAN → 818037340396

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NO. 35  
003



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Steven W. Carr, M.D.  
Colin P. Curran, M.D.

Page: - 2 -

PATIENT: WHITEHILL, JUDITH N.

D.O.B.: 07/10/45

Sincerely,

Colin P. Curran, M.D.

06/19/2008 10:49AM

AEDHMS54 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 06/19/08  
MEDSPROD MEMBER PERIOD START: 05/28/08 END: ACTION: 0001

NAME: WHITEHILL JUDITH N HH NAME: WHITEHILL JUDITH N  
RCP NUMBER: 8780857310 HH NUMBER: 101253977 ACTION TYPE: MAINTENANCE  
SSN: 250-74-9822 VC: V APL STATUS: ACTION DATE: 04/02/08  
PRIMARY INDIVIDUAL: APL CO: 42 WORKER ID: JGOSS LOCATION: 003  
407 LAKEWINDS BLVD. SSCN: 250749822A RRN:

INMAN SC 29349-  
CORRECT RCP NUMBER: PROVIDER:  
LIV ARRANGEMENT: HOME INCOME TRUST:

BG	BEG	END	BENEFITS	QMB	RETRO	% OF	POV	SPONSOR		
S	NUMBER	ELIG	ELIG	PCAT	QCAT	TYPE	IND	IND	LEVEL	
-	70040807	06/01/2008	32	50	FULL	Y	Y	Y	.93	4200
-	70040807	01/01/2008	06/01/2008	32	50	FULL	N	Y	.93	4200

UPDATED: USER ID: JGOSS DATE: 04/02/08 SYSTEM ID: TTR1001 DATE: 04/07/08  
ME900063 RECIPIENT RECORD FOUND  
PF2->HH BG PF3->HH MBR DTL PF4->REFH PF5->ELD02 PF6->RETURN PF7->PREV  
PF8->NEXT PF9->HH NOTES PF15->RCP SEARCH PF17->ELD00 PF18->HH MBR BGS

*Jenna Vaughn*



*State of South Carolina*  
*Department of Health and Human Services*

Mark Sanford  
Governor

Emma Forkner  
Director

July 2, 2008

Colin P. Curran, M.D.  
Palmetto Hematology Oncology, P.C.  
380 Serpentine Drive, Suite #200  
Spartanburg, South Carolina 29303

Dear Dr. Curran:

Thank you for your letter to Governor Sanford on behalf of your patient regarding coverage of oxaliplatin and irinotecan. My research indicates that a member of our Hospital Services staff, Mr. Ervin Yarrell, has already contacted you. Prior approval was granted for the use of the medications in question.

Medicaid does rely on FDA approved indications as well as generally accepted medical practices supported by recognized practice specialty groups and organizations supported by peer review literature. Most physician administered drugs do not require prior approval at all. They are reimbursable by J-codes when administered by physicians.

I hope this information is helpful. Should you need any additional information regarding this matter, please contact Mr. Yarrell at (803) 898-2690. Your continued support of the Medicaid program and the citizens we serve is appreciated.

Sincerely,

*BZ Giese*

Melanie "BZ" Giese  
Bureau Director for Health Services

MG/ad

Log # 665 ✓

Colin P. Curran, M.D.  
July 2, 2008  
Page 2

bcc: Robert Liming  
Ervin Yarrell  
Denise Riley, Office of the Governor