Pemetrexed:
Alimta®; Axtle™; Pemetrexed; Pemfexy®; Pemrydi RTU®
(Intravenous/Intrathecal)

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I. Length of Authorization [16,27,29-31,42]

- Initial: Prior authorization validity will be provided initially for 6 months (180 days), unless otherwise specified.
  - Thymomas and Thymic Carcinomas: Prior authorization validity will be provided initially for six (6) cycles.
  - Mesothelioma (including PeM, PM, pericardial mesothelioma and tunica vaginalis testis mesothelioma):
    - In combination with bevacizumab AND platinum chemotherapy: Prior authorization validity will be provided initially for six (6) cycles.
    - In combination with pembrolizumab AND platinum chemotherapy: Prior authorization validity will be provided initially for six (6) doses.
- Renewal: Prior authorization validity may be renewed every 6 months (180 days) thereafter, unless otherwise specified.
  - Thymomas and Thymic Carcinomas: Prior authorization validity may NOT be renewed.
  - Mesothelioma (including PeM, PM, pericardial mesothelioma and tunica vaginalis testis mesothelioma) in combination with platinum chemotherapy AND either bevacizumab or pembrolizumab: Prior authorization validity may NOT be renewed.

II. Dosing Limits

Max Units (per dose and over time) [HCPCS Unit]:

- Pemfexy (500 mg MDV):
  - Primary CNS Lymphoma, Cervical Cancer, Vaginal Cancer, Ovarian Cancer, Fallopian Tube, and Primary Peritoneal Cancer: 225 billable units every 21 days
  - Leptomeningeal Metastases from NSCLC: 5 billable units on day 1 and 5 of a 7 day cycle, then 5 billable units every 21 days

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    - Thymomas and Thymic Carcinomas, Non-Squamous NSCLC, Mesotheliomas, Thyroid Carcinoma, & Brain metastases: 125 billable units every 21 days
- Pemetrexed (all other manufacturers) (100 mg, 500 mg, 750 mg, 850mg, and 1000 mg SDV):
    - Primary CNS Lymphoma, Cervical Cancer, Vaginal Cancer, Ovarian Cancer, Fallopian Tube, and Primary Peritoneal Cancer: 230 billable units every 21 days
    - Leptomeningeal Metastases from NSCLC: 10 billable units on day 1 and 5 of a 7 day cycle, then 10 billable units every 21 days
    - Thymomas and Thymic Carcinomas, Non-Squamous NSCLC, Mesotheliomas, Thyroid Carcinoma, & Brain metastases: 130 billable units every 21 days

III. Initial Approval Criteria [1-4]

Prior authorization validity is provided in the following conditions:

- Member is at least 18 years of age; **AND**

Central Nervous System (CNS) Cancers ‡ [5,18,29,35]

- Member has Primary Central Nervous System Lymphoma (PCNSL) (including primary vitreoretinal lymphoma/PCNSL ocular variant without other CNS involvement); **AND**
    - Used as a single agent; **AND**
        - Used as induction therapy in members unsuitable for or intolerant to high-dose methotrexate (MTX); **OR**
        - Used for relapsed or refractory disease; **OR**
- Member has brain metastases from EGFR-sensitizing mutation positive non-small cell lung cancer (NSCLC) as determined by an FDA-approved or Clinical Laboratory Improvement Amendments (CLIA)-compliant test❖; **AND**
    - Used in combination with one of the following:
        - Platinum-based chemotherapy (i.e., cisplatin or carboplatin) and osimertinib; **OR**
        - Carboplatin and amivantamab *(for exon 19 deletion or L858R)*; **OR**
- Member has leptomeningeal metastases from EGFR mutation-positive NSCLC as determined by an FDA-approved or CLIA-compliant test❖; **AND**
    - Pemetrexed will be administered intrathecally$^{\pi}$; **AND**
        - Used as primary treatment in members with good risk status (i.e., Karnofsky Performance Status ≥ 60, no major neurologic deficits, minimal systemic disease, and reasonable systemic treatment options if needed); **OR**
        - Used as maintenance treatment in members with negative cerebrospinal fluid (CSF) cytology or in clinically stable members with persistently positive CSF cytology

π *Note: For intrathecal administration, interchangeability of pemetrexed products has not been established. The requested product may be approved without substitution.*

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Cervical Cancer ‡ [5,36]

- Used as subsequent therapy for recurrent or metastatic disease; **AND**
- Member has squamous cell carcinoma, adenocarcinoma, or adenosquamous carcinoma; **AND**
- Used as a single agent

Peritoneal* Mesothelioma (PeM) ‡ [5,31]

- Used as adjuvant therapy following cytoreductive surgery (CRS) + hyperthermic intraperitoneal chemotherapy (HIPEC); **AND**
  - Member has surgical/pathologic high-risk features**; **AND**
  - Used as a single agent OR in combination with platinum chemotherapy with or without either bevacizumab or pembrolizumab; **OR**
- Used as first-line therapy; **AND**
  - Member has one or more of the following:
    - Medically inoperable disease
    - Complete cytoreduction is not achievable
    - Presence of any high-risk features**
    - Disease has progressed after prior CRS + HIPEC and no previous adjuvant systemic therapy was given; **AND**
  - Used as a single agent OR in combination with platinum chemotherapy with or without either bevacizumab or pembrolizumab; **OR**
- Used as subsequent therapy; **AND**
  - Used as a single agent; **OR**
  - Used in combination with platinum chemotherapy with or without bevacizumab; **AND**
    - Immunotherapy (i.e., nivolumab/ipilimumab) was administered as first-line treatment; **OR**
    - Used as a rechallenge if pemetrexed-based treatment was administered first-line with good response

** Note: May also be used for pericardial mesothelioma and tunica vaginalis testis mesothelioma.*

*** High-risk features include Ki-67 >9%, nodal metastasis, thrombocytosis, PS=2, high disease burden/incomplete cytoreduction (Peritoneal Cancer Index [PCI] >17, completeness of cytoreduction (CC) score >1), biphasic/sarcomatoid histology, or bicavitary disease*

Pleural* Mesothelioma (PM) † ‡ Φ [1-8,12,28]

- Used as induction therapy prior to surgical exploration; **AND**
  - Member has clinical stage I disease and epithelioid histology; **AND**
    - Used as a single agent OR in combination with platinum chemotherapy with or without either bevacizumab or pembrolizumab; **OR**
- Used as first-line therapy; **AND**

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- Used as a single agent OR in combination with platinum chemotherapy with or without either bevacizumab or pembrolizumab; **OR**

- Used as subsequent therapy; **AND**
  - Used as a single agent; **OR**
  - Used in combination with platinum chemotherapy with or without bevacizumab; **AND**
    - Immunotherapy (i.e., nivolumab/ipilimumab) was administered as first-line treatment; **OR**
    - Used as a rechallenge if pemetrexed-based treatment was administered first-line with good response

** Note: May also be used for pericardial mesothelioma and tunica vaginalis testis mesothelioma*

Non-Squamous Non-Small Cell Lung Cancer (NS-NSCLC) †‡ [1-5,9-11,13,14,30,32]

- Used in combination with a carboplatin or cisplatin-containing regimen; **OR**
- Used in combination with bevacizumab, pembrolizumab, cemiplimab, or durvalumab for continuation maintenance therapy if previously used first-line and member achieved a tumor response or stable disease following initial therapy; **OR**
- Used as a single agent; **AND**
  - Member has recurrent, advanced, or metastatic disease (excluding locoregional recurrence or symptomatic local disease without evidence of disseminated disease) or mediastinal lymph node recurrence with prior radiation therapy; **AND**
    - Used as first-line therapy for tumors that are negative for actionable biomarkers**♦¥**; **OR**
    - Used as first-line therapy for EGFR exon 20 insertion mutation, BRAF V600E-mutation, NTRK1/2/3 gene fusion, MET exon 14 skipping mutation, NRG1 gene fusion, or ERBB2 (HER2) mutation positive tumors; **OR**
    - Used as subsequent therapy; **OR**
    - Used as continuation or switch maintenance therapy in members who have achieved a tumor response or stable disease following initial therapy

♦ *Note: Actionable biomarkers include EGFR, KRAS, ALK, ROS1, BRAF, NTRK1/2/3, MET, RET, NRG1 and ERBB2 (HER2). Complete biomarker testing including molecular assessment of EGFR, KRAS, ALK, ROS1, BRAF, NTRK1/2/3, MET, RET, NRG1 and ERBB2 (HER2), via biopsy and/or plasma testing. If a clinically actionable marker is found, it is reasonable to start therapy based on the identified marker. Treatment is guided by available results and, if unknown, these members are treated as though they do not have driver oncogenes.*
¥ *May also be used for members with KRAS G12C mutation positive tumors.*

Thymomas and Thymic Carcinomas ‡ [5,16,17,27]

- Used as a single agent; **AND**
  - Member is unable to tolerate first-line combination regimens; **AND**
    - Used as preoperative systemic therapy for surgically resectable disease if R0 resection is considered uncertain; **OR**

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        - Used as postoperative treatment after R1* (microscopic residual tumor) or R2 (macroscopic residual tumor) resection; **OR**
        - Used as first-line therapy for recurrent, advanced, or metastatic disease; **OR**
    - Used as subsequent therapy; **AND**
        - Member has unresectable or metastatic disease

**Note: Applies to thymic carcinoma only*

Ovarian, Fallopian Tube, and Primary Peritoneal Cancer ‡ [5,15,26]

- Used as a single agent; **AND**
    - Member has recurrent or persistent Grade 1 Endometrioid Carcinoma, Carcinosarcoma (Malignant Mixed Müllerian Tumors), Mucinous Neoplasms of the Ovary, Epithelial Ovarian/Fallopian Tube/Primary Peritoneal Cancer, or Clear Cell Carcinoma of the Ovary; **AND**
        - Will not be used for immediate treatment of a biochemical relapse (i.e., rising CA-125 without radiographic evidence of disease); **OR**
    - Member has recurrent Low-Grade Serous Carcinoma

Vaginal Cancer ‡ [5,37]

- Used as a single agent; **AND**
- Used as subsequent therapy for recurrent or metastatic disease

Thyroid Carcinoma ‡ [5]

- Used in combination with carboplatin; **AND**
    - Member has Follicular, Papillary or Oncocytic Carcinoma; **AND**
        - Member has unresectable locoregional recurrent or persistent disease OR metastatic disease; **AND**
            - Member has progressive and/or symptomatic disease that is refractory to radioactive iodine (RAI) therapy; **OR**
        - Member has unresectable gross residual disease in neck after thyroidectomy; **AND**
            - Member has locoregional invasive disease; **OR**
            - Member has rapid progression of disease; **OR**
            - Member has progressive and/or symptomatic disease and RAI uptake absent (*excluding Oncocytic Carcinoma*); **OR**
    - Member has Anaplastic Carcinoma; **AND**
        - Used as second-line therapy for stage IVC (metastatic) disease

❖ *If confirmed using an immunotherapy assay – http://www.fda.gov/companiondiagnostics*

† FDA Approved Indication(s); **‡** Compendia Recommended Indication(s); **Φ** Orphan Drug

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IV. Renewal Criteria [1-4]

Prior authorization validity may be renewed based upon the following criteria:

- Member continues to meet the indication-specific relevant criteria such as concomitant therapy requirements (not including prerequisite therapy), performance status, etc. identified in section III; **AND**
- Duration of authorization has not been exceeded *(refer to Section I)*; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: myelosuppression (e.g., neutropenia, febrile neutropenia, thrombocytopenia, anemia), renal toxicity (CrCl < 45 mL/min), bullous and exfoliative skin toxicity (e.g., Stevens-Johnson Syndrome/Toxic epidermal necrolysis), interstitial pneumonitis, radiation recall, etc.; **AND**
- Disease response with treatment as defined by stabilization of disease or decrease in size of tumor or tumor spread

V. Dosage/Administration [1-4,12,15,17,18,28,30-35,38-46]

Indication	Dose
Non-Squamous NSCLC, Thyroid Carcinoma	Administer up to 500 mg/m^2 intravenously every 21 days
Mesotheliomas (peritoneal, pleural, pericardial and tunica vaginalis testis)	Administer 500 mg/m^2 intravenously every 21 days – For 6 cycles only when used in combination with bevacizumab AND platinum chemotherapy – For 6 doses only when used in combination with pembrolizumab AND platinum chemotherapy – All others until disease progression or unacceptable toxicity
Ovarian, Fallopian Tube, and Primary Peritoneal Cancer, Cervical Cancer, Vaginal Cancer	Administer up to 900 mg/m^2 intravenously every 21 days, until disease progression or unacceptable toxicity
Thymomas and Thymic Carcinomas	Administer 500 mg/m^2 intravenously every 21 days for a maximum of 6 cycles or until disease progression or unacceptable toxicity
CNS Cancers	<u>Primary CNS Lymphoma</u> Administer 900 mg/m^2 intravenously every 21 days, until disease progression or unacceptable toxicity <u>Brain metastases from EGFR-sensitizing mutation positive NSCLC</u> Administer 500 mg/m^2 intravenously every 21 days, until disease progression or unacceptable toxicity <u>Leptomeningeal metastases from EGFR mutation-positive NSCLC</u> – Primary Treatment: Administer 50 mg intrathecally on Days 1 and 5 of a 7-day cycle, followed by 50 mg intrathecally every 21 days until disease progression or unacceptable toxicity

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	– Maintenance Treatment: Administer 50 mg intrathecally every 28 days, until disease progression or unacceptable toxicity
• Supplement with oral folic acid and intramuscular vitamin B_{12}. • Avoid administration of ibuprofen for 2 days before, the day of, and 2 days following administration in members with CrCl <80 mL/min. • Do not administer in members with CrCl <45 mL/min.	

VI. Billing Code/Availability Information

Product Formulation	Drug	Manufacturer	Type	HCPCS Code	NDC
Pemetrexed Disodium Hemipentahydrate Solution for injection	Pemrydi RTU 100 mg/10 mL SDV Ψ	Amneal	Brand	J9324	70121-2453-xx
	Pemrydi RTU 500 mg/50 mL SDV Ψ				70121-2461-xx
	Pemrydi RTU 1000 mg/100 mL SDV Ψ				70121-2462-xx
Pemetrexed Disodium Lyophilisate for injection	Alimta 100 mg powder for inj. SDV §	Lilly	Brand	J9305	00002-7640-xx
	Alimta 500 mg powder for inj. SDV §				00002-7623-xx
	Pemetrexed 750 mg powder for inj. SDV §	Multiple	Generic	J9305	Multiple
	Pemetrexed 1000 mg powder for inj. SDV §				
	Pemetrexed 100 mg powder for inj. SDV Ψ	BluePoint	Brand	J9322	68001-0543-xx
	Pemetrexed 500 mg powder for inj. SDV Ψ				68001-0544-xx
	Pemetrexed 750 mg powder for inj. SDV Ψ				68001-0545-xx
	Pemetrexed 1000 mg powder for inj. SDV Ψ				68001-0546-xx
Pemetrexed Disodium Solution for injection	Pemetrexed 100 mg/4 mL inj. SDV Ψ	Sandoz	Brand	J9297	00781-3518-xx
		Accord	Brand	J9296	16729-0522-xx
		Hospira	Brand	J9294	00409-1045-xx
	Pemetrexed 500 mg/20 mL inj. SDV Ψ	Sandoz	Brand	J9297	00781-3519-xx
		Accord	Brand	J9296	16729-0522-xx
		Hospira	Brand	J9294	00409-2188-xx
	Pemetrexed 850 mg/34mL inj. SDV Ψ	Accord	Brand	J9296	16729-0522-xx
	Pemetrexed 1000 mg/40 mL inj. SDV Ψ	Accord	Brand	J9296	16729-0522-xx
		Hospira	Brand	J9294	00409-3532-xx
Pemetrexed Solution for injection	Pemfexy 500 mg/20 mL inj. MDV	Eagle	Brand	J9304	42367-0531-xx
		Acacia	Brand	J9304	71390-0250-xx
	Pemetrexed 100 mg/4mL inj. SDV Ψ	Teva	Brand	J9314	00480-4516-xx
	Pemetrexed 500 mg/20 mL inj. SDV Ψ	Teva	Brand	J9314	00480-4514-xx
	Pemetrexed 1000 mg/40 mL inj. SDV Ψ	Teva	Brand	J9314	00480-4515-xx
Pemetrexed Ditromethamine Lyophilisate for injection	Pemetrexed 100 mg powder for inj. SDV Ψ	Hospira	Brand	J9323	00409-1060-xx
	Pemetrexed 500 mg powder for inj. SDV Ψ				00409-1061-xx
Pemetrexed Dipotassium heptahydrate for injection	Axtle 100 mg powder for inj. SDV Ψ	Avyxa	Brand	J9292	83831-0131-xx
	Axtle 500 mg powder for inj. SDV Ψ				83831-0132-xx

§ Multiple manufacturers produce ANDA generics

***Ψ** Designated products approved by the FDA as a 505(b)(2) NDA of the innovator product. These products may be available from several different manufacturers. For a complete list of all available products and NDCs please reference the FDA website at National Drug Code Directory for Pemetrexed. These products are not rated as therapeutically equivalent to their reference listed drug in the Food and Drug Administration's (FDA) Orange Book and are therefore considered single source products based on the statutory definition of "single source drug" in section 1847A(c)(6) of the Act. For a complete list of all approved 505(b)(2) NDA products please reference the latest edition of the Orange Book: Approved Drug Products with Therapeutic Equivalence Evaluations | Orange Book | FDA*

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J9292 – Injection, pemetrexed dipotassium, 10 mg
J9294 – Injection, pemetrexed (hospira), not therapeutically equivalent to J9305, 10 mg
J9296 – Injection, pemetrexed (accord), not therapeutically equivalent to J9305, 10 mg
J9297 – Injection, pemetrexed (sandoz), not therapeutically equivalent to J9305, 10 mg
J9304 – Injection, pemetrexed (pemfexy), 10 mg
J9305 – Injection, pemetrexed, not otherwise specified, 10 mg
J9314 – Injection, pemetrexed (teva), not therapeutically equivalent to J9305, 10 mg
J9322 – Injection, pemetrexed (bluepoint), not therapeutically equivalent to J9305, 10 mg
J9323 – Injection, pemetrexed ditromethamine, 10 mg
J9324 – Injection, pemetrexed (pemrydi rtu), 10 mg
J9999 – Injection, pemetrexed various, 10 mg

VII. References

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Appendix A – Non-Quantitative Treatment Limitations (NQTL) Factor Checklist

Non-quantitative treatment limitations (NQTLs) refer to the methods, guidelines, standards of evidence, or other conditions that can restrict how long or to what extent benefits are provided under a health plan. These may include things like utilization review or prior authorization. The utilization management NQTL applies comparably, and not more stringently, to mental health/substance use disorder (MH/SUD) Medical Benefit Prescription Drugs and medical/surgical (M/S) Medical Benefit Prescription Drugs. The table below lists the factors that were considered in designing and applying prior authorization to this drug/drug group, and a summary of the conclusions that Prime's assessment led to for each.

Factor	Conclusion
Indication	Yes: Consider for PA
Safety and efficacy	No: PA not a priority

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Potential for misuse/abuse	No: PA not a priority
Cost of drug	Yes: Consider for PA

Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
C33	Malignant neoplasm of trachea
C34.00	Malignant neoplasm of unspecified main bronchus
C34.01	Malignant neoplasm of right main bronchus
C34.02	Malignant neoplasm of left main bronchus
C34.10	Malignant neoplasm of upper lobe, unspecified bronchus or lung
C34.11	Malignant neoplasm of upper lobe, right bronchus or lung
C34.12	Malignant neoplasm of upper lobe, left bronchus or lung
C34.2	Malignant neoplasm of middle lobe, bronchus or lung
C34.30	Malignant neoplasm of lower lobe, unspecified bronchus or lung
C34.31	Malignant neoplasm of lower lobe, right bronchus or lung
C34.32	Malignant neoplasm of lower lobe, left bronchus or lung
C34.80	Malignant neoplasm of overlapping sites of unspecified bronchus or lung
C34.81	Malignant neoplasm of overlapping sites of right bronchus and lung
C34.82	Malignant neoplasm of overlapping sites of left bronchus and lung
C34.90	Malignant neoplasm of unspecified part of unspecified bronchus or lung
C34.91	Malignant neoplasm of unspecified part of right bronchus or lung
C34.92	Malignant neoplasm of unspecified part of left bronchus or lung
C37	Malignant neoplasm of thymus
C45.0	Mesothelioma of pleura
C45.1	Mesothelioma of peritoneum
C45.2	Mesothelioma of pericardium
C45.7	Mesothelioma of other sites
C45.9	Mesothelioma, unspecified
C48.1	Malignant neoplasm of specified parts of peritoneum
C48.2	Malignant neoplasm of peritoneum, unspecified
C48.8	Malignant neoplasm of overlapping sites of retroperitoneum and peritoneum
C52	Malignant neoplasm of vagina
C53.0	Malignant neoplasm of endocervix
C53.1	Malignant neoplasm of exocervix
C53.8	Malignant neoplasm of overlapping sites of cervix uteri
C53.9	Malignant neoplasm of cervix uteri, unspecified

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ICD-10	ICD-10 Description
C56.1	Malignant neoplasm of right ovary
C56.2	Malignant neoplasm of left ovary
C56.3	Malignant neoplasm of bilateral ovaries
C56.9	Malignant neoplasm of unspecified ovary
C57.00	Malignant neoplasm of unspecified fallopian tube
C57.01	Malignant neoplasm of right fallopian tube
C57.02	Malignant neoplasm of left fallopian tube
C57.10	Malignant neoplasm of unspecified broad ligament
C57.11	Malignant neoplasm of right broad ligament
C57.12	Malignant neoplasm of left broad ligament
C57.20	Malignant neoplasm of unspecified round ligament
C57.21	Malignant neoplasm of right round ligament
C57.22	Malignant neoplasm of left round ligament
C57.3	Malignant neoplasm of parametrium
C57.4	Malignant neoplasm of uterine adnexa, unspecified
C57.7	Malignant neoplasm of other specified female genital organs
C57.8	Malignant neoplasm of overlapping sites of female genital organs
C57.9	Malignant neoplasm of female genital organ, unspecified
C73	Malignant neoplasm of thyroid gland
C79.31	Secondary malignant neoplasm of brain
C79.32	Secondary malignant neoplasm of cerebral meninges
C83.30	Diffuse large B-cell lymphoma unspecified site
C83.390	Primary central nervous system lymphoma
C83.398	Diffuse large B-cell lymphoma of other extranodal and solid organ sites
C83.59	Lymphoblastic (diffuse) lymphoma, extranodal and solid organ sites
C83.79	Burkitt lymphoma, extranodal and solid organ sites
C83.80	Other non-follicular lymphoma, unspecified site
C83.89	Other non-follicular lymphoma, extranodal and solid organ sites
C84.49	Peripheral T-cell lymphoma, not elsewhere classified, extranodal and solid organ sites
C85.89	Other specified types of non-Hodgkin lymphoma, extranodal and solid organ sites
C85.99	Non-Hodgkin's lymphoma extranodal and solid organ sites
D15.0	Benign neoplasm of thymus
D38.4	Neoplasm of uncertain behavior of thymus
Z85.118	Personal history of other malignant neoplasm of bronchus and lung

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ICD-10	ICD-10 Description
Z85.238	Personal history of other malignant neoplasm of thymus
Z85.43	Personal history of malignant neoplasm of ovary
Z85.850	Personal history of malignant neoplasm of thyroid

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

The preceding information is intended for non-Medicare coverage determinations. Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determinations (NCDs) and/or Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. Local Coverage Articles (LCAs) may also exist for claims payment purposes or to clarify benefit eligibility under Part B for drugs which may be self-administered. The following link may be used to search for NCD, LCD, or LCA documents https://www.cms.gov/medicare-coverage-database/search.aspx. Additional indications, including any preceding information, may be applied at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD/LCA): N/A

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	**Applicable State/US Territory**	**Contractor**
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	Wellpoint Federal
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto GBA
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	Wellpoint Federal
15	KY, OH	CGS Administrators, LLC

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