

## Pemetrexed:

### **Alimta®; Axtle™; Pemetrexed; Pemfexy®; Pemrydi RTU® (Intravenous)**

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#### **I. Length of Authorization** <sup>16,27,29-31,42</sup>

- Initial: Prior authorization validity will be provided initially for 6 months, 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 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

- Thymomas and Thymic Carcinomas, Non-Squamous NSCLC, Mesotheliomas, Thyroid Carcinoma, & Limited or extensive 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, & Limited or extensive brain metastases: 130 billable units every 21 days

### III. Initial Approval Criteria <sup>1-4</sup>

Prior authorization validity is provided in the following conditions:

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

#### **Central Nervous System (CNS) Cancers ‡ <sup>5,18,29,35</sup>**

- Patient has Primary Central Nervous System (CNS) Lymphoma (including vitreoretinal lymphoma/PCNSL ocular variant without other CNS involvement); **AND**
  - Used as a single agent; **AND**
    - Used as induction therapy in patients unsuitable for or intolerant to high-dose methotrexate (MTX); **OR**
    - Used for relapsed or refractory disease; **OR**
- Patient has limited or extensive brain metastases from EGFR-sensitizing mutation positive non-small cell lung cancer (NSCLC) as determined by an FDA-approved or 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*); **AND**
  - Used as treatment for one of the following:
    - Initial treatment in patients with small asymptomatic limited brain metastases for newly diagnosed or stable systemic disease or if reasonable systemic treatment options exist; **OR**
    - Recurrent limited brain metastases; **OR**
    - Primary treatment in patients with small asymptomatic extensive brain metastases; **OR**
    - Recurrent extensive brain metastases with stable systemic disease or reasonable systemic treatment options; **OR**
- Patient has leptomeningeal metastases from EGFR mutation-positive NSCLC as determined by an FDA-approved or CLIA-compliant test❖; **AND**
  - Used as a single agent as intra-cerebrospinal fluid (CSF) treatment; **AND**

- Used as primary treatment in patients with good risk status (i.e., KPS ≥ 60, no major neurologic deficits, minimal systemic disease, and reasonable systemic treatment options if needed); **OR**
- Used as maintenance treatment in patients with negative cerebrospinal fluid (CSF) cytology or in clinically stable patients with persistently positive CSF cytology

### **Cervical Cancer ‡<sup>5,36</sup>**

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

### **Peritoneal\* Mesothelioma (PeM) ‡<sup>5,31</sup>**

- Used as adjuvant therapy following cytoreductive surgery (CRS) + hyperthermic intraperitoneal chemotherapy (HIPEC); **AND**
  - Patient 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**
  - Patient 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 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<sup>1-8,12,28</sup>**

- Used as induction therapy prior to surgical exploration; **AND**

- Patient 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**
  - 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 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) † ‡ <sup>1-5,9-11,13,14,30,32</sup>**

- 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 patient achieved a tumor response or stable disease following initial therapy; **OR**
- Used as a single agent; **AND**
  - Patient 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 molecular biomarkers<sup>♦</sup>‡; **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 patients who have achieved a tumor response or stable disease following initial therapy

*♦ Note: Actionable molecular genomic biomarkers include EGFR, KRAS, ALK, ROS1, BRAF, NTRK1/2/3, MET, RET, NRG1 and ERBB2 (HER2). Complete genotyping for 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 patients are treated as though they do not have driver oncogenes.*

*‡ May also be used for patients with KRAS G12C mutation positive tumors.*

## Thymomas and Thymic Carcinomas ‡<sup>5,16,17,27</sup>

- Used as a single agent; **AND**
  - Patient 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**
    - 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 second-line therapy; **AND**
    - Patient has unresectable or metastatic disease

*\*Note: Applies to thymic carcinoma only*

## Ovarian, Fallopian Tube, and Primary Peritoneal Cancer ‡<sup>5,15,26</sup>

- Used as a single agent; **AND**
  - Patient 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**
    - Patient is not experiencing an immediate biochemical relapse (i.e., rising CA-125 without radiographic evidence of disease); **OR**
  - Patient has recurrent Low-Grade Serous Carcinoma

## Vaginal Cancer ‡<sup>5,37</sup>

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

## Thyroid Carcinoma ‡<sup>5</sup>

- Used in combination with carboplatin; **AND**
  - Patient has Follicular or Papillary Carcinoma; **AND**
    - Patient has unresectable locoregional recurrent or persistent disease OR metastatic disease; **AND**
    - Patient has progressive and/or symptomatic disease that is refractory to radioactive iodine (RAI) therapy; **OR**
  - Patient has Oncocytic Carcinoma; **AND**
    - Patient has unresectable locoregional recurrent or persistent disease OR metastatic disease; **AND**
    - Patient has progressive and/or symptomatic disease that has progressed following prior treatment; **OR**
  - Patient 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); Ⓞ Orphan Drug

#### IV. Renewal Criteria <sup>1-4</sup>

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

- Patient 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 <sup>1-4,12,15,17,18,28,30-35,38-46</sup>

| Indication  | Dose  |
|---|---|
| Non-Squamous NSCLC, Thyroid Carcinoma   | Administer up to 500 mg/m <sup>2</sup> intravenously every 21 days  |
| Mesotheliomas (peritoneal, pleural, pericardial and tunica vaginalis testis)            | Administer 500 mg/m <sup>2</sup> intravenously every 21 days <ul style="list-style-type: none"> <li>– For 6 cycles only when used in combination with bevacizumab AND platinum chemotherapy</li> <li>– For 6 doses only when used in combination with pembrolizumab AND platinum chemotherapy</li> <li>– All others until disease progression or unacceptable toxicity</li> </ul> |
| Ovarian, Fallopian Tube, and Primary Peritoneal Cancer, Cervical Cancer, Vaginal Cancer | Administer up to 900 mg/m <sup>2</sup> intravenously every 21 days, until disease progression or unacceptable toxicity  |
| Thymomas and Thymic Carcinomas  | Administer 500 mg/m <sup>2</sup> intravenously every 21 days for a maximum of 6 cycles or until disease progression or unacceptable toxicity  |
| CNS Cancers   | <u>Primary CNS Lymphoma</u><br>Administer 900 mg/m <sup>2</sup> intravenously every 21 days, until disease progression or unacceptable toxicity<br><br><u>Limited or extensive brain metastases from EGFR-sensitizing mutation positive NSCLC</u>   |

|  |  |
|--|--|
|  | <p>Administer 500 mg/m<sup>2</sup> intravenously every 21 days, until disease progression or unacceptable toxicity</p> <p><u>Leptomeningeal metastases from EGFR mutation-positive NSCLC</u></p> <ul style="list-style-type: none"> <li>– 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</li> <li>– Maintenance Treatment: Administer 50 mg intrathecally every 28 days, until disease progression or unacceptable toxicity</li> </ul> |
| <ul style="list-style-type: none"> <li>• Supplement with oral folic acid and intramuscular vitamin B<sub>12</sub>.</li> <li>• Avoid administration of ibuprofen for 2 days before, the day of, and 2 days following administration in patients with CrCl &lt;80 mL/min.</li> <li>• Do not administer in patients with CrCl &lt;45 mL/min.</li> </ul> |  |

## VI. Billing Code/Availability Information

| Product Formulation   | Drug   | Manufacturer | Type    | HCPSC Code    | NDC           |
|---|--|--------------|---------|---------------|---------------|
| Pemetrexed Disodium Hemipentahydrate Solution for injection | Pemrydi RTU 100 mg/10 mL SDV $\Psi$          | Amneal       | Brand   | J9324         | 70121-2453-xx |
|   | Pemrydi RTU 500 mg/50 mL SDV $\Psi$          |              |         |               | 70121-2461-xx |
|   | Pemrydi RTU 1000 mg/100 mL SDV $\Psi$        |              |         |               | 70121-2462-xx |
| Pemetrexed Disodium Lyophilisate for injection              | Alimta 100 mg powder for inj. SDV $\S$       | Lilly        | Brand   | J9305         | 00002-7640-xx |
|   | Alimta 500 mg powder for inj. SDV $\S$       |              |         |               | 00002-7623-xx |
|   | Pemetrexed 750 mg powder for inj. SDV $\S$   | Multiple     | Generic | J9305         | Multiple      |
|   | Pemetrexed 1000 mg powder for inj. SDV $\S$  |              |         |               |               |
|   | Pemetrexed 100 mg powder for inj. SDV $\Psi$ | BluePoint    | Brand   | J9322         | 68001-0543-xx |
|   | Pemetrexed 500 mg powder for inj. SDV $\Psi$ |              |         |               | 68001-0544-xx |
|   | Pemetrexed 750 mg powder for inj. SDV $\Psi$ |              |         |               | 68001-0545-xx |
| Pemetrexed 1000 mg powder for inj. SDV $\Psi$               | 68001-0546-xx                                |              |         |               |               |
| Pemetrexed Disodium Solution for injection                  | Pemetrexed 100 mg/4 mL inj. SDV $\Psi$       | 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 $\Psi$      | Sandoz       | Brand   | J9297         | 00781-3519-xx |
|   |  | Accord       | Brand   | J9296         | 16729-0522-xx |
|   |  | Hospira      | Brand   | J9294         | 00409-2188-xx |
|   | Pemetrexed 850 mg/34mL inj. SDV $\Psi$       | Accord       | Brand   | J9296         | 16729-0522-xx |
|   | Pemetrexed 1000 mg/40 mL inj. SDV $\Psi$     | 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 |
|   | Pemetrexed 100 mg/4mL inj. SDV $\Psi$        | Teva         | Brand   | J9314         | 00480-4516-xx |
|   | Pemetrexed 500 mg/20 mL inj. SDV $\Psi$      | Teva         | Brand   | J9314         | 00480-4514-xx |
|   | Pemetrexed 1000 mg/40 mL inj. SDV $\Psi$     | Teva         | Brand   | J9314         | 00480-4515-xx |
| Pemetrexed Ditromethamine Lyophilisate for injection        | Pemetrexed 100 mg powder for inj. SDV $\Psi$ | Hospira      | Brand   | J9323         | 00409-1060-xx |
|   | Pemetrexed 500 mg powder for inj. SDV $\Psi$ |              |         |               | 00409-1061-xx |
| Pemetrexed Dipotassium Lyophilisate for injection           | Axtle 100 mg powder for inj. SDV $\Psi$      | Avyxa        | Brand   | J9292         | 83831-0131-xx |
|   | Axtle 500 mg powder for inj. SDV $\Psi$      |              |         |               | 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](#)

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 (pempfexy), 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 |
| 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 |

| ICD-10  | ICD-10 Description   |
|---------|--|
| 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  |
| 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 |

| ICD-10  | ICD-10 Description  |
|---------|---|
| 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               |
| 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  | National Government Services, Inc. (NGS)          |
| 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  | National Government Services, Inc. (NGS)          |
| 15  | KY, OH  | CGS Administrators, LLC                           |