Tevimbra® (tislelizumab-jsgr)
(Intravenous)

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I. Length of Authorization Δ

- Initial: Prior authorization validity will be provided initially for 6 months (180 days).
- Renewal: Prior authorization validity may be renewed every 6 months (180 days) thereafter, unless otherwise specified.
  - Anal Carcinoma in combination with carboplatin and paclitaxel, then continued as a single agent: Prior authorization validity may be renewed for up to a maximum of 12 months.
  - Classic Hodgkin Lymphoma (CHL) single agent maintenance therapy: Prior authorization validity may be renewed for up to a maximum of 2 years.

II. Dosing Limits

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

- CLL/SLL: 200 billable units every 21 days
- CHL: 200 billable units every 21 days x 8 doses, then 200 billable units every 56 days for 2 years.
- All other Indications: 900 billable units every 84 days

III. Initial Approval Criteria [1]

Prior authorization validity is provided in the following conditions:

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

Universal Criteria

- Member has not received previous therapy with a programmed death (PD-1/PD-L1)-directed therapy, unless otherwise specified Δ; **AND**

Esophageal and Esophagogastric/Gastroesophageal Junction Cancers † ‡ Φ [1-3]

- Member is medically fit and planned for esophagectomy; **AND**
  - Used as induction systemic therapy for relieving dysphagia; **AND**

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- Member has cT2, N0 (high-risk lesions: lymphovascular invasion, ≥ 3 cm, poorly differentiated), cT1b-cT2, N+ or cT3-cT4a, Any N disease; **AND**
- Tumor expresses PD-L1 (CPS ≥ 1) as determined by an FDA-approved or Clinical Laboratory Improvement Amendments (CLIA) compliant test❖; **AND**
- Member has squamous cell carcinoma; **AND**
  - Used in combination with platinum- and fluoropyrimidine-based chemotherapy; **OR**
  - Used in combination with paclitaxel and platinum-based chemotherapy; **OR**

- Member is not a surgical candidate or has unresectable, recurrent, or metastatic disease; **AND**
  - Used as first-line therapy in members with no prior checkpoint inhibitor therapy or no tumor progression while on therapy with a checkpoint inhibitor; **AND**
    - Tumor expresses PD-L1 (CPS ≥ 1) as determined by an FDA-approved or CLIA compliant test❖; **AND**
      - Member has human epidermal growth factor receptor 2 (HER2)-negative adenocarcinoma; **AND**
        - Used in combination with platinum- and fluoropyrimidine-based chemotherapy; **OR**
      - Member has squamous cell carcinoma; **AND**
        - Used in combination with platinum- and fluoropyrimidine-based chemotherapy; **OR**
        - Used in combination with paclitaxel and platinum-based chemotherapy; **OR**
  - Used as subsequent therapy in members with no prior checkpoint inhibitor therapy or no tumor progression while on therapy with a checkpoint inhibitor; **AND**
    - Used as a single agent; **AND**
    - Member has esophageal squamous cell carcinoma (ESCC) †; **OR**
- Member has unresectable locally advanced or metastatic adenocarcinoma †; **AND**
  - Used as first-line therapy in combination with zanidatamab, fluoropyrimidine- and platinum containing chemotherapy; **AND**
  - Member has HER2 positive (IHC 3+ or IHC 2+/ISH+) disease as determined by an FDA-approved or CLIA compliant test❖

Gastric Cancers † ‡ Φ [1,3,11]

- Used in combination with platinum and fluoropyrimidine-based chemotherapy; **AND**
  - Member is not a surgical candidate or has unresectable, recurrent, or metastatic disease; **AND**
  - Used as first-line therapy in members with no prior checkpoint inhibitor therapy or no tumor progression while on therapy with a checkpoint inhibitor; **AND**
  - Member has HER2-negative disease; **AND**

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- Tumor expresses PD-L1 (CPS ≥1) as determined by an FDA-approved or CLIA-compliant test❖; **OR**

- Used in combination with zanidatamab, fluoropyrimidine- and platinum containing chemotherapy; **AND**
  - Member has unresectable locally advanced or metastatic adenocarcinoma; **AND**
  - Used as first-line therapy; **AND**
  - Member has HER2-positive (IHC 3+ or IHC 2+/ISH+) disease as determined by an FDA-approved or CLIA compliant test❖

Hepatocellular Carcinoma ‡ [3]

- Used as single-agent therapy; **AND**
  - Used as first-line systemic therapy; **AND**
    - Member has liver-confined, unresectable disease and is deemed ineligible for transplant; **OR**
    - Member has extrahepatic/metastatic disease and is deemed ineligible for resection, transplant, or locoregional therapy; **OR**
  - Used as subsequent therapy; **AND**
    - Member has disease progression on or after systemic therapy

Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma (CLL/SLL) ‡ [3,5]

- Used in combination with zanubrutinib for histologic (Richter) transformation; **AND**
  - Used as additional therapy for partial response, refractory disease, or progression while on prior treatment ^; **OR**
  - Used as first-line treatment for Richter transformation if previously treated for CLL; **OR**
  - Used as continuation therapy for complete response until progression

^*Prior treatment could have included immune checkpoint inhibitor therapy (e.g., PD-1/PD-L1-directed therapy)*

Head and Neck Cancers ‡ [3,6]

- Member has Cancer of the Nasopharynx; **AND**
  - Used as subsequent therapy; **AND**
  - Used in combination with cisplatin and gemcitabine for oligometastatic or metastatic disease; **OR**
- Member has Very Advanced Head and Neck Cancer*; **AND**
  - Member has nasopharyngeal cancer; **AND**
  - Member has a performance status 0-1; **AND**
  - Used as subsequent therapy in combination with cisplatin and gemcitabine; **AND**
    - Used for one of the following:

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- Unresectable disease with prior radiation therapy (RT)
- Recurrent/persistent disease with distant metastases

** Very Advanced Head and Neck Cancer includes: Newly diagnosed (M0) locally advanced T4b, N0-3, or newly diagnosed unresectable regional nodal disease, or those unfit for surgery; metastatic disease at initial presentation (M1); or recurrent or persistent disease with or without distant metastases.*

Small Bowel Adenocarcinoma ‡ [3,7,14]

- Used as single agent treatment; **AND**
- Member has microsatellite instability-high (MSI-H)/deficient mismatch repair (dMMR) disease OR polymerase epsilon/delta (POLE/POLD1) mutation with ultra-hypermutated phenotype [e.g., tumor mutational burden (TMB) > 50 mut/Mb] as determined by an FDA-approved or CLIA-compliant test❖; **AND**
  - Member has advanced or metastatic disease; **OR**
  - Member has locally unresectable or medically inoperable disease; **AND**
    - Used as primary treatment

Anal Carcinoma ‡ [3,8]

- Member has squamous cell carcinoma; **AND**
  - Used as a single agent as subsequent therapy for metastatic disease; **OR**
  - Used in combination with paclitaxel and carboplatin, then continued as a single agent; **AND**
    - Used for treatment of inguinal node recurrence; **OR**
    - Used as first-line treatment for metastatic disease

Colon Cancer ‡ [3,12,14]

- Used as single agent treatment; **AND**
- Member has MSI-H/dMMR disease OR POLE/POLD1 mutation with ultra-hypermutated phenotype (e.g., TMB > 50 mut/Mb) as determined by an FDA-approved or CLIA-compliant test❖; **AND**
- Used for locally unresectable, medically inoperable, advanced, or metastatic disease

Appendiceal Neoplasms and Cancers ‡ [3,14,16]

- Used as single agent treatment; **AND**
- Member has MSI-H/dMMR disease OR POLE/POLD1 mutation with ultra-hypermutated phenotype (e.g., TMB > 50 mut/Mb) as determined by an FDA-approved or CLIA-compliant test❖; **AND**
- Used for recurrent, progressive, metastatic peritoneal-only, or extraperitoneal disease

Rectal Cancer ‡ [3,13-14]

- Used as single agent treatment; **AND**

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- Member has MSI-H/dMMR disease OR POLE/POLD1 mutation with ultra-hypermutated phenotype (e.g., TMB > 50 mut/Mb) as determined by an FDA-approved or CLIA-compliant test❖; **AND**
- Used for locally unresectable, medically inoperable, advanced or metastatic disease

Adult Classic Hodgkin Lymphoma (CHL) ‡ [3,17,18]

- Used in combination with GEMOX (gemcitabine, oxaliplatin)**^**; **AND**
- Used as subsequent therapy for relapsed or primary refractory disease with or without prior checkpoint inhibitor (e.g., PD-1/PD-L1-directed therapy) exposure

^*Tislelizumab may be continued as maintenance therapy*

Endometrial Carcinoma (Uterine Neoplasms) ‡ [3]

- Used for recurrent MSI-H/dMMR disease; **AND**
- Used as single agent subsequent therapy; **AND**
- Will not be used for either of the following:
  - Therapy for locoregional recurrence in members with no prior radiation therapy to site of recurrence, or previous vaginal brachytherapy only; **OR**
  - Therapy after surgical exploration for locoregional recurrence in members with disease confined to the vagina or paravaginal soft tissue

❖ *If confirmed using an FDA approved assay – http://www.fda.gov/CompanionDiagnostics*

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

IV. Renewal Criteria Δ [1,3]

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

- Member continues to meet the universal and other indication-specific relevant criteria identified in section III; **AND**
- Disease response with treatment as defined by stabilization of disease or decrease in size of tumor or tumor spread; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: severe or life-threatening infusion-related reactions, severe immune-mediated adverse reactions (e.g., pneumonitis, hepatitis, colitis, endocrinopathies, nephritis with renal dysfunction, dermatologic adverse reactions/rash, etc.), complications of allogeneic hematopoietic stem cell transplantation (HCST), etc.

Δ Notes:

- Members responding to therapy who relapse ≥ 6 months after discontinuation due to duration are eligible to re-initiate PD-directed therapy.

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- Members previously presenting with aggressive disease who are exhibiting stable disease on treatment as their best response (or if therapy improved performance status) may be eligible for continued therapy without interruption or discontinuation.
- Members who complete adjuvant therapy and progress ≥ 6 months after discontinuation are eligible to re-initiate PD-directed therapy for metastatic disease.
- Members whose tumors, upon re-biopsy, demonstrate a change in actionable mutation (e.g., MSS initial biopsy; MSI-H subsequent biopsy) may be eligible to re-initiate PD-directed therapy and will be evaluated on a case-by-case basis.

V. Dosage/Administration Δ [1,4,7-11,14-16,18,20]

Indication	Dose
CLL/SLL	• Administer 200 mg intravenously once every 3 weeks, until disease progression or unacceptable toxicity
CHL	• Administer 200 mg intravenously once every 3 weeks in combination with GEMOX for up to 8 cycles, followed by single agent maintenance therapy of 200 mg every 8 weeks for up to 2 years
Anal Carcinoma	• Administer 150 mg intravenously once every 2 weeks, until disease progression or unacceptable toxicity; **OR** • Administer 200 mg IV once every 3 weeks, until disease progression or unacceptable toxicity; **OR** • Administer 300 mg once every 4 weeks, until disease progression or unacceptable toxicity; **OR** • Administer 400 mg IV once every 6 weeks, until disease progression or unacceptable toxicity *Note: when given in combination with carboplatin and paclitaxel, combination therapy may be administered for up to 24 weeks, followed by single agent maintenance therapy for up to a maximum of 12 months of therapy*
All Other Indications	• Administer 150 mg intravenously once every 2 weeks, until disease progression or unacceptable toxicity; **OR** • Administer 200 mg intravenously once every 3 weeks, until disease progression or unacceptable toxicity; **OR** • Administer 300 mg intravenously once every 4 weeks, until disease progression or unacceptable toxicity; **OR** • Administer 400 mg intravenously once every 6 weeks, until disease progression or unacceptable toxicity

VI. Billing Code/Availability Information

HCPCS Code:

- J9329 – Injection, tislelizumab-jsgr, 1 mg; 1 billable unit = 1 mg

NDC(s):

- Tevimbra 100 mg/10 mL single-dose vial: 72579-0121-xx

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- Tevimbra 150 mg/15 mL single-dose vial: 72579-0125-xx

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
C11.0	Malignant neoplasm of nasopharynx
C11.1	Malignant neoplasm of posterior wall of nasopharynx
C11.2	Malignant neoplasm of lateral wall of nasopharynx
C11.3	Malignant neoplasm of anterior wall of nasopharynx
C11.8	Malignant neoplasm of overlapping sites of nasopharynx

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ICD-10	ICD-10 Description
C11.9	Malignant neoplasm of nasopharynx, unspecified
C14.0	Malignant neoplasm of pharynx, unspecified
C14.2	Malignant neoplasm of Waldeyer's ring
C15.3	Malignant neoplasm of upper third of esophagus
C15.4	Malignant neoplasm of middle third of esophagus
C15.5	Malignant neoplasm of lower third of esophagus
C15.8	Malignant neoplasm of overlapping sites of esophagus
C15.9	Malignant neoplasm of esophagus, unspecified
C16.0	Malignant neoplasm of cardia
C16.1	Malignant neoplasm of fundus of stomach
C16.2	Malignant neoplasm of body of stomach
C16.3	Malignant neoplasm of pyloric antrum
C16.4	Malignant neoplasm of pylorus
C16.5	Malignant neoplasm of lesser curvature of stomach, unspecified
C16.6	Malignant neoplasm of greater curvature of stomach, unspecified
C16.8	Malignant neoplasm of overlapping sites of stomach
C16.9	Malignant neoplasm of stomach, unspecified
C17.0	Malignant neoplasm of duodenum
C17.1	Malignant neoplasm of jejunum
C17.2	Malignant neoplasm of ileum
C17.3	Meckel's diverticulum, malignant
C17.8	Malignant neoplasm of overlapping sites of small intestine
C17.9	Malignant neoplasm of small intestine, unspecified
C18.0	Malignant neoplasm of cecum
C18.1	Malignant neoplasm of appendix
C18.2	Malignant neoplasm of ascending colon
C18.3	Malignant neoplasm of hepatic flexure
C18.4	Malignant neoplasm of transverse colon
C18.5	Malignant neoplasm of splenic flexure
C18.6	Malignant neoplasm of descending colon
C18.7	Malignant neoplasm of sigmoid colon
C18.8	Malignant neoplasm of overlapping sites of colon
C18.9	Malignant neoplasm of colon, unspecified
C19	Malignant neoplasm of rectosigmoid junction

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ICD-10	ICD-10 Description
C20	Malignant neoplasm of rectum
C21.0	Malignant neoplasm of anus, unspecified
C21.1	Malignant neoplasm of anal canal
C21.2	Malignant neoplasm of cloacogenic zone
C21.8	Malignant neoplasm of overlapping sites of rectum, anus and anal canal
C22.0	Liver cell carcinoma
C22.8	Malignant neoplasm of liver, primary, unspecified as to type
C22.9	Malignant neoplasm of liver, not specified as primary or secondary
C30.0	Malignant neoplasm of nasal cavity
C54.0	Malignant neoplasm of isthmus uteri
C54.1	Malignant neoplasm of endometrium
C54.2	Malignant neoplasm of myometrium
C54.3	Malignant neoplasm of fundus uteri
C54.8	Malignant neoplasm of overlapping sites of corpus uteri
C54.9	Malignant neoplasm of corpus uteri, unspecified
C55	Malignant neoplasm of uterus, part unspecified
C78.00	Secondary malignant neoplasm of unspecified lung
C78.01	Secondary malignant neoplasm of right lung
C78.02	Secondary malignant neoplasm of left lung
C78.6	Secondary malignant neoplasm of retroperitoneum and peritoneum
C78.7	Secondary malignant neoplasm of liver and intrahepatic bile duct
C79.89	Secondary malignant neoplasm of other specified sites
C81.10	Nodular sclerosis Hodgkin lymphoma, unspecified site
C81.11	Nodular sclerosis Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.12	Nodular sclerosis Hodgkin lymphoma, intrathoracic lymph nodes
C81.13	Nodular sclerosis Hodgkin lymphoma, intra-abdominal lymph nodes
C81.14	Nodular sclerosis Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.15	Nodular sclerosis Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.16	Nodular sclerosis Hodgkin lymphoma, intrapelvic lymph nodes
C81.17	Nodular sclerosis Hodgkin lymphoma, spleen
C81.18	Nodular sclerosis Hodgkin lymphoma, lymph nodes of multiple sites
C81.19	Nodular sclerosis Hodgkin lymphoma, extranodal and solid organ sites
C81.20	Mixed cellularity Hodgkin lymphoma, unspecified site
C81.21	Mixed cellularity Hodgkin lymphoma, lymph nodes of head, face, and neck

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ICD-10	ICD-10 Description
C81.22	Mixed cellularity Hodgkin lymphoma, intrathoracic lymph nodes
C81.23	Mixed cellularity Hodgkin lymphoma, intra-abdominal lymph nodes
C81.24	Mixed cellularity Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.25	Mixed cellularity Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.26	Mixed cellularity Hodgkin lymphoma, intrapelvic lymph nodes
C81.27	Mixed cellularity Hodgkin lymphoma, spleen
C81.28	Mixed cellularity Hodgkin lymphoma, lymph nodes of multiple sites
C81.29	Mixed cellularity Hodgkin lymphoma, extranodal and solid organ sites
C81.30	Lymphocyte depleted Hodgkin lymphoma, unspecified site
C81.31	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.32	Lymphocyte depleted Hodgkin lymphoma, intrathoracic lymph nodes
C81.33	Lymphocyte depleted Hodgkin lymphoma, intra-abdominal lymph nodes
C81.34	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.35	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.36	Lymphocyte depleted Hodgkin lymphoma, intrapelvic lymph nodes
C81.37	Lymphocyte depleted Hodgkin lymphoma, spleen
C81.38	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of multiple sites
C81.39	Lymphocyte depleted Hodgkin lymphoma, extranodal and solid organ sites
C81.40	Lymphocyte-rich Hodgkin lymphoma, unspecified site
C81.41	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.42	Lymphocyte-rich Hodgkin lymphoma, intrathoracic lymph nodes
C81.43	Lymphocyte-rich Hodgkin lymphoma, intra-abdominal lymph nodes
C81.44	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.45	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.46	Lymphocyte-rich Hodgkin lymphoma, intrapelvic lymph nodes
C81.47	Lymphocyte-rich Hodgkin lymphoma, spleen
C81.48	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of multiple sites
C81.49	Lymphocyte-rich Hodgkin lymphoma, extranodal and solid organ sites
C81.70	Other Hodgkin lymphoma unspecified site
C81.71	Other Hodgkin lymphoma lymph nodes of head, face, and neck
C81.72	Other Hodgkin lymphoma intrathoracic lymph nodes
C81.73	Other Hodgkin lymphoma intra-abdominal lymph nodes
C81.74	Other Hodgkin lymphoma lymph nodes of axilla and upper limb
C81.75	Other Hodgkin lymphoma lymph nodes of inguinal region and lower limb

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ICD-10	ICD-10 Description
C81.76	Other Hodgkin lymphoma intrapelvic lymph nodes
C81.77	Other Hodgkin lymphoma spleen
C81.78	Other Hodgkin lymphoma lymph nodes of multiple sites
C81.79	Other Hodgkin lymphoma extranodal and solid organ sites
C81.90	Hodgkin lymphoma, unspecified, unspecified site
C81.91	Hodgkin lymphoma, unspecified, lymph nodes of head, face and neck
C81.92	Hodgkin lymphoma, unspecified, intrathoracic lymph nodes
C81.93	Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes
C81.94	Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb
C81.95	Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C81.96	Hodgkin lymphoma, unspecified, intrapelvic lymph nodes
C81.97	Hodgkin lymphoma, unspecified, spleen
C81.98	Hodgkin lymphoma, unspecified, lymph nodes of multiple sites
C81.99	Hodgkin lymphoma, unspecified, extranodal and solid organ sites
C83.00	Small cell B-cell lymphoma, unspecified site
C83.01	Small cell B-cell lymphoma, lymph nodes of head, face, and neck
C83.02	Small cell B-cell lymphoma, intrathoracic lymph nodes
C83.03	Small cell B-cell lymphoma, intra-abdominal lymph nodes
C83.04	Small cell B-cell lymphoma, lymph nodes of axilla and upper limb
C83.05	Small cell B-cell lymphoma, lymph nodes of inguinal region and lower limb
C83.06	Small cell B-cell lymphoma, intrapelvic lymph nodes
C83.07	Small cell B-cell lymphoma, spleen
C83.08	Small cell B-cell lymphoma, lymph nodes of multiple sites
C83.09	Small cell B-cell lymphoma, extranodal and solid organ sites
C83.30	Diffuse large B-cell lymphoma, unspecified site
C83.31	Diffuse large B-cell lymphoma, lymph nodes of head, face, and neck
C83.32	Diffuse large B-cell lymphoma, intrathoracic lymph nodes
C83.33	Diffuse large B-cell lymphoma, intra-abdominal lymph nodes
C83.34	Diffuse large B-cell lymphoma, lymph nodes of axilla and upper limb
C83.35	Diffuse large B-cell lymphoma, lymph nodes of inguinal region and lower limb
C83.36	Diffuse large B-cell lymphoma, intrapelvic lymph nodes
C83.37	Diffuse large B-cell lymphoma, spleen
C83.38	Diffuse large B-cell lymphoma, lymph nodes of multiple sites
C83.39	Diffuse large B-cell lymphoma, extranodal and solid organ sites

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ICD-10	ICD-10 Description
C91.10	Chronic lymphocytic leukemia of B-cell type not having achieved remission
C91.12	Chronic lymphocytic leukemia of B-cell type in relapse
D37.05	Neoplasm of uncertain behavior of pharynx
D37.1	Neoplasm of uncertain behavior of stomach
D37.3	Neoplasm of uncertain behavior of appendix
D37.8	Neoplasm of uncertain behavior of other specified digestive organs
D37.9	Neoplasm of uncertain behavior of digestive organ, unspecified
D38.5	Neoplasm of uncertain behavior of other respiratory organs
D38.6	Neoplasm of uncertain behavior of respiratory organ, unspecified
Z85.00	Personal history of malignant neoplasm of unspecified digestive organ
Z85.01	Personal history of malignant neoplasm of esophagus
Z85.028	Personal history of other malignant neoplasm of stomach
Z85.038	Personal history of other malignant neoplasm of large intestine
Z85.068	Personal history of other malignant neoplasm of small intestine
Z85.42	Personal history of malignant neoplasm of other parts of uterus
Z85.71	Personal history of Hodgkin lymphoma
Z85.818	Personal history of malignant neoplasm of other sites of lip, oral cavity, and pharynx

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

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Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	**Applicable State/US Territory**	**Contractor**
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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