



## Levoleucovorin:

## Fusilev™; Khapzory™Ψ

(Intravenous)

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I. Length of Authorization 1-3

Coverage will be provided for 90 days and may be renewed.

#### **II.** Dosing Limits

03/2023, 03/2024

#### A. Quantity Limit (max daily dose) [NDC Unit]:

#### **Fusiley**

- Fusilev 50 mg single-dose vial: 25 vials per 28 days
- Fusilev 175 mg/17.5 mL single-dose vial: 8 vials per 28 days
- Fusilev 250 mg/25 mL single-dose vial: 5 vials per 28 days

#### **Khapzory**

- Khapzory 175 mg single-dose vial: 8 vials per 28 days
- Khapzory 300 mg single-dose vial: 4 vials per 28 days
- B. Max Units (per dose and over time) [HCPCS Unit]:

In combination with methotrexate or for inadvertent overdosage with folic acid antagonists

• 1,200 billable units every 28 days

In combination with fluorouracil

• 2,500 billable units every 28 days

#### III. Initial Approval Criteria 1-3

Coverage is provided in the following conditions:

Patient is at least 6 years of age; AND

#### Universal Criteria 1-3

Patient does not have pernicious anemia or vitamin B12 deficiency megaloblastic anemia;
 AND

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- Racemic d,Fleucovorin calcium is not obtainable (in any dosage strength) as confirmed by FDA Drug shortage website located at:
  - http://www.accessdata.fda.gov/scripts/drugshortages/default.cfm; AND
- Khapzory ONLY: Patient had an inadequate response, or has a contraindication or intolerance, to Fusilev (levoleucovorin); AND

# Bone Cancer (Osteosarcoma) † ‡ Φ, Dedifferentiated Chondrosarcoma ‡, High-Grade Undifferentiated Pleomorphic Sarcoma (UPS) ‡ <sup>1-4</sup>

- Patient is undergoing high-dose methotrexate chemotherapy treatment; **OR**
- Used as rescue therapy in combination with a chemotherapy regimen containing high-dose methotrexate

# Reduction of toxicity due to impaired elimination or inadvertent overdose with folic acid antagonists $\dagger$ <sup>1-2</sup>

- Patient is undergoing treatment with a folic acid antagonist, such as methotrexate; AND
- Patient has developed toxicity due to impaired elimination or inadvertent overdosage of the folic acid antagonist (i.e., methotrexate)

#### Colorectal Cancer † ‡ $\Phi$ 1-3

Must be used in combination with fluorouracil-based regimens

#### Gestational Trophoblastic Neoplasia ‡ 3

• Used in combination with a methotrexate-based regimen

#### Used in combination with high-dose methotrexate for the following ‡: 1-3

- Acute Lymphoblastic Leukemia/Pediatric Acute Lymphoblastic Leukemia
- Acute Myeloid Leukemia- Blastic Plasmacytoid Dendritic Cell Neoplasm (BPDCN)
- Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma (CLL/SLL)
- Patient has one of the following Central Nervous System (CNS) Cancers:
  - o Primary CNS Lymphoma
  - o Brain Metastases
  - Leptomeningeal Metastases
- Patient has one of the following B-Cell Lymphomas:
  - o Burkitt Lymphoma
  - o Diffuse Large B-Cell Lymphoma (DLBCL)
  - High-Grade B-Cell Lymphoma
  - HIV-Related B-Cell Lymphoma
  - o Mantle Cell Lymphoma
  - Post-Transplant Lymphoproliferative Disorders (PTLD)



- Patient has one of the following T-Cell Lymphomas:
  - Peripheral T-Cell Lymphomas
  - o Adult T-Cell Leukemia/Lymphoma
  - o Hepatosplenic T-Cell Lymphoma
  - o Extranodal NK/T-Cell Lymphoma
- Patient has one of the following Pediatric Aggressive Mature B-Cell Lymphomas:
  - o Burkitt Lymphoma
  - o DLBCL
  - o Primary Mediastinal Large B-Cell Lymphoma
- Waldenstrom Macroglobulinemia/Lymphoplasmacytic Lymphoma (Used for the management of symptomatic Bing-Neel syndrome)

#### Used in combination with fluorouracil-based regimens for the following ‡: 1-3

- Ampullary Adenocarcinoma
- Anal Carcinoma
- Appendiceal Adenocarcinoma
- Biliary Tract Cancers (Gallbladder Cancer or and Intra-/Extrahepatic Cholangiocarcinoma)
- Cervical Cancer
- Bladder Cancer (Non-Urothelial and Urothelial with Variant Histology)
- Esophageal and Esophagogastric Junction Cancers
- Gastric Cancer
- Patient has one of the following Neuroendocrine and Adrenal Tumors:
  - o Extrapulmonary Poorly Differentiated Neuroendocrine Carcinoma
  - o Large or Small Cell Carcinoma
  - o Mixed Neuroendocrine-Non-Neuroendocrine Neoplasms
  - Neuroendocrine Tumors of the Pancreas (Well-Differentiated Grade 1/2)
  - o Well-Differentiated Grade 3 Neuroendocrine Tumors
- Occult Primary
- Ovarian, Fallopian Tube or Primary Peritoneal Cancer (Mucinous Neoplasms of the Ovary)
- Pancreatic Adenocarcinoma
- Small Bowel Adenocarcinoma
- Thymoma and Thymic Carcinoma

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

#### IV. Renewal Criteria 1-3

Coverage may be renewed based upon the following criteria:

Patient continues to meet the universal and other indication-specific relevant criteria such
as concomitant therapy requirements (not including prerequisite therapy), performance
status, etc. identified in section III; AND

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- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: hypersensitivity reactions, hypercalcemia and severe gastrointestinal disorders (i.e., stomatitis and severe diarrhea); **AND**
- Patient is responding to therapy

### V. Dosage/Administration 1-2

Indication	Dose	
In combination with methotrexate (MTX)	<ul> <li>Administer 7.5 mg (approximately 5 mg/m²) IV every 6 hours for 10 doses starting 24 hours after beginning of methotrexate infusion.</li> <li>Dosing is based on a methotrexate dose of 12 grams/m² administered by intravenous infusion over 4 hours.</li> <li>Continue treatment until methotrexate levels are less than 5 x 10<sup>-8</sup> M (0.05 micromolar)</li> <li>Adjust dose if necessary based on methotrexate elimination (Note: refer to Full Prescribing Information for further information).</li> </ul>	
Reduction of toxicity due to impaired elimination of MTX or inadvertent overdose with folic acid antagonists	levels are less than 5 x 10 <sup>-8</sup> M (0.05 micromolar).  Monitor serum creatinine and methotrexate levels at least every 24 hours. Increase in the dose of levoleucovorin to 50 mg/m² intravenously every 3 hours until the methotrexate level is less than 5 x 10 <sup>-8</sup> M for the following:  if the serum creatinine at 24-hours increases 50% or more compared to base if the methotrexate level at 24-hours is greater than 5 x 10 <sup>-6</sup> M  if the methotrexate level at 48-hours is greater than 9 x 10 <sup>-7</sup> M	
In combination with fluorouracil (5-FU)	OR	
	<ul> <li>Administer 10 mg/m² by intravenous injection, followed by 5-FU at 425 mg/m² by intravenous injection.</li> <li>Treatment is repeated daily for five days. This five-day treatment course may be repeated at 4-week (28-day) intervals, for 2 courses and then repeated at 4 to 5 week (28 to 35 day) intervals provided that the patient has completely recovered from the toxic effects of the prior treatment course.</li> <li>Alternate Dosing Regimen</li> <li>Administer 200 mg/m² by intravenous injection DAY 1 followed by 5-FU 400 mg/m² bolus on DAY 1, then 5-FU 1200 mg/m²/day x 2 days IV continuous infusion; repeat every 14 days.</li> </ul>	



#### VI. Billing Code/Availability Information

#### HCPCS Code(s):

- J0641 Injection, levoleucovorin, not otherwise specified, 0.5 mg; 1 billable unit = 0.5 mg (applicable to Fusilev; levoleucovorin calcium)
- J0642 Injection, levoleucovorin (khapzory), 0.5 mg; 1 billable unit = 0.5 mg

#### NDC(s):

- Fusilev 50 mg single-dose vial powder for injection: 72893-0009-xx \*
- Fusilev 175 mg/17.5 mL single-dose vial solution for injection: 72893-0013-xx \*§
- Fusilev 250 mg/25 mL single-dose vial solution for injection: 72893-0014-xx \*§
- Khapzory 175 mg single-dose vial powder for injection: 72893-0004-xx Ψ
- Khapzory 300 mg single-dose vial powder for injection: 72893-0006-xx Ф
- \* Generics available through various manufacturers
- § Brand name no longer commercially available
- **Ψ** Khapzory was approved by the FDA as a 505(b)(2) NDA of the innovator product, Fusilev (levoleucovorin). 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. <u>Approved Drug Products with Therapeutic</u> Equivalence Evaluations | Orange Book | FDA

#### VII. References

- 1. Fusilev [package insert]. East Windsor, NJ; Acrotech Biopharma LLC; November 2020. Accessed January 2024.
- 2. Khapzory [package insert]. East Windsor, NJ; Acrotech Biopharma LLC; March 2020. Accessed January 2024.
- 3. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) levoleucovorin. National Comprehensive Cancer Network, 2024. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed January 2024.
- 4. Goorin A, Strother D, Poplack D, et al. Safety and efficacy of l-leucovorin rescue following high-dose methotrexate for osteosarcoma. Med Pediatr Oncol. 1995 Jun; 24(6):362-7.



## **Appendix 1 – Covered Diagnosis Codes**

ICD-10	ICD-10 Description		
C15.3	Malignant neoplasm of upper third of esophagus		
C15.4	Malignant neoplasm of middle third of esophagus		
C15.5	Malignant neoplasm of the 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		
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		

ICD-10	ICD-10 Description		
C22.1	Intrahepatic bile duct carcinoma		
C23	Malignant neoplasm of gallbladder		
C24.0	Malignant neoplasm of extrahepatic bile duct		
C24.1	Malignant neoplasm of ampulla of Vater		
C24.8	Malignant neoplasm of overlapping sites of biliary tract		
C24.9	Malignant neoplasm of biliary tract, unspecified		
C25.0	Malignant neoplasm of head of pancreas		
C25.1	Malignant neoplasm of body of pancreas		
C25.2	Malignant neoplasm of tail of pancreas		
C25.3	Malignant neoplasm of pancreatic duct		
C25.7	Malignant neoplasm of other parts of pancreas		
C25.8	Malignant neoplasm of overlapping sites of pancreas		
C25.9	Malignant neoplasm of pancreas, unspecified		
C37	Malignant neoplasm of thymus		
C40.00	Malignant neoplasm of scapula and long bones of unspecified upper limb		
C40.01	Malignant neoplasm of scapula and long bones of right upper limb		
C40.02	Malignant neoplasm of scapula and long bones of left upper limb		
C40.10	Malignant neoplasm of short bones of unspecified upper limb		
C40.11	Malignant neoplasm of short bones of right upper limb		
C40.12	Malignant neoplasm of short bones of left upper limb		
C40.20	Malignant neoplasm of long bones of unspecified lower limb		
C40.21	Malignant neoplasm of long bones of right lower limb		
C40.22	Malignant neoplasm of long bones of left lower limb		
C40.30	Malignant neoplasm of short bones of unspecified lower limb		
C40.31	Malignant neoplasm of short bones of right lower limb		
C40.32	Malignant neoplasm of short bones of left lower limb		
C40.80	Malignant neoplasm of overlapping sites of bone and articular cartilage of unspecified limb		
C40.81	Malignant neoplasm of overlapping sites of bone and articular cartilage of right limb		
C40.82	Malignant neoplasm of overlapping sites of bone and articular cartilage of left limb		
C40.90	Malignant neoplasm of unspecified bones and articular cartilage of unspecified limb		
C40.91	Malignant neoplasm of unspecified bones and articular cartilage of right limb		
C40.92	Malignant neoplasm of unspecified bones and articular cartilage of left limb		
C41.0	Malignant neoplasm of bones of skull and face		
C41.1	Malignant neoplasm of mandible		
C41.2	Malignant neoplasm of vertebral column		
C41.3	Malignant neoplasm of ribs, sternum and clavicle		
C41.4	Malignant neoplasm of pelvic bones, sacrum and coccyx		

ICD-10	ICD-10 Description		
C41.9	Malignant neoplasm of bone and articular cartilage, 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		
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		
C58	Malignant neoplasm of placenta		
C67.0	Malignant neoplasm of trigone of bladder		
C67.1	Malignant neoplasm of dome of bladder		
C67.2	Malignant neoplasm of lateral wall of bladder		
C67.3	Malignant neoplasm of anterior wall of bladder		
C67.4	Malignant neoplasm of posterior wall of bladder		
C67.5	Malignant neoplasm of bladder neck		
C67.6	Malignant neoplasm of ureteric orifice		
C67.7	Malignant neoplasm of urachus		
C67.8	Malignant neoplasm of overlapping sites of bladder		
C67.9	Malignant neoplasm of bladder, unspecified		



ICD-10	ICD-10 Description		
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		
C79.31	Secondary malignant neoplasm of brain		
C79.32	Secondary malignant neoplasm of cerebral meninges		
C80.0	Disseminated malignant neoplasm, unspecified		
C80.1	Malignant (primary) neoplasm, unspecified		
C7A.098	Malignant carcinoid tumors of other sites		
C7A.1	Malignant poorly differentiated neuroendocrine tumors		
C7A.8	Other malignant neuroendocrine tumors		
C7B.00	Secondary carcinoid tumors unspecified site		
C7B.01	Secondary carcinoid tumors of distant lymph nodes		
C7B.02	Secondary carcinoid tumors of liver		
C7B.03	Secondary carcinoid tumors of bone		
C7B.04	Secondary carcinoid tumors of peritoneum		
C7B.09	Secondary carcinoid tumors of other sites		
C7B.8	Other secondary neuroendocrine tumors		
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		
C83.10	Mantle cell lymphoma, unspecified site		
C83.11	Mantle cell lymphoma, lymph nodes of head, face and neck		
C83.12	Mantle cell lymphoma, intrathoracic lymph nodes		
C83.13	Mantle cell lymphoma, intra-abdominal lymph nodes		
C83.14	Mantle cell lymphoma, lymph nodes of axilla and upper limb		
C83.15	Mantle cell lymphoma, lymph nodes of inguinal region and lower limb		
C83.16	Mantle cell lymphoma, intrapelvic lymph nodes		
C83.17	Mantle cell lymphoma, spleen		



ICD-10	ICD-10 Description		
C83.18	Mantle cell lymphoma, lymph nodes of multiple sites		
C83.19	Mantle 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		
C83.50	Lymphoblastic (diffuse) lymphoma unspecified site		
C83.51	Lymphoblastic (diffuse) lymphoma lymph nodes of head, face, and neck		
C83.52	Lymphoblastic (diffuse) lymphoma intrathoracic lymph nodes		
C83.53	Lymphoblastic (diffuse) lymphoma intra-abdominal lymph nodes		
C83.54	Lymphoblastic (diffuse) lymphoma lymph nodes of axilla and upper limb		
C83.55	Lymphoblastic (diffuse) lymphoma lymph nodes of inguinal region and lower limb		
C83.56	Lymphoblastic (diffuse) lymphoma intrapelvic lymph nodes		
C83.57	Lymphoblastic (diffuse) lymphoma spleen		
C83.58	Lymphoblastic (diffuse) lymphoma lymph nodes of multiple sites		
C83.59	Lymphoblastic (diffuse) lymphoma extranodal and solid organ sites		
C83.70	Burkitt lymphoma, unspecified site		
C83.71	Burkitt lymphoma, lymph nodes of head, face, and neck		
C83.72	Burkitt lymphoma, intrathoracic lymph nodes		
C83.73	Burkitt lymphoma, intra-abdominal lymph nodes		
C83.74	Burkitt lymphoma, lymph nodes of axilla and upper limb		
C83.75	Burkitt lymphoma, lymph nodes of inguinal region and lower limb		
C83.76	Burkitt lymphoma, intrapelvic lymph nodes		
C83.77	Burkitt lymphoma, spleen		
C83.78	Burkitt lymphoma, lymph nodes of multiple sites		
C83.79	Burkitt lymphoma, extranodal and solid organ sites		
C83.80	Other non-follicular lymphoma, unspecified site		
C83.81	Other non-follicular lymphoma, lymph nodes of head, face and neck		
C83.82	Other non-follicular lymphoma, intrathoracic lymph nodes		
C83.83	Other non-follicular lymphoma, intra-abdominal lymph nodes		
C83.84	Other non-follicular lymphoma, lymph nodes of axilla and upper limb		



ICD-10	ICD-10 Description		
C83.85	Other non-follicular lymphoma, lymph nodes of inguinal region and lower limb		
C83.86	Other non-follicular lymphoma, intrapelvic lymph nodes		
C83.87	Other non-follicular lymphoma, spleen		
C83.88	Other non-follicular lymphoma, lymph nodes of multiple sites		
C83.89	Other non-follicular lymphoma, extranodal and solid organ sites		
C83.90	Non-follicular (diffuse) lymphoma, unspecified unspecified site		
C83.91	Non-follicular (diffuse) lymphoma, unspecified lymph nodes of head, face, and neck		
C83.92	Non-follicular (diffuse) lymphoma, unspecified intrathoracic lymph nodes		
C83.93	Non-follicular (diffuse) lymphoma, unspecified intra-abdominal lymph nodes		
C83.94	Non-follicular (diffuse) lymphoma, unspecified lymph nodes of axilla and upper limb		
C83.95	Non-follicular (diffuse) lymphoma, unspecified lymph nodes of inguinal region and lower limb		
C83.96	Non-follicular (diffuse) lymphoma, unspecified intrapelvic lymph nodes		
C83.97	Non-follicular (diffuse) lymphoma, unspecified spleen		
C83.98	Non-follicular (diffuse) lymphoma, unspecified lymph nodes of multiple sites		
C83.99	Non-follicular (diffuse) lymphoma, unspecified extranodal and solid organ sites		
C84.40	Peripheral T-cell lymphoma, not classified, unspecified site		
C84.41	Peripheral T-cell lymphoma, not classified, lymph nodes of head, face, and neck		
C84.42	Peripheral T-cell lymphoma, not classified, intrathoracic lymph nodes		
C84.43	Peripheral T-cell lymphoma, not classified, intra-abdominal lymph nodes		
C84.44	Peripheral T-cell lymphoma, not classified, lymph nodes of axilla and upper limb		
C84.45	Peripheral T-cell lymphoma, not classified, lymph nodes of inguinal region and lower limb		
C84.46	Peripheral T-cell lymphoma, not classified, intrapelvic lymph nodes		
C84.47	Peripheral T-cell lymphoma, not classified, spleen		
C84.48	Peripheral T-cell lymphoma, not classified, lymph nodes of multiple sites		
C84.49	Peripheral T-cell lymphoma, not classified, extranodal and solid organ sites		
C84.60	Anaplastic large cell lymphoma, ALK-positive, unspecified site		
C84.61	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of head, face, and neck		
C84.62	Anaplastic large cell lymphoma, ALK-positive, intrathoracic lymph nodes		
C84.63	Anaplastic large cell lymphoma, ALK-positive, intra-abdominal lymph nodes		
C84.64	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of axilla and upper limb		
C84.65	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of inguinal region and lower limb		
C84.66	Anaplastic large cell lymphoma, ALK-positive, intrapelvic lymph nodes		
C84.67	Anaplastic large cell lymphoma, ALK-positive, spleen		
C84.68	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of multiple sites		
C84.69	Anaplastic large cell lymphoma, ALK-positive, extranodal and solid organ sites		
C84.70	Anaplastic large cell lymphoma, ALK-negative, unspecified site		
C84.71	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of head, face, and neck		



ICD-10	ICD-10 Description		
C84.72	Anaplastic large cell lymphoma, ALK-negative, intrathoracic lymph nodes		
C84.73	Anaplastic large cell lymphoma, ALK-negative, intra-abdominal lymph nodes		
C84.74	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of axilla and upper limb		
C84.75	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of inguinal region and lower limb		
C84.76	Anaplastic large cell lymphoma, ALK-negative, intrapelvic lymph nodes		
C84.77	Anaplastic large cell lymphoma, ALK-negative, spleen		
C84.78	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of multiple sites		
C84.79	Anaplastic large cell lymphoma, ALK-negative, extranodal and solid organ sites		
C84.90	Mature T/NK-cell lymphomas, unspecified site		
C84.91	Mature T/NK-cell lymphomas, unspecified lymph nodes of head, face, and neck		
C84.92	Mature T/NK-cell lymphomas, unspecified intrathoracic lymph nodes		
C84.93	Mature T/NK-cell lymphomas, unspecified intra-abdominal lymph nodes		
C84.94	Mature T/NK-cell lymphomas, unspecified lymph nodes of axilla and upper limb		
C84.95	Mature T/NK-cell lymphomas, unspecified lymph nodes of inguinal region and lower limb		
C84.96	Mature T/NK-cell lymphomas, unspecified intrapelvic lymph nodes		
C84.97	Mature T/NK-cell lymphomas, unspecified spleen		
C84.98	Mature T/NK-cell lymphomas, unspecified lymph nodes of multiple sites		
C84.99	Mature T/NK-cell lymphomas, unspecified extranodal and solid organ sites		
C84.Z0	Other mature T/NK-cell lymphomas unspecified site		
C84.Z1	Other mature T/NK-cell lymphomas lymph nodes of head, face, and neck		
C84.Z2	Other mature T/NK-cell lymphomas intrathoracic lymph nodes		
C84.Z3	Other mature T/NK-cell lymphomas intra-abdominal lymph nodes		
C84.Z4	Other mature T/NK-cell lymphomas lymph nodes of axilla and upper limb		
C84.Z5	Other mature T/NK-cell lymphomas lymph nodes of inguinal region and lower limb		
C84.Z6	Other mature T/NK-cell lymphomas intrapelvic lymph nodes		
C84.Z7	Other mature T/NK-cell lymphomas spleen		
C84.Z8	Other mature T/NK-cell lymphomas lymph nodes of multiple sites		
C84.Z9	Other mature T/NK-cell lymphomas extranodal and solid organ sites		
C85.10	Unspecified B-cell lymphoma, unspecified site		
C85.11	Unspecified B-cell lymphoma, lymph nodes of head, face, and neck		
C85.12	Unspecified B-cell lymphoma, intrathoracic lymph nodes		
C85.13	Unspecified B-cell lymphoma, intra-abdominal lymph nodes		
C85.14	Unspecified B-cell lymphoma, lymph nodes of axilla and upper limb		
C85.15	Unspecified B-cell lymphoma, lymph nodes of inguinal region and lower limb		
C85.16	Unspecified B-cell lymphoma, intrapelvic lymph nodes		
C85.17	Unspecified B-cell lymphoma, spleen		
C85.18	Unspecified B-cell lymphoma, lymph nodes of multiple sites		



ICD-10	ICD-10 Description		
C85.19	Unspecified B-cell lymphoma, extranodal and solid organ sites		
C85.20	Mediastinal (thymic) large B-cell lymphoma, unspecified site		
C85.21	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of head, face, and neck		
C85.22	Mediastinal (thymic) large B-cell lymphoma, intrathoracic lymph nodes		
C85.23	Mediastinal (thymic) large B-cell lymphoma, intra-abdominal lymph nodes		
C85.24	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of axilla and upper limb		
C85.25	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of inguinal region and lower limb		
C85.26	Mediastinal (thymic) large B-cell lymphoma, intrapelvic lymph nodes		
C85.27	Mediastinal (thymic) large B-cell lymphoma, spleen		
C85.28	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of multiple sites		
C85.29	Mediastinal (thymic) large B-cell lymphoma, extranodal and solid organ sites		
C85.80	Other specified types of non-Hodgkin lymphoma, unspecified site		
C85.81	Other specified types of non-Hodgkin lymphoma, lymph nodes of head, face, and neck		
C85.82	Other specified types of non-Hodgkin lymphoma, intrathoracic lymph nodes		
C85.83	Other specified types of non-Hodgkin lymphoma, intra-abdomnal lymph nodes		
C85.84	Other specified types of non-Hodgkin lymphoma, lymph nodes of axilla and upper limb		
C85.85	Other specified types of non-Hodgkin lymphoma, lymph nodes of inguinal region and lower limb		
C85.86	Other specified types of non-Hodgkin lymphoma, intrapelvic lymph nodes		
C85.87	Other specified types of non-Hodgkin lymphoma, spleen		
C85.88	Other specified types of non-Hodgkin lymphoma, lymph nodes of multiple sites		
C85.89	Other specified types of non-Hodgkin lymphoma, extranodal and solid organ sites		
C85.99	Non-Hodgkin lymphoma, unspecified, extranodal and solid organ sites		
C86.0	Extranodal NK/T-cell lymphoma, nasal type		
C86.1	Hepatosplenic T-cell lymphoma		
C86.2	Enteropathy-type (intestinal) T-cell lymphoma		
C86.4	Blastic NK-cell lymphoma		
C86.5	Angioimmunoblastic T-cell lymphoma		
C88.0	Waldenström macroglobulinemia		
C91.00	Acute lymphoblastic leukemia not having achieved remission		
C91.01	Acute lymphoblastic leukemia, in remission		
C91.02	Acute lymphoblastic leukemia, in relapse		
C91.10	Chronic lymphocytic leukemia of B-cell type not having achieved remission		
C91.12	Chronic lymphocytic leukemia of B-cell type in relapse		
C91.50	Adult T-cell lymphoma/leukemia (HTLV-1-associated) not having achieved remission		
C91.51	Adult T-cell lymphoma/leukemia (HTLV-1-associated) in remission		
C91.52	Adult T-cell lymphoma/leukemia (HTLV-1-associated) in relapse		

ICD-10	ICD-10 Description	
D09.0	Carcinoma in situ of bladder	
D15.0	Benign neoplasm of thymus	
D37.1	Neoplasm of uncertain behavior of stomach	
D37.8	Neoplasm of uncertain behavior of other specified digestive organs	
D37.9	Neoplasm of uncertain behavior of digestive organ, unspecified	
D38.4	Neoplasm of uncertain behavior of thymus	
D39.2	Neoplasm of uncertain behavior of placenta	
D47.Z1	Post-transplant lymphoproliferative disorder (PTLD)	
E16.1	Other hypoglycemia	
E16.3	Increased secretion of glucagon	
E16.8	Other specified disorders of pancreatic internal secretion	
O01.9	Hydatidiform mole, 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	
Z85.07	Personal history of malignant neoplasm of pancreas	
Z85.09	Personal history of malignant neoplasm of other digestive organs	
Z85.238	Personal history of other malignant neoplasm of thymus	
Z85.43	Personal history of malignant neoplasm of ovary	
Z85.51	Personal history of malignant neoplasm of bladder	
Z85.72	Personal history of non-Hodgkin lymphomas	
Z85.830	Personal history of malignant neoplasm of bone	
Z85.858	Personal history of malignant neoplasm of other endocrine glands	

### 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: <a href="https://www.cms.gov/medicare-coverage-database/search.aspx">https://www.cms.gov/medicare-coverage-database/search.aspx</a>. 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): N/A

MagellanRx

	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, LLC	
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA, LLC	
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	