Adcetris® (brentuximab vedotin)
(Intravenous)

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I. Length of Authorization [1,5,7,15,18,21]

Coverage will be provided for 6 months and may be renewed (unless otherwise specified).

- Treatment of previously untreated Pediatric Classical Hodgkin Lymphoma (cHL) as a component of Bv-AVE-PC (brentuximab vedotin, doxorubicin, vincristine, etoposide, prednisone, and cyclophosphamide) has a maximum of 5 doses.
- Pediatric cHL as a component of AEPA (brentuximab vedotin, etoposide, prednisone, doxorubicin) has a maximum of 2 cycles (6 doses).
- Pediatric cHL as a component of CAPDAC (cyclophosphamide, brentuximab vedotin, prednisone, dacarbazine) has a maximum of 4 cycles (8 doses).
- Pediatric and Adult cHL in combination with nivolumab has a maximum of 4 doses.
- Adult cHL in combination with bendamustine has a maximum of 6 doses.
- Adult cHL in combination with ifosfamide, carboplatin, and etoposide (ICE) has a maximum of 4 doses.
- Adult cHL in combination with etoposide, cyclophosphamide, doxorubicin, dacarbazine, dexamethasone (BrECADD) has a maximum of 6 doses.
- Adult cHL post-auto HSCT, Primary Cutaneous Lymphomas, and Pediatric cHL (excluding use with Bv-AVE-PC, AEPA, CAPDAC, or nivolumab) has a maximum of 16 doses.
- Treatment of previously untreated Adult Stage III or IV cHL in combination with AVD (doxorubicin, vinblastine, and dacarbazine) has a maximum of 12 doses.

II. Dosing Limits

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

- Adcetris 50 mg single-dose vial: 9 vials every 28 days

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

Classical Hodgkin Lymphoma:

- 450 billable units every 28 days

Primary Cutaneous Lymphomas:

- 200 billable units every 21 days

All other indications:

- 200 billable units every 21 days

III. Initial Approval Criteria [1]

Coverage is provided in the following conditions:

- Patient is at least 18 years of age (unless otherwise specified); **AND**

Universal Criteria [1]

- Patient must not be receiving concomitant bleomycin; **AND**
- Patient does not have severe renal impairment (i.e., CrCl <30 mL/min); **AND**
- Patient does not have moderate (Child-Pugh B) or severe (Child-Pugh C) hepatic impairment; **AND**
- Patient has CD30-positive disease; **AND**

Adult Classic Hodgkin Lymphoma (cHL) † [1,2,4,12-14]

- Used as single agent therapy; **AND**
  - Used as consolidation/maintenance therapy post-autologous hematopoietic stem cell transplant (auto-HSCT) in patients at high risk* for relapse or progression † ‡; **OR**
  - Patient has relapsed disease after failure of auto-HSCT or after failure of at least 2 (two) prior multi-agent chemotherapy regimens in patients who are not auto-HSCT candidates †; **OR**
  - Used as subsequent systemic therapy (if not previously used) for relapsed or refractory disease ‡; **OR**
  - Used as palliative therapy for relapsed or refractory disease ‡; **AND**
    - Patient is > 60 years of age; **OR**
    - Patient has poor performance status; **OR**
    - Patient has substantial comorbidities; **OR**
- Used in combination with bendamustine; **AND**
  - Used as subsequent systemic therapy (if not previously used) for relapsed or refractory disease ‡; **OR**
- Used in combination with nivolumab; **AND**

- Used as subsequent systemic therapy (if not previously used) for relapsed or refractory disease ‡; **OR**

- Used in combination with dacarbazine; **AND**
  - Used as primary treatment in patients with low ejection fraction ‡; **AND**
    - Patient is > 60 years of age; **OR**
    - Patient has poor performance status; **OR**
    - Patient has substantial comorbidities; **OR**
- Used in combination with ifosfamide, carboplatin, and etoposide (ICE); **AND**
  - Used as subsequent systemic therapy (if not previously used) for relapsed or refractory disease ‡; **OR**
- Used in combination with doxorubicin, vinblastine, and dacarbazine (AVD); **AND**
  - Used as initial therapy for previously untreated stage III or IV disease †; **OR**
  - Used as primary treatment for stage II unfavorable disease with no neuropathy **‡; AND**
    - Patient is > 60 years of age; **OR**
    - Patient has poor performance status; **OR**
    - Patient has substantial comorbidities; **OR**
- Used in combination with etoposide, cyclophosphamide, doxorubicin, dacarbazine, dexamethasone (BrECADD); **AND**
  - Used as primary treatment for stage III-IV disease; **AND**
  - Patient is 18-61 years of age

**High risk for relapse or progression may be defined as:*
- *Refractory disease, disease relapse within 12 months, or relapse ≥12 months with extranodal disease following frontline therapy; **OR***
- *Two or more of the following: remission duration <1 year, extranodal involvement, FDG-PET+ response at time of transplant, B symptoms, and/or >1 second-line/subsequent therapy regimen*

Pediatric Classic Hodgkin Lymphoma (cHL) † ‡ Φ [1,2,24,26,23e]

- Patient is ≤ 18 years of age*; **AND**
  - Used as re-induction or subsequent therapy (if not previously used); **AND**
    - Patient has relapsed or refractory disease; **AND**
    - Used in combination with nivolumab or gemcitabine; **AND**
      - Used in patients heavily pretreated with platinum or anthracycline-based chemotherapy; **OR**
      - Used if a decrease in cardiac function is observed; **OR**
  - Used as primary therapy in patients with high risk disease**; **AND**

        - Used as a component of AEPA (brentuximab vedotin, etoposide, prednisone, doxorubicin) regimen; **OR**
        - Used as a component of Bv-AVE-PC (brentuximab vedotin, doxorubicin, vincristine, etoposide, prednisone, and cyclophosphamide) **†**; **AND**
            - Patient is at least 2 years of age; **OR**
    - Used as additional treatment following primary treatment with AEPA regimen in patients with high risk disease**; **AND**
        - Used as a component of CAPDAC (cyclophosphamide, brentuximab vedotin, prednisone, dacarbazine) regimen

**Pediatric Hodgkin Lymphoma may be applicable to adolescent and young adult (AYA) patients up to the age of 39 years.*

***High risk disease may be defined as: Stage IIB with bulk or E-lesions (involvement of extra-lymphatic tissue), Stage IIIA with bulk AND E-lesions, or Stage IIIB or IV disease*.

T-Cell Lymphomas [1-3,15,16]

- Peripheral T-Cell Lymphomas (PTCL)
    - Used as a single agent for relapsed or refractory disease as subsequent therapy for one of the following:
        - Systemic Anaplastic Large Cell Lymphoma (sALCL) **† Φ**
        - Peripheral T-Cell Lymphoma not otherwise specified (PTCL-NOS) **‡**
        - Angioimmunoblastic T-cell Lymphoma (AITL) **‡**; **OR**
    - Used in combination with cyclophosphamide, doxorubicin, and prednisone (CHP) in patients with CD30 expression ≥ 10% per immunohistochemistry (IHC) as initial therapy for previously untreated:
        - Systemic Anaplastic Large Cell Lymphoma (sALCL) **† Φ**
        - Peripheral T-Cell Lymphoma (PTCL) not otherwise specified **†**
        - Angioimmunoblastic T-cell Lymphoma (AITL) **†**

Primary Cutaneous Lymphomas [1,2,17]

- Mycosis Fungoides (MF) **† Φ**/Sezary Syndrome (SS) **‡**
    - Used as single agent systemic therapy; **AND**
        - Used as subsequent therapy; **AND**
        - Patient has CD30 expression ≥ 5% per IHC
- Primary Cutaneous CD30+ T-Cell Lymphoproliferative Disorders **‡ Φ**
    - Used as a single agent in patients previously treated with systemic therapy; **AND**

- Patient has primary cutaneous anaplastic large cell lymphoma (pcALCL) † Φ; **OR**
- Patient has lymphomatoid papulosis (LyP) with extensive lesions that is relapsed or refractory to all treatment options (e.g., clinical trial, observation, retreatment with primary treatment, or treatment with alternative regimen not used for primary treatment)

B-Cell Lymphomas ‡ [2,11]

- Diffuse Large B-Cell Lymphoma (DLBCL)
  - Used as a single agent as subsequent therapy if no intention to proceed to transplant; **AND**
    - Used for relapsed disease >12 months after completion of first-line therapy; **OR**
    - Used for primary refractory disease (partial response, no response, or progression) or relapsed disease <12 months after completion of first-line therapy*; **OR**
    - Used as alternative systemic therapy (if not previously used) for relapsed/refractory disease*

**Note: Only applies to patients which are non-candidates for CAR T-cell therapy.*

Preferred therapies and recommendations are determined by review of clinical evidence. NCCN category of recommendation is taken into account as a component of this review. Regimens deemed equally efficacious (i.e., those having the same NCCN categorization) are considered to be therapeutically equivalent.

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

IV. Renewal Criteria [1]

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**
- Disease response with treatment 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: peripheral neuropathy, anaphylaxis and infusion reactions, hematologic toxicities (thrombocytopenia, neutropenia and anemia), serious infections, opportunistic infections, tumor lysis syndrome, hepatotoxicity, pulmonary toxicity, serious dermatologic reactions, gastrointestinal complications, uncontrolled hyperglycemia, etc.; **AND**
- Patient has been evaluated for the presence of progressive multifocal leukoencephalopathy (PML) and has been found to be negative; **AND**

Pediatric cHL (in combination with Bv-AVE-PC, AEPA, CAPDAC, or nivolumab)

- Coverage may not be renewed.

Pediatric cHL (all other treatment settings/regimens)

- Patient has not exceeded a maximum of 16 (sixteen) doses.

Adult cHL (in combination with nivolumab, bendamustine, ICE , BrECADD)

- Coverage may not be renewed.

Adult cHL (post-auto HSCT consolidation)

- Patient has not exceeded a maximum of 16 (sixteen) doses.

Adult cHL (previously untreated stage III or IV in combination with AVD)

- Patient has not exceeded a maximum of 12 (twelve) doses.

Primary Cutaneous Lymphomas

- Patient has not exceeded a maximum of 16 (sixteen) doses.

V. Dosage/Administration [1,5,7,15,18-21,23, 25-31,35-36]

Indication	Dose
Adult cHL	Previously untreated stage III or IV in combination with doxorubicin, vinblastine, and dacarbazine (AVD) Administer 1.2 mg/kg (up to 120 mg) by intravenous infusion every 2 weeks until a maximum of 12 doses, disease progression, or unacceptable toxicity Consolidation post auto HSCT as a single agent Administer 1.8 mg/kg (up to 180 mg) by intravenous infusion every 3 weeks until a maximum of 16 cycles, disease progression, or unacceptable toxicity Relapsed disease in combination with bendamustine Administer 1.8 mg/kg (up to 180 mg) by intravenous infusion every 3 weeks for a maximum of 6 doses Relapsed disease in combination with nivolumab Administer 1.8 mg/kg (up to 180 mg) by intravenous infusion every 3 weeks for a maximum of 4 doses Relapsed disease in combination with ifosfamide, carboplatin, and etoposide (ICE)

	Administer 1.5 mg/kg (up to 150 mg) by intravenous infusion on day 1 and 8 every 3 weeks for a maximum of 4 doses Primary therapy in combination with dacarbazine Administer 1.8 mg/kg (up to 180 mg) by intravenous infusion every 3 weeks in combination for 12 doses, followed by monotherapy until disease progression or unacceptable toxicity Primary therapy in combination with etoposide, cyclophosphamide, doxorubicin, dacarbazine, dexamethasone (BrECADD) Administer 1.8 mg/kg (up to 180 mg) by intravenous infusion every 3 weeks for a maximum of 6 cycles All other treatment settings/regimens: Administer 1.8 mg/kg (up to 180 mg) by intravenous infusion every 3 weeks until disease progression or unacceptable toxicity
Primary Cutaneous Lymphomas	Single agent therapy for Mycosis Fungoides (MF)/Sezary Syndrome (SS) Administer 1.8 mg/kg (up to 180 mg) by intravenous infusion every 3 weeks until a maximum of 16 cycles, disease progression, or unacceptable toxicity Primary Cutaneous CD30+ T-Cell Lymphoproliferative Disorders Administer 1.8 mg/kg (up to 180 mg) by intravenous infusion every 3 weeks until a maximum of 16 cycles, disease progression, or unacceptable toxicity
Pediatric cHL	Previously untreated high-risk disease in combination with Bv-AVE-PC (doxorubicin, vincristine, etoposide, prednisone, and cyclophosphamide) Administer 1.8 mg/kg (up to 180 mg) by intravenous infusion every 3 weeks for a maximum of 5 doses Primary therapy for high-risk disease as a component of AEPA (brentuximab vedotin, etoposide, prednisone, doxorubicin) Administer 1.2 mg/kg (up to 120 mg) by intravenous infusion on days 1, 8, 15 every 28 days for 2 cycles Additional treatment as a component of CAPDAC (cyclophosphamide, brentuximab vedotin, prednisone, dacarbazine) Administer 1.2 mg/kg (up to 120 mg) by intravenous infusion on days 1 and 8 every 21 days for 4 cycles In combination with nivolumab

	Administer 1.8 mg/kg (up to 180 mg) by intravenous infusion every 3 weeks for a maximum of 4 doses All other treatment settings/regimens Administer 1.8 mg/kg (up to 180 mg) by intravenous infusion every 3 weeks until a maximum of 16 cycles, disease progression, or unacceptable toxicity
All other indications	Administer 1.8 mg/kg (up to 180 mg) by intravenous infusion every 3 weeks until disease progression or unacceptable toxicity

VI. Billing Code/Availability Information

HCPCS Code:

- J9042 – Injection, brentuximab vedotin, 1 mg; 1 billable unit = 1 mg

NDC:

- Adcetris 50 mg powder for injection in a single-dose vial: 51144-0050-xx

VII. References (STANDARD)

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2. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) for brentuximab vedotin. 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 April 2024.
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Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
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
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

ICD-10	ICD-10 Description
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
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
C83.30	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

ICD-10	ICD-10 Description
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
C84.00	Mycosis fungoides, unspecified site
C84.01	Mycosis fungoides, lymph nodes of head, face and neck
C84.02	Mycosis fungoides, intrathoracic lymph nodes
C84.03	Mycosis fungoides, intra-abdominal lymph nodes
C84.04	Mycosis fungoides, lymph nodes of axilla and upper limb
C84.05	Mycosis fungoides, lymph nodes of inguinal region and lower limb
C84.06	Mycosis fungoides, intrapelvic lymph nodes
C84.07	Mycosis fungoides, spleen
C84.08	Mycosis fungoides, lymph nodes of multiple sites
C84.09	Mycosis fungoides, extranodal and solid organ sites
C84.10	Sézary disease, unspecified site
C84.11	Sézary disease, lymph nodes of head, face, and neck
C84.12	Sézary disease, intrathoracic lymph nodes
C84.13	Sézary disease, intra-abdominal lymph nodes
C84.14	Sézary disease, lymph nodes of axilla and upper limb
C84.15	Sézary disease, lymph nodes of inguinal region and lower limb
C84.16	Sézary disease, intrapelvic lymph nodes
C84.17	Sézary disease, spleen
C84.18	Sézary disease, lymph nodes of multiple sites
C84.19	Sézary disease, 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 n odes of inguinal region of lower limb

ICD-10	ICD-10 Description
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
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
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

ICD-10	ICD-10 Description
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
C86.5	Angioimmunoblastic T-cell lymphoma
C86.6	Primary cutaneous CD30-positive T-cell proliferations
Z85.71	Personal history of Hodgkin lymphoma
Z85.72	Personal history of non-Hodgkin lymphomas

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