



Yervoy® (ipilimumab) (Intravenous)

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I. Length of Authorization

Small Cell Lung Cancer (SCLC)/Renal Cell Carcinoma (RCC)/Cutaneous Melanoma (unresectable or metastatic)/Colorectal Cancer (CRC)/Small Bowel Adenocarcinoma/Hepatocellular Carcinoma (HCC)/Uveal Melanoma (combination therapy with nivolumab)/CNS metastases from Melanoma (combination therapy with nivolumab) ^{1,6,9,10,11,17-19,20,27,29,33}

- Coverage will be provided for 12 weeks (may be extended to 16 weeks if 4 doses were not administered within the 12 week time frame) and may not be renewed (*unless the patient meets the provisions for metastatic or unresectable melanoma re-induction*).

Non-Small Cell Lung Cancer (NSCLC) ^{1,12,24}

- Use in combination with nivolumab as first-line treatment of metastatic disease with PD-L1 expression positive ($\geq 1\%$) tumors: Coverage will be provided for up to a maximum of 2 years of therapy.
- Use in combination with nivolumab and two (2) cycles of platinum-doublet chemotherapy as first-line treatment of metastatic or recurrent disease: Coverage will be provided for up to a maximum of 2 years of therapy.
- All other treatment settings: Coverage will be provided for 6 months and may not be renewed.

Cutaneous Melanoma (maintenance adjuvant therapy)^{1,6,17}

- Coverage for adjuvant treatment will be provided for six months and may be renewed for up to a maximum of 3 years of therapy.

Malignant Pleural Mesothelioma (MPM)

- Coverage will be provided for 6 months and may be renewed.

CNS metastases from Melanoma (single agent therapy)/Uveal Melanoma (single agent therapy) 8,21-23,28

- Coverage will be provided for 12 weeks initially (may be extended to 16 weeks if 4 doses were not administered within the 12 week time frame). Coverage may be renewed in 6 month intervals thereafter.

II. Dosing Limits

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

- Yervoy 200 mg/40 mL injection:
 - 5 vials per 84 days (initially up to 5 vials per 21 days x 4 doses)
- Yervoy 50 mg/10 mL injection:
 - 3 vials per 84 days (initially up to 3 vials per 21 days x 4 doses)

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

- **Unresectable or metastatic Cutaneous Melanoma**
 - 350 billable units per 21 days x 4 doses
- **Adjuvant treatment of Cutaneous Melanoma**
 - 1150 billable units per 21 days x 4 doses; then 1150 billable units per 84 days
- **Uveal Melanoma**
 - Initial authorization: 1150 billable units per 21 days x 4 doses
 - Subsequent authorizations: 1150 billable units per 84 days
- **CNS metastases from Melanoma**
 - Initial authorization: 1150 billable units per 21 days x 4 doses
 - Subsequent authorizations: 1150 billable units per 84 days
- **Colorectal Cancer (CRC)**
 - 115 billable units per 21 days x 4 doses
- **Renal Cell Carcinoma (RCC)**
 - 115 billable units per 21 days x 4 doses
- **Small Bowel Adenocarcinoma (SBA)**
 - 115 billable units per 21 days x 4 doses
- **Malignant Pleural Mesothelioma**
 - 115 billable units per 42 days
- **Small Cell Lung Cancer (SCLC)**
 - 350 billable units per 21 days x 4 doses
- **Non-Small Cell Lung Cancer (NSCLC)**
 - 115 billable units per 42 days
- **Hepatocellular Carcinoma (HCC)**
 - 350 billable units per 21 days x 4 doses

III. Initial Approval Criteria¹

Coverage is provided in the following conditions:

- Patient is 18 years of age or older, unless otherwise indicated; **AND**

Cutaneous Melanoma † Φ 1,2,6,17

- Patient's disease is unresectable or metastatic; **AND**
 - Used as first-line therapy in combination with nivolumab; **OR**
 - Used for disease previously treated with cytotoxic chemotherapy as a single agent in patients 12 years of age or older †; **OR**
 - Used as subsequent therapy after disease progression on prior therapy or after maximum clinical benefit from BRAF^{V600E}-targeted therapy; **AND**
 - Used as a single agent or in combination with nivolumab if checkpoint inhibitor immunotherapy was not previously used; **OR**
 - Used as a single agent or in combination with nivolumab for patients who progressed on single agent checkpoint inhibitor immunotherapy; **OR**
 - Used for retreatment of disease as re-induction as a single agent or in combination with nivolumab in patients who experienced disease control (i.e., complete or partial response or stable disease), but subsequently have disease progression/relapse > 3 months after treatment discontinuation; **AND**
 - Patient has completed initial induction (completion of 4 cycles within a 16 week period); **OR**
- Used as initial therapy in combination with nivolumab for limited resectable disease with local satellite/in-transit recurrence or metastases; **OR**
- Used as single-agent for adjuvant therapy; **AND**
 - Patient has pathologic involvement of regional lymph nodes of more than 1 mm and has undergone complete resection including total lymphadenectomy †; **OR**
 - Patient has previously received nivolumab or pembrolizumab; **AND**
 - Patient has local satellite/in-transit recurrence and has no evidence of disease (NED) after complete excision ‡; **OR**
 - Patient has undergone therapeutic lymph node dissection (TLND) and/or complete resection of nodal recurrence ‡; **OR**
 - Patient has undergone complete resection of distant metastatic disease and patient has previously received nivolumab or pembrolizumab ‡

Uveal Melanoma † 2,20-23,32

- Used as a single agent or in combination with nivolumab for distant metastatic disease

Renal Cell Carcinoma (RCC) † 1,2,18

- Patient has predominantly clear cell histology; **AND**
 - Used as first-line therapy in combination with nivolumab; **AND**
 - Patient has advanced, relapsed, or stage IV disease with poor or intermediate risk; **OR**
 - Patient has relapsed or stage IV disease and favorable risk; **OR**
 - Used as subsequent therapy in combination with nivolumab ‡; **AND**

- Patient has relapsed or stage IV disease

Small Cell Lung Cancer (SCLC) ‡ 2,3,9,33

- Used as subsequent therapy in combination with nivolumab; **AND**
- Patient has performance status of 0-2; **AND**
 - Used for relapse within 6 months of initial therapy following a complete or partial response or stable disease; **AND**
 - Patient did not relapse while on maintenance atezolizumab or durvalumab; **OR**
 - Used for primary progressive disease

Non-Small Cell Lung Cancer (NSCLC) † 2,16,24

- Used in combination with nivolumab; **AND**
 - Used as first-line therapy in combination with two (2) cycles of platinum-doublet chemotherapy in patients with metastatic or recurrent disease and no EGFR or ALK tumor aberrations with a performance status (PS) 0-1; **OR**
 - Used for 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 patients with EGFR, ALK, ROS1, BRAF, MET exon 14 skipping mutation, and RET rearrangement negative tumors and PD-L1 <1% in patients with a PS of 0-1 ‡; **OR**
 - Used as first-line therapy for PD-L1 expression positive ($\geq 1\%$) tumors that are EGFR, ALK, ROS1, BRAF, MET exon 14 skipping, and RET rearrangement negative in patients with a PS of 0-2 †; **OR**
 - Used as first-line or subsequent therapy for patients with BRAF V600E-mutation, NTRK gene fusion, MET exon 14 skipping mutation, or RET rearrangement positive tumors in patients with a PS of 0-1 ‡; **OR**
 - Used as subsequent therapy for patients with EGFR, ALK, or ROS1 positive tumors who have received prior targeted therapies§ for those aberrations and have a PS of 0-1 ‡; **OR**
 - Used as first-line therapy for metastatic disease with a high tumor mutational burden (TMB)* (i.e., ≥ 10 mutations per megabase) ‡

**TMB is an evolving biomarker that may be helpful in selecting patients for immunotherapy. There is no consensus on how to measure TMB.*

Malignant Pleural Mesothelioma ‡ 2,5,25,26,34

- Used in combination with nivolumab as subsequent therapy

Central Nervous System (CNS) Cancer ‡ 2,4,8,10,11,27

- Used for the treatment of brain metastases in patients with melanoma; **AND**
- Used in combination with nivolumab or as a single agent; **AND**

- Used as initial treatment in patients with small asymptomatic brain metastases; **OR**
- Used for relapsed disease in patients with limited brain metastases and stable systemic disease or reasonable treatment options; **OR**
- Patient has recurrent limited brain metastases; **OR**
- Used for recurrent disease in patients with extensive brain metastases and stable systemic disease or reasonable systemic treatment options

Colorectal Cancer † 1,2,19,31

- Patient is 12 years of age or older; **AND**
- Used in combination with nivolumab; **AND**
- Patient's disease is microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR); **AND**
 - Patient has advanced or metastatic disease that has progressed following a fluoropyrimidine-, oxaliplatin-, and/or irinotecan-based regimen; **OR**
 - Used as primary treatment for unresectable metastatic disease after previous adjuvant therapy with FOLFOX (fluorouracil, leucovorin, and oxaliplatin) or CapeOX (capecitabine and oxaliplatin) within the past 12 months

Small Bowel Adenocarcinoma ‡ 2,19,29

- Patient has advanced or metastatic disease that is microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR); **AND**
- Used in combination with nivolumab in one of the following settings:
 - As subsequent therapy; **OR**
 - As initial therapy in patients with prior oxaliplatin exposure in the adjuvant setting or a contraindication

Hepatocellular Carcinoma (HCC) † 1,2,30

- Patient locally advanced, unresectable, or metastatic disease; **AND**
- Patient has a laboratory confirmed diagnosis of hepatocellular carcinoma; **AND**
- Patient progressed on or was intolerant to sorafenib; **AND**
- Patient has Child-Pugh Class A disease; **AND**
- Used in combination with nivolumab; **AND**
- Patient has not previously received treatment with nivolumab or pembrolizumab

† FDA approved indication(s); ‡ Compendia recommended indication; Ⓞ Orphan Drug

Genomic Aberration/Mutational Driver Targeted Therapies (Note: not all inclusive, refer to guidelines for appropriate use) §
Sensitizing <i>EGFR</i> mutation-positive tumors <ul style="list-style-type: none"> – Afatinib – Erlotinib – Dacomitinib

<ul style="list-style-type: none"> - Gefitinib - Osimertinib
<p><i>ALK</i> rearrangement-positive tumors</p> <ul style="list-style-type: none"> - Alectinib - Brigatinib - Ceritinib - Crizotinib - Lorlatinib
<p><i>ROS1</i> rearrangement-positive tumors</p> <ul style="list-style-type: none"> - Ceritinib - Crizotinib - Entrectinib
<p><i>BRAF</i>V600E-mutation positive tumors</p> <ul style="list-style-type: none"> - Dabrafenib ± Trametinib - Vemurafenib
<p><i>NTRK</i> Gene Fusion positive tumors</p> <ul style="list-style-type: none"> - Larotrectinib - Entrectinib
<p>PD-1/PD-L1 expression-positive tumors (≥1%)</p> <ul style="list-style-type: none"> - Pembrolizumab - Atezolizumab - Nivolumab ± ipilimumab
<p><i>MET</i> Exon-14 skipping mutations</p> <ul style="list-style-type: none"> - Capmatinib - Crizotinib
<p><i>RET</i> rearrangement-positive tumors</p> <ul style="list-style-type: none"> - Selpercatinib - Cabozantinib - Vandetanib

IV. Renewal Criteria^{1,2,6,9-12,17-29}

- Patient continues to meet universal and other indication-specific relevant criteria such as concomitant therapy requirements (not including prerequisite therapy), performance status, etc. identified in section III; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: immune-mediated reactions (e.g. enterocolitis/colitis, hepatitis, dermatitis/skin adverse reactions, neuropathies, pneumonitis, nephritis/renal dysfunction, encephalitis, endocrinopathies [i.e., hypophysitis, hypothyroidism, hyperthyroidism, adrenal insufficiency] and ocular toxicity, etc.), severe infusion reactions, etc.; **AND**

Cutaneous Melanoma Re-induction (metastatic or unresectable disease) ‡

- *Refer to Section III for criteria (see Melanoma – Used for retreatment of disease as re-induction)*

Cutaneous Melanoma Maintenance therapy (adjuvant treatment)

- Tumor response/absence of recurrence; **AND**
- Length of therapy has not exceeded 3 years

CNS metastases from melanoma (single agent therapy)/Uveal Melanoma (single agent therapy)

- Initial renewal: Patient’s disease is clinically stable at week 24
- Subsequent renewals: Tumor response/absence of recurrence

Malignant Pleural Mesothelioma

- Disease response with treatment as defined by stabilization of disease or decrease in size of tumor or tumor spread

Non-Small Cell Lung Cancer (NSCLC)/Small Cell Lung Cancer (SCLC)/Renal Cell Carcinoma (RCC)/Colorectal Cancer (CRC)/Small Bowel Adenocarcinoma (SBA)/Hepatocellular Carcinoma (HCC)/Cutaneous Melanoma initial therapy (unresectable or metastatic)/ Uveal Melanoma (combination therapy with nivolumab)/CNS metastases from melanoma (combination therapy with nivolumab)

- Coverage may not be renewed

V. Dosage/Administration^{1,6,8-12,17-29,33,34}

Indication	Dose
Cutaneous Melanoma (unresectable or metastatic)	Administer 3 mg/kg every 3 weeks for a maximum of 4 doses * <i>all treatment must be administered within 16 weeks of the first dose</i>
Cutaneous Melanoma (adjuvant)	Administer 10 mg/kg every 3 weeks for 4 doses, followed by 10 mg/kg every 12 weeks for up to 3 years
Uveal Melanoma	<p><u>Single Agent</u></p> <ul style="list-style-type: none"> - <u>Initial</u>: 3 mg/kg or 10mg/kg every 3 weeks for 4 doses - <u>Subsequent</u>: 10 mg/kg every 12 weeks <p><u>Combination Therapy (with nivolumab)</u></p> <ul style="list-style-type: none"> - <u>Initial</u>: Ipilimumab 3 mg/kg and Nivolumab 1mg/kg every 3 weeks for 4 doses - <u>Subsequent</u>: Nivolumab 3 mg/kg every 2 weeks until disease progression or intolerance
CNS metastases from melanoma	<p><u>Single Agent</u></p> <ul style="list-style-type: none"> - <u>Initial</u>: 10 mg/kg every 3 weeks for 4 doses - <u>Subsequent</u>: 10 mg/kg every 12 weeks <p><u>Combination Therapy (with nivolumab)</u></p> <ul style="list-style-type: none"> - <u>Initial</u>: Ipilimumab 3 mg/kg and Nivolumab 1mg/kg every 3 weeks for 4 doses - <u>Subsequent</u>: Nivolumab 3 mg/kg every 2 weeks until disease progression or intolerance
Small Cell Lung Cancer (SCLC)/ Hepatocellular Carcinoma (HCC)	Administer 3 mg/kg every 3 weeks for a total of 4 doses (given in combination with nivolumab followed by nivolumab monotherapy) * <i>all treatment must be administered within 16 weeks of the first dose</i>

Non-Small Cell Lung Cancer (NSCLC)	<p><u>First-line treatment of metastatic disease in combination with nivolumab for PD-L1 expression positive ($\geq 1\%$) tumors</u></p> <ul style="list-style-type: none"> - Administer 1 mg/kg every 6 weeks (given in combination with nivolumab 3 mg/kg every 2 weeks), until disease progression or unacceptable toxicity for up to 2 years <p><u>First-line treatment of metastatic or recurrent disease in combination with nivolumab and platinum-doublet chemotherapy</u></p> <ul style="list-style-type: none"> - Administer 1 mg/kg every 6 weeks (given in combination with nivolumab 360 mg every 3 weeks and histology-based platinum-doublet chemotherapy every 3 weeks for 2 cycles), until disease progression or unacceptable toxicity for up to 2 years <p><u>All other treatment settings</u></p> <ul style="list-style-type: none"> - Administer 1 mg/kg every 6 weeks for a total of 4 doses (given in combination with nivolumab followed by nivolumab monotherapy)
Renal Cell Carcinoma (RCC), Colorectal Cancer (CRC), Small Bowel Adenocarcinoma (SBA)	<p>Administer 1 mg/kg every 3 weeks for a total of 4 doses (given in combination with nivolumab followed by nivolumab monotherapy)</p> <p><i>* all treatment must be administered within 16 weeks of the first dose</i></p>
Malignant Pleural Mesothelioma	<p>Administer 1 mg/kg every 6 weeks until progression or unacceptable toxicity, given in combination with nivolumab</p>

VI. Billing Code/Availability Information

HCPCS code:

- J9228 – Injection, ipilimumab, 1 mg: 1 billable unit = 1 mg

NDC(s):

- Yervoy 200 mg/40 mL injection (single-use vial): 00003-2328-xx
- Yervoy 50 mg/10 mL injection (single-use vial): 00003-2327-xx

VII. References

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Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
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
C21.8	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
C33	Malignant neoplasm of trachea

ICD-10	ICD-10 Description
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 and 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
C38.4	Malignant neoplasm of pleura
C43.0	Malignant melanoma of lip
C43.10	Malignant melanoma of unspecified eyelid, including canthus
C43.111	Malignant melanoma of right upper eyelid, including canthus
C43.112	Malignant melanoma of right lower eyelid, including canthus
C43.121	Malignant melanoma of left upper eyelid, including canthus
C43.122	Malignant melanoma of left lower eyelid, including canthus
C43.20	Malignant melanoma of unspecified ear and external auricular canal
C43.21	Malignant melanoma of right ear and external auricular canal
C43.22	Malignant melanoma of left ear and external auricular canal
C43.30	Malignant melanoma of unspecified part of face
C43.31	Malignant melanoma of nose
C43.39	Malignant melanoma of other parts of face
C43.4	Malignant melanoma of scalp and neck
C43.51	Malignant melanoma of anal skin
C43.52	Malignant melanoma of skin of breast
C43.59	Malignant melanoma of other part of trunk
C43.60	Malignant melanoma of unspecified upper limb, including shoulder
C43.61	Malignant melanoma of right upper limb, including shoulder
C43.62	Malignant melanoma of left upper limb, including shoulder
C43.70	Malignant melanoma of unspecified lower limb, including hip
C43.71	Malignant melanoma of right lower limb, including hip

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ICD-10	ICD-10 Description
C43.72	Malignant melanoma of left lower limb, including hip
C43.8	Malignant melanoma of overlapping sites of skin
C43.9	Malignant melanoma of skin, unspecified
C45.0	Mesothelioma of pleura
C64.1	Malignant neoplasm of right kidney, except renal pelvis
C64.2	Malignant neoplasm of left kidney, except renal pelvis
C64.9	Malignant neoplasm of unspecified kidney, except renal pelvis
C65.1	Malignant neoplasm of right renal pelvis
C65.2	Malignant neoplasm of left renal pelvis
C65.9	Malignant neoplasm of unspecified renal pelvis
C69.30	Malignant neoplasm of unspecified choroid
C69.31	Malignant neoplasm of right choroid
C69.32	Malignant neoplasm of left choroid
C69.40	Malignant neoplasm of unspecified ciliary body
C69.41	Malignant neoplasm of right ciliary body
C69.42	Malignant neoplasm of left ciliary body
C69.60	Malignant neoplasm of unspecified orbit
C69.61	Malignant neoplasm of right orbit
C69.62	Malignant neoplasm of left orbit
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
C79.51	Secondary malignant neoplasm of bone
C79.52	Secondary malignant neoplasm of bone marrow
C7A.1	Malignant poorly differentiated neuroendocrine tumors
Z85.038	Personal history of other malignant neoplasm of large intestine
Z85.068	Personal history of other malignant neoplasm of small intestine
Z85.118	Personal history of other malignant neoplasm of bronchus and lung
Z85.528	Personal history of other malignant neoplasm of kidney
Z85.820	Personal history of malignant melanoma of skin

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

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 Determination (NCD), Local Coverage Determinations (LCDs), and Local Coverage Articles (LCAs)

may exist and compliance with these policies is required where applicable. They can be found at: <http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx>. Additional indications may be covered at the discretion of the health plan.

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

Jurisdiction(s): 15	NCD/LCD/Article Document (s): A57251
https://www.cms.gov/medicare-coverage-database/search/article-date-search.aspx?DocID=A57251&bc=gAAAAAAAAAAAAA	

Jurisdiction(s): J&M	NCD/LCD/Article Document (s): A56141
https://www.cms.gov/medicare-coverage-database/search/article-date-search.aspx?DocID=A56141&bc=gAAAAAAAAAAAAA	

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