Bevacizumab:
Avastin®; Mvasi™; Zirabev™
(Intravenous)

ONCOLOGY

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I. Length of Authorization [6]

Coverage will be provided for six months and may be renewed. For CNS cancers (symptom management), coverage will be provided for 12 weeks and may NOT be renewed.

II. Dosing Limits

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

- 100 mg/4 mL vial: 3 vials 21 days
- 400 mg/16 mL vial: 4 vials per 21 days

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

Oncology indications (J9035/Q5107/Q5118):

- Small Bowel Adenocarcinoma:
  - 60 billable units per 14 days
- CRC, CNS & RCC:
  - 120 billable units per 14 days
- All other indications:
  - 170 billable units per 21 days
  - 120 billable units per 14 days

III. Initial Approval Criteria [1-3]

Coverage is provided in the following conditions:

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

Universal Criteria [1]

- Patient has no recent history of hemoptysis (i.e., the presence of ≥2.5 mL of blood in sputum) OR any grade 3-4 hemorrhage; **AND**

- Patient must not have had a surgical procedure within the preceding 28 days or have a surgical wound that has not fully healed; **AND**

Colorectal Cancer (CRC) † [1-4]

- Will not be used as part of adjuvant treatment; **AND**
  - Patient has metastatic, unresectable, or advanced disease; **AND**
    - Used as first- or second-line therapy in combination with a fluoropyrimidine- (e.g., 5-fluorouracil/5-FU or capecitabine) or irinotecan-based regimen; **OR**
  - Used in combination with a fluoropyrimidine-irinotecan- or fluoropyrimidine-oxaliplatin-based regimen (if not used first line) as subsequent therapy for advanced or metastatic disease that has progressed on a first-line bevacizumab containing regimen

Non-Squamous Non-Small Cell Lung Cancer (NSCLC) † [1-4,10,12,13]

- Used as first-line therapy for recurrent, locally advanced, unresectable, or metastatic disease in combination with carboplatin and paclitaxel †; **OR**
- Used for recurrent, advanced, or metastatic disease (excluding locoregional recurrence or symptomatic local disease with no evidence of disseminated disease) or mediastinal lymph node recurrence with prior radiation therapy; **AND**
  - Used as first-line therapy; **AND**
    - Used for one of the following:
      - EGFR, ALK, ROS1, BRAF, MET exon 14 skipping mutation, and RET rearrangement negative tumors* and PD-L1 < 1% in patients with PS ≤ 1; **OR**
      - EGFR, ALK, ROS1, BRAF, MET exon 14 skipping mutation, and RET rearrangement negative tumors* and PD-L1 ≥ 1% in patients with PS ≤ 2; **OR**
      - BRAF V600E-mutation, NTRK gene fusion, MET exon 14 skipping mutation, or RET rearrangement positive tumors in patients with PS ≤ 1; **AND**
    - Used in combination with:
      - Pemetrexed and either carboplatin or cisplatin *(excluding use in PD-L1 ≥ 1%)*; **OR**
      - Atezolizumab, carboplatin, and paclitaxel; **OR**
  - Used as subsequent therapy in patients with PS ≤ 1; **AND**
    - Used for one of the following:
      - EGFR, ALK, or ROS1 positive tumors and prior targeted therapy§; **OR**
      - BRAF V600E-mutation, NTRK gene fusion, MET exon 14 skipping mutation, or RET rearrangement positive tumors; **OR**
      - PD-L1 expression-positive (PD-L1 ≥ 1%) tumors that are EGFR, ALK, ROS1, BRAF, MET exon 14 skipping mutation, and RET negative* with prior PD-1/PD-L1 inhibitor therapy but no prior platinum-doublet chemotherapy; **AND**
    - Used in combination with:
      - Carboplatin and paclitaxel; **OR**
      - Pemetrexed and either carboplatin or cisplatin; **OR**

- Atezolizumab, carboplatin, and paclitaxel *(excluding use in patients who have received prior PD-1/PD-L1 inhibitor therapy)*; **OR**

- Used as continuation maintenance therapy *(bevacizumab must have been included in patient's first-line chemotherapy regimen)* in patients who achieved a tumor response or stable disease after first-line systemic therapy; **AND**
  - Used as a single agent; **OR**
  - Used in combination with pemetrexed following a first-line bevacizumab/pemetrexed/platinum chemotherapy regimen; **OR**
  - Used in combination with atezolizumab following a first-line atezolizumab/carboplatin/paclitaxel/bevacizumab regimen; **OR**
- Used in combination with erlotinib for sensitizing EGFR mutation positive disease as continuation of therapy following disease progression on erlotinib with bevacizumab for asymptomatic disease, symptomatic brain lesions, or isolated symptomatic systemic lesions

***** *Note: If there is insufficient tissue to allow testing for all of the EGFR, ALK, ROS1, BRAF, MET, and RET, repeat biopsy and/or plasma testing should be done. If these are not feasible, treatment is guided by available results and, if unknown, these patients are treated as though they do not have driver oncogenes.*

Cervical Cancer † [1-4]

- Patient has persistent, recurrent, or metastatic disease; **AND**
- Used in combination with paclitaxel AND either cisplatin, carboplatin, or topotecan

Breast Cancer ‡ [4]

- Patient has recurrent or metastatic disease; **AND**
- Patient has a high tumor burden, rapidly progressive disease, or visceral crisis; **AND**
- Used in combination with paclitaxel; **AND**
- Patient has human epidermal growth factor receptor 2 (HER2)-negative disease; **AND**
  - Disease is hormone receptor-negative; **OR**
  - Disease is hormone receptor-positive with visceral crisis or refractory to endocrine therapy

Renal Cell Carcinoma (RCC) † Φ [1-4]

- Used in combination with interferon alfa for metastatic disease †; **OR**
- Patient has metastatic or relapsed disease; **AND**
  - Used as a single agent in patients with non-clear cell histology ‡; **OR**
  - Used in combination with everolimus in patients with non-clear cell histology ‡; **OR**
  - Used in combination with erlotinib in patients with non-clear cell histology papillary disease including hereditary leiomyomatosis and renal cell cancer (HLRCC) ‡

Central Nervous System (CNS) Cancer [4]

- Used for symptom management related to radiation necrosis, poorly controlled vasogenic edema, or mass effect as single-agent short-course therapy; **AND**
  - Patient has a diagnosis of one of the following other CNS cancers ‡:

- Infiltrative Supratentorial Astrocytoma/Oligodendroglioma (Low-Grade, WHO Grade II); **OR**
- Primary CNS Lymphoma; **OR**
- Meningiomas; **OR**
- Brain or Spine metastases; **OR**
- Medulloblastoma; **OR**
- Glioblastoma or Anaplastic Gliomas; **OR**
- Intracranial or Spinal Ependymoma (excluding subependymoma); **OR**

- Used as a single agent OR in combination with one of the following: carmustine, lomustine, or temozolomide in patients with recurrent Anaplastic Gliomas ‡ Φ or recurrent Glioblastoma † ‡; **OR**
- Used as a single agent for progressive or recurrent Intracranial and Spinal Ependymoma (excluding subependymoma) after prior radiation therapy ‡; **OR**
- Used as a single agent for patients with surgically inaccessible recurrent or progressive Meningioma when radiation is not possible ‡

Ovarian Cancer † ‡ Φ [1,4,11]

- Patient has malignant stage II-IV sex cord-stromal tumors ‡; **AND**
  - Used as single agent therapy for clinically relapsed disease; **OR**
- Patient has epithelial ovarian or fallopian tube or primary peritoneal cancer †; **AND**
  - Patient has persistent or recurrent disease; **AND**
    - Bevacizumab has not been used previously; **AND**
    - Patient is not experiencing an immediate biochemical relapse (i.e., rising CA-125 without radiographic evidence of disease); **AND**
      - If platinum sensitive, used as a single agent or in combination niraparib or in combination with carboplatin AND either gemcitabine, paclitaxel † or PEGylated liposomal-doxorubicin; **OR**
      - If platinum resistant, used as a single agent or in combination with one of the following: oral cyclophosphamide, PEGylated liposomal doxorubicin, paclitaxel, or topotecan †; **OR**
  - Used for rising CA-125 levels or clinical relapse in patients who have received no prior chemotherapy in combination with paclitaxel and carboplatin; **OR**
  - Used as maintenance therapy; **AND**
    - Used as a single agent or in combination with olaparib following primary therapy including bevacizumab; **OR**
    - Used as a single agent following recurrence therapy with chemotherapy plus bevacizumab for platinum-sensitive disease; **OR**
    - Used in combination with paclitaxel and carboplatin for stable disease following neoadjuvant therapy as continued maintenance therapy; **OR**

- Used as neoadjuvant therapy for endometrioid or serous histology in combination with paclitaxel and carboplatin; **AND**
  - Patient is a poor surgical candidate or has a low likelihood of optimal cytoreduction; **OR**
- Used as adjuvant therapy in combination with paclitaxel and carboplatin; **AND**
  - Patient has pathologic stage II-IV disease; **OR**
  - Patient is a poor surgical candidate or has a low likelihood of optimal cytoreduction; **AND**
    - Patient has endometrioid or serous histology; **AND**
    - Used after interval debulking surgery (IDS) in patients with a response or stable disease to neoadjuvant therapy

Soft Tissue Sarcoma ‡ [4]

- Used as a single agent for angiosarcoma; **OR**
- Used in combination with temozolomide for solitary fibrous tumor

Endometrial Carcinoma (Uterine Neoplasms) ‡ [4]

- Used as a single agent therapy for disease that has progressed on prior cytotoxic chemotherapy; **OR**
- Used in combination with carboplatin and paclitaxel for advanced and recurrent disease

Malignant Pleural Mesothelioma (MPM) ‡ [4]

- Patient has unresectable disease; **AND**
  - Used in combination with pemetrexed and cisplatin, followed by single-agent maintenance bevacizumab; **OR**
  - Used in combination with pemetrexed and carboplatin, with or without single-agent maintenance bevacizumab

**peritoneal, pericardial, and tunica vaginalis testis mesothelioma will be evaluated on a case-by-case basis*

Vulvar Cancer ‡ [4]

- Used in combination with paclitaxel and cisplatin for squamous cell carcinoma; **AND**
- Patient has unresectable locally advanced, metastatic, or recurrent disease

Small Bowel Adenocarcinoma ‡ [4]

- Used as initial therapy; **AND**
- Patient has locally advanced or metastatic disease; **AND**
- Used in combination with a fluoropyrimidine-based regimen

Hepatocellular Carcinoma (HCC) † Φ [14,15]

- Used as first-line therapy in combination with atezolizumab; **AND**
- Patient has Child-Pugh Class A disease; **AND**
- Patient has locally advanced, unresectable, inoperable, or metastatic disease

† FDA-labeled indication(s); ‡ Compendia recommended indication(s); Φ Orphan Drug

Genomic Aberration/Mutational Driver Targeted Therapies (Note: *not all inclusive, refer to guidelines for appropriate use*) §
Sensitizing *EGFR* mutation-positive tumors – Afatinib – Erlotinib – Dacomitinib – Gefitinib – Osimertinib
ALK rearrangement-positive tumors – Alectinib – Brigatinib – Ceritinib – Crizotinib – Lorlatinib
ROS1 rearrangement-positive tumors – Ceritinib – Crizotinib – Entrectinib
BRAF V600E-mutation positive tumors – Dabrafenib ± Trametinib – Vemurafenib
NTRK Gene Fusion positive tumors – Larotrectinib – Entrectinib
PD-1/PD-L1 expression-positive tumors (≥1%) – Pembrolizumab – Atezolizumab – Nivolumab ± ipilimumab
MET Exon-14 skipping mutations – Capmatinib – Crizotinib
RET rearrangement-positive tumors – Selpercatinib – Cabozantinib – Vandetanib

IV. Renewal Criteria [1-3,4]

Coverage can be renewed based upon the following criteria:

- 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**
- 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: gastrointestinal perforations and fistulae, surgical/wound healing complications, hemorrhage, arterial and venous thromboembolic events (ATE & VTE), uncontrolled hypertension, posterior reversible encephalopathy syndrome (PRES), nephrotic syndrome, proteinuria, severe infusion reactions, ovarian failure, congestive heart failure (CHF), etc.; **AND**

CNS Cancers – symptom management (short-course therapy):

- May NOT be renewed

Colorectal Cancer (after first-line bevacizumab-containing regimen):

- *Refer to Section III for criteria*

Malignant Mesothelioma (maintenance therapy):

- *Refer to Section III for criteria*

Ovarian Cancer:

- Used in combination with gemcitabine, for completion of initial therapy, up to 10 cycles total in platinum-sensitive or recurrent disease; **OR**
- Maintenance therapy – *Refer to Section III for criteria*

Non-Squamous Non-Small Cell Lung Cancer (continuation therapy in combination with erlotinib):

- *Refer to Section III for criteria*

V. Dosage/Administration [1-3,5,6]

Indication	Dose
CRC	Administer 5 to 10 mg/kg intravenously every 2 weeks **OR** 7.5 mg/kg intravenously every 3 weeks until disease progression or unacceptable toxicity.
Small Bowel Adenocarcinoma	Administer 5 mg/kg intravenously every 2 weeks **OR** 7.5 mg/kg intravenously every 3 weeks until disease progression or unacceptable toxicity.
NSCLC & Cervical Cancer	Administer 15 mg/kg intravenously every 3 weeks until disease progression or unacceptable toxicity.
CNS Cancers	–For disease treatment: Administer 10 mg/kg intravenously every 2 weeks until disease progression or unacceptable toxicity. –For symptom management: Administer 5 to 10 mg/kg intravenously every 2 weeks up to 12 weeks duration.
RCC	Administer 10 mg/kg intravenously every 2 weeks until disease progression or unacceptable toxicity.
MPM	Administer 15 mg/kg intravenously every 3 weeks in combination with chemotherapy for up to 6 cycles. May follow with maintenance therapy with single-agent bevacizumab 15 mg/kg intravenously every 3 weeks until disease progression or unacceptable toxicity.
Ovarian Cancer	Platinum-sensitive disease: Administer 15 mg/kg intravenously every 3 weeks for up to 8 cycles when used with paclitaxel or up to 10 cycles when used with gemcitabine; followed by single-agent bevacizumab 15 mg/kg intravenously every 3 weeks until disease progression or unacceptable toxicity. Platinum-resistant disease: Administer 10 mg/kg intravenously every 2 weeks **OR** 15 mg/kg intravenously every 3 weeks until disease progression or unacceptable toxicity.

	All other treatment settings: Administer 5 to 10 mg/kg intravenously every 2 weeks **OR** 7.5 to 15 mg/kg intravenously every 3 weeks until disease progression or unacceptable toxicity.
HCC	Administer 15 mg/kg intravenously every 3 weeks until disease progression or unacceptable toxicity.
All Other Oncology Indications	Administer 5 to 10 mg/kg intravenously every 2 weeks **OR** 7.5 to 15 mg/kg intravenously every 3 weeks until disease progression or unacceptable toxicity.

VI. Billing Code/Availability Information

HCPCS Code:

- J9035 – Injection, bevacizumab, 10 mg; 1 billable unit = 10 mg
- Q5107 – Injection, bevacizumab-awwb, biosimilar, (mvasi), 10 mg: 1 billable unit = 10 mg
- Q5118 – Injection, bevacizumab-bvzr, biosimilar, (zirabev), 10 mg; 1 billable unit = 10 mg

NDC(s):

- Avastin single-use vial, 100 mg/4 mL solution for injection: 50242-0060-xx
- Avastin single-use vial, 400 mg/16 mL solution for injection: 50242-0061-xx
- Mvasi single-use vial, 100 mg/4 mL solution for injection: 55513-0206-xx
- Mvasi single-use vial, 400 mg/16 mL solution for injection: 55513-0207-xx
- Zirabev single-use vial, 100 mg/4 mL solution for injection: 00069-0315-xx
- Zirabev single-use vial, 400 mg/16 mL solution for injection: 00069-0342-xx

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Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
C17.0	Malignant neoplasm duodenum
C17.1	Malignant neoplasm jejunum
C17.2	Malignant neoplasm ileum
C17.3	Meckel's diverticulum, malignant
C17.8	Malignant neoplasm of overlapping sites of small intestines
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 large intestines
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

ICD-10	ICD-10 Description
C22.9	Malignant neoplasm of liver, not specified as primary or secondary
C33	Malignant neoplasm of trachea
C34.00	Malignant neoplasm of unspecified main bronchus
C34.01	Malignant neoplasm of right main bronchus
C34.02	Malignant neoplasm of left main bronchus
C34.10	Malignant neoplasm of upper lobe, unspecified bronchus or lung
C34.11	Malignant neoplasm of upper lobe, right bronchus or lung
C34.12	Malignant neoplasm of upper lobe, left bronchus or lung
C34.2	Malignant neoplasm of middle lobe, bronchus or lung
C34.30	Malignant neoplasm of lower lobe, unspecified bronchus or lung
C34.31	Malignant neoplasm of lower lobe, right bronchus or lung
C34.32	Malignant neoplasm of lower lobe, left bronchus or lung
C34.80	Malignant neoplasm of overlapping sites of unspecified bronchus or lung
C34.81	Malignant neoplasm of overlapping sites of right bronchus and lung
C34.82	Malignant neoplasm of overlapping sites of left bronchus and lung
C34.90	Malignant neoplasm of unspecified part of unspecified bronchus or lung
C34.91	Malignant neoplasm of unspecified part of right bronchus or lung
C34.92	Malignant neoplasm of unspecified part of left bronchus or lung
C38.4	Malignant neoplasm of pleura
C45.0	Mesothelioma of pleura
C45.1	Mesothelioma of peritoneum
C48.0	Malignant neoplasm of retroperitoneum
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
C49.0	Malignant neoplasm of connective and soft tissue of head, face and neck
C49.10	Malignant neoplasm of connective and soft tissue of unspecified upper limb, including shoulder
C49.11	Malignant neoplasm of connective and soft tissue of right upper limb including shoulder
C49.12	Malignant neoplasm of connective and soft tissue of left upper limb, including shoulder
C49.20	Malignant neoplasm of connective and soft tissue of unspecified lower limb, including hip
C49.21	Malignant neoplasm of connective and soft tissue of right lower limb, including hip
C49.22	Malignant neoplasm of connective and soft tissue of left lower limb, including hip
C49.3	Malignant neoplasm of connective and soft tissue of thorax
C49.4	Malignant neoplasm of connective and soft tissue of abdomen
C49.5	Malignant neoplasm of connective and soft tissue of pelvis
C49.6	Malignant neoplasm of connective and soft tissue of trunk, unspecified
C49.8	Malignant neoplasm of overlapping sites of connective and soft tissue

ICD-10	ICD-10 Description
C49.9	Malignant neoplasm of connective and soft tissue, unspecified
C50.011	Malignant neoplasm of nipple and areola, right female breast
C50.012	Malignant neoplasm of nipple and areola, left female breast
C50.019	Malignant neoplasm of nipple and areola, unspecified female breast
C50.021	Malignant neoplasm of nipple and areola, right male breast
C50.022	Malignant neoplasm of nipple and areola, left male breast
C50.029	Malignant neoplasm of nipple and areola , unspecified male breast
C50.111	Malignant neoplasm of central portion of right female breast
C50.112	Malignant neoplasm of central portion of left female breast
C50.119	Malignant neoplasm of central portion of unspecified female breast
C50.121	Malignant neoplasm of central portion of right male breast
C50.122	Malignant neoplasm of central portion of left male breast
C50.129	Malignant neoplasm of central portion of unspecified male breast
C50.211	Malignant neoplasm of upper-inner quadrant of right female breast
C50.212	Malignant neoplasm of upper-inner quadrant of left female breast
C50.219	Malignant neoplasm of upper-inner quadrant of unspecified female breast
C50.221	Malignant neoplasm of upper-inner quadrant of right male breast
C50.222	Malignant neoplasm of upper-inner quadrant of left male breast
C50.229	Malignant neoplasm of upper-inner quadrant of unspecified male breast
C50.311	Malignant neoplasm of lower-inner quadrant of right female breast
C50.312	Malignant neoplasm of lower-inner quadrant of left female breast
C50.319	Malignant neoplasm of lower-inner quadrant of unspecified female breast
C50.321	Malignant neoplasm of lower-inner quadrant of right male breast
C50.322	Malignant neoplasm of lower-inner quadrant of left male breast
C50.329	Malignant neoplasm of lower-inner quadrant of unspecified male breast
C50.411	Malignant neoplasm of upper-outer quadrant of right female breast
C50.412	Malignant neoplasm of upper-outer quadrant of left female breast
C50.419	Malignant neoplasm of upper-outer quadrant of unspecified female breast
C50.421	Malignant neoplasm of upper-outer quadrant of right male breast
C50.422	Malignant neoplasm of upper-outer quadrant of left male breast
C50.429	Malignant neoplasm of upper-outer quadrant of unspecified male breast
C50.511	Malignant neoplasm of lower-outer quadrant of right female breast
C50.512	Malignant neoplasm of lower-outer quadrant of left female breast
C50.519	Malignant neoplasm of lower-outer quadrant of unspecified female breast
C50.521	Malignant neoplasm of lower-outer quadrant of right male breast
C50.522	Malignant neoplasm of lower-outer quadrant of left male breast
C50.529	Malignant neoplasm of lower-outer quadrant of unspecified male breast

ICD-10	ICD-10 Description
C50.611	Malignant neoplasm of axillary tail of right female breast
C50.612	Malignant neoplasm of axillary tail of left female breast
C50.619	Malignant neoplasm of axillary tail of unspecified female breast
C50.621	Malignant neoplasm of axillary tail of right male breast
C50.622	Malignant neoplasm of axillary tail of left male breast
C50.629	Malignant neoplasm of axillary tail of unspecified male breast
C50.811	Malignant neoplasm of overlapping sites of right female breast
C50.812	Malignant neoplasm of overlapping sites of left female breast
C50.819	Malignant neoplasm of overlapping sites of unspecified female breast
C50.821	Malignant neoplasm of overlapping sites of right male breast
C50.822	Malignant neoplasm of overlapping sites of left male breast
C50.829	Malignant neoplasm of overlapping sites of unspecified male breast
C50.911	Malignant neoplasm of unspecified site of right female breast
C50.912	Malignant neoplasm of unspecified site of left female breast
C50.919	Malignant neoplasm of unspecified site of unspecified female breast
C50.921	Malignant neoplasm of unspecified site of right male breast
C50.922	Malignant neoplasm of unspecified site of left male breast
C50.929	Malignant neoplasm of unspecified site of unspecified male breast
C51.0	Malignant neoplasm of labium majus
C51.1	Malignant neoplasm of labium minus
C51.2	Malignant neoplasm of clitoris
C51.8	Malignant neoplasm of overlapping sites of vulva
C51.9	Malignant neoplasm of vulva, unspecified
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
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
C56.1	Malignant neoplasm of right ovary
C56.2	Malignant neoplasm of left ovary
C56.9	Malignant neoplasm of unspecified ovary

ICD-10	ICD-10 Description
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
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
C70.0	Malignant neoplasm of cerebral meninges
C70.1	Malignant neoplasm of spinal meninges
C70.9	Malignant neoplasm of meninges, unspecified
C71.0	Malignant neoplasm of cerebrum, except lobes and ventricles
C71.1	Malignant neoplasm of frontal lobe
C71.2	Malignant neoplasm of temporal lobe
C71.3	Malignant neoplasm of parietal lobe
C71.4	Malignant neoplasm of occipital lobe
C71.5	Malignant neoplasm of cerebral ventricle
C71.6	Malignant neoplasm of cerebellum
C71.7	Malignant neoplasm of brain stem
C71.8	Malignant neoplasm of overlapping sites of brain
C71.9	Malignant neoplasm of brain, unspecified
C72.0	Malignant neoplasm of spinal cord
C72.9	Malignant neoplasm of central nervous system, unspecified
C78.00	Secondary malignant neoplasm of unspecified lung
C78.01	Secondary malignant neoplasm of right lung

ICD-10	ICD-10 Description
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
C79.82	Secondary malignant neoplasm of genital organs
C83.30	Diffuse large B-cell lymphoma unspecified site
C83.39	Diffuse large B-cell lymphoma extranodal and solid organ sites
C83.80	Other non-follicular lymphoma unspecified site
C83.89	Other non-follicular lymphoma extranodal and solid organ sites
C85.89	Other specified types of non-Hodgkin lymphoma, extranodal and solid organ sites
D32.0	Benign neoplasm of cerebral meninges
D32.1	Benign neoplasm of spinal meninges
D32.9	Benign neoplasm of meninges, unspecified
D42.0	Neoplasm of uncertain behavior of cerebral meninges
D42.1	Neoplasm of uncertain behavior of spinal meninges
D42.9	Neoplasm of uncertain behavior of meninges, unspecified
D43.0	Neoplasm of uncertain behavior of brain, supratentorial
D43.1	Neoplasm of uncertain behavior of brain, infratentorial
D43.2	Neoplasm of uncertain behavior of brain, unspecified
D43.4	Neoplasm of uncertain behavior of spinal cord
I67.89	Other cerebrovascular disease
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
Z85.3	Personal history of malignant neoplasm of breast
Z85.43	Personal history of malignant neoplasm of ovary
Z85.831	Personal history of malignant neoplasm of soft tissue
Z85.841	Personal history of malignant neoplasm of brain
Z85.848	Personal history of malignant neoplasm of other parts of nervous tissue

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): 6, K	**NCD/LCD Document (s):** A52370
https://www.cms.gov/medicare-coverage-database/search/article-date-search.aspx?DocID=A52370&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