Bevacizumab:
Avastin®; Mvasi®; Zirabev™; Alymsys®; Vegzelma™
(Intravenous) *ONCOLOGY*

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I. Length of Authorization [8]

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

- For Adult 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 single-dose vial: 3 vials 21 days
- 400 mg/16 mL single-dose vial: 4 vials per 21 days

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

Oncology indications (J9035/Q5107/Q5118/J9999/Q5126):

- Small Bowel Adenocarcinoma:
  - 60 billable units per 14 days
- NSCLC, Cervical Cancer, HCC, MPM, & MPeM:
  - 170 billable units per 21 days
- All other indications:
  - 120 billable units per 14 days

III. Initial Approval Criteria [1-5]

Coverage is provided in the following conditions:

- Patient must have tried and failed treatment with Zirabev (bevacizumab-bvzr) or a contraindication exists *(Note: This requirement does not apply for any indication not shared by Avastin or another bevacizumab biosimilar agent)*; **AND**

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

Universal Criteria [1-5]

- Patient has no recent history of hemoptysis (i.e., the presence of ≥2.5 mL of blood in sputum); **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**

Adult Central Nervous System (CNS) Cancers [1-6,8,27,28,78e,87e,94e,148e,150e]

- 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 CNS cancers ‡:
    - Glioma (WHO Grade 1)
    - Primary CNS Lymphoma
    - Meningiomas
    - Brain or Spine metastases
    - Medulloblastoma
    - Glioblastoma/Gliosarcoma
    - IDH-mutant Astrocytoma (WHO Grade 2 - 4)
    - IDH-mutant, 1p19q co-deleted Oligodendroglioma (WHO Grade 2 or 3)
    - Intracranial or Spinal Ependymoma *(excluding subependymoma)*; **OR**
- Used for recurrent disease; **AND**
  - Patient has a diagnosis of one of the following CNS cancers:
    - Glioblastoma/Gliosarcoma † ‡
    - IDH-mutant Astrocytoma (WHO Grade 4); **AND**
      - Used as a single agent; **OR**
      - Used in combination with carmustine, lomustine, or temozolomide; **AND**
        - Patient has failed bevacizumab monotherapy

Cervical Cancer † ‡ [1-6,30]

- Patient has persistent, recurrent, or metastatic disease; **AND**
  - Disease has adenocarcinoma, adenosquamous, or squamous cell carcinoma histology; **AND**
    - Used as first-line therapy in combination with paclitaxel AND either cisplatin, carboplatin, or topotecan; **OR**
    - Used as first-line therapy in combination with pembrolizumab, paclitaxel, AND cisplatin or carboplatin; **AND**
      - Tumor expresses PD-L1 (Combined Positive Score [CPS] ≥1) as determined by an FDA-approved or CLIA compliant test❖

Colorectal Cancer (CRC) † ‡ [1-6,19-24]

- Will not be used as part of adjuvant treatment; **AND**
- Will not be used in combination with an anti-EGFR agent (e.g., panitumumab or cetuximab); **AND**
  - Used in combination with a fluoropyrimidine- (e.g., 5-fluorouracil/5-FU or capecitabine) or irinotecan-based regimen as first-line or subsequent therapy for metastatic, unresectable (or medically inoperable), or advanced disease; **OR**
  - Used in combination with a fluoropyrimidine-irinotecan or fluoropyrimidine-oxaliplatin-based regimen (not used first line) as second-line therapy for metastatic disease that has progressed on a first-line bevacizumab-containing regimen †; **OR**
  - Used in combination with trifluridine and tipiracil as subsequent therapy for advanced or metastatic disease after progression on all available regimens

Endometrial Carcinoma (Uterine Neoplasms) ‡ [6,37,130e-133e]

- Used in combination with carboplatin and paclitaxel for advanced and recurrent disease

Hepatocellular Carcinoma (HCC) † ‡ Φ [1-6,16,17,161e]

- Used as first-line therapy in combination with atezolizumab; **AND**
- Patient has Child-Pugh Class A disease; **AND**
  - Patient has unresectable or metastatic disease; **OR**
  - Patient has liver confined disease inoperable by performance status, comorbidity or with minimal or uncertain extrahepatic-disease; **OR**
  - Patient has extensive liver tumor burden

Malignant Peritoneal* Mesothelioma (MPeM) ‡ [6,44,179e,183e]

- Used as subsequent therapy; **AND**
  - Used in combination with atezolizumab; **AND**
    - Use of bevacizumab will be restricted to patients with a contraindication or intolerance to nivolumab (if not previously used first-line)

**Note: Pericardial and tunica vaginalis testis mesothelioma will be evaluated on a case-by-case basis.*

Malignant Pleural Mesothelioma (MPM) ‡ [6,39,134e]**

- Used as first-line therapy; **AND**
  - Used in combination with pemetrexed AND either cisplatin or carboplatin (if cisplatin ineligible) followed by single-agent maintenance bevacizumab; **AND**
    - Patient has unresectable clinical stage I-IIIA disease AND epithelioid histology; **OR**
    - Patient has clinical stage IIIB or IV disease, sarcomatoid or biphasic histology, or medically inoperable tumors; **OR**

- Used as subsequent therapy; **AND**
  - Used in combination with pemetrexed AND either cisplatin or carboplatin (if cisplatin ineligible); **AND**
  - Immunotherapy was administered as first-line treatment

***Note: Pericardial and tunica vaginalis testis mesothelioma will be evaluated on a case-by-case basis.*

Non-Squamous Non-Small Cell Lung Cancer (NSCLC) † [1-6,12,14,15,25,26,38e-40e,44e,169e]

- 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 in combination with erlotinib for EGFR exon 19 deletion or L858R mutations; **OR**
    - Used for one of the following:
      - Patients with a performance status (PS) ≤ 1 who have tumors that are negative for actionable molecular biomarkers***** and PD-L1 expression < 1%
      - PD-L1 expression positive tumors (PD-L1 ≥ 1%) that are negative for actionable molecular biomarkers*****
      - Patients with a PS ≤ 1 who are positive for one of the following molecular biomarkers: EGFR exon 20, KRAS G12C, BRAF V600E, NTRK1/2/3 gene fusion, MET exon 14 skipping, RET rearrangement, or ERBB2 (HER2); **AND**

➢ Used in combination with one of the following:

- Carboplatin and paclitaxel †
- Pemetrexed and either carboplatin or cisplatin in patients with contraindications**¥** to PD-1 or PD-L1 inhibitors; **AND**

  - Use of bevacizumab will be restricted to patients with a contraindication or intolerance to one of the following alternative regimens:
    - Bevacizumab/carboplatin/paclitaxel
    - Generically available regimen (*see NCCN NSCLC guidelines for complete list of alternative regimens*)

- Atezolizumab, carboplatin and paclitaxel; **AND**

  PD-L1 ≥50%:

  - Use of bevacizumab will be restricted to patient with a contraindication or intolerance to cemiplimab; **OR**

PD-L1 < 50% or EGFR exon 20, KRAS G12C, BRAF V600E, NTRK1/2/3 gene fusion, MET exon-14 skipping, RET rearrangement, or ERBB2 (HER2) mutation positive tumors:

- Use of bevacizumab will be restricted to patients with a contraindication or intolerance to one of the following:
  - Tremelimumab/durvalumab/platinum-based chemotherapy *(PD-L1 ≥ 1-49% ONLY)*
  - Pembrolizumab/(carboplatin or cisplatin)/pemetrexed
  - Cemiplimab/platinum-based chemotherapy; **OR**

- Used as subsequent therapy in patients with a PS ≤ 1; **AND**
  - Used for one of the following:
    - EGFR exon 19 deletion or L858R mutation, EGFR S768I, L861Q, and/or G719X mutation, ALK rearrangement, or ROS1 rearrangement positive tumors AND patient received prior targeted therapy**§** for those aberrations
    - BRAF V600E mutation, NTRK1/2/3 gene fusion, MET exon 14 skipping mutation, or RET rearrangement positive tumors
    - PD-L1 expression-positive (PD-L1 ≥ 1%) tumors that are negative for actionable molecular biomarkers***** with prior PD-1/PD-L1 inhibitor therapy but no prior platinum-containing chemotherapy; **AND**
  - Used in combination with one of the following:
    - Carboplatin and paclitaxel in patients with contraindications**¥** to PD-1 or PD-L1 inhibitors
    - Pemetrexed and either carboplatin or cisplatin in patients with contraindications**¥** to PD-1 or PD-L1 inhibitors; **AND**

      In combination with pemetrexed and either carboplatin or cisplatin:
      – Use of bevacizumab will be restricted to patients with a contraindication or intolerance to one of the following alternative regimens:
        - Bevacizumab/carboplatin/paclitaxel
        - Generically available regimen (*see NCCN NSCLC guidelines for complete list of alternative regimens*)
    - Atezolizumab, carboplatin and paclitaxel *(excluding use in patients who have received prior PD-1/PD-L1 inhibitor therapy or who have EGFR exon 19 deletions or L858R mutations or ALK rearrangement positive tumors)*; **AND**

      – Use of bevacizumab will be restricted to patients with a contraindication or intolerance to one of the following:
        - Pembrolizumab/(carboplatin or cisplatin)/pemetrexed
        - Cemiplimab/platinum-based chemotherapy; **OR**

- Used as continuation maintenance therapy (*bevacizumab must have been included in patient's first-line chemotherapy regimen*) in patients who achieved 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 as continuation of therapy following disease progression on erlotinib with bevacizumab; **AND**
  - Patient has asymptomatic disease, symptomatic brain lesions, or symptomatic systemic limited metastases; **AND**
  - Patient has T790M negative disease

***** *Note: Actionable molecular genomic biomarkers include EGFR, KRAS, ALK, ROS1, BRAF, NTRK1/2/3, MET, RET rearrangement, and ERBB2 (HER2). If there is insufficient tissue to allow testing for all of EGFR, KRAS, ALK, ROS1, BRAF, NTRK1/2/3, MET, RET, and ERBB2 (HER2) 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.*
¥ Note: Contraindications for treatment with PD-1/PD-L1 inhibitors may include active or previously documented autoimmune disease and/or current use of immunosuppressive agents, or presence of an oncogene (i.e., EGFR exon 19 deletion or L858R, ALK rearrangements), which would predict lack of benefit.

Ovarian Cancer/Fallopian Tube Cancer/Primary Peritoneal Cancer † ‡ Φ [1-6,13,31-34,100e,107e,113e,117e,163e]

- Patient has epithelial* ovarian, 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**
      - Patient has platinum sensitive disease; **AND**
        - Used as a single agent; **AND**

♦ Patient must demonstrate an inadequate response to a generically available regimen for the treatment of platinum sensitive disease, unless there is a contraindication or intolerance, prior to approval of bevacizumab (e.g., carboplatin/gemcitabine, etc. [*see NCCN Ovarian Cancer guidelines for complete list of alternative regimens*]); **OR**

        - Used in combination with niraparib; **AND**

♦ Patient must demonstrate an inadequate response to a generically available regimen with or without bevacizumab for the treatment of platinum sensitive disease, unless there is a contraindication or intolerance, prior to approval of bevacizumab (e.g., carboplatin/gemcitabine ± bevacizumab, etc. [*see NCCN Ovarian Cancer guidelines for complete list of alternative regimens*]); **OR**

– Used in combination with carboplatin AND either gemcitabine, paclitaxel †, or PEGylated liposomal doxorubicin; **OR**

➢ Patient has platinum resistant disease; **AND**

– Used as a single agent; **AND**

♦ Patient must demonstrate an inadequate response to a generically available regimen, unless there is a contraindication or intolerance, prior to approval of bevacizumab (e.g., topotecan, etc. [*see NCCN Ovarian Cancer guidelines for complete list of alternative regimens*]); **OR**

– Used in combination with one of the following: oral cyclophosphamide, PEGylated liposomal doxorubicin, paclitaxel, or topotecan †; **AND**

<u>In combination with oral cyclophosphamide ONLY</u>:

♦ Patient must demonstrate an inadequate response to a generically available regimen, unless there is a contraindication or intolerance, prior to approval of bevacizumab (e.g., topotecan, etc. [*see NCCN Ovarian Cancer guidelines for complete list of alternative regimens*]); **OR**

o Used in combination with paclitaxel and carboplatin for rising CA-125 levels or clinical relapse in patients who have received no prior chemotherapy; **OR**

o Used as maintenance therapy; **AND**

▪ Used following primary therapy including bevacizumab; **AND**

➢ Used as a single agent in patients that are BRCA1/2 wild-type or unknown AND homologous recombination (HR) proficient or status unknown *(grade 2/3 endometrioid and high-grade serous histology only)*; **OR**

➢ Used in combination with olaparib; **AND**

– Patient is BRCA1/2 wild-type or unknown and HR deficient *(grade 2/3 endometrioid and high-grade serous histology only)*; **OR**

– Patient has a germline or somatic BRCA1/2 mutation *(grade 2/3 endometrioid, high-grade serous, clear cell, carcinosarcoma histology only)*; **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 treatment *(grade 2/3 endometrioid and high-grade serous histology only)*; **OR**
    - Used as neoadjuvant therapy in combination with paclitaxel and carboplatin *(grade 2/3 endometrioid and high-grade serous histology only)*; **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 III-IV disease

***** *Epithelial subtypes include serous, endometrioid, carcinosarcoma [Malignant Mixed Müllerian Tumors], clear cell, mucinous, and borderline epithelial tumors.*

Renal Cell Carcinoma (RCC) † [1-6,29,62e,65e,71e-75e]

- Used in combination with interferon alfa for metastatic disease as first-line therapy for clear cell histology †; **OR**
- Patient has metastatic or relapsed disease with non-clear cell histology; **AND**
    - Used in combination with everolimus as first-line therapy ‡; **AND**
        - Patient has papillary or chromophobe RCC OR unclassified RCC with papillary features; **OR**
    - Used in combination with erlotinib in patients with advanced papillary disease including hereditary leiomyomatosis and renal cell carcinoma (HLRCC)-associated RCC ‡

Small Bowel Adenocarcinoma ‡ [6,18,155e]

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

❖ *If confirmed using an immunotherapy assay-http://www.fda.gov/companiondiagnostics*

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

§ Genomic Aberration/Mutational Driver Targeted Therapies [12]
(Note: *not all inclusive, refer to guidelines for appropriate use*)

Sensitizing *EGFR* mutation-positive tumors	*ALK* rearrangement-positive tumors	*ROS1* rearrangement-positive tumors	*BRAF* V600E-mutation positive tumors	*NTRK1/2/3* gene fusion positive tumors
– Afatinib – Erlotinib – Dacomitinib – Gefitinib – Osimertinib – Amivantamab *(exon-20 insertion)* – Mobocertinib *(exon-20 insertion)*	– Alectinib – Brigatinib – Ceritinib – Crizotinib – Lorlatinib	– Ceritinib – Crizotinib – Entrectinib – Lorlatinib	– Dabrafenib ± trametinib – Vemurafenib	– Larotrectinib – Entrectinib
PD-L1 tumor expression ≥1%	PD-L1 tumor expression ≥ 50%	*RET* rearrangement-positive tumors	*KRAS G12C* mutation positive tumors	*MET* exon-14 skipping mutations
– Pembrolizumab – Atezolizumab – Nivolumab + ipilimumab	– Pembrolizumab – Atezolizumab – Nivolumab + ipilimumab – Cemiplimab	– Selpercatinib – Cabozantinib – Pralsetinib	– Sotorasib	– Capmatinib – Crizotinib – Tepotinib

IV. Renewal Criteria [1-6,8]

Coverage can 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 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, necrotizing fasciitis, arterial and venous thromboembolic events (ATE & VTE), uncontrolled hypertension, posterior reversible encephalopathy syndrome (PRES), nephrotic syndrome, proteinuria, severe infusion-related reactions, ovarian failure, congestive heart failure (CHF), etc.; **AND**

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

- Coverage may NOT be renewed

Adult CNS Cancers – Glioblastoma or Astrocytoma (in combination with carmustine, lomustine, or temozolomide):

- *Refer to Section III for criteria*

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

- *Refer to Section III for criteria*

MPM (maintenance therapy):

- *Refer to Section III for criteria*

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

- *Refer to* Section *III for criteria*

Ovarian Cancer (maintenance therapy):

- *Refer to Section III for criteria*

V. Dosage/Administration [1-4,7,8,13,18,30,36,37,39-48]

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, & HCC	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 pemetrexed AND either cisplatin or carboplatin 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.
MPeM	Administer 15 mg/kg intravenously every 3 weeks in combination with atezolizumab until disease progression or unacceptable toxicity.
Ovarian Cancer	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.
All Other 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(s):

- 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
- J9999 – Not otherwise classified, antineoplastic drugs *(Vegzelma only; discontinue use for Alymsys on 01/01/2023)*
- C9142 – Injection, bevacizumab-maly, biosimilar, (Alymsys), 10 mg; 1 billable unit = 10 mg *(Discontinue on 01/01/2023)*

- Q5126 – Injection, bevacizumab-maly, biosimilar, (Alymsys), 10 mg; 1 billable unit = 10 mg *(Effective 01/01/2023)*

NDC(s):

- Avastin single-dose vial, 100 mg/4 mL solution for injection: 50242-0060-xx
- Avastin single-dose vial, 400 mg/16 mL solution for injection: 50242-0061-xx
- Mvasi single-dose vial, 100 mg/4 mL solution for injection: 55513-0206-xx
- Mvasi single-dose vial, 400 mg/16 mL solution for injection: 55513-0207-xx
- Zirabev single-dose vial, 100 mg/4 mL solution for injection: 00069-0315-xx
- Zirabev single-dose vial, 400 mg/16 mL solution for injection: 00069-0342-xx
- Alymsys single-dose vial, 100 mg/4 mL solution for injection: 70121-1754-xx
- Alymsys single-dose vial, 400 mg/16 mL solution for injection: 70121-1755-xx
- Vegzelma single-dose vial, 100 mg/4 mL solution for injection: 32228-0011-xx
- Vegzelma single-dose vial, 400 mg/16 mL solution for injection: 32228-0011-xx

VII. References (STANDARD)

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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
C18.2	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
C22.3	Angiosarcoma of the liver
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
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

ICD-10	ICD-10 Description
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
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
C49.9	Malignant neoplasm of connective and soft tissue, 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

ICD-10	ICD-10 Description
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
C56.3	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
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
C70.9	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

ICD-10	ICD-10 Description
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
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
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
C85.99	Non-Hodgkin lymphoma, unspecified, extranodal and solid organ sites
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
D43.9	Neoplasm of uncertain behavior of central nervous system, unspecified
G93.6	Cerebral edema
I67.89	Other cerebrovascular disease
I67.9	Cerebrovascular disease, unspecified
Y84.2	Radiological procedure and radiotherapy as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure
Z85.038	Personal history of other malignant neoplasm of large intestine
Z85.068	Personal history of other malignant neoplasm of small intestine
Z85.09	Personal history of malignant neoplasm of other digestive organs
Z85.118	Personal history of other malignant neoplasm of bronchus and lung
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

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: https://www.cms.gov/medicare-coverage-database/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/LCA Document (s):** A52370
https://www.cms.gov/medicare-coverage-database/new-search/search-results.aspx?keyword=a52370&areaId=all&docType=NCA%2CCAL%2CNCD%2CMEDCAC%2CTA%2CMCD%2C6%2C3%2C5%2C1%2CF%2CP	

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