

Avastin® (bevacizumab) (Intravenous)

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I. Length of Authorization

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) [Pharmacy Benefit]:

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

B. Max Units (per dose and over time) [Medical Benefit]:

Oncology indications (J9035):

- 170 billable units per 21 days
- 120 billable units per 14 days

III. Initial Approval Criteria

Coverage is provided in the following conditions:

- Patient must have no recent history of hemorrhage or hemoptysis (the presence 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**

Colorectal Cancer (CRC) †

- Not used for adjuvant treatment; **AND**
- Patient's disease is metastatic, unresectable, or advanced; **AND**
 - Must be 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**
 - Patient's disease has progressed on a first-line bevacizumab-containing regimen; **AND**

- Used in combination with an irinotecan and/or oxaliplatin-based regimen (if not used first-line)

Non-Squamous Non-Small Cell Lung Cancer (NSCLC) †

- Used as first-line therapy for:
 - Recurrent, locally advanced, or metastatic disease in combination with carboplatin and paclitaxel †; **OR**
 - Recurrent (excluding locoregional recurrent without evidence of disseminated disease), advanced, or metastatic disease with EGFR, ALK negative or unknown, PD-L1 expression $\geq 50\%$ and PS ≤ 2 in combination with atezolizumab, carboplatin, and paclitaxel; **OR**
- Used for recurrent (excluding locoregional recurrent without evidence of disseminated disease), advanced, or metastatic disease with PS ≤ 1 in combination with:
 - Carboplatin AND paclitaxel or pemetrexed; **OR**
 - Cisplatin and pemetrexed; **OR**
 - Atezolizumab, carboplatin and paclitaxel; **AND**
 - Used as first-line therapy for genomic tumor aberration (e.g., EGFR, ALK, ROS1, BRAF) negative or unknown and PD-L1 $<50\%$ or unknown OR BRAF V600E-mutation positive; **OR**
 - Used as subsequent therapy for genomic tumor aberration (e.g., EGFR, ALK, ROS1) positive and prior targeted therapy OR BRAF V600E-mutation positive OR PD-L1 $\geq 50\%$ and EGFR, ALK negative or unknown with no prior platinum doublets; **OR**
- Used as continuation maintenance therapy with PS ≤ 2 ; **AND**
 - Bevacizumab must have been included in patient's first-line chemotherapy regimen for recurrent, advanced, or metastatic disease; **AND**
 - Patient's disease has not progressed (achieved tumor response or stable disease) after first-line chemotherapy; **AND**
 - Used as a single agent; **OR**
 - Used in combination with pemetrexed if bevacizumab was previously used with a first-line pemetrexed/platinum chemotherapy regimen; **OR**
 - Used in combination with atezolizumab if bevacizumab was previously used first-line as part of atezolizumab/carboplatin/paclitaxel/bevacizumab regimen

Cervical Cancer †

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

Breast Cancer ‡

- Patient must have recurrent or metastatic disease; **AND**
- Patient has a high tumor burden, rapidly progressive disease, or visceral crisis; **AND**
- Must be used in combination with paclitaxel; **AND**
- Patient must be human epidermal growth factor receptor 2 (HER2)-negative; **AND**

- Disease is hormone receptor-negative; **OR**
- Disease is hormone receptor-positive and refractory to endocrine therapy; **OR**
- Patient has symptomatic visceral disease or visceral crisis

Renal Cell Carcinoma (RCC) †

- Patient must have metastatic or relapsed disease; **AND**
 - Must be used in combination with interferon alfa †; **OR**
 - Must be used as a single agent for predominantly 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 ‡

Central Nervous System (CNS) Cancer

- 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 ‡:
 - Supratentorial Astrocytoma/Oligodendroglioma (Low-Grade Infiltrative, WHO Grade II); **OR**
 - Primary CNS Lymphoma; **OR**
 - Meningiomas; **OR**
 - Brain, Spine, or Leptomeningeal metastases; **OR**
 - Medulloblastoma; **OR**
 - Recurrent Glioblastoma or Anaplastic Gliomas; **OR**
 - Recurrent Intracranial or Spinal Ependymoma (excluding subependymoma); **OR**
- Used as a single agent **OR** in combination with one of the following: irinotecan, carmustine, lomustine, or temozolomide in patients with recurrent Glioblastomas † or Anaplastic Gliomas ‡; **OR**
- Used as single agent therapy for patients with progressive disease who do not have subependymomas in patients with a diagnosis of recurrent Intracranial and Spinal Ependymoma ‡; **OR**
- Used for treatment of unresectable recurrent or progressive disease when radiation therapy is not an option in patients with a diagnosis of Meningiomas ‡

Ovarian Cancer †

- Patient has malignant stage II-IV sex cord-stromal tumors ‡; **AND**
 - Used as single agent therapy for relapsed disease; **OR**
- Patient has Epithelial or Fallopian Tube or Primary Peritoneal Cancers †; **AND**
 - Patient has persistent or recurrent disease; **AND**
 - Avastin has not been used previously; **AND**
 - Patient has not had an immediate biochemical relapse; **AND**

- Used as a single agent ‡; **OR**
- If platinum sensitive, used in combination with carboplatin AND one of the following: gemcitabine or paclitaxel †; **OR**
- If platinum resistant, used in combination with one of the following: PEGylated liposomal doxorubicin, weekly paclitaxel, or topotecan †; **OR**
- Used as single agent maintenance therapy if used previously as part of combination therapy in patients with a partial or complete remission following primary therapy or therapy for platinum-sensitive recurrence; **OR**
- Used as neoadjuvant therapy in combination with paclitaxel and carboplatin; **AND**
 - Patient has bulky stage III or IV disease or is a poor surgical candidate; **OR**
- Used as primary therapy for endometrioid or serous histology in combination with paclitaxel and carboplatin; **AND**
 - Patient had an incomplete resection or has unresectable stage II-IV disease; **OR**
- Used as adjuvant therapy in combination with paclitaxel and carboplatin; **AND**
 - Patient has stage II-IV disease of serous, endometrioid, mucinous carcinoma, or clear cell carcinoma histology; **OR**
 - Patient has stage I-IV carcinosarcoma (malignant mixed Müllerian tumors)

Soft Tissue Sarcoma ‡

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

Endometrial Carcinoma ‡

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

Malignant Pleural Mesothelioma ‡

- Patient has unresectable or metastatic disease; **AND**
- Must be used in combination with pemetrexed AND either cisplatin or carboplatin followed by single-agent maintenance bevacizumab

AIDS-Related Kaposi Sarcoma ‡

- Patient has relapsed or refractory disease; **AND**
- Patient has advanced, cutaneous, oral, visceral, or nodal disease; **AND**
- Used as subsequent therapy in combination with antiretroviral therapy (ART) after failure to two lines of systemic therapy

Vulvar Cancer ‡

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

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

Genomic Aberration Targeted Therapies (*not all inclusive*) §

Sensitizing EGFR mutation-positive tumors <ul style="list-style-type: none"> - Erlotinib - Afatinib - Gefitinib - Dacomitinib - Osimertinib
ALK rearrangement-positive tumors <ul style="list-style-type: none"> - Crizotinib - Ceritinib - Brigatinib - Alectinib
ROS1 rearrangement-positive tumors <ul style="list-style-type: none"> - Crizotinib - Ceritinib
BRAF V600E-mutation positive tumors <ul style="list-style-type: none"> - Dabrafenib/Trametinib
PD-L1 expression-positive tumors (>50%) <ul style="list-style-type: none"> - Pembrolizumab

IV. Renewal Criteria

Coverage can be renewed based upon the following criteria:

- Patient continues to meet the criteria identified in section III; **AND**
- Tumor response with 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 perforation, surgical/wound healing complications, hemorrhage, arterial and venous thromboembolic events (ATE & VTE), uncontrolled hypertension, posterior reversible encephalopathy syndrome (PRES), nephrotic syndrome, severe infusion reactions, ovarian failure, congestive heart failure (CHF), etc.; **AND**

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

- May NOT be renewed

Colorectal Cancer (additional renewal opportunity):

- Patient’s disease has progressed on a first-line bevacizumab-containing regimen; **AND**
 - Used in combination with an irinotecan and/or oxaliplatin-based regimen (if not used first line)

Malignant Pleural Mesothelioma – maintenance therapy:

- Must be used as a single agent

Ovarian cancer - Platinum sensitive disease or recurrence:

- Must be used as a single agent for maintenance therapy; **OR**
- Used in combination with chemotherapy, for completion of initial therapy, up to 10 cycles total

Non-squamous non-small cell lung cancer – continuation maintenance therapy:

- Avastin must have been included in patient’s 1st line chemotherapy; **AND**
- Patient must have an ECOG performance status ≤ 2 ; **AND**

- Used as a single agent; **OR**
- Used in combination with pemetrexed if bevacizumab was previously used with a 1st-line pemetrexed/platinum chemotherapy regimen; **OR**
- Used in combination with atezolizumab if bevacizumab was previously used first-line as part of atezolizumab/carboplatin/paclitaxel/bevacizumab regimen

V. Dosage/Administration

Indication	Dose
CRC	5 to 10 mg/kg every 2 weeks or 7.5 mg/kg every 3 weeks
NSCLC & Cervical Cancer	15 mg/kg every 3 weeks until disease progression or unacceptable toxicity.
CNS Cancers	–For disease treatment: 10 mg/kg every 2 weeks until disease progression or unacceptable toxicity. –For symptom management: 5-10 mg/kg every 2 weeks up to 12 weeks duration
RCC	10 mg/kg every 2 weeks until disease progression or unacceptable toxicity.
MPM	15 mg/kg every 3 weeks in combination with chemotherapy for up to 6 cycles followed by single agent use, at the same dose/frequency, until disease progression or unacceptable toxicity.
Ovarian Cancer	<u>Platinum-sensitive:</u> 15 mg/kg 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 IV every 3 weeks until disease progression or unacceptable toxicity <u>Platinum-resistant:</u> 10 mg/kg every 2 weeks or 15 mg/kg every 3 weeks until disease progression or unacceptable toxicity
All Other Oncology Indications	5-10 mg/kg every 2 weeks OR 7.5-15 mg/kg every 3 weeks

VI. Billing Code/Availability Information

Jcode:

- J9035 – Injection, bevacizumab, 10 mg; 1 billable unit = 10 mg

NDC:

- 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

VII. References

1. Avastin [package insert]. South San Francisco, CA; Genentech; June 2018. Accessed October 2018.
2. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) bevacizumab. National Comprehensive Cancer Network, 2018. 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 October 2018.

3. Ceresoli GL, Zucali PA, Mencoboni M, et al. Phase II study of pemetrexed and carboplatin plus bevacizumab as first-line therapy in malignant pleural mesothelioma. *Br J Cancer*. 2013 Aug 6; 109(3): 552–558
4. Delishaj D, Ursino S, Pasqualetti F, et al. Bevacizumab for the Treatment of Radiation-Induced Cerebral Necrosis: A Systematic Review of the Literature. *J Clin Med Res*. 2017 Apr; 9(4): 273–280.
5. National Government Services, Inc. Local Coverage Article for BEVACIZUMAB (e.g., Avastin™) - Related to LCD L33394 (A52370). Centers for Medicare & Medicaid Services, Inc. Updated on 9/21/2018 with effective date 10/1/2018. Accessed October 2018.

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
C17.8	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
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

ICD-10	ICD-10 Description
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
C46.0	Kaposi's sarcoma of skin
C46.1	Kaposi's sarcoma of soft tissue
C46.2	Kaposi's sarcoma of palate
C46.3	Kaposi's sarcoma of lymph nodes
C46.4	Kaposi's sarcoma of gastrointestinal sites
C46.50	Kaposi's sarcoma of unspecified lung
C46.51	Kaposi's sarcoma of right lung
C46.52	Kaposi's sarcoma of left lung
C46.7	Kaposi's sarcoma of other sites
C46.9	Kaposi's sarcoma, unspecified
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

ICD-10	ICD-10 Description
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
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

ICD-10	ICD-10 Description
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
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

ICD-10	ICD-10 Description
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
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

ICD-10	ICD-10 Description
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
C79.32	Secondary malignant neoplasm of cerebral meninges
C79.82	Secondary malignant neoplasm of genital organs
C79.89	Secondary malignant neoplasm of other specified sites
C79.9	Secondary malignant neoplasm of unspecified site
C83.30	Diffuse large B-cell lymphoma unspecified site
C83.31	Diffuse large B-cell lymphoma lymph nodes of head, face, and neck
C83.39	Diffuse large B-cell lymphoma extranodal and solid organ sites
C83.80	Other non-follicular lymphoma unspecified site
C83.81	Other non-follicular lymphoma lymph nodes of head, face, and neck
C83.89	Other non-follicular 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

ICD-10	ICD-10 Description
Z85.43	Personal history of malignant neoplasm of ovary
Z85.528	Personal history of other malignant neoplasm of kidney
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) and Local Coverage Determinations (LCDs) 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):

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

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