

Afinitor[®] (everolimus) (Oral)

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I. Length of Authorization

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

II. Dosing Limits

A. Quantity Limit (max daily dose) [Pharmacy Benefit]:

- Afinitor 10 mg: 1 tablet per day
- Afinitor 7.5 mg: 1 tablet per day
- Afinitor 5 mg: 1 tablet per day
- Afinitor 2.5 mg: 1 tablet per day
- Afinitor DISPERZ 2 mg tablet for oral suspension: 1 tablet per day
- Afinitor DISPERZ 3 mg tablet for oral suspension: 1 tablet per day
- Afinitor DISPERZ 5 mg tablet for oral suspension: 2 tablet per day

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

- 10 mg daily

III. Initial Approval Criteria

Coverage is provided in the following conditions:

- Patient is 18 years or older (unless otherwise specified); **AND**
- Patient does not have an active infection, including clinically important localized infections; **AND**
- Must not be administered concurrently with live vaccines; **AND**

Renal Cell Carcinoma (RCC) †

- Patient has advanced disease †; **AND**
 - Patient failed previous treatment with sunitinib or sorafenib; **OR**
- Patient has relapsed or metastatic disease ‡; **AND**

- Used in combination with bevacizumab in patients with non-clear cell histology; **OR**
- Used as a single agent or in combination with lenvatinib; **AND**
 - Patient has non-clear cell histology; **OR**
 - Used as subsequent therapy

Tuberous sclerosis complex (TSC) †

- Patient has subependymal giant cell astrocytoma (SEGA); **AND**
 - Patient is 1 year or older; **AND**
 - Patient is not a candidate for curative surgical resection; **OR**
- Patient has renal angiomyolipoma which does not require immediate surgery; **OR**
- Patient has partial-onset seizures; **AND**
 - Patient is 2 years or older; **AND**
 - Used in combination with other anti-epileptic drugs

Waldenström's macroglobulinemia/lymphoplasmacytic lymphoma ‡

- Used as a single agent; **AND**
 - Patient has failed with primary therapy; **OR**
 - Patient has progressive or relapsed disease

Pancreatic neuroendocrine tumors (Islet cell tumors, PNET) †

- Patient has progressive disease; **AND**
- Used as a single agent; **AND**
- Patient has unresectable, locally advanced, or metastatic disease

Breast Cancer †

- Patient is postmenopausal; premenopausal with ovarian ablation/suppression; or male with suppression of testicular steroidogenesis; **AND**
- Patient has recurrent or locally advanced or metastatic disease; **AND**
- Patient has hormone receptor-positive disease; **AND**
- Patient has human epidermal growth factor receptor (HER2)-negative disease; **AND**
- Patient previously failed with letrozole, anastrozole, or tamoxifen; **AND**
- Must be used in combination with exemestane, fulvestrant, or tamoxifen.

Neuroendocrine tumors (NET) of the Lung †, GI tract †, or Thymus ‡

- Patient has progressive well-differentiated, non-functional disease of the lung or GI tract that is unresectable, locally advanced, or metastatic †; **OR**
- Patient has locally advanced or metastatic thymic disease ‡; **AND**
 - Disease is unresectable OR patient had incomplete resection with or without positive margins; **OR**

- Patient has progression on first-line therapy OR progression with significant tumor burden and low grade histology OR patient has intermediate grade histology

Soft Tissue Sarcoma †

- Used in combination with either imatinib, sunitinib or regorafenib after disease progression on single-agent tyrosine kinase inhibitor (imatinib, sunitinib, or regorafenib) therapy; **AND**
 - Used for gastrointestinal stromal tumors (GIST)
- Used as single agent therapy for one of the following sub-indications:
 - PEComa
 - Recurrent angiomyolipoma
 - Lymphangiomyomatosis

Classical Hodgkin Lymphoma (HL) †

- Must be used as single agent therapy; **AND**
- Used for refractory or relapsed disease as subsequent treatment

Thymomas and Thymic Carcinomas †

- Must be used as single agent therapy; **AND**
- Must be used for second-line therapy

Thyroid Carcinoma (Follicular, Hürthle Cell, or Papillary Carcinoma) †

- Patient has unresectable, recurrent, persistent, or metastatic disease; **AND**
- Disease is progressive and/or symptomatic iodine-refractory disease; **AND**
- Clinical trials or other systemic therapies are not available and/or appropriate for the patient

Uterine Cancer †

- Used in combination with letrozole for endometrioid type disease; **AND**
- Used as one of the following:
 - Primary treatment for metastatic or unresectable disease, excluding patients with cervical involvement undergoing brachytherapy with or without external beam radiation therapy (EBRT)
 - Adjuvant treatment for surgically staged patients, excluding patients with Stage II disease and histologic grade 3 tumors
 - Used as treatment of local-regional recurrent, symptomatic grade 2 or 3 disease, or disseminated metastatic disease, and excluding isolated metastases

† FDA approved indication(s); ‡ Compendia approved indication(s)

IV. Renewal Criteria

Coverage can be renewed based upon the following criteria:

- Patient continues to meet criteria from section III; **AND**

- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include the following: grade 3 or 4 non-infectious pneumonitis; Grade 2 or Grade 3 stomatitis; Grade 3 or Grade 4 non-hematologic toxicities (excluding metabolic events); Grade 3 or Grade 4 metabolic events (hyperglycemia, dyslipidemia), angioedema, etc.; **AND**

TSC-Associated Partial-Onset Seizures

- Patient has responded to therapy compared to pretreatment baseline with disease stability or improvement as indicated by a reduction in seizure frequency

Oncology Indications

- Tumor response with stabilization of disease or decrease in size of tumor or tumor spread

V. Dosage/Administration

Indication	Dose
SEGA with TSC	4.5 mg/m ² , orally, once daily until disease progression or unacceptable toxicity; adjust dose to attain trough concentrations of 5-15 ng/mL (<i>Afinitor & Afinitor Disperz</i>)
TSC-Associated Partial-Onset Seizures	5 mg/m ² , orally, once daily until disease progression or unacceptable toxicity; adjust dose to attain trough concentrations of 5-15 ng/mL (<i>Afinitor Disperz only</i>)
All other indications	10 mg, orally, once daily until disease progression or unacceptable toxicity (<i>Afinitor only</i>)

VI. Billing Code/Availability Information

HCPCS:

- J8999 – Prescription drug, oral, chemotherapeutic, Not Otherwise Specified
- C9399 – Unclassified drugs or biologicals (Hospital Outpatient Use ONLY)

NDC:

- Afinitor 2.5 mg tablet: 00078-0594-xx
- Afinitor 5 mg tablet: 00078-0566-xx
- Afinitor 7.5 mg tablet: 00078-0620-xx
- Afinitor 10 mg tablet: 00078-0567-xx
- Afinitor DISPERZ 2 mg tablet for oral suspension: 00078-0626-xx
- Afinitor DISPERZ 3 mg tablet for oral suspension: 00078-0627-xx
- Afinitor DISPERZ 5 mg tablet for oral suspension: 00078-0628-xx

VII. References

1. Afinitor [package insert]. East Hanover, NJ; Novartis; April 2018. Accessed December 2018.
2. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) everolimus. 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 December 2018.

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Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
C25.4	Malignant neoplasm of endocrine pancreas
C37	Malignant neoplasm of thymus
C40.00	Malignant neoplasm of scapula and long bones of unspecified upper limb
C40.01	Malignant neoplasm of scapula and long bones of right upper limb
C40.02	Malignant neoplasm of scapula and long bones of left upper limb
C40.10	Malignant neoplasm of short bones of unspecified upper limb
C40.11	Malignant neoplasm of short bones of right upper limb
C40.12	Malignant neoplasm of short bones of left upper limb
C40.20	Malignant neoplasm of long bones of unspecified lower limb
C40.21	Malignant neoplasm of long bones of right lower limb
C40.22	Malignant neoplasm of long bones of left lower limb
C40.30	Malignant neoplasm of short bones of unspecified lower limb
C40.31	Malignant neoplasm of short bones of right lower limb
C40.32	Malignant neoplasm of short bones of left lower limb
C40.80	Malignant neoplasm of overlapping sites of bone and articular cartilage of unspecified limb
C40.81	Malignant neoplasm of overlapping sites of bone and articular cartilage of right limb
C40.82	Malignant neoplasm of overlapping sites of bone and articular cartilage of left limb
C40.90	Malignant neoplasm of unspecified bones and articular cartilage of unspecified limb
C40.91	Malignant neoplasm of unspecified bones and articular cartilage of right limb
C40.92	Malignant neoplasm of unspecified bones and articular cartilage of left limb
C41.0	Malignant neoplasm of bones of skull and face
C41.1	Malignant neoplasm of mandible
C41.2	Malignant neoplasm of vertebral column
C41.3	Malignant neoplasm of ribs, sternum and clavicle
C41.4	Malignant neoplasm of pelvic bones, sacrum and coccyx
C41.9	Malignant neoplasm of bone and articular cartilage, unspecified
C49.A0	Gastrointestinal stromal tumor unspecified site
C49.A1	Gastrointestinal stromal tumor of esophagus

ICD-10	ICD-10 Description
C49.A2	Gastrointestinal stromal tumor of stomach
C49.A3	Gastrointestinal stromal tumor of small intestine
C49.A4	Gastrointestinal stromal tumor
C49.A5	Gastrointestinal stromal tumor
C49.A9	Gastrointestinal stromal tumor of other sites
C49.4	Malignant neoplasm of connective and soft tissue of abdomen
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

ICD-10	ICD-10 Description
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
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
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
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

ICD-10	ICD-10 Description
C65.1	Malignant neoplasm of right renal pelvis
C65.2	Malignant neoplasm of left renal pelvis
C65.9	Malignant neoplasm of unspecified renal pelvis
C73	Malignant neoplasm of thyroid gland
C7A.00	Malignant carcinoid tumor of unspecified site
C7A.010	Malignant carcinoid tumor of the duodenum
C7A.011	Malignant carcinoid tumor of the jejunum
C7A.012	Malignant carcinoid tumor of the ileum
C7A.019	Malignant carcinoid tumor of the small intestine, unspecified portion
C7A.020	Malignant carcinoid tumor of the appendix
C7A.021	Malignant carcinoid tumor of the cecum
C7A.022	Malignant carcinoid tumor of the ascending colon
C7A.023	Malignant carcinoid tumor of the transverse colon
C7A.024	Malignant carcinoid tumor of the descending colon
C7A.025	Malignant carcinoid tumor of the sigmoid colon
C7A.026	Malignant carcinoid tumor of the rectum
C7A.029	Malignant carcinoid tumor of the large intestine, unspecified portion
C7A.090	Malignant carcinoid tumor of the bronchus and lung
C7A.091	Malignant carcinoid tumor of the thymus
C7A.092	Malignant carcinoid tumor of the stomach
C7A.094	Malignant carcinoid tumor of the foregut, unspecified
C7A.095	Malignant carcinoid tumor of the midgut, unspecified
C7A.096	Malignant carcinoid tumor of the hindgut, unspecified
C7A.098	Malignant carcinoid tumors of other sites
C7A.1	Malignant poorly differentiated neuroendocrine tumors
C7A.8	Other malignant neuroendocrine tumors
C7B.00	Secondary carcinoid tumors, unspecified site
C7B.01	Secondary carcinoid tumors of distant lymph nodes
C7B.02	Secondary carcinoid tumors of liver
C7B.03	Secondary carcinoid tumors of bone
C7B.04	Secondary carcinoid tumors of peritoneum
C7B.09	Secondary carcinoid tumors of other sites
C7B.8	Other secondary neuroendocrine tumors
C81.10	Nodular sclerosis Hodgkin lymphoma, unspecified site
C81.11	Nodular sclerosis Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.12	Nodular sclerosis Hodgkin lymphoma, intrathoracic lymph nodes

ICD-10	ICD-10 Description
C81.13	Nodular sclerosis Hodgkin lymphoma, intra-abdominal lymph nodes
C81.14	Nodular sclerosis Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.15	Nodular sclerosis Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.16	Nodular sclerosis Hodgkin lymphoma, intrapelvic lymph nodes
C81.17	Nodular sclerosis Hodgkin lymphoma, spleen
C81.18	Nodular sclerosis Hodgkin lymphoma, lymph nodes of multiple sites
C81.19	Nodular sclerosis Hodgkin lymphoma, extranodal and solid organ sites
C81.20	Mixed cellularity Hodgkin lymphoma, unspecified site
C81.21	Mixed cellularity Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.22	Mixed cellularity Hodgkin lymphoma, intrathoracic lymph nodes
C81.23	Mixed cellularity Hodgkin lymphoma, intra-abdominal lymph nodes
C81.24	Mixed cellularity Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.25	Mixed cellularity Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.26	Mixed cellularity Hodgkin lymphoma, intrapelvic lymph nodes
C81.27	Mixed cellularity Hodgkin lymphoma, spleen
C81.28	Mixed cellularity Hodgkin lymphoma, lymph nodes of multiple sites
C81.29	Mixed cellularity Hodgkin lymphoma, extranodal and solid organ sites
C81.30	Lymphocyte depleted Hodgkin lymphoma, unspecified site
C81.31	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.32	Lymphocyte depleted Hodgkin lymphoma, intrathoracic lymph nodes
C81.33	Lymphocyte depleted Hodgkin lymphoma, intra-abdominal lymph nodes
C81.34	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.35	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.36	Lymphocyte depleted Hodgkin lymphoma, intrapelvic lymph nodes
C81.37	Lymphocyte depleted Hodgkin lymphoma, spleen
C81.38	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of multiple sites
C81.39	Lymphocyte depleted Hodgkin lymphoma, extranodal and solid organ sites
C81.40	Lymphocyte-rich Hodgkin lymphoma, unspecified site
C81.41	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.42	Lymphocyte-rich Hodgkin lymphoma, intrathoracic lymph nodes
C81.43	Lymphocyte-rich Hodgkin lymphoma, intra-abdominal lymph nodes
C81.44	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.45	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.46	Lymphocyte-rich Hodgkin lymphoma, intrapelvic lymph nodes
C81.47	Lymphocyte-rich Hodgkin lymphoma, spleen
C81.48	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of multiple sites

ICD-10	ICD-10 Description
C81.49	Lymphocyte-rich Hodgkin lymphoma, extranodal and solid organ sites
C81.70	Other Hodgkin lymphoma unspecified site
C81.71	Other Hodgkin lymphoma lymph nodes of head, face, and neck
C81.72	Other Hodgkin lymphoma intrathoracic lymph nodes
C81.73	Other Hodgkin lymphoma intra-abdominal lymph nodes
C81.74	Other Hodgkin lymphoma lymph nodes of axilla and upper limb
C81.75	Other Hodgkin lymphoma lymph nodes of inguinal region and lower limb
C81.76	Other Hodgkin lymphoma intrapelvic lymph nodes
C81.77	Other Hodgkin lymphoma spleen
C81.78	Other Hodgkin lymphoma lymph nodes of multiple sites
C81.79	Other Hodgkin lymphoma extranodal and solid organ sites
C81.90	Hodgkin lymphoma, unspecified, unspecified site
C81.91	Hodgkin lymphoma, unspecified, lymph nodes of head, face and neck
C81.92	Hodgkin lymphoma, unspecified, intrathoracic lymph nodes
C81.93	Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes
C81.94	Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb
C81.95	Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C81.96	Hodgkin lymphoma, unspecified, intrapelvic lymph nodes
C81.97	Hodgkin lymphoma, unspecified, spleen
C81.98	Hodgkin lymphoma, unspecified, lymph nodes of multiple sites
C81.99	Hodgkin lymphoma, unspecified, extranodal and solid organ sites
C83.00	Small cell B-cell lymphoma, unspecified site
C83.01	Small cell B-cell lymphoma, lymph nodes of head, face and neck
C83.02	Small cell B-cell lymphoma, intrathoracic lymph nodes
C83.03	small cell B-cell lymphoma, intra-abdominal lymph nodes
C83.04	Small cell B-cell lymphoma, lymph nodes of axilla and upper limb
C83.05	Small cell B-cell lymphoma, lymph nodes of inguinal region and lower limb
C83.06	Small cell B-cell lymphoma, intrapelvic lymph nodes
C83.07	Small cell B-cell lymphoma, spleen
C83.08	Small cell B-cell lymphoma, lymph nodes of multiple sites
C83.09	Small cell B-cell lymphoma, extranodal and solid organ sites
C88.0	Waldenstrom macroglobulinemia
D15.0	Benign neoplasm of thymus
D49.2	Neoplasm of unspecified behavior of bone, soft tissue, and skin
E16.1	Other hypoglycemia
E16.3	Increased secretion of glucagon

ICD-10	ICD-10 Description
E16.8	Other specified disorders of pancreatic internal secretion
E34.0	Carcinoid syndrome
G40.101	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, not intractable with status epilepticus
G40.109	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, not intractable without status epilepticus
G40.111	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, intractable with status epilepticus
G40.119	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, intractable without status epilepticus
G40.201	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, not intractable with status epilepticus
G40.209	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, not intractable without status epilepticus
G40.211	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, intractable with status epilepticus
G40.219	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, intractable without status epilepticus
G40.401	Other generalized epilepsy and epileptic syndromes, not intractable with status epilepticus
G40.409	Other generalized epilepsy and epileptic syndromes, not intractable without status epilepticus
G40.411	Other generalized epilepsy and epileptic syndromes, intractable with status epilepticus
G40.419	Other generalized epilepsy and epileptic syndromes, intractable without status epilepticus
Z80.49	Family history of malignant neoplasm of other genital organs
Z85.020	Personal history of malignant carcinoid tumor of stomach
Z85.030	Personal history of malignant carcinoid tumor of large intestine
Z85.040	Personal history of malignant carcinoid tumor of rectum
Z85.060	Personal history of malignant carcinoid tumor of small intestine
Z85.07	Personal history of malignant neoplasm of pancreas
Z85.110	Personal history of malignant carcinoid tumor of bronchus and lung
Z85.230	Personal history of malignant carcinoid tumor of thymus
Z85.3	Personal history of malignant neoplasm of breast
Z85.528	Personal history of other malignant neoplasm of kidney
Z85.71	Personal history of Hodgkin lymphoma
Z85.72	Personal history of non-Hodgkin lymphomas
Z85.79	Personal history of other malignant neoplasm of lymphoid, hematopoietic and related tissues
Z85.831	Personal history of malignant neoplasm of soft tissue
Z85.858	Personal history of malignant neoplasm of other endocrine glands

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): N/A

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	Applicable State/US Territory	Contractor
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto GBA, 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