MEDICA®

Abraxane® (paclitaxel protein-bound particles)
(Intravenous)

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I. Length of Authorization

Coverage is provided for 6 months and may be renewed.

II. Dosing Limits

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

- Abraxane 100 mg powder for injection SDV: 9 vials per 21 day supply

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

Kaposi Sarcoma

- 300 billable units per 28 days

All other indications

- 900 billable units per 21 days

III. Initial Approval Criteria [1]

Coverage is provided in the following conditions:

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

Breast Cancer † [1-3,9,21]

- Patient failed on combination chemotherapy for metastatic disease or relapsed within 6 months of adjuvant therapy †; **AND**
  - Previous chemotherapy included an anthracycline unless clinically contraindicated; **OR**
- Patient has recurrent unresectable (local or regional) or metastatic (stage IV [M1]) disease ‡; **AND**
  - Used as a single agent OR in combination with carboplatin in patients with high tumor burden, rapidly progressing disease, and visceral crisis; **AND**

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        - Disease is HER2-negative; **AND**
            - Disease is hormone receptor-negative; **OR**
            - Disease is hormone receptor-positive and patient is refractory to endocrine therapy or has a visceral crisis; **OR**
    - Used as third line or greater therapy in combination with trastuzumab for disease that is HER2-positive; **OR**
    - Used in combination with pembrolizumab for PD-L1 positive triple-negative disease ‡; **OR**
- May be substituted for paclitaxel or docetaxel if patient has experienced hypersensitivity reactions despite premedication or the patient has contraindications to standard hypersensitivity premedication ‡

Non-Small Cell Lung Cancer (NSCLC) † [1,2,4,10]

- Used as first-line therapy for locally advanced or metastatic disease, in combination with carboplatin, in patients who are not candidates for curative surgery or radiation therapy †; **OR**
- May be substituted for paclitaxel or docetaxel if patient has experienced hypersensitivity reactions despite premedication or the patient has contraindications to standard hypersensitivity premedication; **OR**
- Used for recurrent, advanced, or metastatic disease (excluding locoregional recurrence or symptomatic local disease without evidence of disseminated disease) or mediastinal lymph node recurrence with prior radiation therapy; **AND**
    - Used as first-line therapy; **AND**
        - Used in combination with carboplatin AND pembrolizumab (for squamous cell histology) or atezolizumab (for non-squamous histology); **AND**
            - Used in patients with tumors that have negative actionable molecular markers *; **AND**
                - PD-L1 <1% with performance status (PS) score of ≤1; **OR**
                - PD-L1 expression positive (≥1%) tumors with PS ≤2; **OR**
            - Used in patients with BRAF V600E-mutation, NTRK1/2/3 gene fusion, MET exon 14 skipping mutation, KRAS G12C mutation, or EGFR exon 20 mutation AND PS score of ≤1; **OR**
        - Used in combination with carboplatin in patients with contraindications ¥ to PD-1 or PD-L1 inhibitors (PS score of ≤2) or as a single agent (PS 2); **AND**
            - Used in patients with tumors that have negative actionable molecular markers * and PD-L1 <1%; **OR**
            - Used in patients with BRAF V600E-mutation, NTRK1/2/3 gene fusion, MET exon 14 skipping mutation, KRAS G12C mutation, EGFR exon 20 mutation or RET rearrangement positive tumors; **OR**
    - Used as subsequent therapy; **AND**
        - Used in combination with carboplatin AND pembrolizumab (for squamous cell histology) or atezolizumab (for non-squamous histology) in patients with PS score of ≤1; **AND**

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        - Used in patients with BRAF V600E-mutation, NTRK1/2/3 gene fusion, or MET exon 14 skipping mutation positive tumors; **OR**
        - Used in patients with ROS1 rearrangement positive tumors who received prior targeted therapy § for those aberrations; **OR**
    - Used in combination with carboplatin in patients with contraindications ¥ to PD-1 or PD-L1 inhibitors (PS score of ≤2) or as a single agent (PS 2); **AND**
        - Used in patients with BRAF V600E-mutation, NTRK1/2/3 gene fusion, MET exon 14 skipping mutation, or RET rearrangement positive tumors; **OR**
        - Used in patients with EGFR (e.g., exon 19 deletion or L858R), ALK, or ROS1 rearrangement positive tumors who received prior targeted therapy § for those aberrations; **OR**
        - Used in patients with PD-L1 expression-positive (≥1%) tumors that have negative actionable molecular markers * with prior PD-1/PD-L1 inhibitor therapy but no prior platinum-doublet chemotherapy

** Note: Actionable molecular genomic biomarkers include EGFR, KRAS, ALK, ROS1, BRAF, NTRK1/2/3, MET exon 14 skipping mutation, and RET rearrangement. If there is insufficient tissue to allow testing for all of the EGFR, KRAS, ALK, ROS1, BRAF, NTRK1/2/3, 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.*
¥ Note: Contraindications for treatment with PD-1/PD-L1 inhibitors may include active or previously documented auto-immune disease and/or current use of immunosuppressive agents, or presence of an oncogene (e.g., EGFR [exon 19 deletions, p.L858R point mutation in exon 21], ALK rearrangements, RET rearrangements), which would predict lack of benefit.

Ovarian Cancer (Epithelial Ovarian/Fallopian Tube/Primary Peritoneal) ‡ [2,8,22]

- Patient has recurrent or persistent disease; **AND**
- Patient is not experiencing an immediate biochemical relapse (i.e., rising CA-125 without radiographic evidence of disease); **AND**
    - Used as a single agent; **AND**
        - Patient has platinum-resistant disease; **AND**
            - Used for progression on primary, maintenance, or recurrence therapy; **OR**
            - Used for stable or persistent disease if not currently on maintenance therapy; **OR**
            - Used for relapsed disease <6 months following complete remission from prior chemotherapy; **OR**
        - Patient has platinum-sensitive disease; **AND**
            - Used for radiographic and/or clinical relapse ≥6 months after complete remission from prior chemotherapy; **OR**
    - Used in combination with carboplatin for platinum-sensitive disease with confirmed taxane hypersensitivity; **AND**
        - Used for relapse ≥6 months after complete remission from prior chemotherapy

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Pancreatic Adenocarcinoma † Φ [1,2,5-7,24]

- Used in combination with gemcitabine; **AND**
  - Patient has locally advanced or metastatic disease; **AND**
    - Used as first-line therapy; **OR**
    - Used as induction therapy followed by chemoradiation *(locally advanced disease only)*; **OR**
    - Used as subsequent therapy after progression with a fluoropyrimidine-based therapy; **OR**
  - Patient has recurrent disease in the pancreatic operative bed or metastatic disease, post-resection; **AND**
    - Used ≥6 months after completion of primary therapy; **OR**
    - Used <6 months from completion of primary therapy with a fluoropyrimidine-based regimen; **OR**
  - Used as neoadjuvant therapy; **AND**
    - Patient has resectable disease with high-risk features (i.e., very highly elevated CA 19-9, large primary tumors, large regional lymph nodes, excessive weight loss, extreme pain); **OR**
    - Patient has biopsy positive borderline resectable disease

Melanoma ‡ [2,15,16]

- Patient has cutaneous melanoma; **AND**
  - Used as a single agent or in combination with carboplatin for metastatic or unresectable disease; **AND**
    - Used as subsequent therapy for disease progression; **OR**
    - Used after maximum clinical benefit from BRAF targeted therapy; **OR**
- Patient has uveal melanoma; **AND**
  - Used as a single agent for distant metastatic disease

Uterine Cancer ‡ [2,20]

- Used as single agent therapy; **AND**
- Patient has tried paclitaxel and treatment with paclitaxel was not tolerated due to a documented hypersensitivity reaction, despite use of recommended premedication or there is a documented medical contraindication to recommended premedication; **AND**
  - Patient has endometroid adenocarcinoma; **AND**
    - Used as primary treatment of disease NOT suitable for primary surgery; **AND**
      - Patient has suspected or gross cervical involvement *(excluding patients using as chemotherapy alone)*; **OR**
      - Patient has locoregional extrauterine disease; **OR**
      - Patient has distant metastases; **OR**

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        - Used as primary treatment of disease suitable for primary surgery; **AND**
            - Used preoperatively for abdominal/pelvic confined disease; **OR**
            - Patient has distant metastases; **OR**
        - Used as adjuvant treatment for stage III-IV disease; **OR**
        - Used for locoregional recurrence or disseminated metastases; **OR**
    - Patient has carcinosarcoma, clear cell carcinoma, serous carcinoma, or un-/de-differentiated carcinoma; **AND**
        - Used for locoregional recurrence or disseminated metastases; **OR**
        - Used as additional treatment of disease suitable for primary surgery; **OR**
        - Used as primary treatment of disease NOT suitable for primary surgery

Hepatobiliary Adenocarcinoma (Intrahepatic/Extrahepatic Cholangiocarcinoma, Gallbladder) ‡ [2,11]

- Used in combination with gemcitabine for unresectable or metastatic disease; **AND**
    - Used as primary treatment; **OR**
    - Use as subsequent treatment for progression on or after systemic therapy

Small Bowel Adenocarcinoma/Advanced Ampullary Cancer ‡ [2,17,18,26]

- Patient has advanced or metastatic disease; **AND**
- Used as single agent or in combination with gemcitabine; **AND**
    - Used as subsequent therapy; **OR**
    - Patient has had prior adjuvant oxaliplatin exposure, or a contraindication to oxaliplatin; **AND**
        - Used as initial therapy; **OR**
        - Used as subsequent therapy in patients who previously received initial therapy with nivolumab with or without ipilimumab, pembrolizumab, or dostarlimab-gxly

Kaposi Sarcoma ‡ [2,19,25]

- Used as subsequent therapy; **AND**
    - Used as a single agent for patients that do not have HIV; **OR**
    - Used in combination with antiretroviral therapy (ART) for patients with HIV; **AND**
- Patient has relapsed/refractory advanced, cutaneous, oral, visceral, or nodal disease; **AND**
- Disease has progressed on or not responded to first-line therapy; **AND**
- Disease has progressed on alternate first-line therapy

† FDA Approved 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	*ALK* rearrangement-positive tumors	*ROS1* rearrangement-positive tumors	*BRAF* V600E-mutation positive tumors	*NTRK* gene fusion positive tumors
– Afatinib – Erlotinib – Dacomitinib – Gefitinib	– Alectinib – Brigatinib – Ceritinib – Crizotinib	– Ceritinib – Crizotinib – Entrectinib	– Dabrafenib ± Trametinib – Vemurafenib	– Larotrectinib – Entrectinib

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– Osimertinib – Amivantamab *(exon-20 insertion)* – Mobocertinib *(exon-20 insertion)*	– Lorlatinib			
PD-1/PD-L1 expression-positive tumors (≥1%)	*MET* exon-14 skipping mutations	*RET* rearrangement-positive tumors	*KRAS G12C* mutation positive tumors	
– Pembrolizumab – Atezolizumab – Nivolumab ± ipilimumab	– Capmatinib – Crizotinib – Tepotinib	– Selpercatinib – Cabozantinib – Vandetanib – Pralsetinib	– Sotorasib	

IV. Renewal Criteria [1,2]

Coverage can be renewed based upon the following criteria:

- Patient continues to meet 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: bone marrow suppression (e.g., severe neutropenia [absolute neutrophil count < 1,500 cell/mm^3] or thrombocytopenia), sensory neuropathy, sepsis, pneumonitis, severe hypersensitivity reactions including anaphylactic reactions, etc.

V. Dosage/Administration [1,3,9,11,15-23,25,26]

Indication	Dose
Breast Cancer	260 mg/m² intravenously every 21 days until disease progression or unacceptable toxicity OR 100 mg/m² OR 125 mg/m² intravenously days 1, 8, and 15 of a 28-day cycle until disease progression or unacceptable toxicity *****NOTE:** If substituted for weekly paclitaxel or docetaxel, the weekly dose of albumin-bound paclitaxel should not exceed 125 mg/m²*
NSCLC	100 mg/m² intravenously days 1, 8, and 15 of a 21-day cycle until disease progression or unacceptable toxicity
Melanoma and Ovarian Cancer	100 mg/m² intravenously days 1, 8, and 15 of a 28-day cycle until disease progression or unacceptable toxicity
Kaposi Sarcoma	100 mg (fixed dose) intravenously days 1, 8, and 15 of a 28-day cycle until disease progression or unacceptable toxicity
Pancreatic Adenocarcinoma and Hepatobiliary Cancer	125 mg/m² intravenously days 1, 8, and 15 of a 28-day cycle until disease progression or unacceptable toxicity

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Small Bowel Adenocarcinoma/Advanced Ampullary Cancer	220 – 260 mg/m² intravenously every 21 days as a single agent until disease progression or unacceptable toxicity OR 125 mg/m² intravenously days 1, 8, and 15 of a 28-day cycle in combination with gemcitabine until disease progression or unacceptable toxicity
All other indications	260 mg/m² intravenously every 21 days until disease progression or unacceptable toxicity OR 100 mg/m² intravenously days 1, 8, and 15 of a 21-day cycle until disease progression or unacceptable toxicity

VI. Billing Code/Availability Information

HCPCS Code:

- J9264 – Injection, paclitaxel protein-bound particles, 1 mg; 1 billable unit = 1 mg

NDC:

- Abraxane 100 mg powder for injection; single-dose vial: 68817-0134-xx

VII. References

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Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
C17.0	Malignant neoplasm of duodenum
C17.1	Malignant neoplasm of jejunum
C17.2	Malignant neoplasm of ileum
C17.3	Meckel's diverticulum, malignant
C17.8	Malignant neoplasm of overlapping sites of small intestine
C17.9	Malignant neoplasm of small intestine, unspecified
C22.1	Intrahepatic bile duct carcinoma
C23	Malignant neoplasm of the gallbladder
C24.0	Malignant neoplasm of extrahepatic bile duct
C24.1	Malignant neoplasm of ampulla of Vater
C24.8	Malignant neoplasm of overlapping sites of biliary tract
C24.9	Malignant neoplasm of biliary tract, unspecified
C25.0	Malignant neoplasm of head of pancreas
C25.1	Malignant neoplasm of body of the pancreas
C25.2	Malignant neoplasm of tail of pancreas
C25.3	Malignant neoplasm of pancreatic duct
C25.7	Malignant neoplasm of other parts of pancreas
C25.8	Malignant neoplasm of overlapping sites of pancreas
C25.9	Malignant neoplasm of pancreas, unspecified
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

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ICD-10	ICD-10 Description
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
C43.0	Malignant melanoma of lip
C43.10	Malignant melanoma of unspecified eyelid, including canthus
C43.11	Malignant melanoma of right eyelid, including canthus
C43.12	Malignant melanoma of left eyelid, including canthus
C43.111	Malignant melanoma of right upper eyelid, including canthus
C43.112	Malignant melanoma of right lower eyelid, including canthus
C43.121	Malignant melanoma of left upper eyelid, including canthus
C43.122	Malignant melanoma of left lower eyelid, including canthus
C43.20	Malignant melanoma of unspecified ear and external auricular canal
C43.21	Malignant neoplasm of right ear and external auricular canal
C43.22	Malignant neoplasm of left ear and external auricular canal
C43.30	Malignant melanoma of unspecified parts of face
C43.31	Malignant melanoma of nose
C43.39	Malignant melanoma of other parts of face
C43.4	Malignant melanoma of scalp and neck
C43.51	Malignant melanoma of anal skin
C43.52	Malignant melanoma of skin of breast
C43.59	Malignant melanoma of other part of trunk
C43.60	Malignant melanoma of unspecified upper limb, including shoulder
C43.61	Malignant melanoma of right upper limb, including shoulder
C43.62	Malignant melanoma of left upper limb, including shoulder
C43.70	Malignant melanoma of unspecified lower limb, including hip
C43.71	Malignant melanoma of right lower limb, including hip
C43.72	Malignant melanoma of left lower limb, including hip
C43.8	Malignant melanoma of overlapping sites of skin
C43.9	Malignant melanoma of skin, unspecified
C46.0	Kaposi's sarcoma of skin
C46.1	Kaposi's sarcoma of soft tissue
C46.2	Kaposi's sarcoma of palate

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ICD-10	ICD-10 Description
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
C48.1	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
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

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ICD-10	ICD-10 Description
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
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

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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
C56.9	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
C69.30	Malignant neoplasm of unspecified choroid
C69.31	Malignant neoplasm of right choroid
C69.32	Malignant neoplasm of left choroid
C69.40	Malignant neoplasm of unspecified ciliary body
C69.41	Malignant neoplasm of right ciliary body
C69.42	Malignant neoplasm of left ciliary body
C69.60	Malignant neoplasm of unspecified orbit
C69.61	Malignant neoplasm of right orbit
C69.62	Malignant neoplasm of left orbit
Z85.118	Personal history of other malignant neoplasm of bronchus and lung
Z85.43	Personal history of malignant neoplasm of ovary

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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/new-search/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):** A52450
https://www.cms.gov/medicare-coverage-database/new-search/search-results.aspx?keyword=a52450&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

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