

Gazyva® (obinutuzumab) (Intravenous)

Document Number: IC-0184

Last Review Date: 09/01/2021

Date of Origin: 01/02/2014

Dates Reviewed: 08/2014, 03/2015, 05/2015, 08/2015, 11/2015, 02/2016, 03/2016, 05/2016, 08/2016, 11/2016, 02/2017, 05/2017, 08/2017, 11/2017, 02/2018, 05/2018, 09/2018, 12/2018, 03/2019, 06/2019, 09/2019, 12/2019, 03/2020, 06/2020, 09/2020, 12/2020, 03/2021, 06/2021, 09/2021

I. Length of Authorization

Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma (CLL/SLL) combination therapy:

- Coverage is provided for six 28-day cycles (6 months) and may NOT be renewed.

Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma (CLL/SLL) monotherapy:

- Coverage is provided for eight 21-day cycles (6 months) and may NOT be renewed.

All other indications:

- Coverage is provided for six months and may be renewed for up to a maximum of two years of maintenance therapy.

II. Dosing Limits

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

- Gazyva 1000 mg/40 mL vial: 2 vials every 21 days (6 vials for the initial 21-day cycle only)

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

Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma (CLL/SLL):

Loading Dose:

- 10 billable units day 1, 90 billable units day 2, 100 billable units day 3, 200 billable units days 8 and 15 of Cycle 1 (21 days)

Maintenance Dose:

- 200 billable units every 21 days

All other indications:

Loading Dose:

- 100 billable units days 1, 8, 15 of Cycle 1 (28 days)

Maintenance Dose:

- 100 billable units every 21 days for 8 cycles; then every 2 months for 2 years

III. Initial Approval Criteria ¹

Coverage is provided in the following conditions:

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

Universal Criteria ¹

- Patient does not have an active infection, including clinically important localized infections; **AND**
- Patient has not received a live vaccine within 28 days prior to starting treatment and live vaccines will not be administered concurrently while on treatment; **AND**
- Patient has been screened for the presence of hepatitis B (HBV) infection (i.e., HBsAg and anti-HBc) prior to initiating therapy and patients with evidence of current or prior HBV infection will be monitored for HBV reactivation during treatment; **AND**

Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma (CLL/SLL) † Φ ^{1-3,14}

- Used as first-line therapy; **AND**
 - Used in combination with chlorambucil †; **OR**
 - Used in combination with acalabrutinib ‡; **OR**
 - Used in combination with venetoclax ‡; **OR**
 - Used as single agent therapy for disease with del(17p)/TP53 mutation; **OR**
 - Used in combination with bendamustine for disease without del(17p)/TP53 mutation (*excluding use in frail patients with significant comorbidity [i.e., not able to tolerate purine analogs]*); **OR**
- Used as subsequent therapy ‡; **AND**
 - Used as single agent therapy for disease without del(17p)/TP53 mutation

B-Cell Lymphomas ^{1,2,4-6,15}

- Follicular Lymphoma (Grade 1-2) † Φ
 - Used as first-line therapy; **AND**
 - Used in combination with chemotherapy [e.g., bendamustine or CHOP (cyclophosphamide, doxorubicin, vincristine, prednisone) or CVP (cyclophosphamide, vincristine, prednisone)]; **OR**
 - Used as subsequent therapy, if not previously used as first-line therapy, for refractory or progressive disease; **AND**
 - Used in combination with chemotherapy [e.g., bendamustine or CHOP (cyclophosphamide, doxorubicin, vincristine, prednisone) or CVP (cyclophosphamide, vincristine, prednisone)]; **OR**
 - Used as a single agent; **OR**
 - Used in combination with lenalidomide; **OR**

- Used as a single agent for maintenance therapy; **AND**
 - Used as first-line consolidation therapy or extended dosing following chemoimmunotherapy; **OR**
 - Used as second-line consolidation therapy or extended dosing in patients who are refractory to rituximab; **OR**
 - Used in patients with histologic transformation to diffuse-large B-cell lymphoma with extensive co-existing follicular lymphoma who achieve a complete response to chemoimmunotherapy; **OR**
- Used as a substitute for rituximab in patients with intolerance or experiencing rare complications such as mucocutaneous reactions including paraneoplastic pemphigus, Stevens-Johnson syndrome, lichenoid dermatitis, vesiculobullous dermatitis, and toxic epidermal necrolysis
- MALT Lymphoma (Gastric or Non-Gastric) or Marginal Zone Lymphoma (Splenic or Nodal) ‡
 - Used as first-line therapy (*Nodal Marginal Zone Lymphoma only*); **AND**
 - Used in combination with chemotherapy [e.g., bendamustine or CHOP (cyclophosphamide, doxorubicin, vincristine, prednisone) or CVP (cyclophosphamide, vincristine, prednisone)]; **OR**
 - Used in combination with bendamustine; **AND**
 - Used as subsequent therapy, if not previously treated with bendamustine, for recurrent disease after prior treatment with rituximab (*Splenic Marginal Zone Lymphoma only*); **OR**
 - Used as subsequent therapy, if not previously treated with bendamustine, for relapsed or progressive disease (*Gastric MALT Lymphoma only*); **OR**
 - Used as subsequent therapy, if not previously treated with bendamustine, for refractory or progressive disease (*Nodal Marginal Zone Lymphoma only*); **OR**
 - Used as subsequent therapy, if not previously treated with bendamustine, for recurrent or progressive disease (*Non-Gastric MALT Lymphoma only*); **OR**
 - Used as a single agent for maintenance therapy as second-line consolidation or extended dosing in rituximab-refractory patients treated with obinutuzumab and bendamustine for recurrent disease; **OR**
 - Used as a substitute for rituximab in patients with intolerance or experiencing rare complications such as mucocutaneous reactions including paraneoplastic pemphigus, Stevens-Johnson syndrome, lichenoid dermatitis, vesiculobullous dermatitis, and toxic epidermal necrolysis
- Histologic Transformation of Nodal Marginal Zone Lymphoma to Diffuse Large B-Cell Lymphoma, Mantle Cell Lymphoma, Diffuse Large B-Cell Lymphoma, High Grade B-Cell Lymphomas, Burkitt Lymphoma, AIDS Related B Cell Lymphomas, Post-Transplant Lymphoproliferative Disorders, or Castleman Disease ‡
 - Used as a substitute for rituximab in patients with intolerance or experiencing rare complications such as mucocutaneous reactions including paraneoplastic pemphigus,

Stevens-Johnson syndrome, lichenoid dermatitis, vesiculobullous dermatitis, and toxic epidermal necrolysis

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

IV. Renewal Criteria ¹

Coverage may be renewed based on the following criteria:

- Patient continues to meet universal and other indication-specific relevant criteria such as concomitant therapy requirements (not including prerequisite therapy), performance status, etc. identified in section III; **AND**
- Disease response with treatment as defined by stabilization of disease or decrease in size of tumor or tumor spread; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: severe neutropenia/febrile neutropenia, severe thrombocytopenia, severe infusion-related reactions, hypersensitivity reactions including serum sickness, tumor lysis syndrome (TLS), serious bacterial, fungal, or viral infections, etc.; **AND**
- Patient has been evaluated for the presence of progressive multifocal leukoencephalopathy (PML) and has been found to be negative; **AND**

CLL/SLL

- Authorizations may NOT be renewed

Maintenance treatment of B-Cell Lymphomas

- Length of therapy does not exceed 2 years

V. Dosage/Administration ^{1,7-13}

| Indication | Dose |
|------------------|--|
| CLL/SLL | <p><u>Combination therapy:</u></p> <ul style="list-style-type: none"> • 100 mg day 1, 900 mg day 2, then 1000 mg days 8 and 15 of cycle 1 (loading doses) • 1000 mg on Day 1 of cycles 2-6 (28-day cycle). <p><u>Monotherapy:</u></p> <ul style="list-style-type: none"> • 100 mg day 1, 900 mg day 2, then 1000 mg days 8 and 15 of cycle 1 (loading doses) • 1000 mg on Day 1 of cycles 2-8 (21-day cycle) <p>-OR-</p> <ul style="list-style-type: none"> • 100mg day 1, 900 mg day 2, 1000 mg day 3, 2000 mg days 8 and 15 of cycle 1 (loading doses) • 2000 mg on Day 1 of cycles 2-8 (21-day cycle) |
| B-Cell Lymphomas | <p><u>Initial Combination therapy:</u></p> <ul style="list-style-type: none"> • 1000 mg days 1, 8, & 15 of cycle 1 (loading doses); given in combination with chemotherapy or lenalidomide <ul style="list-style-type: none"> ◦ Combination chemotherapy: |

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| | <ul style="list-style-type: none"> - 1000 mg day 1 of cycles 2-6 (28-day cycle) in combination with bendamustine - 1000 mg day 1 of cycles 2-6 (21-day cycle) in combination with CHOP, followed by 2 additional 21-day cycles of Gazyva alone - 1000 mg day 1 of cycles 2-8 (21-day cycle) with CVP o In combination with lenalidomide: <ul style="list-style-type: none"> - 1000 mg day 1 of cycles 2-6 (28-day cycle) <p><u>Initial Monotherapy:</u></p> <ul style="list-style-type: none"> • 1000 mg once a week for 4 weeks on days 1, 8, 15, & 22 <p><u>Maintenance therapy for use after initial combination therapy or monotherapy:</u></p> <ul style="list-style-type: none"> • 1000 mg every 2 months for up to two years as monotherapy • NOTE: When initial therapy is given in combination with lenalidomide, the first year of maintenance therapy will be given with lenalidomide, followed by an additional year of monotherapy |
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VI. Billing Code/Availability Information

HCPCS Code:

- J9301 – Injection, obinutuzumab, 10 mg; 1 billable unit = 10 mg

NDC:

- Gazyva 1000 mg/40 mL single-dose vial: 50242-0070-xx

VII. References

1. Gazyva [package insert]. South San Francisco, CA; Genentech, Inc; January 2021. Accessed July 2021.
2. Referenced with permission from the NCCN Drugs and Biologics Compendium (NCCN Compendium®) obinutuzumab. National Comprehensive Cancer Network, 2021. 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 July 2021.
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14. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma Version 4.2021. National Comprehensive Cancer Network, 2021. 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 Guidelines, go online to NCCN.org. Accessed July 2021.
15. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for B-Cell Lymphomas Version 4.2021. National Comprehensive Cancer Network, 2021. 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 Guidelines, go online to NCCN.org. Accessed July 2021.

Appendix 1 – Covered Diagnosis Codes

| ICD-10 | ICD-10 Description |
|--------|---|
| C82.00 | Follicular lymphoma grade I unspecified site |
| C82.01 | Follicular lymphoma grade I lymph nodes of head, face, and neck |
| C82.02 | Follicular lymphoma grade I intrathoracic lymph nodes |
| C82.03 | Follicular lymphoma grade I intra-abdominal lymph nodes |
| C82.04 | Follicular lymphoma grade I lymph nodes of axilla and upper limb |
| C82.05 | Follicular lymphoma grade I lymph nodes of inguinal region and lower limb |
| C82.06 | Follicular lymphoma grade I intrapelvic lymph nodes |
| C82.07 | Follicular lymphoma grade I spleen |
| C82.08 | Follicular lymphoma grade I lymph nodes of multiple sites |
| C82.09 | Follicular lymphoma grade I extranodal and solid organ sites |
| C82.10 | Follicular lymphoma grade II unspecified site |
| C82.11 | Follicular lymphoma grade II lymph nodes of head, face, and neck |
| C82.12 | Follicular lymphoma grade II intrathoracic lymph nodes |
| C82.13 | Follicular lymphoma grade II intra-abdominal lymph nodes |
| C82.14 | Follicular lymphoma grade II lymph nodes of axilla and upper limb |
| C82.15 | Follicular lymphoma grade II lymph nodes of inguinal region and lower limb |
| C82.16 | Follicular lymphoma grade II intrapelvic lymph nodes |
| C82.17 | Follicular lymphoma grade II spleen |
| C82.18 | Follicular lymphoma grade II lymph nodes of multiple sites |
| C82.19 | Follicular lymphoma grade II extranodal and solid organ sites |
| C82.20 | Follicular lymphoma grade III unspecified site |
| C82.21 | Follicular lymphoma grade III lymph nodes of head, face, and neck |
| C82.22 | Follicular lymphoma grade III intrathoracic lymph nodes |
| C82.23 | Follicular lymphoma grade III intra-abdominal lymph nodes |
| C82.24 | Follicular lymphoma grade III lymph nodes of axilla and upper limb |
| C82.25 | Follicular lymphoma grade III lymph nodes of inguinal region and lower limb |
| C82.26 | Follicular lymphoma grade III intrapelvic lymph nodes |
| C82.27 | Follicular lymphoma grade III spleen |
| C82.28 | Follicular lymphoma grade III lymph nodes of multiple sites |
| C82.29 | Follicular lymphoma grade III extranodal and solid organ sites |
| C82.30 | Follicular lymphoma grade IIIa unspecified site |
| C82.31 | Follicular lymphoma grade IIIa lymph nodes of head, face, and neck |
| C82.32 | Follicular lymphoma grade IIIa intrathoracic lymph nodes |
| C82.33 | Follicular lymphoma grade IIIa intra-abdominal lymph nodes |

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| C82.34 | Follicular lymphoma grade IIIa lymph nodes of axilla and upper limb |
| C82.35 | Follicular lymphoma grade IIIa lymph nodes of inguinal region and lower limb |
| C82.36 | Follicular lymphoma grade IIIa intrapelvic lymph nodes |
| C82.37 | Follicular lymphoma grade IIIa spleen |
| C82.38 | Follicular lymphoma grade IIIa lymph nodes of multiple sites |
| C82.39 | Follicular lymphoma grade IIIa extranodal and solid organ sites |
| C82.40 | Follicular lymphoma grade IIIb unspecified site |
| C82.41 | Follicular lymphoma grade IIIb lymph nodes of head, face, and neck |
| C82.42 | Follicular lymphoma grade IIIb intrathoracic lymph nodes |
| C82.43 | Follicular lymphoma grade IIIb intra-abdominal lymph nodes |
| C82.44 | Follicular lymphoma grade IIIb lymph nodes of axilla and upper limb |
| C82.45 | Follicular lymphoma grade IIIb lymph nodes of inguinal region and lower limb |
| C82.46 | Follicular lymphoma grade IIIb intrapelvic lymph nodes |
| C82.47 | Follicular lymphoma grade IIIb spleen |
| C82.48 | Follicular lymphoma grade IIIb lymph nodes of multiple sites |
| C82.49 | Follicular lymphoma grade IIIb extranodal and solid organ sites |
| C82.50 | Diffuse follicle center lymphoma unspecified site |
| C82.51 | Diffuse follicle center lymphoma lymph nodes of head, face, and neck |
| C82.52 | Diffuse follicle center lymphoma intrathoracic lymph nodes |
| C82.53 | Diffuse follicle center lymphoma intra-abdominal lymph nodes |
| C82.54 | Diffuse follicle center lymphoma lymph nodes of axilla and upper limb |
| C82.55 | Diffuse follicle center lymphoma lymph nodes of inguinal region and lower limb |
| C82.56 | Diffuse follicle center lymphoma intrapelvic lymph nodes |
| C82.57 | Diffuse follicle center lymphoma spleen |
| C82.58 | Diffuse follicle center lymphoma lymph nodes of multiple sites |
| C82.59 | Diffuse follicle center lymphoma extranodal and solid organ sites |
| C82.60 | Cutaneous follicle center lymphoma unspecified site |
| C82.61 | Cutaneous follicle center lymphoma lymph nodes of head, face, and neck |
| C82.62 | Cutaneous follicle center lymphoma intrathoracic lymph nodes |
| C82.63 | Cutaneous follicle center lymphoma intra-abdominal lymph nodes |
| C82.64 | Cutaneous follicle center lymphoma lymph nodes of axilla and upper limb |
| C82.65 | Cutaneous follicle center lymphoma lymph nodes of inguinal region and lower limb |
| C82.66 | Cutaneous follicle center lymphoma intrapelvic lymph nodes |
| C82.67 | Cutaneous follicle center lymphoma spleen |
| C82.68 | Cutaneous follicle center lymphoma lymph nodes of multiple sites |
| C82.69 | Cutaneous follicle center lymphoma extranodal and solid organ sites |

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| C82.80 | Other types of follicular lymphoma unspecified site |
| C82.81 | Other types of follicular lymphoma lymph nodes of head, face, and neck |
| C82.82 | Other types of follicular lymphoma intrathoracic lymph nodes |
| C82.83 | Other types of follicular lymphoma intra-abdominal lymph nodes |
| C82.84 | Other types of follicular lymphoma lymph nodes of axilla and upper limb |
| C82.85 | Other types of follicular lymphoma lymph nodes of inguinal region and lower limb |
| C82.86 | Other types of follicular lymphoma intrapelvic lymph nodes |
| C82.87 | Other types of follicular lymphoma spleen lymph nodes of multiple sites |
| C82.88 | Other types of follicular lymphoma lymph nodes of multiple sites |
| C82.89 | Other types of follicular lymphoma extranodal and solid organ sites |
| C82.90 | Follicular lymphoma, unspecified site |
| C82.91 | Follicular lymphoma, unspecified lymph nodes of head, face, and neck |
| C82.92 | Follicular lymphoma, unspecified intrathoracic lymph nodes |
| C82.93 | Follicular lymphoma, unspecified intra-abdominal lymph nodes |
| C82.94 | Follicular lymphoma, unspecified lymph nodes of axilla and upper limb |
| C82.95 | Follicular lymphoma, unspecified lymph nodes of inguinal region and lower limb |
| C82.96 | Follicular lymphoma, unspecified intrapelvic lymph nodes |
| C82.97 | Follicular lymphoma, unspecified spleen |
| C82.98 | Follicular lymphoma, unspecified lymph nodes of multiple sites |
| C82.99 | Follicular 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 |
| C83.10 | Mantle cell lymphoma, unspecified site |
| C83.11 | Mantle cell lymphoma, lymph nodes of head, face, and neck |
| C83.12 | Mantle cell lymphoma, intrathoracic lymph nodes |
| C83.13 | Mantle cell lymphoma, intra-abdominal lymph nodes |
| C83.14 | Mantle cell lymphoma, lymph nodes of axilla and upper limb |
| C83.15 | Mantle cell lymphoma, lymph nodes of inguinal region and lower limb |

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| C83.16 | Mantle cell lymphoma, intrapelvic lymph nodes |
| C83.17 | Mantle cell lymphoma, spleen |
| C83.18 | Mantle cell lymphoma, lymph nodes of multiple sites |
| C83.19 | Mantle cell lymphoma, extranodal and solid organ sites |
| C83.30 | Diffuse large B-cell lymphoma, unspecified site |
| C83.31 | Diffuse large B-cell lymphoma, lymph nodes of head, face, and neck |
| C83.32 | Diffuse large B-cell lymphoma, intrathoracic lymph nodes |
| C83.33 | Diffuse large B-cell lymphoma, intra-abdominal lymph nodes |
| C83.34 | Diffuse large B-cell lymphoma, lymph nodes of axilla and upper limb |
| C83.35 | Diffuse large B-cell lymphoma, lymph nodes of inguinal region and lower limb |
| C83.36 | Diffuse large B-cell lymphoma, intrapelvic lymph nodes |
| C83.37 | Diffuse large B-cell lymphoma, spleen |
| C83.38 | Diffuse large B-cell lymphoma, lymph nodes of multiple sites |
| C83.39 | Diffuse large B-cell lymphoma, extranodal and solid organ sites |
| C83.70 | Burkitt lymphoma, unspecified site |
| C83.71 | Burkitt lymphoma, lymph nodes of head, face, and neck |
| C83.72 | Burkitt lymphoma, intrathoracic lymph nodes |
| C83.73 | Burkitt lymphoma, intra-abdominal lymph nodes |
| C83.74 | Burkitt lymphoma, lymph nodes of axilla and upper limb |
| C83.75 | Burkitt lymphoma, lymph nodes of inguinal region and lower limb |
| C83.76 | Burkitt lymphoma, intrapelvic lymph nodes |
| C83.77 | Burkitt lymphoma, spleen |
| C83.78 | Burkitt lymphoma, lymph nodes of multiple sites |
| C83.79 | Burkitt 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 |
| C83.82 | Other non-follicular lymphoma intrathoracic lymph nodes |
| C83.83 | Other non-follicular lymphoma intra-abdominal lymph nodes |
| C83.84 | Other non-follicular lymphoma lymph nodes of axilla and upper limb |
| C83.85 | Other non-follicular lymphoma lymph nodes of inguinal region and lower limb |
| C83.86 | Other non-follicular lymphoma intrapelvic lymph nodes |
| C83.87 | Other non-follicular lymphoma spleen |
| C83.88 | Other non-follicular lymphoma lymph nodes of multiple sites |
| C83.89 | Other non-follicular lymphoma extranodal and solid organ sites |
| C83.90 | Non-follicular (diffuse) lymphoma, unspecified, unspecified site |
| C83.91 | Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of head, face, and neck |

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| C83.92 | Non-follicular (diffuse) lymphoma, unspecified, intrathoracic lymph nodes |
| C83.93 | Non-follicular (diffuse) lymphoma, unspecified, intra-abdominal lymph nodes |
| C83.94 | Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of axilla and upper limb |
| C83.95 | Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of inguinal region and lower limb |
| C83.96 | Non-follicular (diffuse) lymphoma, unspecified, intrapelvic lymph nodes |
| C83.97 | Non-follicular (diffuse) lymphoma, unspecified, spleen |
| C83.98 | Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of multiple sites |
| C83.99 | Non-follicular (diffuse) lymphoma, unspecified, extranodal and solid organ sites |
| C85.10 | Unspecified B-cell lymphoma, unspecified site |
| C85.11 | Unspecified B-cell lymphoma, lymph nodes of head, face, and neck |
| C85.12 | Unspecified B-cell lymphoma, intrathoracic lymph nodes |
| C85.13 | Unspecified B-cell lymphoma, intra-abdominal lymph nodes |
| C85.14 | Unspecified B-cell lymphoma, lymph nodes of axilla and upper limb |
| C85.15 | Unspecified B-cell lymphoma, lymph nodes of inguinal region and lower limb |
| C85.16 | Unspecified B-cell lymphoma, intrapelvic lymph nodes |
| C85.17 | Unspecified B-cell lymphoma, spleen |
| C85.18 | Unspecified B-cell lymphoma, lymph nodes of multiple sites |
| C85.19 | Unspecified B-cell lymphoma, extranodal and solid organ sites |
| C85.20 | Mediastinal (thymic) large B-cell lymphoma, unspecified site |
| C85.21 | Mediastinal (thymic) large B-cell lymphoma, lymph nodes of head, face, and neck |
| C85.22 | Mediastinal (thymic) large B-cell lymphoma, intrathoracic lymph nodes |
| C85.23 | Mediastinal (thymic) large B-cell lymphoma, intra-abdominal lymph nodes |
| C85.24 | Mediastinal (thymic) large B-cell lymphoma, lymph nodes of axilla and upper limb |
| C85.25 | Mediastinal (thymic) large B-cell lymphoma, lymph nodes of inguinal region and lower limb |
| C85.26 | Mediastinal (thymic) large B-cell lymphoma, intrapelvic lymph nodes |
| C85.27 | Mediastinal (thymic) large B-cell lymphoma, spleen |
| C85.28 | Mediastinal (thymic) large B-cell lymphoma, lymph nodes of multiple sites |
| C85.29 | Mediastinal (thymic) large B-cell lymphoma, extranodal and solid organ sites |
| C85.80 | Other specified types of non-Hodgkin lymphoma, unspecified site |
| C85.81 | Other specified types of non-Hodgkin lymphoma, lymph nodes of head, face, and neck |
| C85.82 | Other specified types of non-Hodgkin lymphoma, intrathoracic lymph nodes |
| C85.83 | Other specified types of non-Hodgkin lymphoma, intra-abdominal lymph nodes |
| C85.84 | Other specified types of non-Hodgkin lymphoma, lymph nodes of axilla and upper limb |
| C85.85 | Other specified types of non-Hodgkin lymphoma, lymph nodes of inguinal region and lower limb |
| C85.86 | Other specified types of non-Hodgkin lymphoma, intrapelvic lymph nodes |
| C85.87 | Other specified types of non-Hodgkin lymphoma, spleen |

| | |
|--------|--|
| C85.88 | Other specified types of non-Hodgkin lymphoma, lymph nodes of multiple sites |
| C85.89 | Other specified types of non-Hodgkin lymphoma, extranodal and solid organ sites |
| C88.4 | Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue [MALT- |
| C91.10 | Chronic lymphocytic leukemia of B-cell type not having achieved remission |
| C91.12 | Chronic lymphocytic leukemia of B-cell type in relapse |
| D47.Z1 | Post-transplant lymphoproliferative disorder (PTLD) |
| D47.Z2 | Castleman disease |

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD), Local Coverage Determinations (LCDs), and Local Coverage Articles (LCAs) may exist and compliance with these policies is required where applicable. They can be found at: <http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD/LCA): 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 |