

Erbitux® (cetuximab) (Intravenous)

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I. Length of Authorization ^{1,30}

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

Head and Neck Cancer

- In combination with radiation therapy: Coverage will be provided for the duration of radiation therapy (6-7 weeks).
- Sequential systemic therapy/radiation: Coverage will be provided for up to 12 weeks of therapy.

II. Dosing Limits

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

- Erbitux 100 mg/50 mL solution for injection single-dose vial: 1 vial every 7 days
- Erbitux 200 mg/100 mL solution for injection single-dose vial: 5 vials x 1 dose, then 3 vials every 7 days

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

| CRC, Head & Neck Cancer, Squamous Cell Skin Cancer, & Penile Cancer | NSCLC |
|---|----------------------------------|
| – Load: 100 billable units x 1 dose – Maintenance Dose: 60 billable units every 7 days | 120 billable units every 14 days |

III. Initial Approval Criteria ¹

Coverage is provided in the following conditions:

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

Colorectal Cancer (CRC) † ‡ 1,2,12,13

- Patient is both KRAS and NRAS mutation negative (wild-type) as determined by an FDA-approved or CLIA-compliant test †; **AND**
- Will not be used as part of an adjuvant treatment regimen; **AND**
- Patient has not been previously treated with cetuximab or panitumumab; **AND**
 - Patient has metastatic, unresectable (or medically inoperable), or advanced disease that is BRAF mutation negative (wild-type); **AND**
 - Used as primary treatment; **AND**
 - Used in combination with FOLFIRI †; **OR**
 - Used in combination with CapeOx or FOLFOX §; **AND**
 - Patient has mismatch repair proficient/microsatellite-stable (pMMR/MSS) disease; **OR**
 - Patient has mismatch repair deficient/microsatellite instability-high (dMMR/MSI-H) disease **AND** is not a candidate for or has progressed on checkpoint inhibitor immunotherapy; **OR**
 - Used in combination with an irinotecan-based regimen after previous FOLFOX or CapeOX within the past 12 months §; **AND**
 - Patient has mismatch repair proficient/microsatellite-stable (pMMR/MSS) disease; **OR**
 - Patient has mismatch repair deficient/microsatellite instability-high (dMMR/MSI-H) disease **AND** is not a candidate for immunotherapy (*Note: Only applies to Colon Cancer*); **OR**
 - Used as a single agent for rectal cancer if resection is contraindicated following neoadjuvant therapy; **AND**
 - Patient has mismatch repair proficient/microsatellite-stable (pMMR/MSS) disease; **OR**
 - Patient has mismatch repair deficient/microsatellite instability-high (dMMR/MSI-H) disease **AND** is not a candidate for or has progressed on checkpoint inhibitor immunotherapy; **OR**
 - Used as subsequent therapy; **AND**
 - Used in combination with irinotecan for irinotecan-refractory disease †; **OR**
 - Used as a single agent for oxaliplatin- and irinotecan-refractory disease †; **OR**
 - Used as a single agent for irinotecan-intolerant disease †; **OR**
 - Used in combination with irinotecan for oxaliplatin-refractory disease or oxaliplatin- and irinotecan-refractory disease §; **AND**
 - Patient has mismatch repair proficient/microsatellite-stable (pMMR/MSS) disease; **OR**

- Patient has mismatch repair deficient/microsatellite instability-high (dMMR/MSI-H) disease AND is not a candidate for or has progressed on checkpoint inhibitor immunotherapy; **OR**
- Used in combination with FOLFIRI for oxaliplatin-refractory disease §**;
AND
 - Patient has mismatch repair proficient/microsatellite-stable (pMMR/MSS) disease; **OR**
 - Patient has mismatch repair deficient/microsatellite instability-high (dMMR/MSI-H) disease AND is not a candidate for or has progressed on checkpoint inhibitor immunotherapy; **OR**
- Used in combination with FOLFOX or CapeOx for irinotecan-refractory disease §**;
AND
 - Patient has mismatch repair proficient/microsatellite-stable (pMMR/MSS) disease; **OR**
 - Patient has mismatch repair deficient/microsatellite instability-high (dMMR/MSI-H) disease AND is not a candidate for or has progressed on checkpoint inhibitor immunotherapy; **OR**
- Used as a single agent for oxaliplatin- or irinotecan-refractory disease; **AND**
 - Patient has mismatch repair proficient/microsatellite-stable (pMMR/MSS) disease; **OR**
 - Patient has mismatch repair deficient/microsatellite instability-high (dMMR/MSI-H) disease AND is not a candidate for or has progressed on checkpoint inhibitor immunotherapy; **OR**
- Patient has BRAF V600E mutation positive disease as determined by an FDA-approved or CLIA-compliant test❖ †; **AND**
 - Used in combination with encorafenib; **AND**
 - Used as subsequent therapy for progression after at least one prior line of treatment in the advanced or metastatic disease setting; **OR**
 - Used as initial treatment for unresectable metastatic disease after previous FOLFOX or CapeOX within the past 12 months; **AND**
 - Patient has mismatch repair proficient/microsatellite-stable (pMMR/MSS) disease; **OR**
 - Patient has mismatch repair deficient/microsatellite instability-high (dMMR/MSI-H) disease AND is not a candidate for immunotherapy
(*Note: Only applies to Colon Cancer*)

***May also be used for progression on non-intensive therapy, except if received previous fluoropyrimidine, with improvement in functional status.*

§ Colon cancer patients must have left-sided tumors only.

Head and Neck Cancer † ‡ ⊕ 1,2,25,29,30

- Patient has squamous cell carcinoma; **AND**
 - Used in combination with radiation as a single agent †; **OR**
 - Used as sequential systemic therapy/radiation as a single agent; **AND**
 - Used after induction chemotherapy for one of the following cancers:
 - Cancer of the hypopharynx (T4a, N0-3 only)
 - Cancer of the oropharynx
 - Very advanced head and neck cancers* (non-nasopharyngeal and performance status [PS] 0-1)
 - Occult primary cancer; **OR**
 - Used following a complete response to primary systemic therapy for ethmoid sinus tumors**; **OR**
 - Used following combination systemic therapy for very advanced head and neck cancers* (non-nasopharyngeal); **OR**
 - Used as first-line therapy; **AND**
 - Used in combination with platinum-based therapy †; **OR**
 - Used as a single agent for very advanced head and neck cancer* (non-nasopharyngeal); **OR**
 - Used in combination with nivolumab for very advanced head and neck cancer* (non-nasopharyngeal) and PS 0-1; **OR**
 - Used as subsequent therapy; **AND**
 - Used as a single agent †; **OR**
 - Used in combination with platinum-based therapy or nivolumab for very advanced head and neck cancer* (non-nasopharyngeal) AND PS 0-1; **OR**
 - Used in combination with carboplatin for cancer of the nasopharynx or very advanced head and neck cancer* (nasopharyngeal) AND PS 0-1

* Very Advanced Head and Neck Cancers include: newly diagnosed locally advanced T4b [M0] disease; newly diagnosed unresectable regional nodal disease, typically N3; metastatic disease at initial presentation [M1]; or recurrent or persistent disease.

** Ethmoid sinus tumors may also have adenocarcinoma, esthesioneuroblastoma, or minor salivary gland histology.

Squamous Cell Skin Cancer † 2,27

- Used as a single agent without radiation therapy; **AND**
 - Patient is ineligible for or progressed on immune checkpoint inhibitor therapy and clinical trials; **AND**
 - Patient has locally advanced disease and curative surgery and curative radiation therapy are not feasible; **OR**
 - Patient has unresectable, inoperable, or incompletely resected regional disease AND curative radiation therapy is not feasible; **OR**

- Patient has regional recurrence or distant metastatic disease; **OR**
- Used as a single agent in combination with radiation therapy; **AND**
 - Patient has locally advanced disease if residual disease is present and further surgery is not feasible; **OR**
 - Patient has resected high-risk regional disease of the head and neck with pathologic extracapsular extension (ECE) or incompletely excised nodal disease; **OR**
 - Patient has unresectable, inoperable, or incompletely resected regional disease; **OR**
 - Patient has regional recurrence or distant metastatic disease

Penile Cancer ‡^{2,26}

- Used as a single agent; **AND**
- Used as subsequent therapy for metastatic disease

Non-Small Cell Lung Cancer (NSCLC) ‡^{2,24}

- Used in combination with afatinib; **AND**
- Patient has 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 subsequent therapy; **AND**
- Patient has EGFR exon 19 deletion or exon 21 L858R or EGFR S768I, L861Q, and/or G719X mutation positive tumors as determined by an FDA-approved or CLIA-compliant test❖; **AND**
- Patient progressed on EGFR tyrosine kinase inhibitor therapy (e.g., erlotinib, afatinib, gefitinib, dacomitinib, osimertinib, etc.); **AND**
 - Patient has asymptomatic disease, symptomatic brain lesions, or symptomatic systemic limited* progression; **OR**
 - Patient has multiple symptomatic systemic lesions; **AND**
 - Patient has T790M negative disease; **OR**
 - Patient has T790M positive disease and progressed on osimertinib therapy

*Clinical trials have included up to 3 to 5 progressing sites.

❖ If confirmed using an FDA approved assay – <http://www.fda.gov/companiondiagnostics>

† FDA Approved Indication(s); ‡ Compendia Recommended Indication(s); Ⓢ Orphan Drug

IV. Renewal Criteria^{1,30}

Coverage may be renewed based upon the following criteria:

- Patient continues to meet the 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 infusion reactions/anaphylactic reactions, cardiopulmonary arrest, pulmonary toxicity/interstitial lung disease, dermatologic toxicity, hypomagnesemia/electrolyte abnormalities, etc.

Head and Neck Cancer (in combination with radiation therapy)

- Patient has not exceeded a maximum of 7 weeks of therapy

Head and Neck Cancer (sequential systemic therapy/radiation)

- Patient has not exceeded a maximum of 12 weeks of therapy

V. Dosage/Administration ^{1,12,13,20-23,29,30}

| Indication | Dose |
|----------------------|---|
| Colorectal Cancer | 400 mg/m ² loading dose intravenously, then 250 mg/m ² intravenously every 7 days until disease progression or unacceptable toxicity OR 500 mg/m ² intravenously every 14 days until disease progression or unacceptable toxicity |
| NSCLC | 500 mg/m ² intravenously every 14 days until disease progression or unacceptable toxicity |
| Head and Neck Cancer | <u>In combination with radiation therapy:</u> 400 mg/m ² loading dose intravenously, then 250 mg/m ² intravenously every 7 days for the duration of radiation therapy (6-7 weeks) <u>Sequential systemic therapy/radiation:</u> 400 mg/m ² loading dose intravenously, then 250 mg/m ² intravenously every 7 days for up to 12 weeks of therapy <u>Monotherapy or in combination with platinum-based therapy:</u> 400 mg/m ² loading dose intravenously, then 250 mg/m ² intravenously every 7 days until disease progression or unacceptable toxicity OR 500 mg/m ² intravenously every 14 days until disease progression or unacceptable toxicity <u>In combination with nivolumab:</u> 500 mg/m ² intravenously every 14 days until disease progression or unacceptable toxicity |

| | |
|---|--|
| Squamous Cell Skin Cancer & Penile Cancer | 400 mg/m ² loading dose intravenously, then 250 mg/m ² intravenously every 7 days until disease progression or unacceptable toxicity |
|---|--|

VI. Billing Code/Availability Information

HCPCS Code:

- J9055 – Injection, cetuximab, 10 mg; 1 billable unit = 10 mg

NDC(s):

- Erbitux 100 mg/50 mL single-dose vial; solution for injection: 66733-0948-xx
- Erbitux 200 mg/100 mL single-dose vial; solution for injection: 66733-0958-xx

VII. References

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Appendix 1 – Covered Diagnosis Codes

| ICD-10 | ICD-10 Description |
|--------|---|
| C00.0 | Malignant neoplasm of external upper lip |
| C00.1 | Malignant neoplasm of external lower lip |
| C00.2 | Malignant neoplasm of external lip, unspecified |
| C00.3 | Malignant neoplasm of upper lip, inner aspect |
| C00.4 | Malignant neoplasm of lower lip, inner aspect |
| C00.5 | Malignant neoplasm of lip, unspecified, inner aspect |
| C00.6 | Malignant neoplasm of commissure of lip, unspecified |
| C00.8 | Malignant neoplasm of overlapping sites of lip |
| C00.9 | Malignant neoplasm of lip, unspecified |
| C01 | Malignant neoplasm of base of tongue |
| C02.0 | Malignant neoplasm of dorsal surface of tongue |
| C02.1 | Malignant neoplasm of border of tongue |
| C02.2 | Malignant neoplasm of ventral surface of tongue |
| C02.3 | Malignant neoplasm of anterior two-thirds of tongue, part unspecified |
| C02.4 | Malignant neoplasm of lingual tonsil |
| C02.8 | Malignant neoplasm of overlapping sites of tongue |
| C02.9 | Malignant neoplasm of tongue, unspecified |
| C03.0 | Malignant neoplasm of upper gum |
| C03.1 | Malignant neoplasm of lower gum |
| C03.9 | Malignant neoplasm of gum, unspecified |
| C04.0 | Malignant neoplasm of anterior floor of mouth |
| C04.1 | Malignant neoplasm of lateral floor of mouth |
| C04.8 | Malignant neoplasm of overlapping sites of floor of mouth |
| C04.9 | Malignant neoplasm of floor of mouth, unspecified |
| C05.0 | Malignant neoplasm of hard palate |
| C05.1 | Malignant neoplasm of soft palate |
| C05.8 | Malignant neoplasm of overlapping sites of palate |
| C05.9 | Malignant neoplasm of palate, unspecified |
| C06.0 | Malignant neoplasm of cheek mucosa |

ERBITUX® (cetuximab) Prior Auth Criteria

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| ICD-10 | ICD-10 Description |
|--------|---|
| C06.2 | Malignant neoplasm of retromolar area |
| C06.80 | Malignant neoplasm of overlapping sites of unspecified parts of mouth |
| C06.89 | Malignant neoplasm of overlapping sites of other parts of mouth |
| C06.9 | Malignant neoplasm of mouth, unspecified |
| C09.0 | Malignant neoplasm of tonsillar fossa |
| C09.1 | Malignant neoplasm of tonsillar pillar (anterior) (posterior) |
| C09.8 | Malignant neoplasm of overlapping sites of tonsil |
| C09.9 | Malignant neoplasm of tonsil, unspecified |
| C10.0 | Malignant neoplasm of vallecula |
| C10.1 | Malignant neoplasm of anterior surface of epiglottis |
| C10.2 | Malignant neoplasm of lateral wall of oropharynx |
| C10.3 | Malignant neoplasm of posterior wall of oropharynx |
| C10.4 | Malignant neoplasm of branchial cleft |
| C10.8 | Malignant neoplasm of overlapping sites of oropharynx |
| C10.9 | Malignant neoplasm of oropharynx, unspecified |
| C11.0 | Malignant neoplasm of superior wall of nasopharynx |
| C11.1 | Malignant neoplasm of posterior wall of nasopharynx |
| C11.2 | Malignant neoplasm of lateral wall of nasopharynx |
| C11.3 | Malignant neoplasm of anterior wall of nasopharynx |
| C11.8 | Malignant neoplasm of overlapping sites of nasopharynx |
| C11.9 | Malignant neoplasm of nasopharynx, unspecified |
| C12 | Malignant neoplasm of pyriform sinus |
| C13.0 | Malignant neoplasm of postcricoid region |
| C13.1 | Malignant neoplasm of aryepiglottic fold, hypopharyngeal aspect |
| C13.2 | Malignant neoplasm of posterior wall of hypopharynx |
| C13.8 | Malignant neoplasm of overlapping sites of hypopharynx |
| C13.9 | Malignant neoplasm of hypopharynx, unspecified |
| C14.0 | Malignant neoplasm of pharynx, unspecified |
| C14.2 | Malignant neoplasm of Waldeyer's ring |
| C14.8 | Malignant neoplasm of overlapping sites of lip, oral cavity and pharynx |
| C18.0 | Malignant neoplasm of cecum |
| C18.2 | Malignant neoplasm of ascending colon |
| C18.3 | Malignant neoplasm of hepatic flexure |
| C18.4 | Malignant neoplasm of transverse colon |
| C18.5 | Malignant neoplasm of splenic flexure |
| C18.6 | Malignant neoplasm of descending colon |
| C18.7 | Malignant neoplasm of sigmoid colon |
| C18.8 | Malignant neoplasm of overlapping sites of large intestines |

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| ICD-10 | ICD-10 Description |
|----------|--|
| 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 |
| C30.0 | Malignant neoplasm of nasal cavity |
| C31.0 | Malignant neoplasm of maxillary sinus |
| C31.1 | Malignant neoplasm of ethmoidal sinus |
| C32.0 | Malignant neoplasm of glottis |
| C32.1 | Malignant neoplasm of supraglottis |
| C32.2 | Malignant neoplasm of subglottis |
| C32.3 | Malignant neoplasm of laryngeal cartilage |
| C32.8 | Malignant neoplasm of overlapping sites of larynx |
| C32.9 | Malignant neoplasm of larynx, 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 and 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 |
| C44.00 | Unspecified malignant neoplasm of skin of lip |
| C44.02 | Squamous cell carcinoma of skin of lip |
| C44.09 | Other specified malignant neoplasm of skin of lip |
| C44.121 | Squamous cell carcinoma of skin of unspecified eyelid, including canthus |
| C44.1221 | Squamous cell carcinoma of skin of right upper eyelid, including canthus |
| C44.1222 | Squamous cell carcinoma of skin of right lower eyelid, including canthus |
| C44.1291 | Squamous cell carcinoma of skin of left upper eyelid, including canthus |
| C44.1292 | Squamous cell carcinoma of skin of left lower eyelid, including canthus |

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| ICD-10 | ICD-10 Description |
|---------|--|
| C44.221 | Squamous cell carcinoma of skin of unspecified ear and external auricular canal |
| C44.222 | Squamous cell carcinoma of skin of right ear and external auricular canal |
| C44.229 | Squamous cell carcinoma of skin of left ear and external auricular canal |
| C44.320 | Squamous cell carcinoma of skin of unspecified parts of face |
| C44.321 | Squamous cell carcinoma of skin of nose |
| C44.329 | Squamous cell carcinoma of skin of other parts of face |
| C44.42 | Squamous cell carcinoma of skin of scalp and neck |
| C44.520 | Squamous cell carcinoma of anal skin |
| C44.521 | Squamous cell carcinoma of skin of breast |
| C44.529 | Squamous cell carcinoma of skin of other part of trunk |
| C44.621 | Squamous cell carcinoma of skin of unspecified upper limb, including shoulder |
| C44.622 | Squamous cell carcinoma of skin of right upper limb, including shoulder |
| C44.629 | Squamous cell carcinoma of skin of left upper limb, including shoulder |
| C44.721 | Squamous cell carcinoma of skin of unspecified lower limb, including hip |
| C44.722 | Squamous cell carcinoma of skin of right lower limb, including hip |
| C44.729 | Squamous cell carcinoma of skin of left lower limb, including hip |
| C44.82 | Squamous cell carcinoma of overlapping sites of skin |
| C44.92 | Squamous cell carcinoma of skin, unspecified |
| C60.0 | Malignant neoplasm of prepuce |
| C60.1 | Malignant neoplasm of glans penis |
| C60.2 | Malignant neoplasm of body of penis |
| C60.8 | Malignant neoplasm of overlapping sites of penis |
| C60.9 | Malignant neoplasm of penis, unspecified |
| C63.7 | Malignant neoplasm of other specified male genital organs |
| C63.8 | Malignant neoplasm of overlapping sites of male genital organs |
| C76.0 | Malignant neoplasm of head, face and neck |
| C77.0 | Secondary and unspecified malignant neoplasm of lymph nodes of head, face and neck |
| 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 |
| D37.01 | Neoplasm of uncertain behavior of lip |
| D37.02 | Neoplasm of uncertain behavior of tongue |
| D37.05 | Neoplasm of uncertain behavior of pharynx |
| D37.09 | Neoplasm of uncertain behavior of other specified sites of the oral cavity |
| D38.0 | Neoplasm of uncertain behavior of larynx |
| D38.5 | Neoplasm of uncertain behavior of other respiratory organs |

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| ICD-10 | ICD-10 Description |
|---------|---|
| D38.6 | Neoplasm of uncertain behavior of respiratory organ, unspecified |
| Z85.038 | Personal history of other malignant neoplasm of large intestine |
| Z85.118 | Personal history of other malignant neoplasm of bronchus and lung |

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

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

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