



Avastin® (bevacizumab) (Intravenous)

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I. Length of Authorization

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

II. Dosing Limits

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

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

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

Oncology indications (J9035):

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

III. Initial Approval Criteria

Coverage is provided in the following conditions:

- Patient must have no recent history of hemorrhage or hemoptysis (the presence of blood in sputum); **AND**
- Patient must not have had a surgical procedure within the preceding 28 days or have a surgical wound that has not fully healed; **AND**

Colorectal Cancer (CRC) †

- Patient's disease is metastatic, unresectable, or advanced; **AND**
 - Must be used as first- or second-line therapy in combination with a fluoropyrimidine (e.g., 5-fluorouracil/5-FU or capecitabine) or irinotecan-based regimen; **OR**
 - Patient's disease has progressed on a first-line bevacizumab-containing regimen; **AND**
 - Used in combination with an irinotecan and/or oxaliplatin-based regimen (if not used first-line)

Non-squamous non-small cell lung cancer (NSCLC) †

- Patient's disease must be recurrent, unresectable, locally advanced, or metastatic; **AND**
 - Used as first-line therapy in combination with either carboplatin or cisplatin; **OR**
- Used for recurrent or metastatic disease in combination with carboplatin and paclitaxel or pemetrexed **OR** cisplatin and pemetrexed; **AND**
 - Patient does not have locoregional recurrence without evidence of disseminated disease; **AND**
 - Used as first-line therapy for genomic tumor aberration (e.g., EGFR, ALK, ROS1, BRAF and PD-L1) negative or unknown **OR** BRAF V600E-mutation positive; **OR**
 - Used as subsequent therapy for genomic tumor aberration (e.g., EGFR, BRAF V600E, ALK, ROS1, PD-L1) positive and prior targeted therapy; **OR**
- Used as continuation maintenance therapy; **AND**
 - Avastin must have been included in patient's 1st-line chemotherapy regimen for recurrent or metastatic disease; **AND**
 - Patient's disease has not progressed (achieved tumor response or stable disease) after 1st-line chemotherapy; **AND**
 - Patient must have an ECOG performance status 0-2; **AND**
 - Used as a single agent; **OR**
 - Used in combination with pemetrexed if Avastin was previously used with a 1st-line pemetrexed/platinum chemotherapy regimen

Cervical Cancer †

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

Breast cancer ‡

- Patient must have recurrent or metastatic disease; **AND**
- Must be used in combination with paclitaxel; **AND**
- Patient must be human epidermal growth factor receptor 2 (HER2)-negative; **AND**
 - Disease is hormone receptor-negative; **OR**
 - Disease is hormone receptor-positive and refractory to endocrine therapy; **OR**
 - Patient has symptomatic visceral disease or visceral crisis

Renal cell carcinoma (RCC) †

- Patient must have metastatic or relapsed disease; **AND**
 - Must be used in combination with interferon alfa †; **OR**
 - Must be used as a single agent for predominantly non-clear cell histology ‡; **OR**
 - Used in combination with erlotinib or everolimus in patients with papillary or hereditary leiomyomatosis disease

Primary central nervous system (CNS) cancer

- Used in combination with one of the following: irinotecan, carmustine, lomustine, or temozolomide **OR** as a single agent; **AND**
 - Used for recurrent Anaplastic Gliomas ‡; **OR**
 - Used for recurrent Glioblastoma †; **OR**
- Used for the treatment of recurrent Intracranial and Spinal Ependymoma ‡; **AND**
 - Used as single agent therapy; **AND**
 - Used for patients with progressive disease who do not have subependymomas

Ovarian cancer †

- Patient has malignant stage II-IV granulosa cell Sex Cord-Stromal Tumors ‡; **AND**
 - Used as single agent therapy for relapsed disease; **OR**
- Patient has Epithelial or Fallopian Tube or Primary Peritoneal Cancers †; **AND**
 - Avastin has not been used previously; **AND**
 - Patient has persistent or recurrent disease; **AND**
 - Patient has not had an immediate biochemical relapse; **AND**
 - Used as a single agent ‡; **OR**
 - If platinum sensitive, used in combination with carboplatin **AND** one of the following: gemcitabine or paclitaxel †; **OR**
 - If platinum resistant, used in combination with one of the following: PEGylated liposomal doxorubicin, paclitaxel, or topotecan †; **OR**
 - Used as single agent maintenance therapy in patients with a partial or complete remission when used as part of initial therapy or therapy of platinum-sensitive disease; **OR**
 - Used as neoadjuvant therapy in combination with paclitaxel and carboplatin; **AND**
 - Patient has bulky stage III or IV disease or is a poor surgical candidate; **OR**
 - Used as adjuvant therapy in combination with paclitaxel and carboplatin; **AND**
 - Patient has stage II-IV disease; **OR**
 - Patient has stage I-IV carcinosarcoma histologic disease

Soft tissue Sarcoma ‡

- Used as a single agent for Angiosarcoma; **OR**
- Used in combination with temozolomide for Solitary Fibrous Tumor or Hemangiopericytoma

Endometrial Carcinoma ‡

- Must be used as a single agent; **AND**
- Must have progressed on prior cytotoxic chemotherapy

Malignant Pleural Mesothelioma ‡

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

AIDS-Related Kaposi Sarcoma ‡

- Patient has relapsed or refractory disease; **AND**
- Patient has advanced cutaneous, oral, visceral or nodal disease; **AND**
- Used as subsequent therapy in combination with antiretroviral therapy (ART)

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

Genomic Aberration Targeted Therapies (<i>not all inclusive</i>) §
Sensitizing EGFR mutation-positive tumors <ul style="list-style-type: none"> – Erlotinib – Afatinib – Gefitinib – Osimertinib
ALK rearrangement-positive tumors <ul style="list-style-type: none"> – Crizotinib – Ceritinib – Brigatinib – Alectinib
ROS1 rearrangement-positive tumors <ul style="list-style-type: none"> – Crizotinib – Ceritinib
BRAF V600E-mutation positive tumors <ul style="list-style-type: none"> – Dabrafenib/Trametinib
PD-L1 expression-positive tumors (>50%) <ul style="list-style-type: none"> – Pembrolizumab

IV. Renewal Criteria

Coverage can be renewed based upon the following criteria:

- Patient continues to meet criteria identified in section III; **AND**
- Tumor response with stabilization of disease or decrease in size of tumor or tumor spread; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: gastrointestinal perforation, surgical/wound healing complications, hemorrhage, arterial and venous thromboembolic events (ATE & VTE), uncontrolled hypertension, posterior reversible encephalopathy syndrome (PRES), nephrotic syndrome, severe infusion reactions, ovarian failure, congestive heart failure (CHF), etc.; **AND**

Metastatic carcinoma of the colon or rectum (additional renewal opportunity):

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

Malignant Pleural Mesothelioma – maintenance therapy:

- Must be used as a single agent

Ovarian cancer - Platinum sensitive disease or recurrence:

- Must be used as a single agent for maintenance therapy; **OR**

- Used in combination with chemotherapy, for completion of initial therapy, up to 10 cycles total

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

- Avastin must have been included in patient’s 1st line chemotherapy; **AND**
- Patient must have an ECOG performance status 0-2; **AND**
 - Used as a single agent; **OR**
 - Used in combination with pemetrexed if Avastin was previously used with a 1st-line pemetrexed/platinum chemotherapy regimen

V. Dosage/Administration

Indication	Dose
CRC	5 to 10 mg/kg every 2 weeks or 7.5 mg/kg every 3 weeks
NSCLC & Cervical Cancer	15 mg/kg every 3 weeks until disease progression or unacceptable toxicity.
Glioblastoma & RCC	10 mg/kg every 2 weeks until disease progression or unacceptable toxicity.
MPM	15 mg/kg every 3 weeks in combination with chemotherapy for up to 6 cycles followed by single agent use, at the same dose/frequency, until disease progression or unacceptable toxicity.
Ovarian Cancer	<u>Platinum-sensitive:</u> 15 mg/kg every 3 weeks for up to 8 cycles when used with paclitaxel or up to 10 cycles when used with gemcitabine; followed by single-agent bevacizumab 15 mg/kg IV every 3 weeks until disease progression or unacceptable toxicity <u>Platinum-resistant:</u> 10 mg/kg every 2 weeks or 15 mg/kg every 3 weeks until disease progression or unacceptable toxicity
All Other Oncology Indications	5-10 mg/kg every 2 weeks OR 7.5-15 mg/kg every 3 weeks

VI. Billing Code/Availability Information

Jcode:

- J9035 – Injection, bevacizumab, 10 mg; 1 billable unit = 10 mg
- C9257 – Injection, bevacizumab, 0.25 mg

NDC:

- Avastin single-use vial, 100 mg/4 mL solution for injection: 50242-0060-xx
- Avastin single-use vial, 400 mg/16 mL solution for injection: 50242-0061-xx

VII. References

1. Avastin [package insert]. South San Francisco, CA; Genentech; December 2017. Accessed March 2018.
2. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) bevacizumab. National Comprehensive Cancer Network, 2018. The NCCN

Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc.” To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed March 2018.

3. National Government Services, Inc. Local Coverage Article for BEVACIZUMAB (e.g., Avastin™) - Related to LCD L33394 (A52370). Centers for Medicare & Medicaid Services, Inc. Updated on 2/23/2018 with effective date 3/1/2018. Accessed March 2018.
4. Cahaba Government Benefit Administrators, LLC. Local Coverage Article for Drugs and Biologicals – BEVACIZUMAB (AVASTIN®) (L34303). Centers for Medicare & Medicaid Services, Inc. Updated on 1/24/2017 with effective date 7/3/2016. Accessed October 2017.
5. National Government Services, Inc. Local Coverage Determination (LCD): Drugs and Biologicals, Coverage of, for Label and Off-Label Uses (L33394). Centers for Medicare & Medicaid Services, Inc. Updated on 11/22/2017 with effective date 12/1/2017.
6. Ceresoli GL, Zucali PA, Mencoboni M, et al. Phase II study of pemetrexed and carboplatin plus bevacizumab as first-line therapy in malignant pleural mesothelioma. Br J Cancer. 2013 Aug 6; 109(3): 552–558

Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
C17.0	Malignant neoplasm duodenum
C17.1	Malignant neoplasm jejunum
C17.2	Malignant neoplasm ileum
C17.8	Malignant neoplasm of overlapping sites of small intestines
C17.9	Malignant neoplasm of small intestine, unspecified
C18.0	Malignant neoplasm of cecum
C18.1	Malignant neoplasm of appendix
C18.2	Malignant neoplasm of ascending colon
C18.3	Malignant neoplasm of hepatic flexure
C18.4	Malignant neoplasm of transverse colon
C18.5	Malignant neoplasm of splenic flexure
C18.6	Malignant neoplasm of descending colon
C18.7	Malignant neoplasm of sigmoid colon
C18.8	Malignant neoplasm of overlapping sites of large intestines
C18.9	Malignant neoplasm of colon, unspecified
C19	Malignant neoplasm of rectosigmoid junction
C20	Malignant neoplasm of rectum
C21.8	Malignant neoplasm of overlapping sites of rectum, anus and anal canal
C33	Malignant neoplasm of trachea

ICD-10	ICD-10 Description
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
C34.82	Malignant neoplasm of overlapping sites of left bronchus and lung
C34.90	Malignant neoplasm of unspecified part of unspecified bronchus or lung
C34.91	Malignant neoplasm of unspecified part of right bronchus or lung
C34.92	Malignant neoplasm of unspecified part of left bronchus or lung
C38.4	Malignant neoplasm of pleura
C45.0	Mesothelioma of pleura
C46.0	Kaposi's sarcoma of skin
C46.1	Kaposi's sarcoma of soft tissue
C46.2	Kaposi's sarcoma of palate
C46.3	Kaposi's sarcoma of lymph nodes
C46.4	Kaposi's sarcoma of gastrointestinal sites
C46.50	Kaposi's sarcoma of unspecified lung
C46.51	Kaposi's sarcoma of right lung
C46.52	Kaposi's sarcoma of left lung
C46.7	Kaposi's sarcoma of other sites
C46.9	Kaposi's sarcoma, unspecified
C48.0	Malignant neoplasm of retroperitoneum
C48.1	Malignant neoplasm of specified parts of peritoneum
C48.2	Malignant neoplasm of peritoneum, unspecified
C48.8	Malignant neoplasm of overlapping sites of retroperitoneum and peritoneum
C49.0	Malignant neoplasm of connective and soft tissue of head, face and neck
C49.10	Malignant neoplasm of connective and soft tissue of unspecified upper limb, including shoulder
C49.11	Malignant neoplasm of connective and soft tissue of right upper limb including shoulder
C49.12	Malignant neoplasm of connective and soft tissue of left upper limb, including shoulder

ICD-10	ICD-10 Description
C49.20	Malignant neoplasm of connective and soft tissue of unspecified lower limb, including hip
C49.21	Malignant neoplasm of connective and soft tissue of right lower limb, including hip
C49.22	Malignant neoplasm of connective and soft tissue of left lower limb, including hip
C49.3	Malignant neoplasm of connective and soft tissue of thorax
C49.4	Malignant neoplasm of connective and soft tissue of abdomen
C49.5	Malignant neoplasm of connective and soft tissue of pelvis
C49.6	Malignant neoplasm of connective and soft tissue of trunk, unspecified
C49.8	Malignant neoplasm of overlapping sites of connective and soft tissue
C49.9	Malignant neoplasm of connective and soft tissue, unspecified
C50.011	Malignant neoplasm of nipple and areola, right female breast
C50.012	Malignant neoplasm of nipple and areola, left female breast
C50.019	Malignant neoplasm of nipple and areola, unspecified female breast
C50.021	Malignant neoplasm of nipple and areola, right male breast
C50.022	Malignant neoplasm of nipple and areola, left male breast
C50.029	Malignant neoplasm of nipple and areola , unspecified male breast
C50.111	Malignant neoplasm of central portion of right female breast
C50.112	Malignant neoplasm of central portion of left female breast
C50.119	Malignant neoplasm of central portion of unspecified female breast
C50.121	Malignant neoplasm of central portion of right male breast
C50.122	Malignant neoplasm of central portion of left male breast
C50.129	Malignant neoplasm of central portion of unspecified male breast
C50.211	Malignant neoplasm of upper-inner quadrant of right female breast
C50.212	Malignant neoplasm of upper-inner quadrant of left female breast
C50.219	Malignant neoplasm of upper-inner quadrant of unspecified female breast
C50.221	Malignant neoplasm of upper-inner quadrant of right male breast
C50.222	Malignant neoplasm of upper-inner quadrant of left male breast
C50.229	Malignant neoplasm of upper-inner quadrant of unspecified male breast
C50.311	Malignant neoplasm of lower-inner quadrant of right female breast
C50.312	Malignant neoplasm of lower-inner quadrant of left female breast
C50.319	Malignant neoplasm of lower-inner quadrant of unspecified female breast
C50.321	Malignant neoplasm of lower-inner quadrant of right male breast
C50.322	Malignant neoplasm of lower-inner quadrant of left male breast
C50.329	Malignant neoplasm of lower-inner quadrant of unspecified male breast
C50.411	Malignant neoplasm of upper-outer quadrant of right female breast
C50.412	Malignant neoplasm of upper-outer quadrant of left female breast
C50.419	Malignant neoplasm of upper-outer quadrant of unspecified female breast

ICD-10	ICD-10 Description
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
C53.0	Malignant neoplasm of endocervix
C53.1	Malignant neoplasm of exocervix
C53.8	Malignant neoplasm of overlapping sites of cervix uteri
C53.9	Malignant neoplasm of cervix uteri, unspecified
C54.0	Malignant neoplasm of isthmus uteri
C54.1	Malignant neoplasm of endometrium
C54.2	Malignant neoplasm of myometrium
C54.3	Malignant neoplasm of fundus uteri
C54.8	Malignant neoplasm of overlapping sites of corpus uteri

ICD-10	ICD-10 Description
C54.9	Malignant neoplasm of corpus uteri, unspecified
C55	Malignant neoplasm of uterus, part unspecified
C56.1	Malignant neoplasm of right ovary
C56.2	Malignant neoplasm of left ovary
C56.9	Malignant neoplasm of unspecified ovary
C57.00	Malignant neoplasm of unspecified fallopian tube
C57.01	Malignant neoplasm of right fallopian tube
C57.02	Malignant neoplasm of left fallopian tube
C57.10	Malignant neoplasm of unspecified broad ligament
C57.11	Malignant neoplasm of right broad ligament
C57.12	Malignant neoplasm of left broad ligament
C57.20	Malignant neoplasm of unspecified round ligament
C57.21	Malignant neoplasm of right round ligament
C57.22	Malignant neoplasm of left round ligament
C57.3	Malignant neoplasm of parametrium
C57.4	Malignant neoplasm of uterine adnexa, unspecified
C57.7	Malignant neoplasm of other specified female genital organs
C57.8	Malignant neoplasm of overlapping sites of female genital organs
C57.9	Malignant neoplasm of female genital organ, unspecified
C64.1	Malignant neoplasm of right kidney, except renal pelvis
C64.2	Malignant neoplasm of left kidney, except renal pelvis
C64.9	Malignant neoplasm of unspecified kidney, except renal pelvis
C65.1	Malignant neoplasm of right renal pelvis
C65.2	Malignant neoplasm of left renal pelvis
C65.9	Malignant neoplasm of unspecified renal pelvis
C71.0	Malignant neoplasm of cerebrum, except lobes and ventricles
C71.1	Malignant neoplasm of frontal lobe
C71.2	Malignant neoplasm of temporal lobe
C71.3	Malignant neoplasm of parietal lobe
C71.4	Malignant neoplasm of occipital lobe
C71.5	Malignant neoplasm of cerebral ventricle
C71.6	Malignant neoplasm of cerebellum
C71.7	Malignant neoplasm of brain stem
C71.8	Malignant neoplasm of overlapping sites of brain
C71.9	Malignant neoplasm of brain, unspecified
C72.9	Malignant neoplasm of central nervous system, unspecified

ICD-10	ICD-10 Description
C78.00	Secondary malignant neoplasm of unspecified lung
C78.01	Secondary malignant neoplasm of right lung
C78.02	Secondary malignant neoplasm of left lung
C78.6	Secondary malignant neoplasm of retroperitoneum and peritoneum
C78.7	Secondary malignant neoplasm of liver and intrahepatic bile duct
C79.89	Secondary malignant neoplasm of other specified sites
C79.9	Secondary malignant neoplasm of unspecified site
D43.0	Neoplasm of uncertain behavior of brain, supratentorial
D43.1	Neoplasm of uncertain behavior of brain, infratentorial
D43.2	Neoplasm of uncertain behavior of brain, unspecified
D43.4	Neoplasm of uncertain behavior of spinal cord
Z80.49	Family history of malignant neoplasm of other genital organs
Z85.038	Personal history of other malignant neoplasm of large intestine
Z85.068	Personal history of other malignant neoplasm of small intestine
Z85.118	Personal history of other malignant neoplasm of bronchus and lung
Z85.3	Personal history of malignant neoplasm of breast
Z85.43	Personal history of malignant neoplasm of ovary
Z80.49	Family history of malignant neoplasm of other genital organs
Z85.528	Personal history of other malignant neoplasm of kidney
Z85.831	Personal history of malignant neoplasm of soft tissue
Z85.841	Personal history of malignant neoplasm of brain

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

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

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

Jurisdiction(s): 6, K	NCD/LCD Document (s): A52370
https://www.cms.gov/medicare-coverage-database/search/article-date-search.aspx?DocID=A52370&bc=gAAAAAAAAAAAAA==	
Jurisdiction(s): K	NCD/LCD Document (s): L33394
https://www.cms.gov/medicare-coverage-database/search/lcd-date-search.aspx?DocID=L33394&bc=IAAAAAAAAAAA&SearchType=Advanced	

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