Adcetris® (brentuximab vedotin)
(Intravenous)

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I. Length of Authorization [1,5,7,15,18]

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

- Treatment for Adult cHL post-auto HSCT, Pediatric cHL (excluding use in combination with AVEPC), Mycosis Fungoides (MF)/Sezary Syndrome (SS), and Primary Cutaneous CD30+ T-Cell Lymphoproliferative Disorders has a maximum of 16 cycles.
- Treatment of previously untreated Pediatric cHL in combination with AVEPC (doxorubicin, vincristine, etoposide, prednisone, and cyclophosphamide) has a maximum of 5 doses.
- Treatment of previously untreated Adult Stage III or IV Classical Hodgkin Lymphoma (cHL) has a maximum of 12 doses.
- Treatment of previously untreated Systemic Anaplastic Large Cell Lymphoma (sALCL) and other CD30-expressing Peripheral T-Cell Lymphomas (PTCL) has a maximum of 8 doses.
- Treatment of Breast-Implant Associated Anaplastic Large Cell Lymphoma (ALCL) has a maximum of 6 cycles as adjuvant therapy.

II. Dosing Limits

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

- Adcetris 50 mg single-dose vial: 4 vials every 21 days

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

- 200 billable units every 21 days

III. Initial Approval Criteria [1]

Coverage is provided in the following conditions:

- Patient is at least 18 years of age (unless otherwise specified); AND

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Universal Criteria [1]

- Patient has CD30-positive disease; **AND**
- Patient must not be receiving concomitant bleomycin; **AND**
- Patient does not have severe renal impairment (i.e., CrCl <30 mL/min); **AND**
- Patient does not have moderate or severe hepatic impairment (Child-Pugh B or C); **AND**

Adult Classic Hodgkin Lymphoma (cHL) † Φ [1,2,4,12-14]

- Used as single agent therapy; **AND**
  - Used as consolidation/maintenance therapy post-autologous hematopoietic stem cell transplant (auto-HSCT) in patients at high risk* for relapse or progression † ‡; **OR**
  - Patient has relapsed disease after failure of auto-HSCT or after failure of at least 2 (two) prior multi-agent chemotherapy regimens in patients who are not auto-HSCT candidates †; **OR**
  - Used as subsequent systemic therapy (if not previously used) for relapsed or refractory disease ‡; **OR**
  - Used as palliative therapy for relapsed or refractory disease in patients >60 years of age ‡; **OR**
- Used in combination with bendamustine; **AND**
  - Used as subsequent systemic therapy (if not previously used) for relapsed or refractory disease ‡: **OR**
- Used in combination with nivolumab; **AND**
  - Used as subsequent systemic therapy (if not previously used) for relapsed or refractory disease ‡; **OR**
- Used in combination with dacarbazine; **AND**
  - Used as primary treatment in patients >60 years of age with stage I-II unfavorable or stage III-IV disease ‡; **OR**
- Used in combination with ifosfamide, carboplatin, and etoposide (ICE); **AND**
  - Used as subsequent systemic therapy (if not previously used) for relapsed or refractory disease ‡; **OR**
- Used in combination with doxorubicin, vinblastine, and dacarbazine (AVD); **AND**
  - Used as initial therapy for previously untreated stage III or IV disease †; **OR**
  - Used as initial therapy for previously untreated stage I or II unfavorable disease in patients >60 years of age ‡

**High risk for relapse or progression may be defined as:*

- *Refractory disease, disease relapse within 12 months, or relapse ≥12 months with extranodal disease following frontline therapy OR 2 or more of the following: remission duration <1 year, extranodal involvement, FDG-PET+ response at time of transplant, B symptoms, and/or >1 second-line/subsequent therapy regimen*

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Pediatric Classic Hodgkin Lymphoma (cHL) † ‡ [1,2,24]

- Patient is ≤ 18 years of age*; **AND**
  - Used as re-induction or subsequent therapy (if not previously used); **AND**
    - Patient has relapsed or refractory disease; **AND**
      - Used in combination with bendamustine, nivolumab, or gemcitabine; **AND**
        - Used in patients heavily pretreated with platinum or anthracycline-based chemotherapy; **OR**
        - Used if a decrease in cardiac function is observed; **OR**
  - Used as maintenance therapy following high-dose therapy and autologous stem cell rescue (HDT/ASCR); **AND**
    - Used as a single agent for relapsed or refractory high risk disease (i.e., progressive disease, refractory disease, or relapse within 1 year of original diagnosis); **OR**
  - Patient has high risk disease**; **AND**
    - Used as primary treatment as a component of AEPA (brentuximab vedotin, etoposide, prednisone, doxorubicin) regimen; **OR**
    - Used for previously untreated disease in combination with AVEPC (doxorubicin, vincristine, etoposide, prednisone, and cyclophosphamide) †; **AND**
      - Patient is at least 2 years of age; **OR**
    - Used as additional treatment as a component of CAPDAC (cyclophosphamide, brentuximab vedotin, prednisone, dacarbazine) regimen following primary treatment with AEPA regimen

**Pediatric Hodgkin Lymphoma may be applicable to adolescent and young adult (AYA) patients up to the age of 39 years.*

***High risk disease may be defined as: Stage IIB with bulk or E-lesions (involvement of extra-lymphatic tissue), Stage IIIA with bulk AND E-lesions, or Stage IIIB or IV disease.*

Pediatric Aggressive Mature B-Cell Lymphomas (Primary Mediastinal Large B-Cell Lymphoma) ‡ [2,21]

- Patient is ≤18 years of age*; **AND**
- Used in combination with nivolumab or pembrolizumab; **AND**
- Used as consolidation/additional therapy if a partial response was achieved after therapy for relapsed or refractory disease

**Pediatric Aggressive Mature B-Cell Lymphoma may be applicable to adolescent and young adult (AYA) patients older than 18 years of age and less than 39 years of age, who are treated in the pediatric oncology setting.*

T-Cell Lymphomas [1-3,15,16]

- Peripheral T-Cell Lymphoma (PTCL)

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- Used as a single agent for relapsed or refractory disease OR as initial palliative intent therapy for one of the following:
  - Systemic Anaplastic Large Cell Lymphoma (sALCL) † Φ
  - Peripheral T-Cell Lymphoma (PTCL) ‡ Φ
  - Angioimmunoblastic T-cell Lymphoma (AITL) ‡ Φ; **OR**
- Used in combination with cyclophosphamide, doxorubicin, and prednisone (CHP) as initial therapy for previously untreated:
  - Systemic Anaplastic Large Cell Lymphoma (sALCL) † Φ
  - Peripheral T-Cell Lymphoma (PTCL) not otherwise specified † Φ
  - Angioimmunoblastic T-cell Lymphoma (AITL) † Φ
  - Enteropathy-Associated T-cell Lymphoma (EATL) Φ, Monomorphic Epitheliotropic Intestinal T-cell Lymphoma (MEITL), nodal Peripheral T-cell Lymphoma with TFH phenotype (PTCL, TFH), or Follicular T-cell Lymphoma (FTCL) ‡

- Breast-Implant Associated Anaplastic Large Cell Lymphoma (BIA-ALCL) ‡
  - Used as adjuvant therapy as a single agent or in combination with cyclophosphamide, doxorubicin, and prednisone (CHP); **AND**
    - Patient has localized disease to the capsule, implant, or breast with either lymph node involvement or radiation therapy is not feasible; **OR**
    - Patient has extended disease (stage II-IV); **OR**
  - Used as subsequent therapy for relapsed or refractory disease as a single agent
- Adult T-Cell Leukemia/Lymphoma ‡ Φ
  - Used as a single agent for acute or lymphoma subtypes; **AND**
    - Used as subsequent therapy for non-responders to first-line therapy; **OR**
  - Used in combination with cyclophosphamide, doxorubicin, and prednisone (CHP); **AND**
    - Used as first-line therapy for acute or lymphoma subtypes; **OR**
    - Used as continued treatment in responders to first-line therapy for acute or lymphoma subtypes; **OR**
    - Used as subsequent therapy for non-responders to first-line therapy for chronic/smoldering subtype
- Extranodal NK/T-Cell Lymphomas ‡ Φ
  - Used as a single agent for relapsed or refractory disease; **AND**
  - Used following additional therapy with an alternate combination chemotherapy regimen (asparaginase-based) not previously used
- Hepatosplenic T-Cell Lymphoma ‡
  - Used as single-agent therapy; **AND**
  - Used for refractory disease as subsequent therapy after progression on 2 (two) first-line therapy regimens

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Primary Cutaneous Lymphomas [1,2,17]

- Mycosis Fungoides (MF) † Φ/Sezary Syndrome (SS) ‡
  - Used as a single agent; **AND**
    - Used as primary therapy *(excluding use in patients with stage IA disease);* **OR**
    - Used as subsequent therapy
- Primary Cutaneous CD30+ T-Cell Lymphoproliferative Disorders ‡ Φ
  - Used as a single agent; **AND**
    - Patient has primary cutaneous anaplastic large cell lymphoma (pcALCL) † Φ; **OR**
    - Patient has cutaneous ALCL with regional node (N1) *(excludes systemic ALCL)*; **OR**
    - Patient has lymphomatoid papulosis (LyP) with extensive lesions that is relapsed or refractory to treatment options (e.g., clinical trial, observation, retreatment with primary treatment, or treatment with alternative regimen not used for primary treatment); **OR**
  - Used in combination with cyclophosphamide, doxorubicin, and prednisone (CHP); **AND**
    - Patient has cutaneous ALCL with regional node (N1) *(excludes systemic ALCL)*

B-Cell Lymphomas ‡ [2,11]

- Diffuse Large B-Cell Lymphoma (DLBCL), AIDS-related B-Cell Lymphomas (i.e., DLBCL, primary effusion lymphoma, or HHV8-positive DLBCL, not otherwise specified), or High Grade B-Cell Lymphomas
  - Used as a single agent as subsequent therapy in non-candidates for transplant; **AND**
    - Used for relapsed or refractory disease >12 months after completion of first-line therapy; **OR**
    - Used for primary refractory (partial response, no response, or progression) or relapsed disease <12 months after completion of first-line therapy*****; **OR**
    - Used as alternative systemic therapy (if not previously used) for relapsed/refractory disease*****
- Monomorphic Post-Transplant Lymphoproliferative Disorders (PTLD)
  - Used as a single agent as subsequent therapy in non-candidates for transplant for B-cell type disease; **AND**
    - Used for relapsed or refractory disease >12 months after completion of initial treatment with chemoimmunotherapy; **OR**
    - Used for primary refractory (partial response, no response, or progression) or relapsed disease <12 months after completion of initial treatment with chemoimmunotherapy*****; **OR**
    - Used as alternative systemic therapy (if not previously used) for relapsed/refractory disease*****; **OR**

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- Used in combination with CHP (cyclophosphamide, doxorubicin, prednisone) for T-cell type disease

***Note: Only applies to patients who are non-candidates for CAR T-cell therapy.*

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

IV. Renewal Criteria [1]

Coverage can be renewed based upon the following criteria:

- Patient continues to meet the 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 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: peripheral neuropathy, anaphylaxis and infusion reactions, hematologic toxicities (thrombocytopenia, neutropenia, and anemia), serious infections, opportunistic infections, tumor lysis syndrome, hepatotoxicity, pulmonary toxicity, serious dermatologic reactions, gastrointestinal complications, uncontrolled hyperglycemia, etc.; **AND**
- Patient has been evaluated for the presence of progressive multifocal leukoencephalopathy (PML) and has been found to be negative

V. Dosage/Administration [1,5,7,15,18-21,23]

Indication	Dose
Previously Untreated Stage III or IV Adult Classical Hodgkin Lymphoma	Administer 1.2 mg/kg (up to 120 mg) by intravenous infusion every 2 weeks until a maximum of 12 doses, disease progression, or unacceptable toxicity
Adult cHL post-auto HSCT, MF/SS, Primary Cutaneous CD30+ T-Cell Lymphoproliferative Disorders	Administer 1.8 mg/kg (up to 180 mg) by intravenous infusion every 3 weeks until a maximum of 16 cycles, disease progression, or unacceptable toxicity
Pediatric cHL	Previously untreated high risk disease in combination with AVEPC (doxorubicin, vincristine, etoposide, prednisone, and cyclophosphamide) Administer 1.8 mg/kg (up to 180 mg) by intravenous infusion every 3 weeks for a maximum of 5 doses All other treatment settings/regimens Administer 1.8 mg/kg (up to 180 mg) by intravenous infusion every 3 weeks until a maximum of 16 cycles, disease progression, or unacceptable toxicity

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Previously Untreated sALCL or Other CD30-expressing PTCL	Administer 1.8 mg/kg (up to 180 mg) by intravenous infusion every 3 weeks with each cycle of chemotherapy for a maximum of 6 to 8 doses
Breast-Implant Associated Anaplastic Large Cell Lymphoma (ALCL)	Adjuvant therapy Administer 1.8 mg/kg (up to 180 mg) by intravenous infusion every 3 weeks until a maximum of 6 cycles, disease progression, or unacceptable toxicity Relapsed/Refractory Disease Administer 1.8 mg/kg (up to 180 mg) by intravenous infusion every 3 weeks until disease progression or unacceptable toxicity
All other indications	Administer 1.8 mg/kg (up to 180 mg) by intravenous infusion every 3 weeks until disease progression or unacceptable toxicity

VI. Billing Code/Availability Information

HCPCS Code:

- J9042 – Injection, brentuximab vedotin, 1 mg; 1 billable unit = 1 mg

NDC:

- Adcetris single-dose vial; 50 mg powder for injection: 51144-0050-xx

VII. References

1. Adcetris [package insert]. Bothell, WA; Seattle Genetics, Inc; November 2022. Accessed November 2022.
2. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) for brentuximab vedotin. National Comprehensive Cancer Network, 2022. 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 October 2022.
3. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) T-Cell Lymphomas. Version 2.2022. National Comprehensive Cancer Network, 2022. 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 October 2022.
4. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) Hodgkin Lymphoma. Version 1.2023. National Comprehensive Cancer Network, 2022. 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,

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21. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) Pediatric Aggressive Mature B-Cell Lymphomas. Version 3.2022. National Comprehensive Cancer Network, 2022. 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 October 2022.
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Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
C81.10	Nodular sclerosis Hodgkin lymphoma, unspecified site
C81.11	Nodular sclerosis Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.12	Nodular sclerosis Hodgkin lymphoma, intrathoracic lymph nodes

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

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ICD-10	ICD-10 Description
C81.48	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of multiple sites
C81.49	Lymphocyte-rich Hodgkin lymphoma, extranodal and solid organ sites
C81.70	Other Hodgkin lymphoma unspecified site
C81.71	Other Hodgkin lymphoma lymph nodes of head, face, and neck
C81.72	Other Hodgkin lymphoma intrathoracic lymph nodes
C81.73	Other Hodgkin lymphoma intra-abdominal lymph nodes
C81.74	Other Hodgkin lymphoma lymph nodes of axilla and upper limb
C81.75	Other Hodgkin lymphoma lymph nodes of inguinal region and lower limb
C81.76	Other Hodgkin lymphoma intrapelvic lymph nodes
C81.77	Other Hodgkin lymphoma spleen
C81.78	Other Hodgkin lymphoma lymph nodes of multiple sites
C81.79	Other Hodgkin lymphoma extranodal and solid organ sites
C81.90	Hodgkin lymphoma, unspecified, unspecified site
C81.91	Hodgkin lymphoma, unspecified, lymph nodes of head, face and neck
C81.92	Hodgkin lymphoma, unspecified, intrathoracic lymph nodes
C81.93	Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes
C81.94	Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb
C81.95	Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C81.96	Hodgkin lymphoma, unspecified, intrapelvic lymph nodes
C81.97	Hodgkin lymphoma, unspecified, spleen
C81.98	Hodgkin lymphoma, unspecified, lymph nodes of multiple sites
C81.99	Hodgkin lymphoma, unspecified, extranodal and solid organ sites
C83.30	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
C83.80	Other non-follicular lymphoma, unspecified site
C83.81	Other non-follicular lymphoma, lymph nodes of head, face and neck

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ICD-10	ICD-10 Description
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 site
C83.91	Non-follicular (diffuse) lymphoma, unspecified lymph nodes of head, face, and neck
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
C84.00	Mycosis fungoides, unspecified site
C84.01	Mycosis fungoides, lymph nodes of head, face and neck
C84.02	Mycosis fungoides, intrathoracic lymph nodes
C84.03	Mycosis fungoides, intra-abdominal lymph nodes
C84.04	Mycosis fungoides, lymph nodes of axilla and upper limb
C84.05	Mycosis fungoides, lymph nodes of inguinal region and lower limb
C84.06	Mycosis fungoides, intrapelvic lymph nodes
C84.07	Mycosis fungoides, spleen
C84.08	Mycosis fungoides, lymph nodes of multiple sites
C84.09	Mycosis fungoides, extranodal and solid organ sites
C84.10	Sézary disease, unspecified site
C84.11	Sézary disease, lymph nodes of head, face, and neck
C84.12	Sézary disease, intrathoracic lymph nodes
C84.13	Sézary disease, intra-abdominal lymph nodes
C84.14	Sézary disease, lymph nodes of axilla and upper limb
C84.15	Sézary disease, lymph nodes of inguinal region and lower limb

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ICD-10	ICD-10 Description
C84.16	Sézary disease, intrapelvic lymph nodes
C84.17	Sézary disease, spleen
C84.18	Sézary disease, lymph nodes of multiple sites
C84.19	Sézary disease, extranodal and solid organ sites
C84.40	Peripheral T-cell lymphoma, not classified, unspecified site
C84.41	Peripheral T-cell lymphoma, not classified, lymph nodes of head, face and neck
C84.42	Peripheral T-cell lymphoma, not classified, intrathoracic lymph nodes
C84.43	Peripheral T-cell lymphoma, not classified, intra-abdominal lymph nodes
C84.44	Peripheral T-cell lymphoma, not classified, lymph nodes of axilla and upper limb
C84.45	Peripheral T-cell lymphoma, not classified, lymph n odes of inguinal region of lower limb
C84.46	Peripheral T-cell lymphoma, not classified, intrapelvic lymph nodes
C84.47	Peripheral T-cell lymphoma, not classified, spleen
C84.48	Peripheral T-cell lymphoma, not classified, lymph nodes of multiple sites
C84.49	Peripheral T-cell lymphoma, not classified, extranodal and solid organ sites
C84.60	Anaplastic large cell lymphoma, ALK-positive, unspecified site
C84.61	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of head, face and neck
C84.62	Anaplastic large cell lymphoma, ALK-positive, intrathoracic lymph nodes
C84.63	Anaplastic large cell lymphoma, ALK-positive, intra-abdominal lymph nodes
C84.64	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of axilla and upper limb
C84.65	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of inguinal region and lower limb
C84.66	Anaplastic large cell lymphoma, ALK-positive, intrapelvic lymph nodes
C84.67	Anaplastic large cell lymphoma, ALK-positive, spleen
C84.68	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of multiple sites
C84.69	Anaplastic large cell lymphoma, ALK-positive, extranodal and solid organ sites
C84.7A	Anaplastic large cell lymphoma, ALK-negative, breast
C84.70	Anaplastic large cell lymphoma, ALK-negative, unspecified site
C84.71	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of head, face and neck
C84.72	Anaplastic large cell lymphoma, ALK-negative, intrathoracic lymph nodes
C84.73	Anaplastic large cell lymphoma, ALK-negative, intra-abdominal lymph nodes
C84.73	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of axilla and upper limb
C84.75	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of inguinal region and lower limb
C84.76	Anaplastic large cell lymphoma, ALK-negative, intrapelvic lymph nodes
C84.77	Anaplastic large cell lymphoma, ALK-negative, spleen
C84.78	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of multiple sites

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ICD-10	ICD-10 Description
C84.79	Anaplastic large cell lymphoma, ALK-negative, extranodal and solid organ sites
C84.90	Mature T/NK-cell lymphomas, unspecified site
C84.91	Mature T/NK-cell lymphomas, lymph nodes of head, face, and neck
C84.92	Mature T/NK-cell lymphomas, intrathoracic lymph nodes
C84.93	Mature T/NK-cell lymphomas, intra-abdominal lymph nodes
C84.94	Mature T/NK-cell lymphomas, lymph nodes of axilla and upper limb
C84.95	Mature T/NK-cell lymphomas, lymph nodes of inguinal region and lower limb
C84.96	Mature T/NK-cell lymphomas, intrapelvic lymph nodes
C84.97	Mature T/NK-cell lymphomas, spleen
C84.98	Mature T/NK-cell lymphomas, lymph nodes of multiple sites
C84.99	Mature T/NK-cell lymphomas, extranodal and solid organ sites
C84.Z0	Other mature T/NK-cell lymphomas, unspecified site
C84.Z1	Other mature T/NK-cell lymphomas, lymph nodes of head, face, and neck
C84.Z2	Other mature T/NK-cell lymphomas, intrathoracic lymph nodes
C84.Z3	Other mature T/NK-cell lymphomas, intra-abdominal lymph nodes
C84.Z4	Other mature T/NK-cell lymphomas, lymph nodes of axilla and upper limb
C84.Z5	Other mature T/NK-cell lymphomas, lymph nodes of inguinal region and lower limb
C84.Z6	Other mature T/NK-cell lymphomas, intrapelvic lymph nodes
C84.Z7	Other mature T/NK-cell lymphomas, spleen
C84.Z8	Other mature T/NK-cell lymphomas, lymph nodes of multiple sites
C84.Z9	Other mature T/NK-cell lymphomas, 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

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ICD-10	ICD-10 Description
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 of 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
C86.0	Extranodal NK/T-cell lymphoma, nasal type
C86.1	Hepatosplenic T-cell lymphoma
C86.2	Enteropathy-type (intestinal) T-cell lymphoma
C86.5	Angioimmunoblastic T-cell lymphoma
C86.6	Primary cutaneous CD30-positive T-cell proliferations
C91.50	Adult T-cell lymphoma/leukemia (HTLV-1-associated) not having achieved remission
C91.51	Adult T-cell lymphoma/leukemia (HTLV-1-associated) in remission
C91.52	Adult T-cell lymphoma/leukemia (HTLV-1-associated) in relapse
D47.Z1	Post-transplant lymphoproliferative disorder (PTLD)
Z85.71	Personal history of Hodgkin lymphoma

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.

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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

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