

Coverage of any drug intervention discussed in the plans prior authorization guideline is subject to the limitations and exclusions outlined in the member's benefit certificate or policy and to applicable state and/or federal laws.

Bendamustine: **Treanda[®]; Bendeka[®]; Belrapzo[®]** **(Intravenous)**

Document Number: IC-0130

Last Review Date: 07/20/2022

Date of Origin: 01/01/12

Dates Reviewed: 12/2011, 02/2013, 09/2013, 12/2013, 03/2014, 06/2014, 09/2014, 12/2014, 03/2015, 05/2015, 11/2015, 02/2016, 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, 03/2021, 03/2022, 07/2022

Customized Date: 07/20/2022

Effective Date: 01/01/2023

I. Length of Authorization ^{1-5,8,13,17}

- Waldenström's Macroglobulinemia (WM)/Lymphoplasmacytic Lymphoma (LPL):
 - Coverage will be provided for six months and may NOT be renewed, unless otherwise specified.
 - May be renewed for an additional six months for relapsed disease if previously used as primary therapy.
- Non-Hodgkin Lymphoma (NHL), Chronic Lymphocytic Leukemia (CLL)/Small Lymphocytic Lymphoma (SLL), Hodgkin Lymphoma, Systemic Light Chain Amyloidosis:
 - Coverage will be provided for six months and may NOT be renewed.
- Multiple Myeloma:
 - Coverage will be provided for eight months and may NOT be renewed.

II. Dosing Limits

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

- Treanda 100 mg single-dose vial: 6 vials every 21 days
- Treanda 25 mg single-dose vial: 3 vials every 21 days
- Bendeka 100 mg/4 mL multi-dose vial: 6 vials every 21 days

- Belrapzo 100 mg/4 mL RTD multi-dose vial: 6 vials every 21 days

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

NHL:

- 600 billable units every 21 days

WM/LPL:

- 450 billable units every 28 days

Hodgkin Lymphoma:

- 600 billable units every 28 days

CLL/SLL, Systemic Light Chain Amyloidosis & Multiple Myeloma:

- 500 billable units every 28 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**
- Patient must not have received bendamustine in a previous line of therapy, unless otherwise specified; **AND**

Non-Hodgkin Lymphoma (NHL) † Φ ^{1-4,15}

- Coverage is provided for B-Cell Lymphomas when:
 - Used as subsequent therapy †; **AND**
 - In combination with rituximab for:
 - AIDS-Related B-cell Lymphomas (i.e., DLBCL, primary effusion lymphoma, HHV8-positive DLBCL, NOS, or plasmablastic lymphoma in non-candidates for transplant)
 - Follicular Lymphoma
 - Gastric MALT Lymphoma
 - High-grade B-cell Lymphomas
 - Histologic transformation of Nodal Marginal Zone Lymphoma to Diffuse Large B-cell Lymphoma (DLBCL) after 2 or more prior lines of chemoimmunotherapy
 - Mantle Cell Lymphoma
 - Nodal Marginal Zone Lymphoma
 - Non-Gastric MALT Lymphoma
 - Monomorphic Post-Transplant Lymphoproliferative Disorder (B-cell type)
 - Splenic Marginal Zone Lymphoma; **OR**
 - Used as a single agent for:
 - AIDS-Related B-cell Lymphomas (i.e., DLBCL, primary effusion lymphoma, HHV8-positive DLBCL, NOS, or plasmablastic lymphoma in non-candidates for transplant)
 - Follicular Lymphoma

- Histologic transformation of Follicular Lymphoma to DLBCL without translocations of MYC and BCL2 and/or BCL6 after 2 or more prior therapies
- High-grade B-cell Lymphomas
- Histologic transformation of Nodal Marginal Zone Lymphoma to DLBCL after 2 or more prior lines of chemoimmunotherapy
- Monomorphic Post-Transplant Lymphoproliferative Disorder (B-cell type); **OR**
- In combination with obinutuzumab for:
 - Follicular Lymphoma
 - Gastric MALT Lymphoma
 - Nodal Marginal Zone Lymphoma
 - Non-Gastric MALT Lymphoma
 - Splenic Marginal Zone Lymphoma; **OR**
- In combination with polatuzumab for:
 - AIDS-Related B-Cell Lymphomas (i.e., DLBCL, primary effusion lymphoma, HHV8-positive DLBCL, NOS, or plasmablastic lymphoma in non-candidates for transplant)
 - DLBCL
 - Follicular Lymphoma
 - Histologic transformation of Follicular Lymphoma to DLBCL without translocations of MYC and BCL2 and/or BCL6; **AND**
 - Patient has received minimal or no chemotherapy prior to histologic transformation and have no response or progressive disease after chemoimmunotherapy; **OR**
 - Patient has received 2 or more prior lines of chemoimmunotherapy
 - High-grade B-cell Lymphomas
 - Histologic transformation of Nodal Marginal Zone Lymphoma to DLBCL after 2 or more prior lines of chemoimmunotherapy
 - Monomorphic Post-Transplant Lymphoproliferative Disorder (B-cell type) after 2 or more prior lines of chemoimmunotherapy; **OR**
- Used as first line therapy ‡; **AND**
 - In combination with rituximab for:
 - Follicular Lymphoma
 - Gastric MALT Lymphoma
 - Mantle Cell Lymphoma
 - Nodal Marginal Zone Lymphoma
 - Non-Gastric MALT Lymphoma
 - Splenic Marginal Zone Lymphoma; **OR**
 - In combination with obinutuzumab for:
 - Follicular Lymphoma
 - Nodal Marginal Zone Lymphoma

- Coverage is provided for the following T-Cell Lymphomas ‡
 - Adult T-Cell Leukemia/Lymphoma
 - Used as subsequent therapy for non-responders to first-line therapy as a single agent for acute or lymphoma subtypes
 - Breast Implant-Associated Anaplastic Large Cell Lymphoma (ALCL)
 - Used as subsequent therapy as a single agent for relapsed or refractory disease
 - Hepatosplenic T-Cell Lymphoma
 - Used as subsequent therapy as a single agent for refractory disease after two first-line therapy regimens
 - Peripheral T-Cell Lymphoma (*includes peripheral T-cell not otherwise specified, enteropathy-associated T-cell, monomorphic epitheliotropic intestinal T-cell, angioimmunoblastic T-cell, nodal peripheral T-cell with TFH phenotype, follicular T-cell, or anaplastic large cell lymphomas*)
 - Used as a single agent; **AND**
 - Used as subsequent therapy for relapsed or refractory disease; **OR**
 - Used as initial palliative intent therapy in transplant ineligible patients

Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma (CLL/SLL) † Φ^{1-4,16}

- Used as first-line therapy; **AND**
 - Used as a single agent †; **OR**
 - Used in combination with a CD20-directed agent (i.e., rituximab, ofatumumab, obinutuzumab, etc.) for disease without del(17p)/TP53 mutations (*excluding use in frail patients [i.e., not able to tolerate purine analogs]*); **OR**
- Used as subsequent therapy in combination with rituximab for disease without del(17p)/TP53 mutations in patients <65 years of age without significant comorbidities

Waldenström's Macroglobulinemia/Lymphoplasmacytic Lymphoma (WM/LPL) ‡⁴

- Used as a single agent or in combination with rituximab; **AND**
 - Used as primary therapy; **OR**
 - Used for relapse, if previously used as primary therapy that was well tolerated and elicited a prolonged response; **OR**
 - Used as alternative therapy for previously treated disease that does not respond to primary therapy; **OR**
 - Used for progressive or relapsed disease

Adult Hodgkin Lymphoma ‡^{4,5}

- Patient has classic Hodgkin Lymphoma (cHL); **AND**
 - Used as second-line or subsequent therapy for relapsed or refractory disease; **AND**
 - Used in combination with gemcitabine and vinorelbine; **OR**

- Used in combination with brentuximab vedotin; **OR**
- Used as third-line or subsequent therapy for relapsed or refractory disease; **AND**
 - Used as a single agent; **OR**
 - Used in combination with carboplatin and etoposide; **OR**
- Used as palliative therapy as a single agent for relapsed or refractory disease in patients >60 years of age; **OR**
- Patient has Nodular Lymphocyte-Predominant Hodgkin Lymphoma (NLPHL); **AND**
 - Used as subsequent therapy for progressive, relapsed, or refractory disease; **AND**
 - Used in combination with rituximab

Pediatric Hodgkin Lymphoma †^{4,5}

- Patient age is 18 years and under*; **AND**
- Used as re-induction therapy or subsequent therapy for relapsed or refractory disease; **AND**
- Used in combination with brentuximab vedotin

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

Multiple Myeloma †⁴

- Used for relapsed or progressive disease; **AND**
 - Used as a single agent; **OR**
 - Used in combination with dexamethasone and either lenalidomide or bortezomib

Systemic Light Chain Amyloidosis †^{4,17}

- Patient has relapsed or refractory disease; **AND**
- Used in combination with dexamethasone

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

IV. Renewal Criteria¹⁻⁴

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**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: severe myelosuppression, infections, progressive multifocal leukoencephalopathy (PML), anaphylaxis, severe infusion reactions, tumor lysis syndrome (TLS), fatal and serious skin reactions, fatal and serious hepatotoxicity, secondary malignancies, extravasation injury, etc.; **AND**

Waldenström's Macroglobulinemia/Lymphoplasmacytic Lymphoma (if bendamustine was previously used as primary therapy)

BENDAMUSTINE (TREANDA®; BENDEKA®; BELRAPZO®)

Prior Auth Criteria

Proprietary Information. Restricted Access – Do not disseminate or copy without approval.

©2022, Magellan Rx Management

- Refer to Section III for criteria (see WM/LPL)

All Other Indications

- Coverage may not be renewed.

V. Dosage/Administration ^{1-5,8,13,17}

Indication	Dose
Non-Hodgkin Lymphoma	Up to 120 mg/m ² intravenously on days 1 and 2 of a 21-day cycle, up to 8 cycles
CLL/SLL & Systemic Light Chain Amyloidosis	Up to 100 mg/m ² intravenously on days 1 and 2 of a 28-day cycle, up to 6 cycles
Waldenström's Macroglobulinemia/ Lymphoplasmacytic Lymphoma	Up to 90 mg/m ² intravenously on days 1 and 2 of a 28-day cycle, up to 6 cycles <i>*May be repeated for relapsed disease if primary therapy was well tolerated and elicited a prolonged response.</i>
Hodgkin Lymphoma	Up to 120 mg/m ² intravenously on days 1 and 2 of a 28-day cycle, up to 6 cycles
Multiple Myeloma	Up to 100 mg/m ² intravenously on days 1 and 2 of a 28-day cycle, up to 8 cycles

VI. Billing Code/Availability Information

HCPCS Code:

- J9033 – Injection, bendamustine hcl (treanda), 1 mg; 1 billable unit = 1 mg
- J9034 – Injection, bendamustine hcl (bendeke), 1 mg; 1 billable unit = 1 mg
- J9036 – Injection, bendamustine hcl, (belrapzo/bendamustine), 1 mg; 1 billable unit = 1 mg

NDC(s):

- Treanda 100 mg lyophilized powder in a single-dose vial for reconstitution: 63459-0391-xx
- Treanda 25 mg lyophilized powder in a single-dose vial for reconstitution: 63459-0390-xx
- Treanda 45 mg/0.5 mL solution in a single dose vial: 63459-0395-xx*§
- Treanda 180 mg/2 mL solution in a single dose vial: 63459-0396-xx*§
- Bendeke 100 mg/4 mL multi-dose vial: 63459-0348-xx§
- Belrapzo 100 mg/4 mL ready-to-dilute multi-dose vial: 42367-0521-xx

**No longer commercially available; §Available generically from various manufacturers*

VII. References

1. Treanda [package insert]. North Wales, PA; Cephalon, Inc; June 2021. Accessed February 2022.

BENDAMUSTINE (TREANDA®; BENDEKA®; BELRAPZO®)

Prior Auth Criteria

Proprietary Information. Restricted Access – Do not disseminate or copy without approval.

©2022, Magellan Rx Management

2. Bendeka [package insert]. North Wales, PA; Teva Pharmaceuticals USA, Inc.; October 2021. Accessed February 2022.
3. Belrapzo [package insert]. Woodcliff, NJ; Eagle Pharmaceuticals, Inc; October 2021. Accessed February 2022.
4. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) for bendamustine. 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 February 2022.
5. Moskowitz AJ, Hamlin PA Jr, Perales MA, et al. Phase II study of bendamustine in relapsed and refractory Hodgkin lymphoma. *J Clin Oncol*. 2013;31(4):456-460.
6. Kahl BS, Bartlett NL, Leonard JP, et al. Bendamustine is effective therapy in patients with rituximab-refractory, indolent B-cell non-Hodgkin lymphoma: results from a Multicenter Study. *Cancer*. 2010;116(1):106-114. doi:10.1002/cncr.24714.
7. Knauf WU, Lissitchkov T, Aldaoud A, et al. Bendamustine compared with chlorambucil in previously untreated patients with chronic lymphocytic leukaemia: updated results of a randomized phase III trial. *Br J Haematol*. 2012;159(1):67-77. doi:10.1111/bjh.12000.
8. Rummel MJ, Niederle N, Maschmeyer G, et al. Bendamustine plus rituximab versus CHOP plus rituximab as first-line treatment for patients with indolent and mantle-cell lymphomas: an open-label, multicentre, randomised, phase 3 non-inferiority trial [published correction appears in *Lancet*. 2013 Apr 6;381(9873):1184]. *Lancet*. 2013;381(9873):1203-1210. doi:10.1016/S0140-6736(12)61763-2.
9. O'Connor OA, Lue JK, Sawas A, et al. Brentuximab vedotin plus bendamustine in relapsed or refractory Hodgkin's lymphoma: an international, multicentre, single-arm, phase 1-2 trial. *Lancet Oncol* 2018; 19:257-266.
10. Santoro A, Mazza R, Pulsoni A, et al. Bendamustine in Combination With Gemcitabine and Vinorelbine Is an Effective Regimen As Induction Chemotherapy Before Autologous Stem-Cell Transplantation for Relapsed or Refractory Hodgkin Lymphoma: Final Results of a Multicenter Phase II Study. *J Clin Oncol* 2016; 34:3293.
11. Budde LE, Wu D, Martin DB, et al. Bendamustine with rituximab, etoposide and carboplatin (T(R)EC) in relapsed or refractory aggressive lymphoma: a prospective multicentre phase 1/2 clinical trial. *Br J Haematol*. 2018;183(4):601-607. doi:10.1111/bjh.15585.
12. Ludwig H, Kasparu H, Leitgeb C, et al. Bendamustine-bortezomib-dexamethasone is an active and well-tolerated regimen in patients with relapsed or refractory multiple myeloma. *Blood*. 2014;123(7):985-991. doi:10.1182/blood-2013-08-521468.
13. Lentzsch S, O'Sullivan A, Kennedy RC, et al. Combination of bendamustine, lenalidomide, and dexamethasone (BLD) in patients with relapsed or refractory multiple myeloma is

feasible and highly effective: results of phase 1/2 open-label, dose escalation study. *Blood*. 2012;119(20):4608-4613. doi:10.1182/blood-2011-12-395715.

14. Knop S, Straka C, Haen M, Schwedes R, Hebart H, Einsele H. The efficacy and toxicity of bendamustine in recurrent multiple myeloma after high-dose chemotherapy. *Haematologica*. 2005;90(9):1287-1288.
15. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for B-Cell Lymphomas 5.2021. National Comprehensive Cancer Network, 2022. 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 February 2022.
16. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma 2.2022. National Comprehensive Cancer Network, 2022. 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 February 2022.
17. Lentzsch S, Lagos G, Comenzo R, et.al. Bendamustine With Dexamethasone in Relapsed/Refractory Systemic Light-Chain Amyloidosis: Results of a Phase II Study. *J Clin Oncol*. 2020 May 1;38(13):1455-1462. doi: 10.1200/JCO.19.01721. Epub 2020 Feb 21.

Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
C81.00	Nodular lymphocyte predominant Hodgkin lymphoma, unspecified site
C81.01	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.02	Nodular lymphocyte predominant Hodgkin lymphoma, intrathoracic lymph nodes
C81.03	Nodular lymphocyte predominant Hodgkin lymphoma, intra-abdominal lymph nodes
C81.04	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.05	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of inguinal region and lower
C81.06	Nodular lymphocyte predominant Hodgkin lymphoma, intrapelvic lymph nodes
C81.07	Nodular lymphocyte predominant Hodgkin lymphoma, spleen
C81.08	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of multiple sites
C81.09	Nodular lymphocyte predominant Hodgkin lymphoma, extranodal and solid organ sites
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
C81.13	Nodular sclerosis Hodgkin lymphoma, intra-abdominal lymph nodes
C81.14	Nodular sclerosis Hodgkin lymphoma, lymph nodes of axilla and upper limb

BENDAMUSTINE (TREANDA®; BENDEKA®; BELRAPZO®)

Prior Auth Criteria

Proprietary Information. Restricted Access – Do not disseminate or copy without approval.

©2022, Magellan Rx Management

ICD-10	ICD-10 Description
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
C81.48	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of multiple sites
C81.49	Lymphocyte-rich Hodgkin lymphoma, extranodal and solid organ sites

BENDAMUSTINE (TREANDA®; BENDEKA®; BELRAPZO®)

Prior Auth Criteria

Proprietary Information. Restricted Access – Do not disseminate or copy without approval.

©2022, Magellan Rx Management

ICD-10	ICD-10 Description
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
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 regional 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

BENDAMUSTINE (TREANDA®; BENDEKA®; BELRAPZO®)

Prior Auth Criteria

Proprietary Information. Restricted Access – Do not disseminate or copy without approval.

©2022, Magellan Rx Management

ICD-10	ICD-10 Description
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, unspecified site
C82.21	Follicular lymphoma grade III, unspecified, lymph nodes of head, face and neck
C82.22	Follicular lymphoma, grade III, unspecified, intrathoracic lymph nodes
C82.23	Follicular lymphoma grade III, unspecified, intra-abdominal lymph nodes
C82.24	Follicular lymphoma grade III, unspecified, lymph nodes of axilla and upper limb
C82.25	Follicular lymphoma grade III, unspecified, lymph nodes of inguinal region and lower limb
C82.26	Follicular lymphoma grade III, unspecified, intrapelvic lymph nodes
C82.27	Follicular lymphoma grade III, unspecified, spleen
C82.28	Follicular lymphoma grade III, unspecified, lymph nodes of multiple sites
C82.29	Follicular lymphoma grade III, unspecified, 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
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

BENDAMUSTINE (TREANDA®; BENDEKA®; BELRAPZO®)

Prior Auth Criteria

Proprietary Information. Restricted Access – Do not disseminate or copy without approval.

©2022, Magellan Rx Management

ICD-10	ICD-10 Description
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
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
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, 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

BENDAMUSTINE (TREANDA®; BENDEKA®; BELRAPZO®)

Prior Auth Criteria

Proprietary Information. Restricted Access – Do not disseminate or copy without approval.

©2022, Magellan Rx Management

MagellanRx
MANAGEMENTSM

ICD-10	ICD-10 Description
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
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
C83.37	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

BENDAMUSTINE (TREANDA®; BENDEKA®; BELRAPZO®)

Prior Auth Criteria

Proprietary Information. Restricted Access – Do not disseminate or copy without approval.

©2022, Magellan Rx Management

ICD-10	ICD-10 Description
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 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
C84.40	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 nodes of inguinal region and 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

BENDAMUSTINE (TREANDA®; BENDEKA®; BELRAPZO®)

Prior Auth Criteria

Proprietary Information. Restricted Access – Do not disseminate or copy without approval.

©2022, Magellan Rx Management

ICD-10	ICD-10 Description
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
C84.74	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
C84.79	Anaplastic large cell lymphoma, ALK-negative, extranodal and solid organ sites
C84.90	Mature T/NK-cell lymphomas, unspecified, unspecified site
C84.91	Mature T/NK-cell lymphomas, unspecified, lymph nodes of head, face and neck
C84.92	Mature T/NK-cell lymphomas, unspecified, intrathoracic lymph nodes
C84.93	Mature T/NK-cell lymphomas, unspecified, intra-abdominal lymph nodes
C84.94	Mature T/NK-cell lymphomas, unspecified, lymph nodes of axilla and upper limb
C84.95	Mature T/NK-cell lymphomas, unspecified, lymph nodes of inguinal region and lower limb
C84.96	Mature, T/NK-cell lymphomas, unspecified, intrapelvic lymph nodes
C84.97	Mature T/NK-cell lymphomas, unspecified, spleen
C84.98	Mature T/NK-cell lymphomas, unspecified, lymph nodes of multiple sites
C84.99	Mature T/NK-cell lymphomas, unspecified, 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

BENDAMUSTINE (TREANDA®; BENDEKA®; BELRAPZO®)

Prior Auth Criteria

Proprietary Information. Restricted Access – Do not disseminate or copy without approval.

©2022, Magellan Rx Management

ICD-10	ICD-10 Description
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 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
C86.1	Hepatosplenic T-cell lymphoma
C86.2	Enteropathy-type (intestinal) T-cell lymphoma
C86.5	Angioimmunoblastic T-cell lymphoma
C88.0	Waldenström macroglobulinemia
C88.4	Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue (MALT-

BENDAMUSTINE (TREANDA®; BENDEKA®; BELRAPZO®)

Prior Auth Criteria

Proprietary Information. Restricted Access – Do not disseminate or copy without approval.

©2022, Magellan Rx Management

ICD-10	ICD-10 Description
C90.00	Multiple myeloma not having achieved remission
C90.02	Multiple myeloma in relapse
C90.10	Plasma cell leukemia not having achieved remission
C90.12	Plasma cell leukemia in relapse
C90.20	Extramedullary plasmacytoma not having achieved remission
C90.22	Extramedullary plasmacytoma in relapse
C90.30	Solitary plasmacytoma not having achieved remission
C90.32	Solitary plasmacytoma in relapse
C91.10	Chronic lymphocytic leukemia of B-cell type not having achieved remission
C91.12	Chronic lymphocytic leukemia of B-cell type in relapse
C91.50	Adult T-cell lymphoma/leukemia (HTLV-1-associated) not having achieved remission
C91.52	Adult T-cell lymphoma/leukemia (HTLV-1-associated) in relapse
D47.Z1	Post-transplant lymphoproliferative disorder (PTLD)
E85.81	Light chain (AL) amyloidosis
E85.89	Other amyloidosis
E85.9	Amyloidosis, unspecified
Z85.71	Personal history of Hodgkin lymphoma
Z85.79	Personal history of other malignant neoplasms of lymphoid, hematopoietic and related tissues

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)

BENDAMUSTINE (TREANDA®; BENDEKA®; BELRAPZO®)

Prior Auth Criteria

Proprietary Information. Restricted Access – Do not disseminate or copy without approval.

©2022, Magellan Rx Management

Medicare Part B Administrative Contractor (MAC) Jurisdictions

Jurisdiction	Applicable State/US Territory	Contractor
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

BENDAMUSTINE (TREANDA®; BENDEKA®; BELRAPZO®)

Prior Auth Criteria

Proprietary Information. Restricted Access – Do not disseminate or copy without approval.

©2022, Magellan Rx Management