

## Revlimid<sup>®</sup> (lenalidomide) (Oral)

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### I. Length of Authorization

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

- Previously untreated Follicular Lymphoma may be renewed for up to 18 cycles.
- Previously treated Follicular Lymphoma and Marginal Zone Lymphoma may be renewed for up to 12 cycles.
- Systemic Light Chain Amyloidosis: Primary treatment or treatment of relapsed/refractory disease as repeat of initial therapy may be renewed for up to 8 cycles.

### II. Dosing Limits

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

- Revlimid 2.5mg capsules: 1 capsule per day
- Revlimid 5mg capsules: 1 capsule per day
- Revlimid 10mg capsules: 1 capsule per day
- Revlimid 15mg capsules: 1 capsule per day
- Revlimid 20mg capsules: 1 capsule per day
- Revlimid 25mg capsules: 1 capsule per day

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

- MDS, MF, CLL/SLL (in combination with rituximab): 10mg daily
- Multiple Myeloma (maintenance therapy), Primary CNS Lymphoma, Systemic Light Chain Amyloidosis (in combination with bortezomib, cyclophosphamide, or ixazomib): 15mg daily
- Follicular Lymphoma/Marginal Zone Lymphoma: 20mg daily
- All other indications: 25mg daily

### III. Initial Approval Criteria <sup>1,2</sup>

Coverage is provided in the following conditions:

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

## Universal Criteria <sup>1</sup>

- Both patient AND prescriber are enrolled in and meet the conditions of the Revlimid REMS<sup>®</sup> program; **AND**

## Myelodysplastic Syndrome (MDS) † $\Phi$ <sup>1,2</sup>

- Patient has myelodysplastic/myeloproliferative neoplasms with ring sideroblasts and thrombocytosis (MDS/MPN-RS-T) overlap disease; **AND**
  - Used as a single agent or in combination with a hypomethylating agent (e.g., azacitidine, decitabine, etc.); **OR**
- Patient has symptomatic anemia; **AND**
  - Patient has lower risk disease (defined as IPSS [Low/Intermediate-1]); **AND**
    - Used as a single agent for del(5q) mutation †; **OR**
  - Patient has lower risk disease (defined as IPSS-R [Very Low, Low, Intermediate]); **AND**
    - Patient does not have del(5q) mutation; **AND**
      - Patient has ring sideroblasts < 15% (or <5% with an SF3B1 mutation); **AND**
        - Patient has a serum erythropoietin (EPO)  $\leq$  500 mU/mL; **AND**
          - ❖ Used as a single agent if no response to an erythropoiesis-stimulating agent (ESA) alone AND no response to an ESA with a granulocyte colony-stimulating factor (G-CSF); **OR**
          - ❖ Used in combination with an ESA following no response (despite adequate iron stores) or erythroid response followed by loss of response to ESA alone; **OR**
        - Patient has a serum EPO > 500 mU/mL; **AND**
          - ❖ Patient had no response, intolerance, or a poor probability of response to immunosuppressive therapy (i.e., antithymocyte globulin [ATG]  $\pm$  cyclosporine); **OR**
      - Patient has ring sideroblasts  $\geq$ 15% (or ring sideroblasts  $\geq$ 5% with an SF3B1 mutation); **AND**
        - Patient has a serum EPO  $\leq$  500 mU/mL with no response to an ESA AND no response to luspatercept-aamt; **OR**
        - Patient has a serum EPO > 500 mU/mL and no response to luspatercept-aamt

## Multiple Myeloma † $\Phi$ <sup>1,2</sup>

- Used in combination with dexamethasone; **OR**
- Used as primary therapy for active (symptomatic) disease; **AND**
  - Used in combination with dexamethasone AND bortezomib, carfilzomib, or cyclophosphamide; **OR**

- Used in combination with dexamethasone AND daratumumab or ixazomib for patients who are non-transplant candidates; **OR**
- Used in combination with dexamethasone AND daratumumab and bortezomib or daratumumab and carfilzomib in patients who are transplant candidates; **OR**
- Used as part of the VRd-lite regimen (bortezomib, lenalidomide, and dexamethasone) for frail patients who are non-transplant candidates; **OR**
- Used for disease relapse after 6 months following primary induction therapy with the same regimen; **AND**
  - Used in combination with dexamethasone AND bortezomib, carfilzomib, ixazomib, or cyclophosphamide; **OR**
  - Used in combination with dexamethasone AND daratumumab for patients who are non-transplant candidates; **OR**
- Used as maintenance therapy; **AND**
  - Used in one of the following treatment settings:
    - Symptomatic disease after response to primary myeloma therapy
    - Response or stable disease following autologous hematopoietic stem cell transplant (auto-HSCT)
    - Response or stable disease following either a tandem autologous or allogeneic (HCT) for high risk patients under certain circumstances; **AND**
  - Used as part of one of the following treatment regimens:
    - As a single agent
    - In combination with carfilzomib for transplant candidates
    - In combination with bortezomib
    - In combination with bortezomib and dexamethasone for transplant candidates; **OR**
- Used for previously treated multiple myeloma for relapsed or progressive disease; **AND**
  - Used in combination with dexamethasone OR a dexamethasone-containing regimen; **OR**
  - Used as a single agent if patient is steroid-intolerant; **OR**
- Used in combination with dexamethasone for the management of POEMS (polyneuropathy, organomegaly, endocrinopathy, monoclonal protein, skin changes) syndrome

### **Systemic Light Chain Amyloidosis ‡<sup>2</sup>**

- Used for newly diagnosed disease in combination with dexamethasone and bortezomib; **OR**
- Used for relapsed or refractory disease; **AND**
  - Used in combination with dexamethasone with or without cyclophosphamide or ixazomib; **OR**
  - Used in combination with dexamethasone and bortezomib as repeat of initial therapy if the patient has been relapse-free for several years

### **Classic Hodgkin's Lymphoma (cHL) ‡<sup>2,14</sup>**

- Used as a single agent; **AND**
- Used for disease that is refractory to at least 3 prior lines of therapy

### **B-Cell Lymphomas** <sup>1,2</sup>

- Mantle Cell Lymphoma †  $\Phi$ 
  - Used in combination with rituximab; **AND**
    - Used as less aggressive induction therapy; **OR**
  - Used as a single agent after two prior therapies, one of which included bortezomib †; **OR**
  - Used as subsequent therapy in combination with rituximab; **AND**
    - Used for stage I-II disease with partial response, relapse, or progression after prior treatment with chemoimmunotherapy; **OR**
    - Used for classical or symptomatic indolent stage II bulky, III, or IV disease in patients who have stable or progressive disease or partial response with substantial disease after induction therapy; **OR**
    - Used for relapsed or refractory (if not previously given)
- Follicular Lymphoma †  $\Phi$ 
  - Used as first-line therapy in combination with rituximab; **OR**
  - Used as subsequent therapy in patients with no response, relapsed, or progressive disease; **AND**
    - Used in combination with rituximab, tafasitamab-cxix, or obinutuzumab; **OR**
    - Used as a single agent if not a candidate for anti-CD20 monoclonal antibody therapy
- AIDS-related B-cell lymphoma (includes all of the following: diffuse large B-cell lymphoma, primary effusion lymphoma, HHV8-positive diffuse large B-cell lymphoma [not otherwise specified], and plasmablastic lymphoma), Diffuse Large B-Cell Lymphoma (DLBCL), or High-Grade B-Cell Lymphoma ‡
  - Used as subsequent therapy in patients who are non-candidates for transplant; **AND**
  - Used in combination with tafasitamab-cxix OR used with or without rituximab for non-germinal center B-cell type disease; **AND**
    - Used for relapsed or refractory disease >12 months after completion of first-line therapy; **OR**
    - Used for primary refractory disease (partial response, no response, or progression) or relapsed disease <12 months after completion of first-line therapy in non-candidates for CAR T-cell therapy; **OR**
    - Used as alternative systemic therapy (if not previously used) for relapsed/refractory disease in non-candidates for CAR T-cell therapy
- Histologic Transformation of Indolent Lymphomas to Diffuse Large B-cell Lymphoma (DLBCL)

- Used in combination with tafasitamab-cxix in non-candidates for transplant if previously treated with an anthracycline-based regimen; **AND**
  - Used as second line therapy for partial response, no response, or progressive disease following chemoimmunotherapy in patients with histologic transformation to diffuse large B-cell lymphoma after minimal or no prior treatment; **OR**
  - Used for patients who have received multiple prior therapies for indolent or transformed disease
- Marginal Zone Lymphoma † ⊕ (includes Nodal or Splenic MZL & Gastric or Noncutaneous Non-Gastric MALT)
  - Used as subsequent therapy for recurrent, relapsed, refractory, or progressive disease in combination with rituximab; **OR**
  - Used as subsequent therapy for relapsed, refractory, or progressive disease in combination with obinutuzumab
- Multicentric Castleman's Disease ‡
  - Used as subsequent therapy, with or without rituximab, for disease that has progressed following treatment of relapsed/refractory or progressive disease
- Post-Transplant Lymphoproliferative Disorders (PTLD) ‡
  - Used as subsequent therapy for monomorphic PTLD in patients who are non-candidates for transplant; **AND**
  - Used in combination with tafasitamab-cxix for B-cell type disease OR used with or without rituximab for non-germinal center 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 disease (partial response, no response, or progression) or relapsed disease <12 months after completion of initial treatment with chemoimmunotherapy in non-candidates for CAR T-cell therapy; **OR**
    - Used as alternative systemic therapy (if not previously used) for relapsed/refractory disease in non-candidates for CAR T-cell therapy

### T-Cell Lymphomas ‡<sup>2</sup>

- Peripheral T-Cell Lymphoma (*includes all of the following: peripheral T-cell lymphoma not otherwise specified, angioimmunoblastic T-cell lymphoma, enteropathy-associated T-cell lymphoma, monomorphic epitheliotropic intestinal T-cell lymphoma, nodal peripheral T-cell lymphoma with TFH phenotype, or follicular T-cell lymphoma*) ‡
  - Used as a single agent as second-line or initial palliative therapy
- Adult T-cell Leukemia/Lymphoma ‡
  - Used as a single agent as subsequent therapy for non-responders to first-line therapy for acute or lymphoma subtypes
- Hepatosplenic T-Cell Lymphoma ‡

- Used as a single agent therapy for refractory disease after two first-line therapy regimens

### **Primary CNS Lymphoma †<sup>2,13</sup>**

- Used as a single-agent or in combination with rituximab; **AND**
  - Used as induction therapy for intolerance to, or patient is not a candidate for, high-dose methotrexate; **OR**
  - Used for relapsed or refractory disease; **AND**
    - Patient previously received whole brain radiation therapy; **OR**
    - Patient previously received high-dose methotrexate based regimen; **OR**
    - Patient received prior high-dose systemic therapy with stem cell rescue

### **Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma (CLL/SLL) †<sup>2</sup>**

- Used as subsequent therapy as a single agent or in combination with rituximab; **AND**
  - Used for patients with del(17p)/TP53 mutation; **OR**
  - Used for patients without del(17p)/TP53 mutation who have relapsed or refractory disease after prior therapy with Bruton Tyrosine Kinase inhibitor (e.g., ibrutinib, acalabrutinib)- and venetoclax-based regimens

### **Myelofibrosis (MF) <sup>2,9,10</sup>**

- Used in combination with prednisone taper for management of myelofibrosis-associated anemia; **AND**
  - Patient has a serum EPO  $\geq 500$  mU/mL; **OR**
  - Patient has a serum EPO  $< 500$  mU/mL and no response or loss of response to erythropoietic stimulating agents

### **Histiocytic Neoplasms – Langerhans Cell Histiocytosis †<sup>2,15</sup>**

- Used as a single agent; **AND**
  - Patient has single system multifocal skin disease (including mucosa); **OR**
  - Patient has relapsed/refractory disease

### **Kaposi Sarcoma †<sup>2,8,19</sup>**

- Used as subsequent therapy; **AND**
  - Used as a single agent for patients that do not have HIV; **OR**
  - Used in combination with antiretroviral therapy (ART) for patients with HIV; **AND**
- Patient has relapsed/refractory advanced cutaneous, oral, visceral, or nodal disease; **AND**
- Disease has progressed on or not responded to first-line therapy; **AND**
- Disease has progressed on alternate first-line therapy

† FDA Approved Indication(s); ‡ Compendia Recommended Indication(s);  $\Phi$  Orphan Drug

#### IV. Renewal Criteria <sup>1</sup>

Coverage can be renewed based upon the following criteria:

- Patient continues to meet universal and other indication-specific relevant criteria such as concomitant therapy requirements (not including prerequisite therapy), performance status, etc. identified in section III; **AND**
- Disease response with treatment as defined by stabilization of disease or decrease in size of tumor or tumor spread; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: secondary primary malignancies, venous and arterial thromboembolism, hematologic toxicity (neutropenia, thrombocytopenia), tumor lysis syndrome, hepatotoxicity, severe cutaneous reactions, tumor flare reaction, thyroid disorders (hypothyroidism, hyperthyroidism), hypersensitivity (including angioedema, anaphylaxis, and anaphylactic reactions), etc.

#### V. Dosage/Administration <sup>1,5,9,10,13-31</sup>

Indication	Dose
MDS	10mg daily until disease progression or unacceptable toxicity
Multiple Myeloma	<p><u>Combination Therapy:</u> 25mg daily on Days 1-21 of repeated 28-day cycles in combination with dexamethasone</p> <ul style="list-style-type: none"> <li>• For patients who are not eligible for auto-HSCT, treatment should continue until disease progression or unacceptable toxicity.</li> <li>• For patients who are auto-HSCT-eligible, hematopoietic stem cell mobilization should occur within 4 cycles of a REVLIMID-containing therapy.</li> </ul> <p><u>Maintenance Therapy Following Auto-HSCT:</u> 10mg daily continuously until disease progression or unacceptable toxicity</p> <ul style="list-style-type: none"> <li>• After 3 cycles of maintenance therapy, the dose can be increased to 15mg once daily if tolerated.</li> </ul>
Previously untreated Follicular Lymphoma	20mg daily for 21 days of a 28-day cycle for up to 18 cycles.
Previously treated Follicular Lymphoma and Marginal Zone Lymphoma (Gastric MALT, Nongastric MALT, Nodal, Splenic)	20mg daily for 21 days of a 28-day cycle for up to 12 cycles in combination with a rituximab-product.
CLL/SLL	<p><u>In Combination with Rituximab:</u> 10 mg daily until disease progression or unacceptable toxicity</p> <p><u>Single Agent:</u></p>



	Up to 25 mg daily until disease progression or unacceptable toxicity - OR - 25mg daily for 21 days of a 28-day cycle until disease progression or unacceptable toxicity
Primary CNS Lymphoma	15mg daily for 21 days of a 28-day cycle until disease progression or unacceptable toxicity
Myelofibrosis	10mg daily until disease progression or unacceptable toxicity - OR - 10 mg daily for 21 days of a 28-day cycle until disease progression or unacceptable toxicity
Systemic Light Chain Amyloidosis	<u>In Combination with Dexamethasone and Bortezomib:</u> 5-15mg daily for 21 days of a 28-day cycle for up to 8 cycles <u>In Combination with Dexamethasone and Ixazomib:</u> 15mg daily for 21 days of a 28-day cycle until disease progression or unacceptable toxicity <u>In Combination with Dexamethasone and Cyclophosphamide:</u> 15mg daily for 21 days of a 28-day cycle until disease progression or unacceptable toxicity <u>In Combination with Dexamethasone:</u> 15mg daily for 21 days of a 28-day cycle until disease progression or unacceptable toxicity - OR - 25mg daily for 21 days of a 28-day cycle until disease progression or unacceptable toxicity
T-Cell Lymphomas	25mg daily for 21 days of a 28-day cycle until disease progression or unacceptable toxicity - OR - 25mg daily until disease progression or unacceptable toxicity
All other indications	25mg daily for 21 days of a 28-day cycle until disease progression or unacceptable toxicity
<i>*Please refer to the prescribing information for dose adjustment for hematologic toxicities (e.g., thrombocytopenia, neutropenia) or renal impairment.</i>	

## VI. Billing Code/Availability Information

### HCPCS Code:

- J8999 – Prescription drug, oral, chemotherapeutic, Not Otherwise Specified

### NDC:

- Revlimid 2.5mg capsules\*: 59572-0402-xx
- Revlimid 5mg capsules\*: 59572-0405-xx



- Revlimid 10mg capsules\*: 59572-0410-xx
- Revlimid 15mg capsules\*: 59572-0415-xx
- Revlimid 20mg capsules\*: 59572-0420-xx
- Revlimid 25mg capsules\*: 59572-0425-xx

*\*Generically available from multiple manufacturers*

## VII. References

1. Revlimid [package insert]. Summit, NJ; Celgene Corporation; December 2022. Accessed December 2022.
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  19. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Kaposi Sarcoma Version 1.2022. 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 December 2022.
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## Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
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

ICD-10	ICD-10 Description
C46.52	Kaposi's sarcoma of left lung
C46.7	Kaposi's sarcoma of other sites
C46.9	Kaposi's sarcoma, unspecified
C81.10	Nodular sclerosis classical Hodgkin lymphoma, unspecified site
C81.11	Nodular sclerosis classical Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.12	Nodular sclerosis classical Hodgkin lymphoma, intrathoracic lymph nodes
C81.13	Nodular sclerosis classical Hodgkin lymphoma, intra-abdominal lymph nodes
C81.14	Nodular sclerosis classical Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.15	Nodular sclerosis classical Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.16	Nodular sclerosis classical Hodgkin lymphoma, intrapelvic lymph nodes
C81.17	Nodular sclerosis classical Hodgkin lymphoma, spleen
C81.18	Nodular sclerosis classical Hodgkin lymphoma, lymph nodes of multiple sites
C81.19	Nodular sclerosis classical Hodgkin lymphoma, extranodal and solid organ sites
C81.20	Mixed cellularity classical Hodgkin lymphoma, unspecified site
C81.21	Mixed cellularity classical Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.22	Mixed cellularity classical Hodgkin lymphoma, intrathoracic lymph nodes
C81.23	Mixed cellularity classical Hodgkin lymphoma, intra-abdominal lymph nodes
C81.24	Mixed cellularity classical Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.25	Mixed cellularity classical Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.26	Mixed cellularity classical Hodgkin lymphoma, intrapelvic lymph nodes
C81.27	Mixed cellularity classical Hodgkin lymphoma, spleen
C81.28	Mixed cellularity classical Hodgkin lymphoma, lymph nodes of multiple sites
C81.29	Mixed cellularity classical Hodgkin lymphoma, extranodal and solid organ sites
C81.30	Lymphocyte depleted classical Hodgkin lymphoma, unspecified site
C81.31	Lymphocyte depleted classical Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.32	Lymphocyte depleted classical Hodgkin lymphoma, intrathoracic lymph nodes
C81.33	Lymphocyte depleted classical Hodgkin lymphoma, intra-abdominal lymph nodes
C81.34	Lymphocyte depleted classical Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.35	Lymphocyte depleted classical Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.36	Lymphocyte depleted classical Hodgkin lymphoma, intrapelvic lymph nodes
C81.37	Lymphocyte depleted classical Hodgkin lymphoma, spleen
C81.38	Lymphocyte depleted classical Hodgkin lymphoma, lymph nodes of multiple sites
C81.39	Lymphocyte depleted classical Hodgkin lymphoma, extranodal and solid organ sites
C81.40	Lymphocyte-rich classical Hodgkin lymphoma, unspecified site

ICD-10	ICD-10 Description
C81.41	Lymphocyte-rich classical Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.42	Lymphocyte-rich classical Hodgkin lymphoma, intrathoracic lymph nodes
C81.43	Lymphocyte-rich classical Hodgkin lymphoma, intra-abdominal lymph nodes
C81.44	Lymphocyte-rich classical Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.45	Lymphocyte-rich classical Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.46	Lymphocyte-rich classical Hodgkin lymphoma, intrapelvic lymph nodes
C81.47	Lymphocyte-rich classical Hodgkin lymphoma, spleen
C81.48	Lymphocyte-rich classical Hodgkin lymphoma, lymph nodes of multiple sites
C81.49	Lymphocyte-rich classical 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, extranodal and solid organ 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

ICD-10	ICD-10 Description
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
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



ICD-10	ICD-10 Description
C82.39	Follicular lymphoma grade IIIa, extranodal and solid organ sites
C82.40	Follicular lymphoma grade IIIb, unspecified site
C82.41	Follicular lymphoma grade IIIb, lymph nodes of head, face and neck
C82.42	Follicular lymphoma, grade IIIb, intrathoracic lymph nodes
C82.43	Follicular lymphoma grade IIIb, intra-abdominal lymph nodes
C82.44	Follicular lymphoma grade IIIb, lymph nodes of axilla and upper limb
C82.45	Follicular lymphoma grade IIIb, lymph nodes of inguinal region and lower limb
C82.46	Follicular lymphoma grade IIIb, intrapelvic lymph nodes
C82.47	Follicular lymphoma grade IIIb, spleen
C82.48	Follicular lymphoma grade IIIb, lymph nodes of multiple sites
C82.49	Follicular lymphoma grade IIIb, extranodal and solid organ sites
C82.50	Diffuse follicle center lymphoma, unspecified site
C82.51	Diffuse follicle center lymphoma, lymph nodes of head, face and neck
C82.52	Diffuse follicle center lymphoma, intrathoracic lymph nodes
C82.53	Diffuse follicle center lymphoma, intra-abdominal lymph nodes
C82.54	Diffuse follicle center lymphoma, lymph nodes of axilla and upper limb
C82.55	Diffuse follicle center lymphoma, lymph nodes of inguinal region and lower limb
C82.56	Diffuse follicle center lymphoma, intrapelvic lymph nodes
C82.57	Diffuse follicle center lymphoma, spleen
C82.58	Diffuse follicle center lymphoma, lymph nodes of multiple sites
C82.59	Diffuse follicle center lymphoma, extranodal and solid organ sites
C82.60	Cutaneous follicle center lymphoma, unspecified site
C82.61	Cutaneous follicle center lymphoma, lymph nodes of head, face and neck
C82.62	Cutaneous follicle center lymphoma, intrathoracic lymph nodes
C82.63	Cutaneous follicle center lymphoma, intra-abdominal lymph nodes
C82.64	Cutaneous follicle center lymphoma, lymph nodes of axilla and upper limb
C82.65	Cutaneous follicle center lymphoma, lymph nodes of inguinal region and lower limb
C82.66	Cutaneous follicle center lymphoma, intrapelvic lymph nodes
C82.67	Cutaneous follicle center lymphoma, spleen
C82.68	Cutaneous follicle center lymphoma, lymph nodes of multiple sites
C82.69	Cutaneous follicle center lymphoma, extranodal and solid organ sites
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



ICD-10	ICD-10 Description
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
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

ICD-10	ICD-10 Description
C83.17	Mantle cell lymphoma, spleen
C83.18	Mantle cell lymphoma, lymph nodes of multiple sites
C83.19	Mantle cell lymphoma, extranodal and solid organ sites
C83.30	Diffuse large B-cell lymphoma, unspecified site
C83.31	Diffuse large B-cell lymphoma, lymph nodes of head, face and neck
C83.32	Diffuse large B-cell lymphoma intrathoracic lymph nodes
C83.33	Diffuse large B-cell lymphoma, intra-abdominal lymph nodes
C83.34	Diffuse large B-cell lymphoma, lymph nodes of axilla and upper limb
C83.35	Diffuse large B-cell lymphoma, lymph nodes of inguinal region and lower limb
C83.36	Diffuse large B-cell lymphoma, intrapelvic lymph nodes
C83.37	Diffuse large B-cell lymphoma, spleen
C83.38	Diffuse large B-cell lymphoma, lymph nodes of multiple sites
C83.39	Diffuse large B-cell lymphoma, extranodal and solid organ sites
C83.80	Other non-follicular lymphoma, unspecified site
C83.81	Other non-follicular lymphoma, lymph nodes of head, face and neck
C83.82	Other non-follicular lymphoma, intrathoracic lymph nodes
C83.83	Other non-follicular lymphoma, intra-abdominal lymph nodes
C83.84	Other non-follicular lymphoma, lymph nodes of axilla and upper limb
C83.85	Other non-follicular lymphoma, lymph nodes of inguinal region and lower limb
C83.86	Other non-follicular lymphoma, intrapelvic lymph nodes
C83.87	Other non-follicular lymphoma, spleen
C83.88	Other non-follicular lymphoma, lymph nodes of multiple sites
C83.89	Other non-follicular lymphoma, extranodal and solid organ sites
C83.90	Non-follicular (diffuse) lymphoma, unspecified 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, unspecified site

ICD-10	ICD-10 Description
C84.41	Peripheral T-cell lymphoma, lymph nodes of head, face and neck
C84.42	Peripheral T-cell lymphoma, intrathoracic lymph nodes
C84.43	Peripheral T-cell lymphoma, intra-abdominal lymph nodes
C84.44	Peripheral T-cell lymphoma, lymph nodes of axilla and upper limb
C84.45	Peripheral T-cell lymphoma, lymph nodes of inguinal region and lower limb
C84.46	Peripheral T-cell lymphoma, intrapelvic lymph nodes
C84.47	Peripheral T-cell lymphoma, spleen
C84.48	Peripheral T-cell lymphoma, lymph nodes of multiple sites
C84.49	Peripheral T-cell lymphoma, 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
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

ICD-10	ICD-10 Description
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 sites
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
C85.99	Non-Hodgkin lymphoma, unspecified, 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
C88.4	Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue (MALT-lymphoma)
C90.00	Multiple myeloma not having achieved remission
C90.01	Multiple myeloma in remission
C90.02	Multiple myeloma in relapse
C90.10	Plasma cell leukemia not having achieved remission

ICD-10	ICD-10 Description
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
C93.10	Chronic myelomonocytic leukemia not having achieved remission
C94.40	Acute panmyelosis with myelofibrosis not having achieved remission
C94.41	Acute panmyelosis with myelofibrosis, in remission
C94.42	Acute panmyelosis with myelofibrosis, in relapse
C94.6	Myelodysplastic disease, not classified
C96.0	Multifocal and multisystemic (disseminated) Langerhans-cell histiocytosis
C96.2	Malignant mast cell neoplasm
C96.5	Multifocal and unisystemic Langerhans-cell histiocytosis
C96.6	Unifocal Langerhans-cell histiocytosis
C96.9	Malignant neoplasm of lymphoid, hematopoietic and related tissue, unspecified
C96.Z	Other specified malignant neoplasms of lymphoid, hematopoietic and related tissue
D46.0	Refractory anemia without ring sideroblasts, so stated
D46.1	Refractory anemia with ring sideroblasts
D46.20	Refractory anemia with excess of blasts, unspecified
D46.21	Refractory anemia with excess of blasts 1
D46.4	Refractory anemia, unspecified
D46.9	Myelodysplastic syndrome, unspecified
D46.A	Refractory cytopenia with multilineage dysplasia
D46.B	Refractory cytopenia with multilineage dysplasia and ring sideroblasts
D46.C	Myelodysplastic syndrome with isolated del(5q) chromosomal abnormality
D46.Z	Other myelodysplastic syndromes
D47.1	Chronic myeloproliferative disease
D47.4	Osteomyelofibrosis
D47.9	Neoplasm of uncertain behavior of lymphoid, hematopoietic and related tissue, unspecified
D47.Z1	Post-transplant lymphoproliferative disorder (PTLD)

ICD-10	ICD-10 Description
D47.Z2	Castleman disease
D47.Z9	Other specified neoplasms of uncertain behavior of lymphoid, hematopoietic and related tissue
D75.81	Myelofibrosis
E31.9	Polyglandular dysfunction, unspecified
E85.3	Secondary systemic amyloidosis
E85.4	Organ-limited amyloidosis
E85.81	Light chain (AL) amyloidosis
E85.89	Other amyloidosis
E85.9	Amyloidosis, unspecified
G62.9	Polyneuropathy, unspecified
G90.9	Disorder of the skin and subcutaneous tissue, unspecified
L98.9	Disorder of the skin and subcutaneous tissue, 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) and Local Coverage Determinations (LCDs) 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): 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
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
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

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	Applicable State/US Territory	Contractor
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