

## Leuprolide Suspension:

### **Lupron Depot<sup>®</sup>, Lupron Depot-Ped<sup>®</sup>, Eligard<sup>®</sup>, Fensolvi<sup>®</sup>, Camcevi<sup>™</sup>** (Intramuscular/Subcutaneous)

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#### I. Length of Authorization

- Endometriosis: Coverage will be provided for 6 months and is eligible for renewal one time only
- Menses Suppression/Control: Coverage will be provided for 6 months and may not be renewed
- Uterine leiomyomata (fibroids): Coverage will be provided for 3 months and is not eligible for renewal
- All other indications: Coverage will be provided for 12 months and is eligible for renewal.

#### II. Dosing Limits

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

Drug Name	Strength	Quantity	Days Supply
Lupron Depot 1-Month	3.75 mg	1 injection	28 days
Lupron Depot 1-Month	7.5 mg	1 injection	28 days
Lupron Depot 3-Month	11.25 mg	1 injection	84 days
Lupron Depot 3-Month	22.5 mg	1 injection	84 days
Lupron Depot 4-Month	30 mg	1 injection	112 days
Lupron Depot 6-Month	45 mg	1 injection	168 days
Lupron Depot-Ped 1-month	7.5 mg	1 injection	28 days
Lupron Depot-Ped 1-month	11.25 mg	1 injection	28 days
Lupron Depot-Ped 3-Month	11.25 mg	1 injection	84 days
Lupron Depot-Ped 1-month	15 mg	1 injection	28 days
Lupron Depot-Ped 3-Month	30 mg	1 injection	84 days
Eligard	7.5 mg	1 injection	28 days
Eligard	22.5 mg	1 injection	84 days
Eligard	30 mg	1 injection	112 days
Eligard	45 mg	1 injection	168 days
Fensolvi	45 mg	1 injection	168 days
Camcevi	42 mg	1 injection	168 days

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

Diagnosis	HCPCS	Product(s)	Billable Units	Days Supply
Prostate/Breast/ Ovarian Cancer	J9217	Lupron Depot 1-Month & Eligard 7.5 mg	1	28
		Lupron Depot 3-Month & Eligard 22.5 mg	3	84
		Lupron Depot 4-Month & Eligard 30 mg	4	112
		Lupron Depot 6-Month & Eligard 45 mg	6	168
Salivary Gland Tumors of the Head and Neck	J9217	Lupron Depot 1-month & Eligard 7.5 mg	1	28
		Lupron Depot 3-Month & Eligard 22.5 mg	3	84
Breast/Ovarian Cancer; Endometriosis; Uterine Fibroids	J1950	Lupron Depot 1-Month 3.75 mg	1	28
		Lupron Depot 3-Month 11.25 mg	3	84
Central Precocious Puberty	J1950/ J3490/ J1951	Lupron Depot-Ped 7.5 mg	2	28
		Lupron Depot-Ped 11.25 mg	3	28
		Lupron Depot-Ped 15 mg	4	28
		Lupron Depot-Ped 30 mg	8	84
		Fensolvi 45 mg Kit	180	168
Prostate Cancer	J9999	Camcevi 42 mg Kit	(42 mg)	168
Menses Suppression/Control	J1950	Lupron Depot 1-Month 3.75 mg	1	28

### III. Initial Approval Criteria

- Coverage for Deseret Protect members is limited to oncology uses ONLY.

Coverage is provided in the following conditions:

- Patient is 18 years or older (unless otherwise specified); AND

Central Precocious Puberty (CPP) <sup>3,6,12,18-20</sup> † Φ (J1950 and J3490/J1951 [Fensolvi only])

- Patient is less than 13 years old; AND
- Onset of secondary sexual characteristics earlier than age 8 for girls and 9 for boys associated with pubertal pituitary gonadotropin activation; AND
- Diagnosis is confirmed by a pubertal gonadal sex steroid level and a pubertal LH response to stimulation by native GnRH; AND
- Bone age advanced greater than 2 standard deviations (SD) beyond chronological age; AND
- Tumor has been ruled out by lab tests such as diagnostic imaging of the brain (to rule out intracranial tumor), pelvic/testicular/adrenal ultrasound (to rule out steroid secreting tumors), and human chorionic gonadotropin levels (to rule out a chorionic gonadotropin secreting tumor) ; AND
- Will not be used in combination with growth hormone

Endometriosis <sup>1,2,10</sup> † (J1950 only)

- Documentation patient's diagnosis has been confirmed by a workup/evaluation (versus presumptive treatment)

Uterine Leiomyomata (fibroids) <sup>1,2,11</sup> † (J1950 only)

- Documentation patient's diagnosis has been confirmed by a workup/evaluation (versus presumptive treatment); AND
- Documentation patient is receiving iron therapy

Breast Cancer <sup>8,9,13,14</sup> ‡ (J9217 and J1950)

- Patient is pre-menopausal or is a male with suppression of testicular steroidogenesis; AND
- Disease is hormone receptor positive; AND
  - Used in combination with adjuvant endocrine therapy; OR
  - Endocrine therapy for recurrent or metastatic disease

Ovarian Cancer <sup>8,9,16,17</sup> ‡ (J9217 and J1950)

- Used as a single agent; AND
  - Patient has a diagnosis of stage II-IV granulosa cell tumors of the ovary; AND
    - Patient's disease has relapsed; OR
  - Patient has a diagnosis of Epithelial Ovarian Cancer OR Fallopian Tube Cancer OR Primary Peritoneal Cancer; AND
    - Patient's disease is persistent or recurrent (excluding immediate treatment of biochemical relapse)

Prostate Cancer <sup>4,5,8,9,15</sup> † (J9217 and J9999 [Camcevi only])

- Patient has advanced disease (Camcevi only)

Head and Neck Cancer <sup>8,9</sup> ‡ (J9217 only)

- Patient has a diagnosis of androgen-receptor positive recurrent salivary gland tumor; AND
  - Patient has distant metastases with a performance status score of 0-3; OR
  - Patient has unresectable locoregional recurrence or second primary with prior radiation therapy

Prevention/Management of Menstrual Bleeding Associated with Hematopoietic Stem Cell Transplant (HCT) <sup>22-25</sup> ‡ (J1950 only)

- Patient is pre-menopausal; AND
  - Patient will receive conditioning myeloablative treatment with cytotoxic chemotherapy; OR

- Patient has menorrhagia due to thrombocytopenia related to delayed platelet engraftment

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

#### IV. Renewal Criteria

Coverage can be renewed based upon the following criteria:

- Patient continues to meet the indication-specific relevant criteria identified in section III; AND
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: tumor flare, hyperglycemia/diabetes, cardiovascular disease (myocardial infarction, sudden cardiac death, stroke), QT/QTc prolongation, convulsions, etc.; AND

Prostate Cancer (J9217 and J9999 [Camcevi only]);

Head and Neck Cancer – Salivary Gland Tumors (J9217 only);

Breast and Ovarian Cancer (J9217 or J1950 only)

- Disease response with treatment as defined by stabilization of disease or decrease in size of tumor or tumor spread; AND

Central Precocious Puberty (CPP) <sup>3,6,12,18-20</sup> (J1950 and J3490/J1951 [Fensolvi only])

- Patient is less than 13 years old; AND
- Disease response as indicated by lack of progression or stabilization of secondary sexual characteristics, decrease in growth velocity and bone age advancement, and improvement in final height prediction; AND
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: convulsions, development or worsening of psychiatric symptoms, etc.; AND
- Will not be used in combination with growth hormone

Endometriosis (J1950 only)

- Patient has not received a total of 12 months of therapy of a GnRH-agonist (i.e., leuprolide acetate, etc.); AND
- Patient continues to have symptoms of endometriosis or symptoms recur after the initial 6-month course of therapy; AND
- Patient will have bone density assessment prior to retreatment; AND
- Patient will use in combination with add-back therapy in combination with norethindrone

Uterine leiomyomata (fibroids)/Menses suppression/control associated with HCT (J1950 only)

- May not be renewed

## V. Dosage/Administration <sup>1-7</sup>

Indication	Dose
Endometriosis	Administer, intramuscularly, 3.75 mg monthly or 11.25 mg every 3 months for a duration of 6 months only.
Breast/Ovarian Cancer	Administer, intramuscularly or subcutaneously, 3.75 mg every/7.5 mg monthly or 11.25 mg/22.5 mg every 3 months.
Central Precocious Puberty (CPP)	<ul style="list-style-type: none"> <li>• Fensolvi subcutaneous kit               <ul style="list-style-type: none"> <li>– Administer 45 mg subcutaneously once every six months.</li> </ul> </li> <li>• Lupron Depot-Ped intramuscular injection:               <ul style="list-style-type: none"> <li>– Weight based                   <ul style="list-style-type: none"> <li>▪ &gt;37.5 kg: 15 mg every 4 weeks</li> <li>▪ &gt;25-37.5 kg: 11.25 mg every 4 weeks</li> <li>▪ ≤ 25 kg: 7.5 mg every 4 weeks; OR</li> </ul> </li> <li>– Ages 2 to 11 yrs: 11.25 mg or 30 mg every 12 weeks</li> </ul> </li> </ul>
Uterine leiomyomata (fibroids)	Administer, intramuscularly, 3.75 mg monthly or 11.25 mg every 3 months. The recommended duration of therapy is 3 months or less; retreatment depends on return of symptoms.
Prostate Cancer	<ul style="list-style-type: none"> <li>• Lupron Depot &amp; Eligard               <ul style="list-style-type: none"> <li>– Administer intramuscularly or subcutaneously, 7.5 mg every 4 weeks, 22.5 mg every 12 weeks, 30 mg every 16 weeks, 45 mg every 24 weeks, or 42 mg every 24 weeks.</li> </ul> </li> <li>• Camcevi subcutaneous kit               <ul style="list-style-type: none"> <li>– Administer subcutaneously 42 mg once every 6 months.</li> </ul> </li> </ul>
Salivary Gland tumors of the Head and Neck	Administer, intramuscularly or subcutaneously, 7.5 mg every 4 weeks, 22.5 mg every 12 weeks
Menstrual Bleeding Prevention or Management in HCT	Administer intramuscularly 3.75 mg once every 4 weeks up to 6 months (Therapy should be started 4-5 weeks prior to conditioning chemotherapy and continued as required until platelets are >50,000 post HCT)

- Lupron Depot is administered intramuscularly (IM), Eligard, Fensolvi, and Camcevi are administered subcutaneously (SQ)
- Camcevi must be administered by a healthcare provider.
- Do not use concurrently a fractional dose, or a combination of doses of this or any depot formulation due to different release characteristics.

## VI. Billing Code/Availability Information

Drug Name	Strength	HCPCS*	NDC
Lupron Depot 1-Month	3.75 mg	J1950	00074-3641-xx
Lupron Depot 1-Month	7.5 mg	J9217	00074-3642-xx
Lupron Depot 3-Month	11.25 mg	J1950	00074-3663-xx
Lupron Depot 3-Month	22.5 mg	J9217	00074-3346-xx
Lupron Depot 4-Month	30 mg	J9217	00074-3683-xx
Lupron Depot 6-Month	45 mg	J9217	00074-3473-xx
Lupron Depot-Ped	7.5 mg	J1950	00074-2108-xx

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Lupron Depot-Ped	11.25 mg	J1950	00074-2282-xx
Lupron Depot-Ped 3-Month	11.25 mg	J1950	00074-3779-xx
Lupron Depot-Ped	15 mg	J1950	00074-2440-xx
Lupron Depot-Ped 3-Month	30 mg	J1950	00074-9694-xx
Eligard	7.5 mg	J9217	62935-0753-xx
Eligard	22.5 mg	J9217	62935-0223-xx
Eligard	30 mg	J9217	62935-0303-xx
Eligard	45 mg	J9217	62935-0453-xx
Fensolvi	45 mg	J3490, J1951	62935-0153-xx
Camcevi	42 mg	J9999	72851-0042-xx

\*J1950: Injection, leuprolide acetate (for depot suspension), per 3.75 mg

\*J9217: Leuprolide acetate (for depot suspension), 7.5 mg

\*J3490: Unclassified drugs (Fensolvi only – discontinue 07/01/21)

\*J1951: Injection, leuprolide acetate for depot suspension (fensolvi), 0.25 mg (Effective 07/01/21)

\*J9999: Not otherwise classified, antineoplastic drugs (Camcevi only)

## VII. References

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## Appendix 1 – Covered Diagnosis Codes

J1950 & J3490/J1951 [Fensolvi]

ICD-10	ICD-10 Description
C48.1	Malignant neoplasm of specified parts of peritoneum
C48.2	Malignant neoplasm of peritoneum, unspecified
C48.8	Malignant neoplasm of overlapping sites of retroperitoneum and peritoneum
C50.011	Malignant neoplasm of nipple and areola, right female breast
C50.012	Malignant neoplasm of nipple and areola, left female breast
C50.019	Malignant neoplasm of nipple and areola, unspecified female breast
C50.021	Malignant neoplasm of nipple and areola, right female breast
C50.022	Malignant neoplasm of nipple and areola, left female breast
C50.029	Malignant neoplasm of nipple and areola, unspecified female breast
C50.111	Malignant neoplasm of central portion of right female breast
C50.112	Malignant neoplasm of central portion of left female breast
C50.119	Malignant neoplasm of central portion of unspecified female breast
C50.121	Malignant neoplasm of central portion of right male breast
C50.122	Malignant neoplasm of central portion of left male breast
C50.129	Malignant neoplasm of central portion of unspecified male breast
C50.211	Malignant neoplasm of upper-inner quadrant of right female breast
C50.212	Malignant neoplasm of upper-inner quadrant of left female breast
C50.219	Malignant neoplasm of upper-inner quadrant of unspecified female breast
C50.221	Malignant neoplasm of upper-inner quadrant of right male breast

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ICD-10	ICD-10 Description
C50.222	Malignant neoplasm of upper-inner quadrant of left male breast
C50.229	Malignant neoplasm of upper-inner quadrant of unspecified male breast
C50.311	Malignant neoplasm of lower-inner quadrant of right female breast
C50.312	Malignant neoplasm of lower-inner quadrant of left female breast
C50.319	Malignant neoplasm of lower-inner quadrant of unspecified female breast
C50.321	Malignant neoplasm of lower-inner quadrant of right male breast
C50.322	Malignant neoplasm of lower-inner quadrant of left male breast
C50.329	Malignant neoplasm of lower-inner quadrant of unspecified male breast
C50.411	Malignant neoplasm of upper-outer quadrant of right female breast
C50.412	Malignant neoplasm of upper-outer quadrant of left female breast
C50.419	Malignant neoplasm of upper-outer quadrant of unspecified female breast
C50.421	Malignant neoplasm of upper-outer quadrant of right male breast
C50.422	Malignant neoplasm of upper-outer quadrant of left male breast
C50.429	Malignant neoplasm of upper-outer quadrant of unspecified male breast
C50.511	Malignant neoplasm of lower-outer quadrant of right female breast
C50.512	Malignant neoplasm of lower-outer quadrant of left female breast
C50.519	Malignant neoplasm of lower-outer quadrant of unspecified female breast
C50.521	Malignant neoplasm of lower-outer quadrant of right male breast
C50.522	Malignant neoplasm of lower-outer quadrant of left male breast
C50.529	Malignant neoplasm of lower-outer quadrant of unspecified male breast
C50.611	Malignant neoplasm of axillary tail of right female breast
C50.612	Malignant neoplasm of axillary tail of left female breast
C50.619	Malignant neoplasm of axillary tail of unspecified female breast
C50.621	Malignant neoplasm of axillary tail of right male breast
C50.622	Malignant neoplasm of axillary tail of left male breast
C50.629	Malignant neoplasm of axillary tail of unspecified male breast
C50.811	Malignant neoplasm of overlapping sites of right female breast
C50.812	Malignant neoplasm of overlapping sites of left female breast
C50.819	Malignant neoplasm of overlapping sites of unspecified female breast
C50.821	Malignant neoplasm of overlapping sites of right male breast
C50.822	Malignant neoplasm of overlapping sites of left male breast
C50.829	Malignant neoplasm of overlapping sites of unspecified male breast
C50.911	Malignant neoplasm of unspecified site of right female breast
C50.912	Malignant neoplasm of unspecified site of left female breast
C50.919	Malignant neoplasm of unspecified site of unspecified female breast
C50.921	Malignant neoplasm of unspecified site of right male breast
C50.922	Malignant neoplasm of unspecified site of left male breast
C50.929	Malignant neoplasm of unspecified site of unspecified male breast

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ICD-10	ICD-10 Description
C56.1	Malignant neoplasm of right ovary
C56.2	Malignant neoplasm of left ovary
C56.9	Malignant neoplasm of unspecified ovary
C57.00	Malignant neoplasm of unspecified fallopian tube
C57.01	Malignant neoplasm of right fallopian tube
C57.02	Malignant neoplasm of left fallopian tube
C57.10	Malignant neoplasm of unspecified broad ligament
C57.11	Malignant neoplasm of right broad ligament
C57.12	Malignant neoplasm of left broad ligament
C57.20	Malignant neoplasm of unspecified round ligament
C57.21	Malignant neoplasm of right round ligament
C57.22	Malignant neoplasm of left round ligament
C57.3	Malignant neoplasm of parametrium
C57.4	Malignant neoplasm of uterine adnexa, unspecified
C57.7	Malignant neoplasm of other specified female genital organs
C57.8	Malignant neoplasm of overlapping sites of female genital organs
C57.9	Malignant neoplasm of female genital organ, unspecified
D25.0	Submucous leiomyoma of uterus
D25.1	Intramural leiomyoma of uterus
D25.2	Subserosal leiomyoma of uterus
D25.9	Leiomyoma of uterus, unspecified
E30.1	Precocious puberty
E30.8	Other disorders of puberty
N80.0	Endometriosis of uterus
N80.1	Endometriosis of ovary
N80.2	Endometriosis of fallopian tube
N80.3	Endometriosis of pelvic peritoneum
N80.4	Endometriosis of rectovaginal septum and vagina
N80.5	Endometriosis of intestine
N80.6	Endometriosis in cutaneous scar
N80.8	Other endometriosis
N80.9	Endometriosis, unspecified
N93.8	Other specified abnormal uterine and vaginal bleeding
N94.89	Other specified conditions associated with female genital organs and menstrual cycle
T86.09	Other complications of bone marrow transplant

J9217

ICD-10	ICD-10 Description
C06.9	Malignant neoplasm of mouth, unspecified
C07	Malignant neoplasm of parotid gland
C08.0	Malignant neoplasm of submandibular gland
C08.1	Malignant neoplasm of sublingual gland
C08.9	Malignant neoplasm of major salivary gland, unspecified
C48.1	Malignant neoplasm of specified parts of peritoneum
C48.2	Malignant neoplasm of peritoneum, unspecified
C48.8	Malignant neoplasm of overlapping sites of retroperitoneum and peritoneum
C50.011	Malignant neoplasm of nipple and areola, right female breast
C50.012	Malignant neoplasm of nipple and areola, left female breast
C50.019	Malignant neoplasm of nipple and areola, unspecified female breast
C50.021	Malignant neoplasm of nipple and areola, right female breast
C50.022	Malignant neoplasm of nipple and areola, left female breast
C50.029	Malignant neoplasm of nipple and areola, unspecified female breast
C50.111	Malignant neoplasm of central portion of right female breast
C50.112	Malignant neoplasm of central portion of left female breast
C50.119	Malignant neoplasm of central portion of unspecified female breast
C50.121	Malignant neoplasm of central portion of right male breast
C50.122	Malignant neoplasm of central portion of left male breast
C50.129	Malignant neoplasm of central portion of unspecified male breast
C50.211	Malignant neoplasm of upper-inner quadrant of right female breast
C50.212	Malignant neoplasm of upper-inner quadrant of left female breast
C50.219	Malignant neoplasm of upper-inner quadrant of unspecified female breast
C50.221	Malignant neoplasm of upper-inner quadrant of right male breast
C50.222	Malignant neoplasm of upper-inner quadrant of left male breast
C50.229	Malignant neoplasm of upper-inner quadrant of unspecified male breast
C50.311	Malignant neoplasm of lower-inner quadrant of right female breast
C50.312	Malignant neoplasm of lower-inner quadrant of left female breast
C50.319	Malignant neoplasm of lower-inner quadrant of unspecified female breast
C50.321	Malignant neoplasm of lower-inner quadrant of right male breast
C50.322	Malignant neoplasm of lower-inner quadrant of left male breast
C50.329	Malignant neoplasm of lower-inner quadrant of unspecified male breast
C50.411	Malignant neoplasm of upper-outer quadrant of right female breast
C50.412	Malignant neoplasm of upper-outer quadrant of left female breast
C50.419	Malignant neoplasm of upper-outer quadrant of unspecified female breast
C50.421	Malignant neoplasm of upper-outer quadrant of right male breast
C50.422	Malignant neoplasm of upper-outer quadrant of left male breast
C50.429	Malignant neoplasm of upper-outer quadrant of unspecified male breast

**LEUPROLIDE SUSP (Lupron Depot<sup>®</sup>, Lupron Depot-Ped<sup>®</sup>, Eligard<sup>®</sup>, Fensolvi<sup>®</sup>) Prior Auth Criteria**

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ICD-10	ICD-10 Description
C50.511	Malignant neoplasm of lower-outer quadrant of right female breast
C50.512	Malignant neoplasm of lower-outer quadrant of left female breast
C50.519	Malignant neoplasm of lower-outer quadrant of unspecified female breast
C50.521	Malignant neoplasm of lower-outer quadrant of right male breast
C50.522	Malignant neoplasm of lower-outer quadrant of left male breast
C50.529	Malignant neoplasm of lower-outer quadrant of unspecified male breast
C50.611	Malignant neoplasm of axillary tail of right female breast
C50.612	Malignant neoplasm of axillary tail of left female breast
C50.619	Malignant neoplasm of axillary tail of unspecified female breast
C50.621	Malignant neoplasm of axillary tail of right male breast
C50.622	Malignant neoplasm of axillary tail of left male breast
C50.629	Malignant neoplasm of axillary tail of unspecified male breast
C50.811	Malignant neoplasm of overlapping sites of right female breast
C50.812	Malignant neoplasm of overlapping sites of left female breast
C50.819	Malignant neoplasm of overlapping sites of unspecified female breast
C50.821	Malignant neoplasm of overlapping sites of right male breast
C50.822	Malignant neoplasm of overlapping sites of left male breast
C50.829	Malignant neoplasm of overlapping sites of unspecified male breast
C50.911	Malignant neoplasm of unspecified site of right female breast
C50.912	Malignant neoplasm of unspecified site of left female breast
C50.919	Malignant neoplasm of unspecified site of unspecified female breast
C50.921	Malignant neoplasm of unspecified site of right male breast
C50.922	Malignant neoplasm of unspecified site of left male breast
C50.929	Malignant neoplasm of unspecified site of unspecified male breast
C56.1	Malignant neoplasm of right ovary
C56.2	Malignant neoplasm of left ovary
C56.9	Malignant neoplasm of unspecified ovary
C57.00	Malignant neoplasm of unspecified fallopian tube
C57.01	Malignant neoplasm of right fallopian tube
C57.02	Malignant neoplasm of left fallopian tube
C57.10	Malignant neoplasm of unspecified broad ligament
C57.11	Malignant neoplasm of right broad ligament
C57.12	Malignant neoplasm of left broad ligament
C57.20	Malignant neoplasm of unspecified round ligament
C57.21	Malignant neoplasm of right round ligament
C57.22	Malignant neoplasm of left round ligament
C57.3	Malignant neoplasm of parametrium
C57.4	Malignant neoplasm of uterine adnexa, unspecified

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ICD-10	ICD-10 Description
C57.7	Malignant neoplasm of other specified female genital organs
C57.8	Malignant neoplasm of overlapping sites of female genital organs
C57.9	Malignant neoplasm of female genital organ, unspecified
C61	Malignant neoplasm of prostate
Z85.46	Personal history of malignant neoplasm of prostate

J9999 (Camcevi only)

ICD-10	ICD-10 Description
C61	Malignant neoplasm of prostate
Z85.46	Personal history of malignant neoplasm of prostate

## 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: <http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx>. Additional indications may be covered at the discretion of the health plan.

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

Lupron Depot/Lupron Depot-Ped (J1950) & Lupron Depot/Eligard (J9217)

Jurisdiction(s): N	NCD/LCD Document (s): A57655
<a href="https://www.cms.gov/medicare-coverage-database/search/document-id-search-results.aspx?DocID=A57655&amp;bc=gAAAAAAAAAAAA&amp;">https://www.cms.gov/medicare-coverage-database/search/document-id-search-results.aspx?DocID=A57655&amp;bc=gAAAAAAAAAAAA&amp;</a>	

Jurisdiction(s): 6, K	NCD/LCD Document (s): A52453
<a href="https://www.cms.gov/medicare-coverage-database/search/article-date-search.aspx?DocID=A52453&amp;bc=gAAAAAAAAAAAA&amp;">https://www.cms.gov/medicare-coverage-database/search/article-date-search.aspx?DocID=A52453&amp;bc=gAAAAAAAAAAAA&amp;</a>	

Jurisdiction(s): H	NCD/LCD Document (s): A56776
<a href="https://www.cms.gov/medicare-coverage-database/search/article-date-search.aspx?DocID=A56776&amp;bc=gAAAAAAAAAAAA&amp;">https://www.cms.gov/medicare-coverage-database/search/article-date-search.aspx?DocID=A56776&amp;bc=gAAAAAAAAAAAA&amp;</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

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**Medicare Part B Administrative Contractor (MAC) Jurisdictions**

<b>Jurisdiction</b>	<b>Applicable State/US Territory</b>	<b>Contractor</b>
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