Abraxane® (paclitaxel protein-bound particles)
(Intravenous)

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I. Length of Authorization

Coverage is provided for 6 months and may be renewed.

II. Dosing Limits

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

- Abraxane 100 mg powder for injection single-dose vial: 9 vials per 21 day supply

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

- 900 billable units per 21 days

III. Initial Approval Criteria [1]

Coverage is provided in the following conditions:

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

Breast Cancer † [1-3,9,21,28,16e,18e-20e,22e,30e,121e,126e,130e]

- Used as a single agent after failure on combination chemotherapy for metastatic disease or relapsed within 6 months of adjuvant therapy †; **AND**
  - Previous chemotherapy included an anthracycline unless clinically contraindicated; **OR**
- Patient has recurrent unresectable (local or regional) or metastatic (stage IV [M1]) disease ‡; **AND**
  - Patient has HER2-negative disease; **AND**
    - Used as a single agent; **AND**
    - Disease is hormone receptor-positive and patient is refractory to endocrine therapy or has a visceral crisis; **AND**

        - Used in one of the following treatment settings:
            - Second-line therapy if not a candidate for fam-trastuzumab-nxki
            - Third-line therapy and beyond; **OR**
    - Patient has triple negative breast cancer (TNBC) **Ψ**; **AND**
        - Used as a single agent as subsequent therapy; **OR**
        - Used in combination with carboplatin in patients with high tumor burden, rapidly progressing disease, and visceral crisis; **AND**
            - Used as first-line therapy if PD-L1 CPS <10 and no germline BRCA 1/2 mutation; **AND**
            - Patient experienced a hypersensitivity reaction to paclitaxel or docetaxel despite premedication or the patient has contraindications to standard hypersensitivity premedications; **OR**
        - Used in combination with pembrolizumab for PD-L1 positive (PD-L1 CPS ≥10) disease; **OR**
    - Patient has HER2-positive disease; **AND**
        - Used in combination with pertuzumab and trastuzumab as first-line therapy for HER2-positive disease; **AND**
        - Patient experienced a hypersensitivity reaction to paclitaxel or docetaxel despite premedication or the patient has contraindications to standard hypersensitivity premedications; **OR**
- Used in neoadjuvant or adjuvant therapy; **AND**
    - Patient experienced a hypersensitivity reaction to paclitaxel or docetaxel despite premedication or the patient has contraindications to standard hypersensitivity premedications

Non-Small Cell Lung Cancer (NSCLC) † [1,2,4,10,26e,27e,30e,43e,122e,129e,131e,134e,148e]

- Used as first-line therapy for locally advanced or metastatic disease, in combination with carboplatin, in patients who are not candidates for curative surgery or radiation therapy †; **AND**
    - Patient experienced a hypersensitivity reaction to paclitaxel or docetaxel despite premedication or the patient has contraindications to standard hypersensitivity premedications; **OR**
- Used for recurrent, advanced, or metastatic disease (excluding locoregional recurrence or symptomatic local disease with no evidence of disseminated disease) or mediastinal lymph node recurrence with prior radiation therapy; **AND**
    - Used as first-line therapy; **AND**
        - Used in one of the following:

- Patients with PS of 0-1 who have tumors that are negative for actionable molecular biomarkers* and PD-L1 < 1%
- Patients with PS 0-2 who have tumors that are negative for actionable molecular biomarkers* and PD-L1 expression positive tumors (≥1%)
- Patients with PS of 0-1 who are positive for one of the following molecular mutations: EGFR exon 20, KRAS G12C, BRAF V600E, NTRK1/2/3 gene fusion, MET exon-14 skipping, RET rearrangement, or ERBB2 (HER2); **AND**

– Used in combination with carboplatin and pembrolizumab for squamous cell histology; **AND**

- Patient experienced a hypersensitivity reaction to paclitaxel or docetaxel despite premedication or the patient has contraindications to standard hypersensitivity premedications; **OR**

– Used in combination with carboplatin and atezolizumab for non-squamous histology; **OR**

– Used in combination with tremelimumab-actl, durvalumab, and carboplatin *(excluding use in patients with PD-L1 ≥50%)*; **OR**

▪ Used in combination with carboplatin in patients with contraindications **¥** to PD-1 or PD-L1 inhibitors (PS score of 0-2) or as a single agent (PS score of 2); **AND**

– Used for one of the following:

- Patients with tumors that have negative actionable molecular biomarkers***** and PD-L1 ≥1%
- Patients with tumors that have negative actionable molecular biomarkers***** and PD-L1 <1%
- Patients who are positive for one of the following molecular mutations: EGFR exon 20, KRAS G12C, BRAF V600E, NTRK1/2/3 gene fusion, MET exon 14 skipping, RET rearrangement, or ERBB2 (HER2); **AND**

– Patient experienced a hypersensitivity reaction to paclitaxel or docetaxel despite premedication or the patient has contraindications to standard hypersensitivity premedications; **OR**

○ Used as subsequent therapy; **AND**

▪ Used as a single-agent (if not previously given) in patients with a PS 0-2; **AND**

– Used for first progression after initial systemic therapy; **AND**

– Patient experienced a hypersensitivity reaction to paclitaxel or docetaxel despite premedication or the patient has contraindications to standard hypersensitivity premedications; **OR**

- Used in one of the following:
    - Patients with PS of 0-1 who are positive for one of the following molecular mutations: BRAF V600E, NTRK1/2/3 gene fusion, MET exon-14 skipping, RET rearrangement, or ERBB2 (HER2)
    - Patients with PS 0-1 who are positive for one of the following molecular mutations and have received prior targeted therapy**§** for those aberrations: EGFR exon 19 deletion or exon 21 L858R tumors, EGFR S768I, L861Q, and/or G719X mutation, ALK rearrangement, or ROS1 rearrangement; **AND**
  - Used in combination with carboplatin and pembrolizumab for squamous cell histology; **AND**
    - Patient experienced a hypersensitivity reaction to paclitaxel or docetaxel despite premedication or the patient has contraindications to standard hypersensitivity premedications; **OR**
  - Used in combination with carboplatin and atezolizumab for non-squamous histology; **OR**
  - Used in combination with tremelimumab-actl, durvalumab, and carboplatin; **OR**
- Used in combination with carboplatin in patients with contraindications **¥** to PD-1 or PD-L1 inhibitors (PS score of 0-2) or as a single agent (PS score of 2) AND one of the following; **AND**
  - Used for one of the following:
    - Patients who are positive for one of the following molecular mutations: BRAF V600E, NTRK1/2/3 gene fusion, MET exon 14 skipping, or RET rearrangement
    - Patients who are positive for one of the following molecular mutations and have received prior targeted therapy**§** for those aberrations: EGFR exon 19 deletion or exon 21 L858R tumors, EGFR S768I, L861Q, and/or G719X mutation, ALK rearrangement, or ROS1 rearrangement
    - Patients with PD-L1 expression-positive (≥1%) tumors that are negative for actionable molecular biomarkers***** with prior PD-1/PD-L1 inhibitor therapy but no prior platinum- chemotherapy; **AND**
  - Patient experienced a hypersensitivity reaction to paclitaxel or docetaxel despite premedication or the patient has contraindications to standard hypersensitivity premedications

- ** Note: Actionable molecular genomic biomarkers include EGFR, KRAS, ALK, ROS1, BRAF, NTRK1/2/3, MET exon 14 skipping mutation, RET rearrangement, and ERBB2 (HER2). If there is insufficient tissue to allow testing for all of EGFR, KRAS, ALK, ROS1, BRAF, NTRK1/2/3, MET, RET, and ERBB2 (HER2), repeat biopsy and/or plasma testing should be done. If these are not feasible, treatment is guided by available results and, if unknown, these patients are treated as though they do not have driver oncogenes.*

- *¥ Note: Contraindications for treatment with PD-1/PD-L1 inhibitors may include active or previously documented auto-immune disease and/or current use of immunosuppressive agents, and some oncogenic drivers (e.g., EGFR exon 19 deletion, or exon 21 L858R, ALK rearrangements) have been shown to be associated with less benefit from PD-1/PD-L1 inhibitors.*

Ovarian, Fallopian Tube, and Primary Peritoneal Cancer ‡ [2,8,22,52e,59e,61e]

- Patient has Grade 1 Endometrioid Carcinoma, Carcinosarcoma (Malignant Mixed Müllerian Tumors), Mucinous Carcinoma of the Ovary, Epithelial Ovarian/Fallopian Tube/Primary Peritoneal Cancer, Clear Cell Carcinoma of the Ovary; **AND**
  - Patient has recurrent or persistent disease; **AND**
  - Patient is not experiencing an immediate biochemical relapse (i.e., rising CA-125 without radiographic evidence of disease); **AND**
    - Used as a single agent; **AND**
      - Patient has platinum-resistant disease and one of the following:
        - Used for progression on primary, maintenance, or recurrence therapy
        - Used for stable or persistent disease if not currently on maintenance therapy
        - Used for relapsed disease <6 months following complete remission from prior chemotherapy; **AND**
          - Patient experienced a hypersensitivity reaction to paclitaxel or docetaxel despite premedication or the patient has contraindications to standard hypersensitivity premedications; **OR**
      - Patient has platinum-sensitive disease; **AND**
        - Used for relapse ≥6 months after complete remission from prior chemotherapy; **OR**
    - Used in combination with carboplatin; **AND**
      - Used for relapse ≥6 months after complete remission from prior chemotherapy; **AND**
      - Patient has platinum-sensitive with confirmed taxane hypersensitivity

Pancreatic Adenocarcinoma † Φ [1,2,5-7,24,68e,69e,72e]

- Used in combination with gemcitabine; **AND**
  - Patient has locally advanced or metastatic disease; **AND**
    - Used as first-line therapy; **OR**
    - Used as induction therapy followed by chemoradiation *(locally advanced disease only)*; **OR**
    - Used as subsequent therapy after disease progression with a fluoropyrimidine-based therapy; **OR**
    - Used as continuation (subsequent) therapy if no disease progression after first-line therapy *(locally advanced disease only)*; **OR**
    - Used as continuation (maintenance) therapy if acceptable tolerance and no disease progression after at least 4-6 months of first-line therapy *(metastatic disease only)*; **OR**
  - Patient has recurrent disease in the pancreatic operative bed or metastatic disease post-resection; **AND**
    - Used ≥6 months after completion of primary therapy; **OR**
    - Used <6 months from completion of primary therapy with a fluoropyrimidine-based regimen; **OR**
  - Used as neoadjuvant therapy; **AND**
    - Patient has resectable with high-risk features (i.e., markedly elevated CA 19-9, large primary tumors, large regional lymph nodes, excessive weight loss, extreme pain); **OR**
    - Patient has biopsy positive borderline resectable disease; **OR**
- Used in combination with gemcitabine and cisplatin; **AND**
  - Patient has metastatic disease; **AND**
  - Patient has ECOG PS 0-1; **AND**
    - Used as first-line therapy; **OR**
    - Used as continuation (maintenance) therapy if acceptable tolerance and no disease progression after at least 4-6 months of first-line therapy

Cutaneous Melanoma ‡ [2,15,16,78e,80e,81e]

- Used as a single agent or in combination with carboplatin for metastatic or unresectable disease; **AND**
- Used as subsequent therapy; **AND**
- Used for disease progression, intolerance, and/or projected risk of progression with BRAF-targeted therapy (e.g., dabrafenib/trametinib, vemurafenib/cobimetinib, encorafenib/binimetinib, etc.); **AND**
- Patient experienced a hypersensitivity reaction to paclitaxel despite premedication or the patient has contraindications to standard hypersensitivity premedications

Preferred therapies and recommendations are determined by review of clinical evidence. NCCN category of recommendation is taken into account as a component of this review. Regimens deemed equally efficacious (i.e., those having the same NCCN categorization) are considered to be therapeutically equivalent.

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

Ψ ER Scoring Interpretation *(following ER testing by validated IHC assay)*	
Results	**Interpretation**
– 0% – <1% of nuclei stain	– ER-negative
– 1%–10% of nuclei stain	– ER-low–positive*
– >10% of nuclei stain	– ER-positive
**Note: Patients with cancers with ER-low–positive (1%–10%) results are a heterogeneous group with reported biologic behavior often similar to ER-negative cancers; thus, as such these cancers inherently behave aggressively and may be treated similar to triple-negative disease. Individualized consideration of risks versus benefits should be incorporated into decision-making.*	

§ Genomic Aberration/Mutational Driver Targeted Therapies (Note: *not all inclusive, refer to guidelines for appropriate use*)					
Sensitizing *EGFR* mutation-positive tumors	*ALK* rearrangement-positive tumors	*ROS1* rearrangement-positive tumors	*BRAF* V600E-mutation positive tumors	*NTRK1/2/3* gene fusion positive tumors	*ERBB2 (HER2)* mutation positive tumors
– Afatinib – Erlotinib – Dacomitinib – Gefitinib – Osimertinib – Amivantamab *(exon-20 insertion)* – Mobocertinib *(exon-20 insertion)*	– Alectinib – Brigatinib – Ceritinib – Crizotinib – Lorlatinib	– Ceritinib – Crizotinib – Entrectinib – Lorlatinib	– Dabrafenib ± trametinib – Vemurafenib	– Larotrectinib – Entrectinib	– Fam-trastuzumab deruxtecan-nxki – Ado-trastuzumab emtansine
PD-L1 tumor expression ≥ 1%	PD-L1 tumor expression ≥ 50%	*MET* exon-14 skipping mutations	*RET* rearrangement-positive tumors	*KRAS G12C* mutation positive tumors	
– Pembrolizumab – Atezolizumab – Nivolumab + ipilimumab	– Pembrolizumab – Atezolizumab – Nivolumab + ipilimumab – Cemiplimab	– Capmatinib – Crizotinib – Tepotinib	– Selpercatinib – Cabozantinib – Pralsetinib	– Sotorasib	

IV. Renewal Criteria [1,2]

Coverage can be renewed based upon the following criteria:

- Patient continues to meet 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: severe myelosuppression (e.g., severe neutropenia [absolute neutrophil count < 1,500 cell/mm^3] or thrombocytopenia), sensory neuropathy, sepsis, pneumonitis, severe hypersensitivity reactions (including anaphylactic reactions), etc.

V. Dosage/Administration [1,11,15,16,19,21,22,25-29]

Indication	Dose
Breast Cancer	Administer 260 mg/m^2 intravenously every 21 days until disease progression or unacceptable toxicity OR Administer 100 mg/m^2 OR 125 mg/m^2 intravenously days 1, 8, and 15 of a 28-day cycle until disease progression or unacceptable toxicity ***NOTE:** If being used as a substitute for weekly paclitaxel or docetaxel, the weekly dose of albumin-bound paclitaxel should not exceed 125 mg/m^2*
NSCLC	Administer 100 mg/m^2 intravenously days 1, 8, and 15 of a 21-day cycle until disease progression or unacceptable toxicity
Cutaneous Melanoma and Ovarian Cancer	Administer 100 mg/m^2 intravenously days 1, 8, and 15 of a 28-day cycle until disease progression or unacceptable toxicity
Pancreatic Adenocarcinoma	Administer 125 mg/m^2 intravenously days 1, 8, and 15 of a 28-day cycle until disease progression or unacceptable toxicity
All other indications	Administer 260 mg/m^2 intravenously every 21 days until disease progression or unacceptable toxicity OR Administer 100 mg/m^2 intravenously days 1, 8, and 15 of a 21-day cycle until disease progression or unacceptable toxicity

VI. Billing Code/Availability Information

HCPCS Code:

- J9264 – Injection, paclitaxel protein-bound particles, 1 mg; 1 billable unit = 1 mg

NDC:

- Abraxane 100 mg powder for injection; single-dose vial**: 68817-0134-xx

- ** *Available generically*

VII. References (STANDARD)

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Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
C24.1	Malignant neoplasm of ampulla of Vater
C25.0	Malignant neoplasm of head of pancreas
C25.1	Malignant neoplasm of body of the pancreas
C25.2	Malignant neoplasm of tail of pancreas
C25.3	Malignant neoplasm of pancreatic duct
C25.7	Malignant neoplasm of other parts of pancreas
C25.8	Malignant neoplasm of overlapping sites of pancreas
C25.9	Malignant neoplasm of pancreas, unspecified
C33	Malignant neoplasm of trachea
C34.00	Malignant neoplasm of unspecified main bronchus
C34.01	Malignant neoplasm of right main bronchus
C34.02	Malignant neoplasm of left main bronchus
C34.10	Malignant neoplasm of upper lobe, unspecified bronchus or lung
C34.11	Malignant neoplasm of upper lobe, right bronchus or lung
C34.12	Malignant neoplasm of upper lobe, left bronchus or lung
C34.2	Malignant neoplasm of middle lobe, bronchus or lung
C34.30	Malignant neoplasm of lower lobe, unspecified bronchus or lung
C34.31	Malignant neoplasm of lower lobe, right bronchus or lung
C34.32	Malignant neoplasm of lower lobe, left bronchus or lung
C34.80	Malignant neoplasm of overlapping sites of unspecified bronchus or lung
C34.81	Malignant neoplasm of overlapping sites of right bronchus and lung
C34.82	Malignant neoplasm of overlapping sites of left bronchus and lung
C34.90	Malignant neoplasm of unspecified part of unspecified bronchus or lung
C34.91	Malignant neoplasm of unspecified part of right bronchus or lung
C34.92	Malignant neoplasm of unspecified part of left bronchus or lung
C43.0	Malignant melanoma of lip
C43.111	Malignant melanoma of right upper eyelid, including canthus

ICD-10	ICD-10 Description
C43.112	Malignant melanoma of right lower eyelid, including canthus
C43.121	Malignant melanoma of left upper eyelid, including canthus
C43.122	Malignant melanoma of left lower eyelid, including canthus
C43.20	Malignant melanoma of unspecified ear and external auricular canal
C43.21	Malignant neoplasm of right ear and external auricular canal
C43.22	Malignant neoplasm of left ear and external auricular canal
C43.30	Malignant melanoma of unspecified parts of face
C43.31	Malignant melanoma of nose
C43.39	Malignant melanoma of other parts of face
C43.4	Malignant melanoma of scalp and neck
C43.51	Malignant melanoma of anal skin
C43.52	Malignant melanoma of skin of breast
C43.59	Malignant melanoma of other part of trunk
C43.60	Malignant melanoma of unspecified upper limb, including shoulder
C43.61	Malignant melanoma of right upper limb, including shoulder
C43.62	Malignant melanoma of left upper limb, including shoulder
C43.70	Malignant melanoma of unspecified lower limb, including hip
C43.71	Malignant melanoma of right lower limb, including hip
C43.72	Malignant melanoma of left lower limb, including hip
C43.8	Malignant melanoma of overlapping sites of skin
C43.9	Malignant melanoma of skin, 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 male breast
C50.022	Malignant neoplasm of nipple and areola, left male breast
C50.029	Malignant neoplasm of nipple and areola, unspecified male breast
C50.111	Malignant neoplasm of central portion of right female breast
C50.112	Malignant neoplasm of central portion of left female breast

ICD-10	ICD-10 Description
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
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

ICD-10	ICD-10 Description
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
C56.3	Malignant neoplasm of bilateral ovaries
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

ICD-10	ICD-10 Description
Z85.07	Personal history of malignant neoplasm of pancreas
Z85.118	Personal history of other malignant neoplasm of bronchus and lung
Z85.43	Personal history of malignant neoplasm of ovary
Z85.820	Personal history of malignant melanoma of skin

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):

Jurisdiction(s): 6, K	**NCD/LCD/LCA Document (s):** A52450
https://www.cms.gov/medicare-coverage-database/new-search/search-results.aspx?keyword=a52450&areaId=all&docType=NCA%2CCAL%2CNCD%2CMEDCAC%2CTA%2CMCD%2C6%2C3%2C5%2C1%2CF%2CP	

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	**Applicable State/US Territory**	**Contractor**
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto GBA, LLC
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA, LLC
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC