# Adcetris® (brentuximab vedotin) (Intravenous)

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#### I. Length of Authorization <sup>1,5,7,15,18,21</sup>

- Initial: Prior authorization validity will be provided initially for 6 months (unless otherwise specified).
  - Pediatric Classical Hodgkin Lymphoma (cHL) as a component of Bv-AVE-PC (brentuximab vedotin, doxorubicin, vincristine, etoposide, prednisone, and cyclophosphamide) has a maximum of 5 doses.
  - Pediatric cHL as a component of AEPA (brentuximab vedotin, etoposide, prednisone, doxorubicin) has a maximum of 2 cycles (6 doses).
  - Pediatric cHL as a component of CAPDAC (cyclophosphamide, brentuximab vedotin, prednisone, dacarbazine) has a maximum of 4 cycles (8 doses).
  - Pediatric cHL in combination with nivolumab (± bendamustine) has a maximum of 8 doses.
  - Adult cHL in combination with nivolumab has a maximum of 8 doses.
  - Adult cHL in combination with ifosfamide, carboplatin, and etoposide (ICE) has a maximum of 4 doses.
  - Pediatric and Adult cHL in combination with bendamustine has a maximum of 6 doses.
  - Pediatric and Adult cHL in combination with etoposide, cyclophosphamide, doxorubicin, dacarbazine, dexamethasone (BrECADD) has a maximum of 6 cycles (6 doses).
  - Pediatric and Adult cHL in combination with AVD (doxorubicin, vinblastine, and dacarbazine)
     has a maximum of 12 doses.
  - Treatment of T-cell lymphomas in combination with cyclophosphamide, doxorubicin, and prednisone (CHP) has a maximum of 8 doses.
- Renewal: Prior authorization validity may be renewed every 6 months thereafter (unless otherwise specified).

- Prior authorization validity may be renewed for a maximum of 16 doses for the following indications:
  - ❖ Adult cHL as single agent consolidation/maintenance post-auto HSCT
  - Single agent treatment for Primary Cutaneous Lymphomas
  - Single agent treatment for T-Cell Lymphomas (excluding Systemic ALCL)
  - ❖ Pediatric cHL as single agent maintenance therapy following HDT/ASCR
  - ❖ Pediatric cHL in combination with gemcitabine

#### II. Dosing Limits

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

#### **Classical Hodgkin Lymphoma:**

1350 billable units every 84 days

#### All other indications:

• 200 billable units every 21 days

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

Prior authorization validity is provided in the following conditions:

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

#### Universal Criteria 1

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

### Adult Classic Hodgkin Lymphoma (cHL) † ‡ $\Phi^{1,2,4,12-14,22e}$

- Used as single agent therapy; AND
  - Used as consolidation/maintenance therapy post-autologous hematopoietic stem cell transplant (auto-HSCT) in patients at high risk\* for relapse or progression † ‡; OR
  - Patient has relapsed disease after failure of auto-HSCT or after failure of at least 2 (two) prior multi-agent chemotherapy regimens in patients who are not auto-HSCT candidates †; OR
  - Used as subsequent systemic therapy for primary refractory or relapsed disease ‡; OR

- Used in combination with bendamustine; AND
  - Used as subsequent systemic therapy for primary refractory or relapsed disease ‡; OR
- Used in combination with nivolumab; AND
  - Used as subsequent systemic therapy for primary refractory or relapsed disease ‡; OR
  - Used as primary treatment for patients who are not candidates for anthracycline therapy;
     AND
    - Used in combination with involved-site radiation therapy (IRST); AND
    - Use of brentuximab vedotin in combination with nivolumab will be restricted to patients with a contraindication or intolerance to brentuximab vedotin in combination with dacarbazine; OR
- Used in combination with dacarbazine; AND
  - Used as primary treatment in patients who are not candidates for anthracycline therapy;
     AND
    - Used in combination with involved-site radiation therapy (IRST); OR
- Used in combination with ifosfamide, carboplatin, and etoposide (ICE); AND
  - Used as subsequent systemic therapy for primary refractory or relapsed disease ‡; OR
- Used in combination with doxorubicin, vinblastine, and dacarbazine (AVD); AND
  - Used as initial therapy for previously untreated stage III or IV disease †; OR
  - Used as primary treatment for stage II unfavorable disease ‡; OR
- Used in combination with etoposide, cyclophosphamide, doxorubicin, dacarbazine, dexamethasone (BrECADD); AND
  - Used as primary treatment in patients 18-61 years of age; AND
    - Patient has stage II unfavorable disease; OR
    - Patient has stage III-IV disease
- \*High risk for relapse or progression may be defined as:
  - Refractory disease, disease relapse within 12 months, or relapse ≥12 months with extranodal disease following frontline therapy; **OR**
  - Two or more of the following: remission duration <1 year, extranodal involvement, FDG-PET+ response at time of transplant, B symptoms, and/or >1 second-line/subsequent therapy regimen

#### Pediatric Classic Hodgkin Lymphoma (cHL) † ‡ Φ 1,2,24,26,39

- Patient is ≤ 18 years of age\* (unless otherwise specified); AND
  - Used as primary therapy as a component of Bv-AVE-PC (brentuximab vedotin, doxorubicin, vincristine, etoposide, prednisone, and cyclophosphamide) †; AND
    - Patient has stage IIB disease with high risk or risk factors\*\*; OR

- Patient has stage III-IV disease (excluding use for stage IIIA); OR
- Used as primary therapy as a component of AEPA (brentuximab vedotin, etoposide, prednisone, doxorubicin); AND
  - Patient has stage IIB or IIBX disease with risk factors\*\*; OR
  - Patient has stage III-IV disease (excluding use for stage IIIA); OR
- Used as primary therapy as a component of BrECADD (brentuximab vedotin, etoposide, cyclophosphamide, doxorubicin, dacarbazine, dexamethasone) [Note: BrECADD regimen can be considered in patients >18 years of age ONLY]; AND
  - Patient has stage III or IV disease; OR
- Used as primary therapy in combination with AVD (doxorubicin, vinblastine, dacarbazine)
   [Note: AVD regimen can be considered in patients ≥12 years of age ONLY]; AND
  - Patient has stage III or IV disease; AND
  - Patient is unable to receive or tolerate a checkpoint inhibitor; OR
- Used as a component of CAPDAC (cyclophosphamide, brentuximab vedotin, prednisone, dacarbazine) regimen; AND
  - Used as additional treatment following primary treatment with AEPA regimen; AND
    - Patient has stage IIB disease with risk factors\*\*; OR
    - Patient has stage III-IV disease (excluding use for stage IIIA); OR
- Used in combination with bendamustine for relapsed or refractory disease; OR
- Used in combination with nivolumab (with or without bendamustine) or gemcitabine; AND
  - Patient has relapsed or refractory disease; AND
  - Patient is heavily pre-treated with platinum or anthracycline-based chemotherapy or a decrease in cardiac function is observed; AND
    - Used as re-induction therapy in combination with involved site radiation therapy (ISRT) in patients with highly favorable disease<sup>\*</sup>; OR
    - Used as re-induction or subsequent therapy; OR
- Used as single agent maintenance therapy following high-dose therapy and autologous stem cell rescue (HDT/ASCR); AND
  - Used for relapsed or refractory high-risk disease (i.e., progressive disease, refractory disease, or relapse within 1 year of original diagnosis)
- \*Pediatric Hodgkin Lymphoma may be applicable to adolescent and young adult (AYA) patients up to the age of 39 years.
- •\*\*High risk disease/risk factors may include: Stage IIB with bulk or E-lesions (involvement of extra-lymphatic tissue), Stage IIIA with E-lesions, or Stage IIIB or IV disease. Refer to NCCN Guidelines for a complete list of risk factors.
- •^ Recommended for those who may avoid ASCR: initial stage other than IIIB or IVB, no prior exposure to RT, duration of CR1 >1 year, absence of extranodal disease or B symptoms at relapse.

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

- Patient is ≤ 18 years of age\*; AND
- Used in combination with nivolumab; AND
- Used after autologous stem-cell transplant OR if ineligible for autologous stem-cell transplant,
   used after 2 or more prior lines of therapy; AND
  - Used for relapsed or refractory disease; OR
  - Used as consolidation/additional therapy if a partial response was achieved after therapy for relapsed or refractory disease

#### T-Cell Lymphomas 1-3,15,16

- Peripheral T-Cell Lymphomas (PTCL)
  - Used as a single agent for relapsed or refractory disease as subsequent therapy for one of the following:
    - Systemic Anaplastic Large Cell Lymphoma (sALCL) † Φ
    - Peripheral T-Cell Lymphoma not otherwise specified (PTCL-NOS) ‡ Φ
    - Angioimmunoblastic T-cell Lymphoma (AITL) ‡ Φ; OR
  - Used in combination with cyclophosphamide, doxorubicin, and prednisone (CHP) as initial therapy for previously untreated:
    - Patient has CD30 expression ≥ 10%; AND
    - Patient has one of the following subtypes:
      - Stage III, IV ALK-positive or stage I-IV ALK-negative Systemic Anaplastic Large Cell Lymphoma (sALCL) † Φ; AND
      - Peripheral T-Cell Lymphoma not otherwise specified (PTCL-NOS) † Φ
      - Angioimmunoblastic T-cell Lymphoma (AITL) † Φ
      - Enteropathy-Associated T-cell Lymphoma (EATL) ‡ Φ
      - Monomorphic Epitheliotropic Intestinal T-cell Lymphoma (MEITL) ‡
      - Nodal Peripheral T-cell Lymphoma with TFH phenotype (PTCL, TFH) ‡
      - > Follicular T-cell Lymphoma (FTCL) ‡
- Breast-Implant Associated Anaplastic Large Cell Lymphoma (BIA-ALCL) ‡
  - o Used as subsequent therapy for relapsed or refractory disease as a single agent
- Adult T-Cell Leukemia/Lymphoma ‡ Φ

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

- Used as a single agent; AND
  - Used as subsequent therapy for nonresponders to first-line therapy for chronic high risk, acute, or lymphoma subtypes; OR
- Used in combination with cyclophosphamide, doxorubicin, and prednisone (CHP); AND
  - Patient has CD30 expression ≥ 10%; AND
    - Used as first-line therapy for chronic high risk, acute or lymphoma subtypes; OR
    - Used as continued treatment in responders to first-line therapy for acute or lymphoma subtypes; OR
    - Used as additional therapy for nonresponders to first-line therapy for chronic low risk or smoldering symptomatic subtype; OR
    - Used as additional therapy for nonresponders to first-line therapy with zidovudine and interferon for chronic high risk subtype; OR
    - Used as additional therapy (if not previously used) for nonresponders to first-line therapy for acute subtype
- Extranodal NK/T-Cell Lymphoma ‡
  - Used as a single agent for relapsed or refractory disease; AND
  - Used following additional therapy with an alternate combination chemotherapy regimen (asparaginase-based) not previously used
- Hepatosplenic T-Cell Lymphoma ‡
  - Used as single-agent therapy; AND
  - Used for refractory disease as subsequent therapy after 2 (two) first-line therapy regimens

#### **Primary Cutaneous Lymphomas** 1,2,17

- Mycosis Fungoides (MF) † Φ/Sezary Syndrome (SS) ‡
  - Used as single agent systemic therapy; AND
    - Patient has CD30 expression ≥ 5%; AND
    - Used as subsequent therapy; OR
- Primary Cutaneous CD30+ T-Cell Lymphoproliferative Disorders ‡ Φ
  - Used as a single agent; AND
    - Patient has primary cutaneous anaplastic large cell lymphoma (pcALCL) †; AND
      - Used for relapsed or refractory disease; OR
    - Patient has lymphomatoid papulosis (LyP) with extensive lesions that is relapsed or refractory to all treatment options (e.g., clinical trial, observation, retreatment with primary treatment, or treatment with alternative regimen not used for primary treatment)

#### B-Cell Lymphomas † ‡ 1,2,11,40

- Diffuse Large B-Cell Lymphoma (DLBCL) not otherwise specified, DLBCL arising from indolent lymphoma, or High Grade B-Cell Lymphomas (HGBL)
  - Used as a single agent as subsequent therapy for relapsed/refractory disease (excluding use for DLBCL arising from indolent lymphoma); OR
  - Used in combination with lenalidomide and rituximab as third line or later therapy; AND
    - Patient has DLBCL not otherwise specified or HGBL; OR
    - Patient has DLBCL arising from indolent lymphoma; AND
      - ➤ Patient is not eligible for autologous hematopoietic stem cell transplantation (auto-HSCT) or CAR-T cell therapy
- HIV-Related B-Cell Lymphomas (i.e., HIV-related DLBCL, primary effusion lymphoma, or HHV8positive DLBCL, not otherwise specified or plasmablastic lymphoma)
  - Used as single agent for relapsed plasmablastic lymphoma; OR
  - Used as a single agent as subsequent therapy for relapsed/refractory disease; OR
  - Used in combination with lenalidomide and rituximab; AND
    - Used as third-line or later therapy (excludes use in plasmablastic lymphoma)
- Post-Transplant Lymphoproliferative Disorders (PTLD)
  - Used as a single agent as subsequent therapy for relapsed/refractory disease; AND
    - Patient has monomorphic B-cell type disease; OR
  - Used in combination with lenalidomide and rituximab; AND
    - Used as third-line or later therapy

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.

#### Enhanced Oncology Value (EOV) Program – Redacted indications

Uses not listed above have inadequate data to support efficacy and are excluded from prior authorization validity.

Other treatment options including, but are not limited to, the following may be appropriate: radiation therapy, surgery, traditional chemotherapy (e.g., platinum, taxane), compassionate use/expanded access programs, clinical trials, supportive care, integrative and complementary therapies.

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

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

Prior authorization validity may be renewed based upon the following criteria:

- Patient continues to meet the universal and other indication-specific relevant criteria such as concomitant therapy requirements (not including prerequisite therapy), performance status, etc. identified in section III; AND
- Duration of authorization has not been exceeded (refer to Section I); AND
- Disease response with treatment defined by stabilization of disease or decrease in size of tumor or tumor spread; AND
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include:
   peripheral neuropathy, anaphylaxis and infusion reactions, hematologic toxicities
   (thrombocytopenia, neutropenia and anemia), serious infections, opportunistic infections, tumor
   lysis syndrome, hepatotoxicity, pulmonary toxicity, serious dermatologic reactions,
   gastrointestinal complications, uncontrolled hyperglycemia, etc.; AND
- Patient has been evaluated for the presence of progressive multifocal leukoencephalopathy
   (PML) and has been found to be negative

### V. Dosage/Administration <sup>1,5,7,15,18-21,23, 25-31,35-38,40</sup>

Indication	Dose
Adult cHL	In combination with doxorubicin, vinblastine, and dacarbazine (AVD)
	Administer 1.2 mg/kg (up to 120 mg) by intravenous infusion every 2 weeks until a
	maximum of 12 doses, disease progression, or unacceptable toxicity
	Consolidation/maintenance post auto HSCT as a single agent
	Administer 1.8 mg/kg (up to 180 mg) by intravenous infusion every 3 weeks until a
	maximum of 16 cycles, disease progression, or unacceptable toxicity
	Primary refractory or relapsed disease in combination with bendamustine
	Administer 1.8 mg/kg (up to 180 mg) by intravenous infusion every 3 weeks for a
	maximum of 6 doses
	In combination with nivolumab
	Administer 1.8 mg/kg (up to 180 mg) by intravenous infusion every 3 weeks for a
	maximum of 8 doses
	Primary refractory or relapsed disease in combination with ifosfamide, carboplatin, and
	etoposide (ICE)

	Administer 1.5 mg/kg (up to 150 mg) by intravenous infusion on day 1 and 8 every 3
	weeks for a maximum of 4 doses
	Primary therapy in combination with etoposide, cyclophosphamide, doxorubicin,
	dacarbazine, dexamethasone (BrECADD)
	Administer 1.8 mg/kg (up to 180 mg) by intravenous infusion every 3 weeks for a
	maximum of 6 cycles
	All other treatment settings/regimens:
	Administer 1.8 mg/kg (up to 180 mg) by intravenous infusion every 3 weeks until
	disease progression or unacceptable toxicity
Primary Cutaneous	Single agent
Lymphomas	Administer 1.8 mg/kg (up to 180 mg) by intravenous infusion every 3 weeks until a
	maximum of 16 cycles, disease progression, or unacceptable toxicity
Pediatric cHL	As a component of Bv-AVE-PC (doxorubicin, vincristine, etoposide, prednisone, and
	cyclophosphamide)
	Administer 1.8 mg/kg (up to 180 mg) by intravenous infusion every 3 weeks for a
	maximum of 5 doses
	As a component of AEPA (brentuximab vedotin, etoposide, prednisone, doxorubicin)
	Administer 1.2 mg/kg (up to 120 mg) by intravenous infusion on days 1, 8, 15 every 28
	days for 2 cycles
	As a component of BrECADD (brentuximab vedotin, etoposide, cyclophosphamide,
	doxorubicin, dacarbazine, dexamethasone [Patients age >18 ONLY]
	Administer 1.8 mg/kg (up to 180 mg) by intravenous infusion every 3 weeks for a maximum of 6 cycles
	maximum of o cycles
	In combination with AVD (doxorubicin, vinblastine, dacarbazine)
	Administer 1.2 mg/kg (up to 100 mg) by intravenous infusion on days 1 and 15 every 28
	days for up to 6 cycles
	As a component of CAPDAC (cyclophosphamide, brentuximab vedotin, prednisone,
	dacarbazine)
	Administer 1.2 mg/kg (up to 120 mg) by intravenous infusion on days 1 and 8 every 21
	days for 4 cycles
	In combination with nivolumab ± bendamustine
	Administer 1.8 mg/kg (up to 180 mg) by intravenous infusion every 3 weeks for a
	maximum of 8 doses

	In combination with bendamustine  Administer 1.8 mg/kg (up to 180 mg) by intravenous infusion every 3 weeks for a maximum of 6 doses	
	In combination with gemcitabine  Administer 1.8 mg/kg (up to 180 mg) by intravenous infusion every 3 weeks until a maximum of 16 cycles, disease progression, or unacceptable toxicity	
	Single agent maintenance following HDT/ASRD  Administer 1.8 mg/kg (up to 180 mg) by intravenous infusion every 3 weeks until a maximum of 16 cycles, disease progression, or unacceptable toxicity	
T-Cell Lymphomas	In combination with cyclophosphamide, doxorubicin, and prednisone (CHP)  Administer 1.8 mg/kg (up to 180 mg) by intravenous infusion every 3 weeks for a maximum of 6 to 8 doses	
	Single agent treatment for relapsed Systemic ALCL:  Administer 1.8 mg/kg (up to 180 mg) by intravenous infusion every 3 weeks until disease progression or unacceptable toxicity	
	Single agent treatment for all other settings:  Administer 1.8 mg/kg (up to 180 mg) by intravenous infusion every 3 weeks until a maximum of 16 cycles, disease progression, or unacceptable toxicity	
Pediatric Aggressive Mature B-Cell lymphomas	Administer 1.8 mg/kg (up to 180 mg) by intravenous infusion every 3 weeks until disease progression or unacceptable toxicity	
B-Cell Lymphomas	Single agent  Administer 1.8 mg/kg (up to 180 mg) by intravenous infusion every 3 weeks until disease progression or unacceptable toxicity	
	In combination with lenalidomide and rituximab  Administer 1.2 mg/kg (up to 120 mg) by intravenous infusion every 3 weeks until disease progression or unacceptable toxicity	

### VI. Billing Code/Availability Information

#### **HCPCS Code:**

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

#### NDC:

• Adcetris 50 mg powder for injection in a single-dose vial: 51144-0050-xx

#### VII. References (STANDARD)

- 1. Adcetris [package insert]. Bothell, WA; Seagen, Inc; February 2025. Accessed August 2025.
- 2. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) for brentuximab vedotin. National Comprehensive Cancer Network, 2025. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed August 2025.
- 3. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) T-Cell Lymphomas. Version 2.2025. National Comprehensive Cancer Network, 2025. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed August 2025.
- 4. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) Hodgkin Lymphoma, Version 2.2025. National Comprehensive Cancer Network, 2025. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed August 2025.
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- Hematology/Oncology Pharmacy Association (Updated January 2022). Intravenous Cancer Drug Waste Issue Brief. Retrieved from https://www.hoparx.org/documents/65/HOPA\_Drug\_Waste\_Issue\_Brief\_-\_Updated\_01.19.22\_FINAL.pdf

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- 11. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) B-Cell Lymphomas, Version 2.2025. National Comprehensive Cancer Network, 2025. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed August 2025.
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- 21. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) Pediatric Aggressive Mature B-Cell Lymphomas. Version 2.2025. National

- Comprehensive Cancer Network, 2025. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed August 2025.
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#### Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description	
C81.10	Nodular sclerosis Hodgkin lymphoma, unspecified site	
C81.11	Nodular sclerosis Hodgkin lymphoma, lymph nodes of head, face, and neck	
C81.12	Nodular sclerosis Hodgkin lymphoma, intrathoracic lymph nodes	
C81.13	Nodular sclerosis Hodgkin lymphoma, intra-abdominal lymph nodes	
C81.14	Nodular sclerosis Hodgkin lymphoma, lymph nodes of axilla and upper limb	
C81.15	Nodular sclerosis Hodgkin lymphoma, lymph nodes of inguinal region and lower limb	
C81.16	Nodular sclerosis Hodgkin lymphoma, intrapelvic lymph nodes	
C81.17	Nodular sclerosis Hodgkin lymphoma, spleen	
C81.18	Nodular sclerosis Hodgkin lymphoma, lymph nodes of multiple sites	
C81.19	Nodular sclerosis Hodgkin lymphoma, extranodal and solid organ sites	
C81.20	Mixed cellularity Hodgkin lymphoma, unspecified site	
C81.21	Mixed cellularity Hodgkin lymphoma, lymph nodes of head, face, and neck	

ICD-10	ICD-10 Description		
C81.22	Mixed cellularity Hodgkin lymphoma, intrathoracic lymph nodes		
C81.23	Mixed cellularity Hodgkin lymphoma, intra-abdominal lymph nodes		
C81.24	Mixed cellularity Hodgkin lymphoma, lymph nodes of axilla and upper limb		
C81.25	Mixed cellularity Hodgkin lymphoma, lymph nodes of inguinal region and lower limb		
C81.26	Mixed cellularity Hodgkin lymphoma, intrapelvic lymph nodes		
C81.27	Mixed cellularity Hodgkin lymphoma, spleen		
C81.28	Mixed cellularity Hodgkin lymphoma, lymph nodes of multiple sites		
C81.29	Mixed cellularity Hodgkin lymphoma, extranodal and solid organ sites		
C81.30	Lymphocyte depleted Hodgkin lymphoma, unspecified site		
C81.31	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of head, face, and neck		
C81.32	Lymphocyte depleted Hodgkin lymphoma, intrathoracic lymph nodes		
C81.33	Lymphocyte depleted Hodgkin lymphoma, intra-abdominal lymph nodes		
C81.34	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of axilla and upper limb		
C81.35	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of inguinal region and lower limb		
C81.36	Lymphocyte depleted Hodgkin lymphoma, intrapelvic lymph nodes		
C81.37	Lymphocyte depleted Hodgkin lymphoma, spleen		
C81.38	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of multiple sites		
C81.39	Lymphocyte depleted Hodgkin lymphoma, extranodal and solid organ sites		
C81.40	Lymphocyte-rich Hodgkin lymphoma, unspecified site		
C81.41	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of head, face, and neck		
C81.42	Lymphocyte-rich Hodgkin lymphoma, intrathoracic lymph nodes		
C81.43	Lymphocyte-rich Hodgkin lymphoma, intra-abdominal lymph nodes		
C81.44	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of axilla and upper limb		
C81.45	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of inguinal region and lower limb		
C81.46	Lymphocyte-rich Hodgkin lymphoma, intrapelvic lymph nodes		
C81.47	Lymphocyte-rich Hodgkin lymphoma, spleen		
C81.48	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of multiple sites		
C81.49	Lymphocyte-rich Hodgkin lymphoma, extranodal and solid organ sites		
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		

ICD-10	ICD-10 Description	
C81.75	Other Hodgkin lymphoma lymph nodes of inguinal region and lower limb	
C81.76	Other Hodgkin lymphoma intrapelvic lymph nodes	
C81.77	Other Hodgkin lymphoma spleen	
C81.78	Other Hodgkin lymphoma lymph nodes of multiple sites	
C81.79	Other Hodgkin lymphoma extranodal and solid organ sites	
C81.90	Hodgkin lymphoma, unspecified, unspecified site	
C81.91	Hodgkin lymphoma, unspecified, lymph nodes of head, face and neck	
C81.92	Hodgkin lymphoma, unspecified, intrathoracic lymph nodes	
C81.93	Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes	
C81.94	Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb	
C81.95	Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb	
C81.96	Hodgkin lymphoma, unspecified, intrapelvic lymph nodes	
C81.97	Hodgkin lymphoma, unspecified, spleen	
C81.98	Hodgkin lymphoma, unspecified, lymph nodes of multiple sites	
C81.99	Hodgkin lymphoma, unspecified, extranodal and solid organ sites	
C83.30	Diffuse large B-cell lymphoma unspecified site	
C83.31	Diffuse large B-cell lymphoma, lymph nodes of head, face, and neck	
C83.32	Diffuse large B-cell lymphoma intrathoracic lymph nodes	
C83.33	Diffuse large B-cell lymphoma intra-abdominal lymph nodes	
C83.34	Diffuse large B-cell lymphoma lymph nodes of axilla and upper limb	
C83.35	Diffuse large B-cell lymphoma, lymph nodes of inguinal region and lower limb	
C83.36	Diffuse large B-cell lymphoma intrapelvic lymph nodes	
C83.37	Diffuse large B-cell lymphoma, spleen	
C83.38	Diffuse large B-cell lymphoma lymph nodes of multiple sites	
C83.398	Diffuse large B-cell lymphoma of other 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	

ICD-10	ICD-10 Description	
C83.87	Other non-follicular lymphoma, spleen	
C83.88	Other non-follicular lymphoma, lymph nodes of multiple sites	
C83.89	Other non-follicular lymphoma, extranodal and solid organ sites	
C83.90	Non-follicular (diffuse) lymphoma, unspecified site	
C83.91	Non-follicular (diffuse) lymphoma, unspecified lymph nodes of head, face, and neck	
C83.92	Non-follicular (diffuse) lymphoma, unspecified intrathoracic lymph nodes	
C83.93	Non-follicular (diffuse) lymphoma, unspecified intra-abdominal lymph nodes	
C83.94	Non-follicular (diffuse) lymphoma, unspecified lymph nodes of axilla and upper limb	
C83.95	Non-follicular (diffuse) lymphoma, unspecified lymph nodes of inguinal region and lower limb	
C83.96	Non-follicular (diffuse) lymphoma, unspecified intrapelvic lymph nodes	
C83.97	Non-follicular (diffuse) lymphoma, unspecified spleen	
C83.98	Non-follicular (diffuse) lymphoma, unspecified lymph nodes of multiple sites	
C83.99	Non-follicular (diffuse) lymphoma, unspecified extranodal and solid organ sites	
C84.00	Mycosis fungoides, unspecified site	
C84.01	Mycosis fungoides, lymph nodes of head, face and neck	
C84.02	Mycosis fungoides, intrathoracic lymph nodes	
C84.03	Mycosis fungoides, intra-abdominal lymph nodes	
C84.04	Mycosis fungoides, lymph nodes of axilla and upper limb	
C84.05	Mycosis fungoides, lymph nodes of inguinal region and lower limb	
C84.06	Mycosis fungoides, intrapelvic lymph nodes	
C84.07	Mycosis fungoides, spleen	
C84.08	Mycosis fungoides, lymph nodes of multiple sites	
C84.09	Mycosis fungoides, extranodal and solid organ sites	
C84.10	Sézary disease, unspecified site	
C84.11	Sézary disease, lymph nodes of head, face, and neck	
C84.12	Sézary disease, intrathoracic lymph nodes	
C84.13	Sézary disease, intra-abdominal lymph nodes	
C84.14	Sézary disease, lymph nodes of axilla and upper limb	
C84.15	Sézary disease, lymph nodes of inguinal region and lower limb	
C84.16	Sézary disease, intrapelvic lymph nodes	
C84.17	Sézary disease, spleen	
C84.18	Sézary disease, lymph nodes of multiple sites	

ICD-10	ICD-10 Description		
C84.19	Sézary disease, extranodal and solid organ sites		
C84.40	Peripheral T-cell lymphoma, not classified, unspecified site		
C84.41	Peripheral T-cell lymphoma, not classified, lymph nodes of head, face and neck		
C84.42	Peripheral T-cell lymphoma, not classified, intrathoracic lymph nodes		
C84.43	Peripheral T-cell lymphoma, not classified, intra-abdominal lymph nodes		
C84.44	Peripheral T-cell lymphoma, not classified, lymph nodes of axilla and upper limb		
C84.45	Peripheral T-cell lymphoma, not classified, lymph n odes of inguinal region of lower limb		
C84.46	Peripheral T-cell lymphoma, not classified, intrapelvic lymph nodes		
C84.47	Peripheral T-cell lymphoma, not classified, spleen		
C84.48	Peripheral T-cell lymphoma, not classified, lymph nodes of multiple sites		
C84.49	Peripheral T-cell lymphoma, not classified, extranodal and solid organ sites		
C84.60	Anaplastic large cell lymphoma, ALK-positive, unspecified site		
C84.61	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of head, face and neck		
C84.62	Anaplastic large cell lymphoma, ALK-positive, intrathoracic lymph nodes		
C84.63	Anaplastic large cell lymphoma, ALK-positive, intra-abdominal lymph nodes		
C84.64	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of axilla and upper limb		
C84.65	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of inguinal region and lower limb		
C84.66	Anaplastic large cell lymphoma, ALK-positive, intrapelvic lymph nodes		
C84.67	Anaplastic large cell lymphoma, ALK-positive, spleen		
C84.68	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of multiple sites		
C84.69	Anaplastic large cell lymphoma, ALK-positive, extranodal and solid organ sites		
C84.70	Anaplastic large cell lymphoma, ALK-negative, unspecified site		
C84.71	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of head, face and neck		
C84.72	Anaplastic large cell lymphoma, ALK-negative, intrathoracic lymph nodes		
C84.73	Anaplastic large cell lymphoma, ALK-negative, intra-abdominal lymph nodes		
C84.74	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of axilla and upper limb		
C84.75	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of inguinal region and lower limb		
C84.76	Anaplastic large cell lymphoma, ALK-negative, intrapelvic lymph nodes		
C84.77	Anaplastic large cell lymphoma, ALK-negative, spleen		
C84.78	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of multiple sites		
C84.79	Anaplastic large cell lymphoma, ALK-negative, extranodal and solid organ sites		
C84.7A	Anaplastic large cell lymphoma, ALK-negative, breast		

ICD-10	ICD-10 Description		
C84.90	Mature T/NK-cell lymphomas, unspecified site		
C84.91	Mature T/NK-cell lymphomas, lymph nodes of head, face, and neck		
C84.92	Mature T/NK-cell lymphomas, intrathoracic lymph nodes		
C84.93	Mature T/NK-cell lymphomas, intra-abdominal lymph nodes		
C84.94	Mature T/NK-cell lymphomas, lymph nodes of axilla and upper limb		
C84.95	Mature T/NK-cell lymphomas, lymph nodes of inguinal region and lower limb		
C84.96	Mature T/NK-cell lymphomas, intrapelvic lymph nodes		
C84.97	Mature T/NK-cell lymphomas, spleen		
C84.98	Mature T/NK-cell lymphomas, lymph nodes of multiple sites		
C84.99	Mature T/NK-cell lymphomas, extranodal and solid organ sites		
C84.Z0	Other mature T/NK-cell lymphomas, unspecified site		
C84.Z1	Other mature T/NK-cell lymphomas, lymph nodes of head, face, and neck		
C84.Z2	Other mature T/NK-cell lymphomas, intrathoracic lymph nodes		
C84.Z3	Other mature T/NK-cell lymphomas, intra-abdominal lymph nodes		
C84.Z4	Other mature T/NK-cell lymphomas, lymph nodes of axilla and upper limb		
C84.Z5	Other mature T/NK-cell lymphomas, lymph nodes of inguinal region and lower limb		
C84.Z6	Other mature T/NK-cell lymphomas, intrapelvic lymph nodes		
C84.Z7	Other mature T/NK-cell lymphomas, spleen		
C84.Z8	Other mature T/NK-cell lymphomas, lymph nodes of multiple sites		
C84.Z9	Other mature T/NK-cell lymphomas, extranodal and solid organ sites		
C85.10	Unspecified B-cell lymphoma unspecified site		
C85.11	Unspecified B-cell lymphoma lymph nodes of head, face, and neck		
C85.12	Unspecified B-cell lymphoma intrathoracic lymph nodes		
C85.13	Unspecified B-cell lymphoma intra-abdominal lymph nodes		
C85.14	Unspecified B-cell lymphoma lymph nodes of axilla and upper limb		
C85.15	Unspecified B-cell lymphoma lymph nodes of inguinal region and lower limb		
C85.16	Unspecified B-cell lymphoma intrapelvic lymph nodes		
C85.17	Unspecified B-cell lymphoma spleen		
C85.18	Unspecified B-cell lymphoma lymph nodes of multiple sites		
C85.19	Unspecified B-cell lymphoma extranodal and solid organ sites		
C85.20	Mediastinal (thymic) large B-cell lymphoma, unspecified site		
C85.21	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of head, face and neck		

ICD-10	ICD-10 Description	
C85.22	Mediastinal (thymic) large B-cell lymphoma, intrathoracic lymph nodes	
C85.23	Mediastinal (thymic) large B-cell lymphoma, intra-abdominal lymph nodes	
C85.24	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of axilla and upper limb	
C85.25	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of inguinal region and lower limb	
C85.26	Mediastinal (thymic) large B-cell lymphoma, intrapelvic lymph nodes	
C85.27	Mediastinal (thymic) large B-cell lymphoma, spleen	
C85.28	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of multiple sites	
C85.29	Mediastinal (thymic) large B-cell lymphoma, extranodal and solid organ sites	
C85.80	Other specified types of non-Hodgkin lymphoma, unspecified site	
C85.81	Other specified types of non-Hodgkin lymphoma, lymph nodes of head, face and neck	
C85.82	Other specified types of non-Hodgkin lymphoma, intrathoracic lymph nodes	
C85.83	Other specified types of non-Hodgkin lymphoma, intra-abdominal lymph nodes	
C85.84	Other specified types of non-Hodgkin lymphoma, lymph nodes of axilla and upper limb	
C85.85	Other specified types of non-Hodgkin lymphoma, lymph nodes of inguinal region of lower limb	
C85.86	Other specified types of non-Hodgkin lymphoma, intrapelvic lymph nodes	
C85.87	Other specified types of non-Hodgkin lymphoma, spleen	
C85.88	Other specified types of non-Hodgkin lymphoma, lymph nodes of multiple sites	
C85.89	Other specified types of non-Hodgkin lymphoma, extranodal and solid organ sites	
C86.00	Extranodal NK/T-cell lymphoma, nasal type not having achieved remission	
C86.10	Hepatosplenic T-cell lymphoma not having achieved remission	
C86.20	Enteropathy-type (intestinal) T-cell lymphoma not having achieved remission	
C86.50	Angioimmunoblastic T-cell lymphoma not having achieved remission	
C86.60	Primary cutaneous CD30-positive T-cell proliferations not having achieved remission	
C91.50	Adult T-cell lymphoma/leukemia (HTLV-1-associated) not having achieved remission	
C91.51	Adult T-cell lymphoma/leukemia (HTLV-1-associated) in remission	
C91.52	Adult T-cell lymphoma/leukemia (HTLV-1-associated) in relapse	
D47.Z1	Post-transplant lymphoproliferative disorder (PTLD)	
Z85.71	Personal history of Hodgkin lymphoma	

### Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

The preceding information is intended for non-Medicare coverage determinations. 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 Determinations (NCDs) and/or Local Coverage

Determinations (LCDs) may exist and compliance with these policies is required where applicable. Local Coverage Articles (LCAs) may also exist for claims payment purposes or to clarify benefit eligibility under Part B for drugs which may be self-administered. The following link may be used to search for NCD, LCD, or LCA documents: <a href="https://www.cms.gov/medicare-coverage-database/search.aspx">https://www.cms.gov/medicare-coverage-database/search.aspx</a>. Additional indications, including any preceding information, may be applied at the discretion of the health plan.

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

Medicare Part B Administrative Contractor (MAC) Jurisdictions			
Jurisdiction	Applicable State/US Territory	Contractor	
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC	
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC	
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)	
6	MN, WI, IL	National Government Services, Inc. (NGS)	
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.	
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)	
N (9)	FL, PR, VI	First Coast Service Options, Inc.	
J (10)	TN, GA, AL	Palmetto GBA	
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA	
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	кү, он	CGS Administrators, LLC	