Bavencio® (avelumab) (Intravenous)

-E-

Document Number: OHSU HEALTHSERVICES-0417

Date Reviewed: 07/2025Date of Origin: 01/07/2019

Dates Approved: 01/2019, 04/2019, 07/2019, 10/2019, 01/2020, 04/2020, 07/2020, 09/2020, 01/2021, 04/2021, 07/2021, 10/2021, 01/2022, 05/2022, 07/2022, 10/2022, 01/2023, 05/2023, 07/2023, 10/2023, 01/2024, 05/2024, 08/2024, 11/2024, 01/2024, 01/2024, 01/2025, 06/05/2025, 06/24/2025, 08/05/2025

I. Length of Authorization

- Initial: Prior authorization validity will be provided initially for 6 months.
- Renewal: Prior authorization validity may be renewed every 6 months thereafter.

II. Dosing Limits

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

• 80 billable units (800 mg) every 14 days (all indications)

III. Initial Approval Criteria ¹

Coverage is provided in the following conditions:

• Patient is at least 18 years of age, unless otherwise indicated; AND

Universal Criteria

 Patient has not received previous therapy with a programmed death (PD-1/PD-L1)-directed therapy, unless otherwise specified ^A; AND

Merkel Cell Carcinoma (MCC) † ‡ Φ ^{1,2,4,5,1e,2e}

- Patient is at least 12 years of age; AND
- Used as single-agent therapy; AND
- Patient has distant metastatic disease

Urothelial Carcinoma (Bladder Cancer) † ‡ 1,4,6,8,16

- Used as single-agent therapy; AND
 - Patient has locally advanced or metastatic urothelial carcinoma †; AND
 - Used for disease that progressed during or following platinum-containing chemotherapy*; OR
 - Used as first-line maintenance treatment †; AND
 - Patient has locally advanced or metastatic urothelial carcinoma (inclusive of bladder, upper GU tract, urethra, and/or prostate cancer); AND
 - Patient has not progressed with first-line platinum-containing chemotherapy

* Note: 6,17,20

- If patient was progression-free for > 12 months after platinum therapy, consider re-treatment with platinum-based therapy if the patient is still platinum eligible (see below for cisplatin- or platinum-ineligible comorbidities).
 - Cisplatin-ineligible comorbidities may include the following: CrCl < 60 mL/min, $ECOG PS \ge 2 \text{ or KPS} < 70\%$, hearing loss of ≥ 25 decibels (dB) at two contiguous frequencies, or grade ≥ 2 peripheral neuropathy, or NYHA Heart Failure class ≥ 3 . Carboplatin may be substituted for cisplatin in the metastatic setting for cisplatin-ineligible patients such as those with a GFR less than 60 mL/min.
 - Platinum-ineligible comorbidities may include the following: CrCl < 30 mL/min, ECOG PS ≥ 3, grade ≥ 2 peripheral neuropathy, or NYHA Heart Failure class > 3, etc.

Renal Cell Carcinoma (RCC) † ‡ 1,4,9,14

- Used in combination with axitinib; AND
- Used as first-line therapy; AND
- Used for the treatment of advanced, relapsed, or stage IV** disease and clear cell histology
- **When used as first line therapy for stage IV disease, disease must be M1 or unresectable T4, M0.

Gestational Trophoblastic Neoplasia ‡ 4,13,15

- Used as single-agent therapy for multiagent chemotherapy-resistant disease; AND
 - Patient has intermediate placental site trophoblastic tumor (PSTT) or epithelioid trophoblastic tumor (ETT); AND
 - Patient has recurrent or progressive disease; OR
 - Patient has high-risk disease (i.e., prognostic score ≥ 7 or FIGO stage IV disease)

Extranodal NK/T-Cell Lymphomas ‡ 4,22

Used as a single agent; AND

- Used for relapsed or refractory disease following additional therapy with an alternate asparaginase-based combination chemotherapy regimen not previously used; AND
- Participation in a clinical trial is unavailable

Thymic Carcinomas ‡ 4,24

- Used in combination with axitinib; AND
- Used as second-line therapy; AND
- Patient has unresectable or metastatic disease; AND
- Used for disease that progressed after platinum-based chemotherapy, unless contraindicated

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 coverage.

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 ⁶¹

Coverage may be renewed based upon the following criteria:

- Patient continues to meet the universal and other indication-specific relevant criteria 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 or life-threatening infusion-related reactions, severe immune-mediated adverse reactions (e.g., pneumonitis, hepatotoxicity/hepatitis, colitis, endocrinopathies, nephritis with renal dysfunction, dermatitis/dermatologic adverse reactions, etc.), major adverse

cardiovascular events (MACE), complications of allogeneic hematopoietic stem cell transplantation (HSCT), etc.

•

[∆] Notes:

Patients whose tumors, upon re-biopsy, demonstrate a change in actionable mutation (e.g., MSS initial biopsy; MSI-H subsequent biopsy) may be eligible to re-initiate PD-directed therapy and will be evaluated on a case-by-case basis.

V. Dosage/Administration ^{1,13,18}

Indication	Dose	
	Administer 800 mg intravenously every 14 days, until disease progression or unacceptable toxicity	

Dosing should be calculated using actual body weight and not flat dosing (as applicable) based on the following:

Weight is ≤ 66 kg:

Use 600 mg (10mg/kg) IV every 2 weeks

Note: This information is not meant to replace clinical decision making when initiating or modifying medication therapy and should only be used as a guide. Patient-specific variables should be taken into account.

VI. Billing Code/Availability Information

HCPCS Code:

J9023 – Injection, avelumab, 10 mg; 1 billable unit = 10 mg

NDC:

• Bavencio 200 mg/10 mL single-dose vial: 44087-3535-xx

VII. References (STANDARD)

- 1. Bavencio [package insert]. Boston, MA; EMD Serono, Inc.; June 2025. Accessed July 2025.
- 2. Kaufman HL, Russell J, Hamid O, et al. Avelumab in patients with chemotherapy-refractory metastatic Merkel cell carcinoma: a multicentre, single-group, open-label, phase 2 trial. Lancet Oncol. 2016 Oct;17(10):1374-1385.
- 3. Novakovic AM, Wilkins JJ, Dai H, et al. Changing body weight-based dosing to a flat dose for avelumab in metastatic Merkel cell and advanced urothelial carcinoma. Clin Pharmacol Ther. 2019 Sep 25.
- 4. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) avelumab. 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 July 2025.
- 5. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) Merkel Cell Carcinoma, 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 July 2025.
- 6. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) Bladder Cancer, Version 1.2025. 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 July 2025.
- 7. Gupta S, Sonpavde G, Grivas P, et al. Defining "platinum-ineligible" patients with metastatic urothelial cancer (mUC). J Clin Oncol. 2019 Mar 1;37(7_suppl):451.
- 8. Patel MR, Ellerton J, Infante JR, et al. Avelumab in metastatic urothelial carcinoma after platinum failure (JAVELIN Solid Tumor): pooled results from two expansion cohorts of an openlabel, phase 1 trial. Lancet Oncol. 2018 Jan;19(1):51-64. doi: 10.1016/S1470-2045(17)30900-2. Epub 2017 Dec 5.
- 9. Motzer RJ, Penkov K, Haanen J, et al. Avelumab plus Axitinib versus Sunitinib for Advanced Renal-Cell Carcinoma. N Engl J Med. 2019 Mar 21;380(12):1103-1115. doi: 10.1056/NEJMoa1816047. Epub 2019 Feb 16.
- 10. Fahrenbruch R, Kintzel P, Bott AM, et al. Dose Rounding of Biologic and Cytotoxic Anticancer Agents: A Position Statement of the Hematology/Oncology Pharmacy Association. J Oncol Pract. 2018 Mar;14(3):e130-e136.
- 11. Hematology/Oncology Pharmacy Association (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
- 12. Bach PB, Conti RM, Muller RJ, et al. Overspending driven by oversized single dose vials of cancer drugs. BMJ. 2016 Feb 29;352:i788.
- 13. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) Gestational Trophoblastic Neoplasia. Version 3.2025. 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 March 2025.

- 14. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) Kidney Cancer. Version 3.2025. 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 March 2025.
- 15. You B, Bolze PA, Lotz JP, et al. Avelumab in Patients With Gestational Trophoblastic Tumors With Resistance to Single-Agent Chemotherapy: Cohort A of the TROPHIMMUN Phase II Trial. J Clin Oncol. 2020 Sep 20;38(27):3129-3137. doi: 10.1200/JCO.20.00803. Epub 2020 Jul 27.
- 16. Powles T, Park SH, Voog E, et al. Avelumab Maintenance Therapy for Advanced or Metastatic Urothelial Carcinoma. N Engl J Med. 2020 Sep 24;383(13):1218-1230. doi: 10.1056/NEJMoa2002788. Epub 2020 Sep 18. PMID: 32945632.
- 17. Bellmunt, J and Valderrama, BP. (2025). Treatment of metastatic urothelial cancer of the bladder and urinary tract. In Lerner SP, Shah S (Eds.), UptoDate. Last updated May 06, 2025. Accessed May 29,2025. Available from https://www.uptodate.com/contents/treatment-of-metastatic-urothelial-cancer-of-the-bladder-and-urinary-tract?search=cisplatin%20ineligible&source=search_result&selectedTitle=1~150&usage_type=d efault&display_rank=1.
- 18. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) Uterine Neoplasms. Version 3.2025. 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 July 2025.
- 19. Galsky MD, Balar AV, Black PC, et al. Society for Immunotherapy of Cancer (SITC) clinical practice guideline on immunotherapy for the treatment of urothelial cancer. Journal for ImmunoTherapy of Cancer 2021;9:e002552. doi: 10.1136/jitc-2021-002552.
- 20. Gupta S, Bellmunt J, Plimack ER, et al. Defining "platinum-ineligible" patients with metastatic urothelial cancer (mUC). J Clin Oncol. 2022 June 1;40(16_suppl):4577.
- 21. You B, Bolze PA, Lotz JP, et al. Avelumab in patients with gestational trophoblastic tumors with resistance to polychemotherapy: Cohort B of the TROPHIMMUN phase 2 trial. Gynecol Oncol. 2023 Jan;168:62-67. doi: 10.1016/j.ygyno.2022.11.005.
- 22. 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 July 2025.

- 23. Kim SJ, Lim JQ, Laurensia Y, et al. Avelumab for the treatment of relapsed or refractory extranodal NK/T-cel lymphoma: an open-label phase 2 study. Blood. 2020;136:2754-2763.
- 24. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) Thymomas and Thymic Carcinomas. 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 July 2025.
- 25. Conforti F, Zucali PA, Pala L, et al. Avelumab plus axitinib in unresectable or metastatic type B3 thymomas and thymic carcinomas (CAVEATT): a single-arm, multicentre, phase 2 trial. Lancet Oncol 2022;23:1287-1296.

VIII. References (ENHANCED)

- 1. D'Angelo SP, Russell J, Lebbé C, et al. Efficacy and Safety of First-line Avelumab Treatment in Patients With Stage IV Metastatic Merkel Cell Carcinoma: A Preplanned Interim Analysis of a Clinical Trial. JAMA Oncol. 2018;4(9):e180077.
- Kaufman HL, Russell JS, Hamid O, et al. Updated efficacy of avelumab in patients with previously treated metastatic Merkel cell carcinoma after ≥1 year of follow-up: JAVELIN Merkel 200, a phase 2 clinical trial. J Immunother Cancer. 2018;6(1):7. Published 2018 Jan 19.
- 3. Nghiem PT, Bhatia S, Lipson EJ, et al. PD-1 Blockade with Pembrolizumab in Advanced Merkel-Cell Carcinoma. N Engl J Med. 2016;374(26):2542-52.
- 4. Topalian SL, Bhatia S, Hollebecque A, et al. Abstract CT074: Non-comparative, open-label, multiple cohort, phase 1/2 study to evaluate nivolumab (NIVO) in patients with virus-associated tumors (CheckMate 358): Efficacy and safety in Merkel cell carcinoma (MCC). Cancer Res 2017;77(13 Suppl):Abstract nr CT074.
- 5. Bellmunt J, de Wit R, Vaughn DJ, et al. Pembrolizumab as Second-Line Therapy for Advanced Urothelial Carcinoma. N Engl J Med. 2017;376(11):1015-1026.
- 6. Apolo AB, Infante JR, Balmanoukian A, et al. Avelumab, an Anti-Programmed Death-Ligand 1 Antibody, In Patients With Refractory Metastatic Urothelial Carcinoma: Results From a Multicenter, Phase Ib Study. J Clin Oncol. 2017;35(19):2117-2124.
- 7. Sharma P, Retz M, Siefker-Radtke A, et al. Nivolumab in metastatic urothelial carcinoma after platinum therapy (CheckMate 275): a multicentre, single-arm, phase 2 trial. Lancet Oncol. 2017 Mar;18(3):312-322.
- 8. Rini BI, Plimack ER, Stus V, et al. Pembrolizumab plus Axitinib versus Sunitinib for Advanced Renal-Cell Carcinoma. N Engl J Med. 2019 Mar 21;380(12):1116-1127.
- 9. Motzer RJ, Tannir NM, McDermott DF, et al. Nivolumab plus Ipilimumab versus Sunitinib in Advanced Renal-Cell Carcinoma. N Engl J Med. 2018;378(14):1277–1290.

- 10. Siefker-Radtke AO, Necchi A, Park SH, et al. First results from the primary analysis population of the phase 2 study of erdafitinib (ERDA; JNJ-42756493) in patients (pts) with metastatic or unresectable urothelial carcinoma (mUC) and FGFR alterations (FGFRalt). J Clin Oncol 2018;36(15_suppl):4503.
- 11. Powles T, Park SH, Voog E, et al. Maintenance avelumab + best supportive care (BSC) versus BSC alone after platinum-based first-line (1L) chemotherapy in advanced urothelial carcinoma (UC): JAVELIN Bladder 100 phase III interim analysis. J Clin Oncol. 2020;38(18_suppl):LBA1-LBA1.
- 12. You B, Bolze PA, Lotz JP, et al. Avelumab in Patients With Gestational Trophoblastic Tumors With Resistance to Single-Agent Chemotherapy: Cohort A of the TROPHIMMUN Phase II Trial. J Clin Oncol. 2020 Sep 20;38(27):3129-3137.
- 13. Ghorani E, Kaur B, Fisher RA, et al. Pembrolizumab is effective for drug-resistant gestational trophoblastic neoplasia. Lancet. 2017 Nov 25;390(10110):2343-2345.
- 14. Choueiri TK, Powles T, Burotto M, et al. Nivolumab plus Cabozantinib versus Sunitinib for Advanced Renal-Cell Carcinoma. N Engl J Med. 2021 Mar 4;384(9):829-841. doi: 10.1056/NEJMoa2026982.
- 15. Motzer R, Alekseev B, Rha SY, et al. Lenvatinib plus Pembrolizumab or Everolimus for Advanced Renal Cell Carcinoma. N Engl J Med. 2021 Apr 8;384(14):1289-1300. doi: 10.1056/NEJMoa2035716. Epub 2021 Feb 13.
- 16. Choueiri TK, Hessel C, Halabi S, et al. Cabozantinib versus sunitinib as initial therapy for metastatic renal cell carcinoma of intermediate or poor risk (Alliance A031203 CABOSUN randomised trial): Progression-free survival by independent review and overall survival update [published correction appears in Eur J Cancer. 2018 Nov;103:287]. Eur J Cancer. 2018;94:115-125.
- 17. Konstantinopoulos PA, Luo W, Liu JF, et al. Phase II Study of Avelumab in Patients With Mismatch Repair Deficient and Mismatch Repair Proficient Recurrent/Persistent Endometrial Cancer. J Clin Oncol. 2019 Oct 20;37(30):2786-2794.
- 18. You B, Bolze P, Lotz J, et al. 273 Avelumab in patients with gestational trophoblastic tumors resistant to polychemotherapy: efficacy outcomes of cohort B of TROPHIMMUN phase II trial. International Journal of Gynecologic Cancer 2021;31:A344.
- 19. Powles T, Rosenberg JE, Sonpavde GP, et al. Enfortumab Vedotin in Previously Treated Advanced Urothelial Carcinoma. N Engl J Med. 2021 Mar 25;384(12):1125-1135.
- Charles Lance Cowey, Liu FX, Kim R, et al. Real-world clinical outcomes with first-line avelumab in locally advanced/metastatic Merkel cell carcinoma in the USA: SPEAR-Merkel. Future oncology. 2021;17(18):2339-2350.
- 21. D'Angelo SP, Lebbé C, Mortier L, et al. First-line avelumab in a cohort of 116 patients with metastatic Merkel cell carcinoma (JAVELIN Merkel 200): primary and biomarker analyses of a phase II study. Journal for ImmunoTherapy of Cancer. 2021;9(7):e002646.

- 22. Bhatia S, Nghiem P, Veeranki SP, et al. Real-world clinical outcomes with avelumab in patients with Merkel cell carcinoma treated in the USA: a multicenter chart review study. Journal for ImmunoTherapy of Cancer. 2022;10(8):e004904.
- 23. Levy S, Maureen J.B. Aarts, Ferry A.L.M. Eskens, et al. Avelumab for advanced Merkel cell carcinoma in the Netherlands: a real-world cohort. Journal for ImmunoTherapy of Cancer. 2020;8(2):e001076-e001076.
- 24. Philippe Barthélémy, Yohann Loriot, Éric Voog, et al. Full analysis from AVENANCE: A real-world study of avelumab first-line (1L) maintenance treatment in patients (pts) with advanced urothelial carcinoma (aUC). Journal of Clinical Oncology. 2023;41(6_suppl):471-471.
- 25. Gbolahan OB, Porter RF, Salter JT, et al. Phase II Study of Pemetrexed in Patients with Recurrent Thymoma and Thymic Carcinoma. J Thorac Oncol. 2018 Dec;13(12):1940-1948.
- 26. Palmieri G, Buonerba C, Ottaviano M, et al. Capecitabine plus gemcitabine in thymic epithelial tumors: final analysis of a Phase II trial. Future Oncol. 2014 Nov;10(14):2141-7.
- 27. Thomas A, Rajan A, Berman A, et al. Sunitinib in patients with chemotherapy-refractory thymoma and thymic carcinoma: an open-label phase 2 trial. Lancet Oncol. 2015 Feb;16(2):177-86. doi: 10.1016/S1470-2045(14)71181-7. Epub 2015 Jan 13. Erratum in: Lancet Oncol. 2015 Mar;16(3):e105.
- 28. Zucali PA, De Pas TM, Palmieri G, et al. Phase II study of everolimus in patients with thymoma and thymic carcinoma previously treated with cisplatin-based chemotherapy. J Clin Oncol 2018;36:342-349.
- 29. Thomas A, Rajan A, Berman A, et al. Sunitinib in patients with chemotherapy-refractory thymoma and thymic carcinoma: an open-label phase 2 trial. Lancet Oncol 2015;16:177-186.
- 30. Giaccone G, Kim C, Thompson J, et al. Pembrolizumab in patients with thymic carcinoma: a single-arm, single-centre, phase 2 study. Lancet Oncol. 2018 Mar;19(3):347-355.
- 31. Cho J, Kim HS, Ku BM, et al. Pembrolizumab for patients with refractory or relapsed thymic epithelial tumor: An open-label phase II trial. J Clin Oncol 2019;37:2162-2170
- 32. Sato J, Satouchi M, Itoh S, et al. Lenvatinib in patients with advanced or metastatic thymic carcinoma (REMORA): a multicentre, phase 2 trial. Lancet Oncol. 2020 Jun;21(6):843-850.
- 33. Patel SP, Othus M, Chae YK, et al. A Phase II Basket Trial of Dual Anti–CTLA-4 and Anti–PD-1 Blockade in Rare Tumors (DART SWOG 1609 Cohort 47) in Patients with Gestational Trophoblastic Neoplasia. *Clinical Cancer Research*. 2023;30(1):33-38. doi:https://doi.org/10.1158/1078-0432.ccr-23-2293
- 34. Prime Therapeutics Management. Bavencio Clinical Literature Review Analysis. Last updated July 2025. Accessed July 2025.

Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description	
C37	Malignant neoplasm of thymus	
C4A.0	Merkel cell carcinoma of lip	
C4A.10	Merkel cell carcinoma of eyelid, including canthus	
C4A.111	Merkel cell carcinoma of right upper eyelid, including canthus	
C4A.112	Merkel cell carcinoma of right lower eyelid, including canthus	
C4A.121	Merkel cell carcinoma of left upper eyelid, including canthus	
C4A.122	Merkel cell carcinoma of left lower eyelid, including canthus	
C4A.20	Merkel cell carcinoma of unspecified ear and external auricular canal	
C4A.21	Merkel cell carcinoma of right ear and external auricular canal	
C4A.22	Merkel cell carcinoma of left ear and external auricular canal	
C4A.30	Merkel cell carcinoma of unspecified part of face	
C4A.31	Merkel cell carcinoma of nose	
C4A.39	Merkel cell carcinoma of other parts of face	
C4A.4	Merkel cell carcinoma of scalp and neck	
C4A.51	Merkel cell carcinoma of anal skin	
C4A.52	Merkel cell carcinoma of skin of breast	
C4A.59	Merkel cell carcinoma of other part of trunk	
C4A.60	Merkel cell carcinoma of unspecified upper limb, including shoulder	
C4A.61	Merkel cell carcinoma of right upper limb, including shoulder	
C4A.62	Merkel cell carcinoma of left upper limb, including shoulder	
C4A.70	Merkel cell carcinoma of unspecified lower limb, including hip	
C4A.71	Merkel cell carcinoma of right lower limb, including hip	
C4A.72	Merkel cell carcinoma of left lower limb, including hip	
C4A.8	Merkel cell carcinoma of overlapping sites	
C4A.9	Merkel cell carcinoma, unspecified	
C58	Malignant neoplasm of placenta	
C61	Malignant neoplasm of prostate	
C64.1	Malignant neoplasm of right kidney, except renal pelvis	
C64.2	Malignant neoplasm of left kidney, except renal pelvis	
C64.9	Malignant neoplasm of unspecified kidney, except renal pelvis	
C65.1	Malignant neoplasm of right renal pelvis	
C65.2	Malignant neoplasm of left renal pelvis	
C65.9	Malignant neoplasm of unspecified renal pelvis	
C66.1	Malignant neoplasm of right ureter	
C66.2	Malignant neoplasm of left ureter	

ICD-10	ICD-10 Description	
C66.9	Malignant neoplasm of unspecified ureter	
C67.0	Malignant neoplasm of trigone of bladder	
C67.1	Malignant neoplasm of dome of bladder	
C67.2	Malignant neoplasm of lateral wall of bladder	
C67.3	Malignant neoplasm of anterior wall of bladder	
C67.4	Malignant neoplasm of posterior wall of bladder	
C67.5	Malignant neoplasm of bladder neck	
C67.6	Malignant neoplasm of ureteric orifice	
C67.7	Malignant neoplasm of urachus	
C67.8	Malignant neoplasm of overlapping sites of bladder	
C67.9	Malignant neoplasm of bladder, unspecified	
C68.0	Malignant neoplasm of urethra	
C7B.1	Secondary Merkel cell carcinoma	
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	
C86.00	Extranodal NK/T-cell lymphoma, nasal type not having achieved remission	
D09.0	Carcinoma in situ of bladder	
D15.0	Benign neoplasm of thymus	

ICD-10	ICD-10 Description	
D38.4	Neoplasm of uncertain behavior of thymus	
D39.2	Neoplasm of uncertain behavior of placenta	
001.9	Hydatidiform mole, unspecified	
Z85.238	Personal history of other malignant neoplasm of thymus	
Z85.51	Personal history of malignant neoplasm of bladder	
Z85.59	Personal history of malignant neoplasm of other urinary tract organ	
Z85.821	Personal history of Merkel cell carcinoma	

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: https://www.cms.gov/medicare-coverage-database/search.aspx. 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		