

Kyprolis® (carfilzomib) (Intravenous)

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I. Length of Authorization ^{1,5,21,32,36,43}

Prior authorization validity will be provided for 6 months and may be renewed (unless otherwise specified).

Multiple Myeloma

- Combination therapy with daratumumab/daratumumab and hyaluronidase, lenalidomide, and dexamethasone is limited to eight (8) 28-day treatment cycles.
- Combination therapy with isatuximab, lenalidomide, and dexamethasone is limited to ten (10) 28-day treatment cycles.
- Combination therapy with isatuximab and lenalidomide as maintenance therapy is limited to twenty-six (26) 28-day treatment cycles.
- Combination therapy with lenalidomide as maintenance therapy is limited to a maximum of 2 years of treatment.

Waldenström Macroglobulinemia/Lymphoplasmacytic Lymphoma

- Combination therapy with rituximab and dexamethasone (CaRD regimen) is limited to six (6) 21-day induction treatment cycles and eight (8) 56-day maintenance treatment cycles.

II. Dosing Limits

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

a. Multiple Myeloma

- 720 billable units (720 mg) every 28 days

- **Systemic Light Chain Amyloidosis**
 - 480 billable units (480 mg) every 28 days
- **Waldenström Macroglobulinemia/Lymphoplasmacytic Lymphoma**
 - 320 billable units (320 mg) every 21 days

III. Initial Approval Criteria ¹

Prior authorization validity is provided in the following conditions:

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

Multiple Myeloma † ‡ ☐ 1,2,7,9-11,13-17,19,20,22-29,32-37,39,40,2e,4e,8e,10e,34e,37e-39e

- Used as primary therapy for symptomatic disease; **AND**
 - Used in combination with daratumumab/daratumumab and hyaluronidase, lenalidomide, and dexamethasone (*transplant candidates ONLY*); **AND**

- Use of carfilzomib will be restricted to patients with a contraindication or intolerance to one of the following regimens:
 - Bortezomib/lenalidomide/dexamethasone
 - Daratumumab/lenalidomide/bortezomib/dexamethasone; **OR**
 - Used in combination with isatuximab, lenalidomide, and dexamethasone (*transplant candidates ONLY*); **AND**
 - Patient has high-risk disease; **OR**
 - Used in combination with lenalidomide and dexamethasone; **AND**

- Transplant and Non-Transplant Candidates:
 - Use of carfilzomib will be restricted to patients with a contraindication or intolerance to bortezomib/lenalidomide/dexamethasone; **OR**
 - Used in combination with dexamethasone and cyclophosphamide; **AND**

- Transplant Candidates:
 - Use of carfilzomib will be restricted to patients with a contraindication or intolerance to one or more of the following regimens:
 - Bortezomib/lenalidomide/dexamethasone
 - Bortezomib/cyclophosphamide/dexamethasone
 - Bortezomib/doxorubicin/dexamethasone; **OR**

- Non-Transplant Candidates:
 - Use of carfilzomib will be restricted to patients with a contraindication or intolerance to one of the following regimens:
 - Bortezomib/lenalidomide/dexamethasone
 - Bortezomib/cyclophosphamide/dexamethasone; **OR**
- Used for disease relapse after 6 months following primary induction therapy with the same regimen; **AND**
 - Used in combination with lenalidomide and dexamethasone; **OR**
 - Used in combination with dexamethasone and cyclophosphamide; **OR**
- Used for relapsed or refractory disease after 3 prior therapies; **AND**
 - Used in combination with bendamustine and dexamethasone; **OR**
- Used for previously treated relapsed, progressive, or refractory disease; **AND**
 - Used as a single agent †; **OR**
 - Used in combination with one of the following regimens:
 - Dexamethasone with or without lenalidomide †
 - Dexamethasone and daratumumab/daratumumab and hyaluronidase †
 - Dexamethasone and cyclophosphamide
 - Dexamethasone and isatuximab †
 - Dexamethasone and selinexor
 - Dexamethasone and pomalidomide with or without daratumumab/daratumumab and hyaluronidase; **OR**
- Used as maintenance therapy for symptomatic disease in transplant candidates; **AND**
 - Used in combination with lenalidomide; **AND**
 - Used after response to primary myeloma therapy; **OR**
 - Used for response or stable disease following an autologous hematopoietic cell transplant (HCT); **OR**
 - Used for response or stable disease following a tandem autologous or allogeneic HCT for high risk* patients; **OR**
 - Used in combination with lenalidomide and isatuximab following primary therapy with isatuximab, lenalidomide, and dexamethasone; **OR**
- Used for the management of POEMS (polyneuropathy, organomegaly, endocrinopathy, monoclonal protein, skin changes) syndrome Ω; **AND**
 - Used in combination with dexamethasone as a replacement for bortezomib

Waldenström Macroglobulinemia/Lymphoplasmacytic Lymphoma ‡^{2,5,18,21,27e-31e,33e,43e}

- Used in combination with rituximab and dexamethasone (CaRD regimen); **AND**
 - Used as primary therapy; **AND**

- Use of carfilzomib in primary therapy will be restricted to patients with a contraindication or intolerance to at least one of the following regimens:
 - Bendamustine/rituximab
 - Bortezomib/rituximab/dexamethasone
 - Rituximab/cyclophosphamide/dexamethasone
 - Rituximab/cyclophosphamide/prednisone

Systemic Light Chain Amyloidosis ‡^{2,30,31,38,39, 53e-67e}

- Patient has relapsed or refractory disease; **AND**
- Patient has non-cardiac disease; **AND**
 - Used as a single agent; **OR**
 - Used in combination with dexamethasone

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.

Ω Please note that the supporting data for this indication has been assessed and deemed to be of insufficient quality based on the review conducted for the Enhanced Oncology Value (EOV) program. However, due to the absence of viable alternative treatment options, this indication will be retained in our policy and evaluated on a case-by-case basis.

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

IV. Renewal Criteria^{1,2}

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

- Patient continues to meet the 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 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: cardiac toxicity (e.g., CHF, pulmonary edema, decreased ejection fraction, cardiomyopathy, myocardial ischemia, myocardial infarction, etc.), pulmonary toxicity (e.g., acute respiratory distress syndrome [ARDS], acute respiratory failure, etc.), pulmonary hypertension, dyspnea, severe infusion related reactions, tumor lysis syndrome (TLS), thrombocytopenia, hepatic toxicity/failure, thrombotic microangiopathy (including thrombotic thrombocytopenic purpura/hemolytic uremic syndrome [TTP/HUS]), acute renal failure, severe hypertension, posterior reversible encephalopathy syndrome (PRES), venous thromboembolic events (e.g., deep venous thrombosis, pulmonary embolism, etc.), hemorrhage, progressive multifocal leukoencephalopathy (PML), etc.

V. Dosage/Administration [1,5,7,9,12,20-22,24-28,30,32-36,38-43](#)

Indication	Dose*
Multiple Myeloma (primary therapy OR disease relapse ≥6 months following primary induction therapy with the same regimen)	<u>Combination with lenalidomide and dexamethasone (KRd)</u> <u>20/36 regimen:</u> – Cycle 1: 20 mg/m² on days 1 and 2; if tolerated, increase to 36 mg/m² days 8, 9, 15, and 16 of a 28-day treatment cycle – Cycles 2 through 8: 36 mg/m² days 1, 2, 8, 9, 15, and 16 of a 28-day treatment cycle <i>May proceed to maintenance therapy in combination with lenalidomide for up to 2 years.</i> <i>(see maintenance dosing section in table below).</i> <u>Combination with cyclophosphamide and dexamethasone (KCd)</u> <u>20/36 regimen:</u> – Cycle 1: 20 mg/m² on days 1 and 2; if tolerated, increase to 36 mg/m² days 8, 9, 15, and 16 of a 28-day treatment cycle – Cycles 2 through 9: 36 mg/m² days 1, 2, 8, 9, 15, and 16 of a 28-day treatment cycle – Cycle 10 and beyond: 36 mg/m² on days 1, 2, 15, and 16 of a 28-day treatment cycle; continue until disease progression or unacceptable toxicity <u>20/70 regimen:</u> – Cycle 1: 20 mg/m² on day 1; if tolerated, increase to 70 mg/m² days 8 and 15 of a 28-day treatment cycle – Cycles 2 through 9: 70 mg/m² days 1, 8, and 15 of a 28-day treatment cycle – Cycle 10 and beyond: 70 mg/m² on days 1 and 15 of a 28-day treatment cycle; continue until disease progression or unacceptable toxicity
Multiple Myeloma (primary therapy-transplant candidates only)	<u>Combination with daratumumab/daratumumab and hyaluronidase, lenalidomide and dexamethasone (Dara-KRd)</u> <u>20/56 regimen:</u>

	– Cycle 1: 20 mg/m² on day 1; if tolerated, increase to 56 mg/m² on days 8 and 15 of a 28-day treatment cycle – Cycles 2 through 8: 56 mg/m² on days 1, 8, and 15 of a 28-day treatment cycle <u>Combination with isatuximab, lenalidomide, and dexamethasone (Isa-KRd)</u> <u>20/56 regimen:</u> – Cycle 1: 20 mg/m² on day 1; if tolerated, increase to 56 mg/m² on days 8 and 15 of a 28-day treatment cycle – Cycles 2 through 10: 56 mg/m² on days 1, 8, and 15 of a 28-day treatment cycle <i>May proceed to maintenance therapy in combination with isatuximab and lenalidomide for up to 26 maintenance cycles (see maintenance dosing section in table below)</i>
Multiple Myeloma (relapsed, progressive, or refractory disease)	<u>Single agent</u> <u>20/27 regimen:</u> – Cycle 1: 20 mg/m² on days 1 and 2; if tolerated, increase to 27 mg/m² on days 8, 9, 15, and 16 of a 28-day treatment cycle – Cycles 2 through 12: 27 mg/m² on days 1, 2, 8, 9, 15, and 16 of a 28-day treatment cycle – Cycle 13 and beyond: 27 mg/m² on days 1, 2, 15, and 16 of a 28-day treatment cycle; continue until disease progression or unacceptable toxicity <u>20/56 regimen:</u> – Cycle 1: 20 mg/m² on days 1 and 2; if tolerated, increase to 56 mg/m² on days 8, 9, 15, and 16 of a 28-day treatment cycle. – Cycles 2 through 12: 56 mg/m² on days 1, 2, 8, 9, 15, and 16 of a 28-day treatment cycle – Cycle 13 and beyond: 56 mg/m² on days 1, 2, 15, and 16 of a 28-day treatment cycle; continue until disease progression or unacceptable toxicity <u>Combination with lenalidomide and dexamethasone (KRd)</u> <u>20/27 regimen:</u> – Cycle 1: 20 mg/m² on days 1 and 2; if tolerated, increase to 27 mg/m² on days 8, 9, 15, and 16 of a 28-day treatment cycle – Cycles 2 through 12: 27 mg/m² on days 1, 2, 8, 9, 15, and 16 of a 28-day treatment cycle – Cycles 13 through 18: 27 mg/m² on days 1, 2, 15, and 16 of a 28-day treatment cycle; beginning with cycle 19, lenalidomide and dexamethasone may be continued (until disease progression or unacceptable toxicity) without carfilzomib <u>Combination with dexamethasone (Kd)</u> <u>20/56 regimen:</u> – Cycle 1: 20 mg/m² on days 1 and 2; if tolerated, increase to 56 mg/m² on days 8, 9, 15, and 16 of a 28-day treatment cycle – Cycle 2 and beyond: 56 mg/m² on days 1, 2, 8, 9, 15, and 16 of a 28-day treatment cycle; continue until disease progression or unacceptable toxicity <u>20/70 regimen:</u> – Cycle 1: 20 mg/m² on day 1; if tolerated, increase to 70 mg/m² on day 8 and 15 of a 28-day treatment cycle

	– Cycle 2 and beyond: 70 mg/m² on days 1, 8, and 15 of a 28-day treatment cycle; continue until disease progression or unacceptable toxicity <u>Combination with daratumumab (or daratumumab and hyaluronidase-fihj) and dexamethasone (DKd)</u> <u>20/56 regimen:</u> – Cycle 1: 20 mg/m² on days 1 and 2; if tolerated, increase to 56 mg/m² on days 8, 9, 15 and 16 of a 28-day treatment cycle – Cycle 2 and beyond: 56 mg/m² on days 1, 2, 8, 9, 15, and 16 of a 28-day treatment cycle; continue until disease progression or unacceptable toxicity <u>20/70 regimen:</u> – Cycle 1: 20 mg/m² on day 1; if tolerated, increase to 70 mg/m² on day 8 and 15 of a 28-day treatment cycle – Cycle 2 and beyond: 70 mg/m² on days 1, 8, and 15 of a 28-day treatment cycle; continue until disease progression or unacceptable toxicity <u>Combination with cyclophosphamide and dexamethasone (KCd)</u> <u>20/36 regimen:</u> Induction – Cycle 1: 20 mg/m² on days 1 and 2; if tolerated, increase to 36 mg/m² days 8, 9, 15, and 16 of a 28-day treatment cycle – Cycles 2 through 6: 36 mg/m² days 1, 2, 8, 9, 15, and 16 of a 28-day treatment cycle Maintenance – Cycles 7 through 12: 36 mg/m² on days 1, 2, 15, and 16 of a 28-day treatment cycle – Cycle 13 and beyond: 36 mg/m² on days 1 and 2 of a 28-day treatment cycle; continue until disease progression or unacceptable toxicity <u>Combination with isatuximab-irfc and dexamethasone (Isa-Kd)</u> <u>20/56 regimen:</u> – Cycle 1: 20 mg/m² on days 1 and 2; if tolerated, increase to 56 mg/m² on days 8, 9, 15 and 16 of a 28-day treatment cycle – Cycle 2 and beyond: 56 mg/m² on days 1, 2, 8, 9, 15, and 16 of a 28-day treatment cycle; continue until disease progression or unacceptable toxicity <u>Combination with selinexor and dexamethasone (XKd)</u> <u>20/56 regimen:</u> – Cycle 1: 20 mg/m² on day 1; if tolerated, increase to 56 mg/m² on days 8 and 15 of a 28-day treatment cycle – Cycle 2 and beyond: 56 mg/m² on days 1, 8, and 15 of a 28-day treatment cycle; continue until disease progression or unacceptable toxicity <u>Combination with pomalidomide and dexamethasone (KPd)</u> <u>20/27 regimen:</u> – Cycle 1: 20 mg/m² on days 1 and 2; if tolerated, increase to 27 mg/m² on days 8, 9, 15, and 16 of a 28-day treatment cycle
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	– Cycles 2 through 6: 27 mg/m² on days 1, 2, 8, 9, 15, and 16 of a 28-day treatment cycle – Cycle 7 and beyond: 27 mg/m² on days 1, 2, 15, and 16 of a 28-day treatment cycle; continue until disease progression or unacceptable toxicity – NOTE: If disease progression occurs while on maintenance dosing, resume full dosing of 27 mg/m² on days 1, 2, 8, 9, 15, and 16 of a 28-day treatment cycle <u>20/36 regimen:</u> – Cycle 1: 20 mg/m² on days 1 and 2; if tolerated, increase to 36 mg/m² days 8, 9, 15, and 16 of a 28-day treatment cycle – Cycles 2 through 8: 36 mg/m² days 1, 2, 8, 9, 15, and 16 of a 28-day treatment cycle – Cycle 9 and beyond: 36 mg/m² days 1, 2, 15, and 16 of a 28-day treatment cycle; continue until disease progression or unacceptable toxicity <u>Combination with pomalidomide, daratumumab/daratumumab and hyaluronidase, and dexamethasone:</u> <u>20/27 regimen:</u> – Cycle 1: 20 mg/m² on days 1 and 2; if tolerated, increase to 27 mg/m² on days 8, 9, 15, and 16 of a 28-day treatment cycle – Cycles 2 through 8: 27 mg/m² on days 1, 2, 8, 9, 15, and 16 of a 28-day treatment cycle – Cycle 9 and beyond: 27 mg/m² on days 1, 2, 15, and 16 of a 28-day treatment cycle; continue until disease progression or unacceptable toxicity
Multiple Myeloma (relapsed or refractory disease after 3 prior therapies)	<u>Combination with bendamustine and dexamethasone</u> <u>20/27 regimen:</u> – Cycle 1: 20 mg/m² on days 1 and 2; if tolerated, increase to 27 mg/m² on days 8, 9, 15, and 16 of a 28-day treatment cycle – Cycles 2 through 8: 27 mg/m² on days 1, 2, 8, 9, 15, and 16 of a 28-day treatment cycle – Cycle 9 and beyond: 27 mg/m² on days 1, 2, 15, and 16 of a 28-day treatment cycle; continue until disease progression or unacceptable toxicity
Multiple Myeloma (maintenance therapy for symptomatic disease in transplant candidates)	<u>Combination with lenalidomide</u> – 36 mg/m² days 1, 2, 15, and 16 of a 28-day treatment cycle for up to 2 years – NOTE: lenalidomide may be continued until disease progression or unacceptable toxicity without carfilzomib <u>Combination with lenalidomide and isatuximab (Isa-KR)</u> – 56 mg/m² days 1 and 15 of a 28-day treatment cycle for up to 26 cycles
Multiple Myeloma (management of POEMS)	<u>Combination with dexamethasone (Kd)</u> <u>20/56 regimen:</u> – Cycle 1: 20 mg/m² on days 1 and 2; if tolerated, increase to 56 mg/m² on days 8, 9, 15, and 16 of a 28-day treatment cycle – Cycle 2 and beyond: 56 mg/m² on days 1, 2, 8, 9, 15, and 16 of a 28-day treatment cycle; continue until disease progression or unacceptable toxicity <u>20/70 regimen:</u>

	– Cycle 1: 20 mg/m² on day 1; if tolerated, increase to 70 mg/m² on day 8 and 15 of a 28-day treatment cycle Cycle 2 and beyond: 70 mg/m² on days 1, 8, and 15 of a 28-day treatment cycle; continue until disease progression or unacceptable toxicity
Waldenström Macroglobulinemia/ Lymphoplasmacytic Lymphoma	<u>CaRD regimen (carfilzomib, rituximab, dexamethasone)</u> Induction – Cycle 1: 20 mg/m² on days 1, 2, 8 and 9 of a 21-day treatment cycle – Cycles 2 through 6: 36 mg/m² on days 1, 2, 8 and 9 of a 21-day treatment; begin maintenance 8 weeks later Maintenance – 36 mg/m² on days 1 and 2 every 8 weeks for 8 cycles
Systemic Light Chain Amyloidosis	<u>Single agent or combination with dexamethasone</u> <u>20/27/56 regimen</u> – Cycle 1: 20 mg/m² on day 1; if tolerated, increase to 27 mg/m² days 8 and 15 of a 28-day treatment cycle – Cycle 2 and beyond: up to 56 mg/m² days 1, 8, and 15 of a 28-day treatment cycle <u>20/36 regimen</u> – Cycle 1: 20 mg/m² on days 1 and 2; if tolerated, increase to 36 mg/m² days 8, 9, 15, 16 of a 28-day treatment cycle – Cycles 2 through 8: 36 mg/m² days 1, 2, 8, 9, 15, and 16 of a 28-day treatment cycle – Cycles 9 and beyond: 36 mg/m² days 1, 2, 15, and 16 of a 28-day treatment cycle
*Note: For patients with body surface area (BSA) of 2.2 m² or less, calculate the Kyprolis dose using actual BSA. Dose adjustments do not need to be made for weight changes of 20% or less. For patients with a BSA greater than 2.2 m², calculate the Kyprolis dose using a BSA of 2.2 m².	

VI. Billing Code/Availability Information

HCPSC Code:

- J9047 – Injection, carfilzomib, 1 mg; 1mg = 1 billable unit

NDC(s):

- Kyprolis 10 mg single-dose vial for injection: 76075-0103-xx
- Kyprolis 30 mg single-dose vial for injection: 76075-0102-xx
- Kyprolis 60 mg single-dose vial for injection: 76075-0101-xx

VII. References (STANDARD)

1. Kyprolis [package insert]. Thousand Oaks, CA; Onyx Pharmaceuticals, Inc.; June 2025. Accessed August 2025.
2. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) for Carfilzomib. National Comprehensive Cancer Network, 2025. The NCCN

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19. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) Multiple Myeloma, Version 2.2026. National Comprehensive Cancer Network, 2025. 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 NCCN Guidelines, go online to NCCN.org. Accessed August 2025.
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Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
C88.0	Waldenström macroglobulinemia
C90.00	Multiple myeloma not having achieved remission
C90.01	Multiple myeloma in remission
C90.02	Multiple myeloma in relapse
C90.10	Plasma cell leukemia not having achieved remission
C90.12	Plasma cell leukemia in relapse
C90.20	Extramedullary plasmacytoma not having achieved remission
C90.22	Extramedullary plasmacytoma in relapse
C90.30	Solitary plasmacytoma not having achieved remission
C90.32	Solitary plasmacytoma in relapse
D47.9	Neoplasm of uncertain behavior of lymphoid, hematopoietic and related tissue, unspecified
D47.Z9	Other specified neoplasms of uncertain behavior of lymphoid, hematopoietic and related tissue
E31.9	Polyglandular dysfunction, unspecified
E85.3	Secondary systemic amyloidosis
E85.4	Organ-limited amyloidosis
E85.81	Light chain (AL) amyloidosis
E85.89	Other amyloidosis
E85.9	Amyloidosis, unspecified
G62.9	Polyneuropathy, unspecified
G90.9	Disorder of the autonomic nervous system, unspecified
L98.9	Disorder of the skin and subcutaneous tissue, unspecified
Z85.79	Personal history of other malignant neoplasms of lymphoid, hematopoietic and related tissues

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	KY, OH	CGS Administrators, LLC