

## Kadcyla® (ado-trastuzumab emtansine) (Intravenous)

-E-

Document Number: OHSU HEALTHSERVICES-0385

Date Reviewed: 11/2025

Date of Origin: 01/07/2019

Dates Approved: 01/2019, 04/2019, 07/2019, 10/2019, 01/2020, 04/2020, 07/2020, 10/2020, 01/2021, 05/2021, 07/2021, 10/2021, 02/2022, 04/2022, 07/2022, 10/2022, 01/2023, 05/2023, 07/2023, 10/2023, 01/2024, 05/2024, 08/05/2025, 12/02/2025

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

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

- Adjuvant treatment in breast cancer is limited to 14 cycles (42 weeks total). *(May be given for up to 17 cycles in patients who did not receive preoperative therapy).*

### II. Dosing Limits

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

- 480 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; **AND**

**Universal Criteria <sup>1</sup>**

- Left ventricular ejection fraction (LVEF) is within normal limits prior to initiating therapy and will be assessed at regular intervals (e.g., every 3 months) during treatment; **AND**
- Used as a single agent; **AND**
- Therapy will not be substituted with or for any trastuzumab-based formulation; **AND**

**Breast Cancer † ‡ <sup>1-4,7,31e</sup>**

- Patient has human epidermal growth factor receptor 2 (HER2)-positive\* disease as determined by an FDA-approved or CLIA-compliant test ❖; **AND**

- Used as adjuvant therapy; **AND**
  - Patient has early breast cancer with residual invasive disease after neoadjuvant taxane and trastuzumab-based therapy †; **OR**
- Patient has metastatic or recurrent unresectable disease OR inflammatory breast cancer with no response to preoperative systemic therapy; **AND**
  - Patient previously received trastuzumab and a taxane, separately or in combination; **AND**
  - Used as second-line therapy and beyond; **OR**
- Patient has metastatic disease that recurred during or within 6 months of completing adjuvant therapy †; **AND**
  - Patient previously received trastuzumab and a taxane, separately or in combination

### Central Nervous System (CNS) Cancer ‡ <sup>2,13,32e</sup>

- Patient has human epidermal growth factor receptor 2 (HER2)-positive\* disease as determined by an FDA-approved or CLIA-compliant test ❖; **AND**
- Used for the treatment of brain metastases in patients with breast cancer; **AND**
- Prior treatment for breast cancer included both chemotherapy and HER2-directed therapy; **AND**
- Used for one of the following:
  - Initial treatment in patients with small asymptomatic brain metastases
  - Relapsed limited brain metastases with either stable systemic disease or reasonable systemic treatment options
  - Recurrent limited brain metastases
  - Recurrent extensive brain metastases with stable systemic disease or reasonable systemic treatment options

### Non-Small Cell Lung Cancer (NSCLC) ‡ <sup>2,5,11</sup>

- Patient has ERBB2 (HER2) mutation positive disease as determined by an FDA-approved or CLIA-complaint test ❖; **AND**
- Used as subsequent therapy; **AND**
- Patient has recurrent, advanced, or metastatic disease (excluding locoregional recurrence or symptomatic local disease without evidence of disseminated disease) or mediastinal lymph node recurrence with prior radiation therapy; **AND**
- Patient has non-squamous histology

**\*HER2-positive overexpression criteria:**

**Breast and CNS Cancer:** <sup>7,8,14</sup>

- Immunohistochemistry (IHC) assay 3+; **OR**
- Dual-probe in situ hybridization (ISH) assay HER2/CEP17 ratio  $\geq 2.0$  AND average HER2 copy number  $\geq 4.0$  signals/cell; **OR**
- Dual-probe in situ hybridization (ISH) assay AND concurrent IHC indicating one of the following:
  - HER2/CEP17 ratio  $\geq 2.0$  AND average HER2 copy number  $< 4.0$  signals/cell AND concurrent IHC 3+; **OR**
  - HER2/CEP17 ratio  $< 2.0$  AND average HER2 copy number  $\geq 6.0$  signals/cell AND concurrent IHC 2+ or 3+; **OR**
  - HER2/CEP17 ratio  $< 2.0$  AND average HER2 copy number  $\geq 4.0$  and  $< 6.0$  signals/cell AND concurrent IHC 3+

**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.

❖ *If confirmed using an FDA-approved assay – <http://www.fda.gov/companiondiagnostics>*

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

## IV. Renewal Criteria <sup>1,5</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 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: left ventricular dysfunction, hepatotoxicity, pulmonary toxicity (i.e., interstitial lung disease,

pneumonitis), thrombocytopenia, neurotoxicity, infusion-related and hypersensitivity reactions, hemorrhage, extravasation at infusion site, etc.; **AND**

- Left ventricular ejection fraction (LVEF) obtained within the previous 3 months as follows:
  - Metastatic or Recurrent Breast Cancer: LVEF is >45% OR LVEF is 40% to ≤45% and absolute decrease is <10% from baseline; **OR**
  - All other indications: LVEF is ≥ 50% OR LVEF is 45% to <50% and absolute decrease is <10% from baseline

## V. Dosage/Administration <sup>1,5,12,13,15</sup>

Indication	Dose
Breast Cancer (adjuvant treatment)	Administer 3.6 mg/kg intravenously every 3 weeks (21-day cycle) for up to 14 cycles unless there is disease recurrence or unmanageable toxicity. <i>*May be given for up to 17 cycles in patients who did not receive preoperative therapy.</i>
Breast Cancer (all other treatment settings), CNS Cancer, NSCLC	Administer 3.6 mg/kg intravenously every 3 weeks (21-day cycle) until disease progression or unacceptable toxicity

## VI. Billing Code/Availability Information

HCPCS Code:

- J9354 – Injection, ado-trastuzumab emtansine, 1 mg; 1 billable unit = 1 mg

NDC(s):

- Kadcyla 100 mg single-dose vial: 50242-0088-xx
- Kadcyla 160 mg single-dose vial: 50242-0087-xx

## VII. References (STANDARD)

- Kadcyla [package insert]. South San Francisco, CA; Genentech, Inc.; May 2025. Accessed July 2025.
- Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) ado-trastuzumab emtansine. 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.
- Verma S, Miles D, Gianni L, et al. Trastuzumab emtansine for HER2-positive advanced breast cancer. N Engl J Med. 2012 Nov 8; 367(19):1783-91.

4. von Minckwitz G, Huang CS, Mano MS, et al. Trastuzumab Emtansine for Residual Invasive HER2-Positive Breast Cancer. *N Engl J Med*. 2019 Feb 14;380(7):617-628.
5. Li BT, Shen R, Buonocore D, et al. Ado-trastuzumab emtansine in patients with HER2 mutant lung cancers: Results from a phase II basket trial. *J Clin Oncol* 2017, 35: Abstract 8510.
6. 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.
7. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines<sup>®</sup>) for Breast Cancer, Version 4.2025. National Comprehensive Cancer Network, 2025. NATIONAL COMPREHENSIVE CANCER NETWORK<sup>®</sup>, NCCN<sup>®</sup>, and NCCN GUIDELINES<sup>®</sup> are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Guidelines, go online to NCCN.org. Accessed July 2025.
8. Wolff AC, Hammond EH, Allison KH, et al. Human epidermal growth factor receptor 2 testing in breast cancer: American Society of Clinical Oncology/College of American Pathologists Clinical Practice Guideline Focused Update. *J Clin Oncol* 2018;36:2105-2122.
9. Hematology/Oncology Pharmacy Association (2019). *Intravenous Cancer Drug Waste Issue Brief*. Retrieved from <https://www.hoparx.org/about-us/advocacy-awareness/issue-briefs/>
10. Bach PB, Conti RM, Muller RJ, et al. Overspending driven by oversized single dose vials of cancer drugs. *BMJ*. 2016 Feb 29;352:i788.
11. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines<sup>®</sup>) Non-Small Cell Lung Cancer, Version 6.2025. National Comprehensive Cancer Network, 2025. NATIONAL COMPREHENSIVE CANCER NETWORK<sup>®</sup>, NCCN<sup>®</sup>, and NCCN GUIDELINES<sup>®</sup> 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 July 2025.
12. Jhaveri KL, Wang XV, Luoh SW, et al. Ado-trastuzumab emtansine (T-DM1) in patients with HER2-amplified tumors excluding breast and gastric/gastroesophageal junction (GEJ) adenocarcinomas: results from the NCI-MATCH trial (EAY131) subprotocol Q. *Ann Oncol*. 2019 Nov 1;30(11):1821-1830.
13. Montemurro F, Delaloge S, Barrios CH, et al. Trastuzumab emtansine (T-DM1) in patients with HER2-positive metastatic breast cancer and brain metastases: exploratory final analysis of cohort 1 from KAMILLA, a single-arm phase IIIb clinical trial. *Ann Oncol*. 2020 Oct;31(10):1350-1358. doi: 10.1016/j.annonc.2020.06.020. Epub 2020 Jul 5.
14. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines<sup>®</sup>) for Head and Neck Cancers, Version 4.2025. National Comprehensive Cancer Network, 2025. NATIONAL COMPREHENSIVE CANCER NETWORK<sup>®</sup>, NCCN<sup>®</sup>, and NCCN GUIDELINES<sup>®</sup> are trademarks owned by the National Comprehensive Cancer Network, Inc. To

view the most recent and complete version of the Guidelines, go online to NCCN.org. Accessed July 2025.

15. Tolaney SM, Tayob N, Dang C, et al. Adjuvant Trastuzumab Emtansine Versus Paclitaxel in Combination With Trastuzumab for Stage I HER2-Positive Breast Cancer (ATEMPT): A Randomized Clinical Trial. *J Clin Oncol*. 2021 Jul 20;39(21):2375-2385. doi: 10.1200/JCO.20.03398. Epub 2021 Jun 2. PMID: 34077270.

## VIII. References (ENHANCED)

- 1e. Baselga J, Cortés J, Kim SB, et al. Pertuzumab plus trastuzumab plus docetaxel for metastatic breast cancer. *N Engl J Med*. 2012 Jan 12;366(2):109-19. doi: 10.1056/NEJMoa1113216. Epub 2011 Dec 7.
- 2e. Swain SM, Baselga J, Kim SB, et al. Pertuzumab, trastuzumab, and docetaxel in HER2-positive metastatic breast cancer. *N Engl J Med*. 2015 Feb 19;372(8):724-34. doi: 10.1056/NEJMoa1413513.
- 3e. Datko FM, D'Andrea G, Dickler M, et al. Phase II study of pertuzumab, trastuzumab, and weekly paclitaxel in patients with HER2-overexpressing metastatic breast cancer (MBC). *Journal of Clinical Oncology* 2012 30:27\_suppl, 134-134.
- 4e. Smyth LM, Iyengar NM, Chen MF, et al. Weekly paclitaxel with trastuzumab and pertuzumab in patients with HER2-overexpressing metastatic breast cancer: overall survival and updated progression-free survival results from a phase II study. *Breast Cancer Res Treat*. 2016 Jul;158(1):91-97. doi: 10.1007/s10549-016-3851-7. Epub 2016 Jun 15.
- 5e. Robert N1, Leyland-Jones B, Asmar L, et al. Randomized phase III study of trastuzumab, paclitaxel, and carboplatin compared with trastuzumab and paclitaxel in women with HER-2-overexpressing metastatic breast cancer. *J Clin Oncol*. 2006 Jun 20;24(18):2786-92.
- 6e. Ellis PA, Barrios CH, Eiermann W, et al. Phase III, randomized study of trastuzumab emtansine (T-DM1) ± pertuzumab (P) vs trastuzumab + taxane (HT) for first-line treatment of HER2-positive MBC: Primary results from the MARIANNE study. *Journal of Clinical Oncology* 2015 33:15\_suppl, 507-507.
- 7e. Krop IE, Kim SB, Martin AG, et al. Trastuzumab emtansine versus treatment of physician's choice in patients with previously treated HER2-positive metastatic breast cancer (TH3RESA): final overall survival results from a randomised open-label phase 3 trial. *Lancet Oncol*. 2017 Jun;18(6):743-754. doi: 10.1016/S1470-2045(17)30313-3. Epub 2017 May 16.
- 8e. Cameron D, Casey M, Oliva C, et al. Lapatinib plus capecitabine in women with HER-2-positive advanced breast cancer: final survival analysis of a phase III randomized trial. *Oncologist*. 2010;15(9):924-34. doi: 10.1634/theoncologist.2009-0181. Epub 2010 Aug 24.
- 9e. Blackwell KL, Burstein HJ, Storniolo AM, et al. Overall survival benefit with lapatinib in combination with trastuzumab for patients with human epidermal growth factor receptor 2-

- positive metastatic breast cancer: final results from the EGF104900 Study. *J Clin Oncol*. 2012 Jul 20;30(21):2585-92. doi: 10.1200/JCO.2011.35.6725. Epub 2012 Jun 11.
- 10e. von Minckwitz G, du Bois A, Schmidt M, et al. Trastuzumab beyond progression in human epidermal growth factor receptor 2-positive advanced breast cancer: a german breast group 26/breast international group 03-05 study. *J Clin Oncol*. 2009 Apr 20;27(12):1999-2006. doi: 10.1200/JCO.2008.19.6618. Epub 2009 Mar 16.
- 11e. Baselga J, Gelmon KA, Verma S, et al. Phase II trial of pertuzumab and trastuzumab in patients with human epidermal growth factor receptor 2-positive metastatic breast cancer that progressed during prior trastuzumab therapy. *J Clin Oncol*. 2010 Mar 1;28(7):1138-44. doi: 10.1200/JCO.2009.24.2024. Epub 2010 Feb 1.
- 12e. Gatzemeier U, Groth G, Butts C, et al. Randomized phase II trial of gemcitabine–cisplatin with or without trastuzumab in HER2-positive non-small-cell lung cancer. *Ann Oncol*. 2004 Jan;15(1):19-27.
- 13e. Mazières J, Peters S, Lepage B, et al. Lung cancer that harbors an HER2 mutation: epidemiologic characteristics and therapeutic perspectives. *J Clin Oncol*. 2013 Jun 1;31(16):1997-2003. doi: 10.1200/JCO.2012.45.6095. Epub 2013 Apr 22.
- 14e. Andersson M, Lidbrink E, Bjerre K, et al. Phase III randomized study comparing docetaxel plus trastuzumab with vinorelbine plus trastuzumab as first-line therapy of metastatic or locally advanced human epidermal growth factor receptor 2-positive breast cancer: the HERNATA study. *J Clin Oncol*. 2011 Jan 20;29(3):264-71. doi: 10.1200/JCO.2010.30.8213. Epub 2010 Dec 13.
- 15e. von Minckwitz G, Procter M, de Azambuja E, et al. Adjuvant Pertuzumab and Trastuzumab in Early HER2-Positive Breast Cancer [published correction appears in *N Engl J Med*. 2017 Aug 17;377(7):702] [published correction appears in *N Engl J Med*. 2018 Oct 18;379(16):1585]. *N Engl J Med*. 2017;377(2):122–131.
- 16e. Piccart-Gebhart MJ, Procter M, Leyland-Jones B, et al. Trastuzumab after adjuvant chemotherapy in HER2-positive breast cancer. *N Engl J Med*. 2005 Oct 20;353(16):1659-72.
- 17e. Smith I, Procter M, Gelber RD, et al. 2-year follow-up of trastuzumab after adjuvant chemotherapy in HER2-positive breast cancer: a randomised controlled trial. *Lancet*. 2007 Jan 6;369(9555):29-36.
- 18e. Murthy RK, Loi S, Okines A, et al. Tucatinib, Trastuzumab, and Capecitabine for HER2-Positive Metastatic Breast Cancer. *N Engl J Med*. 2020 Feb 13;382(7):597-609. doi: 10.1056/NEJMoa1914609. Epub 2019 Dec 11. Erratum in: *N Engl J Med*.
- 19e. Modi S, Saura C, Yamashita T, et al. Trastuzumab Deruxtecan in Previously Treated HER2-Positive Breast Cancer. *N Engl J Med*. 2020;382(7):610-621. doi:10.1056/NEJMoa1914510.
- 20e. Smit EF, Nakagawa K, Nagasaka M, et al. Trastuzumab deruxtecan (T-DXd; DS-8201) in patients with HER2-mutated metastatic non-small cell lung cancer (NSCLC): Interim results of DESTINY-Lung01[abstract]. *J Clin Oncol* 2020;38:Abstract 9504.

- 21e. Thorpe L, Schrock A, Erlich R, et al. Significant and durable clinical benefit from trastuzumab in 2 patients with HER2-amplified salivary gland cancer and a review of the literature. *Head Neck* 2017 Mar;39(3):E40-E44. doi: 10.1002/hed.24634. Epub 2016 Dec 22.
- 22e. Kurzrock R, Bowles D, Kang H, et al. Targeted therapy for advanced salivary gland carcinoma based on molecular profiling: results from MyPathway, a phase IIa multiple basket study. *Annals of Oncology*, Volume 31, Issue 3, 412 – 421.
- 23e. Takahashi H, Tada Y, Saotome T, et al. Phase II Trial of Trastuzumab and Docetaxel in Patients With Human Epidermal Growth Factor Receptor 2-Positive Salivary Duct Carcinoma. *J Clin Oncol* 2019 Jan 10;37(2):125-134. doi: 10.1200/JCO.18.00545. Epub 2018 Nov 19.
- 24e. Murthy RK, Loi S, Okines A, et al. Tucatinib, trastuzumab, and capecitabine for HER2-positive metastatic breast cancer. *N Engl J Med*.2020;382:597-609.
- 25e. Bachelot T, Romieu G, Campone M, et al. Lapatinib plus capecitabine in patients with previously untreated brain metastases from HER2-positive metastatic breast cancer (LANDSCAPE): a single-group phase 2 study. *Lancet Oncol*. 2013;14(1):64-71. doi:10.1016/S1470-2045(12)70432-1.
- 26e. Freedman RA, Gelman RS, Anders CK, et al. TBCRC 022: A Phase II Trial of Neratinib and Capecitabine for Patients With Human Epidermal Growth Factor Receptor 2-Positive Breast Cancer and Brain Metastases. *J Clin Oncol*. 2019;37(13):1081-1089. doi:10.1200/JCO.18.01511.
- 27e. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) Central Nervous System Cancers, Version 1.2025. 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 July 2025.
- 28e. Tolaney SM, Tayob N, Dang C, et al. Adjuvant Trastuzumab Emtansine Versus Paclitaxel in Combination With Trastuzumab for Stage I HER2-Positive Breast Cancer (ATEMPT): A Randomized Clinical Trial. *J Clin Oncol*. 2021 Jul 20;39(21):2375-2385. doi: 10.1200/JCO.20.03398.
- 29e. Jerusalem G, Park YH, Yamashita T, et al. Trastuzumab deruxtecan (T-DXd) in patients with HER2+ metastatic breast cancer with brain metastases: A subgroup analysis of the DESTINY-Breast01 trial. *J Clinical Oncol* 2021;39(15\_suppl):526.
- 30e. Lin NU, Pegram M, Sahebjam S, et al. Pertuzumab Plus High-Dose Trastuzumab in Patients With Progressive Brain Metastases and HER2-Positive Metastatic Breast Cancer: Primary Analysis of a Phase II Study. *J Clin Oncol*. 2021 Aug 20;39(24):2667-2675. doi: 10.1200/JCO.20.02822. Epub 2021 May 4.
- 31e. Cortés J, Kim SB, Chung WP, et al. Trastuzumab Deruxtecan versus Trastuzumab Emtansine for Breast Cancer. *N Engl J Med*. 2022 Mar 24;386(12):1143-1154.

- 32e. Jacobson A. Trastuzumab Deruxtecan Improves Progression-Free Survival and Intracranial Response in Patients with HER2-Positive Metastatic Breast Cancer and Brain Metastases. *Oncologist*. 2022 Mar 28;27(Suppl 1):S3-S4.
- 33e. Freedman RA, Heiling HM, Li T, et al. Neratinib and ado-trastuzumab emtansine for pretreated and untreated human epidermal growth factor receptor 2 (HER2)-positive breast cancer brain metastases: Translational Breast Cancer Research Consortium trial 022. *Ann Oncol* 2024;35:993-1002.
- 34e. Prime Therapeutics Management. Kadcyła Clinical Literature Review Analysis. Last updated November 2025. Accessed November 2025.

## Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
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 and 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
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
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
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
C79.31	Secondary malignant neoplasm of brain
Z85.118	Personal history of other malignant neoplasm of bronchus and lung
Z85.3	Personal history of malignant neoplasm of breast

## 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)

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	Applicable State/US Territory	Contractor
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