

Lunsumio™ (mosunetuzumab-axgb) (Intravenous)

A rectangular box with a thin black border containing the text "-E-" in a bold, blue, sans-serif font.

Document Number: OHSU HEALTHSERVICES-0705

Date Reviewed: 12/2025

Date of Origin: 07/05/2023

Dates Approved: 07/2023, 04/2024, 02/04/2025, 02/03/2026

I. Length of Authorization ^{1,4-5}

- Initial: Prior authorization validity will be provided for eight 21-day cycles (168 days).
- Renewal: Prior authorization validity may not be renewed, unless otherwise specified.
 - For patients that have achieved a partial response or have stable disease following the initial eight 21-day cycles (168 days), coverage may be renewed for an additional nine 21-day cycles (17 cycles in total) (189 days).

II. Dosing Limits

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

- Cycle 1: 1 billable unit on day 1, 2 billable units on day 8, 60 billable units on day 15 in a 21-day cycle
- Cycle 2: 60 billable units on day 1 in a 21-day cycle
- Cycle 3+: 30 billable units 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**

Universal Criteria ¹

- Patient does not have an active infection, including clinically important localized infections; **AND**
- Prophylaxis for infection will be followed according to standard institutional guidelines; **AND**
- Patient does not have central nervous system (CNS) lymphoma; **AND**

B-Cell Lymphomas † ‡^{1-4,6e,7e}

- Patient has follicular lymphoma **Φ**; **AND**
 - Used for histologically confirmed grade 1-3a disease (classic follicular lymphoma); **AND**
 - Used after at least two prior lines of systemic therapy for partial response, no response, progressive, relapsed, or refractory disease; **AND**
 - Prior systemic therapy included an anti-CD20 monoclonal antibody and an alkylating agent, unless contraindicated; **OR**
- Patient has Diffuse Large B-Cell Lymphoma (DLBCL), High-Grade B-Cell Lymphomas (HGBCL), HIV-Related B-Cell Lymphomas (*includes all of the following: HIV-related DLBCL and HHV8-positive DLBCL, not otherwise specified*); **AND**
 - Used as subsequent therapy in combination with polatuzumab vedotin; **AND**
 - Used for primary refractory disease or relapsed disease <12 months after completion of first-line therapy in non-candidates for CAR T-cell therapy; **OR**
 - Used for relapsed disease >12 months after completion of first-line therapy if no intention to proceed to transplant; **OR**
 - Used as alternative systemic therapy (if not previously used) for relapsed or refractory disease **AND** no intention to proceed to transplant; **OR**
- Patient has monomorphic post-transplant lymphoproliferative disorder (PTLD) (B-cell type); **AND**
 - Used as subsequent therapy in combination with polatuzumab vedotin; **AND**
 - Used for primary refractory disease or relapsed disease <12 months after completion of initial treatment with chemoimmunotherapy in non-candidates for CAR T-cell therapy; **OR**
 - Used for relapsed disease >12 months after completion of initial treatment with chemoimmunotherapy if no intention to proceed to transplant; **OR**
 - Used as alternative systemic therapy (if not previously used) for relapsed or refractory disease **AND** no intention to proceed to transplant

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); Ⓢ Orphan Drug

IV. Renewal Criteria ^{1,3}

Prior authorization validity can 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**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: cytokine release syndrome (CRS), serious neurologic toxicity including Immune Effector Cell-Associated Neurotoxicity Syndrome (ICANS), serious infections (including opportunistic infections), cytopenias (e.g., severe neutropenia/febrile neutropenia, anemia, and thrombocytopenia), tumor flare (e.g., new or worsening pleural effusions, localized pain and swelling at the sites of lymphoma lesions, tumor inflammation), hemophagocytic lymphohistiocytosis (HLH), etc.; **AND**
- Patient achieved a partial response or has stable disease as evidenced by metabolic and radiologic response criteria

V. Dosage/Administration ^{1,4-5}

Indication	Dose
All Indications	<p>Administer Lunsumio as an intravenous infusion for eight 21-day treatment cycles, unless patient experiences unacceptable toxicity or disease progression.</p> <ul style="list-style-type: none"> • Cycle 1: 1 mg day 1, 2 mg day 8, then 60 mg day 15 • Cycle 2: 60 mg day 1 • Cycle 3+: 30 mg day 1 <p>For patients who achieve a complete response, no further treatment beyond 8 cycles is required. For patients who achieve a partial response or have stable disease in response to treatment with Lunsumio after 8 cycles, an additional 9 cycles of treatment (17 cycles total) should be administered, unless a patient experiences unacceptable toxicity or disease progression.</p>
– Administer Lunsumio to well-hydrated patients.	

- Premedicate before each dose in Cycle 1 and Cycle 2.
- Lunsumio should only be administered by a qualified healthcare professional with appropriate medical support to manage severe reactions such as cytokine release syndrome and neurologic toxicity, including ICANS.

VI. Billing Code/Availability Information

HCPCS Code:

- J9350 – Injection, mosunetuzumab-axgb, 1 mg; 1 billable unit = 1 mg

NDC(s)

- Lunsumio 1 mg/1 mL single-dose vial: 50242-0159-xx
- Lunsumio 30 mg/30 mL single-dose vial: 50242-0142-xx

VII. References (STANDARD)

1. Lunsumio [package insert]. South San Francisco, CA; Genentech, Inc; November 2024. Accessed December 2025.
2. Referenced with permission from the NCCN Drugs and Biologics Compendium (NCCN Compendium[®]) mosunetuzumab. 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 December 2025.
3. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines[®]) for B-Cell Lymphomas, Version 1.2026. 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 Guidelines, go online to NCCN.org. Accessed December 2025.
4. Budde LE, Sehn LH, Matasar M, et al. Safety and efficacy of mosunetuzumab, a bispecific antibody, in patients with relapsed or refractory follicular lymphoma: a single-arm, multicentre, phase 2 study. *Lancet Oncol.* 2022 Aug;23(8):1055-1065. doi: 10.1016/S1470-2045(22)00335-7. Epub 2022 Jul 5.
5. Bartlett NL, Sehn LH, Matasar MJ, et al. Mosunetuzumab Monotherapy Demonstrates Durable Efficacy with a Manageable Safety Profile in Patients with Relapsed/Refractory Follicular Lymphoma Who Received ≥ 2 Prior Therapies: Updated Results from a Pivotal Phase II Study [abstract]. *Blood* 2022;140:1467-1470.

VIII. References (ENHANCED)

- 1e. Dreyling, M., Santoro, A., Mollica, L., et al. (2017) COPANLISIB IN PATIENTS WITH RELAPSED OR REFRACTORY INDOLENT B-CELL LYMPHOMA (CHRONOS-1). *Hematological Oncology*, 35(S2): 119–120. doi: 10.1002/hon.2437_107.
- 2e. Jacobson CA, Chavez JC, Sehgal AR, et al. Axicabtagene ciloleucel in relapsed or refractory indolent non-Hodgkin lymphoma (ZUMA-5): a single-arm, multicentre, phase 2 trial. *Lancet Oncol*. 2022 Jan;23(1):91-103. doi: 10.1016/S1470-2045(21)00591-X. Epub 2021 Dec 8.
- 3e. Morschhauser F, Tilly H, Chaidos A, et al. Tazemetostat for patients with relapsed or refractory follicular lymphoma: an open-label, single-arm, multicentre, phase 2 trial. *Lancet Oncol* 2020;21:1433-1442.
- 4e. Fowler NH, Dickinson M, Dreyling M, et al. Tisagenlecleucel in adult relapsed or refractory follicular lymphoma: the phase 2 ELARA trial. *Nat Med*.
- 5e. Linton KM, Vitolo U, Jurczak W, et al. Epcoritamab monotherapy in patients with relapsed or refractory follicular lymphoma (EPCORE NHL-1): a phase 2 cohort of a single-arm, multicentre study. *Lancet Haematol*. 2024;11(8):e593-e605. doi:10.1016/S2352-3026(24)00166-2.
- 6e. Budde LE, Olszewski AJ, Assouline S, et al. Mosunetuzumab with polatuzumab vedotin in relapsed or refractory aggressive large B cell lymphoma: a phase 1b/2 trial. *Nat Med*. 2024;30(1):229-239. doi:10.1038/s41591-023-02726-5.
- 7e. Budde LE, Zhang H, Kim WS, et al. Mosunetuzumab Plus Polatuzumab Vedotin in Transplant-Ineligible Refractory/Relapsed Large B-Cell Lymphoma: Primary Results of the Phase III SUNMO Trial. *J Clin Oncol*. Published October 2, 2025. DOI: 10.1200/JCO-25-01957.
- 8e. Brody JD, Jørgensen J, Belada D, et al. Epcoritamab plus GemOx in transplant-ineligible relapsed/refractory DLBCL: Results from the EPCORE NHL-2 trial. *Blood* 2025;145:1621-1631. Available at: <https://ashpublications.org/blood/article/145/15/1621/535030/Epcoritamab-plus-GemOx-in-transplant-ineligible>.
- 9e. Abramson JS, Ku M, Hertzberg M, et al. Glofitamab plus gemcitabine and oxaliplatin (GemOx) versus rituximab-GemOx for relapsed or refractory diffuse large B-cell lymphoma (STARGLO): a global phase 3, randomised, open-label trial. *Lancet*. 2024 Nov 16;404(10466):1940-1954.
- 10e. Matasar M, Li Z-M, Vassilakopoulos TP, et al. Polatuzumab vedotin, rituximab, gemcitabine and oxaliplatin (POLA-R-GEMOX) for relapsed/refractory (R/R) diffuse large b-cell lymphoma (DLBCL): Results from the randomized phase III polargo trial [abstract]. *EHA*; 2025:Abstract S101.
- 11e. Salles G, Duell J, González Barca E, et al. Tafasitamab plus lenalidomide in relapsed or refractory diffuse large B-cell lymphoma (L-MIND): a multicentre, prospective, single-arm, phase 2 study. *Lancet Oncol*. 2020 Jul;21(7):978-988.
- 12e. Sehn LH, Herrera AF, Flowers CR, et al. Polatuzumab Vedotin in Relapsed or Refractory Diffuse Large B-Cell Lymphoma. *J Clin Oncol*. 2020;38(2):155-165. doi:10.1200/JCO.19.00172

- 13e. Morschhauser F, Flinn IW, Advani R, et al. Polatuzumab vedotin or pinatuzumab vedotin plus rituximab in patients with relapsed or refractory non-Hodgkin lymphoma: final results from a phase 2 randomised study (ROMULUS). *Lancet Haematol.* 2019;6(5):e254-e265. doi:10.1016/S2352-3026(19)30026-2
- 14e. Kamdar M, Solomon SR, Arnason J, et al. Lisocabtagene maraleucel versus standard of care with salvage chemotherapy followed by autologous stem cell transplantation as second-line treatment in patients with relapsed or refractory large B-cell lymphoma (TRANSFORM): results from an interim analysis of an open-label, randomised, phase 3 trial. *Lancet.* 2022;399(10343):2294-2308. doi:10.1016/S0140-6736(22)00662-6
- 15e. Prime Therapeutics Management. Lunsumio Clinical Literature Review Analysis. Last updated December 2025. Accessed December 2025.

Appendix A – Non-Quantitative Treatment Limitations (NQTL) Factor Checklist

Non-quantitative treatment limitations (NQTLs) refer to the methods, guidelines, standards of evidence, or other conditions that can restrict how long or to what extent benefits are provided under a health plan. These may include things like utilization review or prior authorization. The utilization management NQTL applies comparably, and not more stringently, to mental health/substance use disorder (MH/SUD) Medical Benefit Prescription Drugs and medical/surgical (M/S) Medical Benefit Prescription Drugs. The table below lists the factors that were considered in designing and applying prior authorization to this drug/drug group, and a summary of the conclusions that Prime’s assessment led to for each.

Factor	Conclusion
Indication	Yes: Consider for PA
Safety and efficacy	Yes: Consider for PA
Potential for misuse/abuse	No: PA not a priority
Cost of drug	Yes: Consider for PA

Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
C82.00	Follicular lymphoma grade I unspecified site
C82.01	Follicular lymphoma grade I lymph nodes of head, face, and neck
C82.02	Follicular lymphoma grade I intrathoracic lymph nodes
C82.03	Follicular lymphoma grade I intra-abdominal lymph nodes
C82.04	Follicular lymphoma grade I lymph nodes of axilla and upper limb
C82.05	Follicular lymphoma grade I lymph nodes of inguinal region and lower limb
C82.06	Follicular lymphoma grade I intrapelvic lymph nodes
C82.07	Follicular lymphoma grade I spleen
C82.08	Follicular lymphoma grade I lymph nodes of multiple sites

C82.09	Follicular lymphoma grade I extranodal and solid organ sites
C82.10	Follicular lymphoma grade II unspecified site
C82.11	Follicular lymphoma grade II lymph nodes of head, face, and neck
C82.12	Follicular lymphoma grade II intrathoracic lymph nodes
C82.13	Follicular lymphoma grade II intra-abdominal lymph nodes
C82.14	Follicular lymphoma grade II lymph nodes of axilla and upper limb
C82.15	Follicular lymphoma grade II lymph nodes of inguinal region and lower limb
C82.16	Follicular lymphoma grade II intrapelvic lymph nodes
C82.17	Follicular lymphoma grade II spleen
C82.18	Follicular lymphoma grade II lymph nodes of multiple sites
C82.19	Follicular lymphoma grade II extranodal and solid organ sites
C82.20	Follicular lymphoma grade III unspecified site
C82.21	Follicular lymphoma grade III lymph nodes of head, face, and neck
C82.22	Follicular lymphoma grade III intrathoracic lymph nodes
C82.23	Follicular lymphoma grade III intra-abdominal lymph nodes
C82.24	Follicular lymphoma grade III lymph nodes of axilla and upper limb
C82.25	Follicular lymphoma grade III lymph nodes of inguinal region and lower limb
C82.26	Follicular lymphoma grade III intrapelvic lymph nodes
C82.27	Follicular lymphoma grade III spleen
C82.28	Follicular lymphoma grade III lymph nodes of multiple sites
C82.29	Follicular lymphoma grade III extranodal and solid organ sites
C82.30	Follicular lymphoma grade IIIa unspecified site
C82.31	Follicular lymphoma grade IIIa lymph nodes of head, face, and neck
C82.32	Follicular lymphoma grade IIIa intrathoracic lymph nodes
C82.33	Follicular lymphoma grade IIIa intra-abdominal lymph nodes
C82.34	Follicular lymphoma grade IIIa lymph nodes of axilla and upper limb
C82.35	Follicular lymphoma grade IIIa lymph nodes of inguinal region and lower limb
C82.36	Follicular lymphoma grade IIIa intrapelvic lymph nodes
C82.37	Follicular lymphoma grade IIIa spleen
C82.38	Follicular lymphoma grade IIIa lymph nodes of multiple sites
C82.39	Follicular lymphoma grade IIIa extranodal and solid organ sites
C82.40	Follicular lymphoma grade IIIb unspecified site
C82.41	Follicular lymphoma grade IIIb lymph nodes of head, face, and neck
C82.42	Follicular lymphoma grade IIIb intrathoracic lymph nodes
C82.43	Follicular lymphoma grade IIIb intra-abdominal lymph nodes

C82.44	Follicular lymphoma grade IIIb lymph nodes of axilla and upper limb
C82.45	Follicular lymphoma grade IIIb lymph nodes of inguinal region and lower limb
C82.46	Follicular lymphoma grade IIIb intrapelvic lymph nodes
C82.47	Follicular lymphoma grade IIIb spleen
C82.48	Follicular lymphoma grade IIIb lymph nodes of multiple sites
C82.49	Follicular lymphoma grade IIIb extranodal and solid organ sites
C82.50	Diffuse follicle center lymphoma unspecified site
C82.51	Diffuse follicle center lymphoma lymph nodes of head, face, and neck
C82.52	Diffuse follicle center lymphoma intrathoracic lymph nodes
C82.53	Diffuse follicle center lymphoma intra-abdominal lymph nodes
C82.54	Diffuse follicle center lymphoma lymph nodes of axilla and upper limb
C82.55	Diffuse follicle center lymphoma lymph nodes of inguinal region and lower limb
C82.56	Diffuse follicle center lymphoma intrapelvic lymph nodes
C82.57	Diffuse follicle center lymphoma spleen
C82.58	Diffuse follicle center lymphoma lymph nodes of multiple sites
C82.59	Diffuse follicle center lymphoma extranodal and solid organ sites
C82.60	Cutaneous follicle center lymphoma unspecified site
C82.61	Cutaneous follicle center lymphoma lymph nodes of head, face, and neck
C82.62	Cutaneous follicle center lymphoma intrathoracic lymph nodes
C82.63	Cutaneous follicle center lymphoma intra-abdominal lymph nodes
C82.64	Cutaneous follicle center lymphoma lymph nodes of axilla and upper limb
C82.65	Cutaneous follicle center lymphoma lymph nodes of inguinal region and lower limb
C82.66	Cutaneous follicle center lymphoma intrapelvic lymph nodes
C82.67	Cutaneous follicle center lymphoma spleen
C82.68	Cutaneous follicle center lymphoma lymph nodes of multiple sites
C82.69	Cutaneous follicle center lymphoma extranodal and solid organ sites
C82.80	Other types of follicular lymphoma unspecified site
C82.81	Other types of follicular lymphoma lymph nodes of head, face, and neck
C82.82	Other types of follicular lymphoma intrathoracic lymph nodes
C82.83	Other types of follicular lymphoma intra-abdominal lymph nodes
C82.84	Other types of follicular lymphoma lymph nodes of axilla and upper limb
C82.85	Other types of follicular lymphoma lymph nodes of inguinal region and lower limb
C82.86	Other types of follicular lymphoma intrapelvic lymph nodes
C82.87	Other types of follicular lymphoma spleen lymph nodes of multiple sites
C82.88	Other types of follicular lymphoma lymph nodes of multiple sites

C82.89	Other types of follicular lymphoma extranodal and solid organ sites
C82.90	Follicular lymphoma, unspecified site
C82.91	Follicular lymphoma, unspecified lymph nodes of head, face, and neck
C82.92	Follicular lymphoma, unspecified intrathoracic lymph nodes
C82.93	Follicular lymphoma, unspecified intra-abdominal lymph nodes
C82.94	Follicular lymphoma, unspecified lymph nodes of axilla and upper limb
C82.95	Follicular lymphoma, unspecified lymph nodes of inguinal region and lower limb
C82.96	Follicular lymphoma, unspecified intrapelvic lymph nodes
C82.97	Follicular lymphoma, unspecified spleen
C82.98	Follicular lymphoma, unspecified lymph nodes of multiple sites
C82.99	Follicular 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
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
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
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
D47.Z1	Post-transplant lymphoproliferative disorder

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