

## Adcetris® (brentuximab vedotin) (Intravenous)

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### I. Length of Authorization <sup>1,5-7,15,18,21,42</sup>

- Initial: Prior authorization validity will be provided initially for 6 months (180 days) (unless otherwise specified).
  - Pediatric Classical Hodgkin Lymphoma (cHL) as a component of Bv-AVE-PC (brentuximab vedotin, doxorubicin, vincristine, etoposide, prednisone, and cyclophosphamide) has a maximum of 5 doses.
  - Pediatric cHL as a component of AEPA (brentuximab vedotin, etoposide, prednisone, doxorubicin) has a maximum of 2 cycles (6 doses).
  - Pediatric cHL as a component of CAPDAC (cyclophosphamide, brentuximab vedotin, prednisone, dacarbazine) has a maximum of 4 cycles (8 doses).
  - Pediatric cHL in combination with nivolumab (± bendamustine) has a maximum of 8 doses.
  - Adult cHL in combination with nivolumab has a maximum of 8 doses.
  - Adult cHL in combination with ifosfamide, carboplatin, and etoposide (ICE) has a maximum of 4 doses.
  - Pediatric and Adult cHL in combination with bendamustine has a maximum of 6 doses.
  - Pediatric and Adult cHL in combination with etoposide, cyclophosphamide, doxorubicin, dacarbazine, dexamethasone (BrECADD) has a maximum of 6 cycles (6 doses).
  - Pediatric and Adult cHL in combination with AVD (doxorubicin, vinblastine, and dacarbazine) has a maximum of 12 doses.
  - Treatment of T-cell lymphomas in combination with cyclophosphamide, doxorubicin, and prednisone (CHP) has a maximum of 8 doses.
  - Cutaneous Lymphomas in combination with CHP for Primary Cutaneous CD30+ T-Cell Lymphoproliferative Disorders has a maximum of 8 doses.

- **Renewal:** Prior authorization validity may be renewed every 6 months (180 days) thereafter (unless otherwise specified).
  - Prior authorization validity may be renewed for a maximum of 16 doses for the following indications:
    - ❖ Adult cHL as single agent consolidation/maintenance post-auto HSCT
    - ❖ Single agent treatment for Cutaneous Lymphomas
    - ❖ Single agent treatment for T-Cell Lymphomas (excluding Systemic ALCL)
    - ❖ Pediatric cHL as single agent maintenance therapy following HDT/ASCR
    - ❖ Pediatric cHL in combination with gemcitabine
    - ❖ T-Cell Lymphomas in combination with cyclophosphamide, doxorubicin, etoposide, and prednisone (CHEP)

## II. Dosing Limits

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

**Classical Hodgkin Lymphoma:**

- 1350 billable units every 84 days

**All other indications:**

- 200 billable units every 21 days

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

Prior authorization validity is provided in the following conditions:

- Member is at least 18 years of age (unless otherwise specified); **AND**

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

- Member does NOT have any FDA labeled contraindications to the requested agent; **AND**
- Member does not have severe renal impairment (i.e., Creatinine Clearance (CrCl) <30 mL/min); **AND**
- Member does not have moderate (Child-Pugh B) or severe (Child-Pugh C) hepatic impairment; **AND**
- Member has CD30-positive disease, unless otherwise specified; **AND**

**Adult Classic Hodgkin Lymphoma (cHL) † ‡ Φ <sup>1,2,4,12-14,22e</sup>**

- Used as single agent therapy; **AND**

- Used as consolidation/maintenance therapy post-autologous hematopoietic stem cell transplant (auto-HSCT) in members at high risk\* for relapse or progression † ‡; **OR**
- Member has relapsed disease after failure of auto-HSCT or after failure of at least 2 (two) prior multi-agent chemotherapy regimens in members who are not auto-HSCT candidates †; **OR**
- Used as subsequent systemic therapy for primary refractory or relapsed disease ‡; **OR**
- Used in combination with bendamustine; **AND**
  - Used as subsequent systemic therapy for primary refractory or relapsed disease ‡; **OR**
- Used in combination with nivolumab; **AND**
  - Used as subsequent systemic therapy for primary refractory or relapsed disease ‡; **OR**
  - Used as primary treatment for members who are not candidates for anthracycline therapy; **AND**
    - Used in combination with or without involved-site radiation therapy (ISRT); **OR**
- Used in combination with dacarbazine; **AND**
  - Used as primary treatment in members who are not candidates for anthracycline therapy; **AND**
    - Used in combination with or without involved-site radiation therapy (ISRT); **OR**
- Used in combination with ifosfamide, carboplatin, and etoposide (ICE); **AND**
  - Used as subsequent systemic therapy for primary refractory or relapsed disease ‡; **OR**
- Used in combination with doxorubicin, vinblastine, and dacarbazine (AVD); **AND**
  - Used as initial therapy for previously untreated stage III or IV disease †; **OR**
  - Used as primary treatment for stage II unfavorable disease ‡; **OR**
- Used in combination with etoposide, cyclophosphamide, doxorubicin, dacarbazine, dexamethasone (BrECADD); **AND**
  - Used as primary treatment; **AND**
    - Member has stage II unfavorable disease; **OR**
    - Member has stage III-IV disease

*\*High risk for relapse or progression may be defined as:*

- *Refractory disease, disease relapse within 12 months, or relapse ≥12 months with extranodal disease following frontline therapy; **OR***
- *Two or more of the following: remission duration <1 year, extranodal involvement, FDG-PET+ response at time of transplant, B symptoms, and/or >1 second-line/subsequent therapy regimen*

### **Pediatric Classic Hodgkin Lymphoma (cHL) † ‡ Φ<sup>1,2,24,26,39</sup>**

- Member is ≤ 18 years of age\* (unless otherwise specified); **AND**

- Used as primary therapy as a component of Bv-AVE-PC (brentuximab vedotin, doxorubicin, vincristine, etoposide, prednisone, and cyclophosphamide) †; **AND**
  - Member has stage IIBX disease with high risk or risk factors\*\*; **OR**
  - Member has stage III-IV disease (excluding use for stage IIIA); **OR**
- Used as primary therapy as a component of AEPA (brentuximab vedotin, etoposide, prednisone, doxorubicin); **AND**
  - Member has stage IIB or IIBX disease with risk factors\*\*; **OR**
  - Member has stage III-IV disease (excluding use for stage IIIA); **OR**
- Used as primary therapy as a component of BrECADD (brentuximab vedotin, etoposide, cyclophosphamide, doxorubicin, dacarbazine, dexamethasone) [**Note: BrECADD regimen can be considered in members >18 years of age ONLY**]; **AND**
  - Member has stage III or IV disease; **OR**
- Used as primary therapy in combination with AVD (doxorubicin, vinblastine, dacarbazine) [**Note: AVD regimen can be considered in members ≥12 years of age ONLY**]; **AND**
  - Member has stage III or IV disease; **AND**
  - Member is unable to receive or tolerate a checkpoint inhibitor; **OR**
- Used as a component of CAPDAC (cyclophosphamide, brentuximab vedotin, prednisone, dacarbazine) regimen; **AND**
  - Used as additional treatment following primary treatment with AEPA regimen; **AND**
    - Member has stage IIB or IIBX disease with risk factors\*\*; **OR**
    - Member has stage III-IV disease (excluding use for stage IIIA); **OR**
- Used in combination with bendamustine for relapsed or refractory disease; **OR**
- Used in combination with nivolumab (with or without bendamustine) or gemcitabine; **AND**
  - Member has relapsed or refractory disease; **AND**
  - Member is heavily pre-treated with platinum or anthracycline-based chemotherapy or a decrease in cardiac function is observed; **AND**
    - Used as re-induction therapy in combination with involved site radiation therapy (ISRT) in members with highly favorable disease^; **OR**
    - Used as re-induction or subsequent therapy; **OR**
- Used as single agent maintenance therapy following high-dose therapy and autologous stem cell rescue (HDT/ASCR); **AND**
  - Used for relapsed or refractory high-risk disease (i.e., progressive disease, refractory disease, or relapse within 1 year of original diagnosis)

***\*Pediatric Hodgkin Lymphoma may be applicable to adolescent and young adult (AYA) members up to the age of 39 years.***

***\*\*High risk disease/risk factors may include: Stage IIB with bulk or E-lesions (involvement of extra-lymphatic tissue), Stage IIIA with E-lesions, or Stage IIIB or IV disease. Refer to NCCN Guidelines for a complete list of risk factors.***

***^ Recommended for those who may avoid ASCR: initial stage other than IIIB or IVB, no prior exposure to RT, duration of CR1 >1 year, absence of extranodal disease or B symptoms at relapse.***

### **Pediatric Aggressive Mature B-Cell Lymphomas (Primary Mediastinal Large B-Cell Lymphoma) ‡<sup>2,21</sup>**

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

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

### **T-Cell Lymphomas<sup>1-3,15,16,42</sup>**

- Peripheral T-Cell Lymphomas (PTCL)
  - Used as a single agent for relapsed or refractory disease as subsequent therapy for one of the following:
    - Systemic Anaplastic Large Cell Lymphoma (sALCL) † Φ
    - Peripheral T-Cell Lymphoma not otherwise specified (PTCL-NOS) ‡ Φ
    - Angioimmunoblastic T-cell Lymphoma (AITL) ‡ Φ
    - Enteropathy-Associated T-cell Lymphoma (EATL) ‡ Φ
    - Nodal Peripheral T-cell Lymphoma with TFH phenotype (PTCL, TFH) ‡
    - Follicular T-cell Lymphoma (FTCL) ‡; **OR**
  - Used in combination with cyclophosphamide, doxorubicin, and prednisone (CHP) OR cyclophosphamide, doxorubicin, etoposide, prednisone (CHEP) as initial therapy for previously untreated;
    - Systemic Anaplastic Large Cell Lymphoma (sALCL) † Φ

- Peripheral T-Cell Lymphoma not otherwise specified (PTCL-NOS) † Φ
- Angioimmunoblastic T-cell Lymphoma (AITL) † Φ
- Enteropathy-Associated T-cell Lymphoma (EATL) ‡ Φ
- Nodal Peripheral T-cell Lymphoma with TFH phenotype (PTCL, TFH) ‡
- Follicular T-cell Lymphoma (FTCL) ‡
- Breast-Implant Associated Anaplastic Large Cell Lymphoma (BIA-ALCL) ‡
  - Used as subsequent therapy for relapsed or refractory disease as a single agent
- Adult T-Cell Leukemia/Lymphoma ‡ Φ
  - Used in combination with cyclophosphamide, doxorubicin, and prednisone (CHP); **AND**
    - Patient has CD30 expression ≥ 10%; **AND**
      - Used as first-line therapy for chronic high risk, acute or lymphoma subtypes; **OR**
      - Used as continued treatment in responders to first-line therapy for acute or lymphoma subtypes

### **Cutaneous Lymphomas** <sup>1,2,17,30e</sup>

- Mycosis Fungoides (MF) † Φ/Sezary Syndrome (SS) ‡
  - Used as single agent systemic therapy; **AND**
    - Used as subsequent therapy, including cutaneous or extracutaneous lesions with large cell transformation; **AND**
    - Member has CD30 expression ≥ 5% on at least one lesion; **OR**
- Primary Cutaneous CD30+ T-Cell Lymphoproliferative Disorders ‡ Φ
  - Used as a single agent; **AND**
    - Member has primary cutaneous anaplastic large cell lymphoma (pcALCL); † **AND**
      - Used for relapsed or refractory disease; **AND**
      - Member has CD30 expression ≥ 10% on at least one lesion; **OR**
    - Member has cutaneous ALCL with regional node (N1) (*excludes systemic ALCL*); **AND**
      - Used for relapsed or refractory disease; **AND**
      - Member has CD30 expression ≥ 10% on at least one lesion; **OR**
    - Member has lymphomatoid papulosis (LyP) with extensive lesions that is relapsed or refractory to all treatment options (e.g., clinical trial, observation, retreatment with primary treatment, or treatment with alternative regimen not used for primary treatment); **OR**
  - Used in combination with cyclophosphamide, doxorubicin, and prednisone (CHP); **AND**

- Member has cutaneous ALCL with regional node (N1) (*excludes systemic ALCL*); **AND**
- Member has CD30 expression ≥ 10%; **AND**
- Used as initial therapy for previously untreated disease

### **B-Cell Lymphomas † ‡ 1,2,11,40,41,13e,**

- Diffuse Large B-Cell Lymphoma (DLBCL) not otherwise specified, DLBCL arising from indolent lymphoma, or High Grade B-Cell Lymphomas (HGBL)
  - Used as a single agent as subsequent therapy for relapsed/refractory disease (*excluding use for DLBCL arising from indolent lymphoma*); **OR**
  - Used in combination with lenalidomide and rituximab (*may be used for CD30-negative disease*); **AND**
    - Used as third-line or later therapy; **AND**
    - Member is not eligible for autologous hematopoietic stem cell transplantation (auto-HSCT) or chimeric antigen receptor (CAR)-T cell therapy
- HIV-Related B-Cell Lymphomas (i.e., HIV-related DLBCL, primary effusion lymphoma, or HHV8-positive DLBCL, not otherwise specified)
  - Used as a single agent as subsequent therapy for relapsed/refractory disease; **OR**
  - Used in combination with lenalidomide and rituximab (*may be used for CD30-negative disease*); **AND**
    - Used as third-line or later therapy; **AND**
    - Member is not eligible for autologous hematopoietic stem cell transplantation (auto-HSCT) or chimeric antigen receptor (CAR)-T cell therapy
- Post-Transplant Lymphoproliferative Disorders (PTLD)
  - Used as a single agent as subsequent therapy for relapsed/refractory disease; **AND**
    - Member has monomorphic B-cell type disease; **OR**
  - Used in combination with lenalidomide and rituximab (*may be used for CD30-negative disease*); **AND**
    - Used as third-line or later therapy; **AND**
    - Member is not eligible for autologous hematopoietic stem cell transplantation (auto-HSCT) or chimeric antigen receptor (CAR)-T cell therapy

Preferred therapies and recommendations are determined by review of clinical evidence. NCCN category of recommendation is taken into account as a component of this review. Regimens deemed equally efficacious (i.e., those having the same NCCN categorization) are considered to be therapeutically equivalent.

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

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

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

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

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

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

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

## V. Dosage/Administration <sup>1,5-7,15,18-21,23, 25-33,35-38,40,42</sup>

| Indication          | Dose                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Adult cHL           | <p><u>In combination with doxorubicin, vinblastine, and dacarbazine (AVD)</u><br/>Administer 1.2 mg/kg (up to 120 mg) by intravenous infusion every 2 weeks until a maximum of 12 doses, disease progression, or unacceptable toxicity</p> <p><u>Consolidation/maintenance post auto HSCT as a single agent</u><br/>Administer 1.8 mg/kg (up to 180 mg) by intravenous infusion every 3 weeks until a maximum of 16 cycles, disease progression, or unacceptable toxicity</p> <p><u>Primary refractory or relapsed disease in combination with bendamustine</u><br/>Administer 1.8 mg/kg (up to 180 mg) by intravenous infusion every 3 weeks for a maximum of 6 doses</p> <p><u>In combination with nivolumab</u><br/>Administer 1.8 mg/kg (up to 180 mg) by intravenous infusion every 3 weeks for a maximum of 8 doses</p> <p><u>Primary refractory or relapsed disease in combination with ifosfamide, carboplatin, and etoposide (ICE)</u><br/>Administer 1.5 mg/kg (up to 150 mg) by intravenous infusion on day 1 and 8 every 3 weeks for a maximum of 4 doses</p> <p><u>Primary therapy in combination with etoposide, cyclophosphamide, doxorubicin, dacarbazine, dexamethasone (BrECADD)</u><br/>Administer 1.8 mg/kg (up to 180 mg) by intravenous infusion every 3 weeks for a maximum of 6 cycles</p> <p><u>All other treatment settings/regimens:</u><br/>Administer 1.8 mg/kg (up to 180 mg) by intravenous infusion every 3 weeks until disease progression or unacceptable toxicity</p> |
| Cutaneous Lymphomas | <p><u>Single agent therapy:</u><br/>Administer 1.8 mg/kg (up to 180 mg) by intravenous infusion every 3 weeks until a maximum of 16 cycles, disease progression, or unacceptable toxicity</p> <p><u>In combination with cyclophosphamide, doxorubicin, and prednisone (CHP) for Primary Cutaneous CD30+ T-Cell Lymphoproliferative Disorders</u></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

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|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|               | Administer 1.8 mg/kg (up to 180 mg) by intravenous infusion every 3 weeks until a maximum of 8 cycles                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Pediatric cHL | <p><u>As a component of Bv-AVE-PC (doxorubicin, vincristine, etoposide, prednisone, and cyclophosphamide)</u><br/>Administer 1.8 mg/kg (up to 180 mg) by intravenous infusion every 3 weeks for a maximum of 5 doses</p> <p><u>As a component of AEPA (brentuximab vedotin, etoposide, prednisone, doxorubicin)</u><br/>Administer 1.2 mg/kg (up to 120 mg) by intravenous infusion on days 1, 8, 15 every 28 days for 2 cycles</p> <p><u>As a component of BrECADD (brentuximab vedotin, etoposide, cyclophosphamide, doxorubicin, dacarbazine, dexamethasone [Members age &gt;18 ONLY])</u><br/>Administer 1.8 mg/kg (up to 180 mg) by intravenous infusion every 3 weeks for a maximum of 6 cycles</p> <p><u>In combination with AVD (doxorubicin, vinblastine, dacarbazine)</u><br/>Administer 1.2 mg/kg (up to 100 mg) by intravenous infusion on days 1 and 15 every 28 days for up to 6 cycles</p> <p><u>As a component of CAPDAC (cyclophosphamide, brentuximab vedotin, prednisone, dacarbazine)</u><br/>Administer 1.2 mg/kg (up to 120 mg) by intravenous infusion on days 1 and 8 every 21 days for 4 cycles</p> <p><u>In combination with nivolumab ± bendamustine</u><br/>Administer 1.8 mg/kg (up to 180 mg) by intravenous infusion every 3 weeks for a maximum of 8 doses</p> <p><u>In combination with bendamustine</u><br/>Administer 1.8 mg/kg (up to 180 mg) by intravenous infusion every 3 weeks for a maximum of 6 doses</p> <p><u>In combination with gemcitabine</u><br/>Administer 1.8 mg/kg (up to 180 mg) by intravenous infusion every 3 weeks until a maximum of 16 cycles, disease progression, or unacceptable toxicity</p> |

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

## VI. Billing Code/Availability Information

### HCPCS Code:

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

### NDC:

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

## VII. References (STANDARD)

1. Adcetris [package insert]. Bothell, WA; Seagen, Inc; February 2025. Accessed April 2026.
2. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) for brentuximab vedotin. National Comprehensive Cancer Network, 2026. 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 April 2026.
3. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) T-Cell Lymphomas. Version 2.2026. National Comprehensive Cancer Network, 2026. 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 April 2026.
4. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) Hodgkin Lymphoma, Version 1.2026. National Comprehensive Cancer Network, 2026. 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 April 2026.
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11. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) B-Cell Lymphomas, Version 3.2026. National Comprehensive Cancer Network, 2026. 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 April 2026.
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## 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                                                                |
|--------|-----------------------------------------------------------------------------------|
| C81.10 | Nodular sclerosis Hodgkin lymphoma, unspecified site                              |
| C81.11 | Nodular sclerosis Hodgkin lymphoma, lymph nodes of head, face, and neck           |
| C81.12 | Nodular sclerosis Hodgkin lymphoma, intrathoracic lymph nodes                     |
| C81.13 | Nodular sclerosis Hodgkin lymphoma, intra-abdominal lymph nodes                   |
| C81.14 | Nodular sclerosis Hodgkin lymphoma, lymph nodes of axilla and upper limb          |
| C81.15 | Nodular sclerosis Hodgkin lymphoma, lymph nodes of inguinal region and lower limb |
| C81.16 | Nodular sclerosis Hodgkin lymphoma, intrapelvic lymph nodes                       |
| C81.17 | Nodular sclerosis Hodgkin lymphoma, spleen                                        |
| C81.18 | Nodular sclerosis Hodgkin lymphoma, lymph nodes of multiple sites                 |
| C81.19 | Nodular sclerosis Hodgkin lymphoma, extranodal and solid organ sites              |
| C81.20 | Mixed cellularity Hodgkin lymphoma, unspecified site                              |
| C81.21 | Mixed cellularity Hodgkin lymphoma, lymph nodes of head, face, and neck           |
| C81.22 | Mixed cellularity Hodgkin lymphoma, intrathoracic lymph nodes                     |
| C81.23 | Mixed cellularity Hodgkin lymphoma, intra-abdominal lymph nodes                   |

| ICD-10 | ICD-10 Description                                                                  |
|--------|-------------------------------------------------------------------------------------|
| C81.24 | Mixed cellularity Hodgkin lymphoma, lymph nodes of axilla and upper limb            |
| C81.25 | Mixed cellularity Hodgkin lymphoma, lymph nodes of inguinal region and lower limb   |
| C81.26 | Mixed cellularity Hodgkin lymphoma, intrapelvic lymph nodes                         |
| C81.27 | Mixed cellularity Hodgkin lymphoma, spleen                                          |
| C81.28 | Mixed cellularity Hodgkin lymphoma, lymph nodes of multiple sites                   |
| C81.29 | Mixed cellularity Hodgkin lymphoma, extranodal and solid organ sites                |
| C81.30 | Lymphocyte depleted Hodgkin lymphoma, unspecified site                              |
| C81.31 | Lymphocyte depleted Hodgkin lymphoma, lymph nodes of head, face, and neck           |
| C81.32 | Lymphocyte depleted Hodgkin lymphoma, intrathoracic lymph nodes                     |
| C81.33 | Lymphocyte depleted Hodgkin lymphoma, intra-abdominal lymph nodes                   |
| C81.34 | Lymphocyte depleted Hodgkin lymphoma, lymph nodes of axilla and upper limb          |
| C81.35 | Lymphocyte depleted Hodgkin lymphoma, lymph nodes of inguinal region and lower limb |
| C81.36 | Lymphocyte depleted Hodgkin lymphoma, intrapelvic lymph nodes                       |
| C81.37 | Lymphocyte depleted Hodgkin lymphoma, spleen                                        |
| C81.38 | Lymphocyte depleted Hodgkin lymphoma, lymph nodes of multiple sites                 |
| C81.39 | Lymphocyte depleted Hodgkin lymphoma, extranodal and solid organ sites              |
| C81.40 | Lymphocyte-rich Hodgkin lymphoma, unspecified site                                  |
| C81.41 | Lymphocyte-rich Hodgkin lymphoma, lymph nodes of head, face, and neck               |
| C81.42 | Lymphocyte-rich Hodgkin lymphoma, intrathoracic lymph nodes                         |
| C81.43 | Lymphocyte-rich Hodgkin lymphoma, intra-abdominal lymph nodes                       |
| C81.44 | Lymphocyte-rich Hodgkin lymphoma, lymph nodes of axilla and upper limb              |
| C81.45 | Lymphocyte-rich Hodgkin lymphoma, lymph nodes of inguinal region and lower limb     |
| C81.46 | Lymphocyte-rich Hodgkin lymphoma, intrapelvic lymph nodes                           |
| C81.47 | Lymphocyte-rich Hodgkin lymphoma, spleen                                            |
| C81.48 | Lymphocyte-rich Hodgkin lymphoma, lymph nodes of multiple sites                     |
| C81.49 | Lymphocyte-rich Hodgkin lymphoma, extranodal and solid organ sites                  |
| C81.70 | Other Hodgkin lymphoma unspecified site                                             |
| C81.71 | Other Hodgkin lymphoma lymph nodes of head, face, and neck                          |
| C81.72 | Other Hodgkin lymphoma intrathoracic lymph nodes                                    |
| C81.73 | Other Hodgkin lymphoma intra-abdominal lymph nodes                                  |

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| ICD-10  | ICD-10 Description                                                           |
|---------|------------------------------------------------------------------------------|
| C81.74  | Other Hodgkin lymphoma lymph nodes of axilla and upper limb                  |
| C81.75  | Other Hodgkin lymphoma lymph nodes of inguinal region and lower limb         |
| C81.76  | Other Hodgkin lymphoma intrapelvic lymph nodes                               |
| C81.77  | Other Hodgkin lymphoma spleen                                                |
| C81.78  | Other Hodgkin lymphoma lymph nodes of multiple sites                         |
| C81.79  | Other Hodgkin lymphoma extranodal and solid organ sites                      |
| C81.90  | Hodgkin lymphoma, unspecified, unspecified site                              |
| C81.91  | Hodgkin lymphoma, unspecified, lymph nodes of head, face and neck            |
| C81.92  | Hodgkin lymphoma, unspecified, intrathoracic lymph nodes                     |
| C81.93  | Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes                   |
| C81.94  | Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb          |
| C81.95  | Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb |
| C81.96  | Hodgkin lymphoma, unspecified, intrapelvic lymph nodes                       |
| C81.97  | Hodgkin lymphoma, unspecified, spleen                                        |
| C81.98  | Hodgkin lymphoma, unspecified, lymph nodes of multiple sites                 |
| C81.99  | Hodgkin lymphoma, unspecified, extranodal and solid organ sites              |
| C83.30  | Diffuse large B-cell lymphoma unspecified site                               |
| C83.31  | Diffuse large B-cell lymphoma, lymph nodes of head, face, and neck           |
| C83.32  | Diffuse large B-cell lymphoma intrathoracic lymph nodes                      |
| C83.33  | Diffuse large B-cell lymphoma intra-abdominal lymph nodes                    |
| C83.34  | Diffuse large B-cell lymphoma lymph nodes of axilla and upper limb           |
| C83.35  | Diffuse large B-cell lymphoma, lymph nodes of inguinal region and lower limb |
| C83.36  | Diffuse large B-cell lymphoma intrapelvic lymph nodes                        |
| C83.37  | Diffuse large B-cell lymphoma, spleen                                        |
| C83.38  | Diffuse large B-cell lymphoma lymph nodes of multiple sites                  |
| C83.398 | Diffuse large B-cell lymphoma of other extranodal and solid organ sites      |
| C83.80  | Other non-follicular lymphoma, unspecified site                              |
| C83.81  | Other non-follicular lymphoma, lymph nodes of head, face and neck            |
| C83.82  | Other non-follicular lymphoma, intrathoracic lymph nodes                     |
| C83.83  | Other non-follicular lymphoma, intra-abdominal lymph nodes                   |
| C83.84  | Other non-follicular lymphoma, lymph nodes of axilla and upper limb          |

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| ICD-10 | ICD-10 Description                                                                           |
|--------|----------------------------------------------------------------------------------------------|
| 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              |
| C84.00 | Mycosis fungoides, unspecified site                                                          |
| C84.01 | Mycosis fungoides, lymph nodes of head, face and neck                                        |
| C84.02 | Mycosis fungoides, intrathoracic lymph nodes                                                 |
| C84.03 | Mycosis fungoides, intra-abdominal lymph nodes                                               |
| C84.04 | Mycosis fungoides, lymph nodes of axilla and upper limb                                      |
| C84.05 | Mycosis fungoides, lymph nodes of inguinal region and lower limb                             |
| C84.06 | Mycosis fungoides, intrapelvic lymph nodes                                                   |
| C84.07 | Mycosis fungoides, spleen                                                                    |
| C84.08 | Mycosis fungoides, lymph nodes of multiple sites                                             |
| C84.09 | Mycosis fungoides, extranodal and solid organ sites                                          |
| C84.10 | Sézary disease, unspecified site                                                             |
| C84.11 | Sézary disease, lymph nodes of head, face, and neck                                          |
| C84.12 | Sézary disease, intrathoracic lymph nodes                                                    |
| C84.13 | Sézary disease, intra-abdominal lymph nodes                                                  |
| C84.14 | Sézary disease, lymph nodes of axilla and upper limb                                         |
| C84.15 | Sézary disease, lymph nodes of inguinal region and lower limb                                |

#### Medical Necessity Criteria

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| ICD-10 | ICD-10 Description                                                                          |
|--------|---------------------------------------------------------------------------------------------|
| C84.16 | Sézary disease, intrapelvic lymph nodes                                                     |
| C84.17 | Sézary disease, spleen                                                                      |
| C84.18 | Sézary disease, lymph nodes of multiple sites                                               |
| C84.19 | Sézary disease, extranodal and solid organ sites                                            |
| C84.40 | Peripheral T-cell lymphoma, not classified, unspecified site                                |
| C84.41 | Peripheral T-cell lymphoma, not classified, lymph nodes of head, face and neck              |
| C84.42 | Peripheral T-cell lymphoma, not classified, intrathoracic lymph nodes                       |
| C84.43 | Peripheral T-cell lymphoma, not classified, intra-abdominal lymph nodes                     |
| C84.44 | Peripheral T-cell lymphoma, not classified, lymph nodes of axilla and upper limb            |
| C84.45 | Peripheral T-cell lymphoma, not classified, lymph nodes of inguinal region of lower limb    |
| C84.46 | Peripheral T-cell lymphoma, not classified, intrapelvic lymph nodes                         |
| C84.47 | Peripheral T-cell lymphoma, not classified, spleen                                          |
| C84.48 | Peripheral T-cell lymphoma, not classified, lymph nodes of multiple sites                   |
| C84.49 | Peripheral T-cell lymphoma, not classified, extranodal and solid organ sites                |
| C84.60 | Anaplastic large cell lymphoma, ALK-positive, unspecified site                              |
| C84.61 | Anaplastic large cell lymphoma, ALK-positive, lymph nodes of head, face and neck            |
| C84.62 | Anaplastic large cell lymphoma, ALK-positive, intrathoracic lymph nodes                     |
| C84.63 | Anaplastic large cell lymphoma, ALK-positive, intra-abdominal lymph nodes                   |
| C84.64 | Anaplastic large cell lymphoma, ALK-positive, lymph nodes of axilla and upper limb          |
| C84.65 | Anaplastic large cell lymphoma, ALK-positive, lymph nodes of inguinal region and lower limb |
| C84.66 | Anaplastic large cell lymphoma, ALK-positive, intrapelvic lymph nodes                       |
| C84.67 | Anaplastic large cell lymphoma, ALK-positive, spleen                                        |
| C84.68 | Anaplastic large cell lymphoma, ALK-positive, lymph nodes of multiple sites                 |
| C84.69 | Anaplastic large cell lymphoma, ALK-positive, extranodal and solid organ sites              |
| C84.70 | Anaplastic large cell lymphoma, ALK-negative, unspecified site                              |
| C84.71 | Anaplastic large cell lymphoma, ALK-negative, lymph nodes of head, face and neck            |
| C84.72 | Anaplastic large cell lymphoma, ALK-negative, intrathoracic lymph nodes                     |
| C84.73 | Anaplastic large cell lymphoma, ALK-negative, intra-abdominal lymph nodes                   |
| C84.74 | Anaplastic large cell lymphoma, ALK-negative, lymph nodes of axilla and upper limb          |
| C84.75 | Anaplastic large cell lymphoma, ALK-negative, lymph nodes of inguinal region and lower limb |
| C84.76 | Anaplastic large cell lymphoma, ALK-negative, intrapelvic lymph nodes                       |

#### Medical Necessity Criteria

Proprietary Information. Restricted Access – Do not disseminate or copy without approval.

| ICD-10 | ICD-10 Description                                                                          |
|--------|---------------------------------------------------------------------------------------------|
| C84.77 | Anaplastic large cell lymphoma, ALK-negative, spleen                                        |
| C84.78 | Anaplastic large cell lymphoma, ALK-negative, lymph nodes of multiple sites                 |
| C84.79 | Anaplastic large cell lymphoma, ALK-negative, extranodal and solid organ sites              |
| C84.7A | Anaplastic large cell lymphoma, ALK-negative, breast                                        |
| 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                      |

#### Medical Necessity Criteria

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| ICD-10 | ICD-10 Description                                                                  |
|--------|-------------------------------------------------------------------------------------|
| C85.87 | Other specified types of non-Hodgkin lymphoma, spleen                               |
| C85.88 | Other specified types of non-Hodgkin lymphoma, lymph nodes of multiple sites        |
| C85.89 | Other specified types of non-Hodgkin lymphoma, extranodal and solid organ sites     |
| C86.00 | Extranodal NK/T-cell lymphoma, nasal type not having achieved remission             |
| C86.20 | Enteropathy-type (intestinal) T-cell lymphoma not having achieved remission         |
| C86.50 | Angioimmunoblastic T-cell lymphoma not having achieved remission                    |
| C86.60 | Primary cutaneous CD30-positive T-cell proliferations not having achieved remission |
| C91.50 | Adult T-cell lymphoma/leukemia (HTLV-1-associated) not having achieved remission    |
| C91.51 | Adult T-cell lymphoma/leukemia (HTLV-1-associated) in remission                     |
| C91.52 | Adult T-cell lymphoma/leukemia (HTLV-1-associated) in relapse                       |
| D47.Z1 | Post-transplant lymphoproliferative disorder (PTLD)                                 |
| Z85.71 | Personal history of Hodgkin lymphoma                                                |

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

The preceding information is intended for non-Medicare coverage determinations. Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determinations (NCDs) and/or Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. Local Coverage Articles (LCAs) may also exist for claims payment purposes or to clarify benefit eligibility under Part B for drugs which may be self-administered. The following link may be used to search for NCD, LCD, or LCA documents: <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) |

### Medical Necessity Criteria

Proprietary Information. Restricted Access – Do not disseminate or copy without approval.

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