

Levoleucovorin: Fusilev®; Khapzory® (Intravenous)

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I. Length of Authorization ¹⁻³

- Initial: Prior authorization validity will be provided initially for 90 days.
- Renewal: Prior authorization validity may be renewed every 90 days thereafter.

II. Dosing Limits

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

In combination with methotrexate or for inadvertent overdosage with folic acid antagonists

- Fusilev [J0641]: 2500 billable units every 28 days
- Khapzory [J0642]: 2500 billable units every 28 days

In combination with fluorouracil

- Fusilev [J0641]: 2500 billable units every 28 days
- Khapzory [J0642]: 3000 billable units every 28 days

III. Initial Approval Criteria ¹⁻³

Prior authorization validity is provided in the following conditions:

- Member is at least 6 years of age; **AND**

Universal Criteria ¹⁻³

- Member does not have pernicious anemia or vitamin B12 deficiency megaloblastic anemia; **AND**
- Racemic *d,l*-leucovorin calcium is not obtainable (in any dosage strength) as confirmed by FDA Drug shortage website located at:
<http://www.accessdata.fda.gov/scripts/drugshortages/default.cfm>; **AND**
- Khapzory ONLY: Member had an inadequate response, or has a contraindication or intolerance, to Fusilev (levoleucovorin); **AND**

Bone Cancer (Osteosarcoma) † ‡ Φ, Dedifferentiated Chondrosarcoma ‡, High-Grade Undifferentiated Pleomorphic Sarcoma (UPS) ‡¹⁻⁴

- Member is undergoing high-dose methotrexate chemotherapy treatment; **OR**
- Used as rescue therapy in combination with a chemotherapy regimen containing high-dose methotrexate

Reduction of toxicity due to impaired elimination or inadvertent overdose with folic acid antagonists †¹⁻²

- Member is undergoing treatment with a folic acid antagonist, such as methotrexate; **AND**
- Member has developed toxicity due to impaired elimination or inadvertent overdosage of the folic acid antagonist (i.e., methotrexate)

Colorectal Cancer † ‡ Φ¹⁻³

- Must be used in combination with fluorouracil-based regimens

Gestational Trophoblastic Neoplasia ‡³

- Used in combination with a methotrexate-based regimen

Used in combination with high-dose methotrexate for the following ‡:¹⁻³

- Acute Lymphoblastic Leukemia/Pediatric Acute Lymphoblastic Leukemia
- Acute Myeloid Leukemia- Blastic Plasmacytoid Dendritic Cell Neoplasm (BPDCN)
- Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma (CLL/SLL)
- Member has one of the following Central Nervous System (CNS) Cancers:
 - Primary CNS Lymphoma
 - Brain Metastases
 - Leptomeningeal Metastases
- Member has one of the following B-Cell Lymphomas:
 - Burkitt Lymphoma
 - Diffuse Large B-Cell Lymphoma (DLBCL)
 - High-Grade B-Cell Lymphoma
 - HIV-Related B-Cell Lymphoma
 - Post-Transplant Lymphoproliferative Disorders (PTLD)
- Member has one of the following T-Cell Lymphomas:
 - Peripheral T-Cell Lymphomas
 - Adult T-Cell Leukemia/Lymphoma
 - Hepatosplenic T-Cell Lymphoma
 - Extranodal NK/T-Cell Lymphoma

- Member has one of the following Pediatric Aggressive Mature B-Cell Lymphomas:
 - Burkitt Lymphoma
 - DLBCL
 - Primary Mediastinal Large B-Cell Lymphoma
 - Pediatric PTLD
- Waldenstrom Macroglobulinemia/Lymphoplasmacytic Lymphoma (Used for the management of symptomatic Bing-Neel syndrome)

Used in combination with fluorouracil-based regimens for the following ‡: ¹⁻³

- Ampullary Adenocarcinoma
- Anal Carcinoma
- Appendiceal Adenocarcinoma
- Biliary Tract Cancers (Gallbladder Cancer or and Intra-/Extrahepatic Cholangiocarcinoma)
- Cervical Cancer
- Bladder Cancer (Non-Urothelial and Urothelial with Variant Histology)
- Esophageal and Esophagogastric Junction Cancers
- Gastric Cancer
- Member has one of the following Neuroendocrine and Adrenal Tumors:
 - Extrapulmonary Poorly Differentiated Neuroendocrine Carcinoma
 - Large or Small Cell Carcinoma
 - Mixed Neuroendocrine-Non-Neuroendocrine Neoplasms
 - Neuroendocrine Tumors of the Pancreas (Well-Differentiated Grade 1/2)
 - Well-Differentiated Grade 3 Neuroendocrine Tumors
 - Neuroendocrine Tumors of the Gastrointestinal Tract (Well-Differentiated Grade 1/2), Lung, and Thymus
- Occult Primary
- Ovarian, Fallopian Tube or Primary Peritoneal Cancer (Mucinous Neoplasms of the Ovary)
- Pancreatic Adenocarcinoma
- Small Bowel Adenocarcinoma
- Thymoma and Thymic Carcinoma
- Vaginal Cancer

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

IV. Renewal Criteria ¹⁻³

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**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: hypersensitivity reactions, hypercalcemia and severe gastrointestinal disorders (i.e., stomatitis and severe diarrhea); **AND**
- Member is responding to therapy

V. Dosage/Administration ¹⁻²

Indication	Dose
In combination with methotrexate (MTX)	– Administer 7.5 mg (approximately 5 mg/m²) IV every 6 hours for 10 doses starting 24 hours after beginning of methotrexate infusion. • Dosing is based on a methotrexate dose of 12 grams/m² administered by intravenous infusion over 4 hours. • Continue treatment until methotrexate levels are less than 5 x 10⁻⁸ M (0.05 micromolar) • Adjust dose if necessary based on methotrexate elimination (<i>Note: refer to Full Prescribing Information for further information</i>).
Reduction of toxicity due to impaired elimination of MTX or inadvertent overdose with folic acid antagonists	– Administer 7.5 mg (approximately 5 mg/m²) IV every 6 hours until methotrexate levels are less than 5 x 10⁻⁸ M (0.05 micromolar). – Monitor serum creatinine and methotrexate levels at least every 24 hours. Increase the dose of levoleucovorin to 50 mg/m² intravenously every 3 hours until the methotrexate level is less than 5 x 10⁻⁸ M for the following: • if the serum creatinine at 24-hours increases 50% or more compared to baseline • if the methotrexate level at 24-hours is greater than 5 x 10⁻⁶ M • if the methotrexate level at 48-hours is greater than 9 x 10⁻⁷ M
In combination with fluorouracil (5-FU)	– Administer 100 mg/m² by intravenous injection over a minimum of 3 minutes, followed by 5-FU at 370 mg/m² by intravenous injection. OR – Administer 10 mg/m² by intravenous injection, followed by 5-FU at 425 mg/m² by intravenous injection. • Treatment is repeated daily for five days. This five-day treatment course may be repeated at 4-week (28-day) intervals, for 2 courses and then repeated at 4 to 5

	week (28 to 35 day) intervals provided that the member has completely recovered from the toxic effects of the prior treatment course. <u>Alternate Dosing Regimen</u> – Administer 200 mg/m² by intravenous injection DAY 1 followed by 5-FU 400 mg/m² bolus on DAY 1, then 5-FU 1200 mg/m²/day x 2 days IV continuous infusion; repeat every 14 days.
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VI. Billing Code/Availability Information

HCPCS Code(s):

- J0641 – Injection, levoleucovorin, not otherwise specified, 0.5 mg; 1 billable unit = 0.5 mg (applicable to Fusilev; levoleucovorin calcium)
- J0642 – Injection, levoleucovorin (khapzory), 0.5 mg; 1 billable unit = 0.5 mg

NDC(s):

- Fusilev 50 mg single-dose vial powder for injection: 72893-0009-xx *§
- Fusilev 175 mg/17.5 mL single-dose vial solution for injection: 72893-0013-xx *§
- Fusilev 250 mg/25 mL single-dose vial solution for injection: 72893-0014-xx *§
- Khapzory 175 mg single-dose vial powder for injection: 72893-0004-xx Ψ
- Khapzory 300 mg single-dose vial powder for injection: 72893-0006-xx Ψ

* Generics available through various manufacturers

§ Brand name no longer commercially available

Ψ Khapzory was approved by the FDA as a 505(b)(2) NDA of the innovator product, Fusilev (levoleucovorin). These products are not rated as therapeutically equivalent to their reference listed drug in the Food and Drug Administration's (FDA) Orange Book, and are therefore considered single source products based on the statutory definition of "single source drug" in section 1847A(c)(6) of the Act. [Approved Drug Products with Therapeutic Equivalence Evaluations | Orange Book | FDA](#)

VII. References

1. Fusilev [package insert]. East Windsor, NJ; Acrotech Biopharma LLC; November 2020. Accessed June 2026.
2. Khapzory [package insert]. East Windsor, NJ; Acrotech Biopharma LLC; March 2026. Accessed June 2026.
3. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) levoleucovorin. 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 June 2026.

4. Goorin A, Strother D, Poplack D, et al. Safety and efficacy of l-leucovorin rescue following high-dose methotrexate for osteosarcoma. Med Pediatr Oncol. 1995 Jun; 24(6):362-7.

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	No: PA not a priority
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
C15.3	Malignant neoplasm of upper third of esophagus
C15.4	Malignant neoplasm of middle third of esophagus
C15.5	Malignant neoplasm of the lower third of esophagus
C15.8	Malignant neoplasm of overlapping sites of esophagus
C15.9	Malignant neoplasm of esophagus, unspecified
C16.0	Malignant neoplasm of cardia
C16.1	Malignant neoplasm of fundus of stomach
C16.2	Malignant neoplasm of body of stomach
C16.3	Malignant neoplasm of pyloric antrum
C16.4	Malignant neoplasm of pylorus
C16.5	Malignant neoplasm of lesser curvature of stomach, unspecified
C16.6	Malignant neoplasm of greater curvature of stomach, unspecified
C16.8	Malignant neoplasm of overlapping sites of stomach

ICD-10	ICD-10 Description
C16.9	Malignant neoplasm of stomach, unspecified
C17.0	Malignant neoplasm of duodenum
C17.1	Malignant neoplasm of jejunum
C17.2	Malignant neoplasm of ileum
C17.3	Meckel's diverticulum, malignant
C17.8	Malignant neoplasm of overlapping sites of small intestine
C17.9	Malignant neoplasm of small intestine, unspecified
C18.0	Malignant neoplasm of cecum
C18.1	Malignant neoplasm of appendix
C18.2	Malignant neoplasm of ascending colon
C18.3	Malignant neoplasm of hepatic flexure
C18.4	Malignant neoplasm of transverse colon
C18.5	Malignant neoplasm of splenic flexure
C18.6	Malignant neoplasm of descending colon
C18.7	Malignant neoplasm of sigmoid colon
C18.8	Malignant neoplasm of overlapping sites of colon
C18.9	Malignant neoplasm of colon, unspecified
C19	Malignant neoplasm of rectosigmoid junction
C20	Malignant neoplasm of rectum
C21.0	Malignant neoplasm of anus, unspecified
C21.1	Malignant neoplasm of anal canal
C21.2	Malignant neoplasm of cloacogenic zone
C21.8	Malignant neoplasm of overlapping sites of rectum, anus and anal canal
C22.1	Intrahepatic bile duct carcinoma
C23	Malignant neoplasm of gallbladder
C24.0	Malignant neoplasm of extrahepatic bile duct
C24.1	Malignant neoplasm of ampulla of Vater
C24.8	Malignant neoplasm of overlapping sites of biliary tract
C24.9	Malignant neoplasm of biliary tract, unspecified
C25.0	Malignant neoplasm of head of pancreas
C25.1	Malignant neoplasm of body of pancreas
C25.2	Malignant neoplasm of tail of pancreas
C25.3	Malignant neoplasm of pancreatic duct
C25.7	Malignant neoplasm of other parts of pancreas
C25.8	Malignant neoplasm of overlapping sites of pancreas
C25.9	Malignant neoplasm of pancreas, unspecified

Medical Necessity Criteria

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ICD-10	ICD-10 Description
C37	Malignant neoplasm of thymus
C40.00	Malignant neoplasm of scapula and long bones of unspecified upper limb
C40.01	Malignant neoplasm of scapula and long bones of right upper limb
C40.02	Malignant neoplasm of scapula and long bones of left upper limb
C40.10	Malignant neoplasm of short bones of unspecified upper limb
C40.11	Malignant neoplasm of short bones of right upper limb
C40.12	Malignant neoplasm of short bones of left upper limb
C40.20	Malignant neoplasm of long bones of unspecified lower limb
C40.21	Malignant neoplasm of long bones of right lower limb
C40.22	Malignant neoplasm of long bones of left lower limb
C40.30	Malignant neoplasm of short bones of unspecified lower limb
C40.31	Malignant neoplasm of short bones of right lower limb
C40.32	Malignant neoplasm of short bones of left lower limb
C40.80	Malignant neoplasm of overlapping sites of bone and articular cartilage of unspecified limb
C40.81	Malignant neoplasm of overlapping sites of bone and articular cartilage of right limb
C40.82	Malignant neoplasm of overlapping sites of bone and articular cartilage of left limb
C40.90	Malignant neoplasm of unspecified bones and articular cartilage of unspecified limb
C40.91	Malignant neoplasm of unspecified bones and articular cartilage of right limb
C40.92	Malignant neoplasm of unspecified bones and articular cartilage of left limb
C41.0	Malignant neoplasm of bones of skull and face
C41.1	Malignant neoplasm of mandible
C41.2	Malignant neoplasm of vertebral column
C41.3	Malignant neoplasm of ribs, sternum and clavicle
C41.4	Malignant neoplasm of pelvic bones, sacrum and coccyx
C41.9	Malignant neoplasm of bone and articular cartilage, unspecified
C48.1	Malignant neoplasm of specified parts of peritoneum
C48.2	Malignant neoplasm of peritoneum, unspecified
C48.8	Malignant neoplasm of overlapping sites of retroperitoneum and peritoneum
C52	Malignant neoplasm of vagina
C53.0	Malignant neoplasm of endocervix
C53.1	Malignant neoplasm of exocervix
C53.8	Malignant neoplasm of overlapping sites of cervix uteri
C53.9	Malignant neoplasm of cervix uteri, unspecified
C56.1	Malignant neoplasm of right ovary
C56.2	Malignant neoplasm of left ovary
C56.3	Malignant neoplasm of bilateral ovaries

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ICD-10	ICD-10 Description
C56.9	Malignant neoplasm of unspecified ovary
C57.00	Malignant neoplasm of unspecified fallopian tube
C57.01	Malignant neoplasm of right fallopian tube
C57.02	Malignant neoplasm of left fallopian tube
C57.10	Malignant neoplasm of unspecified broad ligament
C57.11	Malignant neoplasm of right broad ligament
C57.12	Malignant neoplasm of left broad ligament
C57.20	Malignant neoplasm of unspecified round ligament
C57.21	Malignant neoplasm of right round ligament
C57.22	Malignant neoplasm of left round ligament
C57.3	Malignant neoplasm of parametrium
C57.4	Malignant neoplasm of uterine adnexa, unspecified
C57.7	Malignant neoplasm of other specified female genital organs
C57.8	Malignant neoplasm of overlapping sites of female genital organs
C57.9	Malignant neoplasm of female genital organ, unspecified
C58	Malignant neoplasm of placenta
C67.0	Malignant neoplasm of trigone of bladder
C67.1	Malignant neoplasm of dome of bladder
C67.2	Malignant neoplasm of lateral wall of bladder
C67.3	Malignant neoplasm of anterior wall of bladder
C67.4	Malignant neoplasm of posterior wall of bladder
C67.5	Malignant neoplasm of bladder neck
C67.6	Malignant neoplasm of ureteric orifice
C67.7	Malignant neoplasm of urachus
C67.8	Malignant neoplasm of overlapping sites of bladder
C67.9	Malignant neoplasm of bladder, unspecified
C78.00	Secondary malignant neoplasm of unspecified lung
C78.01	Secondary malignant neoplasm of right lung
C78.02	Secondary malignant neoplasm of left lung
C78.6	Secondary malignant neoplasm of retroperitoneum and peritoneum
C78.7	Secondary malignant neoplasm of liver and intrahepatic bile duct
C79.31	Secondary malignant neoplasm of brain
C79.32	Secondary malignant neoplasm of cerebral meninges
C7A.098	Malignant carcinoid tumors of other sites
C7A.1	Malignant poorly differentiated neuroendocrine tumors
C7A.8	Other malignant neuroendocrine tumors

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ICD-10	ICD-10 Description
C7B.00	Secondary carcinoid tumors unspecified site
C7B.01	Secondary carcinoid tumors of distant lymph nodes
C7B.02	Secondary carcinoid tumors of liver
C7B.03	Secondary carcinoid tumors of bone
C7B.04	Secondary carcinoid tumors of peritoneum
C7B.09	Secondary carcinoid tumors of other sites
C7B.8	Other secondary neuroendocrine tumors
C80.0	Disseminated malignant neoplasm, unspecified
C80.1	Malignant (primary) neoplasm, unspecified
C81.09	Nodular lymphocyte predominant Hodgkin lymphoma, extranodal and solid organ sites
C81.19	Nodular sclerosis Hodgkin lymphoma, extranodal and solid organ sites
C81.29	Mixed cellularity Hodgkin lymphoma, extranodal and solid organ sites
C81.39	Lymphocyte depleted Hodgkin lymphoma, extranodal and solid organ sites
C81.49	Lymphocyte-rich Hodgkin lymphoma, extranodal and solid organ sites
C81.79	Other Hodgkin lymphoma, extranodal and solid organ sites
C81.99	Hodgkin lymphoma, unspecified, extranodal and solid organ sites
C82.09	Follicular lymphoma grade I, extranodal and solid organ sites
C82.19	Follicular lymphoma grade II, extranodal and solid organ sites
C82.29	Follicular lymphoma grade III, unspecified, extranodal and solid organ sites
C82.39	Follicular lymphoma grade IIIa, extranodal and solid organ sites
C82.49	Follicular lymphoma grade IIIb, extranodal and solid organ sites
C82.59	Diffuse follicle center lymphoma, extranodal and solid organ sites
C82.69	Cutaneous follicle center lymphoma, extranodal and solid organ sites
C82.89	Other types of follicular lymphoma, extranodal and solid organ sites
C82.99	Follicular lymphoma, unspecified, extranodal and solid organ sites
C83.00	Small cell B-cell lymphoma, unspecified site
C83.01	Small cell B-cell lymphoma, lymph nodes of head, face and neck
C83.02	Small cell B-cell lymphoma, intrathoracic lymph nodes
C83.03	Small cell B-cell lymphoma, intra-abdominal lymph nodes
C83.04	Small cell B-cell lymphoma, lymph nodes of axilla and upper limb
C83.05	Small cell B-cell lymphoma, lymph nodes of inguinal region and lower limb
C83.06	Small cell B-cell lymphoma, intrapelvic lymph nodes
C83.07	Small cell B-cell lymphoma, spleen
C83.08	Small cell B-cell lymphoma, lymph nodes of multiple sites
C83.09	Small cell B-cell lymphoma, extranodal and solid organ sites
C83.19	Mantle cell lymphoma, extranodal and solid organ sites

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ICD-10	ICD-10 Description
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
C83.39	Diffuse large B-cell lymphoma extranodal and solid organ sites
C83.390	Primary central nervous system lymphoma
C83.398	Diffuse large B-cell lymphoma of other extranodal and solid organ sites
C83.50	Lymphoblastic (diffuse) lymphoma unspecified site
C83.51	Lymphoblastic (diffuse) lymphoma lymph nodes of head, face, and neck
C83.52	Lymphoblastic (diffuse) lymphoma intrathoracic lymph nodes
C83.53	Lymphoblastic (diffuse) lymphoma intra-abdominal lymph nodes
C83.54	Lymphoblastic (diffuse) lymphoma lymph nodes of axilla and upper limb
C83.55	Lymphoblastic (diffuse) lymphoma lymph nodes of inguinal region and lower limb
C83.56	Lymphoblastic (diffuse) lymphoma intrapelvic lymph nodes
C83.57	Lymphoblastic (diffuse) lymphoma spleen
C83.58	Lymphoblastic (diffuse) lymphoma lymph nodes of multiple sites
C83.59	Lymphoblastic (diffuse) lymphoma extranodal and solid organ sites
C83.70	Burkitt lymphoma, unspecified site
C83.71	Burkitt lymphoma, lymph nodes of head, face, and neck
C83.72	Burkitt lymphoma, intrathoracic lymph nodes
C83.73	Burkitt lymphoma, intra-abdominal lymph nodes
C83.74	Burkitt lymphoma, lymph nodes of axilla and upper limb
C83.75	Burkitt lymphoma, lymph nodes of inguinal region and lower limb
C83.76	Burkitt lymphoma, intrapelvic lymph nodes
C83.77	Burkitt lymphoma, spleen
C83.78	Burkitt lymphoma, lymph nodes of multiple sites
C83.79	Burkitt lymphoma, 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

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ICD-10	ICD-10 Description
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, 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
C84.09	Mycosis fungoides, extranodal and solid organ 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 and 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

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ICD-10	ICD-10 Description
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
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
C84.90	Mature T/NK-cell lymphomas, unspecified site
C84.91	Mature T/NK-cell lymphomas, unspecified lymph nodes of head, face, and neck
C84.92	Mature T/NK-cell lymphomas, unspecified intrathoracic lymph nodes
C84.93	Mature T/NK-cell lymphomas, unspecified intra-abdominal lymph nodes
C84.94	Mature T/NK-cell lymphomas, unspecified lymph nodes of axilla and upper limb
C84.95	Mature T/NK-cell lymphomas, unspecified lymph nodes of inguinal region and lower limb
C84.96	Mature T/NK-cell lymphomas, unspecified intrapelvic lymph nodes
C84.97	Mature T/NK-cell lymphomas, unspecified spleen
C84.98	Mature T/NK-cell lymphomas, unspecified lymph nodes of multiple sites
C84.99	Mature T/NK-cell lymphomas, unspecified extranodal and solid organ sites
C84.A9	Cutaneous T-cell lymphoma, unspecified, extranodal and solid organ sites
C84.Z0	Other mature T/NK-cell lymphomas unspecified site
C84.Z1	Other mature T/NK-cell lymphomas lymph nodes of head, face, and neck
C84.Z2	Other mature T/NK-cell lymphomas intrathoracic lymph nodes
C84.Z3	Other mature T/NK-cell lymphomas intra-abdominal lymph nodes
C84.Z4	Other mature T/NK-cell lymphomas lymph nodes of axilla and upper limb
C84.Z5	Other mature T/NK-cell lymphomas lymph nodes of inguinal region and lower limb
C84.Z6	Other mature T/NK-cell lymphomas intrapelvic lymph nodes
C84.Z7	Other mature T/NK-cell lymphomas spleen
C84.Z8	Other mature T/NK-cell lymphomas lymph nodes of multiple sites
C84.Z9	Other mature T/NK-cell lymphomas extranodal and solid organ sites
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

Medical Necessity Criteria

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ICD-10	ICD-10 Description
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 and 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
C85.99	Non-Hodgkin lymphoma, unspecified, extranodal and solid organ sites
C86.00	Extranodal NK/T-cell lymphoma, nasal type not having achieved remission
C86.10	Hepatosplenic T-cell lymphoma not having achieved remission
C86.20	Enteropathy-type (intestinal) T-cell lymphoma not having achieved remission
C86.40	Blastic NK-cell lymphoma not having achieved remission
C86.50	Angioimmunoblastic T-cell lymphoma not having achieved remission
C88.00	Waldenström macroglobulinemia not having achieved remission
C91.00	Acute lymphoblastic leukemia not having achieved remission
C91.01	Acute lymphoblastic leukemia, in remission

Medical Necessity Criteria

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ICD-10	ICD-10 Description
C91.02	Acute lymphoblastic leukemia, in relapse
C91.10	Chronic lymphocytic leukemia of B-cell type not having achieved remission
C91.12	Chronic lymphocytic leukemia of B-cell type in relapse
C91.50	Adult T-cell lymphoma/leukemia (HTLV-1-associated) not having achieved remission
C91.52	Adult T-cell lymphoma/leukemia (HTLV-1-associated) in relapse
D09.0	Carcinoma in situ of bladder
D15.0	Benign neoplasm of thymus
D37.1	Neoplasm of uncertain behavior of stomach
D37.3	Neoplasm of uncertain behavior appendix
D37.8	Neoplasm of uncertain behavior of other specified digestive organs
D37.9	Neoplasm of uncertain behavior of digestive organ, unspecified
D38.4	Neoplasm of uncertain behavior of thymus
D39.2	Neoplasm of uncertain behavior of placenta
D47.Z1	Post-transplant lymphoproliferative disorder (PTLD)
E16.1	Other hypoglycemia
E16.3	Increased secretion of glucagon
E16.8	Other specified disorders of pancreatic internal secretion
O01.9	Hydatidiform mole, unspecified
T39.4X1A	Poisoning by antirheumatics, not elsewhere classified, accidental (unintentional), initial encounter
T39.4X1D	Poisoning by antirheumatics, not elsewhere classified, accidental (unintentional), subsequent encounter
T39.4X1S	Poisoning by antirheumatics, not elsewhere classified, accidental (unintentional), sequela
T45.1X1A	Poisoning by antineoplastic and immunosuppressive drugs, accidental (unintentional), initial encounter
T45.1X1D	Poisoning by antineoplastic and immunosuppressive drugs, accidental (unintentional), subsequent encounter
T45.1X1S	Poisoning by antineoplastic and immunosuppressive drugs, accidental (unintentional), sequela
T45.1X4A	Poisoning by antineoplastic and immunosuppressive drugs, undetermined, initial encounter
T45.1X4D	Poisoning by antineoplastic and immunosuppressive drugs, undetermined, subsequent encounter
T45.1X4S	Poisoning by antineoplastic and immunosuppressive drugs, undetermined, sequela
Z85.00	Personal history of malignant neoplasm of unspecified digestive organ
Z85.01	Personal history of malignant neoplasm of esophagus
Z85.028	Personal history of other malignant neoplasm of stomach
Z85.038	Personal history of other malignant neoplasm of large intestine
Z85.068	Personal history of other malignant neoplasm of small intestine
Z85.07	Personal history of malignant neoplasm of pancreas
Z85.09	Personal history of malignant neoplasm of other digestive organs

Medical Necessity Criteria

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ICD-10	ICD-10 Description
Z85.238	Personal history of other malignant neoplasm of thymus
Z85.43	Personal history of malignant neoplasm of ovary
Z85.51	Personal history of malignant neoplasm of bladder
Z85.71	Personal history of Hodgkin lymphoma
Z85.72	Personal history of non-Hodgkin lymphomas
Z85.79	Personal history of other malignant neoplasms of lymphoid, hematopoietic and related tissues
Z85.830	Personal history of malignant neoplasm of bone
Z85.858	Personal history of malignant neoplasm of other endocrine glands

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): 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

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