Adcetris® (brentuximab vedotin)
(Intravenous)

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I. Length of Authorization [1,5-7,15,18,21,42]

- 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 [1]

Prior authorization validity is provided in the following conditions:

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

Universal Criteria [1]

- 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 [1,2,4,12-14]

- 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 (IRST); **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 (IRST); **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 I-II unfavorable disease ‡; **OR**
- Used in combination with etoposide, cyclophosphamide, doxorubicin, dacarbazine, dexamethasone (BrECADD); **AND**
  - Used as primary treatment; **AND**
    - Member has stage I/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 [1,2,24,39]

- 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 I-II 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 I-II disease with risk factors**; **OR**
    - Member has stage III-IV disease; **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) ‡ [2,21]

- Member is ≤ 18 years of age*; **AND**
  - Used in combination with nivolumab; **AND**
    - Used for relapsed or refractory disease; **OR**

        - Used as consolidation/additional therapy if a partial response was achieved after therapy for relapsed or refractory disease**; OR**
    - Used in combination with pembrolizumab; **AND**
        - 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 [1-3,15,16,42]

- Peripheral T-Cell Lymphomas (PTCL)
    - Used as a single agent for relapsed or refractory disease as subsequent therapy OR as initial palliative intent 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**
        - Monomorphic Epitheliotropic Intestinal T-cell Lymphoma (MEITL) **‡**
        - 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**
        - Monomorphic Epitheliotropic Intestinal T-cell Lymphoma (MEITL) **‡**
        - 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 adjuvant therapy as a single agent or in combination with cyclophosphamide, doxorubicin, and prednisone (CHP); **AND**
        - Member has localized disease to the capsule, implant, or breast with residual disease following an incomplete excision or partial capsulectomy, if either node positive or radiation therapy is not feasible; **OR**
        - Member has extended disease (stage II-IV); **OR**
    - Used as subsequent therapy for relapsed or refractory disease as a single agent

- Adult T-Cell Leukemia/Lymphoma ‡ Φ
  - Used as a single agent; **AND**
    - Used as subsequent therapy for nonresponders to first-line therapy for chronic high risk, acute, or lymphoma subtypes; **OR**
  - Used in combination with cyclophosphamide, doxorubicin, and prednisone (CHP); **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; **OR**
    - Used as additional therapy for nonresponders to first-line therapy for chronic low risk or smoldering symptomatic subtype; **OR**
    - Used as additional therapy for nonresponders to first-line therapy with zidovudine and interferon for chronic high risk subtype; **OR**
    - Used as additional therapy (if not previously used) for nonresponders to first-line therapy for acute subtype
- Extranodal NK/T-Cell Lymphoma ‡ Φ
  - Used as a single agent for relapsed or refractory disease; **AND**
  - Used following additional therapy with an alternate combination chemotherapy regimen (asparaginase-based) not previously used
- Hepatosplenic T-Cell Lymphoma ‡
  - Used as single-agent therapy; **AND**
  - Used for refractory disease as subsequent therapy after 2 (two) first-line therapy regimens

Cutaneous Lymphomas [1,2,17]

- Mycosis Fungoides (MF) † Φ/Sezary Syndrome (SS) ‡
  - Used as single agent systemic therapy; **AND**
    - Used as primary therapy, including generalized cutaneous or extracutaneous lesions with large cell transformation *(excluding use in members with stage IA disease)*; **OR**
    - Used as subsequent therapy, including cutaneous or extracutaneous lesions with large cell transformation
- Primary Cutaneous CD30+ T-Cell Lymphoproliferative Disorders ‡ Φ
  - Used as a single agent; **AND**
    - Member has primary cutaneous anaplastic large cell lymphoma (pcALCL); † **OR**
    - Member has cutaneous ALCL with regional node (N1) *(excludes systemic ALCL)*; **OR**
    - Member has lymphomatoid papulosis (LyP) with extensive lesions that is relapsed or refractory to 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)*

B-Cell Lymphomas † ‡ [1,2,11,40,41]

- Diffuse Large B-Cell Lymphoma (DLBCL) not otherwise specified, DLBCL arising from indolent lymphoma, or High Grade B-Cell Lymphomas (HGBL) (*may be used for CD30-negative disease)*
  - 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; **AND**
    - Member has DLBCL not otherwise specified or HGBL and will be used as third line or later therapy; **OR**
    - Member has DLBCL arising from indolent lymphoma; **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 or plasmablastic lymphoma) *(may be used for CD30-negative disease)*
  - Used as single agent for relapsed plasmablastic lymphoma; **OR**
  - Used as a single agent as subsequent therapy for relapsed/refractory disease; **OR**
  - Used in combination with lenalidomide and rituximab; **AND**
    - Used as third-line or later therapy (*excludes use in plasmablastic lymphoma*)
- Post-Transplant Lymphoproliferative Disorders (PTLD) *(may be used for CD30-negative disease)*
  - 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; **AND**
    - Used as third-line or later therapy

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

IV. Renewal Criteria [1]

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 [1,5-7,15,18-21,23,25-33,35-38,40,42]

Indication	Dose
Adult cHL	In combination with doxorubicin, vinblastine, and dacarbazine (AVD) 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 Consolidation/maintenance post auto HSCT as a single agent 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 Primary refractory or relapsed disease in combination with bendamustine Administer 1.8 mg/kg (up to 180 mg) by intravenous infusion every 3 weeks for a maximum of 6 doses In combination with nivolumab Administer 1.8 mg/kg (up to 180 mg) by intravenous infusion every 3 weeks for a maximum of 8 doses Primary refractory or relapsed disease in combination with ifosfamide, carboplatin, and etoposide (ICE) Administer 1.5 mg/kg (up to 150 mg) by intravenous infusion on days 1 and 8 every 3 weeks for a maximum of 4 doses Primary therapy in combination with etoposide, cyclophosphamide, doxorubicin, dacarbazine, dexamethasone (BrECADD) Administer 1.8 mg/kg (up to 180 mg) by intravenous infusion every 3 weeks for a maximum of 6 cycles All other treatment settings/regimens: Administer 1.8 mg/kg (up to 180 mg) by intravenous infusion every 3 weeks until disease progression or unacceptable toxicity
Cutaneous Lymphomas	Single agent therapy: 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

	In combination with cyclophosphamide, doxorubicin, and prednisone (CHP) for Primary Cutaneous CD30+ T-Cell Lymphoproliferative Disorders Administer 1.8 mg/kg (up to 180 mg) by intravenous infusion every 3 weeks until a maximum of 8 cycles
Pediatric cHL	As a component of Bv-AVE-PC (doxorubicin, vincristine, etoposide, prednisone, and cyclophosphamide) Administer 1.8 mg/kg (up to 180 mg) by intravenous infusion every 3 weeks for a maximum of 5 doses As a component of AEPA (brentuximab vedotin, etoposide, prednisone, doxorubicin) Administer 1.2 mg/kg (up to 120 mg) by intravenous infusion on days 1, 8, 15 every 28 days for 2 cycles As a component of BrECADD (brentuximab vedotin, etoposide, cyclophosphamide, doxorubicin, dacarbazine, dexamethasone [Members age >18 ONLY] Administer 1.8 mg/kg (up to 180 mg) by intravenous infusion every 3 weeks for a maximum of 6 cycles In combination with AVD (doxorubicin, vinblastine, dacarbazine) 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 As a component of CAPDAC (cyclophosphamide, brentuximab vedotin, prednisone, dacarbazine) Administer 1.2 mg/kg (up to 120 mg) by intravenous infusion on days 1 and 8 every 21 days for 4 cycles In combination with nivolumab ± bendamustine Administer 1.8 mg/kg (up to 180 mg) by intravenous infusion every 3 weeks for a maximum of 8 doses In combination with bendamustine Administer 1.8 mg/kg (up to 180 mg) by intravenous infusion every 3 weeks for a maximum of 6 doses In combination with gemcitabine 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 Single agent maintenance following HDT/ASCR 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> Administer 1.8 mg/kg (up to 180 mg) by intravenous infusion every 3 weeks for a maximum of 6 to 8 doses <u>In combination with cyclophosphamide, doxorubicin, etoposide, and prednisone (CHEP)</u> 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 <u>Single agent treatment for relapsed Systemic ALCL</u> Administer 1.8 mg/kg (up to 180 mg) by intravenous infusion every 3 weeks until disease progression or unacceptable toxicity <u>Single agent treatment for all other settings:</u> 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> Administer 1.8 mg/kg (up to 180 mg) by intravenous infusion every 3 weeks until disease progression or unacceptable toxicity <u>In combination with lenalidomide and rituximab</u> 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

<u>HCPCS Code:</u>

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

<u>NDC:</u>

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

VII. References

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

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21. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) Pediatric Aggressive Mature B-Cell Lymphomas. 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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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
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

ICD-10	ICD-10 Description
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
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

ICD-10	ICD-10 Description
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
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

ICD-10	ICD-10 Description
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
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 n odes 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

ICD-10	ICD-10 Description
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
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
C84.90	Mature T/NK-cell lymphomas, unspecified site
C84.91	Mature T/NK-cell lymphomas, lymph nodes of head, face, and neck
C84.92	Mature T/NK-cell lymphomas, intrathoracic lymph nodes
C84.93	Mature T/NK-cell lymphomas, intra-abdominal lymph nodes
C84.94	Mature T/NK-cell lymphomas, lymph nodes of axilla and upper limb
C84.95	Mature T/NK-cell lymphomas, lymph nodes of inguinal region and lower limb
C84.96	Mature T/NK-cell lymphomas, intrapelvic lymph nodes
C84.97	Mature T/NK-cell lymphomas, spleen
C84.98	Mature T/NK-cell lymphomas, lymph nodes of multiple sites
C84.99	Mature T/NK-cell lymphomas, 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

ICD-10	ICD-10 Description
C85.10	Unspecified B-cell lymphoma unspecified site
C85.11	Unspecified B-cell lymphoma lymph nodes of head, face, and neck
C85.12	Unspecified B-cell lymphoma intrathoracic lymph nodes
C85.13	Unspecified B-cell lymphoma intra-abdominal lymph nodes
C85.14	Unspecified B-cell lymphoma lymph nodes of axilla and upper limb
C85.15	Unspecified B-cell lymphoma lymph nodes of inguinal region and lower limb
C85.16	Unspecified B-cell lymphoma intrapelvic lymph nodes
C85.17	Unspecified B-cell lymphoma spleen
C85.18	Unspecified B-cell lymphoma lymph nodes of multiple sites
C85.19	Unspecified B-cell lymphoma extranodal and solid organ sites
C85.20	Mediastinal (thymic) large B-cell lymphoma, unspecified site
C85.21	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of head, face and neck
C85.22	Mediastinal (thymic) large B-cell lymphoma, intrathoracic lymph nodes
C85.23	Mediastinal (thymic) large B-cell lymphoma, intra-abdominal lymph nodes
C85.24	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of axilla and upper limb
C85.25	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of inguinal region and lower limb
C85.26	Mediastinal (thymic) large B-cell lymphoma, intrapelvic lymph nodes
C85.27	Mediastinal (thymic) large B-cell lymphoma, spleen
C85.28	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of multiple sites
C85.29	Mediastinal (thymic) large B-cell lymphoma, extranodal and solid organ sites
C85.80	Other specified types of non-Hodgkin lymphoma, unspecified site
C85.81	Other specified types of non-Hodgkin lymphoma, lymph nodes of head, face and neck
C85.82	Other specified types of non-Hodgkin lymphoma, intrathoracic lymph nodes
C85.83	Other specified types of non-Hodgkin lymphoma, intra-abdominal lymph nodes
C85.84	Other specified types of non-Hodgkin lymphoma, lymph nodes of axilla and upper limb
C85.85	Other specified types of non-Hodgkin lymphoma, lymph nodes of inguinal region of lower limb
C85.86	Other specified types of non-Hodgkin lymphoma, intrapelvic lymph nodes
C85.87	Other specified types of non-Hodgkin lymphoma, spleen
C85.88	Other specified types of non-Hodgkin lymphoma, lymph nodes of multiple sites
C85.89	Other specified types of non-Hodgkin lymphoma, extranodal and solid organ sites
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
C86.50	Angioimmunoblastic T-cell lymphoma not having achieved remission

ICD-10	ICD-10 Description
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		
Jurisdictio	**Applicable State/US Territory**	**Contractor**
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto GBA
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC