Subject to: ☐Site of Care

☐Medication Sourcing

Enhertu® (fam-trastuzumab deruxtecan-nxki)
(Intravenous)

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I. Length of Authorization

Coverage will be provided for 6 months and may be renewed.

II. Dosing Limits

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

- Breast Cancer, CNS Cancer, NSCLC, HER2-Positive Solid Tumors, Colorectal Cancer, & Appendiceal Adenocarcinoma: 600 billable units every 21 days
- Gastric, Esophageal, and Esophagogastric Junction Cancers & Head and Neck Cancers: 700 billable units every 21 days

III. Initial Approval Criteria [1]

Coverage is provided in the following conditions:

- Patient is at least 18 years of age; **AND**

Universal Criteria [1]

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

Breast Cancer † ‡ [1,2,4,8,15,16,20,30]

- Patient has recurrent unresectable (local or regional) or metastatic disease OR inflammatory breast cancer with no response to preoperative systemic therapy; **AND**
  - Patient has human epidermal growth factor receptor 2 (HER2)-positive* disease as determined by an FDA-approved or CLIA-compliant test❖; **AND**
    - Used as subsequent therapy; **OR**

        - Used as first-line therapy in patients who have experienced disease progression within 6 months of neoadjuvant or adjuvant therapy (12 months for pertuzumab-containing regimens); **OR**
    - Patient has HER2-negative**§** disease as determined by an FDA-approved or CLIA-compliant test❖; **AND**
        - Patient has hormone receptor-positive disease with visceral crisis or endocrine therapy refractory disease; **AND**
        - Used as first-line therapy; **AND**
        - Patient has no germline BRCA 1/2 mutation AND/OR has HER2 IHC 0+, 1+, or 2+/ISH negative; **OR**
    - Patient has HER2-low**§§** or ultralow disease**§§§** as determined by an FDA-approved or CLIA-compliant test❖; **AND**
        - Patient has hormone receptor-negative disease; **AND**
            - Used as subsequent therapy; **OR**
            - Patient developed disease progression/recurrence during or within 6 months after completing adjuvant chemotherapy; **OR**
        - Patient has hormone receptor-positive disease; **AND**
            - Used for previously treated disease with at least one line of endocrine-based therapy in the metastatic setting

Central Nervous System (CNS) Cancers ‡ [2]

- Patient has brain metastases from HER2-positive***** breast cancer as confirmed by an FDA-approved or CLIA-compliant test❖; **AND**
    - Used as initial treatment in patients with small asymptomatic brain metastases; **OR**
    - Patient has relapsed limited brain metastases with either stable systemic disease or reasonable systemic treatment options; **OR**
    - Patient has recurrent limited brain metastases; **OR**
    - Patient has recurrent extensive brain metastases with stable systemic disease or reasonable systemic treatment options

Gastric, Esophageal, and Esophagogastric Junction Cancers † ‡ Φ [1,2,9,17,18]

- Patient has human epidermal growth factor receptor 2 (HER2)-positive***** disease as determined by an FDA-approved or CLIA-compliant test❖; **AND**
- Patient has adenocarcinoma histology; **AND**
- Patient is not a surgical candidate OR has locally advanced, recurrent, or metastatic disease; **AND**
- Used as subsequent therapy

Colorectal Cancer (CRC) λ ‡ [2,10-12]

- Patient has human epidermal growth factor receptor 2 (HER2)-positive* disease as determined by an FDA-approved or CLIA-compliant test❖; **AND**
- Used in one of the following treatment settings:
  - Used as initial treatment for unresectable metastatic disease and previous FOLFOX (fluorouracil, leucovorin, and oxaliplatin) or CapeOX (capecitabine and oxaliplatin) within the past 12 months; **OR**
  - Used as subsequent therapy for progression of advanced or metastatic disease

λ Note: NCCN recommends universal MMR or MSI testing in all newly diagnosed patients. If deficient mismatch repair/microsatellite instability-high (dMMR/MSI-H) or polymerase epsilon/delta (POLE/POLD1) mutation with ultra-hypermutated phenotype (e.g., TMB>50 mut/Mb), treatment should include checkpoint inhibitor immunotherapy if the patient is a candidate.

Appendiceal Adenocarcinoma – Colon Cancer λ ‡ [2,11]

- Patient has human epidermal growth factor receptor 2 (HER2)-positive* disease as determined by an FDA-approved or CLIA-compliant test❖; **AND**
- Used as subsequent therapy for progression of advanced or metastatic disease

λ Note: NCCN recommends universal MMR or MSI testing in all newly diagnosed patients. If deficient mismatch repair/microsatellite instability-high (dMMR/MSI-H) or polymerase epsilon/delta (POLE/POLD1) mutation with ultra-hypermutated phenotype (e.g., TMB>50 mut/Mb), treatment should include checkpoint inhibitor immunotherapy if the patient is a candidate.

Non-Small Cell Lung Cancer (NSCLC) † ‡ [1,2,14,21,22,27]

- Used as subsequent therapy; **AND**
  - Patient has ERBB2 (HER2) mutation positive disease as determined by an FDA-approved or CLIA-complaint test❖; **AND**
    - Patient has recurrent, advanced, unresectable, or metastatic disease (excluding locoregional recurrence or symptomatic local disease without evidence of disseminated disease) or mediastinal lymph node recurrence with prior radiation therapy; **OR**
  - Patient has human epidermal growth factor receptor 2 (HER2)-positive* disease as determined by an FDA-approved or CLIA-compliant test❖; **AND**
    - Patient has recurrent, advanced, or metastatic disease (excluding locoregional recurrence or symptomatic local disease without evidence of disseminated disease) or mediastinal lymph node recurrence with prior radiation therapy

Head and Neck Cancers ‡ [2,26]

- Patient has human epidermal growth factor receptor 2 (HER2)-positive* disease as determined by an FDA-approved or CLIA-compliant test❖; **AND**
- Patient has salivary gland tumors; **AND**
- Patient has recurrent disease with one of the following:
  - Distant metastases; **OR**
  - Unresectable locoregional recurrence with prior radiation therapy (RT); **OR**

- Unresectable second primary with prior RT

HER2-Positive Solid Tumors † ‡ [1,2,21,24,25]

- Patient has human epidermal growth factor receptor 2 (HER2)-positive***** solid tumors as determined by an FDA-approved or CLIA-compliant test❖; **AND**
- Patient has, but is not limited to, one of the following tumor types **¥**:
  - Ampullary Adenocarcinoma∞[2]
    - Used for disease progression; **AND**
    - Patient has good performance status (ECOG 0-1, with good biliary drainage and adequate nutritional intake)
  - Biliary Tract Cancers (Gallbladder Cancer or Intra-/Extra-Hepatic Cholangiocarcinoma) [1,2]
    - Used as subsequent treatment for progression on or after systemic treatment for unresectable, gross residual (R2), or metastatic disease
  - Bladder Cancer [1,2]
    - Patient has one of the following diagnoses:
      - Locally advanced, unresectable, or metastatic urothelial carcinoma; **OR**
      - Muscle invasive bladder cancer with local recurrence or persistent disease in a preserved bladder treated with curative intent; **OR**
      - Metastatic or local bladder cancer recurrence post-cystectomy treated with curative intent; **OR**
      - Recurrent or metastatic primary carcinoma of the urethra *(excluding recurrence of stage T3-4 disease or palpable inguinal lymph nodes);* **OR**
      - Metastatic upper genitourinary (GU) tract tumors; **OR**
      - Metastatic urothelial carcinoma of the prostate; **AND**
    - Used as subsequent therapy
  - Cervical Cancer****** [1,2]
    - Used as subsequent therapy for unresectable, recurrent, or metastatic disease
  - Occult Primary/Cancer of Unknown Primary (CUP) [2]
    - Disease has progressed on or following prior systemic treatment and patient has no satisfactory alternative treatment options; **AND**
      - Patient has adenocarcinoma or carcinoma not otherwise specified AND one of the following:
        - Axillary involvement in those with a prostate or post-prostatectomy if clinically indicated; **OR**
        - Lung nodules or breast marker-negative pleural effusion; **OR**
        - Resectable liver disease; **OR**
        - Peritoneal mass or ascites with non-ovarian histology; **OR**

- Retroperitoneal mass of non-germ cell histology in selected patients; **OR**
- Unresectable liver disease or disseminated metastases; **OR**

➢ Patient has squamous cell carcinoma; **AND**

- Patient has multiple lung nodules, pleural effusion, or disseminated metastases

- Ovarian, Fallopian Tube, and Primary Peritoneal Cancer** [1,2]
  - Used as subsequent therapy for unresectable or metastatic epithelial ovarian cancer; **AND**
    - ➢ Patient has no satisfactory alternative treatment options; **OR**
  - Patient has platinum-resistant recurrent or persistent Grade 1 Endometrioid Carcinoma, Carcinosarcoma (Malignant Mixed Müllerian Tumors), Mucinous Neoplasms of the Ovary, Epithelial Ovarian/Fallopian Tube/Primary Peritoneal Cancer, or Clear Cell Carcinoma of the Ovary; **AND**
    - ➢ Patient is not experiencing an immediate biochemical relapse (i.e., rising CA-125 without radiographic evidence of disease); **OR**
  - Patient has platinum-resistant recurrent Low-Grade Serous Carcinoma
- Pancreatic Adenocarcinoma∞ [2]
  - Used as subsequent therapy for locally advanced, unresectable, or metastatic disease that has progressed; **OR**
  - Used as alternative systemic therapy, if not previously used; **AND**
    - ➢ Patient has local recurrence in the pancreatic operative bed after resection; **OR**
    - ➢ Patient has recurrent metastatic disease
- Small Bowel Adenocarcinoma [2]
  - Used as subsequent therapy for advanced or metastatic disease
- Uterine Neoplasms – Endometrial Carcinoma** [1,2]
  - Patient has carcinosarcoma, clear cell carcinoma, endometrioid adenocarcinoma, serous carcinoma, or undifferentiated/dedifferentiated carcinoma; **AND**
  - Used as subsequent therapy for recurrent, unresectable, or metastatic disease
- Vaginal Cancer** [2]
  - Used as subsequent therapy for recurrent or metastatic disease
- Vulvar Cancer** [2]
  - Used as subsequent therapy for advanced, unresectable, or recurrent/metastatic disease

¥ *Note: Solid tumors not listed, that are HER2-positive*****, will be reviewed on a case-by-case basis and considered medically necessary when all other relevant medication and indication specific criteria are met.*

***HER2-positive overexpression criteria**
Breast, CNS & Head and Neck Cancers: [1,4,5,29]
• Immunohistochemistry (IHC) assay 3+; **OR**

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

Gastric, Esophageal, and Esophagogastric Junction Cancer: [1,17-19]

- Immunohistochemistry (IHC) assay 3+; **OR**
- Fluorescence in situ hybridization (FISH) or in situ hybridization (ISH) assay AND concurrent IHC indicating one of the following:
  - HER2/CEP17 ratio ≥ 2.0 AND concurrent IHC 2+; **OR**
  - Average HER2 copy number ≥ 6.0 signals/cell AND concurrent IHC 2+

Colorectal Cancer, Appendiceal Adenocarcinoma, and NSCLC: [2,11,12]

- Immunohistochemistry (IHC) assay 3+

Solid Tumors: [1,2]

- Immunohistochemistry (IHC) assay 3+
- ******For Cervical Cancer, Ovarian, Fallopian Tube, and Primary Peritoneal Cancer, Endometrial Carcinoma (Uterine Neoplasms), Vaginal Cancer, and Vulvar Cancer HER2-positive disease can be confirmed by Immunohistochemistry (IHC) assay 2+ or 3+***
- ***∞For Ampullary Adenocarcinoma and Pancreatic Adenocarcinoma, HER2-positive disease can be confirmed by IHC assay 2+ with FISH HER2 amplified OR IHC assay 3+***

§ HER2-negative expression criteria [4]

Breast Cancer: [1,2,4]

- Immunohistochemistry (IHC) assay is 0 or 1+*******; **OR**
- Dual-probe in situ hybridization (ISH) assay indicating (Group 5) HER2/CEP17 ratio <2.0 AND average HER2 copy number <4.0 signals/cell; **OR**
- Concurrent dual-probe ISH and IHC assay results indicating one of the following:
  - (Group 2) HER2/CEP17 ratio ≥2.0 AND average HER2 copy number <4.0 signals/cell and concurrent IHC 0-1+ or 2+; OR
  - (Group 3) HER2/CEP17 ratio <2.0 AND average HER2 copy number ≥6.0 signals/cell and concurrent IHC 0-1+; OR
  - (Group 4) HER2/CEP17 ratio <2.0 AND average HER2 copy number ≥4.0 and <6.0 signals/cell and concurrent IHC 0-1+ or 2+

*******The distinction between HER2 IHC 0 with no membrane staining from IHC 0+ with faint, partial membrane staining in ≤10%, 1+, or 2+/ISH negative results (on primary or metastatic samples) is currently clinically relevant since patients with metastatic disease may be eligible for treatment targeting non-amplified levels of HER2 expression.*

§§ HER2-low expression criteria [1,4]
Breast Cancer: [1,2,4]
• Immunohistochemistry (IHC) assay 1+; **OR** • IHC 2+ AND in situ hybridization (ISH) negative

§§§ HER2-ultralow expression criteria [1,4]
Breast Cancer: [1,2,4]
• Immunohistochemistry (IHC) assay 0 with membrane staining; **OR** • Immunohistochemistry (IHC) assay 0+

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

† FDA Approved Indication(s); **‡** Compendia Recommended Indication(s); **Φ** Orphan Drug *(only applies to Gastric and Esophagogastric Junction Cancers)*

IV. Renewal Criteria [1]

Coverage may be renewed based upon the following criteria:

- Patient continues to meet the universal and other indication-specific relevant criteria such as concomitant therapy requirements (not including prerequisite therapy), performance status, etc. identified in section III; **AND**
- Disease response with treatment as defined by stabilization of disease or decrease in size of tumor or tumor spread; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: pulmonary toxicity (e.g., interstitial lung disease, pneumonitis), neutropenia (including febrile neutropenia), left ventricular dysfunction (including symptomatic congestive heart failure), etc.; **AND**
- Left ventricular ejection fraction (LVEF) within the previous 3 months as follows:
  - LVEF is > 45% and absolute decrease is ≤ 20% from baseline; **OR**
  - LVEF is 40% to 45% and absolute decrease is < 10% from baseline

V. Dosage/Administration [1,11-13,16,21,23,25,26-28]

Indication	Dose
Breast Cancer, CNS Cancer, NSCLC, HER2-Positive Solid Tumors, Colorectal Cancer, & Appendiceal Adenocarcinoma	Administer 5.4 mg/kg given as an intravenous infusion every 3 weeks (21-day cycle) until disease progression or unacceptable toxicity.
Gastric, Esophageal, and Esophagogastric Junction Cancers & Head and Neck Cancers	Administer 6.4 mg/kg given as an intravenous infusion every 3 weeks (21-day cycle) until disease progression or unacceptable toxicity

VI. Billing Code/Availability Information

HCPCS Code:

- J9358 – Injection, fam-trastuzumab deruxtecan-nxki, 1 mg: 1 billable unit = 1 mg

NDC:

- Enhertu 100 mg single-dose vial: 65597-0406-xx

VII. References

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Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
C06.9	Malignant neoplasm of mouth, unspecified
C07	Malignant neoplasm of parotid gland
C08.0	Malignant neoplasm of submandibular gland
C08.1	Malignant neoplasm of sublingual gland
C08.9	Malignant neoplasm of major salivary gland, unspecified
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
C16.9	Malignant neoplasm of stomach, unspecified
C17.0	Malignant neoplasm duodenum
C17.1	Malignant neoplasm jejunum
C17.2	Malignant neoplasm ileum
C17.3	Meckel's diverticulum, malignant
C17.8	Malignant neoplasm of overlapping sites of small intestines
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
C21.8	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
C33	Malignant neoplasm of trachea
C34.00	Malignant neoplasm of unspecified main bronchus
C34.01	Malignant neoplasm of right main bronchus
C34.02	Malignant neoplasm of left main bronchus
C34.10	Malignant neoplasm of upper lobe, unspecified bronchus or lung
C34.11	Malignant neoplasm of upper lobe, right bronchus or lung
C34.12	Malignant neoplasm of upper lobe, left bronchus or lung
C34.2	Malignant neoplasm of middle lobe, bronchus or lung
C34.30	Malignant neoplasm of lower lobe, unspecified bronchus or lung
C34.31	Malignant neoplasm of lower lobe, right bronchus or lung
C34.32	Malignant neoplasm of lower lobe, left bronchus or lung
C34.80	Malignant neoplasm of overlapping sites of unspecified bronchus and lung

C34.81	Malignant neoplasm of overlapping sites of right bronchus and lung
C34.82	Malignant neoplasm of overlapping sites of left bronchus and lung
C34.90	Malignant neoplasm of unspecified part of unspecified bronchus or lung
C34.91	Malignant neoplasm of unspecified part of right bronchus or lung
C34.92	Malignant neoplasm of unspecified part of left bronchus or lung
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
C50.011	Malignant neoplasm of nipple and areola, right female breast
C50.012	Malignant neoplasm of nipple and areola, left female breast
C50.019	Malignant neoplasm of nipple and areola, unspecified female breast
C50.021	Malignant neoplasm of nipple and areola, right male breast
C50.022	Malignant neoplasm of nipple and areola, left male breast
C50.029	Malignant neoplasm of nipple and areola, unspecified male breast
C50.111	Malignant neoplasm of central portion of right female breast
C50.112	Malignant neoplasm of central portion of left female breast
C50.119	Malignant neoplasm of central portion of unspecified female breast
C50.121	Malignant neoplasm of central portion of right male breast
C50.122	Malignant neoplasm of central portion of left male breast
C50.129	Malignant neoplasm of central portion of unspecified male breast
C50.211	Malignant neoplasm of upper-inner quadrant of right female breast
C50.212	Malignant neoplasm of upper-inner quadrant of left female breast
C50.219	Malignant neoplasm of upper-inner quadrant of unspecified female breast
C50.221	Malignant neoplasm of upper-inner quadrant of right male breast
C50.222	Malignant neoplasm of upper-inner quadrant of left male breast
C50.229	Malignant neoplasm of upper-inner quadrant of unspecified male breast
C50.311	Malignant neoplasm of lower-inner quadrant of right female breast
C50.312	Malignant neoplasm of lower-inner quadrant of left female breast
C50.319	Malignant neoplasm of lower-inner quadrant of unspecified female breast
C50.321	Malignant neoplasm of lower-inner quadrant of right male breast
C50.322	Malignant neoplasm of lower-inner quadrant of left male breast
C50.329	Malignant neoplasm of lower-inner quadrant of unspecified male breast
C50.411	Malignant neoplasm of upper-outer quadrant of right female breast
C50.412	Malignant neoplasm of upper-outer quadrant of left female breast
C50.419	Malignant neoplasm of upper-outer quadrant of unspecified female breast

C50.421	Malignant neoplasm of upper-outer quadrant of right male breast
C50.422	Malignant neoplasm of upper-outer quadrant of left male breast
C50.429	Malignant neoplasm of upper-outer quadrant of unspecified male breast
C50.511	Malignant neoplasm of lower-outer quadrant of right female breast
C50.512	Malignant neoplasm of lower-outer quadrant of left female breast
C50.519	Malignant neoplasm of lower-outer quadrant of unspecified female breast
C50.521	Malignant neoplasm of lower-outer quadrant of right male breast
C50.522	Malignant neoplasm of lower-outer quadrant of left male breast
C50.529	Malignant neoplasm of lower-outer quadrant of unspecified male breast
C50.611	Malignant neoplasm of axillary tail of right female breast
C50.612	Malignant neoplasm of axillary tail of left female breast
C50.619	Malignant neoplasm of axillary tail of unspecified female breast
C50.621	Malignant neoplasm of axillary tail of right male breast
C50.622	Malignant neoplasm of axillary tail of left male breast
C50.629	Malignant neoplasm of axillary tail of unspecified male breast
C50.811	Malignant neoplasm of overlapping sites of right female breast
C50.812	Malignant neoplasm of overlapping sites of left female breast
C50.819	Malignant neoplasm of overlapping sites of unspecified female breast
C50.821	Malignant neoplasm of overlapping sites of right male breast
C50.822	Malignant neoplasm of overlapping sites of left male breast
C50.829	Malignant neoplasm of overlapping sites of unspecified male breast
C50.911	Malignant neoplasm of unspecified site of right female breast
C50.912	Malignant neoplasm of unspecified site of left female breast
C50.919	Malignant neoplasm of unspecified site of unspecified female breast
C50.921	Malignant neoplasm of unspecified site of right male breast
C50.922	Malignant neoplasm of unspecified site of left male breast
C50.929	Malignant neoplasm of unspecified site of unspecified male breast
C51.0	Malignant neoplasm of labium majus
C51.1	Malignant neoplasm of labium minus
C51.2	Malignant neoplasm of clitoris
C51.8	Malignant neoplasm of overlapping sites of vulva
C51.9	Malignant neoplasm of vulva, unspecified
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
C54.0	Malignant neoplasm of isthmus uteri
C54.1	Malignant neoplasm of endometrium
C54.2	Malignant neoplasm of myometrium
C54.3	Malignant neoplasm of fundus uteri
C54.8	Malignant neoplasm of overlapping sites of corpus uteri
C54.9	Malignant neoplasm of corpus uteri, unspecified
C55	Malignant neoplasm of uterus, part unspecified
C56.1	Malignant neoplasm of right ovary
C56.2	Malignant neoplasm of left ovary
C56.3	Malignant neoplasm of bilateral ovaries
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
C61	Malignant neoplasm of prostate
C65.1	Malignant neoplasm of right renal pelvis
C65.2	Malignant neoplasm of left renal pelvis
C65.9	Malignant neoplasm of unspecified renal pelvis
C66.1	Malignant neoplasm of right ureter
C66.2	Malignant neoplasm of left ureter
C66.9	Malignant neoplasm of unspecified ureter
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
C68.0	Malignant neoplasm of urethra
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
C80.0	Disseminated malignant neoplasm, unspecified
C80.1	Malignant (primary) neoplasm, unspecified
D09.0	Carcinoma in situ of bladder
D37.1	Neoplasm of uncertain behavior of stomach
D37.8	Neoplasm of uncertain behavior of other specified digestive organs
D37.9	Neoplasm of uncertain behavior of digestive organ, unspecified
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
Z85.118	Personal history of other malignant neoplasm of bronchus and lung
Z85.3	Personal history of malignant neoplasm of breast
Z85.42	Personal history of malignant neoplasm of other parts of uterus
Z85.43	Personal history of malignant neoplasm of ovary
Z85.51	Personal history of malignant neoplasm of bladder
Z85.59	Personal history of malignant neoplasm of other urinary tract organ

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

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

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD/LCA): N/A

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