

# Tremfya® (guselkumab) (Intravenous/Subcutaneous)

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## I. Length of Authorization

### Ulcerative Colitis:

Initial coverage will be provided for 11 weeks (for 3 intravenous doses) as induction therapy and may be renewed annually thereafter for subcutaneous maintenance.

### Crohn's Disease:

Initial coverage will be provided for 11 weeks (for 3 intravenous or subcutaneous doses) as induction therapy and may be renewed annually thereafter for subcutaneous maintenance.

### All other indications:

Initial coverage will be provided for 6 months and may be renewed annually thereafter.

## II. Dosing Limits

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

- **Plaque Psoriasis & Psoriatic Arthritis**
  - 100 billable units at weeks 0 & 4, then every 56 days
- **Ulcerative Colitis**
  - 200 billable units every 28 days
- **Crohn's Disease**
  - 400 billable units at weeks 0, 4, and 8, then 200 billable units every 28 days

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

Coverage is provided in the following conditions:

- Patient is at least 18 years of age; **AND**
- Physician has assessed baseline disease severity utilizing an objective measure/tool; **AND**
- Patient is up to date with all age-appropriate vaccinations, in accordance with current vaccination guidelines, prior to initiating therapy; **AND**

### Universal Criteria <sup>1</sup>

- Patient has been evaluated and screened for the presence of latent tuberculosis (TB) infection prior to initiating treatment and will receive ongoing monitoring for the presence of TB during treatment; **AND**

- Patient does not have an active infection, including clinically important localized infections; **AND**
- Patient will not receive live vaccines during therapy; **AND**
- Patient is not on concurrent treatment with another biologic therapy or targeted synthetic therapy; **AND**

### Plaque Psoriasis (PsO) † <sup>1,11,21,22,28-30,32</sup>

- Documented moderate to severe plaque psoriasis for at least 6 months with at least one of the following:
  - Involvement of at least 10% of body surface area (BSA); **OR**
  - Psoriasis Area and Severity Index (PASI) score of 10 or greater; **OR**
  - Incapacitation or serious emotional consequences due to plaque location (e.g., hands, feet, head and neck, genitalia, etc.) or with intractable pruritus; **AND**
- Patient meets ALL of the following ‡:
  - Patient did not respond adequately (or is not a candidate) to a 4-week minimum trial of topical agents (i.e., anthralin, coal tar preparations, corticosteroids, emollients, immunosuppressives, keratolytics, tapinarof, roflumilast, retinoic acid derivatives, and/or vitamin D analogues); **AND**
  - Patient did not respond adequately (or is not a candidate) to a 3-month minimum trial of at least ONE non-biologic systemic agent (i.e., immunosuppressives, retinoic acid derivatives, and/or methotrexate); **AND**
  - Patient did not respond adequately (or is not a candidate\*) to a 3-month minimum trial of phototherapy (i.e., psoralens with UVA light [PUVA] or UVB with coal tar or dithranol); **AND**

**‡ Note:** For patients already established on biologic therapy, targeted synthetic therapy, or those with > 10% BSA involvement, trial and failure of topical agents, non-biologic systemic agents, and phototherapy is not required.

#### For Commercial Members Only

- Patient must try and have an inadequate response, contraindication, or intolerance to at least a three (3) month trial of ONE of the following: adalimumab\*, Enbrel (etanercept), Cosentyx SC (secukinumab), ustekinumab SC<sup>^</sup>, Tremfya SC<sup>£</sup> (guselkumab), or Otezla (apremilast); **OR**
- Patient is continuing treatment

**\*Note: Preferred products are Hadlima (adalimumab-bwwd) and adalimumab-adaz**

**<sup>^</sup>Note: Preferred products are Selarsdi SC (ustekinumab-aekn), Yesintek SC (ustekinumab-kfce), and Steqeyma SC (ustekinumab-stba)**

**<sup>£</sup>Note: Tremfya SC refers to the self-administered formulation**

#### For Medicaid Members Only

- Patient must try and have an inadequate response, contraindication, or intolerance to at least a three (3) month trial of ONE of the following: adalimumab\*, Enbrel (etanercept), Cosentyx SC (secukinumab), or ustekinumab SC<sup>^</sup>; **OR**

- Patient is continuing treatment

**\*Note: Preferred products are Hadlima (adalimumab-bwwd) and adalimumab-adaz**

**^Note: Preferred products are Selarsdi SC (ustekinumab-aekn), Yesintek SC (ustekinumab-kfce), and Steqeyma SC (ustekinumab-stba)**

## Psoriatic Arthritis (PsA) † 1,16,24,26,31,33

- Documented moderate to severe active disease; **AND**
  - For patients with predominantly axial disease OR enthesitis, a failure of at least a 4-week trial of ONE non-steroidal anti-inflammatory drug (NSAID), unless use is contraindicated; **OR**
  - For patients with peripheral arthritis OR dactylitis, a failure of at least a 3-month trial of ONE conventional synthetic disease-modifying anti-rheumatic drug (csDMARD) (e.g., methotrexate, azathioprine, sulfasalazine, leflunomide, or hydroxychloroquine, etc.); **OR**
  - Patient is already established on biologic or targeted synthetic therapy for the treatment of PsA; **AND**
- May be used as a single agent or in combination with csDMARD (e.g., methotrexate, etc.); **AND**

### For Commercial Members Only

- Patient must try and have an inadequate response, contraindication, or intolerance to at least a three (3) month trial of ONE of the following: adalimumab\*, Enbrel (etanercept), Cosentyx SC (secukinumab), ustekinumab SC^, Tremfya SC<sup>£</sup> (guselkumab), Xeljanz (tofacitinib) ‡, or Otezla (apremilast); **OR**
- Patient is continuing treatment

**\*Note: Preferred products are Hadlima (adalimumab-bwwd) and adalimumab-adaz**

**^Note: Preferred products are Selarsdi SC (ustekinumab-aekn), Yesintek SC (ustekinumab-kfce), and Steqeyma SC (ustekinumab-stba)**

**£Note: Tremfya SC refers to the self-administered formulation**

**‡ Note: Xeljanz (tofacitinib) is indicated in those who have had an inadequate response or intolerance to one or more TNF blockers**

### For Medicaid Members Only

- Patient must try and have an inadequate response, contraindication, or intolerance to at least a three (3) month trial of ONE of the following: adalimumab\*, Enbrel (etanercept), Cosentyx SC (secukinumab), or ustekinumab SC^; **OR**
- Patient is continuing treatment

**\*Note: Preferred products are Hadlima (adalimumab-bwwd) and adalimumab-adaz**

**^Note: Preferred products are Selarsdi SC (ustekinumab-aekn), Yesintek SC (ustekinumab-kfce), and Steqeyma SC (ustekinumab-stba)**

## Ulcerative Colitis (UC) † 1,37,38,44

- Documented moderate to severe active disease; **AND**

- Documented failure or ineffective response to a minimum 3-month trial of conventional therapy [aminosalicylates, corticosteroids, or immunomodulators (e.g., azathioprine, 6-mercaptopurine, methotrexate, etc.)] at maximum tolerated doses, unless there is a contraindication or intolerance to use; **OR**
- Documented failure, contraindication, or ineffective response at maximum tolerated doses to a minimum 3-month trial of a TNF modifier such as adalimumab, golimumab, or infliximab; **OR**
- Patient is already established on a biologic or targeted synthetic therapy for the treatment of UC; **AND**

#### For Medicaid Members Only

- Patient must try and have an inadequate response, contraindication, or intolerance to at least a three (3) month trial of ONE of the following: adalimumab\* or ustekinumab SC<sup>€^</sup>; **OR**
- Patient is continuing treatment

*\*Note: Preferred products are Hadlima (adalimumab-bwwd) and adalimumab-adaz*

*€Note: Intravenous (IV) loading required*

*^Note: Preferred products are Selarsdi SC (ustekinumab-aekn), Yesintek SC (ustekinumab-kfce), and Steqeyma SC (ustekinumab-stba)*

#### Crohn's Disease (CD) †<sup>1,47-49</sup>

- Documented moderate to severe active disease; **AND**
  - Documented failure, contraindication, or ineffective response at maximum tolerated doses to a minimum 3-month trial of corticosteroids or immunomodulators (e.g. azathioprine, 6-mercaptopurine, or methotrexate); **OR**
  - Documented failure, contraindication, or ineffective response at maximum tolerated doses to a minimum 3-month trial of a TNF modifier such (e.g., adalimumab, certolizumab, or infliximab); **OR**
  - Patient has evidence of high-risk disease for which corticosteroids or immunomodulators are inadequate and biologic therapy is necessary; **OR**
  - Patient is already established on biologic or targeted synthetic therapy for the treatment of CD; **AND**

#### For Medicaid Members Only

- Patient must try and have an inadequate response, contraindication, or intolerance to at least a three (3) month trial of ONE of the following: adalimumab\* or ustekinumab SC<sup>€^</sup>; **OR**
- Patient is continuing treatment

*\*Note: Preferred products are Hadlima (adalimumab-bwwd) and adalimumab-adaz*

*€Note: Intravenous (IV) loading required*

*^Note: Preferred products are Selarsdi SC (ustekinumab-aekn), Yesintek SC (ustekinumab-kfce), and Steqeyma SC (ustekinumab-stba)*

**\*Examples of contraindications to phototherapy (PUVA or UVB) include the following:**  
12,13,30

- Xeroderma pigmentosum
- Other rare photosensitive genodermatoses (e.g., trichothiodystrophy, Cockayne syndrome, Bloom syndrome, Rothmund-Thomson syndrome) (*UVB only*)
- Genetic disorders associated with increased risk of skin cancer (e.g., Gorlin syndrome, oculocutaneous albinism) (*UVB only*)
- Pregnancy or lactation (*PUVA only*)
- Lupus Erythematosus
- History of one of the following: photosensitivity diseases (e.g., chronic actinic dermatitis, solar urticaria), melanoma, non-melanoma skin cancer, extensive solar damage (*PUVA only*), or treatment with arsenic or ionizing radiation
- Immunosuppression in an organ transplant patient (*UVB only*)
- Photosensitizing medications (*PUVA only*)
- Severe liver, renal, or cardiac disease (*PUVA only*)
- Young age < 12 years old (*PUVA only*)
- Anatomical location has been deemed ineligible for phototherapy (i.e., face, genital, scalp, or nail)

**Note:** Patients who do not have access to phototherapy will be reviewed on a case-by-case basis

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

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

Coverage may be renewed based upon the following criteria:

- Patient continues to meet the universal and other indication-specific relevant criteria identified in section III; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: clinically important infections, severe hypersensitivity reactions, etc.; **AND**

### Plaque Psoriasis (PsO) <sup>10,21,32,34</sup>

- Disease response as indicated by improvement in signs and symptoms compared to baseline such as redness, thickness, scaliness, and/or the amount of surface area involvement (a total BSA involvement  $\leq 1\%$ ), and/or an improvement on a disease activity scoring tool [e.g., Psoriasis Area and Severity Index (PASI) score  $\leq 3$ , physician's global assessment (PGA) score  $\leq 1$ , etc.].

### Psoriatic Arthritis (PsA) <sup>18,33,46</sup>

- Disease response as indicated by improvement in signs and symptoms compared to baseline such as the number of tender and swollen joint counts, reduction of C-reactive protein, improvement of patient global assessment, improvement on imaging (X-ray, ultrasound, or MRI) and/or an improvement on a disease activity scoring tool.

### Ulcerative Colitis (UC) <sup>39-41,43,45</sup>

- Patient is to start maintenance therapy and has received three 200 mg intravenous induction doses at weeks 0, 4 and 8.; **AND**
  - Patient has shown a beneficial disease response and/or no worsening of disease with an absence of unacceptable toxicity to the intravenous doses; **OR**
- Patient requires continuation of maintenance therapy; **AND**
  - Disease response as indicated by improvement in signs and symptoms compared to baseline such as stool frequency, rectal bleeding, endoscopic activity, tapering or discontinuation of corticosteroid therapy, normalization of C-reactive protein (CRP) or fecal calprotectin (FC), and/or an improvement on a disease activity scoring tool.

#### **Crohn's Disease (CD)** <sup>50,51</sup>

- Patient is to start maintenance therapy and has received three 200 mg intravenous OR 400 mg subcutaneous induction doses at weeks 0, 4 and 8; **AND**
  - Patient has shown a beneficial disease response and/or no worsening of disease with an absence of unacceptable toxicity to the induction doses; **OR**
- Patient requires continuation of maintenance therapy; **AND**
  - Disease response as indicated by improvement in signs and symptoms compared to baseline such as endoscopic activity, number of liquid stools, presence and severity of abdominal pain, presence of abdominal mass, body weight regain, hematocrit, presence of extra-intestinal complications, use of anti-diarrheal drugs, tapering or discontinuation of corticosteroid therapy, improvement in biomarker levels [i.e., fecal calprotectin or serum C-reactive protein (CRP)], and/or an improvement on a disease activity scoring tool [e.g. an improvement on the Harvey-Bradshaw Index score, etc.].

## **V. Dosage/Administration** <sup>1</sup>

| Indication                             | Dose                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Plaque Psoriasis & Psoriatic Arthritis | Administer 100 mg <u>subcutaneously</u> at Week 0, Week 4, and every 8 weeks thereafter.                                                                                                                                                                                                                                                                                                                                                                                                           |
| Ulcerative Colitis                     | <p><b><u>Induction:</u></b><br/>Administer 200 mg <u>intravenously</u> at Week 0, Week 4, and Week 8.</p> <p><b><u>Maintenance:</u></b></p> <ul style="list-style-type: none"> <li>• Administer 100 mg <u>subcutaneously</u> at Week 16, and every 8 weeks thereafter; <b>OR</b></li> <li>• Administer 200 mg <u>subcutaneously</u> at Week 12, and every 4 weeks thereafter</li> </ul> <p><b><i>**NOTE: Use the lowest effective recommended dosage to maintain therapeutic response.</i></b></p> |
| Crohn's Disease                        | <p><b><u>Induction:</u></b></p> <ul style="list-style-type: none"> <li>• Administer 200 mg <u>intravenously</u> at Week 0, Week 4, and Week 8; <b>OR</b></li> </ul>                                                                                                                                                                                                                                                                                                                                |

| Indication | Dose                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|            | <ul style="list-style-type: none"> <li>Administer 400 mg (given as two consecutive injections of 200 mg each) <u>subcutaneously</u> at Week 0, Week 4, and Week 8</li> </ul> <p><b>Maintenance:</b></p> <ul style="list-style-type: none"> <li>Administer 100 mg <u>subcutaneously</u> at Week 16, and every 8 weeks thereafter; <b>OR</b></li> <li>Administer 200 mg <u>subcutaneously</u> at Week 12, and every 4 weeks thereafter</li> </ul> <p><b>**NOTE:</b> Use the lowest effective recommended dosage to maintain therapeutic response.</p> |

## VI. Billing Code/Availability Information

### HCPCS Code(s):

- J1628 – Injection, guselkumab, 1 mg; 1 billable unit = 1 mg  
*(\*Note: CMS generally creates codes for products themselves, without specifying a route of administration in the code descriptor, as there might be multiple routes of administration for the same product. Drugs that fall under this category should be billed with either the JA modifier for the intravenous infusion of the drug or billed with the JB modifier for subcutaneous injection of the drug.)*

### NDC(s):

- Subcutaneous
  - Tremfya 100 mg/mL single-dose prefilled syringe, prefilled pen, or One-Press injector: 57894-0640-xx
  - Tremfya 200 mg/2 mL single-dose prefilled pen or prefilled syringe: 57894-0651-xx
- Intravenous
  - Tremfya 200 mg/20 mL (10 mg/mL) single-dose vial: 57894-0650-xx

## VII. References

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## Appendix 1 – Covered Diagnosis Codes

| ICD-10  | ICD-10 Description                                                               |
|---------|----------------------------------------------------------------------------------|
| K50.00  | Crohn's disease of small intestine without complications                         |
| K50.011 | Crohn's disease of small intestine with rectal bleeding                          |
| K50.012 | Crohn's disease of small intestine with intestinal obstruction                   |
| K50.013 | Crohn's disease of small intestine with fistula                                  |
| K50.014 | Crohn's disease of small intestine with abscess                                  |
| K50.018 | Crohn's disease of small intestine with other complication                       |
| K50.019 | Crohn's disease of small intestine with unspecified complications                |
| K50.10  | Crohn's disease of large intestine without complications                         |
| K50.111 | Crohn's disease of large intestine with rectal bleeding                          |
| K50.112 | Crohn's disease of large intestine with intestinal obstruction                   |
| K50.113 | Crohn's disease of large intestine with fistula                                  |
| K50.114 | Crohn's disease of large intestine with abscess                                  |
| K50.118 | Crohn's disease of large intestine with other complication                       |
| K50.119 | Crohn's disease of large intestine with unspecified complications                |
| K50.80  | Crohn's disease of both small and large intestine without complications          |
| K50.811 | Crohn's disease of both small and large intestine with rectal bleeding           |
| K50.812 | Crohn's disease of both small and large intestine with intestinal obstruction    |
| K50.813 | Crohn's disease of both small and large intestine with fistula                   |
| K50.814 | Crohn's disease of both small and large intestine with abscess                   |
| K50.818 | Crohn's disease of both small and large intestine with other complication        |
| K50.819 | Crohn's disease of both small and large intestine with unspecified complications |
| K50.90  | Crohn's disease, unspecified, without complications                              |
| K50.911 | Crohn's disease, unspecified, with rectal bleeding                               |
| K50.912 | Crohn's disease, unspecified, with intestinal obstruction                        |
| K50.913 | Crohn's disease, unspecified, with fistula                                       |
| K50.914 | Crohn's disease, unspecified, with abscess                                       |

| ICD-10  | ICD-10 Description                                                   |
|---------|----------------------------------------------------------------------|
| K50.918 | Crohn's disease, unspecified, with other complication                |
| K50.919 | Crohn's disease, unspecified, with unspecified complications         |
| K51.00  | Ulcerative (chronic) pancolitis without complications                |
| K51.011 | Ulcerative (chronic) pancolitis with rectal bleeding                 |
| K51.012 | Ulcerative (chronic) pancolitis with intestinal obstruction          |
| K51.013 | Ulcerative (chronic) pancolitis with fistula                         |
| K51.014 | Ulcerative (chronic) pancolitis with abscess                         |
| K51.018 | Ulcerative (chronic) pancolitis with other complication              |
| K51.019 | Ulcerative (chronic) pancolitis with unspecified complications       |
| K51.20  | Ulcerative (chronic) proctitis without complications                 |
| K51.211 | Ulcerative (chronic) proctitis with rectal bleeding                  |
| K51.212 | Ulcerative (chronic) proctitis with intestinal obstruction           |
| K51.213 | Ulcerative (chronic) proctitis with fistula                          |
| K51.214 | Ulcerative (chronic) proctitis with abscess                          |
| K51.218 | Ulcerative (chronic) proctitis with other complication               |
| K51.219 | Ulcerative (chronic) proctitis with unspecified complications        |
| K51.30  | Ulcerative (chronic) rectosigmoiditis without complications          |
| K51.311 | Ulcerative (chronic) rectosigmoiditis with rectal bleeding           |
| K51.312 | Ulcerative (chronic) rectosigmoiditis with intestinal obstruction    |
| K51.313 | Ulcerative (chronic) rectosigmoiditis with fistula                   |
| K51.314 | Ulcerative (chronic) rectosigmoiditis with abscess                   |
| K51.318 | Ulcerative (chronic) rectosigmoiditis with other complication        |
| K51.319 | Ulcerative (chronic) rectosigmoiditis with unspecified complications |
| K51.50  | Left sided colitis without complications                             |
| K51.511 | Left sided colitis with rectal bleeding                              |
| K51.512 | Left sided colitis with intestinal obstruction                       |
| K51.513 | Left sided colitis with fistula                                      |
| K51.514 | Left sided colitis with abscess                                      |
| K51.518 | Left sided colitis with other complication                           |
| K51.519 | Left sided colitis with unspecified complications                    |
| K51.80  | Other ulcerative colitis without complications                       |
| K51.811 | Other ulcerative colitis with rectal bleeding                        |
| K51.812 | Other ulcerative colitis with intestinal obstruction                 |
| K51.813 | Other ulcerative colitis with fistula                                |

| ICD-10  | ICD-10 Description                                             |
|---------|----------------------------------------------------------------|
| K51.814 | Other ulcerative colitis with abscess                          |
| K51.818 | Other ulcerative colitis with other complication               |
| K51.819 | Other ulcerative colitis with unspecified complications        |
| K51.90  | Ulcerative colitis, unspecified, without complications         |
| K51.911 | Ulcerative colitis, unspecified with rectal bleeding           |
| K51.912 | Ulcerative colitis, unspecified with intestinal obstruction    |
| K51.913 | Ulcerative colitis, unspecified with fistula                   |
| K51.914 | Ulcerative colitis, unspecified with abscess                   |
| K51.918 | Ulcerative colitis, unspecified with other complication        |
| K51.919 | Ulcerative colitis, unspecified with unspecified complications |
| L40.0   | Psoriasis vulgaris                                             |
| L40.50  | Arthropathic psoriasis, unspecified                            |
| L40.51  | Distal interphalangeal psoriatic arthropathy                   |
| L40.52  | Psoriatic arthritis mutilans                                   |
| L40.53  | Psoriatic spondylitis                                          |
| L40.59  | Other psoriatic arthropathy                                    |

## 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.                           |

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