

# Keytruda® (pembrolizumab) (Intravenous)

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## I. Length of Authorization

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

- SCCHN, cHL, NSCLC, SCLC, HCC, Urothelial Carcinoma, MPM, MSI-H/dMMR, PMBCL, Cervical, Anal, Vulvar, MCC, Mycosis Fungoides/Sezary Syndrome, & Gastric Cancers can be authorized up to a maximum of 24 months of therapy.
- Adjuvant therapy in melanoma can be authorized up to a maximum of 12 months of therapy.

## II. Dosing Limits

### A. Quantity Limit (max daily dose) [Pharmacy Benefit]:

- Keytruda 50 mg single use vial: 1 vial per 14 day supply
- Keytruda 100 mg/4 mL single use vial: 11 vials per 14 day supply

### B. Max Units (per dose and over time) [Medical Benefit]:

**SCCHN, cHL, NSCLC, SCLC, Melanoma, Urothelial, Gastric, CNS metastases, PMBCL, Anal, Cervical, Vulvar, MSI-H/dMMR, MCC & HCC Cancer:**

- 200 billable units every 21 days

**MPM & Uterine Cancer:**

- 1150 billable units every 14 days

**NK/T-Cell Lymphoma & MF/SS:**

- 250 billable units every 21 days

**Gestational Trophoblastic Tumor:**

- 300 billable units every 21 days

## III. Initial Approval Criteria

Coverage is provided in the following conditions:

- Patient must be 18 years of age or older (unless otherwise specified); **AND**

- Patient has not received previous therapy with a programmed death (PD-1/PD-L1)-directed therapy (e.g., cemiplimab, avelumab, nivolumab, atezolizumab, durvalumab, etc.) unless otherwise specified; **AND**

#### **Melanoma †**

- Used as a single agent; **AND**
  - Used as re-induction therapy (*refer to Section IV for criteria*); **OR**
  - Patient has unresectable or metastatic disease; **OR**
  - Used as adjuvant treatment; **OR**
  - Patient has unresectable or metastatic Uveal Melanoma

#### **Gastric Cancer †**

- Used as a single agent; **AND**
- Patient has gastric or gastro-esophageal junction adenocarcinoma; **AND**
- Patient has recurrent, unresectable (or is not a candidate) locally advanced, or metastatic disease; **AND**
- Tumor expresses PD-L1 (CPS  $\geq 1\%$ ) as determined by an FDA-approved test; **AND**
- Patient progressed on or after at least two prior systemic treatments which must have included a fluoropyrimidine and platinum-containing regimen; **AND**
- Patients with HER2 positive disease must have previously failed on HER2 directed therapy

#### **Merkel Cell Carcinoma ‡**

- Patients must be at least 2 years old; **AND**
- Used as a single agent; **AND**
- Patient has recurrent locally advanced or metastatic disease

#### **Non-Small Cell Lung Cancer (NSCLC) †**

- Tumor has high PD-L1 expression [(Tumor Proportion Score (TPS)  $\geq 50\%$ )] as determined by an FDA-approved test; **AND**
  - Used as continuation maintenance therapy for recurrent (excluding locoregional recurrent without evidence of disseminated disease), advanced, or metastatic disease and PS  $\leq 2$ ; **AND**
    - Patient tumors are EGFR, ALK negative or unknown and patient achieved tumor response or stable disease following initial therapy; **AND**
      - Used in combination with pemetrexed; **AND**
        - Pembrolizumab was given first-line in combination with pemetrexed and either carboplatin or cisplatin for disease of non-squamous cell histology; **OR**
      - Used as a single agent; **AND**
        - Pembrolizumab was given first-line or following systemic therapy in combination with carboplatin or cisplatin **AND** paclitaxel or nab-paclitaxel for disease of squamous cell histology; **OR**
        - Pembrolizumab was given first-line or following systemic therapy as a single agent for disease of squamous or non-squamous cell histology; **OR**

- Used for recurrent (excluding locoregional recurrent without evidence of disseminated disease), advanced, or metastatic disease that are EGFR, ALK negative or unknown: **AND**
  - Used as initial therapy and a PS  $\leq$  2:
    - In combination with pemetrexed **AND** either carboplatin or cisplatin for nonsquamous cell histology; **OR**
    - In combination with carboplatin or cisplatin **AND** either paclitaxel or albumin-bound paclitaxel for squamous cell histology; **OR**
    - As single agent therapy; **OR**
  - Used as subsequent therapy and a PS  $\leq$  1 with no prior platinum doublet therapy, in combination with:
    - Pemetrexed **AND** either carboplatin or cisplatin for nonsquamous cell histology; **OR**
    - Carboplatin or cisplatin **AND** either paclitaxel or albumin-bound paclitaxel for squamous cell histology
- Tumor expresses PD-L1 (TPS  $\geq$ 1%) as determined by an FDA-approved test; **AND**
  - Used as a single agent for recurrent (excluding locoregional recurrent without evidence of disseminated disease), advanced, or metastatic disease; **AND**
    - Disease must have progressed during or following cytotoxic therapy; **AND**
    - Patients with genomic tumor aberrations must have progressed following systemic therapy for those aberrations (e.g., EGFR, ALK, etc.)
- Used for recurrent (excluding locoregional recurrent without evidence of disseminated disease), advanced, or metastatic disease with PS  $\leq$  1 in combination with:
  - Pemetrexed **AND** carboplatin or cisplatin for non-squamous cell histology; **OR**
  - Carboplatin or cisplatin **AND** paclitaxel or nab-paclitaxel for squamous cell histology; **AND**
    - Used as first-line therapy for genomic tumor aberration (e.g., EGFR, ALK, ROS1 and BRAF) negative or unknown\*\*, and PD-L1 expression  $<$ 50% or unknown; **OR**
    - Used as first-line therapy for BRAF V600E-mutation positive tumors; **OR**
    - Used as subsequent therapy for genomic tumor aberration (e.g., EGFR, BRAF V600E, ALK, and ROS1) positive and prior targeted therapy§; **OR**
- Used for continuation maintenance therapy (excluding locoregional recurrent without evidence of disseminated disease); **AND**
  - Patient achieved tumor response or stable disease following initial systemic therapy; **AND**
  - Patient has performance status 0-2; **AND**
  - Patient has recurrent, advanced, metastatic disease; **AND**
    - Given in combination with pemetrexed if given 1<sup>st</sup> line with carbo-/cis-plating and pemetrexed for nonsquamous cell histology; **OR**
    - Used as a single agent if given 1<sup>st</sup> line with carbo-/cis-platin and paclitaxel/nab-paclitaxel for squamous cell histology

*\*\*Every effort needs to be made to establish the genetic alteration status. A blood assay may be used if a tissue assay is not feasible.*

### **Squamous Cell Carcinoma of the Head and Neck (SCCHN) †**

- Used as a single agent; **AND**
- Patient has unresectable, recurrent, persistent or metastatic disease; **AND**
- Patient has non-nasopharyngeal disease; **AND**
- Disease progressed on or after platinum-containing chemotherapy

#### **Classical Hodgkin Lymphoma (cHL) †**

- Used as a single agent; **AND**
- Patients must be at least 2 years old; **AND**
  - Patient relapsed after three or more prior lines of therapy; **OR**
  - Used for refractory disease

#### **Primary Mediastinal Large B-Cell Lymphoma (PMBCL) †**

- Used as single agent; **AND**
- Patient has relapsed or refractory disease; **AND**
- Patient must be at least 2 years old; **AND**
- Used after two or more prior lines of therapy

#### **Bladder Cancer/Urothelial Carcinoma † ‡**

- Must be used as a single agent; **AND**
- Patient has one of the following diagnoses:
  - Locally advanced or metastatic Urothelial Carcinoma; **OR**
  - Disease recurrence post-cystectomy; **OR**
  - Primary Carcinoma of the Urethra; **AND**
    - Used for recurrent or metastatic disease and the patient does not have recurrence of stage T3-4 disease or palpable inguinal lymph nodes; **OR**
    - Used as primary treatment for clinical stage T3-4, cN1-2 disease or cN1-2 palpable inguinal lymph nodes; **OR**
  - Metastatic Upper GU Tract Tumors; **OR**
  - Metastatic Urothelial Carcinoma of the Prostate; **AND**
- Used as subsequent therapy after previous platinum treatment\*; **OR**
- Used as first-line therapy in cisplatin-ineligible patients; **AND**
  - Patient is carboplatin-ineligible; **OR**
  - Patient has a PD-L1 expression of  $\geq 10\%$ ❖

*\*If platinum treatment occurred greater than 12 months ago, the patient should be re-treated with platinum-based therapy. Patients with comorbidities (e.g., hearing loss, neuropathy, poor PS, renal insufficiency, etc.) may not be eligible for cisplatin. Carboplatin may be substituted for cisplatin particularly in those patients with a GFR <60 mL/min or a PS of 2.*

❖ As confirmed using an immunotherapy assay <http://www.fda.gov/companiondiagnostics>

#### **Cervical Cancer †**

- Used as a single agent: **AND**

- Patient has recurrent or metastatic disease; **AND**
- Tumor expresses PD-L1 (combined positive score [CPS  $\geq 1$ ]) as determined by an FDA-approved test; **AND**
- Disease progressed on or after chemotherapy

#### **Microsatellite Instability-High (MSI-H) Cancer †**

- Patient must be at least 2 years old; **AND**
- Used as a single agent; **AND**
- Patient's disease must be microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR); **AND**
- Pediatric patients must not have a diagnosis of MSI-H central nervous system cancer; **AND**
- Patient has one of the following cancers:
  - Colorectal Cancer ‡
    - Initial therapy in patients with unresectable or metastatic disease who are not candidates for intensive therapy; **OR**
    - Used as primary treatment in patients with unresectable or metastatic disease who failed adjuvant treatment with FOLFOX (fluorouracil, leucovorin and oxaliplatin) or CapeOX (capecitabine-oxaliplatin) in the previous 12 months; **OR**
    - Used for unresectable or metastatic disease that has progressed following treatment with a fluoropyrimidine, oxaliplatin, and irinotecan †
  - Pancreatic Adenocarcinoma ‡
    - Second-line therapy for locally advanced, recurrent, or metastatic disease after progression for patients with good (ECOG 0-1) performance status
  - Bone Cancer (Ewing Sarcoma, Mesenchymal Chondrosarcoma, Osteosarcoma, Dedifferentiated Chondrosarcoma, or High-Grade Undifferentiated Pleomorphic Sarcoma) ‡
    - Used for unresectable or metastatic disease after progression following prior treatment and patient has no satisfactory alternative treatment options
  - Gastric adenocarcinoma OR esophageal/gastroesophageal junction adenocarcinoma or squamous cell carcinoma ‡
    - Subsequent therapy for unresectable (or not a candidate) locally advanced, recurrent, or metastatic disease; **AND**
    - Patient has a performance score of ECOG  $\leq 2$  or Karnofsky  $\geq 60\%$
  - Ovarian Cancer (epithelial ovarian, fallopian tube, and primary peritoneal cancers) ‡
    - Used for patients with persistent or recurrent disease; **AND**
    - Patient is not experiencing an immediate biochemical relapse
  - Uterine Cancer (Endometrial Carcinoma) ‡
    - Used for patients with high risk tumors, or recurrent or metastatic disease, that have progressed following prior cytotoxic chemotherapy
  - Penile Cancer ‡
    - Used as subsequent treatment of unresectable or metastatic disease that is progressive and there are no other satisfactory treatment options
  - Testicular Cancer ‡
    - Used as single-agent third-line therapy

- Hepatobiliary Cancer (Gall bladder cancer; intra-/extra-hepatic cholangiocarcinoma) ‡
  - Used as initial therapy for unresectable or metastatic disease; **OR**
  - Used for resected gross residual disease (R2)
- Vulvar Squamous Cell Carcinoma
  - Used for advanced, recurrent or metastatic disease as second-line therapy
- Cervical Cancer
  - Used second-line for recurrent or metastatic disease
- Other Solid Tumor (e.g., adrenal gland tumors, etc.) ‡
  - Used for unresectable or metastatic disease that progressed following prior treatment and there are no satisfactory alternative treatment options

#### **Vulvar Squamous Cell Carcinoma ‡**

- Used as second-line therapy as a single agent; **AND**
- Patient has progressive advanced, recurrent or metastatic disease; **AND**
- Tumor expresses PD-L1 (CPS  $\geq$ 1%) as determined by an FDA-approved test\*

#### **Malignant Pleural Mesothelioma ‡**

- Used as subsequent therapy as a single agent

#### **Central Nervous System Cancer ‡**

- Used for newly diagnosed or recurrent disease as a single agent for brain metastases; **AND**
- Primary tumor is melanoma or NSCLC

#### **T-Cell Lymphoma/Extranodal NK ‡**

- Patient has relapsed or refractory nasal type disease; **AND**
- Disease progressed following additional treatment with asparaginase-based chemotherapy, clinical trials or other best supportive care

#### **Anal Carcinoma ‡**

- Patient has metastatic squamous cell disease; **AND**
- Used as a single agent for second-line therapy

#### **Gestational Trophoblastic Neoplasia ‡**

- Used as single-agent therapy; **AND**
  - Patient has recurrent or progressive disease; **AND**
    - Patient has intermediate placental or epithelioid trophoblastic tumor; **AND**
    - Patient was previously treated with a platinum/etoposide containing regimen; **OR**
  - Patient has methotrexate-resistant high risk disease

#### **Small Cell Lung Cancer (SCLC) ‡**

- Used as subsequent single-agent therapy; **AND**
- Patient has a performance status (PS) score of 0-2; **AND**
  - Patient has primary progressive disease; **OR**
  - Patient relapsed within 6 months following a complete or partial response or after stable disease after initial treatment

#### **Hepatocellular Carcinoma (HCC) †**

- Used as a single agent; **AND**
- Patient progressed on or was intolerant to sorafenib; **AND**
- Patient has a laboratory confirmed diagnosis of hepatocellular carcinoma; **AND**
- Patient has Child-Pugh Class A (*excluding Child-Pugh Class B and C*) liver impairment
- **Mycosis Fungoides/Sezary Syndrome** †Patient has stage III Mycosis Fungoides; **OR**
- Patient has stage IV Sezary Syndrome and will be used as primary therapy or for relapsed or persistent disease

† FDA Approved Indication(s); ‡ Compendia Approved Indication(s)

Genomic Aberration Targeted Therapies ( <i>not all inclusive</i> ) §
Sensitizing EGFR mutation-positive tumors <ul style="list-style-type: none"> <li>– Erlotinib</li> <li>– Afatinib</li> <li>– Gefitinib</li> <li>– Osimertinib</li> <li>– Dacomitinib</li> </ul>
ALK rearrangement-positive tumors <ul style="list-style-type: none"> <li>– Crizotinib</li> <li>– Ceritinib</li> <li>– Brigatinib</li> <li>– Alectinib</li> <li>– Lorlatinib</li> </ul>
ROS1 rearrangement-positive tumors <ul style="list-style-type: none"> <li>– Crizotinib</li> <li>– Ceritinib</li> </ul>
BRAF V600E-mutation positive tumors <ul style="list-style-type: none"> <li>– Dabrafenib/Trametinib</li> </ul>
PD-L1 expression-positive tumors (≥50%) <ul style="list-style-type: none"> <li>– Pembrolizumab</li> <li>– Atezolizumab</li> </ul>

#### IV. Renewal Criteria

Coverage can be renewed based upon the following criteria:

- Patient continues to meet the criteria identified in section III; **AND**
- Tumor response with 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 severe infusion reactions, immune-mediated adverse reactions (e.g., pneumonitis, hepatitis, colitis, endocrinopathies, nephritis and renal dysfunction, skin, etc), etc.); **AND**
- For the follow indications, patient has not exceeded a maximum of twenty-four (24) months of therapy:
  - Squamous Cell Carcinoma of the Head and Neck (SCCHN)
  - Non-Small Cell Lung Cancer (NSCLC)
  - Classical Hodgkin Lymphoma (cHL)
  - Primary Mediastinal Large B-Cell Lymphoma (PMBCL)
  - Urothelial Carcinoma

- MSI-H Cancer (including the following cancers: colorectal, pancreatic, bone, gastric/gastroesophageal, ovarian, uterine, penile, testicular, hepatobiliary and other solid tumors)
- Anal Cancer
- Malignant Pleural Mesothelioma
- Gastric/GEJ Adenocarcinoma
- Cervical Cancer
- Vulvar Squamous Cell Carcinoma
- Merkel Cell Carcinoma
- Mycosis Fungoides/Sezary Syndrome

**Melanoma (metastatic or unresectable disease) ‡**

- Used for re-induction therapy in patients who experienced disease control, but subsequently have disease progression/relapse > 3 months after treatment discontinuation

**Continuation Maintenance Therapy for NSCLC**

- refer to Section III for criteria

**V. Dosage/Administration**

Indication	Dose
NSCLC, SCLC, HCC, SCCHN, Gastric/GEJ Carcinoma, Anal, Cervical, Vulvar and Urothelial Carcinoma	200 mg every 21 days up to a maximum of 24 months in patients without disease progression
Melanoma	200 mg every 21 days ( <i>adjuvant therapy for up to 1 year of treatment</i> )
CNS metastases	200 mg every 21 days
cHL, PMBCL, MCC, & MSI-H/dMMR Cancer	<u>Adults*</u> : 200 mg every 21 days <u>Pediatrics*</u> : 2 mg/kg (up to 200 mg) every 21 days <i>* Up to a maximum of 24 months in patients without disease progression or unacceptable toxicity</i>
MPM & Uterine Cancer	10 mg/kg every 2 weeks for up to 2 years or until confirmed progression or unacceptable toxicity
NK/T-Cell Lymphoma & MF/SS	2 mg/kg every 21 days
Gestational Trophoblastic Tumor	3 mg/kg every 21 days
<u>Dosing should be calculated using actual body weight and not flat dosing (as applicable) based on the following:</u>	
<ul style="list-style-type: none"> <li>• Standard dose 200 mg IV every 3 weeks for patients &gt; 50 kg</li> <li>• Use 100 mg IV every 3 weeks for patients ≤ 50 kg</li> </ul>	



*Note: This information is not meant to replace clinical decision making when initiating or modifying medication therapy and should only be used as a guide. Patient-specific variables should be taken into account.*

## VI. Billing Code/Availability Information

Jcode:

- J9271 - Injection, pembrolizumab, 1 mg; 1 billable unit = 1 mg

NDC:

- Keytruda 50 mg single use vial: 00006-3029-XX (Discontinued)
- Keytruda 100 mg/4 mL single use vial: 00006-3026-XX

## VII. References

1. Keytruda [package insert]. Whitehouse Station, NJ; Merck & Co, Inc; February 2019. Accessed February 2019.
2. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) pembrolizumab. National Comprehensive Cancer Network, 2019. 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 January 2019.
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9. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) Merkel Cell Carcinoma. Version 2.2019. National Comprehensive Cancer Network, 2019. 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 January 2019.
10. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) Bladder Cancer. Version 1.2019. National Comprehensive Cancer Network, 2019. 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 January 2019.
11. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) Non-Small Cell Lung Cancer. Version 3.2019. National Comprehensive Cancer Network, 2019. 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 January 2019.
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## Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
C00.0	Malignant neoplasm of external upper lip
C00.1	Malignant neoplasm of external lower lip
C00.2	Malignant neoplasm of external lip, unspecified
C00.3	Malignant neoplasm of upper lip, inner aspect
C00.4	Malignant neoplasm of lower lip, inner aspect
C00.5	Malignant neoplasm of lip, unspecified, inner aspect
C00.6	Malignant neoplasm of commissure of lip, unspecified
C00.8	Malignant neoplasm of overlapping sites of lip

ICD-10	ICD-10 Description
C01	Malignant neoplasm of base of tongue
C02.0	Malignant neoplasm of dorsal surface of tongue
C02.1	Malignant neoplasm of border of tongue
C02.2	Malignant neoplasm of ventral surface of tongue
C02.3	Malignant neoplasm of anterior two-thirds of tongue, part unspecified
C02.4	Malignant neoplasm of lingual tonsil
C02.8	Malignant neoplasm of overlapping sites of tongue
C02.9	Malignant neoplasm of tongue, unspecified
C03.0	Malignant neoplasm of upper gum
C03.1	Malignant neoplasm of lower gum
C03.9	Malignant neoplasm of gum, unspecified
C04.0	Malignant neoplasm of anterior floor of mouth
C04.1	Malignant neoplasm of lateral floor of mouth
C04.8	Malignant neoplasm of overlapping sites of floor of mouth
C04.9	Malignant neoplasm of floor of mouth, unspecified
C05.0	Malignant neoplasm of hard palate
C05.1	Malignant neoplasm of soft palate
C06.0	Malignant neoplasm of cheek mucosa
C06.2	Malignant neoplasm of retromolar area
C06.80	Malignant neoplasm of overlapping sites of unspecified parts of mouth
C06.89	Malignant neoplasm of overlapping sites of other parts of mouth
C06.9	Malignant neoplasm of mouth, unspecified
C09.0	Malignant neoplasm of tonsillar fossa
C09.1	Malignant neoplasm of tonsillar pillar (anterior) (posterior)
C09.8	Malignant neoplasm of overlapping sites of tonsil
C09.9	Malignant neoplasm of tonsil, unspecified
C10.3	Malignant neoplasm of posterior wall of oropharynx
C11.0	Malignant neoplasm of superior wall of nasopharynx
C11.1	Malignant neoplasm of posterior wall of nasopharynx
C11.2	Malignant neoplasm of lateral wall of nasopharynx
C11.3	Malignant neoplasm of anterior wall of nasopharynx
C11.8	Malignant neoplasm of overlapping sites of nasopharynx
C11.9	Malignant neoplasm of nasopharynx, unspecified
C12	Malignant neoplasm of pyriform sinus
C13.0	Malignant neoplasm of postcricoid region
C13.1	Malignant neoplasm of aryepiglottic fold, hypopharyngeal aspect
C13.2	Malignant neoplasm of posterior wall of hypopharynx
C13.8	Malignant neoplasm of overlapping sites of hypopharynx
C13.9	Malignant neoplasm of hypopharynx, unspecified

ICD-10	ICD-10 Description
C14.0	Malignant neoplasm of pharynx, unspecified
C14.2	Malignant neoplasm of Waldeyer's ring
C14.8	Malignant neoplasm of overlapping sites of lip, oral cavity and pharynx
C15.3	Malignant neoplasm of upper third of esophagus
C15.4	Malignant neoplasm of middle third of esophagus
C15.5	Malignant neoplasm of 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 of duodenum
C17.1	Malignant neoplasm of jejunum
C17.2	Malignant neoplasm of ileum
C17.8	Malignant neoplasm of overlapping sites of small intestine
C17.9	Malignant neoplasm of small intestine, unspecified
C18.0	Malignant neoplasm of cecum
C18.1	Malignant neoplasm of appendix
C18.2	Malignant neoplasm of ascending colon
C18.3	Malignant neoplasm of hepatic flexure
C18.4	Malignant neoplasm of transverse colon
C18.5	Malignant neoplasm of splenic flexure
C18.6	Malignant neoplasm of descending colon
C18.7	Malignant neoplasm of sigmoid colon
C18.8	Malignant neoplasm of overlapping sites of colon
C18.9	Malignant neoplasm of colon, unspecified
C19	Malignant neoplasm of rectosigmoid junction
C20	Malignant neoplasm of rectum
C21.0	Malignant neoplasm of anus, unspecified
C21.1	Malignant neoplasm of anal canal
C21.2	Malignant neoplasm of cloacogenic zone
C21.8	Malignant neoplasm of overlapping sites of rectum, anus and anal canal
C22.0	Liver cell carcinoma

ICD-10	ICD-10 Description
C22.1	Intrahepatic bile duct carcinoma
C22.9	Malignant neoplasm of liver, not specified as primary or secondary
C23	Malignant neoplasm of gallbladder
C24.0	Malignant neoplasm of extrahepatic bile duct
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 the 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
C31.0	Malignant neoplasm of maxillary sinus
C31.1	Malignant neoplasm of ethmoidal sinus
C32.0	Malignant neoplasm of glottis
C32.1	Malignant neoplasm of supraglottis
C32.2	Malignant neoplasm of subglottis
C32.3	Malignant neoplasm of laryngeal cartilage
C32.8	Malignant neoplasm of overlapping sites of larynx
C32.9	Malignant neoplasm of larynx, 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
C38.4	Malignant neoplasm of pleura

ICD-10	ICD-10 Description
C40.00	Malignant neoplasm of scapula and long bones of unspecified upper limb
C40.01	Malignant neoplasm of scapula and long bones of right upper limb
C40.02	Malignant neoplasm of scapula and long bones of left upper limb
C40.10	Malignant neoplasm of short bones of unspecified upper limb
C40.11	Malignant neoplasm of short bones of right upper limb
C40.12	Malignant neoplasm of short bones of left upper limb
C40.20	Malignant neoplasm of long bones of unspecified lower limb
C40.21	Malignant neoplasm of long bones of right lower limb
C40.22	Malignant neoplasm of long bones of left lower limb
C40.30	Malignant neoplasm of short bones of unspecified lower limb
C40.31	Malignant neoplasm of short bones of right lower limb
C40.32	Malignant neoplasm of short bones of left lower limb
C40.80	Malignant neoplasm of overlapping sites of bone and articular cartilage of unspecified limb
C40.81	Malignant neoplasm of overlapping sites of bone and articular cartilage of right limb
C40.82	Malignant neoplasm of overlapping sites of bone and articular cartilage of left limb
C40.90	Malignant neoplasm of unspecified bones and articular cartilage of unspecified limb
C40.91	Malignant neoplasm of unspecified bones and articular cartilage of right limb
C40.92	Malignant neoplasm of unspecified bones and articular cartilage of left limb
C41.0	Malignant neoplasm of bones of skull and face
C41.1	Malignant neoplasm of mandible
C41.2	Malignant neoplasm of vertebral column
C41.3	Malignant neoplasm of ribs, sternum and clavicle
C41.4	Malignant neoplasm of pelvic bones, sacrum and coccyx
C41.9	Malignant neoplasm of bone and articular cartilage, unspecified
C43.0	Malignant melanoma of lip
C43.10	Malignant melanoma of unspecified eyelid, including canthus
C43.11	Malignant melanoma of right eyelid, including canthus
C43.12	Malignant melanoma of left eyelid, including canthus
C43.20	Malignant melanoma of unspecified ear and external auricular canal
C43.21	Malignant melanoma of right ear and external auricular canal
C43.22	Malignant melanoma of left ear and external auricular canal
C43.30	Malignant melanoma of unspecified part of face
C43.31	Malignant melanoma of nose
C43.39	Malignant melanoma of other parts of face
C43.4	Malignant melanoma of scalp and neck
C43.51	Malignant melanoma of anal skin
C43.52	Malignant melanoma of skin of breast
C43.59	Malignant melanoma of other part of trunk
C43.60	Malignant melanoma of unspecified upper limb, including shoulder

ICD-10	ICD-10 Description
C43.61	Malignant melanoma of right upper limb, including shoulder
C43.62	Malignant melanoma of left upper limb, including shoulder
C43.70	Malignant melanoma of unspecified lower limb, including hip
C43.71	Malignant melanoma of right lower limb, including hip
C43.72	Malignant melanoma of left lower limb, including hip
C43.8	Malignant melanoma of overlapping sites of skin
C43.9	Malignant melanoma of skin, unspecified
C44.00	Unspecified malignant neoplasm of skin of lip
C44.02	Squamous cell carcinoma of skin of lip
C44.09	Other specified malignant neoplasm of skin of lip
C45.0	Mesothelioma of pleura
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
C4A.0	Merkel cell carcinoma of lip
C4A.10	Merkel cell carcinoma of eyelid, including canthus
C4A.11	Merkel cell carcinoma of right eyelid, including canthus
C4A.12	Merkel cell carcinoma of left eyelid, including canthus
C4A.20	Merkel cell carcinoma of unspecified ear and external auricular canal
C4A.21	Merkel cell carcinoma of right ear and external auricular canal
C4A.22	Merkel cell carcinoma of left ear and external auricular canal
C4A.30	Merkel cell carcinoma of unspecified part of face
C4A.31	Merkel cell carcinoma of nose
C4A.39	Merkel cell carcinoma of other parts of face
C4A.4	Merkel cell carcinoma of scalp and neck
C4A.51	Merkel cell carcinoma of anal skin
C4A.52	Merkel cell carcinoma of skin of breast
C4A.59	Merkel cell carcinoma of other part of trunk
C4A.60	Merkel cell carcinoma of unspecified upper limb, including shoulder
C4A.61	Merkel cell carcinoma of right upper limb, including shoulder
C4A.62	Merkel cell carcinoma of left upper limb, including shoulder
C4A.70	Merkel cell carcinoma of unspecified lower limb, including hip
C4A.71	Merkel cell carcinoma of right lower limb, including hip
C4A.72	Merkel cell carcinoma of left lower limb, including hip
C4A.8	Merkel cell carcinoma of overlapping sites
C4A.9	Merkel cell carcinoma, unspecified
C51.0	Malignant neoplasm of labium majus
C51.1	Malignant neoplasm of labium minus
C51.2	Malignant neoplasm of clitoris



ICD-10	ICD-10 Description
C51.8,	Malignant neoplasm of overlapping sites of vulva
C51.9	Malignant neoplasm of vulva, unspecified
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
C56.9	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
C60.0	Malignant neoplasm of prepuce
C60.1	Malignant neoplasm of glans penis
C60.2	Malignant neoplasm of body of penis
C60.8	Malignant neoplasm of overlapping sites of penis
C60.9	Malignant neoplasm of penis, unspecified
C61	Malignant neoplasm of prostate
C62.00	Malignant neoplasm of unspecified undescended testis
C62.01	Malignant neoplasm of undescended right testis
C62.02	Malignant neoplasm of undescended left testis



ICD-10	ICD-10 Description
C62.10	Malignant neoplasm of unspecified descended testis
C62.11	Malignant neoplasm of descended right testis
C62.12	Malignant neoplasm of descended left testis
C62.90	Malignant neoplasm of unspecified testis, unspecified whether descended or undescended
C62.91	Malignant neoplasm of right testis, unspecified whether descended or undescended
C62.92	Malignant neoplasm of left testis, unspecified whether descended or undescended
C63.7	Malignant neoplasm of other specified male genital organs
C63.8	Malignant neoplasm of overlapping sites of male genital organs
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
C69.30	Malignant neoplasm of unspecified choroid
C69.31	Malignant neoplasm of right choroid
C69.32	Malignant neoplasm of left choroid
C69.40	Malignant neoplasm of unspecified ciliary body
C69.41	Malignant neoplasm of right ciliary body
C69.42	Malignant neoplasm of left ciliary body
C69.60	Malignant neoplasm of unspecified orbit
C69.61	Malignant neoplasm of right orbit
C69.62	Malignant neoplasm of left orbit
C69.90	Malignant neoplasm of unspecified site of unspecified eye
C69.91	Malignant neoplasm of unspecified site of right eye
C69.92	Malignant neoplasm of unspecified site of left eye
C74.00	Malignant neoplasm of cortex of unspecified adrenal gland
C74.01	Malignant neoplasm of cortex of right adrenal gland

ICD-10	ICD-10 Description
C74.02	Malignant neoplasm of cortex of left adrenal gland
C74.90	Malignant neoplasm of unspecified part of unspecified adrenal gland
C74.91	Malignant neoplasm of unspecified part of right adrenal gland
C74.92	Malignant neoplasm of unspecified part of left adrenal gland
C76.0	Malignant neoplasm of head, face and neck
C77.0	Secondary and unspecified malignant neoplasm of lymph nodes of head, face and neck
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
C78.89	Secondary malignant neoplasm of other digestive organs
C79.31	Secondary malignant neoplasm of brain
C79.51	Secondary malignant neoplasm of bone
C79.52	Secondary malignant neoplasm of bone marrow
C79.82	Secondary malignant neoplasm of genital organs
C79.89	Secondary malignant neoplasm of other specified sites
C79.9	Secondary malignant neoplasm of unspecified site
C7A.1	Malignant poorly differentiated neuroendocrine tumors
C7B.00	Secondary carcinoid tumors unspecified site
C7B.01	Secondary carcinoid tumors of distant lymph nodes
C7B.02	Secondary carcinoid tumors of liver
C7B.03	Secondary carcinoid tumors of bone
C7B.04	Secondary carcinoid tumors of peritoneum
C7B.1	Secondary Merkel cell carcinoma
C7B.8	Other secondary neuroendocrine tumors
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

ICD-10	ICD-10 Description
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
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

ICD-10	ICD-10 Description
C81.92	Hodgkin lymphoma, unspecified, intrathoracic lymph nodes
C81.93	Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes
C81.94	Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb
C81.95	Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C81.96	Hodgkin lymphoma, unspecified, intrapelvic lymph nodes
C81.97	Hodgkin lymphoma, unspecified, spleen
C81.98	Hodgkin lymphoma, unspecified, lymph nodes of multiple sites
C81.99	Hodgkin lymphoma, unspecified, extranodal and solid organ sites
C84.00	Mycosis fungoides, unspecified site
C84.01	Mycosis fungoides, lymph nodes of head, face, and neck
C84.02	Mycosis fungoides, intrathoracic lymph nodes
C84.03	Mycosis fungoides, intra-abdominal lymph nodes
C84.04	Mycosis fungoides, lymph nodes of axilla and upper limb
C84.05	Mycosis fungoides, lymph nodes of inguinal region and lower limb
C84.06	Mycosis fungoides, intrapelvic lymph nodes
C84.07	Mycosis fungoides, spleen
C84.08	Mycosis fungoides, lymph nodes of multiple sites
C84.09	Mycosis fungoides, extranodal and solid organ sites
C84.10	Sézary disease, unspecified site
C84.11	Sézary disease, lymph nodes of head, face, and neck
C84.12	Sézary disease, intrathoracic lymph nodes
C84.13	Sézary disease, intra-abdominal lymph nodes
C84.14	Sézary disease, lymph nodes of axilla and upper limb
C84.15	Sézary disease, lymph nodes of inguinal region and lower limb
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
C84.90	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

ICD-10	ICD-10 Description
C84.Z1	Other mature T/NK-cell lymphomas, lymph nodes of head, face, and neck
C84.Z2	Other mature T/NK-cell lymphomas, intrathoracic lymph nodes
C84.Z3	Other mature T/NK-cell lymphomas, intra-abdominal lymph nodes
C84.Z4	Other mature T/NK-cell lymphomas, lymph nodes of axilla and upper limb
C84.Z5	Other mature T/NK-cell lymphomas, lymph nodes of inguinal region and lower limb
C84.Z6	Other mature T/NK-cell lymphomas, intrapelvic lymph nodes
C84.Z7	Other mature T/NK-cell lymphomas, spleen
C84.Z8	Other mature T/NK-cell lymphomas, lymph nodes of multiple sites
C84.Z9	Other mature T/NK-cell lymphomas, extranodal and solid organ sites
C85.20	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
C86.0	Other specified types of T/NK-cell lymphoma
D09.0	Carcinoma in situ of bladder
D37.01	Neoplasm of uncertain behavior of lip
D37.02	Neoplasm of uncertain behavior of tongue
D37.05	Neoplasm of uncertain behavior of pharynx
D37.09	Neoplasm of uncertain behavior of other specified sites of the oral cavity
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
D38.0	Neoplasm of uncertain behavior of larynx
D38.5	Neoplasm of uncertain behavior of other respiratory organs
D38.6	Neoplasm of uncertain behavior of respiratory organ, unspecified
D39.2	Neoplasm of uncertain behavior of placenta
D39.8	Neoplasm of uncertain behavior of other specified female genital organs
D39.9	Neoplasm of uncertain behavior of female genital 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

ICD-10	ICD-10 Description
Z85.07	Personal history of malignant neoplasm of pancreas
Z85.118	Personal history of other malignant neoplasm of bronchus and lung
Z85.21	Personal history of malignant neoplasm of larynx
Z85.22	Personal history of malignant neoplasm of nasal cavities, middle ear, and accessory sinuses
Z85.43	Personal history of malignant neoplasm of ovary
Z85.47	Personal history of malignant neoplasm of testis
Z85.49	Personal history of malignant neoplasm of other male genital organs
Z85.51	Personal history of malignant neoplasm of bladder
Z85.59	Personal history of malignant neoplasm of other urinary tract organ
Z85.71	Personal history of Hodgkin Lymphoma
Z85.810	Personal history of malignant neoplasm of tongue
Z85.818	Personal history of malignant neoplasm of other sites of lip, oral cavity and pharynx
Z85.819	Personal history of malignant neoplasm of unspecified site of lip, oral cavity and pharynx
Z85.820	Personal history of malignant melanoma of skin
Z85.821	Personal history of Merkel cell carcinoma
Z85.830	Personal history of malignant neoplasm of bone
Z85.858	Personal history of malignant neoplasm of other endocrine glands

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

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 Determination (NCD) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: <http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx>. Additional indications may be covered at the discretion of the health plan.

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

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

Medicare Part B Administrative Contractor (MAC) Jurisdictions

<b>Jurisdiction</b>	<b>Applicable State/US Territory</b>	<b>Contractor</b>
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC