Tecentriq Hybreza®
(atezolizumab and hyaluronidase-tqjs)
(Subcutaneous)

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I. Length of Authorization Δ [1,23,28]

- Initial: Prior authorization validity will be provided initially for 6 months (180 days).
- Renewal: Prior authorization validity may be renewed every 6 months (180 days) thereafter, unless otherwise specified.
  - Prior authorization validity may be renewed for up to a maximum of 12 months (365 days) of therapy* for the following:
    - Non-Small Cell Lung Cancer (NSCLC) and Urothelial Carcinoma (Bladder Cancer) when used as adjuvant therapy
    - Colon Cancer
  - Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma (CLL/SLL): Prior authorization validity may be renewed for up to a maximum of 18 cycles.
  - Thymic Carcinoma: Prior authorization validity may be renewed for up to a maximum 24 months (730 days) of therapy.*

Note: The maximum number of doses is dependent on the dosing frequency and duration of therapy. Refer to Section V for exact dosage.		
Dosing Frequency	**Maximum length of therapy**	**Maximum number of doses**
3 weeks	1 year	18 doses

II. Dosing Limits

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

- 375 billable units every 21 days

III. Initial Approval Criteria [1]

Prior authorization validity is provided in the following conditions:

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

Universal Criteria

- Member has not received previous therapy with a programmed death (PD-1/PD-L1)-directed therapy, unless otherwise specified Δ *(**Note**: Not applicable when used as switch-therapy with intravenous atezolizumab)*; **AND**
- Therapy will not be used concomitantly with intravenous atezolizumab; **AND**

- Member is at least 62 kg *(**Note**: Members <62 kg should use the IV formulation of Tecentriq) (Does NOT apply to Alveolar Soft Part Sarcoma);* **AND**

Non-Small Cell Lung Cancer (NSCLC) † ‡ [1,5,6,8,11,12,17,23]

- Used for recurrent, advanced, or metastatic disease; **AND**
  - Used as first-line therapy; **AND**
    - Used as a single agent; **AND**
      - Members with performance status (PS) 0-2 who have tumors that are negative for actionable biomarkers* (may be KRAS G12C mutation positive) and PD-L1 ≥ 50% *(PD-L1 stained ≥ 50% of tumor cells [TC ≥ 50%] or PD-L1 stained tumor-infiltrating immune cells [IC] covering ≥ 10% of the tumor area [IC ≥ 10%])*, as determined by an FDA-approved test or Clinical Laboratory Improvement Amendments (CLIA)-compliant test❖; **OR**
      - Members with PS 3 who have tumors that are negative for actionable biomarkers* (may be KRAS G12C mutation positive) regardless of PD-L1 status; **OR**
      - Members with PS 3 who have tumors positive for one of the following biomarkers: EGFR exon 20, BRAF V600E, NTRK1/2/3 gene fusion, MET exon-14 skipping, ERBB2 (HER2), NRG1 gene fusion; **OR**
    - Used in combination with one of the following:
      - Carboplatin, paclitaxel, and bevacizumab
      - Carboplatin and albumin-bound paclitaxel; **AND**
      - Used for non-squamous disease; **AND**
        - Tumor is negative for actionable biomarkers* (may be KRAS G12C mutation positive); **OR**
        - Tumor is positive for one of the following biomarkers: EGFR exon 20, BRAF V600E, NTRK1/2/3 gene fusion, MET exon-14 skipping, ERBB2 (HER2), or NRG1 gene fusion; **OR**
  - Used as subsequent therapy; **AND**
    - Used as a single agent; **AND**
      - Members with PS 0-2; **OR**
      - Members with PS 3 who are positive for one of the following biomarkers: BRAF V600E, NTRK1/2/3 gene fusion, MET exon-14 skipping; **OR**
      - Members with PS 3 who are positive for one of the following biomarkers and received prior targeted therapy**§**: EGFR exon 19 deletion or L858R, EGFR S768I, L861Q and/or G719X, RET gene fusion, ALK gene fusion, or ROS1 gene fusion; **OR**
    - Used in combination with one of the following:
      - Carboplatin, paclitaxel, and bevacizumab
      - Carboplatin and albumin-bound paclitaxel; **AND**

        - ➢ Used for non-squamous disease; **AND**
            - – Member is positive for one of the following biomarkers: BRAF V600E, NTRK1/2/3 gene fusion, or MET exon 14 skipping; **OR**
            - – Member is positive for one of the following biomarkers and received prior targeted therapy**§**: EGFR S768I, L861Q, and/or G719X mutation; **OR**
    - Used as continuation maintenance therapy in members who have achieved a tumor response or stable disease following initial therapy; **AND**
        - Used in combination with bevacizumab following a first-line regimen with atezolizumab, carboplatin, paclitaxel, and bevacizumab for non-squamous histology; **OR**
        - Used as a single agent following a first-line regimen with atezolizumab, carboplatin, and albumin-bound paclitaxel for non-squamous histology; **OR**
        - Used as a single agent following a first-line regimen with single agent atezolizumab; **OR**
- Used as adjuvant therapy as a single agent; **AND**
    - Tumor expresses PD-L1 ≥1% as determined by an FDA-approved test or CLIA-compliant test❖; **AND**
        - Used following resection and previous adjuvant platinum-based chemotherapy; **AND**
            - ➢ Member has stage II to IIIA disease **†**; **OR**
            - ➢ Member has stage IB or IIIB (T2-T3, N2b; T4, N2) disease **‡**; **AND**
                - – Member has no known EGFR mutations, or ALK gene fusion; **OR**
        - Used after completion of adjuvant chemoradiation for margin-positive (R1 or R2) residual disease; **AND**
            - ➢ Member has stage IB or IIIB (T2-T3, N2b; T4, N2) disease; **AND**
                - – Member has no known EGFR mutations, or ALK gene fusion

**Note: Actionable biomarkers include EGFR, KRAS, ALK, ROS1, BRAF, NTRK1/2/3, MET, RET, NRG1, and ERBB2 (HER2). Complete biomarker testing including molecular assessment of EGFR, KRAS, ALK, ROS1, BRAF, NTRK1/2/3, MET, RET, NRG1, and ERBB2 (HER2), via biopsy and/or plasma testing. If a clinically actionable marker is found, it is reasonable to start therapy based on the identified marker. Treatment is guided by available results and, if unknown, these members are treated as though they do not have driver oncogenes.*
***§** Note: Genomic Aberration/Mutational Driver Targeted Therapies: Refer to guidelines for appropriate use.*

Small Cell Lung Cancer (SCLC) † ‡ Φ [1,6,14,18,38]

- Member has extensive stage disease (ES-SCLC); **AND**
    - Used as first-line therapy in combination with carboplatin and etoposide **†**; **OR**
    - Used as maintenance therapy if disease has not progressed following first-line therapy with atezolizumab (intravenous or subcutaneous), carboplatin, and etoposide; **AND**
        - Used in combination with lurbinectedin **†**; **OR**

        - Used as a single agent ‡; **OR**
- Member had disease progression or relapse after a prolonged disease-free interval ‡; **AND**
    - Used as subsequent therapy in combination with carboplatin and etoposide; **OR**
    - Used as maintenance therapy; **AND**
        - Used as a single agent following subsequent therapy with atezolizumab (intravenous or subcutaneous), carboplatin, and etoposide; **OR**
        - Used in combination with lurbinectedin (if lurbinectedin has not been used previously); **AND**
            - Member has at least stable disease following 4 cycles of subsequent therapy with atezolizumab (intravenous or subcutaneous), carboplatin, and etoposide; **AND**
            - Member has an Eastern Cooperative Oncology Group (ECOG) performance status of 0-1; **AND**
            - Member has no history of brain metastases

Hepatocellular Carcinoma (HCC) † ‡ Φ [1,6,15,16,21,28]

- Used in combination with bevacizumab; **AND**
    - Used as first-line therapy for unresectable or metastatic disease †; **OR**
    - Used as subsequent-line therapy for disease progression on or after systemic therapy

Peritoneal Mesothelioma (PeM) ‡** [6,24,27]

- Used as subsequent therapy in combination with bevacizumab

*** Note: May also be used for pericardial mesothelioma and tunica vaginalis testis mesothelioma*

Cutaneous Melanoma † ‡ Φ [1,6,19,20,29]

- Member has BRAF V600 mutation-positive disease as detected by an FDA approved or CLIA compliant test❖; **AND**
- Used in combination with cobimetinib and vemurafenib; **AND**
    - Member has unresectable or metastatic disease; **AND**
        - Used as first-line therapy; **OR**
        - Used as subsequent therapy for disease progression, intolerance, and/or projected risk of progression with BRAF-targeted therapy; **OR**
    - Used as re-induction therapy in members who experienced disease control *(i.e., complete response, partial response, or stable disease with no residual toxicity)* from prior combination BRAF/MEK + PD(L)-1 checkpoint inhibitor therapy, but subsequently have disease progression/relapse > 3 months after treatment discontinuation

Alveolar Soft Part Sarcoma (ASPS) † ‡ Φ [1,6,26]

- Member is at least 12 years of age; **AND**
- Member weighs at least 40 kg; **AND**

- Used as a single agent

Cervical Cancer ‡ [6,14,37]

- Member has small cell neuroendocrine carcinoma of the cervix (NECC); **AND**
  - Used as first-line or subsequent therapy (if not used previously as first-line therapy) for persistent, recurrent, or metastatic disease; **AND**
    - Used in combination with etoposide AND either cisplatin or carboplatin; **OR**
  - Used as single-agent maintenance therapy after initial therapy with atezolizumab, etoposide, AND either carboplatin or cisplatin; **OR**
- Member has adenocarcinoma, adenosquamous, or squamous cell carcinoma; **AND**
  - Used as first-line or subsequent therapy (if not used previously as first-line therapy); **AND**
    - Member has recurrent or metastatic disease; **AND**
    - Used in combination with bevacizumab, paclitaxel, AND either cisplatin or carboplatin; **OR**
  - Used in combination with bevacizumab as maintenance therapy after initial therapy with atezolizumab, bevacizumab, paclitaxel, AND cisplatin or carboplatin

Colon Cancer ‡ [6,39,40]

- Member has microsatellite instability-high (MSI-H)/deficient mismatch repair (dMMR) disease OR polymerase epsilon/delta (POLE/POLD1) mutation with ultra-hypermutated phenotype (e.g., tumor mutational burden [TMB] > 50 mut/Mb) as determined by an FDA-approved or CLIA-compliant test❖; **AND**
- Member has stage III disease; **AND**
- Used as adjuvant treatment in combination with FOLFOX or CAPEOX followed by single agent maintenance therapy

Thymic Carcinoma ‡ [6,42]

- Used in combination with carboplatin and paclitaxel; **AND**
  - Used as postoperative therapy after R1 (microscopic residual tumor) or R2 (macroscopic residual tumor) resection; **OR**
  - Used as first-line therapy for recurrent, advanced, or metastatic disease

Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma (CLL/SLL) ‡ [6]

- Used in combination with venetoclax and obinutuzumab for histologic transformation (Richter); **AND**
  - Used as additional therapy for partial response, refractory disease, or progression while on prior treatment ^; **OR**
  - Used as first-line treatment for Richter transformation if previously treated for CLL; **OR**
  - Used as continuation therapy for complete response until progression

^Prior treatment could have included immune checkpoint inhibitor therapy (e.g., PD-1/PD-L1-directed therapy)

Urothelial Carcinoma (Bladder Cancer) † [1,45]

- Member has muscle invasive bladder cancer (MIBC); **AND**
- Used as a single agent; **AND**
- Used as adjuvant therapy following cystectomy; **AND**
- Member has circulating tumor DNA molecular residual disease (ctDNA MRD) as determined by an FDA-authorized test or CLIA compliant test❖

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

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

IV. Renewal Criteria [Δ 1,6]

Prior authorization validity can be renewed based upon the following criteria:

- Member continues to meet universal and other indication-specific relevant criteria such as concomitant therapy requirements (not including prerequisite therapy), performance status, etc. identified in section III; **AND**
- Duration of authorization has not been exceeded *(refer to Section I);* ***AND***
- Disease response with treatment as defined by stabilization of disease or decrease in size of tumor or tumor spread, unless otherwise specified in section III; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: immune-mediated adverse reactions (e.g., pneumonitis, hepatitis, colitis, endocrinopathies, nephritis/renal dysfunction, rash/dermatitis [including Stevens-Johnson syndrome (SJS), drug rash with eosinophilia and systemic symptoms (DRESS), and toxic epidermal necrolysis (TEN)], myocarditis, pericarditis, vasculitis, solid organ transplant rejection, etc.), severe infusion-related reactions, complications of allogeneic hematopoietic stem cell transplantation (HSCT), etc.

Δ Notes:

- Members responding to therapy who relapse ≥ 6 months after discontinuation due to duration are eligible to re-initiate PD-directed therapy.
- Members previously presenting with aggressive disease who are exhibiting stable disease on treatment as their best response (or if therapy improved performance status) may be eligible for continued therapy without interruption or discontinuation.
- Members who complete adjuvant therapy and progress ≥ 6 months after discontinuation are eligible to re-initiate PD-directed therapy for metastatic disease.
- Members whose tumors, upon re-biopsy, demonstrate a change in actionable mutation (e.g., MSS initial biopsy; MSI-H subsequent biopsy) may be eligible to re-initiate PD-directed therapy and will be evaluated on a case-by-case basis.

V. Dosage/Administration Δ [1,14,27,28]

Indication	Dose
All Indications	The recommended dosage of Tecentriq Hybreza is one 15 mL injection (containing 1,875 mg of atezolizumab and 30,000 units of hyaluronidase) administered subcutaneously every 3 weeks, until disease progression or unacceptable toxicity (unless otherwise specified). • For adjuvant treatment of NSCLC and Urothelial Carcinoma (Bladder Cancer): duration of therapy is up to a maximum of 12 months, unless there is disease recurrence or unacceptable toxicity • Colon Cancer: duration of therapy is up to a maximum of 12 months total • Thymic Carcinoma: duration of therapy is up to a maximum of 24 months in absence of disease progression or unacceptable toxicity • CLL/SLL: duration of therapy is up to a total of 18 cycles *Note: The recommended dosage for pediatric members 12 years of age and older who weigh less than 40 kg has not been established.*
Tecentriq Hybreza must be administered by a healthcare professional	
Note: – *Tecentriq Hybreza has different recommended dosage and administration than intravenous atezolizumab products.* – *Members who are treated with intravenous atezolizumab can switch to subcutaneous Tecentriq Hybreza at their next scheduled dose; or members who are treated with Tecentriq Hybreza can switch to intravenous atezolizumab at their next scheduled dose.* – *Tecentriq Hybreza is for subcutaneous use in the thigh only administered over approximately 7 minutes.*	

VI. Billing Code/Availability Information

HCPCS Code(s):

- J9024 – Injection, atezolizumab, 5 mg and hyaluronidase-tqjs; 1 billable unit = 5 mg

NDC(s):

- Tecentriq 1,875 mg and 30,000 units/15 mL in a single-dose vial: 50242-0933-xx

VII. References

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Appendix A – Non-Quantitative Treatment Limitations (NQTL) Factor Checklist

Non-quantitative treatment limitations (NQTLs) refer to the methods, guidelines, standards of evidence, or other conditions that can restrict how long or to what extent benefits are provided under a health plan. These may include things like utilization review or prior authorization. The utilization management NQTL applies comparably, and not more stringently, to mental health/substance use disorder (MH/SUD) Medical Benefit Prescription Drugs and medical/surgical (M/S) Medical Benefit Prescription Drugs. The table below lists the factors that were considered in designing and applying prior authorization to this drug/drug group, and a summary of the conclusions that Prime's assessment led to for each.

Factor	Conclusion
Indication	Yes: Consider for PA
Safety and efficacy	No: PA not a priority
Potential for misuse/abuse	No: PA not a priority
Cost of drug	Yes: Consider for PA

Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
C18.0	Malignant neoplasm of cecum
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
C22.0	Liver cell carcinoma
C22.8	Malignant neoplasm of liver, primary, unspecified as to type
C22.9	Malignant neoplasm of liver, not specified as primary or secondary
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
C37	Malignant neoplasm of thymus
C43.0	Malignant melanoma of lip
C43.111	Malignant melanoma of right upper eyelid, including canthus
C43.112	Malignant melanoma of right lower eyelid, including canthus

ICD-10	ICD-10 Description
C43.121	Malignant melanoma of left upper eyelid, including canthus
C43.122	Malignant melanoma of left lower 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
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
C45.1	Mesothelioma of peritoneum
C45.2	Mesothelioma of pericardium
C45.7	Mesothelioma of other sites
C45.9	Mesothelioma, unspecified
C49.0	Malignant neoplasm of connective and soft tissue of head, face and neck
C49.10	Malignant neoplasm of connective and soft tissue of unspecified upper limb, including shoulder
C49.11	Malignant neoplasm of connective and soft tissue of right upper limb including shoulder
C49.12	Malignant neoplasm of connective and soft tissue of left upper limb, including shoulder
C49.20	Malignant neoplasm of connective and soft tissue of unspecified lower limb, including hip
C49.21	Malignant neoplasm of connective and soft tissue of right lower limb, including hip
C49.22	Malignant neoplasm of connective and soft tissue of left lower limb, including hip
C49.3	Malignant neoplasm of connective and soft tissue of thorax
C49.4	Malignant neoplasm of connective and soft tissue of abdomen
C49.5	Malignant neoplasm of connective and soft tissue of pelvis

ICD-10	ICD-10 Description
C49.6	Malignant neoplasm of connective and soft tissue of trunk, unspecified
C49.8	Malignant neoplasm of overlapping sites of connective and soft tissue
C49.9	Malignant neoplasm of connective and soft tissue, 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
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
C7A.1	Malignant poorly differentiated neuroendocrine tumors
C83.00	Small cell B-cell lymphoma, unspecified site
C83.01	Small cell B-cell lymphoma, lymph nodes of head, face, and neck
C83.02	Small cell B-cell lymphoma, intrathoracic lymph nodes
C83.03	Small cell B-cell lymphoma, intra-abdominal lymph nodes
C83.04	Small cell B-cell lymphoma, lymph nodes of axilla and upper limb
C83.05	Small cell B-cell lymphoma, lymph nodes of inguinal region and lower limb
C83.06	Small cell B-cell lymphoma, intrapelvic lymph nodes
C83.07	Small cell B-cell lymphoma, spleen
C83.08	Small cell B-cell lymphoma, lymph nodes of multiple sites
C83.09	Small cell B-cell lymphoma, extranodal and solid organ sites
C83.30	Diffuse large B-cell lymphoma, unspecified site
C83.31	Diffuse large B-cell lymphoma, lymph nodes of head, face, and neck
C83.32	Diffuse large B-cell lymphoma, intrathoracic lymph nodes
C83.33	Diffuse large B-cell lymphoma, intra-abdominal lymph nodes
C83.34	Diffuse large B-cell lymphoma, lymph nodes of axilla and upper limb
C83.35	Diffuse large B-cell lymphoma, lymph nodes of inguinal region and lower limb

ICD-10	ICD-10 Description
C83.36	Diffuse large B-cell lymphoma, intrapelvic lymph nodes
C83.37	Diffuse large B-cell lymphoma, spleen
C83.38	Diffuse large B-cell lymphoma, lymph nodes of multiple sites
C83.39	Diffuse large B-cell lymphoma, extranodal and solid organ sites
C91.10	Chronic lymphocytic leukemia of B-cell type not having achieved remission
C91.12	Chronic lymphocytic leukemia of B-cell type in relapse
D09.0	Carcinoma in situ of bladder
D15.0	Benign neoplasm of thymus
D38.4	Neoplasm of uncertain behavior of thymus
Z85.038	Personal history of other malignant neoplasm of large intestine
Z85.118	Personal history of other malignant neoplasm of bronchus and lung
Z85.12	Personal history of malignant neoplasm of trachea
Z85.238	Personal history of other malignant neoplasm of thymus
Z85.51	Personal history of malignant neoplasm of bladder
Z85.831	Personal history of malignant neoplasm of soft tissue

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.

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