

Medical Policy:

Bendamustine (Bendeka®/Treanda®/Belrapzo®/Vivimusta) Intravenous

POLICY NUMBER	LAST REVIEW	ORIGIN DATE
MG.MM.PH.135	February 26, 2025	

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The treating physician or primary care provider must submit to EmblemHealth, or ConnectiCare, as applicable (hereinafter jointly referred to as “EmblemHealth”), the clinical evidence that the member meets the criteria for the treatment or surgical procedure. Without this documentation and information, EmblemHealth will not be able to properly review the request preauthorization or post-payment review. The clinical review criteria expressed below reflects how EmblemHealth determines whether certain services or supplies are medically necessary. This clinical policy is not intended to pre-empt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Health care providers are expected to exercise their medical judgment in rendering appropriate care.

EmblemHealth established the clinical review criteria based upon a review of currently available clinical information (including clinical outcome studies in the peer reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). EmblemHealth expressly reserves the right to revise these conclusions as clinical information changes and welcomes further relevant information. Each benefit program defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and/or paid for by EmblemHealth, as some programs exclude coverage for services or supplies that EmblemHealth considers medically necessary.

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Definitions

Bendamustine is a bifunctional mechlorethamine derivative containing a purine-like benzimidazole ring. Its exact mechanism of action is unknown, but it may cause apoptotic and non-apoptotic death of malignant cells by damaging both single- and double-strand DNA, increasing the expression of pro- apoptotic genes, and inhibiting mitotic control. Bendamustine is active against both quiescent and dividing cells.

Bendamustine (Bendeka/Treanda) is **FDA approved** for the treatment of patients with:

- Chronic lymphoid leukemia/small lymphocytic lymphoma.
- Non-Hodgkin's lymphoma: Indolent B-Cell that has progressed during or within six months of treatment with rituximab or a rituximab-containing regimen.

Non-FDA approved indications include:

- Multiple myeloma
- Non-Hodgkin's lymphoma: Mantle Cell, Primary Cutaneous B-Cell, Splenic Marginal Zone Lymphoma
- Waldenstrom’s macroglobulinemia
- Hodgkin Lymphoma
- Systemic Light Chain Amyloidosis

- Hematopoietic Cell Transplant
- Primary Cutaneous Lymphoma

Length of Authorization

Coverage will be provided for 6 months and may be renewed (unless otherwise specified).

- Waldenström Macroglobulinemia (WM)/Lymphoplasmacytic Lymphoma (LPL):
 - Coverage will be provided for six months and may NOT be renewed, unless otherwise specified.
 - May be renewed for an additional six months for relapsed disease if previously used as primary therapy.
- Non-Hodgkin Lymphoma (NHL), Chronic Lymphocytic Leukemia (CLL)/Small Lymphocytic Lymphoma (SLL), Hodgkin Lymphoma, Systemic Light Chain Amyloidosis:
 - Coverage will be provided for six months and may NOT be renewed.
- Multiple Myeloma:
 - Coverage will be provided for eight months and may NOT be renewed.
- HSCT Conditioning:
 - Coverage will be provided for one time only and may NOT be renewed.

Dosing Limits [Medical Benefit]

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

- NHL: 600 billable units per 21 days
- HL: 600 billable units every 28 days
- WM/LPL: 450 billable units every 28 days
- CLL/SLL, Systemic Light Chain Amyloidosis & Multiple Myeloma: 500 billable units every 28 days
- HSCT Conditioning: 500 billable units every 28 days
- Primary Cutaneous Lymphomas: 450 billable units every 21 days

Guideline

I. INITIAL APPROVAL CRITERIA

Bendamustine may be considered medically necessary when any of the following selection criteria is met:

1. **Chronic lymphoid leukemia/small lymphocytic lymphoma**

- A. Patient is ≥ 18 years of age; **AND**
- B. Bendamustine is prescribed by or in consultation with an oncologist.

2. **B-Cell Non-Hodgkin Lymphoma**

Note: Examples include follicular lymphoma, gastric and nongastric mucosa-associated lymphoid tissue (MALT) lymphoma, nodal marginal zone lymphoma, splenic marginal zone lymphoma, histologic transformation of indolent lymphomas to diffuse large B-cell lymphoma (DLBCL), DLBCL, and high-grade B-cell lymphoma.

- A. Patient is ≥ 18 years of age; **AND**
- B. Bendamustine is prescribed by or in consultation with an oncologist

3. **Multiple Myeloma**

- A. Patient is ≥ 18 years of age; **AND**
- B. Patient has been treated with more than 3 prior regimens; **AND**
- C. Bendamustine is prescribed by or in consultation with an oncologist.

4. Waldenstrom's macroglobulinemia

- A. Patient is ≥ 18 years of age; **AND**
- B. Bendamustine is prescribed by or in consultation with an oncologist.

5. Hodgkin lymphoma

- A. Bendamustine is used as second-line or subsequent therapy; **AND**
- B. Bendamustine is prescribed by or in consultation with an oncologist.

Limitations/Exclusions

Bendamustine is not considered medically necessary for when any of the following selection criteria is met:

1. Member less than 18 years of age
2. Not to be used in members with CrCl < 30 mL/min.
3. Member has disease progression while on Treanda/Bendeka (bendamustine).
4. Dosing exceeds single dose limit of Treanda/Bendeka (bendamustine) 120 mg/m².
5. Treatment with Treanda/Bendeka (bendamustine) exceeds the maximum duration limit of 8 cycles for NHL and 6 cycles for CLL.
6. Belrapzo and Bendeka are contraindicated in members with hypersensitivity to polyethylene glycol 400, propylene glycol, or monothioglycerol.

II. Renewal Criteria

Coverage may be renewed based upon the following criteria:

- A. Patient continues to meet the indication-specific relevant criteria **AND**
- B. Duration of authorization has not been exceeded (refer to Lengths of Authorization criteria); **AND**
- C. Absence of unacceptable toxicity from the drug.

Dosage/Administration

Indication	Dose
CLL/SLL (Single agent)	100 mg/m ² IV over 30 minutes (for Treanda, Belrapzo) or 10 minutes (for Bendeka) on days 1 and 2; repeat every 28 days up to a maximum of 6 cycles.
Non-Hodgkin's Lymphoma	120 mg/m ² IV over 60 minutes (for Treanda, Belrapzo) or 10 minutes (for Bendeka) on days 1 and 2 of a 21-day cycle, up to 8 cycles; allopurinol may be given when initiating treatment in patients at high risk for tumor lysis syndrome.
Multiple myeloma	Up to 100 mg/m ² IV over 30 minutes (for Treanda) on days 1-2 repeat every 28 days until maximal response, disease progression, or unacceptable toxicity.
Waldenström's Macroglobulinemia	Up to 90 mg/m ² intravenously on days 1 and 2 of a 28-day cycle, up to 6 cycles
Hodgkin Lymphoma	Up to 120 mg/m ² intravenously on days 1 and 2 of a 28-day cycle, up to 6 cycles
HSCT Conditioning	Up to 200 mg/m ² intravenously on days -7 and -6 leading up to transplant.
Primary Cutaneous Lymphomas	90 mg/m ² intravenously on days 1 and 2

Applicable Procedure Codes

Code	Description
J9033	Injection, bendamustine hydrochloride, 1 mg, 1 billable unit = 1 mg

J9034	Injection, bendamustine (Bendeka), 1 mg, 1 billable unit = 1 mg
J9036	Injection, bendamustine (Belrapzo), 1 mg, 1 billable unit = 1 mg
J9056	Injection, bendamustine HCl, 1 mg (vivimusta) 1 billable unit = 1 mg

Applicable NDCs

Code	Description
63459-0391-20	Treanda 100 mg lyophilized powder in a single dose vial for reconstitution
63459-0390-08	Treanda 25 mg lyophilized powder in a single dose vial for reconstitution
16729-0250-03	Bendamustine HCl 25 MG
16729-0251-05	Bendamustine HCl 100 MG
55150-0391-01	Bendamustine HCl 25 MG
55150-0392-01	Bendamustine HCl 100 MG
60505-6095-00	Bendamustine HCl 25 MG
60505-6096-00	Bendamustine HCl 100 MG
68001-0572-41	Bendamustine HCl 100 MG
71288-0102-10	Bendamustine HCl 25 MG
71288-0103-20	Bendamustine HCl 100 MG
63459-0348-04	Bendeka 100 mg/4 ml multi-dose vial
42367-0521-25	Balrapzo 100 mg/4 ml multi-dose vial
10019-0079-01	Bendamustine HCl 100 MG/4ML
42367-0521-25	Belrapzo 100 MG/4ML
60505-6228-00	Bendamustine HCl 100 MG/4ML
71225-0120-01	Vivimusta 100 mg/4mL

ICD-10 Diagnoses

Code	Description
C81.10	Nodular sclerosis Hodgkin lymphoma, unspecified site
C81.11	Nodular sclerosis Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.12	Nodular sclerosis Hodgkin lymphoma, intrathoracic lymph nodes
C81.13	Nodular sclerosis Hodgkin lymphoma, intra-abdominal lymph nodes
C81.14	Nodular sclerosis Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.15	Nodular sclerosis Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.16	Nodular sclerosis Hodgkin lymphoma, intrapelvic lymph nodes
C81.17	Nodular sclerosis Hodgkin lymphoma, spleen
C81.18	Nodular sclerosis Hodgkin lymphoma, lymph nodes of multiple sites
C81.19	Nodular sclerosis Hodgkin lymphoma, extranodal and solid organ sites
C81.20	Mixed cellularity Hodgkin lymphoma, unspecified site
C81.21	Mixed cellularity Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.22	Mixed cellularity Hodgkin lymphoma, intrathoracic lymph nodes
C81.23	Mixed cellularity Hodgkin lymphoma, intra-abdominal lymph nodes
C81.24	Mixed cellularity Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.25	Mixed cellularity Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.26	Mixed cellularity Hodgkin lymphoma, intrapelvic lymph nodes
C81.27	Mixed cellularity Hodgkin lymphoma, spleen

C81.28	Mixed cellularity Hodgkin lymphoma, lymph nodes of multiple sites
C81.29	Mixed cellularity Hodgkin lymphoma, extranodal and solid organ sites
C81.30	Lymphocyte depleted Hodgkin lymphoma, unspecified site
C81.31	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.32	Lymphocyte depleted Hodgkin lymphoma, intrathoracic lymph nodes
C81.33	Lymphocyte depleted Hodgkin lymphoma, intra-abdominal lymph nodes
C81.34	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.35	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.36	Lymphocyte depleted Hodgkin lymphoma, intrapelvic lymph nodes
C81.37	Lymphocyte depleted Hodgkin lymphoma, spleen
C81.38	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of multiple sites
C81.39	Lymphocyte depleted Hodgkin lymphoma, extranodal and solid organ sites
C81.40	Lymphocyte-rich Hodgkin lymphoma, unspecified site
C81.41	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.42	Lymphocyte-rich Hodgkin lymphoma, intrathoracic lymph nodes
C81.43	Lymphocyte-rich Hodgkin lymphoma, intra-abdominal lymph nodes
C81.44	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.45	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.46	Lymphocyte-rich Hodgkin lymphoma, intrapelvic lymph nodes
C81.47	Lymphocyte-rich Hodgkin lymphoma, spleen
C81.48	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of multiple sites
C81.49	Lymphocyte-rich Hodgkin lymphoma, extranodal and solid organ sites
C81.70	Other Hodgkin lymphoma unspecified site
C81.71	Other Hodgkin lymphoma lymph nodes of head, face, and neck
C81.72	Other Hodgkin lymphoma intrathoracic lymph nodes
C81.73	Other Hodgkin lymphoma intra-abdominal lymph nodes
C81.74	Other Hodgkin lymphoma lymph nodes of axilla and upper limb
C81.75	Other Hodgkin lymphoma lymph nodes of inguinal region and lower limb
C81.76	Other Hodgkin lymphoma intrapelvic lymph nodes
C81.77	Other Hodgkin lymphoma spleen
C81.78	Other Hodgkin lymphoma lymph nodes of multiple sites
C81.79	Other Hodgkin lymphoma extranodal and solid organ sites
C81.90	Hodgkin lymphoma, unspecified, unspecified site
C81.91	Hodgkin lymphoma, unspecified, lymph nodes of head, face, and neck
C81.92	Hodgkin lymphoma, unspecified, intrathoracic lymph nodes
C81.93	Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes
C81.94	Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb
C81.95	Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C81.96	Hodgkin lymphoma, unspecified, intrapelvic lymph nodes
C81.97	Hodgkin lymphoma, unspecified, spleen
C81.98	Hodgkin lymphoma, unspecified, lymph nodes of multiple sites
C81.99	Hodgkin lymphoma, unspecified, extranodal and solid organ sites
C82.00	Follicular lymphoma grade I, unspecified site
C82.01	Follicular lymphoma grade I, lymph nodes of head, face and neck
C82.02	Follicular lymphoma, grade I, intrathoracic lymph nodes
C82.03	Follicular lymphoma grade I, intra-abdominal lymph nodes

C82.04	Follicular lymphoma grade I, lymph nodes of axilla and upper limb
C82.05	Follicular lymphoma grade I, lymph nodes of inguinal regional and lower limb
C82.06	Follicular lymphoma grade I, intrapelvic lymph nodes
C82.07	Follicular lymphoma grade I, spleen
C82.08	Follicular lymphoma grade I, lymph nodes of multiple sites
C82.09	Follicular lymphoma grade I, extranodal and solid organ sites
C82.10	Follicular lymphoma grade II, unspecified site
C82.11	Follicular lymphoma grade II, lymph nodes of head, face and neck
C82.12	Follicular lymphoma, grade II, intrathoracic lymph nodes
C82.13	Follicular lymphoma grade II, intra-abdominal lymph nodes
C82.14	Follicular lymphoma grade II, lymph nodes of axilla and upper limb
C82.15	Follicular lymphoma grade II, lymph nodes of inguinal region and lower limb
C82.16	Follicular lymphoma grade II, intrapelvic lymph nodes
C82.17	Follicular lymphoma grade II, spleen
C82.18	Follicular lymphoma grade II, lymph nodes of multiple sites
C82.19	Follicular lymphoma grade II, extranodal and solid organ sites
C82.20	Follicular lymphoma grade III, unspecified, unspecified site
C82.21	Follicular lymphoma grade III, unspecified, lymph nodes of head, face and neck
C82.22	Follicular lymphoma, grade III, unspecified, intrathoracic lymph nodes
C82.23	Follicular lymphoma grade III, unspecified, intra-abdominal lymph nodes
C82.24	Follicular lymphoma grade III, unspecified, lymph nodes of axilla and upper limb
C82.25	Follicular lymphoma grade III, unspecified, lymph nodes of inguinal region and lower limb
C82.26	Follicular lymphoma grade III, unspecified, intrapelvic lymph nodes
C82.27	Follicular lymphoma grade III, unspecified, spleen
C82.28	Follicular lymphoma grade III, unspecified, lymph nodes of multiple sites
C82.29	Follicular lymphoma grade III, unspecified, extranodal and solid organ sites
C82.30	Follicular lymphoma grade IIIa, unspecified site
C82.31	Follicular lymphoma grade IIIa, lymph nodes of head, face and neck
C82.32	Follicular lymphoma, grade IIIa, intrathoracic lymph nodes
C82.33	Follicular lymphoma grade IIIa, intra-abdominal lymph nodes
C82.34	Follicular lymphoma grade IIIa, lymph nodes of axilla and upper limb
C82.35	Follicular lymphoma grade IIIa, lymph nodes of inguinal region and lower limb
C82.36	Follicular lymphoma grade IIIa, intrapelvic lymph nodes
C82.37	Follicular lymphoma grade IIIa, spleen
C82.38	Follicular lymphoma grade IIIa, lymph nodes of multiple sites
C82.39	Follicular lymphoma grade IIIa, extranodal and solid organ sites
C82.40	Follicular lymphoma grade IIIb, unspecified site
C82.41	Follicular lymphoma grade IIIb, lymph nodes of head, face and neck
C82.42	Follicular lymphoma, grade IIIb, intrathoracic lymph nodes
C82.43	Follicular lymphoma grade IIIb, intra-abdominal lymph nodes
C82.44	Follicular lymphoma grade IIIb, lymph nodes of axilla and upper limb
C82.45	Follicular lymphoma grade IIIb, lymph nodes of inguinal region and lower limb
C82.46	Follicular lymphoma grade IIIb, intrapelvic lymph nodes
C82.47	Follicular lymphoma grade IIIb, spleen
C82.48	Follicular lymphoma grade IIIb, lymph nodes of multiple sites
C82.49	Follicular lymphoma grade IIIb, extranodal and solid organ sites

C82.50	Diffuse follicle center lymphoma unspecified site
C82.51	Diffuse follicle center lymphoma lymph nodes of head, face, and neck
C82.52	Diffuse follicle center lymphoma intrathoracic lymph nodes
C82.53	Diffuse follicle center lymphoma intra-abdominal lymph nodes
C82.54	Diffuse follicle center lymphoma lymph nodes of axilla and upper limb
C82.55	Diffuse follicle center lymphoma lymph nodes of inguinal region and lower limb
C82.56	Diffuse follicle center lymphoma intrapelvic lymph nodes
C82.57	Diffuse follicle center lymphoma spleen
C82.58	Diffuse follicle center lymphoma lymph nodes of multiple sites
C82.59	Diffuse follicle center lymphoma extranodal and solid organ sites
C82.60	Cutaneous follicle center lymphoma, unspecified site
C82.61	Cutaneous follicle center lymphoma, lymph nodes of head, face and neck
C82.62	Cutaneous follicle center lymphoma, intrathoracic lymph nodes
C82.63	Cutaneous follicle center lymphoma, intra-abdominal lymph nodes
C82.64	Cutaneous follicle center lymphoma, lymph nodes of axilla and upper limb
C82.65	Cutaneous follicle center lymphoma, lymph nodes of inguinal region and lower limb
C82.66	Cutaneous follicle center lymphoma, intrapelvic lymph nodes
C82.67	Cutaneous follicle center lymphoma, spleen
C82.68	Cutaneous follicle center lymphoma, lymph nodes of multiple sites
C82.69	Cutaneous follicle center lymphoma, extranodal and solid organ sites
C82.80	Other types of follicular lymphoma unspecified site
C82.81	Other types of follicular lymphoma lymph nodes of head, face, and neck
C82.82	Other types of follicular lymphoma intrathoracic lymph nodes
C82.83	Other types of follicular lymphoma intra-abdominal lymph nodes
C82.84	Other types of follicular lymphoma lymph nodes of axilla and upper limb
C82.85	Other types of follicular lymphoma lymph nodes of inguinal region and lower limb
C82.86	Other types of follicular lymphoma intrapelvic lymph nodes
C82.87	Other types of follicular lymphoma spleen
C82.88	Other types of follicular lymphoma lymph nodes of multiple sites
C82.89	Other types of follicular lymphoma extranodal and solid organ sites
C82.90	Follicular lymphoma, unspecified, unspecified site
C82.91	Follicular lymphoma, unspecified, lymph nodes of head, face and neck
C82.92	Follicular lymphoma, unspecified, intrathoracic lymph nodes
C82.93	Follicular lymphoma, unspecified, intra-abdominal lymph nodes
C82.94	Follicular lymphoma, unspecified, lymph nodes of axilla and upper limb
C82.95	Follicular lymphoma, unspecified lymph nodes of inguinal region and lower limb
C82.96	Follicular lymphoma, unspecified, intrapelvic lymph nodes
C82.97	Follicular lymphoma, unspecified, spleen
C82.98	Follicular lymphoma, unspecified, lymph nodes of multiple sites
C82.99	Follicular lymphoma, unspecified, extranodal and solid organ sites
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
C83.10	Mantle cell lymphoma, unspecified site
C83.11	Mantle cell lymphoma, lymph nodes of head, face and neck
C83.12	Mantle cell lymphoma, intrathoracic lymph nodes
C83.13	Mantle cell lymphoma, intra-abdominal lymph nodes
C83.14	Mantle cell lymphoma, lymph nodes of axilla and upper limb
C83.15	Mantle cell lymphoma, lymph nodes of inguinal region and lower limb
C83.16	Mantle cell lymphoma, intrapelvic lymph nodes
C83.17	Mantle cell lymphoma, spleen
C83.18	Mantle cell lymphoma, lymph nodes of multiple sites
C83.19	Mantle 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
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
C83.80	Other non-follicular lymphoma, unspecified site
C83.81	Other non-follicular lymphoma, lymph nodes of head, face and neck
C83.82	Other non-follicular lymphoma, intrathoracic lymph nodes
C83.83	Other non-follicular lymphoma, intra-abdominal lymph nodes
C83.84	Other non-follicular lymphoma, lymph nodes of axilla and upper limb
C83.85	Other non-follicular lymphoma, lymph nodes of inguinal region and lower limb
C83.86	Other non-follicular lymphoma, intrapelvic lymph nodes
C83.87	Other non-follicular lymphoma, spleen
C83.88	Other non-follicular lymphoma, lymph nodes of multiple sites
C83.89	Other non-follicular lymphoma, extranodal and solid organ sites
C83.90	Non-follicular (diffuse) lymphoma, unspecified site
C83.91	Non-follicular (diffuse) lymphoma, unspecified lymph nodes of head, face, and neck
C83.92	Non-follicular (diffuse) lymphoma, unspecified intrathoracic lymph nodes
C83.93	Non-follicular (diffuse) lymphoma, unspecified intra-abdominal lymph nodes
C83.94	Non-follicular (diffuse) lymphoma, unspecified lymph nodes of axilla and upper limb
C83.95	Non-follicular (diffuse) lymphoma, unspecified lymph nodes of inguinal region and lower limb
C83.96	Non-follicular (diffuse) lymphoma, unspecified intrapelvic lymph nodes
C83.97	Non-follicular (diffuse) lymphoma, unspecified spleen
C83.98	Non-follicular (diffuse) lymphoma, unspecified lymph nodes of multiple sites
C83.99	Non-follicular (diffuse) lymphoma, unspecified extranodal and solid organ sites
C84.00	Mycosis fungoides, unspecified site
C84.01	Mycosis fungoides, lymph nodes of head, face, and neck
C84.02	Mycosis fungoides, intrathoracic lymph nodes

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
C84.40	Peripheral T-cell lymphoma, not classified, unspecified site
C84.41	Peripheral T-cell lymphoma, not classified, lymph nodes of head, face, and neck
C84.42	Peripheral T-cell lymphoma, not classified, intrathoracic lymph nodes
C84.43	Peripheral T-cell lymphoma, not classified, intra-abdominal lymph nodes
C84.44	Peripheral T-cell lymphoma, not classified, lymph nodes of axilla and upper limb
C84.45	Peripheral T-cell lymphoma, not classified, lymph nodes of inguinal region and lower limb
C84.46	Peripheral T-cell lymphoma, not classified, intrapelvic lymph nodes
C84.47	Peripheral T-cell lymphoma, not classified, spleen
C84.48	Peripheral T-cell lymphoma, not classified, lymph nodes of multiple sites
C84.49	Peripheral T-cell lymphoma, not classified, extranodal and solid organ sites
C84.60	Anaplastic large cell lymphoma, ALK-positive, unspecified site
C84.61	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of head, face, and neck
C84.62	Anaplastic large cell lymphoma, ALK-positive, intrathoracic lymph nodes
C84.63	Anaplastic large cell lymphoma, ALK-positive, intra-abdominal lymph nodes
C84.64	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of axilla and upper limb
C84.65	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of inguinal region and lower limb
C84.66	Anaplastic large cell lymphoma, ALK-positive, intrapelvic lymph nodes
C84.67	Anaplastic large cell lymphoma, ALK-positive, spleen
C84.68	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of multiple sites
C84.69	Anaplastic large cell lymphoma, ALK-positive, extranodal and solid organ sites
C84.70	Anaplastic large cell lymphoma, ALK-negative, unspecified site
C84.71	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of head, face, and neck
C84.72	Anaplastic large cell lymphoma, ALK-negative, intrathoracic lymph nodes
C84.73	Anaplastic large cell lymphoma, ALK-negative, intra-abdominal lymph nodes
C84.74	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of axilla and upper limb
C84.75	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of inguinal region and lower limb
C84.76	Anaplastic large cell lymphoma, ALK-negative, intrapelvic lymph nodes
C84.77	Anaplastic large cell lymphoma, ALK-negative, spleen
C84.78	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of multiple sites
C84.79	Anaplastic large cell lymphoma, ALK-negative, extranodal and solid organ sites
C85.20	Mediastinal (thymic) large B-cell lymphoma unspecified site
C85.21	Mediastinal (thymic) large B-cell lymphoma lymph nodes of head, face, and neck
C85.22	Mediastinal (thymic) large B-cell lymphoma intrathoracic lymph nodes
C85.23	Mediastinal (thymic) large B-cell lymphoma intra-abdominal lymph nodes
C85.24	Mediastinal (thymic) large B-cell lymphoma lymph nodes of axilla and upper limb
C85.25	Mediastinal (thymic) large B-cell lymphoma lymph nodes of inguinal region and lower limb
C85.26	Mediastinal (thymic) large B-cell lymphoma intrapelvic lymph nodes
C85.27	Mediastinal (thymic) large B-cell lymphoma spleen
C85.28	Mediastinal (thymic) large B-cell lymphoma lymph nodes of multiple sites

C85.29	Mediastinal (thymic) large B-cell lymphoma extranodal and solid organ sites
C85.80	Other specified types of non-Hodgkin lymphoma, unspecified site
C85.81	Other specified types of non-Hodgkin lymphoma, lymph nodes of head, face and neck
C85.82	Other specified types of non-Hodgkin lymphoma, intrathoracic lymph nodes
C85.83	Other specified types of non-Hodgkin lymphoma, intra-abdominal lymph nodes
C85.84	Other specified types of non-Hodgkin lymphoma, lymph nodes of axilla and upper limb
C85.85	Other specified types of non-Hodgkin lymphoma, lymph nodes of inguinal region of lower limb
C85.86	Other specified types of non-Hodgkin lymphoma, intrapelvic lymph nodes
C85.87	Other specified types of non-Hodgkin lymphoma, spleen
C85.88	Other specified types of non-Hodgkin lymphoma, lymph nodes of multiple sites
C85.89	Other specified types of non-Hodgkin lymphoma, extranodal and solid organ sites
C86.2	Enteropathy-type (intestinal) T-cell lymphoma
C86.5	Angioimmunoblastic T-cell lymphoma
C86.6	Primary cutaneous CD30-positive T-cell proliferations
C88.0	Waldenström macroglobulinemia
C88.4	Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue (MALT-lymphoma)
C90.00	Multiple myeloma not having achieved remission
C90.02	Multiple myeloma in relapse
C90.10	Plasma cell leukemia not having achieved remission
C90.12	Plasma cell leukemia in relapse
C90.20	Extramedullary plasmacytoma not having achieved remission
C90.22	Extramedullary plasmacytoma in relapse
C90.30	Solitary plasmacytoma not having achieved remission
C90.32	Solitary plasmacytoma in relapse
C91.10	Chronic lymphocytic leukemia of B-cell type not having achieved remission
C91.12	Chronic lymphocytic leukemia of B-cell type in relapse
C91.50	Adult T-cell lymphoma/leukemia (HTLV-1-associated) not having achieved remission
C91.52	Adult T-cell lymphoma/leukemia (HTLV-1-associated) in relapse
D47.Z1	Post-transplant lymphoproliferative disorder (PTLD)
Z85.71	Personal history of Hodgkin lymphoma
Z85.72	Personal history of non-Hodgkin lymphomas
Z85.79	Personal history of other malignant neoplasms of lymphoid, hematopoietic and related tissues

Revision History

Company(ies)	DATE	REVISION
EmblemHealth & ConnectiCare	2/26/2025	<p>Addition of Vivimusta to policy name. Revised Jcode J9033 to remove (Treanda)</p> <p>Addition of HSCT Conditioning and Primary Cutaneous Lymphomas with criteria and dosages.</p> <p>Removal of Other Indications: 500 billable units every 28 days Addition of CLL/SLL, Systemic Light Chain Amyloidosis & Multiple Myeloma: 500 billable units every 28 days. Addition of HSCT Conditioning & Primary Cutaneous Lymphomas</p>

		<p>Removed from length of authorization: Coverage will be provided for 6 months and may NOT be renewed. Replaced with the following: Coverage will be provided for 6 months and may be renewed (unless otherwise specified).</p> <ul style="list-style-type: none"> • Waldenström Macroglobulinemia (WM)/Lymphoplasmacytic Lymphoma (LPL): <ul style="list-style-type: none"> ○ Coverage will be provided for six months and may NOT be renewed, unless otherwise specified. <ul style="list-style-type: none"> ▪ May be renewed for an additional six months for relapsed disease if previously used as primary therapy. • Non-Hodgkin Lymphoma (NHL), Chronic Lymphocytic Leukemia (CLL)/Small Lymphocytic Lymphoma (SLL), Hodgkin Lymphoma, Systemic Light Chain Amyloidosis: <ul style="list-style-type: none"> ○ Coverage will be provided for six months and may NOT be renewed. • Multiple Myeloma: <ul style="list-style-type: none"> ○ Coverage will be provided for eight months and may NOT be renewed. • HSCT Conditioning: <ul style="list-style-type: none"> ○ Coverage will be provided for one time only and may NOT be renewed. <p>Removed - Authorizations cannot be renewed. Replaced with Coverage may be renewed based upon the following criteria: A. Patient continues to meet the indication-specific relevant criteria AND B. Duration of authorization has not been exceeded (refer to Lengths of Authorization criteria); AND C. Absence of unacceptable toxicity from the drug.</p>
EmblemHealth & ConnectiCare	4/2/2024	<p>Annual Review: Updated dosing limits. Updated dosing chart. Initial Criteria Updated title from Hodgkin Lymphoma to "B-Cell Hodgkin Lymphoma" Multiple Myeloma: Removed: "Salvage therapy for disease relapse or for progressive or refractory disease as a single agent or in combination with lenalidomide/bortezomib and dexamethasone." Updated to: "Patient is ≥ 18 years of age; AND Patient has been treated with more than 3 prior regimens; AND Bendamustine is prescribed by or in consultation with an oncologist." Waldenstrom's macroglobulinemia: Removed: "Primary therapy; OR Salvage therapy for disease that does not respond to primary therapy or for progressive or relapsed disease." Updated to: "Patient is ≥ 18 years of age; AND Bendamustine is prescribed by or in consultation with an oncologist." Hodgkin lymphoma : Removed: "Second line or subsequent systemic therapy for relapsed or refractory disease as a component of gemcitabine/bendamustine/vinorelbine ± brentuximab vedotin; OR Subsequent systemic therapy as a single agent for relapsed or refractory disease." Updated to: "Bendamustine is used as second-line or subsequent therapy; AND Bendamustine is prescribed by or in consultation with an oncologist."</p>
EmblemHealth & ConnectiCare	9/11/2023	<p>Added JCODES J9056, J9058 and J9059. J9056 Injection, bendamustine HCl, 1 mg (vivimusta) 1 billable unit = 1 mg J9058 Injection, bendamustine HCl, 1 mg (apotex) 1 billable unit = 1 mg J9059 Injection, bendamustine HCl, 1 mg (baxtter) 1 billable unit = 1 mg</p>
EmblemHealth & ConnectiCare	7/26/2023	<p>Annual Review: <u>Chronic lymphoid leukemia/small lymphocytic lymphoma</u> Initial Criteria; Removed: "As first-line therapy as a single agent or with/without rituximab, ofatumumab, or obinutuzumab for stage II-IV disease or stage I with</p>

		<p>significant disease related symptoms (i.e. B symptoms, enlarged spleen/lymph nodes, or progressive anemia/ thrombocytopenia) without del(17p)/TP53 mutation; OR For relapsed or refractory disease without del(17p)/TP53 mutation in combination with rituximab for members age < 65 years without significant comorbidities.”</p> <p>Added “Patient is ≥ 18 years of age; AND Bendamustine is prescribed by or in consultation with an oncologist.”</p> <p><u>Non-Hodgkin Lymphoma Initial Criteria:</u></p> <p>Removed “Indolent B-Cell/nodal marginal zone/Gastric MALT Lymphoma/Non-Gastric MALT Lymphoma: First line in combination with rituximab/obinutuzumab; OR Second-line or subsequent therapy as a single agent or in combination with rituximab or obinutuzumab. Diffuse Large B-Cell Lymphoma: Second-line therapy for relapsed or refractory disease in non-candidates for high- dose therapy. Mantle Cell: Less aggressive induction therapy with rituximab; OR Second-line therapy as a single agent or in combination with rituximab for relapsed, refractory, or progressive disease. : Splenic Marginal Zone Lymphoma: First line therapy in combination with rituximab for disease progression following initial treatment for splenomegaly or second-line or subsequent therapy as a single agent or in combination with rituximab or obinutuzumab for progressive disease in patients with the indications for treatment.”</p> <p>Added</p> <p><i>“Note: Examples include follicular lymphoma, gastric and nongastric mucosa-associated lymphoid tissue (MALT) lymphoma, nodal marginal zone lymphoma, splenic marginal zone lymphoma, histologic transformation of indolent lymphomas to diffuse large B-cell lymphoma (DLBCL), DLBCL, and high-grade B-cell lymphoma. Patient is ≥ 18 years of age; AND Bendamustine is prescribed by or in consultation with an oncologist”</i></p> <p>Updated dosing chart</p>
EmblemHealth & ConnectiCare	4/01/2022	Transferred policy to new template.
EmblemHealth & ConnectiCare	11/19/2020	<p>Clarified required member age</p> <p>Added to Limitations/Exclusions:</p> <ul style="list-style-type: none"> • Members is 18 years of age or older • Belrapzo and Bendeka are contraindicated in members with hypersensitivity to polyethylene glycol 400, propylene glycol, or monothioglycerol.
EmblemHealth & ConnectiCare	7/15/2019	Added J9036, Injection, bendamustine (Balrapzo), 1 mg, 1 billable unit = 1 mg

References

1. Treanda/Bendeka prescribing information. Cephalon, Inc. Frazer, PA. 2019.
2. Clinical Pharmacology Elsevier Gold Standard. 2018.
3. Micromedex® Healthcare Series: Thomson Micromedex, Greenwood Village, Co. 2018.
4. National Comprehensive Cancer Network. Cancer Guidelines and Drugs and Biologics Compendium.2020.
5. AHFS Drug Information. American Society of Health-Systems Pharmacists or Wolters Kluwer Lexi-Drugs. Bethesda, MD. 2018.