

Mitoxantrone (Novantrone)

Disclaimer

Clinical guidelines are developed and adopted to establish evidence-based clinical criteria for utilization management decisions. Clinical guidelines are applicable according to policy and plan type. The Plan may delegate utilization management decisions of certain services to third parties who may develop and adopt their own clinical criteria.

Coverage of services is subject to the terms, conditions, and limitations of a member's policy, as well as applicable state and federal law. Clinical guidelines are also subject to in-force criteria such as the Centers for Medicare & Medicaid Services (CMS) national coverage determination (NCD) or local coverage determination (LCD) for Medicare Advantage plans. Please refer to the member's policy documents (e.g., Certificate/Evidence of Coverage, Schedule of Benefits, Plan Formulary) or contact the Plan to confirm coverage.

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Summary

Mitoxantrone (Novantrone) is a chemotherapy drug approved for the treatment of certain types of multiple sclerosis, advanced prostate cancer (in combination with corticosteroids as initial chemotherapy

for the treatment of those with pain related to advanced hormone-refractory prostate cancer), and acute nonlymphocytic leukemia (ANLL). There is also supporting evidence for its use in other cancers and conditions. Mitoxantrone hydrochloride is given by intravenous (IV) infusion, and should not be used via subcutaneous, intramuscular, intra-arterial, or intrathecal injection. The manufacturer states that mitoxantrone hydrochloride for injection concentrate must be diluted prior to IV infusion.

Mitoxantrone (Novantrone) is a cytotoxic agent, and can cause bone marrow suppression (primarily neutropenia), and cardiotoxicity. Peripheral blood cell counts should be performed for all receiving Mitoxantrone (Novantrone) to monitor for reduction in neutrophils. Congestive heart failure (CHF) can occur with this drug, either during therapy or months to years after termination of therapy. The risk of CHF increases with cumulative dosing, and can occur whether or not cardiac risk factors are present (i.e., presence or history of cardiovascular disease, radiotherapy to the mediastinal/pericardial area, previous therapy with other anthracyclines or anthracenediones, or use of other cardiotoxic drugs). To lower the risk of Mitoxantrone (Novantrone)-related cardiotoxicity the following should occur for all individuals being treated with Mitoxantrone (Novantrone) regardless of condition:

- Assessment of cardiac signs and symptoms by history, physical examination and electrocardiogram (ECG) prior to initiation of therapy.
- Assessment of baseline quantitative evaluation of left ventricular ejection fraction (LVEF) using appropriate methodology (e.g., echocardiogram, multigated radionuclide angiography (MUGA), or magnetic resonance imagery (MRI)).
- Specifically for those with Multiple Sclerosis (MS):
 - Avoid treatment in those with baseline LVEF below the lower limit of normal
 - Assessment of cardiac signs and symptoms by history, physical examination and electrocardiogram (ECG) prior to initiation of therapy.
 - Quantitative re-evaluation of LVEF prior to each dose, using the same methodology used to assess the baseline LVEF.
 - Additional doses should not be administered in those who have experienced either a drop in LVEF to below the lower limit of normal or a clinically significant reduction in LVEF during therapy.
 - Avoid cumulative doses greater than 140 mg/m²
 - Assessment of yearly quantitative LVEF evaluation after stopping Mitoxantrone (Novantrone) to monitor for late occurring cardiotoxicity.

For more information or to request an exception, please contact the Plan.

Authorization Requirements and Submission Process

Indication Type	Review Entity	Submission Methods	Contact Information
Oncology	EviCore	Provider Portal	www.evicore.com
		Phone	855-252-1118
		Fax	800-540-2406

Indication Type	Review Entity	Submission Methods	Contact Information
Non-Oncology	The Plan (Oscar)	Online Portal	Use the authorization tool at provider.hioscar.com
		Phone	855-672-2755
		Fax	Submit form from www.hioscar.com/forms
Need to check requirements or status? Visit provider.hioscar.com or call 1-855-672-2755			

Definitions

“Compendia” are summaries of drug information and medical evidence to support decision-making about the appropriate use of drugs and medical procedures. Examples include, but are not limited to:

1. American Hospital Formulary Service Drug Information
2. Clinical pharmacology
3. National Comprehensive Cancer Network Drugs and Biologics Compendium
4. Thomson Micromedex DrugDex
5. United States Pharmacopeia-National Formulary (USP-NF)

“Documentation” refers to written information, including but not limited to:

- Up-to-date chart notes, relevant test results, and/or relevant imaging reports to support diagnoses; or
- Prescription claims records, and/or prescription receipts to support prior trials of formulary alternatives.

“FDA” refers to the federal Food and Drug Administration.

“Formulary” refers to the list of medications and products available to members with or without Prior Authorization.

“Left Ventricular Ejection Fraction (LVEF)” is a measure of the left ventricle systolic function. It is the fracture of blood volume ejected (blood that is pushed out of the heart at the end of a heartbeat) in relation to the volume of the blood at the end of diastole (i.e., the short pause between heartbeats when blood accumulates in the ventricle before it is removed). A higher value (“normal” is generally considered to be a value of 50-70%) is associated with a healthy heart.

“MRI” or “Magnetic Resonance Imaging” refers to a medical imaging technique that creates detailed three-dimensional (3D) images of the organs and tissues in your body. A brain MRI can reveal areas of active MS disease called lesions within the central nervous system.

"Multiple sclerosis" is a chronic autoimmune disease of the central nervous system characterized by inflammation, demyelination, and neurodegeneration.

"No evidence of" indicates that the reviewer has not identified any records of the specified item or condition within the submitted materials or claims history. In the absence of such evidence, the member is considered eligible. If any evidence of the item or condition is present upon review of the request, the member does not qualify.

"Primary progressive MS" refers to worsening neurologic function from the onset of symptoms, without early relapses or remissions.

"Relapse" refers to an attack or exacerbation of MS (also known as a flare-up) resulting in the occurrence of new symptoms or the worsening of old symptoms.

"RRMS" or "relapsing-remitting MS" refers to the most common type of MS in which there are clearly defined attacks or relapses of increasing neurologic symptoms followed by periods of partial or complete recovery or remissions.

"[s]" indicates state mandates may apply.

"SPMS" or "secondary progressive MS" refers to a version of disease progression that can follow an initial relapsing-remitting course in which there is a worsening of neurologic function and increased disability over time.

Clinical Indications

Medical Necessity Criteria for Clinical Review

General Medical Necessity Criteria

The Plan considers mitoxantrone medically necessary when ONE (1) the following criteria are met for the applicable indication listed below:

1. Authorization may be granted for pediatric members less than 18 years of age with multiple sclerosis when there is documentation that the benefits outweigh the risks; *OR*
Note: If approved, the requested product will be authorized for up until the member reaches 18 years of age.
2. The member meets ALL of the following:
 - a. No evidence of left ventricular ejection fraction (LVEF) less than (<) 50% based on documentation using appropriate methodology (e.g., echocardiogram, multigated radionuclide angiography (MUGA), or magnetic resonance imagery (MRI)); *and*
 - b. The member meets the applicable [Medical Necessity Criteria for Initial Clinical Review](#) or [Subsequent Clinical Review](#) listed below.

Medical Necessity Criteria for Initial Clinical Review

Initial Indication-Specific Criteria

Cancer

The Plan considers mitoxantrone medically necessary when ALL of the following criteria are met for the applicable indication listed below:

1. The member meets the above applicable [General Medical Necessity Criteria](#); *AND*
2. The requested medication is prescribed by or in consultation with a hematology and/or oncology specialist; *AND*
3. The member has ONE (1) of the following:
 - a. Acute nonlymphocytic leukemia (ANLL) [includes myelogenous (i.e., acute myeloid leukemia [AML]), promyelocytic (i.e., acute promyelocytic leukemia [APL]), monocytic and erythroid leukemias)]; *or*
 - b. Advanced hormone-refractory prostate cancer (e.g., castration-resistant distant metastatic [M1] disease for palliation in symptomatic members who cannot tolerate other therapies if post-androgen receptor pathway inhibitor/post-docetaxel); *or*
NOTE: it is recommended that members continue androgen-deprivation therapy to maintain castrate levels of serum testosterone (<50 ng/dL)
 - c. Autologous stem cell transplant preparation in members with relapsed/refractory lymphoma (i.e., in combination with melphalan as a myeloablative conditioning regimen during the transplant phase in members with relapsed/refractory Hodgkin and non-Hodgkin lymphomas); *or*
 - d. Chronic lymphocytic leukemia (CLL); *or*
 - e. Metastatic hepatocellular cancer; *or*
 - f. Metastatic breast cancer; *or*
 - g. Relapsed or refractory acute lymphoblastic leukemia (B-ALL or T-ALL); *or*
 - h. Relapsed or refractory Hodgkin and non-Hodgkin lymphomas; *or*
 - i. Relapsed, refractory, high-grade, HIV-related, post-transplant, or poor/high-risk B-cell lymphomas; *or*
 - j. T-cell prolymphocytic leukemia (T-PLL).

If the above prior authorization criteria are met, mitoxantrone will be approved for up to 6-months.^[5]

Multiple Sclerosis - Adults

The Plan considers mitoxantrone medically necessary when ALL of the following criteria are met for the applicable indication listed below:

1. The member meets the above applicable [General Medical Necessity Criteria](#); *AND*
2. The requested medication is prescribed by or in consultation with a neurologist or in consultation with a neurologist or a physician who specializes in the treatment of multiple sclerosis; *AND*

3. The member has ONE (1) of the following forms of multiple sclerosis:
 - a. Secondary (chronic) progressive; *or*
 - b. Progressive-relapsing; *or*
 - c. Worsening or relapsing-remitting multiple sclerosis (RRMS); *AND*
4. The member has no evidence of receiving a cumulative lifetime dose of ≥ 140 mg/m²; *AND*
5. The member is unable to use or has tried and failed ALL appropriate Formulary alternatives (e.g., dimethyl fumarate [generic Tecfidera], fingolimod [generic Gilenya], glatiramer acetate [Copaxone], interferon beta products, natalizumab [Tysabri], teriflunomide [generic Aubagio], Zeposia [ozanimod]) for the given diagnosis;^[5] *AND*
6. The requesting provider has submitted the necessary clinical documentation (e.g., chart notes, laboratory reports, disease progression, previous medications tried and failed, etc) for review.

If the above prior authorization criteria are met, mitoxantrone will be approved for up to 6-months.^[5]

Continued Care

Medical Necessity Criteria for Subsequent Clinical Review

Subsequent Indication-Specific Criteria

Cancer

The Plan considers Mitoxantron (Novatrone) medically necessary when BOTH of the following criteria are met:

1. The member meets the above applicable [General Medical Necessity Criteria](#) and Initial Indication-Specific Criteria; *AND*
2. The recent chart documentation within the last three (3) months shows ONE (1) of the following:
 - a. No evidence severe or life-threatening toxicity; *or*
 - b. The member has experienced severe or life-threatening toxicity *AND* the toxicity has been fully resolved.

If the above reauthorization criteria are met, the requested product will be authorized for up to 6-months^[5]

Multiple Sclerosis - Adults

The Plan considers Mitoxantron (Novatrone) medically necessary when ALL of the following criteria are met:

1. The member meets the above applicable [General Medical Necessity Criteria](#) and Initial Indication-Specific Criteria; *AND*
2. The member has not received a cumulative lifetime dose of ≥ 140 mg/m²; *AND*

3. The recent chart documentation within the last three (3) months shows ONE (1) of the following:
 - a. Improvement in at least ONE (1) objective measure, such as:
 - i. Reduced disease activity on MRI; *and/or*
 - ii. Improved or stable disability scores; *and/or*
 - iii. Reduced relapse rate; *and/or*
 - iv. Improved fatigue or walking assessments; *AND/OR*
 - b. Stabilization or improvement in at least ONE (1) MS symptom, such as:
 - i. Motor function; *and/or*
 - ii. Fatigue; *and/or*
 - iii. Vision; *and/or*
 - iv. Bowel/bladder function; *and/or*
 - v. Spasticity; *and/or*
 - vi. Walking/gait; *and/or*
 - vii. Pain/numbness/tingling.

If the above reauthorization criteria are met, the requested product will be authorized for up to 6-months^[s]

Experimental or Investigational / Not Medically Necessary^[s]

Mitoxantrone (Novantrone) for any other indication or use is considered not medically necessary by the Plan, as it is deemed to be experimental, investigational, unproven, or not medically necessary.

Applicable Billing Codes

Table 1	
CPT/HCPCS codes for Cancer or Multiple Sclerosis considered medically necessary if criteria are met:	
<i>Code</i>	<i>Description</i>
J9293	Injection, mitoxantrone hydrochloride, per 5 mg

Table 2	
ICD-10 diagnosis codes considered medically necessary for Cancer or Multiple Sclerosis with Table 1 (CPT/HCPCS) codes if criteria are met:	
<i>Codes</i>	<i>Description</i>
A15.6	Tuberculous pleurisy

Table 2	
C22.0	Liver cell carcinoma
C22.1	Hepatoblastoma
C22.2	Hepatoblastoma
C22.3	Angiosarcoma of liver
C22.4	Other sarcomas of liver
C22.7	Other specified carcinomas of liver
C22.8	Malignant neoplasm of liver, primary, unspecified as to type
C22.9	Malignant neoplasm of liver, not specified as primary or secondary
C43.52	Malignant melanoma of skin of breast
C44.501	Unspecified malignant neoplasm of skin of breast
C44.511	Basal cell carcinoma of skin of breast
C44.521	Squamous cell carcinoma of skin of breast
C44.591	Other specified malignant neoplasm of skin of breast
C50.011	Malignant neoplasm of nipple and areola, right female breast
C50.012	Malignant neoplasm of nipple and areola, left female breast
C50.019	Malignant neoplasm of nipple and areola, unspecified female breast
C50.021	Malignant neoplasm of nipple and areola, right male breast
C50.022	Malignant neoplasm of nipple and areola, left male breast
C50.029	Malignant neoplasm of nipple and areola, unspecified male breast
C50.111	Malignant neoplasm of central portion of right female breast
C50.112	Malignant neoplasm of central portion of left female breast
C50.119	Malignant neoplasm of central portion of unspecified female breast
C50.121	Malignant neoplasm of central portion of right male breast
C50.122	Malignant neoplasm of central portion of left male breast
C50.129	Malignant neoplasm of central portion of unspecified male breast
C50.211	Malignant neoplasm of upper-inner quadrant of right female breast

Table 2	
C50.212	Malignant neoplasm of upper-inner quadrant of left female breast
C50.219	Malignant neoplasm of upper-inner quadrant of unspecified female breast
C50.221	Malignant neoplasm of upper-inner quadrant of right male breast
C50.222	Malignant neoplasm of upper-inner quadrant of left male breast
C50.229	Malignant neoplasm of upper-inner quadrant of unspecified male breast
C50.311	Malignant neoplasm of lower-inner quadrant of right female breast
C50.312	Malignant neoplasm of lower-inner quadrant of left female breast
C50.319	Malignant neoplasm of lower-inner quadrant of unspecified female breast
C50.321	Malignant neoplasm of lower-inner quadrant of right male breast
C50.322	Malignant neoplasm of lower-inner quadrant of left male breast
C50.329	Malignant neoplasm of lower-inner quadrant of unspecified male breast
C50.411	Malignant neoplasm of upper-outer quadrant of right female breast
C50.412	Malignant neoplasm of upper-outer quadrant of left female breast
C50.419	Malignant neoplasm of upper-outer quadrant of unspecified female breast
C50.421	Malignant neoplasm of upper-outer quadrant of right male breast
C50.422	Malignant neoplasm of upper-outer quadrant of left male breast
C50.429	Malignant neoplasm of upper-outer quadrant of unspecified male breast
C50.511	Malignant neoplasm of lower-outer quadrant of right female breast
C50.512	Malignant neoplasm of lower-outer quadrant of left female breast
C50.519	Malignant neoplasm of lower-outer quadrant of unspecified female breast
C50.521	Malignant neoplasm of lower-outer quadrant of right male breast
C50.522	Malignant neoplasm of lower-outer quadrant of left male breast
C50.529	Malignant neoplasm of lower-outer quadrant of unspecified male breast
C50.611	Malignant neoplasm of axillary tail of right female breast
C50.612	Malignant neoplasm of axillary tail of left female breast
C50.619	Malignant neoplasm of axillary tail of unspecified female breast

Table 2	
C50.621	Malignant neoplasm of axillary tail of right male breast
C50.622	Malignant neoplasm of axillary tail of left male breast
C50.629	Malignant neoplasm of axillary tail of unspecified male breast
C50.811	Malignant neoplasm of overlapping sites of right female breast
C50.812	Malignant neoplasm of overlapping sites of left female breast
C50.819	Malignant neoplasm of overlapping sites of unspecified female breast
C50.821	Malignant neoplasm of overlapping sites of right male breast
C50.822	Malignant neoplasm of overlapping sites of left male breast
C50.829	Malignant neoplasm of overlapping sites of unspecified male breast
C50.911	Malignant neoplasm of unspecified site of right female breast
C50.912	Malignant neoplasm of unspecified site of left female breast
C50.919	Malignant neoplasm of unspecified site of unspecified female breast
C50.921	Malignant neoplasm of unspecified site of right male breast
C50.922	Malignant neoplasm of unspecified site of left male breast
C50.929	Malignant neoplasm of unspecified site of unspecified male breast
C50.A0	Malignant inflammatory neoplasm of unspecified breast
C50.A1	Malignant inflammatory neoplasm of right breast
C50.A2	Malignant inflammatory neoplasm of left breast
C61	Malignant neoplasm of prostate
C78.7	Secondary malignant neoplasm of liver and intrahepatic bile duct
C79.81	Secondary malignant neoplasm of breast
C81.00	Nodular lymphocyte predominant Hodgkin lymphoma, unspecified site
C81.01	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.02	Nodular lymphocyte predominant Hodgkin lymphoma, intrathoracic lymph nodes
C81.03	Nodular lymphocyte predominant Hodgkin lymphoma, intra-abdominal lymph nodes

Table 2	
C81.04	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.05	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.06	Nodular lymphocyte predominant Hodgkin lymphoma, intrapelvic lymph nodes
C81.07	Nodular lymphocyte predominant Hodgkin lymphoma, spleen
C81.08	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of multiple sites
C81.09	Nodular lymphocyte predominant Hodgkin lymphoma, extranodal and solid organ sites
C81.0A	Nodular lymphocyte predominant Hodgkin lymphoma, in remission
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
C81.2A	Mixed cellularity Hodgkin lymphoma, in remission
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

Table 2	
	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
C81.3A	Lymphocyte depleted Hodgkin lymphoma, in remission
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
C81.4A	Lymphocyte-rich Hodgkin lymphoma, in remission
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

Table 2	
C81.79	Other Hodgkin lymphoma, extranodal and solid organ sites
C81.7A	Other Hodgkin lymphoma, in remission
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
C81.9A	Hodgkin lymphoma, unspecified, in remission
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
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

Table 2	
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
C83.36	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
C83.390	Primary central nervous system lymphoma
C83.398	Diffuse large B-cell lymphoma of other extranodal and solid organ sites
C83.3A	Diffuse large B-cell lymphoma, in remission
C84.90	Mature T/NK-cell lymphomas, unspecified, unspecified site
C84.91	Mature T/NK-cell lymphomas, unspecified, lymph nodes of head, face, and neck
C84.92	Mature T/NK-cell lymphomas, unspecified, intrathoracic lymph nodes
C84.93	Mature T/NK-cell lymphomas, unspecified, intra-abdominal lymph nodes
C84.94	Mature T/NK-cell lymphomas, unspecified, lymph nodes of axilla and upper limb
C84.95	Mature T/NK-cell lymphomas, unspecified, lymph nodes of inguinal region and lower limb
C84.96	Mature T/NK-cell lymphomas, unspecified, intrapelvic lymph nodes
C84.97	Mature T/NK-cell lymphomas, unspecified, spleen
C84.98	Mature T/NK-cell lymphomas, unspecified, lymph nodes of multiple sites
C84.99	Mature T/NK-cell lymphomas, unspecified, extranodal and solid organ sites
C84.A0	Cutaneous T-cell lymphoma, unspecified, unspecified site
C84.A1	Cutaneous T-cell lymphoma, unspecified lymph nodes of head, face, and neck
C84.A2	Cutaneous T-cell lymphoma, unspecified, intrathoracic lymph nodes
C84.A3	Cutaneous T-cell lymphoma, unspecified, intra-abdominal lymph nodes
C84.A4	Cutaneous T-cell lymphoma, unspecified, lymph nodes of axilla and upper limb
C84.A5	Cutaneous T-cell lymphoma, unspecified, lymph nodes of inguinal region and lower limb

Table 2	
C84.A6	Cutaneous T-cell lymphoma, unspecified, intrapelvic lymph nodes
C84.A7	Cutaneous T-cell lymphoma, unspecified, spleen
C84.A8	Cutaneous T-cell lymphoma, unspecified, lymph nodes of multiple sites
C84.A9	Cutaneous T-cell lymphoma, unspecified, extranodal and solid organ sites
C84.Z0	Other mature T/NK-cell lymphomas, unspecified site
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
C85.10	Unspecified B-cell lymphoma, unspecified site
C85.11	Unspecified B-cell lymphoma, lymph nodes of head, face, and neck
C85.12	Unspecified B-cell lymphoma, intrathoracic lymph nodes
C85.13	Unspecified B-cell lymphoma, intra-abdominal lymph nodes
C85.14	Unspecified B-cell lymphoma, lymph nodes of axilla and upper limb
C85.15	Unspecified B-cell lymphoma, lymph nodes of inguinal region and lower limb
C85.16	Unspecified B-cell lymphoma, intrapelvic lymph nodes
C85.17	Unspecified B-cell lymphoma, spleen
C85.18	Unspecified B-cell lymphoma, lymph nodes of multiple sites
C85.19	Unspecified B-cell lymphoma, 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

Table 2	
	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 and 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
C85.8A	Other specified types of non-Hodgkin lymphoma, in remission
C85.90	Non-Hodgkin lymphoma, unspecified, unspecified site
C85.91	Non-Hodgkin lymphoma, unspecified, lymph nodes of head, face, and neck
C85.92	Non-Hodgkin lymphoma, unspecified, intrathoracic lymph nodes

Table 2	
C85.93	Non-Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes
C85.94	Non-Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb
C85.95	Non-Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C85.96	Non-Hodgkin lymphoma, unspecified, intrapelvic lymph nodes
C85.97	Non-Hodgkin lymphoma, unspecified, spleen
C85.98	Non-Hodgkin lymphoma, unspecified, lymph nodes of multiple sites
C85.99	Non-Hodgkin lymphoma, unspecified, extranodal and solid organ sites
C85.9A	Non-Hodgkin lymphoma, unspecified, in remission
C86.0	Extranodal NK/T-cell lymphoma, nasal type
C86.1	Hepatosplenic T-cell lymphoma
C86.2	Enteropathy-type (intestinal) T-cell lymphoma
C86.3	Subcutaneous panniculitis-like T-cell lymphoma
C86.4	Blastic NK-cell lymphoma
C88.20	Heavy chain disease not having achieved remission
C88.21	Heavy chain disease, in remission
C91.00	Acute lymphoblastic leukemia not having achieved remission
C91.01	Acute lymphoblastic leukemia, in remission
C91.02	Acute lymphoblastic leukemia, in relapse
C91.10	Chronic lymphocytic leukemia of B-cell type not having achieved remission
C91.11	Chronic lymphocytic leukemia of B-cell type in remission
C91.12	Chronic lymphocytic leukemia of B-cell type in relapse
C91.30	Prolymphocytic leukemia of B-cell type not having achieved remission
C91.31	Prolymphocytic leukemia of B-cell type, in remission
C91.32	Prolymphocytic leukemia of B-cell type, in relapse
C91.40	Hairy cell leukemia not having achieved remission
C91.60	Prolymphocytic leukemia of T-cell type not having achieved remission
C91.61	Prolymphocytic leukemia of T-cell type, in remission

Table 2	
C91.62	Prolymphocytic leukemia of T-cell type, in relapse
C92.00	Acute myeloblastic leukemia, not having achieved remission
C92.01	Acute myeloblastic leukemia, in remission
C92.02	Acute myeloblastic leukemia, in relapse
C92.40	Acute promyelocytic leukemia, not having achieved remission
C92.41	Acute promyelocytic leukemia, in remission
C92.42	Acute promyelocytic leukemia, in relapse
C92.60	Acute myeloid leukemia with 11q23-abnormality not having achieved remission
C92.61	Acute myeloid leukemia with 11q23-abnormality in remission
C92.62	Acute myeloid leukemia with 11q23-abnormality in relapse
C92.90	Myeloid leukemia, unspecified, not having achieved remission
C92.91	Myeloid leukemia, unspecified in remission
C92.92	Myeloid leukemia, unspecified in relapse
C94.20	Acute megakaryoblastic leukemia not having achieved remission
C94.21	Acute megakaryoblastic leukemia, in remission
C94.22	Acute megakaryoblastic leukemia, in relapse
C94.30	Mast cell leukemia not having achieved remission
C94.31	Mast cell leukemia, in remission
C94.32	Mast cell leukemia, in relapse
C94.40	Acute panmyelosis with myelofibrosis not having achieved remission
C94.41	Acute panmyelosis with myelofibrosis, in remission
C94.42	Acute panmyelosis with myelofibrosis, in relapse
D05.00	Lobular carcinoma in situ of unspecified breast
D05.01	Lobular carcinoma in situ of right breast
D05.02	Lobular carcinoma in situ of left breast
D05.10	Intraductal carcinoma in situ of unspecified breast

Table 2	
D05.11	Intraductal carcinoma in situ of right breast
D05.12	Intraductal carcinoma in situ of left breast
D05.80	Other specified type of carcinoma in situ of unspecified breast
D05.81	Other specified type of carcinoma in situ of right breast
D05.82	Other specified type of carcinoma in situ of left breast
D05.90	Unspecified type of carcinoma in situ of unspecified breast
D05.91	Unspecified type of carcinoma in situ of right breast
D05.92	Unspecified type of carcinoma in situ of left breast
G35	Multiple sclerosis
G35.A	Relapsing-remitting multiple sclerosis
G35.C1	Active secondary progressive multiple sclerosis
G35.D	Multiple sclerosis, unspecified
J90	Pleural effusion, not elsewhere classified
J91.0	Malignant pleural effusion
J91.8	Pleural effusion in other conditions classified elsewhere
J94.0	Chylous effusion
J94.8	Other specified pleural conditions
P28.89	Other specified respiratory conditions of newborn
R97.21	Rising PSA following treatment for malignant neoplasm of prostate
Z19.2	Hormone resistant malignancy status
Z85.05	Personal history of malignant neoplasm of liver
Z85.46	Personal history of malignant neoplasm of prostate

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