Entyvio® (vedolizumab)
(Intravenous)

Document Number: MODA-0202

Last Review Date: 03/04/2025
Date of Origin: 06/24/2014
Dates Reviewed: 09/2014, 03/2015, 06/2015, 09/2015, 12/2015, 03/2016, 05/2016, 09/2016, 12/2016, 03/2017, 06/2017, 09/2017, 12/2017, 03/2018, 06/2018, 10/2018, 10/2019, 10/2020, 10/2021, 04/2022, 08/2023, 10/2023, 11/2023, 05/2024, 10/2024, 03/2025

I. Length of Authorization

Crohn's Disease and Ulcerative Colitis:

Initial coverage will be provided for 14 weeks and may be renewed annually thereafter unless otherwise specified.

- Dose escalation requests for Crohn's Disease and Ulcerative Colitis: Coverage will be provided for 3 months and may be renewed annually thereafter (*see Section V for therapy continuation details*).
- Therapy for Crohn's Disease and Ulcerative Colitis in patients who will be receiving subcutaneous maintenance doses: Coverage will be provided for 2 intravenous doses and 4 subcutaneous doses *[see Entyvio SQ policy – Document Number: IC-0733]*

Therapy for the Management of Immune Checkpoint Inhibitor-Related Toxicities:

Coverage will be provided for 3 doses total and may not be renewed.

Acute Graft Versus Host Disease:

Coverage will be provided for 6 months and may be renewed.

II. Dosing Limits

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

Crohn's Disease & Ulcerative Colitis:

- Loading Dose: 300 billable units (300 mg) at weeks 0, 2, & 6
- Maintenance Dose: 300 billable units (300 mg) every 8 weeks

Management of Immune Checkpoint Inhibitor-Related Toxicities

- 300 billable units (300 mg) at weeks 0, 2, & 6

Acute Graft Versus Host Disease:

- Loading Dose: 300 billable units (300 mg) at weeks 0, 2, & 6
- Maintenance Dose: 300 billable units (300 mg) every 8 weeks

III. Initial Approval Criteria [1]

Site of care specialty infusion program requirements are met (refer to Moda Site of Care Policy).

Coverage is provided in the following conditions:

- Patient is at least 18 years of age; **AND**
- Patient is up to date with all vaccinations, in accordance with current immunization guidelines, prior to initiating therapy; **AND**

Universal Criteria [1]

- Patient does not have an active infection, including clinically important localized infections; **AND**
- Patient has been evaluated and screened for the presence of latent tuberculosis (TB) infection prior to initiating treatment and will receive ongoing monitoring for presence of TB during treatment; **AND**
- Patient is not on concurrent treatment with another biologic therapy or targeted synthetic therapy; **AND**

Crohn's Disease † [1,2,16,21,25]

For Medicaid Members Only
Entyvio IV is intended for chronic use and is NOT intended to be used as loading doses for Entyvio SC; AND ***Note**: Subcutaneous vedolizumab (Entyvio) is considered non-preferred/non-covered. Preferred self-administered products include adalimumab biosimilars*.*
Note: *Preferred biosimilars are: Hadlima (adalimumab-bwwd) and adalimumab-adaz

- Physician has assessed baseline disease severity utilizing an objective measure/tool; **AND**
- Documented moderate to severe active disease; **AND**
    - Documented failure, contraindication, or ineffective response at maximum tolerated doses to a minimum 3-month trial of corticosteroids or immunomodulators (e.g., azathioprine, 6-mercaptopurine, or methotrexate, etc.); **OR**
    - Documented failure, contraindication, or ineffective response at maximum tolerated doses to a minimum 3-month trial on previous therapy with a Crohn's Disease indicated TNF modifier (i.e., adalimumab, certolizumab, or infliximab); **OR**
    - Patient has evidence of high-risk disease for which corticosteroids or immunomodulators are inadequate and biologic therapy is necessary; **OR**
    - Patient is already established on a biologic or targeted synthetic therapy for the treatment of CD

Ulcerative Colitis † [1,12,18-20]

For Medicaid Members Only

Entyvio IV is intended for chronic use and is NOT intended to be used as loading doses for Entyvio SC; AND ***Note**: Subcutaneous vedolizumab (Entyvio) is considered non-preferred/non-covered. Preferred self-administered products include adalimumab biosimilars*.*
Note: *Preferred biosimilars are: Hadlima (adalimumab-bwwd) and adalimumab-adaz

- Physician has assessed baseline disease severity utilizing an objective measure/tool; **AND**
- Documented moderate to severe active disease; **AND**
    - Documented failure or ineffective response to a minimum 3-month trial of conventional therapy [aminosalicylates, corticosteroids, or immunomodulators (e.g., azathioprine, 6-mercaptopurine, methotrexate, etc.)] at maximum tolerated doses, unless there is a contraindication or intolerance to use; **OR**
    - Documented failure, contraindication, or ineffective response at maximum tolerated doses to a minimum 3-month trial on previous therapy with an Ulcerative Colitis indicated TNF modifier (i.e., adalimumab, golimumab, or infliximab); **OR**
    - Patient is already established on a biologic or targeted synthetic therapy for the treatment of UC

Management of Immune Checkpoint Inhibitor-Related Toxicities ‡ [13,14]

- Patient has been receiving therapy with an immune checkpoint inhibitor; **AND**
    - Patient has moderate to severe esophagitis, gastritis, or duodenitis if no improvement on corticosteroids or budesonide; **OR**
    - Patient has mild (G1) diarrhea or colitis related to their immunotherapy with persistent or progressive symptoms and a positive lactoferrin/calprotectin; **OR**
    - Patient has moderate (G2) to severe (G3-4) diarrhea or colitis related to their immunotherapy if colonoscopy or flexible sigmoidoscopy shows significant ulceration or extensive non-ulcerative inflammation

Acute Graft Versus Host Disease ‡ [13,22]

- Patient has received an allogeneic hematopoietic stem cell transplant; **AND**
- Used for steroid-refractory acute GVHD; **AND**
- Used in combination with systemic corticosteroids as additional therapy following no response to first-line therapies

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

IV. Renewal Criteria [1]

Coverage may be renewed based upon the following criteria:

- Patient continues to meet the universal and indication-specific criteria as identified in section III; **AND**

- Duration of authorization has not been exceeded *(refer to Section I)*; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: anaphylaxis or other serious allergic, severe infusion-related or hypersensitivity reactions, severe infections, progressive multifocal leukoencephalopathy (PML), jaundice or other evidence of significant liver injury, etc.; **AND**

Crohn's Disease [16,26,27]

- Disease response as indicated by improvement in signs and symptoms compared to baseline such as endoscopic activity, number of liquid stools, presence and severity of abdominal pain, presence of abdominal mass, body weight regain, hematocrit, presence of extra intestinal complications, use of anti-diarrheal drugs, tapering or discontinuation of corticosteroid therapy, improvement in biomarker levels [i.e., fecal calprotectin or serum C-reactive protein (CRP)] and/or an improvement on a disease activity scoring tool [e.g., an improvement on the Harvey-Bradshaw Index score, etc].

Ulcerative Colitis [9-11,20,28]

- Disease response as indicated by improvement in signs and symptoms compared to baseline such as stool frequency, rectal bleeding, endoscopic activity, tapering or discontinuation of corticosteroid therapy, normalization of C-reactive protein (CRP) or fecal calprotectin (FC), and/or an improvement on a disease activity scoring tool.

Acute Graft Versus Host Disease [22-24]

- Response to therapy with an improvement in one or more of the following:
  - Clinician assessments (e.g., NIH Skin Score, Upper GI Response Score, NIH Lung Symptom Score, etc.)
  - Patient-reported symptoms (e.g., Lee Symptom Scale, etc.)

V. Dosage/Administration [1,14,17,22-24]

Indication	Dose
Crohn's Disease and Ulcerative Colitis	**Induction dose:** • Patients who will be receiving intravenous maintenance doses: Administer 300 mg intravenously at weeks 0, 2, & 6 *(see maintenance dosing below)* • Patients who will be receiving subcutaneous maintenance doses: Administer 300 mg intravenously at weeks 0 and 2 *(see Entyvio SQ policy [Document Number: IC-0733] for maintenance dosing starting at week 6).* **Maintenance dose:** Administer 300 mg intravenously every 8 weeks thereafter ***NOTE:*** *Requests for higher intravenous dosing must be reviewed according to the dose escalation information below*

Management of Immune Checkpoint Inhibitor-Related Toxicities	Administer 300 mg intravenously at weeks 0, 2, & 6
Acute Graft Versus Host Disease	Administer 300 mg intravenously at weeks 0, 2, & 6, then 300 mg intravenously every 8 weeks

- Crohn's Disease & Ulcerative Colitis intravenous dose escalation[17] (up to the maximum dose and frequency specified below) may occur upon clinical review on a case-by-case basis provided that the patient has:
  - Shown an initial response to therapy; **AND**
  - Received the three loading doses at the dose AND interval specified above; **AND**
  - Received a minimum of one maintenance dose at the dose AND interval specified above; **AND**
  - Responded to therapy (by treatment week 14*****) with subsequent loss of response; **AND**
  - Dose escalation must not exceed the following limits:
    - 300 mg every 4 weeks
      - ➢ Coverage will be provided for 3 months with continued approval (as specified in Sections I & IV) contingent upon demonstration of clinical improvement and vedolizumab levels (if available)******
        - Patients who do not regain response should discontinue therapy
        - Patients who are responding to therapy may continue with their current dosing******

*****Note:

- Request for dose escalation prior to week 14 will be evaluated considering the patient's clinical picture regarding severity of inflammation, factors which may result in subtherapeutic response to standard dosing (e.g., obesity, hypoalbuminemia, prior TNF-I exposure), timing of response and breakthrough/loss of response, AND one of the following:
  - vedolizumab trough (if available)****** at week 14 is <14 micrograms/mL; **OR**
  - CRP elevation or fecal calprotectin >150

******Vedolizumab trough levels must be obtained (if this is a covered test under the benefit).

- Patients whose trough is 14-20 micrograms/mL may continue with 300 mg every 4 weeks.
- Patients with a trough >20 micrograms/mL must increase the interval between administrations from 4 weeks to 6 weeks. Response should be assessed after receipt of 3 doses at this every 6-week interval. Those patients demonstrating loss of response may then decrease the interval back to 300 mg every 4 weeks.
- Patients whose trough is <14 micrograms/mL are candidates to decrease the interval between administrations from 8 weeks to 4 weeks

VI. Billing Code/Availability Information

HCPCS Code:

- J3380 – Injection, vedolizumab, intravenous, 1 mg; 1 billable unit = 1 mg

NDC:

- Entyvio 300 mg single use vial: 67464-0300-xx

VII. References

1. Entyvio [package insert]. Lexington, MA 02421; Takeda Pharmaceuticals U.S.A., Inc.; May 2024. Accessed January 2025.
2. Lichtenstein GR, Loftus EV, Isaacs K, et al. American College of Gastroenterology Clinical Guideline: Management of Crohn's Disease in Adults. Am J Gastroenterol. 2018;113: 481-517. doi: 10.1038/ajg.2018.27; published online 27 March 2018.
3. Kornbluth A, Sachar DB; Practice Parameters Committee of the American College of Gastroenterology. Ulcerative colitis practice guidelines in adults: American College Of Gastroenterology, Practice Parameters Committee. Am J Gastroenterol. 2010 Mar;105(3):501-23.
4. Dignass A, Lindsay JO, Sturm A, et al. Second European evidence-based consensus on the diagnosis and management of ulcerative colitis part 2: current management. J Crohns Colitis. 2012 Dec;6(10):991-1030.
5. Terdiman JP, Gruss CB, Heidelbaugh JJ, et al. American Gastroenterological Association Institute guideline on the use of thiopurines, methotrexate, and anti-TNF-α biologic drugs for the induction and maintenance of remission in inflammatory Crohn's disease. Gastroenterology. 2013 Dec;145(6):1459-63. doi: 10.1053/j.gastro.2013.10.047.
6. Gomollón F, Dignass A, Annese V, et al. EUROPEAN Evidence-based consensus on the diagnosis and management of Crohn's disease 2016: Part 1: Diagnosis and medical management. J Crohns Colitis. 2016 Sep 22. pii: jjw168.
7. Harbord M, Eliakim R, Bettenworth D, et al. Third European Evidence-based Consensus on Diagnosis and Management of Ulcerative Colitis. Part 2: Current Management. J Crohns Colitis. 2017 Jan 28. doi: 10.1093/ecco-jcc/jjx009.
8. National Institute for Health and Care Excellence. NICE 2012. Crohn's Disease: Management. Published 10 October 2012. Clinical Guideline [CG152]. https://www.nice.org.uk/guidance/cg152/resources/crohns-disease-management-pdf-35109627942085.
9. Lewis JD, Chuai S, Nessel L, et al. Use of the Non-invasive Components of the Mayo Score to Assess Clinical Response in Ulcerative Colitis. Inflamm Bowel Dis. 2008 Dec; 14(12): 1660–1666. doi: 10.1002/ibd.20520
10. Paine ER. Colonoscopic evaluation in ulcerative colitis. Gastroenterol Rep (Oxf). 2014 Aug; 2(3): 161–168.
11. Walsh AJ, Bryant RV, Travis SPL. Current best practice for disease activity assessment in IBD. Nature Reviews Gastroenterology & Hepatology13, 567–579 (2016) doi:10.1038/nrgastro.2016.128
12. Rubin DT, Ananthakrishnan AN, Siegel CA, et al. ACG clinical guideline: ulcerative colitis in adults. Am J Gastroenterol. 2019 Mar;114(3):384-413.
13. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) vedolizumab. National Comprehensive Cancer Network, 2025. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the

National Comprehensive Cancer Network, Inc." To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed February 2025.

14. Bergqvist, V, Hertervig E, Gedeon P, et al. Vedolizumab treatment for immune checkpoint inhibitor-induced enterocolitis. Cancer Immunology Immunotherapy 66: 581-592, No. 5, May 2017.
15. Torres J, Bonovas S, Doherty G, et al. ECCO Guidelines on Therapeutics in Crohn's Disease: Medical Treatment. J Crohn's Colitis. 2020 Jan 1;14(1):4-22. doi: 10.1093/ecco-jcc/jjz180. PMID: 31711158.
16. National Institute for Health and Care Excellence. NICE 2019. Crohn's Disease: Management. Published 03 May 2019. Clinical Guideline [NG129]. https://www.nice.org.uk/guidance/ng129/resources/crohns-disease-management-pdf-66141667282885
17. Vermeire S, Loftus EV, Colombel JF, et al. Long-term Efficacy of Vedolizumab for Crohn's Disease, Journal of Crohn's and Colitis, Volume 11, Issue 4, 1 April 2017, Pages 412–424, https://doi.org/10.1093/ecco-jcc/jjw176
18. National Institute for Health and Care Excellence. NICE 2019. Ulcerative colitis: management. Published 03 May 2019. NICE guideline [NG130]. https://www.nice.org.uk/guidance/ng130
19. Feuerstein JD, Isaacs KL, Schneider Y, et al. AGA Clinical Practice Guidelines on the Management of Moderate to Severe Ulcerative Colitis. Gastroenterology. 2020;158(5):1450-1461. doi:10.1053/j.gastro.2020.01.006.
20. Raine T, Bonovas S, Burisch J, et al. ECCO Guidelines on therapeutics in ulcerative colitis: medical treatment. J Crohns Colitis. 2022 Jan 28. 16 (1):2-17. Doi: 10.1093/ecco-jcc/jjab178
21. Feuerstein JD, Ho EY, Shmidt E, et al. AGA Clinical Practice Guidelines on the Medical Management of Moderate to Severe Luminal and Perianal Fistulizing Crohn's Disease. Gastroenterology. 2021 Jun;160(7):2496-2508. doi: 10.1053/j.gastro.2021.04.022. PMID: 34051983; PMCID: PMC8988893.
22. Li AC, Dong C, Tay ST, et al. Vedolizumab for acute gastrointestinal graft versus-host disease: A systematic review and meta-analysis. Front Immunol 2022;13:1025350.
23. Chen YB, Shah NN, Renteria AS, et al. Vedolizumab for prevention of graft-versus-host disease after allogeneic hematopoietic stem cell transplantation. Blood Adv. 2019 Dec 10;3(23):4136-4146. doi: 10.1182/bloodadvances.2019000893. PMID: 31821456; PMCID: PMC6963235.
24. Metha, RS, Saliba RM, Jan A, et al. Vedolizumab for Steroid Refractory Lower Gastrointestinal Tract Graft-Versus-Host Disease. Transplant Cell Ther 2021;27:272.e1-272.e5.
25. Gordon H, Minozzi S, Kopylov U et al. ECCO Guidelines on Therapeutics in Crohn's Disease: Medical Treatment, Journal of Crohn's and Colitis, 2024; jjae09. https://doi.org/10.1093/ecco-jcc/jjae091.
26. Ranasinghe IR, Tian C, Hsu R. Crohn Disease. [Updated 2024 Feb 24]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK436021/.

27. Ananthakrishnan AN, Alder J, Chachu KA, et al. AGA Clinical Practice Guideline on the Role of Biomarkers for the Management of Crohn's Disease. Gastroenterology. 2023 Dec;165(6):1367-1399. doi: 10.1053/j.gastro.2023.09.029. PMID: 37981354.
28. Singh S, Ananthakrishnan AN, Nguyen NH, et al. AGA Clinical Practice Guideline on the Role of Biomarkers for the Management of Ulcerative Colitis. Gastroenterology. 2023 Mar;164(3):344-372. doi: 10.1053/j.gastro.2022.12.007. PMID: 36822736.
29. Singh S, Loftus EV Jr, Limketkai BN, et al. AGA Living Clinical Practice Guideline on Pharmacological Management of Moderate-to-Severe Ulcerative Colitis. Gastroenterology. 2024 Dec;167(7):1307-1343. doi: 10.1053/j.gastro.2024.10.001. PMID: 39572132.

Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
D89.810	Acute graft-versus-host disease
D89.812	Acute on chronic graft-versus-host disease
D89.813	Graft-versus-host disease, unspecified
K20.80	Other esophagitis without bleeding
K20.81	Other esophagitis with bleeding
K20.90	Esophagitis, unspecified without bleeding
K20.91	Esophagitis, unspecified with bleeding
K29.00	Acute gastritis without bleeding
K29.01	Acute gastritis with bleeding
K29.80	Duodenitis without bleeding
K29.81	Duodenitis with bleeding
K50.00	Crohn's disease of small intestine without complications
K50.011	Crohn's disease of small intestine with rectal bleeding
K50.012	Crohn's disease of small intestine with intestinal obstruction
K50.013	Crohn's disease of small intestine with fistula
K50.014	Crohn's disease of small intestine with abscess
K50.018	Crohn's disease of small intestine with other complication
K50.019	Crohn's disease of small intestine with unspecified complications
K50.10	Crohn's disease of large intestine without complications
K50.111	Crohn's disease of large intestine with rectal bleeding
K50.112	Crohn's disease of large intestine with intestinal obstruction
K50.113	Crohn's disease of large intestine with fistula
K50.114	Crohn's disease of large intestine with abscess
K50.118	Crohn's disease of large intestine with other complication
K50.119	Crohn's disease of large intestine with unspecified complications

ICD-10	ICD-10 Description
K50.80	Crohn's disease of both small and large intestine without complications
K50.811	Crohn's disease of both small and large intestine with rectal bleeding
K50.812	Crohn's disease of both small and large intestine with intestinal obstruction
K50.813	Crohn's disease of both small and large intestine with fistula
K50.814	Crohn's disease of both small and large intestine with abscess
K50.818	Crohn's disease of both small and large intestine with other complication
K50.819	Crohn's disease of both small and large intestine with unspecified complications
K50.90	Crohn's disease, unspecified, without complications
K50.911	Crohn's disease, unspecified, with rectal bleeding
K50.912	Crohn's disease, unspecified, with intestinal obstruction
K50.913	Crohn's disease, unspecified, with fistula
K50.914	Crohn's disease, unspecified, with abscess
K50.918	Crohn's disease, unspecified, with other complication
K50.919	Crohn's disease, unspecified, with unspecified complications
K51.00	Ulcerative (chronic) pancolitis without complications
K51.011	Ulcerative (chronic) pancolitis with rectal bleeding
K51.012	Ulcerative (chronic) pancolitis with intestinal obstruction
K51.013	Ulcerative (chronic) pancolitis with fistula
K51.014	Ulcerative (chronic) pancolitis with abscess
K51.018	Ulcerative (chronic) pancolitis with other complication
K51.019	Ulcerative (chronic) pancolitis with unspecified complications
K51.20	Ulcerative (chronic) proctitis without complications
K51.211	Ulcerative (chronic) proctitis with rectal bleeding
K51.212	Ulcerative (chronic) proctitis with intestinal obstruction
K51.213	Ulcerative (chronic) proctitis with fistula
K51.214	Ulcerative (chronic) proctitis with abscess
K51.218	Ulcerative (chronic) proctitis with other complication
K51.219	Ulcerative (chronic) proctitis with unspecified complications
K51.30	Ulcerative (chronic) rectosigmoiditis without complications
K51.311	Ulcerative (chronic) rectosigmoiditis with rectal bleeding
K51.312	Ulcerative (chronic) rectosigmoiditis with intestinal obstruction
K51.313	Ulcerative (chronic) rectosigmoiditis with fistula
K51.314	Ulcerative (chronic) rectosigmoiditis with abscess
K51.318	Ulcerative (chronic) rectosigmoiditis with other complication
K51.319	Ulcerative (chronic) rectosigmoiditis with unspecified complications

ICD-10	ICD-10 Description
K51.50	Left sided colitis without complications
K51.511	Left sided colitis with rectal bleeding
K51.512	Left sided colitis with intestinal obstruction
K51.513	Left sided colitis with fistula
K51.514	Left sided colitis with abscess
K51.518	Left sided colitis with other complication
K51.519	Left sided colitis with unspecified complications
K51.80	Other ulcerative colitis without complications
K51.811	Other ulcerative colitis with rectal bleeding
K51.812	Other ulcerative colitis with intestinal obstruction
K51.813	Other ulcerative colitis with fistula
K51.814	Other ulcerative colitis with abscess
K51.818	Other ulcerative colitis with other complication
K51.819	Other ulcerative colitis with unspecified complications
K51.90	Ulcerative colitis, unspecified, without complications
K51.911	Ulcerative colitis, unspecified with rectal bleeding
K51.912	Ulcerative colitis, unspecified with intestinal obstruction
K51.913	Ulcerative colitis, unspecified with fistula
K51.914	Ulcerative colitis, unspecified with abscess
K51.918	Ulcerative colitis, unspecified with other complication
K51.919	Ulcerative colitis, unspecified with unspecified complications
K52.1	Toxic gastroenteritis and colitis
R19.7	Diarrhea, unspecified
T86.09	Other complications of bone marrow transplant

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.
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