

PA Criteria	Criteria Details						
<b>Covered Uses (FDA approved indication)</b>	Vivimusta is an alkylating agent with a unique mechanism indicated for the treatment of chronic lymphocytic leukemia (CLL) and indolent B-cell non-Hodgkin lymphoma (NHL) that has progressed during or within six months of treatment with rituximab or a rituximab-containing regimen.						
<b>Exclusion Criteria</b>	None.						
<b>Required Medical Information</b>	Medical records supporting the request must be provided, including documentation of prior therapies and responses to treatment.						
<b>Other Criteria</b>	Must follow LCD L37205: Chemotherapy Drugs and their Adjuncts. <a href="https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdld=37205&amp;ver=15">https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdld=37205&amp;ver=15</a>						
<b>Age Restriction</b>	None.						
<b>Prescriber Restrictions</b>	None.						
<b>Coverage Duration</b>	One year. Dose will be approved according to the FDA approved labeling or within accepted standards of medical practice.						
<b>Other Criteria/Information</b>	Refer to the Gold Coast Health Plan Medicare Part B Reference and Summary of Evidence document. <table border="1" data-bbox="496 1024 1513 1171"> <thead> <tr> <th>HCPCS</th> <th>Description</th> <th>Billing Units/How Supplied</th> </tr> </thead> <tbody> <tr> <td>J9056</td> <td>Vivimusta (bendamustine hydrochloride), Injection, 1 mg</td> <td><b>Billing unit: 1 mg</b>  100mg / 4 ml MDV</td> </tr> </tbody> </table>	HCPCS	Description	Billing Units/How Supplied	J9056	Vivimusta (bendamustine hydrochloride), Injection, 1 mg	<b>Billing unit: 1 mg</b>  100mg / 4 ml MDV
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STATUS	DATE REVISED	REVIEW DATE	APPROVED/REVIEWED BY	EFFECTIVE DATE
Created	3/26/2025	3/26/2025	Dawn Shojai, PharmD, Senior Pharmacy Benefit Consultant (PSG)	N/A
Approved	N/A	5/15/2025	Pharmacy & Therapeutics (P&T) Committee	5/15/2025