



## MEDICAL POLICY STATEMENT WEST VIRGINIA MARKETPLACE

Policy Name	Policy Number	Date Effective
CAR-T medications – Kymriah (tisagenlecleucel)	MM-1116	07/01/2021-05/31/2022
Policy Type		
<b>MEDICAL</b>	Administrative	Pharmacy
		Reimbursement

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According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

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## A. Subject

### **CAR-T medications – Kymriah (tisagenlecleucel)**

## B. Background

Chimeric antigen receptor T cell therapy (CAR-T) is an autologous T-cell immunotherapy. The member's own T lymphocytes are genetically modified with a gene that encodes a CAR-T to the T cells which can then target the lymphoma cells. Once the member's T cells are modified, the T cells are infused back into the member.

CAR-T is associated with severe complications and may be life-threatening. These complications include cytokine release syndrome and neurological toxicities. Therefore, CAR-T therapy administration should be based on clinical benefits, potential long-term disease control, and toxicity.

This policy is to define medically necessary criteria for Kymriah.

## C. Definitions

- **Risk Evaluation and Mitigation Strategy (REMS)** - A drug safety program that the U.S. Food and Drug Administration (FDA) can require for certain medications with serious safety concerns to help ensure the benefits of the medication outweigh its risks. REMS are designed to reinforce medication use behaviors and actions that support the safe use of that medication.

## D. Policy

### I. Kymriah

- A. Kymriah may be approved for 3 months.
- B. Kymriah will not be reauthorized for continued therapy.
- C. Kymriah is limited to one infusion per lifetime.

II. Kymriah is a non-preferred product and will only be considered for coverage under the medical benefit when the following medically necessary criteria are met:

- A. Diagnosis of Acute lymphoblastic Leukemia and all of the following criteria:
  1. Member is 1 to 25 years of age;
  2. Member has a diagnosis of relapsed or refractory B-cell ALL defined by one of the following:
    - a. Second or greater relapse;
    - b. Relapse after allogeneic stem cell transplantation (SCT);
    - c. Primary refractory as defined by not achieving a complete remission (CR) after 2 cycles of a standard chemotherapy regimen or chemorefractory as defined by not achieving a CR after 1 cycle of standard chemotherapy for relapsed leukemia;
    - d. Philadelphia chromosome positive (Ph+) all and intolerant to or have failed 2 lines of tyrosine kinase inhibitor (TKI) therapy [e.g. imatinib mesylate (Gleevec), dasatinib (Sprycel)]; or
    - e. Ineligible for allogeneic SCT;
  3. Documentation of CD19 tumor expression;



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- 4.
5. Bone marrow with  $\geq 5\%$  lymphoblasts by morphologic assessment;  
Member has been pre-screened for hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV) prior to collection of cells (negative results must be submitted);
6. Healthcare facility/provider has enrolled in the Kymriah REMS program; and
7. Member does not have any of the following:
  - a. Prior gene or CAR-T cell therapy; or
  - b. Life expectancy less than 12 weeks.

OR

- B. Diagnosis of Large B-cell lymphoma and all of the following criteria:
  1. Member is 18 years of age or older;
  2. Member has a diagnosis of relapsed or refractory large B-cell lymphoma including one of the following:
    - a. Diffuse large B-cell lymphoma (DLBCL) not otherwise specified;
    - b. High grade B-cell lymphoma; or
    - c. DLBCL arising from follicular lymphoma;
  3. Member has received 2 or more lines of chemotherapy, including rituximab and anthracycline, and relapsed following autologous hematopoietic stem cell transplantation (HSCT) or is not eligible for HSCT;
  4. Member does not have any of the following:
    - a. Active central nervous system malignancy involvement;
    - b. Prior allogenic HSCT;
    - c. Prior CAR-T therapy (e.g., Yescarta); or
    - d. Life expectancy less than 12 weeks;
  5. Member has been pre-screened for hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV) prior to collection of cells (negative results must be submitted); and
  6. Healthcare facility/provider has enrolled in the Kymriah REMS program.

III. CareSource considers Kymriah not medically necessary for the treatment of disease states not in this document.

#### E. Conditions of Coverage

NA

#### F. Related Policies/Rules

Evidence of Coverage and Health Insurance Contract West Virginia  
Pharmacy Policy Statement – CAR-T medications  
CAR-T medications – Yescarta  
CAR-T medications – Tecartus  
Pharmacy Policy Statement – Kymriah (tisagenlecleucel)



G. Review/Revision History

DATE		ACTION
<b>Date Issued</b>	04/14/2021	
<b>Date Revised</b>		
<b>Date Effective</b>	07/01/2021	
<b>Date Archived</b>	05/31/2022	This Policy is no longer active and has been archived. Please note that there could be other Policies that may have some of the same rules incorporated and CareSource reserves the right to follow CMS/State/NCCI guidelines without a formal documented Policy.

H. References

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11. Halford Z, Anderson MK, Bennett LL, Moody J. Tisagenlecleucel in Acute Lymphoblastic Leukemia: A Review of the Literature and Practical Considerations [published online ahead of print, 2020 Aug 7]. *Ann Pharmacother*. 2020;1060028020948165. doi:10.1177/1060028020948165

**The Medical Policy Statement detailed above has received due consideration as defined in the Medical Policy Statement Policy and is approved.**

*Independent medical review – 08/2020*