CareSource

MEDICAL POLICY STATEMENT
West Virginia Marketplace

Policy Name & Number	Date Effective
CAR-T Medications - Kymriah - WV MP - MM-1116	06/01/2022-11/30/2022
Policy Type	
MEDICAL	

Medical Policy Statement prepared by CareSource and its affiliates are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

Medical Policy Statements prepared by CareSource and its affiliates do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Medical Policy Statement. If there is a conflict between the Medical Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination. 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.

Table of Contents

A. Subject

CAR-T Medications – Kymriah (tisagenlecleucel)

B. Background

Chimeric antigen receptor T-cell therapy (CAR-T) is an autologous T-cell immunotherapy. The patient's own T lymphocytes are genetically modified with a gene to produce chimeric antigen receptors (CARs) on the cell surface, making the lymphocytes a CAR-T cell, allowing recognition of an antigen on targeted tumor cells. Once the T-cells are modified and multiplied, they are infused back into the patient to attack cells with the targeted antigen on the surface, eradicating cancer cells and, possibly, resulting in long-term remission for patients.

CAR-T therapy is associated with severe complications and may be life-threatening. These complications include, but are not limited to, cytokine release syndrome, macrophage activation syndrome, anaphylaxis and neurological toxicities, other toxicities, and other medical conditions. Therefore, CAR-T therapy administration should be based on clinical benefits, potential long-term disease control, and toxicity.

C. Definitions

- **Antigen** – A toxin or other foreign substance that induces an immune response in the body, especially the production of antibodies.
- **Chimeric Antigen Receptors** – Proteins that allow T-cells to recognize an antigen on a targeted tumor cell.
- **Immunotherapy** – A type of treatment that utilizes the body's own immune system to fight cancer, improves the body's ability to detect and kill cancer cells, and is based on the concept that immune cells or antibodies can recognize and kill cancer cells.
- **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.
- **T Lymphocyte (T-cell)** – A subtype of white blood cells comprising a major portion of the immune system and functioning to make antibodies that fight infection by directly killing infected cells in the body.

D. Policy

I. Kymriah

1. Kymriah may be approved for three (3) months.
2. Kymriah will not be reauthorized for continued therapy.
3. 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 two cycles of a standard chemotherapy regimen, or chemorefractory, as defined by not achieving a CR after one cycle of standard chemotherapy for relapsed leukemia
   d. Philadelphia chromosome positive (Ph+) all and intolerant to or have failed two lines of tyrosine kinase inhibitor (TKI) therapy (e.g., imatinib mesylate (Gleevec), dasatinib (Sprycel))
   e. Ineligible for allogeneic SCT
3. Documentation of CD19 tumor expression.
4. Bone marrow with ≥ 5% lymphoblasts by morphologic assessment.
5. Member has been prescreened 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.
7. Member does not have any of the following:
   a. Prior gene or CAR-T cell therapy
   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
   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
   d. Life expectancy less than 12 weeks
5. Member has been prescreened 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.

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
Pharmacy Policy Statement – Kymriah (tisagenlecleucel)

G. Review/Revision History

	DATE	ACTION
Date Issued	04/14/2021	
Date Revised	02/11/2022	Annual review.
Date Effective	06/01/2022	
Date Archived	11/30/2022	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

1. Chaganti S, Illidge T, Barrington S, et al. Guidelines for the management of diffuse large B-cell lymphoma. *British Journal of Haematology*. 2016;174:43-56. doi:10.1111/bjh.14136.
2. ClinicalTrials.gov. Identifier NCT02228096. Study of Efficacy and Safety of CTL019 in Pediatric ALL Patients. Retrieved February 10, 2022 from www.clinicaltrials.gov.
3. 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.
4. Kymriah [package insert]. East Hanover, NJ; Novartis Pharmaceuticals Corp., May 2018. Maude SL, et al. Tisagenlecleucel in Children and Young Adults with B-Cell Lymphoblastic Leukemia. N Engl J Med. 2018;378(5):439-448. [PubMed 29385370].
5. National Comprehensive Cancer Network. Pediatric Acute Lymphoblastic Leukemia. (Version 2.2020). Retrieved February 10, 2022 from www.nccn.org.
6. National Comprehensive Cancer Network. B-Cell Lymphomas. (Version 4.2020). Retrieved February 10, 2022 from www.nccn.org.
7. Schuster SJ, Bishop MR, Tam CS, et al. Tisagenlecleucel in Adult Relapsed or Refractory Diffuse Large B-Cell Lymphoma. *N Engl J Med*. 2019;380(1):45-56. doi:10.1056/NEJMoa1804980.
8. Schuster SJ, et al. Primary analysis of Juliet: a global, pivotal, phase 2 trial of CTL019 in adult patients with relapsed or refractory diffuse large B-cell lymphoma. Blood. 2017;130(s1):577 [Abstract 577 from 2017 ASH annual meeting].
9. The Leukemia & Lymphoma Society (LLS). Ph-Positive ALL Therapy. Retrieved February 10, 2022 from www.lls.org.
10. Tilly H, Gomes da Silva M, Vitolo U, et al. Diffuse large B-cell lymphoma (DLBCL): ESMO Clinical Practice Guidelines for diagnosis, treatment and follow-up. *Ann Oncol*. 2015;26 Suppl 5:v116-v125. doi:10.1093/annonc/mdv304.

Independent medical review – 08/2020

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