

## PHARMACY POLICY STATEMENT

### Georgia Medicaid

DRUG NAME	Kymriah (tisagenlecleucel)
BILLING CODE	Q2042
BENEFIT TYPE	Medical
SITE OF SERVICE ALLOWED	Inpatient/Outpatient
COVERAGE REQUIREMENTS	Prior Authorization Required (Non-Preferred Product) QUANTITY LIMIT— see <b>Dosage allowed</b> below
LIST OF DIAGNOSES CONSIDERED <b>NOT</b> MEDICALLY NECESSARY	<a href="#">Click Here</a>

Kymriah (tisagenlecleucel) is a **non-preferred** product and will only be considered for coverage under the **medical** benefit when the following criteria are met:

Members must be clinically diagnosed with one of the following disease states and meet their individual criteria as stated.

#### ACUTE LYMPHOBLASTIC LEUKEMIA (ALL)

For **initial** authorization:

1. Member is 1 to 25 years of age; AND
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)];
  - e) Ineligible for allogeneic SCT; AND
3. Documentation of CD19 tumor expression; AND
4. Bone marrow with  $\geq 5\%$  lymphoblasts by morphologic assessment; AND
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; AND
7. Member does **not** have ANY of the following:
  - a) Prior gene or CAR-T cell therapy;
  - b) Life expectancy less than 12 weeks.
8. **Dosage allowed:** Weight 50 kg or less: administer  $0.2$  to  $5.0 \times 10^6$  CAR-positive viable T cells per kg body weight intravenously. Weight above 50 kg: administer  $0.1$  to  $2.5 \times 10^8$  total CAR-positive viable T cells (non-weight based) intravenously.

***If member meets all the requirements listed above, the medication will be approved for 3 months.***

For **reauthorization**:

1. Kymriah will not be reauthorized for continued therapy.

## LARGE B-CELL LYMPHOMA

For **initial** authorization:

1. Member is 18 years of age or older; AND
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; AND
3. Member has received 2 or more lines of chemotherapy, including rituximab and anthracycline, and relapsed following autologous hematopoietic stem cell transplantation (SCT) or is not eligible for SCT; AND
4. Member has an Eastern cooperative oncology group (ECOG) performance status of 0 or 1; AND
5. 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); AND
6. 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
7. Healthcare facility/provider has enrolled in the Kymriah REMS program.
8. **Dosage allowed:** Administer 0.6 to 6.0 x 10<sup>8</sup> CAR-positive viable T cells.

***If member meets all the requirements listed above, the medication will be approved for 3 months.***

For **reauthorization**:

1. Kymriah will not be reauthorized for continued therapy.

**CareSource considers Kymriah (tisagenlecleucel) not medically necessary for the treatment of disease states not included in this document.**

DATE	ACTION/DESCRIPTION
10/24/2017	New policy for Kymriah created.
08/27/2018	New indication of Large B-cell lymphoma was added. Criteria expanded for ALL diagnosis for member's disease history requirement.
08/18/2020	Updated billing code. Amended criteria for both diagnoses. ALL: changed lower age limit from 3 years to 1 year. Added #3, 4. Removed TKI's that were listed but not relevant in this context. B cell lymphoma: minor changes. Removed criterion for premedication. Removed some of the exclusion cut offs that appeared to be arbitrary to the controlled trial environment but not necessary to mandate from a utilization management perspective for the clinical setting.
05/27/2021	B cell lymphoma: Removed life expectancy restriction. Added ECOG score.

References:

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4. 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].

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