Humana. CareSource™

PHARMACY POLICY STATEMENT
Kentucky Medicaid

DRUG NAME	Kymriah (tisagenlecleucel)
BILLING CODE	Q2042 (1 unit = 250 million T cells)
BENEFIT TYPE	Medical
SITE OF SERVICE ALLOWED	Outpatient Hospital
COVERAGE REQUIREMENTS	Prior Authorization Required (Non-Preferred Product) QUANTITY LIMIT— see **Dosage allowed** below
LIST OF DIAGNOSES CONSIDERED **NOT** MEDICALLY NECESSARY	Click Here

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 autologous use only

For **initial** authorization:

1. Member is 3-25 years of age and has documentation of CD19 tumor expression; AND
2. Member has B-cell acute lymphoblastic leukemia that is refractory or in second or later relapse as defined by **one** of the following:
   a) 2nd or greater Bone Marrow (BM) relapse;
   b) Any BM relapse after allogeneic stem cell transplantation (SCT) and must be > 6 months from SCT at the time of CAR-T cell immunotherapy infusion;
   c) Refractory as defined by not achieving a complete remission (CR) after 2 cycles of a standard chemotherapy regimen chemotherapy regimen or chemorefractory as defined by not achieving a CR after 1 cycle of standard chemotherapy for relapse leukemia;
   d) Member with Philadelphia chromosome positive (Ph+) acute lymphoblastic leukemia that is intolerant to or have failed 2 lines of tyrosine kinase inhibitor (TKI) therapy (e.g. imatinib mesylate (Gleevec), dasatinib (Sprycel), nilotinib (Tasigna) or ponatinib (Iclusig)), or if TKI therapy is contraindicated;
   e) Member is not eligible for allogeneic SCT; AND
3. Member has been screened for hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV) prior to collection of cells (leukapheresis); AND
4. Healthcare facility/provider has enrolled in the Kymriah REMS and has training on the management of cytokine release syndrome (CRS) and neurological toxicities; AND
5. Member must be premedicated with acetaminophen and an H1-antihistamine, and tocilizumab (Actemra) must be available in healthcare facility prior to infusion; AND
6. Member has a life expectancy > 12 weeks; AND
7. Member does **not** have history of ALL of the following:
   a) Prior CAR-T therapy;
   b) Concomitant genetic syndrome (e.g., Fanconi anemia, Kostmann syndrome, Shwachman syndrome or any other known bone marrow failure syndrome);
   c) Burkitt's lymphoma/leukemia;

d) Malignancy, except carcinoma in situ of the skin or cervix treated with curative intent and with no evidence of active disease;
e) Prior treatment with gene therapy product;
f) Presence of Grade 2 to 4 acute or extensive chronic graft-versus-host disease (GVHD);
g) Active or latent hepatitis B or active hepatitis C or HIV.

8. **Dosage allowed:** Weight 50 kg or less: administer 0.2 to 5.0 x 10^6CAR-positive viable T cells per kg body weight intravenously. Weight above 50 kg: administer 0.1 to 2.5 x 10^8 total CAR-positive viable T cells (non-weight based) intravenously.

Note: Treatment will not be authorized unless the requesting facility has provided documentation that they are contracted with Novartis for the Novartis Outcomes agreement.

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 autologous use only

For **initial** authorization:
1. Member is being use for adult member (18 years old or older) with has relapsed or refractory large B-cell lymphoma (diffuse large B-cell lymphoma (DLBCL) not otherwise specified, high grade B-cell lymphoma, or DLBCL arising from follicular lymphoma); AND
2. Member has received ≥ 2 lines of chemotherapy, including rituximab and anthracycline, or relapsed following autologous hematopoietic stem cell transplantation (HSCT); AND
3. Member does **not** have ALL of the following:
   a) Active central nervous system malignancy;
   b) Prior allogenic HSCT;
   c) ECOG performance status ≥ 2;
   d) Creatinine clearance < 60;
   e) Alanine aminotransferase > 5 times normal;
   f) Cardiac ejection fraction < 45%;
   g) Absolute lymphocyte concentration less than 300/µL;
   h) Active replication of or prior infection with hepatitis B or active hepatitis C (HCV RNA positive);
   i) HIV positive; AND
4. Healthcare facility/provider has enrolled in the Kymriah REMS and has training on the management of cytokine release syndrome (CRS) and neurological toxicities; AND
5. Member must be premedicated with acetaminophen and an H1-antihistamine, and tocilizumab (Actemra) must be available in healthcare facility prior to infusion; AND
6. Member has a life expectancy > 12 weeks; AND
7. Member has not received prior CAR-T therapy.
8. **Dosage allowed:** Administer 0.6 to 6.0 x 10^8 CAR-positive viable T cells.

Note: Treatment will not be authorized unless the requesting facility has provided documentation that they are contracted with Novartis for the Novartis Outcomes agreement.

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 the following disease states based on a lack of robust clinical controlled trials showing superior efficacy compared to currently available treatments:

- Primary central nervous system lymphoma

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.

References:

1. Kymriah [package insert]. East Hanover, NJ; Novartis Pharmaceuticals Corp., May 2018.
2. The Leukemia & Lymphoma Society (LLS). Ph-Positive ALL Therapy. Available at https://www.lls.org/leukemia/acute-lymphoblastic-leukemia/treatment/ph-positive-all-therapy.
3. ClinicalTrials.gov. Identifier NCT02228096. Study of Efficacy and Safety of CTL019 in Pediatric ALL Patients. Available at https://clinicaltrials.gov/ct2/show/NCT02228096?term=tisagenlecleucel&rank=1. Accessed in October, 2017.
4. 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. 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].
6. NCCN Guidelines. Acute Lymphoblastic Leukemia. V.1.2018
7. NCCN Guidelines. Non-Hodgkins Lymphoma. V.4.2018.

Effective date: 09/07/2018
Revised date: 08/27/2018