**STATE OF WEST VIRGINIA**
**DEPARTMENT OF HUMAN SERVICES**
**BUREAU FOR MEDICAL SERVICES**

**Office of Pharmacy Services**
**Prior Authorization Criteria**

# KYMRIAH® (tisagenlecleucel)
**Billed under: Q2042**

KYMRIAH is a CD19-directed genetically modified autologous T-cell immunotherapy indicated for the treatment of:

1) Patients ≤ 25 years of age with B-cell precursor acute lymphoblastic leukemia (ALL) that is refractory or in second or later relapse

2) Patients ≥ 18 years of age with relapsed or refractory (r/r) large B-cell lymphoma after two or more lines of systemic therapy, including diffuse large B-cell lymphoma (DLBCL) not otherwise specified, high grade B-cell lymphoma and DLBCL arising from follicular lymphoma (FL)

3) Patients ≥ 18 years of age with relapsed or refractory FL after two or more lines of systemic therapy. This indication is approved under accelerated approval based on response rate and duration of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in confirmatory trial(s)

Refractory is defined by not achieving an initial complete remission after two cycles of a standard chemotherapy regimen (primary refractory). Subjects who were refractory to subsequent chemotherapy regimens after an initial remission are considered chemorefractory.

Relapse is defined by greater than 5% lymphoblasts and second or subsequent bone marrow (BM) relapse, or any BM relapse after allogeneic stem cell transplant (SCT) and must be ≥ 6 months from SCT at the time of tisagenlecleucel infusion.

**Limitations of Use: Kymriah is not indicated for the treatment of patients with primary central nervous system lymphoma.**

**Kymriah is considered experimental/investigational for all other indications not listed above, including T-cell ALL and Burkitt's Lymphoma/leukemia (e.g., patients with mature B-cell ALL) and therefore noncovered for any other indications than those listed above. There is insufficient evidence regarding its effectiveness and safety for any other indications.**

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**Initial authorization requires review by the Medical Director and Kymriah may be considered medically necessary only when being used for one of the approved indications and when all of the following criteria is met:**

1. Must be prescribed by an Oncologist; **AND**
2. Supporting diagnostic documentation, identity of all prior treatments and response MUST be supplied; **AND**
3. Documentation of CD19 tumor expression demonstration in bone marrow or peripheral blood; **AND**
4. No active or latent hepatitis B or active hepatitis C, human immunodeficiency virus (HIV) positive or any uncontrolled infection; **AND**
5. No presence of grade 2-4 acute or extensive chronic graft-versus-host disease (GVHD); **AND**
6. No active central nervous system involvement by malignancy; **AND**
7. No prior chimeric antigen receptor T-cell (CAR-T) or anti-CD19/anti-CD3 therapy; **AND**
8. Karnofsky/Lansky score $\geq$ 50 or an Eastern Cooperative Oncology Group (ECOG) score of 0-1; **AND**
9. No live vaccination within 6 weeks prior to initiation of lymphodepleting chemotherapy; **AND**
10. **Philadelphia chromosome-positive (Ph+) ALL diagnosed patients** must have:
    a. Tried and failed two or more lines of tyrosine kinase inhibitor (TKI) therapy (e.g., imatinib, dasatinib, ponatinib, etc.), unless contraindicated; **OR**
    b. All other patients must have previous therapies which included at least one regimen containing an anthracycline chemotherapy agent (e.g., doxorubicin) and an anti-CD20 antibody (e.g., rituximab), unless contraindicated.

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**Additional Requirements:**

1. Because of the risk of cytokine release syndrome (CRS) and neurological toxicities, Kymriah is available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS) called the Kymriah REMS. The required components of the Kymriah REMS are:
   a. Healthcare facilities that dispense and administer Kymriah must be enrolled and comply with the REMS requirements. Certified healthcare facilities must have on-site, immediate access to tocilizumab, and ensure that a minimum of 2 doses of tocilizumab are available for each patient for administration within 2 hours after Kymriah infusion, if needed for treatment of CRS
2. Certified healthcare facilities must ensure that healthcare providers who prescribe, dispense, or administer Kymriah are trained in the management of CRS and neurological toxicities.

**Place of Service: Inpatient/Outpatient:**

Treatment with Kymriah is typically an outpatient procedure which is only eligible for coverage as an inpatient procedure in special circumstances, including, but not limited to, the presence of a co-morbid condition that would require monitoring in a more controlled environment such as the inpatient setting.

Monitor patients at least daily for 7 days at the certified healthcare facility following infusion for signs and symptoms of CRS and neurologic toxicities. The product labeling gives specific treatment recommendations for the different grades of CRS and neurologic toxicity. Instruct patients to remain within proximity of the certified healthcare facility for at least 4 weeks following infusion.

**Authorization approval will be for 60 days to allow for a one-time infusion of therapy.**

**As additional indications may be approved by the FDA, expansion of the covered indications will be considered.**

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**References:**

**Government Agency, Medical Society, and Other Authoritative Publications:**

1. LexiComp Clinical Reference (Revised 3/6/2019)
2. Kymriah [package insert]. East Hanover, NJ: Novartis Pharmaceuticals, Co.; 2024. https://www.novartis.com/us-en/sites/novartis_us/files/kymriah.pdf (Accessed 4/16/2024)
3. http://www.fda.gov/biologicsbloodvaccines/cellulargenetherapyproducts/approvedproducts/ucm573706.htm (Accessed 2/23/2023)
4. ClinicalTrials.gov [Internet]. Bethesda (MD): National Library of Medicine (US). Identifier CCTL019B2202, Determine Efficacy and Safety of CTL019 in Pediatric Patients With Relapsed and Refractory B-cell ALL (ELIANA); 20017 July 28 [cited 2017 Sept 15]
5. https://www.fda.gov/downloads/BiologicsBloodVaccines/CellularGeneTherapyProducts/ApprovedProducts/UCM573941.pdf Package insert KYMRIAH (Accessed 2/23/2023)
6. NCCN Drugs & Biologics Compendium™. Tisagenlecleucel. 2017. National Comprehensive Cancer Network (NCCN)
7. REMS:https://www.accessdata.fda.gov/scripts/cder/rems/index.cfm?event=IndvRemsDetails.page&REMS=368 (Accessed 04/30/2018)
8. https://www.novartis.com/news/media-releases/novartis-receives-first-ever-fda-approval-car-t-cell-therapy-kymriahtm-ctl019 (Accessed 3/8/2024)
9. Adult Acute Lymphoblastic Leukemia Treatment (PDQ) – Health Professional Version – NIH National Cancer Institute (https://www.cancer.gov/types/leukemia/hp/adult-all-treatment-pdq) (Revised 3/28/2024) (Accessed 2/27/2024)
10. UpToDate Clinical article “Diffuse large B cell lymphoma (DLBCL): Suspected first relapse or refractory disease in patients who are medically fit” (Accessed 2/27/2024)
11. UpToDate Clinical article “Treatment of relapsed or refractory acute lymphoblastic leukemia in adults” (Accessed 2/27/2024)
12. National Comprehensive Cancer Network (NCCN) Guidelines – Treatment by Cancer Type https://www.nccn.org/guidelines/category_1 :

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a. (Acute Lymphoblastic Leukemia) NCCN Guidelines Version 4.2023 (Revised 2/5/2024)
b. (Multiple Myeloma) NCCN Guidelines Version 2.2024 (Revised 11/1/2023)
c. (B-Cell Lymphomas) NCCN Guidelines Version 1.2024 (Revised 1/18/2024)
13. Leukemia and Lymphoma Society Website https://www.lls.org/leukemia/acute-lymphoblastic-leukemia/treatment (Accessed 2/26/2024)

*Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member according to BMS coverage and policy guidelines*.