| Policy Title: | Kymriah (tisagenlecleucel) (Intravenous) | | |
|---|---|---|---|
| | | **Department:** | PHA |
| **Effective Date:** | 01/01/2020 | | |
| **Review Date:** | 10/02/2019, 12/20/2019 | | |
| **Revision Date:** | 10/02/2019 | | |

**Purpose:** To support safe, effective and appropriate use of Kymriah (tisagenlecleucel).

**Scope:** Medicaid, Exchange, Medicare-Medicaid Plan (MMP)

**Policy Statement:**

Kymriah (tisagenlecleucel) is covered under the Medical Benefit when used within the following guidelines. Use outside of these guidelines may result in non-payment unless approved under an exception process.

**Procedure:**

Coverage of Kymriah (tisagenlecleucel) will be reviewed prospectively via the prior authorization process based on criteria below.

***Initial Criteria:***

- Patient must have documentation of testing or analysis confirming CD19 protein on the surface of the B-cell; AND
- Authorizations will only be granted if Kymriah is provided at a Neighborhood Health Plan of Rhode Island authorized and approved facility for Kymriah administration; AND

**Pediatric and Young Adult Relapsed or Refractory (r/r) B-cell Acute Lymphoblastic Leukemia (ALL)**

- Authorization may be granted to patients aged 3 to 25 years of age for treatment of B-cell precursor acute lymphoblastic leukemia (ALL) when all of the following criteria are met:
  - The disease is refractory to treatment or in second or later relapse; AND
  - The member has not received a previous treatment course of Kymriah; AND
  - The B-cells must be CD19-positive as confirmed by testing or analysis; OR

**Adult Relapsed or Refractory (r/r) Large B-cell Lymphoma**

- Authorization may be granted to patients 18 years of age or older with relapsed or refractory large B-cell lymphoma (including DLBCL not otherwise specified, high grade B-cell lymphoma, and DLBCL arising from follicular lymphoma) when all of the following criteria are met:
  - The disease is refractory to treatment or relapsed after two or more lines of systemic therapy; AND
  - The patient does not have primary central nervous system lymphoma; AND

- The member has not received a previous treatment course of Kymriah; AND
- The B-cells must be CD19-positive as confirmed by testing or analysis

**Coverage durations:**

- Initial coverage: 3 months for one infusion
- Continuation of therapy coverage: cannot be renewed

*** Requests will also be reviewed to National Coverage Determination (NCD) and Local Coverage Determinations (LCDs) if applicable.***

**Dosage/Administration:**

| **Indication** | **Dose** | **Maximum dose (1 billable unit = one infusion)** |
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| B-Cell Precursor ALL | Lymphodepleting chemotherapy:<br>• Fludarabine (30 mg/m$^2$ intravenous daily for 4 days) and cyclophosphamide (500 mg/m$^2$ intravenous daily for 2 days starting with the first dose of fludarabine).<br>Kymriah Infusion:<br>• Infuse 2 to 14 days after completion of lymphodepleting chemotherapy<br>• Kymriah is provided in a single-dose unit containing chimeric antigen receptor (CAR)-positive viable T cells based on the patient weight reported at the time of leukapheresis:<br>o Patients ≤ 50 kg: administer 0.2 to 5.0 x $10^6$ CAR-positive viable T cells per kg body weight<br>o Patients > 50 kg: administer 0.1 to 2.5 x $10^8$ CAR-positive viable T cells | 1 BU per lifetime |
| Large B-cell Lymphoma | Lymphodepleting chemotherapy:<br>• Fludarabine (25 mg/m$^2$ intravenous daily for 3 days) and cyclophosphamide (250 mg/m$^2$ intravenous daily for 3 days starting with the first dose of fludarabine); OR<br>• Bendamustine (90 mg/m$^2$ intravenous daily for 2 days) if the patient experienced a previous Grade 4 hemorrhagic cystitis with cyclophosphamide or demonstrates resistance to a previous cyclophosphamide containing regimen<br>Kymriah Infusion: | 1 BU per lifetime |

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| | • Infuse 2 to 11 days after completion of lymphodepleting chemotherapy<br>• Kymriah is provided in a single-dose unit containing chimeric antigen receptor (CAR)-positive viable T cells based on the patient weight reported at the time of leukapheresis:<br>  o Administer 0.6 to 6.0 x $10^8$ CAR-positive viable T cells | |

**For autologous use only. For intravenous use only.**

- Kymriah is prepared from the patient's peripheral blood mononuclear cells, which are obtained via a standard leukapheresis procedure
- One treatment course consists of lymphodepleting chemotherapy followed by a single infusion of Kymriah
- Confirm availability of Kymriah prior to starting the lymphodepleting regimen.
- Delay the infusion of Kymriah after lymphodepleting chemotherapy for unresolved serious adverse reactions from preceding chemotherapies (including pulmonary toxicity, cardiac toxicity, or hypotension), active uncontrolled infection, active graft versus host disease (GVHD), or worsening of leukemia burden

**Investigational use:** All therapies are considered investigational when used at a dose or for a condition other than those that are recognized as medically accepted indications as defined in any one of the following standard reference compendia: American Hospital Formulary Service Drug information (AHFS-DI), Thomson Micromedex DrugDex, Clinical Pharmacology, Wolters Kluwer Lexi-Drugs, or Peer-reviewed published medical literature indicating that sufficient evidence exists to support use. Neighborhood does not provide coverage for drugs when used for investigational purposes.

**Applicable Codes:**
Below is a list of billing codes applicable for covered treatment options. The below tables are provided for reference purposes and may not be all-inclusive. Requests received with codes from tables below do not guarantee coverage. Requests must meet all criteria provided in the procedure section.

The following HCPCS/CPT codes are:

| HCPCS/CPT Code | Description |
|---|---|
| Q2042 | Tisagenlecleucel, up to 600 million CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose |

References:

1. Kymriah [package insert]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; May 2018.