VENTURA COUNTY
HEALTH CARE PLAN

UTILIZATION MANAGEMENT MEDICAL POLICY

POLICY: Oncology (Injectable – CAR-T) – Yescarta Utilization Management Medical Policy
- Yescarta® (axicabtagene ciloleucel intravenous infusion – Kite Pharma)

REVIEW DATE: 03/23/2022; selected revision 05/18/2022

OVERVIEW

Yescarta, a CD19-directed genetically modified autologous T cell immunotherapy, is indicated for the treatment of adults with:[1]

- **Follicular lymphoma** that has relapsed or is refractory after two or more lines of systemic therapy. This indication was approved under accelerated approval based on response rate. Continued approval for this indication may be contingent upon verification and description of clinical benefit in confirmatory trials(s).
- **Large B-cell lymphoma** in the following situations:
  - Disease that is refractory to first-line chemoimmunotherapy or relapses within 12 months of first-line chemoimmunotherapy.
  - Relapsed or refractory disease after two or more lines of systemic therapy, including diffuse B-cell lymphoma (DLBCL) not otherwise specified, primarily mediastinal large B-cell lymphoma, high-grade B-cell lymphoma, and DLBCL arising from follicular lymphoma.
    Limitation of Use: Yescarta is not indicated for the treatment of patients with primary central nervous system lymphoma.

Yescarta, a chimeric antigen receptor T-cell (CAR-T) therapy, is supplied as an infusion bag containing approximately 68 mL of frozen suspension of genetically modified autologous T cells.[1] Yescarta is stored in the vapor phase of liquid nitrogen (less than or equal to minus 150°C) and supplied in a liquid nitrogen dry shipper.

Guidelines

The National Comprehensive Cancer Network (NCCN) guidelines for B-cell lymphoma (version 3.2022 – April 25 2022) recommend Yescarta for the treatment of a variety of B-cell lymphomas in patients with relapsed or refractory disease and after at least two chemotherapy regimens.[2,3] Recommended indications include follicular lymphoma grade 1 or 2, gastric MALT lymphoma, nongastric MALT lymphoma (noncutaneous), nodal marginal zone lymphoma, splenic marginal zone lymphoma, DLBCL, DLBCL which transformed from follicular lymphoma or nodal marginal zone lymphoma, primary mediastinal large B-cell lymphoma, high-grade B-cell lymphoma, acquired immune deficiency syndrome (AIDS)-related B-cell lymphoma, human herpes virus 8 (HHV8)-positive DLBCL, and post-transplant lymphoproliferative disorders (category 2A). In addition, Yescarta is recommended for DLBCL, high-grade B-cell lymphoma, AIDS-related B-cell lymphoma, and post-transplant lymphoproliferative disorders as additional therapy for disease relapse > 12 months after completion of first-line therapy in patients with intention to proceed to transplant (category 2A) and for patients with primary refractory or relapsed disease < 12 months after first-line therapy (category 1).

Safety

Yescarta has a Boxed Warning regarding cytokine release syndrome and neurological toxicities. Due to these risks, Yescarta is only available through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS) called Yescarta REMS.[1]

POLICY STATEMENT

Prior Authorization is recommended for medical benefit coverage of Yescarta. Approval is recommended for those who meet the **Criteria** and **Dosing** for the listed indication. Because of the specialized skills required for evaluation and diagnosis of patients treated with Yescarta, as well as the monitoring required for adverse events and long-term efficacy, approval requires Yescarta to be prescribed by or in consultation with a physician who specializes in the condition being treated.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Yescarta is recommended in those who meet the following criteria:

FDA-Approved Indication

---

1. B-Cell Lymphoma. Approve a single dose if the patient meets ALL of the following (A, B, C, D, and E):

A) Patient is ≥ 18 years of age; AND

B) Patient meets ONE of the following (i or ii):

i. Patient meets BOTH of the following (a and b):

a) Patient has ONE of the following diagnoses [(1), (2), (3), (4), (5), (6), or (7)]:

(1) Follicular lymphoma; OR
(2) Gastric MALT lymphoma; OR
(3) Nongastric MALT lymphoma (noncutaneous); OR
(4) Nodal marginal zone lymphoma; OR
(5) Splenic marginal zone lymphoma; OR
(6) Diffuse large B-cell lymphoma arising from follicular lymphoma; OR
(7) Diffuse large B-cell lymphoma arising from nodal marginal zone lymphoma; AND

b) Yescarta is used for disease that is relapsed or refractory after two or more lines of systemic therapy; OR

Note: Examples of systemic therapy include CHOP (cyclophosphamide, doxorubicin, vincristine, prednisone) + Gazyva (obinutuzumab intravenous infusion) or rituximab products, CVP (cyclophosphamide, vincristine, prednisone) + rituximab products, lenalidimide + rituximab products.

ii. Patient meets BOTH of the following (a and b):

a) Patient has ONE of the following diagnoses [(1), (2), (3), (4), (5), (6), or (7)]:

(1) Acquired immune deficiency syndrome (AIDS)-related B-cell lymphoma; OR
(2) Human herpes virus 8-positive diffuse large B-cell lymphoma; OR
(3) Post-transplant lymphoproliferative disorders; OR
(4) Diffuse large B-cell lymphoma; OR
(5) Primary mediastinal large B-cell lymphoma; OR
(6) High-grade B-cell lymphoma; OR
(7) Large B-cell lymphoma; AND

b) Yescarta is used in ONE of the following situations [(1), (2), (3), or (4)]:

(1) For disease that is relapsed or refractory after two or more lines of systemic therapy; OR

Note: Examples of systemic therapy include RCHOP (rituximab product, cyclophosphamide, doxorubicin, vincristine, prednisone), dose-adjusted EPOCH (etoposide, prednisone, vincristine, cyclophosphamide, doxorubicin) + rituximab

product, DHA (dexamethasone, cytarabine) + platinum (carboplatin, cisplatin, or oxaliplatin) ± rituximab product.

(2) For primary refractory disease; OR

(3) For relapsed disease < 12 months after completion of first-line therapy; OR

Note: Examples of first-line therapy include RCHOP (rituximab product, cyclophosphamide, doxorubicin, vincristine, prednisone), dose-adjusted EPOCH (etoposide, prednisone, vincristine, cyclophosphamide, doxorubicin) + rituximab product, RCDOP (rituximab product, cyclophosphamide, liposomal doxorubicin, vincristine, prednisone).

(4) For disease relapse > 12 months after first-line therapy in a patient with intent to proceed to transplantation who has partial response to second-line therapy; AND

Note: Examples of systemic therapy include RCHOP (rituximab product, cyclophosphamide, doxorubicin, vincristine, prednisone), dose-adjusted EPOCH (etoposide, prednisone, vincristine, cyclophosphamide, doxorubicin) + rituximab product, RCDOP (rituximab product, cyclophosphamide, liposomal doxorubicin, vincristine, prednisone).

C) Patient received or plans to receive lymphodepleting chemotherapy prior to Yescarta infusion; AND

D) Patient has not been previously treated with chimeric antigen receptor T-cell (CAR-T) therapy; AND

Note: Examples of CAR-T therapy includes Yescarta, Breyanzi (lisocabtagene maraleucel intravenous infusion), Kymriah (tisagenlecleucel intravenous infusion), Tecartus (brexucabtagene autoleucel intravenous infusion) Abecma (idecabtagene vicleucel intravenous infusion) and Carvykti (ciltacabtagene autoleucel intravenous infusion).

E) Yescarta is prescribed by or in consultation with an oncologist.

Dosing. The dose is up to a maximum of 2 x 10^8 CAR-positive viable T-cells administered intravenously.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Yescarta is not recommended in the following situations.

1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Yescarta® intravenous infusion [prescribing information]. Santa Monica, CA: Kite Pharma; April 2022.
2. The NCCN B-Cell Lymphomas Clinical Practice Guidelines in Oncology (version 3.2022 – April 25, 2022). © 2022 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed May 4, 2022.
3. The NCCN Drugs and Biologics Compendium. © 2022 National Comprehensive Cancer Network. Available at: http://www.nccn.org. Accessed on May 4, 2022. Search term: axicabtagene.

HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	**B-cell lymphoma:** Added follicular lymphoma to the list of approvable diagnoses. Revised criterion: Patient has not been previously treated with Yescarta or Kymriah, to: Patient has not been previously treated with chimeric antigen receptor (CAR)-T therapy. Added Note listing all CAR-T therapies. Revised dose to specify maximum dose is 2 x 10^8 CAR-positive T-cells and removed "per kg of body weight." **Conditions Not Recommended for Approval:** Removed Retreatment with Yescarta criteria (not needed since addressed in criteria section).	03/31/2021
Selected Revision	**B-Cell Lymphoma:** Added "or plan to receive" to the requirement that the patient receive lymphodepleting chemotherapy prior to Yescarta infusion.	01/12/2022
Annual Revision	**B-Cell Lymphoma:** Added gastric MALT lymphoma, nongastric MALT lymphoma, nodal marginal zone lymphoma, and splenic marginal zone lymphoma as additional options of approval.	03/23/2022
Selected Revision	**B-Cell Lymphoma:** Added other options for approval for diffuse large B-cell lymphoma (DLBCL), acquired immune deficiency syndrome-related B-cell lymphoma, human herpes virus 8-positive DLBCL, post-transplant lymphoproliferative disorders, DLBCL, primary mediastinal large B-cell lymphoma, high-grade B-cell lymphoma, and large B-cell lymphoma. Approval options include primary refractory disease, disease relapse < 12 months after completion of first-line therapy, and disease relapse > 12 months after first-line therapy in a patient with intent to proceed to transplantation who has a partial response to second-line therapy.	05/18/2022