PHARMACY POLICY STATEMENT
North Carolina Marketplace

DRUG NAME	Kymriah (tisagenlecleucel)
BILLING CODE	Q2042
BENEFIT TYPE	Medical
SITE OF SERVICE ALLOWED	Inpatient/Outpatient hospital
STATUS	Prior Authorization Required

Kymriah is a CD19-directed genetically modified autologous T cell immunotherapy indicated for the treatment of: 1) Patients up to 25 years of age with B-cell precursor acute lymphoblastic leukemia (ALL) that is refractory or in second or later relapse; and 2) Adult patients 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; and 3) Adult patients with relapsed or refractory follicular lymphoma (FL) after two or more lines of systemic therapy (accelerated approval).

Kymriah (tisagenlecleucel) will be considered for coverage when the following criteria are met:

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

For **reauthorization**:
1. Kymriah will not be authorized 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-