

PHARMACY POLICY STATEMENT North Carolina Marketplace

DRUG NAME Yescarta (axicabtagene ciloleucel)		
BILLING CODE	Q2041	
BENEFIT TYPE	Medical	
SITE OF SERVICE ALLOWED	Outpatient/Inpatient Hospital	
STATUS	Prior Authorization Required	

Yescarta is a CD19-directed genetically modified autologous T cell immunotherapy indicated for the treatment of: 1) Adult patients with large B-cell lymphoma that is refractory to first-line chemoimmunotherapy or that relapses within 12 months of first-line chemoimmunotherapy; and 2) Adult patients with relapsed or refractory large B-cell lymphoma after two or more lines of systemic therapy, including diffuse large B-cell lymphoma (DLBCL) not otherwise specified, primary mediastinal large B-cell lymphoma, 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).

Yescarta (axicabtagene ciloleucel) will be considered for coverage when the following criteria are met:

Large B-Cell Lymphoma

For **initial** authorization:

- 1. Member is 18 years of age or older; AND
- 2. Member has a diagnosis of large B-cell lymphoma; AND
- 3. Member's disease is refractory or relapsed, defined as one of the following:
 - a) No response, partial response, disease progression, or relapse after <u>two or more</u> lines of systemic therapy, including both:
 - i) an anti-CD20 monoclonal antibody (e.g., rituximab) unless tumor is CD20-negative and
 - ii) a chemotherapy regimen that contains an anthracycline
 - b) Relapsed after autologous hematopoietic stem cell transplantation (HSCT)
 - c) Primary refractory disease (incomplete response to first line chemoimmunotherapy, including at least an anti-CD20 monoclonal antibody unless tumor is CD20-negative and a chemotherapy
 - a) Prior allogeneic HSCT
 - b) History or presence of primary central nervous system (CNS) lymphon
 - c) Prior CAR-T therapy; AND

6. Member has been screened for hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV) prior to collection of cells (negative results must be submitted); AND

Qualified Health Plans offered in North Carolina by CareSource North Carolina Co., d/b/a CareSource.



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		disorders, and other forms of malignancy from exclusion list. Added prior CAR-T treatment, life expectancy to exclusion list. Updated the name of REMS program.	
05/19	9/2021	Added criteria for new indication of follicular lymphoma. Large B-Cell Lymphoma: Removed life expectancy restriction. Added ECOG score. Added "partial response" to 3a per NCCN slide BCEL-7.	LymL
05/0	5/2022	Transferred to new template. Updated references. Qq144.72 618.84 430.56 37.92 reW	