

Guideline	Chimeric Antigen Receptor T Cell	Guideline #	UM_OTH 21
	(CAR-T) Therapy	Original Effective	5/13/2020
		Date	
Section	Other	Revised Date	4/24/2023

COVERAGE POLICY

Kymriah (tisagenlecleucel), Yescarta (axicabtagene ciloleucel), Tecartus (brexucabtagene autoleucel), Breyanzi (lisocabtagene maraleucel), Abecma (idecabtagene vicleucel), Carvykti (ciltacabtagene autoleucel)

Coverage criteria:

- A. All FDA-approved indications
- B. Treatment supported by National Comprehensive Cancer Network guidelines, e.g. confirmed genetic testing, prior therapy
- C. Treatment consistent with use as described by drug labeling, e.g. black box warnings, contraindications, precautions in specific populations, dosing and administration
- D. No major medical conditions that may preclude use, e.g. inadequate organ and bone marrow function at time of treatment
- E. No prior treatment with CD19-directed CAR-T cell therapy or is being considered for treatment with any other gene therapy
- F. Will be dispensed and administered at a Risk Evaluation and Mitigation Strategy (REMS) certified facility
- G. ONE (1) single-dose of CD-19-direct CAR-T cell therapy is approved per lifetime

DEFINITION OF TERMS

- A. Relapsed disease Reappearance of leukemia cells in the bone marrow or peripheral blood after the attainment of a complete remission with chemotherapy and/or allogeneic cell transplant
- B. Refractory (resistant) disease Failure to obtain complete response with induction therapy, i.e., failure to eradicate all detectable leukemia cells (<5% blasts) from the bone marrow and blood with subsequent restoration of normal hematopoiesis (>25% marrow cellularity and normal peripheral blood counts)
- C. Risk Evaluation and Mitigation Strategies (REMS) Drug safety program that the FDA can require for certain medications with serious safety concerns to help ensure the benefits of the medication outweigh its risk



ADDITIONAL INFORMATION

- 1. Kymriah-https://www.us.kymriah.com
- 2. Yescarta-https://www.yescarta.com
- 3. Tecartus-https://www.tecartus.com
- 4. Breyanzi-https://www.breyanzi.com
- 5. Abecma-https://www.abecma.com
- 6. Carvykti-https://www.carvykti.com

REFERENCES

- 1. California Department of Health Services. Medi-Cal Provider Manual: Chemotherapy. Accessed March 29, 2023.
- 2. The Centers for Medicare and Medicaid Services (CMS). National Coverage Determination: CHIMERIC Antigen Receptor (CAR) T-cell access (NCD 110.24). Accessed March 29, 2023.

DISCLAIMER

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