Kymriah (tisagenlecleucel)

Last Review Date: January 1, 2020  Number: MG.MM.PH.41

Medical Guideline Disclaimer

Property of EmblemHealth. All rights reserved. The treating physician or primary care provider must submit to EmblemHealth the clinical evidence that the patient meets the criteria for the treatment or surgical procedure. Without this documentation and information, EmblemHealth will not be able to properly review the request for prior authorization. The clinical review criteria expressed below reflects how EmblemHealth determines whether certain services or supplies are medically necessary. EmblemHealth established the clinical review criteria based upon a review of currently available clinical information (including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). EmblemHealth expressly reserves the right to revise these conclusions as clinical information changes, and welcomes further relevant information. Each benefit program defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and/or paid for by EmblemHealth, as some programs exclude coverage for services or supplies that EmblemHealth considers medically necessary. If there is a discrepancy between this guideline and a member's benefits program, the benefits program will govern. In addition, coverage may be mandated by applicable legal requirements of a state, the Federal Government or the Centers for Medicare & Medicaid Services (CMS) for Medicare and Medicaid members.

All coding and web site links are accurate at time of publication. EmblemHealth Services Company LLC, ("EmblemHealth") has adopted the herein policy in providing management, administrative and other services to HIP Health Plan of New York, HIP Insurance Company of New York, Group Health Incorporated, GHI HMO Select, ConnectiCare, Inc., ConnectiCare Insurance Company, Inc. ConnectiCare Benefits, Inc., and ConnectiCare of Massachusetts, Inc. related to health benefit plans offered by these entities. All of the aforementioned entities are affiliated companies under common control of EmblemHealth Inc.

Definitions

Kymriah (tisagenlecleucel) is a CD19-directed genetically modified autologous T cell immunotherapy indicated for the treatment of 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 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, high grade B-cell lymphoma, and DLBCL arising from follicular lymphoma.

Kymriah (tisagenlecleucel) is comprised of autologous T cell that are genetically modified using a lentiviral vector to encode an anti-CD19 chimeric antigen receptor (CAR). The CAR is comprised of a murine single-chain antibody fragment (scFv) specific for CD19, followed by a CD8 hinge and transmembrane region that is fused to the intracellular signaling domains for 4-1BB (CD137) and CD3 zeta.

Kymriah (tisagenlecleucel) is prepared from the patient’s own peripheral blood mononuclear cells, which are obtained via a standard leukapheresis procedure. These cells are then enriched for T cells, transduced with the lentiviral vector, and activated with anti-CD3/CD28 antibody coated beads.

Kymriah (tisagenlecleucel) is provided in a single patient-specific infusion bag which may contain up to $2.5 \times 10^8$ CAR-positive T cells and is dosed according to indication and patient weight reported at time of leukapheresis:
• Pediatric and young adult B-cell ALL
  o Patients ≤ 50 kg: 0.2 to 5.0 \( \times 10^6 \) CAR-positive T cells per kg of body weight
  o Patients > 50 kg: 0.1 to 2.5 \( \times 10^6 \) CAR-positive viable T cells
• Adult relapsed or refractory diffuse large B-cell lymphoma
  o 0.6 to 6.0 \( \times 10^8 \) CAR-positive viable T cells

Guideline

Provider must submit documentation (which may include office notes and lab results) supporting that the patient has met all approval criteria.

Kymriah (tisagenlecleucel) may be considered medically necessary for the treatment of B-cell precursor acute lymphoblastic leukemia (ALL) when all the below criteria are met:

• The patient is between 3 and 25 years of age; AND
• The patient has a confirmed diagnosis of B-cell precursor acute lymphoblastic leukemia (ALL); AND
• The patient has confirmed CD 19-positive disease; AND
• The patient’s disease is refractory or in second or later relapse defined as one of the following:
  o Second or greater bone marrow (BM) relapse; OR
  o Any BM relapse after allogenic stem cell transplantation (SCT); OR
  o The patient has been treated with 2 cycles of standard chemotherapy and has not achieved complete response; OR
  o The patient experienced a relapse, was treated with 1 cycle of standard chemotherapy and has not achieved complete response; OR
  o If the patient has Philadelphia chromosome (Ph)-positive disease has a contraindication to, is intolerant to, or has failed two lines of tyrosine kinase inhibitor (TKI) therapy; AND
• The patient has a life expectancy > 12 weeks; AND
• The patient has a performance status (Karnofsky or Lansky) ≥ 50%; AND
• The patient is not currently pregnant; AND
• If the patient is a sexually active female of reproductive potential, confirm they have had their pregnancy status verified through a pregnancy test; AND
• The patient does not have a clinically significant active infection or inflammatory disorder; AND
• The patient has not received live vaccines within 2 weeks prior to the start of lymphodepleting chemotherapy, during Kymriah (tisagenlecleucel) treatment, and will not receive live vaccines until immune recovery following treatment; AND
• Patient has been screened for hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV) in accordance with clinical guidelines prior to collection of cells (leukapheresis); AND
• Prophylaxis for infection has been followed according to local guidelines; AND
• The patient will be using Kymriah (tisagenlecleucel) in conjunction with lymphodepleting chemotherapy (fludarabine 30 mg/m\(^2\) intravenously daily for 4 days and cyclophosphamide 500 mg/m\(^2\) intravenously for 2 days starting with the first dose of fludarabine); AND
• Kymriah (tisagenlecleucel) will be infused 2 to 14 days after completion of lymphodepleting chemotherapy; AND
• The patient will be premedicated with acetaminophen and diphenhydramine (or another H1-antihistamine) 30 to 60 minutes prior to infusion of Kymriah (tisagenlecleucel); AND
- Tocilizumab and emergency equipment are available prior to infusion of Kymriah (tisagenlecleucel) and during the recovery period; AND
- The requesting provider belongs to a healthcare facility that has enrolled in the Kymriah REMS program and training has been given to providers on the management of cytokine release syndrome (CRS) and neurological toxicities; AND
- Kymriah (tisagenlecleucel) infusion will occur at a treatment center that is certified to administer Kymriah (tisagenlecleucel); AND
- The patient will be monitored for signs and symptoms of Cytokine Release Syndrome (CRS) for at least 4 weeks after treatment with Kymriah (tisagenlecleucel) and will be counselled to seek immediate medical attention should signs and symptoms of CRS or a neurological event occur at any time; AND
- The patient will stay within proximity (within 2 hours) of the Kymriah (tisagenlecleucel) treatment site for at least 4 weeks following infusion

Kymriah (tisagenlecleucel) may be considered medically necessary for the treatment of relapsed or refractory large B-cell lymphoma after two or more lines of systemic therapy when all the below criteria are met:

- The patient is 18 years of age or older; AND
- The patient has a confirmed diagnosis of relapsed or refractory large B-cell lymphoma, including:
  - Diffuse large B-cell lymphoma (DLBCL) not otherwise specified; OR
  - High grade B-cell lymphoma; OR
  - DLBCL arising from follicular lymphoma; AND
- The patient’s disease is relapsed or refractory, as defined as:
  - Having received 2 or more lines of chemotherapy, including rituximab and anthracycline; OR
  - Having relapsed following autologous hematopoietic stem cell transplantation (HSCT)
- The patient has confirmed CD 19-positive disease; AND
- The patient has an ECOG performance score ≤ 1; AND
- The patient has a creatinine clearance ≥ 60; AND
- The patient’s alanine aminotransferase ≤ 5 times normal; AND
- The patient’s cardiac ejection fraction ≥ 45%; AND
- The patient’s absolute lymphocyte concentration is ≥ 300/µL; AND
- The patient is not currently pregnant; AND
- If the patient is a sexually-active female of reproductive potential, confirm they have had their pregnancy status verified through a pregnancy test; AND
- The patient does not have a clinically significant active infection or inflammatory disorder; AND
- The patient has not received live vaccines within 2 weeks prior to the start of lymphodepleting chemotherapy, during Kymriah (tisagenlecleucel) treatment, and will not receive live vaccines until immune recovery following treatment; AND
- The patient has been screened for hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV) in accordance with clinical guidelines prior to collection of cells (leukapheresis); AND
- Prophylaxis for infection has been followed according to local guidelines; AND
- The patient will be using Kymriah (tisagenlecleucel) in conjunction with one of the following lymphodepleting chemotherapy regimens:
Fludarabine (25 mg/m^2 i.v. daily for 3 days) and cyclophosphamide (250 mg/m^2 IV daily for 3 days starting with the first dose of fludarabine; OR
- Bendamustine 90 mg/m^2 i.v. daily for 2 days if a patient experienced a previous Grade 4 hemorrhagic cystitis with cyclophosphamide or demonstrates resistance to a previous cyclophosphamide containing regimen; OR
- Lymphodepleting chemotherapy will be omitted due to white blood cell (WBC) count less than or equal to 1 x 10^9/L within 1 week prior to Kymriah (tisagenlecleucel); AND

- Kymriah (tisagenlecleucel) will be infused 2 to 11 days after completion of lymphodepleting chemotherapy, or within 1 week if lymphodepleting chemotherapy is to be omitted; AND
- The patient will be premedicated with acetaminophen and diphenhydramine (or another H1-antihistamine) 30 to 60 minutes prior to infusion of Kymriah (tisagenlecleucel); AND
- Tocilizumab and emergency equipment are available prior to infusion of Kymriah (tisagenlecleucel) and during the recovery period; AND
- The requesting provider belongs to a healthcare facility that has enrolled in the Kymriah REMS program and training has been given to providers on the management of cytokine release syndrome (CRS) and neurological toxicities; AND
- Kymriah (tisagenlecleucel) infusion will occur at a treatment center that is certified to administer Kymriah (tisagenlecleucel); AND
- The patient will be monitored for signs and symptoms of Cytokine Release Syndrome (CRS) for at least 4 weeks after treatment with Kymriah (tisagenlecleucel) and will be counselled to seek immediate medical attention should signs and symptoms of CRS or a neurological event occur at any time; AND
- The patient will stay within proximity (within 2 hours) of the Kymriah (tisagenlecleucel) treatment site for at least 4 weeks following infusion

Limitations/Exclusions

- Approval will be granted for 1 single dose of Kymriah (tisagenlecleucel)
- Coverage cannot be renewed; a maximum of 1 dose per lifetime will apply
- Patient must not have previously received CAR-T or other gene therapy
- Patient must not have a diagnosis of Burkitt’s lymphoma/leukemia or a comitant genetic syndrome (e.g., Fanconi anemia, Kostmann syndrome, Shwachman syndrome, or any other known bone marrow failure syndrome)
- Kymriah (tisagenlecleucel) is not indicated for the treatment of patients with a primary central nervous system lymphoma

Revision History

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/31/2019</td>
<td>Added Diagnosis code Z51.12</td>
</tr>
<tr>
<td>12/21/2018</td>
<td>Added new code Q2042 – effective January 1, 2019 (Q2040 – discontinued)</td>
</tr>
<tr>
<td>7/13/2018</td>
<td>Added coverage and clinical criteria for large B-cell lymphoma</td>
</tr>
<tr>
<td>5/1/2018</td>
<td>Clarified clinical criteria and expanded to all lines of business</td>
</tr>
</tbody>
</table>
Applicable Procedure Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q2042</td>
<td>Tisagenlecleucel, up to 250 million CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per infusion</td>
</tr>
</tbody>
</table>

Applicable ICD-10 Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>C83.30</td>
<td>Diffuse large B-cell lymphoma, unspecified site</td>
</tr>
<tr>
<td>C83.31</td>
<td>Diffuse large B-cell lymphoma, lymph nodes of head, face, and neck</td>
</tr>
<tr>
<td>C83.32</td>
<td>Diffuse large B-cell lymphoma, intrathoracic lymph nodes</td>
</tr>
<tr>
<td>C83.33</td>
<td>Diffuse large B-cell lymphoma, intra-abdominal lymph nodes</td>
</tr>
<tr>
<td>C83.34</td>
<td>Diffuse large B-cell lymphoma, lymph nodes of axilla and upper limb</td>
</tr>
<tr>
<td>C83.35</td>
<td>Diffuse large B-cell lymphoma, lymph nodes of inguinal region and lower limb</td>
</tr>
<tr>
<td>C83.36</td>
<td>Diffuse large B-cell lymphoma, intrapelvic lymph nodes</td>
</tr>
<tr>
<td>C83.37</td>
<td>Diffuse large B-cell lymphoma, spleen</td>
</tr>
<tr>
<td>C83.38</td>
<td>Diffuse large B-cell lymphoma, lymph nodes of multiple site</td>
</tr>
<tr>
<td>C83.39</td>
<td>Diffuse large B-cell lymphoma, extranodal and solid organ sites</td>
</tr>
<tr>
<td>C91.00</td>
<td>Acute myeloblastic leukemia, not having achieved remission</td>
</tr>
<tr>
<td>C91.02</td>
<td>Acute myeloblastic leukemia, in relapse</td>
</tr>
<tr>
<td>Z51.12</td>
<td>Encounter for antineoplastic immunotherapy</td>
</tr>
</tbody>
</table>

References