

Medical Policy: Kymriah (tisagenlecleucel) Intravenous

POLICY NUMBER	LAST REVIEW	ORIGIN DATE
MG.MM.PH.41	March 4, 2024	

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The treating physician or primary care provider must submit to EmblemHealth, or ConnectiCare, as applicable (hereinafter jointly referred to as “EmblemHealth”), the clinical evidence that the member meets the criteria for the treatment or surgical procedure. Without this documentation and information, EmblemHealth will not be able to properly review the request preauthorization or post-payment review. The clinical review criteria expressed below reflects how EmblemHealth determines whether certain services or supplies are medically necessary. This clinical policy is not intended to pre-empt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Health care providers are expected to exercise their medical judgment in rendering appropriate care.

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. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test or procedure over another. 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.

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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 2.5×10^8 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
 - Patients ≤ 50 kg: 0.2 to 5.0×10^6 CAR-positive T cells per kg of body weight
 - Patients > 50 kg: 0.1 to 2.5×10^8 CAR-positive viable T cells
- Adult relapsed or refractory diffuse large B-cell lymphoma
 - 0.6 to 6.0×10^8 CAR-positive viable T cells

Length of Authorization

Coverage will be provided for one treatment course (1 dose of Kymriah) and may not be renewed.

Dosing Limits [Medical Benefit]

A. Quantity Limit (max daily dose) [NDC Unit]:

- 1 dose of up to 600 million CAR-positive viable T-cells (*supplied as 1-3 infusion bags*)

B. Max Units (per dose and over time) [HCPCS Unit]:

- 1 billable unit (1 infusion of up to 600 million 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.

I. INITIAL CRITERIA

****For Medicare members: Kymriah- please refer to our separate LCD/NCD Medicare 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:

1. The patient is up to 25 years of age; **AND**
2. The patient has a confirmed diagnosis of B-cell precursor acute lymphoblastic leukemia (ALL); **AND**
3. The patient meets **ONE** of the following:
 - a. The patient's disease is refractory or in second or later relapse; **OR**
 - b. Patient is minimal residual disease positive after consolidation therapy; **OR**
 - c. If the patient has Philadelphia chromosome (Ph)-positive disease and has experienced **ONE** of the following:
 - i. Less than complete response; **OR**
 - ii. Tyrosine kinase inhibitor intolerant or refractory disease; **OR**
Note: Tyrosine kinase inhibitors include Sprycel (dasatinib tablets), imatinib tablets, Iclusig (ponatinib tablets), Tasigna (nilotinib capsules), and Bosulif (bosutinib tablets).
 - iii. Relapse post-hematopoietic stem cell transplantation; **AND**
4. The patient has a performance status (Karnofsky or Lansky) $\geq 50\%$; **AND**
5. The patient is not currently pregnant; **AND**
6. If the patient is a sexually active female of reproductive potential, confirm they have had their pregnancy status verified through a pregnancy test; **AND**
7. The patient does not have a clinically significant active infection or inflammatory disorder; **AND**
8. The patient has not received live vaccines within 6 weeks prior to the start of lymphodepleting chemotherapy, during Kymriah (tisagenlecleucel) treatment, and will not receive live vaccines until immune recovery following treatment; **AND**
9. 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**
10. Prophylaxis for infection has been followed according to local guidelines; **AND**

11. The patient will be using Kymriah (tisagenlecleucel) in conjunction with lymphodepleting chemotherapy (fludarabine 30 mg/m² intravenously daily for 4 days and cyclophosphamide 500 mg/m² intravenously for 2 days starting with the first dose of fludarabine); **AND**
12. Kymriah (tisagenlecleucel) will be infused 2 to 14 days after completion of lymphodepleting chemotherapy; **AND**
13. The patient will be premedicated with acetaminophen and diphenhydramine (or another H1-antihistamine) 30 to 60 minutes prior to infusion of Kymriah (tisagenlecleucel); **AND**
14. Tocilizumab and emergency equipment are available prior to infusion of Kymriah (tisagenlecleucel) and during the recovery period; **AND**
15. 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**
16. Kymriah (tisagenlecleucel) infusion will occur at a treatment center that is certified to administer Kymriah (tisagenlecleucel); **AND**
17. 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**
18. 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:

1. The patient is 18 years of age or older; **AND**
2. The patient has a confirmed diagnosis of relapsed or refractory large B-cell lymphoma, including:
 - a. Diffuse large B-cell lymphoma (DLBCL) not otherwise specified; **OR**
 - b. High grade B-cell lymphoma; **OR**
 - c. DLBCL arising from follicular lymphoma; **OR**
 - d. Diffuse large B-cell lymphoma arising from nodal marginal zone lymphoma; **OR**
 - e. Follicular lymphoma; **OR**
 - f. High-grade B-cell lymphoma; **OR**
 - g. Human immunodeficiency virus (HIV)-related B-cell lymphoma; **OR**
 - h. Human Herpes Virus 8-positive diffuse large B-cell lymphoma; **OR**
 - i. Primary effusion lymphoma; **OR**
 - j. Post-transplant lymphoproliferative disorders, B-cell type; **AND**
3. The patient's disease is relapsed or refractory, as defined as: Having received 2 or more lines of chemotherapy, including rituximab and anthracycline; **AND**
4. The patient has an ECOG performance score ≤ 1; **AND**
5. The patient has a creatinine clearance ≥ 60; **AND**
6. The patient's alanine aminotransferase ≤ 5 times normal; **AND**
7. The patient's cardiac ejection fraction ≥ 45%; **AND**
8. The patient's absolute lymphocyte concentration is ≥ 300/μL; **AND**
9. The patient is not currently pregnant; **AND**
10. If the patient is a sexually- active female of reproductive potential, confirm they have had their pregnancy status verified through a pregnancy test; **AND**
11. The patient does not have a clinically significant active infection or inflammatory disorder; **AND**
12. The patient has not received live vaccines within 6 weeks prior to the start of lymphodepleting chemotherapy, during Kymriah (tisagenlecleucel) treatment, and will not receive live vaccines until immune recovery following treatment; **AND**

13. 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**
14. Prophylaxis for infection has been followed according to local guidelines; **AND**
15. The patient will be using Kymriah (tisagenlecleucel) in conjunction with one of the following lymphodepleting chemotherapy regimens:
 - a. Fludarabine (25 mg/m² i.v. daily for 3 days) and cyclophosphamide (250 mg/m² IV daily for 3 days starting with the first dose of fludarabine); **OR**
 - b. Bendamustin 90 mg/m² 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**
 - c. Lymphodepleting chemotherapy will be omitted due to white blood cell (WBC) count less than or equal to 1 x 10⁹/L within 1 week prior to Kymriah (tisagenlecleucel); **AND**
16. 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**
17. The patient will be premedicated with acetaminophen and diphenhydramine (or another H1-antihistamine) 30 to 60 minutes prior to infusion of Kymriah (tisagenlecleucel); **AND**
18. Tocilizumab and emergency equipment are available prior to infusion of Kymriah (tisagenlecleucel) and during the recovery period; **AND**
19. 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**
20. Kymriah (tisagenlecleucel) infusion will occur at a treatment center that is certified to administer Kymriah (tisagenlecleucel); **AND**
21. 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**
22. The patient will stay within proximity (within 2 hours) of the Kymriah (tisagenlecleucel) treatment site for at least 4 weeks following infusion

Limitations/Exclusions

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

Applicable Procedure Codes

Code	Description
Q2042	Tisagenlecleucel, up to 250 million CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per infusion

Applicable NDCs

Code	Description
00078-0846-19	Kymriah Suspension
00078-0958-19	Kymriah Suspension

ICD-10 Diagnoses

Code	Description
C82.00	Follicular lymphoma grade I, unspecified site
C82.01	Follicular lymphoma grade I, lymph nodes of head, face and neck
C82.02	Follicular lymphoma, grade I, intrathoracic lymph nodes
C82.03	Follicular lymphoma grade I, intra-abdominal lymph nodes
C82.04	Follicular lymphoma grade I, lymph nodes of axilla and upper limb
C82.05	Follicular lymphoma grade I, lymph nodes of inguinal regional and lower limb
C82.06	Follicular lymphoma grade I, intrapelvic lymph nodes
C82.07	Follicular lymphoma grade I, spleen
C82.08	Follicular lymphoma grade I, lymph nodes of multiple sites
C82.09	Follicular lymphoma grade I, extranodal and solid organ sites
C82.10	Follicular lymphoma grade II, unspecified site
C82.11	Follicular lymphoma grade II, lymph nodes of head, face and neck
C82.12	Follicular lymphoma, grade II, intrathoracic lymph nodes
C82.13	Follicular lymphoma grade II, intra-abdominal lymph nodes
C82.14	Follicular lymphoma grade II, lymph nodes of axilla and upper limb
C82.15	Follicular lymphoma grade II, lymph nodes of inguinal region and lower limb
C82.16	Follicular lymphoma grade II, intrapelvic lymph nodes
C82.17	Follicular lymphoma grade II, spleen
C82.18	Follicular lymphoma grade II, lymph nodes of multiple sites
C82.19	Follicular lymphoma grade II, extranodal and solid organ sites
C82.20	Follicular lymphoma grade III, unspecified, unspecified site
C82.21	Follicular lymphoma grade III, unspecified, lymph nodes of head, face and neck
C82.22	Follicular lymphoma, grade III, unspecified, intrathoracic lymph nodes
C82.23	Follicular lymphoma grade III, unspecified, intra-abdominal lymph nodes
C82.24	Follicular lymphoma grade III, unspecified, lymph nodes of axilla and upper limb
C82.25	Follicular lymphoma grade III, unspecified, lymph nodes of inguinal region and lower limb
C82.26	Follicular lymphoma grade III, unspecified, intrapelvic lymph nodes
C82.27	Follicular lymphoma grade III, unspecified, spleen
C82.28	Follicular lymphoma grade III, unspecified, lymph nodes of multiple sites
C82.29	Follicular lymphoma grade III, unspecified, extranodal and solid organ sites
C83.30	Diffuse large B-cell lymphoma, unspecified site
C83.31	Diffuse large B-cell lymphoma, lymph nodes of head, face, and neck
C83.32	Diffuse large B-cell lymphoma, intrathoracic lymph nodes
C83.33	Diffuse large B-cell lymphoma, intra-abdominal lymph nodes
C83.34	Diffuse large B-cell lymphoma, lymph nodes of axilla and upper limb
C83.35	Diffuse large B-cell lymphoma, lymph nodes of inguinal region and lower limb
C83.36	Diffuse large B-cell lymphoma, intrapelvic lymph nodes
C83.37	Diffuse large B-cell lymphoma, spleen
C83.38	Diffuse large B-cell lymphoma, lymph nodes of multiple site

C83.39	Diffuse large B-cell lymphoma, extranodal and solid organ sites
C82.40	Follicular lymphoma grade IIIb, unspecified site
C82.41	Follicular lymphoma grade IIIb, lymph nodes of head, face, and neck
C82.42	Follicular lymphoma grade IIIb, intrathoracic lymph nodes
C82.43	Follicular lymphoma grade IIIb, intra-abdominal lymph nodes
C82.44	Follicular lymphoma grade IIIb, lymph nodes of axilla and upper limb
C82.45	Follicular lymphoma grade IIIb, lymph nodes of inguinal region and lower limb
C82.46	Follicular lymphoma grade IIIb, intrapelvic lymph nodes
C82.47	Follicular lymphoma grade IIIb, spleen
C82.48	Follicular lymphoma grade IIIb, lymph nodes of multiple sites
C82.49	Follicular lymphoma grade IIIb, extranodal and solid organ sites
C82.50	Diffuse follicle center lymphoma, unspecified site
C82.51	Diffuse follicle center lymphoma, lymph nodes of head, face and neck
C82.52	Diffuse follicle center lymphoma, intrathoracic lymph nodes
C82.53	Diffuse follicle center lymphoma, intra-abdominal lymph nodes
C82.54	Diffuse follicle center lymphoma, lymph nodes of axilla and upper limb
C82.55	Diffuse follicle center lymphoma, lymph nodes of inguinal region and lower limb
C82.56	Diffuse follicle center lymphoma, intrapelvic lymph nodes
C82.57	Diffuse follicle center lymphoma, spleen
C82.58	Diffuse follicle center lymphoma, lymph nodes of multiple sites
C82.59	Diffuse follicle center lymphoma, extranodal and solid organ sites
C82.60	Cutaneous follicle center lymphoma, unspecified site
C82.61	Cutaneous follicle center lymphoma, lymph nodes of head, face and neck
C82.62	Cutaneous follicle center lymphoma, intrathoracic lymph nodes
C82.63	Cutaneous follicle center lymphoma, intra-abdominal lymph nodes
C82.64	Cutaneous follicle center lymphoma, lymph nodes of axilla and upper limb
C82.65	Cutaneous follicle center lymphoma, lymph nodes of inguinal region and lower limb
C82.66	Cutaneous follicle center lymphoma, intrapelvic lymph nodes
C82.67	Cutaneous follicle center lymphoma, spleen
C82.68	Cutaneous follicle center lymphoma, lymph nodes of multiple sites
C82.69	Cutaneous follicle center lymphoma, extranodal and solid organ sites
C82.80	Other types of follicular lymphoma, unspecified site
C82.81	Other types of follicular lymphoma, lymph nodes of head, face and neck
C82.82	Other types of follicular lymphoma, intrathoracic lymph nodes
C82.83	Other types of follicular lymphoma, intra-abdominal lymph nodes
C82.84	Other types of follicular lymphoma, lymph nodes of axilla and upper limb
C82.85	Other types of follicular lymphoma, lymph nodes of inguinal region and lower limb
C82.86	Other types of follicular lymphoma, intrapelvic lymph nodes
C82.87	Other types of follicular lymphoma, spleen
C82.88	Other types of follicular lymphoma, lymph nodes of multiple sites
C82.89	Other types of follicular lymphoma, extranodal and solid organ sites
C82.90	Follicular lymphoma, unspecified, unspecified site
C82.91	Follicular lymphoma, unspecified, lymph nodes of head, face and neck
C82.92	Follicular lymphoma, unspecified, intrathoracic lymph nodes
C82.93	Follicular lymphoma, unspecified, intra-abdominal lymph nodes
C82.94	Follicular lymphoma, unspecified, lymph nodes of axilla and upper limb

C82.95	Follicular lymphoma, unspecified lymph nodes of inguinal region and lower limb
C82.96	Follicular lymphoma, unspecified, intrapelvic lymph nodes
C82.97	Follicular lymphoma, unspecified, spleen
C82.98	Follicular lymphoma, unspecified, lymph nodes of multiple sites
C82.99	Follicular lymphoma, unspecified, extranodal and solid organ sites
C83.00	Small cell B-cell lymphoma, unspecified site
C83.01	Small cell B-cell lymphoma, lymph nodes of head, face and neck
C83.02	Small cell B-cell lymphoma, intrathoracic lymph nodes
C83.03	small cell B-cell lymphoma, intra-abdominal lymph nodes
C83.04	Small cell B-cell lymphoma, lymph nodes of axilla and upper limb
C83.05	Small cell B-cell lymphoma, lymph nodes of inguinal region and lower limb
C83.06	Small cell B-cell lymphoma, intrapelvic lymph nodes
C83.07	Small cell B-cell lymphoma, spleen
C83.08	Small cell B-cell lymphoma, lymph nodes of multiple sites
C83.09	Small cell B-cell lymphoma, extranodal and solid organ sites
C83.30	Diffuse large B-cell lymphoma unspecified site
C83.31	Diffuse large B-cell lymphoma, lymph nodes of head, face, and neck
C83.32	Diffuse large B-cell lymphoma intrathoracic lymph nodes
C83.33	Diffuse large B-cell lymphoma intra-abdominal lymph nodes
C83.34	Diffuse large B-cell lymphoma lymph nodes of axilla and upper limb
C83.35	Diffuse large B-cell lymphoma, lymph nodes of inguinal region and lower limb
C83.36	Diffuse large B-cell lymphoma intrapelvic lymph nodes
C83.37	Diffuse large B-cell lymphoma, spleen
C83.38	Diffuse large B-cell lymphoma lymph nodes of multiple sites
C83.39	Diffuse large B-cell lymphoma extranodal and solid organ sites
C83.50	Lymphoblastic (diffuse) lymphoma, unspecified site
C83.51	Lymphoblastic (diffuse) lymphoma, lymph nodes of head, face, and neck
C83.52	Lymphoblastic (diffuse) lymphoma, intrathoracic lymph nodes
C83.53	Lymphoblastic (diffuse) lymphoma, intra-abdominal lymph nodes
C83.54	Lymphoblastic (diffuse) lymphoma, lymph nodes of axilla and upper limb
C83.55	Lymphoblastic (diffuse) lymphoma, lymph nodes of inguinal region and lower limb
C83.56	Lymphoblastic (diffuse) lymphoma, intrapelvic lymph nodes
C83.57	Lymphoblastic (diffuse) lymphoma, spleen
C83.58	Lymphoblastic (diffuse) lymphoma, lymph nodes of multiple sites
C83.59	Lymphoblastic (diffuse) lymphoma, extranodal and solid organ sites
C83.80	Other non-follicular lymphoma, unspecified site
C83.81	Other non-follicular lymphoma, lymph nodes of head, face and neck
C83.82	Other non-follicular lymphoma, intrathoracic lymph nodes
C83.83	Other non-follicular lymphoma, intra-abdominal lymph nodes
C83.84	Other non-follicular lymphoma, lymph nodes of axilla and upper limb
C83.85	Other non-follicular lymphoma, lymph nodes of inguinal region and lower limb
C83.86	Other non-follicular lymphoma, intrapelvic lymph nodes
C83.87	Other non-follicular lymphoma, spleen
C83.88	Other non-follicular lymphoma, lymph nodes of multiple sites
C83.89	Other non-follicular lymphoma, extranodal and solid organ sites
C83.90	Non-follicular (diffuse) lymphoma, unspecified site

C83.91	Non-follicular (diffuse) lymphoma, unspecified lymph nodes of head, face, and neck
C83.92	Non-follicular (diffuse) lymphoma, unspecified intrathoracic lymph nodes
C83.93	Non-follicular (diffuse) lymphoma, unspecified intra-abdominal lymph nodes
C83.94	Non-follicular (diffuse) lymphoma, unspecified lymph nodes of axilla and upper limb
C83.95	Non-follicular (diffuse) lymphoma, unspecified lymph nodes of inguinal region and lower limb
C83.96	Non-follicular (diffuse) lymphoma, unspecified intrapelvic lymph nodes
C83.97	Non-follicular (diffuse) lymphoma, unspecified spleen
C83.98	Non-follicular (diffuse) lymphoma, unspecified lymph nodes of multiple sites
C83.99	Non-follicular (diffuse) lymphoma, unspecified extranodal and solid organ sites
C85.10	Unspecified B-cell lymphoma, unspecified site
C85.11	Unspecified B-cell lymphoma, lymph nodes of head, face, and neck
C85.12	Unspecified B-cell lymphoma, intrathoracic lymph nodes
C85.13	Unspecified B-cell lymphoma, intra-abdominal lymph nodes
C85.14	Unspecified B-cell lymphoma, lymph nodes of axilla and upper limb
C85.15	Unspecified B-cell lymphoma, lymph nodes of inguinal region and lower limb
C85.16	Unspecified B-cell lymphoma, intrapelvic lymph nodes
C85.17	Unspecified B-cell lymphoma, spleen
C85.18	Unspecified B-cell lymphoma, lymph nodes of multiple sites
C85.19	Unspecified B-cell lymphoma, extranodal and solid organ sites
C85.20	Mediastinal (thymic) large B-cell lymphoma unspecified site
C85.21	Mediastinal (thymic) large B-cell lymphoma lymph nodes of head, face, and neck
C85.22	Mediastinal (thymic) large B-cell lymphoma intrathoracic lymph nodes
C85.23	Mediastinal (thymic) large B-cell lymphoma intra-abdominal lymph nodes
C85.24	Mediastinal (thymic) large B-cell lymphoma lymph nodes of axilla and upper limb
C85.25	Mediastinal (thymic) large B-cell lymphoma lymph nodes of inguinal region and lower limb
C85.26	Mediastinal (thymic) large B-cell lymphoma intrapelvic lymph nodes
C85.27	Mediastinal (thymic) large B-cell lymphoma spleen
C85.28	Mediastinal (thymic) large B-cell lymphoma lymph nodes of multiple sites
C85.29	Mediastinal (thymic) large B-cell lymphoma extranodal and solid organ sites
C85.80	Other specified types of non-Hodgkin lymphoma, unspecified site
C85.81	Other specified types of non-Hodgkin lymphoma, lymph nodes of head, face and neck
C85.82	Other specified types of non-Hodgkin lymphoma, intrathoracic lymph nodes
C85.83	Other specified types of non-Hodgkin lymphoma, intra-abdominal lymph nodes
C85.84	Other specified types of non-Hodgkin lymphoma, lymph nodes of axilla and upper limb
C85.85	Other specified types of non-Hodgkin lymphoma, lymph nodes of inguinal region of lower limb
C85.86	Other specified types of non-Hodgkin lymphoma, intrapelvic lymph nodes
C85.87	Other specified types of non-Hodgkin lymphoma, spleen
C85.88	Other specified types of non-Hodgkin lymphoma, lymph nodes of multiple sites
C85.89	Other specified types of non-Hodgkin lymphoma, extranodal and solid organ sites
C91.00	Acute myeloblastic leukemia, not having achieved remission
C91.01	Acute lymphoblastic leukemia, in remission
C91.02	Acute myeloblastic leukemia, in relapse
C91.10	Chronic lymphocytic leukemia of B-cell type not having achieved remission
C91.12	Chronic lymphocytic leukemia of B-cell type in relapse
D47.Z1	Post-transplant lymphoproliferative disorder (PTLD)

Revision History

Company(ies)	DATE	REVISION
EmblemHealth & ConnectiCare	3/4/2025	<p>Addition of Length of Authorization</p> <p>Coverage will be provided for one treatment course (1 dose of Kymriah) and may not be renewed.</p> <p>Dosing Limits [Medical Benefit]</p> <p>C. Quantity Limit (max daily dose) [NDC Unit]:</p> <ul style="list-style-type: none"> 1 dose of up to 600 million CAR-positive viable T-cells (<i>supplied as 1-3 infusion bags</i>) <p>D. Max Units (per dose and over time) [HCPCS Unit]:</p> <ul style="list-style-type: none"> 1 billable unit (1 infusion of up to 600 million CAR-positive viable T-cells)
EmblemHealth & ConnectiCare	4/8/2024	Added Statement: **For Medicare members: Kymriah- please refer to our separate LCD/NCD Medicare criteria
EmblemHealth & ConnectiCare	2/6/2024	<p>Annual Review: Initial Criteria: B-cell precursor acute lymphoblastic leukemia (ALL) : Removed: "The patient has confirmed CD 19-positive disease;" Added: "The patient meets ONE of the following: Patient is minimal residual disease positive after consolidation therapy;" Removed: "Second or greater bone marrow (BM) relapse; OR Any BM relapse after allogeneic stem cell transplantation (SCT); OR The patient has been treated with 2 cycles of standard chemotherapy and has not achieved complete response; OR The patient experienced a relapse, was treated with 1 cycle of standard chemotherapy and has not achieved complete response; OR"</p> <p>Updated this statement: "If the patient has Philadelphia chromosome (Ph)-positive disease" to remove" has a contraindication to, is intolerant to, or has failed two lines of tyrosine kinase inhibitor (TKI) therapy; AND" and add " and has experienced ONE of the following: Less than complete response; OR Tyrosine kinase inhibitor intolerant or refractory disease; OR <i>Note: Tyrosine kinase inhibitors include Sprycel (dasatinib tablets), imatinib tablets, Iclusig (ponatinib tablets), Tasigna (nilotinib capsules), and Bosulif (bosutinib tablets).</i> Relapse post-hematopoietic stem cell transplantation; AND"</p> <p>Removed: "The patient has a life expectancy > 12 weeks; AND"</p> <p>Updated this statement from 2 to 6 weeks: "The patient has not received live vaccines within 6 weeks prior to the start of lymphodepleting chemotherapy"</p> <p>Initial Criteria: relapsed or refractory large B-cell lymphoma Removed: "Having relapsed following autologous hematopoietic stem cell transplantation (HSCT)" and "The patient has confirmed CD 19-positive disease; AND"</p> <p>Updated this statement from 2 to 6 weeks: "The patient has not received live vaccines within 6 weeks prior to the start of lymphodepleting chemotherapy"</p>
EmblemHealth & ConnectiCare	6/26/2023	<p>Clarification made: Under <u>Relapsed or Refractory large B-Cell Lymphoma</u></p> <p>Initial Criteria: Updated "e Follicular lymphoma; OR vi. High-grade B-cell lymphoma; OR" to read "e. Follicular lymphoma; OR</p> <p>f. High-grade B-cell lymphoma; OR"</p>
EmblemHealth & ConnectiCare	6/14/2023	<p>Annual Review:</p> <p><u>B-cell precursor acute lymphoblastic leukemia (ALL)</u>; Initial Criteria: Removed "The patient is between 3 and 25 years of age; AND" and replaced with Patient is up to 25 years of age"</p>

B-cell lymphoma: Initial Criteria: Added: “d. Diffuse large B-cell lymphoma arising from nodal marginal zone lymphoma; OR
 e. Follicular lymphoma; OR vi. High-grade B-cell lymphoma; OR
 f. Human immunodeficiency virus (HIV)-related B-cell lymphoma; OR
 g. Human Herpes Virus 8-positive diffuse large B-cell lymphoma; OR
 h. Primary effusion lymphoma; OR
 i. Post-transplant lymphoproliferative disorders, B-cell type; AND”

Removed codes: Z51.12

Added codes:

Code	Description
C82.00	Follicular lymphoma grade I, unspecified site
C82.01	Follicular lymphoma grade I, lymph nodes of head, face and neck
C82.02	Follicular lymphoma, grade I, intrathoracic lymph nodes
C82.03	Follicular lymphoma grade I, intra-abdominal lymph nodes
C82.04	Follicular lymphoma grade I, lymph nodes of axilla and upper limb
C82.05	Follicular lymphoma grade I, lymph nodes of inguinal regional and lower limb
C82.06	Follicular lymphoma grade I, intrapelvic lymph nodes
C82.07	Follicular lymphoma grade I, spleen
C82.08	Follicular lymphoma grade I, lymph nodes of multiple sites
C82.09	Follicular lymphoma grade I, extranodal and solid organ sites
C82.10	Follicular lymphoma grade II, unspecified site
C82.11	Follicular lymphoma grade II, lymph nodes of head, face and neck
C82.12	Follicular lymphoma, grade II, intrathoracic lymph nodes
C82.13	Follicular lymphoma grade II, intra-abdominal lymph nodes
C82.14	Follicular lymphoma grade II, lymph nodes of axilla and upper limb
C82.15	Follicular lymphoma grade II, lymph nodes of inguinal region and lower limb
C82.16	Follicular lymphoma grade II, intrapelvic lymph nodes
C82.17	Follicular lymphoma grade II, spleen
C82.18	Follicular lymphoma grade II, lymph nodes of multiple sites
C82.19	Follicular lymphoma grade II, extranodal and solid organ sites
C82.20	Follicular lymphoma grade III, unspecified, unspecified site
C82.21	Follicular lymphoma grade III, unspecified, lymph nodes of head, face and neck
C82.22	Follicular lymphoma, grade III, unspecified, intrathoracic lymph nodes
C82.23	Follicular lymphoma grade III, unspecified, intra-abdominal lymph nodes
C82.24	Follicular lymphoma grade III, unspecified, lymph nodes

			of axilla and upper limb
		C82.25	Follicular lymphoma grade III, unspecified, lymph nodes of inguinal region and lower limb
		C82.26	Follicular lymphoma grade III, unspecified, intrapelvic lymph nodes
		C82.27	Follicular lymphoma grade III, unspecified, spleen
		C82.28	Follicular lymphoma grade III, unspecified, lymph nodes of multiple sites
		C82.29	Follicular lymphoma grade III, unspecified, extranodal and solid organ sites
		C82.40	Follicular lymphoma grade IIIb, unspecified site
		C82.41	Follicular lymphoma grade IIIb, lymph nodes of head, face, and neck
		C82.42	Follicular lymphoma grade IIIb, intrathoracic lymph nodes
		C82.43	Follicular lymphoma grade IIIb, intra-abdominal lymph nodes
		C82.44	Follicular lymphoma grade IIIb, lymph nodes of axilla and upper limb
		C82.45	Follicular lymphoma grade IIIb, lymph nodes of inguinal region and lower limb
		C82.46	Follicular lymphoma grade IIIb, intrapelvic lymph nodes
		C82.47	Follicular lymphoma grade IIIb, spleen
		C82.48	Follicular lymphoma grade IIIb, lymph nodes of multiple sites
		C82.49	Follicular lymphoma grade IIIb, extranodal and solid organ sites
		C82.50	Diffuse follicle center lymphoma, unspecified site
		C82.51	Diffuse follicle center lymphoma, lymph nodes of head, face and neck
		C82.52	Diffuse follicle center lymphoma, intrathoracic lymph nodes
		C82.53	Diffuse follicle center lymphoma, intra-abdominal lymph nodes
		C82.54	Diffuse follicle center lymphoma, lymph nodes of axilla and upper limb
		C82.55	Diffuse follicle center lymphoma, lymph nodes of inguinal region and lower limb
		C82.56	Diffuse follicle center lymphoma, intrapelvic lymph nodes
		C82.57	Diffuse follicle center lymphoma, spleen
		C82.58	Diffuse follicle center lymphoma, lymph nodes of multiple sites
		C82.59	Diffuse follicle center lymphoma, extranodal and solid organ sites
		C82.60	Cutaneous follicle center lymphoma, unspecified site
		C82.61	Cutaneous follicle center lymphoma, lymph nodes of head, face and neck
		C82.62	Cutaneous follicle center lymphoma, intrathoracic lymph nodes
		C82.63	Cutaneous follicle center lymphoma, intra-abdominal lymph nodes
		C82.64	Cutaneous follicle center lymphoma, lymph nodes of axilla and upper limb
		C82.65	Cutaneous follicle center lymphoma, lymph nodes of

			inguinal region and lower limb
		C82.66	Cutaneous follicle center lymphoma, intrapelvic lymph nodes
		C82.67	Cutaneous follicle center lymphoma, spleen
		C82.68	Cutaneous follicle center lymphoma, lymph nodes of multiple sites
		C82.69	Cutaneous follicle center lymphoma, extranodal and solid organ sites
		C82.80	Other types of follicular lymphoma, unspecified site
		C82.81	Other types of follicular lymphoma, lymph nodes of head, face and neck
		C82.82	Other types of follicular lymphoma, intrathoracic lymph nodes
		C82.83	Other types of follicular lymphoma, intra-abdominal lymph nodes
		C82.84	Other types of follicular lymphoma, lymph nodes of axilla and upper limb
		C82.85	Other types of follicular lymphoma, lymph nodes of inguinal region and lower limb
		C82.86	Other types of follicular lymphoma, intrapelvic lymph nodes
		C82.87	Other types of follicular lymphoma, spleen
		C82.88	Other types of follicular lymphoma, lymph nodes of multiple sites
		C82.89	Other types of follicular lymphoma, extranodal and solid organ sites
		C82.90	Follicular lymphoma, unspecified, unspecified site
		C82.91	Follicular lymphoma, unspecified, lymph nodes of head, face and neck
		C82.92	Follicular lymphoma, unspecified, intrathoracic lymph nodes
		C82.93	Follicular lymphoma, unspecified, intra-abdominal lymph nodes
		C82.94	Follicular lymphoma, unspecified, lymph nodes of axilla and upper limb
		C82.95	Follicular lymphoma, unspecified lymph nodes of inguinal region and lower limb
		C82.96	Follicular lymphoma, unspecified, intrapelvic lymph nodes
		C82.97	Follicular lymphoma, unspecified, spleen
		C82.98	Follicular lymphoma, unspecified, lymph nodes of multiple sites
		C82.99	Follicular lymphoma, unspecified, extranodal and solid organ sites
		C83.00	Small cell B-cell lymphoma, unspecified site
		C83.01	Small cell B-cell lymphoma, lymph nodes of head, face and neck
		C83.02	Small cell B-cell lymphoma, intrathoracic lymph nodes
		C83.03	small cell B-cell lymphoma, intra-abdominal lymph nodes
		C83.04	Small cell B-cell lymphoma, lymph nodes of axilla and upper limb
		C83.05	Small cell B-cell lymphoma, lymph nodes of inguinal region and lower limb

		C83.06	Small cell B-cell lymphoma, intrapelvic lymph nodes
		C83.07	Small cell B-cell lymphoma, spleen
		C83.08	Small cell B-cell lymphoma, lymph nodes of multiple sites
		C83.09	Small cell B-cell lymphoma, extranodal and solid organ sites
		C83.30	Diffuse large B-cell lymphoma unspecified site
		C83.31	Diffuse large B-cell lymphoma, lymph nodes of head, face, and neck
		C83.32	Diffuse large B-cell lymphoma intrathoracic lymph nodes
		C83.33	Diffuse large B-cell lymphoma intra-abdominal lymph nodes
		C83.34	Diffuse large B-cell lymphoma lymph nodes of axilla and upper limb
		C83.35	Diffuse large B-cell lymphoma, lymph nodes of inguinal region and lower limb
		C83.36	Diffuse large B-cell lymphoma intrapelvic lymph nodes
		C83.37	Diffuse large B-cell lymphoma, spleen
		C83.38	Diffuse large B-cell lymphoma lymph nodes of multiple sites
		C83.39	Diffuse large B-cell lymphoma extranodal and solid organ sites
		C83.50	Lymphoblastic (diffuse) lymphoma, unspecified site
		C83.51	Lymphoblastic (diffuse) lymphoma, lymph nodes of head, face, and neck
		C83.52	Lymphoblastic (diffuse) lymphoma, intrathoracic lymph nodes
		C83.53	Lymphoblastic (diffuse) lymphoma, intra-abdominal lymph nodes
		C83.54	Lymphoblastic (diffuse) lymphoma, lymph nodes of axilla and upper limb
		C83.55	Lymphoblastic (diffuse) lymphoma, lymph nodes of inguinal region and lower limb
		C83.56	Lymphoblastic (diffuse) lymphoma, intrapelvic lymph nodes
		C83.57	Lymphoblastic (diffuse) lymphoma, spleen
		C83.58	Lymphoblastic (diffuse) lymphoma, lymph nodes of multiple sites
		C83.59	Lymphoblastic (diffuse) lymphoma, extranodal and solid organ sites
		C83.80	Other non-follicular lymphoma, unspecified site
		C83.81	Other non-follicular lymphoma, lymph nodes of head, face and neck
		C83.82	Other non-follicular lymphoma, intrathoracic lymph nodes
		C83.83	Other non-follicular lymphoma, intra-abdominal lymph nodes
		C83.84	Other non-follicular lymphoma, lymph nodes of axilla and upper limb
		C83.85	Other non-follicular lymphoma, lymph nodes of inguinal region and lower limb
		C83.86	Other non-follicular lymphoma, intrapelvic lymph nodes
		C83.87	Other non-follicular lymphoma, spleen
		C83.88	Other non-follicular lymphoma, lymph nodes of multiple

			sites
		C83.89	Other non-follicular lymphoma, extranodal and solid organ sites
		C83.90	Non-follicular (diffuse) lymphoma, unspecified site
		C83.91	Non-follicular (diffuse) lymphoma, unspecified lymph nodes of head, face, and neck
		C83.92	Non-follicular (diffuse) lymphoma, unspecified intrathoracic lymph nodes
		C83.93	Non-follicular (diffuse) lymphoma, unspecified intra-abdominal lymph nodes
		C83.94	Non-follicular (diffuse) lymphoma, unspecified lymph nodes of axilla and upper limb
		C83.95	Non-follicular (diffuse) lymphoma, unspecified lymph nodes of inguinal region and lower limb
		C83.96	Non-follicular (diffuse) lymphoma, unspecified intrapelvic lymph nodes
		C83.97	Non-follicular (diffuse) lymphoma, unspecified spleen
		C83.98	Non-follicular (diffuse) lymphoma, unspecified lymph nodes of multiple sites
		C83.99	Non-follicular (diffuse) lymphoma, unspecified extranodal and solid organ sites
		C85.10	Unspecified B-cell lymphoma, unspecified site
		C85.11	Unspecified B-cell lymphoma, lymph nodes of head, face, and neck
		C85.12	Unspecified B-cell lymphoma, intrathoracic lymph nodes
		C85.13	Unspecified B-cell lymphoma, intra-abdominal lymph nodes
		C85.14	Unspecified B-cell lymphoma, lymph nodes of axilla and upper limb
		C85.15	Unspecified B-cell lymphoma, lymph nodes of inguinal region and lower limb
		C85.16	Unspecified B-cell lymphoma, intrapelvic lymph nodes
		C85.17	Unspecified B-cell lymphoma, spleen
		C85.18	Unspecified B-cell lymphoma, lymph nodes of multiple sites
		C85.19	Unspecified B-cell lymphoma, extranodal and solid organ sites
		C85.20	Mediastinal (thymic) large B-cell lymphoma unspecified site
		C85.21	Mediastinal (thymic) large B-cell lymphoma lymph nodes of head, face, and neck
		C85.22	Mediastinal (thymic) large B-cell lymphoma intrathoracic lymph nodes
		C85.23	Mediastinal (thymic) large B-cell lymphoma intra-abdominal lymph nodes
		C85.24	Mediastinal (thymic) large B-cell lymphoma lymph nodes of axilla and upper limb
		C85.25	Mediastinal (thymic) large B-cell lymphoma lymph nodes of inguinal region and lower limb
		C85.26	Mediastinal (thymic) large B-cell lymphoma intrapelvic lymph nodes
		C85.27	Mediastinal (thymic) large B-cell lymphoma spleen
		C85.28	Mediastinal (thymic) large B-cell lymphoma lymph nodes of multiple sites

		C85.29	Mediastinal (thymic) large B-cell lymphoma extranodal and solid organ sites
		C85.80	Other specified types of non-Hodgkin lymphoma, unspecified site
		C85.81	Other specified types of non-Hodgkin lymphoma, lymph nodes of head, face and neck
		C85.82	Other specified types of non-Hodgkin lymphoma, intrathoracic lymph nodes
		C85.83	Other specified types of non-Hodgkin lymphoma, intra-abdominal lymph nodes
		C85.84	Other specified types of non-Hodgkin lymphoma, lymph nodes of axilla and upper limb
		C85.85	Other specified types of non-Hodgkin lymphoma, lymph nodes of inguinal region of lower limb
		C85.86	Other specified types of non-Hodgkin lymphoma, intrapelvic lymph nodes
		C85.87	Other specified types of non-Hodgkin lymphoma, spleen
		C85.88	Other specified types of non-Hodgkin lymphoma, lymph nodes of multiple sites
		C85.89	Other specified types of non-Hodgkin lymphoma, extranodal and solid organ sites
		C91.01	Acute lymphoblastic leukemia, in remission
		C91.10	Chronic lymphocytic leukemia of B-cell type not having achieved remission
		C91.12	Chronic lymphocytic leukemia of B-cell type in relapse
		D47.Z1	Post-transplant lymphoproliferative disorder (PTLD)
EmblemHealth & ConnectiCare	9/1/2022	Transferred policy to new template	
EmblemHealth & ConnectiCare	1/31/2019	Added Diagnosis code Z51.12	
EmblemHealth & ConnectiCare	12/21/2018	Added new code Q2042 – effective January 1, 2019 (Q2040 – discontinued)	
EmblemHealth & ConnectiCare	7/13/2018	Added coverage and clinical criteria for large B-cell lymphoma	
EmblemHealth & ConnectiCare	5/1/2018	Clarified clinical criteria and expanded to all lines of business	

References

1. Kymriah [package insert]. East Hanover, NJ; Novartis Pharmaceuticals Corp., May 2018. Accessed December 2019
2. Grupp S, Laetsch T, Buechner J, et al. Analysis of a global registration trial of the efficacy and safety of CTL019 in pediatric and young Adults with relapsed/refractory acute lymphoblastic leukemia (ALL). Blood. 2016; 128(22):221.
3. Novartis (2018). Risk Evaluation and Mitigation Strategy (REMS): Cytokine Release Syndrome and Neurological Toxicities [PowerPoint slides] Available at: <http://www.kymriah-rems.com/globalassets/kymriah-rems3/kym-1180086-kymriahremslivetrainingprogram.pdf> Accessed April 2018.

4. Porter DL, Hwang WT, Frey NV, et al. Chimeric antigen receptor T cells persist and induce sustained remissions in relapsed refractory chronic lymphocytic leukemia. *Sci Transl Med*. 2015 Sep 2;7(303):303ra139. doi: 10.1126/scitranslmed.aac5415.