SmartPA Criteria Proposal

Drug/Drug Class:	CAR T-Cell Therapy Clinical Edit
First Implementation Date:	June 21, 2018
Proposed Date:	December 17, 2020
Prepared for:	MO HealthNet
Prepared by:	MO HealthNet/Conduent
Criteria Status:	☐Existing Criteria ☒Revision of Existing Criteria ☐New Criteria

Executive Summary

Purpose: Ensure appropriate utilization and control of CAR T-Cell Therapies

Why Issue Selected: CAR T-Cell Therapy is a form of immunotherapy where a patient's T-cells are collected and genetically engineered to produce chimeric antigen receptors (CAR) on the cell surface, allowing the modified T-cells to recognize an antigen on target cancer cells.

Approved by the FDA in August 2017, Kymriah® (tisagenlecleucel) is indicated for the treatment of B-cell precursor acute lymphoblastic leukemia (ALL) that is refractory or in second or later relapse in pediatric and young adult patients (up to 25 years of age); Kymriah is also indicated for the treatment of 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.

FDA approved in October 2017, Yescarta® (axicabtagene ciloleucel) is indicated for the treatment of 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.

Recently FDA approved in July 2020, Tecartus™ (brexucabtagene autoleucel) is indicated for the treatment adult patients with relapsed or refractory mantle cell lymphoma (MCL). Although previous systemic therapy for MCL is not noted in the indication, NCCN Guidelines state Tecartus is recommended for the treatment of adult patients with relapsed or refractory MCL only after chemoimmunotherapy and BTK inhibitor therapy.

None of the above CAR T-Cell therapies are indicated for the treatment of primary central nervous system lymphoma. All three agents have boxed warnings concerning Cytokine Release Syndrome and neurologic toxicities with a REMS program.

All requests for therapy will be reviewed by a Clinical Consultant.

Program-Specific Information:	Drug	Cost per infusion
	KYMRIAH (TISAGENLECLEUCEL)	$373,000.00 WAC
	TECARTUS (BREXUCABTAGENE AUTOLEUCEL)	$373,000.00 WAC
	YESCARTA (AXICABTAGENE CILOLEUCEL)	$373,000.00 WAC

Type of Criteria: ☒ **Increased risk of ADE** ☐ **Preferred Drug List**
☒ **Appropriate Indications** ☒ **Clinical Edit**

Data Sources: ☐ **Only Administrative Databases** ☒ **Databases + Prescriber-Supplied**

Setting & Population

- Drug class for review: CAR T-Cell Therapies
- Age range: All appropriate MO HealthNet participants

Approval Criteria

- **Prescribed by or in consultation with an oncologist, hematologist, or other specialist in the treated disease state AND**
- **Participant is currently not pregnant AND**
- For Kymriah:
  - Participant aged < 25 years **AND** documented diagnosis of B-cell precursor acute lymphoblastic leukemia (ALL) that is refractory or in second or later relapse **OR**
  - Participant aged ≥ 18 years **AND** documented diagnosis of 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**
  - Documentation of two or more previous lines of systemic therapy for treated diagnosis
- For Yescarta:
  - Participant aged ≥ 18 years **AND**
  - Documented diagnosis of 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**
  - Documentation of two or more previous lines of systemic therapy for treated diagnosis
- **For Tecartus:**
  - **Participant aged ≥ 18 years AND**
  - **Documented diagnosis of relapsed or refractory mantle cell lymphoma (MCL) AND**
  - **Documentation of two or more previous lines of systemic therapy for MCL, including chemoimmunotherapy and BTK inhibitor therapy**

Denial Criteria

- Therapy will be denied if all approval criteria are not met
- Previous CAR T-Cell Therapy
- Participant has an active infection or inflammatory disorder

Billing Information

- The treating prescriber/facility may choose the method of administration most appropriate for the participant. The options available are:
  - **Outpatient FFS Participant:** MHD FFS completes Prior Authorization for the drug, claim paid according to the current MHD drug reimbursement. All other expenses are paid for on a FFS basis.
    - The following are items that would be expected to be billed to MHD FFS (this list is used as an example and is not meant to be all inclusive): Apheresis, chemotherapy, cell engineering, antigen receptor T-Cell therapy (CAR-T), infusion, leukapheresis, preparative therapy. If any of these are included in the cost of the drug, they cannot be billed separately to MHD.
    - If the patient should require hospitalization due to cytokine release syndrome (CRS) or neurotoxicities after the CAR-T infusion, inpatient pre-certification is required, and payment will be made at the applicable rate for the facility as determined by established MHD regulations.
  - **Outpatient MCO Participant:** MHD FFS completes Prior Authorization for the drug, drug claim paid according to the current MHD drug reimbursement. All other expenses are paid for by the MCO.
    - The following are items that would be expected to be billed to the participant MCO plan (this list is used as an example and is not meant to be all inclusive): Apheresis, chemotherapy, cell engineering, antigen receptor T-Cell therapy (CAR-T), infusion, leukapheresis, preparative therapy. If any of these are included in the cost of the drug, they cannot be billed separately to the MCO.
    - If the patient should require hospitalization due to cytokine release syndrome (CRS) or neurotoxicities after the CAR T infusion, coverage of the hospital stay is the MCO plan responsibility and payment will be made at the applicable MCO rate for the facility as determined by established MCO provider agreement.
  - **Inpatient FFS Participant:** MHD FFS completes Prior Authorization of the drug, MHD FFS covers the cost of the drug according to the current MHD drug reimbursement in addition to the hospital per diem. Medical provider costs are billed separately to FFS.
    - Pre-certification of the inpatient hospitalization is required for the CAR T infusion; should the medical provider feel it is medically necessary to administer chemotherapy inpatient prior to CAR T infusion, pre-certification is also required for those hospital days.
    - MHD FFS will reimburse the facility at the per diem rate during the participant's inpatient hospitalization. All other expenses will be reimbursed only if they are performed prior to the participant's inpatient stay and if they are not included in the cost of the drug. Examples of expenses expected prior to the inpatient hospitalization include, this list is not meant to be considered all inclusive: Apheresis, chemotherapy, cell engineering, leukapheresis, and preparative therapy.
    - If the patient should require subsequent hospitalization after the initial stay involving the therapy due to cytokine release syndrome or neurotoxicities, payment will be made at the applicable rate for the facility as determined by established MHD regulations.
  - **Inpatient MCO Participant:** MHD FFS completes Prior Authorization of the drug, MHD FFS covers the cost of the drug according to the current MHD drug reimbursement. The MCO is responsible for the hospital stay and any medical provider costs.
    - The MCO will reimburse the facility at the per diem rate during the participant's inpatient hospitalization. All expenses, with the exception for the cost of the drug, are the responsibility of the MCO plan.
    - If the patient should require subsequent hospitalization after the initial stay involving the therapy, payment will be made at the applicable MCO per diem rate for the facility as determined by established MCO provider agreement.
- **The following apply to all scenarios above:**
  - Failure to get the prior authorization for the CAR-T therapy prior to administration will result in no payment for the CAR-T therapy.

- During the prior authorization for the CAR-T therapy the provider must determine if the participant will receive the CAR-T therapy as an inpatient or outpatient service.
- There will be no additional $100,000 reimbursement for hospitalization or treatment in any of the above scenarios. The accompanying treatment will be paid for at the agreed upon provider rates.
- The CAR-T Therapy will only be paid for by MHD when the facility is approved by the manufacturer to administer the CAR-T therapy.
- All pre-therapy assessment and medical services, physician's charges, and outpatient follow-up care must be billed separately and will be reimbursed at current applicable MHD fee schedule or inpatient per diem rates.
- For experimental use of CAR-T therapy, when the manufacturer has provided the CAR-T drug through compassionate use or as part of a clinical trial, the facility will not be reimbursed for the drug by MHD FFS nor the MCO. All other medically necessary covered services associated with the CAR-T therapy, which are not part of the clinical trial, may be reimbursed according to the process selected by the treating prescriber and outlined above, according to the current hospital manual.

Required Documentation

Laboratory Results:		Progress Notes:	
MedWatch Form:		Other:	X

Disposition of Edit

Denial: Exception code "0682" (Clinical Edit)
Rule Type: CE

Default Approval Period

1 year

References

- KYMRIAH® (tisagenlecleucel) [package insert]. East Hanover, New Jersey: Novartis Pharmaceuticals Corporation; May 2018
- TECARTUS™ (brexucabtagene autoleucel) [package insert]. Santa Monica, CA: Kite Pharma, Inc.; July 2020
- YESCARTA® (axicabtagene ciloleucel) [package insert]. Santa Monica, CA: Kite Pharma, Inc.; July 2020
- IPD Analytics. Oncology: Chimeric Antigen Receptor (CAR) T-cell Therapy. April 2017.
- IPD Analytics. New Drug Review: Tecartus (brexucabtagene autoleucel). August 2020.
- Ogba N, Arwood N, Bartlett N, et al. Chimeric antigen receptor T-cell therapy. *J Natl Compr Canc Netw.* 2018; 16(9):1092-1106. doi: 10.6004/jnccn.2018.0073
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- National Comprehensive Cancer Network (NCCN). NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®). B-Cell Lymphomas. Version 4.2020 – August 13, 2020. https://www.nccn.org/
- Wang M, et al. KTE-X19 CAR T-Cell Therapy in Relapsed or Refractory Mantle-Cell Lymphoma. N Engl J Med 2020;382:1331-42. DOI: 10.1056/NEJMoa1914347
- Understanding chimeric antigen receptor (CAR) T cell technology. Kite Pharma, Inc. https://www.kitepharma.com/-/media/kite/images/news/mediakit/understanding-chimeric-antigen-receptor.pdf. April 2020.