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

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
- Mahadeo, K.M., Khazal, S.J., Abdel-Azim, H. *et al.* Management guidelines for paediatric patients receiving chimeric antigen receptor T cell therapy. *Nat Rev Clin Oncol* 16, 45–63 (2019)
- 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.