



MONTANA HEALTHCARE PROGRAMS

March 12, 2019

Physician Administered Drug Prior Authorization Criteria for Yescarta®

Version 1, 03-12-19

Yescarta (axicabtagene ciloleucel) is a CD19 directed genetically modified autologous T cell immunotherapy

Indications: Yescarta is used 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.

Criteria for Approval:

- Must be 18 years of age or older **AND**
- Must be prescribed by a hematologist/oncologist **AND**
- The administering facility has been certified to dispense Yescarta and is enrolled in the Yescarta REMS program **AND**
- Diagnosis of approved indication 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**
- Relapsed or refractory disease after two or more lines of systemic therapy detailed in NCCN clinical practice guidelines. For DLBCL arising from follicular lymphoma, prior regimens must include at least one anthracycline or anthracenedione-based regimen unless contraindicated **AND**
- Complete documentation is provided of disease history and previous therapies.

Exclusion Criteria:

- Prior allogenic hematopoietic stem cell transplantation
- History of central nervous system lymphoma
- Previous CAR-T therapy
- Current serious infection

References:

1. YESCARTA® [package insert]. Santa Monica, CA: Kite Pharma, Inc.; 2017, Accessed March 9, 2019.
2. NCCN Guidelines for B-cell Lymphomas Version 2.2019. March 6, 2019. Accessed March 9, 2019
https://www.nccn.org/professionals/physician_gls/pdf/b-cell.pdf