Drug Policy:

Breyanzi™ (lisocabtagene maraleucel)

POLICY NUMBER UM ONC_1421	**SUBJECT** Breyanzi™ (lisocabtagene maraleucel)		**DEPT/PROGRAM** UM Dept	**PAGE 1 of 4**
DATES COMMITTEE REVIEWED 03/10/21, 05/12/21, 11/15/21, 02/09/22, 05/11/22, 09/14/22	**APPROVAL DATE** September 14, 2022	**EFFECTIVE DATE** September 30, 2022	**COMMITTEE APPROVAL DATES** 03/10/21, 05/12/21, 11/15/21, 02/09/22, 05/11/22, 09/14/22	
PRIMARY BUSINESS OWNER: UM		**COMMITTEE/BOARD APPROVAL** Utilization Management Committee		
URAC STANDARDS HUM v8: UM 1-2; UM 2-1	**NCQA STANDARDS** UM 2		**ADDITIONAL AREAS OF IMPACT**	
CMS REQUIREMENTS	**STATE/FEDERAL REQUIREMENTS**		**APPLICABLE LINES OF BUSINESS** Commercial, Exchange, Medicaid	

I. PURPOSE

To define and describe the accepted indications for Breyanzi (lisocabtagene maraleucel) usage in the treatment of cancer, including FDA approved indications, and off-label indications.

New Century Health (NCH) is responsible for processing all medication requests from network ordering providers. Medications not authorized by NCH may be deemed as not approvable and therefore not reimbursable.

The use of this drug must be supported by one of the following: FDA approved product labeling, CMS-approved compendia, National Comprehensive Cancer Network (NCCN), American Society of Clinical Oncology (ASCO) clinical guidelines, or peer-reviewed literature that meets the requirements of the CMS Medicare Benefit Policy Manual Chapter 15.

II. INDICATIONS FOR USE/INCLUSION CRITERIA

A. PREFERRED MEDICATION GUIDANCE FOR INITIAL REQUEST:

1. When health plan Medicaid coverage provisions—including any applicable PDLs (Preferred Drug Lists)—conflict with the coverage provisions in this drug policy, health plan Medicaid coverage provisions take precedence per the Preferred Drug Guidelines OR
2. When health plan Exchange coverage provisions-including any applicable PDLs (Preferred Drug Lists)-conflict with the coverage provisions in this drug policy, health plan Exchange coverage provisions take precedence per the Preferred Drug Guidelines OR
3. For Health Plans that utilize NCH UM Oncology Clinical Policies as the initial clinical criteria, the Preferred Drug Guidelines shall follow NCH L1 Pathways

(http://pathways.newcenturyhealth.com/) when applicable, otherwise shall follow NCH drug policies AND

4. Continuation requests of previously approved, non-preferred medication are not subject to this provision AND
5. When applicable, generic alternatives are preferred over brand-name drugs AND
6. When there is a documented drug shortage, disease progression, contraindication, or confirmed intolerance to a Preferred drug/regimen, per NCH Policy and Pathway, the available alternative product may be used if deemed medically appropriate and the indication is listed in a standard reference compendia or accepted peer review literature. For a list of current drug shortages, please refer to FDA drug shortage website in the reference section.

B. Diffuse Large B-Cell Lymphoma (DLBCL), confirmed CD-19 positive [Lymphoma sub-types include DLBCL not otherwise specified (including DLBCL arising from indolent lymphoma), high-grade B-cell lymphoma, primary mediastinal large B-cell lymphoma, and follicular lymphoma grade 3B]

1. Breyanzi (lisocabtagene maraleucel) may be used for the treatment of adult members with relapsed or refractory diffuse large B-cell lymphoma and the above sub-types, confirmed documentation of CD-19 positive disease, AND who have the following:
   a. Refractory disease to first line chemoimmunotherapy or relapse within 12 months of first line chemoimmunotherapy OR
   b. Refractory disease to first line chemoimmunotherapy or relapse after first line chemoimmunotherapy AND are not eligible for hematopoietic stem cell transplantation (HSCT) due to comorbidities or age.

III. EXCLUSION CRITERIA

A. Disease progression during or after taking Breyanzi (lisocabtagene maraleucel) or anothe anti-CD19 CAR-T cell therapy [e.g., Kymriah (tisagenlecleucel) or Yescarta (axicabtagene ciloleucel)].

B. CD-19 positivity not confirmed and documented.

C. Dosing exceeds single dose limit of Breyanzi (lisocabtagene maraleucel) 110 X 10^6 CAR-positive viable T-cells.

D. Does not exceed duration limit as one time administration.

E. The member does not have adequate bone marrow reserve.

F. The member does not have adequate renal, hepatic, cardiac and pulmonary function defined as:
   1. Creatinine clearance > 30 mL/min
   2. Serum ALT ≤ 5 times the upper limit of normal
   3. Cardiac ejection fraction ≥ 40%, no evidence of pericardial effusion as determined by an echocardiogram (ECHO), and no clinically significant pleural effusion.

G. Primary central nervous system lymphoma.

H. Active serious infection.

I. Inflammatory disorders.

J. Investigational use of Breyanzi (lisocabtagene maraleucel) with an off-label indication that is not sufficient in evidence or is not generally accepted by the medical community. Sufficient evidence

that is not supported by CMS recognized compendia or acceptable peer reviewed literature is defined as any of the following:

1. Whether the clinical characteristics of the patient and the cancer are adequately represented in the published evidence.
2. Whether the administered chemotherapy/biologic therapy/immune therapy/targeted therapy/other oncologic therapy regimen is adequately represented in the published evidence.
3. Whether the reported study outcomes represent clinically meaningful outcomes experienced by patients. Generally, the definition of Clinically Meaningful outcomes are those recommended by ASCO, e.g., Hazard Ratio of < 0.80 and the recommended survival benefit for OS and PFS should be at least 3 months.
4. Whether the experimental design, in light of the drugs and conditions under investigation, is appropriate to address the investigative question. (For example, in some clinical studies, it may be unnecessary or not feasible to use randomization, double blind trials, placebos, or crossover).
5. That non-randomized clinical trials with a significant number of subjects may be a basis for supportive clinical evidence for determining accepted uses of drugs.
6. That case reports are generally considered uncontrolled and anecdotal information and do not provide adequate supportive clinical evidence for determining accepted uses of drugs.
7. That abstracts (including meeting abstracts) without the full article from the approved peer-reviewed journals lack supporting clinical evidence for determining accepted uses of drugs.

IV. MEDICATION MANAGEMENT

A. Please refer to the FDA label/package insert for details regarding these topics.

V. APPROVAL AUTHORITY

A. Review – Utilization Management Department

B. Final Approval – Utilization Management Committee

VI. ATTACHMENTS

A. None

VII. REFERENCES

A. Kamdar et al, TRANSFORM trial, Lancet Oncol, Lancet 2022; 399: 2294–308

B. Abramson JS, et al. Lisocabtagene maraleucel for patients with relapsed or refractory large B-cell lymphomas (TRANSCEND NHL 001): a multicentre seamless design study. Lancet. 2020 Sep 19;396(10254):839-852.

C. Breyanzi prescribing information. Juno Therapeutics, Inc. Bothell, WA 2021.

D. Ellis LM, et al. American Society of Clinical Oncology perspective: Raising the bar for clinical trials by defining clinically meaningful outcomes. J Clin Oncol. 2014 Apr 20;32(12):1277-80.

E. Medicare Benefit Policy Manual Chapter 15 Covered Medical and Other Health Services: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf.

F. Current and Resolved Drug Shortages and Discontinuations Reported to the FDA: http://www.accessdata.fda.gov/scripts/drugshortages/default.cfm.

G. NCQA UM 2022 Standards and Elements.