**Kymriah: Acute Lymphoblastic Leukemia**

1. Patient is 25 years of age or less and is not pregnant or nursing; **AND**
2. Patient has been diagnosed with B-cell precursor acute lymphoblastic leukemia (ALL) and patient meets ONE of the following criteria (documentation required):
   - Patient has refractory B-cell ALL with CD 19 tumor expression; **OR**
   - Patient has second or later relapsed B-cell ALL with CD19 tumor expression.
3. Patient meets ONE of the following criteria:
   - Patient has not gone into remission following frontline treatment (primary refractory); **NOTE:** Primary refractory as defined by not achieving a CR after 2 cycles of a standard chemotherapy regimen or chemo-refractory as defined by not achieving a CR after 1 cycle of standard chemotherapy for relapsed leukemia; **OR**
   - Patient had relapse following hematopoietic stem cell transplant (HSCT) and must be > 6 month from stem cell transplantation at the time of Kymriah infusion; **OR**
   - Patient has refractory disease or experienced a second or later relapse and are ineligible or not a candidate for HSCT.
4. Patient has completed lymphodepleting chemotherapy: Fludarabine (30 mg/m2 intravenous daily for 4 days) and cyclophosphamide (500 mg/m2 intravenous daily for 2 days starting with the first dose of fludarabine) 2 – 14 days before Kymriah infusion
5. Patient meets ONE of the following criteria:
   - Patient received a regimen containing 2 lines of tyrosine kinase inhibitor therapy (TKI); **OR**
   - Patient received a regimen containing 2 cycles of a standard chemotherapy regimen
   - If the patient has Philadelphia Chromosome positive (Ph+) ALL, they have tried and failed, is intolerant to, or has a contraindication to at least 2 tyrosine kinase inhibitors (TKI)

**Kymriah: Non-Hodgkin’s Lymphoma (NHL): Large B-cell lymphoma, relapsed or refractory**

1. Patient is 18 years of age or older and not pregnant; **AND**
2. Patient must have CD 19 tumor expression in bone marrow or peripheral blood (documentation required); **AND**
3. Patient has been diagnosed with NHL Large B-cell lymphoma AND patient meets ONE of the following criteria:
   - Patient has diffuse large B-cell Lymphoma (DLBCL) not otherwise specified; **OR**
   - Patient has high grade B-cell lymphoma; **OR**
   - Patient has DLBCL arising from follicular lymphoma; **AND**
4. Patient meets ONE of the following criteria:
   - Patient had relapse following second or subsequent complete remissions (post-chemotherapy); **OR**
   - Patient is chemotherapy-refractory to second-line of later lines of therapy; **OR**
Patient has received prior chemotherapy for follicular lymphoma and subsequently have chemo-refractory disease after transformation to DLBCL; OR
Patient has had prior autologous stem cell transplantation (ASCT) that has progressed within a year post-stem cell infusion;
5. Patient has completed lymphodepleting chemotherapy (if appropriate) before Kymriah infusion

Yescarta: Non-Hodgkin’s Lymphoma (NHL): Large B-cell lymphoma, relapsed or refractory

1) Patient is 18 years of age or older and not pregnant; AND
2) Patient must have CD 19 tumor expression in bone marrow or peripheral blood (documentation required): AND
3) Patient has been diagnosed with NHL Large B-cell lymphoma AND patient meets ONE of the following criteria:
   - Patient has diffuse large B-cell Lymphoma (DLBCL) not otherwise specified; OR
   - Patient has primary mediastinal large B-cell lymphoma; OR
   - Patient has high grade B-cell lymphoma; OR
   - Patient has DLBCL arising from follicular lymphoma; AND
4) Patient meets ONE of the following criteria
   - Patient had relapse following second or subsequent complete remissions (post-chemotherapy); OR
   - Patient is chemotherapy-refractory to second-line of later lines of therapy; OR
   - Patient has received prior chemotherapy for follicular lymphoma and subsequently have chemo-refractory disease after transformation to DLBCL; OR
   - Patient has had prior autologous stem cell transplantation (ASCT) that has progressed within a year post-stem cell infusion; AND
5) Patient will receive Yescarta from a certified healthcare facility that is enrolled and complies with Yescarta REMS requirements; AND
6) Patient will be treated with one treatment course of fludarabine and cyclophosphamide lymphodepleting chemotherapy prior to infusion of Yescarta (fludarabine 30 mg/m2 intravenously daily and cyclophosphamide 500 mg/m2 intravenously daily on the fifth, fourth and third day before Yescarta infusion).

Note: Use appropriate HCPCS code for billing
HCPCS NDC Crosswalk: https://health.utah.gov/stplan/lookup/FeeScheduleDownload.php

Initial Authorization: One single-dose per lifetime

PROVIDER CERTIFICATION
I hereby certify this treatment is indicated, necessary and meets the guidelines for use.

Prescriber’s Signature ______________________________ Date __________________

Last Updated 3/28/2019