Breyanzi® (lisocabtagene maraleucel)

Humana

Pharmacy Coverage Policy

Disclaimer

State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, take precedence over clinical policy and must be considered first in determining eligibility for coverage. Coverage may also differ for our Medicare and/or Medicaid members based on any applicable Centers for Medicare & Medicaid Services (CMS) coverage statements including National Coverage Determinations (NCD), Local Medical Review Policies (LMRP) and/or Local Coverage Determinations. See the CMS website at http://www.cms.hhs.gov/. The member's health plan benefits in effect on the date services are rendered must be used. Clinical policy is not intended to pre-empt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Clinical technology is constantly evolving, and we reserve the right to review and update this policy periodically.

Description

Breyanzi (lisocabtagene maraleucel) is a CD19-directed genetically modified autologous
T cell immunotherapy, which involves reprogramming a patient's own T cells with a retroviral transduction to express a chimeric antigen receptor (CAR) to identify and eliminate CD19-expressing malignant and normal cells.

Breyanzi (lisocabtagene maraleucel) is indicated for the treatment of adult patients with large B-cell lymphoma (LBCL), including diffuse large B-cell lymphoma (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, who have: • refractory disease to first-line chemoimmunotherapy or relapse within 12 months of first-line chemoimmunotherapy; or • 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; or • relapsed or refractory disease after two or more lines of systemic therapy.

Lisocabtagene maraleucel is available as Breyanzi as a frozen suspension of genetically modified autologous T cells (CD4 and CD8 cells) in separate vials labeled for the specific recipient.

Coverage Determination

Please note the following regarding medically accepted indications:

All reasonable efforts have been made to ensure consideration of medically accepted indications in this policy. Medically accepted indications are defined by CMS as those uses of a covered Part D drug that are approved under the federal Food, Drug and Cosmetic Act, or the use of which is supported by one or more citations included or approved for inclusion in any of the compendia described in section 1927(g)(1)(B)(i) of the Act. These compendia guide review of off-label and off-evidence prescribing and are subject to minimum evidence standards for each compendium. Currently, this review includes the following references when applicable and may be subject to change per CMS:

- **American Hospital Formulary Service-Drug Information (AHFS-DI)**
- **National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium**
- **Truven Health Analytics Micromedex DrugDEX**
- **Elsevier/Gold Standard Clinical Pharmacology**

Wolters Kluwer Lexi-Drugs

Breyanzi (lisocabtagene maraleucel) will require prior authorization. This agent may be considered medically necessary when the following criteria are met:

Large B-cell Lymphoma (3L)

- **The member has a diagnosis of large B-cell lymphoma [i.e. diffuse large B-cell lymphoma (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] AND**

- **The member has had two or more lines of previous systemic therapy AND For**
  - **DLBCL arising from follicular lymphoma, must have received prior chemotherapy for follicular lymphoma and subsequently have chemorefractory disease after transformation to DLBCL**
- **The member has relapsed or refractory disease, defined as one of the following:**
  - **Best response to most recent regimen was progressive disease or stable disease and relapse is occurring within 6 months from last dose OR**

  - **Disease progression or recurrence less than or equal to 12 months after prior autologous stem cell transplant (ASCT) AND**

- **The member is greater than or equal to 18 years of age AND**
- **The member will be using Breyanzi in conjunction with lymphodepleting chemotherapy (fludarabine 30 mg/m2 daily for 3 days and cyclophosphamide 300 mg/m2 daily for 3 days) AND**
- **The member will be using Breyanzi (lisocabtagene maraleucel) at a treatment center that is certified to administer Breyanzi (lisocabtagene maraleucel)**

Large B-cell Lymphoma (2L)

- **The member has a diagnosis of large B-cell lymphoma [i.e. diffuse large B-cell lymphoma (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] AND**
  - **The member is refractory to first-line chemoimmunotherapy or the member has relapsed or refractory disease within 12 months of first-line chemoimmunotherapy OR**
  - **The member is refractory or has relapsed disease to firstline chemoimmunotherapy and are not eligible for hematopoietic stem cell transplantation due to comorbidities or age.**

AND

- **The member is greater than or equal to 18 years of age AND**
- **The member will be using Breyanzi in conjunction with lymphodepleting chemotherapy (e.g. fludarabine 30 mg/m2 daily for 3 days and cyclophosphamide 300 mg/m2 daily for 3 days) AND**
- **The member will be using Breyanzi (lisocabtagene maraleucel) at a treatment center that is certified to administer Breyanzi (lisocabtagene maraleucel)**

Breyanzi (lisocabtagene maraleucel) will be approved for 60 days duration or as determined through clinical review. A maximum of one dose per lifetime will apply.

Coverage Limitations

Breyanzi (lisocabtagene maraleucel) therapy is not considered medically necessary for members with the following concomitant conditions:

- **The member has received prior CD-19 targeted CAR-T cell therapy (e.g. tisagenlecleucel, axicabtagene ciloleucel)**
- **The member has active hepatitis B (HBs AG-positive) or hepatitis C infection**
- **The member has HIV/AIDs**
- **The member has a diagnosis of primary central nervous system lymphoma**
- **The member has received prior allogeneic transplant**

- **Experimental/Investigational Use – Indications not supported by CMS recognized compendia or acceptable peer reviewed literature.**

Background

This is a prior authorization policy about Breyanzi (lisocabtagene maraleucel)

Refer all requests or questions regarding Breyanzi (lisobatagene maraleucel) to the Corporate Transplant Department at 1-866-421-5663.

Fax: 502-508-9300

Email: transplant@humana.com

Breyanzi (lisocabtagene maraleucel) is only available at certain centers. For more information, please visit: https://www.breyanzihcp.com/treatment-centers/.

Black Box Warnings

- **Cytokine Release Syndrome (CRS), including fatal or life-threatening reactions, occurred in patients receiving Breyanzi. Do not administer Breyanzi to patients with**

active infection or inflammatory disorders. Treat severe or life-threatening CRS with tocilizumab with or without corticosteroids.

- **Neurological toxicities, including fatal or life-threatening reactions, occurred in patients receiving Breyanzi, including concurrently with CRS, after CRS resolution, or in the absence of CRS. Monitor for neurological events after treatment with Breyanzi. Provide supportive care and/or corticosteroids as needed.**
- **Breyanzi is available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS) called the BREYANZI REMS.**

Warnings and Precautions

- **Hypersensitivity reactions**
- **Serious infections**
- **Prolonged cytopenias**
- **Hypogammaglobulinemia**
- **Secondary malignancies**
- **Effects on ability to drive and use machines**

The American Society of Clinical Oncology HBV screening and management provisional clinical opinion (ASCO [Hwang 2020]) recommends HBV screening with hepatitis B surface antigen, hepatitis B core antibody, total Ig or IgG, and antibody to hepatitis B surface antigen prior to beginning (or at the beginning of) systemic

anticancer therapy; do not delay treatment for screening/results. Detection of chronic or past HBV infection requires a risk assessment to determine antiviral prophylaxis requirements, monitoring, and follow-up.

Hwang JP, Feld JJ, Hammond SP, et al. Hepatitis B virus screening and management for patients with cancer prior to therapy: ASCO provisional clinical opinion update. *J Clin Oncol*. 2020;38(31):3698-3715. doi:10.1200/JCO.20.01757[PubMed 32716741]

Provider Claims Codes

For medically billed requests, please visit www.humana.com/PAL. Select applicable Preauthorization and Notification List(s) for medical and procedural coding information.

Medical Terms

Breyanzi; lisocabtagene maraleucel; large B-cell lymphoma; DLBCL; CAR-T; pharmacy

References

Breyanzi (lisocabtagene maraleucel) [prescribing information]. Juno Therapeutics. Bothell, WA. June 2022.

Clinical Pharmacology [online database]. Tampa, FL: Gold Standard, Inc. URL: http://www.clinicalpharmacology.com. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc. Updated periodically.

Micromedex® Healthcare Series [Internet database]. Greenwood Village, Colo: Thomson Healthcare. Updated periodically.

NCCN Drug and Biologics Compendium. Fort Washington, PA: National Comprehensive Cancer Network (NCCN); Updated periodically.