MassHealth Chimeric Antigen Receptor (CAR)-T Immunotherapies Monitoring Program

The following chimeric antigen receptor (CAR)-T immunotherapies require prior authorization (PA) and will be managed by the CAR-T Monitoring Program.

CAR-T Agent	Food and Drug Administration (FDA)-approved Indications and Limitations of Use
Kymriah (tisagenlecleucel)	• Treatment of patients up to 25 years of age with B-cell precursor acute lymphoblastic leukemia (ALL) that is refractory or in second or later relapse. • 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. • *Limitation of Use*: Not indicated for the treatment of patients with primary central nervous system lymphoma.
Yescarta (axicabtagene ciloleucel)	• Treatment of adult patients with relapsed or refractory large B-cell lymphoma after two or more lines of systemic therapy, including DLBCL not otherwise specified, primary mediastinal large B-cell lymphoma, high grade B-cell lymphoma, and DLBCL arising from follicular lymphoma • *Limitation of Use*: Not indicated for the treatment of patients with primary central nervous system lymphoma

CAR-T Therapies

In order to create CAR-T therapies, a patient's own T-cells are frozen and sent to the manufacturing facility for cell processing. These T-cells are manipulated ex vivo to express antigens which activate T-cell response. Then, they are infused back into the patient as a one-time infusion.

Patients must stay within close proximity (within two hours) of the treatment site for at least four weeks after infusion for monitoring. Kymriah and Yescarta treatment may only be provided at healthcare facilities certified pursuant to the Risk Evaluation and Mitigation Strategy (REMS) program specific to the treatment being provided. The treatments' respective REMS programs were created to ensure that hospitals and associated clinics are specially certified, that such facilities have on-site immediate access to Actemra (tocilizumab), and to ensure that those who prescribe, dispense, or administer CAR-T therapies are aware of how to manage the risks of cytokine release syndrome (CRS) and neurological toxicities.

CAR-T Monitoring Program

CAR-T therapies will require PA. These therapies are administered by a one-time infusion and the durability of response is currently unknown given the recent FDA-approval of these agents. As such, MassHealth Drug Utilization Review (DUR) will be reaching out to prescribers approximately 30 days after the CAR-T infusion date to verify clinical effectiveness and at ongoing intervals for long-term monitoring of sustained response.

Following PA approval, MassHealth DUR will outreach to the prescriber to inform of the CAR-T Monitoring Program and fax information to assist prescribers reporting member outcomes following CAR-T infusion.

Approximately 30 days following CAR-T infusion, the prescriber will need to submit documentation of leukapheresis, hospital admission for CAR-T infusion, CAR-T infusion, and hospital discharge dates, and indicate whether the member experienced adverse reactions such as CRS and neurological toxicities and whether the member required treatment for adverse reactions in the intensive care unit setting. The prescriber will also need to submit evidence documenting the member's response to treatment.

DUR will be outreaching at ongoing intervals in order to conduct long term monitoring for CAR-T therapies. Prescribers will inform DUR at these intervals whether the member continues to have ongoing response or has relapsed.

1. Kymriah [package insert]. East Hanover (NJ): Novartis Pharmaceuticals; 2018 May.
2. Yescarta [package insert. Santa Monica (CA): Kite Pharma, Inc.; 2017 Oct.
3. Maude SL, Laetsch TW, Buechner J, Rives S, Boyer M, Bittencourt H, et al. Tisagenlecleucel in Children and Young Adults with B-Cell Lymphoblastic Leukemia. N Engl J Med. 2018 Feb 1;378(5):439-448. doi: 10.1056/NEJMoa1709866.
4. National Comprehensive Cancer Network (NCCN). NCCN Clinical Practice Guidelines in Oncology: Acute Lymphoblastic Leukemia Version 1.2018 [guideline on the internet]. Fort Washington, PA: National Comprehensive Cancer Network; 2018 Mar 12 [cited 2018 Jun 26]. Available from: https://www.nccn.org/professionals/physician_gls/pdf/all.pdf.
5. Neelapu SS, Locke FL, Bartlett NL, Lekakis LJ, Miklos DB, Jacobson CA, et al. Axicabtagene Ciloleucel CAR T-Cell Therapy in Refractory Large B-Cell Lymphoma. N Engl J Med. 2017 Dec 28;377(26):2531-2544. doi: 10.1056/NEJMoa1707447. Epub 2017 Dec 10.
6. National Comprehensive Cancer Network (NCCN). NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines): B-cell Lymphomas Version 4.2018 [guideline on the internet]. Fort Washington, Pennsylvania: National Comprehensive Cancer Network; 2018 May 15 [cited 2018 Jun 26]. Available from: https://www.nccn.org/professionals/physician_gls/pdf/b-cell.pdf.