

Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	December 1, 2017 July 27, 2018, July 16, 2020, October 14, 2022

KYMRIAH™ (tisagenlecleuce)*

LENGTH OF AUTHORIZATION: Date of service

REVIEW CRITERIA:

Pediatric and Young Adult Relapsed or Refractory (r/r) B-cell Acute Lymphoblastic Leukemia (ALL)

- Patient is ≤ 25 years of age.
- Must have diagnosis of B-cell precursor ALL.
- Patient is refractory or in second or later relapse.

Adult Relapsed or Refractory Diffuse Large B-Cell Lymphoma (DLBCL)

- Patient must be ≥ 18 years of age.
- Patient has relapsed or refractory large B-cell lymphoma after two or more lines of systemic therapy including DLBCL not otherwise specified, high grade B-cell lymphoma and DLBCL arising from follicular lymphoma.

Adult Relapsed or Refractory Follicular Lymphoma (FL)

- Patient must be ≥ 18 years of age.
- Patient has relapsed or refractory FL after two or more lines of systemic therapy.

DOSING AND ADMINISTRATION:

- Refer to product labeling at <https://www.accessdata.fda.gov/scripts/cder/daf/>.
- Administer at hospital inpatient or outpatient setting.

* Because of the risk of Cytokine Release Syndrome and neurological toxicities, KYMRIAH™ is available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS) called the KYMRIAH REMS. Further information is available at www.kymriah-rem.com or at 1-844-4KYMRIAH.