

Reference number(s) 4042-A

# Specialty Guideline Management Tecartus

# **Products Referenced by this Document**

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Tecartus	brexucabtagene autoleucel

### **Indications**

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

#### FDA-approved Indications

- Adult patients with relapsed or refractory mantle cell lymphoma (MCL)
- Adult patients with relapsed or refractory B-cell precursor acute lymphoblastic leukemia (ALL)

All other indications are considered experimental/investigational and not medically necessary.

#### **Documentation**

Submission of the following information is necessary to initiate the prior authorization review:

- For all indications: Chart notes, medical record documentation or claims history supporting previous lines of therapy.
- For Acute Lymphoblastic Leukemia: Testing or analysis confirming morphological disease in the bone marrow (≥ 5% blasts).

Tecartus SGM 4042-A P2024\_R.docx

© 2024 CVS Caremark. All rights reserved.

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed or printed without written permission from CVS Caremark. This document contains prescription brand name drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with CVS Caremark.

#### **Exclusions**

Coverage will not be provided for members with any of the following exclusions:

- ECOG performance status greater than or equal to 3 (member is not ambulatory and not capable of all self-care, confined to bed or chair more than 50% of waking hours)
- Inadequate and unstable kidney, liver, pulmonary or cardiac function
- Active hepatitis B, active hepatitis C or any active uncontrolled infection
- Active inflammatory disorder

## **Coverage Criteria**

#### Mantle Cell Lymphoma

Authorization of 3 months may be granted for treatment of mantle cell lymphoma in members 18 years of age or older when all of the following criteria are met:

- The disease is relapsed or refractory.
- The member has received previous treatment with a covalent Bruton tyrosine kinase inhibitor (e.g., acalabrutinib [Calquence], ibrutinib [Imbruvica], zanubrutinib [Brukinsa]).
- The member has not received a previous treatment course of brexucabtagene autoleucel or another CD19-directed chimeric antigen receptor (CAR) T-cell therapy.

# Adult Relapsed or Refractory B-cell precursor Acute Lymphoblastic Leukemia (ALL)

Authorization of 3 months may be granted for the treatment of B-cell precursor acute lymphoblastic leukemia (ALL) in members 18 years of age or older when all of the following criteria are met:

- The member has not received a previous treatment course of the requested medication or another CD19-directed chimeric antigen receptor (CAR-T) therapy, or any prior CD19 directed therapy other than blinatumomab.
- The member meets either of the following criteria:
  - Member has Philadelphia chromosome-negative disease that is relapsed or refractory as defined as one of the following:
    - Primary refractory disease
    - First relapse with remission of 12 months or less
    - Relapsed or refractory disease after at least 2 previous lines of systemic therapy
    - Relapsed or refractory disease after allogeneic stem cell transplant (allo-SCT)
  - Member has Philadelphia chromosome-positive disease and meets any of the following:

Tecartus SGM 4042-A P2024\_R.docx

© 2024 CVS Caremark. All rights reserved.

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed or printed without written permission from CVS Caremark. This document contains prescription brand name drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with CVS Caremark.

- The member has relapsed or refractory disease despite treatment with at least 2 different tyrosine kinase inhibitors (TKIs) (e.g., bosutinib, dasatinib, imatinib, nilotinib, ponatinib)
- The member is intolerant to TKI therapy
- The member has morphological disease in the bone marrow (>5% blasts)
- The member does not have active graft versus host disease.

#### References

- 1. Tecartus [package insert]. Santa Monica, CA: Kite Pharma, Inc.; June 2024.
- 2. The NCCN Drugs & Biologics Compendium® © 2024 National Comprehensive Cancer Network, Inc. https://www.nccn.org. Accessed June 17, 2024.
- 3. Wang M, Munoz J, Goy A, et al. KTE-X19 CAR T-Cell Therapy in Relapsed or Refractory Mantle-Cell Lymphoma. NEJM 2020; 382:1331-1342.
- 4. Shah BD, Ghobadi A, Oluwole OO, et al. KTE-X19 for relapsed or refractory adult B-cell acute lymphoblastic leukaemia: phase 2 results of the single-arm, open-label, multicentre ZUMA-3 study. Lancet. 2021;398(10299):491-502.