



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  $\leq 25$  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  $\geq 18$  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  $\geq 18$  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.