Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	August 5, 2020, March 11, 2022

TECARTUS™ (brexucabtagene autoleucel)

LENGTH OF AUTHORIZATION: Date of service

ADMINISTRATION: Hospital inpatient or outpatient setting

REVIEW CRITERIA:

- Patient must be 18 years of age or older.
- Must have relapsed or refractory mantle cell lymphoma (MCL) **OR** relapsed or refractory B-cell precursor acute lymphoblastic leukemia (ALL).
- Must have tried and failed at least two lines of systemic therapy.

DOSING:

- Refer to product labeling at https://www.accessdata.fda.gov/scripts/cder/daf/
- Because of the risk of Cytokine Release Syndrome (CRS) and neurological toxicities, Tecartus is available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS) called the Yescarta and Tecartus REMS program. Further information is available at www.YescartaTecartusREMS.com or 1-844- 454-KITE (5483).