PROVIDER NOTIFICATION OF POLICY CRITERIA CHANGE					
POLICY TITLE	POLICY NUMBER	CRITERIA CHANGE	MATERIAL AMENDEMENT	EFFECTIVE DATE	LINK TO FULL POLICY
Axicabtagene Ciloleucel (e.g., Yescarta)	2024038	FDA label and off-label indications updated. FDA Labeled Indications LARGE B-CELL LYMPHOMA (non-follicular lymphoma) 1. Individual is an adult at the time of infusion (Yescarta, 2026); AND 2. Individual has a histologically confirmed diagnosis of large B-cell lymphoma that is refractory to first-line chemoimmunotherapy or that relapses within 12 months of first-line chemoimmunotherapy (Yescarta, 2026); OR 3. Individual has a histologically confirmed diagnosis of 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, or primary mediastinal large B-cell lymphoma or high-grade B-cell lymphoma, or diffuse large B-cell lymphoma arising from follicular lymphoma (Yescarta, 2026); AND 4. Individual has received adequate prior therapy including ALL the following: a. Anti-CD20 monoclonal antibody for CD20-positive tumor; AND b. Anthracycline-containing chemotherapy regimen; AND c. For individuals with transformed follicular lymphoma, prior chemotherapy for follicular lymphoma and subsequently have chemotherapy refractory disease after transformation to diffuse large B-cell lymphoma; AND 5. Individual has adequate organ and bone marrow function as determined by the treating oncologist/hematologist; AND 6. Individual has not received prior treatment with CAR T-cell therapy or other genetically	No	10/7/2026	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2024038

		modified T-cell therapy and is not or has not been a subject of a clinical trial for CAR T-cell therapy or other genetically modified T-cell therapy; AND 7. There is only one administration of axicabtagene ciloleucel per individual per lifetime. <u>FOLLICULAR LYMPHOMA</u> 1. Individual is an adult at the time of infusion (Yescarta, 2026); AND 2. Individual has a histologically confirmed diagnosis of relapsed or refractory follicular lymphoma; AND 3. Individual has received two or more lines of systemic therapy for treatment of follicular lymphoma; AND 4. Individual has adequate organ and bone marrow function as determined by the treating oncologist/hematologist; AND 5. Individual has not received prior treatment with CAR T-cell therapy or other genetically modified T-cell therapy and is not or has not been a subject of a clinical trial for CAR T-cell therapy or other genetically modified T-cell therapy; AND 6. There is only one administration of axicabtagene ciloleucel per individual per lifetime. <u>Off-label Indications:</u> 1. Individual meets one of the following options (A&B or C&D): a. Individual is 18 years of age or younger (NCCN 2A); AND b. Individual is diagnosed with Pediatric Aggressive Mature B-Cell Lymphomas- Primary Mediastinal Large B-cell lymphoma (NCCN 2A); OR c. Individual is 18 years of age or older; AND			

		d. Individual has a histologically confirmed diagnosis of one of the following: i. Post-Transplant Lymphoproliferative (B-cell type) Disorders (PTLD) (NCCN 2A); OR ii. HIV-related B cell Lymphomas (NCCN 2A); OR iii. Primary CNS Lymphoma (NCCN 2A); OR iv. High-Grade B-cell Lymphoma (NCCN 2A); OR v. Diffuse Large B-cell Lymphoma (NCCN 1, NCCN 2A); OR vi. Classic Follicular Lymphoma (NCCN 2A); OR vii. Primary Mediastinal Large B-cell Lymphoma (NCCN 2A); OR viii. Chronic Lymphocytic Leukemia/ Small Lymphocytic Lymphoma-Histologic Transformation (Richter) (NCCN 2A); OR ix. Nodal Marginal Zone Lymphoma (NCCN 2A); OR x. Extranodal marginal zone lymphoma of the stomach (NCCN 2A); OR xi. Extranodal Marginal zone lymphoma of nongastric sites (Noncutaneous) (NCCN 2A); OR xii. Histologic Transformation of Indolent Lymphomas to DLBCL (NCCN 2A): OR xiii. Splenic Marginal Zone Lymphoma (NCCN 2A); AND 2. Individual will be using the medication in accordance with NCCN recommended use with category 1 or 2A; AND			

		a. Individual has adequate organ and bone marrow function as determined by the treating oncologist/hematologist; AND b. Individual has not received prior treatment with CAR T-cell therapy or other genetically modified T-cell therapy and is not or has not been a subject of a clinical trial for any of the therapies listed in this policy; AND c. There is only one administration of axicabtagene ciloleucel per individual per lifetime.			