

**SOUTH DAKOTA MEDICAID  
PRIOR AUTHORIZATION CRITERIA**

*Physician Administered Drugs, Vaccines, and Immunizations*

**Axicabtagene ciloleucel (Yescarta) – PA Criteria**

HCPC: Q2041

Axicabtagene ciloleucel (Yescarta) is a Chimeric Antigen Receptor T-Cell (CAR-T) immunotherapy indicated for the treatment of relapsed or refractory follicular lymphoma and large B-cell lymphoma. It is covered by South Dakota Medicaid following prior authorization when the patient meets the following criteria:

\*\* All requests under this policy require SD medical director review in addition to meeting specified criteria below \*\*

- **Initial Therapy (must meet all):**
  - Therapy is prescribed by a hematologist or oncologist
  - Individual has a diagnosis of **one** of the following:
    - Follicular lymphoma
    - Large B-cell lymphoma
  - Individual meets **one** of the following regarding previous therapy failures:
    - Follicular lymphoma: documentation is provided indicating failure after  $\geq 2$  lines of systemic therapy
    - Large B-cell lymphoma (**must meet one**):
      - Documentation is submitted indicating that disease is refractory to first line chemotherapy
      - Documentation is submitted indicating disease relapsed within 12 months of first line chemotherapy
      - Documentation is provided indicating failure after  $\geq 2$  lines of systemic therapy (including diffuse large B-cell lymphoma (DLBCL) not otherwise specified, primary mediastinal large B-cell lymphoma, high grade B-cell lymphoma and DLBCL arising from follicular lymphoma)
  - Individual does not have diagnosis of primary CNS lymphoma
  - Member has not received Car-T therapy in the past and therapy will not be utilized in conjunction with other Car-T therapies
  - Individual is  $\geq 18$  years of age
  - Approval duration: one dose
- **Continuation of Therapy (must meet all):** not authorized