

**SOUTH DAKOTA MEDICAID
PRIOR AUTHORIZATION CRITERIA**

Physician Administered Drugs, Vaccines, and Immunizations

Brexucabtagene autoleucl (Tecartus) – PA Criteria

HCPC: Q2053

Brexucabtagene autoleucl (Tecartus) is a Chimeric Antigen Receptor T-Cell (CAR-T) immunotherapy indicated for the treatment of relapsed or refractory, B-cell precursor, acute lymphoblastic leukemia and relapsed or refractory mantle 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:
 - B-cell precursor, acute lymphoblastic leukemia
 - Mantle cell lymphoma
- Disease is relapsed or refractory and meets **one** of the following as specified per indication
 - Acute lymphoblastic leukemia (must meet **one**):
 - Disease is classified as primary refractory
 - Disease is in first relapse if first remission is ≤ 12 months
 - Disease is relapsed or refractory after ≥ 2 lines of systemic therapy
 - Disease is relapsed following allogeneic stem cell transplantation (allo-SCT) and must be ≥ 100 days from allo-SCT at the time of Tecartus infusion
 - Mantle cell lymphoma: documentation is submitted indicating failure with **all** the following (which may or may not include therapy supported by autologous stem cell transplant):
 - Anthracycline- or bendamustine- containing chemotherapy
 - Anti-CD20 monoclonal antibody
 - Bruton's tyrosine kinase (BTK) inhibitor
- Individual is ≥ 18 years of age
- Member has not received Car-T therapy in the past and therapy will not be utilized in conjunction with other Car-T therapies
- Approval duration: one dose

• **Continuation of Therapy (must meet all):** not authorized