

**SOUTH DAKOTA MEDICAID
PRIOR AUTHORIZATION CRITERIA**

Physician Administered Drugs, Vaccines, and Immunizations

Lisocabtagene maraleucel (Breyanzi) – PA Criteria

HCPC: Q2054

Lisocabtagene maraleucel (Breyanzi) is an Chimeric Antigen Receptor T-Cell (CAR-T) immunotherapy indicated for the treatment of various oncologic indications. 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:
 - Chronic lymphocytic leukemia or small lymphocytic lymphoma
 - Follicular lymphoma
 - Large B-cell lymphoma
 - Mantle cell lymphoma
 - Disease is classified as relapsed or refractory and individual meets **one** of the following regarding previous therapy failures:
 - Chronic lymphocytic leukemia or small lymphocytic lymphoma: documentation is submitted indicating failure after ≥ 2 prior lines of therapy including a Bruton tyrosine kinase (BTK) inhibitor and a B-cell lymphoma 2 (BCL-2) inhibitor
 - Follicular lymphoma: documentation is submitted indicating failure after ≥ 2 prior lines of therapy
 - Large B-cell lymphoma (including diffuse large B-cell lymphoma (DLBCL) not otherwise specified (including DLBCL arising from indolent lymphoma), high-grade B-cell lymphoma, primary mediastinal large B-cell lymphoma, and follicular lymphoma grade 3B) (must meet **one**):
 - Disease is refractory to first line chemotherapy
 - Relapse within the first 12 months of first line chemotherapy
 - Disease is refractory to first line chemotherapy or relapse after first line chemotherapy and individual is not eligible for hematopoietic cell transplantation due to comorbidities/age
 - Documentation is submitted indicating failure after ≥ 2 lines of systemic therapy
 - Mantle cell lymphoma: documentation is submitted indicating failure after ≥ 2 prior lines of therapy including a Bruton 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