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Medical benefit drug policies are a source for BCBSM and BCN medical policy information only. These documents are not to be used to determine benefits or reimbursement. Please reference the appropriate certificate or contract for benefit information. This policy may be updated and therefore subject to change.

P&T Date: 04/16/2026

Yescarta™ (axicabtagene ciloleucel)

HCPCS: Q2041

Policy:

Requests must be supported by submission of chart notes and patient specific documentation.

- A. Coverage of the requested drug is provided when all the following are met:
- FDA approved age
 - Prescribed by or in consultation with an oncologist
 - Treatment of adult patients with 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, primary mediastinal large B-cell lymphoma (PMBCL), high grade B-cell lymphoma, and DLBCL arising from follicular lymphoma (TFL)
 - Subjects must have received adequate prior therapy including at a minimum:
 - Anti-CD20 monoclonal antibody unless investigator determines that tumor is CD20-negative and
 - An anthracycline containing chemotherapy regimen
 - For subjects with transformed FL must have received prior chemotherapy for follicular lymphoma and subsequently have chemorefractory disease after transformation to DLBCL
 - Patient must meet all of the following:
 - No prior allogeneic hematopoietic stem cell transplantation (HSCT)
 - No known active central nervous system malignancy
 - ECOG performance status 0 – 2
 - The member has no active infection (e.g. viral, bacterial, fungal) such as CMV, HIV, active hepatitis B or active hepatitis C
 - Creatinine clearance greater than 30 mL/min
 - Cardiac ejection fraction greater than 40%
 - Treatment of adult patients with relapsed or refractory follicular lymphoma (FL)
 - Subjects must have received at least 2 prior lines of therapy one of which is an anti-CD20 monoclonal antibody combined with an alkylating agent
 - Patient must meet all of the following:
 - No prior allogeneic HSCT
 - No known active central nervous system malignancy
 - ECOG performance status 0 – 2

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4. The member has no active infection (e.g. viral, bacterial, fungal) such as CMV, HIV, active hepatitis B or active hepatitis C
 5. Creatinine clearance greater than 30 mL/min
 6. Cardiac ejection fraction greater than 40%
- e. Adult patients with large B-cell lymphoma that is refractory to first-line chemoimmunotherapy or that relapses within 12 months of first-line chemoimmunotherapy
- i. Subjects must have received adequate prior therapy with an anti-CD20 monoclonal antibody unless investigator determines that tumor is CD20-negative and an anthracycline containing chemotherapy regimen
 - ii. Patient must meet all of the following:
 1. No prior allogeneic HSCT
 2. No known or suspected central nervous system involvement
 3. ECOG performance status of 0 – 2
 4. The member has no active infection (e.g. viral, bacterial, fungal) such as CMV, HIV, active hepatitis B or active hepatitis C
 5. Creatinine clearance greater than 30 mL/min
 6. Cardiac ejection fraction greater than 40%
- f. Have not received prior treatment with any CAR-T therapy despite indication or any other genetically-modified T-cell therapy or are being considered for treatment with any other genetically-modified T-cell therapy
- g. Only to be administered at certified bone marrow/stem cell transplant centers
- h. Trial and failure, intolerance, or a contraindication to the preferred products as listed in the BCBSM/BCN utilization management medical drug list
- i. The requesting physician attests to providing clinical outcome information within the appropriate provider portal as requested by BCBSM
- j. If new diagnoses are FDA approved, coverage will be determined based on the FDA approved indication on a case by case basis until fully evaluated by the BCBSM Pharmacy and Therapeutics Committee

B. Quantity Limitations, Authorization Period and Renewal Criteria

- a. Quantity Limits: Align with FDA recommended dosing
- b. Authorization Period: Aligns with FDA recommended or guideline supported treatment duration and provided for at least 60 days and up to 6 months at a time with the allowance of only one dose per lifetime
- c. Renewal Criteria: Not applicable as no further authorization will be provided

^a Relapsed disease defined as complete remission to first-line therapy followed by biopsy-proven relapse ≤ 12 months of first-line therapy

^b Refractory disease is defined as no complete remission to first-line therapy: progressive disease (PD) as best response to first-line therapy; stable disease (SD) as best response after at least 4 cycles of first-line therapy (eg, 4 cycles of R-CHOP); or partial response (PR) as best response after at least 6 cycles and biopsy-proven residual disease or disease progression ≤ 12 months of therapy.

***Note: Coverage and approval duration may differ for Medicare Part B members based on any applicable criteria outlined in Local Coverage Determinations (LCD) or National Coverage Determinations (NCD) as determined by Center for Medicare and Medicaid Services (CMS). See the CMS website at <http://www.cms.hhs.gov/>. Determination of coverage of Part B drugs is based on medically accepted indications which have supported citations included or approved for inclusion determined by CMS approved compendia.

Background Information:

- CAR-T therapy is a type of treatment that utilizes the body's own immune system to fight cancer. T-cells are collected from the patient via apheresis and are genetically engineered in the laboratory to produce chimeric antigen receptors on the cell surface, allowing the T-cells to recognize an antigen on target cancer cells. Once the tumor cells are identified, they are attacked and killed by the CAR-T therapy.
- CAR-T therapy has not been studied when given following prior treatment with any CAR-T therapy or following any other genetically-modified T-cell therapy.
- Due to the risk of cytokine release syndrome and neurological toxicities, CAR-T therapies are only allowed to be given at treatment centers certified by their REMS programs. CAR-T REMS programs require certified hospitals and their clinics to have on-site, immediate access to tocilizumab and an understanding of how to manage the risks of the associated CAR-T side effects.
- Yescarta is indicated for the treatment of adult patients with relapsed or refractory large B-cell lymphoma after two or more lines of systemic therapy, including diffuse large B-cell lymphoma not otherwise specified, primary mediastinal large B-cell lymphoma, high grade B-cell lymphoma, and DLBCL arising from follicular lymphoma. It is not indicated for the treatment of patients with primary central nervous system lymphoma. Yescarta is also indicated for adult patients with relapsed or refractory follicular lymphoma after two or more lines of systemic therapy.
- Efficacy was established in a single-arm, open-label, multicenter trial of 111 adult patients with relapsed or refractory aggressive B-cell non-Hodgkin lymphoma. Of 111 patients who underwent leukapheresis, 101 received Yescarta. One patient did not receive the product due to manufacturing failure and 9 others were not treated due to progressive disease or serious adverse reactions. Yescarta was administered as a single intravenous infusion at a target dose of 2×10^6 CAR-positive viable T-cells/kg. The lymphodepleting regimen consisted of cyclophosphamide 500 mg/m² intravenously and fludarabine 30 mg/m² intravenously given on the fifth, fourth, and third day before Yescarta. Patients with prior allogeneic HSCT, any history of central nervous system lymphoma, ECOG performance status of 2 or greater, absolute lymphocyte count less than 100/ μ L, creatinine clearance less than 60 mL/min, hepatic transaminases more than 2.5 times the upper limit of normal, cardiac ejection fraction less than 50%, or active serious infection were excluded. Subjects had previously received an anti-CD20 monoclonal antibody containing-regimen and an anthracycline-containing chemotherapy. Patients with transformed FL had received prior chemotherapy for follicular lymphoma and subsequently have chemorefractory disease after transformation to DLBCL. Primary endpoints were complete remission rate and duration of response. The median time to response was 0.9 months (range: 0.8 to 6.2 months). Of the 52 patients who achieved CR, 14 initially had stable disease (7 patients) or PR (7 patients), with a median time to improvement of 2.1 months (range: 1.6 to 5.3 months).
- Safety and efficacy for use in FL and MZL were established in the ZUMA-5 trial, an ongoing single-arm, open-label, multicenter phase 2 study of 104 adult patients with relapsed/refractory indolent NHL who had received up to 2 prior lines of therapy, including an anti-CD20 monoclonal antibody combined with an alkylating agent. Of the 104 patients, 84 had follicular lymphoma and 20 patients had marginal zone lymphoma and were required to have measurable disease. Patients were excluded if they had prior allogeneic HSCT, any history of central nervous system disease, ECOG performance status of 2 or greater, transformed FL, histological grade 3b FL, inadequate renal, hepatic, or cardiac function, or active serious infection. The primary endpoint is the objective response rate to therapy and key secondary endpoints include duration of response, progression-free survival (PFS), overall survival (OS), and incidence of adverse events. After a median follow-up of 17.5 months, the objective response rate was 92% with 76% of patients reaching a complete response. When broken down by exact indication, 94% (n = 84) of patients with relapsed/refractory FL had an objective response including 80% achieving a complete response. Of patients with relapsed/refractory MZL (n=20), 85% had an objective response with 60% achieving a complete response. At the data cutoff, 62% of all treated patients had ongoing responses. Median duration of response (DOR), progression-free survival (PFS) and overall survival (OS) were not reached.

- Safety and efficacy for use as second-line therapy in relapsed or refractory DLBCL is being established in the ZUMA-7 trial, an ongoing phase 3, randomized, open-label, multicenter study of 359 patients with relapsed/refractory DLBCL who had received one prior line of therapy that included an anti-CD20 monoclonal antibody combined with an anthracycline agent. Patients with prior allogeneic HSCT, any history of central nervous system lymphoma, ECOG performance status of 2 or greater, absolute lymphocyte count less than 100/ μ L, creatinine clearance less than 60 mL/min, hepatic transaminases more than 2.5 times the upper limit of normal, cardiac ejection fraction less than 50%, or active serious infection were excluded. Relapsed disease was defined as complete remission to first-line therapy followed by biopsy-proven relapse $\leq$ 12 months of first-line therapy. Refractory disease was defined as no complete remission to first-line therapy: progressive disease (PD) as best response to first-line therapy; stable disease (SD) as best response after at least 4 cycles of first-line therapy (eg, 4 cycles of R-CHOP); or partial response (PR) as best response after at least 6 cycles and biopsy-proven residual disease or disease progression $\leq$ 12 months of therapy. The primary endpoint is event-free survival (EFS) defined as time from randomization to disease progression, start of new lymphoma therapy, or death. ZUMA-7 met its primary EFS endpoint demonstrating statistically significant and clinically meaningful improvement in efficacy with Yescarta vs second-line standard of care.
- While use of Yescarta has not been established in patients with a creatinine clearance of less than 60 mL/minute, other CAR-T therapies have been studied in subjects with a creatinine clearance of 30 mL/minute. The National Institute of Health/National Cancer Institute Common Terminology Criteria of Adverse Events (CTCAE) classify grade 2 chronic kidney disease as a creatinine clearance of 30 – 59 mL/minute. As the classification system uses 30 mL/minute as a cutoff for grade 2 disease and data from other CAR-T therapies support their use in these patients, Yescarta should be able to be tolerated in this population. As there is no data to support administration of CAR-T at levels lower than 30 mL/minute, therapy should not be given in patients not meeting the 30 mL/minute threshold.
- The CTCAE recommendations set the grade 2 cutoff for left ventricular ejection fraction (LVEF) at 40%. While Yescarta has only been studied in patients with a LVEF greater than or equal to 50%, there is data from other CAR-T therapies to support use in those with a LVEF of 40% or greater. Therefore, Yescarta should be tolerated in these patients as well. There is no data supporting use at LVEF levels less than 40%.
- A provider portal that is used to capture clinical outcome information for patients on select high-cost treatments, such as gene and cellular therapies. If a patient meets medical necessity as defined by this policy and is approved for treatment, the requesting physician must attest to providing clinical outcome information within the appropriate provider portal at the requested cadence.

References:

1. Yescarta [prescribing information]. Santa Monica, CA: Kite Pharma, Inc.; February 2026.
2. LaRussa A. Chimeric antigen receptor (CAR) t-cell therapy. 10 Sept. 2015. Available at: www.lls.org/treatment/types-of-treatment/immunotherapy/chimeric-antigen-receptor-car-t-cell-therapy. Access on August 3, 2017.
3. National Comprehensive Cancer Network. B-cell lymphomas (Version 2.2026). 2026 March 2. Available at: https://www.nccn.org/professionals/physician_gls/pdf/b-cell.pdf. Accessed on March 3, 2026.
4. Lee DW et al. Current concepts in the diagnosis and management of cytokine release syndrome. *Blood*. 2014 Jul 10; 124 (2): 188 - 195.
5. Jacobson CA, Chavez JC, Sehgal AR, et al. Axicabtagene ciloleucel in relapsed or refractory indolent non-Hodgkin lymphoma (ZUMA-5): a single-arm, multicentre, phase 2 trial. *Lancet Oncol*. 2021 Dec 8; S1470-2045.
6. Locke FL, Miklos DB, Jacobson CA, et al. Axicabtagene ciloleucel as second-line therapy for large b-cell lymphoma. *NEJM*. 2022 Feb 17; 386: 640 – 654.
7. U.S. Department of Health and Human Services. Common terminology criteria for adverse events (Version 5.0). 2017 Nov 27. Available at: https://ctep.cancer.gov/protocoldevelopment/electronic_applications/docs/CTCAE_v5_Quick_Reference_8.5x11.pdf. Accessed on July 8, 2022.

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Policy History												
#	Date	Change Description										
1.9	Effective Date: 04/16/2026	Updated to remove absolute neutrophil count, liver function requirements, no HIV, hepatitis C or B infection, no uncontrollable infection or infection requiring long term antibiotics, no significant cardiac events, no thromboembolic events within 6 months, no pulmonary disease, no clinically significant CNS disease, the measurable disease requirement for FL, no transformed FL, and no grade 3b follicular lymphoma. Also added requirement of no active infection, and updated the approval length to 6 months										
1.8	Effective Date: 06/05/2025	Updated to change the provider portal from Audaire Health to the appropriate provider portal										
1.7	Effective Date: 06/06/2024	Annual review of criteria was performed, no changes were made										
1.6	Effective Date: 06/08/2023	Updated to require physicians provide clinical outcomes data using the Audaire Health platform										
1.5	Effective Date: 08/04/2022	Updated to align criteria across all CAR-T policies										
1.4	Effective Date: 06/09/2022	Updated to include new indication allowing for use second-line in relapsed/refractory large B-cell lymphoma										
1.3	Effective Date: 02/10/2022	Updated to include preliminary criteria for use as second-line therapy for DLBCL and remove the CD19 positive requirement										
1.2	Effective Date: 08/12/2021	New policy										
1.1	Effective Date: 03/08/2018	UM medical management system update for MAPPO and BCNA <table><tr><th>Line of Business</th><th>PA Required in Medical Management System (Yes/No)</th></tr><tr><td>BCBS</td><td>Yes</td></tr><tr><td>BCN</td><td>Yes</td></tr><tr><td>MAPPO</td><td>Yes</td></tr><tr><td>BCNA</td><td>Yes</td></tr></table>	Line of Business	PA Required in Medical Management System (Yes/No)	BCBS	Yes	BCN	Yes	MAPPO	Yes	BCNA	Yes
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1.0	Effective Date: 01/01/2018	UM medical management system update for BCBS and BCN <table><tr><th>Line of Business</th><th>PA Required in Medical Management System (Yes/No)</th></tr><tr><td>BCBS</td><td>Yes</td></tr><tr><td>BCN</td><td>Yes</td></tr><tr><td>MAPPO</td><td>No</td></tr><tr><td>BCNA</td><td>No</td></tr></table>	Line of Business	PA Required in Medical Management System (Yes/No)	BCBS	Yes	BCN	Yes	MAPPO	No	BCNA	No
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BCBS	Yes											
BCN	Yes											
MAPPO	No											
BCNA	No											

* The prescribing information for a drug is subject to change. To ensure you are reading the most current information it is advised that you reference the most updated prescribing information by visiting the drug or manufacturer website or <http://dailymed.nlm.nih.gov/dailymed/index.cfm>.

Blue Cross Blue Shield/Blue Care Network of Michigan

Medication Authorization Request Form



This form is to be used by participating physicians to obtain coverage for **drugs covered under the medical benefit**. For commercial members only, please complete this form and submit via fax to 1-877-325-5979. If you have any questions regarding this process, please contact BCBSM Provider Relations and Servicing or the Medical Drug Helpdesk at 1-800-437-3803 for assistance.

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PATIENT INFORMATION	PHYSICIAN INFORMATION
Name	Name
ID Number	Specialty
D.O.B. ☐ Male ☐ Female	Address
Diagnosis	City /State/Zip
Drug Name	Phone/Fax: P: () - F: () -
Dose and Quantity	NPI
Directions	Contact Person
Date of Service(s)	Contact Person Phone / Ext.

STEP 1: DISEASE STATE INFORMATION

- Is this request for: ☐ Initiation ☐ Continuation Date patient started therapy: _____
- Administered by patient or a medical professional? ☐ patient (self) ☐ health care professional (physician, nurse, etc.)
- Site of administration? ☐ Provider office/Home infusion ☐ Other: _____
☐ Hospital outpatient facility (go to #4) Reason for Hospital Outpatient administration: _____
☐ Hospital inpatient facility for Car-T therapy only (for example: Kymriah, Yescarta, or Tecartus) (go to #5)
- Please specify location of administration if hospital outpatient infusion: _____
- Please specify location of administration if hospital inpatient infusion: _____
- Please provide the NPI number for the place of administration: _____
- Initiation AND Continuation of therapy:**
 - What is the patient's diagnosis? _____
 - What other medication has the patient received for their condition? Please list _____
 - Please describe the response to previous therapies: _____
 - Will the patient be receiving any other treatment for the listed condition while on this medication? Please list: _____
 - Please list any labs values important for diagnosing or monitoring this patient's condition: _____
- Continuation of therapy:**
 - Has the patient progressed while on this medication? ☐ yes ☐ no
 - How has the patient's condition changed while on this medication?

☐ Improved: Please describe: _____
☐ Stable: please describe: _____
☐ Worsened; Please describe: _____
☐ Other; Please describe: _____

Chart notes are required for the processing of all requests. Please add any other supporting medical information necessary for our review (required)

Coverage will not be provided if the prescribing physician's signature and date are not reflected on this document.

☐ Request for expedited review: I certify that applying the standard review time frame may seriously jeopardize the life or health of the member or the member's ability to regain maximum function

Physician's Name	Physician Signature	Date
Step 2: Checklist	☐ Form Completely Filled Out ☐ Provide chart notes	☐ Attach test results
Step 3: Submit	By Fax: BCBSM Specialty Pharmacy Mailbox 1-877-325-5979	By Mail: BCBSM Specialty Pharmacy Program P.O. Box 312320, Detroit, MI 48231-2320

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7/26/2018, 9/18/2018; 1/31/2020; 3/17/2020; 8/9/2021