

| PA Criteria | Criteria Details | | | | | | |
|---|--|---|-------------|----------------------------|-------|------------------------------------|---|
| Covered Uses (FDA approved indication) | <p>Yescarta is a CD19-directed genetically modified autologous T cell immunotherapy indicated for the treatment of:</p> <ul style="list-style-type: none"> • Adult patients with large B-cell lymphoma that is refractory to first-line chemoimmunotherapy or that relapses within 12 months of first-line chemoimmunotherapy. • 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, high grade B-cell lymphoma, and DLBCL arising from follicular lymphoma. | | | | | | |
| Exclusion Criteria | None. | | | | | | |
| Required Medical Information | Medical records supporting the request must be provided. | | | | | | |
| Other Criteria | Must follow NCD 110.24 for Chimeric Antigen Receptor (CAR) T-Cell Therapy. https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncid=374 | | | | | | |
| Age Restriction | None. | | | | | | |
| Prescriber Restrictions | None. | | | | | | |
| Coverage Duration | In accordance with the FDA approved labeling or accepted standards of medical practice. | | | | | | |
| Other Criteria/Information | <p>Refer to the Gold Coast Health Plan Medicare Part B Reference and Summary of Evidence document.</p> <table border="1"> <thead> <tr> <th>HCPCS</th> <th>Description</th> <th>Billing Units/How Supplied</th> </tr> </thead> <tbody> <tr> <td>Q2041</td> <td>Yescarta (axicabtagene ciloleucel)</td> <td> Billing unit: per dose Up to 2 x 10⁸ CAR+ T-cells per SD infusion bag </td> </tr> </tbody> </table> | HCPCS | Description | Billing Units/How Supplied | Q2041 | Yescarta (axicabtagene ciloleucel) | Billing unit: per dose Up to 2 x 10 ⁸ CAR+ T-cells per SD infusion bag |
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| STATUS | DATE REVISED | REVIEW DATE | APPROVED/REVIEWED BY | EFFECTIVE DATE |
|----------|--------------|-------------|---|----------------|
| Created | 3/26/2025 | 3/26/2025 | Dawn Shojai, PharmD, Senior Pharmacy Benefit Consultant (PSG) | N/A |
| Approved | N/A | 5/15/2025 | Pharmacy & Therapeutics (P&T) Committee | 5/15/2025 |
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