Blue Cross Blue Shield Blue Care Network of Michigan

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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.

Effective Date: 12/12/2024

Aucatzyl® (obecabtagene autoleucel)

HCPCS: J3590

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:
   a. FDA approved indication[a,b]
   b. FDA approved age
   c. Prescribed by or in consultation with an oncologist
   d. Patients with Philadelphia chromosome positive (Ph+) ALL are eligible if they are intolerant to, or have failed 2 lines of and tyrosine kinase inhibitor therapy (TKI), or have failed 1 line of a second generation TKI, or if TKI therapy is contraindicated
   e. Patient must meet all of the following:
      i. ECOG performance status 0 - 2
      ii. No diagnosis of Burkitt's lymphoma
      iii. No grade 2 to 4 graft-versus-host disease
      iv. Serum alanine aminotransferase/aspartate aminotransferase less than 5 times the upper limit of normal
      v. Creatinine clearance greater than 30 mL/min
      vi. Cardiac ejection fraction greater than 40%
      vii. No HIV infection; hepatitis B or C virus infection permitted only if viral load undetectable
      viii. No infection that is uncontrolled or requires IV or long-term oral antimicrobial therapy
      ix. Has not received allogeneic cellular therapy, such as donor lymphocyte infusion within 6 weeks prior to Aucatzyl infusion
      x. No known active central nervous system malignancy
      xi. No myocardial infarction, cardiac angioplasty or stenting, unstable angina, or New York Heart Association Class II or greater congestive heart failure events within 6 months
      xii. No thromboembolic events within 6 months
      xiii. No pulmonary disease requiring oxygen dependence or pulmonary disease such as idiopathic pulmonary fibrosis, organizing pneumonia (eg, bronchiolitis obliterans), drug-induced pneumonitis, idiopathic pneumonitis, or evidence of active pneumonitis per chest computed tomography (CT) scan at screening

xiv. No clinically significant CNS pathology such as epilepsy, seizure, paresis, aphasia, stroke, severe brain injuries, dementia, Parkinson's disease, cerebellar disease, organic brain syndrome, or psychosis

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. Trial and failure, intolerance, or a contraindication to the preferred products as listed in the BCBSM/BCN utilization management medical drug list
h. The requesting physician attests to providing clinical outcome information within the appropriate provider portal as requested by BCBSM
i. 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 limit: Align with FDA recommended dosing
   b. Authorization period: 3 months with the allowance of only one dose per lifetime
   c. Renewal Criteria: Not applicable as no further authorization will be provided

[a] Refractory (resistant) disease is defined as those patients who fail to obtain complete response with induction therapy, ie, failure to eradicate all detectable leukemia cells (<5% blasts) from the bone marrow and blood with subsequent restoration of normal hematopoiesis (>25% marrow cellularity and normal peripheral blood counts).
[b] Relapsed disease describes the reappearance of leukemia cells in the bone marrow or peripheral blood after the attainment of a complete remission with chemotherapy and/or allogeneic stem cell transplant

***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 the 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.

- Aucatzyl is indicated for the treatment of adult patients with relapsed or refractory B-cell precursor acute lymphoblastic leukemia (ALL).

- Safety and efficacy for use in acute lymphoblastic leukemia were established in the FELIX trial, a multicenter, phase II trial of 112 adult patients with relapsed or refractory ALL. If patients were Philadelphia chromosome positive they had to be intolerant to a tyrosine kinase inhibitor (TKI), had failed 2 previous lines of treatment with any TKI or 1 line of a second-generation TKI, or had a contraindication to a TKI. Patients with prior allogeneic SCT within 100 days of therapy, any active central nervous system malignancy, ECOG performance status of 2 or greater, or active serious infection were excluded. The primary end point was complete response (CR) and CR with incomplete count recovery (CRi). Secondary end points included event-free survival, overall survival (OS), safety, and duration of response

(DOR). Of the 65 patients evaluable for efficacy, 27 patients (42%; 95% CI: 29%, 54%) achieved CR within 3 months. The median duration of CR achieved within 3 months was 14.1 months (95% CI: 6.1, not reached).

- Use of Aucatzyl required adequate kidney function. 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, Aucatzyl 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.

- Use of Aucatzyl requires adequate liver function. Other CAR-T therapies have been studied in subjects with an alanine aminotransferase of up to 5 times the ULN and the CTCAE recommendations have set 5 times the ULN as the cutoff for grade 2 adverse reactions. As the classification system uses 5 times the ULN and other CAR-T therapies have data supporting use in this patient population, Aucatzyl should be tolerated in these patients as well. As there is no data to support administration of CAR-T at levels higher than 5 times the ULN, therapy should not be given to patients not meeting that threshold.

- The CTCAE recommendations set the grade 2 cutoff for left ventricular ejection fraction (LVEF) at 40%. There is data from other CAR-T therapies to support use in those with a LVEF of 40% of greater. Therefore, Aucatzyl should be tolerated in these patients as well. There is no data supporting use at LVEF levels less than 40%.

- Provider portal platforms allow the capture of 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. Aucatzyl [prescribing information]. Gaithersburg, MD: Autolus Inc.; November 2024.
2. Clinicaltrials.gov. A study of CD19 targeted CAR-T cell therapy in adult patients with relapsed or refractory b-cell acute lymphoblastic leukemia (NCT04404660). Available at: https://clinicaltrials.gov/study/NCT04404660. Accessed on November 11, 2024.
3. National Comprehensive Cancer Network. Acute lymphoblastic leukemia (Version 2.2024). 2024 July 19. Available at: https://www.nccn.org/professionals/physician_gls/pdf/all.pdf. Accessed on November 11, 2024.

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<tr><th>#</th><th>Date</th><th>Change Description</th></tr>
<tr><td>1.2</td><td>Effective Date: 12/12/2024</td><td>New policy - this criteria replaces previously approved preliminary criteria</td></tr>
<tr><td>1.1</td><td>Effective Date: 11/21/2024</td><td>UM medical management system update for BCBS, BCN, MAPPO, and BCNA
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<tr><td>1.0</td><td>Effective Date: 10/03/2024</td><td>Preliminary Drug Review
<table><tr><th>Line of Business</th><th>PA Required in Medical Management System (Yes/No)</th></tr><tr><td>BCBS</td><td>No</td></tr><tr><td>BCN</td><td>No</td></tr><tr><td>MAPPO</td><td>No</td></tr><tr><td>BCNA</td><td>No</td></tr></table></td></tr>
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** 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.*