



Division: Pharmacy Policy	Subject: State of Florida's Agency for Health Care Administration's Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	December 22, 2017 July 16, 2020, March 17, 2021; June 16, 2022

## **YESCARTA® (axicabtagene ciloleucel suspension)**

**LENGTH OF AUTHORIZATION:** Date of service

**REVIEW CRITERIA:**

- Patient must be 18 years of age or older.
- Must have large B-cell lymphoma that is refractory to 1<sup>st</sup> line chemoimmunotherapy or that relapses within 12 months of 1<sup>st</sup> line chemoimmunotherapy; **OR**
- Must have relapsed or refractory large B-cell lymphoma after two or more lines of treatment with systemic therapy for diffuse large B-cell lymphoma (DLBCL) not otherwise specified, primary mediastinal large B-cell lymphoma, and DLBCL arising from follicular lymphoma.

**DOSING AND ADMINISTRATION:**

- Refer to product labeling at <https://www.accessdata.fda.gov/scripts/cder/daf/>
- Because of the risk of Cytokine Release Syndrome (CRS) and neurological toxicities, YESCARTA® is available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS) called the YESCARTA and TECARTUS REMS program. Further information is available at [www.YescartaTecartusREMS.com](http://www.YescartaTecartusREMS.com) or 1-844-454-KITE (5483).