

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS    BT202244    JUNE 16, 2022

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## **IHCP updates PA criteria for HCPCS code Q2042 (Kymriah)**

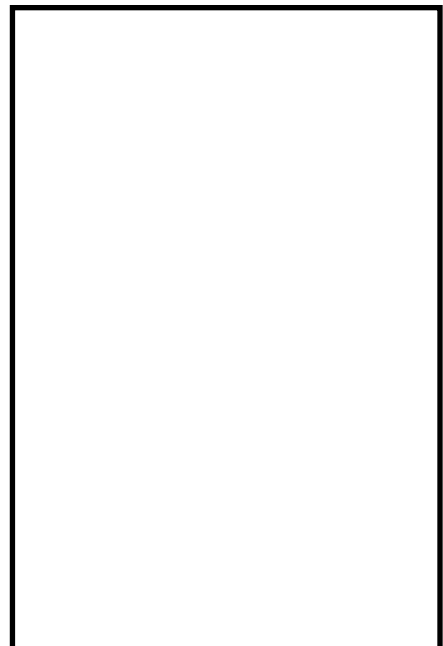
The Indiana Health Coverage Programs (IHCP) covers tisagenlecleucel (Kymriah) with prior authorization (PA) as published in *IHCP Bulletin BT202110*. Kymriah is billed using Healthcare Common Procedure Coding System (HCPCS) code Q2042 – *Tisagenlecleucel, up to 600 million CAR-positive viable T cells, including leukapheresis and dose preparation procedure, per therapeutic dose*.

Chimeric antigen receptor T-cell (CAR-T) drugs, such as Kymriah, are carved out from managed care benefits, which means that PA requests and claims for Q2042, including the specific Kymriah National Drug Code (NDC), are processed through the fee-for-service (FFS) delivery system for all IHCP members.

### **PA criteria**

PA criteria for Kymriah have been updated to include the diagnosis of relapsed or refractory follicular lymphoma after two or more lines of systemic therapy in adults. Effective for dates of service on or after **June 1, 2022**, the following medical necessity criteria must be met:

- Member has not previously received the specified CAR-T treatment.
- Member will be administered the specified CAR-T treatment:
  - At a facility that is Risk Evaluation and Mitigation Strategy (REMS) Program-certified for the specified CAR-T treatment
  - By healthcare providers that have successfully completed the specified CAR-T REMS Program Knowledge Assessment
- Member is either:
  - 25 years of age or younger with a diagnosis of B-cell lymphoblastic leukemia that is refractory or in second or later relapse
  - At least 18 years of age with one of the following diagnoses after two or more lines of systemic therapy:
    - ◆ Relapsed or refractory follicular lymphoma
    - ◆ Relapsed or refractory large B-cell lymphoma:
      - ⇒ Including any of the following:
        - \* Diffuse large B-cell lymphoma (DLBCL) not otherwise specified
        - \* High grade B-cell lymphoma
        - \* DLBCL arising from follicular lymphoma
      - ⇒ Does not have a diagnosis of primary central nervous system lymphoma



**For more information**

Questions about PA, specific to procedure code Q2042 (Kymriah) for all IHCP-enrolled members, should be directed to Gainwell Technologies at 800-457-4584, option 7. Individual managed care entities (MCEs) establish and publish reimbursement, PA and billing criteria within the managed care delivery system. Questions about managed care billing and PA for services related to but not including procedure code Q2042 (Kymriah) should be directed to the MCE with which the member is enrolled.



Reimbursement information for procedure code Q2042 is reflected in the Professional Fee Schedule, accessible from the [IHCP Fee Schedules](#) page at [in.gov/medicaid/providers](http://in.gov/medicaid/providers).

The [Oncology Services](#) provider reference module at [in.gov/medicaid/providers](http://in.gov/medicaid/providers) will be updated with this information at its next regularly scheduled update.

**QUESTIONS?**

If you have questions about this publication, please contact Customer Assistance at 800-457-4584.

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