PROVIDER NOTIFICATION OF POLICY CRITERIA CHANGE					
POLICY TITLE	**POLICY NUMBER**	**CRITERIA CHANGE**	**MATERIAL AMENDEMENT**	**EFFECTIVE DATE**	**LINK TO FULL POLICY**
Lisocabtagene maraleucel (e.g., Breyanzi)	2024042	Coverage criteria updated. Updated criteria for FDA labeled indication, large B-cell lymphoma and added criteria for FDA labeled indication, marginal zone lymphoma. **LARGE B-CELL LYMPHOMA:** **STANDARD REVIEW:** 1. Individual is 18 years of age or older at the time of infusion; **AND** 2. Individual has a histologically confirmed diagnosis of relapsed or refractory, aggressive, diffuse large B-cell lymphoma not otherwise specified (including diffuse large B-cell lymphoma arising from indolent lymphoma); high-grade B-cell lymphoma or primary mediastinal large B-cell lymphoma or follicular lymphoma grade 3B; **AND** 3. Individual has treatment resistant disease defined as follows: a. Disease refractory to first-line chemoimmunotherapy or relapse within 12 months of first-line chemoimmunotherapy including an Anti-CD20 monoclonal body (for example, rituximab) (Breyanzi, 2025); **OR** b. Disease refractory to or relapsed after first-line chemoimmunotherapy including an Anti-CD20 monoclonal body (for example, rituximab) and individual is not eligible for hematopoietic stem cell transplantation due to comorbidities or age (Breyanzi, 2025); **OR** c. Relapsed or refractory disease after two or more lines of systemic therapy including an Anti-CD20 monoclonal body (for example, rituximab) (Breyanzi, 2025); **AND**	No	2/26/2026	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2024042

		4. Individual has adequate organ and bone marrow function as determined by the treating oncologist/hematologist; **AND** 5. Individual has not received prior treatment with CAR T-cell therapy or other genetically modified T-cell therapy and is not or has not been a subject of a clinical trial for any of the therapies listed in this policy; **AND** 6. Individual does not have primary central nervous system lymphoma; **AND** 7. There is only one administration of lisocabtagene maraleucel per individual per lifetime. **<u>CHRONIC LYMPHOCYTIC LEUKEMIA (CLL) or SMALL LYMPHOCYTIC LYMPHOMA (SLL)</u>** **STANDARD REVIEW:** 1. Individual is 18 years of age or older at the time of infusion; **AND** 2. Individual has a diagnosis of: a. Relapsed or refractory Chronic Lymphocytic Leukemia (CLL); **OR** b. Relapsed or refractory Small Lymphocytic Lymphoma (SLL); **AND** 3. Individual has received at least two prior lines of therapy including the following: a. Bruton tyrosine kinase (BTK) inhibitor (e.g., ibrutinib, acalabrutinib) or deemed ineligible for BTK therapy; **AND** b. B-cell lymphoma 2 (BCL-2) inhibitor (e.g., venetoclax); **AND** 4. Individual has adequate organ and bone marrow function as determined by the treating oncologist/hematologist; **AND** 5. Individual has not received prior treatment with CAR T-cell therapy or other genetically modified T-cell therapy and is not or has not been a subject of a clinical trial for any of the therapies listed in this policy and is not or has not been a subject of a clinical trial			

		for any of the therapies listed in this policy; **AND** 6. Individual does not have primary central nervous system lymphoma; **AND** 7. There is only one administration of lisocabtagene maraleucel per individual per lifetime. **<u>FOLLICULAR LYMPHOMA</u>** **STANDARD REVIEW:** 1. Individual is 18 years of age or older at the time of infusion; **AND** 2. Individual has a diagnosis of relapsed or refractory follicular lymphoma; **AND** 3. Individual has received at least two prior lines of therapy including the following: a. Anti-CD20 antibody (e.g., rituximab); **AND** b. Alkylating agent (e.g., bendamustine); **AND** 4. Individual has adequate organ and bone marrow function as determined by the treating oncologist/hematologist; **AND** 5. Individual has not received prior treatment with CAR T-cell therapy or other genetically modified T-cell therapy and is not or has not been a subject of a clinical trial for any of the therapies listed in this policy and is not or has not been a subject of a clinical trial for any of the therapies listed in this policy; **AND** 6. Individual does not have primary central nervous system lymphoma; **AND** 7. There is only one administration of lisocabtagene maraleucel per individual per lifetime. **<u>MANTLE CELL LYMPHOMA (MCL)</u>** **STANDARD REVIEW:** 1. Individual is 18 years of age or older at the time of infusion; **AND**			

		2. Individual has a diagnosis of relapsed or refractory mantle cell lymphoma; **AND** 3. Individual has received at least two prior lines of therapy including a Bruton tyrosine kinase (BTK) inhibitor (e.g., ibrutinib, acalabrutinib) or deemed ineligible for BTK therapy; **AND** 4. Individual has adequate organ and bone marrow function as determined by the treating oncologist/hematologist; **AND** 5. Individual has not received prior treatment with CAR T-cell therapy or other genetically modified T-cell therapy and is not or has not been a subject of a clinical trial for any of the therapies listed in this policy and is not or has not been a subject of a clinical trial for any of the therapies listed in this policy; **AND** 6. Individual does not have primary central nervous system lymphoma; **AND** 7. There is only one administration of lisocabtagene maraleucel per individual per lifetime. **<u>MARGINAL ZONE LYMPHOMA (MZL)</u>** **STANDARD REVIEW:** 1. Individual is 18 years of age or older at the time of infusion; **AND** 2. Individual has a diagnosis of relapsed or refractory marginal zone lymphoma; **AND** 3. Individual has received at least two prior lines of systemic therapy (Breyanzi, 2025); **AND** 4. Individual has adequate organ and bone marrow function as determined by the treating oncologist/hematologist; **AND** 5. Individual has not received prior treatment with CAR T-cell therapy or other genetically modified T-cell therapy and is not or has not been a subject of a clinical trial for any of the therapies listed in this policy and is not or has not been a subject of a clinical trial for any of the therapies listed in this policy; **AND**			

		6. Individual does not have primary central nervous system lymphoma; **AND** 7. There is only one administration of lisocabtagene maraleucel per individual per lifetime.			
Denileukin diftitox (e.g., Lymphir)	2025038	New policy developed for the treatment of adult individuals with relapsed or refractory Stage I-III cutaneous T-cell lymphoma (CTCL) after at least one prior systemic therapy with effective date of 2/26/2026.	No	2/26/2026	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2025038
Anti-tissue factor pathway inhibitors Marstacimab-hncq (e.g., Hympavzi) and Concizumab-mtci (e.g., Alhemo)	2025040	New policy developed for the treatment of adults and adolescents with Hemophilia A or B without inhibitors with effective date of 2/26/2026.	No	2/26/2026	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2025040
Telisotuzumab vedotin-tllv (e.g., Emrelis)	2025039	New policy developed for the treatment of Non-Small Cell Lung Cancer with high c-Met Protein overexpression with effective date of 2/26/2026.	No	2/26/2026	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2025039
New-To-Market Medical Benefit Medication	2024079	New-To-Market Medical Benefit Drug List updated. Removed denileukin diftitox, Marstacimab-hncq, Concizumab-mtci, and Telisotuzumab vedotin-tllv. **Medication Name** Aflibercept (e.g., Eydenzelt) Injection Apomorphine (e.g., Onapgo) infusion device Denosumab-qbde (e.g., Enoby) injection Fitusiran (e.g., Qfitlia) injection Gemcitabine (e.g., Inlexzo) intravesical system Onasemnogene abeparvovec (e.g., Itvisma) intrathecal injection Penpulimab-kcqx injection Pertuzumab-dpzb (e.g., Poherdy) injection	No	2/26/2026	https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2024079

		Ustekinumab-hmny (e.g., Starjemza) injection Zopapogene imadenovec-drba (e.g., Papzimeos) injection			