

POLICY: Parkinson's Disease – Onapgo Utilization Management Medical Policy

- Onapgo™ (apomorphine subcutaneous injection – Supernus)

EFFECTIVE DATE: 11/15/2025

LAST REVISION DATE: 03/25/2026

COVERAGE CRITERIA FOR: All Aspirus Plans

OVERVIEW

Yescarta, a CD19-directed genetically modified autologous T-cell immunotherapy, is indicated for the treatment of adults with:¹

- **Follicular lymphoma** that has relapsed or is refractory after two or more lines of systemic therapy. This indication was approved under accelerated approval based on response rate. Continued approval for this indication may be contingent upon verification and description of clinical benefit in confirmatory trials(s).
- **Large B-cell lymphoma** in the following situations:
 - Disease that is refractory to first-line chemoimmunotherapy or relapses within 12 months of first-line chemoimmunotherapy.
 - Relapsed or refractory disease after two or more lines of systemic therapy, including diffuse B-cell lymphoma (DLBCL) not otherwise specified, primarily mediastinal large B-cell lymphoma, high-grade B-cell lymphoma, and DLBCL arising from follicular lymphoma.

Yescarta, a chimeric antigen receptor T-cell (CAR-T) therapy, is supplied as an infusion bag containing approximately 68 mL of frozen suspension of genetically modified autologous T cells.¹ The target dose is 2×10^6 CAR-positive T cell per kg body weight with a maximum of 2×10^8 viable T cells. Yescarta is stored in the vapor phase of liquid nitrogen (less than or equal to minus 150°C) and supplied in a liquid nitrogen dry shipper.

Guidelines

The National Comprehensive Cancer Network (NCCN) has addressed Yescarta in the following guidelines:

- **B-cell lymphomas:** Guidelines (version 3.2026 – March 12, 2026) recommend Yescarta for the treatment of a variety of B-cell lymphomas in patients with relapsed or refractory disease and after at least two chemotherapy regimens.^{2,3} Recommended indications include follicular lymphoma, extranodal marginal zone lymphoma of the stomach, extranodal marginal zone lymphoma of nongastric sites (noncutaneous), nodal marginal zone lymphoma, splenic marginal zone lymphoma, DLBCL, DLBCL which transformed from indolent lymphoma, high-grade B-cell lymphoma, human immunodeficiency virus (HIV)-related B-cell lymphoma, primary effusion lymphoma, human herpes virus 8 (HHV8)-positive DLBCL, and post-transplant lymphoproliferative disorders (category 2A). In addition, Yescarta is recommended for DLBCL, high-grade B-cell lymphoma, HIV-related B-cell lymphoma, primary effusion lymphoma, HHV8-positive DLBCL, and post-transplant lymphoproliferative disorders as additional therapy for relapsed or refractory disease > 12 months after completion of first-line therapy and partial

response following second-line therapy (category 2A) and for patients with primary refractory or relapsed disease < 12 months after first-line therapy (category 1 for DLBCL, category 2A for all others).

- **Pediatric aggressive mature B-cell lymphoma:** Guidelines (version 1.2026 – March 20, 2026) recommend Yescarta for relapsed or refractory primary mediastinal large B-cell lymphoma after at least two chemoimmunotherapy regimens, as consolidation/additional therapy if partial response following therapy for refractory or relapsed disease (category 2A).^{3,4}
- **Chronic Lymphocytic Leukemia (CLL)/Small Lymphocytic Lymphoma:** Guidelines (version 2.2026 – December 22, 2025) recommend Yescarta for Richter transformation in patients with CLL (category 2A).⁵ It can be used after at least one prior systemic therapy regimen.

Safety

Yescarta has a Boxed Warning regarding cytokine release syndrome, neurological toxicities, and secondary hematological malignancies.¹

POLICY STATEMENT

Prior Authorization is recommended for medical benefit coverage of Yescarta. Approval is recommended for those who meet the **Criteria** and **Dosing** for the listed indication. Because of the specialized skills required for evaluation and diagnosis of patients treated with Yescarta, as well as the monitoring required for adverse events and long-term efficacy, approval requires Yescarta to be prescribed by or in consultation with a physician who specializes in the condition being treated. The approval duration is 6 months to allow for an adequate time frame to prepare and administer 1 dose of therapy.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Yescarta is recommended in those who meet the following criteria:

FDA-Approved Indication

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- 1. B-Cell Lymphoma.** Approve a single dose if the patient meets ALL of the following (A, B, C, D, and E):
 - A)** Patient is \geq 18 years of age; AND
 - B)** Patient meets ONE of the following (i or ii):
 - i.** Patient meets BOTH of the following (a and b):
 - a)** Patient has ONE of the following diagnoses [(1), (2), (3), (4), (5), or (6)]:
 - (1)** Follicular lymphoma; OR
 - (2)** Extranodal marginal zone lymphoma of the stomach; OR
 - (3)** Extranodal marginal zone lymphoma of nongastric sites (noncutaneous); OR
 - (4)** Nodal marginal zone lymphoma; OR
 - (5)** Splenic marginal zone lymphoma; OR
 - (6)** Diffuse large B-cell lymphoma arising from indolent lymphoma; AND

- b)** Yescarta is used for disease that is relapsed or refractory after two or more lines of systemic therapy; OR
Note: Examples of systemic therapy include CHOP (cyclophosphamide, doxorubicin, vincristine, prednisone) + Gazyva (obinutuzumab intravenous infusion) or rituximab products, CVP (cyclophosphamide, vincristine, prednisone) + rituximab products, lenalidimide + rituximab products.
- ii.** Patient meets BOTH of the following (a and b):
 - a)** Patient has ONE of the following diagnoses [(1), (2), (3), (4), (5), (6), (7), (8), or (9)]:
 - (1)** Human immunodeficiency virus (HIV)-related B-cell lymphoma; OR
 - (2)** HIV-related plasmablastic lymphoma; OR
 - (3)** Human herpes virus 8-positive diffuse large B-cell lymphoma; OR
 - (4)** Primary effusion lymphoma; OR
 - (5)** Post-transplant lymphoproliferative disorders; OR
 - (6)** Diffuse large B-cell lymphoma; OR
 - (7)** Primary mediastinal large B-cell lymphoma; OR
 - (8)** High-grade B-cell lymphoma; OR
 - (9)** Large B-cell lymphoma; AND
 - b)** Yescarta is used in ONE of the following situations [(1), (2), (3), or (4)]:
 - (1)** Disease that is relapsed or refractory after two or more lines of systemic therapy; OR
Note: Examples of systemic therapy include RCHOP (rituximab product, cyclophosphamide, doxorubicin, vincristine, prednisone), dose-adjusted EPOCH (etoposide, prednisone, vincristine, cyclophosphamide, doxorubicin) + rituximab product, DHA (dexamethasone, cytarabine) + platinum (carboplatin, cisplatin, or oxaliplatin) ± rituximab product.
 - (2)** Primary refractory disease; OR
 - (3)** Relapsed disease < 12 months after completion of first-line therapy; OR
Note: Examples of first-line therapy include RCHOP (rituximab product, cyclophosphamide, doxorubicin, vincristine, prednisone), dose-adjusted EPOCH (etoposide, prednisone, vincristine, cyclophosphamide, doxorubicin) + rituximab product, RCDOP (rituximab product, cyclophosphamide, liposomal doxorubicin, vincristine, prednisone).
 - (4)** Disease relapse > 12 months after first-line therapy and partial response to second-line therapy; AND
Note: Examples of systemic therapy include RCHOP (rituximab product, cyclophosphamide, doxorubicin, vincristine, prednisone), dose-adjusted EPOCH (etoposide, prednisone, vincristine, cyclophosphamide, doxorubicin) + rituximab product, RCDOP (rituximab product, cyclophosphamide, liposomal doxorubicin, vincristine, prednisone).
- C)** Patient received or plans to receive lymphodepleting chemotherapy prior to Yescarta infusion; AND
- D)** Patient has not been previously treated with chimeric antigen receptor T-cell (CAR-T) therapy; AND
Note: Examples of CAR-T therapy includes Yescarta, Breyanzi (lisocabtagene maraleucel intravenous infusion), Kymriah (tisagenlecleucel intravenous infusion), Tecartus

(brexucabtagene autoleucel intravenous infusion) Abecma (idecabtagene vicleucel intravenous infusion) and Carvykti (ciltacabtagene autoleucel intravenous infusion).

E) The medication is prescribed by or in consultation with an oncologist.

Dosing. The dose is up to a maximum of 2×10^8 CAR-positive viable T-cells administered intravenously.

Other Uses with Supportive Evidence

2. Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma. Approve a single dose if the patient meets ALL of the following (A, B, C, D, E, and F):

A) Patient is ≥ 18 years of age; AND

B) Patient has histologic transformation to diffuse large B-cell lymphoma; AND

C) Patient has received at least one prior systemic therapy; AND

Note: Examples of systemic therapy include dose-adjusted EPOCH (etoposide, prednisone, vincristine, cyclophosphamide, doxorubicin, rituximab), RCHOP (rituximab, cyclophosphamide, doxorubicin, vincristine, prednisone), hyperCVAD (cyclophosphamide, vincristine, doxorubicin, dexamethasone, rituximab), Venclexta (venetoclax tablets) + Tecentriq (atezolizumab intravenous infusion) + Gazyva (obinutuzumab intravenous infusion), Opdivo (nivolumab intravenous infusion) or Keytruda (pembrolizumab intravenous infusion) \pm ibrutinib, Jaypirca (pirtobrutinib tablets), Epkinly (epcoritamab-bysp subcutaneous injection), Columvi (glofitamab-gxbm intravenous infusion), Brukinsa (zanubrutinib capsule) + Tevimbra (tislelizumab-jsgr intravenous infusion).

D) Patient received or plans to receive lymphodepleting chemotherapy prior to Yescarta infusion; AND

E) Patient has not been previously treated with chimeric antigen receptor T-cell (CAR-T) therapy; AND

Note: Examples of CAR-T therapy includes Yescarta, Breyanzi (lisocabtagene maraleucel intravenous infusion), Kymriah (tisagenlecleucel intravenous infusion), Tecartus (brexucabtagene autoleucel intravenous infusion) Abecma (idecabtagene vicleucel intravenous infusion) and Carvykti (ciltacabtagene autoleucel intravenous infusion).

F) The medication is prescribed by or in consultation with an oncologist.

Dosing. The dose is up to a maximum of 2×10^8 CAR-positive viable T-cells administered intravenously.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Yescarta is not recommended in the following situations.

1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Yescarta® intravenous infusion [prescribing information]. Santa Monica, CA: Kite Pharma; February 2026.
2. The NCCN B-Cell Lymphomas Clinical Practice Guidelines in Oncology (version 3.2026 – March ` 12, 2026). © 2026 National Comprehensive Cancer Network. Available at: <http://www.nccn.org>. Accessed March 23, 2026.
3. The NCCN Drugs and Biologics Compendium. © 2026 National Comprehensive Cancer Network. Available at: <http://www.nccn.org>. Accessed on March 23, 2026. Search term: axicabtagene.
4. The NCCN Pediatric Aggressive Mature B-Cell Lymphomas Clinical Practice Guidelines in Oncology (version 1.2026 – March 20, 2026). © 2026 National Comprehensive Cancer Network. Available at: <http://www.nccn.org>. Accessed March 23, 2026.
5. The NCCN Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma Clinical Practice Guidelines in Oncology (version 2.2026 – December 22, 2025). © 2025 National Comprehensive Cancer Network. Available at: <http://www.nccn.org>. Accessed on March 16, 2026.

HISTORY

Type of Revision	Summary of Changes	Review Date
New Policy	--	05/28/2025
Selected Revision	Concurrent Use with a Serotonin 5-HT ₃ Antagonist was added under “Conditions Not Recommended for Approval”.	06/11/2025
Aspirus P&T Review	Policy reviewed and approved by Aspirus P&T committee. Annual review process	09/15/2025
Annual Revision	Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma: This new condition of approval was added to the policy.	03/25/2026