MVP Health Care Medical Policy

Medicare Part B: Remestemcel

Type of Policy: Medical therapy (administered by the pharmacy department)

Prior Approval Date: NA
Approval Date: 07/01/2025
Effective Date: 07/01/2025
Related Policies: NA

Refer to relevant CMS LCDs/NCDs/Policy Articles for most up to date Medicare Part B guidance if available.

Refer to the MVP Medicare website for the Medicare Part D formulary and Part D policies.

Drugs Requiring Prior Authorization under the medical benefit

J3590 Ryoncil (remestemcel-L-rknd, intravenous, injection)

Overview

Ryoncil (remestemcel-L-rknd) is an allogeneic bone marrow-derived mesenchymal stromal cell (MSC) therapy indicated for the treatment of steroid-refractory acute graft versus host disease (SR-aGvHD) in pediatric patients 2 months of age and older.

GvD is a complication that may occur after receiving a transplant of donor stem cells (allogeneic transplant). The donated stem cell (graft) sees the patient's cells (host) as a threat. The donated stem cells attack the patients' cells which leads to complications. The complications can range from mild (such as rash/itching) to life threatening. GvD is fatal for more than 10% of patients. Acute GvD occurs soon after transplant, within the first 100 days whereas Chronic GvD appears at any time and generally within 2 years.

Indications/Criteria

A. Acute Graft-Versus-host Disease (aGVHD)

Ryoncil may be considered for coverage when:

- Member has a diagnosis of Acute Graft-Versus-host Disease (aGVHD) **AND**
- Member is aged 2 months to ≤17 years old **AND**
- Prescribed by or in consultation with an oncologist, hematologist or bone marrow transplant specialist **AND**
- Documentation that the member has steroid refractory disease **AND**
- Documentation that the member is negative for human immunodeficiency virus (HIV) **AND**
- Documentation that the member is negative for active hepatitis B or C virus infection within 3 months prior to screening **AND**
- Documentation that the member does not have evidence of severe hepatic VOD (hepatic veno-occlusive disease) requiring treatment or sinusoidal obstruction **AND**
- Documentation that the member has a glomerular filtration rate (GFR) ≥30mL/min **AND**
- Member does not have skin-only involvement or evidence of encephalopathy or diffuse alveolar hemorrhage or other active pulmonary disease, which is likely to require more than 2L of oxygen via face mask, or an estimated fractional inspired oxygen concentration (FiO2) of 28% via other delivery methods in order to sustain an O2 saturation of 92%; **AND**
- Provider attestation that the member does not have a known hypersensitivity to dimethyl sulfoxide (DMSO) or porcine and bovine proteins; **AND**
- Member is post-allogeneic stem cell transplant
    - Note: Symptoms of aGVHD typically appear before day 100; **AND**

- For members 12 years and older, documentation indicating that the member has had an inadequate response to an adequate trial of, or contraindication or intolerance to ruxolitinib

- Criteria and use of this agent must follow the FDA package label and, when available, the National Comprehensive Cancer Network (NCCN) Clinical Practice Guidelines in Oncology. MVP reserves the right to deviate from the NCCN guidelines if new safety information becomes available prior to updated NCCN guidelines. The NCCN guidelines may be accessed at www.nccn.org
    - The National Comprehensive Cancer Network (NCCN) guidelines for Hematopoietic Cell Transplantation (version 2.2025 June 3, 2025) do not address Ryoncil.

Initial approval will be for 8 infusions within 1 month

Requests for replacement due to lost or damaged product will not be covered. Coverage is contingent on eligibility at the time of infusion.

Extension requests

- Treatment with four additional (weekly) doses may be approved when the following criteria is met:
    - Documentation that the member has experienced a partial response or a mixed response.
        - Partial response is defined as organ improvement of at least one stage without worsening in any other organ.
        - Mixed response is defined as improvement of at least one evaluable organ with worsening in another organ
- Treatment with eight additional (twice weekly) doses may be approved when the following criteria is met:
    - Documentation that the member is experiencing an aGVHD flare after achieving a complete response
- Ryoncil for more than 12 doses total will be reviewed on a case-by-case basis
- Requests for replacement due to lost or damaged product will not be covered. Coverage is contingent on eligibility at the time of infusion.

Recommended Treatment Based on Day 28 Response	
Response	**Recommendation**
Complete Response (CR)	No further treatment with Ryoncil

Partial or Mixed Response	Repeat administration of Ryoncil once a week for an additional 4 weeks (4 infusions total)
No Response	Consider alternative treatments
Recurrence of GvHD after CR	Repeat administration of Ryoncil twice a week for an additional 4 consecutive weeks (8 infusions total)

Exclusions

The use of remestemcel will not be covered for the following situations:

- Renewals/extensions for members who experience a complete response or no response
- Age, dose, frequency of dosing, and/or duration of therapy outside of FDA approved package labeling
- Member has received HSCT transplant for a solid tumor disease or currently being treated for a solid tumor malignancy
- Member has a diagnosis of pulmonary hypertension or heart failure

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References

1. Mesoblast, Inc. (2023). *Ryoncil (remestemcel-L) prescribing information* [PDF]. Revised January 2025. Ryoncil prescribing-information.pdf

2. ClinicalTrials.gov. NCT02336230. A Single-arm, Prospective Study of Remestemcel-L, Ex-vivo Culture-Expanded Adult Human Mesenchymal Stromal Cells, for the Treatment of Pediatric Patients Who Have Failed to Respond to Steroid Treatment for Acute GVHD.

3. ClinicalTrials.gov. ClinicalTrials.gov. NCT00366145. A Phase III, Randomized, Double Blind, Placebo-Controlled Study to Evaluate the Efficacy and Safety of Prochymal® (Ex-vivo Cultured Adult Human Mesenchymal Stem Cells) Infusion for the Treatment of Patients Who Have Failed to Respond to Steroid Treatment for Acute GVHD. | ClinicalTrials.gov.

4. National Comprehensive Cancer Network. *NCCN Clinical Practice Guidelines in Oncology: Hematopoietic Cell Transplantation. Version 1.2025.* Available at: https://www.nccn.org/guidelines/guidelines-detail?category=3&id=1501

5. NCT02336230: A Single-arm, Prospective Study of Remestemcel-L, Ex-vivo Culture-Expanded Adult Human Mesenchymal Stromal Cells, for the Treatment of Pediatric Patients Who Have Failed to Respond to Steroid Treatment for Acute GVHD