Prior Authorization Group Description	**B-Cell Maturation Antigen (BCMA) Directed Chimeric Antigen Receptor (CAR) T-Cell Therapy**
Drugs	Abecma (idecabtagene vicleucel), Carvykti (ciltacabtagene autoleucel)
Covered Uses	Medically accepted indications are defined using the following sources: the Food and Drug Administration (FDA), Micromedex, American Hospital Formulary Service (AHFS), United States Pharmacopeia Drug Information for the Healthcare Professional (USP DI), and the Drug Package Insert (PPI).
Exclusion Criteria	N/A
Required Medical Information	See "Other Criteria"
Age Restrictions	Member must be 18 years or older
Prescriber Restrictions	Prescriber must be a hematologist, an oncologist, or other appropriate specialist
Coverage Duration	If all the criteria are met, the initial request will be approved for a one – time infusion per lifetime.

Other Criteria
 	
Revision/Review Date: 07/2023
	<u>Initial Authorization</u>
	• Member has a diagnosis of relapsed or refractory multiple myeloma (RRMM)
	• Member must have received at least 4 prior lines of therapy, which must include ALL of the following:
	  o An immunomodulatory agent (e.g. lenalidomide, pomalidomide, thalidomide)
	  o A proteasome inhibitor (e.g. bortezomib, carfilzomib, ixazomib)
	  o An anti-CD38 monoclonal antibody (e.g. daratumumab, isatuximab)
	• Member does not have an active infection
	• Member will be screened for cytomegalovirus (CMV), hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV) in accordance with clinical guidelines
	• Member will not receive live virus vaccines for at least 6 weeks prior to the start of lymphodepleting chemotherapy and until immune recovery following treatment
	• Member has not previously received a BCMA CAR-T therapy
	
	<u>Re-authorization:</u>
	• Treatment exceeding 1 dose per lifetime will not be authorized.
	
	Medical Director/clinical reviewer must override criteria when, in his/her professional judgement, the requested item is medically necessary.