

Field Name	Field Description
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	<u>Initial Authorization</u> • Member has a diagnosis of relapsed or refractory multiple myeloma (RRMM) • For Abecma, member must have also received at least 2 prior lines of therapy including: ○ An immunomodulatory agent (e.g. lenalidomide, pomalidomide, thalidomide) ○ A proteasome inhibitor (e.g. bortezomib, carfilzomib, ixazomib) ○ An anti-CD38 monoclonal antibody (e.g. daratumumab, isatuximab) • For Carvykti, member must also be refractory to lenalidomide AND have received at least 1 prior line of therapy including: ○ An immunomodulatory agent (e.g. lenalidomide, pomalidomide, thalidomide) ○ A proteasome inhibitor (e.g. bortezomib, carfilzomib, ixazomib) • Member does not have an active infection or inflammatory disorder • 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

Revision/Review Date: 7/2024	<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.
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