

<u>Field Name</u>	<u>Field Description</u>
<u>Prior Authorization Group Description</u>	<u>B-Cell Maturation Antigen (BCMA) Directed Chimeric Antigen Receptor (CAR) T-Cell Therapy</u>
<u>Drugs</u>	<u>Abecma (idecabtagene vicleucel)</u>
<u>Covered Uses</u>	<u>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).</u>
<u>Exclusion Criteria</u>	<u>N/A</u>
<u>Required Medical Information</u>	<u>See “Other Criteria”</u>
<u>Age Restrictions</u>	<u>Member must be 18 years or older</u>
<u>Prescriber Restrictions</u>	<u>Prescriber must be a hematologist, an oncologist, or other appropriate specialist</u>
<u>Coverage Duration</u>	<u>If all the criteria are met, the initial request will be approved for a one – time infusion per lifetime.</u>
<u>Other Criteria</u>	<p><u>**Drug is being requested through the member’s medical benefit**</u></p> <p><u>Initial Authorization</u></p> <ul style="list-style-type: none"> • <u>Member has a diagnosis of relapsed or refractory multiple myeloma (RRMM)</u> • <u>Member must have received at least 4 prior lines of therapy, which must include ALL of the following:</u> <ul style="list-style-type: none"> ○ <u>An immunomodulatory agent (e.g. lenalidomide, pomalidomide, thalidomide)</u> ○ <u>A proteasome inhibitor (e.g. bortezomib, carfilzomib, ixazomib)</u> ○ <u>An anti-CD38 monoclonal antibody (e.g. daratumumab, isatuximab)</u> • <u>Member does not have an active infection</u> • <u>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</u> • <u>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</u> <p><u>Re-authorization:</u></p> <ul style="list-style-type: none"> • <u>Treatment exceeding 1 dose per lifetime will not be authorized.</u> <p><u>Medical Director/clinical reviewer must override criteria when, in his/her professional judgement, the requested item is medically necessary.</u></p>
<u>Revision/Review Date 6/2021</u>	