



lifileucel (Amtagvi™)

Medical Benefit Drug Policy

Place of Service

Hospital Administration

Drug Details

USP Category: Class: Antineoplastics

Mechanism of Action: Tumor-derived autologous T cell immunotherapy

Use HPCS: J3490, J3590, J9999, C9399

NDC(s):

- 73776-001-11: 1 to 4 infusion bag(s) with each bag containing approximately 100 mL to 125 mL of frozen suspension of tumor-derived T cells
 - 73776-001-12: Protective metal cassette for each bag
1. All requests for lifileucel (Amtagvi™) must receive authorization prior to drug administration for claim payment.
 2. Criteria for coverage is pending P&T Committee approval.
 3. In the interim, all requests for coverage will be reviewed for medical necessity.

References

1. Amtagvi (lifileucel). [Prescribing information]. Philadelphia, PA: Iovance Biotherapeutics, Inc.; 2/2024.