

## Idecabtagene vicleucel (Abecma)

### Place of Service

Outpatient Facility Administration  
Hospital Administration

HCPCS: Q2055 up to 460 million autologous anti-bcma car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose

### Condition listed in policy (see criteria for details)

- [Multiple myeloma](#)

**AHFS therapeutic class:** Antineoplastic Agents

**Mechanism of action:** B-cell maturation antigen (BCMA)-genetically modified autologous T cell immunotherapy

### **(1) Special Instructions and pertinent Information**

**Covered under the medical benefit**, please submit clinical information for prior authorization review via fax.

### **(2) Prior Authorization/Medical Review is required for the following condition(s)**

All requests for iclecabtagene vicleucel (Abecma) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

#### Multiple myeloma

1. Patient has received at least 4 prior therapies that include the use of all of the following:
  - a. an immunomodulatory agent (e.g., Pomalyst, Revlimid, Thalomid), and
  - b. a proteasome inhibitor (e.g., Kyprolis, Ninlaro, Velcade), and
  - c. an anti-CD38 monoclonal antibody (e.g., Darzalex, Sarclisa),

**AND**

2. Patient has not received prior treatment with CAR-T therapy, including Abecma, **AND**
3. Being used as single-agent therapy

#### **Covered Doses**

One-time IV infusion. Recommended dose range per prescribing information is 300 to 460 × 10<sup>6</sup> CAR-positive T cells.

#### **Coverage Period**

Single infusion per lifetime

#### **ICD-10:**

C90.00, C90.02, C90.10, C90.12, C90.20, C90.22, C90.30, C90.32, D47.2, Z85.79

### **(3) The following condition(s) DO NOT require Prior Authorization/Preservice**

All requests for idecabtagene vicleucel (Abecma) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

**(4) This Medication is NOT medically necessary for the following condition(s)**

Coverage for a Non-FDA approved indication, requires that criteria outlined in Health and Safety Code § 1367.21, including objective evidence of efficacy and safety are met for the proposed indication.

Please refer to the Provider Manual and User Guide for more information.

**(5) Additional Information**

How supplied:

- 50 mL infusion bag and metal cassette
- 250 mL infusion bag and metal cassette
- 500 mL infusion bag and metal cassette

**(6) References**

- Abecma (idecabtagene vicleucel) [Prescribing information]. Summit, NJ: Celgene Corporation, a Bristol-Myers Squibb Company; 3/2021.
- AHFS®. Available by subscription at <http://www.lexi.com>
- DrugDex®. Available by subscription at <http://www.micromedexsolutions.com/home/dispatch>
- National Comprehensive Cancer Network. Multiple Myeloma (Version 4.2023). Available at: [www.nccn.org](http://www.nccn.org).

**(7) Policy Update**

Date of last review: 4Q2023

Date of next review: 4Q2024

Changes from previous policy version:

- No clinical change to policy following routine annual review.

*BSC Drug Coverage Criteria to Determine Medical Necessity  
Reviewed by P&T Committee*