



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

# CAR T-Cell Therapy Services for Multiple Myeloma (Idecabtagene Vicleucel) (Abecma) OR Ciltacabtagene Autoleucel (Carvykti)

Prior Authorization Request Form #943

[Medical Policy #942 Chimeric Antigen Receptor Therapy for Multiple Myeloma](#)

Please use this form to assist in identifying members who meet Blue Cross Blue Shield of Massachusetts' (BCBSMA's) medical necessity criteria for CAR T-Cell Therapy Services for CAR T-Cell Therapy Services for Multiple Myeloma. For members who do not meet the criteria, submit a letter of medical necessity with a request for [Clinical Exception \(Individual Consideration\)](#). Once completed, fax to:

Once completed, please fax to: 888-973-0726

## CLINICAL DOCUMENTATION

Copies of clinical documentation that supports the medical necessity criteria for CAR T-Cell Therapy Services for Multiple Myeloma must be submitted with this form. **If the patient does not meet all the criteria listed below, please submit a letter of medical necessity explaining why an exception is justified.**

Patient Information	
Patient Name:	Today's Date:
BCBSMA ID#:	Date of Treatment:
Date of Birth:	Place of Service: Outpatient <input type="checkbox"/> Inpatient <input type="checkbox"/>

Physician Information	Facility Information
Name:	Name:
Address:	Address:
Phone #:	Phone #:
Fax#:	Fax#:
NPI#:	NPI#:

Please check off if the patient is enrolled in a Clinical Trial.	
Clinical Trial #	<input type="checkbox"/>

Please check off if the patient has the following diagnosis and <u>HAS RELAPSED<sup>A</sup></u> or is <u>REFRACTORY<sup>B</sup></u> :	
Documented diagnosis of multiple myeloma	<input type="checkbox"/>

### <sup>A</sup>Relapsed Multiple Myeloma

Relapse requires **1 or more** of the following direct indicators of increasing disease and/or end organ dysfunction that are considered related to the underlying plasma cell proliferative disorder.

1. Development of new soft tissue plasmacytomas or bone lesions
2. Definite increase in the size of existing plasmacytomas or bone lesions. A definite increase is defined as a 50% (and at least 1 cm) increase as measured serially by the sum of the products of the cross-diameters of the measurable lesion
3. Hypercalcemia (>11.5 mg/dL) [2.875 mmol/L]
4. Decrease in hemoglobin of >2 g/dL [1.25 mmol/L] or to <10 g/dL

5. Rise in serum creatinine by 2 mg/dL or more [177 μmol/L or more]
6. Hyperviscosity

Source: 2016 International Myeloma Working Group Uniform Response Criteria for Multiple Myeloma

### <sup>B</sup>Refractory Multiple Myeloma

Refractory multiple myeloma is defined as documented progressive disease during or within 60 days (measured from the last dose) of completing treatment with the last anti-myeloma drug regimen.

Source: The Protocol of the pivotal KarMMa study

Progression is defined as an increase of ≥25% from the lowest response value in **any 1 or more** of the following:

- Serum M-component (the absolute increase must be ≥0.5 g/dL) and/or
- Urine M-component (the absolute increase must be ≥200 mg/24 hour) and/or
- Only in subjects without measurable serum and urine M-protein levels: the difference between involved and uninvolved free light chains levels (the absolute increase must be >10 mg/dL)
- Only in subjects without measurable serum and urine M-protein levels and without measurable disease by free light chains levels: bone marrow plasma cell percentage (the absolute percentage must be ≥10%)
- Definite development of new bone lesions or soft tissue plasmacytomas or definite increase in the size of existing bone lesions or soft tissue plasmacytomas
- Development of hypercalcemia (corrected serum calcium >11.5 mg/dL) that can be attributed solely to the plasma cell proliferative disorder.

Source: 2016 International Myeloma Working Group Uniform Response Criteria for Multiple Myeloma

Please check off that the patient meets <b>ALL</b> the following criteria:	
Adult (age ≥18) at the time of infusion	<input type="checkbox"/>
Received adequate prior therapy including <b>ALL</b> of the following: <ul style="list-style-type: none"> <li>• Immunomodulatory agent (such as thalidomide, lenalidomide, or pomalidomide)</li> <li>• Proteasome inhibitor (such as bortezomib, carfilzomib, or ixazomib), <b>AND</b></li> <li>• Anti-CD38 monoclonal antibody (such as daratumumab or isatuximab).</li> </ul>	<input type="checkbox"/>
Has adequate organ and bone marrow function as determined by the treating oncologist/hematologist	<input type="checkbox"/>
Does not have active infection(s) or inflammatory disorders, <b>AND</b>	<input type="checkbox"/>
Has not received prior FDA-approved, BCMA directed, chimeric antigen receptor T therapy.	<input type="checkbox"/>

### CPT CODES/ HCPCS CODES/ ICD CODES

HCPCS codes:	Code Description	
C9399	Unclassified drugs or biologicals	<input type="checkbox"/>
J3490	Unclassified drugs	<input type="checkbox"/>
J3590	Unclassified biologics	<input type="checkbox"/>
J9999	Not otherwise classified, antineoplastic drugs	<input type="checkbox"/>
Q2055	Idecabtagene vicleucel, up to 460 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	<input type="checkbox"/>
Q2056	Ciltacabtagene autoleucel, up to 100 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	<input type="checkbox"/>

Providers should enter any **relevant diagnosis code(s)** below:

Code	Description	
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>