



MEDICAL POLICY STATEMENT

Georgia Medicaid

Policy Name & Number	Date Effective
CAR-T Medications - Abecma - GA MCD - MM-1254	08/01/2022-11/30/2022
Policy Type	
MEDICAL	

Medical Policy Statement prepared by CareSource and its affiliates are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

Medical Policy Statements prepared by CareSource and its affiliates do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Medical Policy Statement. If there is a conflict between the Medical Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination. According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

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A. Subject

CAR-T Medications – Abecma (idecabtagene vicleucel)

B. Background

Chimeric antigen receptor T-cell therapy (CAR-T) is an autologous T-cell immunotherapy. The patient's own T lymphocytes are genetically modified with a gene to produce chimeric antigen receptors (CARs) on the cell surface, making the lymphocytes a CAR-T cell, allowing recognition of an antigen on targeted tumor cells. Once the T-cells are modified and multiplied, they are infused back into the patient to attack cells with the targeted antigen on the surface, eradicating cancer cells and, possibly, resulting in long-term remission for patients.

CAR-T therapy is associated with severe complications and may be life-threatening. These complications include, but are not limited to, cytokine release syndrome, macrophage activation syndrome, anaphylaxis and neurological toxicities, other toxicities, and other medical conditions. Therefore, CAR-T therapy administration should be based on clinical benefits, potential long-term disease control, and toxicity.

C. Definitions

- **Antigen** – A toxin or other foreign substance that induces an immune response in the body, especially the production of antibodies.
- **Chimeric Antigen Receptors** – Proteins that allow T-cells to recognize an antigen on a targeted tumor cell.
- **Immunotherapy** – A type of treatment that utilizes the body's own immune system to fight cancer, improves the body's ability to detect and kill cancer cells, and is based on the concept that immune cells or antibodies can recognize and kill cancer cells.
- **Risk Evaluation and Mitigation Strategy (REMS)** – A drug safety program that the U.S. Food and Drug Administration (FDA) can require for certain medications with serious safety concerns to help ensure the benefits of the medication outweigh its risks. REMS are designed to reinforce medication use behaviors and actions that support safe use of that medication.
- **T Lymphocyte (T-cell)** – A subtype of white blood cells comprising a major portion of the immune system and functioning to make antibodies that fight infection by directly killing infected cells in the body.

D. Policy

I. Abecma

1. Abecma may be approved for three (3) months.
2. Abecma will not be reauthorized for continued therapy.
3. Abecma is limited to one infusion per lifetime.

II. Abecma is a non-preferred product and will only be considered for coverage under the medical benefit when **ALL** the following medically necessary criteria are met:

1. Member is 18 years old or older.
2. Healthcare facility/provider has enrolled in the Abecma REMS program.

3. Member has a diagnosis of relapsed or refractory multiple myeloma, defined as disease progression after last regimen or failure to achieve a partial response or complete response to the last regimen confirmed by a bone marrow evaluation.
4. Member has had **FOUR or more** prior lines of therapy, including **ALL** the following:
 - a. Immunomodulatory agents (e.g., thalidomide [Thalomid], lenalidomide [Revlimid], pomalidomide [Pomalyst]);
 - b. An anti-CD38 monoclonal antibody (e.g., daratumumab [Darzalex], elotuzumab [Empliciti], isatuximab [Sarclisa]);
 - c. Proteasome inhibitors (e.g., bortezomib [Velcade], carfilzomib [Kyprolis], ixazomib [Ninlaro]); and
 - d. Refractory to the most recently received therapy, defined as less than or equal to 25% response to, or progressing, during therapy within 60 days after last therapy.
5. Member has an Eastern Cooperative Oncology Group (ECOG) Performance Status of 0 to 1.
6. Member does not have any of the following:
 - a. Active or uncontrolled infection or inflammatory disorders
 - b. History of central nervous system (CNS) disorders, including but not limited to epilepsy/sizure disorder, paresis, aphasia, stroke, cerebral edema, severe brain injuries, dementia, Parkinson’s disease, cerebellar disease, organic brain syndrome or psychosis
 - c. History of allogeneic stem cell transplantation
 - d. Prior chimeric antigen receptor (CAR) therapy or other genetically modified T-cell therapy
7. Member has been screened for cytomegalovirus (CMV), hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV).

III. CareSource considers Abecma not medically necessary for the treatment of disease states not included in this document.

E. Conditions of Coverage
 NA

F. Related Policies/Rules
 Evidence of Coverage and Health Insurance Contract
 Pharmacy Policy Statement – CAR-T medications

G. Review/Revision History

DATE		ACTION
Date Issued	08/01/2022	New policy
Date Revised		
Date Effective	08/01/2022	
Date Archived	11/30/2022	This Policy is no longer active and has been archived. Please note that there could be other Policies that may have some of the same rules incorporated and CareSource reserves the right to follow CMS/State/NCCI guidelines without a formal documented Policy.

The MEDICAL Policy Statement detailed above has received due consideration as defined in the MEDICAL Policy Statement Policy and is approved.

H. References

1. Bristol-Myers Squibb Company. Abecma (idecabtagene vicleucel) Risk Evaluation and Mitigation Strategy (REMS) (2021, March). Retrieved January 27, 2022 from www.abecmarems.com.
2. Bristol-Myers Squibb Company. Abecma [package insert]. Summit, NJ: Celgene Corporation and Bluebird Bio, Inc. 2021.
3. Leukemia and Lymphoma Society. Chimeric Antigen Receptor (CAR) T-Cell Therapy (n.d.). Retrieved January 27, 2022 from www.lls.org.
4. Munshi NC, Anderson LD Jr, Shah N, et al. Idecabtagene vicleucel in relapsed and refractory multiple myeloma. *N Engl J Med*. 2021;384(8):705-716.
5. National Comprehensive Cancer Network (NCCN) Clinical Practice Guidelines in Oncology® Multiple Myeloma (Version 7.2021). Retrieved on January 27, 2022 from www.oncoprescribe.com.
6. U.S. Food and Drug Administration. Abecma (idecabtagene vicleucel) (2021, April 21). Retrieved January 27, 2022 from www.fda.gov.

Independent medical review – 03/2022

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