

**SOUTH DAKOTA MEDICAID  
PRIOR AUTHORIZATION CRITERIA**

*Physician Administered Drugs, Vaccines, and Immunizations*

**Ciltacabtagene autoleucl (Carvykti) – PA Criteria**

HCPC: Q2056

Ciltacabtagene autoleucl (Carvykti) is an Chimeric Antigen Receptor T-Cell (CAR-T) immunotherapy indicated for the treatment of relapsed or refractory multiple myeloma. It is covered by South Dakota Medicaid following prior authorization when the patient meets the following criteria:

**\*\* All requests under this policy require SD medical director review in addition to meeting specified criteria below \*\***

- **Initial Therapy (must meet all):**
  - Therapy is prescribed by an oncologist
  - Individual has a diagnosis of multiple myeloma
  - Disease is classified as relapsed or refractory and documentation is submitted indicating failure with  $\geq 1$  prior line of therapy that included both a proteasome inhibitor and an immunomodulatory agent
  - Documentation is submitted indicating disease is refractory to lenalidomide
  - Individual is  $\geq 18$  years of age
  - Member has not received Car-T therapy in the past and therapy will not be utilized in conjunction with other Car-T therapies
  - Approval duration: one dose
- **Continuation of Therapy (must meet all):** not authorized