

**SOUTH DAKOTA MEDICAID
PRIOR AUTHORIZATION CRITERIA**

Physician Administered Drugs, Vaccines, and Immunizations

Idecabtagene vicleucel (Abecma) – PA Criteria

HCPC: Q2055

Idecabtagene vicleucel (Abecma) 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 after ≥ 2 lines of systemic therapy including **all** the following therapies:
 - Immunomodulatory agent
 - Proteasome inhibitor
 - Anti-CD38 monoclonal antibody
 - Individual is ≥ 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