

**SOUTH DAKOTA MEDICAID  
PRIOR AUTHORIZATION CRITERIA**

*Physician Administered Drugs, Vaccines, and Immunizations*

**Obecabtagene autoleucel (Aucatzyl) – PA Criteria**

HCPC: Q2058

Obecabtagene autoleucel (Aucatzyl) is a Chimeric Antigen Receptor T-Cell (CAR-T) immunotherapy indicated for the treatment of relapsed or refractory acute lymphoblastic leukemia. 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 a hematologist or oncologist
  - Individual has a diagnosis of B cell precursor, acute lymphoblastic leukemia
  - Disease is classified as relapsed or refractory
  - 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