

PRIOR AUTHORIZATION POLICY

- POLICY:** Oncology (Injectable – CAR-T) – Abecma Prior Authorization Policy
- Abecma[®] (idecabtagene vicleucel intravenous infusion – Bristol-Myers Squibb and bluebird bio)

REVIEW DATE: 03/27/2024; selected revision 05/29/2024

OVERVIEW

Abecma, a B-cell maturation antigen (BCMA)-directed genetically modified autologous T-cell immunotherapy, is indicated for the treatment of relapsed or refractory **multiple myeloma** in adults after two or more prior lines of therapy, including an immunomodulatory agent, a proteasome inhibitor, and an anti-CD38 monoclonal antibody.¹ Abecma is a chimeric antigen receptor T-cell (CAR-T) therapy.

Abecma is supplied in one or more frozen infusion bags contain a suspension of genetically modified autologous chimeric antigen receptor (CAR)-positive T-cells in 5% dimethyl sulfoxide.¹

Guidelines

The National Comprehensive Cancer Network (NCCN) clinical practice guidelines for multiple myeloma (version 4.2024 – April 26, 2024) recommend Abecma as a “Preferred Regimen” for the treatment of previously treated multiple myeloma after two prior treatment regimens (category 1) and after at least four prior treatment regimens (category 2A).^{2,3} Patients should receive a proteasome inhibitor, an immunomodulatory agent, and an anti-CD38 monoclonal antibody before receiving Abecma.

Safety

Abecma has a Boxed Warning for cytokine release syndrome, neurologic toxicity, hemophagocytic lymphohistiocytosis/macrophage activation syndrome, prolonged cytopenias, and T-cell malignancies.¹ Abecma is only available through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS) called Abecma REMS.

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Abecma. All approvals are provided for the duration noted below. Because of the specialized skills required for evaluation and diagnosis of patients treated with Abecma as well as the monitoring required for adverse events and long-term efficacy, approval requires Abecma to be prescribed by or in consultation with a physician who specializes in the condition being treated. The approval duration is 6 months to allow for an adequate time frame to prepare and administer 1 dose of therapy.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Abecma is recommended in those who meet the following criteria:

FDA-Approved Indication

1. **Multiple Myeloma.** Approve a single dose if the patient meets ALL of the following (A, B, C, D, and E):
 - A) Patient is ≥ 18 years of age; AND
 - B) Patient has received two or more lines of systemic therapy, including one from each of the following (i, ii, and iii):
 - i. Patient has received an immunomodulatory agent; AND
Note: Immunomodulatory agents include Thalomid (thalidomide capsules), lenalidomide capsules, Pomalyst (pomalidomide capsules).
 - ii. Patient has received a proteasome inhibitor; AND
Note: Proteasome inhibitors include bortezomib injection, Kyprolis (carfilzomib intravenous infusion), Ninlaro (ixazomib capsules).
 - iii. Patient has received an anti-CD38 monoclonal antibody; AND
Note: Anti-CD38 monoclonal antibodies include Darzalex (daratumumab intravenous infusion), Darzalex Faspro (daratumumab and hyaluronidase-fihj subcutaneous injection), Sarclisa (isatuximab-irfc intravenous infusion).
 - C) Patient has received or plans to receive lymphodepleting chemotherapy prior to infusion of Abecma; AND
 - D) Patient has not been previously treated with chimeric antigen receptor T-cell (CAR-T) therapy; AND
Note: Examples of CAR-T therapy includes Abecma, Carvykti (ciltacabtagene autoleucl intravenous infusion), Breyanzi (lisocabtagene maraleucl intravenous infusion), Kymriah (tisagenlecleucl intravenous infusion), Tecartus (brexucabtagene intravenous infusion), and Yescarta (axicabtagene intravenous infusion).
 - E) The medication is prescribed by or in consultation with an oncologist.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Abecma is not recommended in the following situations:

1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Abecma intravenous infusion [prescribing information]. Summit, NJ: Bristol-Myers Squibb; April 2024.
2. The NCCN Multiple Myeloma Clinical Practice Guidelines in Oncology (version 4.2024 – April 26, 2024). © 2024 National Comprehensive Cancer Network, Available at: <http://www.nccn.org>. Accessed on May 24, 2024.
3. The NCCN Drugs & Biologics Compendium. © 2024 National Comprehensive Cancer Network. Available at: <http://www.nccn.org>. Accessed on May 24, 2024. Search term: idecabtagene.

HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	No criteria changes.	03/29/2023
Annual Revision	No criteria changes.	03/27/2024
Selected Revision	Multiple Myeloma: Requirement that the patient has received four or more lines of systemic therapy was revised to patient has received two or more lines of systemic therapy.	05/29/2024