Abecma *(idecabtagene vicleucel)*

PA Criteria	Criteria Details
Covered Uses (FDA approved indication)	Abecma is a B-cell maturation antigen (BCMA)-directed genetically modified autologous T cell immunotherapy indicated for the treatment of adult patients with relapsed or refractory multiple myeloma after two or more prior lines of therapy, including an immunomodulatory agent, a proteasome inhibitor, and an anti-CD38 monoclonal antibody.
Exclusion Criteria	None.
Required Medical Information	Medical records supporting the request must be provided.
Other Criteria	Must follow NCD Chimeric Antigen Receptor (CAR) T-cell Therapy (110.24). https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=374
Age Restriction	None.
Prescriber Restrictions	None.
Coverage Duration	In accordance with the FDA-approved labeling or accepted standards of medical practice.
Other Criteria/Information	Refer to the Gold Coast Health Plan Medicare Part B Reference and Summary of Evidence document.

HCPCS	Description	Billing Units/How Supplied
Q2055	Abecma (Idecabtagene vicleucel)	**Billing unit: per therapeutic dose** SD infusion bag

STATUS	DATE REVISED	REVIEW DATE	APPROVED/REVIEWED BY	EFFECTIVE DATE
Created	3/26/2025	3/26/2025	Dawn Shojai, PharmD, Senior Pharmacy Benefit Consultant (PSG)	N/A
Approved	N/A	5/15/2025	Pharmacy & Therapeutics (P&T) Committee	5/15/2025