Carvykti *(ciltacabtagene autoleucel)*

PA Criteria	Criteria Details
Covered Uses (FDA approved indication)	Carvykti is a B-cell maturation antigen (BCMA)- directed genetically modified autologous T cell immunotherapy is indicated for the treatment of adult patients with relapsed or refractory multiple myeloma, who have received at least one prior line of therapy, including a proteasome inhibitor and an immunomodulatory agent, and are refractory to lenalidomide.
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
Q2056	Carvykti (ciltacabtagene autoleucel)	**Billing unit: per 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