

Carvykti (Ciltacabtagene Autoleucel)

Drug names

- 1. Carvykti
- 2. Ciltacabtagene autoleucel

Description

Carvykti (ciltacabtagene autoleucel) is used to treat adult patients who have cancer of the bone marrow called multiple myeloma. It is used when at least four other kinds of treatment have not worked or have stopped working.

Carvykti is a medicine made from the patient’s own white blood cells, which have been changed (genetically modified) to recognize and attack the multiple myeloma cells.

It is administered by intravenous (IV) infusion.

Document history

The document history for the past 12 months is outlined below.

Date	Description
9.30.22	New A-Z sheet.

Commercial

Introduction	This section applies to all Commercial members.				
Benefits	<p>A Pharmacy Clinical Guideline, <i>Carvykti (ciltacabtagene autoleucl)</i>, is on Magellan Rx Management.</p> <ul style="list-style-type: none">• Requires prior authorization through Magellan. Refer to <i>Review Criteria</i>.<ul style="list-style-type: none">– DOS prior to 6.1.22: See New-to-Market Medical Pharmacy Products.– Important: Check policy for limits or exclusions.– ER or inpatient hospital POS: PA is not required.– Providers: Certain providers are excluded. Refer to Injectable Drug Prior Authorization (Magellan Rx).• If approved, covered based on place of service. Quote office visit, outpatient hospital, or Home IV Therapy benefits.				
Document history	<p>The document history for the past 12 months is outlined below.</p> <table><tr><th>Date</th><th>Description</th></tr><tr><td>9.30.22</td><td>New A-Z sheet.</td></tr></table>	Date	Description	9.30.22	New A-Z sheet.
Date	Description				
9.30.22	New A-Z sheet.				

Government Programs

Introduction	This section applies to all Medicaid and Medicare products.
AccessAbility (SNBC), Minnesota Senior Care Plus (MSC+)	<p>Medicaid only groups:</p> <ul style="list-style-type: none">Refer to Medicaid below. <p>Medicare eligible groups:</p> <ul style="list-style-type: none">Quote office visit, outpatient hospital, or Home IV Therapy benefits.Medicare is the primary payer.Follows Medicare guidelines.If no Medicare eligibility, Medicaid applies. Refer to Medicaid below.
AccessAbility Enhanced (SNBC SNP), DUAL (MSHO)	<p>A Pharmacy Clinical Guideline, <i>Carvykti (ciltacabtagene autoleucl)</i>, is on Magellan Rx Management.</p> <ul style="list-style-type: none">Requires prior authorization through Magellan. Refer to <i>Review Criteria</i>.<ul style="list-style-type: none">DOS prior to 6.1.22: See New-to-Market Medical Pharmacy Products.Important: Check policy for limits or exclusions.ER or inpatient POS: PA is not required.Providers: Certain providers are excluded. Refer to Injectable Drug Prior Authorization (Magellan Rx).If approved, covered based on place of service. Quote office visit, outpatient hospital, or Home IV Therapy benefits.Medica is the only payer.
Advantage	<p>A Pharmacy Clinical Guideline, <i>Carvykti (ciltacabtagene autoleucl)</i>, is on Magellan Rx Management.</p> <ul style="list-style-type: none">Requires prior authorization through Magellan. Refer to <i>Review Criteria</i>.<ul style="list-style-type: none">DOS prior to 6.1.22: See New-to-Market Medical Pharmacy Products.Important: Check policy for limits or exclusions.ER or inpatient POS: PA is not required.Providers: Certain providers are excluded. Refer to Injectable Drug Prior Authorization (Magellan Rx).Professionally administered drugs pull multiple benefits. It is important to quote ALL benefits.<ul style="list-style-type: none">Drug administration: Quote office visit or Home IV Therapy benefits. Check EOC for cost sharing.Injection (J-code): Quote <i>Part B Prescription Drugs</i> in the EOC.Medica is the only payer.
Advantage PartnerCare (I-SNP)	<p>A Pharmacy Clinical Guideline, <i>Carvykti (ciltacabtagene autoleucl)</i>, is on Magellan Rx Management.</p> <ul style="list-style-type: none">Requires prior authorization through Magellan. Refer to <i>Review Criteria</i>.<ul style="list-style-type: none">DOS prior to 6.1.22: See New-to-Market Medical Pharmacy Products.Important: Check policy for limits or exclusions.ER or inpatient POS: PA is not required.Providers: Certain providers are excluded. Refer to Injectable Drug Prior Authorization (Magellan Rx).Professionally administered drugs pull multiple benefits. It is important to quote ALL benefits.<ul style="list-style-type: none">Drug administration: Quote office visit or Home IV Therapy benefits. Check EOC for cost sharing.Injection (J-code): Quote <i>Part B Prescription Drugs</i> in the EOC.Medica is the only payer.
Medicaid (SPP)	<p>A Pharmacy Clinical Guideline, <i>Carvykti (ciltacabtagene autoleucl)</i>, is on Magellan Rx Management.</p> <ul style="list-style-type: none">Requires prior authorization through Magellan. Refer to <i>Review Criteria</i>.<ul style="list-style-type: none">DOS prior to 6.1.22: See New-to-Market Medical Pharmacy Products.Important: Check policy for limits or exclusions.ER or inpatient hospital POS: PA is not required.Providers: Certain providers are excluded. Refer to Injectable Drug Prior Authorization (Magellan Rx).If approved, covered based on place of service. Quote office visit, outpatient hospital, or Home IV Therapy benefits.
Prime	<p>Professionally administered drugs pull multiple benefits. It is important to quote ALL benefits.</p> <ul style="list-style-type: none">Drug administration: Quote office visit or Home IV Therapy benefits. Check EOC for cost sharing.Injection (J-code): Quote <i>Part B Prescription Drugs</i> in the EOC.Reminder: Members can use non-Medica Service Area providers. Refer to Out-of-MSA Benefits.
Select,	Quote office visit, outpatient hospital, or Home IV Therapy benefits.
Signature	<ul style="list-style-type: none">Medicare supplement. Medicare is the primary payer.Follows Medicare guidelines.

Continued on next page

Document
history

The document history for the past 12 months is outlined below.

Date	Description
9.30.22	New A-Z sheet.

Individual and Family Business (IFB)

Introduction	This section applies to all Individual and Family Business (IFB) members.				
Benefits	<p>A Pharmacy Clinical Guideline, <i>Carvykti (ciltacabtagene autoleucl)</i>, is on Magellan Rx Management.</p> <ul style="list-style-type: none">• Requires prior authorization through Magellan. Refer to <i>Review Criteria</i>.<ul style="list-style-type: none">– DOS prior to 6.1.22: See New-to-Market Medical Pharmacy Products.– Important: Check policy for limits or exclusions.– ER or inpatient hospital POS: PA is not required.– Providers: Certain providers are excluded. Refer to Injectable Drug Prior Authorization (Magellan Rx).• If approved, covered based on place of service. Quote office visit, outpatient hospital, or Home IV Therapy benefits.				
Document history	<p>The document history for the past 12 months is outlined below.</p> <table><tr><th>Date</th><th>Description</th></tr><tr><td>9.30.22</td><td>New A-Z sheet.</td></tr></table>	Date	Description	9.30.22	New A-Z sheet.
Date	Description				
9.30.22	New A-Z sheet.				

Medica Health Plan Solutions (MHPS)

Introduction

This section applies to all Medica Health Plan Solutions (MHPS) members.

Mayo Medical Plan

A Pharmacy Clinical Guideline, *Carvykti (ciltacabtagene autoleucl)*, is on [Magellan Rx Management](#).

Requires prior authorization through Magellan.

Refer to *Review Criteria*.

DOS prior to 10.1.22:

See [New-to-Market Medical Pharmacy Products](#).

Important:

Check policy for limits or exclusions.

ER or inpatient hospital POS:

PA is not required.

Providers:

All providers, including Mayo Clinic providers, require PA.

Medicare supplement:

PA does not apply.

If approved, covered based on place of service. Quote office visit, outpatient hospital, or [Home IV Therapy](#) benefits.

All others

A Pharmacy Clinical Guideline, *Carvykti (ciltacabtagene autoleucl)*, is on [Magellan Rx Management](#).

Requires prior authorization through Magellan.

Refer to *Review Criteria*.

DOS prior to 6.1.22:

See [New-to-Market Medical Pharmacy Products](#).

Important:

Check policy for limits or exclusions.

ER or inpatient hospital POS:

PA is not required.

Providers:

Certain providers are excluded. Refer to [Injectable Drug Prior Authorization \(Magellan Rx\)](#).

If approved, covered based on place of service. Quote office visit, outpatient hospital, or [Home IV Therapy](#) benefits.

Document history

The document history for the past 12 months is outlined below.

Date	Description
9.30.22	New A-Z sheet.

Applicability

The applicability is outlined below.

Business Segments		
<div><input checked="" type="checkbox"/> All</div> <div><input type="checkbox"/> COM - (All)</div> <div><input type="checkbox"/> GOVT - (All)</div> <div><input type="checkbox"/> IFB</div> <div><input type="checkbox"/> MHPS</div> <div><input type="checkbox"/> PSC</div>		
Specific Clients/Products		
<div><input checked="" type="checkbox"/> All</div> <div><input type="checkbox"/> Other:</div>		
Platform or System		
<div><input type="checkbox"/> All</div> <div><input checked="" type="checkbox"/> N/A</div> <div><input type="checkbox"/> Other:</div>		
Departments		
<div><input checked="" type="checkbox"/> Call Center</div> <div><input type="checkbox"/> Multiple:</div> <div><input type="checkbox"/> Other:</div>		
Approved By	Document Owner	Date
A-Z Review Team	KNTWs	9.30.22