Harvard Pilgrim Health Care | TUFTS Health Plan

Medical Necessity Guidelines
Medical Benefit Drugs

Carvykti™ (ciltacabtagene autoleucel)

Effective: September 1, 2026

Prior Authorization Required If REQUIRED, submit supporting clinical documentation pertinent to service request.	Yes ☒ No ☐

Applies to:

Commercial Products

☐ Harvard Pilgrim Health Care Commercial products; Fax 617-673-0988
☐ Tufts Health Plan Commercial products; Fax 617-673-0988

Public Plans Products

☐ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); Fax 617-673-0988
☐ Tufts Health Together – MassHealth Accountable Care Partnership Plans; Fax 617-673-0939
☐ Tufts Health RITogether – A Rhode Island Medicaid Plan; Fax 617-673-0939
☒ Tufts Health One Care - A dual-eligible product; Fax 617-673-0956

Senior Products

☒ Harvard Pilgrim Health Care Stride Medicare Advantage; Fax 617-673-0956
☒ Tufts Health Plan Senior Care Options (SCO), (a dual-eligible product); Fax 617-673-0956
☒ Tufts Medicare Preferred HMO, (a Medicare Advantage product); Fax 617-673-0956
☒ Tufts Medicare Preferred PPO, (a Medicare Advantage product); Fax 617-673-0956

Note: While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you will need to ensure that prior authorization has been obtained.

Overview

Chimeric antigen receptor T-cell therapy (CAR T-cell therapy), a type of immunotherapy which may also be referred to as adoptive T-cell therapy, attempts to program patients' own immune systems to recognize and attack cancer cells. The first step in this therapy is to remove T-cells from the patient via apheresis, a process that removes blood from the body and removes one or more blood components (such as white blood cells, plasma, or platelets). The remaining blood is then returned to the body. The T-cells are then sent to a drug manufacturing facility or laboratory where they are genetically engineered to produce chimeric antigen receptors (CARs) on their surface. These CARs are what allow the T-cells to recognize an antigen on targeted tumor cells. The genetically modified T-cells are grown in the lab until there are enough of them (many millions) to freeze and return to the center treating the patient. There they are infused into the recipient with the expectation that the CAR T-cells will recognize and kill cancerous cells that have the targeted antigen on their surface. Since the CAR T-cells may remain in the body long after the infusion, it is possible the treatment can bring about long-term remission. CAR T-cell therapy can be used to treat certain hematologic malignancies when the disease is relapsed or refractory to standard line(s) of treatment.

Food and Drug Administration (FDA) Approved Indications:

- Carvykti (ciltacabtagene autoleucel) 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 one or more prior lines of therapy, including a proteasome inhibitor, an immunomodulatory agent, and an anti-CD38 monoclonal antibody.
- **NOTE**: According to recent updated guidance from the FDA, the REMS Program requirement is no longer required.[1]
- **NOTE**: Tocilizumab must be available to treat potential serious adverse reactions as needed.

The Plan uses guidance from the Centers for Medicare and Medicaid Services (CMS) and MassHealth for coverage determinations for its Dual Product Eligible plan members, and Centers for Medicare and Medicaid Services (CMS) for coverage determinations for its Medicare Advantage Plan members. Local Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local

Coverage Articles (LCAs) and documentation included in the Medicare manuals and MassHealth Medical Necessity Determinations are the basis for coverage determinations where available. For the Plan's members, the following criteria is used: Chimeric Antigen Receptor (CAR) T- cell Therapy NCD 110.24

Clinical Guideline Coverage Criteria

The Plan may cover Carvykti for Members when **all** the following clinical criteria are met:

1. The Member has a documented diagnosis of relapsed* or refractory* multiple myeloma.

AND

2. There is documentation to support that the Member has already been treated with one (1) or more prior lines of therapy including a proteasome inhibitor, and an immunomodulatory agent.

AND

3. The Member 18 years of age or older.

*Relapsed/Refractory defined as disease progression after the last treatment regimen or refractory/suboptimal response to the most recent therapy.

NOTE: Documentation submitted must list previous lines of treatment/systemic therapies and date of each therapy.

In addition to the above criteria, the Plan may cover Carvykti in an outpatient setting when the provider attests that they have assessed the Member and determined that outpatient administration is clinically appropriate.

NOTE: Prior authorization for Carvykti is required regardless of hospital inpatient or outpatient setting.

Limitations

- Authorization for Carvykti is limited to a one-time infusion.
- Members who have had prior treatment with any form of CAR T-cell therapy, including therapies in clinical trial settings, will not be approved for additional CAR T-cell therapy.
- All other indications other than those listed above are considered experimental/investigational and not medically necessary.

Codes

The following code(s) require prior authorization:

Table 1: HCPCS Codes

HCPCS Codes	Description
Q2056	Ciltacabtagene autoleucel, up to 100 million autologous B-cell maturation antigen (BCMA) directed CAR-positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose

References:

1. FDA Eliminates Risk Evaluation and Mitigation Strategies (REMS) for Autologous Chimeric Antigen Receptor (CAR) T cell Immunotherapies. https://www.fda.gov/vaccines-blood-biologics/safety-availability-biologics/fda-eliminates-risk-evaluation-and-mitigation-strategies-rems-autologous-chimeric-antigen-receptor. Published June 26, 2025. Accessed June 26, 2025.
2. Carvykti™ (ciltacabtagene autoleucel). Horsham, PA: Janssen Biotech, Inc.; Last updated February 2022. Accessed at https://www.fda.gov/media/156560/download
3. Hayes, Inc. Medical Technology Directory Report. Adoptive Immunotherapy Using Genetically Modified Lymphocytes for Lymphoproliferative Disorders and Hematological Malignancies. September 7, 2017. Available at hayesinc.com.
4. Decision memo for chimeric antigen receptor (CAR) T-cell therapy for cancers (CAG-00451N). Centers for https://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=291.
5. Center for Medicare and Medicaid National Coverage Determination (NCD) for Chimeric Antigen Receptor (CAR) T-cell Therapy (110.24) last accessed May 31, 2022 at https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=374&bc=CAAAAAAAAAAA
6. Hansen, D. K., Liu, Y. H., Ranjan, S., Bhandari, H., Potluri, R., McFarland, L., De Braganca, K. C., & Huo, S. (2023). The Impact of Outpatient versus Inpatient Administration of CAR-T Therapies on Clinical, Economic, and Humanistic Outcomes in Patients with Hematological Cancer: A Systematic Literature Review. Cancers, 15(24), 5746.

https://doi.org/10.3390/cancers15245746
7. Berdeja JG, Madduri D, Usmani SZ, et al. Ciltacabtagene autoleucel, a B-cell maturation antigen-directed chimeric antigen receptor T-cell therapy in patients with relapsed or refractory multiple myeloma (CARTITUDE-1): a phase 1b/2 open-label study. Lancet. 2021;398(10297):314-324.
8. Martin T, Usmani SZ, JG Berdeja, et al. Updated results from CARTITUDE-1: phase 1b/2 study of ciltacabtagene autoleucel, a B-cell maturation antigen–directed chimeric antigen receptor T cell therapy, in patients with relapsed/refractory multiple myeloma. Oral Presentation presented at: 63rd American Society of Hematology (ASH) Annual Meeting & Exposition; December 11-14, 2021; Atlanta, GA/Virtual.
9. Jakubowiak A, Usmani SZ, Berdeja JG, et al. Efficacy and safety of ciltacabtagene autoleucel (cilta-cel)in patients with relapsed/refractory multiple myeloma: CARTITUDE-1 subgroup analysis. Poster presented at: 63rd American Society of Hematology (ASH) Annual Meeting & Exposition; December 11-14, 2021; Atlanta, GA/Virtual.
10. Trando A, Ter-Zakarian A, Yeung P, et al. Outcomes of Chimeric Antigen Receptor (CAR) T-Cell Therapy in Patients with Large B-Cell Lymphoma (LBCL): A Single-Institution Experience. *Cancers (Basel)*. 2023;15(18):4671. Published 2023 Sep 21. doi:10.3390/cancers15184671
11. Martin T, Usmani SZ, Berdeja JG, et al. Ciltacabtagene Autoleucel, an Anti-B-cell Maturation Antigen Chimeric Antigen Receptor T-Cell Therapy, for Relapsed/Refractory Multiple Myeloma: CARTITUDE-1 2-Year Follow-Up. J Clin Oncol. 2023;41(6):1265-1274. doi:10.1200/JCO.22.00842
12. Sidana S, Patel KK, Peres LC, et al. Safety and efficacy of standard-of-care ciltacabtagene autoleucel for relapsed/refractory multiple myeloma. Blood. 2025;145(1):85-97. doi:10.1182/blood.2024025945
13. Cohen AD, Parekh S, Santomasso BD, et al. Incidence and management of CAR-T neurotoxicity in patients with multiple myeloma treated with ciltacabtagene autoleucel in CARTITUDE studies. Blood Cancer J. 2022;12(2):32. Published 2022 Feb 24. doi:10.1038/s41408-022-00629-1
14. Hansen DK, Peres LC, Dima D, et al. Comparison of Standard-of-Care Idecabtagene Vicleucel and Ciltacabtagene Autoleucel in Relapsed/Refractory Multiple Myeloma [published correction appears in J Clin Oncol. 2025 Apr 10;43(11):1399. doi: 10.1200/JCO-25-00453.]. J Clin Oncol. 2025;43(13):1597-1609. doi:10.1200/JCO-24-01730
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16. National Comprehensive Cancer Network. Multiple Myeloma (Version 5.2026). January 9, 2026. Accessed May 5, 2026. https://www.nccn.org/professionals/guidelines
17. Multiple myeloma: Treatment of second or later relapse. UpToDate.com/login [via subscription only]. Published March 11, 2026. Accessed May 5, 2026
18. Multiple myeloma: Overview of management. UpToDate.com/login [via subscription only]. Published April 13, 2026. Accessed May 5, 2026
19. Einsele H, et. al. Cilta-cel in lenalidomide-refractory multiple myeloma (CARTITUDE-4): an updated analysis including overall survival from an open-label, multicentre, randomised, phase 3 trial. Lancet Oncol. 2026 Feb;27(2):254-268. doi: 10.1016/S1470-2045(25)00653-9. Epub 2026 Jan 7. PMID: 41519141.
20. Hansen DK, et. al. Safety and efficacy of ciltacabtagene autoleucel for relapsed/refractory multiple myeloma: a CIBMTR study. Blood Cancer J. 2026 Apr 14. doi: 10.1038/s41408-026-01496-w. Epub ahead of print. PMID: 41980929.
21. Ailawadhi S, et. al. FREEDOMM: Fifth-Line or Later Real-World Evaluation of Efficacy and Disease Outcomes in Multiple Myeloma with Ciltacabtagene Autoleucel: Treatment-Free Interval and Overall Survival in the USA. Adv Ther. 2026 Mar 24. doi: 10.1007/s12325-026-03554-y. Epub ahead of print. PMID: 41874852.

Approval And Revision History

September 21, 2022: Reviewed by the Medical Policy Approval Committee (MPAC)
Subsequent endorsement date(s) and changes made:

- Originally approved at September 21, 2022 MPAC effective January 1, 2023
- Administrative update: November 2023 added Medical Benefit Drugs to title, updated MATogether and RITogether fax numbers to 617-673-0939, changed Unify name to One Care, and clarified NCD language effective January 1, 2024
- November 16, 2023: Reviewed by MPAC, renewed without changes effective January 1, 2024
- December 1, 2023: Reviewed and approved by UM Committee effective January 1, 2024
- January 17, 2024: Reviewed by MPAC, added criteria for allow for outpatient administration and updated references effective March 1, 2024
- May 15, 2024: Reviewed by MPAC, moved from fourth line treatment to second line treatment effective July 1, 2024
- June 13, 2024: Reviewed and approved by UM Committee effective July 1, 2024
- November 21, 2024: Reviewed by MPAC, renewed without changes. Effective January 1, 2025.
- December 13, 2024: Reviewed by UM Committee; Coding updated: Removal of prior authorization from 0537T, 0538T, 0539T, and 0540T. Effective January 1, 2025.

- December 18, 2024: Reviewed by MPAC; Coding updated: Removal of prior authorization from 0537T, 0538T, 0539T, and 0540T. Effective January 1, 2025.
- June 18, 2025: Reviewed by MPAC. Annual review.
- July 16, 2025: Reviewed by MPAC. REMS language removed from both Overview and Criteria sections. Two notes added in the Overview Section. References updated. Effective date; September 1, 2025.
- July 15, 2026: Reviewed by MPAC. Annual Review. References updated. Effective September 1, 2026.

Background, Product and Disclaimer Information

Medical Necessity Guidelines are developed to determine coverage for benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member's benefit document, and in coordination with the Member's physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern. For Tufts Health Together (Medicaid), coverage may be available beyond these guidelines for pediatric members under age 21 under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits of the plan in accordance with 130 CMR 450.140 and 130 CMR 447.000, and with prior authorization.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment, or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.