

# PHARMACY POLICY STATEMENT

## g criteria are met:

## Multiple Myeloma

For initial authorization:

- 1. Member is at least 18years of age;AND
- 2. Healthcare facility/provider has enrolled in the Carvy REMS program; AND
- 3 Member has adiagnosis of elapsed or refractory multiple myeloma; AND
- Member's disease has progressed within 12 months of their last line of therapy after 3 or more previous lines of therapy or were double refractory to a proteasome inhibitor and an immunomodulatory drug; AND
- 5. Member has received as part of previous therapy ALL of the following:
  - a) An immunomodulatory agent (e.g., Reservizition) and a statistical statistic
    - 7. Member does not have any of the following:
  - a) Prior treatment with CAR-T therapy (directed at any target)
  - b) Prior therapy that targeted BCMA (e.g., Blenrep)
  - c) History of an allogeneic stem cell transplant in the past 6 months
  - d) History of an autologous stem cell transplant in the past 12 weeks
  - e) Known active or prior history of central nervous system involvement.
- Dosage allowed/Quantity limit: 0.5-1.0×10<sup>6</sup> CAR-positive viable T cells per kg of body weight, with a maximum dose of 1×10<sup>8</sup> CAR-positive viable T cells per single infusion

### If all the above requirements are met, the medication will be approved for 3 months.



For <u>reauthorization</u>: 1. Carvykti will not be reauthorized.

## CareSource considers kti0ETQqc -0.001 Tw 1386TD15