

Date: \_\_\_\_\_ Date Medication Required: \_\_\_\_\_  
Ship to:  Physician  Patient's Home  Other \_\_\_\_\_

Patient Information				
*Last Name:		*First Name:		Middle:
*DOB: ____ / ____ / ____				
Address:		City:		State: Zip:
Daytime Phone:		Evening Phone:		*Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Insurance Information (Attach copies of cards)				
*Primary Insurance:			Secondary Insurance:	
*ID #	Group #	ID #	Group #	
City:		State:	City: State:	
Physician Information				
*Name:		*Specialty:		NPI:
Address:		City:		State: Zip:
*Phone #:		Secure Fax #:	Office Contact:	
Procedural Hospital				
*Hospital Name:				
Primary Diagnosis				
*ICD-10 Code: _____				
<input type="checkbox"/> Multiple myeloma (MM) <input type="checkbox"/> Other:				
Prescription Information				
MEDICATION	STRENGTH	*DIRECTIONS	QUANTITY	REFILLS
Abecma (Idecabtagene vicleucel)				
Clinical Information ***** Please submit supporting clinical documentation *****				
*THERAPY TYPE (choose one): <input type="checkbox"/> INITIAL THERAPY <input type="checkbox"/> CONTINUATION OF THERAPY - Therapy start date: _____				
<p>1. Is Abecma prescribed by or in consultation with an oncologist or hematologist? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Please document patient's measurable disease (within the last 30 days) of at least 1 of the following: <b>**Mark all that apply**</b></p> <p><input type="checkbox"/> Serum M-protein: _____ g/dL Date tested: _____</p> <p><input type="checkbox"/> Urine M-protein: _____ mg/24 h Date tested: _____</p> <p><input type="checkbox"/> Serum free light chain (FLC) assay: _____ mg/dL Date tested: _____</p> <p>a. If serum FLC, is FLC ratio abnormal? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Does patient have known central nervous system (CNS) involvement with myeloma, or history or presence of clinically relevant CNS pathology (e.g., epilepsy, seizure, paresis, aphasia, stroke, severe brain injuries, dementia, Parkinson's disease, cerebellar disease, organic brain syndrome, or psychosis)? <input type="checkbox"/> Yes <b>**Mark all that apply**</b> <input type="checkbox"/> No</p> <p>4. Has patient previously received any of the following treatments? <input type="checkbox"/> Yes <b>**Mark all that apply**</b> <input type="checkbox"/> No</p> <p><input type="checkbox"/> CAR-T cell immunotherapy (e.g. Breyanzi, Carvykti, Kymriah, Tecartus, Yescarta) <input type="checkbox"/> Anti-BCMA targeted therapy (e.g., Blenrep)</p> <p>5. Is Abecma prescribed concurrently with other CAR T-cell immunotherapy (e.g. Breyanzi, Carvykti, Kymriah, Tecartus, Yescarta)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Has patient received ≥ 4 prior lines of therapy with at least proteasome inhibitor (PI), immunomodulatory drug (IMiD), and Anti-CD38 antibody? <input type="checkbox"/> Yes <b>**Mark all that apply**</b> <input type="checkbox"/> No <b>(continue on page 2)</b></p> <p><input type="checkbox"/> Bortezomib <input type="checkbox"/> Pomalyst <input type="checkbox"/> Bortezomib/dexamethasone <input type="checkbox"/> Pomalidomide/dexamethasone <input type="checkbox"/> Sarclisa (isatuximab-irfc)</p> <p><input type="checkbox"/> Thalomid <input type="checkbox"/> VTD-PACE (dexamethasone/Thalomid (thalidomide)/cisplatin/doxorubicin/cyclophosphamide/etoposide/bortezomib)</p> <p><input type="checkbox"/> Bendamustine/bortezomib/dexamethasone <input type="checkbox"/> Bortezomib/doxorubicin/dexamethasone <input type="checkbox"/> Kyprolis (carfilzomib)/dexamethasone</p> <p><input type="checkbox"/> Panobinostat/bortezomib/dexamethasone <input type="checkbox"/> Ninlaro (ixazomib)/dexamethasone <input type="checkbox"/> Panobinostat/Kyprolis (carfilzomib)</p> <p><input type="checkbox"/> Pomalidomide/bortezomib/dexamethasone <input type="checkbox"/> Revlimid (lenalidomide)/dexamethasone <input type="checkbox"/> Darzalex (daratumumab)</p>				

Please continue to page 2.

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Ship to:  Physician  Patient's Home  Other \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

(continue from page 1)

- |                                                                                                                 |                                                                                        |
|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| <input type="checkbox"/> Darzalex Faspro (daratumumab/hyaluronidase-fihj)/bortezomib/dexamethasone              | <input type="checkbox"/> Ninlaro (ixazomib)                                            |
| <input type="checkbox"/> Darzalex Faspro (daratumumab/hyaluronidase-fihj)/bortezomib/melphan/prednisone         | <input type="checkbox"/> Kyprolis (carfilzomib)                                        |
| <input type="checkbox"/> Darzalex faspro (daratumumab/hyaluronidase-fihj)/pomalidomide/dexamethasone            | <input type="checkbox"/> Revlimid (lenalidomide)                                       |
| <input type="checkbox"/> Darzalex Faspro (daratumumab/hyaluronidase-fihj)/Revlimid (lenalidomide)/dexamethasone | <input type="checkbox"/> Xpovio (selinexor)                                            |
| <input type="checkbox"/> Bendamustine/Revlimid (lenalidomide)/dexamethasone                                     | <input type="checkbox"/> Emlipiciti (elotuzumab)/pomalidomide/dexamethasone            |
| <input type="checkbox"/> Bortezomib/cyclophosphamide/dexamethasone                                              | <input type="checkbox"/> Emlipiciti (elotuzumab)/Revlimid (lenalidomide)/dexamethasone |
| <input type="checkbox"/> Bortezomib/liposomal doxorubicin/dexamethasone                                         | <input type="checkbox"/> Kyprolis (carfilzomib)/cyclophosphamide/dexamethasone         |
| <input type="checkbox"/> Bortezomib/Revlimid (lenalidomide)/dexamethasone                                       | <input type="checkbox"/> Kyprolis (carfilzomib)/Revlimid (lenalidomide)/dexamethasone  |
| <input type="checkbox"/> Bortezomib/Thalomid (thalidomide)/dexamethasone                                        | <input type="checkbox"/> Ninlaro (ixazomib)/pomalidomide/dexamethasone                 |
| <input type="checkbox"/> Cyclophosphamide/Revlimid (lenalidomide)/dexamethasone                                 | <input type="checkbox"/> Ninlaro (ixazomib)/Revlimid (lenalidomide)/dexamethasone      |
| <input type="checkbox"/> Darzalex (daratumumab)/bortezomib/dexamethasone                                        | <input type="checkbox"/> Panobinostat/Revlimid (lenalidomide)/dexamethasone            |
| <input type="checkbox"/> Darzalex (daratumumab)/bortezomib/melphan/prednisone                                   | <input type="checkbox"/> Pomalidomide/cyclophosphamide/dexamethasone                   |
| <input type="checkbox"/> Darzalex (daratumumab)/pomalidomide/dexamethasone                                      | <input type="checkbox"/> Pomalidomide/Kyprolis (carfilzomib)/dexamethasone             |
| <input type="checkbox"/> Darzalex (daratumumab)/Revlimid (lenalidomide)/dexamethasone                           | <input type="checkbox"/> Revlimid (lenalidomide)/low-dose dexamethasone                |
| <input type="checkbox"/> Darzalex Faspro (daratumumab/hyaluronidase-fihj)                                       | <input type="checkbox"/> Sarclisa (isatuximab-irfc)/pomalidomide/dexamethasone         |
| <input type="checkbox"/> Emlipiciti (elotuzumab)/bortezomib/dexamethasone                                       | <input type="checkbox"/> Xpovio (selinexor)/Darzalex (daratumumab)/dexamethasone       |
| <input type="checkbox"/> Xpovio (selinexor)/bortezomib/dexamethasone                                            | <input type="checkbox"/> Xpovio (selinexor)/pomalidomide/dexamethasone                 |
| <input type="checkbox"/> Xpovio (selinexor)/Darzalex Faspro (daratumumab/hyaluronidase-fihj)/ dexamethasone     | <input type="checkbox"/> Other: _____                                                  |

Complete this section ONLY for indications other than multiple myeloma:

7. Has patient tried and failed, or is contraindicated to, accepted standards of care?  Yes  No

\*\*If yes, submit documentation and answer the following:\*\*

a. Please list all previous therapies: \_\_\_\_\_

b. Was patient adherent to previously tried therapies?  Yes  No  No, patient intolerant to drug

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  DAW

**INFORMATION BELOW IS TO BE COMPLETED BY THE HEALTH PLAN / CPS PA STAFF**

**Authorization Information**

* Authorization number:	* Decision Due Date:
* J-Code:	* Coverage: <input type="checkbox"/> State excludes <input type="checkbox"/> COB (secondary)
* Line of Business: <input type="checkbox"/> Commercial <input type="checkbox"/> Health Insurance Marketplace <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare (CY2019/20 Carved out)	* Benefit: <input type="checkbox"/> Medical <input type="checkbox"/> Pharmacy

\*Criteria:

Centene Policy [CP.PHAR.481 Idecabtagene Vicleucel (Abecma)]

Date Policy last reviewed/approved by plan (we want to be sure we are using the version approved by your plan):

\_\_\_\_\_

State or Health Plan Specific (please include policy)



Telephone: (800) 514-0083 option 2  
Fax: (866) 374-1579

**Idecabtagene vicleucel (Abecma)  
Prior Authorization Form/Prescription**

Date: \_\_\_\_\_ Date Medication Required: \_\_\_\_\_  
Ship to:  Physician  Patient's Home  Other \_\_\_\_\_

- Medicare Local Coverage Decision (LCD) specific for your region.  
Please include policy of link to LCD, followed by any applicable step therapy requirements.
- Medicare National Coverage Decision (NCD).  
Please include policy of link to NCD, followed by any applicable step therapy requirements.