

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT2024102 JULY 2, 2024

IHCP updates PA criteria for HCPCS codes Q2054 (Breyanzi) and Q2055 (Abecma)

The Indiana Health Coverage Programs (IHCP) covers lisocabtagene maraleucel (Breyanzi) and idecabtagene vicleucel (Abecma) with prior authorization (PA) as published in *IHCP Bulletins* [BT202156](#) and [BT2021113](#), respectively.

Breyanzi is billed using Healthcare Common Procedure Coding System (HCPCS) code Q2054 – *Lisocabtagene maraleucel, up to 110 million autologous anti-CD19 CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose.*

Abecma is billed using HCPCS code Q2055 – *Idecabtagene vicleucel, up to 510 million autologous B-cell maturation antigen (BCMA) directed CAR-positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose.*



Breyanzi and Abecma are carved out from managed care benefits, which means that PA requests and claims for Q2054 and Q2055, including specific Breyanzi and Abecma National Drug Codes (NDCs), are processed through the fee-for-service (FFS) delivery system for all IHCP members.

PA criteria for Breyanzi

PA criteria for Breyanzi have been updated. Effective for PA submissions on or after **March 15, 2024**, the member must meet **all** the following medical necessity criteria:

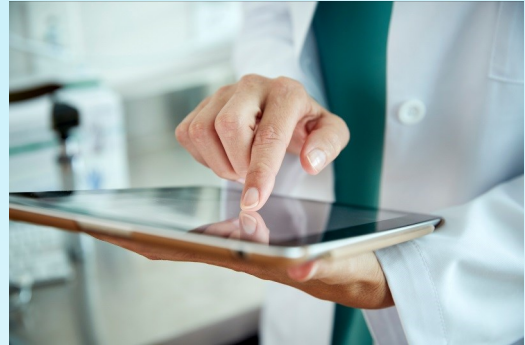
- Has not received prior Breyanzi treatment
- Is at least 18 years of age
- Has a diagnosis of one of the following:
 - Relapsed or refractory large B-cell lymphoma, including any of the following, after having received first-line chemoimmunotherapy or two or more lines of systemic therapy:
 - ◆ Diffuse large B-cell lymphoma (DLBCL) not otherwise specified
⇒ Including DLBCL arising from indolent lymphoma
 - ◆ Primary mediastinal large B-cell lymphoma
 - ◆ High-grade B-cell lymphoma
 - ◆ Follicular lymphoma grade 3B
 - Relapsed or refractory chronic lymphocytic leukemia or small lymphocytic leukemia after having received at least two prior lines of therapy that includes both of the following:
 - ◆ Bruton tyrosine kinase inhibitor
 - ◆ B-cell lymphoma 2 inhibitor
 - Relapsed or refractory follicular lymphoma after having received at least two prior lines of systemic therapy

- Will be administered Breyanzi treatment as follows:
 - At a Breyanzi Risk Evaluation Mitigation Strategy (REMS) Program-certified facility
 - By healthcare providers that have successfully completed the Breyanzi REMS Program Knowledge Assessment
- Does not have a diagnosis of primary central nervous system lymphoma

PA criteria for Abecma

PA criteria for Abecma have been updated. Effective for PA submissions on or after **April 4, 2024**, the member must meet **all** the following medical necessity criteria:

- Has not received prior Abecma treatment
- Will be administered Abecma treatment as follows:
 - At an Abecma REMS Program-certified facility
 - By healthcare providers that have successfully completed the Abecma REMS Program Knowledge Assessment
- Is at least 18 years of age
- Has a diagnosis of relapsed or refractory multiple myeloma after two or more prior lines of therapy, including:
 - Immunomodulatory agent
 - Proteasome inhibitor
 - Anti-CD38 monoclonal antibody



For more information

Reimbursement information for procedure codes Q2054 and Q2055 are reflected in the Professional Fee Schedule, accessible from the [IHCP Fee Schedules](#) page at in.gov/medicaid/providers.

All PA requests for procedure codes Q2054 (Breyanzi) and Q2055 (Abecma) for should be submitted to the FFS medical (nonpharmacy) prior authorization and utilization management (PA-UM) contractor, Acentra Health. Questions about PA criteria for Q2054 (Breyanzi) and Q2055 (Abecma) should be directed to Acentra Health Customer Service at 866-725-9991.

All medical claims for procedure codes Q2054 (Breyanzi) and Q2055 (Abecma) should be submitted to the FFS medical benefit manager, Gainwell Technologies. Questions about billing and reimbursement should be directed to Gainwell at 800-457-4584 or your [Provider Relations consultant](#).

Individual managed care entities (MCEs) establish and publish PA, billing and reimbursement criteria within the managed care delivery system. Questions about managed care billing and PA for procedures other than but related to procedure codes Q2054 (Breyanzi) and Q2055 (Abecma) should be directed to the MCE with which the member is enrolled.

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 800-457-4584.

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