IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202551 APRIL 24, 2025

IHCP updates PA criteria for CAR-T therapies

The Indiana Health Coverage Programs (IHCP) announces updates to the prior authorization (PA) criteria for chimeric antigen receptor (CAR)-T therapies, which are reimbursed through the fee-for-service (FFS) medical benefit. These updates are a result of a U.S. Food and Drug Administration (FDA) announcement regarding modifications to the Risk Evaluation and Mitigation Strategy (REMS) program for CAR-T therapies.

Removal of REMS program training requirement

Included in the modifications the FDA announced for the CAR-T therapy REMS program was the removal of healthcare provider training requirements. As a result, effective immediately and retroactive for dates of service (DOS) on or after **June 26, 2024**, the IHCP is removing the requirement that the healthcare provider administering the CAR-T therapy must have successfully completed a product-specific REMS program knowledge assessment. This PA criteria update applies to all the Healthcare Common Procedure Coding System (HCPCS) codes in Table 1.

Table 1 – Procedure codes for CAR-T therapies with updated PA criteria, effective for DOS on or after June 26, 2024

Procedure code	Description	Brand name
Q2041	Axicabtagene ciloleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Yescarta
Q2042	Tisagenlecleucel, up to 600 million car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Kymriah
Q2053	Brexucabtagene autoleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Tecartus
Q2054	Lisocabtagene maraleucel, up to 110 million autologous anti-cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Breyanzi
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	Abecma
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	Carvykti

All other PA criteria for these CAR-T treatments remain as indicated in the Oncology Services module, except in the case of Tecartus.

Additional PA criteria update for brexucabtagene autoleucel (Tecartus)

In addition to the preceding PA updates for all CAR-T therapies, PA criteria for Tecartus, procedure code Q2053, have been updated to include diagnosis of relapsed or refractory acute lymphocytic leukemia. Effective for PA submissions on or after **June 26, 2024**, the member must meet ***all*** the following medical necessity criteria:

- Has not received prior Tecartus treatment
- Will be administered Tecartus treatment at a Tecartus REMS program-certified facility
- Is at least 18 years of age
- Has a diagnosis of one of the following:
  - ⇒ Relapsed or refractory mantle cell lymphoma (MCL)
  - ⇒ Relapsed or refractory acute lymphocytic leukemia

PA, billing and reimbursement reminders

CAR-T treatments are carved out of managed care and covered under the FFS medical benefit for all IHCP members. Claims for the CAR-T treatments listed in Table 1 cannot be processed through the managed care entities (MCEs) or through the FFS pharmacy benefit manager. When provided in an inpatient setting, CAR-T treatment is separately reimbursable from the inpatient diagnosis-related group (DRG) when billed as a professional claim using the applicable procedure codes.

All claims for these drugs must include prior authorization (PA) and the National Drug Code (NDC). For institutional outpatient claims, separate reimbursement is available for these procedure codes as linked to revenue code 636 – *Drugs requiring detailed coding*.

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

All claims for these procedure codes 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.

If providers want to submit or resubmit any claims retroactively, they can submit claims within 180 days of this publication date for fee-for-service (FFS) claims, to satisfy timely filing requirements. Providers should include a copy of this bulletin (first page only) when submitting claims beyond the standard filing limit. Providers may also request a reconsideration of an existing PA within this time frame if requesting another review based on this updated criteria.

QUESTIONS?

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

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