



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

# CAR T-Cell Therapy Services for B-cell Acute Lymphoblastic Leukemia (Brexucabtagene Autoleucl) Prior Authorization Request Form #945 Medical Policy #066 Chimeric Antigen Receptor Therapy for Hematologic Malignancies

Please use this form to assist in identifying members who meet Blue Cross Blue Shield of Massachusetts' (BCBSMA's) medical necessity criteria for CAR T-Cell Therapy Services for B-cell Acute Lymphoblastic Leukemia (Brexucabtagene Autoleucl). For members who do not meet the criteria, submit a letter of medical necessity with a request for [Clinical Exception \(Individual Consideration\)](#). Once completed, fax to:

Once completed, please fax to: 888-973-0726

### CLINICAL DOCUMENTATION

Copies of clinical documentation that supports the medical necessity criteria for CAR T-Cell Therapy Services for B-cell Acute Lymphoblastic Leukemia (Brexucabtagene Autoleucl) must be submitted with this form. **If the patient does not meet all the criteria listed below, please submit a letter of medical necessity explaining why an exception is justified.**

Patient Information	
Patient Name:	Today's Date:
BCBSMA ID#:	Date of Treatment:
Date of Birth:	Place of Service: Outpatient <input type="checkbox"/> Inpatient <input type="checkbox"/>

Physician Information	Facility Information
Name:	Name:
Address:	Address:
Phone #:	Phone #:
Fax#:	Fax#:
NPI#:	NPI#:

Please check off if the patient is enrolled in a Clinical Trial.	
Clinical Trial #	<input type="checkbox"/>

Please check off if the patient has the following diagnosis and <b>HAS RELAPSED<sup>a</sup></b> or is <b>REFRACTORY<sup>b</sup></b> :	
Confirmed diagnosis of CD19-positive B-cell acute lymphoblastic leukemia with morphologic bone marrow tumor involvement (≥5% lymphoblasts)	<input type="checkbox"/>

<sup>a</sup> Relapsed disease describes the reappearance of leukemia cells in the bone marrow or peripheral blood after the attainment of a complete remission with chemotherapy and/or allogeneic cell transplant.

<sup>b</sup> Refractory (resistant) disease is defined as those patients who fail to obtain complete response with induction therapy, ie, failure to eradicate all detectable leukemia cells (<5% blasts) from the bone marrow and blood with subsequent restoration of normal hematopoiesis (>25% marrow cellularity and normal peripheral blood counts).

**Please check off that the patient meets ALL the following criteria:**

Adult (age ≥ 18) at the time of infusion, <b>AND</b>	<input type="checkbox"/>
Has adequate organ function with no significant deterioration in organ function expected within 4 weeks after apheresis, <b>AND</b>	<input type="checkbox"/>
Has not received prior FDA approved, CD19-directed, chimeric antigen receptor T therapy, <b>AND</b>	<input type="checkbox"/>
Does not have <b>ANY</b> of the following: <ul style="list-style-type: none"> <li>○ Burkitt lymphoma</li> <li>○ Active hepatitis B, C, or any uncontrolled infection</li> <li>○ Grade 2 to 4 graft-versus-host disease</li> <li>○ Concomitant genetic syndrome associated with bone marrow failure with the exception of Down syndrome</li> <li>○ Received allogeneic cellular therapy, such as donor lymphocyte infusion, within 6 weeks prior to brexucabtagene autoleucel infusion</li> <li>○ Active central nervous system acute lymphoblastic leukemia (ie, white blood cell count ≥5 cells/μL in cerebrospinal fluid with presence of lymphoblasts).</li> </ul>	<input type="checkbox"/>

**CPT CODES/ HCPCS CODES/ ICD CODES**

<b>HCPCS codes:</b>	<b>Code Description</b>	
C9399	Unclassified drugs or biologicals	<input type="checkbox"/>
J3490	Unclassified drugs	<input type="checkbox"/>
J3590	Unclassified biologics	<input type="checkbox"/>
J9999	Not otherwise classified, antineoplastic drugs	<input type="checkbox"/>
Q2053	Brexucabtagene autoleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	<input type="checkbox"/>
XW23346	Transfusion of Brexucabtagene Autoleucel Immunotherapy into Peripheral Vein, Percutaneous Approach, New Technology Group 6	<input type="checkbox"/>

**Providers should enter the relevant diagnosis code(s) below:**

<b>Code</b>	<b>Description</b>	
		<input type="checkbox"/>
		<input type="checkbox"/>

**Providers should enter other relevant code(s) below:**

<b>Code</b>	<b>Description</b>	
		<input type="checkbox"/>
		<input type="checkbox"/>