MASSACHUSETTS

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CAR T-Cell Therapy Services for Mantle Cell Lymphoma (Brexucabtagene Autoleucel) Prior Authorization Request Form #940

Medical Policy #066 Chimeric Antigen Receptor Therapy for Hematologic Malignancies

CLINICAL DOCUMENTATION

- Clinical documentation that supports the medical necessity criteria for CAR T-Cell Therapy Services for Mantle Cell Lymphoma (Brexucabtagene Autoleucel) must be submitted.
- If the patient does not meet all the criteria listed below, please submit a letter of medical necessity with a request for Clinical Exception (Individual Consideration) explaining why an exception is justified.

Requesting Prior Authorization Using Authorization Manager

Providers will need to use Authorization Manager to submit initial authorization requests for services. Authorization Manager, available 24/7, is the quickest way to review authorization requirements, request authorizations, submit clinical documentation, check existing case status, and view/print the decision letter. For commercial members, the requests must meet medical policy guidelines.

To ensure the request is processed accurately and quickly:

- Enter the facility's NPI or provider ID for where services are being performed.
- Enter the appropriate surgeon's NPI or provider ID as the servicing provider, *not* the billing group.

Authorization Manager Resources

- Refer to our Authorization Manager page for tips, guides, and video demonstrations.

Complete Prior Authorization Request Form for CAR T-Cell Therapy Services for Mantle Cell Lymphoma (Brexucabtagene Autoleucel) (940) using Authorization Manager.

For out of network providers: Requests should still be faxed to 888-973-0726.

Patient Information	
Patient Name:	Today's Date:
BCBSMA ID#:	Date of Treatment:
Date of Birth:	Place of Service: Outpatient ❒ Inpatient ❒

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 #	❒

Please check off if the patient has the following diagnosis and HAS RELAPSED[d] or is REFRACTORY[d] :	
Histologically confirmed diagnosis of mantle cell lymphoma	❒

[d] Relapsed or refractory disease is defined as disease progression after last regimen or failure to achieve a partial remission or complete remission to the last regimen

Please check off that the patient meets ALL the following criteria:	
Adult (age ≥18) at the time of infusion	❒
Received adequate prior therapy including **ALL** of the following: • Chemotherapy, **AND** • anti-CD20 antibody, **OR** • Bruton tyrosine kinase inhibitor (example ibrutinib or acalabrutinib)	❒
Has adequate organ and bone marrow function as determined by the treating oncologist/hematologist, **AND**	❒
Has not received prior FDA approved, CD19-directed, chimeric antigen receptor T therapy	❒

CPT CODES/ HCPCS CODES/ ICD CODES

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

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

Code	**Description**	
		❒
		❒

Providers should enter other relevant code(s) below:

Code	**Description**	
		❒
		❒