



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

CLINICAL DOCUMENTATION

- 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.
- 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 CAR T-Cell Therapy Services for B-cell Acute Lymphoblastic Leukemia (Brexucabtagene Autoleucl) Prior Authorization Request Form [\(945\)](#) 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 <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"/>
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Please check off if the patient has the following diagnosis and HAS RELAPSED^a or is REFRACTORY^b :	
Confirmed diagnosis of CD19-positive B-cell acute lymphoblastic leukemia with morphologic bone marrow tumor involvement (≥5% lymphoblasts)	<input type="checkbox"/>

^a 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.

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

CPT CODES/ HCPCS CODES/ ICD CODES

HCPCS codes:	Code Description	
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 autoleucl, 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 Autoleucl Immunotherapy into Peripheral Vein, Percutaneous Approach, New Technology Group 6	<input type="checkbox"/>

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

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

Providers should enter other relevant code(s) below:

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