



MASSACHUSETTS

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CAR T-Cell Therapy Services for Non-Hodgkin Lymphoma (Lisocabtagene Maraleucel) Prior Authorization Request Form #941

Medical Policy #066 Chimeric Antigen Receptor Therapy for Leukemia and Lymphoma

CLINICAL DOCUMENTATION

- Clinical documentation that supports the medical necessity criteria for CAR T-Cell Therapy Services for Non-Hodgkin Lymphoma (Lisocabtagene Maraleucel) 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 Non-Hodgkin Lymphoma (Lisocabtagene Maraleucel) ([941](#)) 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 <u>HAS RELAPSED</u>^c or is <u>REFRACTORY</u>^c :	
Histologically confirmed diagnosis of:	<input type="checkbox"/>
Diffuse large B-cell lymphoma not otherwise specified (including diffuse large B-cell lymphoma arising from indolent lymphoma)	<input type="checkbox"/>
High-grade B-cell lymphoma, OR	<input type="checkbox"/>
Primary mediastinal large B-cell lymphoma, OR	<input type="checkbox"/>
Follicular lymphoma grade 3B.	<input type="checkbox"/>

^c Relapsed or refractory disease is defined as progression after 2 or more lines of systemic therapy (which may or may not include therapy supported by autologous cell transplant).

Please check off that the patient meets <u>ALL</u> the following criteria:	
Adult (age ≥18) at the time of infusion	<input type="checkbox"/>
Received adequate prior therapy including ALL of the following: <ul style="list-style-type: none"> • Anti-CD20 monoclonal antibody for CD20-positive tumor • Anthracycline-containing chemotherapy regimen • For subjects with transformed follicular lymphoma, prior chemotherapy for follicular lymphoma AND subsequently have chemo-refractory disease after transformation to diffuse large B-cell lymphoma. 	<input type="checkbox"/>
Has adequate organ and bone marrow function as determined by the treating oncologist/hematologist	<input type="checkbox"/>
Has not received prior FDA approved, CD19-directed, chimeric antigen receptor T therapy, AND	<input type="checkbox"/>
Do not have primary central nervous system lymphoma	<input type="checkbox"/>

CPT CODES/ HCPCS CODES/ ICD CODES

HCPCS codes:	Code Description	
C9076	Lisocabtagene maraleucel, up to 110 million autologous anti-cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	<input type="checkbox"/>
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"/>

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"/>