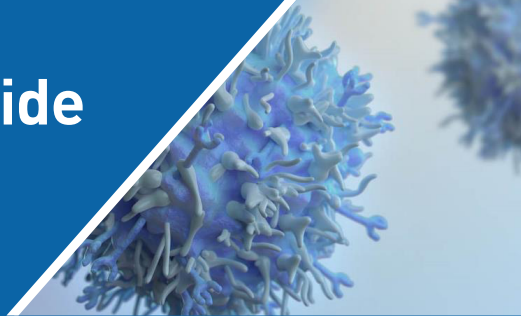
Considerations of Information to Provide When Referring for CAR T Consult

During your patient's intake process, please consider sending any of the records below with your referral to the Authorized Treatment Center (ATC) of choice.



Patient Referral Records

Patient History[1,2]

- ☐ Demographics
- ☐ Initial medical history and complete physical examination
- ☐ Baseline neurologic examination and evaluation
- ☐ Chest x-ray
- ☐ Complete blood panel
- ☐ Electrocardiogram/echocardiogram
- ☐ Presence of autoimmune conditions and use of immunosuppressive treatments

Patient Assessment[1-5]

Oncology and Hematology Notes

Histologically confirmed diagnosis, grade, and ECOG performance status.

Labs and Tests

- ☐ Complete metabolic panel
- ☐ Complete blood count with differential
- ☐ C-reactive protein levels
- ☐ Liver function tests (AST/ALT, bilirubin)
- ☐ Prothrombin time/international normalized ratio
- ☐ Hepatitis B, hepatitis C, and HIV serologies
- ☐ Renal function test (GFR, Cr, CrCl)
- ☐ Cardiac function test (LVEF)
- ☐ Pulmonary status (dyspnea, pulse oximetry)
- ☐ Vital signs with oxygen saturation

Imaging and Scan Reports[1-5]

- ☐ Positive emission tomography/computed tomography
- ☐ Bone marrow biopsy
- ☐ Magnetic resonance imaging of the brain or lumbar puncture showing no signs of primary central nervous system lymphoma

Provider Information

Referring Physician ☐ Name ☐ Contact information

Information provided as a courtesy for background purposes. It is in no way a comprehensive list of requirements for any product or service. Requirements are subject to change and individual ATCs may require other information.

ALT=alanine aminotransferase; AST=aspartate aminotransferase; CAR=chimeric antigen receptor; Cr=creatinine; CrCl=creatinine clearance; ECOG=Eastern Cooperative Oncology Group; GFR=glomerular filtration rate; HIV=human immunodeficiency virus; LVEF=left ventricular ejection fraction.

References: 1. Anthem. Medical drug clinical criteria. December 21, 2022. **2.** Optum. Chimeric antigen receptor T-cell therapy. Clinical guidelines. August 4, 2022. Accessed February 15, 2024. https://www.uhcprovider.com/content/dam/provider/docs/public/policies/clinical-guidelines/chimeric-antigen-receptor-tcell-therapy.pdf **3.** Blue Cross Blue Shield of Michigan. June 8, 2023. **4.** Blue Shield of California. August 8, 2022. **5.** Cigna. Drug and biologic coverage policy. August 1, 2022.

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