

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}

- | | |
|--|--|
| <input type="checkbox"/> Demographics | <input type="checkbox"/> Complete blood panel |
| <input type="checkbox"/> Initial medical history and complete physical examination | <input type="checkbox"/> Electrocardiogram/echocardiogram |
| <input type="checkbox"/> Baseline neurologic examination and evaluation | <input type="checkbox"/> Presence of autoimmune conditions and use of immunosuppressive treatments |
| <input type="checkbox"/> Chest x-ray | |

> Patient Assessment¹⁻⁵

Oncology and Hematology Notes

Histologically confirmed diagnosis, grade, and ECOG performance status.

Labs and Tests

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

> Imaging and Scan Reports¹⁻⁵

- | | |
|---|---|
| <input type="checkbox"/> Positive emission tomography/computed tomography | <input type="checkbox"/> Magnetic resonance imaging of the brain or lumbar puncture showing no signs of primary central nervous system lymphoma |
| <input type="checkbox"/> Bone marrow biopsy | |

> Provider Information

- | | | |
|----------------------------|-------------------------------|--|
| Referring Physician | <input type="checkbox"/> Name | <input type="checkbox"/> 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.