

Prior Authorization Checklist

Commercial, Medicare Advantage, and Medicaid payers may require prior authorization (PA) for CAR T-cell therapy, including AUCATZYL. The PA process may require submission of a payer- and plan-specific PA request form, clinical records documentation to support AUCATZYL medical necessity, and other additional information. Although PA requirements for CAR T-cell therapies are often based on US Food and Drug Administration (FDA)-approved labeling and patient eligibility criteria in clinical trials, specific PA requirements for AUCATZYL may vary by payer and patient benefits.



The Prior Authorization Checklist is a tool to help your Authorized Treatment Center (ATC) submit a PA. It describes key information to collect and steps to complete during the PA process.



INVESTIGATING AUCATZYL PA REQUIREMENTS FOR PATIENT'S PAYER

- Locate relevant payer coverage policy and/or PA form for AUCATZYL
Note: If AUCATZYL policy or PA form has not been published, follow the payer's general process for medical necessity requests
- Review PA process requirements for the entirety of the AUCATZYL treatment journey. This includes tumor burden-guided dosing (split-dose infusions)
- Determine if the patient may qualify for expedited PA or medical necessity review



COLLECTING CLINICAL INFORMATION FOR AUCATZYL PA

Potential examples of PA documentation requirements:

- Relapsed/refractory adult B-cell acute lymphoblastic leukemia diagnosis
- Bone marrow assessment
- CD19 positivity
- Response to and timing of prior treatment
- Eastern Cooperative Oncology Group performance status score
- Adequate kidney, liver, lung, and/or heart function



SUBMITTING AUCATZYL PA REQUEST

- Ensure complete and accurate information
Note: It may be helpful to include a summary of submitted information for specific PA criteria
- Consider attaching the following supplemental information as needed:
 - FDA approval letter (visit the [FDA website](#))
 - Prescribing Information
 - ATC designation by Autolus
 - Letter of Medical Necessity
- Consider requesting peer-to-peer review if needed



APPEALING AUCATZYL PA DENIALS (if needed)

- Review payer's denial letter
- Submit a letter of appeal with a clear rationale for coverage reconsideration and medical necessity
Note: It is important to address specific reason(s) stated in the payer's denial letter
- Consider requesting peer-to-peer review

For PA support, contact your ATC's dedicated AutolusAssist™ Case Manager at 1-855-288-5227