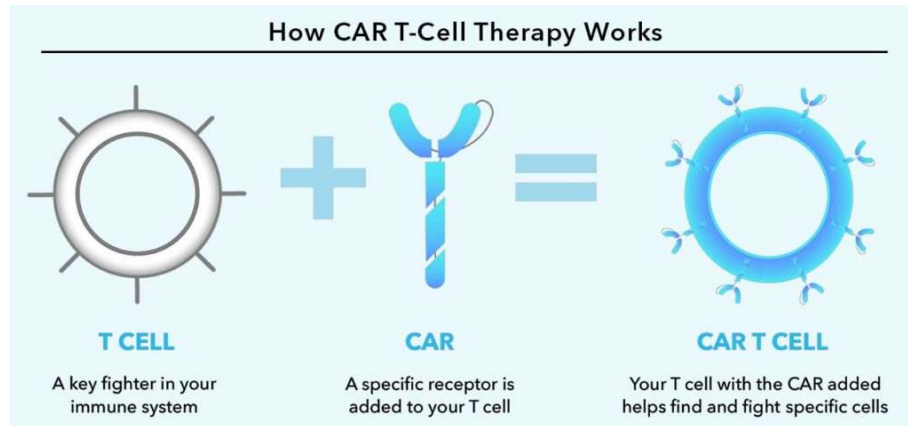


Immunotherapy using chimeric antigen receptor (CAR) T-cells for hematologic malignancies is increasing rapidly. The first commercially available CD19 CAR T-cell therapy, tisagenlecleucel (Kymriah®), was approved by the FDA in 2017.



Patients under consideration for CAR T-cell therapy are at high risk for infections due to extensive prior antitumor therapies. Before CAR T-cell infusion, patients receive lymphodepleting chemotherapy that leads to additional cytopenias putting them at risk for infection. Specialty clinical and financial resources are needed to proactively assess and manage CAR T-cell therapy patients pre and post infusion.

Sequoia Branch CAR T –Cell Claim Payment Integrity Review

Case - 57 year old patient with refractory diffuse large B Cell Lymphoma who underwent CAR T–cell treatment with Kymriah®. The patient had and active infection prior to the infusion of the Kymriah. Per the Kymriah® package label linked, an *active infection is considered a contraindication for CAR T-cell treatment.* Resolution was reached with the facility on the charge exceptions.

Contract Payable Charges	\$1,249,178
Non-Covered Service - CAR T infused while patient had an infection-contraindicated	\$660,732
Patient Monitoring - charged in addition to ICU Room and Board	\$34,216
Total Branch CPIR Savings - \$	\$694,948
Total Branch CPIR Savings - %	55.6%