## Sample letter of appeal for TECELRA® (afamitresgene autoleucel)

This letter provides an example of the types of information that may be provided when responding to a request from a patient’s insurance company to provide a letter of appeal for TECELRA. Use of the information in this letter does not guarantee that the health plan will provide reimbursement for TECELRA and is not intended to be a substitute for or influence on the independent medical judgment of the physician.

**Key reminders**

There are numerous reasons why health plans may deny a Prior Authorization (PA) for TECELRA. Although the reasons vary by plan, some of the most common include:

* + Errors in ICD-10-CM coding on the PA request
	+ Insufficient documentation on the PA request
	+ Health plan claims lack of medical necessity for TECELRA
	+ TECELRA is not covered by patient’s health plan

Please keep in mind, just as reasons for denial vary, so do each health plan’s requirements for the appeal. It is important to check with the patient’s health plan to ensure you have all the information you need to proceed with the appeal.

**Checklist summary**

 Appeal form recommended by health plan

Current/recent chart notes

* Date of initial diagnosis
* Response to all prior therapies (eg, name of therapy, dose, start date/stop date, length of treatment, and clinical response)
* Relevant comorbidities

History prior to your care, if applicable

Supportive literature

TECELRA Prescribing Information

Patient’s narrative

**INDICATION**

TECELRA® (afamitresgene autoleucel) is a melanoma-associated antigen A4 (MAGE-A4)-directed genetically modified autologous T-cell immunotherapy indicated for the treatment of adults with unresectable or metastatic synovial sarcoma who have received prior chemotherapy, are HLA-A\*02:01P, -A\*02:02P, -A\*02:03P, or -A\*02:06P positive and whose tumor expresses the MAGE-A4 antigen as determined by FDA-approved or cleared companion diagnostic devices.

This indication is approved under accelerated approval based on overall response rate and durability of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial.

**IMPORTANT SAFETY INFORMATION**

**CONTRAINDICATION**: DO NOT use TECELRA in adults who are heterozygous or homozygous for HLA-A\*02:05P.

**BOXED WARNING: Cytokine release syndrome (CRS), which may be severe or life-threatening, occurred in patients receiving TECELRA. At the first sign of CRS, immediately evaluate patient for hospitalization and institute treatment with supportive care. Ensure that healthcare providers administering TECELRA have immediate access to medications and resuscitative equipment to manage CRS.**

**CRS**

* CRS occurred in 75% of patients (2% Grade ≥3) with a median onset of 2 days (range: 1 to 5 days) and median resolution of 3 days (range: 1 to 14 days). CRS (including Grade 1) was managed with tocilizumab in 55% of patients who experienced CRS.
* In patients who experienced CRS, the most common symptoms included fever, tachycardia, hypotension, nausea/vomiting, and headache.

**Immune Effector Cell–associated Neurotoxicity Syndrome (ICANS)**

* ICANS has been observed following administration of TECELRA. One patient (2%) had Grade 1 ICANS with a median onset of 2 days and resolution of 1 day.
* ICANS symptoms can include mental status changes, disorientation to time and place, drowsiness, inattention, altered level of consciousness, seizures, cerebral edema, impairment of cognitive skills, progressive aphasia, and motor weakness.
* Advise patients to refrain from driving and engaging in hazardous occupations or activities, such as operating heavy machinery or potentially dangerous machinery for 4 weeks following infusion due to the potential for neurologic events, including dizziness and presyncope.

**Monitoring for CRS and ICANS During and Following TECELRA Infusion**

* Ensure that healthcare providers administering TECELRA have immediate access to medications and resuscitative equipment to manage CRS and ICANS. Ensure patients are euvolemic prior to initiating TECELRA.
* During and following TECELRA administration, closely monitor patients for signs and symptoms of CRS and ICANS. Following treatment with TECELRA, monitor patients for at least 7 days at the healthcare facility. Continue to monitor patients for at least 4 weeks following treatment with TECELRA. Counsel patients to seek medical attention should signs or symptoms of CRS or ICANS occur.
* At the first sign of CRS or ICANS, immediately evaluate patients for hospitalization and administer supportive care based on severity and consider further management per clinical practice guidelines.

**Prolonged Severe Cytopenia**

* Anemia, neutropenia, and/or thrombocytopenia can occur for several weeks following lymphodepleting chemotherapy and TECELRA infusion. Patients with Grade ≥3 cytopenia not resolved by week 4 included anemia (9%), neutropenia (11%), and thrombocytopenia (5%). The median time to resolution was 7.3 weeks (range: 6.1 to 8.4 weeks) for anemia, 9.3 weeks (range: 6.4 to 12.3 weeks) for neutropenia, and 6.3 weeks (range: 6.1 to 6.4 weeks) for thrombocytopenia.
* Monitor blood counts after TECELRA infusion. Manage cytopenia with growth factor and blood product transfusion according to clinical practice guidelines.

**Infections**

* Infections may occur following lymphodepleting chemotherapy and TECELRA infusion and occurred in 32% of patients (14% Grade 3).
* Do not administer TECELRA to patients with active infections and/or inflammatory disorders.
* Monitor patients for signs and symptoms of infection before and after TECELRA infusion and treat patients appropriately.
* Febrile neutropenia was observed in patients after TECELRA infusion and may be concurrent with CRS. In the event of febrile neutropenia, evaluate for infection and manage with broad-spectrum antibiotics, fluids, and other supportive care, as medically indicated.
* Viral reactivation has occurred in patients following TECELRA. Perform screening for Epstein-Barr virus, cytomegalovirus, hepatitis B virus, hepatitis C virus, and human immunodeficiency virus (HIV) or any other infectious agents if clinically indicated. Consider antiviral therapy to prevent viral reactivation per local guidelines.

**Secondary Malignancies**

* Patients treated with TECELRA may develop secondary malignancies or recurrence of their cancer. Monitor for secondary malignancies.

**Hypersensitivity Reactions**

* Serious hypersensitivity reactions, including anaphylaxis, may occur due to dimethyl sulfoxide (DMSO) in TECELRA. Observe patients for hypersensitivity reactions during infusion.

**Potential for HIV Nucleic Acid Test False-Positive Results**

* The lentiviral vector used to make TECELRA has limited, short spans of genetic material that are identical to HIV. Therefore, some commercial HIV nucleic acid tests may yield false-positive results in patients who have received TECELRA.

**Adverse Reactions**

* Most common adverse reactions (incidence ≥20%) were CRS, nausea, vomiting, fatigue, infections, pyrexia, constipation, dyspnea, abdominal pain, non-cardiac chest pain, decreased appetite, tachycardia, back pain, hypotension, diarrhea, and edema.
* Most common Grade 3 or 4 laboratory abnormalities (incidence ≥20%) were lymphocyte count decreased, neutrophil count decreased, white cell blood count decreased, red blood cell decreased, and platelet count decreased.
* Most common serious adverse reactions (≥5%) were cytokine release syndrome and pleural effusion.

**Please see full** [**Prescribing Information**](https://www.adaptimmune.com/products/tecelra-prescribing-information)**, including Boxed Warning.**



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[Insert Physician Letterhead]

[Date]

To whom it may concern,

|  |  |
| --- | --- |
| **Member Name** | [Patient name] |
| **Date of Birth** | [Patient date of birth] |
| **Member ID Number** | [Member ID number] |
| **Member Group/Policy Number** | [Member group/policy number] |
| **Appeal case ID number** | [Case ID number] |
| **Denial date** | [Date of appeal denial] |

I am writing on behalf of my patient, [patient name], to appeal a denial of coverage and to request review by an oncology medical advisor to reconsider coverage for treatment of [unresectable or metastatic synovial sarcoma] with TECELRA® (afamitresgene autoleucel). According to your letter, coverage was denied due to [reason as stated in the denial letter].

My clinical assessment indicates that TECELRA is medically necessary for [patient name]. A brief description of the patient’s medical history is provided below:

[Please use the below table to clearly outline relevant details that document the patient’s medical necessity. Note: Exercise medical judgment and discretion when providing a diagnosis and characterization of the patient’s medical condition.]

|  |  |
| --- | --- |
| **Primary diagnosis** | [unresectable or metastatic synovial sarcoma that received prior chemotherapy, is HLA-A\*02:01P, -A\*02:02P, -A\*02:03P, or -A\*02:06P positive and tumor expresses the MAGE-A4 antigen as determined by FDA-approved or cleared companion diagnostic devices][Insert biomarker testing results] |
| **ICD-10-CM code** | [CXX.XX] |
| **No. of prior therapies** | [No. of prior therapies] |
| **Description of prior therapies and treatment response** | [Description of prior therapy 1 and patient’s treatment response][Description of prior therapy 2 and patient’s treatment response][Description of prior therapy 3 and patient’s treatment response][Description of prior therapy 4 and patient’s treatment response] |
| **Relevant disease-related characteristics**  | [Insert relevant disease-related characteristics including, but not limited to, histology and prognostic factors] |
| **Clinical fitness**  | [Insert relevant details on the patient’s clinical fitness, including, but not limited to, ECOG performance status and/or organ function indicators] |
| **Your professional opinion of the patient's likely prognosis or disease progression if they are not treated with TECELRA** | [Insert your professional opinion of the patient's likely prognosis or disease progression if they are not treated with TECELRA] |

ECOG=Eastern Cooperative Oncology Group; FDA=US Food and Drug Administration; HLA=human leukocyte antigen; ICD-10-CM=*International Classification of Diseases, Tenth Revision, Clinical Modification*; MAGE-A4=melanoma-associated antigen A4.

Rationale for treatment

[Summarize clinical rationale for treatment, including supporting evidence from:

* Prescribing Information
* Treatment guidelines and/or drug compendia
* Peer-reviewed literature]

Given the above details and the accompanying documentation, I believe TECELRA is medically necessary and appropriate and should be authorized for my patient. If you have further questions regarding this patient’s current medical status, please do not hesitate to contact my office at [phone number].

Please note that our treatment center, [treatment center], is authorized to administer TECELRA.

[Given the urgent nature of this request,] please provide a timely authorization. If you have further questions regarding this patient’s current medical status, please do not hesitate to contact my office at [phone number].

Sincerely,

[Provider Name and Signature]

[Provider Identification Number]

[Treatment Center Name and Address]

Attachments: [Include full TECELRA prescribing information and additional support noted above]