

CAR-T treatment for cancer patients

Funding request form



This form is to be used to request Bupa funding for your patient with acute lymphoblastic leukaemia (ALL), diffuse large B-cell lymphoma (DLBCL), mantle cell lymphoma (MCL) or primary mediastinal B-cell lymphoma (PMBCL) to receive CAR-T treatment.

For us to accurately assess your funding request, you need to:

1. Complete this form in full including all relevant elements of your patient's current medical condition and medical history
2. Attach multidisciplinary team (MDT) and/or NCCP meeting notes
3. Attach your patient's full medical notes

We're unable to agree funding based on incomplete forms or evidence. If we need to ask you for more information, this is likely to delay our funding decision and risks delaying your patient's treatment.

1. About the patient

Title (please tick)	<input type="checkbox"/> Miss	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Mr	<input type="checkbox"/> Dr	<input type="checkbox"/> Other (please state)
Name						
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bupa membership number						

2. Clinician's details

Name of requesting consultant	Specialty
Bupa provider number	Hospital name
Phone number	Email address

3. Questions about the patient's general fitness

The patient has a creatinine clearance (as estimated by Cockcroft Gault) ≥ 60 mL/min	Last recorded value
The patient has a serum ALT/AST ≤ 2.5 ULN	Last recorded value
The patient has a total bilirubin ≤ 1.5 mg/dl	Last recorded value
The patient has a cardiac ejection fraction $\geq 50\%$ with no evidence of pericardial effusion as determined by an ECHO, and no clinically significant ECG findings	<input type="checkbox"/> Yes <input type="checkbox"/> No Last recorded value
The patient has a no clinically significant pleural effusion	<input type="checkbox"/> Yes <input type="checkbox"/> No
The patient has a baseline oxygen saturation $>92\%$ on room air	<input type="checkbox"/> Yes <input type="checkbox"/> No
The patient has no evidence of unstable angina and/or myocardial infarction within the past six months	<input type="checkbox"/> Yes <input type="checkbox"/> No
The patient has been screened for hepatitis B (HBV), hepatitis C (HCV) and human immunodeficiency virus (HIV) and does not have any evidence of these infections	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. The patient's treatment to date

Past cancer treatment

Line of treatment	Drug regimen	Treatment response	Number of cycles	Treatment start date	Date of relapse
First				<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Second				<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Other				<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Other				<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Other				<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>

All current medication

5. Questions about the proposed treatment

Please answer the following questions for any indication

Proposed treatment start date

Is the lead consultant a haematologist accredited in the use of this drug?

 Yes

 No

Does the lead consultant have admitting rights to a Bupa accredited CAR-T treatment hospital/clinic and have the consultant and the hospital/clinic signed a CAR-T agreement with Bupa to become recognised to deliver CAR-T therapy to Bupa patients?

 Yes

 No

Is the lead consultant a member of the Bupa accredited CAR-T treatment hospital/clinic multidisciplinary team?

 Yes

 No

Has the histological diagnosis been either made by or reviewed and confirmed by a designated stem cell transplant centre?

 Yes

 No

Has the patient received two or more lines of systemic therapy (including specified therapies named in the license) and relapsed after the last line of systemic therapy?

 Yes

 No

Does the patient have sufficient end organ function to tolerate treatment?

 Yes

 No

Has the patient had previous treatment with any genetically modified autologous or allogeneic T cell immunotherapy?

 Yes

 No

Will four doses of tocilizumab be available for use in this patient in the event of the development of cytokine release syndrome?

 Yes

 No

Will the CAR-T cells otherwise be used as set out in its Summary of Product Characteristics (SPC)?

 Yes

 No

Which body reviewed this patient's case?

1. Local MDT?

 Yes

 No

2. National CAR-T Clinical Panel (NCCP) or equivalent body?

 Yes

 No

When was this patient's case reviewed by the NCCP or equivalent body?

Which CAR-T branded product is intended for this patient? Please explain why

5. Questions about the proposed treatment (continued)

Has the patient been offered NHS CAR-T treatment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have the patient's treatment funding options (Bupa and local NHS facility) been explained to them?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the patient been made aware:		
▪ That there are no clinical differences in the delivery of, and priority of access to, CAR-T treatment based on whether the treatment is funded privately or by the NHS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Of any operational differences (such as access to a private room or other facilities)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please answer these further questions if the patient has acute lymphoblastic leukaemia (ALL)

Does the patient have ALL and CD19 ALL positivity in the bone marrow which is detectable using flow cytometry?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the patient have an isolated extramedullary ALL relapse following a stem cell transplant or two lines of systemic therapy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the patient have an isolated extramedullary ALL relapse?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the patient have known active central nervous system involvement in relation to their lymphoma?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the patient been treated with blinatumomab?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the patient aged under 26 years on the date of the treatment request?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the patient have a Karnofsky (age ≥ 16 years) or a Lansky (<16 years) performance status of at least 50%?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please answer these questions if the patient has diffuse large B-cell lymphoma, mantle cell lymphoma or primary mediastinal B-cell lymphoma

Has progressive disease been defined radiologically as per RECIST version 1.1 and is based on CT or MR scans? (not an increased SUV or PET scan)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the patient have primary central nervous system lymphoma?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the patient have known active central nervous system involvement in relation to their lymphoma?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the patient aged 18 years or older on the date of request?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the patient have an ECOG performance score of 0 or 1?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Supporting evidence

Please tick the boxes below to confirm that you've shared the following reports containing medical notes with Bupa as part of this CAR-T funding request

Patient's MDT and/or NCCP meeting notes	<input type="checkbox"/>
Medical report including:	<input type="checkbox"/>
▪ Diagnosis and stage of cancer	
▪ Previous and current cancer treatments	
▪ Co-morbidities	
▪ Allergies Performance status	
▪ Family history or previous genetic testing	
▪ Palliative care information if relevant	
Pulmonary function test (necessary where the patient has poor lung or cardiac function)	<input type="checkbox"/>
Pathology	<input type="checkbox"/>

Imaging reports

Electrocardiogram (ECG)	<input type="checkbox"/>
Echocardiogram (ECHO)	<input type="checkbox"/>
PET scan of whole body	<input type="checkbox"/>
Brain MRI (necessary where the patient has CNS involvement)	<input type="checkbox"/>

5. Questions about the proposed treatment (continued)

Lab reports

Full blood count with differential

Chemistry panel

Liver function test (LFT)

Lactate dehydrogenase (LDH) test

Ferritin test

6. Consultant's declaration

Please complete this section to confirm that the information on this form is accurate, that you've obtained informed consent from the patient and have explained all the risks and alternatives associated with this treatment.

I understand that the clinical information I've supplied may be considered to be a medical report for insurance purposes. I confirm that my patient (or their legal representative) has given their permission for me to share this information and, where they've asked to review this information, they've been given an opportunity before I submitted this form.

Consultant's name

Date

General Medical Council number

Further information

Please send your completed form and supporting information to us within 24 hours of receipt by secure email specialistnursesupport@bupa.com

Information you send to this email address may not be secure unless you send us your email through Egress. To sign up for a free Egress account, go to <https://switch.egress.com>

We'll let you know by phone or secure email within seven working days of receiving your completed form whether your Bupa patient's treatment is clinically eligible and covered by their policy.

Please let us know how you'd prefer us to contact you about this

Phone or secure email

What's the best phone number or email address for us to use?

If you've any questions, please call us on **0845 850 0465**. We're here between 8am and 6pm Monday to Friday. We may record or monitor our calls.

7. Appendix

MDT requirements for Bupa CAR-T network hospitals

Before we can let you know whether we'll fund your patient's proposed CAR-T treatment, their case needs to be reviewed by an MDT based at a Bupa accredited CAR-T treatment hospital/clinic and, if applicable, by the NCCP or an equivalent body, to endorse clinical eligibility and prioritisation.

Bupa CAR-T network hospital MDTs need to be quorate and include sufficient representation from the following:

- At least two haemato-oncologists (either haematologists or some medical oncologists) who specialise in your patient's tumour type being discussed, one from each hospital contributing to the MDT
- At least one haematopathologist from the Specialist Integrated Haematological Malignancy Diagnostic Services to provide the diagnostic information.
- Input from the clinical oncologist, as required, when radiotherapy is delivered for your patient if they have acute lymphoblastic leukaemia (ALL) or lymphoma
- At least one radiologist specialising in haematology/lymphoma and input from neuro-radiology as required
- At least one clinical nurse specialist acting as your patient's advocate and accountable for ensuring that frailty is taken into account and documented.
- At least one specialist palliative care doctor on the specialist register or a nurse experienced in palliative care to liaise with specialists from other sites
- At least one geriatrician if your patient is over the age of 80.
- A neurologist if your patient has significant neurological comorbidities.
- A cardiologist if your patient has significant cardiology comorbidities
- Support staff to organise team meetings, provide secretarial support and submit to Bupa all required documents

In line with our contract, we may need a peer review process to take place to confirm the patient's clinical suitability for CAR-T treatment.