

CAR-T Therapy: Ensuring Access to a Revolutionary Cancer Treatment



What is CAR T?

CAR T-cell therapy (or chimeric antigen receptor T-cell therapy) is a groundbreaking, personalized treatment for certain blood cancers that modifies a patient's own immune cells to recognize and kill cancerous ones. CAR T is a new, unique therapy for treating advanced forms of cancer, bringing hope to patients who have exhausted other options and their families. While all CAR Ts are different, clinical studies of those that are approved have shown better health outcomes.*

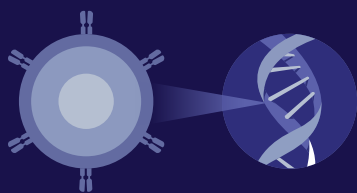
**Several CAR-T
cell therapies are
approved by the FDA,
with others being
researched.**

CAR T-cell therapies are currently approved to treat specific types of lymphoma and leukemia.

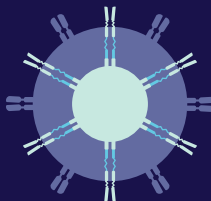


*In FDA-approved clinical trials, patients saw an improved overall response rate of 82% 27 months after CAR T treatment. Overall response rate is the proportion of patients who have a partial or complete response to therapy. Chavez JC, Bachmeier C, Kharfan-Dabaja MA. CAR T-cell therapy for B-cell lymphomas: clinical trial results of available products. *Therapeutic Advances in Hematology*. April 2019

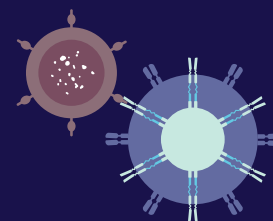
How CAR T Works?



A patient's T cells are collected from his or her blood.



Scientists add a gene to the T cells that instructs them to produce new surface receptors, called chimeric antigen receptors (CARs).



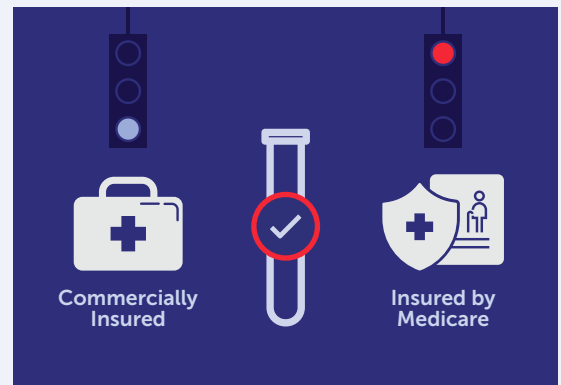
These modified T cells are returned to the patient's body, where the CARs allow them to recognize and attack cancer cells.

Restrictions to CAR T Access

Limited number of treatment centers. In the U.S., there are a limited number of specialized centers that meet the FDA's strong safety requirements to provide CAR T.

Inadequate reimbursement policies. The current system does not reimburse treatment centers for providing CAR Ts like commercial insurers. As a result, hospitals may lose significant amounts of money when administering CAR T to Medicare patients.² These losses make it difficult for centers to provide the treatment for these patients, creating a skewed system in which fewer centers treat those on Medicare with CAR T-cell therapy than those with private insurance.

Further, most states do not have explicit Medicaid policies to support providers who administer CAR T. Of those states that do, many have criteria that restrict which Medicaid patients are covered and where—in a hospital or outpatient clinic. Providers generally receive only partial reimbursement.³



Analysis shows that those insured by Medicare may not have the same access to CAR Ts as those who are commercially insured.¹

leaving those who have been paying into a system for care their whole lives at risk of not being able to access these treatments.

Policymakers can establish and enact policies that create broader patient access. Specifically:

CMS can ensure state Medicaid program coverage of CAR T- cell therapy so that **patients' treatment is paid for through their insurance.**



CMS can enact regulations that **facilitate further improvements in reimbursement rates for Medicare patients** to ensure hospitals administering CAR T receive appropriate compensation, enabling them to offer the treatment.



State Medicaid programs can issue policies that cover CAR T-cell therapy for all **qualifying patients receiving inpatient or outpatient treatment**, based on the drug label and a doctor's recommendation.



Policymakers could enact policies that allow private insurance providers to **spread out payments for a patient's CAR T-cell therapy**, making payments over several years instead of at once.



¹ QualiaBio. Issue Brief: Medicare Reimbursement for New Oncology Therapies and Geographic Access to Care. 2020.

² QualiaBio. Issue Brief: Medicare Reimbursement for New Oncology Therapies and Geographic Access to Care. 2020.

³ Landon Shupe, et al. An Analysis of Healthcare Plan CAR T Cell Coverage Criteria for Medicaid Beneficiaries. Rutgers Ernest Mario School of Pharmacy. 2019.