

<Date>
<Payer Name>
<Payer Address>

Attention: Provider Network Relations/CAR T Contracting

Re: CAR T Reimbursement for <CAR T Product Name>

<Provider Name> intends to offer <CAR T Product Name> as an important treatment option for appropriate patients at our center, in accordance with the FDA-approved use(s). Coverage and reimbursement of this CAR T cell therapy were not contemplated under the existing terms of our current agreement. To ensure prompt access to treatment for appropriate <Payer Name> members, <Provider Name> would like to begin discussions regarding reasonable reimbursement for <CAR T Product Name> and related services.

<CAR T Product Name> Overview

<Include a brief product description, including:

- FDA approved indication(s)
- Treatment process/phases
- Expected settings of care
- REMS certification requirement
- List/invoice price>

<Provider Name> CAR T Experience and Certification

<Summarize relevant treatment center experience with CAR T cell therapy, as applicable, including:

- Participation in CAR T clinical trials
- Use of currently approved CAR T cell therapies
- Implementation of a designated CAR T team and relevant patient care protocols throughout the CAR T treatment process, including adverse events monitoring and management
- REMS certification status for the CAR T product by Bristol Myers Squibb>

Proposed Reimbursement Approach

< State proposed reimbursement terms for treatment with the CAR T product for indicated tumor type.

If case rate reimbursement applies, include the following:

- Applicable setting(s) of care
- Starting point and duration for a typical case
- Included components of CAR T-related care
- CAR T product carve-in or carve-out and related terms
- Proposed base rate and outlier terms>

<Provider Name> is looking forward to discussing the proposed reimbursement approach for <CAR T Product Name> and related services with designated <Provider Name> representatives.

For further discussion, please contact our treatment center at:

<Designated Contact Name>
<Designated Contact's Phone, Email, and Address>