



TO: Physicians, Advanced Practice Registered Nurses (APRNs), Physician Assistants (PAs), Laboratories, Hospitals

RE: CAR T- Cell Therapy Coverage Guidelines

The purpose of this policy transmittal is to notify enrolled Connecticut Medical Assistance Program (CMAP) providers of new coverage guidelines for CAR T- Cell Therapy.

CAR T-Cell Therapy Policy

Effective May 1, 2019, new coverage guidelines will be used, in conjunction with the Department of Social Services' (DSS) definition of medical necessity (see section 17b-259b of the Connecticut General Statutes), to render determinations on prior authorization (PA) requests for CAR T-Cell therapy. CAR T-Cell therapy includes KYMRIAHTM (tisagenlecleucel) and YESCARTA® (axicabtagene ciloleucel). Requests for CAR T-Cell therapy will be reviewed using the new CAR T- Cell policy along with the DSS definition of medical necessity. The current KYMRIAHTM (tisagenlecleucel) policy will be retired.

NOTE: The Criteria are used as guidelines only. Should the criteria ever conflict with the DSS definition of medical necessity, the definition of medical necessity shall prevail.

The new policy is available on the HUSKY Health Web site at: www.ct.gov/husky. To access the policy, click on *For Providers* followed by *Policies, Procedures and Guidelines* under the *Medical Management* menu item.

Prior Authorization Submission Process

There are no changes to the Prior Authorization (PA) submission process. All Connecticut Medicaid-enrolled providers are required to submit requests for CAR T-Cell therapy using the newly created Kymriah™ (tisagenlecleucel)

Prior Authorization Request Form or the Yescarta® (axicabtagene ciloleucel) Prior Authorization Request Form. **Forms must be filled out and signed by the ordering physician.**

Both forms are available on the HUSKY Health Web site at: www.ct.gov/husky. To access the forms, click on *For Providers*, followed by *Prior Authorization Forms and Manuals* under the *Prior Authorization* menu item.

In addition to the PA request form, providers must submit clinical information supporting the medical necessity of the requested treatment. PA requests lacking sufficient clinical information to support the decision-making process will be pended until all the requested information is received by Connecticut Health Network of Connecticut (CHNCT). It is the responsibility of the provider initiating the PA submission to respond to requests for additional information in a timely manner. PA requests that pend for 20 business days without receipt of all requested documentation are subject to denial.

For questions regarding the prior authorization process, please contact CHNCT at 1.800.440.5071, between the hours of 8:00 a.m. to 6:00 p.m.