Connecticut Department of Social Services
Medical Assistance Program **Provider Bulletin 2018-16**
www.ctdssmap.com **March 2018**

TO: Pharmacy Providers, Physicians, Advanced Practice Registered Nurses (APRNs), Physician Assistants (PAs), and Hospitals

RE: Tisagenlecleucel (Kymriah™) and Voretigene Neparvovec-rzyl (Luxturna™) Coverage Guidelines

Effective April 1, 2018, new coverage guidelines will be used in conjunction with the Department of Social Services' (DSS) definition of medical necessity to render determinations on prior authorization (PA) requests for coverage of tisagenlecleucel marketed as Kymriah™ and voretigene neparvovec-rzyl marketed as Luxturna™, for HUSKY A, HUSKY B, HUSKY C and HUSKY D members.

The U.S. Food and Drug Administration (FDA) has approved Kymriah™ for the treatment of individuals, up to 25 years of age, with B-cell precursor acute lymphoblastic leukemia that is refractory or in second or later relapse.

The FDA has approved Luxturna™ for the treatment of individuals with confirmed biallelic RPE65 mutation-associated retinal dystrophy.

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

NOTE: **These are guidelines only**. Should the guidelines ever conflict with the definition of medical necessity, the definition of medical necessity as specified by section 17b-259b of the Connecticut General Statutes shall prevail.

Providers must submit clinical information supporting the medical necessity of the requested treatment. PA requests submitted without sufficient clinical information to support the decision-making process will be held in a pended status until all required information is received by Community Health Network of Connecticut, Inc. (CHNCT). PA requests that pend for twenty (20) business days without receipt of **all** required documentation are subject to denial.

Prior Authorization Submission Process

Providers must fax the applicable completed PA form to CHNCT at (203) 265-3994.

Kymriah™ PA requests should be submitted with procedure code Q2040 (tisagenlecleucel, up to 250 million CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per infusion) and the applicable national drug code (NDC). Luxturna™ PA requests should be submitted with procedure code C9399 (unclassified drugs or biologicals) and the applicable NDC.

The Kymriah™ and Luxturna™ PA request 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.

For questions regarding the PA process, please contact CHNCT at 1-800-440-5071, Monday through Friday, between the hours of 8:00 a.m. and 6:00 p.m.