



TO: Physicians, Advanced Practice Registered Nurses (APRNs), Physician Assistants (PAs), and General Acute Care Hospitals
RE: Policy Updates and Changes to Clinical Review Criteria

The purpose of this provider bulletin is to notify enrolled Connecticut Medical Assistance Program (CMAP) providers of upcoming policy updates and changes to clinical review criteria for certain medical services.

New Policy - TECARTUS™ (brexucabtagene autoleucel)

Tecartus™ is a new treatment for relapsed/refractory mantle cell lymphoma. Effective for dates of service November 1, 2020 and forward, Tecartus™ will require prior authorization (PA). A new policy 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 review PA requests for Tecartus™.

Palivizumab (Synagis®) Policy

Minor updates were made to the Palivizumab (Synagis®) policy for the 2020-2021 RSV season including the expiration date for authorizations granted for this season

Additional Policy Updates

The following policies will have updates to the clinical criteria effective November 1, 2020 and forward:

- Whole Exome and Whole Genome Sequencing
- Genetic Testing
- Zulresso™ (brexanolone)
- Organ Transplant

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.

Policies are available on the HUSKY Health Web site at: <https://portal.ct.gov/husky>. To access the policies, click on *For Providers* followed by

Policies, Procedures and Guidelines under the *Medical Management* menu item.

Prior Authorization (PA) Form Updates

- PA forms for Synagis, Whole Exome and Whole Genome Sequencing, and Zulresso have been updated to support policy changes.
- PA forms for TECARTUS and organ transplant have been created.

PA forms are available on the HUSKY Health Web site at: <https://portal.ct.gov/husky>. To access the forms, click on *For Providers* followed by *Provider Forms* under the *Medical Management* menu item.

Prior Authorization Submission Process

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