



TO: Physicians, Advanced Practice Registered Nurses (APRNs), Physician Assistants (PAs), Hospitals, Rehabilitation Clinics and Home Health Agencies

RE: Policy Updates and Changes to Clinical Review Criteria: Breyanzi, Cyanoacrylate Adhesive, Kymriah, Yescarta, Autologous Chondrocyte Implantation, Botulinum Toxin for Chronic Migraine, Rehabilitation Services, Treatment of Fecal Incontinence, Tecartus, Gene-based Therapy for Treatment of Duchenne Muscular Dystrophy

The purpose of this bulletin is to notify enrolled Connecticut Medical Assistance Program (CMAP) providers of upcoming HUSKY Health policy updates and changes to clinical review criteria used in the prior authorization (PA) process for the following medical services.

New Policies: Breyanzi® and Cyanoacrylate

Effective for PA requests submitted May 1, 2021 and forward, CMAP will use newly developed HUSKY Health policies to review requests submitted for:

- BREYANZI® (lisocabtagene maraleucel) used for the treatment for relapsed or refractory large B-cell lymphoma; and
- Cyanoacrylate Adhesive for Varicose Veins of the Lower Extremity used for the treatment of varicose veins of the lower extremities. Requests for cyanoacrylate should be submitted using the Outpatient Prior Authorization Request Form.

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

Additional Policy Updates

The following policies will have updates to the clinical criteria used to review PA requests effective May 1, 2021:

- KYMRIA™ (tisagenlecleucel)
- YESCARTA® (axicabtagene ciloleucel)
- Autologous Chondrocyte Implantation
- Botulinum Toxin for the Treatment of Chronic Migraine
- Rehabilitation Services

- Treatment of Fecal Incontinence: Hyaluronic Acid/Dextranomer Gel for Submucosal Injection (SOLESTA®)
- TECARTUS™ (brexucabtagene autoleucel)
- Gene-based Therapy for Treatment of Duchenne Muscular Dystrophy (formerly Antisense Oligonucleotides for Duchenne Muscular Dystrophy (DMD) – Eteplirsen (EXONDYS 51®), Golodirsen (VYONDYS 53®) and Viltolarsen (VILTEPSO®)). Note: the current Prior Authorization Request Form will be updated.

Accessing HUSKY Health Policies and PA Forms

All of the policies are available on the HUSKY Health Web site at: <https://portal.ct.gov/husky>. To access the policies, click on *Information for Providers* followed by *Policies, Procedures and Guidelines* under the *Medical Management* menu item. To access the PA forms, click on *Information 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 Community Health Network of CT, Inc. (CHNCT) at 1-800-440-5071, between the hours of 8:00 a.m. and 6:00 p.m.