



**Aetna Better Health of Texas
PROVIDER NOTIFICATION**

Dear Valued Provider,

In a periodic review of our Prior Authorization code listing, Effective April 06, 2024, Aetna Better Health of Texas **will require prior authorization** for the codes listed below for participating providers. As always, do not hesitate to contact your Aetna Better Health of Texas Provider Relations Representative with any questions or comments.

Please refer to the provider pre-authorization tool for the most up to date listing of codes requiring a prior authorization

<https://www.aetnabetterhealth.com/texas/providers/prior-authorization.html>

Please note: This new process may result in a change in how your practice is reimbursed for these services. We urge you to thoroughly review the information in this document and in the attached policy.

CHIP

Bexar area

1-866-818-0959 (TTY: 711)

Tarrant area

1-800-245-5380 (TTY: 711)

STAR (Medicaid)

Bexar area

1-800-248-7767 (TTY: 711)

Tarrant area

1-800-306-8612 (TTY: 711)

STAR Kids

Dallas and Tarrant areas

1-844-787-5437 (TTY: 711)

Thank you for your valued partnership in caring for our Aetna Better Health Members.

Sincerely,

Provider Services and Chief Medical Officer
Aetna Better Health of Texas

Code List

Code	Code Description
J3401	Vyjuvek (beremagene geperpavec-svdt)

1. Prior authorization is required for Vyjuvek (beremagene geperpavec-svdt)
2. Initial therapy for Vyjuvek may be approved for a 6-month duration if all the following criteria are met:
 - a. Client is at least 6 months or older.
 - b. Client has a confirmed diagnosis of dystrophic epidermolysis bullosa (DEB)(diagnosis code Q81.2).
 - c. Genetic test confirming client has a mutation in the collagen type VII alpha 1 chain(COL7A1) gene.
 - d. Client does not have current evidence or history of squamous cell carcinoma or active infection in the area requiring Vyjuvek application.
 - e. Client (female of childbearing age) has a confirmed negative pregnancy status as treatment with Vyjuvek may be potentially hazardous to a fetus.
3. For renewal or continuation therapy client must meet the following requirements:
 - a. Client met initial requirements to prior authorization and is currently treated with Vyjuvek with no severe adverse reactions.
 - b. Client experienced positive clinical response to therapy as documented by any of the following:
 - i. Reduction in the number of wounds, decrease in wound size, increase in granulation tissue, and/or complete wound closure.
 - c. Client has not experienced any complications while being treated with Vyjuvek.

Refer to the Outpatient Drug Services Handbook of the Texas Medicaid Provider Procedure Manual for more details on the clinical policy and prior authorization requirements.

*Note that new drugs tend to be listed as PA NO, but pending regulations in 2024 will allow new drugs to come onto the formula with PA YES until their clinical effectiveness and place in therapy is better known.