



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

**RE: Policy Updates and Changes to Clinical Review Criteria – Eteplirsen, Golodirsen, and Viltolarsen, Bone Anchored Hearing Aids, and Compression Garments and Removal of Prior Authorization for Supprelin LA**

The purpose of this 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 and the removal of the prior authorization (PA) requirement for Supprelin LA.

### **New Policy – Eteplirsen, Golodirsen, Viltolarsen**

Effective for PA requests submitted February 1, 2021 and forward, a new policy will be used to review requests submitted for the following treatment options for Duchene Muscular Dystrophy:

- The existing policy for Eteplirsen will be retired and a new policy will be used effective for requests received February 1, 2021 and forward; and
- Effective February 1, 2021 and forward, Golodirsen and Viltolarsen will require PA and a new policy will be used to review requests.

A new PA form will be 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 effective February 1, 2021:

- Compression Garments: Measurements are no longer needed when submitting prior authorization requests for compression garments.

- Bone Anchored Hearing Aids (BAHA): The existing policy for BAHA will be retired. Community Health Network of Connecticut (CHNCT) will use Change Healthcare’s InterQual® criteria as part of the review process for these procedures.

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.

### **Removal of PA Requirement**

Prior authorization for Supprelin LA will no longer be required effective for dates of service February 1, 2021 and forward.

**NOTE: The review criteria are used as guidelines only.** Should the review criteria ever conflict with the Department of Social Services’ definition of medical necessity, the definition of medical necessity shall prevail.

### **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.