



**TO: Physicians, Advanced Practice Registered Nurses (APRNs), Physician Assistants (PAs), Hospitals and Medical Equipment Devices and Supplies (MEDS) Providers**  
**RE: Policy Updates and Changes to Clinical Review Criteria**

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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.

Policies are available on the HUSKY Health Web site at: [portal.ct.gov/husky](http://portal.ct.gov/husky). To access the policies, click on “*For Providers*” followed by “*Policies, Procedures and Guidelines*” under the “*Medical Management*” menu item.

**New Policy – OXLUMO® (lumasiran)**

- Effective July 1, 2021
- Treatment of primary hyperoxaluria type I

**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.

**New Policy – Volara System**

- Effective July 1, 2021
- Oscillation and lung expansion therapy
- Considered investigational for use in the home setting. Requests will be reviewed on a case-by-case basis.

**New Policy – Kinova® JACO® Assistive Robotic Arm**

- Effective July 1, 2021
- Wheelchair mounted robotic arm for individuals with limited or no upper limb mobility
- The device is considered investigational as there is insufficient evidence evaluating its safety, impact on health outcomes, and decrease in caregiver burden. Requests will be reviewed on a case-by-case basis.

**Additional Policy Updates**

The following policies have updates to clinical criteria, effective July 1, 2021:

- Spinraza® (nusinersen)
- Zolgensma® (onasemnogene abeparvovec-xioi)

Authorization Request Forms will be updated to reflect policy changes.

**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.