



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

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 items.

New Policies – Effective May 1, 2022

- Aduhelm™ (aducanumab-avwa)
Note: a new prior authorization form will be available on the HUSKY Health Web site at <https://portal.ct.gov/husky>. To access the form, click on *Information for Providers* followed by *Provider Forms* under the *Medical Management* menu item.
- Home Use of Suit Therapy Devices
- Implantation of Polyethylene-glycol (PEG) Spacing Hydrogel (i.e. SpaceOAR™ System)
- Light Therapy for Acne
- Percutaneous Electrical Nerve Field Stimulator (IB-Stim Device) for Functional Abdominal Pain in Adolescents
- Restorative Obesity Surgery, Endoluminal (ROSE) Procedure

Policy Updates – Effective May 1, 2022

The following policies have updates to clinical criteria:

- Botulinum Toxin for the Treatment of Chronic Migraine
- Cranial Remodeling Devices
- Gender Affirmation Surgery
- Kymriah® (tisagenlecleucel)
- Peristeen® Anal Irrigation System
- Rehabilitation Services
- Tecartus™ (brexucabtagene autoleucel)

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 *Information for Providers* followed by *Policies, Procedures and Guidelines* 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.