



TO: Physicians, Advanced Practice Registered Nurses (APRNs), Physician Assistants (PAs), Outpatient 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 new policies and upcoming policy changes to clinical review criteria for certain medical services and items.

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 – Effective February 1, 2023

- Tepezza® (teprotumumab-trbw)

A corresponding PA 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.

Policy Updates – Effective February 1, 2023

The following policies have updates to the criteria:

- Continuous Glucose Monitors
- Incontinence Supplies
- Gender Affirmation Surgery

NOTE: The Criteria are used as guidelines only. Should the criteria ever conflict with the Department of Social Services' (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.