



TO: Pharmacies

RE: Client Notification Regarding the Use of A One-Time, 14-day Prior Authorization

The purpose of this bulletin is to inform pharmacies of changes to the one-time, 14-day supply flier previously published in provider bulletin PB 2012-41.

The Department of Social Services (DSS) is issuing an updated flier to pharmacies for distribution to HUSKY Health clients who receive a one-time, 14-day supply of their prescription medication when the prescribing provider is not actively enrolled with the Connecticut Medical Assistance Program (CMAP) or when Prior Authorization (PA) is required.

Effective October 1, 2013 the attached flier is to be given to the patient each time a one-time, 14-day supply of medication is dispensed to notify patients that:

- their prescribing provider is not actively enrolled with the CMAP and in accordance with the mandates set forth in the Affordable Care Act (ACA) he or she must enroll in the CMAP in order to continue prescribing medications to CMAP clients
- PA is needed for the prescription to be fully filled

In each instance the 14-day supply dispensed by the pharmacy is a one-time supply. In order to avoid disruption in medication therapy, the patient must either contact the prescriber as

soon as possible to determine if they will be able to continue treatment under their supervision or arrange for PA for a full prescription to be filled.

To dispense a one-time, 14 day supply of a medication when it has been determined that the prescribing provider is not actively enrolled, pharmacies can enter a Prescribing Provider Exception (PPE) override by entering all 7's in the Prior Authorization Number Submitted field, NCPDP 462-EV, and a numeric value of "1" in the Prior Authorization Type field, 461-EU, of their NCPDP D.0 transaction.

To dispense a one-time, 14 day supply of a non-preferred or brand-name medication pharmacies should continue to enter all 9's in the Prior Authorization Number Submitted field, 462-EV, and a numeric value of "1" in the Prior Authorization Type field, 461-EU, of their NCPDP D.0 transaction.

Please note: PA is required when any new or refill prescription is filled for the first time for a non-preferred product or a brand-name medication when a preferred chemically equivalent generic is available.

Pharmacies should indicate the reason for dispensing a 14-day supply on the updated flier and notify the client prior to dispensing the medication.



In the event that the prescribing provider does not wish to enroll with the CMAP, the patient should contact the appropriate Administrative Services Organization (ASO) in order to be referred to a new prescribing provider who is actively enrolled with the CMAP.

To locate an enrolled prescribing provider, clients should contact the appropriate ASO at the number listed below to be referred to a new provider who is enrolled with the CMAP.

- Primary Care Providers: Community Health Network of CT (CHNCT) at 1-800-859-9889
- Behavioral Health Providers: Value Options at 1-877-55-CTBHP or 1-877-552-8247
- Dental Providers: Connecticut Dental Health Partnership at 1-855-CT-DENTAL or 1-855-283-3682



Dear HUSKY Health client,

You are receiving a **one-time 14 day supply** of a drug your doctor prescribed for you. You are receiving a temporary supply for the following reason:

___ Your prescriber is not enrolled in the CT Medical Assistance Program (CMAP).

___ The medication your physician prescribed requires prior authorization.

To continue receiving this drug, your doctor needs to either enroll in the CMAP or receive a prior authorization from DSS.

If your doctor does not intend to enroll in the CMAP, please contact the appropriate Administrative Services Organization (ASO) at the number listed below to be referred to a new provider who is enrolled with the CMAP.

Primary Care Providers: Community Health Network of CT (CHNCT) at 1-800-859-9889

Behavioral Health Providers: Value Options at 1-877-55-CTBHP or 1-877-552-8247

Dental Providers: Connecticut Dental Health Partnership at 1-855-CT-DENTAL or 1-855-283-3682

If your doctor is enrolled with the CMAP, please contact your doctor to switch to a drug that does not require prior authorization or to have your doctor get prior authorization for this drug.

Thank you,

The Connecticut Department of Social Services (DSS)

Dear HUSKY Health client,

You are receiving a **one-time 14 day supply** of a drug your doctor prescribed for you. You are receiving a temporary supply for the following reason:

___ Your prescriber is not enrolled in the CT Medical Assistance Program (CMAP).

___ The medication your physician prescribed requires prior authorization.

To continue receiving this drug, your doctor needs to either enroll in the CMAP or receive a prior authorization from DSS.

If your doctor does not intend to enroll in the CMAP, please contact the appropriate Administrative Services Organization (ASO) at the number listed below to be referred to a new provider who is enrolled with the CMAP.

Primary Care Providers: Community Health Network of CT (CHNCT) at 1-800-859-9889

Behavioral Health Providers: Value Options at 1-877-55-CTBHP or 1-877-552-8247

Dental Providers: Connecticut Dental Health Partnership at 1-855-CT-DENTAL or 1-855-283-3682

If your doctor is enrolled with the CMAP, please contact your doctor to switch to a drug that does not require prior authorization or to have your doctor get prior authorization for this drug.

Thank you,

The Connecticut Department of Social Services (DSS)