



**TO: Pharmacy Providers, Physicians, Nurse Practitioners, Dental Providers, Physician Assistants, Optometrists, Podiatrists, Long Term Care Providers, Clinics, and Hospitals**  
**RE: Pharmacy Legislative Changes and Prior Authorization Changes**

As previously communicated to pharmacy providers via an Important Message posted on the [www.ctdssmap.com](http://www.ctdssmap.com) Web Site, pursuant to the provisions of the State Budget for the Biennium ending June 30, 2017, the following legislative changes have been implemented by the Department of Social Services (DSS):

#### July 1, 2015 Changes

Effective July 1, 2015, all full dual eligible clients, covered by Medicare Part D and Medicaid will be financially responsible for ALL co-pays imposed by their Medicare Part D Prescription Drug Plan (PDP) every calendar month.

Previously, the Department paid for Medicare Part D co-pays after the first fifteen dollars (\$15.00) had been paid by the client.

Effective July 1, 2015, a new dispensing fee has been established for each prescription paid on behalf of clients enrolled in CMAP. The dispensing fee paid to pharmacies will change from one dollar and seventy cents (\$1.70) to one dollar and forty cents (\$1.40).

As a reminder, dispensing fees are only paid on reimbursable pharmacy claims submitted with a National Drug Code (NDC) of a legend drug. A dispensing fee is not paid on claims submitted with an NDC of an over-the-counter (OTC) medication/product, for Factor VIII medications, or on any claims where CMAP is not the primary payer.

Additionally, effective July 1, 2015, Estimated Acquisition Cost (EAC) reimbursement to pharmacies decreases from AWP-16% to AWP-16.5% plus applicable dispensing fee.

#### August 1, 2015 Changes

For dates of service August 1, 2015 and forward, payment will be made for the original prescription and as many refills as ordered by the licensed authorized practitioner covering a maximum period of twelve (12) months in accordance with state and federal regulations. This change does not apply to those items which fall within the “Controlled Substance Act”, that being five (5) refills or six (6) months whichever comes first as governed by 21 U.S.C. Section 829(b) and Section 21a-249(h) of the Connecticut General Statutes. Please contact your software vendor to make any necessary changes.

Additionally, for dates of service August 1, 2015 and forward, the Department will pay for low dose (81mg) aspirin for pregnant women when submitted with a valid diagnosis code indicating pregnancy as endorsed by the US Preventive Services Task Force.

#### Hepatitis C PA Request Form

As a reminder, effective July 1, 2015, the *Sovaldi PA Request Form* was replaced by the *Hepatitis C PA Request Form*, which must be used for authorization of the following agents:



- Harvoni
- Olysio
- Sovaldi
- Viekira Pak

Please note: DSS will honor previous prior authorizations for drugs newly subject to the Hepatitis C PA criteria approved prior to July 1, 2015 for dates of service on or after July 1, 2015 up to a period of six months.

The Hepatitis C PA form is available on the [www.ctdssmap.com](http://www.ctdssmap.com) Web site. From the Home page, go to Information → Publications → Forms → Authorization/Certification Forms → Hepatitis C PA Form; or to Pharmacy Information → Pharmacy Program Publications → Hepatitis C PA Form.

#### Change in Prior Authorization (PA) Process and Notices

**The Department has changed its process for issuing denials of PA requests.** When HP, on behalf of DSS, receives a PA request that is incomplete, HP will reach out to the prescriber and try to rectify the situation. If the issue is not resolved within approximately 24 hours, HP will send a denial notice to the client and the prescriber. The notice clearly states the basis for the denial and provides a contact number at HP for questions.

