



TO: Pharmacy Providers, Physicians, Nurse Practitioners, Physician Assistants, Clinics, Long Term Care Providers, and Hospitals
RE: Change in Day Supply of Pharmacy Auto Prior Authorization of Long Acting Sustained Release Opioid Medications

Connecticut law prohibits a provider from prescribing an opioid drug for more than a seven (7) day supply (Public Act 16-43, Section 7). This law was based upon the Center for Disease Control and Prevention's Guidelines for Prescribing Opioids for Chronic Pain. The law allows limited exceptions for certain documented medical conditions.

As a reminder, effective December 1, 2016, PA is required for all long acting sustained release opioid medications for HUSKY A, HUSKY B, HUSKY C, HUSKY D, and Family Planning program clients.

The Department of Social Services (DSS) is required to dispense a temporary 14 day supply for all medications that require Prior Authorization (PA) for which an authorization is not received. This is to allow a prescriber to submit authorization for the medication without interrupting care pending receipt of the request for authorization. The 14 day supply is at variance with the statutory requirements of Public Act 16-43.

Effective July 1, 2017, DSS' prior authorization system will allow for payment of a one-time seven (7) day temporary supply of all long acting sustained release opioid medications requiring PA. If a claim for an opioid medication requiring PA is submitted and there is no PA on file, the pharmacy will receive a message that the prescriber should be contacted to obtain PA and that a seven (7) day supply of medication can be dispensed. The pharmacist may dispense **a one-time seven (7) day supply** of an opioid medication requiring PA by entering all 9's in the Prior Authorization Number submitted field (NCPDP 462-EV), and a numeric value "1" in the Prior Authorization Type field (NCPDP 461-EU).

Dear HUSKY Health client,

You are receiving a **one-time 14 day supply** of a drug your doctor prescribed for you or if this medication is a long acting opioid a **one-time 7 day supply**. 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 1-800-440-5071

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

Dental Providers: BeneCare 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)

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