



**STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES  
NURSING HOME & LONG TERM CARE PHARMACY PRIOR AUTHORIZATION REQUEST FORM  
TELEPHONE: 1-866-409-8386 FAX: 1-866-759-4110**

Pharmacy Contact Name: \_\_\_\_\_

Pharmacy NPI: \_\_\_\_\_

LTC Pharmacy Fax #: (    )    -

LTC Pharmacy Phone #: (    )    -

STATEMENT OF TRUTH	PLEASE NOTE
<p><b>I certify that the information given in this form is true and accurate for the medication requested.</b></p> <p>Signature of Pharmacist (mandatory): _____ Date: _____</p> <p><b>I certify that the information given in this form is true and accurate for the medication requested.</b></p> <p>*Signature of Prescriber: _____ Date: _____</p> <p><b>*PRESCRIBER MUST SIGN IF THE REQUESTED MEDICATION IS A CONTROLLED SUBSTANCE.</b></p>	<p><b>PAs cannot be backdated except for the following reasons:</b></p> <ul style="list-style-type: none"> <li>• Cases of retroactive eligibility</li> <li>• Claims billed to one program when the client was eligible for another</li> <li>• Claims that need to be corrected (e.g. wrong quantity)</li> <li>• Leaves of absence</li> </ul> <p><b>Backdating can be done up to a maximum of 7 days.</b> If the reason is not listed above, you must call or fax for approval <b>BEFORE</b> medication is dispensed. Neither Gainwell Technologies, nor DSS, will be held responsible for lack of payment</p>

PRIOR AUTHORIZATION REQUEST INFORMATION – Please Note: Include effective date for any backdating. <b>Incomplete requests will be denied.</b>							
Member Name (Last, First)			Member ID			Member Date of Birth (MM/DD/CCYY)	
Date of Service	Drug Name	Qty	Days' Supply	Prescriber's Name	Prescriber's NPI	Type of PA Edit Hit*: ER, BMN, PDL, OD	Reason for PA Request

**\*Types of PA Edits: ER = Early Refill; BMN = Brand Medically Necessary; OD = Optimal Dose; PDL = Preferred Drug List**

This form (and attachments) contains protected health information (PHI) for Gainwell Technologies and is covered by the Electronic Communications Privacy Act, 18 U.S.C. § 2510-2521 and the Standards for Privacy of Individually Identifiable Health Information, 45 CFR Parts 160 and 164, which is intended only for the use of prior authorization. Any unintended recipient is hereby notified that the information is privileged and confidential, and any use, disclosure, or reproduction of this information is prohibited. Any unintended recipient should contact Gainwell Technologies by telephone at (860) 255-3900 or by e-mail immediately and destroy the original message.