



**TO: Pharmacy Providers, Physicians, Nurse Practitioners, Physician Assistants, Clinics,  
Long Term Care Providers, and Hospitals**  
**RE: New Prior Authorization Requirements for Short-Acting Opioid Medications**

Effective October 16, 2019, Prior Authorization (PA) will be required for all new prescriptions of short-acting opioid (SAO) medications for HUSKY A, HUSKY B, HUSKY C, HUSKY D, Family Planning and Tuberculosis members.

The new PA requirement will apply to SAO prescriptions written for a day supply greater than seven (7) days or when the member exceeds a Morphine Milligram Equivalent (MME) threshold as explained below.

Prescribing providers with the following taxonomies, who are actively enrolled in the Connecticut Medical Assistance Program (CMAP) and who are treating a patient for any form of cancer or sickle cell disease and document the International Statistical Classification of Diseases and Related Health Problems (ICD-10) diagnosis code on the opioid prescription order, will be excluded from the PA requirement:

- 207RH0000X – Allopathic & Osteopathic Physicians/Internal Medicine, Hematology
- 207RH0003X – Allopathic & Osteopathic Physicians/Internal Medicine, Hematology & Oncology
- 207RX0202X – Allopathic & Osteopathic Physicians/Internal Medicine, Medical Oncology
- 2080P0207X – Allopathic & Osteopathic Physicians/Pediatrics, Pediatric Hematology-Oncology

**Please note:** Patients currently receiving SAO medications who have exceeded the

cumulative MME score of 630 in the preceding 120 days will be exempt from the PA requirement for a period of twelve (12) months from SAO implementation. This 12-month grace period is to allow time for the prescriber to re-evaluate members currently receiving opioid medications and the need for using these medications going forward.

Effective October 16, 2019, pharmacy claims submitted for all opioid medications must include a valid and documented ICD-10 diagnosis code supporting medical necessity from the prescriber in order for the pharmacy claim to process. Claims for opioid medications submitted on or after October 16, 2019 without a diagnosis code will deny and return National Council for Prescription Drug Program (NCPDP) Reject code 39 – M/I *Diagnosis Code*.

**Prior Authorization (PA) Requirements**

CMAP payment for opioid medications will be limited to a **7-day supply**. If a pharmacy submits a claim for an SAO where the day supply is greater than 7 days, the claim will deny and return NCPDP Reject code 925 – *Initial Fill Days Supply Exceeds Limits*.

In addition to the 7-day limit, the Department of Social Services (DSS) will also require SAO PA based on a client's maximum cumulative MME score. Any member who has a cumulative MME **greater than 630** in the 120 days prior to the prescription dispense date entered by the pharmacy will require SAO PA. If a pharmacy submits a claim for an SAO where the cumulative MME score exceeds the designated threshold, the claim will deny and

return NCPDP Reject code 922 – *MME Exceeds Limits*.

Pharmacists will have the opportunity to dispense a one-time, 3-day supply of medication by entering all 9's in the Prior Authorization Number Submitted field, NCPDP 462-EV, and a numeric value of "1" in the Prior Authorization Type field, NCPDP 461-EU.

Each time a 3-day supply of medication is dispensed, the pharmacist is required to provide the member with a DSS authorized flier located on the [www.ctdssmap.com](http://www.ctdssmap.com) Web site under Pharmacy → Pharmacy Program Publications → Temporary Supply Flier.

**NOTE:** If the member has a cumulative MME less than 630 in the preceding 120 days **AND** the claim is for less than a 7-day supply, the claim will not require SAO PA and will pay.

In order to receive SAO PA approval, the following criteria must be met:

1. The patient must be age 12 or older;
2. The patient must have a diagnosis of cancer and/or sickle cell disease;
3. The patient must be under the care of an Oncologist or Pain Specialist experienced in the use of Schedule II opioids to treat cancer pain;
4. The patient does not have any of the following contraindications:
  - hypersensitivity to opiates
  - hypoxia, hypercarbia
  - severe asthma or chronic obstructive pulmonary disease
  - paralytic ileus; and
5. The patient needs an ongoing, continuous course of therapy.

In instances where the individual does not meet these criteria, the prescriber must write a letter of medical necessity to DSS' Medical Director

for consideration. Letters of medical necessity should be faxed with the Opioid PA Form to (860) 424-4822.

The existing Long Acting Sustained Release Opioid (LAO) PA Request Form has been updated to accommodate both the LAO and SAO prior authorization criteria and has been renamed the **Opioid Prior Authorization Form**.

The new Opioid Prior Authorization Form is attached below and will be available on the [www.ctdssmap.com](http://www.ctdssmap.com) Web site. From the Home page, go to Information > Publications > Authorization/Certification Forms > Opioid PA Form; or from the Home page, go to Pharmacy Information > Pharmacy Program Publications > Opioid PA Form.

**The High Dose Transmucosal Fentanyl PA form required for transmucosal products when more than four (4) doses per day are prescribed will be eliminated.** Effective October 16, 2019, PA requests for transmucosal fentanyl products will be accepted when submitted on the new Opioid PA form or when submitted by the individual prescriber via the secure Web portal on the [www.ctdssmap.com](http://www.ctdssmap.com) Web site.

Effective October 16, 2019, the Pharmacy Web PA feature available on the [www.ctdssmap.com](http://www.ctdssmap.com) secure Web portal will be updated in order to allow prescribing providers to submit and verify the status of all opioid PA requests.

Actively enrolled prescribing providers can utilize the Pharmacy Web PA feature on the [www.ctdssmap.com](http://www.ctdssmap.com) secure Web portal to:

- Submit Pharmacy PA requests,
- Verify approval status of PA requests,
- Upload additional supporting clinical documentation for PA requests,
- Receive PA number

- Search and view previously submitted PA requests.

Prescribing providers who are currently enrolled and do not have a secure Web portal account should contact [CTDSSMAP-ProviderEmail@dx.com](mailto:CTDSSMAP-ProviderEmail@dx.com) and include their full name and National Provider Identifier (NPI) to receive a Welcome letter, as well as a Personal Identification Number (PIN). A PIN is provider specific and is required to set up the secure Web portal account in order to submit pharmacy PA requests under the prescriber's individual NPI. Additional information regarding the secure Web portal account can be found under section *10.5.3 Secure Web Site* of Chapter 10 of the Provider Manual titled *Web/AVRS*. Chapter 10 is available from [www.ctdssmap.com](http://www.ctdssmap.com) under Information > Publications > Provider Manual.

(This and other PA forms are posted on [www.ctdssmap.com](http://www.ctdssmap.com) and can be accessed by clicking on the pharmacy icon)

**CT Medical Assistance Program  
 Opioid Prior Authorization (PA) Request Form**

**To Be Completed By Prescriber**

<u>Prescriber Information</u>	<u>Patient Information</u>
Prescriber's NPI:	Patient Medicaid ID Number:
Prescriber Name:	Patient Name:
Phone #: ( )	Patient DOB: / /
Fax #: ( )	Primary ICD Diagnosis Code:
<u>Prescription Information</u>	
Drug Requested:	Dose/frequency:
<input type="checkbox"/> New therapy <input type="checkbox"/> Continuation	Expected Duration:

**This form must be completed by the prescribing provider. If the form is missing information, the PA will not be processed.**

**Clinical Information**

Is the patient 12 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the patient have a diagnosis of cancer and/or sickle cell disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No*
Is the patient under the care of an Oncologist or pain specialist who is experienced in the use of Schedule II opioids to treat cancer pain?	<input type="checkbox"/> Yes <input type="checkbox"/> No*
Is the patient free from all of the following contraindications: hypersensitivity to opiates, hypoxia/hypercarbia, severe asthma or chronic obstructive pulmonary disease, or paralytic ileus?	<input type="checkbox"/> Yes <input type="checkbox"/> No*
The patient needs an ongoing, continuous course of therapy for Short Acting Opioids or an ongoing, continuous course of therapy and not on an as needed basis for Long Acting Opioids.	<input type="checkbox"/> Yes <input type="checkbox"/> No

**If you answered 'YES' to all of the questions above, please fax the completed form to the DXC Technology Pharmacy PA Assistance Center at the number above for processing.**

**\* If you answered 'NO' to any of the questions above, a Letter of Medical Necessity (LMN) must be reviewed by the Medical Director for consideration. Please provide all relevant information relating to the medical necessity (see Conn. Gen. Stat § 17b-259b(a) of a Short Acting Opioid or Long Acting Opioid for this patient. Submit request, via fax, to 860-424-4822.**

I certify that documentation is maintained in my files and the information given is true and accurate for the medication requested, subject to penalty under section 17b-99 of the Connecticut General Statutes and sections 17-83k-1-13 and 4a-7, inclusive, of the Regulations of Connecticut State Agencies. I certify that the client is under my clinic's/practice's ongoing care. I certify that I am a practitioner and hold a current, unrestricted license that allows me to prescribe medication and that I am enrolled in the CT Medical Assistance Program.

**Prescriber Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

This form (and attachments) contains protected health information (PHI) for DXC Technology 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 DXC Technology by telephone at (860) 255-3900 or by e-mail immediately and destroy the original message.

Dear HUSKY Health client,

You are receiving a **one-time 14 day supply** of a drug your doctor prescribed for you. (If the medication is a long-acting opioid it will be a **one-time 7 day supply**. If the medication is for a short-acting opioid it will be a **one-time 3 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 obtain 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. (If the medication is a long-acting opioid it will be a **one-time 7 day supply**. If the medication is for a short-acting opioid it will be a **one-time 3 day supply**.) You are receiving a temporary supply for the following reason:

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