



TO: Pharmacies, Physicians, Nurse Practitioners, Nurse Midwives, Physician Assistants, Podiatrists, Dental Providers, Optometrists, Long Term Care Providers, Clinics and Hospitals
RE: Pharmacy Local Fax Number Discontinuation

Effective immediately the **Local Pharmacy Prior Authorization Fax number for CT Medicaid/Husky Health (860-269-2035) is no longer in service.**

Pharmacy Prior Authorization requests submitted via Facsimile should **ONLY** be faxed to the Fax number listed on the top of the form **(866-759-4110) unless otherwise specified within the prior authorization form** (noted below) and based on specific clinical information responses.

Gainwell Technologies Prior Authorization Assistance Center (PPAAC) Fax Number - 1-866-759-4110

- LTC Pharmacy Prior Authorization Form
- Brand Medically Necessary
- Early Refill
- Non-Preferred Drug
- Optimal Dose
- Step Therapy
- Dupixent *
- Evrysdi *
- Opioid *
- Cystic Fibrosis
- Continuous Glucose Monitoring (Pharmacy) *
- Insulin Pump (Pharmacy) *
- Spravato **
- PCSK9i

criteria not met), the form has special instructions to submit to rx.lmn@ct.gov to be accompanied with a letter of medical necessity (LMN)

*** Based on prescriber's responses within the clinical information section of the form, submission to an alternate fax number may be required*

** In situations in which the clinical information questions are answered as "No" (clinical*