



**TO: Pharmacies, Physicians, Nurse Practitioners, Physician Assistants, Long Term Care Providers, Clinics and Hospitals**  
**RE: NEW Drug/Product Prior Authorization Form**

---

The Department has posted a new Drug/Product Prior Authorization (PA) Request form.

**Effective 4/1/2025**, this (PA) form is required to be submitted by the prescriber in instances when the prescriber is submitting an Early Refill Request, Brand Medically Necessary Request, Non-Preferred Drug/Product Request, or an Optimal Dose Request.

**PLEASE NOTE: In addition to the form being updated, there are new requirements for documentation to be submitted by the prescriber.** The prescriber must submit all requested information and relevant documentation (such as visit notes or chart documentation) when requesting a PA. PA requests will be **denied** if the new PA form is not utilized or if any of the information/documentation requested is not submitted.

It is important that prescribers update their EMR systems immediately so that the latest form is utilized.

If the PA is denied and the prescribing provider is requesting coverage of a medication for reasons of medical necessity, the Department requires submission of a letter of medical necessity be scanned or emailed to Rx.LMN@ct.gov. Such medical necessity authorizations require specific details relevant to the request in order to substantiate the medical necessity such as notes, patient charts, or other clinical documentation. Medical necessity requests without accompanying documentation will be denied.

The latest form can be found on the following link: [Pharmacy Prior Authorization Form](#) as well as at [www.ctdssmap.com](http://www.ctdssmap.com) under the pharmacy information tab.