



TO: Pharmacy Providers, Physicians, Nurse Practitioners, Dental Providers, Physician Assistants, Optometrists, Podiatrists, Long Term Care Providers, Clinics, and Hospitals
RE: New Hepatitis C Policy

The purpose of this bulletin is to notify providers of an upcoming change that is effective 11/01/2023. The Department of Social Services (DSS) is changing its prior authorization policy for Hepatitis C (Hep C) medications.

Effective 11/01/2023, clients beginning new therapy on Hep C medications will no longer require a medically necessary prior authorization. Clients are expected to complete their Hepatitis C therapy as prescribed by their practitioner. A new edit has been developed to set if the duration of therapy has been exceeded for a Hep C drug or if non-compliance is detected.

The claims engine will systematically look back to see if a client has exceeded the duration of therapy for a specific Hep C drug. The system will also check for any gaps in therapy on a client's claim history to determine if non-compliance has occurred. If the system determines duration of therapy has been exceeded or non-compliance has occurred, **Edit 3022 – Hepatitis C Drug Requires PA, NCPDP response code 75 - prior authorization required** will set and a medically necessary letter will need to be submitted to DSS.

The letter of medical necessity needs to be written and signed by the prescriber and can be faxed to DSS at 860-424-4822 or emailed to rx.lmn@ct.gov.

Please Note: Claims that do not set Edit 3022 for Hep C drugs will be subject to the Preferred Drug List (PDL) Prior Authorization (PA)

requirements if the medication is non-preferred. The full PDL is available on the www.ctdssmap.com Web site. From the Home page, go to Pharmacy Information → Preferred Drug List Information → Current Medicaid Preferred Drug List.