TO: Pharmacies, Physicians, Nurse Practitioners, Dental Providers, Physician Assistants, Optometrists, Podiatrists, Long Term Care Providers, Clinics and Hospitals

RE: 1) January 1, 2026 changes to the Connecticut Medicaid Preferred Drug List (PDL)
2) Reminder Regarding the 5-day Emergency Supply
3) Billing Clarification for Brand Name Medications on the Preferred Drug List (PDL)
4) Pharmacy Web PA Tool

1) January 1, 2026 changes to the Connecticut Medicaid Preferred Drug List (PDL): The Pharmaceutical & Therapeutics (P&T) Committee has modified the list of preferred prescription products. The Committee has determined these preferred products as efficacious, safe, and cost-effective choices when prescribing for HUSKY A, HUSKY C, HUSKY D, Tuberculosis (TB), Emergency Medicaid Dialysis Service (EMDS), and Family Planning (FAMPL) clients.

Effective January 1, 2026, changes (additions or removals) have been made to select drug classes. (Please note that the additions and removals listed refer to all strengths and dosage forms **unless otherwise stated**.)

The full list of PDL changes is available on the www.ctdssmap.com Web site. From the Home page, go to Pharmacy Information → Preferred Drug List Information → Preferred Drug List Changes.

A new brand or generic entry into an existing PDL class will only appear if it is preferred. Preferred brand name products with a non-preferred generic equivalent will be designated in **bold** print.

Prior Authorization (PA) is required when any new or refill prescription is filled for a non-preferred product for the first time.

Please reference PB 25-59 for changes to clinical criteria requirements and prior authorization form changes on select therapeutic classes for non-preferred medications.

Providers are urged to be proactive in switching clients to a preferred medication, or in obtaining PA, when appropriate. If a claim for a non-preferred medication is submitted and no PA is on file, the pharmacy will receive a message to contact the physician for the required PA.

PHARMACISTS

The pharmacist should consult with the prescriber to see if a preferred drug can be prescribed as an alternative or explain that the prescriber must obtain PA from Gainwell Technologies before a non-preferred medication can be dispensed.

When a claim for a non-preferred medication or diabetic product is submitted and no Non-Preferred Drug Prior Authorization (PA) is on file, the pharmacy will receive a message to contact the physician for the required PA. Additionally, a list of alternative preferred drugs/products will be displayed when appropriate.

Preferred alternatives will be returned in the following National Council for Prescription Drug Programs (NCPDP) fields of the Response Claim Segment: 551-9F (Preferred Product Count) and 556-AU (Preferred Product Description).

Pharmacists will have the opportunity to dispense a **one-time**, 14-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.

Questions? Need assistance? Call the Provider Assistance Center Mon–Fri 8:00 am – 5:00 pm
Toll free 1-800-842-8440 or write to Gainwell Technologies, PO Box 2991, Hartford, CT 06104
Program information is available at www.ctdssmap.com

Each time a 14-day supply of medication is dispensed, the pharmacist should provide the client with a Department of Social Services (DSS) authorized flier located on the www.ctdssmap.com Web site under Pharmacy → Pharmacy Program Publications → Temporary Supply Flyer.

Prescribers may submit their PA requests via fax or the Pharmacy Web PA feature on the www.ctdssmap.com secure Web portal. For more information, please access Provider Manual Chapter 10, *Web Portal / AVRS*.

PA forms can be found on the www.ctdssmap.com Web site either under Information → Publications → Authorization/Certification Forms → Pharmacy Prior Authorization Form or Step Therapy PA Form; or Pharmacy Information →

Pharmacy Program Publications → Pharmacy Prior Authorization Form or the appropriate Step Therapy PA Form.

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.

In addition to the standard PDL, an alphabetical listing of all preferred medications is also available on the Pharmacy page of the www.ctdssmap.com Web site. From the Home page, go to Pharmacy Information → Preferred Drug List Information → Alphabetized Preferred Drug List.

The PDL formulary can also be downloaded and accessed for those providers who use e-Prescribing. For more information, visit surescripts.com or contact SureScripts directly at 1-866-797-3239.

2) Reminder regarding the 5-day Emergency Supply: In addition to the one-time 14-day temporary supply, DSS allows for a **5-day**

emergency supply of a medication that requires PA for non-PDL or Brand Medically Necessary (BMN). If the pharmacist or prescriber is unable to obtain a PA and the client requires the medication after the one-time 14-day override has been used, the pharmacist may call the Pharmacy Prior Authorization Assistance Call Center, available 24 hours a day, 7 days a week, at 1-866-409-8386 to request a one-time 5-day emergency supply of the medication.

3) Billing Clarification for Brand Name Medications on the Preferred Drug List (PDL): This serves to provide clarification on billing requirements for a pharmacy when a brand name medication, which is identified as a preferred product on the Connecticut Medicaid PDL, is dispensed.

If the brand name medication for a multi-source product (a medication that is available as both the brand name and the generic) is identified as the preferred drug on the PDL, and the brand medication is dispensed, the claim does **not** need to be submitted with a Dispense As Written (DAW) code of '1' for the pharmacy to receive brand reimbursement. If the prescriber has not indicated the brand product is medically necessary, the pharmacy may submit the claim with a DAW code of '5' to signify that the pharmacy dispensed the brand as the generic, or '9' to signify that although substitution is allowed by the prescriber, the Connecticut Medical Assistance Program requests the brand and will receive brand reimbursement as long as the brand name product remains preferred on the PDL.

Any pharmacy claim submitted with a DAW of '1' to signify the prescriber specified the brand product is medically necessary is subject to audit. Unless a prescription is transmitted electronically, such as through SureScripts, the pharmacy **must** have a prescription with the words 'Brand Medically Necessary' written in

the <u>prescriber's handwriting on file</u>; failure to provide written documentation in the event of an audit will result in the recoupment of the claim. A verbal prescription would need to be followed up by a hard copy prescription sent to the pharmacy with the appropriate documentation.

Should the pharmacy choose to dispense the generic equivalent when the brand is the preferred product, a non-preferred PA would be required for the claim to process.

4) Pharmacy Web PA Tool: Actively enrolled prescribing providers and clerks affiliated to the prescriber can utilize the Pharmacy Web PA feature to:
- Submit Pharmacy PA requests,
- Verify approval status of PA requests,
- Expedite urgent PA requests,
- Upload additional supporting clinical documentation for PA requests,
- Receive a PA number, and
- Search and view previously submitted PA requests.

Information regarding the Web PA features can be found in PB 19-70, Pharmacy Web Prior Authorizations.