

# Prior Authorization Required From DSS

## Opioid (Long and Short Acting) Prior Authorization

New prescriptions for Long-Acting Opioid (LAO) and Short Acting Opioid (SAO) medication will require prior authorization. Pharmacy claims for opioid prescriptions and refills with dates of service on or after September 1, 2016 are subject to the MME audit. Compound drug claims are not subject to the MME audit.

The calculation of the daily MME will include any relevant claim(s) in history submitted over the previous 30 days, regardless of the billing pharmacy provider or the prescribing provider.

The maximum manufacturer recommended dose of morphine in adults for acute pain is 15- 30mg every 4 hours, which equates to 180 MME. According to the CDC, the mortality rate rises rapidly in patients whose prescribed MME dose approaches 200 MME/day.

Connecticut law prohibits a provider from prescribing an opioid drug for more than a seven (7) day supply (Public Act 16-43, Section 7). This law was based upon the Center for Disease Control and Prevention's Guidelines for Prescribing Opioids for Chronic Pain. The law allows limited exceptions for certain documented medical conditions.

The Department of Social Services (DSS) is required to dispense a temporary 14 day supply for all medications that require Prior Authorization (PA) for which an authorization is not received. This is to allow a prescriber to submit authorization for the medication without interrupting care pending receipt of the request for authorization.

Long and Short Acting Opioid Prior Authorization requests should be submitted on the [Opioid PA Form](#), and will be granted in cases where provider documentation indicates the following:

- The patient is age 12 or older
- The patient has one of the following diagnoses:
  - cancer-associated pain syndrome
  - sickle cell pain syndrome
  - severe arthritis
  - post-traumatic pain syndrome
  - renal colic
  - pancreatitis
  - avascular necrosis
  - spinal compression fracture(s)
  - painful cutaneous ulcers/wounds;
- All the following factors or conditions concerning this patient are true:
  - Non-opioid alternatives are either inappropriate or have not been effective without concurrent opioid therapy
  - An initial 7-day prescription has already been given, the patient reassessed, and a decision made that ongoing opioid treatment is medically necessary
  - The patient has not previously sustained and survived an opioid overdose and does not have untreated opioid use disorder
  - The CT Prescription Monitoring Program has been checked and a risk assessment for opioid misuse, diversion, and addiction has been done
  - The patient does not have known severe respiratory depression/hypercarbia likely to be worsened using opioid therapy

Please note that 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

Approvals will be given a duration of 6 months.

In instances where the individual does not meet all 3 criteria, the prescriber may write a Letter of Medical Necessity and submit with the Opioid PA form to the Department's Medical Director for consideration via email at [rx.lmn@dss.com](mailto:rx.lmn@dss.com) or to DSS fax at (860) 424-4822.

### Hepatitis C Prior Authorization

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 noncompliance 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 noncompliance 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](mailto:rx.lmn@ct.gov).

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.