

Prior Authorization Required From DSS

Opioid (Long and Short Acting) for all Medicaid Clients

New prescriptions for Long Acting Opioid (LAO) and Short Acting Opioid (SAO) medication will require prior authorization. The Opioid Prior Authorization (PA) Form must be filled out by the prescriber, and faxed to DXC Technology for processing or submitted via the prescriber's Secure Web Portal account on the www.ctdssmap.com Web site.. Prior Authorization will be granted in situations where the prescriber indicates:

1. The patient is age 12 or older;
2. The patient has a diagnosis of cancer and/or sickle cell disease;
3. The patient is under the care of an Oncologist or Pain Specialist experienced in the use of Schedule II opioids to treat cancer pain;
4. The patient does not have any of the following contraindications:
 - a. Hypersensitivity to opiates,
 - b. Hypoxia/Hypercarbia,
 - c. Severe asthma or Chronic Obstructive Pulmonary Disease (COPD), or
 - d. Paralytic Ileus
5. The patient needs an ongoing, continuous course of therapy and not on an as needed basis.

In instances where the individual does not meet all five (5) criteria, the prescriber may write a letter of medical necessity to the Department's Medical Director for consideration. Letters of medical necessity should be faxed alongside the Opioid Prior Authorization Form to (860) 424-4822.