

Dear HUSKY Health client,

You are receiving a **one-time 14 day supply** of a drug your doctor prescribed for you or if this medication is a long acting opioid a **one-time 7 day supply**. You are receiving a temporary supply for the following reason:

___ Your prescriber is not enrolled in the CT Medical Assistance Program (CMAP).

___ The medication your physician prescribed requires prior authorization.

To continue receiving this drug, your doctor needs to either enroll in the CMAP or receive a prior authorization from DSS.

If your doctor does not intend to enroll in the CMAP, please contact the appropriate Administrative Services Organization (ASO) at the number listed below to be referred to a new provider who is enrolled with the CMAP.

Primary Care Providers: Community Health Network of CT (CHNCT) at 1-800-440-5071

Behavioral Health Providers: Carelon Behavioral Health at 1-877-55-CTBHP or 1-877-552-8247

Dental Providers: BeneCare at 1-855-CT-DENTAL or 1-855-283-3682

If your doctor is enrolled with the CMAP, please contact your doctor to switch to a drug that does not require prior authorization or to have your doctor get prior authorization for this drug.

Thank you,

The Connecticut Department of Social Services (DSS)

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