



**Connecticut Department of Social Services
Medical Assistance Program
Provider Bulletin**

PB 2006-18

March 2006

TO: General Hospitals, Psychiatric Hospitals, Psychiatric Residential Treatment Facilities, Freestanding Mental Health Clinics, Psychiatrists, and Advanced Practice Registered Nurses

SUBJECT: PreferredOne Introduces Mandatory Drug Formulary for HUSKY A and B Clients

The Department of Social Services (DSS) has approved a Drug Formulary scheduled to be implemented on **March 16, 2006** applicable for use with all HUSKY A and HUSKY B Members enrolled with PreferredOne. Please note that under the Connecticut Behavioral Health Partnership (CT BHP), prescribing behavioral health providers are required to follow the pharmacy program requirements of the HUSKY MCO in which the member is enrolled. The following information describes PreferredOne's formulary process so that you can better understand how this change affects your HUSKY A and HUSKY B behavioral health clients.

PreferredOne Members who have active prescriptions will not be impacted by the changes. Their active prescriptions will be "grandfathered." The changes will only affect new prescriptions. For example, if you have a patient currently on medications for an ongoing condition such as depression or schizophrenia, there will be no changes to the medications they are taking unless they have stopped taking those medications for 90 days or more. If the member stops taking the medication for 90 days or more, the new formulary should be followed. If the medication you are prescribing is not on the formulary, prior authorization should be submitted for the medication.

PreferredOne has encouraged providers to increase appropriate first line use of generic medications such as fluoxetine, citalopram and paroxetine, as well as encouraging appropriate use of stimulants as first line agents for ADHD, since these are considered the gold standard for therapy. It is important to remember that PreferredOne covers Over-The-Counter (OTC) medications such as loratadine (Claritin OTC) and omeprazole (Prilosec OTC). Prescriptions written for these OTC medications are encouraged and when dispensed at a retail pharmacy, will continue to be a covered benefit for PreferredOne members even after the implementation of the mandatory drug formulary. As part of this benefit, all OTC medications require a written prescription for coverage.

A copy of the Formulary can be viewed on-line at www.wellcare.com. Hard copies should be requested from David Audie, PreferredOne Directory of Pharmacy, at 203-239-7444 or toll free 1-877-647-7473, option 2.

The following is **important information** related to the Formulary and the Pharmacy Call Center for PreferredOne HUSKY A and HUSKY B clients:

Telephone Inquires	You can contact the PreferredOne Pharmacy Services department by dialing: 1- 877- 647-7473, option 3. Business hours are 8 am – 9 pm EST. After business hours callers will be automatically connected to the after hours service, Walgreen’s Health Initiatives.
Prior Authorization (PA) Request	The goal of the Prior Authorization (PA) program is to ensure that medication regimens that are high-risk, have high potential for misuse or have narrow therapeutic indices are used appropriately and according to FDA approved indications. The PA process is required for: <ul style="list-style-type: none"> • Duplication of therapy • Prescriptions that exceed the FDA daily or monthly quantity maximum • Drugs not on the Formulary that are medically necessary <p>Additionally, certain drugs on the Formulary, noted as PA, require prior approval. Forms are available at www.wellcare.com or by calling the Provider Service Center at 1-800-504-2766. Forms should be faxed to 1-866-388-1517.</p>
Non-Formulary medications	Products that are not listed on the Formulary are not covered. A PA form should be submitted to request coverage of these Non-Formulary products.
Mandatory Generic Policy	Brand name medications are not covered if a generic equivalent is available. If adverse reactions prevent use of generic or preferred medications, a required FDA Med Watch report must be concurrently filed with the PA form.
Temporary Supply	A 30-day temporary supply of a prescribed Non-Preferred medication shall be authorized without delay for those prescriptions that are deemed necessary to address an urgent or emergent condition or if the pharmacy staff has been unable to contact the provider to discuss an effective formulary drug.

This bulletin can be found at www.ctmedicalprogram.com.

Questions regarding this bulletin may be directed to the **PreferredOne Pharmacy Services** Department from 8:00 a.m. to 9:00 p.m. at: **1-877-647-7473, Option 3**

