



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

RE: 1) July 1, 2014 Changes to the Connecticut Medicaid Preferred Drug List (PDL)  
2) Reminder About the 5 day Emergency Supply  
3) Billing Clarification for Brand Name Medications on the Preferred Drug List (PDL)

1) July 1, 2014 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), and Family Planning (FAMPL) members.

**Effective July 1, 2014**, changes (additions or removals) have been made to select drug classes (please note: 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](http://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.

Providers are urged to be proactive in switching members 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 that they should contact the physician to explain that a PA is required.

*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 HP before a non-preferred medication can be dispensed.*

Pharmacists will have the opportunity to dispense a one-time, 14 day supply of medication by entering in 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.

Each time a 14-day supply of medication is dispensed, the pharmacist should provide the client with a DSS authorized flier as described in Provider Bulletin PB 12-41.

PA forms can be found on the [www.ctdssmap.com](http://www.ctdssmap.com) Web site under Information → Publications → PA forms → [Pharmacy Prior Authorization Form](#) or [Proton Pump Inhibitor PA Form](#); or Pharmacy Information → Pharmacy Program Publications → [Pharmacy Prior Authorization Form](#) or [Proton Pump Inhibitor PA Form](#).

The full PDL is available on the [www.ctdssmap.com](http://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](http://www.ctdssmap.com) Web site. From the Home page, go to Pharmacy Information → Preferred Drug List Information → [PDL Alphabetized Medication List](#).

The PDL formulary can also be downloaded and accessed for those providers who use e-Prescribing. For more information, visit [www.surescripts.com](http://www.surescripts.com) or contact Surescripts directly at 1-866-797-3239.

As a reminder, coverage of Over-The-Counter (OTC) medications is age restricted to individuals less than 21 years old with the exception of insulin and insulin syringes which continue to be a covered pharmacy benefit. Any OTC product included on the Medicaid PDL will be covered for clients under the age of 21 only.

**2) Reminder about the 5 day Emergency Supply:** In addition to the one-time 14 day temporary supply, the Department also 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 member requires the medication after the one-time 14 day override has been used, the pharmacist may call the HP Pharmacy Prior Authorization 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 Preferred Drug List (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. The pharmacy **must** have a prescription with the words 'Brand Medically Necessary' written in the prescriber's handwriting on file; failure to provide written documentation in the event of an audit will result in the recoupment of the claim. A verbal or electronic 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 Prior Authorization (PA) would be required for the claim to process.