



TO: All Prescribing Providers
RE: New Prior Authorization Submission Guidelines for PAs That Require a Letter of Medical Necessity

The purpose of this bulletin is to notify prescribers of the approved methods to transmit pharmacy Prior Authorizations (PA), as well as letters of medical necessity.

Effective immediately, the Department of Social Services (DSS) is requesting that prescribing providers scan and email all PAs that require a submission of a letter of medical necessity to Rx.LMN@ct.gov. Such authorizations include short acting and long acting opioid PAs for HUSKY A, HUSKY B, HUSKY C, HUSKY D, Family Planning and Tuberculosis members. As a reminder, a letter of medical necessity is required when the prescribing provider answers "no" to any of the clinical information questions on the Opioid Prior Authorization Form. Forms that are answered with "yes" to all of the clinical informational questions should be faxed to the fax number at the top of the Opioid Prior Authorization form.

An updated Opioid PA Form with the new email address is available on the www.ctdssmap.com Web site. From the Home page, go to Information > Publications > Authorization/Certification Forms > Opioid PA Form; or from the Home page, go to Pharmacy Information > Pharmacy Program Publications > Opioid PA Form. **NOTE:** For all other PA types, including Non-Preferred Drug List (Non-PDL), Brand Medically Necessary (BMN), Early Refill (ER), and Optimal Dosage (OD), prescribers may continue to submit their request via the

Pharmacy Web PA feature on the www.ctdssmap.com secure Web portal or fax them to the DXC Pharmacy Prior Authorization Assistance Center at 1-866-759-4110 or (860)269-2035. Prescribing providers also have the ability to check the status of prior authorizations via the secure Web portal. Please refer to provider bulletin PB 2019-70, Pharmacy Web Prior Authorization for additional information.