TO: **All Providers and Managed Care Organizations**

SUBJECT: **Pharmacy Guidelines for Prescribing and Dispensing Medication for**
                        HUSKY A, HUSKY B and SAGA Clients

This bulletin is being sent to all Connecticut Medical Assistance Program providers to address and clarify claims processing procedures/processes for prescribing and dispensing medications for HUSKY A, HUSKY B and SAGA program recipients. Beginning February 1, 2008, pharmacy services for HUSKY A, HUSKY B, and State Administered General Assistance (SAGA) clients were carved-out of managed care. Therefore, drug coverage for these clients will be the same as the current Medicaid fee-for-service population and pharmacy claims will be processed by Electronic Data Systems (EDS).

The following frequently asked questions address issues raised by physician and pharmacy providers over the last few weeks.

INFORMATION FOR PRESCRIBERS:

Q: What medications are covered by which programs?
A: Drug coverage for clients enrolled in HUSKY A, HUSKY B, and SAGA is now guided by the same Preferred Drug List (PDL) currently used by the Medicaid fee-for-service population. The formularies used by the client's former managed care plan are no longer in effect. The Department's Pharmaceutical & Therapeutics (P&T) Committee, which includes community providers and pharmacists, develops the PDL and oversees the pharmacy benefits for all Connecticut Medical Assistance Program clients.

Q: When is Prior Authorization (PA) required?
A: There are three situations where PA is required:
   1) Brand Medically Necessary (BMN): required for HUSKY A, HUSKY B, SAGA, ConnPACE, and Medicaid fee-for-service clients. PA is necessary when a prescriber requires that a client receive a brand name drug when there are at least 3 "A" rated generic alternatives available.
   2) Early Refill (ER): required for HUSKY A, HUSKY B, SAGA, ConnPACE, and Medicaid fee-for-service clients. Early refill is defined as any prescription in which less than 75% of medication should have been utilized at the time the prescription is submitted for refill. If the early refill is for a controlled drug, the prescriber must request the PA. For non-controlled drugs, the pharmacist may request PA.
   3) Preferred Drug List (PDL): required for HUSKY A and Medicaid fee-for-service clients only.

Q: What is the Preferred Drug List (PDL)?
A: The PDL is **not** an all inclusive list of drugs covered by the Department. The Department has

negotiated supplemental rebates with manufacturers for certain therapeutic classes of drugs. The Department and it's contractor, Provider Synergies, work closely with the Pharmaceutical & Therapeutics Committee in developing the PDL. There are classes of drugs not impacted by the PDL (eg. mental health drugs, AIDS/HIV drugs) that **do not** require a PA prior to dispensing. However, drugs within these classes may require PA for Brand Medically Necessary (BMN) if they are available in multisource and/or generic. A complete listing of drugs currently on the PDL can be found on the www.ctdssmap.com Web site by clicking on the pharmacy information link on the home page. From there, you will find a link for the Preferred Drug List.

Q: If a drug is not listed on the PDL, does this mean the drug requires Prior Authorization?
A: Non-listed (non-preferred) drugs belonging to one of the therapeutic classes covered by the PDL are subject to prior authorization (PA). To facilitate a seamless transition and assure clients are not denied their current medications, an initial one time fill process is outlined in provider bulletin **(Bulletin PB 2008-03)** and in the "Information for Pharmacist Section" below.

Q: Are ProAir HFA or Proventil HFA covered?
A: Both of these drugs are non-preferred and would require a PA due to the fact that they are in the Bronchodilators, Beta-Agonists therapeutic class. **Ventolin HFA is on the PDL and does not require a PA**. To avoid having to get PA, the Department suggests that physicians write for albuterol HFA on all scripts to alleviate some of the confusion at the pharmacies. Therefore, the pharmacist can submit a claim for the preferred Ventolin HFA.

Q: Is generic Flonase (fluticasone) covered?
A: The generic, fluticasone, is a non-preferred drug and requires a PA as it is not on the PDL.

Q: Where can pharmacy PA forms be obtained?
A: Pharmacy PA forms can be found on the www.ctdssmap.com Web site by clicking on the publications link on the home page. From there, you can scroll down and click on "Pharmacy PA Form". Please note that the three requests for a PA, (Brand Medically Necessary, Early Refill, and Non-PDL), are all on one form now. You can also obtain a PA form by calling the EDS Pharmacy Prior Authorization Assistance Center at 1-866-409-8386 (toll free) or 1-860-269-2030 (locally to Farmington, CT).

Q: Which drugs require a diagnosis code?
A: Only certain therapeutic classes of drugs require diagnosis codes to accompany the prescription and be submitted on the claim. Examples of drugs that require a diagnosis are all prescriptions for central nervous stimulants in the treatment of ADHD, and enteral nutrionals. For a comprehensive list of therapeutic classes and acceptable diagnosis codes, please view Chapter 8 of the Provider Manual on the www.ctdssmap.com Web site by clicking on the publications link on the home page and selecting pharmacy as provider type.

EDS

Q: Are over-the-counter (OTC) products covered?

A: At this time, there is limited coverage for over-the-counter products. The Department of Social Services (DSS) is looking to expand this list to better serve our clients. For a list of covered products under specific drug classes and restrictions, please view Chapter 8 of the Provider Manual on the www.ctdssmap.com Web site by clicking on the publications link on the home page and selecting pharmacy as provider type.

INFORMATION FOR PHARMACISTS

Q: How do pharmacies bill a claim for HUSKY A, HUSKY B, and SAGA clients?

A: All pharmacy claims for HUSKY A, HUSKY B, or SAGA clients follow the same procedures as fee-for-service clients using bin# 610480 through Electronic Data Systems (EDS) effective 2/1/08.

Q: If a claim denies for Edit 4002 (NDC not payable for program), does this mean the drug is not covered?

A: **No, Edit 4002 may set for many reasons**. For example, a required diagnosis code may not have been submitted or the pharmacy may be billing for a quantity which is greater than the allowed amount. The Department is working diligently to clarify this situation by providing more detailed information when a claim denies for edit 4002. **The pharmacist will now receive a new error message for claims denied for diagnosis code (edit 3302) stating "Diagnosis Code Missing or Invalid for NDC"**. Examples of drugs that require a diagnosis code are all prescriptions for central nervous stimulants in the treatment of ADHD, and enteral nutritions. For a comprehensive list of therapeutic classes and acceptable diagnosis codes, please view Chapter 8 of the Provider Manual on the www.ctdssmap.com Web site by clicking on the publications link on the home page and selecting pharmacy as the

provider type. If there is any confusion as to why a claim denies, please contact EDS at 866-409-8386 or 860-269-2030 for assistance.

Q: What has to be done when a claim denies for edit 3301 (optimal dosage exceeded)?

A: The purpose of edit 3301 is to promote once-daily dosing for selected medications whenever possible. **If, after consulting with the physician, it is determined that the client requires greater than once daily dosing, the pharmacist can resubmit the claim with a submission clarification code of "7" (medically necessary) in NCPDP 5.1 field 420-DK which will bypass edit 3301**. This procedure was outlined in **Bulletin PB 2004-31** and can be viewed on the www.ctdssmap.com Web site.

Q: What has to be done when a claim denies for PDL or BMN?

A: **To ease the transition from managed care for the HUSKY A, HUSKY B and SAGA clients, if a medication requires a PA for PDL or BMN, the pharmacy can submit a claim for a one-time fill for up to a 30-day supply. For detailed billing instructions, please refer to Bulletin PB 2008-03 on the www.ctdssmap.com Web site**. Additionally, the pharmacist should contact the prescriber to inform them that a prior authorization is required on any subsequent fill or to change therapy.

For Medicaid fee-for-service clients who are not HUSKY A, HUSKY B, or SAGA clients, existing rules would apply (e.g., the pharmacy should contact the prescriber to request an alternative formulary product or ask the physician to submit a PA request to EDS). If the denial is for BMN, the pharmacy should contact the prescriber to submit a PA request. If the pharmacist cannot reach the prescriber or a determination is not made on the PA within 2 hours, the pharmacist may call the EDS PA Call Center at 866-409-8386 or 860-269-2030 and request a 5-day emergency supply.

Q: What ID numbers are used for ConnPACE clients?
A: Pharmacies should transition to billing with the new ConnPACE ID number found on the cards that were recently mailed to clients. The new number should eliminate issues that arise when a client moves from Medicaid to ConnPACE and vice versa.

Q: What ID numbers are used for HUSKY A, HUSKY B, and SAGA clients?
A: Clients should be asked for their State of Connecticut Department of Social Services CONNECT card (gray card) for claims submissions. Client ID numbers from the BlueCare Family Plan, or CHN member cards may also be used. Lastly, the provider may call the Automated Voice Response System (AVRS) at 1-800-842-8440 (in-state toll free) or 860-269-2033 (locally to Farmington, CT) to obtain the client's identification number. Please refer to bulletin PB 2008-03 for more details.