



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

RE: 1) January 2, 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) January 2, 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 January 2, 2014, changes (additions or removals) have been made to the following drug classes (please note: the additions and removals listed refer to all strengths and dosage forms unless otherwise stated):

Therapeutic Classes	Additions (preferred)	Removals (non-preferred)
ANTICONVULSANTS	DIASTAT (RECTAL), DIASTAT ACUDIAL (RECTAL), VIMPAT SOLUTION (ORAL), VIMPAT TABLET (ORAL)	DIAZEPAM (RECTAL)
ANTIDEPRESSANTS, OTHER	PHENELZINE (ORAL)	NARDIL (ORAL), VENLAFAXINE ER TABLETS (GENERIC)
ANTIPSORIATICS, ORAL*	OXSORALEN-ULTRA (ORAL), SORIATANE (ORAL)	
ANTIPSYCHOTICS	HALDOL (INJECTION)	
ANXIOLYTICS*	ALPRAZOLAM TABLET (ORAL), BUSPIRONE (ORAL), CHLORDIAZEPOXIDE (ORAL), CLORAZEPATE (ORAL), DIAZEPAM SOLUTION (ORAL), DIAZEPAM TABLET (ORAL), LORAZEPAM INTENSOL (ORAL), LORAZEPAM TABLET (ORAL)	
BOTULINUM TOXINS		DYSPORT (INTRAMUSC)
COPD AGENTS	DALIRESP (ORAL)	COMBIVENT (INHALATION)
EPINEPHRINE, SELF-INJECTED		EPINEPHRINE (INJECTION)
HISTAMINE II RECEPTOR BLOCKERS*	CIMETIDINE TABLET (ORAL), CIMETIDINE TABLET OTC (ORAL), FAMOTIDINE TABLET (ORAL), FAMOTIDINE TABLET OTC (ORAL), PEPCID SUSPENSION (ORAL), RANITIDINE SYRUP (ORAL), RANITIDINE TABLET (ORAL), RANITIDINE TABLET OTC (ORAL)	



Therapeutic Classes	Additions (preferred)	Removals (non-preferred)
IMMUNOMODULATORS, ATOPIC DERMATITIS		PROTOPIC (TOPICAL)
IMMUNOMODULATORS, TOPICAL*	ALDARA (TOPICAL)	
INTRANASAL RHINITIS AGENTS		NASACORT AQ (NASAL)
IRON, ORAL*	CENTRATEX (ORAL), FE C OTC (ORAL), FE FUMARATE/VIT C/B12-IF/FA (ORAL), FEOSOL OTC (ORAL), FERATE OTC (ORAL), FERRALET 90 DUAL-IRON (ORAL), FERRAPLUS 90 (ORAL), FERRIMIN 150 OTC (ORAL), FERROCITE PLUS (ORAL), FERROUS GLUCONATE OTC (ORAL), FERROUS SULFATE 65 MG TABLET OTC (ORAL), FERROUS SULFATE OTC (ORAL), FERROUS SULFATE SOLUTION OTC (ORAL), FOLITAB 500 OTC (ORAL), FOLIVANE-F (ORAL), FOLIVANE-PLUS (ORAL), HEMATOGEN (ORAL), HEMATOGEN FA (ORAL), HEMOCYTE PLUS (ORAL), HEMOCYTE-F (ORAL), IFEREX 150 FORTE (ORAL), INTEGRA F (ORAL), INTEGRA OTC (ORAL), INTEGRA PLUS (ORAL), IRON 45 MG TABLET OTC(ORAL), IRON POLYSACCHARIDES COMPLEX OTC (ORAL), IRON PS CMLX/VIT B12/FA (ORAL), IRON,CARBONYL/ASCORBIC ACID OTC (ORAL), MV COMB18/FEFM-FEPOL CB1/FA (ORAL), NEPHRON FA (ORAL), NOVAFERRUM 50 CAPSULE OTC (ORAL), NOVAFERRUM DROPS OTC (ORAL), SE-TAN PLUS (ORAL), SLOW RELEASE IRON (ORAL), TANDEM DUAL ACTION OTC (ORAL), TANDEM PLUS (ORAL), TARON FORTE (ORAL), TL-FOL 500 (ORAL), TL-HEM 150 (ORAL), VITRON-C OTC (ORAL)	
LEUKOTRIENE MODIFIERS		MONTELUKAST GRANULES (ORAL)



Therapeutic Classes	Additions (preferred)	Removals (non-preferred)
NEUROPATHIC PAIN		GABAPENTIN SOLUTION (ORAL), GABAPENTIN TABLET (ORAL), SAVELLA (ORAL), SAVELLA DOSE PACK (ORAL)
NSAIDs		VIMOVO (ORAL)
ONCOLOGY AGENTS, ORAL	ALKERAN (ORAL), GILOTRIF (ORAL), HYDREA (ORAL), HYDROXYUREA (ORAL), MERCAPTOPYRINE (ORAL), TEMODAR (ORAL), ZOLINZA (ORAL)	
OPHTHALMICS FOR ALLERGIC CONJUNCTIVITIS		PATANOL (OPHTHALMIC)
OPHTHALMICS, ANTI-INFLAMMATORIES	DUREZOL (OPHTHALMIC)	
OPHTHALMICS, GLAUCOMA AGENTS	SIMBRINZA (OPHTHALMIC)	COMBIGAN (OPHTHALMIC)
STEROIDS, TOPICAL LOW	HYDROCORTISONE GEL (TOPICAL), DESONIDE LOTION (TOPICAL)	ALCLOMETASONE DIPROPIONATE CREAM (TOPICAL), ALCLOMETASONE DIPROPIONATE OINTMENT (TOPICAL), DERMA-SMOOTH-FS (TOPICAL), HYDROCORTISONE ACETATE / UREA (TOPICAL), HYDROCORTISONE LOTION (TOPICAL), HYDROCORTISONE/ALOE GEL (TOPICAL)
STEROIDS, TOPICAL HIGH		BETAMETHASONE VALERATE LOTION (TOPICAL)
STEROIDS, TOPICAL VERY HIGH	CLOBEX SHAMPOO (TOPICAL)	
STIMULANTS AND RELATED AGENTS	PROCENTRA (ORAL), QUILLIVANT XR (ORAL)	METHYLIN CHEWABLE TABLETS (ORAL), ZENZEDI (ORAL)

* New therapeutic class added to PDL effective 1/2/2014



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 first, and then explain that the prescriber must obtain PA from HP before a non-preferred medication can be dispensed. PA forms can be obtained on the www.ctdssmap.com Web site.

Prescribing providers are reminded that the Affordable Care Act (ACA) requires that ordering, prescribing and referring (OPR) providers who render services to HUSKY clients be enrolled in the Connecticut Medical Assistance Program (CMAP). As previously communicated in Provider Bulletin PB 13-51, the Department of Social Services (DSS) will deny claims for prescriptions and refills if the submitted Prescribing Provider NPI is: sanctioned or not authorized to prescribe; not actively enrolled with CMAP; or enrolled with a group Provider Type (only individual practitioner NPIs are permitted).

Pharmacists will have the opportunity to dispense a **one-time, 14-day supply** of a non-preferred 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.

Any 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 13-49. The flier notifies clients that (1) PA is needed for the prescription to be fully filled, (2) the 14-day supply is a one-time supply, and (3) they must contact the prescriber as soon as possible to arrange for PA for a full prescription to be filled.

Providers seeking PA for a non-preferred Proton Pump Inhibitor (PPI) should utilize the PPI PA form and not the standard Pharmacy PA form.

Both forms can only be found on the www.ctdssmap.com Web site. From the Home page, go to Information → Publications → PA forms, then click on Pharmacy Prior Authorization Form or Proton Pump Inhibitor PA Form; or to Pharmacy Information → Pharmacy Program Publications, then click on Pharmacy Prior Authorization Form or Proton Pump Inhibitor PA Form.

The full PDL is available on the 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 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 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 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. PA forms can only be found at www.ctdssmap.com. From the Home page, go to Information → Publications → PA forms → Pharmacy PA Form; or to Pharmacy Information → Pharmacy Program Publications → Pharmacy Prior Authorization Form. The PA call center is available 24 hours a day, 7 days a week.