

Table of contents: CT SPA 16-017

1. Table of Contents
2. Approval Letter
3. CMS 179
4. Approved Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
JFK Federal Building, Government Center
Room 2275
Boston, Massachusetts 02203



Division of Medicaid and Children's Health Operations / Boston Regional Office

April 3, 2017

Roderick Bremby, Commissioner
Department of Social Services
55 Farmington Avenue
Hartford, Connecticut 06105

Dear Commissioner Bremby:

On March 10, 2017, our Central Office sent you a letter approving your proposed State Plan amendment (SPA) No. 16-017. This letter transmits the Transmittal and Notice of Approval State Plan Material (CMS-179) and the approved State Plan pages.

In SPA 16-017 the state proposes to change the requirements for prescription refills to provide that a refill is allowed without prior authorization when the patient has consumed at least 93 percent of the original or latest refill prescription. The new early refill criteria will apply to prescriptions filled for a day supply of 16 days or greater.

Changes are reflected in the following sections of your approved State Plan:

- Addendum page 11a to Attachment 3.1A
- Addendum page 11b to Attachment 3.1B

If you have any questions regarding this matter you may contact Marie DiMartino (617) 565-9157 or by e-mail at Marie.DiMartino@cms.hhs.gov

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

cc: Kate McEvoy, Director of Medical Administration Health Services & Supports

**TRANSMITTAL AND NOTICE OF APPROVAL
OF STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:
16-0017

2. STATE: CT

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE AND MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE:
October 1, 2016

5. TYPE OF STATE PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
Section 1905(a)(12) of the Social Security Act and
42 C.F.R. § 440.120

7. FEDERAL BUDGET IMPACT:
a. FFY 2017 (\$244,000) (savings)
b. FFY 2018 (\$2.9 million) (savings)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Addendum page 11a to Attachments 3.1-A and 3.1-B

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR
ATTACHMENT (If applicable)
Addendum page 11a to Attachments 3.1-A and 3.1-B

10. SUBJECT OF AMENDMENT: Effective October 1, 2016, SPA 16-0017 amends Attachments 3.1-A and 3.1-B of the Medicaid State Plan to amend the requirements for prescription refills to provide that a refill is allowed without prior authorization when the patient has consumed at least 93% of the original or latest refill prescription. The new early refill criteria apply to prescriptions filled for a day supply of 16 days or greater. Prescriptions for a day supply less than or equal to 15 days continue to be refilled without prior authorization so long as at least 85% of the prescription has been consumed. Pharmacy claims submitted by out-of-state pharmacy providers are exempt from the new criteria and continue to be refilled without prior authorization, so long as 85% of the prescription has been consumed, regardless of the day supply of the prescription, in order to allow timely delivery of medications.

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

16. RETURN TO:

State of Connecticut
Department of Social Services – 9th Floor
55 Farmington Avenue
Hartford, CT 06105-3724

13. TYPED NAME: Roderick L. Bremby

Attention: Ginny Mahoney

14. TITLE: Commissioner

15. DATE SUBMITTED: December 29, 2016

FOR REGIONAL OFFICE USE ONLY

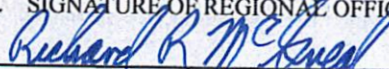
17. DATE RECEIVED: December 29 2016

18. DATE APPROVED: March 10, 2017

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
October 1, 2016

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME: Richard R. McGreal

22. TITLE: Associate Regional Administrator
Division of Medicaid & Children's Health Operations

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State CONNECTICUT
AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED TO THE
CATEGORICALLY NEEDY GROUP (S): ALL

OFFICIAL

Providers will be required to seek prior authorization when prescribing a brand medication when a generic equivalent exists; when a client requests an early refill of any prescription; for drugs not included on the preferred drug list and for drugs determined by the Department to be of high cost or subject to excessive or inappropriate utilization.

- a) A licensed authorized practitioner must obtain prior authorization from the Department or the Department's representative to allow for the dispensing of a brand name drug by providing adequate medical justification for dispensing the brand name drug and by writing the phrase "Brand Medically Necessary" and the medical justification on the prescription form. The phrase "Brand Medically Necessary" and the medical justification shall be in the practitioner's handwriting and shall not be preprinted, initialed, or checked off in a box on such form.
- b) Early refill is a request to provide a refill of an original prescription in accordance with paragraph 12.a.(1)(a), above, before at least 93% of the days' supply of the original prescription or latest authorized refill has expired, except that an early refill for the following categories of prescriptions occurs only if there is a request to provide a refill before at least 85% of the days' supply has been consumed: (1) prescriptions for a days' supply less than or equal to 15 days and (2) out-of-state pharmacy providers. Those two exceptions are necessary for continuity of care by ensuring timely delivery of medications (which, for out-of-state providers, would usually occur through a commercial delivery carrier). Payment for an early refill will occur only with prior authorization from the Department or the Department's representative to allow for the early refill of prescription drugs:
 - (1) Upon request of the recipient, the pharmacy provider (for non-controlled prescriptions) and the prescribing provider (for controlled prescriptions) shall obtain prior authorization from the Department or the Department's representative to allow early refill of the prescription drug product due to unusual or unforeseen circumstances such as loss or theft, fire, or flood. The Department or the Department's representative may require supporting evidence of the circumstance leading to the necessity of the early refill of controlled substances, such as a report from a police or emergency services organization documenting such loss or theft, fire, or flood.
 - (2) Nothing in this section shall preclude a licensed authorized practitioner from modifying the dose or drug regimen of a patient. A licensed authorized practitioner may modify the dose of a prescribed drug product, or change the prescribed drug product within a Hierarchical Ingredient Code (GC4), without the pharmacy provider having to obtain prior authorization to obtain reimbursement for early refill.
- c) Pharmacy providers will be required to obtain prior authorization from the Department or the Department's representative for any drugs not included on the preferred drug list in accordance with paragraphs 12.a (7).
- d) Pharmacy providers will be required to obtain prior authorization for certain drugs that are either high cost, subject to misuse or subject to excessive or inappropriate utilization, as determined by the Department.

TN# 16-0017
Supersedes
TN# 09-022

Approval Date 3/10/17

Effective Date 10/01/2016

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State CONNECTICUT
AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED TO THE
MEDICALLY NEEDY GROUP (S): ALL

OFFICIAL

Providers will be required to seek prior authorization when prescribing a brand medication when a generic equivalent exists; when a client requests an early refill of any prescription; for drugs not included on the preferred drug list and for drugs determined by the Department to be of high cost or subject to excessive or inappropriate utilization.

- a) A licensed authorized practitioner must obtain prior authorization from the Department or the Department's representative to allow for the dispensing of a brand name drug by providing adequate medical justification for dispensing the brand name drug and by writing the phrase "Brand Medically Necessary" and the medical justification on the prescription form. The phrase "Brand Medically Necessary" and the medical justification shall be in the practitioner's handwriting and shall not be preprinted, initialed, or checked off in a box on such form.
- b) Early refill is a request to provide a refill of an original prescription in accordance with paragraph 12.a.(1)(a), above, before at least 93% of the days' supply of the original prescription or latest authorized refill has expired, except that an early refill for the following categories of prescriptions occurs only if there is a request to provide a refill before at least 85% of the days' supply has been consumed: (1) prescriptions for a days' supply less than or equal to 15 days and (2) out-of-state pharmacy providers. Those two exceptions are necessary for continuity of care by ensuring timely delivery of medications (which, for out-of-state providers, would usually occur through a commercial delivery carrier). Payment for an early refill will occur only with prior authorization from the Department or the Department's representative to allow for the early refill of prescription drugs:
 - (1) Upon request of the recipient, the pharmacy provider (for non-controlled prescriptions) and the prescribing provider (for controlled prescriptions) shall obtain prior authorization from the Department or the Department's representative to allow early refill of the prescription drug product due to unusual or unforeseen circumstances such as loss or theft, fire, or flood. The Department or the Department's representative may require supporting evidence of the circumstance leading to the necessity of the early refill of controlled substances, such as a report from a police or emergency services organization documenting such loss or theft, fire, or flood.
 - (2) Nothing in this section shall preclude a licensed authorized practitioner from modifying the dose or drug regimen of a patient. A licensed authorized practitioner may modify the dose of a prescribed drug product, or change the prescribed drug product within a Hierarchical Ingredient Code (GC4), without the pharmacy provider having to obtain prior authorization to obtain reimbursement for early refill.
- c) Pharmacy providers will be required to obtain prior authorization from the Department or the Department's representative for any drugs not included on the preferred drug list in accordance with paragraphs 12.a (7).
- d) Pharmacy providers will be required to obtain prior authorization for certain drugs that are either high cost, subject to misuse or subject to excessive or inappropriate utilization, as determined by the Department.

TN# 16-0017
Supersedes
TN# 09-022

Approval Date 3/10/17

Effective Date 10/01/2016