

Medicaid Pharmacy Administrators State Report

STATE: **Connecticut**

Time Period: *(specify CY 2012, SFY 2012, or SFY 2013)*

CY 2012

State Medicaid Program Overview

Total # of Medicaid Eligibles <i>(unduplicated)</i>	749,000
Total Medicaid Program Expenditures <i>(annual)</i>	\$ 6.29 Billion
Medicaid MCO's? <i>If yes, how many MCO's?</i>	No; ASO began 1/1/12
Pharmacy Carve-Out from Managed Care?	Yes
# of FFS Unduplicated Recipients of Rx Services	502,000
Drug Program FFS Expenditures <i>(annual)</i>	\$ 668 Million
Total # of Rx Paid Claims <i>(annual)</i>	8.67 Million
CMS Drug Rebates Collected (including physician-administered drugs, MCO's, ACA expansion) <i>(annual)</i>	\$ 352 Million
Supplemental Rebates Collected <i>(annual)</i>	\$ 23 Million
Generic Dispense Rate %	71% (have PDL with supp rebates)
Contractor name and the start date/contract period for the following:	
1) MMIS	HP Enterprise Services 2/2008 – 2/2018(?)
2) Pharmacy Clams Processor/POS	HP
3) MAC Program	HP
4) Rebates	HP
5) PDL / Supplemental Rebates	HP / Provider Synergies-Magellan
6) Prior Authorization	HP
7) Rx claims auditing/Program Integrity	In house

Prescription Reimbursement

Prescription Co-Payment(s)	None (except duals pay first \$15/month)
Source of Drug File Pricing <i>(FDB, MediSpan)</i>	FDB
Reimb. Formula (ingred. cost + disp fee) and reimb. formula's effective date for the following:	
1) Brands	AWP – 16% + \$1.70 disp fee
2) Generics	Same as above unless FUL or SMAC
3) MAC drugs	AWP – 72% (tiered) + \$1.70 disp fee
4) Compounds	1.70 disp fee for each covered ingredient
5) Other Reimbursement Formulas <i>(e.g., specialty, 340B, mail order, large volume pharmacy)</i>	340b = AAC + \$13.00 disp fee; Factor 8 = AAC + 8%

Descriptions of Programs/Benefit Designs Within Medicaid Pharmacy Program *(If State has programs that are listed or additional programs, respond "yes" and include brief descriptions. If more space is needed, overflow automatically continues down & over to next page)*

Monthly Rx Limits	No
Days' Supply <i>(e.g., for routine meds, maintenance meds, other)</i>	Non-maintenance 30 day max; Maint 30 day min

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OTC

<21 y.o. many; > and = 21 y.o. tube-fed enterals, insulin/insulin syringes, smoking cessation

Supplies/DME
(Coverage through pharmacy program? POS? Rebates?)

Diabetic supplies (strips/lancets/meters) and insulin syringes through DME

Prior Authorization

Yes – BMN, ER, non-PDL, Optimal Dose, Hi-dose transmucosal fentanyl

PDL

Yes – TOP\$ multi-state

P&T Committee

Yes – separate and distinct from DUR Board

DUR Board

Yes – separate and distinct from P & T

e-Prescribing

Yes

Academic Detailing

No

Specialty Drugs

No

Mail Order

No

340B

Yes

Lock-In

Yes (pharmacy)

Other

Expanded Pediatric DUR Reviews/Interventions

All figures approximate

4-23-13 jz