



STATE OF CONNECTICUT

INSURANCE DEPARTMENT

Bulletin No. HC-112

May 31, 2016

TO: All Health Insurance Companies and Health Care Centers Authorized to Conduct Business in Connecticut

RE: Health Insurance Coverage for Pain Management – Conn. Gen. Stat. §38a-492i and §38a-518i

Connecticut is facing an opioid abuse epidemic, and the purpose of this bulletin is to aid in addressing this issue by providing guidance on Connecticut's mandated coverage for pain management under Conn. Gen. Stat. §38a-492i and §38a-518i, specifically relating to the coverage of abuse deterrent prescription drugs. These drugs are prescribed for pain treatment and are formulated with abuse-deterrent properties. A drug product is considered to have abuse-deterrent properties only when its FDA-approved Full Prescribing Information (label) describes those properties and state that they are expected to deter abuse of the product by one or more means.

To control premium costs, carriers may use formularies, otherwise known as drug lists for their prescription drug coverage. Per federal guidance under the Affordable Care Act, drug lists are required to cover at least the greater of one drug in every category and class or the same number of drugs in each category and class as the benchmark plan. In addition, plans must include an exception process for coverage of any medically necessary FDA-approved drug, even if not included on the drug list.¹ This includes drugs with abuse-deterrent properties. Plans are required to report drug lists to the entity managing the marketplace (exchange) or to the state if operating outside of the exchange. The Department will review carrier's drug lists for plans effective January 1, 2017.

Please contact the Insurance Department Life and Health Division at cid.lh@ct.gov with any questions.

A handwritten signature in blue ink that reads "Katharine L. Wade".

Katharine L. Wade
Insurance Commissioner

¹ 45 C.F.R. §156.122