

**List of not more than ten outpatient prescription drugs  
pursuant to [Conn. Gen. Stat. §19a-754b\(d\)](#)**

	<b>Prescription Drug Name</b>	<b>Therapeutic Class (and general use)</b>	<b>Generic or Brand Name Drug*</b>	<b>Unit Cost** over \$60?</b>	<b>Unit Cost ** increase exceeding 20% (SFY 18-19) or 50% (SFY 16-19)</b>	<b>SFY 19 Total Gross Cost to State Plan ***</b>
1	<b>CIALIS****</b>	MISCELLANEOUS - Indicated for treatment of erectile dysfunction and symptoms of benign prostatic hypertrophy (enlarged prostate)	Brand	Yes	SFY 16 – 19 increased 53.67%	\$2,445,158
2	<b>AUVI-Q</b>	ADRENERGICS - Indicated for emergency treatment of allergic reactions, including anaphylaxis	Brand	Yes	SFY 18 – 19 increased 60.05%	\$784,069
3	<b>DUEXIS</b>	ANTIARTHRITICS - Indicated for the relief of rheumatoid arthritis and osteoarthritis and to decrease risk of developing upper GI ulcers in patients taking ibuprofen for those indications	Brand	Yes	SFY 16-19 increased 58.07%	\$661,359
4	<b>ZENPEP</b>	ENZYMES - Indicated for the treatment of exocrine pancreatic insufficiency due to cystic fibrosis, or other conditions	Brand	Yes	SFY 16 – 19 increased 60.07%	\$549,360
5	<b>ACZONE</b>	DERMATOLOGICAL - Topical treatment for acne vulgaris in patients 9 years of age and older	Brand	Yes	SFY 16-19 increased 52.30%	\$442,260
6	<b>ELOCTATE</b>	MISCELLANEOUS—Indicated for Hemophilia A patients for on-demand treatment and control of bleeding episodes, perioperative management of bleeding, routine prophylaxis to reduce frequency of bleeding episodes.*****	Brand	Yes	SFY 16 – 19 increased 66.17%	\$427,786
7	<b>ONFI</b>	ANTICONVULSANTS - Indicated for adjunctive treatment of seizures associated with Lennox-Gastaut syndrome (LGS), a complex, rare, and severe type of epilepsy	Brand	Yes	SFY 16-19 increased 70.99%	\$392,103

\* No Generic Drugs were found to meet the statutory criteria for this listing.

\*\* For purposes of this listing, Unit Cost is the total gross cost divided by total days' supply or the cost per day's supply of the drug.

\*\*\* Total Gross Cost includes carrier paid amount and member out of pocket amounts.

\*\*\*\*Expenditures for Cialis declined significantly by 2018 as the generic Tadalafil became available.

\*\*\*\*\*Benefix, a brand name drug, could have been listed as it met the statutory cost and cost increase parameters. However, the statutory requirements limit the list to drugs of different therapeutic classes and both Benefix and Elocate are indicated for control and prevention of bleeding episodes and peri-operative management for types of hemophilia.

Source of Data: The Office of Health Strategy (OHS) prepared the above list using the Office of the State Comptroller's Connecticut Employee/Retiree Health Plan claims data for State Fiscal Year (SFY) 2016 through 2019. The data was obtained from the State Plan administrator, CVS/Caremark.

Statutory Reference: Conn. Gen. Stat. §19a-754b

OHS developed the list based on the specifications outlined in Conn. Gen. Stat. § 19a-754b (1 & 2). Namely:

- The list must include at least one generic drug;
- The list must include drugs from different therapeutic classes;
- \*The list cannot include any drugs that did not have at least a 20% increase in cost during the past year or 50% during the past three years; and
- \*The list cannot include any drugs that were less than \$60 for either a 30-day supply or a course of treatment lasting less than 30 days.

*\*The statute required that these two criteria to be based upon the wholesale acquisition cost of the drug, less all rebates paid to the state for the drug, which is unavailable data.*

OHS Findings:

OHS finds that, because of the law's exclusion criteria, most prescription drugs with the highest impact on the state, in terms of cost or utilization had to be excluded from the list. The law's cost threshold and increase criteria prohibit the listing of many prescription drugs that had relatively greater impact on cost to the state. Additionally, neither the wholesale acquisition cost nor rebate information were available at the individual drug level for incorporation into the cost estimation for this first listing.

As such, OHS plans to release separate information or data that provides useful information for the greater good, that is, for payers and consumers, and to enhance transparency. The additional lists will also be based on the state plan dataset. Further, going forward, OHS will endeavor to release more timely pertinent prescription drug cost data which include available commercial and Medicare data from the All Payer Claims Database.

**This listing and any additional list or data releases which OHS posts or makes available, will not trigger the information and data filings required by Conn. Gen. Stat. § 19a-754b (3) (A & B) from drug manufacturers, until the next list is released in March 2021.**