**FORMULARY SURVEY**

Pursuant to the Department’s authority under Section 38a-591(e), C.G.S. 38a-481, C.G.S. 38a-513, and the Regulations of Connecticut State Agencies, Sect. 38a-481-10 to Sect. 38a-481-13, the Department will require carriers to file their prescription drug formularies annually with their forms for all plans to ensure consistency and transparency in the marketplace, whether or not subject to the Affordable Care Act.

**Carriers should complete the Formulary Survey and file electronically no later than October 1, 2024. Surveys and applicable documents should be sent to:** **LHCompliance@ct.gov**

Provide a contact person should there be any questions or requests for additional information.

**Name of Company:** Click here to enter text.

**Address:** Click here to enter text.

**Contact Person:** Click here to enter

**Title:** Click here to enter text.

**Direct Phone #:** Click here to enter

**E-mail Address:** Click here to enter text.

**All responses, letters, and data provided must be Connecticut specific for Fully Insured plans**. Responses that include processes, letters or data for jurisdictions outside of Connecticut or for Self-Funded plans will be rejected.

Please respond to the following questions and provide supporting documentation for all the formularies marketed in Connecticut. **Any response with an attachment (document / policy / procedure should clearly indicate where in the document the specific response is addressed (including page number and section).** Note any differences in formularies where applicable.

**Please attach the following with your submission:**

* A paper/print version of each formulary marketed in Connecticut. For questions #5 - #9, #12, and #13 in the Formulary section of the survey, indicate the page number where each requirement is addressed.
* A screenshot of the online formulary and/or search tool to demonstrate where each requirement for questions #5 - #9, #12, and #13 in the Formulary section of the survey is addressed.

A “No” or “N/A” response to a question or policy will not be accepted. **Additional questions have been added to the survey to verify compliance with Connecticut’s drug-related statutes and CMS guidance. These questions are in red font.**

**FORMULARY**

|  |  |
| --- | --- |
| **QUESTIONS** | **RESPONSES** |
| List all the formularies that will be marketed for the **2025 plan year** **by market segment**: | Click here to enter text. |
| ***Availability*** |
| 1. | When will next year’s formularies be posted online? (Note that all formularies should be available no later than November 1.) | Click here to enter text. |
| 2. | Provide link(s) to the website where the formularies and Rx plan information are posted. | Click here to enter text. |
| 3. | Confirm that all the formularies and Rx plan information are accessible to non-members. | Click here to enter text. |
| 4. | Confirm that a paper version of each formulary is available to a non-member upon request. | Click here to enter text. |
| ***Definitions*** |
| 5. | For each formulary (both online and paper versions), indicate where a clear definition and explanation of each formulary tier, including the Specialty tier is located. | Click here to enter text. |
| 6. | For each formulary (both online and paper versions), indicate where clearly stated definitions of utilization controls, including but not limited to quantity/dosage controls, prior authorization, and step therapy are located. | Click here to enter text. |
| ***Organization*** |
| 7. | For each formulary (both online and paper versions), indicate where in the formulary it clearly states when the formulary was created, last updated, and when the next anticipated update will be. | Click here to enter text. |
| 8. | Confirm that the medications within each formulary (both online and paper version) are grouped in alphabetical order by therapeutic class. | Click here to enter text. |
| 9. | Confirm that the applicable tier coverage and utilization controls for each medication (by dosage, if necessary) are clearly stated within each formulary (both online and paper version). | Click here to enter text. |
| 10. | Confirm that an online search tool is available for each formulary to both members and non-members to search for specific medication coverage and utilization controls. | Click here to enter text. |
| 11. | Describe the auditing process in place to make sure the online search tool is working properly. How frequently is the online search tool audited?  | Click here to enter text. |
| 11a. | Attach the internal policy that addresses the auditing process. | Click here to enter text. |
| ***Obtaining Medications*** |
| 12. | For each formulary (both online and paper versions), indicate where the insured are made aware of the exception process in place for obtaining drugs off formulary.  | Click here to enter text. |
| 13. | For each formulary (both online and paper versions), indicate where the insured are made aware of the process in place for obtaining medications through the mail order pharmacy. | Click here to enter text. |
| 14. | For each formulary, confirm compliance with all the provisions of Connecticut General Statutes Sec. 38a-492b and Sec. 38a-518b (Coverage for certain off-label drug prescriptions). If you are not compliant, provide an explanation and a remediation plan. | Click here to enter text. |
| 15. | For each formulary, confirm compliance with all the provisions of Connecticut General Statutes Sec. 38a-492f and Sec. 38a-518f (Mandatory coverage for certain prescriptions removed from formulary). If you are not compliant, provide an explanation and a remediation plan. | Click here to enter text. |
| 16. | For each formulary, confirm compliance with all the provisions of Connecticut General Statutes Sec. 38a-492u and Sec. 38a-518u (Coverage for psychotropic drugs). If you are not compliant, provide an explanation and a remediation plan. | Click here to enter text. |
| 17. | For each formulary, confirm compliance with all the provisions of Connecticut General Statutes Sec. 38a-510 and Sec. 38a-544 (Prescription drug coverage. Mail order pharmacies. Step therapy use). If you are not compliant, provide an explanation and a remediation plan. | Click here to enter text. |
| 18. | For each formulary, confirm compliance with all the provisions of Connecticut General Statutes Sec. 38a-510a and Sec. 38a-544a (Prescription drug coverage. Synchronized refills). If you are not compliant, provide an explanation and a remediation plan. | Click here to enter text. |
| 19. | For each formulary, confirm compliance with all the provisions of Connecticut General Statutes Sec. 38a-510b and Sec. 38a-544b (Prescription drug coverage. Prior authorization for naloxone hydrochloride or similar drug not required). If you are not compliant, provide an explanation and a remediation plan. | Click here to enter text. |
| ***Adequate Coverage*** |
| 20. | For each formulary, provide an Excel spreadsheet list of the smoking cessation medications that are covered at no cost to the member. | Click here to enter text. |
| 21. | For each formulary, confirm that pre-exposure prophylaxis (PrEP) drugs are covered at no cost share to the member.  | Click here to enter text. |
| 22. | For each formulary, describe how post-exposure prophylactic (PEP) drugs are covered. Are these drugs subject to standard deductible and cost share? | Click here to enter text. |
| 23. | For each formulary, confirm compliance with all the provisions of Connecticut General Statute Sec. 38a-476b (Standards re psychotropic drug availability). If you are not compliant, provide an explanation and a remediation plan. | Click here to enter text. |
| 24. | For each formulary, confirm compliance with Connecticut General Statute Sec. 38a-477jj (Prescription drug formularies and lists of covered drugs. Removal or movement to higher cost-sharing tier during plan year prohibited. Exceptions). If you are not compliant, provide an explanation and a remediation plan. | Click here to enter text. |
| 25. | **For Individual, Small Group, and Student Health Formularies ONLY:** For each formulary, run and attach a copy of the most current version of the CMS Category Class Count Tool output. Provide appropriate justification for each requirement not met (provide a separate justification for each formulary). | *Provide the CMS Tool output and justification as a separate attachment(s) for each formulary.**\** ***Individual, Small Group, and Student Health formularies should be fully compliant.*** *The only acceptable justifications are:**-Generic available and covered (provide the name)**- Drug has been discontinued**- Drug covered under the medical benefit*  |
| 26. | **For Individual, Small Group, and Student Health Formularies ONLY:** For each formulary, run and attach a copy of the most current version of the CMS Non-Discrimination Clinical Appropriateness Tool output. Provide appropriate justification for each requirement not met (provide a separate justification for each formulary). | *Provide the CMS Tool output and justification as a separate attachment(s) for each formulary.**\** ***Individual, Small Group, and Student Health formularies should be fully compliant****.* |
| 27. | **For Individual, Small Group, and Student Health Formularies ONLY:** For each formulary, run the Adverse Tiering Tool and fill out Attestation Form at the end of the survey to certify full compliance with the requirements. | *\** ***Individual, Small Group, and Student Health formularies should be fully compliant to be approved****.* |
| ***Member Notification and Information*** |
| 28.  | How often is the formulary updated on the company website for changes that are advantageous to the member? How often is the paper version of the formulary updated for changes that are advantageous to the member? | Click here to enter text. |
| 29. | Confirm that at least a 90 days’ advance notice is provided to each insured AND their treating physician before a prescription drug is removed from the formulary or any changes are made to the structure of the prescription drug benefits.  | Click here to enter text. |
| 29a. | Indicate how members and their treating physicians are notified about changes to the formulary.  | Click here to enter text. |
| 30. | Should a member have questions regarding the formulary and what is covered, where can the member obtain the customer service contact information? | Click here to enter text. |
| 31. | If formularies vary by plan, please explain how a member will know that they are accessing the right formulary? | Click here to enter text. |

**P&T COMMITTEE**

|  |  |
| --- | --- |
| **QUESTIONS** | **RESPONSES** |
| ***Membership and Conflict of Interest*** |
| 1. | Explain the process of selecting committee members and explain how long each committee member serves. Explain if there are any non-voting members in the committee and what their roles are. | Click here to enter text. |
| 2. | Confirm that the P&T committee members represent a sufficient number of clinical specialties to adequately meet the needs of enrollees. List all the specialties represented. | Click here to enter text. |
| 2a. | Confirm that the P&T committee includes at least one patient representative that (1) represents the patient perspective; (2) has relevant experience or participation in patient or community-based organizations; (3) is able to demonstrate the ability to integrate data interpretations with practical patient considerations; (4) has no fiduciary obligation to a health facility or other health agency and has no material financial interest in the rendering of health services; (5) has a broad understanding of one or more conditions or diseases, associated treatment options, and research; and (6) discloses financial interests on their conflict-of-interest statements.  | Click here to enter text. |
| 3. | What percentage of P&T committee members are practicing physicians, pharmacists, clinical specialists, and other professionals who are licensed to prescribe drugs? For those that are not licensed, explain their role. | Click here to enter text. |
| 4. | Describe the process in place to ensure that there is no conflict of interest among members of the P&T committee with respect to the issuer or any pharmaceutical manufacturer. | Click here to enter text. |
| 4a. | Attach a copy of the policy in place to ensure that there is no conflict of interest. Indicate the name and page number(s) of the policy where this information can be found. | Click here to enter text. |
| 5. | Explain the process in place to ensure that P&T committee members abstain from voting if there is a conflict of interest. Explain whether the members still have participation rights if they are found to have a conflict of interest. | Click here to enter text. |
| ***Meeting Administration*** |
| 6. | Describe what processes are in place, including timeframes, to ensure that the P&T committee meets and makes decisions on new FDA-approved drugs within a reasonable time frame after the drug is released into the market. | Click here to enter text. |
| 7. | Confirm that the P&T committee meets at least quarterly. If the P&T committee meets more frequently, indicate the frequency. | Click here to enter text. |
| 8. | How often does the P&T committee evaluate and analyze treatment protocols and procedures related to the plans’ formulary? | Click here to enter text. |
| 9. | Confirm that the P&T committee maintains written documentation of the rationale for its decisions regarding the development of, or revisions to, the formulary drug list? | Click here to enter text. |
| ***Formulary Management*** |
| 10. | Describe the process in place to ensure that the P&T committee bases clinical decisions on the strength of the scientific evidence and standards of practice, including assessing peer-reviewed medical literature, pharmacoeconomic studies, outcomes research data, and other related information. | Click here to enter text. |
| 10a. | Attach a copy of the policy or procedures in place. Indicate the name and page number(s) of the policy where this information can be found. | Click here to enter text. |
| 11. | Describe the process in place to ensure that the P&T committee considers the therapeutic advantages of drugs in terms of safety and efficacy when selecting formulary drugs. | Click here to enter text. |
| 11a. | Attach a copy of the policy or procedures in place. Indicate the name and page number(s) of the policy where this information can be found. | Click here to enter text. |
| 12. | Describe the process in place to ensure that the P&T committee reviews new FDA-approved drugs and new uses for existing drugs. | Click here to enter text. |
| 12a. | Attach a copy of the policy or procedures in place. Indicate the name and page number(s) of the policy where this information can be found. | Click here to enter text. |
| 13. | Describe the process in place to ensure that the P&T committee reviews policies that guide exceptions and other utilization management processes, including but not limited to drug utilization review, quantity limits, prior authorizations, step therapies, generic substitutions, and therapeutic interchange. | Click here to enter text. |
| 13a. | Attach a copy of the policy or procedures in place. Indicate the name and page number(s) of the policy where this information can be found. | Click here to enter text. |
| ***Formulary Anti-discrimination*** |
| 14. | **Confirm** that there is a process in place by which the committee ensures that the formulary drug list(s) cover a range of drugs across a broad distribution of therapeutic categories and classes and recommends drug treatment regimens that treat all disease states. | Click here to enter text. |
| 15. | **Confirm** that there is a process in place to ensure that the formularies do not discourage enrollment of any group of enrollees through discriminatory tiering and utilization management processes. | Click here to enter text. |
| 16. | **Confirm** that there is a process in place to ensure that multiple drugs, strengths and dosage forms are included for each therapeutic class. | Click here to enter text. |
| 17. | **Confirm** that processes are in place to ensure that in cases where there are multiple drugs available to treat a disease, they are not all placed in the highest cost-share tier. | Click here to enter text. |
| 18. | **Confirm** that there is a process by which the committee ensures that the formulary drug list(s) provide appropriate access to drugs that are included in broadly accepted treatment guidelines and are indicative of general best practices. | Click here to enter text. |

**ATTESTATION FORM**

**THE FOLLOWING CERTIFICATION MUST BE COMPLETED AND SIGNED BY AN OFFICER OF THE COMPANY TO CERTIFY THAT THE INFORMATION PROVIDED IS CORRECT**

I, Click here to enter text. , Click here to enter text.
 (PRINTED NAME) (TITLE)

of Click here to enter text. , hereby acknowledge that:

(COMPANY)

1. I have read the foregoing request and attached materials and that the information provided is true, accurate and offered in support of this request.
2. I certify that the formulary and procedures are fully compliant with requirements of Regulations of Connecticut State Agencies, Sect. 38a-481-10 to Sect. 38a-481-13 and Connecticut General Statutes that apply to drug formularies.
3. I understand that any material changes in the information contained in this application must be filed with the Commissioner, as an amendment hereto, within thirty days of such change.
4. The CMS Adverse Tiering Tool was run for each fully insured Individual, Small Group, and/or Student Health Formulary referenced in the survey submission.
5. Each fully insured Individual, Small Group, and/or Student Health formulary passed the CMS Adverse Tiering Tool criteria.

**Provide an explanation and a remediation plan if you are not compliant with above requirement(s).**

**Please note that if you are unable to attest to meeting all of the above requirements, the formulary will not be approved.**

Click here to enter text.

(SIGNATURE)

Click here to enter text.

(DATE)