



STATE OF CONNECTICUT

INSURANCE DEPARTMENT

January 14, 2020

NOTICE TO PHARMACY BENEFITS MANAGERS (PBM)

CONCERNING

ANNUAL REPORTING TO CONNECTICUT INSURANCE DEPARTMENT

PURSUANT TO CONN. GEN. STAT. §38a-479ppp (Public Act 18-41)

Not later than March 1, 2021, and annually thereafter, each PBM (as defined by Conn. Gen. Stat. §38a-479ooo(10)) must file a report with the Insurance Commissioner for the immediately preceding calendar year. This report must contain the following information concerning health carriers that delivered, issued for delivery, renewed, amended or continued health care plans¹ in Connecticut that included a pharmacy benefit managed by the PBM during such calendar year:

1. The aggregate dollar amount of all rebates concerning drug formularies used by such health carriers that such manager collected from pharmaceutical manufacturers that manufactured outpatient prescription drugs that were covered by such health carriers during such calendar year and are attributable to patient utilization of such drugs during such calendar year.
2. The aggregate dollar amount of all rebates, excluding any portion of the rebates received by such health carriers (i.e., the aggregate amount of the rebates in part 1 that are retained by the PBM), concerning drug formularies that such manager collected from pharmaceutical manufacturers that manufactured outpatient prescription drugs that were covered by such health carriers during such calendar year and attributable to patient utilization of such drugs by covered persons under such health care plans during such calendar year.

Such information must be submitted using the attached Survey prepared by the Commissioner in accordance with Conn. Gen. Stat. §38a-479ppp(b) and submitted to the following email address: cid.lh@ct.gov.

¹"Health care plan" means an individual or a group health insurance policy that provides coverage of the types specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the Connecticut General Statutes and includes coverage for outpatient prescription drugs (i.e., fully insured market only, for individual, small group and large group. Stop Loss/Level Funded and Self Insured Plans are not to be included in this survey).

PBM SURVEY

Should be completed and submitted by each PBM. The survey should include the aggregate dollar amounts described in Conn. Gen. Stat. §§38a-479ppp(a)(1) and 38a-479ppp(a)(2) in the following format:

PBM Name: _____

1) The aggregate dollar amount of all rebates as described in Conn. Gen. Stat. §38a-479ppp(a)(1).

2) The aggregate dollar amount of all rebates as described in Conn. Gen. Stat. §38a-479ppp(a)(2).

Please note, all information submitted to the Commissioner in this survey shall be exempt from disclosure under the Freedom of Information Act, as defined in section 1-200 of the Connecticut General Statutes, except to the extent such information is included on an aggregated basis (i.e., all PBMs combined) in the report required to be submitted by the Commissioner to the General Assembly not later than March 1, 2022, and annually thereafter (See Conn. Gen. Stat. §38a-479ppp(d)).