Formulary Survey

Pursuant to the Department’s authority under Section 38a-591(e) of the 2016 supplement to the Connecticut General Statutes and C.G.S. 38a-481 and 38a-513, 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.

**Regular mail:** Connecticut Insurance Department, Life & Health Division, PO Box 816, Hartford, CT 06142-0816

**Overnight mail or hand delivery:** Connecticut Insurance Department, 153 Market St., 7th Floor, Hartford, CT 06103

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

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<td>Contact Person:</td>
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Please note that 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. Note any differences in formularies where applicable.
Formulary:

Availability

1. When will the 2018 formulary be posted online? (Note that all formularies should be available no later than November 1, 2017.)

2. Provide link(s) to the website where the formularies and Rx plan information are posted:

3. Verify that the formularies and Rx plan information are accessible to non-members. If not, provide information on what corrective actions will be taken to address this and the date you expect to be compliant.

4. Verify that a paper version of the formulary is provided to a member upon request. If not, provide information on what corrective actions will be taken to address this and the date you expect to be compliant.

Definitions

5. Verify that the formularies (both online and paper version) include a clear definition and explanation of each formulary tier, including the Specialty tier? If not, provide information on what corrective actions will be taken to address this and the date you expect to be compliant.

6. Verify that the formularies (both online and paper version) include clearly stated definitions of utilization controls, including but not limited to quantity/dosage controls, prior authorization, and step therapy. If not, provide information on what corrective actions will be taken to address this and the date you expect to be compliant.

Organization

7. Verify that the formularies (both online and paper version) clearly state when they were created, when they were last updated, and when the next anticipated update will be? If not, provide information on what corrective actions will be taken to address this and the date you expect to be compliant.
8. Verify that the medications within the formularies (both online and paper version) are
   grouped in alphabetical order by therapeutic class. If not, provide information on what
   corrective actions will be taken to address this and the date you expect to be compliant.

9. Verify that the applicable tier coverage and utilization controls for each medication (by
dosage, if necessary) are clearly stated within the formularies (both online and paper
version). If not, provide information on what corrective actions will be taken to address this
and the date you expect to be compliant.

10. Verify that an online search tool is available to both members and non-members to search for
specific medication coverage and utilization controls. If not, provide information on what
corrective actions will be taken to address this and the date you expect to be compliant.

   a. Describe your auditing process in place to make sure the online search tool is working
      properly. How frequently is the online search tool audited?

Obtaining Medications

11. Describe how the insured are made aware (both online and in the paper version of the
formulary) of the exception process in place for obtaining drugs off formulary.

12. Describe how the insured are made aware (both online and in the paper version of the
formulary) of the process in place for obtaining medications through the mail order
pharmacy.

13. Explain how often the formulary is updated on the company website, both for advantageous
and non-advantageous changes to the member.

   a. Describe any processes in place to notify members impacted by the change in the
formulary.

Adequate Coverage

14. Verify that the formulary meets the minimum requirements of the EHB plan in terms of
having sufficient number of drugs in each therapy class 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.

15. 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.

Member Information

16. Should a member have questions regarding the formulary and what is covered, where can the member obtain the customer service contact information?

17. If formularies vary by plan, please explain how. If they do, how will a member know that they are accessing the right formulary?
**P&T Committee:**

*Membership and Conflict of Interest*

1. Explain the process of selecting committee members and explain how long each committee member serves.

2. What percentage of P&T committee members are practicing physicians, pharmacists, and other professionals who are licensed to prescribe drugs? For those that are not licensed, explain their role.

3. Verify that the P&T committee members represent a sufficient number of clinical specialties to adequately meet the needs of enrollees
   a. Attach a list of specialties that are represented.

4. Describe and attach a copy of 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.
   a. Describe how conflicts of interest are dealt with if they arise. Explain whether the members still have participation or voting rights if they are found to have a conflict of interest.

*Meeting Administration*

5. 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.

6. How often does the P&T committee meet?

7. Verify 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?

8. How often does the P&T committee evaluate and analyze treatment protocols and procedures related to the plans’ formulary?
Formulary Management

9. Describe and attach a copy of the procedures in place to ensure that the P&T Committee:

   a. 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.

   b. Considers the therapeutic advantages of drugs in terms of safety and efficacy when selecting formulary drugs.

   c. Reviews new FDA-approved drugs and new uses for existing drugs.

   d. 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.

Formulary Anti-discrimination

10. Describe the process 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.

11. Describe the process in place to ensure that the formularies do not discourage enrollment of any group of enrollees through discriminatory tiering and utilization management processes.

12. Describe the process in place to ensure that multiple drugs, strengths and dosage forms are included for each therapeutic class.

   a. What 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.

13. Describe the 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.
ATTACHMENT

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

I, ________________________________________, ___________________________________
(PRINTED NAME)                                           (TITLE)

of ________________________________________, hereby acknowledge that I have read the
(COMpany)

foregoing request and attached materials, that the information provided is true, accurate and offered in support of this request. 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.

_____________________________
(SIGNATURE)

_____________________________
(DATE)