



STATE OF CONNECTICUT

INSURANCE DEPARTMENT

Formulary Survey

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.

<p>Name of Company: _____</p> <p>Address: _____</p> <p>_____</p> <p>Contact Person: _____ Direct Phone #: _____</p> <p>e-mail address: _____</p>

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 for all the formularies marketed in Connecticut. Note any differences in formularies where applicable.

Formulary:

1. Provide a link(s) to your online formulary/formularies:
2. Is the posted formulary is easily searchable? If not, provide an explanation.
 Yes
 No
3. Are the medications within the formulary grouped in an alphabetical order by therapeutic class? If not, provide an explanation.
 Yes
 No
4. Does the formulary include a clear definition and/or explanation of each formulary tier, including the Specialty tier? If not, provide an explanation.
 Yes
 No
5. Does the formulary include clearly stated definitions of utilization controls, including but not limited to quantity/dosage controls, prior authorization, and step therapy? If not, provide an explanation.
 Yes
 No
6. Is the applicable tier coverage and utilization controls for each medication (by dosage, if necessary) clearly stated within the formulary? If not, provide an explanation.
 Yes
 No
7. Does your website include information on how to obtain drugs that are off formulary? If not, provide an explanation.
 Yes
 No

8. Does the formulary specify if and how drugs can be obtained through a mail order pharmacy? If not, provide an explanation.
- Yes
 - No
9. Does the formulary clearly state when it was created, when it was last updated, and when the next anticipated update will be? If not, provide an explanation.
- Yes
 - No
10. Should a member have questions regarding the formulary and what is covered, where can the member obtain the customer service contact information?
11. Explain if formularies vary by plan. If formularies vary by plan, how will a member know that they are accessing the right formulary?
12. Does each formulary meet the requirements of the CMS Category Class Count tool? Attach a copy of the document showing that the tool was run. If the requirements were not met, provide an explanation.
- Yes
 - No
13. Does each formulary meet the requirements of the CMS Non-Discrimination Clinical Appropriateness tool? Attach a copy of the document showing that the tool was run. If the requirements were not met, provide an explanation.
- Yes
 - No
14. Does each formulary meet the minimum requirements of the EHB plan in terms of having sufficient number of drugs in each therapy class? If not, provide an explanation.
- Yes
 - No

P&T Committee:

Membership and Conflict of Interest

1. Are majority of P&T committee members practicing physicians, pharmacists, and other professionals who are licensed to prescribe drugs? If not, provide an explanation.
 - Yes
 - No
 - a. Provide information on what percentage of members are not licensed and explain their role on the P&T committee.

2. Do P&T committee members represent a sufficient number of clinical specialties to adequately meet the needs of enrollees? If not, provide an explanation.
 - Yes
 - No
 - a. Attach a list of specialties that are represented.

3. Attach a description 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. Describe how conflicts of interest are dealt with if they arise.

4. Is there a process in place to ensure that a P&T committee member abstains from voting if there is a conflict of interest? If there is a process in place, attach a copy of the process. If not, provide an explanation.
 - Yes
 - No

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. Does the P&T committee meet at least quarterly and maintain written documentation of the rationale for its decisions regarding the development of, or revisions to, the formulary drug list? If not, provide an explanation.
 Yes
 No
7. Does the P&T committee evaluate and analyze treatment protocols and procedures related to the plans' formulary at least annually?
 Yes
 No

Formulary Management

8. Has the company developed and documented procedures to ensure appropriate formulary drug review and inclusion? Include at attachment of these procedures, if applicable.
 Yes
 No
9. Include an attachment with a description of the policies and procedures in place to ensure that the 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 United States Food and Drug Administration-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.
10. Explain how often the formulary is updated on the company website. Does the timeframe vary depending on whether the changes are advantageous to the member?

Formulary Anti-discrimination

11. 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.
12. 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.
13. Describe what processes are in place to ensure that multiple drugs, strengths and dosage forms are included for each therapeutic class in the formulary and if multiple drugs are available to treat a disease, they are not all placed in the highest cost-share tier.
14. 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 that are indicative of general best practices at the time.

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.