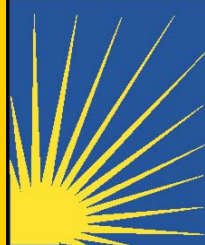
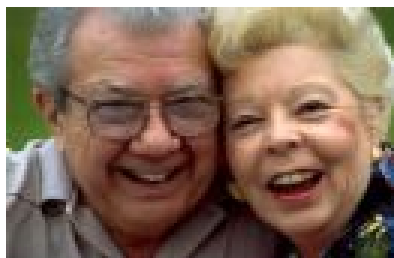


ConnPACE

Semi-Annual Report & Annual Synopsis to Governor M. Jodi Rell

January 2007 – June 2007



**Connecticut Department
of Social Services**

Caring for Connecticut

Michael P. Starkowski, Commissioner



STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

OFFICE OF THE COMMISSIONER

August 20, 2007

The Honorable M. Jodi Rell
Governor
State of Connecticut
State Capitol
210 Capitol Avenue
Hartford, CT 06106

Dear Governor Rell:

As required under Connecticut General Statutes, Section 17b-495(d), I am submitting the Connecticut Pharmaceutical Assistance Contract to the Elderly and the Disabled Program (ConnPACE) Semi-Annual / Annual Report for the period of July 1, 2006 to June 30, 2007.

On behalf of the DSS Pharmacy Unit, thank you for the opportunity to share ConnPACE's continued progress and success in serving Connecticut's elderly and disabled for more than 20 years.

If you have any questions regarding the report, please do not hesitate to contact me.

Sincerely,

Michael P. Starkowski
Commissioner

cc: Senator Mary Ann Handley
Senator Gayle Slossberg
Representative Peggy Sayers
Representative Elizabeth Ritter

Semi-Annual Report: January to June 2007

The Department of Social Services presents the following information as an overview of the services we provided to the elderly and disabled individuals enrolled in the state-funded Connecticut Pharmaceutical Assistance Contract to the Elderly and the Disabled Program, ConnPACE. The second half of State Fiscal Year 2007 shows that the processes for paying monthly premiums and completing formulary exceptions on behalf of our clients are successful. As the report illustrates, Medicare Part D continues to have a significant impact on the expenditures and has also influenced client enrollment.

For the second-half of State Fiscal Year 2007, the ConnPACE Program subsidized the cost of 521,660 prescriptions totaling \$14,635,235 for an average of 40,702 clients. Forty-four percent of prescription drugs paid for during this period were for generic products. In addition to the prescription benefit, the ConnPACE Program subsidized Medicare Part D premiums in the amount of \$3.9 million for an average of 41,000 clients per month.

The ConnPACE program is promulgated under regulations of Connecticut State Agencies, Sections 17b-262-684 to 17b-262-692, and Connecticut General Statutes, Sections 17b490 to 17b-498.

DSS ORGANIZATION

Michael P. Starkowski	Commissioner
Claudette J. Beaulieu	Deputy Commissioner – Programs
Amalia Vazquez Bzdyra	Deputy Commissioner – Administration
David Parrella	Director, Medical Care Administration
Marcia Mains	Director, Medical Operations
Evelyn Dudley	Pharmacy Programs Manager
Brian Sexton	Public Assistance Consultant
Africka Hinds-Ayala	Health Program Associate
Rebecca Hopko	CT Career Trainee
James Zakszewski, RPh	Pharmacy Consultant
Emily Piddock, RPh	Pharmacy Consultant
Cameron Crosby	Pharmacy Technician
Christine O’Leary	Pharmacy Technician
Rajesh Shah	Pharmacy Technician
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Semi-Annual Report: January to June 2007

The Connecticut Pharmaceutical Assistance Contract to the Elderly and the Disabled Program, ConnPACE, is a state-funded program that assists in providing prescription drug benefits to Connecticut's senior and disabled citizens.

To participate in ConnPACE, a person submits an application with a registration fee, proof of age, state residency, income, disability (if applicable), enrollment in Medicare Part D (if applicable), and insurance (if any). Participants must apply annually for re-determination of eligibility.

Requirements for ConnPACE Eligibility:

- Residency:** A person must be a resident of Connecticut for six months prior to applying;
- Age:** A person must be 65 years of age or older or;
- Disabled:** A person can be between the ages of 18 and 64 and receiving disability benefits under the Social Security Disability Program (Title II) or the Supplemental Security Income Program (Title XVI);
- Income:** A person must have an annual adjusted gross income of less than \$23,100 if single, or combined income of less than \$31,100 if married, effective January 1, 2007;
- Insurance** A person must not be enrolled in Medicaid, have prescription drug coverage that pays a portion or all of each prescription purchased, or have prescription drug coverage after a deductible has been met;
- Medicare Part D:** A person must be enrolled in a Medicare Part D Prescription Drug Plan (PDP), if the applicant has Medicare Part A and/or Part B;
- Social Security Extra Help:** A person must apply for the Social Security's Extra Help with Medicare Prescription Drug Plan costs if a participant's annual income is less than or equal to \$15,315 and assets less than \$11,710 for a single person, OR annual income is less than or equal to \$20,535 and assets less than \$23,410 for a married couple, effective April 1, 2007.
- Registration Fee:** A person must submit a \$30.00 registration fee with their application.



Once determined eligible, the participant receives a ConnPACE benefits card. The ConnPACE cardholder presents the card to their dispensing pharmacy to have their prescription filled. The pharmacist validates the clients' eligibility and the appropriate coverage and primary payer for the drug, and then collects the co-payment from the cardholder. ConnPACE subsidizes the appropriate balance due.

Semi-Annual Report: January to June 2007 - Eligibility Activity

The ConnPACE Program has seen a steady decline in enrollment during this reporting period. Enrollment in January 2007 was 41,877 individuals and at the end of June 2007 enrollment had declined to 39,429.

The Department attributes this decline to persons that qualify for the Medicare Savings Group or the Low Income Subsidy Extra Help benefit under the Social Security Program for Medicare Part D.

Under these programs, beneficiaries do not pay premiums or deductibles; and their co-pays are a minimal \$2.15 for generics or \$5.35 for the brand name product.

ConnPACE	
Elderly	34,154
Disabled	5,275
Medicare Saving Group	
	1,769
Extra Help Low Income Subsidy	
	6,464

ConnPACE Application	
Please return to: ConnPACE, P.O. Box 5011, Hartford, CT 06102-5011	
<input type="checkbox"/> <i>Si, me gustaria recibir la aplicacion y notificaciones del ConnPACE en Español solamente.</i> <small>(Yes, I would like to receive my ConnPACE application and notifications in Spanish only.)</small>	
<i>If married, each spouse must complete a separate application and submit a separate \$30 fee.</i>	
PLEASE COMPLETE ALL SECTIONS OF THE APPLICATION & SUBMIT PROPER DOCUMENTATION/PROOF.	
1. IDENTIFICATION	
Last Name	First Name Middle Initial
Street Address	Box or Apt #
City	State Zip Code
Telephone Number	*Your Social Security Number
*Your Social Security Number will serve as the basis for your ConnPACE client identification number, unless you specifically object.	
SEX: circle one	Female Male
2. MARITAL STATUS (check one) <input type="checkbox"/> Go to #3 <input type="checkbox"/>	
<input type="checkbox"/> Single, Divorced, Widowed	
<input type="checkbox"/> Married (Spouse's Social Security # _____)	
<input type="checkbox"/> Separated or spouse resides in a nursing home	
3. DATE of BIRTH (proof required)	
Month Day Year	
4. RACE (optional)	
<input type="checkbox"/> Caucasian <input type="checkbox"/> Native American <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Pacific Alaska Native <input type="checkbox"/> Asian	
5. RESIDENCY (proof required (drivers license, tax form, etc)) Circle YES or NO	
Have you been a Connecticut resident for the past 6 months?	
6. DISABILITY (proof required (Social Security Third Party Query Form)) Circle YES or NO	
Are you over the age of 18 and eligible for disability payments under the Social Security Disability (Title II) or the Supplemental Security Income (Title XVI) program?	
7. INCOME INFORMATION (proof of all income sources required) Office Use YR	
Please use total income from the last calendar year, unless this year's income is lower. If you are married, you must fill in a social security amount for your spouse. If your spouse does not receive social security, enter zero.	
List all of your income:	
If joint information place amount in "Applicant" column	
Annual Amount	
Applicant Spouse	
> Adjusted Gross Income from the Federal Income Tax Return	\$ _____ \$ _____
> Social Security (minus Medicare Part B premiums), Supplemental Security Income, and Railroad Retirement Income	\$ _____ \$ _____
> Pensions, Retirement Income, Annuities, Veteran's Benefits	\$ _____ \$ _____
> Interest and Dividends	\$ _____ \$ _____
> Other income (Wages, Net Rental Income, Non-Taxable Income)	\$ _____ \$ _____
<small>Continued on reverse side</small>	

The Department of Social Services contracts with Electronic Data Systems to process all applications and renewals, issue ConnPACE cards, and provide a Client Call Center.

The ConnPACE Program received 4,227 new applications and 22,548 renewal applications during this reporting period. All applications and renewals are processed within seven business days.

The Department received three requests for reconsideration to change the start date of the client's eligibility. All reconsiderations were granted.

The ConnPACE Client Call Center provides a toll free number (1-800-423-5026) and a local Farmington, CT number (860-409-4555) for both local and out-of state callers. The Client Call Center is available to callers Monday through Friday from 8:30 a.m. to 4:30 p.m. and provides program enrollment information, assistance with application questions, and coverage information. The ConnPACE Client Call Center received 44,255 telephone inquiries during this reporting period.

Semi-Annual Report: January to June 2007 - Medicare Part D

For the average monthly 41,000 ConnPACE clients with Medicare Part D, enrollment spanned across twenty-one stand-alone Prescription Drug companies, encompassing fifty-one different coverage plans. Each prescription drug plan offered an individualized formulary, monthly premium, deductible, and/or prescription coverage during the “donut hole” period.

CT Medicare Rx Plan Companies	21
Medicare Prescription Drug Plans	51

Cost Summary of 2007 Medicare Part D Prescription Drug Plans

Monthly Premium Range	\$13.40 to \$87.40
Standard Deductible	\$265
Plans with No Deductible	31
Plans with Reduced Deductible	4
Generic Prescription Coverage while in the “donut hole”	15 plans

At the beginning of the calendar year, Medicare approved three additional prescription drug companies for Connecticut offering seven additional prescription drug plans. Additional changes include but are not limited to, increase of premium benchmark plans, monthly premiums, deductibles, and the number of plans providing generic drug coverage in the gap.

Enrollment in Medicare Part D is required for ConnPACE clients who are Medicare eligible.



Extra Help assistance is available for people with lower income and assets. Depending on the level of need, Medicare Part D cost sharing may be reduced. Some ConnPACE clients are eligible for the extra help benefit provided by Medicare, while others will not qualify.

Medicare Part D monthly premiums are fully subsidized by either Medicare, ConnPACE, or a combination of both, and any cost sharing requirements will not exceed the customary ConnPACE \$16.25 per prescription copayment and may be even less.

Semi-Annual Report: January to June 2007 - Program Benefits

The ConnPACE Program covers all drugs that require a prescription in the State of Connecticut, plus insulin and insulin syringes. ConnPACE will also pay for non-formulary prescriptions that are not covered by the client's Medicare Part D Prescription Drug Plan.



Prior authorization is required for a brand name drug that has at least two (2) Food & Drug Administration (FDA) approved A-rated generic equivalents available; and for an early refill prescription when less than 75% of the current medication is remaining.

ConnPACE allows a 30-day supply or 120 units, whichever is greater, to be dispensed up to the prescribed amount. When the client has Medicare Part D coverage, dispensing quantities are at the discretion of the primary payer and Prescription Drug Plans (PDPs) allow a 30-day or 90-day supply.

The ConnPACE participant pays up to a \$16.25 co-payment for each prescription, and the program reimburses the pharmacy for the remainder. Medicare Part D is the primary payer for the majority of ConnPACE clients, so dependent on the plan they are enrolled in and their income status; co-pays are often less than the ConnPACE co-pay. ConnPACE pays towards a Medicare Part D client's deductible, coinsurance, and during the "donut hole" for co-pay costs that exceed \$16.25 per prescription.

ConnPACE clients that are eligible for Medicare Part A and/or Part B must enroll in a Medicare Part D Prescription Drug Plan of their choice. ConnPACE subsidizes the monthly Medicare Part D premiums directly to their specific Prescription Drug Plan for these individuals. There were fifty-one prescription drug plans available to clients during this period.

ConnPACE Services Not Covered:

- drugs prescribed for cosmetic purposes, experimental drugs, antihistamines, contraceptives, cough preparations, anti-obesity drugs, multivitamin combinations, smoking cessation gum
- drugs that the Federal Food and Drug Administration has determined not to be effective or vaccines obtained free of charge from the Department of Health Services
- drugs of manufacturers that do not participate in the ConnPACE Drug Rebate Program.

ConnPACE Manufacturer Non-Rebate Participation Exceptions

The following drugs continue to be covered by the ConnPACE Program:

Benoquin, Canasa Suppositories, Colazal, Dapsone, Efudex, Mestinon, and Urso

Semi-Annual Report: January to June 2007 - Budget & Expenditures

The ConnPACE Program budget is funded by the State's appropriation, application fees, and manufacturer rebates. Expenditures consist of the subsidies provided for both prescriptions and Medicare Part D premiums.

The ConnPACE Program appropriation for State Fiscal Year 2007 was \$54 million. Medicare Part D has become the primary payer in over 75% of all prescriptions and reduced prescription expenditures dramatically for the second half of SFY 2007 by more than 60%. Manufacturer Rebates were received from three-hundred forty three Drug Manufacturing Labeler Codes and were significantly decreased as the full impact of Medicare Part D drugs that are non-rebateable were not invoiced to manufacturers. ConnPACE also collected application and renewal fees from approximately 26,775 individuals.

January 1, 2007 through June 30, 2007

Prescription Subsidy	Application Fees	Manufacturer Rebates	Medicare Part D Premium Payments	Total State Net Expenditure
\$14,635,235	\$774,898	\$867,560	\$3,885,093	\$16,877,870

The claim volume increased approximately 17% more than the previous 6-month period and reduced the average cost per

Paid Claims	Average Cost Per Claim	Average Prescription Claim Per Client
521,660	\$28.06	0.95

claim. The claim volume increase corresponds with the increase in the average number of prescriptions per client.

The ConnPACE Program requires generic products be obtained when the brand name drug has at least two or more FDA approved A-rated generic equivalents available. The ConnPACE Program utilizes both the Federal Allowable Cost and the State Maximum Allowable Cost list for mandatory generic substitution.

Number of Generic Prescriptions	227,946
Cost of Generic Prescriptions	\$1,305,203
Average Cost Per Generic	\$5.73

The beneficiary also benefits because their copays could be less than the \$16.25 ConnPACE Program copay. If the prescriber deems that the patient must have the brand name product, the prescriber must

obtain prior authorization from the Department's Prior Authorization agent.

Semi-Annual Report: January to June 2007 - Budget & Expenditures

The remainder of the prescriptions subsidized were for brand name prescriptions where generics are not yet available or the prescriber has obtained authorization for a brand name product to be dispensed. There were 21 requests for brand name prescriptions and of those, 20 authorizations were approved.

Number of Brand Prescriptions	293,714
Cost of Brand Prescriptions	\$13,330,032
Average Cost Per Brand	\$45.38

Medicare Part D was the primary payer for a total of 44 percent of paid claims. The copay figures represent the states contribution for Medicare Part D prescription copays, plan deductibles, coinsurance, and full prescription payment when clients reached the “donut hole” of the benefit.

Copay Expenditures	\$9,947,093
Copay Claim Count	218,012
Average Cost Per Claim	\$45.63

Medicare Part D requires the Prescription Drug Plans to maintain specific formularies for the Part D beneficiaries. The ConnPACE Program allows ConnPACE clients participating in Medicare Part D to obtain non-formulary drugs. ConnPACE then becomes the primary payer.

Number of Non-Formulary Rx's	11,843
Cost of Non-Formulary Rx's	\$2,440,720
Average Cost Per Non Formulary Rx	\$206

The top Medicare Part D non-formulary medications submitted to the Department for payment were:

- | | |
|------------|-------------|
| ▪ Abilify | ▪ Invega |
| ▪ Aciphex | ▪ Lamictal |
| ▪ Actos | ▪ Lantus |
| ▪ Aranesp | ▪ Lipitor |
| ▪ Arimidex | ▪ Nexium |
| ▪ Avonex | ▪ Prevacid |
| ▪ Copaxone | ▪ Provigil |
| ▪ Enbrel | ▪ Renagel |
| ▪ Forteo | ▪ Risperdal |
| ▪ Gleevec | ▪ Sensipar |
| ▪ Humira | ▪ Zyprexa |

Semi-Annual Report: January to June 2007 - Drug Utilization

Drug utilization by ConnPACE clients remains consistent with the chronic illnesses of the aged and disabled population. Eight drugs are top performers in both the dollar amount paid and the volume of prescriptions purchased as shaded below in yellow. All are brand products with no generics available.



Top 10 Drugs by Total Amount Paid: Semi-Annual

Rank	Drug Name	Total Amount Paid	Number of Prescriptions	Average Amount Paid	Use
1	Nexium 40mg	\$404,111	7,719	\$52.35	Gastrointestinal
2	Prevacid 30mg	\$329,852	5,479	\$60.20	Gastrointestinal
3	Lipitor 10mg	\$315,254	10,405	\$30.30	Anticholesterol
4	Lipitor 20mg	\$271,042	7,164	\$37.83	Anticholesterol
5	Plavix 75mg	\$259,005	6,645	\$38.98	Anticoagulant
6	Protonix 40mg	\$220,836	4,781	\$46.19	Gastrointestinal
7	Zetia 10mg	\$194,792	4,969	\$39.20	Anticholesterol
8	Fosamax 70mg	\$178,424	6,823	\$26.15	Bone Growth
9	Aciphex 20mg	\$164,756	2,083	\$79.10	Gastrointestinal
10	Lidoderm 5%	\$160,239	1,578	\$101.55	Dermatological
	TOTAL	\$2,498,311	57,646	\$43.34	

Top 10 Drugs by Number of Prescriptions: Semi-Annual

Rank	Drug Name	# of Rx	Amount Paid	Average Amount Paid	Use
1	Lipitor 10mg	10,405	\$315,254	\$30.30	Anticholesterol
2	Nexium 40mg	7,719	\$404,111	\$52.35	Gastrointestinal
3	Lipitor 20mg	7,164	\$271,042	\$37.83	Anticholesterol
4	Fosamax 70mg	6,823	\$178,424	\$26.15	Bone Growth
5	Plavix 75mg	6,645	\$259,005	\$38.98	Anticoagulant
6	Toprol XL 50mg	5,626	\$83,772	\$14.89	Cardiac
7	Prevacid 30mg	5,479	\$329,852	\$60.20	Gastrointestinal
8	Zetia 10mg	4,969	\$194,792	\$39.20	Anticholesterol
9	Protonix 40mg	4,781	\$220,836	\$46.19	Gastrointestinal
10	Norvasc 5mg	4,494	\$110,068	\$24.49	Cardiac
	TOTAL	64,105	\$2,367,156	\$36.93	

Semi-Annual Report: January to June 2007 - Outreach

The Department continued to provide important information to clients concerning the options for Medicare Part D participation for the 2007 calendar year. The number of Prescription Drug Plan Companies expanded from 17 to 21, and the different plans they offered grew from 44 to 51 for our state.

The Department of Social Services continues collaboration with CHOICES staff throughout the state to provide education and coordination assistance for Medicare Part D. The Department participates in the Medicare Modernization Act Workgroup, consisting of various federal, state, and local partnering agencies to coordinate efforts, strategies, and activities with Medicare Part D. In addition, the Department continues to work closely with CMS federal officials to stay current on important Medicare Part D benefit updates, as well as, participating on conference calls with the Medicare Part D Prescription Drug Plan organizations to discuss current benefit structure and to analyze the coordination of benefits with the ConnPACE program.

The Medicare Part D Bus traveled to 28 sites throughout Connecticut to assist residents with ConnPACE questions, Medicare Part D program questions and Low Income Subsidy requirements in addition to other DSS programs such as Medicaid, Medicare Savings Program, Food Stamps, Connecticut Home Care for Elders, etc.

Visits were made to senior centers, pharmacies, farmers markets, health fairs, expositions/conventions, senior housing, community colleges, libraries, and social/human services agencies. The Medicare Part D Bus is routinely staffed with CHOICES counselors, pharmacists and Department staff.



The Department continues to support www.connpace.com to make program information, applications, brochures, semi-annual reports to the Governor, and links to other related sites more widely available.

Semi-Annual Report: January to June 2007 - Reflections

As the 2007 open enrollment period for Medicare Part D has come to a close, the Department has shifted focus to refining coordination of benefits processes between the ConnPACE program and the Medicare Part D Prescription Drug Plans (PDP). The Department continues the commitment to ensure that all ConnPACE beneficiaries receive timely, affordable, and comprehensive coverage under the federal Medicare Part D program. ConnPACE will continue to provide wrap around coverage with Medicare Part D, such as full monthly premium assistance for the 2007 benefit year, assistance with out-of-pocket costs which exceed the current ConnPACE co-payment of \$16.25, and coverage of non-formulary prescription drugs through the ConnPACE non-formulary exception process.

In January 2007, ConnPACE had successfully completed Trading Partner Agreements with all twenty-one Medicare Part D organizations, which has allowed the Department to make premium payments on behalf of ConnPACE members.

The ConnPACE non-formulary exception process is now underway. This process started on January 17, 2007, with the Department Pharmacy Technicians reviewing any drug claims designated as non-formulary prescriptions exceeding \$600. The Pharmacy Technicians access point-of-sale (POS) claims data, which allows an immediate check to see if the claims are submitted properly to the Department for payment. As a result, the DSS Pharmacy Unit staff has been able to resolve a number of incorrectly billed claims by requesting the pharmacy to simply reverse the inappropriate claim(s). Most importantly though, DSS Pharmacy Unit staff immediately identify Medicare Part D plan formulary options and work with prescribers to either change to a Medicare Part D PDP formulary drug, file an exception request with the Medicare Part D PDP, or, if necessary, begin the formal Medicare Part D PDP appeals process. Based on the immediate success of this project, the dollar threshold was adjusted to \$400 on February 2, 2007. The dollar threshold was adjusted a second time on May 18, 2007 to \$300, where it currently stands at this point in time.

Semi-Annual Report: January to June 2007 - Reflections

The Non-Formulary Exceptions Process has already evidenced the potential for substantial savings to the State. While the effort has been underway for over five months, the Department has already identified savings that should amount to over \$9.5 million annually.

Through daily telephone contact, the Department has received positive feedback on this new project from providers. A communication has been sent to all providers and Medicare Part D plans to alert them to the new process and asking for their full cooperation. The providers are very receptive to the non-formulary exception process as it saves the state money and helps them manage their large workloads. Our pharmacy technicians' thorough knowledge of medication names and dosages, coupled with establishing key contacts with each of the PDP's, is contributing to making this process work smoothly. For any PDP using a 'plan specific' exception form, the Department has obtained copies for use, as all aspects of this process have been specifically tailored to the policies and requirements of the PDP. The Department's pharmacy technicians can be reached toll free at 1-866-340-0715 or locally at (860) 424-4880 or by fax at (860) 424-4822.

State Fiscal Year 2007: July 2006 to June 2007 – Annual Synopsis

For the entire state fiscal year period, there was an average of 42,431 clients that received subsidized costs of \$34,365,040 for 990,023 paid prescription claims through the ConnPACE Program, as well as Medicare Part D premium payments totaling \$8,248,657.

▪ ConnPACE Renewal Applications - Received	36,025
▪ ConnPACE New Applications - Received	7,888
▪ ConnPACE Participant Telephone Inquiries - Received	91,064
▪ Average Monthly ConnPACE Enrollees - Elderly	36,241
▪ Average Monthly ConnPACE Enrollees - Disabled	5,773
▪ Total Unduplicated Average Monthly ConnPACE Enrollees	42,431
▪ ConnPACE Enrollees ending June 30, 2007 - Elderly	34,154
▪ ConnPACE Enrollees ending June 30, 2007 - Disabled	5,275
▪ Total Unduplicated ConnPACE Enrollees ending June 30, 2007	39,429
▪ Amount of Paid Claims - Elderly	832,185
▪ Amount of Paid Claims - Disabled	157,838
▪ Total Amount of Paid Claims	990,023
▪ Amount of Gross Expenditures – Elderly	\$24,390,862
▪ Amount of Gross Expenditures – Disabled	\$9,974,178
▪ Total Amount of Paid Claim Expenditures	\$34,365,040
▪ Average Claim Per Participant – Elderly	1.51
▪ Average Claim Per Participant - Disabled	1.67
▪ Total Average Claim Per Participant	1.54
▪ Average Cost Per Claim – Elderly	\$60.17
▪ Average Cost Per Claim – Disabled	\$137.45
▪ Total Average Cost Per Claim	\$71.90
▪ Total Generic Prescriptions	433,017
▪ Total Brand Prescriptions	557,006
▪ Total All Prescriptions	990,023
▪ Annual Gross Expenditures	\$34,365,040
▪ Annual Medicare Part D Premium Payments	\$8,248,657
▪ Annual ConnPACE Participant Fees Received	\$1,260,407
▪ Annual Manufacturer Rebates Received	\$11,368,216
▪ State Fiscal Year 2007 Net Expenditures	\$29,985,074

State Fiscal Year 2007: July 2006 to June 2007 – Annual Synopsis

Drug utilization by ConnPACE clients remains consistent with the chronic illnesses of the aged and disabled population. Seven drugs are top performers in both the dollar amount paid and the volume of prescriptions purchased as shaded below in yellow. All seven are brand products with no generics available.



Top 10 Drugs by Total Amount Paid: Annual

Rank	Drug Name	Total Amount Paid	Number of Prescriptions	Average Amount Paid	Use
1	Nexium 40mg	\$909,655	14,007	\$64.94	Gastrointestinal
2	Prevacid 30mg	\$810,829	10,497	\$77.24	Gastrointestinal
3	Lipitor 10mg	\$652,421	19,705	\$33.11	Anticholesterol
4	Lipitor 20mg	\$627,085	13,531	\$46.34	Anticholesterol
5	Protonix 40mg	\$553,928	9,197	\$60.23	Gastrointestinal
6	Plavix 75mg	\$469,625	9,834	\$47.76	Anticoagulant
7	Aciphex 20mg	\$401,029	4,062	\$98.73	Gastrointestinal
8	Zetia 10mg	\$398,469	8,967	\$44.44	Anticholesterol
9	Fosamax 70mg	\$395,002	12,995	\$30.40	Bone Growth
10	Lipitor 40mg	\$340,096	7,492	\$45.39	Anticholesterol
	TOTAL	\$5,558,139	110,287	\$50.40	

Top 10 Drugs by Number of Prescriptions: Annual

Rank	Drug Name	# of Rx	Amount Paid	Average Amount Paid	Use
1	Lipitor 10mg	19,705	\$652,421	\$33.11	Anticholesterol
2	Nexium 40mg	14,007	\$909,655	\$64.94	Gastrointestinal
3	Lipitor 20mg	13,531	\$627,085	\$46.34	Anticholesterol
4	Fosamax 70mg	12,995	\$395,002	\$30.40	Bone Growth
5	Norvasc 5mg	11,070	\$279,067	\$25.21	Cardiac
6	Prevacid 30mg	10,497	\$810,829	\$77.24	Gastrointestinal
7	Toprol XL 50mg	10,434	\$157,062	\$15.05	Cardiac
8	Plavix 75mg	9,834	\$469,625	\$47.76	Anticoagulant
9	Norvasc 10mg	9,244	\$293,392	\$31.74	Cardiac
10	Protonix 40mg	9,197	\$553,928	\$60.23	Gastrointestinal
	TOTAL	120,514	\$5,148,066	\$42.72	

State Fiscal Year 2007: July 2006 to June 2007 – Annual Synopsis

A 2006/2007 comparison of Connecticut's Medicare Part D PDP benefits is as follows:

Medicare Part D Connecticut Comparison	Calendar Year	Calendar Year
	2006	2007
Prescription Drug Plan Companies	17	21
Prescription Drug Plans	44	51
Benchmark Plans (Premium ≤ \$32.07/month)	11	15
No Deductible Plans	28	31
Reduced Deductible Plans	3	4
Standard Deductible Plans	13	16
Generic Drug Coverage Gap	6	13
Generic/Brand Drug Coverage Gap	1	0
Monthly Premium Range	\$7.32 to \$64.23	\$13.40 to \$87.40
Deductible Range	\$250	\$265

ConnPACE Historical Comparison on an annual basis by end of State Fiscal Year:

As of June 30,	2003	2004	2005	2006	2007
• # of Enrollees	50,905	48,196	49,340	45,838	39,429
• # of Prescriptions	1,212,991	1,163,146	991,925	995,943	990,023
• Rebate Dollars	\$18,239,337	\$22,409,851	\$32,009,150	\$30,175,385	\$11,368,216
• Net Expenditures	\$69,194,282	\$75,271,562	\$60,517,109	\$64,279,927	\$29,985,074

Any questions or comments pertaining to information contained within this report may be addressed to:

*Department of Social Services
 Medical Operations – Pharmacy Unit
 25 Sigourney Street, 11th Floor
 Hartford, CT 06108
 (860) 424-5150 Option 5*