

ConnPACE

Semi-Annual Report to Governor M. Jodi Rell

July 2008 – December 2008



Connecticut Department
of Social Services
Making a Difference

Michael P. Starkowski, Commissioner



STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES

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March 3, 2009

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 Report for the period of July 1, 2008 to December 31, 2008.

Thank you for the opportunity to share ConnPACE's continued progress and success in serving Connecticut's elderly and disabled for more than 22 years.

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

Sincerely,

Michael P. Starkowski
Commissioner

cc: Representative Linda Gentile
Representative Elizabeth Ritter
Senator Jonathan Harris
Senator Gayle Slossberg

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Semi-Annual Report: July to December 2008

The Department of Social Services presents the following information as an overview of the services 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 first half of State Fiscal Year 2009 shows that the processes for paying monthly Medicare D premiums and completing formulary exceptions on behalf of our clients have continued to be successful. As the report illustrates, Medicare Part D continues to impact the expenditures and influence client enrollment significantly.

For the first half of State Fiscal Year 2009, the ConnPACE Program subsidized the cost of 230,459 prescriptions totaling \$17,239,768 for an average of 35,196 ConnPACE clients. Approximately, thirty-three 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 \$4.2 million for an average of 34,273 clients with Medicare Part D, which is a slight decrease from last reporting period. Enrollment numbers for the ConnPACE program have continued to decline approximately 4% from last reporting period.

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.

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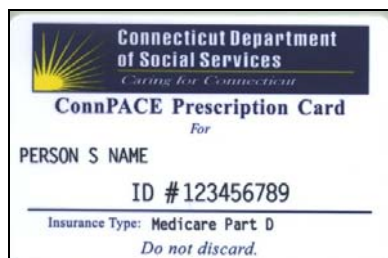
Semi-Annual Report: July to December 2008- Eligibility Guidelines

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 and proof of age, state residency, income, disability (if applicable), enrollment in Medicare Part D (if applicable), and insurance (if any). Participants must submit a renewal application 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 \$23,700 if single, or a combined income of less than \$31,900 if married, effective January 1, 2008;
- 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 Social Security's Low Income Subsidy (LIS)/"Extra Help" benefit with Medicare. Extra help may be available if a participant's annual income is less than or equal to \$15,600 and assets are less than \$11,990 for a single person, OR annual income is less than or equal to \$21,000 and assets less than \$23,970 for a married couple.
- Registration Fee:** A person must submit a \$30.00 registration fee with their application.



Once determined eligible, participants receive a permanent ConnPACE benefits card. The ConnPACE cardholder presents the card to their dispensing pharmacy to have their prescription filled. The pharmacist validates the client's eligibility, 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: July to December 2008- Eligibility Activity

The ConnPACE Program has again seen a steady decline in enrollment during this reporting period. The total number of enrollees in July 2008 was 35,574 individuals; and at the end of December 2008, enrollment had declined to 34,730. In the last reporting period, January through June 2008, a similar trend was seen in ConnPACE enrollment numbers.

ConnPACE Enrollees-December 2008

Elderly	30,327
Disabled	4,403

Medicare Savings Group	9,171
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Extra Help Low Income Subsidy	4,474
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The Department attributes this ongoing 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 Medicare Part D premiums or deductibles; and their prescription co-pays are minimal. Depending on a beneficiary's subsidy level, the Medicare Part D co-pays can be as low as \$1.05 for generics and \$3.10 for brands or up to a maximum of \$2.25 for generics and \$5.60 for the brand name products. In the upcoming year, these amounts will change to \$1.10 and \$3.20 or \$2.40 and \$6.00 respectively.

The Department of Social Services contracts with Electronic Data Systems (EDS) to process all applications and renewals, collect annual enrollment fees, issue ConnPACE identification cards, coordinate with PDPs to make monthly premium payments on behalf of clients, and to provide a Client Call Center.



The ConnPACE Client Call Center provides a toll free number (800-423-5026) and a local Farmington, CT number (860-269-2029) for all callers. The Client Call Center is available to callers Monday through Friday from 8:30 a.m. to 5:00 p.m. and provides program enrollment information, assistance with application questions, and coverage information. During this reporting period, the ConnPACE Client Call Center received a total of 46,171 telephone inquiries regarding ConnPACE clients. Out of these inquiries, 35,186 calls were handled by a live agent and 10,985 calls were handled by the Automated System. The Automated System provides callers with the eligibility requirements to qualify for ConnPACE, can automatically fax an application to the caller, and can also transfer a caller to a live agent if necessary.

The ConnPACE Program received 3,001 new applications and 7,305 renewal applications during this reporting period. Through the period of July through December 2008, there were 3,250 new applications approved and 8,552 renewal applications approved.

The Department received three appeal requests for reconsideration of the initial decision made. All three requests were to change the eligibility date/period, and they were all approved.

Semi-Annual Report: July to December 2008- Eligibility Activity

In April, the ConnPACE program released a new ConnPACE application that now allows couples to apply to the program jointly. The new application has two sections to fill out: one for “Self”, and one for “Spouse”. The new application will also be used by those applying to the ConnPACE program individually. Individual applicants will simply leave the “Spouse” section blank. This will be advantageous to couples where both people are eligible for the ConnPACE program. Couples will now be able to renew their benefits together rather than receiving notices from ConnPACE at different times throughout the year. This will avoid confusion and any other inconveniences caused by monitoring two separate applications.

The new ConnPACE application and application instructions can be found on the ConnPACE website in both English and Spanish. The new ConnPACE application was revised again in December 2008 to weed out any questions or sections that were confusing to applicants. Our goal is to make applying to the ConnPACE program as simple and easy as possible.

ConnPACE Application Return to: ConnPACE, P.O. Box 5011, Hartford, CT 06102-5011 ConnPACE Phone Numbers: Toll Free 1-800-423-5026 or Local/Out of State 860-269-2029		
This application is for: <input type="checkbox"/> An Individual Applicant (\$30 fee required) <input type="checkbox"/> A Married Couple (\$60 fee required) Please complete all sections of the application and submit copies of documentation requested and the fee. <input type="checkbox"/> Sí, me gustaría recibir la aplicación y notificaciones del ConnPACE en Español solamente. (Yes, I would like to receive my ConnPACE application and notifications in Spanish only.)		
APPLICANT INFORMATION If you and your spouse are applying together please complete the "SELF" and the "SPOUSE" columns		
	SELF	SPOUSE (complete if applying as a married couple)
NAME	(Last) _____ (First) _____ (MI) _____ Apt # _____ (Street Address) _____ City _____ CT _____ ZIP _____	(Last) _____ (First) _____ (MI) _____ Apt # _____ (Street Address) _____ City _____ CT _____ ZIP _____
	Gender <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	Gender <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
TELEPHONE / EMAIL	() _____ - _____ E-MAIL ADDRESS (if applicable) _____	
SOCIAL SECURITY #	_____ / _____ / _____	_____ / _____ / _____
MEDICARE HIC # (if applicable) Copy of Card Required	_____ / _____ / _____	_____ / _____ / _____
DATE OF BIRTH Proof of Age required	_____ / _____ / _____ month / day / year	_____ / _____ / _____ month / day / year
RACE Optional-check one	<input type="checkbox"/> Caucasian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Alaska Native <input type="checkbox"/> Native American	<input type="checkbox"/> Caucasian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Alaska Native <input type="checkbox"/> Native American
MARITAL STATUS Required-check one	<input type="checkbox"/> Single, Divorced, Widowed <input type="checkbox"/> Married <input type="checkbox"/> Separated or spouse lives in nursing home	<input type="checkbox"/> Single, Divorced, Widowed <input type="checkbox"/> Married <input type="checkbox"/> Separated or spouse lives in nursing home
RESIDENCY Proof Required	I have been a Connecticut resident for the past 6 months <input type="checkbox"/> YES <input type="checkbox"/> NO	My spouse has been a Connecticut resident for the past 6 months <input type="checkbox"/> YES <input type="checkbox"/> NO
DISABILITY Proof Required	I am currently receiving disability benefits under SSDI (Title II) or the SSI (Title XVI) program? <input type="checkbox"/> YES <input type="checkbox"/> NO	My spouse is currently receiving disability benefits under SSDI (Title II) or the SSI (Title XVI) program? <input type="checkbox"/> YES <input type="checkbox"/> NO
INSURANCE & MEDICARE PRESCRIPTION DRUG COVERAGE INFORMATION		
Please answer all of the following questions:		
Are you or your spouse currently on STATE MEDICAID (Title 19)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you or your spouse currently on SPEND DOWN?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you or your spouse receive MEDICARE PART A benefits? **	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you or your spouse receive MEDICARE PART B benefits? **	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the Department of Social Services pay for you or your spouses Medicare PART B premium?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
If you or your spouse have Medicare Part A and/or Part B, you must be enrolled in a Medicare Part D Prescription Drug Plan prior to receiving ConnPACE benefits		
Do you or your spouse have Medicare Part D Prescription Drug Plan coverage?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
If NO, would you like ConnPACE to select a Medicare Part D PDP for you or your spouse?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, please complete the information below and send a copy of the front and back of your PDP Card(s).		
	SELF	SPOUSE
PDP Name:	_____	_____
PDP Policy #:	_____	_____
Starts: Ends: Monthly Premium: \$	_____ _____ _____	_____ _____ _____
Do you or your spouse have private insurance that pays for prescriptions? If YES, please provide information and send a copy of your insurance card(s)		
	SELF <input type="checkbox"/> YES <input type="checkbox"/> NO	SPOUSE (if applicable) <input type="checkbox"/> YES <input type="checkbox"/> NO
Company:	_____	_____
Policy #: Started: Ends:	_____ _____ _____	_____ _____ _____

<http://www.connpace.com>

Semi-Annual Report: July to December 2008- Medicare Part D

For the average monthly 34,273 ConnPACE clients with Medicare Part D, enrollment continued to span across nineteen stand-alone Prescription Drug companies, encompassing fifty-

CT Medicare Rx Plan Companies	19
Medicare Prescription Drug Plans	51

one different coverage plans. Each prescription drug plan has continued to offer an individualized formulary, monthly premium, deductible, and/or prescription coverage during the “donut hole” period.

Cost Summary of 2008 Medicare Part D Prescription Drug Plans

Monthly Premium Range	\$14.60 to \$99.50
Benchmark Amount	\$29.17
Standard Deductible	\$275
Plans with No Deductible	31
Plans with Reduced Deductible	4
Generic Prescription Coverage while in the “donut hole”	15 plans

During this reporting period, there were three stand-alone PDPs that stood out from others in regards to enrollment numbers for ConnPACE clients. The top Medicare Part D Plan that ConnPACE members were enrolled in was Humana. Approximately 30% of ConnPACE members with Medicare Part D were in a Humana PDP. Of this 30%, two thirds of Humana enrollees were in the Humana benchmark plan. The Medicare Part D plan that came in second was AARP/United Healthcare with approximately 24%, followed by Wellcare with about 5%. AARP did not have a benchmark plan available for 2008, but 1% of the ConnPACE clients enrolled with Wellcare were in the benchmark plan available. The top Medicare Advantage Prescription Drug Plan (MAPD) that ConnPACE members were enrolled in was Healthnet. Approximately 17% of ConnPACE members with a Medicare D Plan were enrolled in a Healthnet MAPD. These numbers are very similar to last reporting period. Overall, 33% of ConnPACE clients with a Medicare Part D Plan were enrolled in one of the 2008 benchmark plans.

There were also plans that stood out in regards to the ConnPACE Medicare Part D premium expenditures for this reporting period. In addition to being the plan with the highest number of ConnPACE enrollees, Humana was the plan that received the highest amount in premium payments from the ConnPACE program. Approximately 33% of the ConnPACE Medicare Part D premium expenditures were paid to Humana. Approximately 25% of these expenditures were paid to AARP/United Healthcare; and lastly, around 10% of the premium expenditures went to Healthnet for members enrolled in one of the MAPD plans. These figures correspond relatively to the number of ConnPACE members enrolled in each Medicare D Plan.

Semi-Annual Report: July to December 2008- Medicare Part D



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. During this reporting period, 4,474 clients were eligible for the extra help benefit.

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. For 2008, Medicare D monthly premiums ranged from \$14.60 to \$99.50; and for this reporting period, ConnPACE paid an average monthly premium of \$20.55 per client. On behalf of the ConnPACE Program, EDS made premium payments to Medicare Part D plans that totaled \$4,225,225 for this reporting period.

Semi-Annual Report: July to December 2008- Program Benefits

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

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 depending on the plan they are enrolled in and their income and asset 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.

The ConnPACE program requires prior authorization for a brand name drug that has at least three (3) Food & Drug Administration (FDA) approved A-rated generic equivalents available; and for an early refill prescription when more than 25% of the 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, however, dispensing quantities are at the discretion of the primary payer. If a Medicare Part D Plan only allows a 30-day supply, for instance, ConnPACE will not cover the cost of a 60-day supply because the Medicare Part D Plan did not. It will be up to the pharmacy and physician to work with the Medicare Part D Plan to request a prior authorization or exception for quantity limits.

ConnPACE Services Not Covered:

- drugs prescribed for cosmetic purposes, experimental drugs, antihistamines, contraceptives, cough preparations, anti-obesity drugs, multivitamin combinations, smoking cessation gum, over-the-counter preparations
- drugs that the Federal Food and Drug Administration has determined not to be effective (DESI drugs) 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
- drugs covered by other insurance, lost or destroyed prescription drugs

ConnPACE Manufacturer Non-Rebate Participation Exceptions:

The following drugs continue to be covered by the ConnPACE Program even though the manufacturers do not participate in the ConnPACE Drug Rebate Program:

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

Semi-Annual Report: July to December 2008 - 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 2009 is \$41.7 million. Medicare Part D has become the primary payer for approximately 76 % of all prescriptions and continues to reduce ConnPACE expenditures dramatically. Manufacturer rebates were received from 330 Drug Manufacturing Labelers with only a slight decrease in the amount received from last period. Manufacturer rebates still remain significantly lower than in prior years due to the impact of non-rebateable Medicare Part D drugs that were not invoiced to manufacturers.

July 1, 2008 through December 31, 2008

Prescription Subsidy	Application Fees	Manufacturer Rebates	Medicare Part D Premium Payments	Total State Net Expenditure
\$17,239,768	\$396,693	\$1,414,163	\$4,225,225	\$19,654,137

The claim volume decreased by approximately 27% from the last six month

Total Paid Claims	Average Cost Per Claim	Average Prescription Claim Per Client Per Month
230,459	\$74.80	1.09

reporting period, and the average cost per claim increased by about \$28.00. On average, each ConnPACE client received 1.09 prescriptions per month, which is a decrease from last reporting period. The decrease in total paid claims this reporting period is probably a result of Medicare Part D continuing to be the primary payer for the majority of prescriptions claims for ConnPACE clients. For this reporting period, Medicare Part D was the primary payer of 76% of ConnPACE prescription claims, whereas last reporting period, Medicare Part D was the primary payer for only 62% of prescription claims.

The October 2008 [AARP Bulletin](#) included an article on a new Rx Watchdog Report by the AARP Public Policy Institute. According to this article, manufacturers' prices for the most common specialty medications increased approximately 16.6 percent in the first two years Medicare Part D was implemented. This may be a factor that contributes to the increase in average cost per claim despite the decrease in number of paid claims. Drug prices have been on the rise for almost three years now.

Semi-Annual Report: July to December 2008 - Budget & Expenditures

The ConnPACE Program requires that generic products be obtained when the brand name drug has at least three 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. The beneficiary also benefits because their copays could be less than the \$16.25 ConnPACE Program

Number of Generic Prescriptions	74,870
Cost of Generic Prescriptions	\$1,773,073
Average Cost Per Generic	\$23.68

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, Electronic Data Systems (EDS).

The remainder of prescriptions subsidized during this period 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.

Number of Brand Prescriptions	155,589
Cost of Brand Prescriptions	\$15,466,695
Average Cost per Brand	\$99.41

There were 19 requests for brand name prescriptions and all 19 requests were approved.

Copay Expenditures	\$14,938,134
Copay Claim Count	175,157
Average Cost per Claim	\$85.28

Medicare Part D was the primary payer for approximately 76 percent of paid claims. The copay figures represent the state's contribution for Medicare Part D prescription copays, plan deductibles, coinsurance, and full prescription payment when

clients reach the "donut hole" of the benefit. The increase in co-pay expenditures can be attributed to the likelihood of more ConnPACE members reaching their Medicare Part D "donut hole" towards the end of the year. When someone meets their "donut hole", Medicare Part D no longer covers the cost of the beneficiary's prescriptions until their total out of pocket expenses reach \$5,726.25 for the current year. Once a beneficiary reaches this threshold in out of pocket expenses, they enter the "catastrophic coverage" period, where Medicare Part D covers 100 percent of prescription costs for the remainder of the benefit year.

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. The decrease in non-formulary claims

Number of Non-Formulary Rx's	9,428
Cost of Non-Formulary Rx's	\$2,447,627
Average Cost per Non-Formulary Rx	\$259.61

may be due to the Medicare Part D Non-Formulary Exceptions Process implemented by the Department.

Throughout the year, the Department's Pharmacy Technicians contact the prescribing physicians to help obtain prior authorization for non-formulary medications, or they may change the medication to an appropriate alternative that is covered by the Medicare Part D Plan.

Semi-Annual Report: July to December 2008 - Budget & Expenditures

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

▪ Aciphex	▪ Cozaar	▪ Oxycontin
▪ Advair Diskus	▪ Diovan/Diovan HCT	▪ Pantoprazole Sodium
▪ Ambien CR	▪ Januvia	▪ Percocet
▪ Avapro	▪ Lipitor	▪ Prevacid
▪ Boniva	▪ Lunesta	▪ Procrit
▪ Caduet	▪ Lyrica	▪ Tricor
▪ Celebrex	▪ Nexium	▪ Tussionex
▪ Coreg CR	▪ Norvasc	▪ Xalatan

The ConnPACE non-formulary exception process has been underway for almost two years now and has continued to be successful. This process started on January 17, 2007, with the Department's Pharmacy Technicians reviewing any drug claims designated as non-formulary prescriptions exceeding \$600. Based on the immediate success of this project, additional Pharmacy Technicians were hired which allowed the dollar threshold to be reduced from \$600 to \$400 in February 2007, and then to \$300 in May of 2007. As the process continued to succeed, the dollar threshold was reduced once again to \$250, where it currently stands at this time. As an unexpected benefit, the DSS Pharmacy Unit staff have been able to resolve a number of incorrectly billed claims by requesting the pharmacy to simply reverse the inappropriate claim(s).

The DSS Pharmacy Unit staff can immediately identify Medicare Part D plan formulary options and work with prescribers to change the medication to an alternative formulary drug, file an exception request with the Medicare Part D PDP; or, if necessary, begin the formal Medicare Part D PDP appeals process.

Through daily telephone contact, the Department continues to receive positive feedback on this project from providers. 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.

Semi-Annual Report: July to December 2008 - Drug Utilization

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.



Top 10 Drugs by Amount Paid:

Rank	Drug Name	Total Amount Paid	Number of Prescriptions	Average Amount Paid	Use
1	Plavix 75 mg	\$675,087	5,889	\$114.64	Anticoagulant
2	Nexium 40 mg	\$619,357	4,528	\$136.78	Gastrointestinal
3	Prevacid 30 mg	\$414,923	2,990	\$138.77	Gastrointestinal
4	Lipitor 20 mg	\$401,498	4,401	\$91.23	Anticholesterol
5	Lipitor 10 mg	\$325,720	5,492	\$59.31	Anticholesterol
6	Spiriva 18 mcg	\$299,317	2,800	\$106.90	Asthma
7	Advair Diskus 250-50	\$290,912	2,161	\$134.62	Asthma
8	Aricept 10 mg	\$287,581	2,299	\$125.09	Alzheimer's
9	Lipitor 40 mg	\$254,875	2,562	\$99.48	Anticholesterol
10	Lantus 100 u/ml	\$204,849	2,141	\$95.68	Diabetes
	TOTAL	\$3,774,118	35,263	\$107.03	

Top 10 Drugs by Number of Prescriptions:

Rank	Drug Name	Number of Prescriptions	Amount Paid	Average Amount Paid	Use
1	Plavix 75 mg	5,889	\$675,087	\$114.64	Anticoagulant
2	Lipitor 10 mg	5,492	\$325,720	\$59.31	Anticholesterol
3	Nexium 40 mg	4,528	\$619,357	\$136.78	Gastrointestinal
4	Lipitor 20 mg	4,401	\$401,498	\$91.23	Anticholesterol
5	Prevacid 30 mg	2,990	\$414,923	\$138.77	Gastrointestinal
6	Spiriva 18 mcg	2,800	\$299,317	\$106.90	Asthma
7	Xalatan 0.005%	2,593	\$108,629	\$41.89	Eye drops
8	Lipitor 40 mg	2,562	\$254,875	\$99.48	Anticholesterol
9	Zetia 10 mg	2,414	\$195,057	\$80.80	Anticholesterol
10	Actonel 35 mg	2,404	\$143,146	\$59.54	Osteoporosis
	TOTAL	44,540	\$2,280,073	\$51.19	

Semi-Annual Report: July to December 2008 - Outreach

For the first half of SFY 2009, the Department continued to provide important information to clients concerning the options for Medicare Part D.

The Department of Social Services continues its collaboration with CHOICES staff throughout the state to provide information and enrollment assistance for 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 made visits to senior centers, pharmacies, health fairs, expositions/conventions, street festivals, senior housing, community colleges, libraries, and social/human services agencies. The bus works with representatives from various agencies including CHOICES, SSA, Food Stamps, HUSKY, End Hunger CT!, VNA, CAHS, and Department staff, who provide counseling and enrollment assistance into their various programs. The bus traveled to 65 sites between July and December 2008 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. The Medicare Part D Bus has increased its activity significantly since the last reporting period, and this is probably due to the Medicare Part D Open Enrollment outreach events between November 15th and December 31st.

The Department continues to support <http://www.connpace.com> to make program information, applications, brochures, semi-annual reports to the Governor, and links to other related sites more widely available. The ConnPACE website was last updated in December 2008 with updates to the ConnPACE eligibility requirements, Medicare Part D information, and other important program information for the upcoming year.



Semi-Annual Report: July to December 2008 – Reflections

We are now approaching the beginning of 2009. It is important to look at the changes the ConnPACE program has experienced throughout 2008; and it is also important to look forward at new things to come in 2009. Effective January 1, 2008, the new income limits for ConnPACE eligibility were released allowing more individuals to qualify for the ConnPACE program. These income limits will change once again effective January 1, 2009, to \$25,100 for individual applicants and \$33,800 for couples. The new income and asset limits for Social Security's "extra help"/LIS benefit with Medicare Part D were released on April 1, 2008. These limits are explained in detail on page one of this report.

ConnPACE also mailed out a letter in November 2008 to all ConnPACE participants regarding the Medicare Part D open enrollment period from November 15, 2008 to December 31, 2008. This allowed those who are Medicare eligible to enroll in a Part D Plan or to switch out of their current Medicare D Plan into one that better suits their individual needs. Beneficiaries who took advantage of the open enrollment period were enrolled into their new plans with an effective date of January 1, 2009. The ConnPACE letter is now available on the ConnPACE website for viewing.

Overall, ConnPACE has continued to be a successful program for more than twenty-two years, helping Connecticut's elderly and disabled citizens with prescription coverage and much more. We look forward to the same success in the upcoming year!

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

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