

December 15, 2004

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 Reports for the period of January 1, 2004 through June 30, 2004.

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

Sincerely,

Patricia A. Wilson-Coker  
Commissioner

cc: Senator Christopher S. Murphy  
Senator Toni N. Harp  
Representative William Dyson  
Representative Art J. Feltman

PWC: rcl



Connecticut Pharmaceutical Assistance Contract  
to the  
Elderly and the Disabled Program

**ConnPACE**  
**SEMI-ANNUAL REPORT**  
**and**  
**ANNUAL REPORT**  
**TO**  
**THE GOVERNOR**

January 1, 2004 – June 30, 2004

State Fiscal Year 2004

Department of Social Services  
Medical Care Administration  
Medical Operations  
25 Sigourney Street  
Hartford, CT 06106



**CONNECTICUT PHARMACEUTICAL ASSISTANCE CONTRACT  
TO THE  
ELDERLY AND THE DISABLED**

**For the Connecticut Department of Social Services**

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State of Connecticut  
Department of Social Services  
Pharmacy Programs  
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December 2004

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## **EXECUTIVE SUMMARY**

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The Connecticut Pharmaceutical Assistance Contract to the Elderly and the Disabled Program (ConnPACE) began on April 1, 1986, as a pilot program to assist Connecticut's low-income elderly residents with their prescription expenses. On April 1, 1987, the program added coverage for the disabled and became permanent. Today, the program assists residents age 65 and over, and disabled residents 18 years of age and over, whose annual adjusted gross income is less than \$20,800 if single, or with a combined income of less than \$28,100 if married.

### **STATE FISCAL YEAR 2004 SEMI-ANNUAL BENEFITS**

*(JANUARY 1 - JUNE 30)*

ConnPACE paid for 575,719 prescriptions and expended \$50,842,545.35 on these prescriptions for an average of 45,653 program enrollees.

45% of paid prescriptions were for generic drugs.

### **STATE FISCAL YEAR 2004 BENEFITS**

*(JULY 1, 2003 - JUNE 30, 2004)*

During State Fiscal Year 2004, the ConnPACE program paid for 1,163,177 prescriptions and expended \$99,279,079 on these prescriptions for an average of 48,970 program enrollees. This represents a 2% decrease in the number of prescriptions filled and a 12% increase in money expended over State Fiscal Year 2003. End of year program enrollment was 48,196, a 5% decrease over the figure at the end of the previous fiscal year.

# INTRODUCTION

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## PROGRAM DEFINITION

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 any), and insurance (if any). Participants must apply annually for redetermination of eligibility. Eligibility for participation in the program is determined in accordance with the guidelines specified below. Once determined eligible, the participant is issued a ConnPACE benefits card. To receive program benefits, the cardholder presents the card with a co-payment to the dispensing provider to receive a prescription. The dispensing provider confirms eligibility through an on-line data system, collects the co-payment, and dispenses the medication, billing ConnPACE for the balance due.

## PROGRAM GUIDELINES AS OF JUNE 30, 2004

**ELIGIBILITY:** To be eligible for ConnPACE, an applicant must:

- be a resident of Connecticut for six months prior to applying;
- be 65 years of age or older or;
- 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);
- have an annual adjusted gross income of less than \$20,800 if single, or combined income of less than \$28,100 if married<sup>1</sup>;
- 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; and
- must enroll in the Medicare-Approved Drug Discount Card<sup>2</sup> with the \$600 Transitional Assistance Prescription Benefit, if a participant's annual income is less than or equal to \$12,569 for a single person or \$16,862 for a married couple **and** has Medicare Part A and/or Part B.<sup>3</sup>

**REGISTRATION FEE:** An annual registration fee of \$30.00 is required.<sup>4</sup>

**DRUGS COVERED:** ConnPACE covers all drugs that require a prescription in the State of Connecticut, plus insulin and insulin syringes, with the following exceptions:

- drugs prescribed for cosmetic purposes
- experimental drugs
- drugs that the Federal Food and Drug Administration has determined not to be effective
- antihistamines

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<sup>1</sup> Income limits increased January 1, 2004, to reflect Social Security COLA.

<sup>2</sup> Public Act 04-101 individuals may be auto-enrolled in a card by DSS Commissioner, if eligible, but do not apply. Approved April 28, 2004. Effective June 1, 2004.

<sup>3</sup> Public Act 04-6 mandated obtaining Medicare-Approved Drug Discount Card for individuals <135% FPL as a condition of eligibility for ConnPACE.

<sup>4</sup> Public Act 03-2 increased the annual fee to \$30.00.

- contraceptives
- cough preparations
- anti-obesity drugs
- multivitamin combinations
- smoking cessation gum
- vaccines obtained free of charge from the Department of Health Services
- prescription drugs in excess of manufacturer's recommendations without documented medical justification
- drugs for Lock-In clients from other than lock-in pharmacy
- over-the-counter drugs (with certain exceptions)

Other drugs may not be covered if pharmaceutical manufacturers opt not to participate in the Drug Rebate Program.

DISPENSING LIMITATIONS: ConnPACE allows a 30-day supply or 120 units, whichever is greater, to be dispensed up to the prescribed amount.

PRIOR AUTHORIZATION: Prior authorization is currently required for a brand name drug that has at least three (3) Food and Drug Administration (FDA) approved A-rated generic equivalents available; for an early refill prescription when less than 75% of the current medication is remaining; and for a prescription costing greater than \$500 for up to and including a 30-day supply.

CO-PAYMENT: The ConnPACE participant pays the required co-payment for each prescription, and the program reimburses the pharmacy for the rest of the cost based on a specified formula. If the cost of the prescription is less than the co-pay amount, the enrollee pays the full cost of the prescription. The ConnPACE co-payment is \$16.25 per prescription.

Under the Public Act 04-6, as a condition of eligibility for participation in the ConnPACE program, a ConnPACE client with an annual income equal to or less than the Federal Poverty Level of 135%, who is Medicare Part A or Part B eligible, must obtain a Medicare-Approved Drug Discount Card with the \$600 Transitional Assistance Prescription Benefit. ConnPACE participants at or below 135% would be required to exhaust their \$600 per calendar year subsidy before ConnPACE would assist with the purchase of prescription. To ensure that ConnPACE participants pay no additional costs, specific protections have been put in place. In situations where the participant's coinsurance requirement of 5% or 10% exceeds the current \$16.25 ConnPACE copay, ConnPACE will pay the excess of the \$16.25; in situations where the 5% or 10% coinsurance is less than \$16.25, the member will pay the lower amount.

STATUTORY AND REGULATORY REFERENCES: 17b-490 et seq. of the Connecticut General Statutes, and 17a-345-1 through 17a-345-111 of the Regulations of Connecticut State Agencies.

# PROGRAM BUDGET & EXPENDITURES

## BUDGET

The budget appropriated to ConnPACE for State Fiscal Year 2004 was \$76,046,246. The application fees and manufacturer rebate dollars collected are applied to the expenditures of the program.

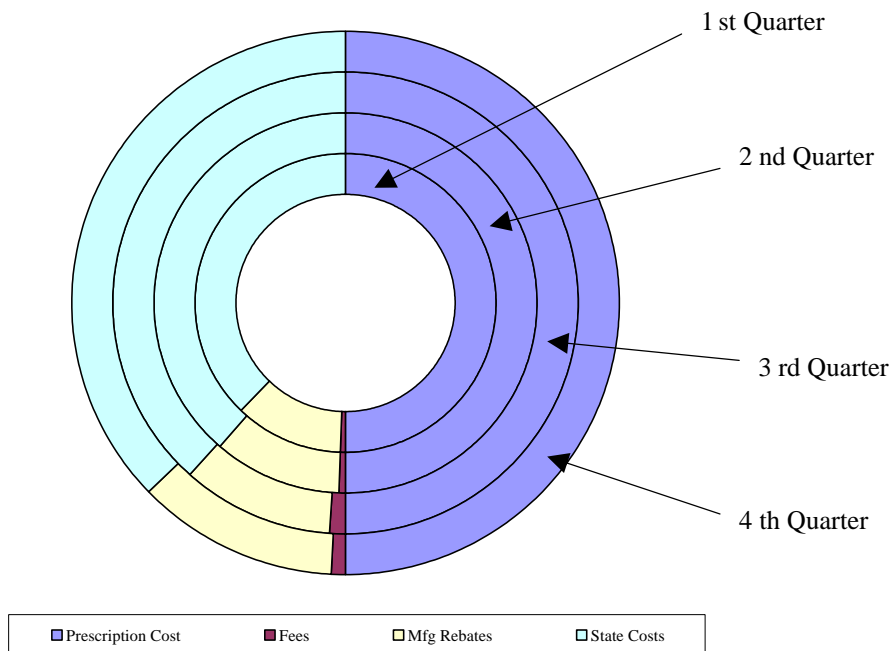
## YEAR TO DATE COST BY QUARTER

The following chart provides program expenditures, fees, and rebates received by quarter for state fiscal year 2004.

	PROGRAM COST	PROGRAM RECEIPTS		
Quarter Fiscal Year 2004	Prescription Cost	Participant Fees Received	Manufacturer Rebates Received	Total State Expenditures
1 <sup>st</sup>	\$23,553,700	\$309,120	\$5,421,722	\$17,822,858
2 <sup>nd</sup>	\$24,882,833	\$271,102	\$5,446,685	\$19,165,046
3 <sup>rd</sup>	\$25,502,907	\$605,567	\$5,408,253	\$19,489,087
4 <sup>th</sup>	\$25,339,639	\$411,877	\$6,133,191	\$18,794,571
<b>Total</b>	<b>\$99,279,079</b>	<b>\$1,597,666</b>	<b>\$22,409,851</b>	<b>*\$75,271,562</b>

\*Total State Expenditures represent the program's costs reduced by the participant fees and the manufacturer rebates received.

Quarterly Comparison of Costs & Receipts



## COST BY FISCAL YEAR

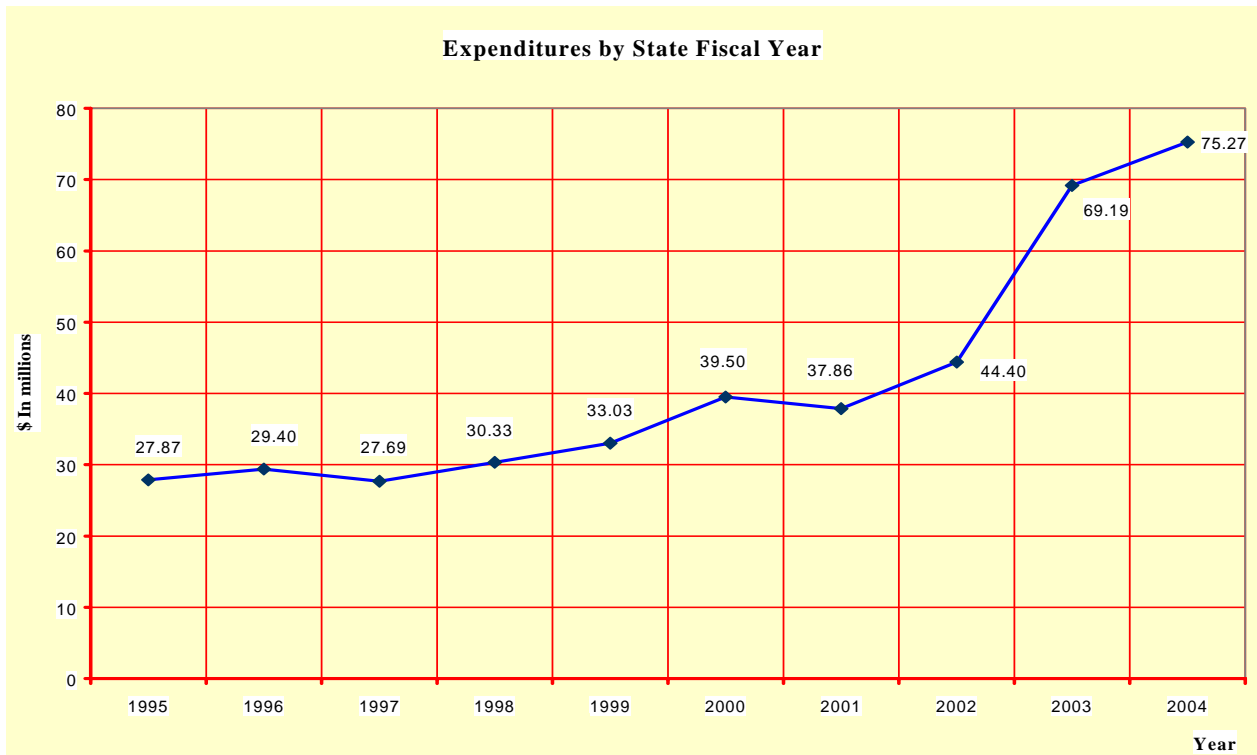
State Expenditures for the last ten years are shown below.

STATE FISCAL YEAR	PROGRAM COST		PROGRAM RECEIPTS		TOTAL STATE EXPENDITURE
	Fiscal Intermediary Services***	Prescription Cost	Participant Fees Received*	Manufacturer Rebates Received**	
1995	\$1,278,292	\$26,666,902	*\$ 77,785	\$5,341,524	\$27,867,409
1996	\$1,350,476	\$28,874,881	\$827,627	\$7,303,261	\$29,397,731
1997	\$ 442,737	\$28,555,515	\$893,661	\$7,579,573	\$27,691,481
1998	\$2,276,040	\$29,032,031	\$758,225	\$7,720,576	\$30,325,600
1999	\$1,188,079	\$32,714,229	\$729,234	\$8,068,947	\$33,031,372
2000	\$1,198,650	\$39,417,855	\$756,607	\$6,744,731	\$39,500,351
2001	\$1,494,724	\$49,133,889	\$908,730	\$11,944,899	\$37,861,577
2002	n/a	\$62,836,089	\$1,302,249	\$14,566,394	\$44,395,923
2003	n/a	\$88,950,025	\$1,506,406	\$18,249,337	\$69,194,282
2004	n/a	\$99,279,079	\$1,597,666	\$22,409,851	\$75,271,562

\* July, 1, 1995, fee changed from one-time \$15.00 fee to an annual \$25.00 registration fee; annual fee increased to \$30.00 effective April 1, 2003.

\*\* Manufacturer rebates applied to program costs beginning in 2001.

\*\*\* Beginning in Fiscal Year 2002, Fiscal Intermediary Services costs were no longer applied directly to the ConnPACE account.



## **ENROLLMENT**

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### **APPLICATIONS**

During the semi-annual reporting period of January 1, 2004 to June 30, 2004 the Department of Social Services received 3,611 applications.

### **ENROLLEES**

The number of people enrolled in the program for the last ten years is presented below.

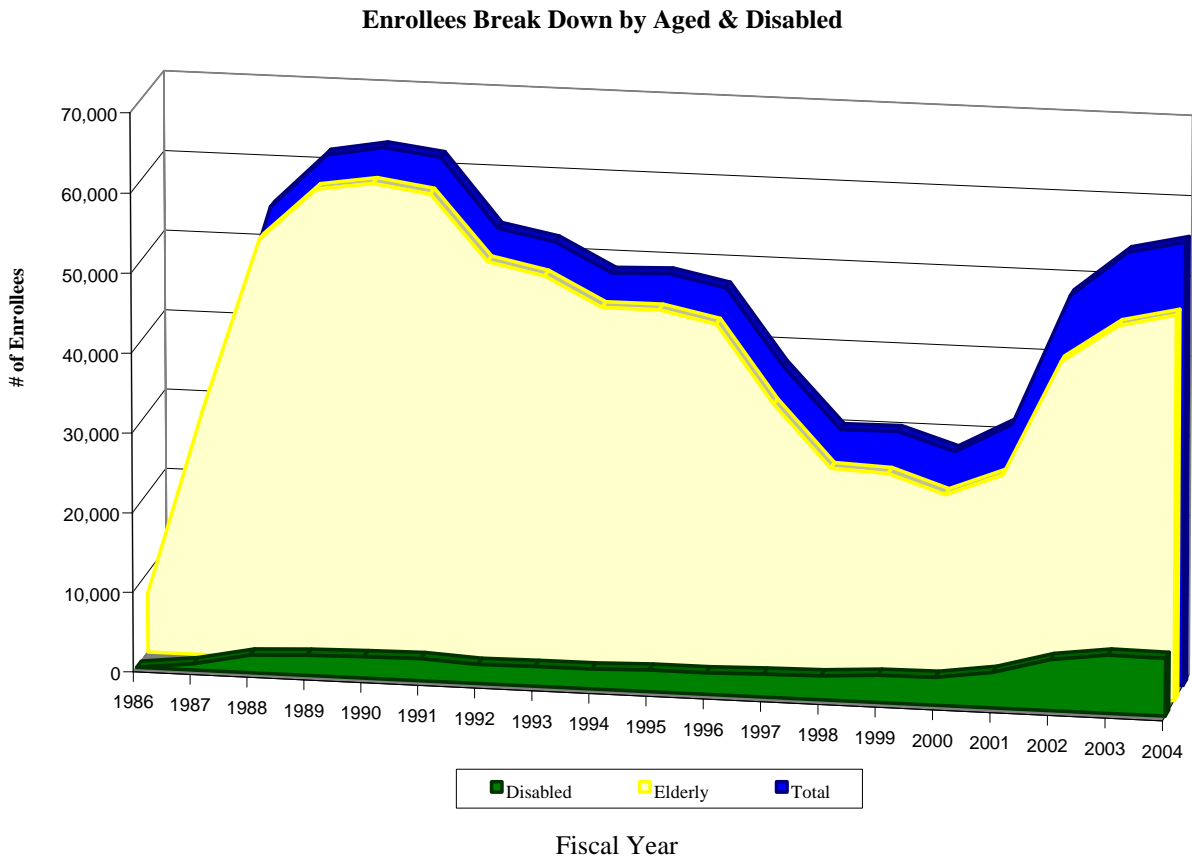
<b>FISCAL YEAR</b>	<b>GAIN / (LOSS)</b>	<b>END OF YEAR ENROLLMENT</b>
1995	(1,401)	47,025
1996	(5,048)	41,977
1997	(4,301)	37,676
1998	(6,255)	31,421
1999	(2,885)	28,536
2000	2,010	30,546
2001	3,304	33,850
2002	13,145	46,995
2003	3,910	50,905
2004	(2,709)	*48,196

\* The number of enrollees as of June 30, 2004.

## PERSONS WITH DISABILITIES

Persons with Disabilities represented 15% of the total enrollment. Disabled enrollees totaled 7,247 at the end of June 2004.

ConnPACE benefits are available to persons between the ages of 18 and 64 if they receive disability benefits under the Social Security Disability Program (Title II) or the Supplemental Security Income Program (Title XVI).



## CLIENT DEMOGRAPHICS

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### INCOME DISTRIBUTION

The following table displays the number of enrollees for each of the different income levels indicated for the fourth quarter of the State Fiscal Year 2004. The table includes percentages representative of each group in relation to the total.

Income Levels		Number of Enrollees	Percent of Total Enrollees
From	To		
Under	\$3,000	227	1%
\$3,001	\$6,000	886	2%
\$6,001	\$9,000	4,171	9%
\$9,001	\$12,000	11,423	26%
\$12,001	\$15,000	10,992	25%
\$15,001	\$18,000	7,300	16%
\$18,001	\$21,000	4,738	11%
\$21,001	\$24,000	2,466	5%
\$24,001	\$27,100	1,970	4%
\$27,101	\$28,100	318	1%
<b>Total</b>		<b>44,491</b>	<b>100%</b>

### AGE DISTRIBUTION

The following table displays the number of enrollees for six age levels for the fourth quarter of the State Fiscal Year 2004.

Age Levels		Number of Enrollees	Percent of Total Enrollees
From	To		
18	64 (Disabled)	6,268	14%
65	69	4,331	9%
70	74	6,600	15%
75	79	8,394	19%
80	84	9,243	21%
85+		9,655	22%
<b>Total</b>		<b>44,491</b>	<b>100%</b>

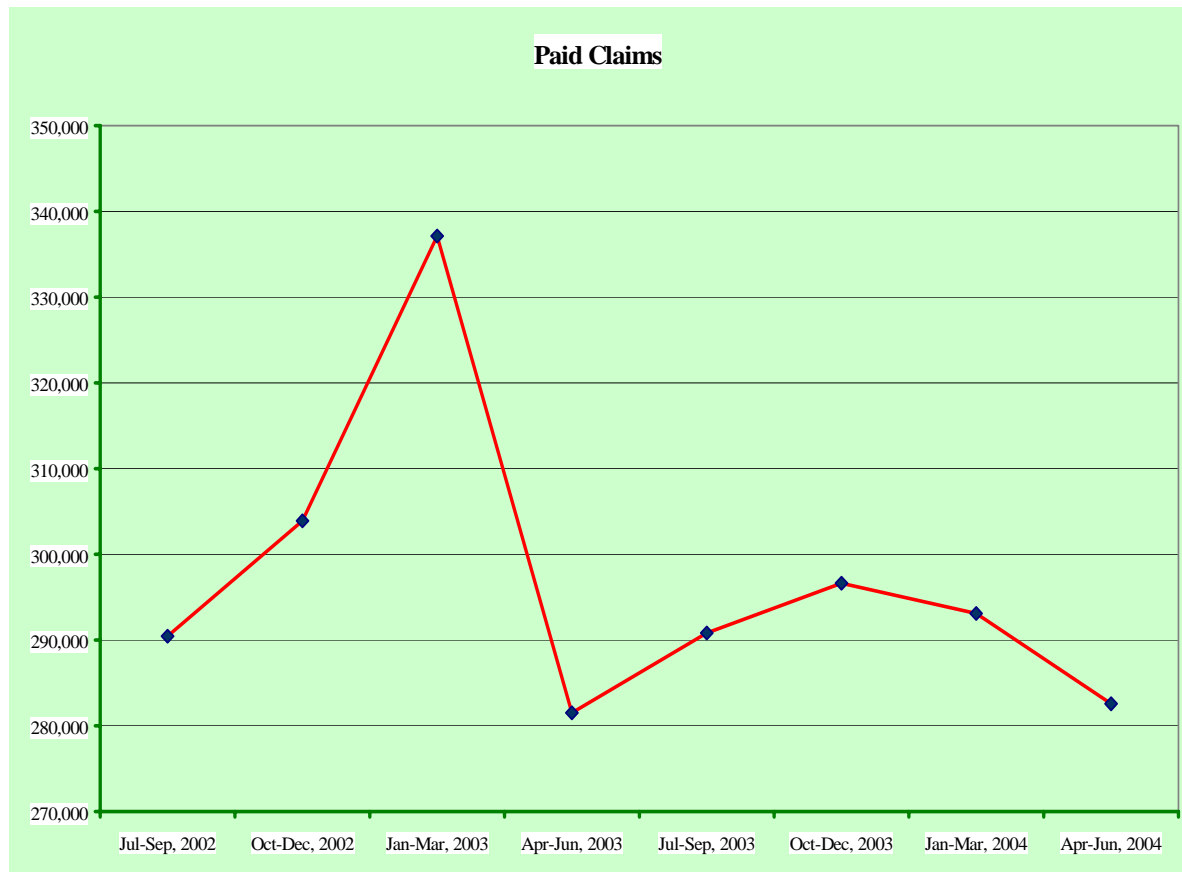
## DRUG COST & UTILIZATION DATA

### COST & QUANTITY BY QUARTER

During SFY 2004, the ConnPACE program spent \$99,279,079 on 1,163,177 claims.

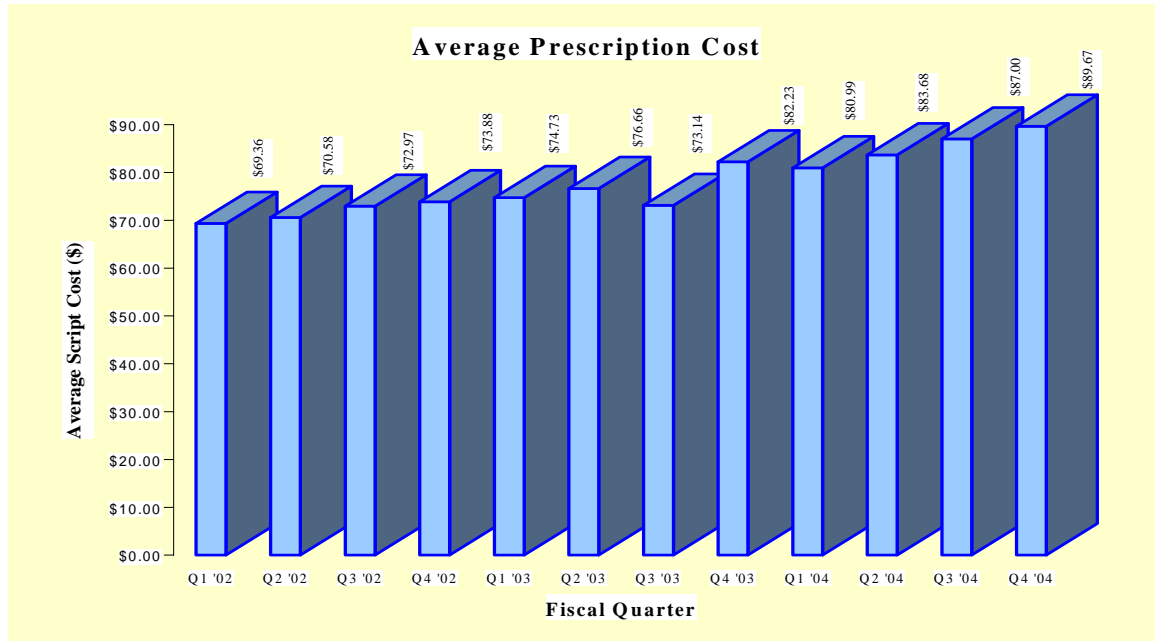
QUARTER	PAID CLAIMS	AMOUNT*	AVGERAGE COST PER PAID CLAIM
July - September 2003	290,826	\$23,553,700	\$80.99
October - December 2003	296,632	\$24,822,833	\$83.68
January – March 2004	293,144	\$25,502,907	\$87.00
April - June 2004	282,575	\$25,339,639	\$89.67
<b>Total</b>	<b>1,163,177</b>	<b>\$99,279,079</b>	<b>\$85.35</b>

\* Represents gross amount expended on claims, before adjustments



## AVERAGE CLAIMS COST

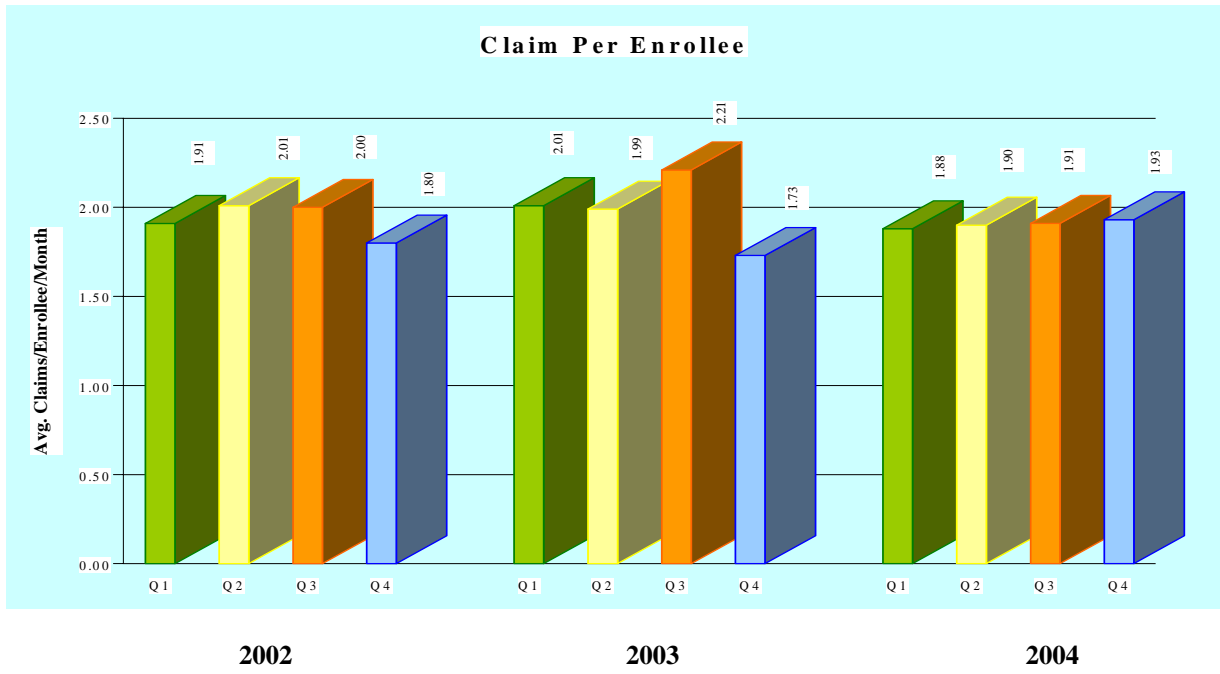
The average cost per paid claim to the state for the fourth quarter of SFY 2004 was **\$89.67**.



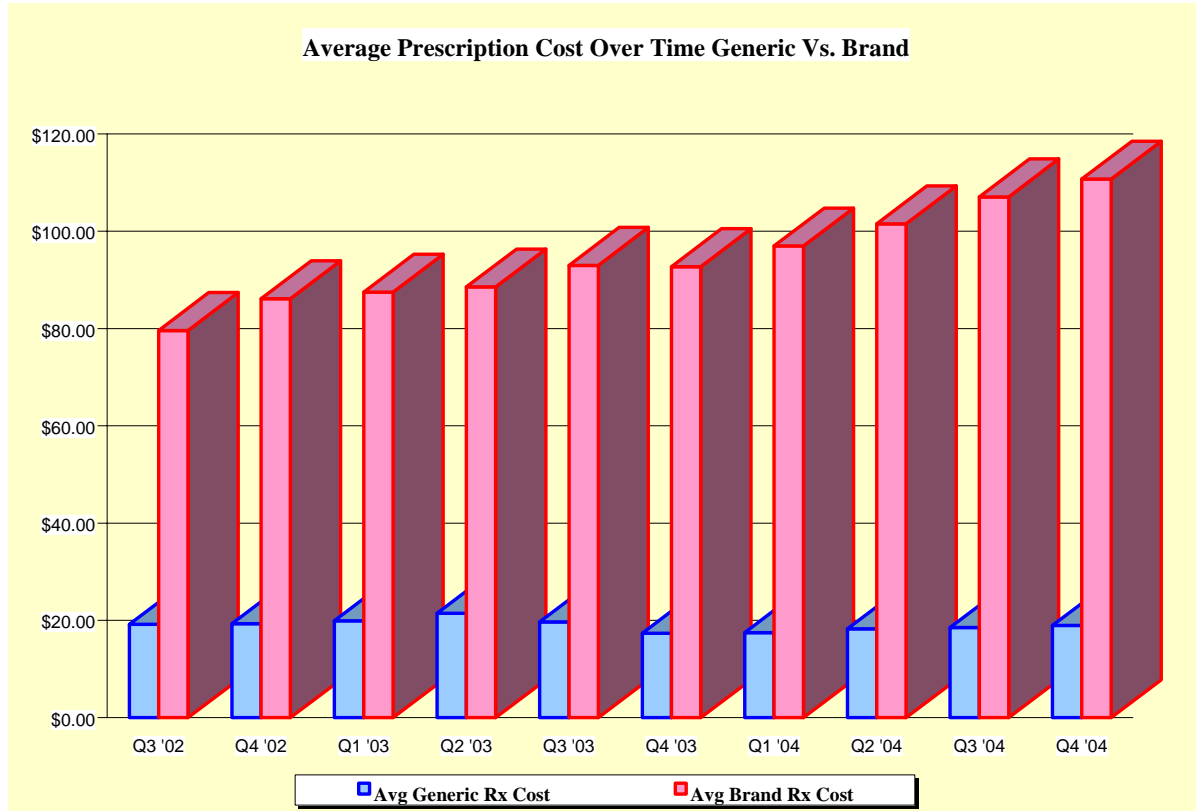
The following graph displays the average cost of paid claims by quarter from state fiscal years 2002 through 2004.

## CLAIMS PER ENROLLEE

The average number of claims processed and paid per month per enrollee was 1.91. The following graph displays the average number of claims per enrollee per month by quarter for state fiscal years 2002, 2003, and 2004.



In the last quarter of SFY 2004, ConnPACE paid for 282,575 claims. Of the claims paid during the quarter, 128,352 (45%) were generic. The average cost for **generic** prescriptions was **\$18.95**. The average cost for **brand** prescriptions was **\$110.73**.



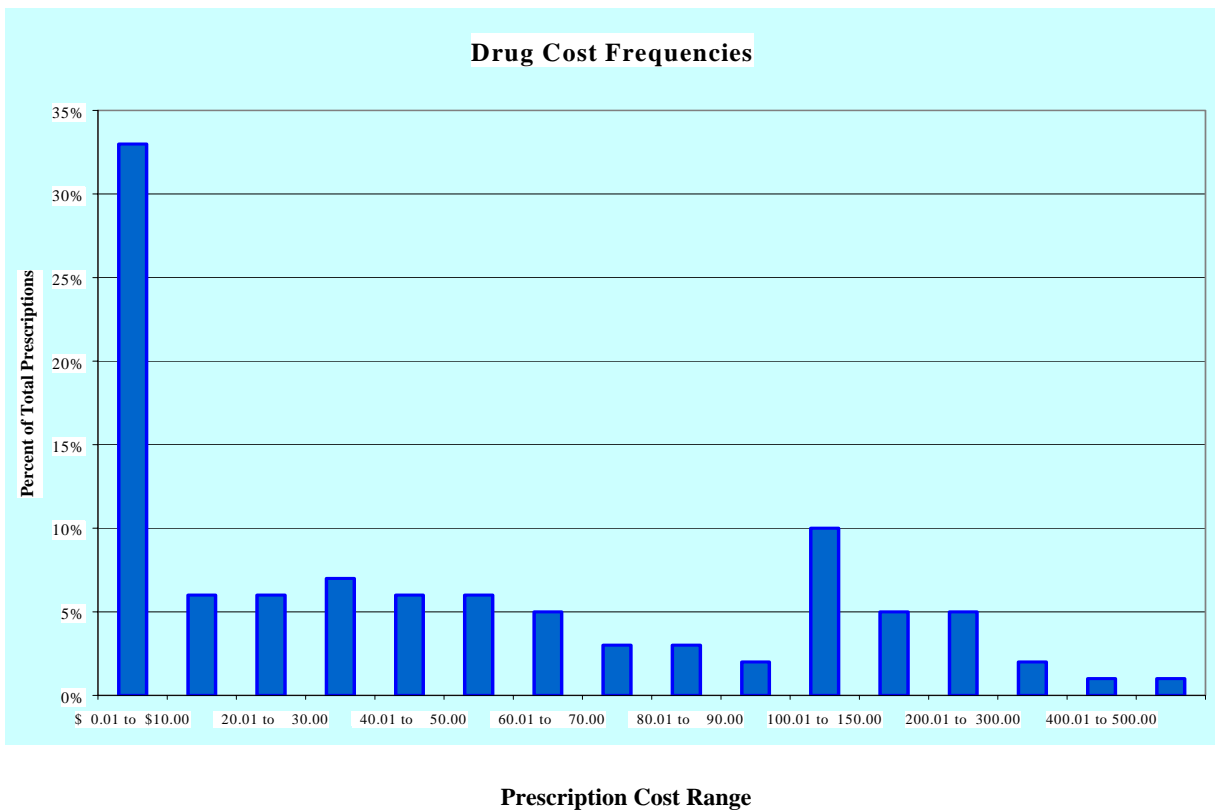
State Fiscal Quarter

Dispensing fee decreased to \$3.30 effective 10/1/03 (See page 22)

## DRUG COST FREQUENCY DISTRIBUTION

The table below shows the drug cost frequency distribution by State cost per prescription for the last quarter of fiscal year 2004.

Prescription Cost Ranges			No. of Prescription	% of Prescription	Amount Paid	% Amount Paid
\$0.01	to	\$10.00	93,067	33%	179,373	1%
\$10.01	to	\$20.00	17,278	6%	318,545	1%
\$20.01	to	\$30.00	17,008	6%	527,963	2%
\$30.01	to	\$40.00	19,756	7%	840,901	3%
\$40.01	to	\$50.00	16,439	6%	911,618	4%
\$50.01	to	\$60.00	16,946	6%	1,151,489	5%
\$60.01	to	\$70.00	13,429	5%	1,086,946	4%
\$70.01	to	\$80.00	9,605	3%	884,396	3%
\$80.01	to	\$90.00	9,233	3%	974,793	4%
\$90.01	to	\$100.00	4,806	2%	564,488	2%
\$100.01	to	\$150.00	27,439	10%	4,060,037	16%
\$150.01	to	\$200.00	13,107	5%	2,822,053	11%
\$200.01	to	\$300.00	13,449	5%	4,053,097	16%
\$300.01	to	\$400.00	6,060	2%	2,656,138	10%
\$400.01	to	\$500.00	2,217	1%	1,227,029	5%
\$500.01	and	Over	2,736	1%	3,080,772	12%
<b>Totals</b>			<b>282,575</b>	<b>100%</b>	<b>\$25,339,639</b>	<b>100%</b>



## TOP TEN DRUGS BY AMOUNT PAID

Rank	Drug Name	Amount Paid	# of Prescriptions	Average Amount Paid	Use
1	Lipitor 10mg	\$747,000	6,942	\$107.61	Anticholesterol
2	Plavix 75mg	\$701,756	3,994	\$175.70	Anticoagulant
3	Prevacid 30mg	\$676,711	3,553	\$190.46	Gastrointestinal
4	Nexium 40mg	\$635,873	3,238	\$196.38	Gastrointestinal
5	Lipitor 20mg	\$624,422	3,748	\$166.60	Anticholesterol
6	Fosamix 70mg	\$479,915	4,468	\$107.41	Bone Growth
7	Celebrex 200mg	\$437,230	3,403	\$128.48	Arthritis, NSAID
8	Zocor 20mg	\$400,446	1,965	\$203.79	Anticholesterol
9	Protonix 40mg	\$373,268	2,751	\$135.68	Gastrointestinal
10	Lipitor 40 mg	\$308,689	1,792	\$172.26	Anticholesterol
	<b>Total</b>	<b>\$5,385,310</b>	<b>35,854</b>	<b>\$150.20</b>	

The amount paid for the above ten drugs was 21% of the total amount paid for all drugs dispensed during this quarter. The average cost per prescription of the top ten drugs increased from \$134.83 to \$150.20.

The total number of prescriptions for the top ten drugs decreased from the previous quarter from 34,222 to 35,854. The amount paid for these top ten drugs increased from \$4,614,150 to \$5,385,310.

## TOP 30 DRUGS BY NUMBER OF PRESCRIPTIONS

Rank	Drug	# of Rx	Amount Paid	Average Amount Paid	Use
1	Lipitor 10mg	6,942	\$747,000.33	\$107.61	Anticholesterol
2	Norvasc 5mg	4,517	\$297,146.16	\$65.78	Cardiac
3	Fosamax 70mg	4,468	\$479,915.25	\$107.41	Bone Growth
4	Plavix 75mg	3,994	\$701,755.87	\$175.70	Anticoagulant
5	Lipitor 20mg	3,748	\$624,422.30	\$166.60	Anticholesterol
6	Prevacid 30mg	3,553	\$676,710.99	\$190.46	Gastrointestinal
7	Celebrex 200mg	3,403	\$437,230.05	\$128.48	Arthritis, NSAID
8	Norvasc 10mg	3,259	\$303,975.93	\$93.27	Cardiac
9	Nexium 40mg	3,238	\$635,873.47	\$196.38	Gastrointestinal
10	Toprol XL 50mg	2,842	\$85,208.86	\$29.98	Cardiac
11	Protonix 40mg	2,751	\$373,267.76	\$135.68	Gastrointestinal
12	Ambien 10mg	2,507	\$218,491.02	\$87.15	Insomnia
13	Xalatan 0.005%	2,491	\$115,208.87	\$46.25	Glaucoma
14	Combivent 103-18MC	2,054	\$125,415.54	\$61.06	Bronchodilator
15	Zocor 20mg	1,965	\$400,446.11	\$203.79	Anticholesterol
16	Toprol XL	1,955	\$104,722.67	\$53.57	Cardiac
17	Actonel 35mg	1,870	\$171,499.82	\$91.71	Osteoporosis
18	Lipitor 40mg	1,792	\$308,688.61	\$172.26	Anticholesterol
19	Neurontin 300mg	1,669	\$184,205.46	\$110.37	Anti-convulsive
20	Humulin N 100U/ML	1,536	\$72,685.84	\$47.32	Antidiabetic
21	Lexapro 10mg	1,516	\$105,231.72	\$69.41	Antidepressant
22	Vioxx 25mg	1,478	\$159,277.86	\$107.77	Anti-inflammatory
23	Ambien 5mg	1,468	\$95,548.05	\$65.09	Insomnia
24	Zolof 50mg	1,449	\$156,086.39	\$107.72	Antidepressant
25	Zetia 10mg	1,448	\$159,440.60	\$110.11	Anticholesterol
26	Cosopt 0.5-2%	1,393	\$94,824.94	\$68.07	Glaucoma
27	Detrol LA 4mg	1,390	\$166,668.14	\$119.91	Urinary incontinence
28	Flomax 0.4mg	1,379	\$120,455.50	\$87.35	Prostate Treatment
29	Zithromax 250mg	1,368	\$43,235.05	\$31.60	Antibiotic
30	Aricept 10mg	1,348	\$224,350.44	\$166.43	Alzheimer's disease
	<b>Total</b>	<b>74,791</b>	<b>\$8,388,989.60</b>	<b>\$112.17</b>	

**Note:** The above thirty (30) drugs represent approximately 33% of all the drugs dispensed during this quarter. The average paid amount for the top thirty drugs increased from \$99.35 to \$112.17. The number of prescriptions decreased from 72,910 to 74,791.

# MANUFACTURER REBATE PROGRAM

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## BACKGROUND

Pharmaceutical manufacturers are required to participate in the Manufacturer Rebate Program in order to have their pharmaceutical products covered by ConnPACE. The rebate is equivalent to the rebate supplied under Section 1927 of Title XIX of the Social Security Act.

## REBATE AMOUNT

The amount of the rebate is the sum of the Basic Rebate Amounts of each drug product (computed for each dosage form and strength of each prescription drug) calculated by the manufacturer and supplied to the Centers for Medicare and Medicaid Services (CMS) and applied as follows:

- 1) Multiply the total number of units paid under ConnPACE for the program participants during the quarter by
- 2) Basic Rebate Amount for the drug, plus when applicable
- 3) The Additional Rebate (equal to the rebate amount calculated for Medicaid according to Section 1927 (C)(2) of the Social Security Act).

The rebate must be paid quarterly and be based on quarterly utilization information sent by the Department to participating drug manufacturers.

## PARTICIPATION

As of June 30, 2004, a total of 326 manufacturers were participating in the Rebate Program.

The only drugs that continued to be covered without a Rebate Agreement with the manufacturers are:

- Dapsone (prescribed for the treatment of Leprosy)
- Mestinon (prescribed for the treatment of Myasthenia Gravis)
- Benoquin (prescribed for the treatment of malignant moles and tumors)

*These drugs were selected because there are no other equivalent drugs available to treat these diseases.*

## REBATES RECEIVED

During the last quarter of the fiscal year, ConnPACE received \$6,133,191 in rebates from manufacturers. Rebates are applied directly to the expenditures of the program.

QUARTER	REBATES
Jul - Sep, 2003	\$5,421,722
Oct - Dec, 2003	\$5,446,685
Jan - Mar, 2004	\$5,408,253
Apr - Jun, 2004	\$6,133,191
<b>TOTAL</b>	<b>\$22,409,851</b>

## **CLIENT APPEALS**

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### **DEFINITION**

An appeal is a written or an oral request for reconsideration of an eligibility determination made to the Department by an applicant or participant.

### **APPEALS**

The Department received one case, which involved a request for retroactive eligibility, and it was granted. There were no appeal requests received during this quarter.

## **OUTREACH**

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The Department's ConnPACE coordinator attended several community senior fairs to present program information, new program policies regarding the implementation and repeal of asset testing, estate recoveries, and implementation the Medicare Drug Discount card/Transitional Assistance Program, as well as to provide application materials.

The Department continues to support a site on the Internet, [www.connpace.com](http://www.connpace.com), to make information on the ConnPACE program more widely available. This site contains general program information, application forms and program descriptive brochures, Reports to the Governor, and links to other related sites.

## ISSUES AND RECOMMENDATIONS

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During the State Fiscal Year 2004, there were several program policy changes.

**Public Act 03-3**, decreased the pharmacists' dispensing fee to \$3.30 per prescription, effective November 1, 2003. Also, the Department implemented an Asset Test in the ConnPACE program. The ConnPACE asset determination followed the asset determination criteria of the Connecticut Home Care Program for the Elderly. For a single participant, the available assets were required to be less than \$100,000 or; for a married participant, the available assets combined with those of a spouse were required to be less than \$125,000. In addition, the Act included an Estate Recovery provision. This allowed the state to seek recoupment from the participant's estate for the total amount of ConnPACE benefits received by the deceased on or after July 1, 2003.

Letters explaining asset testing and estate recovery were mailed to ConnPACE recipients on October 24, 2003. To reflect these new changes, ConnPACE applications and renewal applications were revised and took effect on February 1, 2004. On May 11, 2004, the state suspended asset testing after Governor Rowland announced that he would sign a bill to repeal it. The asset test was repealed on June 4, 2004. On November 18, 2004, Governor Rowland announced that the state will not implement estate recovery to ConnPACE program; thus, the provision was never implemented. Estate recovery was also repealed on June 4, 2004. Outreach letters were issued to recipients in June 2004 regarding the repeal of both provisions. From this mailing, recipients who previously disenrolled because of the asset test /estate recovery, were now rejoining the ConnPACE program.

**Public Act 04-6**, as a condition of eligibility for participation in the ConnPACE program, a ConnPACE client with an annual income equal to or less than the Federal Poverty Level of 135% (for a single person \$12,569, for a married couple \$16,862), who is Medicare Part A or Part B eligible, must obtain a Medicare-Approved Drug Discount Card endorsed by the Secretary of Health and Human Services with the \$600 Transitional Assistance Prescription Benefit. In addition, pharmacies participating in the ConnPACE program must accept all Medicare-Approved Drug Discount Cards endorsed by the Secretary of Health and Human Services.

**Public Act 04-101**, the Department may sign required forms and enroll ConnPACE participants, who are eligible, to an endorsed Medicare-Approved Drug Discount Card with the \$600 Transitional Assistance Prescription Benefit, if the participants do not select an endorsed Medicare-Approved Drug Discount Card on his or her behalf.

Based on the recipients' income levels, two versions of letters concerning the implementation of the Medicare Drug Discount Card/Transitional Assistance Prescription Benefit Program were mailed to recipients. One targeted recipients who may be eligible for the Transitional Assistance Prescription Benefit Program and the other targeted those who appeared not to be eligible. The letter for those who appeared to be eligible included an application for the discount card and the Transitional Assistance Prescription Benefit Program. After the initial mailing, a second letter was issued to those recipients who may be eligible for the Transitional Assistance Prescription Benefit Program explaining the auto-enrollment process (please refer to Public Act 04-101) and a list of Center of Medicare and Medicaid Services approved Medicare Drug Discount Card Sponsors providing services in Connecticut.

## **PROGRAM HISTORY**

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PUBLIC ACT 85-573 created the ConnPACE program that began providing benefits to the elderly on April 1, 1986. This Public Act instituted a 15-month pilot program to provide the following:

- 50% participant co-pay per prescription
- Income limits of:
  - \$9,000 for a single person, 65 years of age or older
  - \$12,000 for a married couple, 65 years of age or older
- A \$15.00 annual enrollment fee
- Prescription quantities limited to a 30-day supply or 100 units whichever was lower
- Provider reimbursement based on the average wholesale price minus 6% plus a dispensing fee.

PUBLIC ACT 87-3 amended the program effective April 1, 1987. The pilot program became a permanent program and the following changes were made:

- The participant co-pay changed to \$4.00 per prescription
- The income limits increased to:
  - \$13,300 for a single person
  - \$16,000 for a married couple
- The disabled, 18 years of age or older, were included
- The enrollment fee was eliminated
- The quantities allowed were increased to a 30-day supply or 120 units whichever was greater
- The provider reimbursement changed to the formula used by the Department of Income Maintenance
- Pharmacies located in health care institutions were allowed to participate in the program.

PUBLIC ACT 87-12 redefined “prescription drugs” to include drugs which require a prescription of a licensed practitioner for dispensing in the State of Connecticut.

PUBLIC ACT 87-267 amended the definition of “income” to exclude Medicaid payments.

PUBLIC ACT 87-589 revised the definition of “disabled” to specify a person between 18 and 64 years of age and receiving disability benefits under Title II or Title XVI of the Social Security Act.

REGULATIONS OF CONNECTICUT STATE AGENCIES, SECTION 17-516-24 was amended to increase the income limits to \$13,800 for single individuals and \$16,600 for married couples, effective January 1, 1990.

SPECIAL ACT 90-18 increased the participant co-payment amount to \$6.00 per prescription effective July 1, 1990.

PUBLIC ACT 90-89 ended coverage for products prescribed for cosmetic purposes effective December 19, 1990.

PUBLIC ACT 91-8 of the June Special Session made the following changes effective September 15, 1991:

- Increased the participant co-payment to \$10.00 per prescription
- Required all participants and applicants to pay a one-time \$15.00 registration fee
- Ended coverage for antihistamines, contraceptives, cough preparations, diet pills, multivitamin combinations, and smoking cessation gum
- Required mandatory generic substitution unless a physician indicates the brand is medically necessary
- Eliminated the \$0.50 generic incentive fee
- Changed reimbursement to pharmacies from package sizes of 100 to actual package size
- Changed reimbursement to direct price for those pharmacies who purchase directly from the manufacturer
- Retroactive to July 1, 1991, created a Manufacturer Rebate Program based on a flat 11% of the Average Manufacturers Price.

PUBLIC ACT 92-196 discontinued coverage for individuals who have full or partial coverage for prescription drugs once a deductible amount is met. The Manufacturer Rebate Program Language was modified with changes effective July 1, 1992.

PUBLIC ACT 93-80: changed the Manufacturer Rebate amount to the basic rebate supplied by the manufacturer under Section 1927 of Title XIX of the Social Security Act effective July 1, 1993.

PUBLIC ACT 93-418 changed the participant co-pay to \$12.00 per prescription effective July 1, 1993.

PUBLIC ACT 94-5 of the May Special Session excluded the Medicare Part B premium from an applicant's Social Security income effective July 1, 1994.

PUBLIC ACT 95-160 changed the one-time fee to an annual registration fee of \$25.00 effective July 1, 1995.

PUBLIC ACT 95-351 changed the Manufacturer Rebate to equal the same rebate supplied by the manufacturer under Section 1927 of Title XIX of the Social Security Act effective July 1, 1995.

THE CONNECTICUT STATE BUDGET 1995-1997 authorized a change in the Estimated Acquisition Cost (E.A.C.) reimbursement rate from Average Wholesale Price (A.W.P.) minus 8% to A.W.P. minus 12%, plus the applicable dispensing fee, effective October 1, 1995.

PUBLIC ACT 97-2 of the June 18th Summer Session authorized a change in the program's income limits. Effective January 1, 1998, the income limits will be increased to reflect the cost of living (COLA) increase provided by the Social Security Administration, if any.

PUBLIC ACT 98-194 allows for any ConnPACE eligible applicant who is insured under a private policy which provides limited prescription coverage, and expects to exhaust such coverage, to apply to participate in ConnPACE prior to the exhaustion of such coverage. Eligibility will be granted retroactive to the day that the private insurance benefit has been exhausted. Verification from the private insurance that the maximum benefit has been reached is required.

PUBLIC ACT 00-2 of the June Special Session allows for the establishment of a plan for the prior authorization of (1) any initial prescription for a drug covered under the program that costs five hundred dollars or more for a 30 day supply or (2) any early refill of a prescription drug covered under the program. Additionally, a procedure shall be established by which an independent pharmacy consultant authorizes the dispensing of a brand name drug product when a chemically equivalent generic drug product is available.

THE CONNECTICUT STATE BUDGET 2000-2001 changed the accounting for the Manufacturer Rebate. Effective July 1, 2000, rebate collections are used to offset program expenditures directly and are no longer deposited to the General Fund as revenue.

PUBLIC ACT 01-2 of the June 2001 Special Session established income limit increases to the ConnPACE program effective April 1, 2002. These income limits were increased to \$20,000 for a single individual and \$27,100 for married couples.

PUBLIC ACT 02-1 of the May 9, 2002 Special Session:

- Authorizes the Commissioner of Social Services to establish maximum allowable costs (MAC) to be paid under the ConnPACE program for generic prescription drugs.
- Authorizes the Commissioner of Social Services to establish a voluntary mail order option for maintenance prescription drugs covered under ConnPACE.
- Establishes a Pharmaceutical and Therapeutics (P&T) Committee within the Department of Social Services consisting of eleven members appointed by the Governor to meet at least quarterly.
  - Directs the Department of Social Services to adopt a preferred drug list upon the recommendation of, and review by, the P&T Committee.
  - Allows pharmaceutical manufacturers to provide supplemental rebates for drugs included on the preferred drug list.
- Reduces the dispensing fee paid to pharmacies from \$4.10 to \$3.85 per prescription, effective September 1, 2002.
- Authorizes the Commissioner of Social Services to implement a pharmaceutical purchasing initiative through a contractor.

PUBLIC ACT 02-7 of the May 9, 2002, Special Session: Changed co-pay requirements per prescription for individuals determined eligible on or after September 1, 2002, to:

- \$12.00 if participant is not married with annual income less than \$15,900; or
- \$12.00 if participant is married with combined annual income less than \$21,500; or
- \$15.00 if participant is not married with annual income greater than or equal to \$15,900 and less than or equal to \$20,000; or
- \$15.00 if participant is married with combined annual income greater than or equal to \$21,500 and less than or equal to \$27,100; or

If a participant is determined continuously eligible prior to September 1, 2002, that participant's co-pay shall remain at \$12.

If a federal waiver is granted, co-payment shall be:

- \$20 if participant is not married and annual income exceeds \$20,000, or
- \$20 if participant is married and combined annual income exceeds \$27,100.

Income limits that set participant co-payments shall increase annually by the annual inflation adjustment in Social Security income, if any, determined to the nearest \$100.

PUBLIC ACT 03-2 eliminated the tiered and grandfathered co-payment structure and increased the co-payment amount to \$16.25 per prescription for all clients. The Act also increased the annual enrollment fee to \$30, and reduced pharmacists' dispensing fees from \$3.85 to \$3.60.

PUBLIC ACT 03-3 decreased the pharmacists' dispensing fee to \$3.30 per prescription, effective November 1, 2003. Also, the Act introduced an Asset Test to the ConnPACE program. The ConnPACE asset determination was to follow the asset determination criteria of the Connecticut Home Care Program for the Elderly. For a single participant, the available assets must be less than \$100,000 or; for a married participant, the available assets combined with those of a spouse must be less than \$125,000. In addition, the Act included an Estate Recovery provision to the ConnPACE program. This authorized the State to seek recoupment from the participant's estate for the total amount of ConnPACE benefits received by the deceased on or after July 1, 2003.

PUBLIC ACT 04-6 as a condition of eligibility for participation in the ConnPACE program, a ConnPACE client with an annual income equal to or less than the Federal Poverty Level of 135% (for a single person is \$12,569, for a married couple is \$16,862), who is Medicare Part A or Part B eligible, must obtain a Medicare-Approved Drug Discount Card endorsed by the Secretary of Health and Human Services with the \$600 Transitional Assistance Prescription Benefit, effective March 30, 2004. In addition, pharmacies participating in the ConnPACE program must accept all Medicare-Approved Drug Discount Cards endorsed by the Secretary of Health and Human Services.

PUBLIC ACT 04-101 the Department may sign required forms and enroll a ConnPACE participant, who are eligible, to an endorsed Medicare-Approved Drug Discount Card with the \$600 Transitional Assistance Prescription Benefit, if the participant does not select an endorsed Medicare-Approved Drug Discount Card on his or her behalf.

PUBLIC ACT 04-258 decreased the pharmacists' dispensing fee to \$3.15, effective July 1, 2004. Also, the state repealed the asset testing and estate recovery, effective June 4, 2004.

# ANNUAL REPORT

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## INTRODUCTION

This section provides annual program information for State Fiscal Year 2004.

## PROGRAM ENROLLMENT ACTIVITY

ConnPACE received 102,249 telephone calls from participants, potential applicants, and the general public during this fiscal year (up from 86,857 in the previous year). The ConnPACE toll-free (1-800-423-5026) and Hartford area (860-832-9265) numbers are the primary means of program communication.

ConnPACE distributed 20,322 application/brochure packages (up from 17,090 last year), received 14,132 new applications (down from 17,739 last year), and received 40,229 renewals (down from 40,434 last year) during the year.

Enrollment decreased by 5%, from 50,905 at the beginning of this fiscal year (July 1, 2003) to 48,196 at the end of the fiscal year (June 30, 2004).

Included in this appendix is a list of the 169 Connecticut towns with their respective number of enrollees as of June 30, 2004.

## COST AND QUANTITY OF PRESCRIPTIONS

Cost: The average cost of a prescription this fiscal year increased from \$83.96 in June, 2003, to \$89.27 in June, 2004; a 6% increase.

Quantity: The average number of prescriptions paid on behalf of each ConnPACE enrollee fluctuated over the past 12 months. The average number of prescriptions paid per enrollee for the 2004 fiscal year was 23.8.



Elderly / Disabled: For elderly (65+) participants, the program paid for an average of 14 prescriptions with an average annual expenditure of \$765.05. Disabled participants had an average of 24.1 prescriptions paid with an average annual expenditure of \$2,965.50 per participant.

Program Costs: During State Fiscal Year 2004, ConnPACE offset program costs by receiving \$597,666 in fees from participants and \$409,851 from drug manufacturers.



ConnPACE's net cost was \$187,815.

## COST AND QUANTITY OF PRESCRIPTIONS

**Prescriptions Per Enrollee:** The following shows the average number of prescriptions per enrollee for elderly, disabled, and combined populations by fiscal year.

Fiscal Year	Elderly	Disabled	Total
1992	16	22	16
1993	15	21	15
1994	14	20	14
1995	14	20	14
1996	16	23	16
1997	16	23	16
1998	17	24	17
1999	19	25	20
2000	18	23	18
2001			23
2002	18	24	19
2003	20	23	21
2004	21	24	22

**Price Per Prescription:** The following shows the average price per prescription for elderly, disabled, and combined populations by fiscal year.

Fiscal Year	Elderly	Disabled	Total
1992	\$29.95	\$34.49	\$30.12
1993	\$33.29	\$39.18	\$33.35
1994	\$35.64	\$43.78	\$36.03
1995	\$37.81	\$49.64	\$38.43
1996	\$39.76	\$52.06	\$40.47
1997	\$42.06	\$60.61	\$43.26
1998	\$46.46	\$67.14	\$48.54
1999	\$51.84	\$75.69	\$55.00
2000	\$55.86	\$84.91	\$59.94
2001	 .35	 .16	\$66.57
2002	\$66.71	\$96.20	\$71.85
2003	\$72.96	\$104.36	\$78.05
2004	\$82.67	\$122.96	\$89.23

## P 100 DRUGS BY AMOUNT PAID - STATE FISCAL YEAR 2004

This list presents the National Drug Code, drug name and strength, the number of prescriptions and the total amount paid.

Of these 100 drugs, one is a generic drug (noted by *bold italics*).

Rank	NDC	Drug Name	Rx Count	Total Amount Paid
1	00071015523	LIPITOR 10MG TABLET	29,294	\$3,080,850.12
2	00300304613	PREVACID 30MG CAPSULE DR	13,863	\$2,719,781.47
3	00071015623	LIPITOR 20MG TABLET	15,678	\$2,636,049.01
4	00186504031	NEXIUM 40MG CAPSULE	10,848	\$2,079,435.61
5	00006003144	FOSAMAX 70MG TABLET	18,266	\$1,889,686.72
6	00025152531	CELEBREX 200MG CAPSULE	13,044	\$1,682,242.03
7	63653117101	PLAVIX 75MG TABLET	8,279	\$1,441,584.89
8	00008084181	PROTONIX 40MG TABLET EC	10,552	\$1,438,545.51
9	00071015723	LIPITOR 40MG TABLET	7,193	\$1,222,394.16
10	00069154068	NORVASC 10MG TABLET	13,007	\$1,196,754.24
11	00003519410	PRAVACHOL 40MG TABLET	5,544	\$1,178,353.14
12	63653117106	PLAVIX 75MG TABLET	6,511	\$1,086,879.57
13	00069153068	NORVASC 5MG TABLET	14,359	\$909,762.49
14	00006074031	ZOCOR 20MG TABLET	4,334	\$836,108.79
15	62856024330	ACIPHEX 20MG TABLET EC	4,574	\$822,333.24
16	00024542131	AMBIEN 10MG TABLET	9,066	\$796,558.17
17	59011010510	OXYCONTIN 40MG TABLET SA	1,885	\$783,001.15
18	00071080524	NEURONTIN 300MG CAPSULE	6,738	\$765,948.40
19	62856024630	ARICEPT 10MG TABLET	4,330	\$750,797.56
20	59011010710	OXYCONTIN 80MG TABLET SA	808	\$739,788.65
21	00002411760	ZYPREXA 10MG TABLET	1,637	\$665,126.28
22	00049490066	ZOLOFT 50MG TABLET	5,722	\$636,841.42
23	00003517805	PRAVACHOL 20MG TABLET	4,417	\$634,967.17
24	00006011068	VIOXX 25MG TABLET	5,767	\$625,739.17
25	00149047201	ACTONEL 35MG TABLET	6,875	\$624,743.72
26	00173069600	ADVAIR 250/50 DISKUS	4,197	\$615,932.06
27	00006074931	ZOCOR 40MG TABLET	2,823	\$590,658.52
28	62175011832	<b>OMEPRAZOLE 20MG CAPSULE DR</b>	3,858	\$572,101.75
29	00006074054	ZOCOR 20MG TABLET	2,510	\$558,214.41
30	50458003605	DURAGESIC 100MCG/HR PATCH	829	\$540,515.41
31	64764030114	ACTOS 30MG TABLET	2,173	\$513,054.49
32	00009519101	DETROL LA 4MG CAPSULE SA	4,248	\$503,969.01
33	00597005801	FLOMAX 0.4MG CAPSULE SA	5,715	\$503,320.25
34	00597001314	COMBIVENT INHALER	8,246	\$499,180.63

Rank	NDC	Drug Name	Rx Count	Total Amount Paid
35	66582041431	ZETIA 10MG TABLET	4,806	\$491,760.32
36	00173069700	ADVAIR 500/50 DISKUS	2,290	\$490,601.02
37	00049491066	ZOLOFT 100MG TABLET	3,992	\$464,878.78
38	00002416530	EVISTA 60MG TABLET	3,783	\$461,550.98
39	00002442060	ZYPREXA 20MG TABLET	663	\$460,807.64
40	00029316013	AVANDIA 8MG TABLET	1,824	\$449,939.36
41	59011010310	OXYCONTIN 20MG TABLET SA	2,431	\$449,802.57
42	00013830304	XALATAN 0.005% EYE DROPS	9,619	\$424,870.32
43	00300154130	PREVACID 15MG CAPSULE DR	2,222	\$421,171.97
44	00002411560	ZYPREXA 5MG TABLET	1,675	\$418,059.94
45	00002441560	ZYPREXA 15MG TABLET	716	\$414,008.50
46	64764045124	ACTOS 45MG TABLET	1,577	\$407,828.54
47	00456402001	CELEXA 20MG TABLET	4,160	\$406,727.52
48	00186109205	TOPROL XL 100MG TABLET SA	7,933	\$404,468.61
49	00025197531	BEXTRA 10MG TABLET	3,437	\$394,984.65
50	00456201001	LEXAPRO 10MG TABLET	5,264	\$386,089.95
51	00024540131	AMBIEN 5MG TABLET	5,858	\$383,070.25
52	00029315920	AVANDIA 4MG TABLET	2,793	\$378,709.99
53	62856024530	ARICEPT 5MG TABLET	2,166	\$373,910.36
54	00074401390	TRICOR 160MG TABLET	2,516	\$370,458.66
55	50458003505	DURAGESIC 75MCG/HR PATCH	886	\$365,188.26
56	63481068706	LIDODERM 5% PATCH	2,026	\$364,888.77
57	00008083301	EFFEXOR XR 75MG CAPSULE SA	2,226	\$362,395.55
58	00006011731	SINGULAIR 10MG TABLET	3,172	\$360,015.82
59	00083226530	LOTREL 5/20MG CAPSULE	3,329	\$352,238.81
60	00006074954	ZOCOR 40MG TABLET	1,456	\$346,544.65
61	00002411260	ZYPREXA 2.5MG TABLET	1,616	\$340,897.55
62	50458033006	RISPERDAL 3MG TABLET	979	\$337,283.59
63	00186109005	TOPROL XL 50MG TABLET SA	11,348	\$326,588.44
64	00002831501	HUMULIN N 100U/ML VIAL	6,861	\$322,633.37
65	00025198031	BEXTRA 20MG TABLET	2,789	\$322,274.18
66	00088115330	COPAXONE 20MG INJECTION KIT	263	\$319,770.55
67	00006362836	COSOPT EYE DROPS	4,034	\$315,627.09
68	00069153072	NORVASC 5MG TABLET	4,594	\$306,918.34
69	50458003405	DURAGESIC 50MCG/HR PATCH	1,254	\$296,924.54
70	00078035905	DIOVAN 160MG TABLET	3,600	\$296,670.97
71	00310027210	SEROQUEL 200MG TABLET	804	\$294,508.27
72	00310020130	ARIMIDEX 1MG TABLET	1,067	\$290,557.25
73	00186504054	NEXIUM 40MG CAPSULE	1,367	\$287,539.41
74	00071041624	NEURONTIN 600MG TABLET	1,434	\$286,253.13
75	61570012001	ALTACE 10MG CAPSULE	3,215	\$285,923.90
76	00078035805	DIOVAN 80MG TABLET	4,067	\$280,089.56

Rank	NDC	Drug Name	Rx Count	Total Amount Paid
77	00074379902	HUMIRA 40MG/0.8ML SYRINGE	196	\$278,262.40
78	58406042534	ENBREL 25MG KIT	213	\$274,253.06
79	00088222033	LANTUS 100U/ML VIAL	3,498	\$272,457.68
80	00173069500	ADVAIR 100/50 DISKUS	2,381	\$271,790.47
81	50458032006	RISPERDAL 2MG TABLET	1,028	\$271,173.66
82	00071053523	ACCUPRIL 40MG TABLET	4,366	\$260,638.92
83	00008083601	EFFEXOR XR 150MG CAPSULE SA	1,549	\$249,867.28
84	00045152550	LEVAQUIN 500MG TABLET	3,307	\$249,018.13
85	17314850101	DITROPAN XL 10MG TABLET SA	1,938	\$248,808.02
86	59148000913	ABILIFY 15MG TABLET	641	\$237,342.48
87	00045064165	TOPAMAX 100MG TABLET	881	\$236,627.07
88	00071015823	LIPITOR 80MG TABLET	1,420	\$232,244.40
89	00071053223	ACCUPRIL 20MG TABLET	3,991	\$231,804.86
90	58468002101	RENAGEL 800MG TABLET	909	\$229,286.19
91	00074621513	DEPAKOTE 500MG TABLET EC	1,396	\$228,656.70
92	00186074331	PRILOSEC 40MG CAPSULE DR	760	\$228,546.59
93	00149075202	ASACOL 400MG TABLET EC	1,450	\$228,136.40
94	00310027110	SEROQUEL 100MG TABLET	1,208	\$226,611.01
95	50458030006	RISPERDAL 1MG TABLET	1,235	\$225,652.05
96	00006074061	ZOCOR 20MG TABLET	1,147	\$224,979.80
97	64764015104	ACTOS 15MG TABLET	1,572	\$221,176.73
98	50458035006	RISPERDAL 4MG TABLET	518	\$219,622.94
99	00078031505	DIOVAN HCT 160/12.5MG TAB	2,316	\$215,608.16
100	00029320713	PAXIL CR 25MG TABLET	1,942	\$210,501.62
		<b>Top 100 Totals: SFY 2004</b>	<b>429,164</b>	<b>\$57,429,717.76</b>
		<b>SFY 2003</b>	<b>415,255</b>	<b>\$48,843,830.09</b>
		<b>SFY 2002</b>	<b>336,561</b>	<b>\$33,704,913.04</b>

## TOWN ENROLLMENT

Town	2003	2004	% Change
ANDOVER	41	38	-7.32%
ANSONIA	425	406	-4.47%
ASHFORD	55	53	-3.64%
AVON	130	121	-6.92%
BARKHAMSTED	28	35	25.00%
BEACON FALLS	62	76	22.58%
BERLIN	343	308	-10.20%
BETHANY	49	41	-16.33%
BETHEL	204	214	4.90%
BETHLEHEM	59	67	13.56%
BLOOMFIELD	324	317	-2.16%
BOLTON	39	43	10.26%
BOZRAH	53	52	-1.89%
BRANFORD	502	479	-4.58%
BRIDGEPORT	1,862	1,768	-5.05%
BRIDGEWATER	20	16	-20.00%
BRISTOL	1,164	1,121	-3.69%
BROOKFIELD	131	132	0.76%
BROOKLYN	80	84	5.00%
BURLINGTON	71	64	-9.86%
CANAAN	70	68	-2.86%
CANTERBURY	95	92	-3.16%
CANTON	93	94	1.08%
CHAPLIN	23	29	26.09%
CHESHIRE	354	335	-5.37%
CHESTER	58	48	-17.24%
CLINTON	194	178	-8.25%
COLCHESTER	209	201	-3.83%
COLEBROOK	2	5	150.00%
COLUMBIA	44	38	-13.64%
CORNWALL	14	16	14.29%
COVENTRY	133	118	-11.28%
CROMWELL	248	234	-5.65%
DANBURY	940	893	-5.00%
DARIEN	76	70	-7.89%
DEEP RIVER	60	57	-5.00%
DERBY	282	259	-8.16%
DURHAM	62	64	3.23%
EASTFORD	15	7	-53.33%
EAST GRANBY	49	53	8.16%
EAST HADDAM	112	106	-5.36%
EAST HAMPTON	137	124	-9.49%
EAST HARTFORD	906	835	-7.84%
EAST HAVEN	887	857	-3.38%

Town	2003	2004	% Change
EAST LYME	176	154	-12.50%
EASTON	53	54	1.89%
EAST WINDSOR	212	211	-0.47%
ELLINGTON	192	189	-1.56%
ENFIELD	705	672	-4.68%
ESSEX	75	71	-5.33%
FAIRFIELD	488	456	-6.56%
FARMINGTON	277	252	-9.03%
FRANKLIN	27	25	-7.41%
GLASTONBURY	323	304	-5.88%
GOSHEN	28	22	-21.43%
GRANBY	83	83	0.00%
GREENWICH	459	430	-6.32%
GRISWOLD	219	194	-11.42%
GROTON	382	379	-0.79%
GUILFORD	218	143	-34.40%
HADDAM	86	70	-18.60%
HAMDEN	1,128	1,061	-5.94%
HAMPTON	37	45	21.62%
HARTFORD	1,295	1,216	-6.10%
HARTLAND	25	20	-20.00%
HARWINTON	63	63	0.00%
HEBRON	72	67	-6.94%
KENT	47	44	-6.38%
KILLINGLY	582	545	-6.36%
KILLINGWORTH	82	67	-18.29%
LEBANON	76	70	-7.89%
LEDYARD	95	88	-7.37%
LISBON	80	74	-7.50%
LITCHFIELD	142	144	1.41%
LYME	20	16	-20.00%
MADISON	149	149	0.00%
MANCHESTER	819	771	-5.86%
MANSFIELD	142	147	3.52%
MARLBOROUGH	41	50	21.95%
MERIDEN	1,258	1,204	-4.29%
MIDDLEBURY	121	118	-2.48%
MIDDLEFIELD	61	48	-21.31%
MIDDLETOWN	782	756	-3.32%
MILFORD	860	804	-6.51%
MONROE	209	197	-5.74%
MONTVILLE	204	197	-3.43%
MORRIS	41	36	-12.20%

Town	2003	2004	% Change
NAUGATUCK	468	456	-2.56%
NEW BRITAIN	1,528	1,459	-4.52%
NEW CANAAN	92	85	-7.61%
NEW FAIRFIELD	106	100	-5.66%
NEW HARTFORD	60	59	-1.67%
NEW HAVEN	2,044	1,900	-7.05%
NEWINGTON	561	529	-5.70%
NEW LONDON	318	292	-8.18%
NEW MILFORD	351	333	-5.13%
NEWTOWN	202	202	0.00%
NORFOLK	29	25	-13.79%
NORTH BRANFORD	240	227	-5.42%
NORTH CANAAN	16	18	12.50%
NORTH HAVEN	570	540	-5.26%
NORTH STONINGTON	44	46	4.55%
NORWALK	956	890	-6.90%
NORWICH	875	838	-4.23%
OLD LYME	106	100	-5.66%
OLD SAYBROOK	129	113	-12.40%
ORANGE	164	158	-3.66%
OXFORD	90	94	4.44%
PLAINFIELD	385	370	-3.90%
PLAINVILLE	373	360	-3.49%
PLYMOUTH	227	210	-7.49%
POMFRET	59	47	-20.34%
PORTLAND	122	139	13.93%
PRESTON	86	82	-4.65%
PROSPECT	155	138	-10.97%
PUTNAM	339	315	-7.08%
REDDING	43	41	-4.65%
RIDGEFIELD	149	134	-10.07%
ROCKY HILL	253	235	-7.11%
ROXBURY	25	22	-12.00%
SALEM	33	38	15.15%
SALISBURY	34	37	8.82%
SCOTLAND	246	223	-9.35%
SEYMOUR	239	232	-2.93%
SHARON	34	32	-5.88%
SHELTON	510	493	-3.33%
SHERMAN	29	26	-10.34%
SIMSBURY	157	156	-0.64%
SOMERS	111	98	-11.71%
SOUTHBURY	219	216	-1.37%

Town	2003	2004	% Change
SOUTHINGTON	713	764	7.15%
SOUTH WINDSOR	285	270	-5.26%
SPRAGUE	59	49	-16.95%
STAFFORD	298	272	-8.72%
STAMFORD	982	966	-1.63%
STERLING	34	34	0.00%
STONINGTON	374	341	-8.82%
STRATFORD	882	771	-12.59%
SUFFIELD	199	184	-7.54%
THOMASTON	168	155	-7.74%
THOMPSON	244	238	-2.46%
TOLLAND	121	111	-8.26%
TORRINGTON	870	818	-5.98%
TRUMBULL	437	431	-1.37%
UNION	6	4	-33.33%
VERNON	633	598	-5.53%
VOLUNTOWN	43	38	-11.63%
WALLINGFORD	704	668	-5.11%
WARREN	15	11	-26.67%
WASHINGTON	44	42	-4.55%
WATERBURY	2,684	2,493	-7.12%
WATERFORD	331	314	-5.14%
WATERTOWN	220	218	-0.91%
WESTBROOK	173	152	-12.14%
WEST HARTFORD	658	596	-9.42%
WEST HAVEN	1004	940	-6.37%
WESTON	20	22	10.00%
WESTPORT	147	139	-5.44%
WETHERSFIELD	486	459	-5.56%
WILLINGTON	34	38	11.76%
WILTON	103	103	0.00%
WINCHESTER	321	296	-7.79%
WINDHAM	448	439	-2.01%
WINDSOR	312	286	-8.33%
WINDSOR LOCKS	247	241	-2.43%
WOLCOTT	328	317	-3.35%
WOODBIDGE	72	69	-4.17%
WOODBURY	117	105	-10.26%
WOODSTOCK	108	108	0.00%

Town enrollments for State Fiscal year 2003 reflect enrollments as of July 1, 2003. Town enrollments for State Fiscal Year 2004 reflect enrollments as of June 30, 2004. Percent (%) Change is the change in enrollment from SFY 2003 to SFY 2004.