



STATE OF CONNECTICUT

INSURANCE DEPARTMENT

August 13, 2024

NOTICE TO PHARMACY BENEFITS MANAGERS CONCERNING ANNUAL REPORTING TO CONNECTICUT INSURANCE DEPARTMENT

Not later than February 1, 2025, and annually thereafter, each Pharmacy Benefits Manager ("PBM")¹ must file a report with the Insurance Commissioner for the immediately preceding calendar year pursuant to Conn. Gen. Stat. § 38a-479ppp. This report shall contain the following information concerning Health Carriers² that delivered, issued for delivery, renewed, amended or continued Health Care Plans³ in Connecticut that included a pharmacy benefit managed by the PBM during such calendar year:

1. The aggregate dollar amount of all rebates concerning drug formularies used by such Health Carriers that such PBM collected from pharmaceutical manufacturers that manufactured outpatient prescription drugs that were (A) covered by such Health Carriers during such calendar year and (B) are attributable to patient utilization of such drugs during such calendar year; and
2. The aggregate dollar amount of all rebates, excluding any portion of the rebates received by such Health Carriers⁴, concerning drug formularies that such PBM collected from pharmaceutical manufacturers that manufactured outpatient prescription drugs that (A) were covered by such Health Carriers during such calendar year and (B) attributable to patient utilization of such drugs by covered persons under such Health Care Plans during such calendar year.

This information shall be submitted online using the survey prepared by the Insurance Commissioner in accordance with Conn. Gen. Stat. §38a-479ppp(b).

The survey can be found on the Insurance Department's website at:

https://www.catalog.state.ct.us/cid/portalApps/PBM_survey.aspx.

¹ "Pharmacy benefits manager" or "manager" means any person that administers the prescription drug, prescription device, pharmacist services or prescription drug and device and pharmacist services portion of a health care plan on behalf of a health carrier. Conn. Gen. Stat. § 38a-479ooo(10).

² "Health carrier" means an insurance company, health care center, hospital service corporation, medical service corporation, fraternal benefit society or other entity that delivers, issues for delivery, renews, amends or continues a health care plan in this state. Conn. Gen. Stat. § 38a-479ooo(5).

³ "Health care plan" means an individual or a group health insurance policy that provides coverage of the types specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the Connecticut General Statutes and includes coverage for outpatient prescription drugs. Conn. Gen. Stat. § 38a-479ooo(4). This includes the fully insured market only, for individual, small group and large group. Stop Loss/Level Funded and Self Insured Plans are not to be included in this survey.

⁴ This is the aggregate amount of the rebates in part 1 that are retained by the PBM.

Please note, all information submitted to the Commissioner in this survey shall be exempt from disclosure under the Freedom of Information Act, as defined in Conn. Gen. Stat. § 1-200, except to the extent that such information is included on an aggregated basis in the report submitted by the Commissioner to the General Assembly⁵ not later than March 1, 2025, and annually thereafter.

⁵ As required by Conn. Gen. Stat. § 38a-479ppp(d).