



OFFICE *of the* STATE COMPTROLLER

Medical Benefit -Medical Pharmacy Services RFI

Respondent Questions & Answers – December 4, 2024

Question 1: Please clarify the definition of "medical pharmacy" as used in the RFI, and whether that is distinct/separate from pharmacy under a pharmacy benefit. For instance, the RFI requests information on a "medical pharmacy formulary" - is that distinct/separate from a pharmacy benefit formulary?

Response: Medical Pharmacy is the sector of pharmacy services dedicated to the procurement, preparation, and oversight of medications used in medical treatments, particularly those requiring administration by healthcare professionals within medical facilities. Our medical pharmacy services are separate from those provided under a pharmacy benefit formulary. Currently, medical pharmacy management falls under the purview of our medical benefit administrators, not our pharmacy benefit managers. We are seeking partners who can support the development and ongoing maintenance of a medical pharmacy formulary in collaboration with our formulary management consultants. This partnership would ensure a clinically sound and cost-effective approach to managing medications administered in medical settings, aligning with our broader goals of improving access and affordability for plan members.

Question 2: Are any of the services requested in the RFI applicable to entities enrolled in the CT Partnership Plan under their pharmacy benefit plan administered by the PBM?

Response: Yes, the services requested in this RFI are applicable to the entities enrolled in the CT Partnership Plan. However, none of the requested scopes within the RFI are currently administered or managed by the State's PBM. Instead, these services fall within the scope of the State's medical benefits, which are managed separately from the pharmacy benefit plan. This distinction ensures that the focus remains on medical pharmacy services that are aligned with the medical benefit structure, not the pharmacy benefit administered by the PBM.

Question 3: We would only perform the administration of medical plan pharmacy rebates if we're the medical plan administrator. Could this RFI lead to a medical and pharmacy RFP or is this strictly for pharmacy carve-out services?

Response: This is strictly for "medical pharmacy" carve-out services. Medical benefit services would be a separate RFP.

Question 4: Please further define the scope of the RFI and RFP. Are Home Infusion services included in this program?

Response: Yes, home infusion services are included.

Question 5: What information will the State be providing for to RFI respondents? Will the State provide utilization data, current formulary, and network/site of service makeup? If utilization data will be provided, for what time period?

Response: At this stage, the purpose of this RFI is to assess whether vendors have the capabilities to take on the requested services. As such, we are not providing additional data at this time. However, when the RFP is issued, projected for January 17th, 2025, we will ensure that all necessary data is made available to respondents to support a comprehensive response.

Question 6: Regarding question 2.3.5, how does the State define "lowest clinically appropriate site of care"?

Response: The **lowest clinically appropriate site of care** is the most cost-effective environment where treatments or medications can be safely administered without compromising quality or clinical outcomes. This includes shifting care from high-cost in-patient or hospital outpatient settings to lower-cost alternatives such as physician offices, ambulatory infusion centers, or home settings, when appropriate.

Question 7: Who is/are the current Utilization Management and Formulary Consultant(s) for the State's employee benefit plan?

Response: The current utilization management and formulary consults for the employee benefit plan are as follows:

- i. For **medical pharmacy needs**, the state's medical benefit administrator, Anthem, collaborates with the state's utilization management partner, Quantum Health.
- ii. For **pharmacy benefits**, the State's PBM, CVS Caremark, collaborates with the State's formulary management partner, TruDataRx.

As a reminder, this RFI is specific to the **medical pharmacy services**. However, with the development of a medical formulary, we expect selected partners to collaborate with existing vendors as needed.

Question 8: What is the current infusion benefit for the State of Connecticut employees, retirees, and dependents?

Response: Infused drugs covered under the medical benefit are covered in full.

Question 9: Who/what would be the governing body be to make the final decisions if the existing vendor(s) and a new vendor are engaged?

Response: If this RFI leads to an RFP, the RFP Committee (comprised of representatives from Labor, OSC, and OPM) would make a recommendation to the State's Comptroller, who would make the final decision.

Question 10: As it relates to Scope Area 3 [Manufacturer Copay Assistance Administration for Physician-Administered Drugs], our question is: Given member's cost share is already zero for these medications, how will the State get members to agree/enroll in the manufacturer's

program(s) and is the State aware that would need to change, even though net cost to member would be zero after manufacturer copay assistance is applied?

Response: The purpose of this RFI is to gather information about the abilities of various potential partners. We would be willing to explore a variety of options to ensure the feasibility of service.

Question 11: Related to Scope 1, does the State currently use a formulary to manage medications that are administered under its medical benefit? If so, can it provide the formulary design (i.e. tier structure) and cost sharing assigned to each tier? If not, can the State describe what its goals are for formulary management of medical benefit medications under this RFI?

Response: The State does not currently use a formulary, these drugs are managed by Anthem. As described in the RFI, the goal is to balance clinical efficacy and cost-effective therapies for plan members to create the greatest value for the State as a payer while ensuring optimal outcomes for plan members. Vendors must collaborate closely with existing vendors, including the State's Utilization Management and Formulary Consultant, to ensure the formulary offers a balance of clinical and cost-effective therapies for plan members. However, when the RFP is issued, projected for January 17th, 2025, we will ensure that all necessary data and plan benefit structure(s) are made available to respondents to support a comprehensive response.

Question 12: Scope 2 Can the State provide information concerning the desired geographic coverage for a preferred infusion network and what factors are critical for this Scope?

Response: At this stage, we are exploring options to understand the possibilities for a preferred infusion network. Our plan members are located both within the state and across the country, and our primary goal is to reduce barriers to access and affordability for these members. By gathering formation on geographic coverage and critical factors for establishing such a network, we aim to make an informed decision on what is feasible and beneficial for the plan and its members.

Question 13: Scope 2 The State currently has relationships with important integrated delivery networks for specialty pharmacy. Is the state seeking to utilize this network as well for this Scope?

Response: For the purposes of this RFI, we are seeking to understand potential partners' abilities and experience in this area. The State is open to utilizing existing relationships to strengthen this scope of service.

Question 14: Scope 3 Can the State provide a list of drugs that are currently covered via its medical benefit in order to propose an appropriate manufacturer copay assistance program?

Response: The current RFI aims to understand potential partners' abilities and experience within the various scopes of services. However, when the RFP is issued, projected for January 17th, 2025, we will ensure that all necessary data and plan benefit structure(s) are made available to respondents to support a comprehensive response.

Question 15: Scope 3 Is the State benefiting today from a copay assistance program for medications covered under its pharmacy benefit, or is this a new program the State is looking to implement?

Response: The State currently uses a copay assistance program (Prudent Rx) for specialty drugs administered through its PBM. There is not currently a copay assistance program in place for “medical pharmacy” drugs by the medical benefit administrator.