



OFFICE *of the* STATE COMPTROLLER

State of Connecticut Pharmacy Services RFP

Additional Clarification Question & Answer – October 19, 2023

1. Column S of the claims file is titled "ClaimsCounter". Please define what a zero in this column means.

Response: Those claims with '-00' in the days- supply field are erroneous and may be thrown out of the analysis

2. In section 8.1.2, bidders are asked to share "Demonstrated ability and proposed plan to minimize member disruption". Please share the definition of member disruption.

Response: Members who would have to switch pharmacies or specialty pharmacies or whose medication's current coverage or coverage tier is negatively impacted.

3. Section 5.2.4 references "indirect revenue streams". Please define and provide examples of "indirect revenue streams".

Response: This is revenue including but not limited to other fees, discounts, price concessions, rebates, credits, or claw-backs as well as unknown revenue streams, like selling data or other manufacturer relationships/pharmacy relationships that may result in additional revenue to the PBM associated with state plan's utilization.

4. How are new medications handled? Will the process be different for new chemical entities than for line extensions (new strengths, new dosage forms) Will the procedure be different for specialty drugs than for those agents that do not meet the specialty pharmacy definition?

Response: This applies primarily to Formulary and Full-Service PBM bidders. For Specialty Pharmacy bidders, we expect you to tell us your process for letting the PBM know when you have access to new drugs and pricing.

5. In the PBM Administrative Services described in Section 6.1, please clarify that the Administrative Fee guarantees outlined in Options 1- 3 are to be based solely on the utilization data?

Response: The bidders should use the State's historical claims data and provide Administrative Fee guarantees based on that data and the expected utilization during the contract period. In addition, bidders may use industry intelligence that will help anticipate the influence of supply change, other major industry claim utilization, market trends and any other factors.

6. Section 6.2.2.1 states that specialty prescription drug claim-line detail will be made available

through a secure workspace established by Segal, for each Bidder. Please confirm that the specialty utilization is included in the full claim files sent on September 12. In addition, can the state consider adding a Specialty flag to the claims data?

Response: [Yes, Specialty utilization is included in the full claims file. A Specialty flag indicator will not be provided.](#)

7. In Attachment F, please clarify how GPI14 codes that are identified as Specialty Drugs and required to be dispensed through a Specialty pharmacy are supposed to be listed. The Claims Data only includes Retail or Mail identifiers in Column M.

Response: [Based on GPI14, the Bidder will decide the price for these products at either retail or mail. Since we're not delineating specialty vs. non-specialty for this price option, then the specialty indicator is not required for pricing. For GPI-14 that you are not providing pricing for, then indicate "Not Applicable". Please note that this Attachment F is only for bidders that are bidding for the PBM Administrative Services.](#)

8. Please identify the NPIs in the Claims Data that are associated with those pharmacies that will be contracted with by the state that will be carved out from guarantees.

Response: [The State will not provide this information at this time as the pharmacies will be selected through this RFP process.](#)

9. We would like to confirm our GPI data mapping is correct. What is the best way for us to send to Segal?

Response: [We will follow-up on review issues, if any, after the proposals are submitted.](#)

10. In the "SoCT - Rx RFP Membership and Drug Indicator" file, are the plan paid amounts net of rebates?

Response: [Yes.](#)

11. Can the state please add the member cost share to the claims data itself to ensure uniformity across bidder responses and prevent potential misinterpretations caused by referencing the separate State of CT Plan Structure Mapping document?

Response: [No.](#)

12. The RFP File instructions note that the Group ID and Plan Carrier numbers can be used to determine which Plan the member falls under and therefore which copays apply. The dataset does not include a specialty indicator. Certain plans have different copays for retail and specialty. For example, MLOCONN R3 lists \$3/\$6 for retail and \$0 for specialty. Please confirm how the bidder should determine if a specialty or retail copay will apply for the member cost share. Can the state consider adding a Specialty flag to the claims data?

Response: [The Prudent Rx program is in place; specialty copay is \\$0 for all plans.](#)

13. In the claims data, CopayTier lists Generic, Preferred Brand, and Non-Preferred Brand. The current plan design in background item 2.1 lists a separate cost share for Non Preferred Generic. Please confirm that there are not any Non Preferred Generics in the dataset.

Response: [All generic claims are in the data. The State defines Preferred Generics as those Generics that fall under the lowest quartile in their respective therapeutic class.](#)

14. Please confirm our understanding of the copay, noted in the 'State of CT Plan Structure Mapping' as it corresponds to the Copay Tier noted in the utilization file:

\$3/\$6: \$3 generic, \$3 preferred brand, \$6 non preferred brand
\$5/\$10/\$25: \$5 generic, \$10 preferred brand, \$25 non preferred brand
\$5/\$20/\$35: \$5 generic, \$20 preferred brand, \$35 non preferred brand
\$5/\$25/\$40: \$5 generic, \$25 preferred brand, \$40 non preferred brand

Response:

[\\$3/\\$6: \[Retail: \\$3 generic, **\\$6 preferred brand**, \\$6 non preferred brand\]; \[Mail and Retail Maintenance Network: \\$0\]](#)
[\\$5/\\$10/\\$25: \[Retail: \\$5 generic, \\$10 preferred brand; \\$25 non-preferred brand\] \(Mail and Retail Maintenance Network \\$0\)](#)
[\\$5/\\$20/\\$35: \[Retail/Mail/ Retail Maintenance Network\]; \\$5 generic, \\$20 preferred brand, \\$35 non preferred brand](#)
[\\$5/\\$25/\\$40: \[Retail/Mail/Retail Maintenance Network\): \\$5 preferred generic, \\$10 non-preferred generic; \\$25 preferred brand, \\$40 non preferred brand\]](#)

15. For Section 6.1.1 option 1, we are asked to provide PMPY spend guarantees for the 25 classes outlined in the RFP. It is being asked to define these classes using Medispan GPI-4 codes.

However, there is no clear mapping of Medispan GPI-4 codes to the 25 classes outlined in the RFP. We ask that the consultant tell us which GPI-4 codes fall under each of the 25 classes.

Example:

<u>Disease Indication</u>	<u>GPI4s included</u>
ADHD/Narcolepsy	1234, 1324, 2341, etc.
Allergy	3412, 4321, etc..
Etc.	

Response: [See below for the list of the Top 25 by cost.](#)

<u>GPI4</u>	<u>DiseaseIndication</u>
<u>2717</u>	Diabetes
<u>9025</u>	Psoriasis
<u>6627</u>	Autoimmune Disease
<u>2153</u>	Oncology
<u>9027</u>	Skin Disorders
<u>6240</u>	Multiple Sclerosis/Neuromuscular Disorders
<u>1210</u>	Viral Infections/HIV AIDS
<u>6110</u>	ADHD/Narcolepsy
<u>6770</u>	Migraine
<u>4530</u>	Cystic Fibrosis

4420	Asthma/COPD
5940	Mental Health/Neurological Disorders
4460	Asthma/COPD
8337	Blood Disorders
7260	Seizure Disorder
1710	Vaccines/Immunizing Agents
9939	Oncology
9720	Diabetic Supplies/Monitoring
3090	Rare Disorders
3006	Fertility
3940	Lipid/Cholesterol Disorders
5250	Autoimmune Disease
4927	Ulcer
2710	Diabetes
2140	Oncology
6660	Autoimmune Disease

Previously unanswered question.

38. Can OSC's customized detailed utilization management criteria referenced in 7.3.25 please be provided

Response: [Attached below.](#)



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