

CT MEDICAID PHARMACY 101



Program Goals

- Positive health outcomes
 - Less morbidity and mortality
 - Healthier when treated early
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- Decreased overall costs through better medicine
 - Increased provider and client satisfaction



Pharmacy Programs

1. Healthcare for Uninsured Kids ,Youths and Families(Husky A and Husky B)
2. Husky C (Age/Blind/Disabled)
3. Husky D (MLIA-Medicaid Expansion)
4. Tuberculosis-limited benefit group
5. Family Planning-limited benefit group
6. CT AIDS Drug Assistance Program (CADAP)



Stats

- Over 9.5 million paid pharmacy claims annually
- Serving close to 650,000 of CT's most vulnerable residents

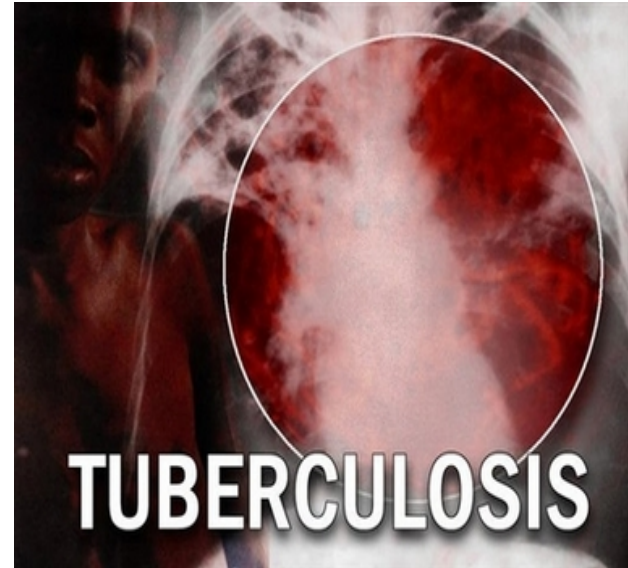
Federal Involvement?

- Medicaid is a partnership between CMS (Center for Medicare and Medicaid Services) and the State
- Agreements in place between CMS and the drug manufacturer
- The State must receive permission from CMS through the State Plan Amendment process for changes to benefit coverage.
- Medicaid is always the payer of last resort



Limited Benefit Plans-TB

- Antibiotics
- Anti-inflammatory
- Drugs specific to treat condition



Limited Benefit Plans-Family Planning

- Antibiotics
- Antibacterials
- Antiparasitics
- Analgesics
- Contraceptives



CADAP-CT Aids Drug Assistance Program

- Partnership with Department of Public Health
- Provide medications related to HIV/AIDS
- Formulary overseen by DPH
- Federal oversight via grant-HRSA (Health Resources and Services Administration)

OTC Expansion Coverage List

- **Therapeutic Categories –a few examples below**
- • ANALGESIC/ANTIPYRETICS, SALICYLATES
- • ANTIHISTAMINES
- • CALORIC SUPPLEMENT ORAL POWDER
- • CHOLECALCIFEROL (VITAMIN D3)
- • GASTRIC ENZYMES and Medical Foods
- Providing OTC services decreases overall cost



National Leader

- Unrestricted access to Hepatitis C Meds
 - Up front costs to prevent long term complications
 - Curative
 - CMS mandating states to provide coverage similar to CT
- ❖ Statins
- ❖ Smoking cessation products

P&T Committee-Purpose and Role

- The Pharmaceutical and Therapeutics Committee (“P&T Committee”) for the Connecticut Medical Assistance Program is established under the authority of section 17b-274d of the Connecticut General Statutes. The purpose of the P&T Committee is to adopt one or more PDLs (Preferred Drug List) for use in the Connecticut Medical Assistance Program. As necessary and appropriate, the P&T Committee will **review and evaluate medical criteria, standards, and educational intervention methods concerning the establishment of one or more PDLs and make recommendations to the Department.** The P&T Committee may also make recommendations to the Department regarding prior authorization of any prescribed drug covered by the Connecticut Medical Assistance Program.
- Dynamic Process : semi-annual review

P&T Composition and Membership

- Members of the P&T Committee are appointed by the Governor. There will be sixteen (16) members as follows: Seven (7) members shall be physicians licensed pursuant to Chapter 370 of the Connecticut General Statutes, including one (1) general practitioner, one (1) pediatrician, one (1) geriatrician, one (1) psychiatrist, one (1) child psychiatrist, one (1) oncologist, and one (1) specialist in family planning; four (4) members shall be pharmacists licensed pursuant to Chapter 400j of the Connecticut General Statutes; two (2) members shall be visiting nurses, one (1) specializing in adult care and one (1) specializing in psychiatric care; one (1) member shall be a clinician designated by the Commissioner of Mental Health and Addiction services; one (1) member shall be a representative of pharmaceutical manufacturer; and one (1) member shall be a consumer representative.



Drug Utilization Review Board



DUR Board Purpose

- The purpose of the Connecticut Medical Assistance DUR Board is to identify and review outliers with regard to the prescribing and dispensing of drugs by Medical Assistance providers and the use of medications by Medical Assistance recipients. The DUR Board's mission is to **facilitate the appropriate and cost effective delivery of pharmaceutical care with non-biased, independent professional reviews of published literature for advisement on educational programs.**

DUR Board Membership

- The Board membership is composed of actively practicing, independently-thinking **pharmacy and medical professionals** and has the responsibility to establish criteria for retrospective review of medication prescribing and dispensing to Medical Assistance recipients. Through their expertise, the board develops retrospective interventions regarding medication usage by Medical Assistance recipients. The Board's mission is to facilitate the appropriate and cost effective delivery of pharmaceutical care.

Patient Safety First!

- Alerts to pharmacy providers-examples
 - Drug-Drug interaction (DD)
 - Drug-Age –Geriatric alert (GR)
 - Overutilization Alert (ER)
 - High Dose Alert (HD)
 - Ingredient Duplication (ID)
 - Therapeutic Duplication (TD)
 - Drug Pregnancy Alert (PG)



Medicaid Innovations

- Opioids
 - Narcan-allowing pharmacists to dispense and bill Medicaid
 - MME(Morphine Milliequivalents)
 - Long Acting Opioid Prior Authorization



Challenges

- Cost of biological medications (e.g. Remicade, Humira, Enbrel)
- Personalized medicine through DNA
- Opioids
- Complexity of disease states