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# OUTPATIENT PRESCRIPTION DRUG COST REPORT

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## USER GUIDE

JULY 2024

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# Starting a survey submission

1. Click “Begin Survey” to start the survey.

**CONNECTICUT INSURANCE DEPARTMENT**

**Outpatient Prescription Drug Cost Report**

PURSUANT TO [CONN. GEN. STAT. §38a-479oaa](#)

Beginning in 2021 and annually thereafter, each Health Carrier (as defined by Conn. Gen. Stat. §38a-479oaa(5)) shall submit Outpatient Prescription Drug information to the Insurance Commissioner for the immediately preceding calendar year, at the time that such health carrier submits rate filings for such health care plans, for the individual, small group and large group markets, pursuant to Conn. Gen. Stat. §38a-183, §38a-481 and §38a-513. This information and data submission concerns health carriers that delivered, issued for delivery, renewed, amended, or continued a health care plan (as defined by Conn. Gen. Stat. §38a-479oaa(4)) in Connecticut.

OR

Connecticut Insurance Department Contact Us  
The Life and Health Division

2. On the next page, fill out all the required information. Click “Save & Next” once all the information is filled out.

- ❖ The “*Name of Company*” should list all the entities that you are reporting for (if applicable). They should all be combined into 1 survey (as opposed to a separate survey submission for each entity).
  - Example: if you are reporting for Aetna Life Insurance and Aetna Health Inc., write “Aetna Life Insurance & Aetna Health Inc.”
- ❖ Note that all market segments should be combined into 1 survey submission (as opposed to a separate survey submission for each entity).
- ❖ The “*Submitter*” is the contact person who is responsible for submitting the survey and answering all the follow up questions. This is also the person who will receive an email with the survey number (so that they can go back and finish and/or revise the submission, as needed).
- ❖ The “*Submit Date*” field is automatically prepopulated with the date the survey is started.

**Outpatient Prescription Drug Cost Report**

PURSUANT TO [CONN. GEN. STAT. §38a-479oaa](#)

Beginning in 2021 and annually thereafter, each Health Carrier (as defined by Conn. Gen. Stat. §38a-479oaa(5)) shall submit Outpatient Prescription Drug information to the Insurance Commissioner for the immediately preceding calendar year, at the time that such health carrier submits rate filings for such health care plans, for the individual, small group and large group markets, pursuant to Conn. Gen. Stat. §38a-183, §38a-481 and §38a-513. This information and data submission concerns health carriers that delivered, issued for delivery, renewed, amended, or continued a health care plan (as defined by Conn. Gen. Stat. §38a-479oaa(4)) in Connecticut.

\* NOTICE: A compliance point of contact is REQUIRED in case additional information is necessary.

Name of Company:

Name of person submitting form:

Submitter's Email Address:

(A confirmation will be sent to this email address)

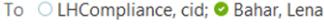
CONFIRM submitter's email address:

Submitter's Phone:

Submit Date:

3. You will receive an email notification from [cid.webmaster@ct.gov](mailto:cid.webmaster@ct.gov) with the *Submitting Code Confirmation number*. Save this email for your records. You will need this confirmation code to either resume an unfinished survey or to revise a submitted survey.
- ❖ If you did not receive an email with the confirmation code, check your Junk Mail folder and change your settings to make sure you receive all future notifications.
  - ❖ If after checking your junk folder, you still cannot find the email, contact [LHCompliance@ct.gov](mailto:LHCompliance@ct.gov) immediately and provide the name of the company.

Sample Company - 2023 Outpatient Prescription Drug Cost Survey

 cid.webmaster@ct.gov  
To 

 Follow up.

PURSUANT TO [CONN.GEN.STAT. §38a-479qqq](#)

Reporting Period: **2023 Calendar Year**

Carrier: **Sample Company**  
Name of person submitting form: **Lena Bahar**  
Submitter's Email: [lena.bahar@ct.gov](mailto:lena.bahar@ct.gov)  
Submitter's Phone Number: **(860) 297-3807**  
Date Submitted: **7/8/2024**

To complete the submission, use the below link and confirmation code:  
<https://www.catalog.state.ct.us/cid/portalApps/OPDrugStart.aspx>

**Submitting Confirmation Code: 2023-20240708140634**

**NOTE:** You will need this Submitting Confirmation Code to resume your report later. Please keep this for your reference.

Please DO NOT reply to this message. If you have any questions, please email to [cid.LHCompliance@ct.gov](mailto:cid.LHCompliance@ct.gov)

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## Filling out a report

1. Once logged into the survey, it will display all the reports that need to be completed.
  - ❖ The reports need to be completed in the order they are in (but can be edited later in any order).
2. Click on the “Click here to continue” link to start working on a report.



**Outpatient Prescription Drug Cost Survey**

**Sample Company**  
Submitter's Name: Lena Bahar  
Submitter's Phone: (860) 297-3807  
Submitter's Email: lena.bahar@ct.gov

25 Most frequently prescribed/filled outpatient (OP) prescription drugs [Click here to continue](#)

25 Prescribed/filled outpatient (OP) prescription drugs with the greatest cost by total annual spend – **To be completed.**

25 Most Prescribed/filled outpatient (OP) prescription drugs that experienced the greatest year-over-year increase in cost – **To be completed.**

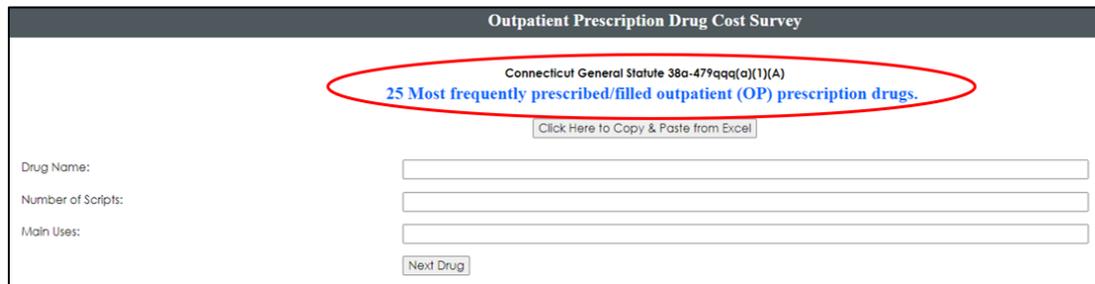
Portion of the premium attributed to each of the following categories – **To be completed.**

25 Most frequently prescribed outpatient (OP) prescription drugs for which the health carrier received rebates from pharmaceutical manufacturers – **To be completed.**

Name of each specialty drug covered during the preceding calendar year – **To be completed.**

[Close & Resume Later](#)

3. On the next page, the name of the report will be in blue. The statutory requirement for the report is listed right above it.



**Outpatient Prescription Drug Cost Survey**

Connecticut General Statute 38a-479qq(a)(1)(A)  
**25 Most frequently prescribed/filled outpatient (OP) prescription drugs.**

[Click Here to Copy & Paste from Excel](#)

Drug Name:

Number of Scripts:

Main Uses:

[Next Drug](#)

4. There are 2 ways to enter data into the report: [Individual Entry](#) or [Copy and Paste](#). All reports, with the exception of the *Portion of the premium attributed to each of the following categories* report, can be entered using one of these methods. Go to the [Portion of the premium attributed to each of the following categories](#) section for more information about that report.

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## Filling out a report method 1: Individual entry

- ❖ This method cannot be used for the following reports:

25 Most frequently prescribed/filled outpatient (OP) prescription drugs – <a href="#">Click here to continue</a>
25 Prescribed/filled outpatient (OP) prescription drugs with the greatest cost by total annual spend – <b>To be completed.</b>
25 Most Prescribed/filled outpatient (OP) prescription drugs that experienced the greatest year-over-year increase in cost – <b>To be completed.</b>
Portion of the premium attributed to each of the following categories – <b>To be completed.</b>
25 Most frequently prescribed outpatient (OP) prescription drugs for which the health carrier received rebates from pharmaceutical manufacturers – <b>To be completed.</b>
Name of each specialty drug covered during the preceding calendar year – <b>To be completed.</b>

Go to the [Filling out a report method 2: Copy and Paste](#) or the [Portion of the premium attributed to each of the following categories](#) section for more information on how to complete these two reports.

1. Select the report you want to enter data for by clicking “Click here to continue” to the right of the report.

25 Most frequently prescribed/filled outpatient (OP) prescription drugs – <a href="#">Click here to continue</a>
25 Prescribed/filled outpatient (OP) prescription drugs with the greatest cost by total annual spend – <b>To be completed.</b>
25 Most Prescribed/filled outpatient (OP) prescription drugs that experienced the greatest year-over-year increase in cost – <b>To be completed.</b>

2. Once in the report, enter the name of the drug, the amount associated with it, and the main uses of the drug (FDA approved uses). When done, click “Next Drug.”

- ❖ Note that you will not be able to continue if you leave one of the three fields below blank.

<a href="#">Click Here to Copy &amp; Paste from Excel</a>	
Drug Name:	<input type="text" value="ATORVASTATIN CALCIUM"/>
Number of Scripts:	<input type="text" value="169,159"/>
Main Uses:	<input type="text" value="Cholesterol"/>
	<input type="button" value="Next Drug"/>

3. The drug will appear in a table below. Continue to add each drug until you have all 25 drugs added.

Drug Name:	<input type="text"/>		
Number of Scripts:	<input type="text"/>		
Main Uses:	<input type="text"/>		
	<input type="button" value="Next Drug"/>		
<small>Click Edit to edit, Click Update or Cancel after editing before clicking Save &amp; Next</small>			
#	DRUG NAME	NUMBER OF SCRIPTS	MAIN USES
<a href="#">Edit</a> 1	ATORVASTATIN CALCIUM	169,159	Cholesterol

4. Once you input all 25 drugs, the “Next Drug” button will be grayed out and you will not be able to add any additional drugs.

Drug Name:

Number of Scripts:

Main Uses:

- Review the information listed in the table below to make sure it is accurate. If you need to make a change to any row, click "Edit" to the left of the row.

Drug Name:

Number of Scripts:

Main Uses:

Click Edit to edit. Click Update or Cancel after editing before clicking Save & Next

#	DRUG NAME	NUMBER OF SCRIPTS	MAIN USES
<a href="#">Edit</a> 1	ATORVASTATIN CALCIUM	169,159	Cholesterol
<a href="#">Edit</a> 2	LEVOTHYROXINE SODIUM	111,830	Thyroid
<a href="#">Edit</a> 3	LISINAPRIL	106,374	High Blood Pressure
<a href="#">Edit</a> 4	AMLODIPINE BESYLATE	104,827	High Blood Pressure
<a href="#">Edit</a> 5	ROSUVASTATIN CALCIUM	99,625	Cholesterol
<a href="#">Edit</a> 6	ESCITALOPRAM OXALATE	83,634	Depression and Generalized Anxiety
<a href="#">Edit</a> 7	METFORMIN HCL	76,901	Diabetes
<a href="#">Edit</a> 8	SERTRALINE HCL	72,025	Depression, OCD, PTSD, Social Anxiety
<a href="#">Edit</a> 9	LOSARTAN POTASSIUM	69,325	High Blood Pressure
<a href="#">Edit</a> 10	METOPROLOL SUCCINATE	64,617	High Blood Pressure and Angina
<a href="#">Edit</a> 11	PANTOPRAZOLE SODIUM	53,520	Heartburn and Acid Reflux

- Change/edit the name of the drug, the amount associated with it, or the main uses. To save the changes made, click "Update." To cancel edits, click "Cancel."

Click Edit to edit. Click Update or Cancel after editing before clicking Save & Next

#	DRUG NAME	NUMBER OF SCRIPTS	MAIN USES
<a href="#">Edit</a> 1	ATORVASTATIN CALCIUM	169,159	Cholesterol
<a href="#">Update</a> <a href="#">Cancel</a> 2	LEVOTHYROXINE SODIUM	111,830	Thyroid

- ❖ If you do not select either "Update" or "Cancel" after clicking on the "Edit" button, an error message will appear on the bottom of the screen.

<a href="#">Edit</a> 23	DULOXETINE HCL	20,480	Depression, Anxiety
<a href="#">Edit</a> 24	SIMVASTATIN	16,115	Cholesterol
<a href="#">Update</a> <a href="#">Cancel</a> 25	AZITHROMYCIN	10,680	Bacterial Infections

\*\*\* Saving is canceled due to invalid text. \*\*\*

- When you are satisfied with all the entries, click "Save & Next" to proceed to the next report.

Drug Name:

Number of Scripts:

Main Uses:

Click Edit to edit. Click Update or Cancel after editing before clicking Save & Next

#	DRUG NAME	NUMBER OF SCRIPTS	MAIN USES
<a href="#">Edit</a> 1	ATORVASTATIN CALCIUM	169,159	Cholesterol
<a href="#">Edit</a> 2	LEVOTHYROXINE SODIUM	111,830	Thyroid
<a href="#">Edit</a> 3	LISINAPRIL	106,374	High Blood Pressure

8. You will be brought back to the main screen with all the reports listed. To continue to the next report, click on “Click here to continue” to the right of the report.

**Outpatient Prescription Drug Cost Survey**

**Sample Company**  
Submitter's Name: Lena Bahar  
Submitter's Phone: (860) 297-3807  
Submitter's Email: lena.bahar@ct.gov

25 Most frequently prescribed/filled outpatient (OP) prescription drugs – [Click here to view and resubmit survey data if needed](#)

25 Prescribed/filled outpatient (OP) prescription drugs with the greatest cost by total annual spend – [Click here to continue](#)

25 Most Prescribed/filled outpatient (OP) prescription drugs that experienced the greatest year-over-year increase in cost – **To be completed.**

Portion of the premium attributed to each of the following categories – **To be completed.**

25 Most frequently prescribed outpatient (OP) prescription drugs for which the health carrier received rebates from pharmaceutical manufacturers – **To be completed.**

Name of each specialty drug covered during the preceding calendar year – **To be completed.**

If you want to continue the survey later, click “Close & Resume Later” on the bottom of the screen to exit the survey. All completed reports will be saved. Go to the [Resuming a survey](#) section to see how you can resume the survey at a later time.

**Outpatient Prescription Drug Cost Survey**

**Sample Company**  
Submitter's Name: Lena Bahar  
Submitter's Phone: (860) 297-3807  
Submitter's Email: lena.bahar@ct.gov

25 Most frequently prescribed/filled outpatient (OP) prescription drugs – [Click here to view and resubmit survey data if needed](#)

25 Prescribed/filled outpatient (OP) prescription drugs with the greatest cost by total annual spend – [Click here to continue](#)

25 Most Prescribed/filled outpatient (OP) prescription drugs that experienced the greatest year-over-year increase in cost – **To be completed.**

Portion of the premium attributed to each of the following categories – **To be completed.**

25 Most frequently prescribed outpatient (OP) prescription drugs for which the health carrier received rebates from pharmaceutical manufacturers – **To be completed.**

Name of each specialty drug covered during the preceding calendar year – **To be completed.**

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## Filling out a report method 2: Copy and Paste

❖ This method cannot be used for the following report:

25 Most frequently prescribed/filled outpatient (OP) prescription drugs – <a href="#">Click here to continue</a>
25 Prescribed/filled outpatient (OP) prescription drugs with the greatest cost by total annual spend – <b>To be completed.</b>
25 Most Prescribed/filled outpatient (OP) prescription drugs that experienced the greatest year-over-year increase in cost – <b>To be completed.</b>
<b>Portion of the premium attributed to each of the following categories – To be completed.</b>
25 Most frequently prescribed outpatient (OP) prescription drugs for which the health carrier received rebates from pharmaceutical manufacturers – <b>To be completed.</b>
Name of each specialty drug covered during the preceding calendar year – <b>To be completed.</b>

Go to the [Portion of the premium attributed to each of the following categories](#) section for more information on how to complete this report.

1. Select the report you want to enter data for by clicking “Click here to continue” to the right of the report.

25 Most frequently prescribed/filled outpatient (OP) prescription drugs – <a href="#">Click here to continue</a>
25 Prescribed/filled outpatient (OP) prescription drugs with the greatest cost by total annual spend – <b>To be completed.</b>
25 Most Prescribed/filled outpatient (OP) prescription drugs that experienced the greatest year-over-year increase in cost – <b>To be completed.</b>

2. Once in the report, click on “Click Here to Copy & Paste from Excel” to copy and paste all entries for the report at once (instead of one at a time). (Note: The report must be in Excel format for you to be able to copy and paste it.)

	<a href="#">Click Here to Copy &amp; Paste from Excel</a>
Drug Name:	<input type="text"/>
Number of Scripts:	<input type="text"/>
Main Uses:	<input type="text"/>
	<input type="button" value="Next Drug"/>

3. On the next screen, click on “Click here to view the sample data to copy” button to see the required format the report needs to be in to copy from Excel.

❖ Note that not all report formats are the same, so check each report first to make sure you are copying and pasting the information in the required format.

Just COPY from EXCEL, and PASTE into the text box the DATA ONLY. **NOTE: DO NOT INCLUDE COLUMN HEADERS or TOTAL ROW.**

[Click here to view the sample data to copy.](#)

Show Data

A sample Excel report will pop up in another tab to show you the correct format (number of column & rows required). You must replicate this exact format. Do not include column headings, extra rows, or extra columns.

1	ATORVASTATIN CALCIUM	169,159	Cholesterol
2	LEVOTHYROXINE SODIUM	111,830	Thyroid
3	LISINAPRIL	106,374	High Blood Pressure
4	AMLODIPINE BESYLATE	104,827	High Blood Pressure
5	ROSUVASTATIN CALCIUM	99,625	Cholesterol
6	ESCITALOPRAM OXALATE	83,634	Depression and Generalized Anxiety
7	METFORMIN HCL	76,901	Diabetes
8	SERTRALINE HCL	72,025	Depression, OCD, PTSD, Social Anxiety
9	LOSARTAN POTASSIUM	69,325	High Blood Pressure
10	METOPROLOL SUCCINATE	64,617	High Blood Pressure and Angina
11	PANTOPRAZOLE SODIUM	53,520	Heartburn and Acid Reflux
12	HYDROCHLOROTHIAZIDE	50,666	Edema
13	BUPROPION XL	48,403	Depression
14	GABAPENTIN	41,659	Epilepsy
15	PREDNISON	38,648	Steroid that treats many conditions
16	ALBUTEROL SULFATE HFA	37,843	Asthma and COPD
17	FLUOXETINE HCL	37,608	Depression, OCD
18	OMEPRAZOLE	36,511	GERD, Heartburn
19	MONTELUKAST SODIUM	34,725	Asthma, Prophylaxis
20	ALPRAZOLAM	32,571	Panic & Anxiety Disorders
21	TRAZODONE HCL	26,701	Depression, Anxiety
22	AMOXICILLIN	21,862	Bacterial Infections
23	DULOXETINE HCL	20,480	Depression, Anxiety
24	SIMVASTATIN	16,115	Cholesterol
25	AZITHROMYCIN	10,680	Bacterial Infections

- Go back to the survey tab. Open your Excel report with the required information, copy, and paste it in the textbox of the report. Do not edit anything within the textbox after you pasted the information. Click "Show Data."

Just COPY from EXCEL, and PASTE into the text box the DATA ONLY. **NOTE: DO NOT INCLUDE COLUMN HEADERS or TOTAL ROW.**

[Click here to view the sample data to copy.](#)

18	OMEPRAZOLE	36,511	GERD, Heartburn
19	MONTELUKAST SODIUM	34,725	Asthma, Prophylaxis
20	ALPRAZOLAM	32,571	Panic & Anxiety Disorders
21	TRAZODONE HCL	26,701	Depression, Anxiety
22	AMOXICILLIN	21,862	Bacterial Infections
23	DULOXETINE HCL	20,480	Depression, Anxiety
24	SIMVASTATIN	16,115	Cholesterol
25	AZITHROMYCIN	10,680	Bacterial Infections

**Show Data**

The data will appear on the next screen in the format needed.

- ❖ Note: the following error message will appear on top of the screen if you used an incorrect format and/or pasted the wrong number of columns and/or rows). Double check the required format of the report again to make sure you are copying over the data in the correct format. Paste it in the textbox and click “Show Data.”

**Incorrect format. See sample data below and make sure that you are including the correct number of columns and/or rows.**

Connecticut General Statute 38a-479qq(a)(1)(A)  
**25 Most frequently prescribed/filled outpatient (OP) prescription drugs.**

Just COPY from EXCEL, and PASTE into the text box the DATA ONLY. **NOTE: DO NOT INCLUDE COLUMN HEADERS or TOTAL ROW.**

[Click here to view the sample data to copy.](#)

**Show Data**

- If you need to make a change to any information within a specific row, click “Edit” to the left of the row.

Click Edit to edit, Click Update or Cancel after editing before clicking Save & Next

#	DRUG NAME	NUMBER OF SCRIPTS	MAIN USES
<a href="#">Edit</a> 1	ATORVASTATIN CALCIUM	169,159	Cholesterol
<a href="#">Edit</a> 2	LEVOTHYROXINE SODIUM	111,830	Thyroid
<a href="#">Edit</a> 3	LISINAPRIL	106,374	High Blood Pressure
<a href="#">Edit</a> 4	AMLODIPINE BESYLATE	104,827	High Blood Pressure
<a href="#">Edit</a> 5	ROSUVASTATIN CALCIUM	99,625	Cholesterol
<a href="#">Edit</a> 6	ESCITALOPRAM OXALATE	83,634	Depression and Generalized Anxiety
<a href="#">Edit</a> 7	METFORMIN HCL	76,901	Diabetes
<a href="#">Edit</a> 8	SERTRALINE HCL	72,025	Depression, OCD, PTSD, Social Anxiety
<a href="#">Edit</a> 9	LOSARTAN POTASSIUM	69,325	High Blood Pressure
<a href="#">Edit</a> 10	METOPROLOL SUCCINATE	64,617	High Blood Pressure and Angina
<a href="#">Edit</a> 11	PANTOPRAZOLE SODIUM	53,520	Heartburn and Acid Reflux
<a href="#">Edit</a> 12	HYDROCHLOROTHIAZIDE	50,666	Edema

6. Change/edit the name of the drug, the numeric figure associated with it, or the main uses listed for the drug. To save the changes made, click “Update.” To cancel edits, click “Cancel.”

Click Edit to edit. Click Update or Cancel after editing before clicking Save & Next

	#	DRUG NAME	NUMBER OF SCRIPTS	MAIN USES
<a href="#">Edit</a>	1	ATORVASTATIN CALCIUM	169,159	Cholesterol
<a href="#">Update/Cancel</a>	2	LEVOTHYROXINE SODIUM	111,830	Thyroid

- ❖ If you do not select either “Update” or “Cancel” after clicking on the “Edit” button, an error message will appear on the bottom of the screen.

<a href="#">Edit</a>	23	DULOXETINE HCL	20,480	Depression, Anxiety
<a href="#">Edit</a>	24	SIMVASTATIN	16,115	Cholesterol
<a href="#">Update/Cancel</a>	25	AZITHROMYCIN	10,680	Bacterial Infections

\*\*\* Saving is canceled due to invalid text. \*\*\*

7. When you are satisfied with all the entries, click “Save & Next” to proceed to the next report.

[Save & Next](#)

Click Edit to edit. Click Update or Cancel after editing before clicking Save & Next

	#	DRUG NAME	NUMBER OF SCRIPTS	MAIN USES
<a href="#">Edit</a>	1	ATORVASTATIN CALCIUM	169,159	Cholesterol
<a href="#">Edit</a>	2	LEVOTHYROXINE SODIUM	111,830	Thyroid
<a href="#">Edit</a>	3	LISINAPRIL	106,374	High Blood Pressure
<a href="#">Edit</a>	4	AMLODIPINE BESYLATE	104,827	High Blood Pressure
<a href="#">Edit</a>	5	ROSUVASTATIN CALCIUM	99,625	Cholesterol

8. You will be brought back to the main screen with all the reports listed. To continue to the next report, click on “Click here to continue” to the right of the report.

If you want to continue the survey later, click “Close & Resume Later” to exit the survey. All completed reports will be saved. Go to the [Resuming a survey](#) section to see how you can resume the survey at a later time.

**Outpatient Prescription Drug Cost Survey**

**Sample Company**  
 Submitter's Name: Lena Bahar  
 Submitter's Phone: (860) 297-3807  
 Submitter's Email: lena.bahar@ct.gov

25 Most frequently prescribed/filled outpatient (OP) prescription drugs – [Click here to view and resubmit survey data if needed](#)

25 Prescribed/filled outpatient (OP) prescription drugs with the greatest cost by total annual spend – [Click here to continue](#)

25 Most Prescribed/filled outpatient (OP) prescription drugs that experienced the greatest year-over-year increase in cost – **To be completed.**

Portion of the premium attributed to each of the following categories – **To be completed.**

25 Most frequently prescribed outpatient (OP) prescription drugs for which the health carrier received rebates from pharmaceutical manufacturers – **To be completed.**

Name of each specialty drug covered during the preceding calendar year – **To be completed.**

[Close & Resume Later](#)

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## Portion of the premium attributed to each of the following categories report

- ❖ This is the only report that you cannot use the copy and paste feature for. The user will need to enter each input individually (total of 10 inputs).
- ❖ Only numeric figures are accepted in this report.
- ❖ The “Average Monthly Membership” figure should be inclusive of all the entities and market segments that you are reporting for in the survey.
- ❖ You may enter numbers with decimal points. The report will automatically round the number to the nearest tenth of a point.
- ❖ Make sure you enter an input into each field, otherwise you will not be able to save this report.
- ❖ When you are satisfied with all the entries, click “Save & Next” to proceed to the next report.

**Outpatient Prescription Drug Cost Survey**

Average Monthly Membership:

**Connecticut General Statute 38a-479qqq(a)(2)**

The portion of the premium for such health care plan that is attributable to each of the following categories of covered outpatient prescription drugs that were prescribed to insureds under such health care plan during such calendar year.

Portion of Total	%
(A) Brand Name Drugs	5.8%
(B) Generic Drugs	3.2%
(C) Specialty Drugs	12.0%

**Connecticut General Statute 38a-479qqq(a)(3)**

The year-over-year increase, calculated on a per member, per month basis and expressed as a percentage, in the total annual cost of each category of covered outpatient prescription drugs described above.

Portion of Total	%
(A) Brand Name Drugs	6.1%
(B) Generic Drugs	3.2%
(C) Specialty Drugs	12.1%

**Connecticut General Statute 38a-479qqq(a)(3)**

A comparison, calculated on a per member, per month basis, of the year-over-year increase in the cost of covered outpatient prescription drugs to the year-over-year increase in the costs of other contributors to the premium cost of such health care plan.

Portion of Total	%
(A) Inpatient Medical	5.0%
(B) Outpatient Medical (Non-Rx)	-3.1%
(C) Professional	11.0%
(D) Other (if not applicable, enter 0%)	0.0%

- ❖ You will be brought back to the main screen with all the reports listed. To continue to the next report, click on “Click here to continue” to the right of the report.

If you want to continue the survey later, click “Close & Resume Later” to exit the survey. All completed reports will be saved. Go to the [Resuming a survey](#) section to see how you can resume the survey at a later time.

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# Resuming the survey

1. To resume a survey submission, use the link provided in the confirmation email.

Sample Company - 2023 Outpatient Prescription Drug Cost Survey

 cid.webmaster@ct.gov  
To  LHCompliance, cid;  Bahar, Lena  
[Follow up.](#)

PURSUANT TO [CONN.GEN.STAT. §38a-479qqq](#)

Reporting Period: **2023 Calendar Year**

Carrier: **Sample Company**  
Name of person submitting form: **Lena Bahar**  
Submitter's Email: [lena.bahar@ct.gov](mailto:lena.bahar@ct.gov)  
Submitter's Phone Number: **(860) 297-3807**  
Date Submitted: **7/8/2024**

To complete the submission, use the below link and confirmation code:  
<https://www.catalog.state.ct.us/cid/portalApps/OPDrugStart.aspx>

Submitting Confirmation Code: **2023-20240708140634**

**NOTE:** You will need this Submitting Confirmation Code to resume your report later. Please keep this for your reference.

Please DO NOT reply to this message. If you have any questions, please email to [cid.LHCompliance@ct.gov](mailto:cid.LHCompliance@ct.gov)

2. Click on "Resume Survey."

 CONNECTICUT INSURANCE DEPARTMENT

Outpatient Prescription Drug Cost Report

PURSUANT TO [CONN. GEN. STAT. §38a-479qqq](#)

Beginning in 2021 and annually thereafter, each Health Carrier (as defined by Conn. Gen. Stat. §38a-479ooo(5)) shall submit Outpatient Prescription Drug information to the Insurance Commissioner for the immediately preceding calendar year, at the time that such health carrier submits rate filings for such health care plans, for the individual, small group and large group markets, pursuant to Conn. Gen. Stat. §38a-183, §38a-481 and §38a-513. This information and data submission concerns health carriers that delivered, issued for delivery, renewed, amended, or continued a health care plan (as defined by Conn. Gen. Stat. §38a-479ooo(4)) in Connecticut.

OR

3. Fill out the *Submitter's Email Address* and *Submitting Confirmation Code* (provided in the confirmation email) and click "Resume Survey."

Outpatient Prescription Drug Cost Report

PURSUANT TO [CONN. GEN. STAT. §38a-479qqq](#)

Beginning in 2021 and annually thereafter, each Health Carrier (as defined by Conn. Gen. Stat. §38a-479ooo(5)) shall submit Outpatient Prescription Drug information to the Insurance Commissioner for the immediately preceding calendar year, at the time that such health carrier submits rate filings for such health care plans, for the individual, small group and large group markets, pursuant to Conn. Gen. Stat. §38a-183, §38a-481 and §38a-513. This information and data submission concerns health carriers that delivered, issued for delivery, renewed, amended, or continued a health care plan (as defined by Conn. Gen. Stat. §38a-479ooo(4)) in Connecticut.

Submitter's Email Address:

Submitting Confirmation Code:

- Once in the survey, you can resume where you left off by clicking “Click here to continue” next report that has not been completed.

**Sample Company**  
Submitter's Name: Lena Bahar  
Submitter's Phone: (860) 297-3807  
Submitter's Email: lena.bahar@ct.gov

25 Most frequently prescribed/filled outpatient (OP) prescription drugs – [Click here to view and resubmit survey data if needed](#)  
25 Prescribed/filled outpatient (OP) prescription drugs with the greatest cost by total annual spend – [Click here to view and resubmit survey data if needed](#)  
25 Most Prescribed/filled outpatient (OP) prescription drugs that experienced the greatest year-over-year increase in cost – [Click here to view and resubmit survey data if needed](#)  
Portion of the premium attributed to each of the following categories – [Click here to continue](#)  
25 Most frequently prescribed outpatient (OP) prescription drugs for which the health carrier received rebates from pharmaceutical manufacturers – **To be completed.**  
Name of each speciality drug covered during the preceding calendar year – **To be completed.**

[Close & Resume Later](#)

- See [Filling out a report method 1: INDIVIDUAL ENTRY](#) or [Filling out a report method 2: Copy and Paste](#) section (or [Portion of the premium attributed to each of the following categories report](#) section, if applicable) for additional information on how to fill out the reports.

- If you want to continue the survey later, click “Close & Resume Later” to exit the survey. All completed reports will be saved.

**Sample Company**  
Submitter's Name: Lena Bahar  
Submitter's Phone: (860) 297-3807  
Submitter's Email: lena.bahar@ct.gov

25 Most frequently prescribed/filled outpatient (OP) prescription drugs – [Click here to view and resubmit survey data if needed](#)  
25 Prescribed/filled outpatient (OP) prescription drugs with the greatest cost by total annual spend – [Click here to view and resubmit survey data if needed](#)  
25 Most Prescribed/filled outpatient (OP) prescription drugs that experienced the greatest year-over-year increase in cost – [Click here to view and resubmit survey data if needed](#)  
Portion of the premium attributed to each of the following categories – [Click here to continue](#)  
25 Most frequently prescribed outpatient (OP) prescription drugs for which the health carrier received rebates from pharmaceutical manufacturers – **To be completed.**  
Name of each speciality drug covered during the preceding calendar year – **To be completed.**

[Close & Resume Later](#)

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## Revising a completed report

1. Click “Click here to view and resubmit survey data if needed” to the right of the completed report you want to revise.

**Outpatient Prescription Drug Cost Survey**

**Sample Company**  
 Submitter's Name: Lena Bahar  
 Submitter's Phone: (860) 297-3807  
 Submitter's Email: lena.bahar@ct.gov

---

25 Most frequently prescribed/filled outpatient (OP) prescription drugs – [Click here to view and resubmit survey data if needed](#)

25 Prescribed/filled outpatient (OP) prescription drugs with the greatest cost by total annual spend – [Click here to view and resubmit survey data if needed](#)

25 Most Prescribed/filled outpatient (OP) prescription drugs that experienced the greatest year-over-year increase in cost – [Click here to view and resubmit survey data if needed](#)

Portion of the premium attributed to each of the following categories – [Click here to view and resubmit survey data if needed](#)

25 Most frequently prescribed outpatient (OP) prescription drugs for which the health carrier received rebates from pharmaceutical manufacturers – [Click here to view and resubmit survey data if needed](#)

2. The detailed report will appear on the bottom, under the list of all the reports. You will not be able to edit individual rows. To make changes, click “Clear data & resubmit.” (This will clear the report and make it available again for data entry.)

Portion of the premium attributed to each of the following categories – [Click here to view and resubmit survey data if needed](#)

25 Most frequently prescribed outpatient (OP) prescription drugs for which the health carrier received rebates from pharmaceutical manufacturers – [Click here to view and resubmit survey data if needed](#)

Name of each specialty drug covered during the preceding calendar year – [Click here to view and resubmit survey data if needed](#)

**25 Most frequently prescribed outpatient (OP) prescription drugs for which the health carrier received rebates from pharmaceutical manufacturers.**

#	DRUG NAME	MAIN USES
1	HUMALOG	Diabetes
2	ELIQUIS	Blood Clots
3	JARDIANCE	Diabetes
4	HUMALOG KWIKPEN U-100	Diabetes
5	TRULICITY	Diabetes

3. Click “Click here to continue” to enter the data into the report you selected to clear.

25 Most frequently prescribed/filled outpatient (OP) prescription drugs – [Click here to view and resubmit survey data if needed](#)

25 Prescribed/filled outpatient (OP) prescription drugs with the greatest cost by total annual spend – [Click here to view and resubmit survey data if needed](#)

25 Most Prescribed/filled outpatient (OP) prescription drugs that experienced the greatest year-over-year increase in cost – [Click here to view and resubmit survey data if needed](#)

Portion of the premium attributed to each of the following categories – [Click here to view and resubmit survey data if needed](#)

25 Most frequently prescribed outpatient (OP) prescription drugs for which the health carrier received rebates from pharmaceutical manufacturers – [Click here to continue](#)

Name of each specialty drug covered during the preceding calendar year – [Click here to view and resubmit survey data if needed](#)

See [Filling out a report method 1: INDIVIDUAL ENTRY](#) or [Filling out a report 2: Copy and Paste](#) section (or [Portion of the premium attributed to each of the following categories report](#) section, if applicable) for additional information on how to fill out the reports.

4. If you want to continue the survey later, click “Close & Resume Later” to exit the survey. All completed reports will be saved.

**Sample Company**  
Submitter's Name: Lena Bahar  
Submitter's Phone: (860) 297-3807  
Submitter's Email: lena.bahar@ct.gov

---

25 Most frequently prescribed/filled outpatient (OP) prescription drugs – [Click here to view and resubmit survey data if needed](#)

25 Prescribed/filled outpatient (OP) prescription drugs with the greatest cost by total annual spend – [Click here to view and resubmit survey data if needed](#)

25 Most Prescribed/filled outpatient (OP) prescription drugs that experienced the greatest year-over-year increase in cost – [Click here to view and resubmit survey data if needed](#)

Portion of the premium attributed to each of the following categories – [Click here to continue](#)

25 Most frequently prescribed outpatient (OP) prescription drugs for which the health carrier received rebates from pharmaceutical manufacturers – **To be completed.**

Name of each specialty drug covered during the preceding calendar year – **To be completed.**

Close & Resume Later

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## Submitting a survey

1. Review all the completed reports to make sure they are accurate. Click “Click here to view and resubmit survey data if needed” to review each report.

**Outpatient Prescription Drug Cost Survey**

**Sample Company**  
 Submitter's Name: Lena Bahar  
 Submitter's Phone: (860) 297-3807  
 Submitter's Email: lena.bahar@ct.gov

---

25 Most frequently prescribed/filled outpatient (OP) prescription drugs – [Click here to view and resubmit survey data if needed](#)

25 Prescribed/filled outpatient (OP) prescription drugs with the greatest cost by total annual spend – [Click here to view and resubmit survey data if needed](#)

25 Most Prescribed/filled outpatient (OP) prescription drugs that experienced the greatest year-over-year increase in cost – [Click here to view and resubmit survey data if needed](#)

Portion of the premium attributed to each of the following categories – [Click here to view and resubmit survey data if needed](#)

25 Most frequently prescribed outpatient (OP) prescription drugs for which the health carrier received rebates from pharmaceutical manufacture – [Click here to view and resubmit survey data if needed](#)

Name of each specialty drug covered during the preceding calendar year – [Click here to view and resubmit survey data if needed](#)

2. The detailed report will appear on the bottom, under the list of all the reports. You will not be able to edit individual rows. If you need to make any changes, see the [Revising a completed report](#) section for additional information on how to do so.

Portion of the premium attributed to each of the following categories – [Click here to view and resubmit survey data if needed](#)

25 Most frequently prescribed outpatient (OP) prescription drugs for which the health carrier received rebates from pharmaceutical manufacturers – [Click here to view and resubmit survey data if needed](#)

Name of each specialty drug covered during the preceding calendar year – [Click here to view and resubmit survey data if needed](#)

**25 Most frequently prescribed outpatient (OP) prescription drugs for which the health carrier received rebates from pharmaceutical manufacturers.**

#	DRUG NAME	MAIN USES
1	HUMALOG	Diabetes
2	ELIQUIS	Blood Clots
3	JARDIANCE	Diabetes
4	HUMALOG KWIKPEN U-100	Diabetes
5	TRULICITY	Diabetes

3. Once you have verified that everything is correct, simply click “Close” at the bottom of the page. Note that this option is only available when all the reports are completed.

**Sample Company**  
 Submitter's Name: Lena Bahar  
 Submitter's Phone: (860) 297-3807  
 Submitter's Email: lena.bahar@ct.gov

25 Most frequently prescribed/filled outpatient (OP) prescription drugs – [Click here to view and resubmit survey data if needed](#)

25 Prescribed/filled outpatient (OP) prescription drugs with the greatest cost by total annual spend – [Click here to view and resubmit survey data if needed](#)

25 Most Prescribed/filled outpatient (OP) prescription drugs that experienced the greatest year-over-year increase in cost – [Click here to view and resubmit survey data if needed](#)

Portion of the premium attributed to each of the following categories – [Click here to view and resubmit survey data if needed](#)

25 Most frequently prescribed outpatient (OP) prescription drugs for which the health carrier received rebates from pharmaceutical manufacturers – [Click here to view and resubmit survey data if needed](#)

Name of each specialty drug covered during the preceding calendar year – [Click here to view and resubmit survey data if needed](#)

4. You will receive the following submission confirmation message on the webpage.

**Submission Confirmation**

**Thank you!**

Please close the web browser to end the session of **Outpatient Prescription Drug Cost Survey**.

NOTE: For questions contact us at [cid.LHCompliance@ct.gov](mailto:cid.LHCompliance@ct.gov)

5. Check your email a submission confirmation email. Save the email for your records.

**Sample Company - 2023 Outpatient Prescription Drug Cost Survey**

 cid.webmaster@ct.gov  
 To:  LHCompliance, cid;  Bahar, Lena

PURSUANT TO [CONN. GEN. STAT. §38a-479qqq](#)

Reporting Period: **2023 Calendar Year**

Carrier Name: **Sample Company**  
 Name of person submitting form: **Lena Bahar**  
 Submitter's Email: [lena.bahar@ct.gov](mailto:lena.bahar@ct.gov)  
 Submitter's Phone Number: **(860) 297-3807**  
 Date Submitted: **7/12/2024**

Submitting Confirmation Code: **2023-20240710155852**

Your Outpatient Prescription Drug Cost Survey for the year of 2023 is completed.

Please DO NOT reply to this message. If you have any questions, please email to [cid.LHCompliance@ct.gov](mailto:cid.LHCompliance@ct.gov)

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## Revising a submitted survey

1. To make corrections to a submitted survey, use the *Submitting Confirmation Code* provided in the submission confirmation email.

**Sample Company - 2023 Outpatient Prescription Drug Cost Survey**

 cid.webmaster@ct.gov  
To  LHCompliance, cid;  Bahar, Lena

PURSUANT TO [CONN. GEN. STAT. §38a-479qqq](#)

Reporting Period: **2023 Calendar Year**

Carrier Name: **Sample Company**  
Name of person submitting form: **Lena Bahar**  
Submitter's Email: [lena.bahar@ct.gov](mailto:lena.bahar@ct.gov)  
Submitter's Phone Number: **(860) 297-3807**  
Date Submitted: **7/12/2024**

**Submitting Confirmation Code: 2023-20240710155852**

Your Outpatient Prescription Drug Cost Survey for the year of 2023 is completed.

2. Access the survey and click “Resume Survey.”

**Outpatient Prescription Drug Cost Report**

PURSUANT TO [CONN. GEN. STAT. §38a-479qqq](#)

Beginning in 2021 and annually thereafter, each Health Carrier (as defined by Conn. Gen. Stat. §38a-479ooo(5)) shall submit Outpatient Prescription Drug information to the Insurance Commissioner for the immediately preceding calendar year, at the time that such health carrier submits rate filings for such health care plans, for the individual, small group and large group markets, pursuant to Conn. Gen. Stat. §38a-183, §38a-481 and §38a-513. This information and data submission concerns health carriers that delivered, issued for delivery, renewed, amended, or continued a health care plan (as defined by Conn. Gen. Stat. §38a-479ooo(4)) in Connecticut.

OR

3. Fill out the *Submitter's Email Address* and *Submitting Confirmation Code* (provided in the confirmation email). Click “Resume Survey.”

**Outpatient Prescription Drug Cost Report**

PURSUANT TO [CONN. GEN. STAT. §38a-479qqq](#)

Beginning in 2021 and annually thereafter, each Health Carrier (as defined by Conn. Gen. Stat. §38a-479ooo(5)) shall submit Outpatient Prescription Drug information to the Insurance Commissioner for the immediately preceding calendar year, at the time that such health carrier submits rate filings for such health care plans, for the individual, small group and large group markets, pursuant to Conn. Gen. Stat. §38a-183, §38a-481 and §38a-513. This information and data submission concerns health carriers that delivered, issued for delivery, renewed, amended, or continued a health care plan (as defined by Conn. Gen. Stat. §38a-479ooo(4)) in Connecticut.

Submitter's Email Address:

Submitting Confirmation Code:

4. See the [Revising a completed report](#) section for information on how to revise a report. When done, see the [Submitting a survey](#) section for information on how to submit the survey (again).

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## Common errors & solutions

**Error:** One or more of the required fields was not completed and you cannot move on to the next page.

**Solution:**

Correct the error by inputting the correct information in the required field and click “Next Drug.”

**Error:** You did not input the information required in the correct manner, resulting in an overall survey error:

Server Error in '/cid' Application.

---

Runtime Error

**Description:** An exception occurred while processing your request. Additionally, another exception occurred while executing the custom error page for the first exception. The request has been terminated.

**Solution:**

Exit the survey. Go back to your confirmation email and click on the link to resume the survey. See [Resuming a survey](#) section for more information on how to resume the survey. Note that the last report that you worked on (where the error occurred) will not be saved but all the reports prior to that will).

**Error:** You did not click “Update” or “Cancel” after editing one of the fields in a completed report and the data cannot be saved.

<a href="#">Edit</a>	22	AMOXICILLIN	21,862	Bacterial Infections
<a href="#">Edit</a>	23	DULOXETINE HCL	20,480	Depression, Anxiety
<a href="#">Edit</a>	24	SIMVASTATIN	16,115	Cholesterol
<a href="#">Update/Cancel</a>	25	AZITHROMYCIN	10,680	Bacterial Infections

\*\*\* Saving is canceled due to invalid text. \*\*\*

[Save & Next](#)

**Solution:**

Click “Update” or “Cancel” in the appropriate row where the edit was initiated. Then click, “Save & Next.”

**Error:** You did not copy and paste the correct number of columns and/or rows when using the copy and paste method to fill out the report.

Incorrect format. See sample data below and make sure that you are including the correct number of columns and/or rows.

Connecticut General Statute 38a-479qqq(a)(1)(A)  
**25 Most frequently prescribed/filled outpatient (OP) prescription drugs.**

Just COPY from EXCEL, and PASTE into the text box the DATA ONLY. **NOTE: DO NOT INCLUDE COLUMN HEADERS or TOTAL ROW.**

[Click here to view the sample data to copy.](#)



Show Data

**Solution:**

Double check the required format of the report by clicking on “Click here to view the sample data to copy” and make sure you are copying over the data in the correct format. Paste it in the textbox and click “Show Data.”

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