

interChange Provider Important Message

Pharmacy Legislative Changes due to the Provisions of the State Budget

Effective July 1, 2015, all full dual eligible clients, covered by Medicare Part D and Medicaid will be financially responsible for ALL copays imposed by their Medicare Part D Prescription Drug Plan (PDP) every calendar month.

For Dispense Dates on or after July 1, 2015, the Connecticut Medical Assistance Program (CMAP) will no longer pay for Medicare Part D copays incurred after the first fifteen dollars (\$15.00) has been charged to the client.

These changes are the result of the State Budget for the Biennium ending June 30, 2017 that was passed by the General Assembly during the 2015 legislative session.

Effective July 1, 2015, a new dispensing fee has been established for each prescription paid on behalf of clients enrolled in CMAP. The dispensing fee paid to pharmacies will change from one dollar and seventy cents (\$1.70) to one dollar and forty cents (\$1.40).

As a reminder, dispensing fees are only paid on reimbursable pharmacy claims submitted with a National Drug Code (NDC) of a legend drug. A dispensing fee is not paid on claims submitted with an NDC of an over-the-counter (OTC) medication/product or on any claims where CMAP is not the primary payer.

Additionally, effective July 1, 2015, reimbursement to pharmacies decreases from AWP-16% to AWP-16.5% for brand name medications or payment subject to EAC (Estimated Acquisition Cost).

