

<u>Connecticut</u>	
<u>Increased Annual Expenditures Due to Decreases in Generic Utilization of Epilepsy Drugs in FFS Medicaid¹</u>	
<u>July 2009 - June 2010</u>	
Connecticut FMAP ²	50.0%
Percent of Connecticut FFS Medicaid Epilepsy Scripts Filled by Generic Drugs	92.1%
Additional Federal Costs	
If Generic Dispense Rate Declines by 1% for Drugs with Generics Available ³	\$383,307
If Generic Dispense Rate for all Connecticut FFS Medicaid Scripts Declines by 1 Percentage Point to 91.1%	\$399,645
If Generic Usage is Reduced by Half for Drugs with Generics Available ⁴	\$18,476,640
If No Generic Usage	\$36,953,280
Additional Costs for Connecticut	
If Generic Dispense Rate Declines by 1% for Drugs with Generics Available ³	\$383,307
If Generic Dispense Rate for all Connecticut FFS Medicaid Scripts Declines by 1 Percentage Point to 91.1%	\$399,645
If Generic Usage is Reduced by Half for Drugs with Generics Available ⁴	\$18,476,640
If No Generic Usage	\$36,953,280
Notes:	
¹ Estimated additional expenditures are based on generic and brand average prices from the latest quarter of available data.	
² Based on Federal Medical Assistance Percentages, effective October 1, 2010 - September 30, 2011.	
³ For example, if the actual generic dispense rate for a product is 68%, a 1% decline will change the generic dispense rate for that product to 67%.	
⁴ For example, if the actual generic dispense rate for a product is 68%, reducing its usage by half will change the dispense rate to 34%.	

Source: CMS (scripts and expenditure), Department of Health and Human Services (FMAP).