

**Vermont Health Access
Pharmacy Benefit Management Program**

January, February and March 2010

**Quarterly Report to
Health Access Oversight
Committee**

Q3 SFY 2010

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The Agency of Human Services, Office of Vermont Health Access (OVHA), is pleased to provide the quarterly report to the Health Access Oversight Committee as required by Act 127 approved in 2002 and found in 33 V.S.A. Chapter 19 § 2001. This report covers the activities of the Pharmacy Benefits Manager (PBM) for the third quarter of State Fiscal Year 2010.

The three requirements are set out in bold italics. The OVHA's response follows each requirement.

§2001 (c) (1) "The director of the office of Vermont health access shall report quarterly to the health access oversight committee concerning the following aspects of the pharmacy best practices and cost control program:

(1) the efforts undertaken to educate health care providers about the preferred drug list and the program's utilization review procedures;"

During this quarter, there were no mailing sent to pharmacy providers.

In an attempt to make all documents available to interested parties, the department maintains a web page with information related to the Pharmacy Benefits Management Program at: <http://ovha.vermont.gov/for-providers>.

"(2) the number of prior authorization requests made;"

Clinical Prior Authorization Requests					Fair Hearing Status
	Requests	Approved	Changes	Denied	
January	1,670	1,251	45	374	1 Settled
February	1,530	1,118	48	364	1 Affirmed
March	1,893	1,407	48	438	N/A
Total	5,093	3,776	141	1176	

Quantity Limit Prior Authorization Requests					
	Requests	Approved	Changes	Denied	Fair Hearing Status
January	194	158	7	29	N/A
February	186	145	10	31	N/A
March	236	185	29	22	N/A
Total	616	488	46	82	

Combined Clinical and Quantity Limit Prior Authorization Requests					
	Requests	Approved	Changes	Denied	Fair Hearing Status
January	1,864	1,409	52	403	1 Settled
February	1,716	1,263	58	395	1 Affirmed
March	2,129	1,592	77	460	N/A
Total	5,709	4,264	187	1,258	

Data in the table above show that the OVHA received a total of 5,093 requests for **clinical prior authorizations (PA)** during the third quarter of State Fiscal Year 2010 (January, February and March 2010). This represents a 0.57% increase in the total number of clinical prior authorization received during the previous quarter (5,064), and an 11.96% increase from one year ago, Q3 SFY 2009, when total clinical PA requests were 4,523.

OVHA received a total of 616 requests for **quantity limit prior authorizations** during the third quarter of State Fiscal Year 2010 (January, February and March 2010), a .82% increase in the total number of quantity limit prior authorization requests received during the previous quarter (611), and a 33.41% increase from one year ago, Q3 SFY 2009, when total quantity limit PA requests were 458.

Quantity limits are established to promote dose consolidation (that is prescribing of lesser quantities of larger strength dosage forms rather than multiples of lower strength dosage forms which is especially important when all dosage strengths for a particular drug are level priced) and also to promote rational maximum daily doses where increased doses have either not been shown to offer additional clinical benefit or may be harmful.

“(3) the number of utilization review events (other than prior authorization requests).”

	Jan	Feb	Mar	Q3 Total	Percentage of Total
Drug-Age Precaution	22	33	7	62	0.02%
Drug-Disease Precaution	3,961	3,823	4,369	12,153	3.92%
Drug-Drug Interaction	21,159	18,618	23,116	62,893	20.29%
Ingredient Duplication	10,284	10,383	11,740	32,407	10.45%
Refill Too Soon	3,596	3,409	3,967	10,972	3.54%
Therapeutic Duplication	61,541	60,233	69,737	191,511	61.78%
Total	100,563	96,499	112,936	309,998	100.00%

Due to a technical issue, OVHA is unable to provide a comparison to Q2, SFY 2010, utilization review events. This quarter-to-quarter comparison will resume in the Q4 SFY 2010 report.