

**Vermont Health Access
Pharmacy Benefit Management Program**

October, November and December 2009

**Quarterly Report to
Health Access Oversight
Committee**

Q2 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 second 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 was one mailing sent to pharmacy providers:

- **December 2009:** OVHA Pharmacy Bulletin – 2010 claims processing update and enrollment information for Part C and Part D plans.

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					
	Requests	Approved	Changes	Denied	Fair Hearing Status
October	1,803	1,327	91	385	0
November	1,588	1,139	79	370	3 dismissed
December	1,673	1,242	80	351	1 withdrawn
Total	5,064	3,708	250	1106	4

Quantity Limit Prior Authorization Requests					
	Requests	Approved	Changes	Denied	Fair Hearing Status
October	214	179	11	24	0
November	186	151	12	23	0
December	211	179	14	18	0
Total	611	509	37	65	0

Combined Clinical and Quantity Limit Prior Authorization Requests					
	Requests	Approved	Changes	Denied	Fair Hearing Status
October	2,017	1,506	102	409	0
November	1,774	1,290	91	393	3 dismissed
December	1,884	1,421	94	369	1 withdrawn
Total	5,675	4,217	287	1,171	4

Data in the table above show that the OVHA received a total of 5,064 requests for **clinical prior authorizations (PA)** during the second quarter of State Fiscal Year 2010 (October, November and December 2009). This represents a 0.41% decrease in the total number of clinical prior authorization received during the previous quarter (5,085), and a 13.09% increase from one year ago, Q2 SFY 2009, when total clinical PA requests were 4,478.

OVHA received a total of 611 requests for **quantity limit prior authorizations** during the second quarter of State Fiscal Year 2010 (October, November and December 2009), a 46.69% decrease in the total number of quantity limit prior authorization requests received during the previous quarter (1,085), and a 39.50% increase from one year ago, Q2 SFY 2010, when total quantity limit PA requests were 438.

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).”

Due to a technical issue, there will be a delay in reporting other utilization review events for Q2 SFY 2010. These will be included in the Q3 SFY 2010 report.