

**Vermont Health Access
Pharmacy Benefit Management Program**

July, August and September 2009

**Quarterly Report to
Health Access Oversight
Committee**

Q1 SFY 2010

Robert Hofmann, Secretary
Agency of Human Service

Susan Besio, Ph.D., Director
Office of Vermont Health Access

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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 first 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, the following educational mailings were sent to pharmacy providers:

- July 2009: Notification to **pharmacies** of a delay to August 1, 2009 for the following State Fiscal Year 2010 Budget Act changes that affect pharmacies: The 90-day prescription requirement for select maintenance drug classes and the VPharm pilot program for Statins and Proton Pump Inhibitors.
- July 2009: Notification to **prescribers** of a delay to August 1, 2009 for the following State Fiscal Year 2010 Budget Act changes affecting pharmacy benefits: The 90-day prescription requirement for select maintenance drug classes and the VPharm pilot program for Statins and Proton Pump Inhibitors.
- September 2009: Notification to pharmacies that ICORE, OVHA's specialty pharmacy provider, would be the sole provider of select oral oncology medications effective October 1, 2009.

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
July	1,559	1,194	71	294	0
August	1,795	1,408	87	300	2 Withdrawn
September	1,731	1,304	85	342	1 Pending
Total	5,085	3,906	243	936	3

Quantity Limit Prior Authorization Requests					
	Requests	Approved	Changes	Denied	Fair Hearing Status
July	239	195	17	27	0
August	490	459	9	28	0
September	356	326	15	15	0
Total	1,085	980	41	70	0

Combined Clinical and Quantity Limit Prior Authorization Requests					
	Requests	Approved	Changes	Denied	Fair Hearing Status
July	1,798	1,389	88	321	0
August	2,285	1,867	96	328	2 Withdrawn
September	2,087	1,630	100	357	1 Pending
Total	6,170	4,886	284	1,006	3

Data in the table above show that the OVHA received a total of 5,085 requests for **clinical prior authorizations (PA)** during the first quarter of State Fiscal Year 2010 (July, August and September 2009). This represents a 10.4% increase in the total number of clinical prior authorization received during the previous quarter (4,603), and a 9.6% increase from one year ago, Q1 SFY 2009, when total clinical PA requests were 4,640.

OVHA received a total of 1,085 requests for **quantity limit prior authorizations** during the first quarter of State Fiscal Year 2010 (July, August and September 2009), a 141.6% increase in the total number of quantity limit prior authorization requests received during the previous quarter (449), and a 131.3% increase from one year ago, Q1 SFY 2009, when total quantity limit PA requests were 469. This is attributable to OVHA’s continued efforts to incorporate appropriate quantity limits into its clinical criteria for coverage. 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).”

	July	August	September	Q1	Percentage of Total
Drug-Age Precaution	5	14	27	46	0.01%
Drug-Disease Precaution	4,040	4,076	3,937	12,053	3.89%
Drug-Drug Interaction	25,419	24,627	21,601	71,647	23.11%
Ingredient Duplication	9,516	9,515	10,106	29,137	9.40%
Refill Too Soon	3,895	3,460	3,434	10,789	3.48%
Therapeutic Duplication	62,792	62,287	61,324	186,403	60.12%
TOTAL	105,667	103,979	100,429	310,075	100.00%

During the first quarter of SFY 2010, a total of 310,075 utilization events occurred. This was a 1.75% decrease from the previous quarter, in which a total of 315,360 utilization review events occurred. Below is a comparison of the utilization review events for the first quarter of SFY 2010 and the fourth quarter of SFY 2009.

	Q1 SFY '10	Q4 SFY '09	Percent Change:
Drug-Age Precaution	46	96	-52.08%
Drug-Disease Precaution	12,053	12,316	-2.14%
Drug-Drug Interaction	71,647	79,564	-9.95%
Ingredient Duplication	29,137	26,441	10.20%
Refill Too Soon	10,789	12,211	-11.65%
Therapeutic Duplication	186,403	184,982	0.77%
Total	310,075	315,610	-1.75%