

**Vermont Health Access
Pharmacy Benefit Management Program**

January, February and March 2011

**Quarterly Report to
Health Access Oversight Committee**

Q3 SFY 2011

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Pharmacy Benefit Management Program Quarterly Report

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The Agency of Human Services, Department of Vermont Health Access (DVHA), 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 2011.

The three requirements are set out in bold italics. The DVHA’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 informational mailing was sent to prescribing providers:

- February 2011 (fax blast): Notification to prescribers reminding them to re-enroll as active providers with DVHA to avoid claims rejecting at the pharmacy. DVHA requires that prescribers be active enrolled Medicaid providers in order for their patients’ pharmacy claims to pay.

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://dvha.vermont.gov/for-providers>.

“(2) the number of prior authorization requests made;”

Clinical Prior Authorization Requests					
	<i>Requests</i>	<i>Approved</i>	<i>Changes</i>	<i>Denied</i>	<i>Fair Hearing Status</i>
January	2,655	2,087	50	518	None
February	1,968	1,533	40	395	None
March	2,229	1,693	51	485	None
Total	6,852	5,313	141	1398	

Quantity Limit Prior Authorization Requests						
	<i>Requests</i>	<i>Approved</i>	<i>Changes</i>	<i>Denied</i>	<i>Fair Hearing Status</i>	
January	379	321	13	45	None	
February	292	238	15	39	None	
March	335	278	15	42	None	
Total	1006	837	43	126		

Combined Clinical and Quantity Limit Prior Authorization Requests						
	<i>Requests</i>	<i>Approved</i>	<i>Changes</i>	<i>Denied</i>	<i>Fair Hearing Status</i>	
October	3,034	2,408	63	563	None	
November	2,260	1,771	55	434	None	
December	2,564	1,971	66	527	None	
Total	7,858	6,150	184	1,524		

Data in the table above show that the DVHA received a total of 6,852 requests for **clinical prior authorizations (PA)** during the third quarter of State Fiscal Year 2011 (January, February and March 2011). This represents a 23% increase from the total number of clinical prior authorization received during the previous quarter (5,556), and a 35% increase from one year ago, Q3 SFY 2010, when total clinical PA requests were 5,093.

DVHA received a total of 1,006 requests for **quantity limit prior authorizations** during the third quarter of State Fiscal Year 2011 (January, February and March 2011), an increase of 10% from the total number of quantity limit prior authorization requests received during the previous quarter (911), and a 63% increase from one year ago, Q3 SFY 2010, when total quantity limit PA requests were 616.

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).”

DUR Description	<i>January</i>	<i>February</i>	<i>March</i>	Grand Total	% of Total
DVHA without Part D	<i>2011</i>	<i>2011</i>	<i>2011</i>		
Drug-Age Precaution	8	17	7	32	0.01%
Drug-Disease Precaution	5,214	4,637	5,032	14,883	5.35%
Drug-Drug Interaction	15,796	14,382	17,149	47,327	17.03%
Ingredient Duplication	9,893	8,770	10,390	29,053	10.45%
Refill Too Soon	3,852	3,473	4,086	11,411	4.11%
Therapeutic Duplication	57,914	54,545	62,786	175,245	63.05%
Total	92,677	85,824	99,450	277,951	100.00%
DUR Description	<i>January</i>	<i>February</i>	<i>March</i>	Grand Total	% of Total
DVHA with Part D	<i>2011</i>	<i>2011</i>	<i>2011</i>		
Drug-Age Precaution	0	0	0	0	0.00%
Drug-Disease Precaution	214	171	185	570	0.86%
Drug-Drug Interaction	9,080	8,667	9,699	27,446	41.30%
Ingredient Duplication	1,614	1,287	1,582	4,483	6.75%
Refill Too Soon	512	530	481	1,523	2.29%
Therapeutic Duplication	11,106	9,826	11,504	32,436	48.81%
Total	22,526	20,481	23,451	66,458	100.00%
Grand Total	115,203	106,305	122,901	344,409	

During the third quarter of SFY 2011, a total of 344,409 utilization events occurred. This was a 10.32% increase from the previous quarter, in which a total of 312,194 utilization review events occurred. Below is a comparison of the utilization review events for the third and second quarters of SFY 2011.

	Q3 2011	Q2 2011	Percent Change:
Drug-Age Precaution	32	11	190.91%
Drug-Disease Precaution	15,453	13,356	15.70%
Drug-Drug Interaction	74,773	60,295	24.01%
Ingredient Duplication	33,536	31,909	5.10%
Refill Too Soon	12,934	12,421	4.13%
Therapeutic Duplication	207,681	194,202	6.94%
Total	344,409	312,194	10.32%