

**Vermont Health Access
Pharmacy Benefit Management Program**

April, May and June 2011

**Quarterly Report to
Health Access Oversight Committee**

Q4 SFY 2011

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Vermont Agency of Human Services

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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 fourth 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 mailings were sent to pharmacy providers:

- April 2011 Pharmacy Newsletter: Updates on compound prescriptions, pharmacy discount cards, the correct use of other coverage codes (for secondary claims), resources for enrollment verification, etc.
- May 2011: Notice of PDL change: DVHA to lift its restriction on dispensing generic pantoprazole (brand equivalent is Protonix®) due to lower net cost to the state.
- June 2011: Notice of PDL change: DVHA to lift its restriction on dispensing generic losartan (brand equivalent is Cozaar® and losartan/hydrochlorothiazide (brand equivalent is Hyzaar®).

During this quarter, the following informational mailing was sent to prescribers:

- May 2011: Letter to Prescribers: Notification that effective July 11, 2011, DVHA will begin requiring prior authorizations for all Seroquel® IR prescriptions where the daily dose is 50MG/day or less (indicating possible off-label use for sleep). This is because the atypical antipsychotic class, as a whole, demonstrates a higher serious side effect profile when used off-label for sleep, or for the adjunctive treatment of major depressive disorder (MDD) and generalized anxiety disorder (GAD) than FDA-approved agents in other therapeutic categories.

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>
April	1,990	1,497	34	459	0
May	1,998	1,481	59	458	0
June	2,067	1,524	50	493	0
Total	6,055	4,502	143	1,410	0

Quantity Limit Prior Authorization Requests					
	<i>Requests</i>	<i>Approved</i>	<i>Changes</i>	<i>Denied</i>	<i>Fair Hearing Status</i>
April	280	230	10	40	0
May	300	237	13	50	0
June	291	218	12	61	0
Total	871	685	35	151	0

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>
April	2,270	1,727	44	499	0
May	2,298	1,718	72	508	0
June	2,358	1,742	62	554	0
Total	6,926	5,187	178	1,561	0

Data in the tables above show that DVHA received a total of 6,055 requests for **clinical prior authorizations (PA)** during the fourth quarter of State Fiscal Year 2011 (April, May and June 2011). This represents an 11.6% decrease from the total number of clinical prior authorization received during the previous quarter (6,852), and a 23% increase from one year ago, Q4 SFY 2010, when total clinical PA requests were 4,910.

DVHA received a total of 871 requests for **quantity limit prior authorizations** during the fourth quarter of State Fiscal Year 2011, a decrease of 13.4% from the total number of quantity limit prior authorization requests received during the previous quarter (1,006), and a 42.3% increase from one year ago, Q4 SFY 2010, when total quantity limit PA requests were 612.

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 DVHA without Part D	April	May	June	Grand Total	% of Total
	2011	2011	2011		
Drug-Age Precaution	18	5	4	27	0.01%
Drug-Disease Precaution	4,712	4,911	5,070	14,693	5.17%
Drug-Drug Interaction	14,863	15,502	17,962	48,327	17.00%
Ingredient Duplication	9,674	9,644	10,079	29,397	10.34%
Refill Too Soon	3,675	3,885	3,822	11,382	4.00%
Therapeutic Duplication	57,862	60,145	62,388	180,395	63.47%
Total	90,804	94,092	99,325	284,221	100.00%
DUR Description DVHA with Part D	April	May	June	Grand Total	% of Total
	2011	2011	2011		
Drug-Age Precaution	0	0	0	0	0.00%
Drug-Disease Precaution	164	181	205	550	0.84%
Drug-Drug Interaction	8,936	8,778	9,375	27,089	41.55%
Ingredient Duplication	1,508	1,490	1,462	4,460	6.84%
Refill Too Soon	445	524	495	1,464	2.25%
Therapeutic Duplication	10,172	10,735	10,721	31,628	48.52%
Total	21,225	21,708	22,258	65,191	100.00%
Grand Total	112,029	115,800	121,583	349,412	

During the fourth quarter of SFY 2011, a total of 349,412 utilization events occurred. This was a 1.45% increase from the previous quarter, in which a total of 344,409 utilization review events occurred. Below is a comparison of the utilization review events for the fourth and third quarters of SFY 2011.

	Q4 2011	Q3 2011	Percent Change:
Drug-Age Precaution	27	32	-15.63%
Drug-Disease Precaution	15,243	15,453	-1.36%
Drug-Drug Interaction	75,416	74,773	0.86%
Ingredient Duplication	33,857	33,536	0.96%
Refill Too Soon	12,846	12,934	-0.68%
Therapeutic Duplication	212,023	207,681	2.09%
Total	349,412	344,409	1.45%