

**Vermont Health Access  
Pharmacy Benefit Management Program**

**July, August and September 2011**

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**Quarterly Report to  
Health Access Oversight Committee**

**Q1 SFY 2012**

**Douglas A. Racine, Secretary**  
Vermont Agency of Human Services

**Mark Larson, Commissioner**  
Department of Vermont Health Access

# Pharmacy Benefit Management Program Quarterly Report

**July, August, and September 2011**

The Agency of Human Services (AHS), 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 first quarter of State Fiscal Year (SFY) 2012.

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 (PDL) and the program's utilization review procedures;”***

During this quarter, the following informational mailings were sent to pharmacy providers:

- July 8, 2011: Notice of PDL changes:
  - Beginning July 11, 2011, coverage of over-the-counter (OTC) medications will be primarily limited to generics in categories determined to be medically necessary. All other OTC products will be excluded from coverage without the option for a prior authorization request through the Clinical Call Center. See OTC Coverage list at <http://dvha.vermont.gov/for-providers/otc-drug-class-coverage-for-web-posting-2011.07.01.pdf>.
  - Beginning July 11, 2011, DVHA will begin requiring prior authorization 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.
- September 28, 2011: Fax blast to pharmacies: Effective September 30, 2011, DVHA-enrolled pharmacies may be reimbursed for injectable influenza vaccinations administered by pharmacists to adults 19 years and older enrolled in Vermont's publicly funded programs. Pharmacists must be certified to administer vaccines in the state of Vermont and must be in compliance with all Vermont laws governing vaccine administration.

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;”*

<b>Clinical Prior Authorization Requests</b>				
	<b>Requests</b>	<b>Approved</b>	<b>Changes</b>	<b>Denied</b>
July	1,782	1,524	29	383
August	2,090	1,370	35	472
September	2,025	1,583	26	436
<i>Total</i>	5,897	4,477	90	1,291

<b>Quantity Limit Prior Authorization Requests</b>				
	<b>Requests</b>	<b>Approved</b>	<b>Changes</b>	<b>Denied</b>
July	252	207	9	36
August	270	224	6	40
September	316	268	6	42
<i>Total</i>	838	699	21	118

<b>Combined Clinical and Quantity Limit Prior Authorization Requests</b>				
	<b>Requests</b>	<b>Approved</b>	<b>Changes</b>	<b>Denied</b>
July	2,034	1,731	38	419
August	2,360	1,594	41	512
September	2,341	1,851	32	478
<i>Total</i>	6,735	5,176	111	1,409

Data in the tables above show that DVHA received a total of 5,897 requests for **clinical prior authorizations (PA)** during the first quarter of SFY 2012 (July, August, and September 2011). This represents a 2.61% decrease from the total number of clinical PA requests received during the previous quarter (6,055), and a 13.01% increase from one year ago, Q1 SFY 2011, when total clinical PA requests were 5,218.

DVHA received a total of 838 requests for **quantity limit PAs** during the first quarter of SFY Year 2012, a decrease of 3.79% from the total number of quantity limit PA requests received during the previous quarter (871), and a 36.48% increase from one year ago, Q1 SFY 2011, when total quantity limit PA requests were 614.

Quantity limits are established to promote dose consolidation (that is prescribing lesser quantities of higher 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	July	August	September	Grand Total	% of Total
	2011	2011	2011		
Drug-Age Precaution	4	5	2	11	0.00%
Drug-Disease Precaution	4,934	5,258	4,794	14,986	5.40%
Drug-Drug Interaction	13,995	16,759	14,958	45,712	16.47%
Ingredient Duplication	8,884	9,997	10,228	29,109	10.49%
Refill Too Soon	3,591	3,244	3,135	9,970	3.59%
Therapeutic Duplication	57,141	60,802	59,734	177,677	64.04%
<b>Total</b>	<b>88,549</b>	<b>96,065</b>	<b>92,851</b>	<b>277,465</b>	<b>100.00%</b>

  

DUR Description DVHA with Part D	July	August	September	Grand Total	% of Total
	2011	2011	2011		
Drug-Age Precaution	0	0	0	0	0.00%
Drug-Disease Precaution	148	173	134	455	0.74%
Drug-Drug Interaction	8,415	9,205	8,290	25,910	41.94%
Ingredient Duplication	1,536	1,455	1,389	4,380	7.09%
Refill Too Soon	436	434	365	1,235	2.00%
Therapeutic Duplication	10,074	10,394	9,324	29,792	48.23%
<b>Total</b>	<b>20,609</b>	<b>21,661</b>	<b>19,502</b>	<b>61,772</b>	<b>100.00%</b>

  

<b>Grand Total</b>	<b>109,158</b>	<b>117,726</b>	<b>112,353</b>	<b>339,237</b>	
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During the first quarter of SFY 2012, a total of 339,237 utilization events occurred. This was a 2.91% decrease from the previous quarter, in which a total of 349,412 utilization review events occurred. Below is a comparison of the utilization review events for the fourth quarter of SFY 2011 and the first quarter of SFY 2012.

	Q1 SFY '12	Q4 SFY '11	Percent Change:
Drug-Age Precaution	11	27	-59.26%
Drug-Disease Precaution	15,441	15,243	1.30%
Drug-Drug Interaction	71,622	75,416	-5.03%
Ingredient Duplication	33,489	33,857	-1.09%
Refill Too Soon	11,205	12,846	-12.77%
Therapeutic Duplication	207,469	212,023	-2.15%
<b>Total</b>	<b>339,237</b>	<b>349,412</b>	<b>-2.91%</b>