

**State of Vermont**

**Office of Vermont Health Access**



**VERMONT MEDICAID  
DRUG UTILIZATION REVIEW  
CMS ANNUAL REPORT**

**Federal Fiscal Year 2006**



**State of Vermont**  
**Office of Vermont Health Access**  
**Drug Utilization Review (DUR) Annual Report**  
**Federal Fiscal Year 2006**  
**October 1, 2005 to September 30, 2006**

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# **Program Overview**

## I. Introduction & Program Overview

The Vermont pharmacy best practices and cost control program was authorized in 2000. The program was established in 2002 by Act 127. This program, as the Vermont Health Access Pharmacy Benefits Management (PBM) Program, is administered by the Office of Vermont Health Access (OVHA).

When the Vermont Health Access PBM program was implemented, Vermont contracted with First Health Services Corporation of Glen Allen, Virginia. In March 2005 the OVHA issued a Request for Proposal to provide pharmacy benefits management (PBM) services for Vermont's publicly funded programs. The existing contract, expiring December 2005, was due for renewal. It was felt that with the number of needed pharmacy initiatives that were critical to immediate needs; the advantages and potential opportunities in care management in existing operations; and the planned implementation of the Medicare Part D benefit, that it would be wise to explore a new contract. The intention was to assure that the OVHA had the appropriate resources to adequately respond to the rapidly developing environment.

In September 2005 (effective January 2006), OVHA selected a new Pharmacy Benefits Administrator (PBA), MedMetrics Health Partners (MHP) of Worcester, Massachusetts. It is estimated that this contract will save Vermont \$1.1 million over three years in administrative expenditures. MedMetrics is a non-profit, full-service pharmacy benefit manager, wholly owned by Public Sector Partners (PSP) and affiliated with the University of Massachusetts Medical School and the University of Massachusetts Memorial Medical Center. MedMetrics provides Drug Utilization Review services for the Commonwealth of Massachusetts and pharmacy benefit management services for the Massachusetts Medicaid program through a designated managed care organization, Neighborhood Health Plan. Additionally, MedMetrics provides program management and benefit coordination services for Massachusetts' State Pharmacy Assistance Program. As such they are a regional presence with clinical, pharmacy, and Medicaid experience.

This DUR annual report encompasses the drug utilization review activities and outcomes, which have occurred during federal fiscal year 2006. For the first quarter of that year, First Health continued to act as OVHA's PBA while Vermont executed the transition to MedMetrics Health Partners in that role as of January 1, 2006. In that quarter First Health provided on-line Point of Sale (POS)/Prospective Drug Utilization Review (ProDUR) and Prior Authorization (PA) services. This report includes basic information and statistics on those services.

In the remaining three quarters of the year the partnership between the Office of Vermont Health Access and MedMetrics Health Partners provided comprehensive on-line Point of Sale (POS)/Prospective Drug Utilization Review (ProDUR), Prior Authorization (PA) and Retrospective Drug Utilization Review (RetroDUR) programs. Included in this analysis are POS ProDUR alerts analyses and cost avoidance, Prior Authorization statistics, RetroDUR intervention analyses/statistics, DUR Board activities and program costs.

At the start of 2<sup>nd</sup> quarter FFY 2006 (January 1<sup>st</sup>), 30,000 beneficiaries began the transition to primary coverage under Medicare Part D. It is estimated that 95.9% of elderly beneficiaries and 46.8% of disabled beneficiaries became Part D covered. As a result, decreases were seen in the overall number of on-line Point of Sale (POS)/Prospective DUR (ProDUR) edits, Prior Authorization requests and overall drug utilization/spend within the Vermont Medicaid program.

# Questionnaire

## II. Questionnaire: Drug Utilization Review (DUR) Annual Report

FEDERAL FISCAL YEAR 2006

I. STATE CODE  
VT

II. MEDICAID AGENCY STAFF PERSON RESPONSIBLE FOR DUR ANNUAL REPORT PREPARATION

Name	Ann Rugg – Deputy Director
Street Address	312 Hurricane Lane, Suite 201
City/State/ZIP	Williston, VT 05495
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III. PROSPECTIVE DUR

1. During Federal Fiscal Year **2006** prospective DUR was conducted: (check those applicable)

- a) \_\_\_\_\_ By individual pharmacies on-site.
- b) X On-line through approved electronic drug claims management system (ECM).
- c) \_\_\_\_\_ Combination of (a) and (b).

2. a) States conducting prospective DUR on-site have included as ATTACHMENT 1 (check one):

\_\_\_\_\_ Results of a random sample of pharmacies within the State pertaining to their compliance with OBRA 1990 prospective DUR requirements.

\_\_\_\_\_ Results of State Board of Pharmacy monitoring of pharmacy compliance with OBRA 1990 prospective DUR requirements.

\_\_\_\_\_ Results of monitoring of prospective DUR conducted by State Medicaid agency or other entities.

b) States conducting prospective DUR on-line have included as ATTACHMENT 1 a report on State efforts to monitor pharmacy compliance with the oral counseling requirement.

Yes \_\_\_\_\_ No X

3. States conducting prospective DUR on-site plans with regards to establishment of an ECM system. State:
- \_\_\_\_\_ Has no plans to implement an ECM system with prospective DUR capability.
- \_\_\_\_\_ Plans to have an operational ECM system with prospective DUR in FFY 2006 or later.
- X Vermont currently has an operational ECM system

**STATES PERFORMING PROSPECTIVE DUR ON-SITE SKIP QUESTIONS 4-8**

4. States conducting prospective DUR through an operational on-line POS system provide the following information:
- a) Operational date 11/93 (MM/YY) on which on-line POS system began accepting drug claims for adjudication from providers.
- b) Operational date 11/93 (MM/YY) on which on-line POS system began conducting prospective DUR screening.
- c) Percentage of Medicaid prescriptions processed by ECM system (where applicable) in FFY **2006** . 10/05-12/05 = 99%;1/06-9/06 = 99.79%
- d) Identify ECM vendor.  
First Health (10/05-12/05)/MedMetrics Health Partners (1/06-9/06)  
 (company, academic institution, other organization)
- 1) Was system developed in house? Yes \_\_\_ No X
- 2) Is vendor Medicaid Fiscal agent? Yes \_\_\_ No X
- e) Identify prospective DUR (source of criteria).  
Medispan  
 (company, academic institution, other organization)
5. With regard to prospective DUR criteria from the vendor identified in 4 (d) above, the DUR Board: (Check one)
- (a) \_\_\_ Approved in FFY **2006** all criteria submitted by the vendor.
- (b) X Chose to approve selected criteria submitted by the vendor.
6. States checking 5 (b) have provided DUR criteria data requested on enclosed **Table 1**. Yes X No \_\_\_\_\_
7. State prospective DUR screening includes screens run before obtaining DUR Board approval of criteria. Yes X No \_\_\_
8. States conducting prospective DUR using an ECM system have included **ATTACHMENT 2**. Yes X No \_\_\_\_\_

**IV. RETROSPECTIVE DUR**

1. Identify your retrospective DUR vendor during FFY **2006**.

First Health (10/01/05-12/31/05) / MedMetrics Health Partners (01/01/06 – 09/30/06)  
(company, academic institution or other organization)

a) Is the retrospective DUR vendor also the Medicaid fiscal agent?  
Yes \_\_\_\_\_ No X \_\_\_\_\_

b) Is your current retrospective DUR vendor contract subject to rebid in FFY 2006? Yes \_\_\_\_\_ No X \_\_\_\_\_

If your vendor changed during FFY **2006**, identify your new vendor.

MedMetrics Health Partners  
(company, academic institution or other organization)

c) Is this retrospective DUR vendor also the Medicaid fiscal agent?  
Yes \_\_\_\_\_ No X \_\_\_\_\_

d) Is this retrospective DUR vendor also the developer/supplier of your retrospective DUR criteria? Yes X \_\_\_\_\_ No \_\_\_\_\_

2. If your answer to question 1(c) or 1(d) above is no, identify the developer/supplier of your retrospective DUR criteria.

(2a) MedMetrics Health Partners  
(company, academic institution, or other organization)

(2b)  
(company, academic institution, or other organization)

3. Did DUR Board approve all retrospective DUR criteria supplied by the criteria source identified in questions 1 and 2 above? Yes X No \_\_\_\_\_

4. States performing retrospective DUR have provided DUR Board approved criteria data requested on enclosed hardcopy **Table 2**. Yes X No \_\_\_\_\_

5. States conducting retrospective DUR have included **ATTACHMENT 3**.  
Yes X No \_\_\_\_\_

**V. DUR BOARD ACTIVITY**

1. States have included a brief description of DUR Board activities during FFY 2006 as **ATTACHMENT 4**. Yes  \_\_\_\_\_ No \_\_\_\_\_
2. States have included a brief description of policies used to encourage the use of therapeutically equivalent generic drugs as **ATTACHMENT 5**. (see Atch.13)  
Yes  \_\_\_\_\_ No \_\_\_\_\_

**VI. PROGRAM EVALUATION/COST SAVINGS**

1. Did your State conduct a DUR program evaluation/cost savings estimate in FFY **2006**? Yes  \_\_\_\_\_ No \_\_\_\_\_
2. Did you use Guidelines for Estimating the Impact of Medicaid DUR as the basis for developing your program evaluation/cost savings estimate?  
Yes \_\_\_\_\_ No  \_\_\_\_\_
3. Who conducted your program evaluation/cost savings estimate?  
  
MedMetrics Health Partners  
\_\_\_\_\_  
(company, academic institution, or other organization)
4. States have provided as **ATTACHMENT 6** the program evaluations/cost savings estimates. Yes  \_\_\_\_\_ No \_\_\_\_\_

**Prospective Drug Utilization  
Review Program (ProDUR)**

### III. Prospective Drug Utilization Review (ProDUR) Program

Vermont's on-line POS/ProDUR program helps to assist the dispensing pharmacist in meeting the important objectives of minimizing potential drug interactions, drug-induced illness, side effects and maximize the efficiency of drug utilization. With the transition from First Health Services Corporation to MedMetrics Health Partners in this fiscal year, First Health data are provided only in summary for reference while MedMetrics data are in greater detail representing the ongoing operations.

#### First Health

First Health's ProDUR system used the claims adjudication system to screen claims as submitted.

OVHA opted to 'deny' claims in the following five situations:

- Early Refill (ER)
- Therapeutic Duplication (TD)
- Drug-Drug Interactions (DD)
- Ingredient Duplication (ID)
- Drug-Diagnosis Contraindication (MC)

OVHA selected to 'message only' submitted claims in the following four situations:

- Drug-Pregnancy Contraindication (PG)
- Min Max (MM)
- Drug-Age Contraindication (PA)
- Drug-Drug Interactions (DD)

The following chart reports the incidence of these in the first quarter of federal fiscal year 2006:

	Q1 FFY 2006
Drug-Drug Interaction(DD)	215,768
Early Refill (ER)	90,073
Drug-Disease (MC)	238,829
Ingredient Duplication (ID)	78,337
Drug-Age Precaution (DA) (formerly Geriatric Precaution)	279,160
Therapeutic Duplication (TD)	215,726
Miscellaneous	19,327
Totals	1,137,220

In addition, First Health edited for prior authorization of select drugs. The following chart reports the incidence of prior authorizations in the first quarter of federal fiscal year 2006.

*First Health October – December 2006 PA statistics*

	<b>Number of Prior Authorization</b>	<b>Number of Prior Authorizations</b>	<b>Number of Prior Authorization</b>	<b>Number of Prior Authorizations</b>
	<b>Requests</b>	<b>Approved</b>	<b>Changes</b>	<b>Denied</b>
October	2,661	2,230	414	7
November	2,852	2,363	468	21
December	2,556	2,056	476	24
<b><i>Q1 2006 Totals</i></b>	<b><i>8,069</i></b>	<b><i>6,649</i></b>	<b><i>1,358</i></b>	<b><i>52</i></b>

**MedMetrics Health Partners:**

Before allowing any prescription claim to pay, MedMetrics' state-of-the-art claims adjudication system allows for extensive screening and editing of claims, via an on-line, real time process at the POS. Clinical edits insure safe and effective drug use for all patients while also minimizing the risk of inefficiency in drug utilization amongst plan members.

The ProDUR module is table-driven and user-defined. The initial user-defined settings determine which edits are activated, in which order to perform the edits, and how far back to check member history. Overrides to specific DUR occurrences are determined through the common prior authorization process while others are determined by the dispensing pharmacist's professional judgment at POS. The following clinical edits were chosen by OVHA in conjunction with the Vermont DUR board to be employed in FFY 2006 for POS screening (see detailed attachment):

- Drug to Drug Interaction
- Drug to Inferred Disease State Screening
- Drug Dosing Duration Screening
- Duplicate Rx Screening
- Duplicate Therapy Screening
- Early Fill Screening
- Drug to Age Caution
- Drug to Sex Caution

Along with the above on-line screening edits the process of a drug requiring a prior authorization (PA) approval or quantity limit (QL) approval by the MedMetrics Clinical Call Center prior to dispensing of the drug is also part of the on-line POS/ProDUR program (see Table 1 for ProDUR criteria).

*MedMetrics January - September 2006 PA & QL statistics*

The MedMetrics Clinical Call Center processed a total of 24,392 work volume requests January through September 2006 for OVHA. There were 16,717 clinical requests and 7,675 help desk/informational type requests.

Of the 16,717 clinical requests 13,992 were approved, 1,825 were denied and 900 were denied with a change in therapy resulting in an overall approval rate of 83%. The breakdown of clinical requests was 15,836 PA requests and 881 QL requests. The highest volume of PA requests were for 10 therapeutic categories making up 62% of the requests, the top 3 being second generation antihistamines, SSRI-type antidepressants and proton pump inhibitors (PPIs) respectively. The highest volume of QL requests were for PPIs (70%) followed by oral fluoroquinolone antibiotics and 5-HT3 receptor antagonists. Please refer to the prior authorization and quantity limit detail.

**Attachment 2: On-Line Point of Sale (POS) /  
Pro DUR Encounters January 2006 –  
September 2006**



**On-line POS/ProDUR Top 20 Encounters by Problem Type (Jan – Sept. 2006)**

<b>Dosing - Duration Screening (Dos/Dur)</b>								
<b>Drug</b>	<b>Total Alerts</b>	<b>Number Paid</b>	<b>\$ Amt. Paid</b>	<b>Number Reversed</b>	<b>\$ Amt. Reversed</b>	<b>Number Rejected</b>	<b>\$ Amt. Rejected</b>	<b>Total ProDUR \$Savings</b>
HYDROCODONE-ACETAMINOPHEN	4601	4390	\$55,439.54	116	\$1,564.94	95	\$1,741.00	\$3,306
QUETIAPINE FUMARATE	3198	2837	\$312,457.26	106	\$16,678.85	255	\$26,274.55	\$42,953
BUPROPION HCL	3186	2912	\$11,8537.33	97	\$3,162.03	177	\$6,898.84	\$10,061
AMOXICILLIN	2699	2608	\$34,147.28	69	\$881.16	22	\$130.60	\$1,012
POLYETHYLENE GLYCOL 3350	2168	1960	\$59,235.53	93	\$2,827.31	115	\$1,822.30	\$4,650
OXYCODONE HCL	1909	1774	\$142,940.94	51	\$5,132.59	84	\$4,578.52	\$9,711
AMPHETAMINE-DEXTROAMPHETAMINE	1731	1653	\$274,938.51	36	\$5,181.59	42	\$7,013.03	\$12,195
ESCITALOPRAM OXALATE	1716	1473	\$190,601.25	47	\$4,557.78	196	\$20,785.58	\$25,343
CITALOPRAM HYDROBROMIDE	1672	1493	\$23,447.03	73	\$1,271.23	106	\$1,575.30	\$2,847
RISPERIDONE	1559	1406	\$151,796.88	42	\$3,648.77	111	\$13,177.09	\$16,826
METHYLPHENIDATE HCL	1409	1329	\$129,613.59	32	\$1,579.13	48	\$3,099.81	\$4,679
ARIPIRAZOLE	1398	1262	\$458,490.28	40	\$14,355.30	96	\$36,143.46	\$50,499
TOPIRAMATE	1347	1177	\$157,854.17	51	\$6,145.27	119	\$16,495.02	\$22,640
AMOXICILLIN & POT CLAVULANATE	1336	1276	\$57,506.16	45	\$2,584.22	15	\$648.47	\$3,233
CEFDINIR	1250	1208	\$115,656.49	36	\$4,253.84	6	\$457.77	\$4,712
VENLAFAXINE HCL	1165	1019	\$181,183.18	46	\$6,385.98	100	\$15,809.54	\$22,196
DULOXETINE HCL	1154	903	\$111,780.77	48	\$4,133.68	203	\$16,584.04	\$20,718
FLUOXETINE HCL	1127	1019	\$20,749.87	38	\$1,097.14	70	\$1,051.19	\$2,148
GABAPENTIN	1084	973	\$37,690.13	37	\$1,864.70	74	\$2,472.86	\$4,338
DIVALPROEX SODIUM (MIGRAINE)	1047	947	\$186,542.09	37	\$7,470.15	63	\$14,393.11	\$21,863
<b>Total for Top 20</b>								<b>\$285,928</b>
<b>Duplicate Rx Screening (DupRx)</b>								
<b>Drug</b>	<b>Total Alerts</b>	<b>Number Paid</b>	<b>\$ Amt. Paid</b>	<b>Number Reversed</b>	<b>\$ Amt. Reversed</b>	<b>Number Rejected</b>	<b>\$ Amt. Rejected</b>	<b>Total ProDUR \$Savings</b>
CLONAZEPAM	2575	1079	\$13,971.38	101	\$2,043.89	1395	\$21,343.65	\$23,388
QUETIAPINE FUMARATE	1597	533	\$67,870.55	32	\$4,249.54	1032	\$201,041.66	\$205,291
LORAZEPAM	1551	811	\$9,257.62	61	\$784.60	679	\$9,786.50	\$10,571
METHYLPHENIDATE HCL	1119	373	\$25,605.11	16	\$712.80	730	\$59,325.49	\$60,038
HYDROCODONE-ACETAMINOPHEN	1055	309	\$4,643.09	15	\$259.06	731	\$12,059.42	\$12,318
FLUOXETINE HCL	1050	239	\$5,543.42	22	\$381.48	789	\$18,653.28	\$19,035
ALBUTEROL	1018	223	\$2,622.93	11	\$133.72	784	\$9,690.03	\$9,824
TRAZODONE HCL	996	315	\$2,237.61	15	\$124.07	666	\$6,230.73	\$6,355
ESCITALOPRAM OXALATE	996	232	\$15,022.57	17	\$1,304.57	747	\$68,306.86	\$69,611
LEVOTHYROXINE SODIUM	958	237	\$2,786.52	26	\$320.24	695	\$12,442.79	\$12,763
BUPROPION HCL	892	213	\$12,117.11	11	\$625.74	668	\$52,275.77	\$52,902
OXYCODONE W/ ACETAMINOPHEN	867	274	\$6,062.04	11	\$313.64	582	\$14,779.09	\$15,093
LISINAPRIL	822	205	\$2,073.50	16	\$168.77	601	\$9,533.19	\$9,702
SERTRALINE HCL	819	250	\$17,579.02	17	\$1,285.51	552	\$55,191.99	\$56,478
RISPERIDONE	799	295	\$43,710.69	11	\$2,255.07	493	\$113,880.61	\$116,136
CITALOPRAM HYDROBROMIDE	729	152	\$2,254.49	14	\$159.60	563	\$10,859.49	\$11,019
BUPRENORPHINE HCL-NALOXONE HCL	707	283	\$35,830.86	5	\$670.69	419	\$53,823.09	\$54,494
FUROSEMIDE	700	263	\$1,433.02	18	\$51.72	419	\$2,899.95	\$2,952
GABAPENTIN	695	184	\$10,342.71	14	\$1,558.12	497	\$33,416.86	\$34,975
SIMVASTATIN	682	191	\$19,777.06	24	\$2,013.04	467	\$78,099.11	\$80,112
<b>Total for Top 20</b>								<b>\$863,055</b>

**On-line POS/ProDUR Top 20 Encounters by Problem Type (Jan – Sept. 2006)**

<b>Duplicate Therapy Screening (DupTher)</b>								
<b>Drug</b>	<b>Total Alerts</b>	<b>Number Paid</b>	<b>\$ Amt. Paid</b>	<b>Number Reversed</b>	<b>\$ Amt. Reversed</b>	<b>Number Rejected</b>	<b>\$ Amt. Rejected</b>	<b>Total ProDUR \$Savings</b>
CLONAZEPAM	21492	15997	\$203,398.31	610	\$11,748.88	4885	\$74,979.79	\$86,729
HYDROCODONE-ACETAMINOPHEN	16250	13297	\$14,5347.98	532	\$6,421.62	2421	\$38,524.72	\$44,946
METHYLPHENIDATE HCL	15634	13932	\$102,6347.64	364	\$22,525.71	1338	\$107,716.35	\$130,242
TRAZODONE HCL	12676	10820	\$86,640.25	305	\$3,133.36	1551	\$13,650.76	\$16,784
BUPROPION HCL	12315	10098	\$625,703.31	359	\$19,225.47	1858	\$147,618.60	\$166,844
FLUOXETINE HCL	11338	9116	\$186,705.80	367	\$8,195.09	1855	\$40,719.26	\$48,914
OXYCODONE W/ ACETAMINOPHEN	11086	9515	\$174,430.85	291	\$6,726.77	1280	\$31,363.95	\$38,091
LORAZEPAM	9939	8167	\$96,557.51	310	\$5,883.16	1462	\$19,981.30	\$25,864
ESCITALOPRAM OXALATE	8542	5995	\$424,742.55	273	\$18,944.99	2274	\$177,531.54	\$196,477
QUETIAPINE FUMARATE	8265	6837	\$1,079,151.59	254	\$47,931.58	1174	\$221,744.88	\$269,676
SERTRALINE HCL	7880	6038	\$435,607.62	218	\$15,382.41	1624	\$142,239.28	\$157,622
CITALOPRAM HYDROBROMIDE	6745	5266	\$77,627.67	218	\$3,272.73	1261	\$23,680.20	\$26,953
OXYCODONE HCL	6363	5754	\$421,210.66	152	\$11,724.77	457	\$37,881.83	\$49,607
FUROSEMIDE	6276	5449	\$261,11.87	131	\$947.19	696	\$4,159.24	\$5,106
DIAZEPAM	6214	4854	\$30,764.25	192	\$1,242.64	1168	\$7,610.46	\$8,853
AMITRIPTYLINE HCL	5022	4182	\$25,198.53	143	\$902.99	697	\$4,460.25	\$5,363
PAROXETINE HCL	5004	3982	\$138,326.63	227	\$8,397.70	795	\$33,305.09	\$41,703
MORPHINE SULFATE	4895	4522	\$173,743.92	164	\$6,140.70	209	\$8,263.82	\$14,405
BUPRENORPHINE HCL-NALOXONE HCL	4673	3704	\$315,330.23	118	\$8,679.18	851	\$109,652.31	\$118,331
VENLAFAXINE HCL	4653	3779	\$419,443.28	163	\$18,358.87	711	\$81,023.85	\$99,383
<b>Total for Top 20</b>								<b>\$1,551,893</b>
<b>Early Fill Screening (TooSoon)</b>								
<b>Drug</b>	<b>Total Alerts</b>	<b>Number Paid</b>	<b>\$ Amt. Paid</b>	<b>Number Reversed</b>	<b>\$ Amt. Reversed</b>	<b>Number Rejected</b>	<b>\$ Amt. Rejected</b>	<b>Total ProDUR \$Savings</b>
ALBUTEROL	886	123	\$1,517.96	3	\$27.18	760	\$4,623.81	\$4,651
CLONAZEPAM	823	39	\$566.19	2	\$18.70	782	\$6,644.68	\$6,663
LEVOTHYROXINE SODIUM	691	24	\$331.85	0	\$0.00	667	\$5,453.08	\$5,453
LISINAPRIL	640	22	\$311.89	0	\$0.00	618	\$3,871.87	\$3,872
LANSOPRAZOLE	587	24	\$4,602.92	2	\$286.91	561	\$69,473.58	\$69,760
TRAMADOL HCL	566	27	\$595.23	0	\$0.00	539	\$7,024.69	\$7,025
FLUOXETINE HCL	560	26	\$633.70	0	\$0.00	534	\$9,092.64	\$9,093
ESCITALOPRAM OXALATE	553	21	\$1,501.92	0	\$0.00	532	\$36,708.83	\$36,709
QUETIAPINE FUMARATE	544	26	\$5,454.12	0	\$0.00	518	\$85,518.82	\$85,519
GLUCOSE BLOOD	540	80	\$8,028.49	1	\$0.00	459	\$53,558.14	\$53,558
FUROSEMIDE	514	23	\$126.73	2	\$10.49	489	\$1,791.58	\$1,802
SIMVASTATIN	506	20	\$3,930.53	0	\$0.00	486	\$4,7037.25	\$47,037
ATENOLOL	468	14	\$100.94	0	\$0.00	454	\$2,245.78	\$2,246
HYDROCHLOROTHIAZIDE	456	11	\$85.46	0	\$0.00	445	\$1,367.06	\$1,367
LORATADINE	454	10	\$109.84	1	\$5.07	443	\$2,952.79	\$2,958
TRAZODONE HCL	445	26	\$202.57	0	\$0.00	419	\$2,096.20	\$2,096
CITALOPRAM HYDROBROMIDE	433	19	\$305.11	0	\$0.00	414	\$3,863.00	\$3,863
ESOMEPRAZOLE MAGNESIUM	423	12	\$1,985.15	1	\$140.62	410	\$46,280.48	\$46,421
SERTRALINE HCL	415	19	\$1,932.53	0	\$0.00	396	\$24,754.70	\$24,755
LORAZEPAM	410	22	\$677.17	1	\$18.77	387	\$2,749.97	\$2,769
<b>Total for Top 20</b>								<b>\$417,617</b>

**On-line POS/ProDUR Top 20 Encounters by Problem Type (Jan – Sept. 2006)**

<b>Drug – Age Caution Screening (Drug/Age)</b>								
Drug	Total Alerts	Number Paid	\$ Amt. Paid	Number Reversed	\$ Amt. Reversed	Number Rejected	\$ Amt. Rejected	Total ProDUR \$Savings
PROMETHAZINE HCL	24	22	\$201.50	2	\$19.12	0	\$0.00	\$19
PROMETHAZINE W/CODEINE	10	10	\$80.02	0	\$0.00	0	\$0.00	\$0
SPECIALTY VITAMINS PRODUCTS	8	7	\$107.11	0	\$0.00	1	\$14.40	\$14
MINOCYCLINE HCL	7	7	\$229.81	0	\$0.00	0	\$0.00	\$0
PHENYLEPH-PROMETHAZINE W/ COD	7	7	\$69.61	0	\$0.00	0	\$0.00	\$0
TRETINOIN MICROSPHERE	7	6	\$446.42	0	\$0.00	1	\$61.83	\$62
VALGANCICLOVIR HCL	6	5	\$1,133.74	0	\$0.00	1	\$53.22	\$53
RISEDRONATE SODIUM	6	6	\$467.08	0	\$0.00	0	\$0.00	\$0
TRAMADOL HCL	6	5	\$40.01	1	\$15.82	0	\$0.00	\$16
PODOFILOX	4	4	\$217.65	0	\$0.00	0	\$0.00	\$0
NICOTINE	3	1	\$59.57	1	\$120.72	1	\$79.71	\$200
ACAMPROSATE CALCIUM	2	1	\$46.52	1	\$46.52	0	\$0.00	\$47
PROPOXYPHENE-N W/ APAP	1	0	\$0.00	1	\$7.65	0	\$0.00	\$8
<b>Total</b>								<b>\$419</b>
<b>Drug - Sex Caution (Drug/Sex)</b>								
Drug	Total Alerts	Number Paid	\$ Amt. Paid	Number Reversed	\$ Amt. Reversed	Number Rejected	\$ Amt. Rejected	Total ProDUR \$Savings
FINASTERIDE	7	7	\$703.74	0	\$0.00	0	\$0.00	\$0
ALPROSTADIL (VASODILATOR)	6	5	\$4.00	1	\$0.00	0	\$0.00	\$0
FINASTERIDE (ALOPECIA)	5	3	\$114.79	0	\$0.00	2	\$124.83	\$125
DUTASTERIDE	4	4	\$350.53	0	\$0.00	0	\$0.00	\$0
EFLORNITHINE HCL	2	2	\$115.93	0	\$0.00	0	\$0.00	\$0
<b>Total</b>								<b>\$125</b>

<b>Total for Top 20 / Conflict</b>								<b>\$3,496,916</b>
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**Summary: On-line POS/ProDUR for ALL ENCOUNTERS (Jan-Sept. 2006)**

Problem Type	Total Alerts	Number Reversed	Alert % Reversed	\$ Amt. Reversed	Number Rejected	Alert % Rejected	\$ Amt. Rejected	Total ProDUR \$Savings
DDI	161743	3330	2.1%	\$214,638	16909	10.5%	\$799,086	\$1,013,724
Drug/Dis	41474	1278	3.1%	\$102,414	2586	6.2%	\$158,398	\$260,812
Dos/Dur	92247	3308	3.6%	\$358,588	5165	5.6%	\$444,773	\$803,361
DupRx	59941	1662	2.8%	\$92,054	39770	66.3%	\$3,211,152	\$3,303,207
DupTher	408744	14514	3.6%	\$831,512	70219	17.2%	\$4,513,111	\$5,344,623
TooSoon	35091	80	0.2%	\$6,368	32797	93.5%	\$1,903,471	\$1,909,838
Drug/Age	91	6	6.6%	\$210	4	4.4%	\$209	\$419
Drug/Sex	24	1	4.2%	\$0	2	8.3%	\$125	\$125
<b>Total</b>	<b>799355</b>	<b>24179</b>	<b>3.0%</b>	<b>\$1,605,784</b>	<b>167452</b>	<b>20.9%</b>	<b>\$11,030,325</b>	<b>\$12,636,109</b>

**Table 1: MedMetrics Prospective DUR  
Criteria**

**TABLE 1**

**PROSPECTIVE DUR CRITERIA**

**Approval Process**

**FOR EACH PROBLEM TYPE BELOW**

**LIST (DRUGS/ DRUG CATEGORY/ DISEASE COMBINATIONS) FOR WHICH DUR BOARD CONDUCTED IN- DEPTH REVIEWS.**  
**PLEASE INDICATE WITH AN ASTERISK (\*) THOSE FOR WHICH CRITERIA WERE ADOPTED.**

<b><u>INAPPROPRIATE DOSE</u></b>		<b><u>THERAPEUTIC DUPLICATION</u></b>		<b><u>DRUG ALLERGY INTERACTION</u></b>	
1.	Long-Acting Narcotics *	1.		1.	Celebrex – Sulfonamide Allergy *
2.	Sertraline *	2.		2.	
3.	Abilify & Zyprexa *	3.		3.	
<b><u>INAPPROPRIATE DURATION</u></b>		<b><u>DRUG/ DRUG INTERACTIONS</u></b>		<b><u>DRUG DISEASE CONTRAINDICATION</u></b>	
1.	Tussionex *	1.	Celebrex – Warfarin *	1.	Celebrex – GI Bleed *
2.	Carisprodol/carisprodol compound (*FFY 2007)	2.		2.	Ketorolac/Toradol – Renal Insuff., GI Bleed *
3.		3.		3.	Tequin – Diabetes *
<b><u>OTHER</u></b>		<b><u>OTHER</u></b>		<b><u>OTHER</u></b>	
	<i>(specify)</i>		<i>(specify)</i>		<i>(specify)</i>
1.	CNS Stimulants * - Prior Auth for < 3 yo and appropriate utilization.	1.	Antihistamines: 2 <sup>nd</sup> generation* - Prior Auth required for non-preferred products (appropriate utilization)	1.	Byetta – Appropriate Dose/Age (*FFY 2007)
2.	Promethazine * - Prior Auth < 2 yo	2.		2.	Symlin – Appropriate Dose/Age (*FFY 2007)
3.	Atypical Antipsychotics* - Prior Auth for appropriate utilization.	3.		3.	Topical Immunomodulators – Prior Auth < 2 yo (*FFY 2007)

**Overview of MedMetrics Clinical Call Center  
Activity January 2006 – September 2006**

## Vermont Clinical Call Center Total Monthly Activity Overview

Month	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Total	Mean
Total Clinical Call Center Work Volume	4,669	2,772	2,368	2,142	2,619	2,355	2,334	2,519	2,614				24,392	2,710
Total Clinical Requests	3,061	2,093	1,608	1,489	1,844	1,625	1,591	1,672	1,734				16,717	1,857
Clinical Requests Approved	2,828	1,791	1,373	1,284	1,515	1,338	1,222	1,322	1,319				13,992	1,555
Approval Rate	92%	86%	85%	86%	82%	82%	77%	79%	76%					83%
Clinical Requests Change In Therapy	43	67	76	66	127	117	133	130	141				900	100
Change in Therapy Rate	1%	3%	5%	4%	7%	7%	8%	8%	8%					6%
Clinical Requests Denied	190	235	159	139	202	170	236	220	274				1,825	203
Denial Rate	6%	11%	10%	9%	11%	10%	15%	13%	16%					11%
Total Non-Clinical Requests	1,608	679	760	653	775	730	743	847	880				7,675	853
Performance Standard (% in 24 hours)	90.50%	99.78%	99.94%	99.94%	99.95%	99.77%	99.76%	99.76%	99.65%					98%
<b>Comparison and Analysis</b>	<b>Jan-06</b>	<b>Feb-06</b>	<b>Mar-06</b>	<b>Apr-06</b>	<b>May-06</b>	<b>Jun-06</b>	<b>Jul-06</b>	<b>Jan-00</b>	<b>Sep-06</b>	<b>Oct-06</b>	<b>Nov-06</b>	<b>Dec-06</b>	<b>Total</b>	<b>Mean</b>
Total Informational Calls	34%	24%	32%	30%	30%	31%	32%	34%	34%					31%
Quantity Limit Clinical Calls	3%	6%	4%	3%	3%	4%	3%	4%	3%					4%
Prior Authorization Clinical Calls	63%	70%	64%	66%	68%	65%	65%	63%	63%					65%

<i>Claims by Type/Month</i>	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Total	Mean
<b>Total Informational Calls</b>	1,608	679	760	653	775	730	743	847	880				7,675	853
Number of Calls Resolved	1,608	679	760	653	775	730	743	847	880				7,675	853
Resolution Rate	100%	100%	100%	100%	100%	100%	100%	100%	100%					100%
Number of Calls Pending	0	0	0	0	0	0	0	0	0				0	0
Pended Rate	0%	0%	0%	0%	0%	0%	0%	0%	0%					0%
<b>Total Requests for Prior Authorizations</b>	2,914	1,931	1,509	1,421	1,770	1,542	1,520	1,580	1,649				15,836	1,760
Requests Approved	2684	1638	1284	1224	1442	1261	1156	1242	1246				13,177	1,464
Approval Rate	92%	85%	85%	86%	81%	82%	76%	79%	76%					82%
Requests Change in Therapy	42	67	74	65	126	117	133	127	140				891	99
Change in Therapy rate	1%	3%	5%	5%	7%	8%	9%	8%	8%					6%
Requests Denied	188	226	151	132	202	164	231	211	263				1768	196
Denial Rate	6%	12%	10%	9%	11%	11%	15%	13%	16%					12%
<b>Total Requests for Quantity Limits</b>	147	162	99	68	74	83	71	92	85				881	98
Requests Approved	144	153	89	60	73	77	66	80	73				815	91
Approval Rate	98%	94%	90%	88%	99%	93%	93%	87%	86%					93%
Requests Change in Therapy	1	0	2	1	1	0	0	3	1				9	1
Change in Therapy rate	1%	0%	2%	1%	1%	0%	0%	3%	1%					1%
Requests Denied	2	9	8	7	0	6	5	9	11				57	6
Denial Rate	1%	6%	8%	10%	0%	7%	7%	10%	13%					6%

Prior Authorization Detail

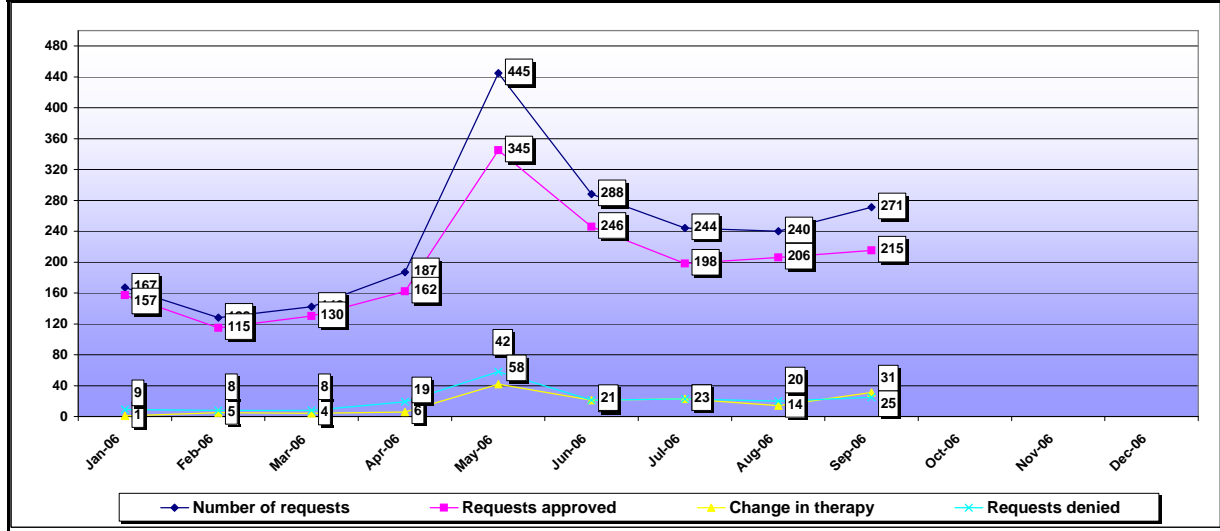
All fractions of percentages rounded to nearest whole number

**MedMetrics Top 10 Prior Authorization  
Detail January 2006 – September 2006**



**MedMetrics Vermont Clinical Call Center  
Prior Authorization Analysis  
Pulmonary: Antihistamines 2nd Generation**

<b>Pulmonary: Antihistamines 2nd Generation by Month</b>	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Total	Mean
Number of requests	167	128	142	187	445	288	244	240	271				2,112	235
Requests approved	157	115	130	162	345	246	198	206	215				1,774	197
Approval rate	94%	90%	92%	87%	78%	85%	81%	86%	79%					84%
Change in therapy	1	5	4	6	42	21	23	14	31				147	16
Change in therapy rate	1%	4%	3%	3%	9%	7%	9%	6%	11%					7%
Requests denied	9	8	8	19	58	21	23	20	25				191	21
Denial rate	5%	6%	6%	10%	13%	7%	9%	8%	9%					9%



<b>Allegra (fexofenadine)</b>	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Total	Mean
Number of requests	24	4	3	2	6	17	7	5	4				72	8
Requests approved	23	4	3	2	6	12	6	5	4				65	7
Approval rate	96%	100%	100%	100%	100%	71%	86%	100%	100%					90%
Change in therapy	0	0	0	0	0	2	1	0	0				3	0
Change in therapy rate	0%	0%	0%	0%	0%	12%	14%	0%	0%					4%
Requests denied	1	0	0	0	0	3	0	0	0				4	0
Denial rate	4%	0%	0%	0%	0%	18%	0%	0%	0%					6%

<b>Allegra D (fexofenadine-PSE)</b>	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Total	Mean
Number of requests	13	6	8	10	14	8	14	12	10				95	11
Requests approved	13	6	7	10	10	7	10	8	7				78	9
Approval rate	100%	100%	88%	100%	71%	88%	71%	67%	70%					82%
Change in therapy	0	0	1	0	3	1	2	0	2				9	1
Change in therapy rate	0%	0%	13%	0%	21%	13%	14%	0%	20%					9%
Requests denied	0	0	0	0	1	0	2	4	1				8	1
Denial rate	0%	0%	0%	0%	7%	0%	14%	33%	10%					8%

<b>Clarinet (desloratadine)</b>	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Total	Mean
Number of requests	15	11	9	10	21	23	8	12	8				117	13
Requests approved	15	8	9	9	14	18	5	7	3				88	10
Approval rate	100%	73%	100%	90%	67%	78%	63%	58%	38%					75%
Change in therapy	0	1	0	0	3	1	1	3	3				12	1
Change in therapy rate	0%	9%	0%	0%	14%	4%	13%	25%	38%					10%
Requests denied	0	2	0	1	4	4	2	2	2				17	2
Denial rate	0%	18%	0%	10%	19%	17%	25%	17%	25%					15%



**MedMetrics Vermont Clinical Call Center  
Prior Authorization Analysis  
Pulmonary: Antihistamines 2nd Generation**

<b>Clarinex-D (desloratadine - PSE)</b>	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Total	Mean
Number of requests	0	0	0	0	2	0	2	0	0				4	0
Requests approved	0	0	0	0	1	0	2	0	0				3	0
Approval rate	-	-	-	-	50%	-	100%	-	-					75%
Change in therapy	0	0	0	0	0	0	0	0	0				0	0
Change in therapy rate	-	-	-	-	0%	-	0%	-	-					0%
Requests denied	0	0	0	0	1	0	0	0	0				1	0
Denial rate	-	-	-	-	50%	-	0%	-	-					25%

<b>Claritin - D (loratadine - D)</b>	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Total	Mean
Number of requests	0	0	0	1	0	0	0	0	1				2	0
Requests approved	0	0	0	0	0	0	0	0	1				1	0
Approval rate	-	-	-	0%	-	-	-	-	100%					50%
Change in therapy	0	0	0	1	0	0	0	0	0				1	0
Change in therapy rate	-	-	-	100%	-	-	-	-	0%					50%
Requests denied	0	0	0	0	0	0	0	0	0				0	0
Denial rate	-	-	-	0%	-	-	-	-	0%					0%

<b>Deconamine SR (chlorpheniramine-PSE)</b>	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Total	Mean
Number of requests	1	0	0	0	0	0	0	0	0				1	0
Requests approved	1	0	0	0	0	0	0	0	0				1	0
Approval rate	100%	-	-	-	-	-	-	-	-					100%
Change in therapy	0	0	0	0	0	0	0	0	0				0	0
Change in therapy rate	0%	-	-	-	-	-	-	-	-					0%
Requests denied	0	0	0	0	0	0	0	0	0				0	0
Denial rate	0%	-	-	-	-	-	-	-	-					0%

<b>fexofenadine</b>	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Total	Mean
Number of requests	45	56	49	70	218	141	107	111	127				924	103
Requests approved	41	50	49	61	204	135	103	110	118				871	97
Approval rate	91%	89%	100%	87%	94%	96%	96%	99%	93%					94%
Change in therapy	0	1	0	4	6	2	0	0	6				19	2
Change in therapy rate	0%	2%	0%	6%	3%	1%	0%	0%	5%					2%
Requests denied	4	5	0	5	8	4	4	1	3				34	4
Denial rate	9%	9%	0%	7%	4%	3%	4%	1%	2%					4%

<b>Rynatan (chlorpheniramine /phenylephrine)</b>	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Total	Mean
Number of requests	1	0	0	0	1	0	0	0	0				2	0
Requests approved	1	0	0	0	0	0	0	0	0				1	0
Approval rate	100%	-	-	-	0%	-	-	-	-					50%
Change in therapy	0	0	0	0	0	0	0	0	0				0	0
Change in therapy rate	0%	-	-	-	0%	-	-	-	-					0%
Requests denied	0	0	0	0	1	0	0	0	0				1	0
Denial rate	0%	-	-	-	100%	-	-	-	-					50%

<b>Ryna-12 (pyrilamine /phenylephrine)</b>	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Total	Mean
Number of requests	1	1	0	0	0	0	0	0	0				2	0
Requests approved	1	1	0	0	0	0	0	0	0				2	0
Approval rate	100%	100%	-	-	-	-	-	-	-					100%
Change in therapy	0	0	0	0	0	0	0	0	0				0	0
Change in therapy rate	0%	0%	-	-	-	-	-	-	-					0%
Requests denied	0	0	0	0	0	0	0	0	0				0	0
Denial rate	0%	0%	-	-	-	-	-	-	-					0%



**MedMetrics Vermont Clinical Call Center  
Prior Authorization Analysis  
Pulmonary: Antihistamines 2nd Generation**

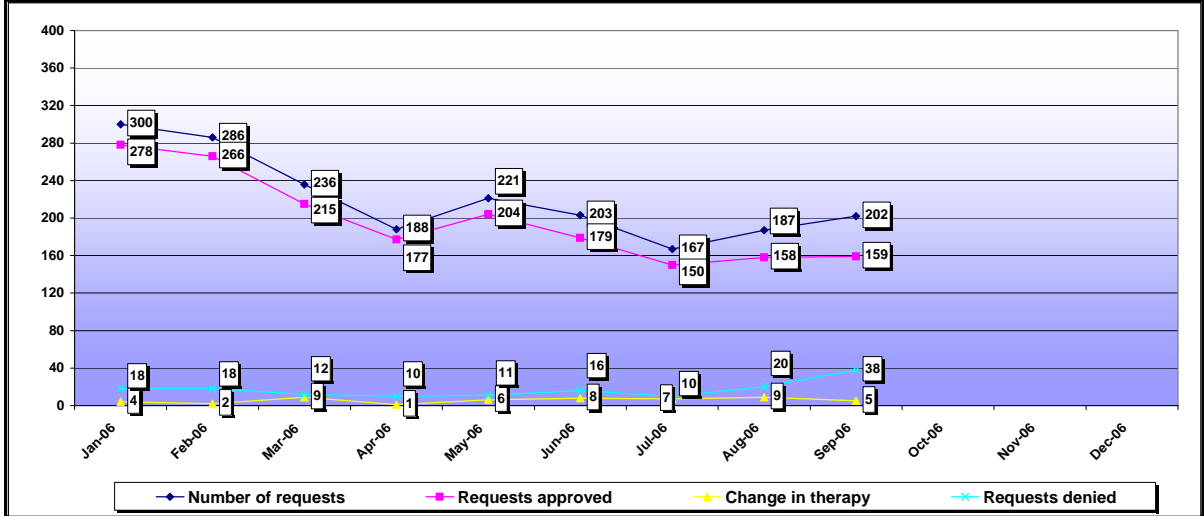
<b>Zyrtec (cetirizine)</b>	<b>Jan-06</b>	<b>Feb-06</b>	<b>Mar-06</b>	<b>Apr-06</b>	<b>May-06</b>	<b>Jun-06</b>	<b>Jul-06</b>	<b>Aug-06</b>	<b>Sep-06</b>	<b>Oct-06</b>	<b>Nov-06</b>	<b>Dec-06</b>	<b>Total</b>	<b>Mean</b>
Number of requests	67	49	68	88	176	95	102	93	115				853	95
Requests approved	62	45	57	76	106	72	69	70	77				634	70
Approval rate	93%	92%	84%	86%	60%	76%	68%	75%	67%					74%
Change in therapy	1	3	3	1	28	14	18	11	20				99	11
Change in therapy rate	1%	6%	4%	1%	16%	15%	18%	12%	17%					12%
Requests denied	4	1	8	11	42	9	15	12	18				120	13
Denial rate	6%	2%	12%	13%	24%	9%	15%	13%	16%					14%

<b>Zyrtec-D (cetirizine - PSE)</b>	<b>Jan-06</b>	<b>Feb-06</b>	<b>Mar-06</b>	<b>Apr-06</b>	<b>May-06</b>	<b>Jun-06</b>	<b>Jul-06</b>	<b>Aug-06</b>	<b>Sep-06</b>	<b>Oct-06</b>	<b>Nov-06</b>	<b>Dec-06</b>	<b>Total</b>	<b>Mean</b>
Number of requests	67	1	5	6	7	4	4	7	6				107	12
Requests approved	62	1	5	4	4	2	3	6	5				92	10
Approval rate	93%	100%	100%	67%	57%	50%	75%	86%	83%					86%
Change in therapy	1	0	0	0	2	1	1	0	0				5	1
Change in therapy rate	1%	0%	0%	0%	29%	25%	25%	0%	0%					5%
Requests denied	4	0	0	2	1	1	0	1	1				10	1
Denial rate	6%	0%	0%	33%	14%	25%	0%	14%	17%					9%



**MedMetrics Vermont Clinical Call Center  
Prior Authorization Analysis  
Anti-Depressants : SSRI**

<b>Anti-Depressants: SSRI by Month</b>	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Total	Mean
Number of requests	300	286	236	188	221	203	167	187	202				1,990	221
Requests approved	278	266	215	177	204	179	150	158	159				1,786	198
Approval rate	93%	93%	91%	94%	92%	88%	90%	84%	79%					90%
Change in therapy	4	2	9	1	6	8	7	9	5				51	6
Change in therapy rate	1%	1%	4%	1%	3%	4%	4%	5%	2%					3%
Requests denied	18	18	12	10	11	16	10	20	38				153	17
Denial rate	6%	6%	5%	5%	5%	8%	6%	11%	19%					8%



<b>Celexa (citalopram)</b>	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Total	Mean
Number of requests	5	2	0	1	0	0	1	2	1				12	1
Requests approved	5	2	0	1	0	0	1	2	0				11	1
Approval rate	100%	100%	-	100%	-	-	100%	100%	0%					92%
Change in therapy	0	0	0	0	0	0	0	0	0				0	0
Change in therapy rate	0%	0%	-	0%	-	-	0%	0%	0%					0%
Requests denied	0	0	0	0	0	0	0	0	1				1	0
Denial rate	0%	0%	-	0	-	-	0	0	100%					8%

<b>Lexapro (escitalopram)</b>	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Total	Mean
Number of requests	140	141	126	93	118	99	81	83	104				985	109
Requests approved	128	132	112	88	106	86	71	70	83				876	97
Approval rate	91%	94%	89%	95%	90%	87%	88%	84%	80%					89%
Change in therapy	2	1	5	0	5	4	3	3	3				26	3
Change in therapy rate	2%	1%	4%	0%	4%	4%	4%	4%	3%					3%
Requests denied	10	8	9	5	7	9	7	10	18				83	9
Denial rate	7%	6%	7%	5%	6%	9%	9%	12%	17%					8%

<b>Luvox (fluvoxamine)</b>	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Total	Mean
Number of requests	0	0	0	0	0	0	0	0	0				0	0
Requests approved	0	0	0	0	0	0	0	0	0				0	0
Approval rate	-	-	-	-	-	-	-	-	-					-
Change in therapy	0	0	0	0	0	0	0	0	0				0	0
Change in therapy rate	-	-	-	-	-	-	-	-	-					-
Requests denied	0	0	0	0	0	0	0	0	0				0	0
Denial rate	-	-	-	-	-	-	-	-	-					-



**MedMetrics Vermont Clinical Call Center  
Prior Authorization Analysis  
Anti-Depressants : SSRI**

<b>Paxil/CR (paroxetine)</b>	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Total	Mean
Number of requests	12	12	5	6	8	5	3	7	10				68	8
Requests approved	10	12	4	6	7	4	1	4	7				55	6
Approval rate	84%	100%	80%	100%	88%	80%	33%	57%	70%					81%
Change in therapy	1	0	1	0	0	0	1	0	0				3	0
Change in therapy rate	8%	0%	20%	0%	0%	0%	33%	0%	0%					4%
Requests denied	1	0	0	0	1	1	1	3	3				10	1
Denial rate	8%	0%	0%	0%	13%	20%	33%	43%	30%					15%

<b>Pexeva (paroxetine mesylate)</b>	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Total	Mean
Number of requests	0	0	0	0	1	0	0	0	0				1	0
Requests approved	0	0	0	0	1	0	0	0	0				1	0
Approval rate	-	-	-	-	100%	-	-	-	-					100%
Change in therapy	0	0	0	0	0	0	0	0	0				0	0
Change in therapy rate	-	-	-	-	0%	-	-	-	-					0%
Requests denied	0	0	0	0	0	0	0	0	0				0	0
Denial rate	-	-	-	-	0%	-	-	-	-					0%

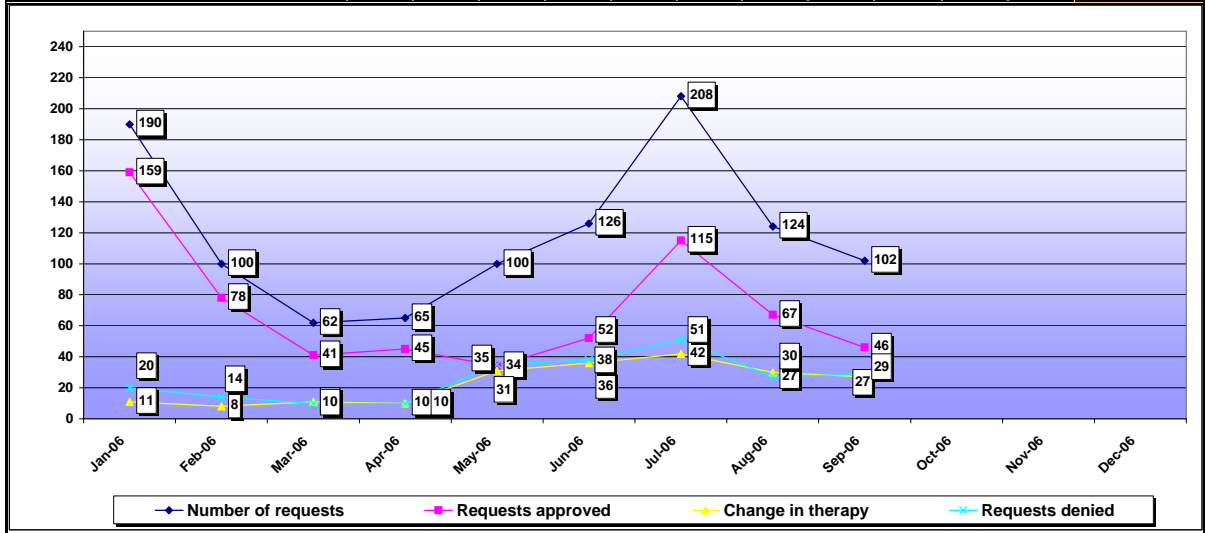
<b>Prozac (fluoxetine)</b>	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Total	Mean
Number of requests	3	2	2	0	0	1	0	1	1				10	1
Requests approved	3	2	1	0	0	1	0	1	0				8	1
Approval rate	100%	100%	50%	-	-	100%	-	100%	0%					80%
Change in therapy	0	0	1	0	0	0	0	0	0				1	0
Change in therapy rate	0%	0%	50%	-	-	0%	-	0%	0%					10%
Requests denied	0	0	0	0	0	0	0	0	1				1	0
Denial rate	0%	0%	0%	-	-	0%	-	0%	100%					10%

<b>Sarafem (fluoxetine)</b>	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Total	Mean
Number of requests	0	0	0	0	0	0	0	0	0				0	0
Requests approved	0	0	0	0	0	0	0	0	0				0	0
Approval rate	-	-	-	-	-	-	-	-	-					-
Change in therapy	0	0	0	0	0	0	0	0	0				0	0
Change in therapy rate	-	-	-	-	-	-	-	-	-					-
Requests denied	0	0	0	0	0	0	0	0	0				0	0
Denial rate	-	-	-	-	-	-	-	-	-					-

<b>sertraline</b>	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Total	Mean
Number of requests	140	129	103	88	94	98	82	40	81				855	95
Requests approved	132	118	98	82	90	88	77	32	68				785	87
Approval rate	94%	91%	95%	93%	96%	90%	94%	80%	84%					92%
Change in therapy	1	1	2	1	1	4	3	2	2				17	2
Change in therapy rate	1%	1%	2%	1%	1%	4%	4%	5%	2%					2%
Requests denied	7	10	3	5	3	6	2	6	11				53	6
Denial rate	5%	8%	3%	6%	3%	6%	2%	15%	14%					6%

<b>Zoloft (sertraline)</b>	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Total	Mean
Number of requests	140	129	103	88	94	98	82	54	5				793	88
Requests approved	132	118	98	82	90	88	77	49	1				735	82
Approval rate	94%	91%	95%	93%	96%	90%	94%	91%	20%					93%
Change in therapy	1	1	2	1	1	4	3	4	0				17	2
Change in therapy rate	1%	1%	2%	1%	1%	4%	4%	7%	0%					2%
Requests denied	7	10	3	5	3	6	2	1	4				41	5
Denial rate	5%	8%	3%	6%	3%	6%	2%	2%	80%					5%

<b>Gastrointestinals: PPIS by Month</b>	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Total	Mean
Number of requests	190	100	62	65	100	126	208	124	102				1,077	120
Requests approved	159	78	41	45	34	52	115	67	46				637	71
Approval rate	84%	78%	66%	69%	34%	41%	55%	54%	45%					59%
Change in therapy	11	8	11	10	31	36	42	30	27				206	23
Change in therapy rate	6%	8%	18%	15%	31%	29%	20%	24%	26%					19%
Requests denied	20	14	10	10	35	38	51	27	29				234	26
Denial rate	10%	14%	16%	15%	35%	30%	25%	22%	28%					22%



<b>Aciphex (rabeprazole)</b>	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Total	Mean
Number of requests	26	19	12	10	3	8	4	9	2				93	10
Requests approved	22	13	11	6	1	4	3	5	1				66	7
Approval rate	85%	68%	92%	60%	33%	50%	75%	56%	50%					71%
Change in therapy	0	3	0	2	1	2	0	0	1				9	1
Change in therapy rate	0%	16%	0%	20%	33%	25%	0%	0%	50%					10%
Requests denied	4	3	1	2	1	2	1	4	0				18	2
Denial rate	15%	16%	8%	20%	33%	25%	25%	44%	0%					19%

<b>Nexium (esomeprazole)</b>	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Total	Mean
Number of requests	107	65	45	46	85	108	199	107	87				849	94
Requests approved	85	52	27	33	29	47	112	62	44				491	55
Approval rate	79%	80%	60%	72%	34%	44%	56%	58%	51%					58%
Change in therapy	8	3	10	6	25	28	37	24	17				158	18
Change in therapy rate	8%	5%	22%	13%	29%	26%	19%	22%	20%					19%
Requests denied	14	10	8	7	31	33	50	21	26				200	22
Denial rate	13%	15%	18%	15%	36%	31%	25%	20%	30%					24%

<b>omeprazole</b>	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Total	Mean
Number of requests	19	16	5	4	6	6	2	4	8				70	8
Requests approved	16	13	3	3	0	0	0	0	0				35	4
Approval rate	84%	81%	60%	75%	0%	0%	0%	0%	0%					50%
Change in therapy	2	2	1	1	4	4	2	3	6				25	3
Change in therapy rate	11%	13%	20%	25%	67%	67%	100%	75%	75%					36%
Requests denied	1	1	1	0	2	2	0	1	2				10	1
Denial rate	5%	6%	20%	0%	33%	33%	0%	25%	25%					14%



**MedMetrics Vermont Clinical Call Center  
Prior Authorization Analysis  
Gastrointestinals: PPIS**

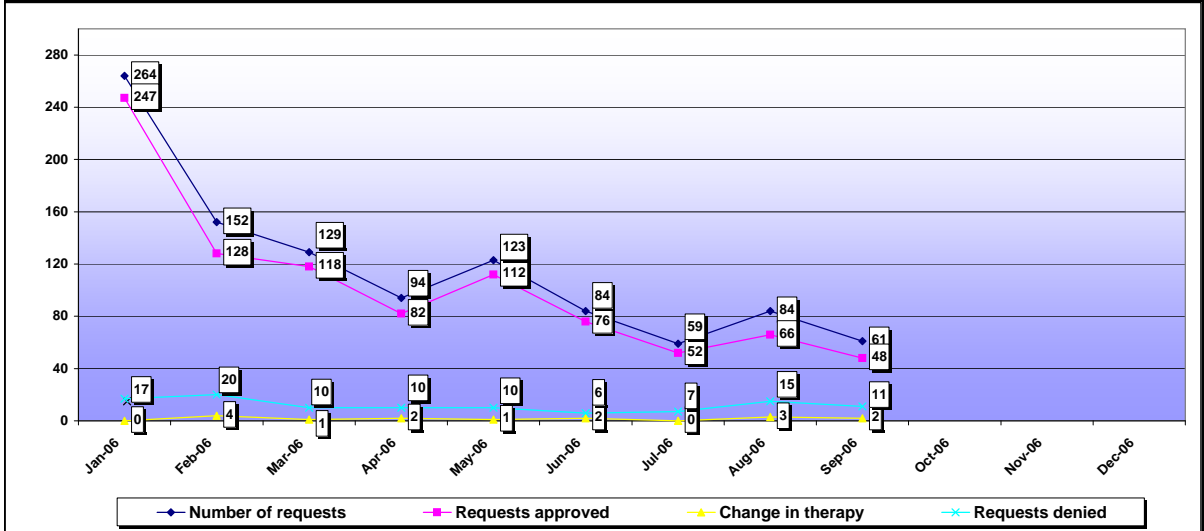
<b><i>Prilosec (omeprazole)</i></b>	<b><i>Jan-06</i></b>	<b><i>Feb-06</i></b>	<b><i>Mar-06</i></b>	<b><i>Apr-06</i></b>	<b><i>May-06</i></b>	<b><i>Jun-06</i></b>	<b><i>Jul-06</i></b>	<b><i>Aug-06</i></b>	<b><i>Sep-06</i></b>	<b><i>Oct-06</i></b>	<b><i>Nov-06</i></b>	<b><i>Dec-06</i></b>	<b><i>Total</i></b>	<b><i>Mean</i></b>
Number of requests	33	0	0	4	5	4	3	4	5				58	6
Requests approved	32	0	0	2	4	1	0	0	1				40	4
Approval rate	97%	-	-	50%	80%	25%	0%	0%	20%					69%
Change in therapy	0	0	0	1	0	2	3	3	3				12	1
Change in therapy rate	0%	-	-	25%	0%	50%	100%	75%	60%					21%
Requests denied	1	0	0	1	1	1	0	1	1				6	1
Denial rate	3%	-	-	25%	20%	25%	0%	25%	20%					10%

<b><i>Zegerid (omeprazole powder pack)</i></b>	<b><i>Jan-06</i></b>	<b><i>Feb-06</i></b>	<b><i>Mar-06</i></b>	<b><i>Apr-06</i></b>	<b><i>May-06</i></b>	<b><i>Jun-06</i></b>	<b><i>Jul-06</i></b>	<b><i>Aug-06</i></b>	<b><i>Sep-06</i></b>	<b><i>Oct-06</i></b>	<b><i>Nov-06</i></b>	<b><i>Dec-06</i></b>	<b><i>Total</i></b>	<b><i>Mean</i></b>
Number of requests	5	0	0	1	1	0	0	0	0				7	1
Requests approved	4	0	0	1	0	0	0	0	0				5	1
Approval rate	80%	-	-	100%	0%	-	-	-	-					71%
Change in therapy	1	0	0	0	1	0	0	0	0				2	0
Change in therapy rate	20%	-	-	0%	100%	-	-	-	-					29%
Requests denied	0	0	0	0	0	0	0	0	0				0	0
Denial rate	0%	-	-	0%	0%	-	-	-	-					0%



**MedMetrics Vermont Clinical Call Center**  
**Prior Authorization Analysis**  
**Analgesics: Long-Acting Narcotics**

<b>Analgesics: Long-Acting Narcotics by Month</b>	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Total	Mean
Number of requests	264	152	129	94	123	84	59	84	61				1,050	117
Requests approved	247	128	118	82	112	76	52	66	48				929	103
Approval rate	94%	84%	91%	87%	91%	90%	88%	79%	79%					88%
Change in therapy	0	4	1	2	1	2	0	3	2				15	2
Change in therapy rate	0%	3%	1%	2%	1%	2%	0%	4%	3%					1%
Requests denied	17	20	10	10	10	6	7	15	11				106	12
Denial rate	6%	13%	8%	11%	8%	7%	12%	18%	18%					10%



<b>Avinza (morphine sulfate beads SR)</b>	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Total	Mean
Number of requests	56	11	2	12	15	5	3	5	2				111	12
Requests approved	52	7	2	12	14	4	2	5	1				99	11
Approval rate	93%	64%	100%	100%	93%	80%	67%	100%	50%					89%
Change in therapy	0	3	0	0	0	0	0	0	0				3	0
Change in therapy rate	0%	27%	0%	0%	0%	0%	0%	0%	0%					3%
Requests denied	4	1	0	0	1	1	1	0	1				9	1
Denial rate	7%	9%	0%	0%	7%	20%	33%	0%	50%					8%

<b>Kadian (morphine sulfate capsule SR)</b>	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Total	Mean
Number of requests	3	5	1	0	0	1	0	1	0				11	1
Requests approved	3	4	0	0	0	1	0	1	0				9	1
Approval rate	100%	80%	0%	-	-	100%	-	100%	-					82%
Change in therapy	0	0	0	0	0	0	0	0	0				0	0
Change in therapy rate	0%	0%	0%	-	-	0%	-	0%	-					0%
Requests denied	0	1	1	0	0	0	0	0	0				2	0
Denial rate	0%	20%	100%	-	-	0%	-	0%	-					18%

<b>MS Contin (morphine sulfate tablet SR)</b>	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Total	Mean
Number of requests	8	1	4	2	0	1	1	1	0				18	2
Requests approved	8	1	4	2	0	1	1	1	0				18	2
Approval rate	100%	100%	100%	100%	-	100%	100%	100%	-					100%
Change in therapy	0	0	0	0	0	0	0	0	0				0	0
Change in therapy rate	0%	0%	0%	0%	-	0%	0%	0%	-					0%
Requests denied	0	0	0	0	0	0	0	0	0				0	0
Denial rate	0%	0%	0%	0%	-	0%	0%	0%	-					0%



**MedMetrics Vermont Clinical Call Center  
Prior Authorization Analysis  
Analgesics: Long-Acting Narcotics**

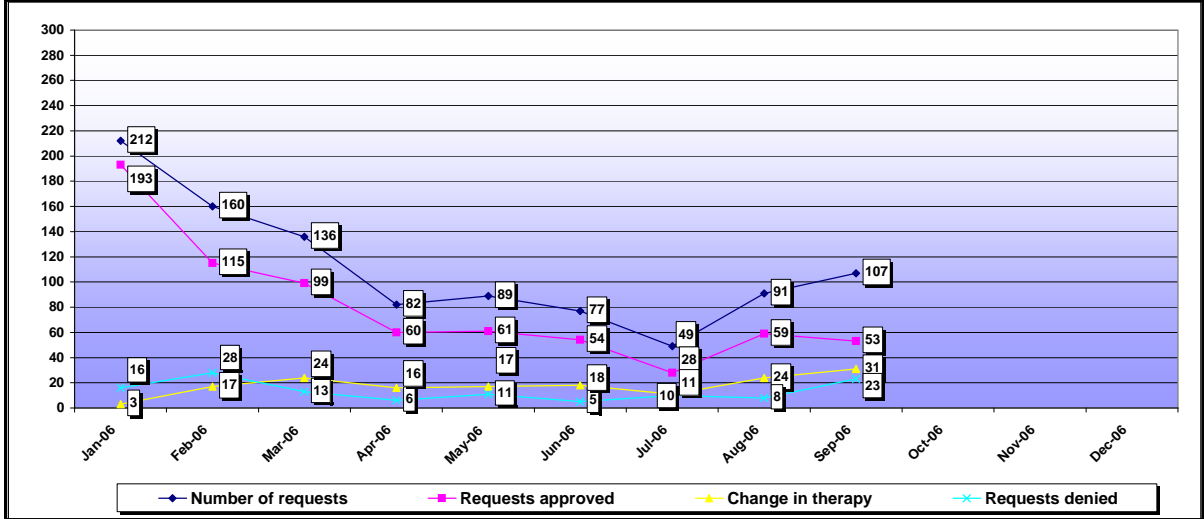
<i>oxycodone ER</i>	<i>Jan-06</i>	<i>Feb-06</i>	<i>Mar-06</i>	<i>Apr-06</i>	<i>May-06</i>	<i>Jun-06</i>	<i>Jul-06</i>	<i>Aug-06</i>	<i>Sep-06</i>	<i>Oct-06</i>	<i>Nov-06</i>	<i>Dec-06</i>	<i>Total</i>	<i>Mean</i>
Number of requests	140	92	106	75	98	71	49	72	57				760	84
Requests approved	128	80	98	63	88	64	43	56	46				666	74
Approval rate	91%	87%	92%	84%	90%	90%	88%	78%	81%					88%
Change in therapy	0	1	1	2	1	2	0	3	1				11	1
Change in therapy rate	0%	1%	1%	3%	1%	3%	0%	4%	2%					1%
Requests denied	12	11	7	10	9	5	6	13	10				83	9
Denial rate	9%	12%	7%	13%	9%	7%	12%	18%	18%					11%

<i>OxyContin (oxycodone HCl ER)</i>	<i>Jan-06</i>	<i>Feb-06</i>	<i>Mar-06</i>	<i>Apr-06</i>	<i>May-06</i>	<i>Jun-06</i>	<i>Jul-06</i>	<i>Aug-06</i>	<i>Sep-06</i>	<i>Oct-06</i>	<i>Nov-06</i>	<i>Dec-06</i>	<i>Total</i>	<i>Mean</i>
Number of requests	57	43	16	5	10	6	6	5	2				150	17
Requests approved	56	36	14	5	10	6	6	3	1				137	15
Approval rate	98%	84%	88%	100%	100%	100%	100%	60%	50%					91%
Change in therapy	0	0	0	0	0	0	0	0	1				1	0
Change in therapy rate	0%	0%	0%	0%	0%	0%	0%	0%	50%					1%
Requests denied	1	7	2	0	0	0	0	2	0				12	1
Denial rate	2%	16%	13%	0%	0%	0%	0%	40%	0%					8%



**MedMetrics Vermont Clinical Call Center  
Prior Authorization Analysis  
Anti-Anxiety: Sedative Hypnotics (Non- Benzodiazepines)**

<b>Anti-Anxiety: Sedative Hypnotics (non-benzodiazepines) by Month</b>	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Total	Mean
Number of requests	212	160	136	82	89	77	49	91	107				1,003	111
Requests approved	193	115	99	60	61	54	28	59	53				722	80
Approval rate	91%	72%	73%	73%	69%	70%	57%	65%	50%					72%
Change in therapy	3	17	24	16	17	18	11	24	31				161	18
Change in therapy rate	1%	11%	18%	20%	19%	23%	22%	26%	29%					16%
Requests denied	16	28	13	6	11	5	10	8	23				120	13
Denial rate	8%	18%	10%	7%	12%	6%	20%	9%	21%					12%



<b>Ambien/CR (zolpidem tartrate)</b>	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Total	Mean
Number of requests	167	146	119	64	76	71	37	76	93				849	94
Requests approved	149	103	87	48	49	48	19	44	42				589	65
Approval rate	89%	71%	73%	75%	64%	68%	51%	58%	45%					69%
Change in therapy	3	15	20	10	16	18	11	24	29				146	16
Change in therapy rate	2%	10%	17%	16%	21%	25%	30%	32%	31%					17%
Requests denied	15	28	12	6	11	5	7	8	22				114	13
Denial rate	9%	19%	10%	9%	14%	7%	19%	11%	24%					13%

<b>Lunesta (eszopiclone)</b>	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Total	Mean
Number of requests	24	0	0	0	0	0	0	0	0				24	3
Requests approved	24	0	0	0	0	0	0	0	0				24	3
Approval rate	100%	-	-	-	-	-	-	-	-					100%
Change in therapy	0	0	0	0	0	0	0	0	0				0	0
Change in therapy rate	0%	-	-	-	-	-	-	-	-					0%
Requests denied	0	0	0	0	0	0	0	0	0				0	0
Denial rate	0%	-	-	-	-	-	-	-	-					0%

<b>Rozerem (ramelteon)</b>	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Total	Mean
Number of requests	16	9	13	15	10	5	11	14	13				106	12
Requests approved	15	8	9	9	10	5	8	14	10				88	10
Approval rate	94%	89%	69%	60%	100%	100%	73%	100%	77%					83%
Change in therapy	0	1	4	6	0	0	0	0	2				13	1
Change in therapy rate	0%	11%	31%	40%	0%	0%	0%	0%	15%					12%
Requests denied	1	0	0	0	0	0	3	0	1				5	1
Denial rate	6%	0%	0%	0%	0%	0%	27%	0%	8%					5%

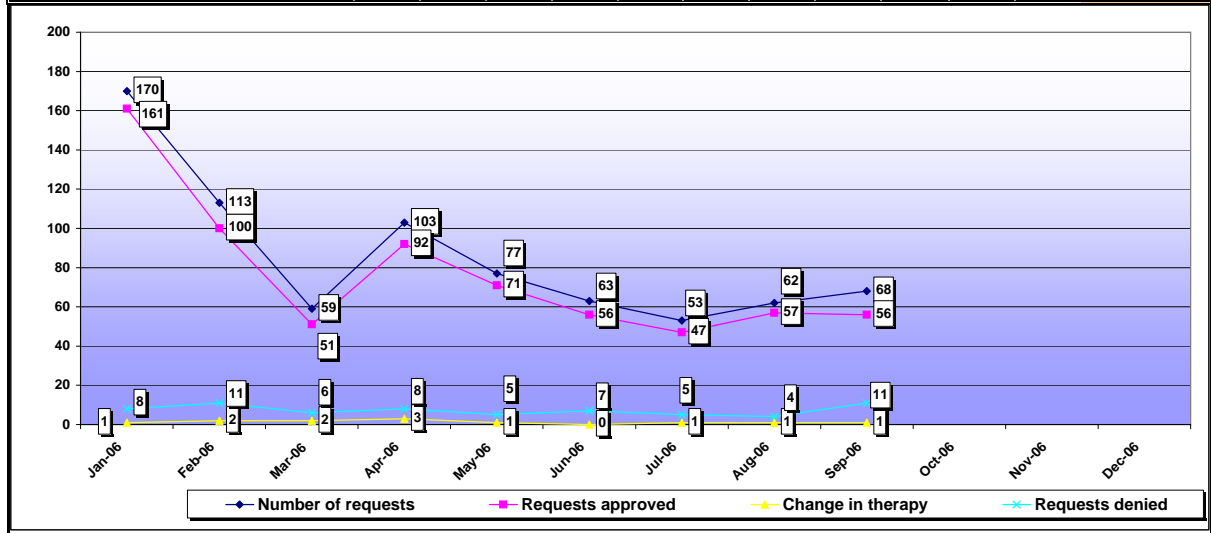


**MedMetrics Vermont Clinical Call Center  
Prior Authorization Analysis  
Anti-Anxiety: Sedative Hypnotics (Non- Benzodiazepines)**

<b>Somnote (chloral hydrate)</b>	<b>Jan-06</b>	<b>Feb-06</b>	<b>Mar-06</b>	<b>Apr-06</b>	<b>May-06</b>	<b>Jun-06</b>	<b>Jul-06</b>	<b>Aug-06</b>	<b>Sep-06</b>	<b>Oct-06</b>	<b>Nov-06</b>	<b>Dec-06</b>	<b>Total</b>	<b>Mean</b>
Number of requests	0	2	0	1	0	0	0	0	0				3	0
Requests approved	0	2	0	0	0	0	0	0	0				2	0
Approval rate	-	100%	-	0%	-	-	-	-	-					67%
Change in therapy	0	0	0	1	0	0	0	0	0				1	0
Change in therapy rate	-	0%	-	100%	-	-	-	-	-					33%
Requests denied	0	0	0	0	0	0	0	0	0				0	0
Denial rate	-	0%	-	0%	-	-	-	-	-					0%

<b>Sonata (zaleplon)</b>	<b>Jan-06</b>	<b>Feb-06</b>	<b>Mar-06</b>	<b>Apr-06</b>	<b>May-06</b>	<b>Jun-06</b>	<b>Jul-06</b>	<b>Aug-06</b>	<b>Sep-06</b>	<b>Oct-06</b>	<b>Nov-06</b>	<b>Dec-06</b>	<b>Total</b>	<b>Mean</b>
Number of requests	5	5	4	3	3	1	1	1	1				24	3
Requests approved	5	4	3	3	2	1	1	1	1				21	2
Approval rate	100%	80%	75%	100%	67%	100%	100%	100%	100%					88%
Change in therapy	0	1	0	0	1	0	0	0	0				2	0
Change in therapy rate	0%	20%	0%	0%	33%	0%	0%	0%	0%					8%
Requests denied	0	0	1	0	0	0	0	0	0				1	0
Denial rate	0%	0%	25%	0%	0%	0%	0%	0%	0%					4%

<b>NSAID and Cox2 by Month</b>	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Total	Mean
Number of requests	170	113	59	103	77	63	53	62	68				768	85
Requests approved	161	100	51	92	71	56	47	57	56				691	77
Approval rate	94%	88%	86%	89%	92%	89%	89%	92%	82%					90%
Change in therapy	1	2	2	3	1	0	1	1	1				12	1
Change in therapy rate	1%	2%	3%	3%	1%	0%	2%	2%	1%					2%
Requests denied	8	11	6	8	5	7	5	4	11				65	7
Denial rate	5%	10%	10%	8%	6%	11%	9%	6%	16%					8%



<b>Arthrotec (diclofenac sodium/misoprostol)</b>	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Total	Mean
Number of requests	30	17	5	6	7	4	5	5	6				85	9
Requests approved	29	15	5	4	7	4	5	4	5				78	9
Approval rate	97%	88%	100%	67%	100%	100%	100%	80%	83%					92%
Change in therapy	1	1	0	1	0	0	0	0	0				3	0
Change in therapy rate	3%	6%	0%	17%	0%	0%	0%	0%	0%					4%
Requests denied	0	1	0	1	0	0	0	1	1				4	0
Denial rate	0%	6%	0%	17%	0%	0%	0%	20%	17%					5%

<b>Celebrex (celecoxib)</b>	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Total	Mean
Number of requests	100	60	30	64	46	31	30	32	31				424	47
Requests approved	96	57	26	59	43	26	26	30	22				385	43
Approval rate	96%	95%	87%	92%	93%	84%	87%	94%	71%					91%
Change in therapy	0	0	2	1	0	0	1	0	1				5	1
Change in therapy rate	0%	0%	7%	2%	0%	0%	3%	0%	3%					1%
Requests denied	4	3	2	4	3	5	3	2	8				34	4
Denial rate	4%	5%	7%	6%	7%	16%	10%	6%	26%					8%

<b>Daypro (oxaprozin)</b>	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Total	Mean
Number of requests	0	0	0	1	0	0	0	0	0				1	0
Requests approved	0	0	0	1	0	0	0	0	0				1	0
Approval rate	-	-	-	100%	-	-	-	-	-					100%
Change in therapy	0	0	0	0	0	0	0	0	0				0	0
Change in therapy rate	-	-	-	0%	-	-	-	-	-					0%
Requests denied	0	0	0	0	0	0	0	0	0				0	0
Denial rate	-	-	-	0%	-	-	-	-	-					0%



**MedMetrics Clinical Call Center  
Prior Authorization Analysis  
NSAID/ Cox 2 Inhibitors**

	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Total	Mean
<b>Indocin/SR (indomethacin)</b>														
Number of requests	1	0	0	1	0	0	0	0	0				2	0
Requests approved	1	0	0	1	0	0	0	0	0				2	0
Approval rate	100%	-	-	100%	-	-	-	-	-					100%
Change in therapy	0	0	0	0	0	0	0	0	0				0	0
Change in therapy rate	0%	-	-	0%	-	-	-	-	-					0%
Requests denied	0	0	0	0	0	0	0	0	0				0	0
Denial rate	0%	-	-	0%	-	-	-	-	-					0%

	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Total	Mean
<b>ketorolac</b>														
Number of requests	5	18	7	11	12	12	8	9	14				96	11
Requests approved	4	10	5	8	10	11	7	8	12				75	8
Approval rate	80%	56%	71%	73%	83%	92%	88%	89%	86%					78%
Change in therapy	0	1	0	1	1	0	0	0	0				3	0
Change in therapy rate	0%	6%	0%	9%	8%	0%	0%	0%	0%					3%
Requests denied	1	7	2	2	1	1	1	1	2				18	2
Denial rate	20%	39%	29%	18%	8%	8%	13%	11%	14%					19%

	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Total	Mean
<b>Mobic (meloxicam)</b>														
Number of requests	30	18	17	13	11	9	4	12	7				121	13
Requests approved	28	18	15	13	10	9	4	12	7				116	13
Approval rate	93%	100%	88%	100%	91%	100%	100%	100%	100%					96%
Change in therapy	0	0	0	0	0	0	0	0	0				0	0
Change in therapy rate	0%	0%	0%	0%	0%	0%	0%	0%	0%					0%
Requests denied	2	0	2	0	1	0	0	0	0				5	1
Denial rate	7%	0%	12%	0%	9%	0%	0%	0%	0%					4%

	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Total	Mean
<b>Motrin (ibuprofen)</b>														
Number of requests	1	0	0	2	0	1	0	0	0				4	0
Requests approved	1	0	0	2	0	1	0	0	0				4	0
Approval rate	100%	-	-	100%	-	100%	-	-	-					100%
Change in therapy	0	0	0	0	0	0	0	0	0				0	0
Change in therapy rate	0%	-	-	0%	-	0%	-	-	-					0%
Requests denied	0	0	0	0	0	0	0	0	0				0	0
Denial rate	0%	-	-	0%	-	0%	-	-	-					0%

	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Total	Mean
<b>Ponstel (mefenamic acid)</b>														
Number of requests	3	0	0	5	1	6	6	3	8				32	4
Requests approved	2	0	0	4	1	5	5	2	8				27	3
Approval rate	67%	-	-	80%	100%	83%	83%	67%	100%					84%
Change in therapy	0	0	0	0	0	0	0	1	0				1	0
Change in therapy rate	0%	-	-	0%	0%	0%	0%	33%	0%					3%
Requests denied	1	0	0	1	0	1	1	0	0				4	0
Denial rate	33%	-	-	20%	0%	17%	17%	0%	0%					13%

	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Total	Mean
<b>Relafen (nabumetone)</b>														
Number of requests	0	0	0	0	0	0	0	0	1				1	0
Requests approved	0	0	0	0	0	0	0	0	1				1	0
Approval rate	-	-	-	-	-	-	-	-	100%					100%
Change in therapy	0	0	0	0	0	0	0	0	0				0	0
Change in therapy rate	-	-	-	-	-	-	-	-	0%					0%
Requests denied	0	0	0	0	0	0	0	0	0				0	0
Denial rate	-	-	-	-	-	-	-	-	0%					0%



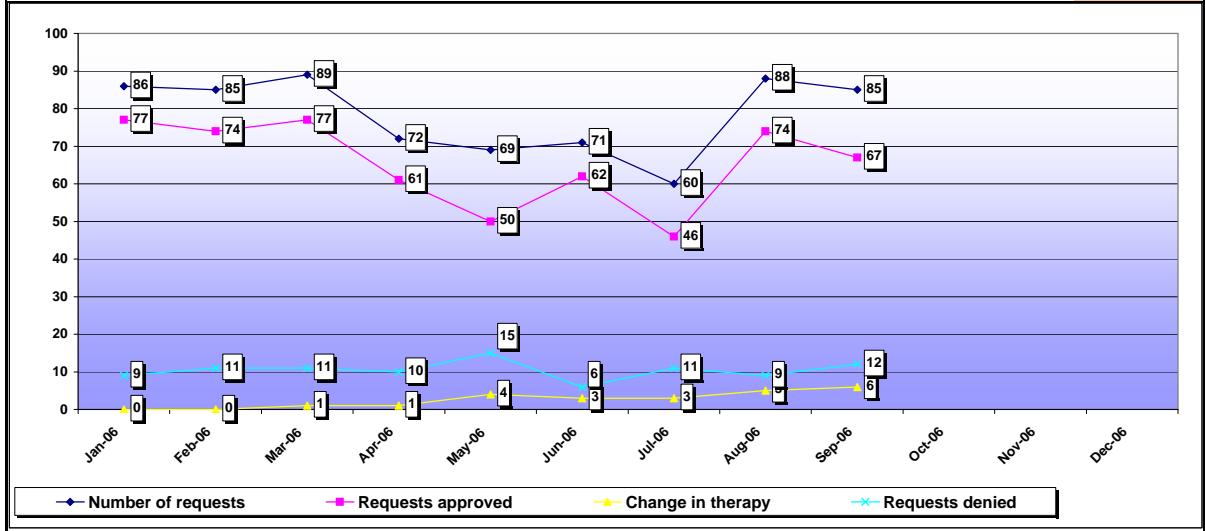
**MedMetrics Clinical Call Center  
Prior Authorization Analysis  
NSAID/ Cox 2 Inhibitors**

<b>Toradol (ketorolac)</b>	<b>Jan-06</b>	<b>Feb-06</b>	<b>Mar-06</b>	<b>Apr-06</b>	<b>May-06</b>	<b>Jun-06</b>	<b>Jul-06</b>	<b>Aug-06</b>	<b>Sep-06</b>	<b>Oct-06</b>	<b>Nov-06</b>	<b>Dec-06</b>	<b>Total</b>	<b>Mean</b>
Number of requests	3	0	0	0	0	0	0	1	1				5	1
Requests approved	2	0	0	0	0	0	0	1	1				4	0
Approval rate	67%	-	-	-	-	-	-	100%	100%					80%
Change in therapy	0	0	0	0	0	0	0	0	0				0	0
Change in therapy rate	0%	-	-	-	-	-	-	0%	0%					0%
Requests denied	1	0	0	0	0	0	0	0	0				1	0
Denial rate	33%	-	-	-	-	-	-	0%	0%					20%



**MedMetrics Vermont Clinical Call Center  
Prior Authorization Analysis  
Anti-Hyperkinesis: ADHD, ADD, Narcolepsy**

<b>Anti-Hyperkinesis: ADHD, ADD, Narcolepsy by Month</b>	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Total	Mean
Number of requests	86	85	89	72	69	71	60	88	85				705	78
Requests approved	77	74	77	61	50	62	46	74	67				588	65
Approval rate	90%	87%	87%	85%	72%	87%	77%	84%	79%					83%
Change in therapy	0	0	1	1	4	3	3	5	6				23	3
Change in therapy rate	0%	0%	1%	1%	6%	4%	5%	6%	7%					3%
Requests denied	9	11	11	10	15	6	11	9	12				94	10
Denial rate	10%	13%	12%	14%	22%	8%	18%	10%	14%					13%



<b>Adderall (amphetamine salts)</b>	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Total	Mean
Number of requests	5	0	0	0	1	0	0	1	0				7	1
Requests approved	4	0	0	0	1	0	0	0	0				5	1
Approval rate	80%	-	-	-	100%	-	-	0%	-					71%
Change in therapy	0	0	0	0	0	0	0	1	0				1	0
Change in therapy rate	0%	-	-	-	0%	-	-	100%	-					14%
Requests denied	1	0	0	0	0	0	0	0	0				1	0
Denial rate	20%	-	-	-	0%	-	-	0%	-					14%

<b>Amphetamine salts</b>	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Total	Mean
Number of requests	0	0	0	0	0	0	0	0	0				0	0
Requests approved	0	0	0	0	0	0	0	0	0				0	0
Approval rate	-	-	-	-	-	-	-	-	-					-
Change in therapy	0	0	0	0	0	0	0	0	0				0	0
Change in therapy rate	-	-	-	-	-	-	-	-	-					-
Requests denied	0	0	0	0	0	0	0	0	0				0	0
Denial rate	-	-	-	-	-	-	-	-	-					-

<b>Desoxyn (methamphetamine)</b>	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Total	Mean
Number of requests	0	0	0	0	2	0	0	0	0				2	0
Requests approved	0	0	0	0	0	0	0	0	0				0	0
Approval rate	-	-	-	-	0%	-	-	-	-					0%
Change in therapy	0	0	0	0	0	0	0	0	0				0	0
Change in therapy rate	-	-	-	-	0%	-	-	-	-					0%
Requests denied	0	0	0	0	2	0	0	0	0				2	0
Denial rate	-	-	-	-	100%	-	-	-	-					100%

Anti-Hyperkinesis Prior Auth Analysis

All fractions of percentages rounded to nearest whole number

Prepared by University of Massachusetts Medical School Clinical Pharmacy Services for MedMetrics Health Partners, Inc.



**MedMetrics Vermont Clinical Call Center  
Prior Authorization Analysis  
Anti-Hyperkinesia: ADHD, ADD, Narcolepsy**

<b>Dexedrine (dextroamphetamine)</b>	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Total	Mean
Number of requests	1	1	0	0	0	0	0	0	2				4	0
Requests approved	1	0	0	0	0	0	0	0	1				2	0
Approval rate	100%	0%	-	-	-	-	-	-	50%					50%
Change in therapy	0	0	0	0	0	0	0	0	1				1	0
Change in therapy rate	0%	0%	-	-	-	-	-	-	50%					25%
Requests denied	0	1	0	0	0	0	0	0	0				1	0
Denial rate	0%	100%	-	-	-	-	-	-	0%					25%

<b>Focalin (dexmethylphenidate)</b>	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Total	Mean
Number of requests	0	8	6	4	7	6	2	6	4				43	5
Requests approved	0	8	6	4	6	5	2	5	3				39	4
Approval rate	-	100%	100%	100%	86%	83%	100%	83%	75%					91%
Change in therapy	0	0	0	0	1	1	0	0	0				2	0
Change in therapy rate	-	0%	0%	0%	14%	17%	0%	0%	0%					5%
Requests denied	0	0	0	0	0	0	0	1	1				2	0
Denial rate	-	0%	0%	0%	0%	0%	0%	17%	25%					5%

<b>Metadate CD (methylphenidate)</b>	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Total	Mean
Number of requests	0	0	11	6	11	6	6	15	7				62	7
Requests approved	0	0	11	3	7	4	4	13	3				45	5
Approval rate	-	-	100%	50%	64%	67%	67%	87%	43%					73%
Change in therapy	0	0	0	1	2	1	2	1	2				9	1
Change in therapy rate	-	-	0%	17%	18%	17%	33%	7%	29%					15%
Requests denied	0	0	0	2	2	1	0	1	2				8	1
Denial rate	-	-	0%	33%	18%	17%	0%	7%	29%					13%

<b>Provigil (modafinil)</b>	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Total	Mean
Number of requests	21	12	11	15	8	13	13	24	11				128	14
Requests approved	15	9	6	8	5	11	8	18	7				87	10
Approval rate	71%	75%	55%	53%	63%	85%	62%	75%	64%					68%
Change in therapy	0	0	0	0	0	1	0	2	0				3	0
Change in therapy rate	0%	0%	0%	0%	0%	8%	0%	8%	0%					2%
Requests denied	6	3	5	7	3	1	5	4	4				38	4
Denial rate	29%	25%	45%	47%	38%	8%	38%	17%	36%					30%

<b>Ritalin (methylphenidate)</b>	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Total	Mean
Number of requests	0	20	11	5	6	9	4	5	11				71	8
Requests approved	0	18	8	5	4	8	3	4	8				58	6
Approval rate	-	90%	73%	100%	67%	89%	75%	80%	73%					82%
Change in therapy	0	0	1	0	0	0	0	1	2				4	0
Change in therapy rate	-	0%	9%	0%	0%	0%	0%	20%	18%					6%
Requests denied	0	2	2	0	2	1	1	0	1				9	1
Denial rate	-	10%	18%	0%	33%	11%	25%	0%	9%					13%

<b>Strattera (atomoxetine)</b>	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Total	Mean
Number of requests	59	44	49	42	34	36	35	36	50				385	43
Requests approved	57	39	45	41	27	34	29	33	45				350	39
Approval rate	97%	89%	92%	98%	79%	94%	83%	92%	90%					91%
Change in therapy	0	0	0	0	1	0	1	0	1				3	0
Change in therapy rate	0%	0%	0%	0%	3%	0%	3%	0%	2%					1%
Requests denied	2	5	4	1	6	2	5	3	4				32	4
Denial rate	3%	11%	8%	2%	18%	6%	14%	8%	8%					8%



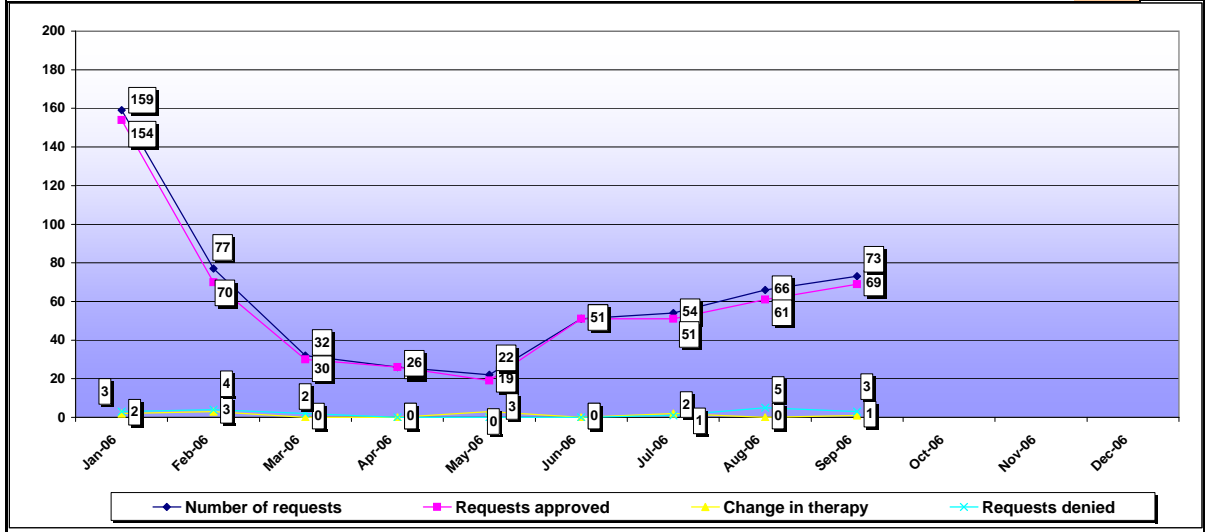
**MedMetrics Vermont Clinical Call Center  
Prior Authorization Analysis  
Anti-Hyperkinesia: ADHD, ADD, Narcolepsy**

<i>Xyrem (sodium oxybate oral solution)</i>	<i>Jan-06</i>	<i>Feb-06</i>	<i>Mar-06</i>	<i>Apr-06</i>	<i>May-06</i>	<i>Jun-06</i>	<i>Jul-06</i>	<i>Aug-06</i>	<i>Sep-06</i>	<i>Oct-06</i>	<i>Nov-06</i>	<i>Dec-06</i>	<i>Total</i>	<i>Mean</i>
Number of requests	0	0	1	0	0	1	0	1	0				3	0
Requests approved	0	0	1	0	0	0	0	1	0				2	0
Approval rate	-	-	100%	-	-	0%	-	100%	-					67%
Change in therapy	0	0	0	0	0	0	0	0	0				0	0
Change in therapy rate	-	-	0%	-	-	0%	-	0%	-					0%
Requests denied	0	0	0	0	0	1	0	0	0				1	0
Denial rate	-	-	0%	-	-	100%	-	0%	-					33%



**MedMetrics Vermont Clinical Call Center  
Prior Authorization Analysis  
Anti-Psychotics Atypicals & Combination**

<b>Anti-Psychotics Atypicals &amp; Combination by Month</b>	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Total	Mean
Number of requests	159	77	32	26	22	51	54	66	73				560	62
Requests approved	154	70	30	26	19	51	51	61	69				531	59
Approval rate	97%	91%	94%	100%	86%	100%	94%	92%	95%					95%
Change in therapy	2	3	0	0	3	0	2	0	1				11	1
Change in therapy rate	1%	4%	0%	0%	14%	0%	4%	0%	1%					2%
Requests denied	3	4	2	0	0	0	1	5	3				18	2
Denial rate	2%	5%	6%	0%	0%	0%	2%	8%	4%					3%



<b>Abilify (aripiprazole)</b>	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Total	Mean
Number of requests	73	35	10	9	5	32	36	48	41				289	32
Requests approved	70	34	10	9	4	32	35	44	40				278	31
Approval rate	96%	97%	100%	100%	80%	100%	97%	92%	98%					96%
Change in therapy	2	0	0	0	1	0	0	0	1				4	0
Change in therapy rate	3%	0%	0%	0%	20%	0%	0%	0%	2%					1%
Requests denied	1	1	0	0	0	0	1	4	0				7	1
Denial rate	1%	3%	0%	0%	0%	0%	3%	8%	0%					2%

<b>Clozaril (clozapine)</b>	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Total	Mean
Number of requests	1	0	0	0	0	0	0	2	2				5	1
Requests approved	1	0	0	0	0	0	0	2	0				3	0
Approval rate	100%	-	-	-	-	-	-	100%	0%					60%
Change in therapy	0	0	0	0	0	0	0	0	0				0	0
Change in therapy rate	0%	-	-	-	-	-	-	0%	0%					0%
Requests denied	0	0	0	0	0	0	0	0	2				2	0
Denial rate	0%	-	-	-	-	-	-	0%	100%					40%

<b>Geodon/ IM (ziprasidone)</b>	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Total	Mean
Number of requests	19	2	0	0	0	0	0	0	0				21	2
Requests approved	18	2	0	0	0	0	0	0	0				20	2
Approval rate	95%	100%	-	-	-	-	-	-	-					95%
Change in therapy	0	0	0	0	0	0	0	0	0				0	0
Change in therapy rate	0%	0%	-	-	-	-	-	-	-					0%
Requests denied	1	0	0	0	0	0	0	0	0				1	0
Denial rate	5%	0%	-	-	-	-	-	-	-					5%



**MedMetrics Vermont Clinical Call Center  
Prior Authorization Analysis  
Anti-Psychotics Atypicals & Combination**

<b>Risperdal/Consta/Rapdis (risperidone)</b>	<b>Jan-06</b>	<b>Feb-06</b>	<b>Mar-06</b>	<b>Apr-06</b>	<b>May-06</b>	<b>Jun-06</b>	<b>Jul-06</b>	<b>Aug-06</b>	<b>Sep-06</b>	<b>Oct-06</b>	<b>Nov-06</b>	<b>Dec-06</b>	<b>Total</b>	<b>Mean</b>
Number of requests	26	4	6	6	4	5	1	1	3				56	6
Requests approved	26	4	6	6	4	5	1	1	3				56	6
Approval rate	100%	100%	100%	100%	100%	100%	100%	100%	100%					100%
Change in therapy	0	0	0	0	0	0	0	0	0				0	0
Change in therapy rate	0%	0%	0%	0%	0%	0%	0%	0%	0%				0%	0%
Requests denied	0	0	0	0	0	0	0	0	0				0	0
Denial rate	0%	0%	0%	0%	0%	0%	0%	0%	0%				0%	0%

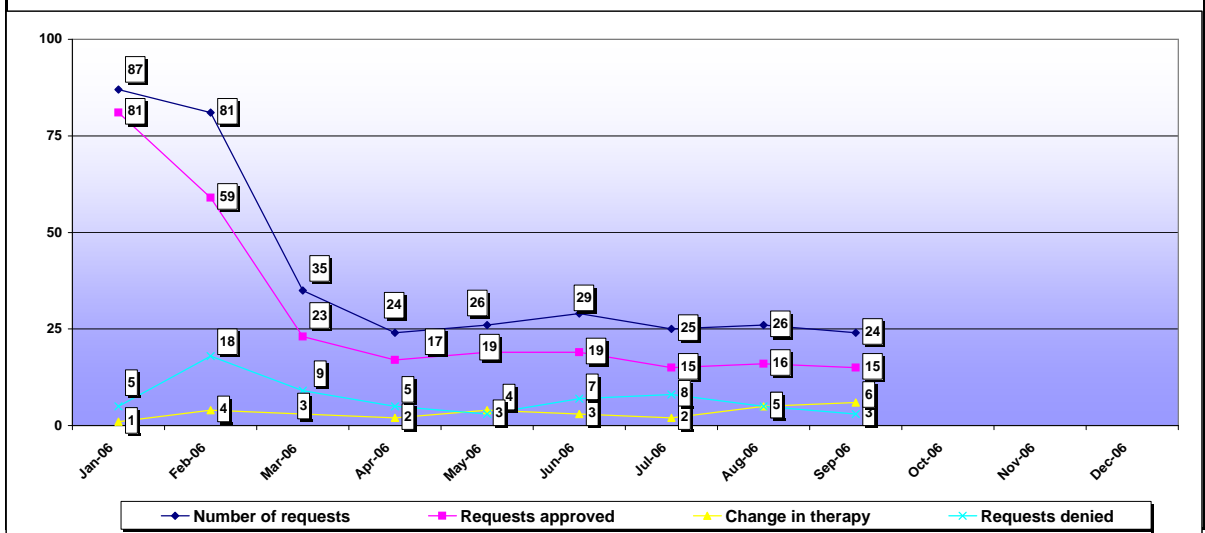
<b>Symbyax (olanzapine- fluoxetine)</b>	<b>Jan-06</b>	<b>Feb-06</b>	<b>Mar-06</b>	<b>Apr-06</b>	<b>May-06</b>	<b>Jun-06</b>	<b>Jul-06</b>	<b>Aug-06</b>	<b>Sep-06</b>	<b>Oct-06</b>	<b>Nov-06</b>	<b>Dec-06</b>	<b>Total</b>	<b>Mean</b>
Number of requests	1	3	16	11	13	0	0	0	0				44	5
Requests approved	1	2	14	11	11	0	0	0	0				39	4
Approval rate	100%	67%	88%	100%	85%	-	-	-	-					89%
Change in therapy	0	1	0	0	2	0	0	0	0				3	0
Change in therapy rate	0%	33%	0%	0%	15%	-	-	-	-					7%
Requests denied	0	0	2	0	0	0	0	0	0				2	0
Denial rate	0%	0%	13%	0%	0%	-	-	-	-					5%

<b>Zyprexa/IM/Zydis (olanzapine)</b>	<b>Jan-06</b>	<b>Feb-06</b>	<b>Mar-06</b>	<b>Apr-06</b>	<b>May-06</b>	<b>Jun-06</b>	<b>Jul-06</b>	<b>Aug-06</b>	<b>Sep-06</b>	<b>Oct-06</b>	<b>Nov-06</b>	<b>Dec-06</b>	<b>Total</b>	<b>Mean</b>
Number of requests	39	33	0	0	0	14	17	15	27				145	16
Requests approved	38	28	0	0	0	14	15	14	26				135	15
Approval rate	97%	85%	-	-	-	100%	88%	93%	96%					93%
Change in therapy	0	2	0	0	0	0	2	0	0				4	0
Change in therapy rate	0%	6%	-	-	-	0%	12%	0%	0%					3%
Requests denied	1	3	0	0	0	0	0	1	1				6	1
Denial rate	3%	9%	-	-	-	0%	0%	7%	4%					4%



**MedMetrics Vermont Clinical Call Center  
Prior Authorization Analysis  
Urinary Antispasmodics**

<b>Urinary Antispasmodics by Month</b>	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Total	Mean
Number of requests	87	81	35	24	26	29	25	26	24				357	40
Requests approved	81	59	23	17	19	19	15	16	15				264	29
Approval rate	93%	73%	66%	71%	73%	66%	60%	62%	63%					74%
Change in therapy	1	4	3	2	4	3	2	5	6				30	3
Change in therapy rate	1%	5%	9%	8%	15%	10%	8%	19%	25%					8%
Requests denied	5	18	9	5	3	7	8	5	3				63	7
Denial rate	6%	22%	26%	21%	12%	24%	32%	19%	13%					18%



<b>Detrol (tolterodine)</b>	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Total	Mean
Number of requests	61	28	19	8	10	10	10	8	7				161	18
Requests approved	58	15	8	2	6	1	3	1	1				95	11
Approval rate	95%	54%	42%	25%	60%	10%	30%	13%	14%					59%
Change in therapy	1	4	3	2	4	3	1	4	3				25	3
Change in therapy rate	2%	14%	16%	25%	40%	30%	10%	50%	43%					16%
Requests denied	2	9	8	4	0	6	6	3	3				41	5
Denial rate	3%	32%	42%	50%	0%	60%	60%	38%	43%					25%

<b>Ditropan syrup (oxybutynin)</b>	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Total	Mean
Number of requests	0	0	1	0	0	0	0	0	0				1	0
Requests approved	0	0	1	0	0	0	0	0	0				1	0
Approval rate	-	-	100%	-	-	-	-	-	-					100%
Change in therapy	0	0	0	0	0	0	0	0	0				0	0
Change in therapy rate	-	-	0%	-	-	-	-	-	-					0%
Requests denied	0	0	0	0	0	0	0	0	0				0	0
Denial rate	-	-	0%	-	-	-	-	-	-					0%

<b>Ditropan/XL (oxybutynin)</b>	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Total	Mean
Number of requests	8	28	7	6	4	9	8	5	6				81	9
Requests approved	8	25	7	6	4	9	5	4	5				73	8
Approval rate	100%	89%	100%	100%	100%	100%	63%	80%	83%					90%
Change in therapy	0	0	0	0	0	0	1	0	1				2	0
Change in therapy rate	0%	0%	0%	0%	0%	0%	13%	0%	17%					2%
Requests denied	0	3	0	0	0	0	2	1	0				6	1
Denial rate	0%	11%	0%	0%	0%	0%	25%	20%	0%					7%



**MedMetrics Vermont Clinical Call Center  
Prior Authorization Analysis  
Urinary Antispasmodics**

<b>Enablex (darifenacin)</b>	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Total	Mean
Number of requests	9	12	2	5	3	6	5	5	5				52	6
Requests approved	9	12	2	5	3	6	5	5	5				52	6
Approval rate	100%	100%	100%	100%	100%	100%	100%	100%	100%					100%
Change in therapy	0	0	0	0	0	0	0	0	0				0	0
Change in therapy rate	0%	0%	0%	0%	0%	0%	0%	0%	0%				0%	0%
Requests denied	0	0	0	0	0	0	0	0	0				0	0
Denial rate	0%	0%	0%	0%	0%	0%	0%	0%	0%				0%	0%

<b>Oxytrol (oxybutynin transdermal)</b>	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Total	Mean
Number of requests	1	5	2	1	4	1	0	4	0				18	2
Requests approved	0	0	1	1	2	0	0	2	0				6	1
Approval rate	0%	0%	50%	100%	50%	0%	-	50%	-					33%
Change in therapy	0	0	0	0	0	0	0	1	0				1	0
Change in therapy rate	0%	0%	0%	0%	0%	0%	-	25%	-					6%
Requests denied	1	5	1	0	2	1	0	1	0				11	1
Denial rate	100%	100%	50%	0%	50%	100%	-	25%	-					61%

<b>Sanctura (trospium)</b>	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Total	Mean
Number of requests	1	6	1	1	2	1	0	1	1				14	2
Requests approved	1	5	1	0	1	1	0	1	0				10	1
Approval rate	100%	83%	100%	0%	50%	100%	-	100%	0%					71%
Change in therapy	0	0	0	0	0	0	0	0	1				1	0
Change in therapy rate	0%	0%	0%	0%	0%	0%	-	0%	100%					7%
Requests denied	0	1	0	1	1	0	0	0	0				3	0
Denial rate	0%	17%	0%	100%	50%	0%	-	0%	0%					21%

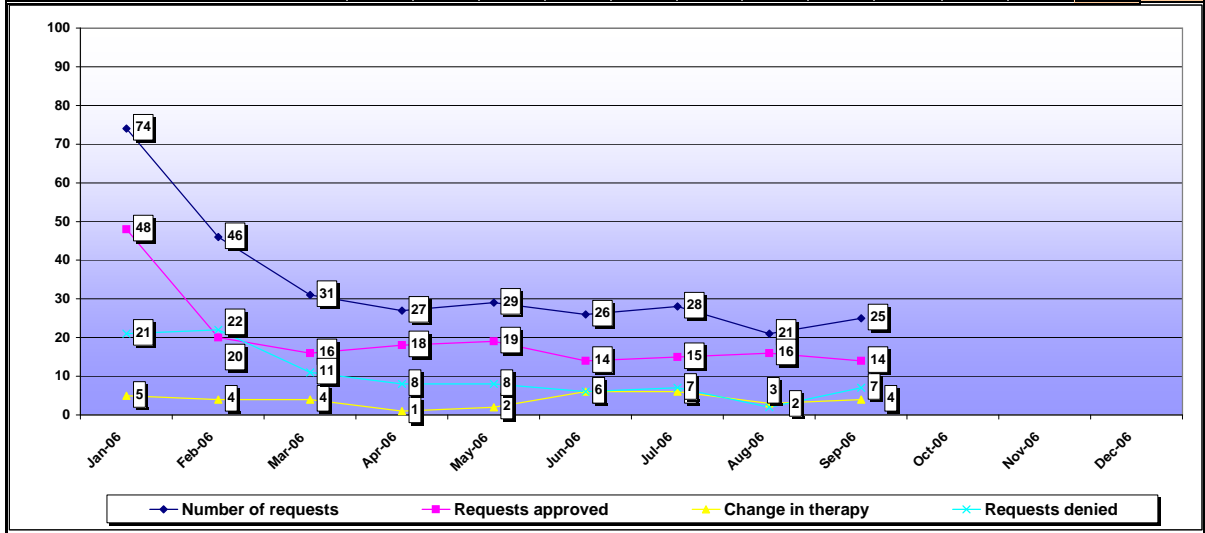
<b>Urispas (flavoxate)</b>	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Total	Mean
Number of requests	0	1	0	0	0	0	0	0	0				1	0
Requests approved	0	1	0	0	0	0	0	0	0				1	0
Approval rate	-	100%	-	-	-	-	-	-	-					100%
Change in therapy	0	0	0	0	0	0	0	0	0				0	0
Change in therapy rate	-	0%	-	-	-	-	-	-	-					0%
Requests denied	0	0	0	0	0	0	0	0	0				0	0
Denial rate	-	0%	-	-	-	-	-	-	-					0%

<b>Vesicare (solifenacin)</b>	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Total	Mean
Number of requests	7	1	3	3	3	2	2	3	5				29	3
Requests approved	5	1	3	3	3	2	2	3	4				26	3
Approval rate	71%	100%	100%	100%	100%	100%	100%	100%	80%					90%
Change in therapy	0	0%	0	0	0	0	0	0	1				1	0
Change in therapy rate	0%	0%	0%	0%	0%	0%	0%	0%	20%					3%
Requests denied	2	0	0	0	0	0	0	0	0				2	0
Denial rate	29%	0%	0%	0%	0%	0%	0%	0%	0%					7%



**MedMetrics Vermont Clinical Call Center  
Prior Authorization Analysis  
Anti-Migraine: Triptans**

<b>Anti-Migraine: Triptans by Month</b>	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Total	Mean
<b>Number of requests</b>	74	46	31	27	29	26	28	21	25				307	34
Requests approved	48	20	16	18	19	14	15	16	14				180	20
Approval rate	65%	43%	52%	67%	66%	54%	54%	76%	56%					59%
Change in therapy	5	4	4	1	2	6	6	3	4				35	4
Change in therapy rate	7%	9%	13%	4%	7%	23%	21%	14%	16%					11%
Requests denied	21	22	11	8	8	6	7	2	7				92	10
Denial rate	28%	48%	35%	30%	28%	23%	25%	10%	28%					30%



<b>Amerge (naratriptan)</b>	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Total	Mean
<b>Number of requests</b>	1	3	2	0	0	1	3	0	1				11	1
Requests approved	1	1	1	0	0	0	1	0	1				5	1
Approval rate	100%	33%	50%	-	-	0%	33%	-	100%					45%
Change in therapy	0	0	0	0	0	0	0	0	0				0	0
Change in therapy rate	0%	0%	0%	-	-	0%	0%	-	0%					0%
Requests denied	0	2	1	0	0	1	2	0	0				6	1
Denial rate	0%	67%	50%	-	-	100%	67%	-	0%					55%

<b>Axert (almotriptan)</b>	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Total	Mean
<b>Number of requests</b>	3	6	3	1	4	1	4	2	4				28	3
Requests approved	2	2	1	0	2	0	2	2	3				14	2
Approval rate	67%	33%	33%	0%	50%	0%	50%	100%	75%					50%
Change in therapy	0	1	0	0	0	1	2	0	0				4	0
Change in therapy rate	0%	17%	0%	0%	0%	100%	50%	0%	0%					14%
Requests denied	1	3	2	1	2	0	0	0	1				10	1
Denial rate	33%	50%	67%	100%	50%	0%	0%	0%	25%					36%

<b>Frova (frovatriptan)</b>	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Total	Mean
<b>Number of requests</b>	3	0	4	3	2	4	0	1	1				18	2
Requests approved	2	0	3	2	2	2	0	1	1				13	1
Approval rate	67%	-	75%	67%	100%	50%	-	100%	100%					72%
Change in therapy	0	0	0	0	0	1	0	0	0				1	0
Change in therapy rate	0%	-	0%	0%	0%	25%	-	0%	0%					6%
Requests denied	1	0	1	1	0	1	0	0	0				4	0
Denial rate	33%	-	25%	33%	0%	25%	-	0%	0%					22%



**MedMetrics Vermont Clinical Call Center  
Prior Authorization Analysis  
Anti-Migraine: Triptans**

<b>Imitrex (sumatriptan)</b>	<b>Jan-06</b>	<b>Feb-06</b>	<b>Mar-06</b>	<b>Apr-06</b>	<b>May-06</b>	<b>Jun-06</b>	<b>Jul-06</b>	<b>Aug-06</b>	<b>Sep-06</b>	<b>Oct-06</b>	<b>Nov-06</b>	<b>Dec-06</b>	<b>Total</b>	<b>Mean</b>
Number of requests	42	6	0	0	0	0	0	0	0				48	5
Requests approved	28	0	0	0	0	0	0	0	0				28	3
Approval rate	67%	0%	-	-	-	-	-	-	-					58%
Change in therapy	3	1	0	0	0	0	0	0	0				4	0
Change in therapy rate	7%	17%	-	-	-	-	-	-	-					8%
Requests denied	11	5	0	0	0	0	0	0	0				16	2
Denial rate	26%	83%	-	-	-	-	-	-	-					33%

<b>Relpax (eletriptan)</b>	<b>Jan-06</b>	<b>Feb-06</b>	<b>Mar-06</b>	<b>Apr-06</b>	<b>May-06</b>	<b>Jun-06</b>	<b>Jul-06</b>	<b>Aug-06</b>	<b>Sep-06</b>	<b>Oct-06</b>	<b>Nov-06</b>	<b>Dec-06</b>	<b>Total</b>	<b>Mean</b>
Number of requests	25	21	16	13	17	11	11	11	13				138	15
Requests approved	15	11	8	11	12	8	6	9	7				87	10
Approval rate	60%	52%	50%	85%	71%	73%	55%	82%	54%					63%
Change in therapy	2	2	4	0	2	1	2	1	2				16	2
Change in therapy rate	8%	10%	25%	0%	12%	9%	18%	9%	15%					12%
Requests denied	8	8	4	2	3	2	3	1	4				35	4
Denial rate	32%	38%	25%	15%	18%	18%	27%	9%	31%					25%

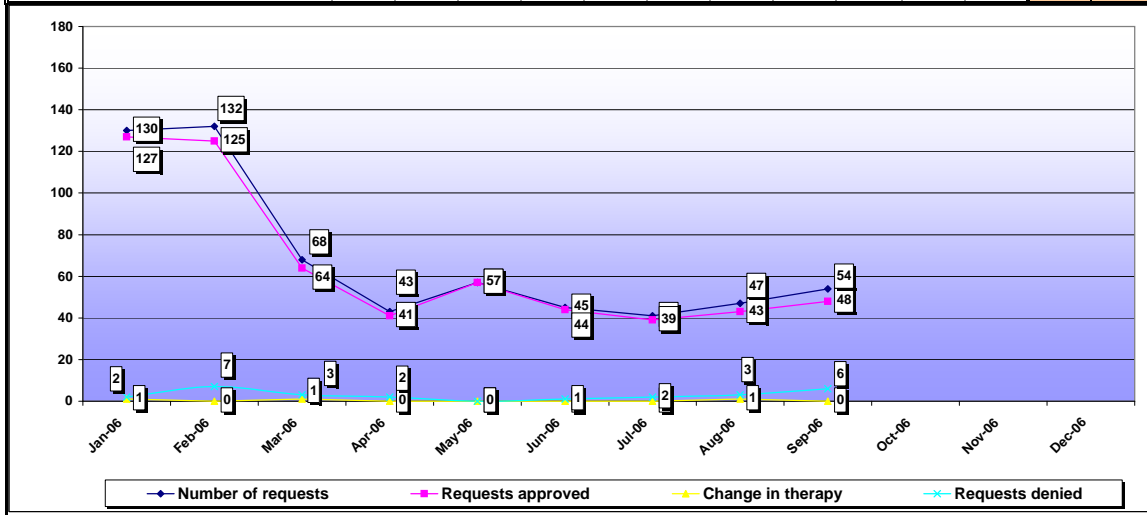
<b>Zomig (zolmitriptan)</b>	<b>Jan-06</b>	<b>Feb-06</b>	<b>Mar-06</b>	<b>Apr-06</b>	<b>May-06</b>	<b>Jun-06</b>	<b>Jul-06</b>	<b>Aug-06</b>	<b>Sep-06</b>	<b>Oct-06</b>	<b>Nov-06</b>	<b>Dec-06</b>	<b>Total</b>	<b>Mean</b>
Number of requests	25	10	6	10	6	9	10	7	6				89	10
Requests approved	15	6	3	5	3	4	6	4	2				48	5
Approval rate	60%	60%	50%	50%	50%	44%	60%	57%	33%					54%
Change in therapy	2	0	0	1	0	3	2	2	2				12	1
Change in therapy rate	8%	0%	0%	10%	0%	33%	20%	29%	33%					13%
Requests denied	8	4	3	4	3	2	2	1	2				29	3
Denial rate	32%	40%	50%	40%	50%	22%	20%	14%	33%					33%

**MedMetrics Top 3 Quantity Limit Detail  
January 2006 – September 2006**



**MedMetrics Vermont Clinical Call Center  
Quantity Limit Analysis  
Gastrointestinals: PPIS**

<b>Gastrointestinals: PPIS by Month</b>	<b>Jan-06</b>	<b>Feb-06</b>	<b>Mar-06</b>	<b>Apr-06</b>	<b>May-06</b>	<b>Jun-06</b>	<b>Jul-06</b>	<b>Aug-06</b>	<b>Sep-06</b>	<b>Oct-06</b>	<b>Nov-06</b>	<b>Dec-06</b>	<b>Total</b>	<b>Mean</b>
Number of requests	130	132	68	43	57	45	41	47	54				617	69
Requests approved	127	125	64	41	57	44	39	43	48				588	65
Approval rate	97%	95%	94%	95%	100%	98%	95%	91%	89%					95%
Change in therapy	1	0	1	0	0	0	0	1	0				3	0
Change in therapy rate	1%	0%	1%	0%	0%	0%	0%	2%	0%					1%
Requests denied	2	7	3	2	0	1	2	3	6				26	3
Denial rate	2%	5%	4%	5%	0%	2%	5%	6%	11%					4%



<b>Aciphex (rabeprazole)</b>	<b>Jan-06</b>	<b>Feb-06</b>	<b>Mar-06</b>	<b>Apr-06</b>	<b>May-06</b>	<b>Jun-06</b>	<b>Jul-06</b>	<b>Aug-06</b>	<b>Sep-06</b>	<b>Oct-06</b>	<b>Nov-06</b>	<b>Dec-06</b>	<b>Total</b>	<b>Mean</b>
Number of requests	3	2	3	0	1	1	0	1	1				12	1
Requests approved	3	2	3	0	1	1	0	1	1				12	1
Approval rate	100%	100%	100%	-	100%	100%	-	100%	100%					100%
Change in therapy	0	0	0	0	0	0	0	0	0				0	0
Change in therapy rate	0%	0%	0%	-	0%	0%	-	0%	0%					0%
Requests denied	0	0	0	0	0	0	0	0	0				0	0
Denial rate	0%	0%	0%	-	0%	0%	-	0%	0%					0%

<b>Nexium (esomeprazole)</b>	<b>Jan-06</b>	<b>Feb-06</b>	<b>Mar-06</b>	<b>Apr-06</b>	<b>May-06</b>	<b>Jun-06</b>	<b>Jul-06</b>	<b>Aug-06</b>	<b>Sep-06</b>	<b>Oct-06</b>	<b>Nov-06</b>	<b>Dec-06</b>	<b>Total</b>	<b>Mean</b>
Number of requests	18	38	20	10	7	10	6	10	6				125	14
Requests approved	17	35	19	10	7	9	6	9	6				118	13
Approval rate	94%	92%	95%	100%	100%	90%	100%	90%	100%					94%
Change in therapy	0	0	0	0	0	0	0	1	0				1	0
Change in therapy rate	0%	0%	0%	0%	0%	0%	0%	10%	0%					1%
Requests denied	1	3	1	0	0	1	0	0	0				6	1
Denial rate	6%	8%	5%	0%	0%	10%	0%	0%	0%					5%

<b>omeprazole</b>	<b>Jan-06</b>	<b>Feb-06</b>	<b>Mar-06</b>	<b>Apr-06</b>	<b>May-06</b>	<b>Jun-06</b>	<b>Jul-06</b>	<b>Aug-06</b>	<b>Sep-06</b>	<b>Oct-06</b>	<b>Nov-06</b>	<b>Dec-06</b>	<b>Total</b>	<b>Mean</b>
Number of requests	0	10	3	2	3	0	0	1	1				20	2
Requests approved	0	10	2	2	3	0	0	1	1				19	2
Approval rate	-	100%	67%	100%	100%	-	-	100%	100%					95%
Change in therapy	0	0	0	0	0	0	0	0	0				0	0
Change in therapy rate	-	0%	0%	0%	0%	-	-	0%	0%					0%
Requests denied	0	0	1	0	0	0	0	0	0				1	0
Denial rate	-	0%	33%	0%	0%	-	-	0%	0%					5%



**MedMetrics Vermont Clinical Call Center  
Quantity Limit Analysis  
Gastrointestinals: PPIS**

<b>Prevacid (lansoprazole)</b>	<b>Jan-06</b>	<b>Feb-06</b>	<b>Mar-06</b>	<b>Apr-06</b>	<b>May-06</b>	<b>Jun-06</b>	<b>Jul-06</b>	<b>Aug-06</b>	<b>Sep-06</b>	<b>Oct-06</b>	<b>Nov-06</b>	<b>Dec-06</b>	<b>Total</b>	<b>Mean</b>
<b>Number of requests</b>	72	58	33	19	26	21	19	22	19				289	32
Requests approved	71	56	32	17	26	21	17	21	18				279	31
Approval rate	99%	97%	97%	89%	100%	100%	89%	95%	95%					97%
Change in therapy	0	0	1	0	0	0	0	0	0				1	0
Change in therapy rate	0%	0%	3%	0%	0%	0%	0%	0%	0%					0%
Requests denied	1	2	0	2	0	0	2	1	1				9	1
Denial rate	1%	3%	0%	11%	0%	0%	11%	5%	5%					3%

<b>Prilosec (omeprazole)</b>	<b>Jan-06</b>	<b>Feb-06</b>	<b>Mar-06</b>	<b>Apr-06</b>	<b>May-06</b>	<b>Jun-06</b>	<b>Jul-06</b>	<b>Aug-06</b>	<b>Sep-06</b>	<b>Oct-06</b>	<b>Nov-06</b>	<b>Dec-06</b>	<b>Total</b>	<b>Mean</b>
<b>Number of requests</b>	0	0	0	1	0	0	1	0	0				2	0
Requests approved	0	0	0	1	0	0	1	0	0				2	0
Approval rate	-	-	-	100%	-	-	100%	-	-					100%
Change in therapy	0	0	0	0	0	0	0	0	0				0	0
Change in therapy rate	-	-	-	0%	-	-	0%	-	-					0%
Requests denied	0	0	0	0	0	0	0	0	0				0	0
Denial rate	-	-	-	0%	-	-	0%	-	-					0%

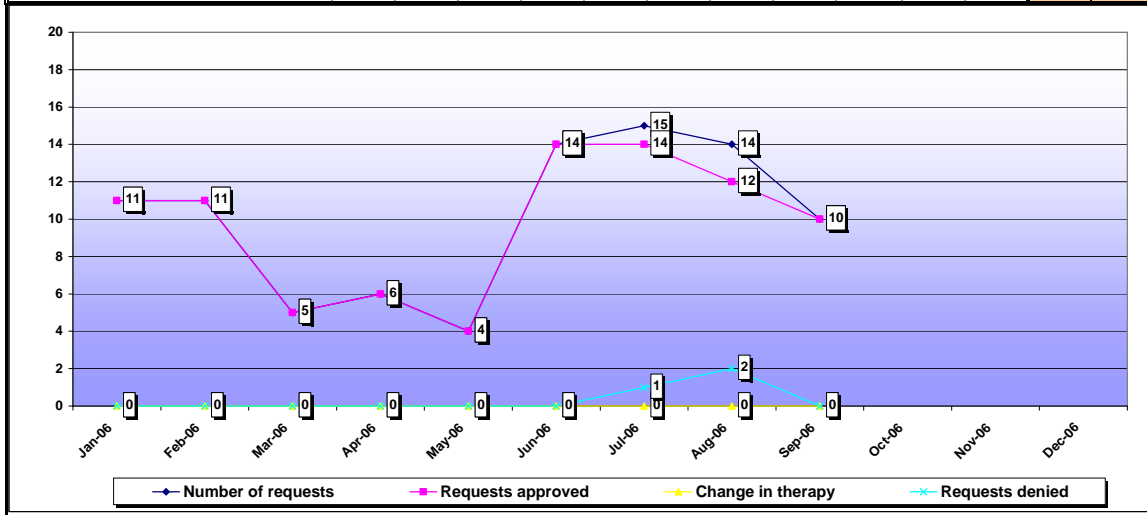
<b>Protonix (pantoprazole)</b>	<b>Jan-06</b>	<b>Feb-06</b>	<b>Mar-06</b>	<b>Apr-06</b>	<b>May-06</b>	<b>Jun-06</b>	<b>Jul-06</b>	<b>Aug-06</b>	<b>Sep-06</b>	<b>Oct-06</b>	<b>Nov-06</b>	<b>Dec-06</b>	<b>Total</b>	<b>Mean</b>
<b>Number of requests</b>	37	24	9	11	20	12	15	13	27				168	19
Requests approved	36	22	8	11	20	12	15	11	22				157	17
Approval rate	97%	92%	89%	100%	100%	100%	100%	85%	81%					93%
Change in therapy	1	0	0	0	0	0	0	0	0				1	0
Change in therapy rate	3%	0%	0%	0%	0%	0%	0%	0%	0%					1%
Requests denied	0	2	1	0	0	0	0	2	5				10	1
Denial rate	0%	8%	11%	0%	0%	0%	0%	15%	19%					6%

<b>Zegerid (omeprazole powder pack)</b>	<b>Jan-06</b>	<b>Feb-06</b>	<b>Mar-06</b>	<b>Apr-06</b>	<b>May-06</b>	<b>Jun-06</b>	<b>Jul-06</b>	<b>Aug-06</b>	<b>Sep-06</b>	<b>Oct-06</b>	<b>Nov-06</b>	<b>Dec-06</b>	<b>Total</b>	<b>Mean</b>
<b>Number of requests</b>	0	0	0	0	0	1	0	0	0				1	0
Requests approved	0	0	0	0	0	1	0	0	0				1	0
Approval rate	-	-	-	-	-	100%	-	-	-					100%
Change in therapy	0	0	0	0	0	0	0	0	0				0	0
Change in therapy rate	-	-	-	-	-	0%	-	-	-					0%
Requests denied	0	0	0	0	0	0	0	0	0				0	0
Denial rate	-	-	-	-	-	0%	-	-	-					0%



**MedMetrics Vermont Clinical Call Center  
Quantity Limit Analysis  
Anti-Infectives: Antibiotics: Oral Fluoroquinolones**

<b>Anti-Infectives: Antibiotics: Oral Fluoroquinolones by Month</b>	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Total	Mean
Number of requests	11	11	5	6	4	14	15	14	10				90	10
Requests approved	11	11	5	6	4	14	14	12	10				87	10
Approval rate	100%	100%	100%	100%	100%	100%	93%	86%	100%					97%
Change in therapy	0	0	0	0	0	0	0	0	0				0	0
Change in therapy rate	0%	0%	0%	0%	0%	0%	0%	0%	0%					0%
Requests denied	0	0	0	0	0	0	1	2	0				3	0
Denial rate	0%	0%	0%	0%	0%	0%	7%	14%	0%					3%



<b>Avelox (moxifloxacin)</b>	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Total	Mean
Number of requests	2	0	0	0	0	0	1	1	0				4	0
Requests approved	2	0	0	0	0	0	1	1	0				4	0
Approval rate	100%	-	-	-	-	-	100%	100%	-					100%
Change in therapy	0	0	0	0	0	0	0	0	0				0	0
Change in therapy rate	0%	-	-	-	-	-	0%	0%	-					0%
Requests denied	0	0	0	0	0	0	0	0	0				0	0
Denial rate	0%	-	-	-	-	-	0%	0%	-					0%

<b>ciprofloxacin</b>	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Total	Mean
Number of requests	8	11	4	6	4	3	6	8	5				55	6
Requests approved	8	11	4	6	4	3	5	6	5				52	6
Approval rate	100%	100%	100%	100%	100%	100%	83%	75%	100%					95%
Change in therapy	0	0	0	0	0	0	0	0	0				0	0
Change in therapy rate	0%	0%	0%	0%	0%	0%	0%	0%	0%					0%
Requests denied	0	0	0	0	0	0	1	2	0				3	0
Denial rate	0%	0%	0%	0%	0%	0%	17%	25%	0%					5%

<b>Levaquin (levofloxacin)</b>	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Total	Mean
Number of requests	0	0	1	0	0	11	8	5	5				30	3
Requests approved	0	0	1	0	0	11	8	5	5				30	3
Approval rate	-	-	100%	-	-	100%	100%	100%	100%					100%
Change in therapy	0	0	0	0	0	0	0	0	0				0	0
Change in therapy rate	-	-	0%	-	-	0%	0%	0%	0%					0%
Requests denied	0	0	0	0	0	0	0	0	0				0	0
Denial rate	-	-	0%	-	-	0%	0%	0%	0%					0%



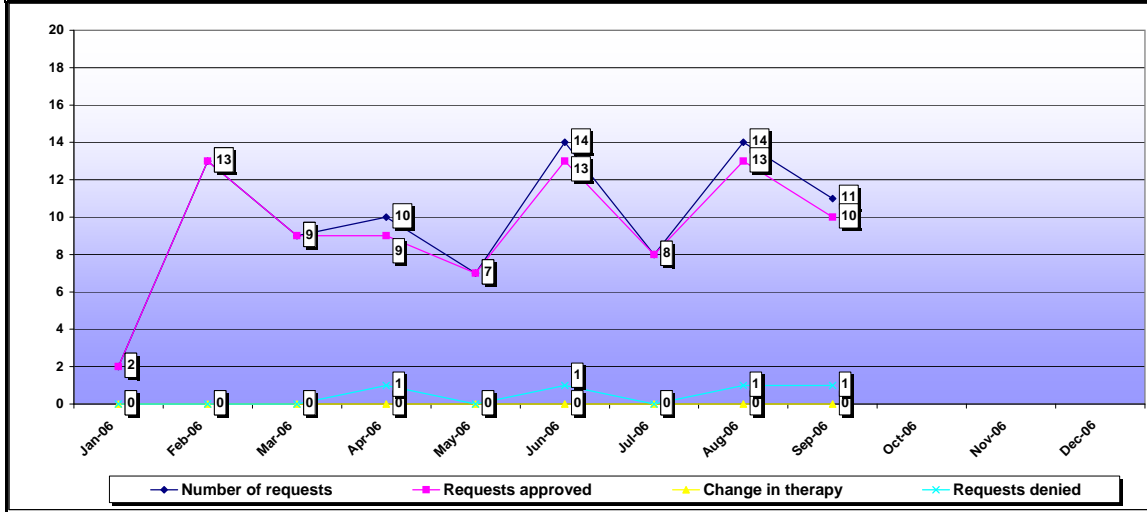
**MedMetrics Vermont Clinical Call Center  
Quantity Limit Analysis  
Anti-Infectives: Antibiotics: Oral Fluoroquinolones**

<i>Noroxin (norfloxacin)</i>	<i>Jan-06</i>	<i>Feb-06</i>	<i>Mar-06</i>	<i>Apr-06</i>	<i>May-06</i>	<i>Jun-06</i>	<i>Jul-06</i>	<i>Aug-06</i>	<i>Sep-06</i>	<i>Oct-06</i>	<i>Nov-06</i>	<i>Dec-06</i>	<i>Total</i>	<i>Mean</i>
Number of requests	1	0	0	0	0	0	0	0	0				1	0
Requests approved	1	0	0	0	0	0	0	0	0				1	0
Approval rate	100%	-	-	-	-	-	-	-	-					100%
Change in therapy	0	0	0	0	0	0	0	0	0				0	0
Change in therapy rate	0%	-	-	-	-	-	-	-	-					0%
Requests denied	0	0	0	0	0	0	0	0	0				0	0
Denial rate	0%	-	-	-	-	-	-	-	-					0%



**MedMetrics Vermont Clinical Call Center  
Quantity Limit Analysis  
Anti-Emetics: 5-HT3 Receptor Antagonists**

<b>Anti-Emetics: 5-HT3 Receptor Antagonists by Month</b>	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Total	Mean
Number of requests	2	13	9	10	7	14	8	14	11				88	10
Requests approved	2	13	9	9	7	13	8	13	10				84	9
Approval rate	100%	100%	100%	90%	100%	93%	100%	93%	91%					95%
Change in therapy	0	0	0	0	0	0	0	0	0				0	0
Change in therapy rate	0%	0%	0%	0%	0%	0%	0%	0%	0%				0	0%
Requests denied	0	0	0	1	0	1	0	1	1				4	0
Denial rate	0%	0%	0%	10%	0%	7%	0%	7%	9%					5%



<b>Anzemet (dolasetron)</b>	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Total	Mean
Number of requests	0	2	0	0	0	0	0	1	0				3	0
Requests approved	0	2	0	0	0	0	0	1	0				3	0
Approval rate	-	100%	-	-	-	-	-	100%	-					100%
Change in therapy	0	0	0	0	0	0	0	0	0				0	0
Change in therapy rate	-	0%	-	-	-	-	-	0%	-				0	0%
Requests denied	0	0	0	0	0	0	0	0	0				0	0
Denial rate	-	0%	-	-	-	-	-	0%	-					0%

<b>Kytril, Kytril injectable (granisetron)</b>	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Total	Mean
Number of requests	4	0	2	0	0	0	1	1	0				8	1
Requests approved	4	0	2	0	0	0	1	1	0				8	1
Approval rate	100%	-	100%	-	-	-	100%	100%	-					100%
Change in therapy	0	0	0	0	0	0	0	0	0				0	0
Change in therapy rate	0%	-	0%	-	-	-	0%	0%	-				0	0%
Requests denied	0	0	0	0	0	0	0	0	0				0	0
Denial rate	0%	-	0%	-	-	-	0%	0%	-					0%

<b>Zofran/ODT, Zofran injectable (ondansetron)</b>	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Total	Mean
Number of requests	2	11	7	10	7	14	7	12	11				81	9
Requests approved	2	11	7	9	7	13	7	11	10				77	9
Approval rate	100%	100%	100%	90%	100%	93%	100%	92%	91%					95%
Change in therapy	0	0	0	0	0	0	0	0	0				0	0
Change in therapy rate	0%	0%	0%	0%	0%	0%	0%	0%	0%				0	0%
Requests denied	0	0	0	1	0	1	0	1	1				4	0
Denial rate	0%	0%	0%	10%	0%	7%	0%	8%	9%					5%

**Retrospective Drug Utilization  
Review Program (RetroDUR)**

## IV. Retrospective Drug Utilization Review (RetroDUR) Program

The goal of the Vermont RetroDUR Program is to promote appropriate prescribing and use of medications. RetroDUR identifies prescribing, dispensing, and consumption patterns which are clinically and therapeutically inappropriate and do not meet the established clinical practice guidelines. A variety of interventions are then employed to correct these situations. MedMetrics' RetroDUR program takes a multilevel approach to identifying, filtering, and communicating important information pertaining to the prescribing and/or consumption of medications. It is an approach that analyzes patterns of utilization at a patient-specific level, as well as the unique prescribing habits and the pharmaceutical care provided by the physician.

All levels of the retrospective DUR process, including the development of the clinical review criteria, the content of the alert letters, and the clinical monographs and questionnaires, are produced by MedMetrics-affiliated professional staff and registered pharmacists. The initiative's criteria as well as research and compilation of data are reviewed and approved by consensus of Vermont's DUR board.

### MHP/OVHA – Retrospective DUR Summary (MHP/OVHA affiliation began January 1, 2006)

Month	Description
January 2006	11 PDL (Preferred Drug List) categories have an <u>automated Step Therapy</u> protocol initiated: <ul style="list-style-type: none"> <li>• ACE Inhibitors</li> <li>• Alzheimer medications</li> <li>• Antiherpetics</li> <li>• H-2 blockers</li> <li>• Mental Health drugs</li> <li>• Nasal Steroids</li> <li>• NSAIDs</li> <li>• Oral Diabetic Agents</li> <li>• PPIs</li> <li>• Statins</li> <li>• Triptans</li> </ul>
February 2006	Lunesta <sup>®</sup> – PDL addition
April 2006	Coreg <sup>®</sup> - clinical education
May 2006	Nexium <sup>®</sup> - PDL notification
May 2006	Tussionex <sup>®</sup> - PDL notification
June 2006	Byetta <sup>®</sup> /Symlin <sup>®</sup> - clinical education
June 2006	Erectile Dysfunction Drugs - PDL notification
June 2006	Asthma mgmt.- Short-acting beta agonist clinical advisory
July 2006	Asthma mgmt.- Long-acting beta agonist clinical advisory
August 2006	Paroxetine - clinical advisory
August 2006	Multisource mental health drugs - PDL notification
August 2006	Mental Health Drug Dosage consolidation – clinical education/notification

**Table 2: MedMetrics Retrospective DUR  
Criteria**

**Table 2: Retrospective DUR Criteria**

Therapeutic Category	Drug Problem Type										
	ID	IDU	OU	UU	DDI	DDC	TD	AG	O <sup>1</sup>	O <sup>2</sup>	O <sup>3</sup>
Anti-Ulcer Drugs			X				X	X		X	
Beta-Blockers			X	X				X			
Antipsychotics								X	X		
Antidepressants								X	X		X
Sedative Hypnotics								X		X	
Short acting beta agonists			X						X		
Long acting beta agonists			X								
Cough and cold medications			X					X	X		

**PROBLEM TYPE KEY**

ID = Insufficient DOSE  
 IDU = Incorrect Duration  
 OU = Over Utilization  
 UU = Under Utilization

DDI = Drug/ Drug Interaction  
 DDC = Drug/ Disease Contradiction  
 TD = Therapeutic Duplication  
 AG = Appropriate Use of Generics

O<sup>1</sup> = Appropriate Dosing  
 O<sup>2</sup> = Cost Effective Utilization  
 O<sup>3</sup> = Drug/Age Advisory

**Attachment 3: MedMetrics Retrospective  
DUR Analyses**

## **Automated Step Therapy (ST) for select Preferred Drug List (PDL) categories.**

### Background and Objective

Vermont's ST programs encourage the use of select 'preferred' drug therapies before alternative therapies are allowed coverage. Automated step therapy programs utilize the sophistication of MedMetrics' claims processing systems to screen a patient's previous claims history at the point of claims adjudication to validate the appropriate use of a first-line preferred entity. The clinical protocols which drive these ST programs are based upon an extensive review of clinical literature, manufacturer product information, consultation with medical professionals and final review and approval of the Vermont DUR board. Multiple automated step therapy programs were initiated on January 1, 2006 to encourage the use of first-line therapies before second- or third-line therapies are allowed coverage for the same indication.

The most notable therapeutic categories addressed via ST were those within the mental health therapeutic area. In January of 2006, following the review of a Psychotropic Subcommittee of the OVHA DUR Board and approval of the Health Access Oversight Committee of the Vermont State Legislature and the DUR Board, various mental health drug categories were incorporated into the PDL program. In conjunction with the launch of these categories on the PDL, automated step therapy protocols were established to ensure that coverage of these agents for patients currently well-established on these drugs would be "grandparented" and their mental health drug use would not be subject to the Preferred Drug List (PDL). The following grandparenting criteria were established by the State:

*Patients of any age currently using:*

- *antipsychotics,*
- *antidepressants,*
- *mood stabilizers,*
- *and/or CNS Stimulants/ADD/ADHD drugs*

*will be grandfathered so as not to risk destabilization. Changes in therapy or lapses in therapy will result in the application of the PDL.*

*The PDL applies to new patients, patients who are prescribed a change in therapy, and patients who have had a lapse in therapy of more than four months.*

*The prescribing of brands when generic equivalents are available will require prior authorization (PA). Patients in current therapies will be allowed to continue these drugs without PA until such time that providers can be notified and provided with patient-specific lists to assist in identifying who might readily transition to a preferred generic and who would require a PA. New patients and patients who are prescribed a change in therapy will require a PA for the use of a branded drug.*

### Methods

Two formal letters were sent to providers; the first being prior to initiation of the step therapy program for mental health drugs, explaining the overall concept and criteria. The second mailing was initiated post-program implementation (August 2006) and was targeted at only specific providers as described below:

## Methods (cont.)

A formal, patient specific letter was sent to 95 individual prescribers identifying 130 patients who had currently received a branded mental health drug (with a generic equivalent available) issued by them in the most recent previous four months of claims history. The mailing included a pharmacist-reviewed drug profile for each patient. A request was made for the prescriber to review the patient's profile/record and determine whether there was clinical justification for this patient to remain on the branded product. If so, an attached PA request form was made available for clinical justification of the brand name and due for submission prior to a set deadline. Otherwise, the physician was informed that, upon next refill, the patient's pharmacy would be required to dispense the generic equivalent.

## **Lunesta<sup>®</sup> addition to the Preferred Drug List (PDL) and subsequent associated cost avoidance.**

### Background and Objective

12/31/05: All branded hypnotics were non-preferred and required PA. Utilization of Ambien<sup>®</sup> / Ambien CR<sup>®</sup> was at 57% market share in the hypnotic class.

2/01/06: Lunesta was added to the Vermont PDL in addition to existing generic PDL drugs; chloral hydrate, estazolam, flurazepam and temazepam. All other hypnotics including Ambien<sup>®</sup> / Ambien CR<sup>®</sup> and Rozerem<sup>®</sup> remained non-preferred and required PA.

The objective of this analysis is to evaluate the utilization patterns and overall financial impact on the hypnotic therapeutic class from this action.

### Market Share Trend

<b>PRODUCT</b>	<b>Jan-March / 06</b>	<b>April-June / 06</b>	<b>July-Sept. / 06</b>
AMBIEN	46%	38%	32%
AMBIEN CR	3%	4%	5%
<b>LUNESTA</b>	<b>14%</b>	<b>25%</b>	<b>31%</b>
ROZEREM	2%	2%	3%
Other Hypnotics combined	35%	31%	29%
<b>TOTAL Hypnotics</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
Cost avoidance from Jan-March / 06 baseline		\$11,975	\$19,321

### Cost Avoidance

Post-addition of Lunesta to the Vermont PDL, a subsequent increase in market share of greater than 120% was observed with this preferred non-benzodiazepine sedative hypnotic. Based on changes in market share of Lunesta versus alternative non-preferred brand-name agents (Ambien, Ambien CR or Rozerem) a net cost avoidance of \$31,296 was calculated for FFY 2006 amongst this group of drugs.

## **Clinical Education for appropriate use of Coreg®**

### Background, Objective and Methods

A previous meeting of the Vermont DUR board resulted in approval of Coreg for inclusion on the Vermont Preferred Drug List (PDL). As such, effective 5/1/2006, this agent became available to prescribers without the need for prior authorization (PA). In an effort to insure appropriate utilization of this agent, a clinical fact sheet was developed and approved by the DUR Board for mailing on 4/28/06 to all prescribers whom had requested and received approval for Coreg via PA within the most recent previous 3 months. The following key clinical information was provided in the fact sheet:

- Pharmacology/Indications
- Place in hypertension management
- Consensus guidelines
- Dosing Information

Ninety-seven individual prescribers were sent the clinical advisory (non patient-specific). No response back from the prescriber was requested.

## **Erectile Dysfunction medications no longer a covered benefit: Prescriber notification**

### Background

- Effective 1/1/06, Section 1903(i)(21)(K) of the Social Security Act (the Act) eliminated coverage for drugs used to treat sexual or erectile dysfunction. The Act specifically precluded Medicaid Federal financial participation (FFP) with respect to monies expended for outpatient drugs used for the treatment of sexual or erectile dysfunction.
- In May of 2006, the Vermont Administrative Rules Committee approved a policy change impacting the coverage of prescription drugs for sexual or erectile dysfunction in all Vermont pharmacy programs.
- Effective 7/1/06 all of the State of Vermont pharmacy programs, including Vermont Medicaid, no longer provided benefit coverage for any medication used to treat a diagnosis of erectile dysfunction, including the following:  
*Viagra® , Levitra® , Cialis® , Caverject® , Edex® , Muse® , yohimbine*

For those patients with a diagnosis of pulmonary hypertension, sildenafil (only) would remain available through the prior authorization process.

### Methods

A formal letter was sent to 238 unique prescribers on 6/6/06 who had written an Rx for an erectile dysfunction medication in the most recent claims history. The notification outlined the change in benefit coverage and provided information on how to request a prior authorization for sildenafil for the diagnosis of pulmonary hypertension if needed.

## **Nexium<sup>®</sup> removal from the PDL and subsequent associated cost avoidance.**

### Background and Objective

12/31/05: Nexium<sup>®</sup> market share at 48%

1/01/06: Nexium<sup>®</sup> replaced by Protonix<sup>®</sup> on Vermont PDL. Preferred PPI's identified as Prilosec OTC<sup>®</sup>, Prevacid<sup>®</sup> and Protonix<sup>®</sup>.

1/15/06: Prior authorization required for all patients newly initiated on Nexium<sup>®</sup>. Grandparenting coverage provided to current utilizers for 6 months

6/19/06: All Nexium<sup>®</sup> claims subjected to prior authorization.

The objective of this analysis is to quantify the cost-avoidance associated with the effort to convert utilization of Nexium to preferred proton pump inhibitor (PPI) products.

Note – Since Nexium, Prevacid, Protonix and Prilosec OTC represent over 95% of the PPI class cost, the savings analysis below is focused on these four products only.

### Methods

Identified 1,978 unique patients who received a prescription for Nexium between 1/1/06 and 4/6/06. Identified 512 prescribers who had issued Nexium Rx's for these patients and communicated via a formal, patient-specific letter (including the most recent patient profile generated via claims history and reviewed by a pharmacist) that Nexium was removed from the PDL on 2/1/06 and would no longer be 'grandfathered' coverage effective 6/19/06. Prescribers were encouraged to transition these particular patients to a preferred PPI prior to 6/19/06 or obtain prior authorization for their patients to remain on therapy. This communication to providers was initiated on 5/8/06.

### Market Share Trend

<b>PRODUCT</b>	<b>Jan-March-06</b>	<b>April-June-06</b>	<b>July-Sept-06</b>
ACIPHEX	1%	1%	1%
<b>NEXIUM</b>	<b>39%</b>	<b>28%</b>	<b>8%</b>
OMEPRAZOLE	2%	2%	2%
PREVACID CAP	30%	32%	37%
PREVACID SOL	3%	3%	3%
PRILOSEC	<1%	<1%	<1%
PRILOSEC OTC	10%	13%	19%
PROTONIX	14%	21%	30%
ZEGERID	<1%	<1%	0%
<b>ALL PPI'S</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
Cost avoidance from Jan-March / 06 baseline		\$69,400	\$272,277

### Cost Avoidance

Post removal of Nexium from the Vermont PDL and notification to prescribers; a subsequent increase in market share was seen for the preferred PPIs, as well as a substantial decrease (54%) in market share for Nexium. Based on the transition in utilization away from Nexium to OVHA's preferred PPIs a cost avoidance of \$341,677 was calculated for FFY 2006 within this drug class.

## All Prescription 'cough and cold' medications restricted to generic products: Prescriber notification

### Background and Objective

3/31/06: Brand-name 'cough & cold' medications were identified as representing more than 20% of all prescriptions issued and more than 50% of the cost within this category, despite numerous clinically-comparable generic alternatives

5/9/06: Vermont DUR Board voted to move all branded 'cough and cold' medications to non-preferred status on the PDL

6/1/06: All brand-name 'cough and cold' medications subject to prior authorization

The objective of this DUR was to curb inappropriate use of branded agents and quantify the cost-avoidance associated with this effort to drive utilization to the preferred generic 'cough and cold' alternatives.

### Methods

As it was recognized that the most commonly prescribed brand agent within this class was Tussionex<sup>®</sup>, a retrospective claims review identified 69 unique prescribers who wrote at least 5 Rxs for this agent in the most recent previous 3 month claims history for Vermont Medicaid members. Prescribers were then notified via a formal letter (non patient-specific) of the PDL change and the requirement of prior authorization in order to obtain brand-name cough and cold products after 6/1/06. The prescribers were also informed that they had been identified as frequent prescribers of Tussionex<sup>®</sup> and were provided with several clinically-comparable generic alternatives for future prescribing consideration. This communication to providers was initiated on 5/23/06.

### Market Share Trend

<b>PRODUCT</b>	<b>Jan-March-06</b>	<b>July-Sept-06</b>
TUSSIONEX	20%	<1%
ALL other codeine based 'c/c' preparations	59%	69%
ALL other NON-codeine based 'c/c' preparations	21%	30%
<b>ALL Rx 'c/c' preparations</b>	100%	100%
Cost avoidance from Jan-March / 06 baseline		\$7,128

### Cost Avoidance

Post removal of brand name 'cough and cold' medications, particularly Tussionex<sup>®</sup>, from the Vermont PDL, a substantial decrease in market share was observed for Tussionex<sup>®</sup> and other branded entities. Based upon this shift in market share, a cost avoidance of \$7,128 was calculated for Q4/FFY'06 within this class. The average cost/Rx decreased by >25%.

Based upon this preliminary analysis of cost avoidance, it is projected that the Vermont Medicaid program could expect savings in excess of \$50,000 over the full FFY'07. Actual results will be measured and reported within the FFY'07 CMS Annual report.

## **Clinical education for appropriate use of incretin-mimetic agents - Byetta® & Symlin®**

### Background

4/11/06: Peptide Hormones review by Vermont DUR Board results in:

- Byetta® - Recommend use be limited via step edits in accordance with labeling to patients not achieving adequate control with trials of at least two oral agents from two categories. Quantity limits and age edits to be employed to restrict use to currently labeled age indications and daily dose.
- Symlin® - Not recommended for addition to the PDL, prior authorization and prescriber education programs required.

5/9/06: Vermont DUR Board approves drug-specific clinical fact sheets to be disseminated to providers upon approval of a PA request for either drug. Effective date of implementation was 6/1/06. Fact sheets include:

- Black Box Warning (Symlin only)
- Indications and Usage
- Warnings/Precautions/Adverse effects
- Drug Interactions
- Patient selection
- Dosing and administration

### Methods

For June through September of FFY 2006 there were 24 total requests for Byetta. 23 requests were approved, and thus 23 fact sheets were sent to 15 unique prescribers. For the same time frame, Symlin recorded 11 requests with 10 approvals, and 10 fact sheets were sent to 7 unique prescribers.

## **Asthma management intervention: Short-acting beta agonist (SABA) use and no concomitant controller medication.**

### Background and Objective

- Per NHLBI\* Asthma Guidelines, the use of  $\geq 1$  canister per month of SABA is indicative of inadequate asthma control and the need for concomitant controller therapy
- NAEPP† Expert Panel Report emphasizes the use of anti-inflammatory (‘controller’) agents as the mainstay of therapy for patients with persistent asthma
- Many patients continued to be maintained solely on high volume SABA therapy, which places them at high risk for hospitalization or ED visit

The primary objective was to assess the impact of a retrospective DUR initiative in assuring appropriate long term management of persistent asthma. Following a two-step intervention, prescriber and community pharmacist responses were assessed for impact on patient outcomes

### Methods

- For the period of 11/05-5/06, Vermont State Medicaid electronic pharmacy claims data were utilized to identify patients using  $\geq 1$  SABA inhaler per month over 4 consecutive months without a concurrent claim for a controller medication
- A total of 422 patients receiving  $\geq 1$  SABA per month were identified and a subsequent profile review was done by clinical pharmacy staff to then further identify those patients meeting the necessary criteria (note - individuals receiving other medications potentially indicative of an alternate diagnosis such as COPD were excluded)
- Patients meeting the criteria = 120
- Step 1: In June ‘06, 103 unique prescribers were notified via a formal, patient-specific letter and a feedback form requesting a close review of information provided (consensus guidelines, most recent claims profile of patient, etc.), validation of clinical diagnosis, and need for clinical intervention
- Step 2: In those patients for whom no response was received from prescriber or response was ‘not my patient / no longer treating this patient’ (53), community pharmacists were notified via fax letter with patient profile and separate feedback form for follow-up as needed.

### Initial Results (June – October 15 ‘06)

Step 1: Physician response rate was 69 %. Of responses returned:

- 64% of responders indicated they would review therapy with the patient either by phone, by setting up an appointment, or at the next scheduled visit.
- 16 % of responders choose not to intervene in therapy, primarily because they felt that the patient was in fact on controller therapy or the use of short-acting beta-agonist was much less than prescription refill history would indicate.
- 19 % of responders indicated that either this was not their patient or they were no longer treating the patient.

Step 2: Pharmacist response rate was 55 %. Of responses returned:

- 75 % of pharmacists planned to review medication therapy either with the patient by flagging their profile and speaking to them when they next returned to the pharmacy or by contacting them by phone or with the physician by contacting the physician directly.
- 14 % of returned responses indicated that the patient was now on a controller medication.

The primary objective of assessing impact on appropriate long term management in asthma will be elucidated in post-analysis conducted for Q2 FFY 2007 and subsequently reported in the 2007 CMS annual report.

\*NHLBI – National Heart, Lung, and Blood Institute †NAEPP – National Asthma Education and Prevention Program

## **Asthma management intervention: Long-acting beta agonist (LABA) use and no concomitant controller medication.**

### Background and Objective

- In 2003, the 26,000 patient SMART trial was halted early as preliminary analysis suggested a 4-fold increased risk of asthma-related deaths in patients treated with the LABA, salmeterol<sup>1</sup>.
- In June of 2006, an Annals of Internal Medicine meta-analysis by *Salpeter et al* further tied LABA use with increased asthma exacerbations and asthma-related deaths<sup>2</sup>.
- NAEPP Expert Panel Report emphasizes the use of anti-inflammatory ('controller') agents as the mainstay of therapy for patients with persistent asthma

The primary objective was to insure that LABAs are not being used as first-line monotherapy for treatment of asthma.

### Methods

- For the period of 3/06-6/06, Vermont State Medicaid electronic pharmacy claims data was utilized to identify patients using a LABA inhaler without a concurrent claim for a controller medication
- A total of 128 patients were identified as receiving a LABA with 32 patients showing no claims activity for a controller medication.
- All 128 patient profiles were reviewed to further identify those individuals receiving other medications potentially indicative of an alternate diagnosis such as COPD, and if so excluded
- Step 1: In July '06, 32 unique prescribers were notified via a formal, patient-specific letter and a feedback form requesting a close review of information provided (safety data, most recent claims profile of patient, etc.), validation of clinical diagnosis, and need for clinical intervention
- Step 2: In those patients for whom no response was received from prescriber or response was 'not my patient / no longer treating this patient' (18), community pharmacists were notified via fax letter with patient profile and separate feedback form for follow-up as needed.

### Results (July – October 15'06)

Step 1: Physician response rate was 53%. Of responses returned:

- 70% of responders indicated they would review therapy with the patient either by phone, by setting up an appointment, or at the next scheduled visit.
- 18% of responders indicated that either this was not their patient or they were no longer treating the patient.
- Physicians chose not to intervene in 2 patients, both of whom had diagnoses of COPD.

Step 2: Pharmacist response rate was 61%. Of responses returned:

- 54% of pharmacists planned to review medication therapy either with the patient by flagging their profile and speaking to them when they next returned to the pharmacy or by contacting them by phone or with the physician by contacting the physician directly.
- 27% of returned responses indicated that the patient was now on a controller medication.
- 18% of responders indicated that the patient was lost to follow-up either by moving from the area or having been in a drug rehab facility for short term stay.

At the request of the DUR Board, a step edit was subsequently employed that will screen for controller medications and COPD medications at the time of dispensing of long-acting beta-agonist inhalers, therefore validating appropriate use of the LABAs at the point of dispensing moving forward.

1. *Chest*. 2006;129:15-26

2. *Ann Int Med* 2006;144:904-912

## **Clinical advisory concerning the label change to paroxetine (Paxil<sup>®</sup> and Paxil CR<sup>®</sup>)**

### Background and Objective

- Vermont DUR Board reviewed the Safety Alert for Paxil<sup>®</sup> and Paxil CR<sup>®</sup> and the changes to the 'Warnings' section of paroxetine labeling relative to suicidality risk with this compound.
- In follow-up, the Board recommended that all prescribers with patients < 30 years of age who have been on any paroxetine product for 90 days or less, be alerted to this recent labeling change and to closely monitor this patient group.

### Methods

- Per current Vermont Medicaid electronic pharmacy claims activity, a formal, patient-specific letter was sent to 89 individual prescribers on August 2, 2006, identifying 109 patients meeting the above criteria.
- The mailing included a pharmacist-reviewed prescription drug profile for each patient who was identified as part of the aforementioned criteria.
- Along with the Board's above recommendations, the letter also highlighted label change information for Paxil<sup>®</sup>/Paxil CR<sup>®</sup> contained in the GlaxoSmithKline "Dear Healthcare Professional" letter of May 2006
- No specific response back from prescribers was requested

## **Clinical education / notification: to optimize dosing for select mental health drugs**

### Background and Objectives

- Effective January 1, 2006, many mental health drug categories underwent a transition into management under Vermont Medicaid's PDL
- At the April 11, 2006 meeting of the DUR Board, a 3-month review (11/1/05 – 1/31/06) of pharmacy claims for select, 'once-daily'- administered, mental health drugs (Abilify<sup>®</sup>, Zyprexa<sup>®</sup>, Effexor-XR<sup>®</sup>, Lexapro<sup>®</sup> and Zoloft<sup>®</sup>) was examined.
- Per this analysis, it appeared that lower-strength forms of these products were frequently being prescribed as multiple units per day, despite the availability of higher strength forms of the same medication
- In addition to economic concerns, the relative prevalence of this dosing inefficiency prompted concerns of increased pill burden for patients, added complexity of drug regimens, and a potentially negative impact on patient adherence to therapy.

### Methods

- Per current pharmacy claims activity (5/06-7/06), 418 patients were identified as receiving lower-strength forms of Abilify, Zyprexa, Effexor-XR, Lexapro and Zoloft being prescribed as multiple units per day.
- In August 2006, formal patient-specific mailings were sent to 250 physicians outlining the background and objectives of the correspondence as well as notification of a forthcoming implementation of quantity limits for these 5 drugs to be effective 10/1/06.
- The mailing also included a pharmacist-reviewed patient-specific Rx profile populated with most recent claims data and a Prior Authorization request form for us in the event that there was clinical justification for the patient to remain on their current dosage form.

### Results

- Overall response by physicians to this mailing was 33 %:
  - 51 % of responders indicated they would review therapy with the patient either by phone, by setting up an appointment, or at the next scheduled visit.
  - 24 % of responders choose not to intervene in therapy, primarily because they felt that the patient was in fact on once daily dosing, the patient dose was being tapered, the patient could not tolerate once daily dosing (particularly children), the patient is stabilized and the prescriber does not desire to change dosing regimen or the patient dose varies from day to day.
  - 20 % of responders indicated that either this was not their patient or they were no longer treating the patient.
- Vermont DUR Board-approved quantity limits, as noted above, would limit prescribing to one unit (tab/cap) per day.
- Cost avoidance resultant from this initiative would be evaluated and reported in the FFY 2007 CMS reporting

**Drug Utilization Review  
(DUR) Board Activity**

**Attachment 4: Vermont Pharmacy Benefit  
Management DUR Board Meeting Minutes**



# Vermont Health Access

## Pharmacy Benefit Management Program

### *DUR Board Meeting Minutes: 10/11/05*

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#### **Board Members:**

James Gray, M.D., Chair  
Frank Landry, M.D.  
Michael Scovner, M.D.  
John Low, R. Ph.

Norm Ward, M.D.  
Rich Harvie, R.Ph.  
Cheryl Gibson, M.D.  
Tim Thompson, M.D.

Andy Miller, R. Ph.  
Virginia Hood, M.D.  
Stuart Graves, M.D.

#### **Staff:**

Ann Rugg, OVHA  
Rob Coppola, R.Ph., FHSC  
Timothy Cummins, R.Ph. MedMetrics Health Partners

Kathy Rainville, OVHA  
Nancy Davis, R. Ph., FHSC (by phone)

Scott Strenio, M.D., OVHA  
Bob Rase, PharmD. MedMetrics Health Partners

#### **Guests:**

Paul Harrington, VT Med. Soc.  
John Ewashko, Eli Lilly  
Bryan Fiekers, BI  
Helen DeCory, Sanofi Aventis  
James Meade, Alphaarma  
Kevin Behmike, Abbott Labs  
Lee Taylor, Pfizer  
Martha Auster, Roche  
Mary Jarrett, Sepracor  
Tracy Bernasconi, Astra Zeneca  
Peter Mittelstadt, Pfizer  
Sean Fishbein, Cephalon  
Glenn E. Dooley, Sr., Sanofi Aventis

Vince Matteo, Eli Lilly  
Andrene Swensen, Eli Lilly  
Keith Monti, Sanofi Aventis  
Carl Possidente, Pfizer  
Natalie Prairie, Forest  
Mark O'Rourke, TAP  
Peter Davis, Sr., Forest  
Maribeth Klettke, Sarnoff Aventis  
Carl Pepe, Glaxo Smith Kline  
David Anderson, Astra Zeneca  
Todd Grisco, Schering-Plough  
John Schenkel, Cephalon  
Jay Tosi, Cephalon

Mark Vages, Takeda  
Paul Kelly, Janssen  
Jamie Willson, Sanofi Aventis  
Ron Poppel, Bristol Myer Squibb  
Carol Allocco, Johnson & Johnson  
Mike Regan, Forest  
Jennifer Buttle, Merck  
Andrea Hayes, Sanofi Aventis  
Keith Osburn, Sepracor  
Tony Anamisis, FHSC  
Lyndon Braun, Santarus  
Carol Allacco, Johnson & Johnson  
Justine Jankowski, Forest

James Gray, M.D., Chair, called the meeting to order at 7:06 P.M. at the DUR Board meeting site in Williston.

- 1. Executive Session:** An Executive Session was held from 6:30 until 7:00 P.M.
- 2. Introductions and Approval of DUR Board Minutes:**

The minutes from the September 20, 2005 DUR Board meeting were approved.

Introductions were made around the table.

- 3. Update on the Severe and Persistent Mental Illness (SPMI) Exemption:**

- **Legislature and OVHA Update:** Ann Rugg, OVHA reported that the Mental Health Oversight Subcommittee has expressed concern about the transition process of people with a current Severe and Persistent Mental Illness (SPMI) exemption. The Board was assured that OVHA was sensitive to this issue and is working towards an implementation process that would cause as little disruption in treatment as possible.

- **SPMI Transition and Lexapro® Grandfathering:** In May, the DUR Board approved to move Lexapro® to non-preferred status and to grandfather patients who are actively being treated to receive this drug without a prior authorization. New patients will be required to obtain a prior authorization. The Board discussed the Lexapro® grandfathering parameters and agreed that these will mirror the same grandfathering parameters as the other antidepressants under plans to manage mental health drugs.

#### **Board Decision:**

The Board moved and approved to include Lexapro® in the general grandfathering provision for mental health medications.

#### **Public Comment:**

No public comments

#### **4. Past Reflections:**

- **Gastric Acid Reducers:** The Board reviewed and compared the Gastric Acid Reducer data for the 1<sup>st</sup> quarter, 2004 and 2005. Trends show an increase in the number of claims and days supply, therefore gross spending is up 41% from last year. There has also been a shift in utilization toward brand products. The cost of PPIs across the board are more expensive than the H2RAs.

#### **Board Decision:**

The Board moved and approved Prilosec OTC® as the sole preferred agent in the Gastrointestinal PPIs class and to allow current 20/40mg bid dosing without PA. The Board agreed that January 1, 2006 will be the effective date for this change. The Board requested that providers be notified of this change as well as the transition plans. An audience member commented that the CMS website posting date for Medicare Part D coverage will occur on October 17, 2005.

- **Grandfathering: Anti-migraine Medications:** Nancy Davis, R. Ph., FHSC, verified that the Anti-migraine grandfathering went into effect December, 2004.
- **Strattera® and Provigil®:** In order to be consistent with pharmacy compendium, Strattera® and Provigil® will not be put into a separate CNS Stimulant and Amphetamine class. However, the heading has been changed to “Drugs to Treat ADHD” which includes these two medications.

#### **Public Comment:**

-*Vince Matteo, Eli Lilly*, requested clarification on the criteria for Strattera® and Provigil®. The current criteria states failure on two preferred agents before a non-preferred agent will be allowed. Vince stated that this is not in line with the Psychotropic Subcommittee’s advisement to allow only one failed stimulant instead of two.

-John Shenkel, Cephalon/Psychiatrist, Plattsburg Mental Health Clinic, stated that he uses Provigil® for treating Attention Deficit Disorder. This drug is a useful co-morbid with bipolar disorder. He also discussed the current pediatric indications.

### **Board Decision:**

The Board moved and approved to change the criteria to one failed stimulant and to obtain Strattera® and Provigil® with a prior authorization or for a compelling reason.

- **Prostaglandin Agonists:** Nancy Davis clarified that Travatan® has been moved to non-preferred but current patients will be grandfathered. Lumigan® is the preferred agent and prescribers are requested to try this therapy for one month. If the patient fails on Lumigan® after a month trial, Travatan® can be available without prior authorization.
- **Methadone:** This drug is a preferred agent, however it is requiring prior authorization at the pharmacy level. Nancy will follow up with FHSC and update the DUR Board at the November meeting.

### **5. Medical Director Update:**

Scott Strenio, M.D., OVHA, updated the DUR Board on the Care Coordination Program. The program will consist of a team of Nurses, Social Workers and Physicians who will be working with patients that have co-occurring disorders and/or patients with multiple chronic diseases. The Care Coordination Pilot phase will start in the next four to six weeks. If you would like more information or are interested in participating in this pilot program, please contact Dr. Strenio by e-mail at [ScottS@ahs.state.vt.us](mailto:ScottS@ahs.state.vt.us).

### **6. Clinical Update: New Drug Review:**

- **September New Drugs:** Rob Coppola, R. Ph., MBA, FHSC, reviewed the six new entries in the drug files for September, 2005. The new brand drugs are as follows: Ambien CR® (insomnia), Actoplus Met® (DM), Clarinex® Reditabs (allergies). The new generic drugs include: ceftriaxone (IM antibiotic), zidovudine (HIV/Aids) and fexofenadine (allergies). With the exception of generic Zidovudine, it was recommended that these drugs be on the six month restricted status list.

### **7. Comments from Prescribers:**

There were no comments from prescribers.

### **8. General Announcements:**

- **Budget Update:**

Ann Rugg, OVHA, reviewed the continued growth in gross spending for pharmaceuticals. There has been significant success within the antihistamine class that illustrates the importance of utilizing the less expensive products. There has been a decrease in the overall Medicaid population, however there is an increase in the number of claims and days supply. This is where we will look for opportunities through counter detailing and case management activities.

OVHA is in the process of finalizing the Mental Health drug transition plan to begin managing the mental health drugs.

OVHA's new 1115 Medicaid Waiver, the Global Commitment to Health, has been approved by the Centers for Medicare and Medicaid Services. This funds the Medicaid program over five years under a capped limit. Under the cap Vermont has the opportunity to cover services in different ways but OVHA must contain costs and programs and to stay within the budgetary limits.

- **MMA Update:** Kathy Rainville, OVHA, reviewed the MMA information with the Board. The CMS website has a publication that can be downloaded to help inform patients regarding the MMA and what the changes will mean to them. The CMS website is: [www.cms.hhs.gov/physicians](http://www.cms.hhs.gov/physicians). Kathy has coordinated a fourth statewide VIT session on MMA which will address educating community providers who work with the elderly. In Vermont, there are nine companies that the dual eligible Medicare population will be automatically enrolled in beginning in November.

## 9. Adjourn:

The meeting adjourned at 8:30 p.m.

### Next DUR Board Meeting:

Tuesday, November 8, 2005

**7:00 – 9:00 p.m.\***

EDS Building, 312 Hurricane Lane, Williston, VT  
(Entrance is in the rear of the building)

*\*DUR Executive Session will begin at 6:30 p.m. Executive Session is closed to the public.*



# Vermont Health Access

## Pharmacy Benefit Management Program

### *DUR Board Meeting Minutes: 11/08/05*

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#### **Board Members:**

James Gray, M.D., Chair  
Frank Landry, M.D.  
Michael Scovner, M.D.  
John Low, R. Ph.

Norm Ward, M.D.  
Rich Harvie, R. Ph.  
Cheryl Gibson, M.D.  
Tim Thompson, M.D.

Andrew Miller, R. Ph.  
Virginia Hood, M.D.  
Stuart Graves, M.D.

#### **Staff:**

Ann Rugg, OVHA  
Rob Coppola, Pharm.D., MBA, FHSC

Kathy Rainville, OVHA  
Tony Anamisis, Pharm.D., FHSC

Scott Strenio, M.D., OVHA  
David Calabrese, R. Ph., MHP

#### **Guests:**

Maribeth Klettke, Sanofi-Aventis  
Susan Gretkowski, MMR  
Diane Roenning, Pfizer  
Linda Barton, Pfizer  
Michael DeOrsey, Roche  
Jenifer Buttle, Merck  
Tracy Wall, Merck  
Matt Badalucco, Merck  
Paul Fanikos, Boehringer Ingelheim  
Steven Berardino, Amgen  
Jamie Willson, Sanofi-Aventis

Bob Meany, Takeda  
Keith Monti, Sanofi-Aventis  
Steve Adams, Sanofi-Aventis  
Peter Mitteustadt, Pfizer  
Carl Possidente, Pharm.D., Pfizer  
Roger Lambert, BSK  
John Ewashko, Eli Lilly  
William A. Franco, Amylin  
Mark Kaplan, Abbott Labs  
Mary Zolner, Johnson & Johnson  
Rob Mann, Glaxo Smith Kline

Pamela Byrne, Takeda  
Gordon Maher, Takeda  
Erik Enoresen, Astra Zeneca  
David Howard, Astra Zeneca  
Kevin Boehmcke, Abbott Labs  
Elizabeth Pujoiias, MedImmune  
Lyndon Braun, Santarus  
Tom Dearborn, TAP  
Mike Zdrojewski, Schering Plough  
Madeleine Mongan, VT Medical Society

James Gray, M.D., Chair, called the meeting to order at 7:08 P.M. at the DUR Board meeting site in Williston.

1. **Executive Session:** An Executive Session was held from 6:30 until 7:00 P.M.

2. **Introductions and Approval of DUR Board Minutes:**

- Introductions were made around the table.
- Minutes from the October 11, 2005 meeting were accepted with the following amendments:  
**Gastric Acid Reducers:** The Board revised minutes to allow for the following clarifications: Consideration will be given to the placement of branded products to the preferred category of PPIs with pricing comparable to Prilosec OTC®. No grandfathering of current PPIs patients will be required. Changes become effective 1/1/06.  
**Strattera®:** Stuart Graves, M.D., clarified Strattera® criteria from last meeting to be one failed stimulant or compelling reason for PA approval.

3. **SPMI Implementation Plan:** Ann Rugg, OVHA

Ann provided a proposed coverage plan based on SPMI Proposal and described the claims processing protocol including system enhancements to include the use of claims' step therapy in order to require less prior authorizations. Dr. Hood expressed concerns regarding prior authorization being dose specific rather than drug specific. Rob Coppola, FHSC, assured the Board wherever possible this problem has been addressed in FHSC, although for some drugs the PA must be changed when changing dosage strengths. David Calabrese assured the Board that MedMetrics would set the prior authorizations at the drug level whenever possible.

Dr. Strenio and Dr. Graves will follow up with Dr. McMains of the Vermont Department of Health and other clinicians for input on SPMI plan execution for 1/1/06.

**4. Past Reflections:** Rob Coppola, Pharm.D, MBA, FHSC

- **Methadone:** As of October 24, Methadone is currently paying without restriction.
- **Tamiflu® and Flumist®:** Verified Tamiflu® and Flumist® currently require prior authorization.
- **Cylert®:** As of October 31, Cylert® no longer covered by OVHA secondary to manufacturer recall.
- **Ritalin LA®:** Reported a brief problem where claims inappropriately denied for Ritalin LA®. FHSC staff assisted pharmacies in identifying and all were resubmitted.
- **Gastric Acid Reducers:** Board clarified changes in the PPI category that will take effect on 1/1/06.
- **Erectile Dysfunction Medications** - OVHA is awaiting response from CMS for further direction on federal match for ED medications. Action is not anticipated until President Bush approves a bill that removes ED drugs from list of covered Medicaid drugs. OVHA policy does not allow terminating coverage until a policy change has been reviewed by Legislative rules committee.

**5. Medical Director Update:** Scott Strenio, M.D., OVHA, Medical Director

Updated the Board on the National Meeting of Medicaid Medical Directors. He briefly described program design options some Medicaid programs are utilizing, such as:

- moving to completely generic program, similar to direction of VT
- not considering drug for the formulary unless the manufacturer offers some type of rebate
- implementation of tiered co-payments

**6. Clinical Update: New Drug Review:** Rob Coppola, Pharm.D, MBA, FHSC

Review of six new entries in the drug files for October, 2005. The following were recommended be on the restrict list for 6 months from market entry according to FDB.

- Lyrica®                    - Klonopin ®Wafers RDT                    - Actonel® with Calcium
- Fortical®                - Rozerem®    - Omacor®

**7. Retrospective drug reviews:** Rob Coppola, Pharm.D, MBA, FHSC,

- First Health provided an update on RetroDUR activities: July 2005 Benzodiazepine Duplicates Utilization, August 2005 Duplicate LA Narcotic Utilization, September 2005 Duplicate Skeletal Muscle Relaxants Utilization.
- FHSC will complete RetroDUR activities for October, November, December 2005.
- The Board members indicated the following preferences for future RetroDUR topics: Coumadin and antibiotics; Coumadin and NSAIDs; Duplicate short acting narcotics; Duplicate LA narcotics. Additionally, antidepressants and erythromycin each interacting with other medications.
- Dr. Hood requested the Board spend less time with cost containment issues and more time on RetroDUR activities. Dr. Thompson expressed concerns with poly-pharmacy and associated costs.
- First Health will provide list of RetroDUR Vermont has already addressed and possible topics next year.

**8. Comments from Prescribers:**

- Prescriber asked that Ketek® not require PA.
- Dr John Coco requested Zymar® be unrestricted for eye infections, with no PA.

- Michael Scovner, M.D., indicated there are concerns having Toprol XL® as non preferred; concerns with Toprol XL® and patient's transition and heart failure.

**Board Decision:**

Board will look at an anti-hypertensive study that Dr. Thompson and David Calabrese discussed. David will send study to OVHA for Board distribution.

**9. General Announcements:**

- **Sovereign States Drug Consortium (SSDC):** Ann Rugg updated the Board on the transition to its new supplemental rebate pool, the Sovereign State Drug Consortium (SSDC). She reported that OVHA had corresponded with drug manufacturers and presented them with an opportunity to provide supplemental rebates to VT. OVHA is willing to negotiate with manufacturers who currently participate in NMPI with the intent to transition them to SSDC. Bids are due on the November 16<sup>th</sup>.
- **December DUR meeting cancelled:** Ann Rugg proposed there be no DUR meeting in December. This would allow for OVHA to fully review all of the bids, transition beneficiaries to Part D, and transition claims processing.
- **Part D:** Ann Rugg indicated that OVHA, in coordination with CMS is presenting a session on Part D changes to the provider community on 11/21. The session will be held via VT Interactive Television. Complete Prescription Drug Plan formularies are expected to be available, including cost sharing tiers on 11/14/05.
- **Tamiflu®, Flumist®:** Ann Rugg indicated personnel from OVHA are working with the VT Department of Health about the availability of flu vaccine. Tamiflu® or FluMist® will continue to require PA. OVHA will continue to work with VDH and will modify its policy as needed.

**Public Comment:**

-Peter Mitteustadt, Pfizer, noted resources available for transition to Medicare Part D. He suggested using VT Community Access Program to educate providers regarding Medicare Part D.

**10. Adjourn:**

The meeting adjourned at 8:10 p.m.

**Next DUR Board Meeting:**

Tuesday, January 10, 2006

**7:00 – 9:00 p.m.**

\*EDS Building, 312 Hurricane Lane, Williston, VT  
(Entrance is in the rear of the building)

*\*DUR Executive Session will begin at 6:30 p.m. Executive Session is closed to the public.*



# Vermont Health Access Pharmacy Benefit Management Program

## *DUR Board Meeting Minutes: 1/10/06*

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### **Board Members:**

James Gray, M.D., Chair  
Frank Landry, M.D.  
Michael Scovner, M.D.  
John Low, R. Ph.

Norm Ward, M.D.  
Rich Harvie, R. Ph.  
Cheryl Gibson, M.D.  
Tim Thompson, M.D.

Andrew Miller, R. Ph.  
Virginia Hood, M.D.  
Stuart Graves, M.D.

### **Staff:**

Ann Rugg, OVHA  
David Calabrese, R. Ph., MHP

Scott Strenio, M.D., OVHA  
Skip Fernandez, MHP

Robin Farnsworth, OVHA  
Jennifer Mullikin, OVHA

### **Guests:**

Paul Harrington, VMS  
Linda Barton, Pfizer  
Brian Magnus, Alparma  
Jane Ladas, AstraZeneca  
Jim Kelley, AstraZeneca  
Craig Fuller, Johnson & Johnson  
Pamela Byrne, Takeda  
Rob Mann, GlaxoSmithKline  
Stephanie Prairie, Forest  
Brian Gathen, Sankyo  
Vincent Matteo, Eli Lilly  
Lyndon Braun, Santarus  
Meghan Mahoney, Santarus  
Nikki Hershberg, GlaxoSmithKline  
Jenifer Buttle, Merck  
Steve Adams, Sanofi-Aventis  
Tom Dearborn, TAP  
Marcia Brown, Pharmaceutical Strategies

Peter Mittelstadt, Pfizer  
Liz Zihlerl, Pfizer  
Carol Possidente, Pfizer  
Curtis Williams, AstraZeneca  
Mark O'Rourke, TAP  
Glenn Dooley, Sr., Sanofi-Aventis  
Gordon Maher, Takeda  
Paul Fanikos, Boehringer Ingelleim  
Jennifer Laporte Jame, Forest  
Kathleen Chavanu, Sankyo  
Tom Madson, Eli Lilly  
Kent Miyamoto, Santarus  
Bill Baker, Sepracor  
TJ Merola, GlaxoSmithKline  
Andrea Hayes, Sanofi-Aventis  
Maribeth Klettke, Sanofi-Aventis  
Steve Gretkowski, Wyeth

Mike Tanner, Pfizer  
Kevin Boehmcke, Abbot  
David Howard, AstraZeneca  
Michael Nelson, AstraZeneca  
Martha Auster, Roche  
Bob Meany, Takeda  
Ed Brockway, Alcon  
Steven Berardino, Amgen  
Justine Jankowski, Forest  
Martha Smith, FAHC  
Michael Zdrojewski, Schering Plough  
Angelo Valeri, Santarus  
Carl Pepe, GlaxoSmithKline  
Sally Torney, Organon  
Jamie Willson, Sanofi-Aventis  
Keith Monti, Sanofi-Aventis

James Gray, M.D., Chair, called the meeting to order at 7:20 p.m. at the DUR Board meeting site in Williston.

1. **Executive Session:** An Executive Session was held from 6:30 p.m. to 7:15 p.m.
2. **Introductions and Approval of DUR Board Minutes:**
  - Introductions were made around the table.
  - The minutes of the November 8, 2005 meeting were accepted without amendment.
3. **Medicare Part D Update:** Ann Rugg provided a synopsis of the decisions made and actions taken by the State in regard to the Medicare Part D claims processing problems, which included the suspension of Medicare Part D claims processing and the reinstatement of claims processing through Medicaid. Funding is available by the state

for costs incurred through February 10, 2006. The State will seek reimbursement from CMS and/or the Medicare Part D plans for these costs. Daily discussions with CMS continue.

Ms. Rugg expressed the State's commitment to ensuring that beneficiaries receive their medications while CMS resolves the Medicare Part D problems.

**Board Decision:** A motion was made to send a letter to CMS, to be signed by Dr. Scott Strenio, OVHA Medical Director, which would express the Board's disappointment and concern over the poor performance of the Medicare Part D implementation and the resulting effects on the State's beneficiaries. The motion was seconded and unanimously approved.

4. **Review of PDL Changes Effective January 1, 2006:** David Calabrese, R.Ph., reviewed the January 1, 2006, changes to the PDL, which were previously approved by the Board. It was clarified that line extension issues are new formulations of existing products, and that the addition of Concerta® includes all drugs in the Concerta® line.

While Nexium® had been removed from the PDL effective January 1, 2006, the prior authorization requirement had not been applied to beneficiaries currently receiving the drug. This was due to the expectation that beneficiaries would already have numerous issues to work through with the implementation of Medicare Part D.

**Board Decision:** A motion was made to officially accept the January 1, 2006, PDL changes and to send a letter to all physicians who prescribe Nexium®, informing them that the drug would no longer be covered without a prior authorization effective February 1, 2006. The motion was seconded and unanimously approved.

**Manufacturer Comment:** The representative for Nexium® requested and was provided clarification on the prior approval process for those individuals who are unable to tolerate the preferred drugs in the PPI class.

5. **Review of Proposed PDL Changes:** Prior to the review of the actual PDL changes, Ann Rugg introduced the topic by explaining the rebate process through the Sovereign States Drug Consortium (the State's new drug rebate pool) and how it impacted the PDL.

Kathy Shavino, representative for Teveten® and Teveten HCT®, Anti-Hypertensives being proposed for inclusion on the PDL, gave a brief testimony on the safety and efficacy of the product.

**Board Decision:** A motion was made to accept the PDL changes to be effective on February 1, 2006, with the following exceptions:

- Avandia® and Avandament® will be added to the PDL as they become available. These drugs are currently unavailable but the expectation is that they will become available within weeks.

- The addition of Coreg® will be postponed until the board reviews and approves a product advisory (to be drafted by David Calabrese). Concerns are that the drug should not be used for long-term hypertension and that those taking it should be watched closely for the first month. Mr. Calabrese will send the draft to the board members via email and approval of the advisory will take place via email. Upon approval, Coreg® will be added to the PDL.

The motion was seconded and unanimously approved.

6. **Medical Director Update:** No report.

7. **Clinical Update: New Drug Review/DUR Planning:**

#### **Board Decisions:**

- A motion was made to accept Mr. Calabrese's proposal to include Asmanex® in the PDL as a preferred agent. The motion was seconded and unanimously approved.
- A motion made to accept Mr. Calabrese's proposal to include Lunestra® in the PDL as a preferred agent. The motion was seconded. One board member abstained from voting, two voted negative. The motion passed.

Issues cited for voting not to approve Lunestra® included: 1) lack of experience in the market, 2) it was not the type of drug the board member felt should be promoted by the board, and 3) its poor (metallic) taste may make a short-term drug for beneficiaries.

Mr. Bill Baker, representative for Sepracor, manufacturer for Lunestra®, countered the claims about the taste, stating that, anecdotally, it lessened after about a month and that citric acid in orange juice counteracted the taste.

- Mr. Calabrese reviewed the DUR Planning for 2006. MedMetrics plans to present at the next board meeting those final changes to the PDL that have been identified during a complete review by MedMetrics and OVHA. These changes will bring the PDL to a current status. Going forward, the processes relating to the PDL will be more streamlined and MedMetrics will have greater ability to address issues of interest to the DUR Board.

8. **Comments from Prescribers / Manufacturers**

- One board member/prescriber recommended that Aggrenox® be included in the PDL as it requires fewer dosages per day than the currently available generics and because it would be beneficial to expand the availability of drugs for treating strokes. This recommendation was not acted on by the board.
- A representative from GlaxoSmithKline commented that Boniva is not yet represented on the PDL, although the drug was approved by the FDA in March 2005. The board agreed to review at the next meeting.

9. **Introduction of New Step-Therapy Protocols:** Mr. Calabrese explained that one of OVHA's goals is to implement automated prior approval processes using claims history ("step-therapy protocols"). He informed the board that six drug categories have already been implemented as of January 1, 2006. He and Ms. Rugg also informed the board that messaging to providers is being improved and that OVHA is reaching out to pharmacy vendors to ensure that pharmacists can receive the maximum benefit of the new processes.

10. **Review of Newly Proposed PDL Management Policies:**

**Board Decisions:**

- New generic entries: A motion was made, seconded and unanimously approved to accept the new criteria for adding generic products to the PDL if the drug is in a currently managed therapeutic category.
- Product Reformulations/Line-Item Extensions: A motion was made, seconded and unanimously approved to accept the process for board review, via email, of new drugs that are simply new formulations of existing drugs.

11. **Other Issues:**

The board briefly discussed the possibility of collaborating with insurers to promote generics to physicians ("counter-detailing"). It was mentioned that Blue Cross and Blue Shield of Vermont had expressed interest.

11. **General Announcements:** None

12. **Adjourn:** The meeting was adjourned at 8:50 p.m.

**Next DUR Board Meeting:**

Tuesday, March 14, 2006

7:00 – 9:00 p.m.\*

\* Executive Session will begin at 6:30 p.m. Executive Session is closed to the public.



# Vermont Health Access Pharmacy Benefit Management Program

## *DUR Board Meeting Minutes: 4/11/06*

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### **Board Members:**

Virginia Hood, M.D.  
Frank Landry, M.D.  
Cheryl Gibson, M.D.

Norm Ward, M.D.  
Rich Harvie, R. Ph.  
Stuart Graves, M.D.

Andrew Miller, R. Ph.  
Michael Scovner, M.D.  
John Low, R. Ph.

### **Staff:**

Ann Rugg, OVHA  
Jennifer Mullikin, OVHA  
Skip Fernandez, MHP

Scott Strenio, M.D., OVHA  
Kathy Rainville, OVHA

Erin Cody-Reisfeld, M.D. OVHA  
David Calabrese, R. Ph., MHP

### **Guests:**

Carl Pepe, GlaxoSmithKline  
Jerem Sutherland, Pfizer  
Andrea Hayes, Sanofi-Aventis  
Jennifer Buttle, Merck  
Ed Brockway, Alcon  
Mary Kaysen, Takeda  
Bob Meany, TPNA  
Hoff, Novo-Nordisk  
Steven Berardino, Amgen  
Lisa Wentworth, Merck Schering- Plough  
Marcia Brown, Pharmaceutical Strategies

Larry Forti, Pfizer  
Carl Possidente, Pfizer  
Jamie Willson, Sanofi-Aventis  
Matt Badalucco, Merck  
Keith Osburn, Sepracor  
Laura Bartels, TPNA  
Gordon Maher, TPNA  
Kevin Lee, Reliant Pharma  
Angelo Valeri, Santarus

Peter Mittelstadt, Pfizer  
Maribeth Klettke, Sanofi-Aventis  
Craig Fuller, Keller & Fuller  
Tracy Wall, Merck  
Thomas Martin, Boehinger Ingelheim  
Pamela Byrne, Takada  
Gregg Denton, Novo-Nordisk  
Julia Art McNulty, Forest Pharma  
Tom Madson, Eli Lilly  
Andriane Swensen, Eli Lilly

Virginia Hood, M.D., Acting Chair, called the meeting to order at 7:05 p.m. at the DUR Board meeting site in Williston.

### **1. Introductions and Approval of DUR Board Minutes:**

- Introductions were made around the table.
- The January 2006 meeting minutes were accepted without amendment.

### **2. Medicare Part D Update: Ann Rugg- OVHA**

- A synopsis of the activities undertaken by the State regarding Medicare Part D issues were outlined. On March 8, 2006, VT transitioned any beneficiary identified as enrolled in a Part D plan back to Part D as primary coverage.
- A call center at OVHA provided assistance to beneficiaries, providers and prescribers with Part D pharmacy related questions. The center operated from March 8 through March 22 from 8:00 a.m. to 8:00 p.m. Monday through Friday, weekends from 9:00 a.m. to 5:00 p.m., and from March 23 through April 3 during normal business hours. Over 2000 calls were received.
- Handouts were provided that detailed call center activities, call volume, claims volume and expenditures.
- The State of Vermont spent \$8.8 million through 3/31/06 on drug coverage for beneficiaries who should have received it through Part D. \$4.7 million of that was for traditional Medicaid eligibles enrolled in Medicare. The remainder has been spent on the wrap benefit (VPharm) for Vermont pharmacy-only beneficiaries. These expenditures were over and above what Vermont committed to cover for its

programs' Medicare beneficiaries. That is Part D non-covered drugs for Medicaid eligibles and premiums, cost sharing, as well as some Part D non-covered drugs for pharmacy-only people.

- CMS has made commitments to pay Vermont directly for the Traditional Medicaid eligible (full-benefit dual) pharmacy population. Their current position concerning pharmacy-only programs is that states will have to approach the individual plans to recover expenditures.
  - OVHA has requested spending authority from the legislature to continue coverage for those beneficiaries where CMS has not clearly identified their Part D enrollment.
  - On April 11, 2006, OVHA mailed a letter to Dennis Smith, CMS Medicaid Director, requesting assurance of funding for the Medicaid population and petitioning for direct reimbursement for the pharmacy-only population.
  - Board pharmacists noted that there is some confusion regarding the co-payments for the Traditional Medicaid population. Part D increased co-payments to \$5 for some medications for this population.
  - Discussion and clarification of Part D transition coverage, Part D Plan appeal processes and the VT Medicaid appeal process ensued.
3. **Medical Director Report:** *Scott Strenio, M.D., Medical Director, OVHA*
- Erin Cody-Reisfeld, M.D., Associate Medical Director was introduced to the Board. Dr. Reisfeld gave the Board a brief overview of her education and prior work history.
4. **Review of Newly-Developed/Revised Clinical Coverage Criteria:**  
*David Calabrese, R.Ph., MedMetrics Health Partners (MHP)*
- New criteria for Alzheimer's Medications and Ophthalmic Agents subcategories Antihistamines, Mast Cell Stabilizers, and Quinolone Anti-infectives were presented.

*Public Comment:* No public comment.

**Board Decision:** Clinical criteria approved as written.

- Revised clinical criteria were presented.

**CNS Stimulants:** Criteria were stratified based upon the subcategories of agents to simplify the PA process. All CNS Stimulants are now restricted for a use under age 3 years.

*Public Comment:* Tom Madson, Eli Lilly - asked if FDA safety measures were taken into consideration in the placement of Strattera® on the PDL.

**Board Decision:** Clinical criteria approved with the following change: PA approval of Strattera® will require the failure of 2 clinical treatment trials or an adverse reaction to a long-acting CSN Stimulant. The Board asked for expert input from a child psychiatrist. David will collect expert input and present it at the next meeting.

**Gastrointestinal – PPIs:** Prior Authorization approval will be based upon a documented side effect, allergy, or treatment failure of three non-preferred products; twice daily dosing for Prilosec OTC®, all other products limited to once daily dosing without a PA.

*Public Comment:* No public comment.

**Board Decision:** Clinical criteria approved as amended above.

Analgesics- NSAIDS and COX IIs: Criteria have been stratified into 3 subsections for clarity and ease of use.

*Public Comment:* Jerem Sutherland, Pfizer – spoke about the use of Celebrex® with patients on a cardio protective aspirin.

**Board Decision:** Clinical criteria approved as written.

Ophthalmics- Glaucoma Agents/Miotics: Criteria have been stratified based upon subcategories for clarity and ease of use.

*Public Comment:* No public comment.

**Board Decision:** Clinical criteria approved as written.

Pulmonary- Antihistamines: 2<sup>nd</sup> Generation: Criteria for PA approval a non-preferred product will be based on allergic rhinitis or chronic idiopathic urticaria and a documented side effect or treatment failure to loratadine OTC and fexofenadine.

*Public Comment:* No public comment.

**Board Decision:** Criteria approved as amended above.

5. **Clinical Update: New Drug Reviews:** *David Calabrese, R.Ph., MHP*

- Omacor® - Not recommended for addition to the PDL. Clinical criteria will be drafted.
- ZMax® - Not recommended for addition to the PDL. Product will have same clinical criteria as macrolides and age limitations.
- ProQuin XR® - Not recommended for addition to the PDL.
- Byetta® - Recommend use be limited via step edits to patients not achieving adequate control with trials of at least two oral agents from two categories. Quantity limits and age edits to be employed to restrict use to currently labeled age indications and daily dose.
- Symlin® - Not recommend for addition to the PDL, prior authorization and prescriber education required.

*Public Comment:* No Public Comment.

**Board Decisions:** Board approved all recommendations noted above.

6. **Recently FDA Approved Drug Products:** *David Calabrese, R.Ph., MHP*

- Drugs new to the market – Board reviewed a listing of drugs approved by the FDA and recently launched in the marketplace.

*Public Comment:* Carl Pepe, GSK – presented a document from GSK addressing the availability of Avandia® in the market.

**Board Decisions:** Board approved recommendation that Clarinex-D® move immediately to non-preferred status. Decision regarding Avandia® tabled until the entire product line is available in the market.

**7. RetroDUR Planning 2006:** *David Calabrese, R.Ph., MHP*

- April and May 2006- disseminate Coreg® advisory to those prescribers who have written Coreg® prescriptions. Identify all beneficiaries who have received Nexium® between 1/1/06 and 4/6/06. Communicate with physicians to encourage them to convert patients to a preferred alternative by June 1, 2006.
- June 2006- Dose Consolidation - Abilify®, Zyprexa®, Effexor-XR®, Lexapro® and Zoloft® identified for review. A list of patients currently prescribed one or more of these drugs with greater than once a day dosing will be sent to their prescribers along with a prior authorization request form. Prescribers will be asked to either complete and submit the PA or change the dosing regimen.
- July 2006- topical immunomodulator use.
- September 2006- short-acting beta agonists and no concomitant controller medication.

**Board Decisions:** Coreg® clinical advisory approved. RetroDUR schedule accepted as listed above. Short-acting beta agonists will immediately have a quantity limit edit applied of one inhaler per each 25 days.

**8. General Announcements:** *David Calabrese, R.Ph., MHP*

- Recommendation that Tequin® contraindication in patients with diabetes to be added to the clinical criteria and screening for diabetes become part of the PA process.
- Recommendation to restrict access to prescription branded cough and cold medications to preferred generic preparations.

**Board Decision:** Board approved recommendations.

**9. Adjourn:**

- Meeting adjourned at 9:05 p.m.

**Next DUR Board Meeting**

Tuesday, May 9, 2006

7:00 – 9:00 p.m.

\*EDS Building, OVHA Conference Room

312 Hurricane Lane, Williston, Vermont

(Entrance is in rear of building)

\* Executive Session will begin at 6:30 p.m. Executive Session is closed to the public.



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**Vermont Health Access  
Pharmacy Benefit Management Program  
*DUR Board Meeting Minutes: 5/9/06***

**Board Members:**

Virginia Hood, M.D.  
Frank Landry, M.D.  
Cheryl Gibson, M.D.

Norm Ward, M.D.  
Rich Harvie, R. Ph.  
John Low, R. Ph.

Andrew Miller, R. Ph.  
Michael Scovner, M.D.

**Staff:**

Ann Rugg, OVHA  
Jennifer Mullikin, OVHA

Scott Strenio, M.D., OVHA  
Kathy Rainville, OVHA

Robin Farnsworth, OVHA  
David Calabrese, R. Ph., MHP

**Guests:**

Carl Pepe, GlaxoSmithKline  
Dell Fanlhinghem, TPNA  
Deanna Jackson, TPNA  
Jennifer Buttle, Merck  
Ed Brockway, Alcon  
Sean Williams, Ortho McNeil/Janssen  
Scott Mosher, GSK  
Kevin Lee, Reliant Pharma

Mark Vages, TPNA  
Kelly Prescott, TPNA  
Mahendra DeSilva, TPNA  
Mike Zdrojewski, Schering Plough  
Keith Osburn, Sepracor  
Tricia Russo, Novartis  
Paul Fanikos, Boehringer-Ingelheim  
Tom Madson, Eli Lilly

Peter Mittelstadt, Pfizer  
Maribeth Klettke, Sanofi-Aventis  
Craig Fuller, Keller & Fuller  
Tracy Wall, Merck  
Thomas Martin,  
John Ewashka, Eli Lilly  
Tom Lee, Gilead Sciences  
Andriane Swensen, Eli Lilly

Virginia Hood, M.D., Acting Chair called the meeting to order at 7:07 p.m. at the DUR Board meeting site in Williston.

**1. Executive Session:**

- An executive session was held from 6:30 until 7:00 p.m. to discuss Medicaid OBRA'90/Supplemental Rebates and Agreements as provided by 33 VSA § 1998(f)(2).

**2. Introductions and Approval of DUR Board Minutes:**

- Introductions were omitted.
- The April 2006 meeting minutes were accepted without amendment.

**3. Medicare Part D Update: *Ann Rugg - Deputy Director, OVHA***

- A letter was received today which notified OVHA that CMS would not accept claims beyond 3/31/06 date of service. Claims on behalf of Medicare eligibles beyond that date will have to be submitted to the individual plans.
- Currently 1300 of our beneficiaries have not been confirmed by CMS as enrolled in a Prescription Drug Plan. We continue to cover these individuals without limitations.
- The average daily cost to provide coverage to this group of individuals is \$66,000.
- OVHA will work to create a vehicle for pharmacies to contact OVHA regarding individuals with newly activated Part D Plans. This would be to allow OVHA staff to update the eligibility file and allow the pharmacy to bill the PDP as primary and VPharm as secondary.

**4. Medical Director Update: *Scott Strenio, M.D. - Medical Director, OVHA***

- No update.

**5. Follow-up items from Previous Meeting:** *David Calabrese, R.Ph.*  
*MedMetrics Health Partners (MHP)*

Note: All drug/criteria decisions will be reflected in the next PDL and/or PDL Criteria update.

- **Strattera®** - consultations with pediatric and adolescent psychiatric practitioners from UMASS concur with the recommendation from the April meeting. **Strattera®** coverage criteria have been revised from the April meeting to include: Or the patient has documented treatment failure due to lack of efficacy to two long-acting CNS stimulants (**Metadate CD®**, **Focalin XR®**, **Adderal XR®**, and **Concerta®**). Or the patient has had a documented side effect or allergy to one long-acting stimulant (**Metadate CD®**, **Focalin XR®**, **Adderal XR®**, and **Concerta®**).

*Public Comment:*

Andrine Swensen, Lilly - Commented on two populations; those with ADHD and those with ADHD and comorbid tics and anxiety. There are contraindications or warning concerning the use of stimulants in these populations where as **Strattera®** is not contraindicated and is safe in these populations.

Tom Madson, Lilly - Commented regarding anxiety and ADHD and the value to adding that condition to the approval criteria.

**Board Decision:** Accepted the clinical criteria as presented with the following rewording: Or the patient has had a documented side effect or allergy or direct contraindication to stimulants (**Metadate CD®**, **Focalin XR®**, **Adderal XR®**, and **Concerta®**). Contraindications would include comorbidities such as tics (e.g. Tourette's) and moderate-to-severe anxiety.

- **Symlin®**- At the April meeting a recommendation was made to develop a provider fact sheet that would go out with any PA approval or denial for **Symlin®**. A draft of the fact sheet addressing black box issues as well as dosing guidelines, appropriated candidate selection and monitoring was presented. OVHA will add the document to the Clinical Alert portion of the website.

*Public Comment:* No public comment.

**Board Decision:** Document accepted as presented.

- **Branded cough/cold medicines** - At the April meeting it was suggested to move all branded cough and cold medications to a non-preferred status that would require prior authorization. Information was requested regarding utilization of OTC products in this category. A document of the top fifteen most commonly prescribed OTC and prescription branded cough and cold preparations was presented. The period covered should read 11/1/05 to 4/1/06.

*Public Comment:* No public comment.

**Board Decision:** As of June 1, 2006 all prescription branded cough and cold preparations will require Prior Authorization. **Tussionex®** will also require PA; pharmacists will be messaged with alternative choices.

- **Short-Acting Beta-Agonists** - At the April meeting a recommendation was made to limit the amount of short-acting beta-agonist inhalers to one per 25 days. An impact analysis was completed.

Public Comment: No public comment.

**Board Decision:** No quantity limits at this time. Will complete a Retro-DUR and re-assess.

**6. Review of Newly -Developed/Revised Clinical Coverage Criteria: David Calabrese, R.Ph., MPH**

Note: All drug/criteria decisions will be reflected in the next PDL and/or PDL Criteria update.

- Byetta® and Symlin® - Both have non-preferred status.

Byetta® criteria will require a validated diagnosis of diabetes, an age of 18 years or older, the patient would have to had a side effect, allergy or treatment failure to at least two orals (one medication from two different classes or a combination product that contains two separate entities from two different classes), quantity would be restricted to one pen per month.

Symlin® will require a validated diabetes diagnosis, be limited by age and insulin use before moving to this drug. The fact sheet would be sent with each approval or denial. MedMetrics will check on the ability of the pharmacist to override quantity limits in unique situations, i.e. loss of pen or destruction of pen.

*Public Comment:* No public comment.

**Board Decision:** Accepted criteria as written. A fact sheet similar to the one created for Symlin® will be sent to prescribers with each approval or denial.

- Parkinson's Medications - Clinical criteria handout was presented.

*Public Comment:* No public comment.

**Board Decision:** Criteria approved as submitted.

- BPH: Alpha Blockers - Clinical criteria handout was presented.

*Public Comment:* No public comment.

**Board Decision:** Criteria approved as submitted.

- Omacor® - Suggested specific criteria were presented.

*Public Comment:* No public comment.

**Board Decision:** Criteria approved as submitted.

- Zocor® - Currently is the most utilized and preferred statin on the VT PDL. The patent on Zocor® expires on June 30, 2006. Teva and its subsidiaries have won patent litigation which will allow them to retain exclusivity for generic production. This means there will not be multiple companies producing the generic product for the first six months; therefore, the pricing for the generic vs. the branded product is likely not to be that different. MedMetrics proposes the VT PDL prefers the least expensive product of the two for at least the first six months of generic production. It is likely that we would restrict access to the more costly generic alternative. Vermont law states: "The pharmacist should select the lowest priced drug from the list which is chemically and therapeutically equivalent, unless otherwise instructed by the prescriber, or by the purchaser..."

*Public Comment:* No public comment.

**Board Decision:** Board approved the State use of the least expensive alternative for the purchaser (the state) to fill these prescriptions for at least six months. MedMetrics will monitor pricing and utilization. A communication explaining the rationale behind this decision will be sent to pharmacists along with a reference and quote from the Vermont law. The appropriate DAW code will also be included.

- Long-acting narcotics - Presented was a reformatting and streamlining of criteria for easier use by prescribers and the clinical call center. Quantity limits have been added for Kadian®, MS Contin® and Oramorph SR® products.

*Public Comment:* No public comment.

**Board Decision:** Criteria approved as submitted. A communication concerning the need for a prior authorization for coverage of narcotics in the VScript, VScript Expanded, VPharm 2 or 3 programs needs to be sent once again to pharmacists.

- Short-acting narcotics - Criteria was presented that required a patient have had a documented side effect, allergy, or treatment failure to at least two medications not requiring prior approval. The length of authorization was change to 3 months for initial approval and 6 months for subsequent approval.

*Public Comment:* No public comment.

**Board Decision:** Criteria approved as submitted.

#### **7. Clinical Update-New Drug Review: David Calabrese, R.Ph., MPH**

- BiDil® - Not recommended for addition to the PDL.
- Boniva® - Not recommended for addition to the PDL. Prior Authorization and quantity limits suggested.
- Rozerem® - Recommendation to maintain current non-preferred status.

*Public Comment:* Mahendra DeSilva, TPNA- Commented on the effectiveness, safety, side effects, lack of abuse liability, and cognitive and motor impairment associated with Rozerem®, and that the drug is the only non-scheduled hypnotic that FDA approved for insomnia and that the drug is not a benzodiazepine but a receptor agonist.

Dr. Keith Nagle, Fletcher Allen Sleep Center - Stated he receives no financial support from TPNA or any other sleep manufacturer. Dr. Nagle commented on the unique mechanism of action of this drug and its role in patients where side effects such as residual action of peak sedation at wake-up are problematic.

**Board Decision:** Board approved all MHP recommendations noted above with the following exceptions: Complete criteria for Rozeram® will be presented at the June meeting and will state the first prescription should be no greater than 14 days with the ability for renewal. There was one dissenting vote on the Rozeram® decision.

#### **8. Retro-DUR Planning 2006- revised schedule: David Calabrese, R.Ph., MPH**

- The schedule of DUR events for 2006 has been rearranged due to recommendations made at the April meeting.

- The Coreg® advisory went out on April 28, 2006 as approved at the last meeting.
- The conversion letter to all clinicians with patients on Nexium® who do not have a PA in the system was mailed on May 8, 2006. Clinicians have until June 19 to convert patients to a preferred alternative or obtain prior authorization for existing users.
- June retro-DUR initiative will focus on utilization of short-acting beta agonists with use of greater than one canister/month without a prescription for a controller medication. This will include a targeted mailing to the most frequent prescribers to alert them of their patient's current utilization.
- July initiative will focus on communication with prescribers with patients on 'once-daily' dosed mental health drugs that appear to be prescribed frequently in inefficient dosage regimens (e.g., patients receiving Zyprexa 5mg tab: two tabs per day, as opposed to Zyprexa 10mg tab: one tab per day). Post-communication, quantity limits will be employed on the lower dosage strengths of 5 mental health drugs which appear to be the most significant targets for inappropriate dosing: Zyprexa, Abilify, Lexapro, Effexor-XR, and Zoloft. Concern was expressed that patients using odd daily dosages (e.g., Effexor-XR 225mg/day) will be forced to obtain separate prescriptions for two different doses (Effexor 150mg caps and Effexor 75mg caps) and thus would be subject to greater co-payment liability with certain dose consolidations. MedMetrics will look into this and report back at the next meeting.

**Board Decision:** June and July retro-DUR initiatives approved. The schedule for the rest of the year will be addressed at the June meeting.

**9. Revised Drug Monitoring List:** *David Calabrese, R.Ph., MPH*

- A new-to-market drug document was presented listing drugs by name and the date launched and tentative DUR Board review date.

**10. Controlled RX Monitoring Report:** *David Calabrese, R.Ph., MPH*

- A template for a Controlled RX Monitoring Report developed by MedMetrics was handed out for comments. This informational report would be sent out quarterly to prescribers who had patients with high volumes of control RX use. The report would identify patients who are on 10 or more prescriptions of controlled medications. Patients with concomitant meds indicative of cancer, HIV, etc. would be extracted from this reporting. The report would contain specific alerts to clinicians if patients were using three or more prescribers or filling scripts at three or more pharmacies.
- A second document provided an overview of OVHA patients' use of controlled RXs. This report documented over 1800 OVHA patients who had received  $\geq 8$  prescriptions for controlled meds during Q1/'06.
- It was brought to the attention of the Board that state statute prohibits revealing a patient's other physician by name on such reporting. Prior to distribution of such reports, other prescribers would need to be blinded or simply identified by specialty, if possible.

**Board Decision:** Documents have value. The existing state statutes will have to be reviewed to determine what information can be shared. The report should be sent to the patient's primary care provider.

**11. General Announcements:**

- Tamiflu/Relenza – MedMetrics recommends that PA be reinstated effective immediately on both drugs, and need for PA be revisited next year prior to flu season.

- Promethazine - FDA Alert was handed out. FDA recommendation is that promethazine not be used in children under 2 years of age. MedMetrics recommends placing a prior authorization restriction on the coverage of all products containing promethazine for children less than 2 years for any promethazine containing products, alerting the prescriber of the FDA warning and asking them to consider an alternative medication.
- Nexium® mailing - went out on May 8<sup>th</sup> alerting providers of the need to convert patients to a preferred PDL, or obtain prior auth for their patients, prior to 6/19/06.
- Tequin® - Bristol Myers-Squibb has ceased manufacturing this product due to serious reports of hyper- and hypoglycemia in the diabetic population. Pharmacies are not being asked to pull the product from their shelves.
- The final hearing of the Administrative Rules Committee is 5/10/06 on ED drugs. It is likely the policy change will be approved and effective 7/1/06, ED drugs for sexual dysfunction will no longer be covered by our programs.
- Comments concerning Strattera® from physicians were handed out. The clinical criteria for this class of drugs will be sent to these prescribers.
- Dr. Paul Jarris sent out a notice regarding the high incidence of heroin overdoses along the east coast of the US. A drug mix containing fentanyl is out on the streets. Over 2 dozen people have died from overdoses, and there have been over 300 hospitalizations over the east coast related to this mix of drugs. To date there have been no incidents in Vermont.
- Avandia® availability - no update.
- OVHA has hired a Pharmacy Director who will begin on Monday, May 15.

*Public Comment:* Scott Mosher, GSK- There are no backorders in any line item anywhere in the country. All wholesalers that cover Vermont have between 8 and 22 days of therapy in stock. Peter Mittelstadt, Pfizer - asked that the meeting agenda be available earlier.

**Board Decision:** Board unanimously approves MedMetrics' recommendations regarding Tamiflu/Relenza and promethazine. David Calabrese will look at material from GSK and will contact the Board via email with a recommendation if received prior to the next meeting.

**12. Adjourn:** Meeting adjourned at 9:10 p.m.

**Next DUR Board Meeting**

Tuesday, June 13, 2006

7:00 - 9:00 p.m.\*

EDS Building, OVHA Conference Room

312 Hurricane Lane, Williston, VT

(Entrance is in the rear of the building)

\* The Board meeting will begin at 6:30 p.m. and the Board will vote to adjourn to Executive Session to discuss Medicaid OBRA'90/Supplemental Rebates and Agreements as provided by 33 VSA § 1998(f)(2). The Executive Session is closed to the public.



Vermont Health Access  
Pharmacy Benefit Management Program  
***DUR Board Meeting Minutes: 6/13/06***

**Board Members:**

James Gray, M.D., Chair  
Frank Landry, M.D.  
John Low, R. Ph.

Norm Ward, M.D.  
Michael Scovner, M.D.  
Virginia Hood, M.D.

Andrew Miller, R. Ph.  
Stuart Graves, M.D.

**Staff:**

Ann Rugg, OVHA  
Jennifer Mullikin, OVHA

Erin Cody-Reisfeld, M.D., OVHA  
Kathy Rainville, OVHA

Ann Bennett, OVHA  
David Calabrese, R. Ph., MHP

**Guests:**

Carl Pepe, GlaxoSmithKline  
Scott Mosher, GSK  
Andrew Masgen, GSK  
Mike Tocco, PSI  
Art McNulty, Forest  
Danielle Moon, Merck  
Andrea Hayes, Sanofi-Aventis  
Leesa Barone, Sepracor  
Ronald Popper, Bristol-Myers Squibb  
Mike Day, Ferndale Labs  
Diane Neal, R.Ph., MHP

Maribeth Klettke, Sanofi-Aventis  
Tom Madson, Eli Lilly  
T.J. Merola, GSK  
Deanna Jackson, Takeda  
Karl Slivka, Abbott Diabetes Care  
Mark O'Rourke, TAP  
Carl Wooten, Sepracor  
Lyndon Braun, Santarus  
Bill Baker, Sepracor Pharma  
Tony Severoni, Sepracor, Inc.

Ed Brockway, Alcon  
Andriane Swensen, Eli Lilly  
Glenn E. Dooley, Sr., Sanofi-Aventis  
Madeleine Mongun, VMS  
Mark G. Somerville, Merck  
Mike Tulumello, Sanofi-Aventis  
Keith Osburn, Sepracor  
Tom Martin, Boehringer-Ingelheim  
Mary Kaysen, Tekeda  
Matt Badalucco, Merck

James Gray, M.D., Chair called the meeting to order at 7:07 p.m. at the DUR Board meeting site in Williston.

**1. Executive Session:**

- An executive session was held from 6:30 until 7:00 p.m. to discuss Medicaid OBRA'90/Supplemental Rebates and Agreements as provided by 33 VSA § 1998(f)(2).

**2. Introductions and Approval of DUR Board Minutes:**

- Introductions were made around the table.
- Ann Bennett has recently joined the pharmacy unit at OVHA as the Pharmacy Director, and Diane Neal, R.Ph. will be joining MedMetrics Health Partners in July as the on site clinical pharmacy manager. She will be located at the OVHA and available to work solely on the VT account.
- The May 2006 meeting minutes were accepted as printed without amendment.

*Public Comment:*

Tom Madson, Eli Lilly - Requested clarification that within the clinical criteria, Strattera® would be available as a first-line agent for patients with tics, anxiety or those with history of (or family member with) substance abuse issues. David Calabrese clarified the fact that the Strattera® clinical criteria have been updated to reflect these changes and all updated criteria were posted to the OVHA web-site effective 6/1/06.

### **3. OVHA Pharmacy Administration Updates:** *Ann Rugg - Deputy Director, OVHA*

- Update on MMA activities: Out of 30,000 beneficiaries that have transitioned to Part D coverage, OVHA is still fully covering 859 individuals that the Part D Plans have not recognized.
- There have been no new developments with CMS regarding claims. OVHA is billing to CMS anyone who is a full benefit dual who we provided coverage through March 31. This amounts to approximately \$4 million in claims. Part D coverage is running about \$53,000 per day. A portion of this is for non-covered drugs.

### **4. Medical Director Update:** *Erin Cody-Reisfeld, M.D. - Associate Medical Director, OVHA*

- No update.

### **5. Follow-up items from Previous Meeting:** *David Calabrese, R.Ph. MedMetrics Health Partners (MHP)*

- Byetta® - a fact sheet for this product intended for distribution to all clinicians requesting a prior authorization for Byetta®, was presented.
- Generic simvastatin - Zocor® will be going off patent June 30, 2006. As a result, there will be two (or possibly three) generic manufacturers who will be distributing the generic product with exclusivity for the first six months. This is likely to produce only modest discounts on generic simvastatin pricing when these products are introduced. However, because of the current pricing structure of brand Zocor®, this product will be available to Vermont at a much lower cost. As a result, MHP proposes that Vermont restrict of coverage generic simvastatin immediately upon its introduction to the market, and provide coverage for only brand-name Zocor®. Brand-name Zocor® will be treated similar to a generic product in the drug benefit structure for the first six months of generic exclusivity.
- The notice to prescribers regarding the discontinuation of medications for sexual dysfunction was distributed. Viagra® will continue to be available by prior authorization for the treatment of pulmonary arterial hypertension.
- Avandia® - A notice from GlaxoSmithKline regarding production, inventory levels and distribution of this product was distributed. Avandamet® is being manufactured in adequate supply once again, and should be readily available in July.

**Board Decision:** The board accepted the Byetta® fact sheet as written. Zocor® is to remain a preferred product and will be treated similarly to a generic product for the first six months of generic simvastatin exclusivity. Avandia®, Avandamet® and Avandaryl® were moved to preferred drug status.

### **6. Review of Revised Clinical Coverage Criteria:** *David Calabrese, R.Ph., MPH*

Note: All drug/criteria decisions will be reflected in the next PDL and/or PDL Criteria update.

- Phosphodiesterase-5 Inhibitors - Formerly ‘Erectile Dysfunction Drugs’, has been renamed to more accurately reflect the chemical category. The proposed criteria for approval of sildenafil (Viagra®) for the treatment of pulmonary hypertension was presented and discussed. Once a patient is granted prior authorization, they will not require an additional PA for dose titration. A new PA would however be needed if the prescription exceeds the quantity limit. A 90 tablet limitation for all dosage strengths of sildenafil will be established. Step therapy will be utilized to eliminate the need for a PA for patients with an inadequate response to Revatio® who are prescribed Viagra®.

*Public Comment:* No public comment.

**Board Decision:** The board accepted criteria for Phosphodiesterase-5 Inhibitors as written. A 90 tablet limitation for all dosage strengths of sildenafil was established.

- Sedative Hypnotics - This class has been divided into two sections, Non-benzodiazepines and Benzodiazepines. Proposed criteria for the Non-benzodiazepine category were presented. Patients would need a documented side effect, allergy or treatment failure to Lunesta® before PA approval for a non-preferred medication. In the case of Rozerem®, PA approval will be based upon a patient's documented side effect, allergy or treatment failure to Lunesta® or a question of substance abuse with the patient or a family member of the patient's. The initial fill of Rozerem® will be limited to a 14 day supply.

*Public Comment:* No public comment.

**Board Decision:** The board approved the criteria as submitted.

Antidepressants - Criteria broken down into specific sub-categories was presented.

Novel & SSRI: Individualized criteria have been developed for each branded non-preferred product in order to make the criteria more clinically appropriate.

Tricyclics & MAOIs: Criteria have been created specific to each category.

A discussion as to whether patients receiving an initial course of sample medications from their prescriber would qualify as meeting criterion of "The patient has been started and stabilized on the requested medication."

The inclusion of a SNRI as a preferred product on the PDL was discussed.

*Public Comment:* No public comment.

**Board Decision:** Criteria for Novel Antidepressants will be edited to read: "The patient has had a documented side effect, allergy or inadequate response." With minimal exception, the use of samples will not be considered appropriate criteria for establishing patient stabilization for any managed class of drugs when the prescriber is submitting a request for prior authorization for a non-preferred product. A communication will be sent to all prescribers advising them of this clarification of the clinical criteria. An automated step therapy process via claims processing look-back will be used wherever possible in the approval of the "started and stabilized" criterion in all managed classes. Those prescribers, who continue to circumvent the PDL through the use of samples, will receive a direct communication from the OVHA Medical Director. The Psychotropic Subcommittee will be asked to review the SNRI category.

#### **7. Clinical Update: New Drug Reviews: David Calabrese, R.Ph., MPH**

- Xopenex HFA® - Consideration to have this product as the sole preferred status product for this category on the PDL.

*Public Comment:*

Leesa Barone, Sepracor - Commented on the unique formulation of Xopenex® and of its effectiveness within this class of drugs.

**Board Decision:** The board voted not to have Xopenex HFA® as the sole preferred product on the PDL. Dr. Scovner abstained.

- Skeletal Muscle Relaxants - This is a new category to be managed by the PDL. The category has been broken down into two separate subcategories; antispasticity agents and musculoskeletal antispasmodic agents. The recommendation from MHP is to expand the PDL to include this specific therapeutic category and that all generic products have preferred status: all branded products including Skelaxin® have non-preferred status effective 7/01/06. Prior authorization criteria will be developed and presented at the next meeting.

*Public Comment:* No public comments.

**Board Decision:** The Board approved MHP recommendations for Skeletal Muscle Relaxants as presented. After a review of utilization data, the status of carisoprodol will be discussed further at the next meeting. A clinical advisory will be sent to all prescribers alerting them of the potential abuse with carisoprodol.

**8. RetroDUR Planning 2006: David Calabrese, R.Ph., MPH**

- A draft of the June RetroDUR letter and feedback materials was presented to the Board. This mailing will be sent to all prescribers with patients identified through claims review, who over the course of the last four months have used one or more short-acting beta-agonist inhalers per month and who are not concurrently on a controller medication. Providers will be asked to review current treatment protocols for these patients in accordance with recent national asthma treatment consensus guidelines.
- July RetroDUR initiative - Dosage Consolidation was discussed. Prescribers with patients identified taking multiple lower strength doses of Abilify®, Zyprexa®, Effexor-XR®, Lexapro®, or Zoloft® per day, who could perhaps take a larger dose of the same medication less frequently per day, will be notified and provided information regarding converting them to a more preferential dosing regimen. A Prior Authorization form included in the informational packet will need to be submitted for those patients whose prescriber prefers to maintain the current dosing schedule. Quantity limits will be placed on the lower strengths of these medications to prevent this type of utilization from occurring in the future.
- No RetroDUR activity scheduled for August.
- September RetroDUR initiative - Topical Immunomodulator Usage in children < 2 years with prolonged duration was discussed. Concerns surround Elidel® and Protopic® and the "black box" warning issued by the FDA in March 2005 of the increased risk of Lymphoma and skin cancer with long term of these products. Preliminary analysis determined that 17% of the prescriptions issued for these drugs were for children under 2 yrs and that 20% of the scripts were written for > 90 grams.
- October RetroDUR initiative - Monotherapy with a long-acting beta-agonist was discussed.
- November RetroDUR initiative - Mental Health drug maximum dosage thresholds was discussed.

*Public Comment:* No public comment.

**Board Decision:** The current status of the Topical Immunomodulator products will be maintained until the class review in September. The monotherapy with a long-acting beta-agonist initiative will be scheduled for an earlier date (possibly July or August). A mailing that includes the FDA "black box" warning will be sent to prescribers, including a list of their patients on long-acting beta-agonist monotherapy. The Psychotropic Subcommittee will be asked to make recommendations regarding the maximum dosage thresholds for mental health drugs.

**9. Updated New-to-Market Monitoring Log: David Calabrese, R.Ph., MPH**

- Yaz® - Recommendation: Non-managed class: PA for six months, covered after that time.
- Cardura XL® - Recommendation: Move immediately to non-preferred status.
- Tysabri® - Recommendation: Review status in six months.

*Public Comment:* No public comment.

**Board Decision:** The Board approved all MHP recommendations with the exception of Tysabri® which is administered via IV, therefore, will not need formal evaluation by the Board.

**10. Updated Policy on New Generics:** *David Calabrese, R.Ph., MPH*

- A draft of the Proposed PDL Management Criteria Changes was presented and discussed. The addition of a second paragraph in the New Generic entries criteria reads: "Additionally, per positive vote of the OVHA DUR Board on 5/9/06, OVHA reserves the right to restrict coverage of a new generic entity if the net pricing of its branded alternative remains lower to the State. Such coverage restrictions will remain in place until the time when generic pricing falls to a level representative of greater cost savings to the State versus the branded alternative. Such restrictions in the coverage of generic products will be adequately communicated to providers prior to implementation.

**Board Decision:** The Board approved as written the Proposed PDL Management Criteria Changes.

**11. General Announcements**

- Tysabri® - Announcement released 6/5/2006 regarding the reintroduction of this product as a monotherapy treatment for relapsing forms of multiple sclerosis was presented and discussed.
- A Prescribing Information letter from GlaxoSmithKline regarding Paxil® and Paxil CR® was distributed and discussed. A recommendation was made that MHP consider identifying those prescribers with patients up to 30 years of age who have been on Paxil® for 90 days or less and alert them to this labeling change by the manufacturer.
- Physician Identification on prescriptions - John Low, R.Ph presented a memo addressing the issue of pharmacists entering the correct physician's name on a prescription. Errors in identifying the correct prescriber on a prescription are mainly due to illegible signatures.
- A recommendation was made that the DUR Board not meet during the months of July and August.

**Board Decision:** Medical Society members who are also DUR Board members will ask the Medical Society for assistance in addressing the importance of correctly identifying the name of the prescriber on prescriptions for utilization review purposes with physicians. Dr. Ward will address this issue with people at Fletcher Allen. No DUR Board will be held in July or August.

**11. Adjourn:** Meeting adjourned at 9:12 p.m.

**Next DUR Board Meeting**

Tuesday, September 12, 2006

7:00 - 9:00 p.m.\*

EDS Building, OVHA Conference Room

312 Hurricane Lane, Williston, VT

(Entrance is in the rear of the building)

\* The Board meeting will begin at 6:30 p.m. and the Board will vote to adjourn to Executive Session to discuss Medicaid OBRA'90/Supplemental Rebates and Agreements as provided by 33 VSA § 1998(f)(2). The Executive Session is closed to the public.



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**Vermont Health Access  
Pharmacy Benefit Management Program  
DUR Board Meeting Minutes: 9/12/06**

**Board Members:**

James Gray, M.D., Chair  
Cheryl Gibson, M.D.  
Richard Harvie, R. Ph.

Norm Ward, M.D.  
Michael Scovner, M.D.  
Virginia Hood, M.D.

Andrew Miller, R. Ph.  
Tim Thompson, M.D.

**Staff:**

Ann Rugg, OVHA  
Jennifer Mullikin, OVHA  
Diane Neal, R. Ph., MHP

Scott Strenio, M.D., OVHA  
Robin Farnsworth, OVHA

Ann Bennett, OVHA  
David Calabrese, R. Ph., MHP

**Guests:**

Craig Sherman, Sepracor  
Laura Bertels, TPNA  
Liz Reardon, OVHA  
Steve Adams, Sanofi-Aventis  
Jim Kelley, AstraZeneca  
David Anderson, AstraZeneca  
Andrea Hayes, Sanofi-Aventis  
Leesa Barone, Sepracor  
Curtis Williams, AstraZeneca  
Mike Day, Ferndale Labs  
Jennifer Buttle, Merck  
Ron Poppel, BMS

Gregory Fox, UCB Pharma  
Tom Madson, Eli Lilly  
T.J. Merola, GSK  
Tom Bolgioni, UCB Pharma  
Robb Coppola, FirstHealth  
Mascia Brown, Pharmaceutical Strategies  
Gress Denton, NovoNordisk  
Lyndon Braun, Santarus  
James Falkenbush, Sanofi-Aventis  
Tony Severoni, Sepracor, Inc.  
Paul Harrington, VMS  
Matthew Sasso, Sanofi-Aventis

Ed Brockway, Alcon  
Andriane Swensen, Eli Lilly  
Peter Mittelstadt, Pfizer  
Michael Nelson, AstraZeneca  
Carl Possidente, Pfizer  
John Kowalski, Merck  
Keith Osburn, Sepracor  
Tom Martin, Boehringer-Ingelheim  
Kevin Boehmcke, Abbott  
Matt Badalucco, Merck  
Kirk Morgan, Sanofi-Aventis  
Michael Zdrokewski, ScheringPlough

James Gray, M.D., Chair called the meeting to order at 7:15 p.m. at the DUR Board meeting site in Williston.

**1. Executive Session:**

- An executive session was held from 6:30 until 7:00 p.m. to discuss Medicaid OBRA'90/Supplemental Rebates and Agreements as provided by 33 VSA § 1998(f)(2).

**2. Introductions and Approval of DUR Board Minutes:**

- Introductions were made around the table
- The June 2006 meeting minutes were accepted as printed without amendment.
- At future meetings, handouts and sign-in sheets for guests will be available in the Lobby so that the meeting can start on time.

*Public Comment:* No public comment.

### **3. OVHA Pharmacy Administration Updates:** *Ann Rugg - Deputy Director, OVHA*

- **DUR Board Vacancies:** There are two vacant pharmacist board seats. A list of potential candidates has been compiled and the hope is to have the seats filled soon.
- **Supplemental Rebates:** The supplemental rebate cycle is underway with the close of bid taking occurring last week. Vermont will meet with colleagues from Maine and Iowa next week to review the bids.
- **Update on MMA activities:** Out of 30,000 beneficiaries that have transitioned to Part D coverage, there are only about 300 individuals that the Part D Plans have not recognized. This is a dramatic improvement.
- **New Part D Plans:** In January 2007, it is anticipated that the number of Part D options will increase from 44 to upwards of 50.
- **402 Claiming:** The Pharmacy Unit continues to work with CMS to collect an estimated \$11.7 million spent on Medicare beneficiaries who were unable to access Part D coverage. Approximately \$7 million is expected to be billed to CMS, with the remainder billed to the Part D plans on a claim-by-claim basis.
- **DRA Study:** This year's budget bill included funding for a study on the effects of the Federal Deficit Reduction Act of 2005 on pharmacy reimbursement for generic drugs. OVHA has contracted with the University of Connecticut to undertake the study. The study will also include a survey of pharmacists to determine the true cost of dispensing prescriptions.
- **Pharmacy Newsletter:** A monthly update for pharmacies will begin going out to pharmacies in the very near future. It will be called *OVHA Pharmacy Watch*.

### **4. Medical Director Update:** *Scott Strenio, M.D. - Medical Director, OVHA*

- **Physician concerns:** Dr. Strenio summarized concerns raised by physicians: These included Provigil® (modafinil) not being available for the treatment of attention-deficit/hyperactivity (ADHD), dose consolidation requirement with select mental health drugs, particularly Effexor XR®, and maximum dose restriction with antidepressants.
- **Pharmacist Management of Diabetics:** Dr. Strenio described a program in Maryland where incentives are provided to pharmacists who help manage diabetic patients. David Calabrese, R.Ph. MPH mentioned that there is a similar program in Minnesota.
- **Buprenorphine Initiative:** Legislative funding has been obtained to provide incentives to physicians to participate in the care of patients requiring buprenorphine treatment. The Health Department has put out an RFP and has selected Howard Mental Health Services to be care coordinator. There appears to be a trend towards decreased total health care costs when beneficiaries are prescribed buprenorphine.

### **5. Follow-up items from Previous Meeting:**

Note: All drug/criteria decisions will be reflected in the next PDL and/or PDL Criteria update.

- **Stabilization Clause for Clinical Criteria (Use of Samples):** *David Calabrese, R.Ph, MedMetrics Health Partners (MPH)*  
The MedMetrics clinical call center is currently not allowing the prior use of sample supplies of medication as adequate justification for patient stabilization on non-preferred medications except for antidepressants, antipsychotics, medications for ADHD and for Alzheimer's. Physicians are asked to

consider formulary (PDL preferred) medications in all cases. There was considerable discussion by the board concerning whether samples should be allowed as justification for any drug category.

*Public Comment:* No public comments.

**Board Decision:** The board voted unanimously to not allow samples to be used to stabilize patients on non-preferred drugs, including those prescribed to treat mental illness, effective September 12, 2006. In order to not penalize patients, approval of such drugs will not necessarily be denied, but any such request received by the Call Center should be referred to the Medical Director who will contact the prescribing physician to inform him or her of the state's policy.

▪ Xopenex HFA®: *David Calabrese, R.Ph, MPH*

At the June meeting of the DUR board, consideration of Xopenex HFA® as the sole and exclusive short-acting beta-agonist inhaler with all current users converted to this product was rejected due to expected resultant disruption. A new proposal was discussed that would allow grandfathering of all prior users (within the past 6 months) of other short-acting beta-agonist inhalers to remain on their present inhaler while all new starts would receive Xopenex HFA®.

*Public Comment:* No public comments

**Board Decision:** The board voted unanimously to have Xopenex HFA® as the sole and exclusive short-acting beta-agonist inhaler on the PDL effective 11/01/06. Prior users of other inhalers would be grandfathered. A letter was requested to be sent to prescribers and pharmacists regarding the PDL change. A mechanism will be developed for a one-time fill of albuterol inhaler prescriptions in urgent situations.

▪ Carisoprodol Drug Utilization/Clinical Advisory: *Diane Neal, R.Ph, MPH*

There was further discussion of the abuse potential of carisoprodol as well as discussion of the utilization patterns of patients and prescriber patterns. A draft of a letter to be mailed to physicians was reviewed.

*Public Comment:* No public comments

**Board Decision:** The board voted unanimously to change carisoprodol and carisoprodol compound to non-preferred status effective 11/01/06 with prior authorization required for its continued use. A mailing will be sent to all prescribers with patients who have filled prescription for carisoprodol/carisoprodol compound in the last 4 months and refills remain on the prescription. The board also requested that a letter to be sent to Emergency Departments of hospitals in the state alerting them to this PDL change.

▪ Young Adults on Paroxetine < 90: *Diane Neal, R.Ph, MPH*

The mailing to prescribers of paroxetine in young adults and children that alerted them to closely monitor these patients was distributed. No feedback was requested from prescribers. The mailing covered 109 beneficiaries and was sent to 89 prescribers. There was discussion that this risk may, in fact, be a class effect and extend to older patients as well. A suggestion was made that for future mailings, a title be incorporated into the mailing to alert physicians of the general content of the mailing.

*Public Comment:* No public comments

**Board Decision:** None required.

**6. Review of Newly-Developed/Revised Clinical Coverage Criteria: Diane Neal, R.Ph, MPH**  
There were no new or revised criteria this month.

**7. Clinical Update: New Drug Reviews: Diane Neal, R.Ph. MPH**

- Apridra® (insulin glulisine) – Not recommended for addition to the PDL.
- Ultram ER® (tramadol ER) – Not recommended for addition to the PDL.
- Increlex® (mecasermin) – Recommended for addition to the PDL as a preferred agent after clinical criteria are met for the long-term treatment of growth failure in children with severe primary insulin-like growth factor-1 deficiency (Primary IGFD). Growth Hormone category to be renamed Growth Stimulating Agents.
- Topical Immunomodulators (Class Review) – A class review to topical immunomodulators was presented including FDA safety concerns and efficacy evidence. Recommended to maintain both Protopic® and Elidel® on the PDL as co-preferred with Protopic® recommended as the more appropriate agent for more moderate to severe atopic dermatitis. Prior authorization required for all patients < 2 years of age beginning 11/01/06. Employ step-therapy protocol to insure previous trial of at least one topical corticosteroid. Protopic® concentration limited to 0.03 % for patients < 16 years old. Quantity limits to be employed of 30 gm per fill and 90 gm within 6 months. Clinical criteria to be presented at the next meeting. Patient specific mailings will be sent to prescribers who prescribed a topical immunomodulator for a patient who will be less than 2 years old on 11/01/06. A mailing outlining the new step therapy and quantity limits will also be sent to all prescribers who issued a prescription for a topical immunomodulator in the last 6 months for any patient

*Public Comment:* No public comments.

**Board Decision:** The Board approved all recommendations noted above.

**8. RetroDUR: Diane Neal, R.Ph. MPH**

- June – Extensive use of a short-acting beta-agonist and no concomitant controller medication: A summary of the RetroDUR results was presented. 422 patients were identified as averaging > 1 inhaler/month with 120 patients showing no claims activity for a controller medication. Mailings were sent to 103 physicians. The response rate was 69 %, with 64 % of responders indicating that they would review therapy with the patient either by phone, by setting up an appointment, or at the next scheduled visit. 16 % of responders choose not to intervene in therapy, primarily because they felt the patient was in fact on controller therapy or the use of short-acting beta-agonist was much less than prescription refill history would indicate. 19 % of responders indicated that either this was not their patient or they were no longer treating the patient.

*Public Comment:* No public comments.

**Board Decision:** The board was concerned with the patients for whom no response was received from the prescriber or the prescriber indicated that the patient was not theirs. A letter or fax communication was requested to be sent to pharmacies so that pharmacists can follow-up with patients and prescribers. A feedback form will be included. Updated clinical criteria to be presented at the next meeting.

- July – Long-acting beta-agonist use with no controller medication: A summary of the RetroDur results was presented. 128 patients were identified as receiving a long-acting beta-agonist with 32 patients showing no claims activity for a controller medication. Mailings were sent to 32 physicians. The response rate was 53 %, with 70 % of responders planning to review therapy with the patient either by phone, by setting up an appointment, or at the next scheduled visit. Physicians chose not to intervene in 2 patients, both of whom had diagnoses of COPD. 18 % of responders indicated that either this was not their patient or they were no longer treating the patient.

*Public Comment:* Curtis Williams, AstraZeneca, commented that both the June and July RetroDUR highlighted the educational issue needs associated with asthma management. He suggested that the Pharma industry could help.

**Board Decision:** The board was concerned with the patients for whom no response was received from the prescriber or the prescriber indicated that the patient was not theirs. A letter or fax communication was requested to be sent to pharmacies so that pharmacists can follow-up with patients and prescribers. A feedback form will be included. Additionally, a step edit will be employed that will screen for controller medications and COPD medications at the time of dispensing of long-acting beta-agonist inhalers. Updated clinical criteria to be presented at the next meeting.

- August – Dosage consolidation for select mental health drugs – Mailing sent to prescribers included in packet. Results to be discussed at next board meeting.

*Public Comment:* No public comments

**Board Decision:** None required.

- August – Patients on branded mental health medications where a generic exists – Mailing sent to prescribers included in packet. Summary of mailing to be discussed at next board meeting.

*Public Comment:* No public comments

**Board Decision:** None required.

- September – Topical Immunomodulators – see “Clinical Update: New Drug Reviews” above.

*Public Comment:* No public comments

**Board Decision:** See above.

## 9. Updated New-to-Market Monitoring Log: David Calabrese, R.Ph, MPH

- This log shows new entries in the market highlighted in red. The log is informational only. Suggested dates for review are to be used as a guide only. The actual date of review will depend on the complexity of the agenda.

*Public Comment:* No public comment.

**Board Decision:** The Board approved all MHP recommendations.

## **10. General Announcements /Other PDL Related Issues:**

- Generic sertraline - *David Calabrese, R.Ph, MPH*  
Generic sertraline was launched in the beginning of July with 6 months of exclusivity. Therefore, generic and branded sertraline will remain non-preferred and treated equally.
- Ketek®: - *Diane Neal, R.Ph, MPH*  
Updated prescribing and warning information was presented
- Combined use of Triptans and SSRIs/SNRIs – *Diane Neal, R.Ph, MPH*  
The FDA public health advisory warning of a possible drug interaction was presented.

*Public Comment:* No public comment

**Board Decision:** The Board recommended posting the Ketek® and Combined Use of Triptans and SSRIs/SNRIs warnings on the OVHA web site.

## **11. Other**

- Medication Reconciliation – *Norman Ward, MD*  
Dr. Ward inquired as to whether there was any activity with medication reconciliation with OVHA. Although there have been discussions, no programs have been formally established.
- Antidepressants – SNRIs – *Tom Madson, Lilly*  
Mr. Madson inquired as to whether a review of SNRIs has been scheduled. A review has not been scheduled as of this meeting.

**12. Adjourn:** Meeting adjourned at 9:15 p.m.

### **Next DUR Board Meeting**

Tuesday, October 10, 2006

7:00 - 9:00 p.m.\*

EDS Building, OVHA Conference Room

312 Hurricane Lane, Williston, VT

(Entrance is in the rear of the building)

\* The Board meeting will begin at 6:30 p.m. and the Board will vote to adjourn to Executive Session to discuss Medicaid OBRA'90/Supplemental Rebates and Agreements as provided by 33 VSA § 1998(f)(2). The Executive Session is closed to the public.

## **Attachment 5: Generic Policy**

## **Generic Policy: Vermont Health Access Pharmacy Benefit Management Program**

Vermont's generic drug law at 18 V.S.A. chapter 91 requires pharmacies to dispense generics unless the prescriber expressly requires the brand. The Vermont Health Access Pharmacy Benefit Management Program with the support of the DUR Board heavily promotes the use of generics in general and directly through identified classes in the PDL by means of automated step therapies and/or prior authorizations required for brand name agents in the following classes employed throughout FFY 2006:

- ACE inhibitors
- Antibiotics: Macrolides
- Antidepressants: Tricyclic antidepressants & MAO inhibitors
- Antidiabetics: Oral agents
- Antihypertensives: Calcium Channel Blockers
- Antipsychotics: Typical
- Antivirals: Herpes
- BPH: Alpha Blockers
- Coronary vasodilators / antianginals
- Cough and cold medications
- Glucocorticoids: Topical
- H-2 blockers
- Lipotropics: Fibric Acid derivatives
- Musculoskeletal agents
- NSAIDs
- Parkinson's medications
- Sedative hypnotics (benzodiazepines)

For October through December 2005 the overall generic dispensing rate was **61.4%**.

In December 2005, the overall generic substitution rate for claims when a generic equivalent was available was **97.7%**.

January through September 2006 the overall generic dispensing rate remained steady at **61.3%**.

January through September 2006 the overall generic substitution rate was also maintained at **97.7%**.

# **Pharmacy Program Cost Analysis**

## Vermont Pharmacy Benefit Management Access Program Costs FFY 2006:

In FFY 2006 the Vermont State Medicaid program covered a monthly average of 124,208 eligible beneficiaries, with a FFY total of 1,929,013 prescription claims costing \$128,547,761 for a monthly average of 22,990 utilizing members. This is a decrease from over 3 million prescription claims costing over \$193 million in FFY 2005. However, 30,000 program beneficiaries transitioned to Medicare Part D as their primary pharmacy coverage as of January 1, 2006. As previously noted, it is estimated that 95.9% of elderly beneficiaries and 46.8% of disabled beneficiaries became Part D covered.

DUR initiatives specifically resulting in cost savings in FFY 2006:

Initiative	\$ Savings
On-line POS/ProDUR	\$12,636,109
Nexium removal from PDL	\$341,677
Lunesta addition to PDL	\$31,296
Restriction of branded 'cough/cold' Rxs	\$7,128
<b>Total</b>	<b>\$13,016,210</b>

### FFY 2006 Top 10 Therapeutic Classes by Cost

Drug Class	Rx Claims	\$ Spend	% of Total \$	\$/Claim
Antipsychotics	75,783	\$15,309,166	12%	\$202
Antidepressants	190,246	\$11,185,024	9%	\$59
Anticonvulsants	88,672	\$8,881,189	7%	\$100
Ulcer Drugs	87,191	\$8,807,544	7%	\$101
Antiasthmatics and Bronchodilator Agents	103,864	\$8,331,327	6%	\$80
Antihyperlipidemics	67,392	\$7,752,388	6%	\$115
Analgesics - Opioid	170,882	\$7,528,369	6%	\$44
ADHD/Anti-Narcolepsy/Anti-Obesity/Anorexiant	55,628	\$5,812,638	5%	\$104
Antidiabetics	62,781	\$4,817,110	4%	\$77
Antivirals	7,684	\$2,818,237	2%	\$367
<b>FFY 2006 TOTAL for TOP 10 CLASSES</b>	<b>910,123</b>	<b>\$81,242,994</b>	<b>63%</b>	<b>\$89</b>
<b>FFY 2006 TOTAL for ALL CLASSES</b>	<b>1,929,013</b>	<b>\$128,547,761</b>	<b>100%</b>	<b>\$66.64</b>
<i>FFY 2005</i>	<i>3,110,184</i>	<i>\$193,977,680</i>		<i>\$62.37</i>
<i>FFY 2004</i>	<i>2,822,313</i>	<i>\$167,468,436</i>		<i>\$59.34</i>

### Drug Spend By Quarter

FFY 2006	Rx Claims	\$ All Classes	\$/Claim
CY Q4'05	799,713	\$55,975,737	\$69.99
CY Q1'06	381,769	\$24,572,399	\$64.36
CY Q2'06	383,711	\$24,948,090	\$65.02
CY Q3'06	363,820	\$23,051,535	\$63.36