



OFFICE OF VERMONT HEALTH ACCESS
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Medical Director's Announcement: Change in PA Criteria for PPIs – October 2004

Dear Colleague:

As you can see from the attached information, the **Drug Utilization Board recently recommended that preferred PPIs (Nexium[®], Prevacid[®], and Prilosec OTC[®]) be available without prior authorization (PA) for patients requiring a daily dose on a regular basis.** Members felt that many patients require ongoing treatment and repeated PAs should not be necessary.

The Board noted that while savings have been realized in the management of gastric acid reducers, they acknowledged that this remains a high cost drug category. They indicated that they were confident that prescribers understood this and that this change would not result in increased utilization or cost. For these reasons they proposed a six month pilot to demonstrate that the benefit could be managed without requiring PA for treatment beyond twelve weeks.

This Office's primary concern is meeting the clinical needs of our beneficiaries/your patients. In these days, though, this includes assuring that these needs are met in the most cost effective way possible. Cost containment is the only way we can assure continued coverage for Vermont's publicly funded programs. The Board's position was that fiscal discipline could be maintained in the prescribing of these drugs. They presented this as an opportunity to demonstrate that drugs can be managed with minimal restrictions. We found their arguments convincing and compelling.

This pilot is being implemented immediately. These drugs have been preferred since October 1. This trial is proposed to continue through March 2005. In this period utilization and costs will be closely monitored so that unexpected increases can be addressed promptly. This might mean revisiting PA options but if this test proves to be successful, this change in approach can continue. If fact, this may be a model for the management of other drugs and classes in the future.

Please note the conditions outlined in the attached materials. Note that requests for BID dosing will require a PA. These authorizations, though, will be good for one (1) year. Please make every effort to adhere strictly to treatment guidelines for esophageal, gastric, and duodenal disorders requiring these medications. Options to consider include:

- **Implementing periodic trials off such medications in lieu of H2 Blockers,**
- **Addressing other causes of continued symptoms such as smoking, and**
- **Limiting the treatment of H. Pylori with PPIs to recommended regimens.**

Finally, let me take this opportunity to thank you for your efforts over the last three years in the management of the pharmacy benefit in our programs. I have spoken with many of you in this time and know that while many of the aspects of this initiative have not been easy that you share our commitment to assuring the continued coverage of these people in your care.

Sincerely,

J. Scott Strenio, M.D.
Medical Director