

To: The Honorable Vermont Senate Committee on Health and Welfare

From: The Vermont Pharmacists Association

February 27, 2014

Testimony Regarding S.295, amending 18 V.S.A. § 4215 (11), (12), (13) and (16).

Section 11(d) - (proposed). *“A pharmacist may only fill a prescription for a drug containing buprenorphine if the prescription was written by a health care professional on a list of approved prescribers of the drug establish and maintained by the Department of Health pursuant to section 4215c of this title.”*

COMMENT: The world of prescription processing has become a complex merger of pharmacy software, claims transmitters, claims administrators and insurers. The majority of claims are transmitted, electronically, and have a response in seconds for an approval or denial. It is complicated but often seamless. I fail to see where section 11(d) could be built into the process, since not all burprenorphine patients have prescriptions paid for by the state of Vermont. Hence, the claims would not be subject to the state’s review in the adjudication process.

Section 12(a)- (proposed) *“The Commissioner of Health shall establish and maintain a list of approved prescribers of buprenorphine and drugs containing buprenorphine. The list shall consist of the names of physicians licensed within and outside the State who wish to prescribe buprenorphine to Vermont residents and meet all of the following conditions....:”*(enumerated requirements omitted).

COMMENT: This proposed language for § 4215(c) is duplicative of much stricter Federal laws governing who may prescribe buprenorphine, and what credentials/documentation they must provide on the face of such prescriptions. Currently prescriptions for buprenorphine paid by DVHA already have such measures in place for review during the prescription adjudication process. Passage of this language will cause confusion and disruption to the prescription dispensing system.

Section 13 (proposed). *“The Secretary of Human Services shall adopt rules requiring all Medicaid participating providers, whether licensed in or outside Vermont, to query the Vermont Prescription Monitoring System (VPMS) prior to prescribing buprenorphine or a drug containing buprenorphine to a Vermont Medicaid beneficiary.”*

COMMENT- How often must a query be made? With each weekly or biweekly prescription or periodically? Currently, many community pharmacists, notably in chain stores, do not have easy access to Vermont’s Prescription Monitoring System (“VPMS”). Until Vermont ensures that pharmacists have easy access to that data, Sections 11,12, and 13 (as proposed), will be a burden, rather than an aid, to care. For the VPMS to function as intended, it also needs to have data collected daily, an appeal that the *Vermont Pharmacists Association* has made, on multiple occasions.

Section 16 – (proposed) *“The Commissioner of Vermont Health Access shall undertake all reasonable efforts, including negotiating with pharmaceutical manufacturers through the pharmacy best practices and cost containment program established by 33 V.S.A. § 1998, to increase availability and reduce the cost to the State’s public health benefit programs and program participants of prescribed products containing buprenorphine in tablet form to be dispensed in blister packs.”*

COMMENT- Pharmaceutical manufacturers have nothing to do with the blister packaging of prescriptions. That is done at the community pharmacy in response to quantity and specific directions. There is no “one size fits all” packaging available.

Sincerely,

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Board of Directors, Vermont Pharmacists Association