For Office Use Only

Dr. George Jones, Chief
Pharmacy Operations Division

DHA Pharmacy
MTF Update
December 17, 2014

"Medically Ready Force…Ready Medical Force"

Agenda

Agenda Item	Presenter
Opening Remarks	MG Thomas
Update on DHA Pharmacy Initiatives	Dr. Jones
P&T Committee Update	CAPT Downs
Pharmacy Rule Changes	CAPT Downs
Compounding Update	Bill Blanche/Lt Col McManis
TPharm 4 Changes/Impact to MTF	Bill Blanche/ Lt Col McManis
Disposal of Controlled Substances Update	LCDR Nguyen
MTF Leakage/National Provider Identifier Reports	Bill Davies and CAPT Norton
e-Prescribing Update	Henry Gibbs
Monitoring MTF Outpatient Pharmacy Capacity and Resource Levels Against Workload Growth	Dr. Jones
Playbook on Communicating Business Rules to Providers	Dr. Jones
NDAA 2015 Pharmacy Actions	Dr. Jones
Questions	All

Opening Remarks

Major General Richard W. Thomas, MD, DDS, FACS

Director, Healthcare Operations

Chief Medical Officer

Defense Health Agency (DHA)

Remarks From MG Thomas: Happy First Year!

- 1 Year Anniversary – DHA / Pharmacy Shared Service
  - ❑ Day 443 of Operations

- Pharmacy Enterprise ***Has Delivered***!
  - ❑ **$215M** in FY 14 Savings
    - Brand to Generic; TRICARE For Life Pilot; Contract Compliance; P&T Committee actions; Recapture
  - ❑ **MTFs skyrocketed** *Contract Compliance* and *Generic Use*
    - These Two Initiatives Generated **$39.9M** in Savings

Remarks From MG Thomas: Driving Toward Uniform Benefit Delivery

- Enterprise-wide Prescription Transfer Policy
  - ❑ Supports Efficient Beneficiary Movement Among MTFs
- Support Electronic Prescribing ***INTO*** the MTF from downtown prescribers
  - ❑ Fully Operational in All MTFs by 31 December 2014
  - ❑ Stand-up Facilitated by Pharmacy Ops Division Staff
- Vital To Work Collaboratively As An Enterprise

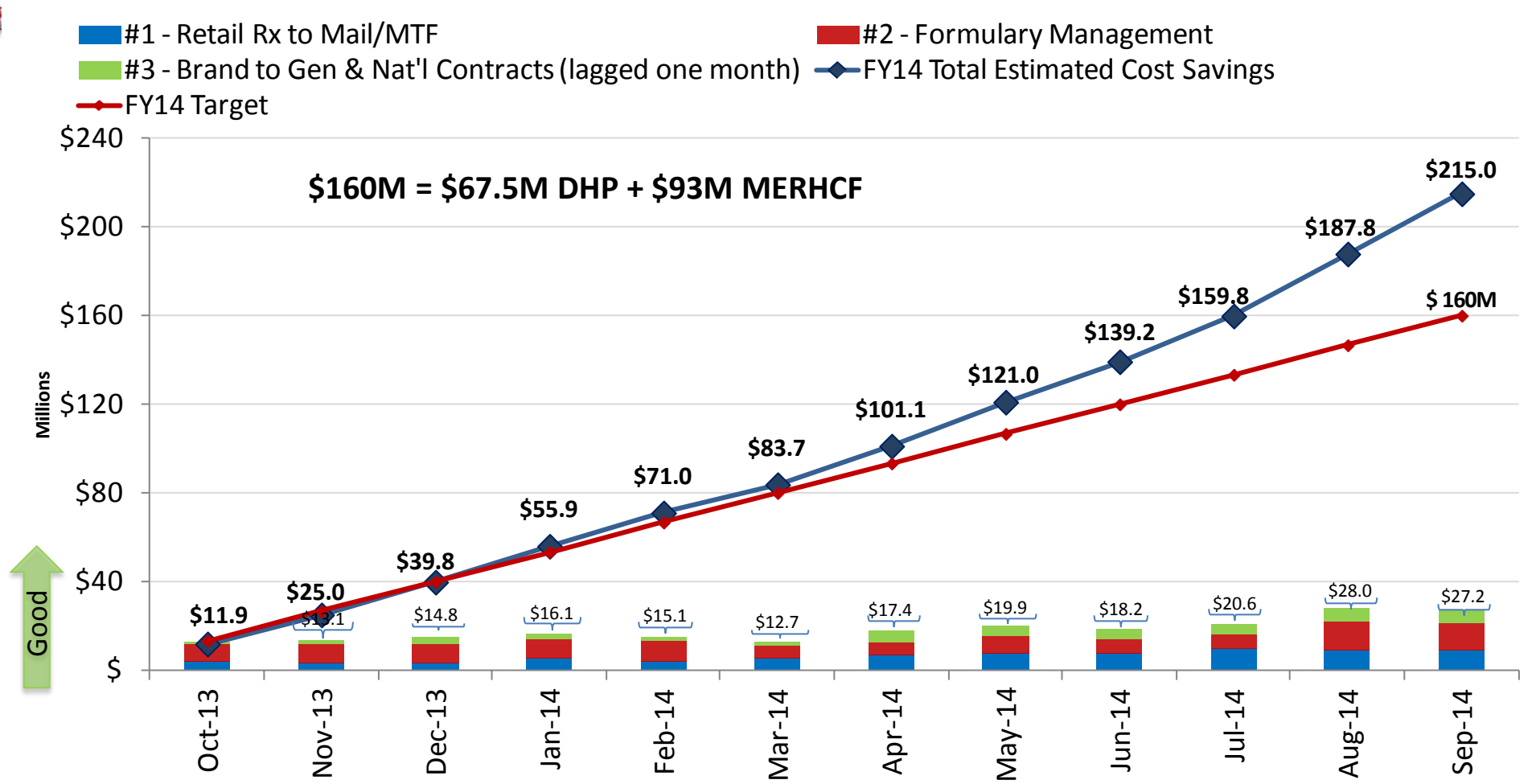
Remarks From MG Thomas: Key MHS Focus for FY 15

- Implement Initiatives From MHS Review
  - Uniform Measures Kick Off In January 2015
- Implementation of NDAA 15 Language
  - Tight Funding; Optimize Direct Care; Focus on Quality
- Service – DHA Partnership Must Continue to Deliver
  - Service Pharmacy Consultants Are Direct Link to Operation

Update on DHA Pharmacy Initiatives –
Dr. George Jones, Chief Pharmacy Operations Division

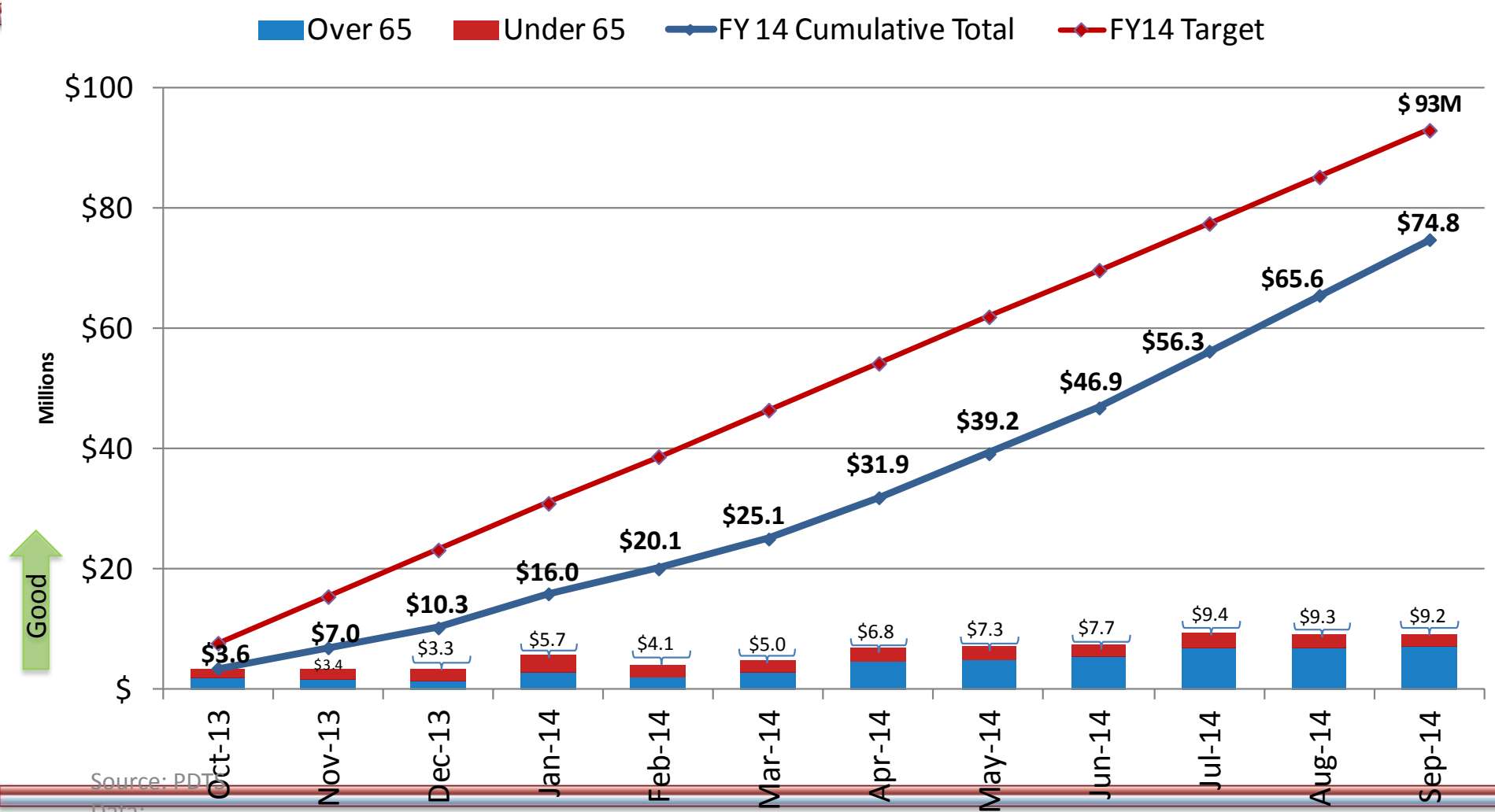
- FY 14 – Review of Success
- Functionally Aligned – DHA Pharmacy Operations Division Organizational Structure
- Pharmacy Enterprise Operations Group – The Integrated Voice of DoD Pharmacy

Pharmacy Savings Index (PSI)
FY14 Overall Target – $160M



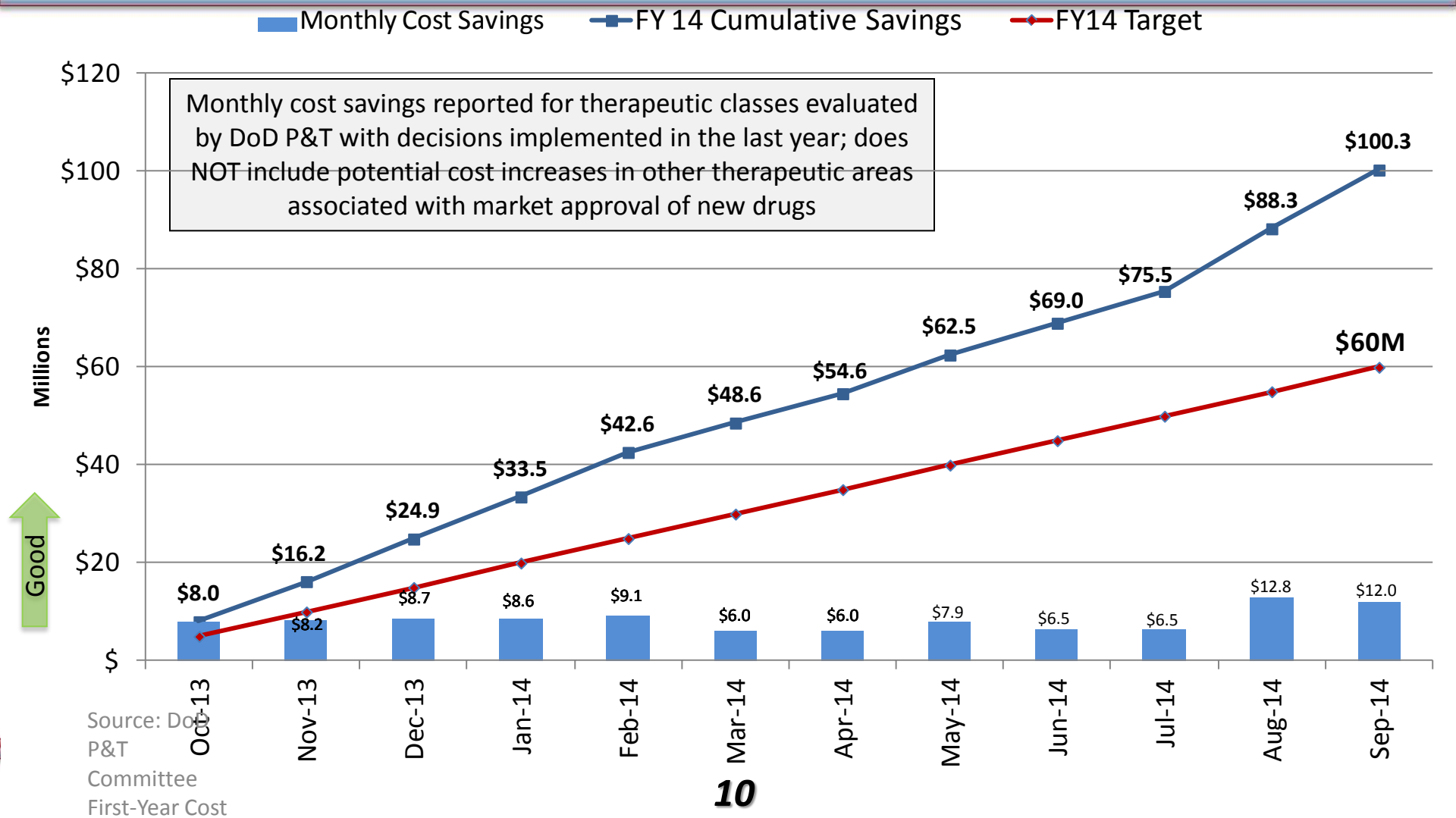
Target	$ 13.3	$ 26.7	$ 40.0	$ 53.3	$ 66.7	$ 80.0	$ 93.3	$ 106.7	$ 120.0	$ 133.3	$ 146.7	$ 160.0
Cost Savings	$ 11.9	$ 25.0	$ 39.8	$ 55.9	$ 71.0	$ 83.7	$ 101.1	$ 121.0	$ 139.2	$ 159.8	$ 187.8	$ 215.0

Initiative #1 - Retail Rxs to Mail/MTF Estimated Cost Savings



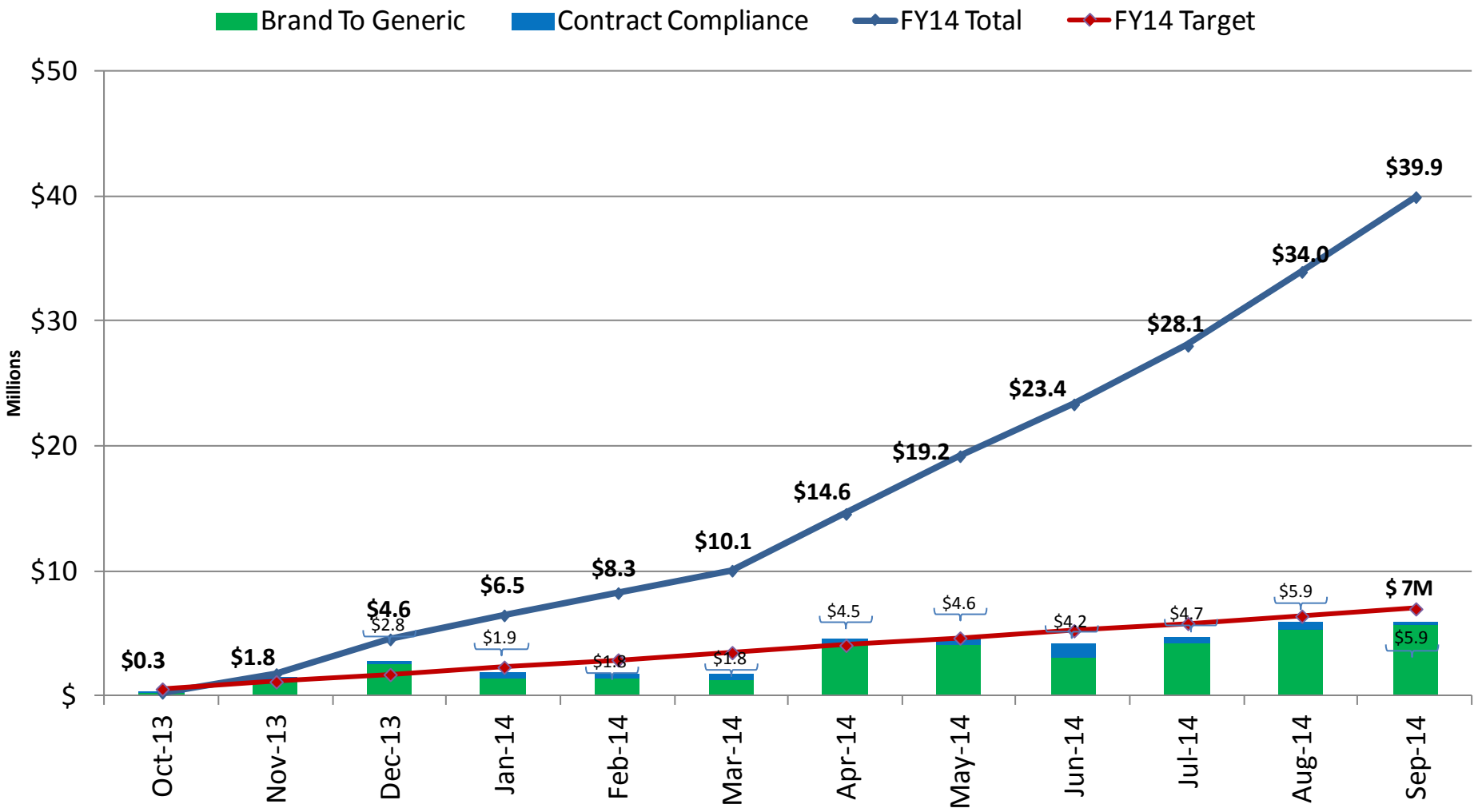
Source: PDTS Data; Pharmacy POS Cost

Initiative #2 - Formulary Management Estimated Cost Savings



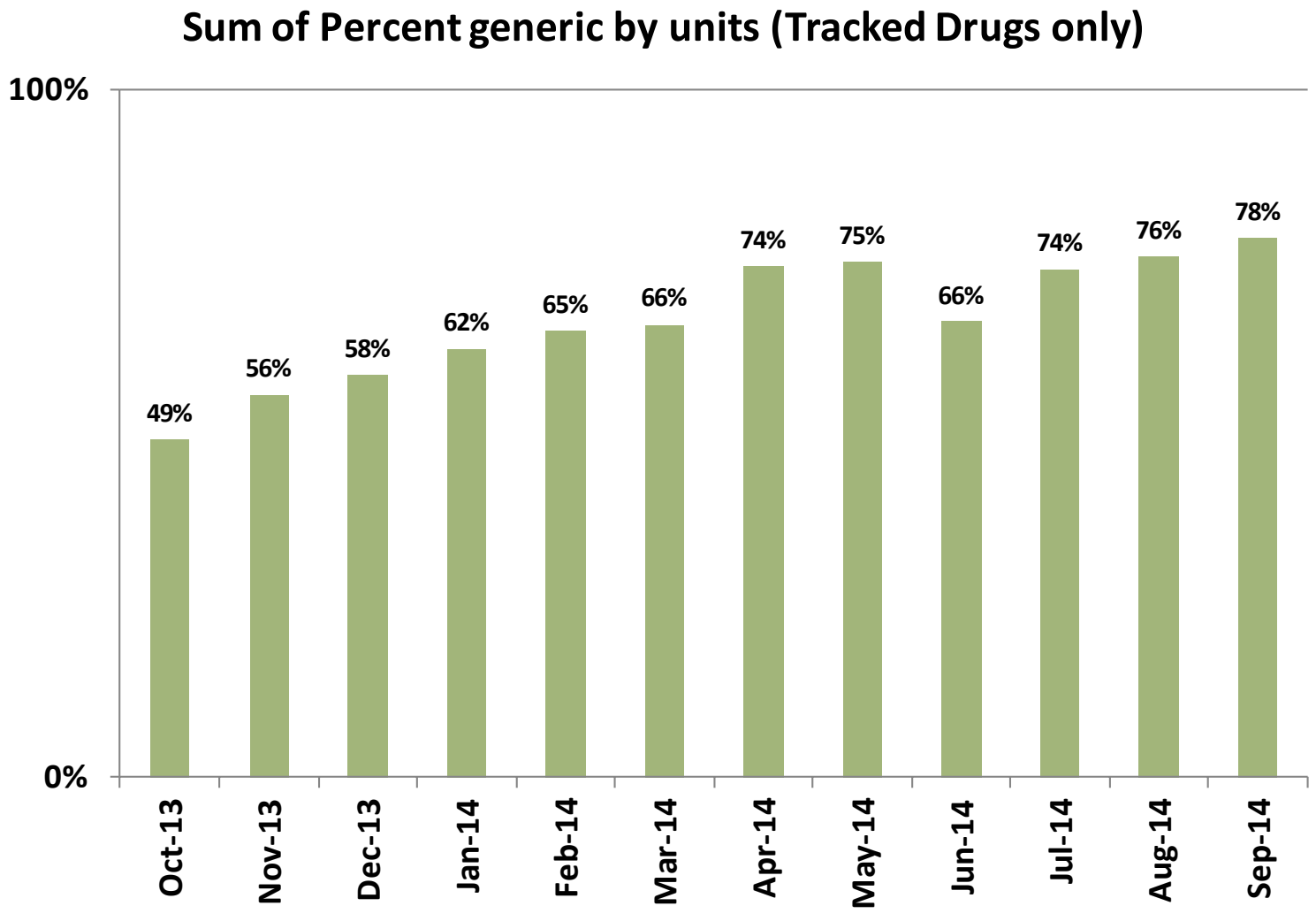
Source: DoD P&T Committee First-Year Cost Savings

Initiative #3 - Generic & Contracting Compliance, Estimated Cost Savings



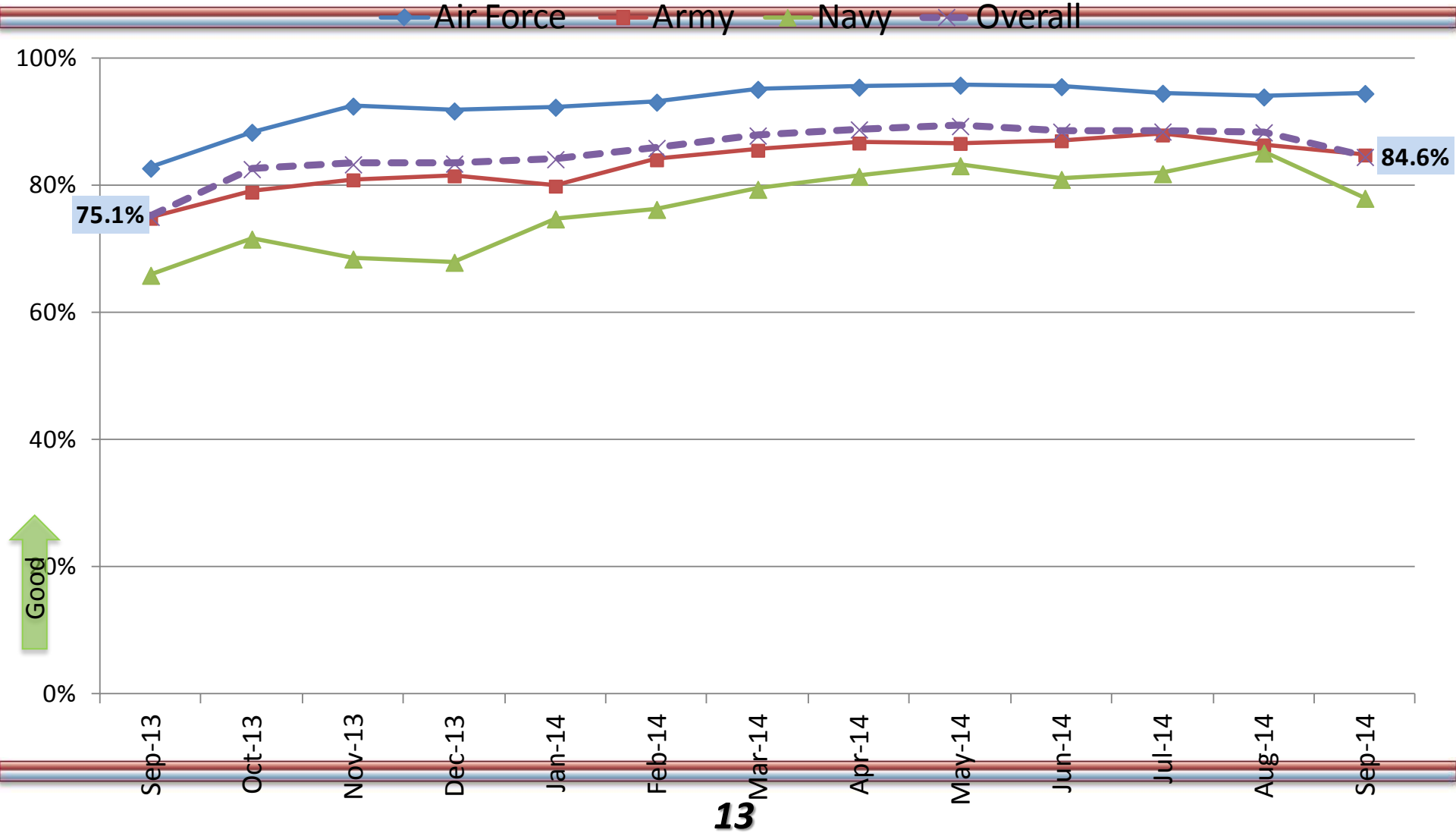
Source: National Contract Compliance Report; Cost Savings CPOC B2G Sales Data
Note: Initiative #3 lags others by one month due to availability of DLA Prime Vendor data.

B2G -- % Purchases of Generics At DoD MTFs For Tracked Drugs



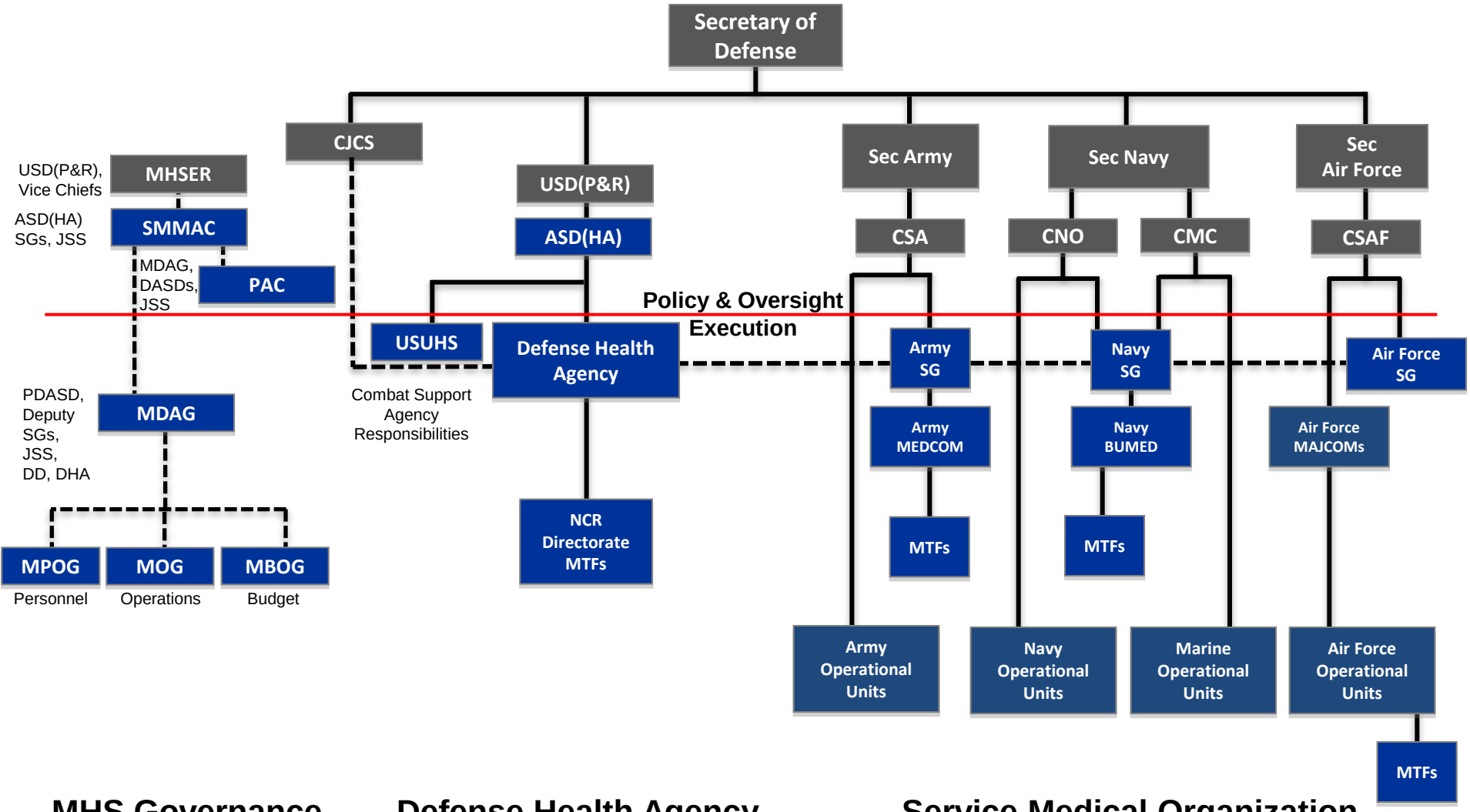
Source: National Contract Compliance Report; Cost Savings CPOC B2G Sales Report

Percent Compliance with National Contracts By Units Purchased

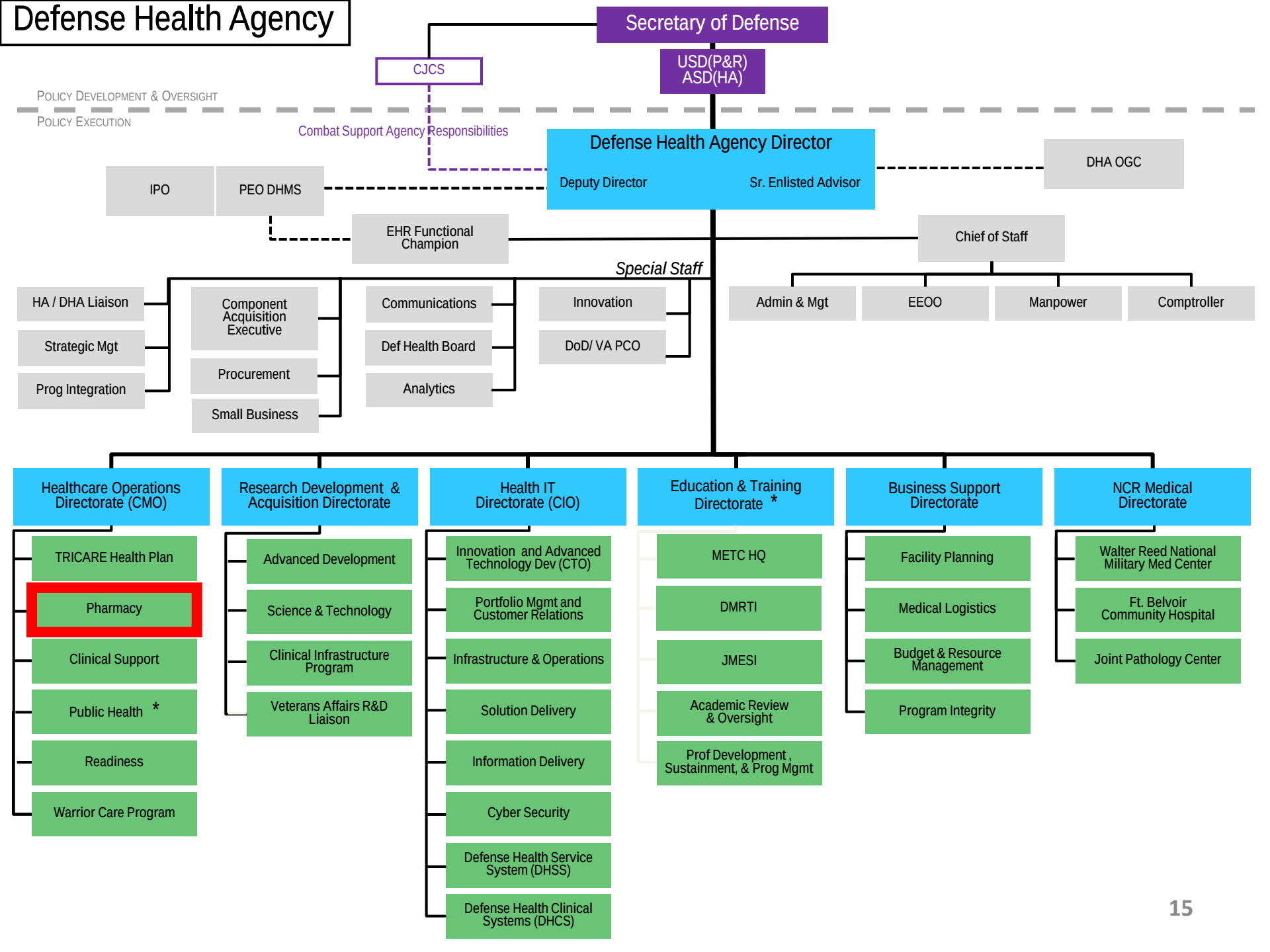


Source: National Contract Compliance Report; Cost Savings CPOC B2G Sales Report

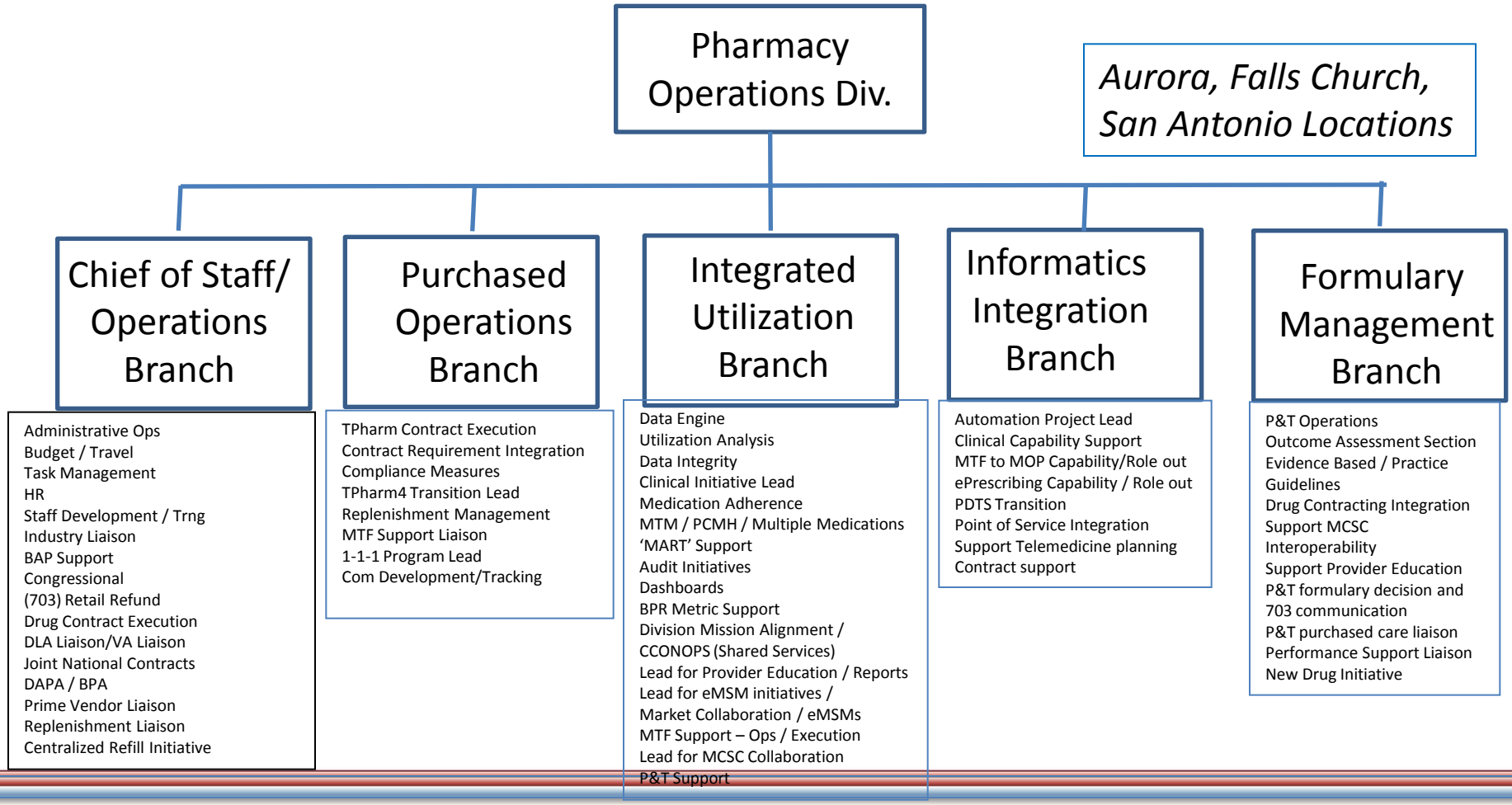
Military Health System



Defense Health Agency



Functional Alignment – DHA Pharmacy Operations Division



Pharmacy Shared Services Workgroup to Integrated Voice of DoD Pharmacy

- ⇩ ***Pharmacy Shared Services Workgroup***
  - ❑ Service Pharmacy Consultants, DHA Pharmacy Ops
  - ❑ Shaped the Structure; Guided Stand-up 1 Oct 2013 (IOC)
- ⇩ At the Threshold of Full Operating Capability (FOC)
  - ❑ Evolution as drive toward high performance enterprise
- ⇩ ***Pharmacy Enterprise Operations Group (PEOG)***
  - ❑ Aligns with Medical Operations Group in MHS Governance
  - ❑ Full Service and DHA representation
    - Pharmacy Consultants; DHA Pharmacy Ops

■ ***DoD Pharmacy ➡ Integrated Enterprise ➡ Excellence!***

August 2014
DoD P&T Committee Update

- Uniform Formulary Class Reviews
  - Targeted Immunomodulatory Biologics (TIBs)
- New Drugs in Previously Reviewed Class
  - Quillivant XR (methylphenidate ER) - ADHD
  - Tanzeum (albiglutide) – Non-insulin diabetes drugs, GLP-1 subclass
- Oral Contraceptive Update: BCF removal
- Overview of November and February Meetings

TIBs Class Definition / FDA Indications / Other uses

Generic	Brand	Mfg	MoA	Frequency	Other	Rheum				Derm	Gastro	
						RA	JIA	AS	PsA	Plaque Psoriasis	Crohn's	UC
Adalimumab	**Humira**	**Abbott**	**TNF**	**SQ (qow-qw)**		**X**	**≥2 yr**	**X**	**X**	**X**	**≥ 6 yr**	**X**
Certolizumab	Cimzia	UCB	TNF	SQ (qow-qmo)		X		X	X		X	
Etanercept	Enbrel	Amgen	TNF	SQ (qwk)		X	≥ 2 yr	X	X	X		
Golimumab	Simponi	J&J	TNF	SQ (qmonth)	*w/ MTX	X*		X	X			X
Abatacept	Orencia	BMS	CTLA4	SQ (q week)	DMARD-IR	X						
Tocilizumab	Actemra	Roche	IL6	SQ (qow-qwk)		X						
Tofacitinib	Xeljanz	Pfizer	JAK	PO BID	MTX-IR	X						
Anakinra	Kineret	Amgen	IL1	SQ (qday)	NOMID, Gout	X						
Ustekinumab	Stelara	J&J	IL12	SQ (q 2 wks)					X	X		
Apremilast	Otezla	Celgene	PDE-4	PO BID					X	X		

RA = rheumatoid arthritis
AS = ankylosing spondylitis
UC = ulcerative colitis
CAPS = cryopyrin- associated periodic syndromes
DMARD-IR = inadequate response to Disease Modifying Antirheumatic Drugs

JIA = juvenile idiopathic arthritis
PsA = psoriatic arthritis;
NOMID = neonatal onset multisystem inflammatory disease

Targeted Immunomodulatory Biologics: Formulary Status

Basic Core Formulary (BCF)	Uniform Formulary (UF)	Non-formulary (NF)
MTFs must have on formulary:	**MTFs may have on formulary:**	**MTFs must not have on formulary:**
Adalimumab (Humira)	Apremilast (Otezla)	Abatacept (Orencia)
	Golimumab (Simponi)	Anakinra (Kineret)
	Tofactinib (Xeljanz)	Certolizumab (Cimzia)
	Ustekinumab (Stelara)	Etanercept (Enbrel)
		Tocilizumab (Actemra)

- *Step preferred* (must try first): *adalimumab (Humira)*
- *Step non-preferred (but UF)*: apremilast (Otezla), golimumab (Simponi), tofactinib (Xeljanz), and ustekinumab (Stelara)
- *Step non-preferred (and NF):* abatacept (Orencia), anakinra (Kineret), certolizumab (Cimzia), etanercept (Enbrel), tocilizumab (Actemra)
- Grandfathering - step applies to ONLY new users of the TIBs
- All new users of the non-preferred TIBs must try Humira first, unless the patient has had an inadequate response to Humira, intolerable adverse effects, contraindication or has previously responded to a non-formulary TIB and changing to Humira would incur unacceptable risk

Targeted Immunomodulatory Biologics: Key Points

- Humira is the BCF and step-preferred agent; all others are non-preferred
  - the most FDA-approved indications
  - the most clinical utility within the MHS
  - the most cost effective
- The TIBs are now a BCF class, rather than Extended Core Formulary (ECF)
  - MTFs that currently don't have Humira on their local formulary are required to add it
- Non-TNF biologic options are available on UF for patients who do not respond to an anti-TNF agent
- Prior Authorization and Step Therapy apply to the class
  - New users of TIBs require a trial of the step-preferred Humira
  - Current users will be grandfathered
  - Manual PA is required for all users; consistent with FDA indications
- MTF formulary management document is available

New Drugs in a Previously Reviewed Class

- Two new drugs
  - Methylphenidate ER (Quillivant XR) – designated **non-formulary (NF)** based on failure to show an advantage (in terms of clinical or cost effectiveness) over formulary agents
  - Albiglutide (Tanzeum) – designated **uniform formulary (UF**) based on clinical and cost effectiveness
    - Prior Authorization (PA) – consistent with the PA requirement for the other GLP1RAs
      - Requires a trial of metformin or a sulfonylurea
      - Applies to new and current users (no grandfathering)

BCF Change

- Ortho Tri-Cyclen Lo was removed from the BCF, but remains UF
  - Cost per month increased approximately 4-fold since 2011
  - Multiple monophasic and multiphasic products with varying estrogen and progestin contents are available
  - Other options are safe and effective

DoD P&T Committee
Evaluations

November 2014

- UF Class reviews
  - Multiple Sclerosis
  - Blood Glucose Test Strips
- New Drugs
  - V-Go (insulin delivery device)
  - COPD drugs: umeclidinium/ vilanterol (Anoro Ellipta)
  - Ophthalmic NSAIDs: bromfenac (Prolensa)
  - Glaucoma: brimonidine/ brinzolamide (Simbrinza)

February 2015

- UF Class reviews
  - Pulmonary Arterial Hypertension
  - Oral prostate oncologic agents
  - Transmucosal immediate release fentanyl
- New Drugs
  - CV: vorapaxar (Zontivity)
  - Sleep agents: tasimelteon (Hetlioz)
  - DM: empagliflozin (Jardiance)
  - PPI: esomeprazole strontium
  - PDE5: avanafil (Stendra)

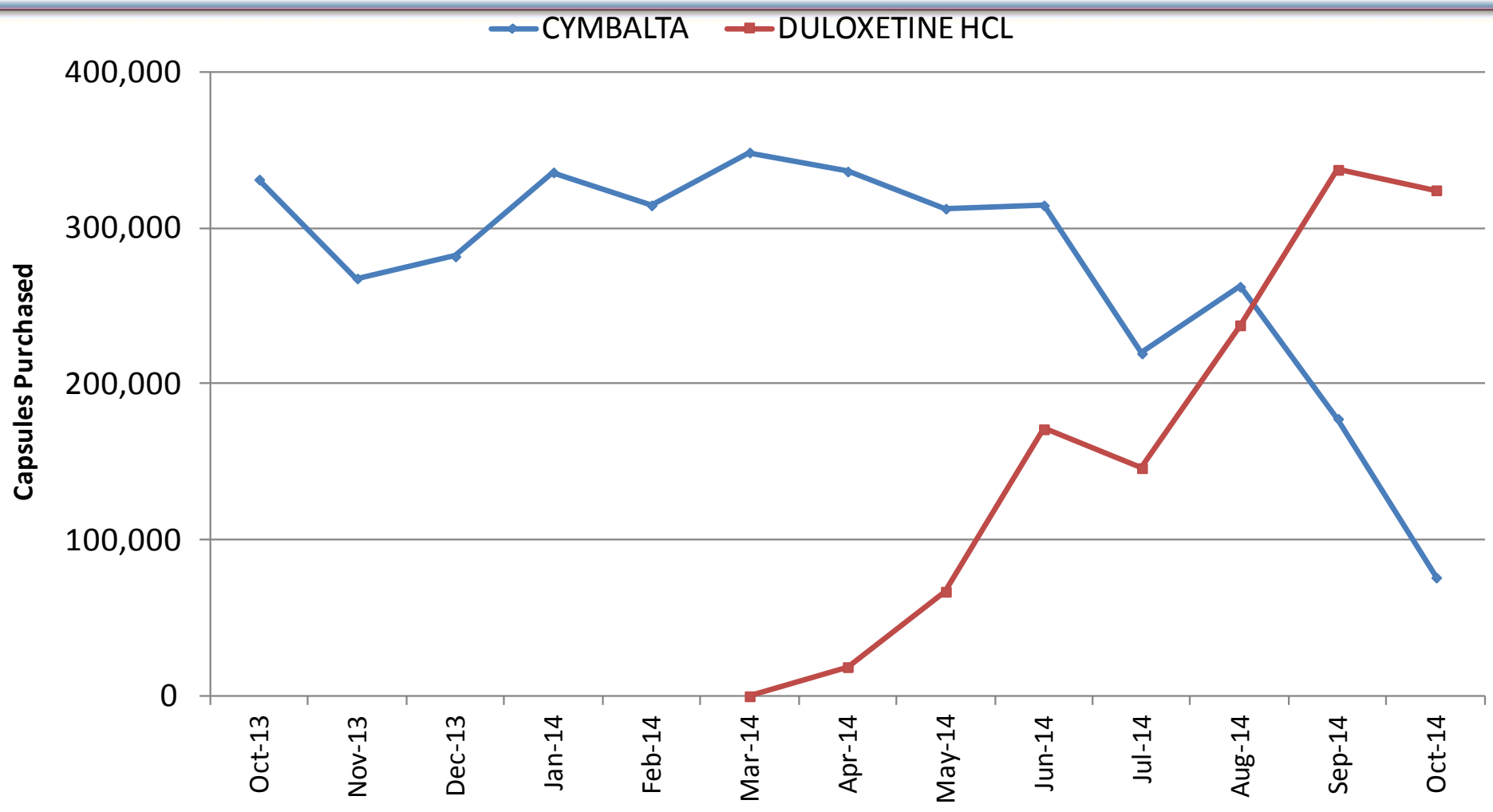
Update on Cymbalta

Duloxetine (Cymbalta) Background and Generic Availability MTF Purchases

- February 2014: DOD P&T Committee gave POD-South authority to switch duloxetine from NF to UF when generics are considered cost-effective
- April 2014: Generic price per unit dropped below brand price
- December 2014: Internal Workgroup at POD-South now considers duloxetine as cost-effective relative to the other step-preferred Antidepressants on the Uniform Formulary; formulary switch for duloxetine is recommended

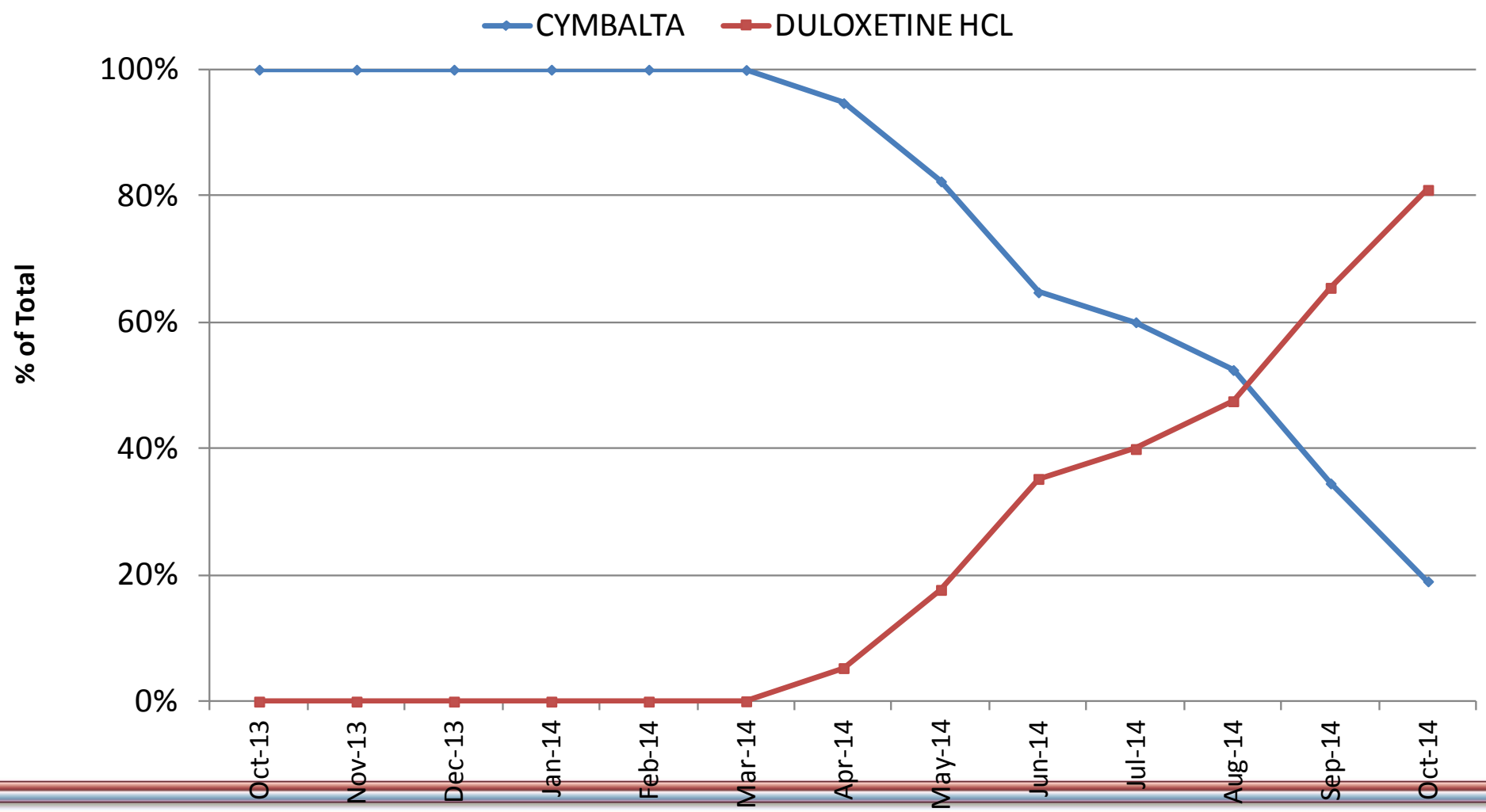
Source: MTF Prime Vendor Data File

Duloxetine (Cymbalta)
MTF Purchases - Capsules



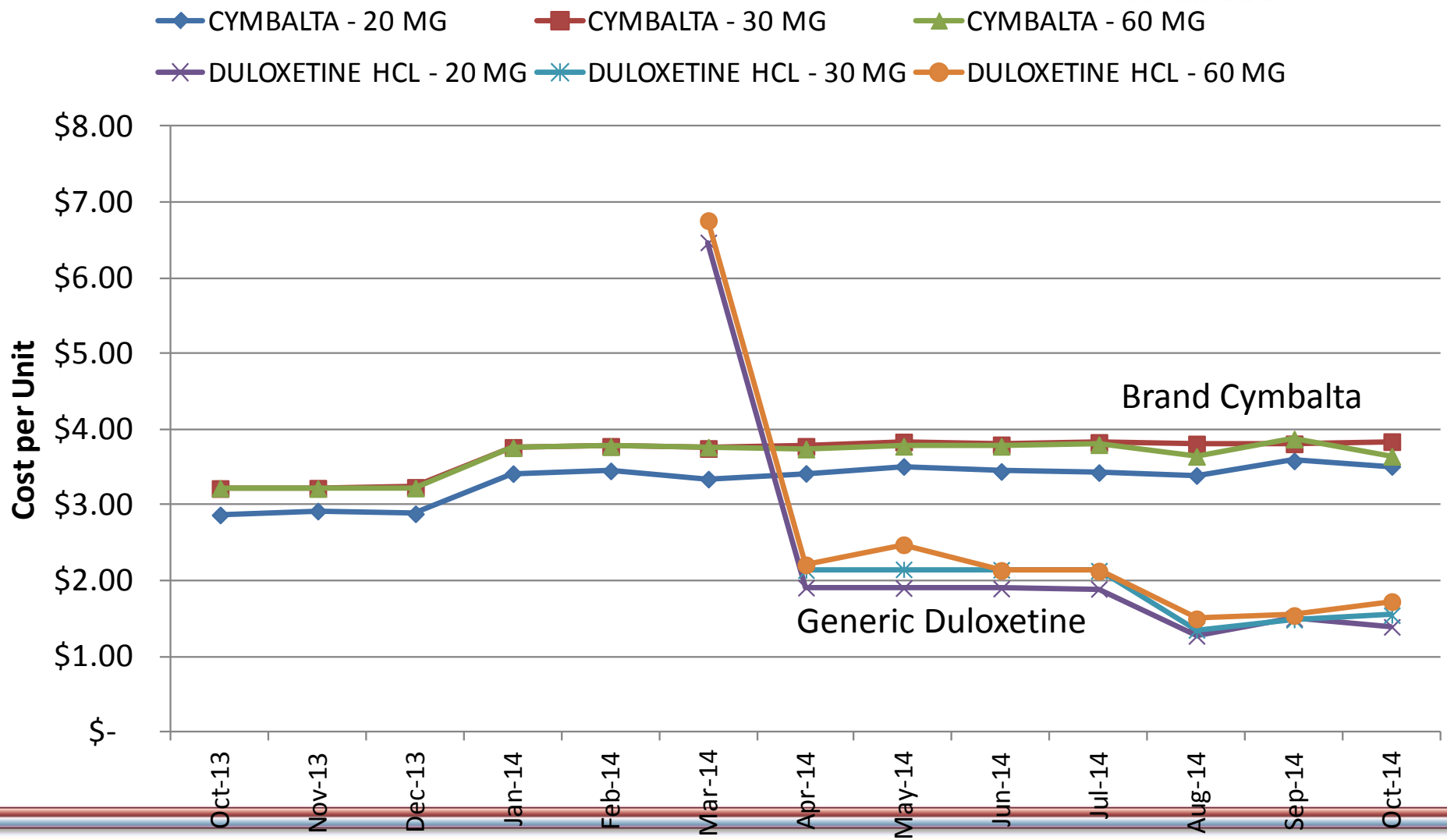
Source: MTF Prime Vendor Data File

Duloxetine (Cymbalta)
MTF Purchases – Brand/Generic %



Source: MTF Prime Vendor Data File

Duloxetine (Cymbalta)
MTF Purchases – Cost per unit



Source: MTF Prime Vendor Data File

Take Home Points about Cymbalta

- Cymbalta is NOW Uniform Formulary, and also step preferred
- It will take a couple of weeks for the new prior authorization form to be updated and for the Retail and Mail Order claims to adjudicate appropriately
- Please buy the less expensive generic product

Polling Question

At your facility, are pharmacy staff responsible for collecting third party payment information?

A. Yes

B. No

Pharmacy Rule Changes

- TRICARE Pharmacy is in the process of finalizing four rule changes that affect the pharmacy benefit
  - ❑ OTC Demonstration made permanent
  - ❑ Non-formulary channel management
  - ❑ Innovator drugs – pending status
  - ❑ Generic drugs to non-formulary
- The comment period on these rules ended Nov. 19
- The review period on these rules ends Jan. 19

Pharmacy Rule Changes – OTC Demo Becomes Permanent

- The Over-The-Counter demonstration will no longer be a demonstration program, but part of the TRICARE Pharmacy Benefit
- The rule establishes P&T process to select which OTCs will be covered
  - Cost effectiveness
  - Provides access to care that is that is not otherwise met by a Rx product
- Continue current over-the-counter drugs:
  - Claritin
  - Zyrtec
  - Prilosec OTC (generic OTC available)
  - Plan B

Pharmacy Rule Changes – Non-Formulary Channel Management

- Currently, regulations have non-formulary drugs unavailable at MTF, but are generally available in retail and mail order
- Allows the P&T Committee to limit certain non-formulary items to one venue (either retail or mail points of service),
  - ❑ No significant clinical need at retail and significant cost avoidance
- Aligns the regulation with the statutes regarding the number of points of service where non-formulary drugs are required to be available
- NDAA 2015 – pending
  - ❑ Suitable non-formulary drugs are limited to mail-order pharmacy
  - ❑ Available at MTF and retail pharmacies with medical necessity
  - ❑ Implementation details – in progress

Pharmacy Rule Changes – Innovator Drugs

- This rule clarifies that newly approved innovator drugs will automatically go into a pending formulary status (equivalent to non-formulary or tier 3) instead of UF
- The P&T Committee will have 120 days to make a formulary determination about these drugs
- In the case of drugs that have a compelling need to be placed on the UF, the P&T Committee can expedite the decision process
- MTFs would be able to provide these drugs if medical necessity is established
- Caution: Do not add to local formulary before P&T review

Pharmacy Rule Changes – Generic Drugs to Non-Formulary (Tier 3)

- This rule establishes an official process for the P&T Committee to designate certain generic drugs as NF based on their cost
- While most generics are cheaper, some may actually be higher cost than the brand alternative
- Infrequently used and will require special messaging

TPharm 4 Changes/Impacts to MTF

Item	Current	TPharm4
Deployment Prescription Program (DPP)	DHA PASS receives/ coordinates orders	ESI receives/coordinates orders
MTF Interface -ProDUR messaging -Profile Inquiries	PDTS	ESI
Theater Medical Data Store (TMDS)		ESI Not real-time, processed at least weekly
Formulary Search Tool	DHA PEC Branch website	ESI website
MTF to MOP -Select MTFs		Facilitates electronic transfer of prescriptions through CHCS at the MTF pharmacy to MOP
Retail to MTF		ESI facilitates electronic transfer of prescriptions from retail pharmacy to MTF

TPharm 4 Changes/Impacts to MTF

Item	Current	TPharm4
MTF Claims Adjudication -Data Integrity (weekly) -Validity Rejects (daily) -High Dollar >$2000 (weekly) -Fraud, waste, abuse, program integrity -Explanation of Benefits to include MTF dispensed prescriptions (beneficiary web portal) -Dedicated MTF pharmacy telephone help desk	PDTS	ESI
Lock/Restriction Program (controlled drugs)	MTF coordinates with Pharmacy Operations Center (POC)	ESI will provide the reporting, MTF will still coordinate with POC

Compounding Update

- TRICARE expenditures for compounded drugs continues to rise
  - $29M during Nov ’13
  - $90M during Nov ‘14
- Leadership is aware and concerned about the dramatic increase and alarming trend
- DHA is looking into different strategies to better manage these expenditures
  - DoD Pain Management Workgroup

Update: Disposal of Controlled Substances

- Published Request for Information on 19NOV
  - https://www.fbo.gov/notices/7980eeb51d4bd3dc9e26b4974d100ffc
  - Closes 19DEC
  - Use this information to develop Request for Proposal
- Discuss contract options with DLA
- Program Vision
  - Provide all three options: collection receptacle, envelopes, and biannual take back events
  - Assess the program after 1 year
- DEA Take Back Events
  - Since September 2010, DEA has collected more than **4.8 M lbs** of drugs
  - DEA's final event, September 27, 2014 , collected 617,150 lbs of unwanted prescription drugs, **87** DoD sites participated, collecting **~12,900 lbs**

Polling Question

At your MTF, which method of collecting unused narcotics and other medications would be most effective?

A. Collection receptacle
B. Mail back envelopes
C. Drug take back events
D. All of the above

Polling Question

Have you already taken action on drug takeback?

A. Yes

B. No

MTF Leakage/National Provider Identifier (NPI) Reports

- Just prior to 3rd QTR 2014, POD gained access to MTF provider NPI numbers from DMHRSi
  - Linking MTF providers with Retail claims data, using NPI numbers, allows calculation of leakage
    - Leakage is defined as prescriptions written by MTF providers that are filled at a retail pharmacy
    - Based on 6 months of data, MTF leakage is at a projected annual rate of $120M/yr., of which $55M/yr. is compounded prescriptions.
  - Leakage/NPI reports have been provided to:
    - Service Pharmacy Consultants
    - eMSM Pharmacy Leadership

Reports for Monitoring MTF Pharmacy Leakage to Retail

Pharmacy Analytic Support Section (PASS) in San Antonio has developed ***"actionable"*** pivot table reports that can be used to identify leakage of MTF prescriptions to retail:

- MTF Providers who prescribed prescriptions filled at retail, which can be used to:
  - Identify providers specialty drug needs
  - Identify providers prescribing non-formulary drugs
  - Provides opportunity to engage providers on formulary and "You Write It, You Fill It" policy
- Drugs filled at retail pharmacies written by MTF providers, which can be used to:
  - Identify beneficiary specialty drug needs resulting from downtown referrals
  - Re-evaluate formulary composition

Example of the Report for MTF Provider Rxs filled at Retail

Pivot table with additional fields available, allowing other queries and drill down.

Date Range: 04/01/2014 - 06/30/2014

Parent MTF BoS	Parent MTF	Provider Name from PDTS	Brand Name	Sum of # RX	Sum of Total Submitted Amount Due	Sum of Net Cost to Government
ARMY	FT. Somewhere	A******,******	CRESTOR	1	$516.51	$323.53
			GEMFIBROZIL	1	$44.14	$44.14
			LISINOPRIL	1	$10.00	$10.00
			LORATADINE	1	$15.51	$15.51
		B******,******	BETAMETHASONE DIPROPIONATE	1	$32.63	$32.63
		C******,******	CLINDAMYCIN PHOSPHATE	1	$56.10	$56.10
			COMPOUNDED MEDICATION	2	$212.64	$212.64
			ENJUVIA	1	$105.44	$47.60
			TRANSDERM-SCOP	1	$429.92	$294.55
			WELCHOL	1	$820.17	$474.79
			ZOLPIDEM TARTRATE ER	2	$210.80	$210.80
		D******,******	FLOVENT HFA	1	$95.67	$55.52
			INTUNIV	2	$938.37	$619.64
			ONFI	1	$959.48	$959.48
			OXCARBAZEPINE	1	$44.58	$44.58
			VYVANSE	1	$437.96	$252.28

- Retail Refunds accounted for in calculating Net Cost to Government
- Many items are likely formulary, indicating beneficiary choice of retail
- Potential local non-formulary items for consideration and discussion with providers

****ASK YOUR SERVICE CONSULTANT FOR THIS FILE****

Identifying Leakage of MTF Provider Rx filled at Retail

- Use the Report from your Consultant to:
  - ❑ Identify Recapture and/or lower leakage through Formulary Management
  - ❑ Follow up with your providers to find out why leakage?
    - Can you impact?
    - Are you following "You Write It, You Fill It" policy
    - Educate providers on formulary and cost of retail fills
      - ▻ Example: Compounds average $1600/Rx
  - ❑ Drill down into local details using CHCS and M2
    - DHA POD cannot develop custom reports for over 200 locations, but will provide instruction on using pivots

Polling Question

Have you used National Provider Identifier (NPI) data to inform your interactions with providers?

A. Yes

B. No

C. I do not have access to NPI data

e-Prescribing Update

- DoD eRx Initiative
  - Defense Health Agency (DHA), Pharmacy Operations Division (POD) initiative
    - Collaboration with Pharmacy Shared Services
  - Enables civilian providers to electronically transmit prescriptions to MTF pharmacies

- Roll-out began on September 19, 2014
  - eRx Software install for each CHCS host is completed for all US MTFs (also Puerto Rico & Guam)
  - Implementation/activation of eRx is ongoing
    - PASS has done an outstanding job with coordinating activities
    - Overall the implementation has gone well
      - Few issues that are being addressed: CHCS configurations during setup & connectivity issues

e-Prescribing Update (cont.)

- Communications Plan
  - DHA Pharmacy and MHS Strategic Communications working together to develop and implement comprehensive communications plan
    - Key audiences: beneficiaries, military pharmacies, and civilian network providers
  - MTF tool-kit & Provider outreach tool-kit distributed 3 November 2014
    - Tools for outreach to local providers, beneficiaries, and media
    - Distributed to MTFs, TRICARE Managed Care Support Contractors, and TRICARE Regional Offices
  - National outreach on hold until electronic prescribing capability is available at all U.S. military pharmacies (January 2015)
- Target Date for completion of eRx implementation – December 31, 2014

Polling Question

Have you initiated e-prescribing at your MTF?

A. Yes

B. No

Monitoring MTF Outpatient Pharmacy Capacity and Resource Levels Against Workload Growth

Background and Problem

At the launch of the TRICARE For Life (TFL) Pilot there was no enterprise visibility into the impact of additional workload to MTF pharmacies, with each Service having their own approach to determining both their manpower requirements and the extent to which staffing authorizations align to their specific models

Countermeasures

- The DHA Staff Augmentation Process is a centralized, uniform process that can provide MTF pharmacies with visibility into increased workload and provide an efficient way to get contracted pharmacy staff on the ground as fast as possible
- DHA Pharmacy will use a standardized methodology using enterprise-wide data on prescription volume workloads and a DHA Pharmacy staffing algorithm* to monitor workload trends and translate workload increases into FTEs, per MTF, leading to:
  - ❑ Informed decisions around staffing levels
  - ❑ Consistency and speed in obtaining resources, regardless of geography, size, or specific Service

Approach

DHA Pharmacy worked closely with the B&RM and Contracting communities to develop and validate the current-state process for acquiring the necessary additional pharmacy staff and the proposed future-state process

Future Measures of Success

- Total time from identifying staffing need to arrival of FTE at pharmacy
- Total cumulative contract costs for all FTEs acquired through the Staff Augmentation process
- The percentage of recommended additional FTEs that are successfully contracted

Current Impact

The following MTF pharmacies have received additional staff in response to their workload increases:

- **Nellis Air Force Base** – 2 pharmacists and 2 pharmacist technicians funding and onboarded
- **Hill Air Force Base** – 2 pharmacists funded locally
- **Fort Rucker** – exceeded threshold; under development

*Approved by the Services.

Polling Question

What have you found to be the most effective means of communicating pharmacy business rules to providers?

A. SharePoint
B. Newsletters
C. Personal Communication (emails, phone calls, etc.)
D. CHCS/AHLTA Comments
E. P&T Committee Meeting Minutes
F. Provider Meetings
G. Other (chat response)

Playbook on Communicating Business Rules to Providers: Coming Soon

Many MTF pharmacies are exploring innovative methods of communicating pharmacy business rules to MTF providers to enhance compliance to business rules (i.e. encouraging providers to prescribe preferred medications; increase recapture, particularly for beneficiaries Prime enrolled to the MTF)

The playbook will highlight some effective best practices, and it will be available to the field in early 2015

NDAA 2015 Pharmacy Actions –
Four Main Actions Related to DoD Pharmacy

- Increase Co-Pays by $3 – Retail and Mail Order- 1 Feb
  - Except Mail Order generic and Remain $0
  - Retail (30 days- $8/$20); Mail – (90 Days - $0/$16); NF-$46
- Non-Formulary Medications – Primarily through MO
  - Available through MTF and/or Retail by Medical Necessity
  - Details Under Development
- Transition TFL Pilot to All Beneficiaries – 1 Oct
  - Brand Maintenance Meds; Details Under Development
- Medication Therapy Management Demo Project
  - MTF and other Locations; Details Under Development

Questions

- **Questions?**
- **For additional information, please reach out to one of the following:**
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