DEPARTMENT OF DEFENSE
PHARMACY AND THERAPEUTICS COMMITTEE

MINUTES AND RECOMMENDATIONS

Second Addendum October 11, 2017

I. NATIONAL DEFENSE AUTHORIZATION ACT (NDAA) 2017 PILOT PROGRAM: INCORPORATION OF VALUE-BASED HEALTH CARE IN PURCHASED CARE COMPONENT OF TRICARE AND MEDICATION ADHERENCE

BACKGROUND: A pilot program outlined in the NDAA 2017, Section 701(h) requires identification of high-value medications to assess the effects of their copayment reduction or elimination on medication adherence rates for targeted populations of covered beneficiaries. The Medication Adherence Pilot is applicable to prescriptions dispensed at the TRICARE Retail Pharmacy Network and Mail Order Pharmacy (MOP).

DISCUSSION: "High-value medications" are defined as prescription medications for management of chronic conditions that improve health outcomes and create health value for covered beneficiaries. Medications covered under the TRICARE pharmacy benefit that treat chronic diseases were potentially eligible for inclusion in the Pilot. Chronic conditions of particular importance to the Military Health System (MHS) include those with a significant disease burden in the MHS population, those that have high healthcare utilization, chronic diseases where medications are available to prevent hospitalizations, and those with high healthcare costs associated with the chronic disease. Diabetes mellitus and hyperlipidemia were identified as two chronic diseases meeting these criteria.

The DoD P&T Committee evaluated additional factors when determining the optimal target medications for inclusion in the Pilot, including current numbers of affected beneficiaries, drug copays, the cost risk to DoD if copays were not collected, and current medication costs at the TRICARE Retail Pharmacy Network and MOP. Insulin and statin therapy are gold standards for treating diabetes mellitus and hyperlipidemia, respectively, and an analysis of MHS prescription data reported an appreciable number of beneficiaries filling prescriptions for insulin glargine pens (Lantus) and rosuvastatin.

The reduction or elimination of copayments for the selected high-value medications will limit the government's ability to subsidize the cost of these medications. Selection of the agents was assessed based on their ability to impact chronic diseases over time, clinical effectiveness, relative cost effectiveness to available alternatives, and overall effect of the loss of copayments.

When taking into consideration the aforementioned factors, the P&T Committee, identified rosuvastatin (Crestor generics) and insulin glargine pens (Lantus) as candidates for inclusion in the Pilot. Implementation was recommended for January 1, 2018, to align with currently recommended regulatory language.

The criteria and processes used by the DoD P&T Committee to select insulin glargine pens (Lantus) and rosuvastatin as the two drugs for inclusion in the Medication Adherence pilot will be set forth in changes to the TRICARE Operations Manual, Chapter 18, Demonstration and Pilot Projects, in order to implement the Congressionally-directed Medication Adherence Pilot.

Note that in lieu of public notice provided through the Federal Register, individual notice will be given by the contractor to each beneficiary prescribed insulin glargine pens (Lantus) or rosuvastatin for a chronic condition when such medication has been identified as available at reduced copay under the Pilot and advising the beneficiary of his/her eligibility under the Pilot.

A. ***COMMITTEE ACTION: MEDICATION ADHERENCE PILOT RECOMMENDATION—***The P&T Committee recommended (14 for, 0 against, 1 abstained, 0 absent) the following:

- Rosuvastatin (Crestor generics): Eliminating the cost share for rosuvastatin at the Mail Order and Retail points of service; the resulting cost share will be $0.
- Insulin glargine pens (Lantus): Lowering the normal brand formulary cost share of $20 at the Mail Order and $24 at the Retail Network to the Tier 1 (generic) formulary cost share that is currently $0 and $10, respectively.

SUBMITTED BY

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DoD P&T Committee Chair

DECISION ON RECOMMENDATIONS

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19 Oct 2017

Note that the Addendum to the August 2017 DoD P&T Committee meeting minutes was officially signed on September 27, 2017, based on subsequent effective authority of the Interim Final Rule of October 1, 2017.